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Requirements to submit AOI:

A comprehensive review of previously published data has been completed.: Yes
The specific aims are clear and focused.: Yes
The investigator has appropriate experience and expertise to develop the concept proposal; if not, has identified a mentor or senior co-investigator.: Yes
The investigator agrees to develop an initial draft of the concept proposal within 6 weeks of approval of the AOI and to finalize the concept proposal within 6 months.: Yes

Project Title: A longitudinal assessment of physical activity in the CCSS cohort
Planned research population (eligibility criteria): Survivors and siblings
Proposed specific aims: To describe physical activity patterns as a function of current age and time since diagnosis in the CCSS cohort among survivors and siblings. To determine demographic, diagnosis and treatment related predictors of declining physical activity in the CCSS cohort
Will the project require non-CCSS funding to complete?: No
If yes, what would be the anticipated source(s) and timeline(s) for securing funding?:

Does this project require contact of CCSS study subjects for . . .

Additional self-reported information: No
Biological Samples: No
Medical record data: Yes
If yes to any of the above, please briefly describe.: Treatment data including chemotherapy doses (drug scores), radiation site (chest, cranial, abdominal, spinal, limb, etc.), surgery (including amputation).

What CCSS Working Group(s) would likely be involved? (Check all that apply)

Second Malignancy:
Chronic Disease:Secondary
Psychology / Neuropsychology:
Genetics:
Cancer Control: Primary
Epidemiology / Biostatistics:

To describe the anticipated scope of the study, please indicate the specific CCSS data to be included as outcome (primary or secondary) or correlative factors. (Check all that apply)

Late mortality: Correlative Factors
Second Malignancy: Correlative Factors

Health Behaviors

Tobacco: Correlative Factors
Alcohol: Correlative Factors
Physical activity: Primary
Medical screening:
Other:
If other, please specify:

Psychosocial

Insurance:
Marriage:
Education:
Employment:
Other:
If other, please specify:

Medical conditions

Hearing/Vision/Speech: Correlative Factors
Hormonal systems:
Heart and vascular: Correlative Factors
Respiratory: Correlative Factors
Digestive: Correlative Factors
Surgical procedures: Correlative Factors
Brain and nervous system: Correlative Factors
Other:
If other, please specify:

Medications

Describe medications:

Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

BSI-18: Correlative Factors

SF-36:

CCSS-NCQ:

PTS:

PTG:

Other:

If other, please specify:

Chronic conditions (CTCAE v3):

Health status:

Demographic

Age: Correlative Factors

Race: Correlative Factors

Sex: Correlative Factors

Others: Correlative Factors

If others, please specify:

Cancer treatment

Chemotherapy: Correlative Factors

Radiation therapy: Correlative Factors

Surgery: Correlative Factors

Anticipated sources of statistical support

CCSS Statistical Center:

Local institutional statistician: Yes

If local, please provide the name(s) and contact information of the statistician(s) to be involved.: Kumar's group at St. Jude

Will this project utilize CCSS biologic samples?: No

If yes, which of the following?

Buccal cell DNA:

Peripheral blood:

Lymphoblastoid cell lines:

Second malignancy pathology samples:

Other requiring collection of samples:

If other, please explain:

Other general comments: