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Requirements to submit AOI:

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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

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Project Title: Neurologic and Neurosensory Deficits in Long-term Survivors of Childhood Brain Tumors: Occurrence of New Deficits and Effects of Aging in Occurrence as Assessed in 2007 Survey  
Planned research population (eligibility criteria): Survivors of primary central nervous systems in the original cohort.  
Proposed specific aims: 1. Describe the type of neurologic and neurosensory deficits occurring in long-term survivors of childhood brain tumors and compare the incidence of these deficits to sibling controls. 2. Determine type and incidence of new deficits which have arisen since baseline assessment and the 2007 follow-up. 3. Assess factors associated with occurrence and later development of neurologic/neurosensory deficits including: tumor type, gender, age at treatment, present age, therapy (radiation therapy - dose, location, etc., chemotherapy), occurrence of secondary malignancy, disease state, habits (smoking, etc.). 4. Explore possibility of utilizing genetic material available in cohort to determine molecular (genetic) parameters which may predispose to neurologic deficits (still to be determined).  
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?:

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

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Additional self-reported information: No

Biological Samples: No

Medical record data: No

If yes to any of the above, please briefly describe.: We stated no to biologic samples, but may revisit this after we discuss with the chronic disease committee

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

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Second Malignancy: Secondary

Chronic Disease: Primary

Psychology / Neuropsychology: Secondary

Genetics:

Cancer Control:

Epidemiology / Biostatistics:

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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)

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Late mortality: Correlative Factors

Second Malignancy:

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Health Behaviors

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Tobacco: Correlative Factors

Alcohol: Correlative Factors

Physical activity: Correlative Factors

Medical screening:

Other:

If other, please specify:

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Psychosocial

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Insurance:

Marriage:

Education:

Employment:

Other:

If other, please specify:

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Medical conditions

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Hearing/Vision/Speech: Primary

Hormonal systems: Correlative Factors

Heart and vascular: Correlative Factors

Respiratory:

Digestive:  
Surgical procedures:  
Brain and nervous system: Primary  
Other:  
If other, please specify:

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Medications

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Describe medications: methotrexate, vincristine, cis-platin, ccnu.decadron

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Pregnancy and offspring:  
Family History: Correlative Factors

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Psychologic/Quality of Life

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BSI-18:  
SF-36:  
CCSS-NCQ:  
PTS:  
PTG:  
Other:  
If other, please specify:

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Chronic conditions (CTCAE v3):  
Health status:

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Demographic

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Age: Correlative Factors  
Race: Correlative Factors  
Sex: Correlative Factors  
Others: Correlative Factors  
If others, please specify: tumor location, radiation dose and sector

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Cancer treatment

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Chemotherapy: Correlative Factors  
Radiation therapy: Correlative Factors  
Surgery: Correlative Factors

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Anticipated sources of statistical support

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CCSS Statistical Center: Yes

Local institutional statistician:

If local, please provide the name(s) and contact information of the statistician(s) to be involved.:

Will this project utilize CCSS biologic samples?: No

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If yes, which of the following?

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Buccal cell DNA:

Peripheral blood:

Lymphoblastoid cell lines:

Second malignancy pathology samples:

Other requiring collection of samples:

If other, please explain: this needs to be discussed

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Other general comments: