

Section: Contact Information

First Name : CEZAR

Last Name : ILIESCU

Institution : MD ANDERSON CANCER CENTER

Address 1 : 1515 HOLCOMBE BLVD

Address 2 :

City : HOUSTON

State/Province/Region : TX

Country : US

Zip/Postal Code : 77030

Phone Number : 7164166924

Alternate Phone Number : 7165633563

Email Address : ciliescu@mdanderson.org

Section: Project Requirements and Description

Group: 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 : **Long term cardiovascular mortality of childhood cancer survivors - safety and efficacy of percutaneous coronary interventions (PCI)**

Planned research population (eligibility criteria) :

Survivors with coronary artery disease and percutaneous coronary interventions/bypass surgery/heart transplant

Proposed specific aims :

- 1. Describe the incidence of coronary artery disease requiring percutaneous intervention (angioplasty, coronary artery bypass grafting) among survivors in the original and expansion cohorts.**
- 2. Identify disease and demographic characteristics that predict the development of coronary artery disease (CAD).**
- 3. Determine the potential predictive value of cancer type, characteristics, therapy provided (chemotherapy, radiation or both) and time of diagnosis of CAD (first symptoms or noninvasive imaging diagnosis)**
- 4. After initial evaluation and preliminary data obtained, we plan to request information from Cath PCI registry national registry and obtain additional information and compare overall outcomes with a matched noncancer group**

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? :

Group: Does this project require contact of CCSS study subjects for:

Additional self-reported information : **No**

Biological samples : **No**

Medical record data : **No**

If yes to any of the above, please briefly describe. :

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

Second Malignancy :

Chronic Disease : **Primary,**

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality : **Primary, Correlative Factors**

Second Malignancy :

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening : **Correlative Factors**

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular : **Primary**

Respiratory :

Digestive :

Surgical procedures : **Primary**

Brain and nervous system : **Primary**

Other :

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 :

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

Group: Other

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

Health status : **Correlative Factors**

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other :

If other, please specify :

Group: Cancer treatment

Chemotherapy : **Correlative Factors**

Radiation therapy : **Correlative Factors**

Surgery : **Correlative Factors**

Section: Anticipated Sources of Statistical Support

CCSS Statistical Center : **Yes**

Local institutional statistician : **Yes**

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**

If yes, which of the following? :

If other, please explain :

Section: Other General Comments

Other General Comments :

We (Cezar Iliescu, Kostas Marmagiolis, Mehmet Cilingiroglu) will be delighted to work with Dr. Kevin Oeffinger in this project.