

**Section: Contact Information**

First Name : Ryan

Last Name : Nipp

Institution : Massachusetts General Hospital (MGH) Cancer Center

Address 1 : 175 Blossom St

Address 2 : #1102

City : Boston

State/Province/Region : MA

Country : US

Zip/Postal Code : 02114

Phone Number : 8066832938

Alternate Phone Number : 8066832938

Email Address : [RNipp@MGH.Harvard.edu](mailto:RNipp@MGH.Harvard.edu)

**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 : **Financial Burden in Survivors of Childhood Cancer: the Childhood Cancer Survivor Study**

Planned research population (eligibility criteria) :

**Study participants will include individuals in the original CCSS survivor cohort who completed the Health Insurance Ancillary Survey. We sent the survey to a random sample of CCSS participants and asked them to return the completed survey via mail or internet. Depending on their insurance status, we asked participants to fill out either the insured version or the uninsured version of the survey. We sent the surveys to 1100 CSS survivors, and 698 (63.5%) completed the form.**

Proposed specific aims :

- 1) To evaluate the percent of their income survivors are willing to pay for their ideal health insurance plan compared to the percent of their income they are actually paying.**
- 2) To describe childhood cancer survivors' financial characteristics: out-of-pocket medical expenditures, household income, personal income, and frequency of out-of-pocket medical expenditures ?20% of income (a marker of underinsurance).**
- 3) To explore characteristics associated with out-of-pocket medical expenditures ?20% of their income.**

4) To compare the health care utilization among survivors with out-of-pocket medical expenditures  $\geq 20\%$  of their income to survivors with out-of-pocket medical expenditures  $< 20\%$  of their income.

5) To determine concerns and behaviors associated with patient-reported financial burden (lifestyle changes, medical care changes, worry, and trouble paying medical bills) experienced by survivors, comparing those with out-of-pocket medical expenditures  $\geq 20\%$  of their income to those with out-of-pocket medical expenditures  $< 20\%$  of their income.

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 :

Psychology / Neuropsychology :

Genetics :

Cancer Control : **Primary**

Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy : **Correlative Factors**

**Group: Health Behaviors**

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening : **Correlative Factors**

Other : **Secondary**

If other, please specify : **health care utilization**

**Group: Psychosocial**

Insurance : **Secondary**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other : **Primary**

If other, please specify : **out-of-pocket medical expenditures, household income, personal income, financial concerns and behaviors**

**Group: Medical Conditions**

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

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) :

Health status : **Correlative Factors**

***Group: Demographic***

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Correlative Factors**

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 :

Local institutional statistician : **Yes**

If local, please provide the name(s) and contact information of the statistician(s) to be involved. :  
**MGH Cancer Center with the advisement of Dr. Anne Kirchhoff**

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 :