**Section: Contact Information**

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**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 ≥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 ≥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: