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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: Trajectory of mammography and breast MRI among high risk women in the CCSS
Planned research population (eligibility criteria): Women (original cohort and expansion cohort) who have received chest RT (yes/no); comparison groups (siblings; female survivors who have not received chest RT)
Proposed specific aims: Describe the rates of screening mammography and / or breast MRI among the 3 groups of individuals outlined above: 1) by age (at at time of screening), 2) by time (2001-present as based on the 2003, 2005, 2007 and expansion questionnaires). Look at sociodemographic and medical characteristics related to undergoing surveillance
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.: Need Chest RT = yes / no (for expansion cohort)

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

Health Behaviors

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

Psychosocial

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

Medical conditions

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

Medications

Describe medications:
Pregnancy and offspring:
Family History:

Psychologic/Quality of Life

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

Chronic conditions (CTCAE v3):
Health status:

Demographic

Age: Secondary
Race: Secondary
Sex:
Others:
If others, please specify:

Cancer treatment

Chemotherapy:
Radiation therapy:
Surgery:

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.: Chaya Moskowitz, PhD
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:

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Other general comments: