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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

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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)

Second Malignancy:
Chronic Disease:
Psychology / Neuropsychology:
Genetics:
Cancer Control: Primary
Epidemiology / Biostatistics:

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:

Other general comments: