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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: Health Status Outcome in Extremity Sarcoma Survivors: Original Cohort Versus Expanded Cohort

Planned research population (eligibility criteria): Extremity sarcoma survivors who agreed to medical record abstracton and filled out baseline questionnaire (original and expanded cohort) Proposed specific aims: 1. To compare health status and participation restrictions in extremity sarcoma survivors treated between 1970-1986 to those treated between 1987-1999 2. To evaluate the impact of treatment on those outcomes a. To evaluate the impact of chemotherapy treatment on outcome b. To evaluate the impact of local control methods on outcome

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: No

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

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

Second Malignancy:

Chronic Disease: Secondary

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 <u>outcome</u> (primary or secondary) or <u>correlative factors</u> . (Check all that apply)
Late mortality:
Second Malignancy:
Health Behaviors
Tobacco:
Alcohol:
Physical activity: Primary
Medical screening:
Other:
If other, please specify:
Psychosocial
Insurance:
Marriage: Primary
Education: Primary
Employment: Primary
Other: Primary
If other, please specify: Household income
Medical conditions
Hearing/Vision/Speech:
Hormonal systems:
Heart and vascular:
Respiratory:
Digestive:
Surgical procedures: Correlative Factors
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: Primary
Demographic
Age: Correlative Factors Race: Correlative Factors Sex: Correlative Factors Others: If others, please specify:
Cancer treatment
Chemotherapy: Correlative Factors Radiation therapy: Correlative Factors Surgery: Correlative Factors
Anticipated sources of statistical support
CCSS Statistical Center: Yes Local institutional statistician: 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?
Buccal cell DNA: Peripheral blood: Lymphoblastoid cell lines: Second malignancy pathology samples:

Other requiring collection of samples: If other, please explain:	
Other general comments:	