

Section: Contact Information

First Name : **Matthew**
Last Name : **Ehrhardt**
Institution : **St. Jude Children's Research Hospital**
Address 1 : **262 Danny Thomas Place**
Address 2 : **MS 735**
City : **Memphis**
State/Province/Region : **TN**
Country : **US**
Zip/Postal Code : **38105**
Phone Number : **901-595-5913**
Alternate Phone Number :
Email Address : matthew.ehrhardt@stjude.org

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 : **Chronic health conditions in long-term survivors of childhood non-Hodgkin lymphoma**

Planned research population (eligibility criteria) :

All survivors of non-Hodgkin lymphoma (NHL) and sibling controls in the entire CCSS cohort

Proposed specific aims :

Aim 1: Estimate the incidence of chronic health conditions among survivors of childhood NHL

Aim 2: Compare risks for development of chronic health conditions between survivors of childhood NHL and siblings

Aim 3: Evaluate associations between treatment-related factors (chemotherapy and radiation exposures) and chronic health conditions among survivors of childhood NHL.

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 : **Primary**

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality : **Secondary**

Second Malignancy : **Secondary**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance :

Marriage :

Education :

Employment :

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech : **Primary**

Hormonal systems : **Primary**

Heart and vascular : **Primary**

Respiratory : **Primary**

Digestive : **Primary**

Surgical procedures : **Primary**

Brain and nervous system : **Primary**

Other :

If other, please specify :

Group: Medications

Describe medications :

Cardiovascular medications

Endocrine 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 : **Correlative Factors**

Chronic conditions (CTCAE v3) : **Primary**

Health status :

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other :

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 : **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? :

If other, please explain :

Section: Other General Comments

Other General Comments :