

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 : **Exome Sequencing to Discover Genetic Variants that Predispose Childhood Cancer Survivors to the Development of Subsequent Neoplasms**

Planned research population (eligibility criteria) :

Eligible individuals from the CCSS population must:

- be of European ancestry (either $\geq 80\%$ CEU based on the GWAS or self-reported non-Hispanic white if the individual was not previously genotyped).
- not have a history of allogeneic bone marrow transplantation.
- have available DNA.

Proposed specific aims :

- 1) Identify genetic variants associated with the development of subsequent neoplasms among childhood cancer survivors.
- 2) Identify genetic variants associated with the risk of childhood cancer.
- 3) Develop a resource of genetic data that can be used by investigators to conduct secondary analyses of more specific hypotheses related to the aims listed above or to conduct analyses of other adverse outcomes among childhood cancer survivors.

Will the project require non-CCSS funding to complete? : **Yes**

If yes, what would be the anticipated source(s) and timeline(s) for securing funding? :
We are seeking Intramural NIH funds, with anticipation of availability of funds in FY15 and FY16.

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. :

The study will be limited to existing data and samples.

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

Second Malignancy : **Secondary**

Chronic Disease :

Psychology / Neuropsychology :

Genetics : **Primary**

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality : **Correlative Factors**

Second Malignancy : **Primary**

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 :

Hormonal systems : **Correlative Factors**

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 : **Correlative Factors**

Family history : **Correlative Factors**

Chronic conditions (CTCAE v3) :

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 :

Local institutional statistician : **Yes**

If local, please provide the name(s) and contact information of the statistician(s) to be involved. :

Joshua Sampson (sampsonjn@mail.nih.gov) - Division of Cancer Epidemiology and Genetics, National Cancer Institute

Will this project utilize CCSS biologic samples? : **Yes**

If yes, which of the following? : **Buccal cell DNA, Peripheral blood**

If other, please explain :

Section: Other General Comments

Other General Comments :