Section: Contact Information

First Name: Alicia
Last Name: Kunin-Batson
Institution: HealthPartners Institute/U of MN
Address 1: 8170 33rd Ave
City: Minneapolis
State/Province/Region: MN
Country: US
Zip/Postal Code: 55440
Phone Number: 952-967-5270
Email Address: kunin003@umn.edu

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: Prevalence and predictors of cognitive and behavioral problems in adolescent CNS tumor survivors

Planned research population (eligibility criteria):
CNS Tumor survivors who completed the < 18 year old baseline survey in the combined cohort (approximately 663 individuals)

Proposed specific aims:
1. To estimate the prevalence of cognitive/behavioral problems in 663 adolescent CNS Tumor survivors in the combined cohort who completed the under 18-year-old Baseline survey - overall and across decades of diagnoses (i.e. 70s, 80s, 90s).

2. To identify demographic and treatment predictors of cognitive/behavioral problems in adolescent CNS Tumor survivors in the under 18-year-old Baseline survey.

3. To examine the association between and mediation effect of central endocrine disorder and cognitive/behavioral problems in adolescent CNS Tumor survivors in the under 18-year-old Baseline survey.

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: Secondary
Psychology / Neuropsychology: Primary
Genetics:
Cancer Control:
Epidemiology / Biostatistics:

Section: Outcomes or Correlative Factors
Late mortality:
Second Malignancy:

Group: Health Behaviors
Tobacco:
Alcohol:
Physical activity:
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:
Heart and vascular:
Respiratory:
Digestive:
Surgical procedures:
Brain and nervous system:
Other: **Correlative Factors**
If other, please specify: Central endocrine disorder

**Group: Medications**
Describe medications:

**Group: Psychologic/Quality of Life**
BSI-18:
SF-36:
CCSS-NCQ:
PTS:
PTG:
Other: **Primary**
If other, please specify: BPI

**Group: Other**
Pregnancy and offspring:
Family history:
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: **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:
Will be part of career development award application; Mentor is Kevin Krull