

## **Section: Contact Information**

First Name : **Fiona**

Last Name : **Schulte**

Institution : **Alberta Children's Hospital**

Address 1 : **Haematology, Oncology, Transplant Program**

Address 2 : **2888 Shaganappi Trail NW**

City : **Calgary**

State/Province/Region : **International Location : Alberta**

Country : **CA**

Zip/Postal Code : **T3B6A8**

Phone Number : **403-955-2879**

Alternate Phone Number :

Email Address : [fiona.schulte@albertahealthservices.ca](mailto:fiona.schulte@albertahealthservices.ca)

## **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 : **Social function in adolescent survivors of pediatric brain tumors**

Planned research population (eligibility criteria) :

- 1. Survivors 12-17 years of age**
- 2. Diagnosis of a pediatric brain tumor**

Proposed specific aims :

**Specific Aim 1: To describe social function (e.g., number of close friends, frequency of interactions, social withdrawal, conflict) in adolescent survivors of pediatric brain tumors in the combined cohort as compared to the sibling cohort.**

**Specific Aim 2: To identify disease (e.g., tumor diagnosis), treatment (e.g., radiation dosimetry, age at diagnosis), personal demographic (e.g., gender, age) and socioeconomic (e.g., household income, family size) factors that are related to social function in adolescent survivors of pediatric brain tumor.**

**Specific Aim 3: To examine the association between and mediation effect of physical limitations (e.g., weakness/paralysis, poor endurance) and social function in adolescent survivors of pediatric brain tumor.**

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 :

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 : **Correlative Factors**

Other :

If other, please specify :

**Group: Medications**

Describe medications :

**Group: Psychologic/Quality of Life**

BSI-18 :

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other : **Correlative Factors**

If other, please specify : **Behavior Problems Index; Social Activity Questions**

**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 :