Section: Contact Information

First Name: Arin
Last Name: Madenci
Institution: Boston Children's Hospital
Address 1: 300 Longwood Ave
City: Boston
State/Province/Region: MA
Country: US
Zip/Postal Code: 02115
Phone Number: 617-355-4503
Email Address: amadenci@partners.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: Long-term Incidence of Venous Thromboembolism among Survivors of Childhood Cancer

Planned research population (eligibility criteria):
Survivors (compared to siblings)

Proposed specific aims:
Specific aim 1
To describe the incidence of late (≥ 5 years post-diagnosis) venous thromboembolism (VTE) among childhood cancer survivors.
Hypothesis: There is a higher cumulative incidence rate of long-term VTE among survivors compared to sibling controls.

Specific aim 2
To characterize and compare the influence of specific demographic and treatment risk factors on late (≥ 5 years post-diagnosis) VTE among childhood cancer survivors.
Hypothesis: There is a higher cumulative incidence rate of late VTE among survivors who have specific demographic and treatment risk factors (including surgery, chemotherapy, and radiation).

Specific aim 3
To define the cumulative incidence of late (≥ 5 years post-diagnosis) mortality among survivors who developed VTE, compared to those who did not develop VTE.

Hypothesis: There is a higher cumulative incidence rate of late mortality among survivors who developed VTE, compared to those who did not.

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? : No funding required.

**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 : Correlative Factors

**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: Primary
Respiratory: Primary
Digestive: Correlative Factors
Surgical procedures: Secondary, Correlative Factors
Brain and nervous system:
Other:
If other, please specify:

**Group: Medications**

Describe medications:
Exogenous hormone therapy, anticoagulants

**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:
Chronic conditions (CTCAE v3): Correlative Factors
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: