Section: Contact Information

First Name : **Stefanie**
Last Name : **Vuotto**
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) 595-3431**
Alternate Phone Number : **(516) 457-3831**
Email Address : **stefanie.vuotto@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 : **Psychological Distress, Neurologic Morbidity and Functional Independence among Adult Survivors of Childhood Cancer treated with CNS-Directed Therapies**
Planned research population (eligibility criteria) :
CCSS survivors who self-completed the original or expansion baseline surveys, and who received CNS-directed cancer treatments during childhood
Proposed specific aims :
Aim 1: To examine the prevalence of psychological distress and suicide ideation in long-term survivors of childhood cancer treated with CNS-directed therapies, and compare the frequency of distress and suicide ideation by decade of diagnosis (1970's v 1980's v 1990's).

Aim 2: To examine associations between neurologic late effects (i.e. stroke, seizures/anticonvulsant medication use) and psychological distress and suicide ideation among adult survivors of childhood cancer treated with CNS-directed therapies.

Aim 3: To examine associations between psychological distress/suicide ideation, neurologic morbidity and functional independence (i.e. employment, independent

living, assistance with routine/daily needs) among adult survivors of childhood cancer treated with CNS-directed therapies.

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 : **Secondary**

Education :

Employment : **Secondary**

Other : **Secondary**

If other, please specify : **Living arrangement (independent living) and assistance with routine/daily needs**

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :
Respiratory :
Digestive :
Surgical procedures :
Brain and nervous system : **Secondary**
Other :
If other, please specify :

Group: Medications

Describe medications :
Anticonvulsants (secondary outcome)

Group: Psychologic/Quality of Life

BSI-18 : **Primary**
SF-36 :
CCSS-NCQ :
PTS : **Primary**
PTG :
Other :
If other, please specify :

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 :
Local institutional statistician : **Yes**

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

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 :
The specific aims have been discussed with Dr. Kevin Krull and Dr. Tara Brinkman.