

## **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 : **Patterns of CNS neoplasms in Survivors of Childhood Cancer: A Report from the Childhood Cancer Survivor Study**

Planned research population (eligibility criteria) :

**Survivors from the original and expanded cohorts who developed a second neoplasm (non-malignant or malignant) involving the central nervous system.**

Proposed specific aims :

**1) Determine the risk of malignant and non-malignant second neoplasms of the central nervous system. Evaluate the risk by age, initial cancer diagnosis, and therapeutic exposures.**

**2) Evaluate if the risk of developing a second neoplasm of the CNS changes by decade of treatment.**

**3) Construct dose response curves using first pass radiation exposure data.**

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 : **Primary**

Chronic Disease :

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

**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 :

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 :

Family history :

Chronic conditions (CTCAE v3) :

Health status :

**Group: Demographic**

Age :

Race :

Sex :

Other : **Correlative Factors**

If other, please specify :

**Group: Cancer treatment**

Chemotherapy : **Correlative Factors**

Radiation therapy : **Correlative Factors**

Surgery :

**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 :