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: