**Section: Contact Information**

First Name: Pooja  
Last Name: Hingorani  
Institution: Phoenix Children’s Hospital  
Address 1: 1919 E Thomas Rd  
City: Phoenix  
State/Province/Region: AZ  
Country: US  
Zip/Postal Code: 85016  
Phone Number: 602-933-0920  
Alternate Phone Number:  
Email Address: phingorani@phoenixchildrens.com

**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: Comprehensive comparative analysis of chronic health conditions, health status, social outcomes and mortality in patients with rhabdomyosarcoma by treatment era  
Planned research population (eligibility criteria): Rhabdomyosarcoma patients eligible for the CCSS cohort from 1970-1999  
Proposed specific aims:  
1) To compare the burden of chronic health conditions and overall health status in childhood survivors of rhabdomyosarcoma treated between 1970-1991 (IRS-I to IRS-III) and those treated between 1991-1999 (IRS-IV).  
2) To compare the impact of chronic conditions and health status on social outcomes in the above two cohorts.  
3) To compare cumulative mortality and standardized mortality ratios (all cause and cause-specific) between the two cohorts and  
4) To determine the impact of changes in therapy over time on chronic health conditions and mortality if significant differences are elicited between the two cohorts.  
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: Primary
Psychology / Neuropsychology:
Genetics:
Cancer Control: Secondary
Epidemiology / Biostatistics: Secondary

**Section: Outcomes or Correlative Factors**

Late mortality: Primary
Second Malignancy: Secondary

**Group: Health Behaviors**

Tobacco:
Alcohol:
Physical activity: Correlative Factors
Medical screening: Correlative Factors
Other:
If other, please specify:

**Group: Psychosocial**

Insurance: Correlative Factors
Marriage: Primary
Education: Primary
Employment: Primary
Other:
If other, please specify:

**Group: Medical Conditions**

Hearing/Vision/Speech: Secondary
Hormonal systems: Secondary
Heart and vascular: Secondary
Respiratory: Secondary
Digestive: Secondary
Surgical procedures: Secondary
Brain and nervous system: Secondary
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 : Secondary
Family history : Correlative Factors
Chronic conditions (CTCAE v3) : Primary
Health status : Primary

**Group: Demographic**
Age : Secondary
Race : Secondary
Sex : Secondary
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 :
The objectives of this AOI have been reviewed and approved by Dr. Ness and Dr. Marina who have kindly agreed to mentor me on this project. Upon discussions with them and Dr. Douglas Hawkins, we have chosen to compare cohorts of RMS treated on IRS-I to III versus those treated on IRS-IV. The first Cohort (IRS-I to III)
ran between 1972-1991. The second cohort (IRS-IV) ran between 1991-1997. We have included patients between 1997-1999 in cohort 2 as IRS V did not open until 1999 for majority of patients except low risk. We have also included 1970-1972 in cohort I as we believe the treatment of those patients was somewhat similar to IRS-I. Thank you for reviewing our AOI.