

## **Section: Contact Information**

First Name : **Kristen**  
Last Name : **Stefanski**  
Institution : **Cincinnati Children's Hospital Medical Center**  
Address 1 : **3333 Burnet Ave.**  
Address 2 : **MLC 4002**  
City : **Cincinnati**  
State/Province/Region : **OH**  
Country : **US**  
Zip/Postal Code : **45229**  
Phone Number : **513-636-5858**  
Alternate Phone Number : **248-330-9122**  
Email Address : [kristen.stefanski@cchmc.org](mailto:kristen.stefanski@cchmc.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 and Behavioral Outcomes in Pediatric Acute Myeloid Leukemia Survivors: A Comparison of Treatment with Bone Marrow Transplantation versus Chemotherapy-only**

Planned research population (eligibility criteria) :

**Pediatric AML survivors included in the original and expansion baseline cohort**  
- Including survivors < 18 years of age at baseline and those >= 18 at baseline  
- Excluding patients who were treated with chemotherapy-only, then relapsed and/or went on to BMT after first 5 years of survival  
- Sibling comparison group

Proposed specific aims :

- 1. To evaluate the emotional status (mental health symptoms on BSI-18 for those >= 18 years old) of pediatric AML survivors who received chemotherapy-only versus those who received chemotherapy followed by BMT**
- 2. In those < 18 years old at Baseline, to compare behavioral outcomes of pediatric AML survivors who received chemotherapy-only to chemotherapy followed by BMT**
- 3. To examine special education service utilization in pediatric AML survivors who received chemotherapy-only as compared to those who received chemotherapy followed by BMT**

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? :  
**N/A. I have mentorship and consultation available as part of my fellowship program.**

**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 :

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 : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Primary**

Employment : **Correlative Factors**

Other : **Primary**

If other, please specify : **Special education history**

**Group: Medical Conditions**

Hearing/Vision/Speech : **Correlative Factors**

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

***Group: Medications***

Describe medications :

**psychotropic medications**

***Group: Psychologic/Quality of Life***

BSI-18 : **Primary**

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other : **Primary**

If other, please specify : **Behavior Problem Index (in those <18 years old)**

***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 : **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 :