Section: Contact Information

First Name : Kevin Last Name : Oeffinger Institution : MSKCC Address 1 : 485 Lexington Ave Address 2 : 2nd Floor City : New York State/Province/Region : NY Country : US Zip/Postal Code : 10017 Phone Number : 646-888-8092 Alternate Phone Number : Email Address : oeffingk@mskcc.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 : EMPOWER-II

Planned research population (eligibility criteria) :

1) Female survivors treated with chest radiation (>= 20 Gy) who are 27 - 49 years of age and have not had a mammogram AND a breast MRI in the preceding two years.

2) Primary care physicians of participants.

Proposed specific aims :

Determine the efficacy of an intervention, targeted for both female survivors and their primary care physicians, on the rates of recommended breast cancer screening (mammogram + breast MRI) compared with an attention control.

Will the project require non-CCSS funding to complete? : Yes

If yes, what would be the anticipated source(s) and timeline(s) for securing funding? : NCI; renewal submission date March 5, 2016

Group: Does this project require contact of CCSS study subjects for:

Additional self-reported information : **Yes** Biological samples : **No** Medical record data : **Yes** If yes to any of the above, please briefly describe. :

As in the EMPOWER Study, we will collect information regarding breast cancer screening from the participants at baseline and at 12-months. We will also collect faxed reports of the breast cancer screening tests (mammogram, MRI, ultrasound) completed in the study period.

Group: What CCSS Working Group(s) would likely be involved? (Check all that apply)

Second Malignancy : **Secondary** Chronic Disease : Psychology / Neuropsychology : Genetics : Cancer Control : **Primary** Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality : Second Malignancy : Secondary

Group: Health Behaviors

Tobacco : Alcohol : Physical activity : Medical screening : **Primary** Other : If other, please specify :

Group: Psychosocial

Insurance : **Secondary** Marriage : **Secondary** Education : **Secondary** Employment : **Secondary** Other : **Secondary** 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 : **Secondary** Chronic conditions (CTCAE v3) : **Secondary** Health status : **Secondary**

Group: Demographic

Age : **Secondary** Race : **Secondary** Sex : Other : If other, please specify :

Group: Cancer treatment

Chemotherapy : Radiation therapy : Surgery :

Section: Anticipated Sources of Statistical Support

CCSS Statistical Center : Yes

Local institutional statistician : Yes

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

Chaya Moskowitz, PhD - MSKCC

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 :

This will be a competing renewal R01 with MPI of Kevin Oeffinger and Jennifer Ford.