

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 : **Long-term fertility outcomes following ovarian transposition**

Planned research population (eligibility criteria) :

Female survivors who underwent ovarian transposition who completed the baseline questionnaire and pregnancy questionnaire

Female survivors who completed the baseline questionnaire and pregnancy questionnaire

Proposed specific aims :

- 1. Compare the prevalence of infertility in female cancer survivors who underwent ovarian transposition versus an age, diagnosis and treatment matched cohort of female cancer survivors who did not undergo ovarian transposition.**
- 2. Compare pregnancy outcomes among survivors who underwent ovarian transposition versus an age, diagnosis and treatment matched cohort of female cancer survivors who did not undergo ovarian transposition.**
- 3. Compare the prevalence of premature ovarian hormonal failure outcomes survivors who underwent ovarian transposition versus an age, diagnosis and treatment matched cohort of female cancer survivors who did not undergo ovarian transposition.**

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 :

Chronic Disease : **Primary**

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy : **Correlative Factors**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol :

Physical activity :

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance :

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment :

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems : **Correlative Factors**

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 : **Primary**

Family history :

Chronic conditions (CTCAE v3) :

Health status :

Group: Demographic

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex :

Other : **Correlative Factors**

If other, please specify : **BMI: correlative**

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 :

