

## **Section: Contact Information**

First Name : **Emily**

Last Name : **Tonorezos**

Institution : **Memorial Sloan Kettering Cancer Center**

Address 1 : **485 Lexington Avenue**

Address 2 : **Second Floor**

City : **New York**

State/Province/Region : **NY**

Country : **US**

Zip/Postal Code : **10017**

Phone Number : **646-888-8080**

Alternate Phone Number :

Email Address : [tonoreze@mskcc.org](mailto:tonoreze@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 : **Cardiometabolic outcomes among survivors of childhood and young adult cancer**

Planned research population (eligibility criteria) :

**1. Survivors of childhood and young adult cancer from the original and expanded CCSS cohorts.**

Proposed specific aims :

**1. Describe the prevalence of cardiometabolic disease including: hypertension, hyperlipidemia, obesity, and diabetes mellitus.**

**2. Examine treatment-related risk factors for cardiometabolic outcomes and resolve ongoing debate, such as the role of dexamethasone.**

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 : **Secondary**

Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco :

Alcohol :

Physical activity : **Correlative Factors**

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 : **Primary**

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

Other :

If other, please specify :

**Group: Medications**

Describe medications :

**Anti-hypertensives**

**Lipid-lowering medications**  
**Metformin, insulin, and other anti-diabetes drugs**

***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 : **Correlative Factors**

Chronic conditions (CTCAE v3) :

Health status :

***Group: Demographic***

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Primary**

If other, please specify : **Body Mass Index (height and weight)**

***Group: Cancer treatment***

Chemotherapy : **Correlative Factors**

Radiation therapy : **Correlative Factors**

Surgery : **Correlative Factors**

**Section: Anticipated Sources of Statistical Support**

CCSS Statistical Center :

Local institutional statistician : **Yes**

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

**Chaya Moskowitz, PhD**

[moskowc1@mskcc.org](mailto:moskowc1@mskcc.org)

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 :