

## **Section: Contact Information**

First Name : **Lucie**  
Last Name : **Turcotte**  
Institution : **University of Minnesota**  
Address 1 : **420 Delaware St SE**  
Address 2 : **MMC 484**  
City : **Minneapolis**  
State/Province/Region : **MN**  
Country : **US**  
Zip/Postal Code : **55455**  
Phone Number : **612-625-0032**  
Alternate Phone Number :  
Email Address : [turc0023@umn.edu](mailto:turc0023@umn.edu)

## **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 : **Subsequent neoplasms among childhood cancer survivors exposed to chemotherapy and not radiation**

Planned research population (eligibility criteria) :

**Cohort members treated between 1970 and 1999, treated with chemotherapy but not therapeutic radiation for their childhood malignancy (N=7313)**

Proposed specific aims :

**1. Describe the cumulative incidence of subsequent neoplasms (SN) and the risk for subsequent malignant neoplasms (SMN).**

**2. Identify chemotherapeutic exposures associated with SMN risk, based on:**

**a. cumulative dose of chemotherapeutic agent delivered**

**b. combinations of chemotherapeutic agents**

**c. timing of the occurrence of the SMN from exposure to particular agents**

**3. Describe specific SN patterns and risk factors based on therapeutic and clinical factors with consideration for SNs not considered to be radiation-related vs. those considered to be radiation-related.**

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 :

Psychology / Neuropsychology :

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy : **Primary**

**Group: Health Behaviors**

Tobacco :

Alcohol :

Physical activity :

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 :

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 :

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 :

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 :

