

Section: Contact Information

First Name : **Kimberly**
Last Name : **Keefe**
Institution : **Brigham and Women's Hospital**
Address 1 : **75 Francis St.**
Address 2 :
City : **Boston**
State/Province/Region : **MA**
Country : **US**
Zip/Postal Code : **02115**
Phone Number : **617-732-4981**
Alternate Phone Number :
Email Address : kwkeefe@partners.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 : **Infertility, assisted reproductive technology utilization and pregnancy outcomes in childhood cancer survivor population: A CCSS and SART CORS (Society for Assisted Reproductive Technology Clinic Outcome Reporting Study) data linkage study**

Planned research population (eligibility criteria) :

All CCSS participants.

Proposed specific aims :

- 1. Determine utilization rate of ART in childhood cancer survivors.**
- 2. Compare pregnancy and live birth rates in childhood cancer survivors who pursue ART to general and specific IVF populations.**
- 3. Compare pregnancy outcomes for childhood cancer survivors pursuing ART (congenital anomalies, gestational age and birth weight) to outcomes in general and specific IVF populations.**
- 4. Determine donor egg utilization and pregnancy outcomes in childhood cancer survivors.**

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 :

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity :

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems : **Correlative Factors**

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures : **Correlative Factors**

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) : **Correlative Factors**

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 :