

## **Section: Contact Information**

First Name : **Jennifer**

Last Name : **Yeh**

Institution : **Boston Children's Hospital**

Address 1 : **300 Longwood Avenue**

Address 2 :

City : **Boston**

State/Province/Region : **MA**

Country : **US**

Zip/Postal Code : **02115**

Phone Number : **(617) 218-5577**

Alternate Phone Number :

Email Address : [jennifer.yeh@childrens.harvard.edu](mailto:jennifer.yeh@childrens.harvard.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 : **Trends in Utility-based Health-related Quality of Life Among Childhood Cancer Survivors**

Planned research population (eligibility criteria) :

**Original Cohort survivors and siblings who completed the SF-36 survey at Follow-up 2 and/or Follow-up 5**

**Expansion Cohort survivors and siblings who completed the SF-36 survey at Follow-up 5**

Proposed specific aims :

**By using the SF-36 data to derive SF-6D utility weights, we propose to:**

**1. Estimate longitudinal changes in health-related quality of life among the Original Cohort participants.**

**2. Assess trends in health-related quality of life over diagnosis eras (1970-79, 1980-89, 1990-99) among Original and Expansion Cohort participants.**

**3. Identify patient characteristics, treatment factors and/or chronic conditions associated with lower health-related quality of life.**

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? :  
**This project will not require non-CCSS funding to complete. However, we may seek external funding to support the project.**

**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 : **Secondary**

Psychology / Neuropsychology : **Primary**

Genetics :

Cancer Control :

Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco :

Alcohol :

Physical activity :

Medical screening :

Other :

If other, please specify :

**Group: Psychosocial**

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Household income**

**Group: Medical Conditions**

Hearing/Vision/Speech : **Correlative Factors**

Hormonal systems : **Correlative Factors**

Heart and vascular : **Correlative Factors**

Respiratory : **Correlative Factors**

Digestive : **Correlative Factors**

Surgical procedures : **Correlative Factors**

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

***Group: Medications***

Describe medications :

***Group: Psychologic/Quality of Life***

BSI-18 :

SF-36 : **Primary**

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

***Group: Other***

Pregnancy and offspring :

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. :

**We would like to request individual-level data from the CCSS Statistical Center. Using these data, we will then conduct the analyses to derive SF-6D utility weights.**

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 :