**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**: Trends in life expectancy and quality-adjusted life expectancy among childhood cancer survivors

**Planned research population (eligibility criteria)**: Original and Expansion Cohort participants

**Proposed specific aims**:

1. Estimate the cumulative effect of disease- and treatment-related mortality risks on survivor life expectancy by treatment era

2. Assess the cumulative effect of late-effects on quality-adjusted life expectancy by treatment era

3. Explore diagnosis and/or treatment exposure-specific variations in survivor life expectancy and quality-adjusted life expectancy

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 fund 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: Secondary
Genetics:
Cancer Control:
Epidemiology / Biostatistics: Primary

Section: Outcomes or Correlative Factors
Late mortality: Primary
Second Malignancy:

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: **Primary**
CCSS-NCQ:
PTS:
PTG:
Other:
If other, please specify:

**Group: Other**

Pregnancy and offspring:
Family history:
Chronic conditions (CTCAE v3): **Primary**
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.:

*For the analysis on life expectancy, we will request excess mortality risk estimates from the CCSS Statistical Center. We will incorporate these risk estimates into a simulation model to project LE.*

*For the analysis on quality-adjusted life expectancy, we will request individual-level CCSS data. We will then use this data to develop a simulation model capable of projecting QALE.*

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: