

## **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 : **Cognitive aging in adult survivors of childhood cancer**

Planned research population (eligibility criteria) :

**Original cohort who have completed Follow-up 2 and Follow-up 5. All diagnoses are eligible.**

Proposed specific aims :

**1. Among the original cohort, to identify patterns of change in neurocognitive function from Follow-up 2 to Follow-up 5.**

**2. To examine demographic, treatment-related, chronic health, and behavioral health predictors of patterns of change in neurocognitive function over time.**

**3. To evaluate associations between patterns of change in neurocognitive function over time with 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? :

### ***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 : **Secondary**

Epidemiology / Biostatistics : **Secondary**

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening :

Other :

If other, please specify :

**Group: Psychosocial**

Insurance :

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 : **Correlative Factors**

Respiratory : **Correlative Factors**

Digestive : **Correlative Factors**

Surgical procedures :

Brain and nervous system : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **CTCAE chronic health conditions**

**Group: Medications**

Describe medications :

**Group: Psychologic/Quality of Life**

BSI-18 :

SF-36 : **Secondary**

CCSS-NCQ : **Primary**

PTS :

PTG :

Other :

If other, please specify :

**Group: Other**

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

Health status : **Correlative Factors**

**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 :