**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:** **Physical activity as a predictor of neurocognitive outcomes in adult survivors of childhood cancers**

Planned research population (eligibility criteria):

**All survivors and siblings in the combined cohort (original and expanded cohort).**

Proposed specific aims:

1. To examine associations between physical activity (i.e. meeting CDC guidelines yes vs. no) and neurocognitive outcome on the CCSS-NCQ (Task Efficiency, Emotion Regulation, Organization, Memory) at Follow-up 5; 2. To explore associations between the intensity of physical activity (i.e. light, moderate and vigorous), the quantity of physical activity (minutes per week) and neurocognitive outcome on the CCSS-NCQ; 3. To evaluate BMI as a mediator of the relation between physical activity and neurocognitive outcome on the CCSS-NCQ. 4. To evaluate physical activity as a mediator of the association between chronic health conditions (e.g. cardiovascular, respiratory) and neurocognitive outcome on the CCSS-NCQ.

*We will explore demographic and clinical variables that covary with one’s engagement in physical activity (e.g. alcohol and tobacco use) and/or neurocognitive function, and may thus act as mediators of this relationship.  
*Neurocognitive domains will be explored individually, as well as with a neurocognitive composite.
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 : 

**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 :
- Education : Correlative Factors
- Employment :
- Other :
If other, please specify :

**Group: Medical Conditions**
- Hearing/Vision/Speech :
- Hormonal systems :
- Heart and vascular : Correlative Factors
- Respiratory : Correlative Factors
- Digestive :
Surgical procedures:
Brain and nervous system: Correlative Factors
Other: Correlative Factors
If other, please specify: Diagnoses; Amputations

**Group: Medications**
Describe medications:

**Group: Psychologic/Quality of Life**
BSI-18: Correlative Factors
SF-36:
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:

**Group: Demographic**
Age: Correlative Factors
Race: Correlative Factors
Sex: Correlative Factors
Other: Correlative Factors
If other, please specify: Age at diagnosis, Time since diagnosis

**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: