

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 :