

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 : **Longitudinal changes in functional independence in aging adult survivors of pediatric brain tumors**

Planned research population (eligibility criteria) :

Adult survivors in the original CCSS cohort, diagnosed with a primary brain tumor who completed baseline, FU 4, and/or FU 5 (at least 2 of 3 surveys).

Proposed specific aims :

- 1. To identify latent classes of functional independence in adult survivors of pediatric brain tumors**
- 2. To examine change in class membership over time**
- 3. To examine treatment exposures and late effects associated with change in class membership over time**

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 :

Epidemiology / Biostatistics :

Section: Outcomes or Correlative Factors

Late mortality : **Correlative Factors**

Second Malignancy : **Correlative Factors**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening :

Other :

If other, please specify :

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Primary**

Education : **Primary**

Employment :

Other : **Primary**

If other, please specify : **Independent living, assistance with routine and personal care needs, drivers license**

Group: Medical Conditions

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

Hormonal systems : **Correlative Factors**

Heart and vascular : **Correlative Factors**

Respiratory : **Correlative Factors**

Digestive :

Surgical procedures :

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 : **Secondary**

SF-36 : **Secondary**

CCSS-NCQ : **Secondary**

PTS : **Secondary**

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 :

I will be working closely with Kevin Krull on the completion of this analysis.