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: Secondary
Chronic Disease: Chronic Disease
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: Secondary
- 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.