

## **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 : **Suicide, homicide and accidental causes of death.**

Planned research population (eligibility criteria) :

**Participants in the original and expansion cohort of CCSS.**

Proposed specific aims :

- 1- Describe patterns of external (non-health related) causes of death.**
- 2- Compare prevalence of external causes of death in cancer survivors to data available in the general population.**
- 3- Explore specific factors that may predict risk for external causes of death.**
- 4- Special focus on intentional (suicide and homicide) external causes of death.**

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 : **Secondary**

### ***Section: Outcomes or Correlative Factors***

Late mortality : **Primary**  
Second Malignancy : **Correlative Factors**

#### ***Group: Health Behaviors***

Tobacco : **Correlative Factors**  
Alcohol : **Correlative Factors**  
Physical activity :  
Medical screening :  
Other :  
If other, please specify :

#### ***Group: Psychosocial***

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

#### ***Group: Medical Conditions***

Hearing/Vision/Speech : **Correlative Factors**  
Hormonal systems :  
Heart and vascular :  
Respiratory :  
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 : **Correlative Factors**  
SF-36 : **Correlative Factors**

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

**Group: Other**

Pregnancy and offspring : **Correlative Factors**

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 :