**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: **Determinants of longitudinal health-related quality of life change in adult survivors of childhood cancer: A report from the Childhood Cancer Survivor Study**  

Planned research population (eligibility criteria):  
1) Cancer survivors and siblings from FU2 and FU5; 2) any ages; 3) any diagnoses.  

Proposed specific aims:  
**AIM 1:**  
Compare the change (FU2 vs. FU5) of the SF-36 eight domain scores and PCS/MCS between survivors and controls  

**AIM 2:**  
Evaluate the effect of treatment and socio demographic factors on the change of the SF-36 eight domain scores and Physical Component Score (PCS)/Mental Component Score (MCS)  

**AIM 3:**  
Evaluate the effects of specific health behaviors smoking, alcohol consumption, substance abuse, physical activity, etc.) at FU2 on the change of the SF-36 eight domain scores and PCS/MCS
* NOTE, if health behaviors were changed significantly between FU2 and FU5, then the change profile of health behaviors will be used to predict the change of the SF-36 eight domain scores and PCS/MCS

**AIM 4:**
Evaluate the effects of chronic health conditions on the change of the SF-36 eight domain scores and PCS/MCS

* NOTE, evaluation of chronic conditions is based on the NCI CTC-AE grading

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 : **Secondary**
Psychology / Neuropsychology : **Primary**
Genetics :
Cancer Control : **Secondary**
Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**
Late mortality :
Second Malignancy :

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

**Group: Psychosocial**
Insurance : **Correlative Factors**
Marriage : **Correlative Factors**
Education: Correlative Factors
Employment: Correlative Factors
Other: Correlative Factors
If other, please specify: Family and individual incomes

**Group: Medical Conditions**

Hearing/Vision/Speech: Correlative Factors
Hormonal systems: Correlative Factors
Heart and vascular: Correlative Factors
Respiratory: Correlative Factors
Digestive: Correlative Factors
Surgical procedures: Correlative Factors
Brain and nervous system: Correlative Factors
Other:
If other, please specify:

**Group: Medications**

Describe medications:

**Group: Psychologic/Quality of Life**

BSI-18: Primary, Secondary
SF-36: Primary
CCSS-NCQ: Correlative Factors
PTS: Correlative Factors
PTG: Correlative Factors
Other:
If other, please specify:

**Group: Other**

Pregnancy and offspring:
Family history:
Chronic conditions (CTCAE v3): Secondary, Correlative Factors
Health status: Secondary, 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:
Psychology working group chair Kevin and I have discussed these specific aims and he approved.