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 : **Health care utilization and estimated costs among survivors of childhood cancer**
Planned research population (eligibility criteria) :
Original and Expansion Cohort participants (survivors and siblings) who completed follow-up survey #5
Proposed specific aims :
1. Describe health care utilization patterns for physician visits, emergency room visit, medical tests, prescription drug use and hospitalizations among survivors and siblings
2. Estimate health care costs associated with utilization patterns
3. Assess variation in health care utilization and costs by patient, treatment and chronic condition characteristics
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 :
Genetics :
Cancer Control : **Primary**
Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality :
Second Malignancy :

Group: Health Behaviors

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

Group: Psychosocial

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

Group: Medical Conditions

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

Group: Medications

Describe medications :
Self reported medication use

Group: Psychologic/Quality of Life

BSI-18 :
SF-36 :
CCSS-NCQ :
PTS :
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 :
Radiation therapy :
Surgery :

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 :
Concept will be developed by Paul Nathan, Jennifer Yeh, Wendy Leisenring and Kiri Ness