

## **Section: Contact Information**

First Name : **Stephanie**  
Last Name : **Dixon**  
Institution : **St Jude Children's Research Hospital**  
Address 1 : **262 Danny Thomas Place**  
Address 2 :  
City : **Memphis**  
State/Province/Region : **TN**  
Country : **US**  
Zip/Postal Code : **38105**  
Phone Number : **(616)450-7978**  
Alternate Phone Number :  
Email Address : [Stephanie.Dixon@stjude.org](mailto:Stephanie.Dixon@stjude.org)

## **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 : **Racial/Ethnic Differences in Neurocognitive and Psychological Function in Adult Survivors of Childhood Cancers**

Planned research population (eligibility criteria) :

- survivors within CCSS who have identified race/ethnicity
- participants must have completed NCQ and/or BSI-18

Proposed specific aims :

**1) Evaluate for racial/ethnic differences in neurocognitive outcomes of childhood cancer survivors overall and in the specific population exposed to cranial or cranial spinal radiation using the NCQ.**

**2) Evaluate for racial/ethnic differences in psychological outcomes of childhood cancer survivors overall and in the specific population exposed to cranial or cranial spinal radiation using the BSI-18.**

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 :

Psychology / Neuropsychology : **Primary**

Genetics :

Cancer Control :

Epidemiology / Biostatistics : **Secondary**

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening : **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 : **Independent living**

**Group: Medical Conditions**

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

Hormonal systems : **Correlative Factors**

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system : **Correlative Factors**

Other :

If other, please specify :

**Group: Medications**

Describe medications :

**Methotrexate**

Cytarabine

Glucocorticoids

Anthracycline

Cyclophosphamide

**Group: Psychologic/Quality of Life**

BSI-18 : **Secondary, Correlative Factors**

SF-36 :

CCSS-NCQ : **Primary**

PTS :

PTG :

Other :

If other, please specify :

**Group: Other**

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) :

Health status :

**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 :