

## **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 : **Outcomes Across Three Decades of Diagnosis for Bone Tumors**

Planned research population (eligibility criteria) :

**Survivors of bone tumors (Osteosarcoma and Ewing's sarcoma) diagnosed between 1970 and 1999**

Proposed specific aims :

**Aim 1: Assess the long term mortality in survivors as compared to their sibling controls**

**Aim 2: Assess the difference in long term mortality in survivors of non-metastatic and metastatic disease**

**Aim 3: Determine the occurrence of subsequent neoplasms among survivors**

**Aim 4: Quantify the occurrence and severity of chronic health conditions and health care utilization**

**Aim 5: Assess the impact of changes in treatment of bone tumors (surgical techniques have changed) across three decades on risk of late mortality, subsequent neoplasms, chronic health conditions and health care utilization in survivors**

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 : **Primary**

Psychology / Neuropsychology :

Genetics :

Cancer Control : **Secondary**

Epidemiology / Biostatistics : **Secondary**

**Section: Outcomes or Correlative Factors**

Late mortality : **Primary**

Second Malignancy : **Primary**

***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 :

If other, please specify :

***Group: Medical Conditions***

Hearing/Vision/Speech : **Primary**

Hormonal systems : **Primary**

Heart and vascular : **Primary**

Respiratory : **Primary**

Digestive : **Primary**

Surgical procedures : **Primary**

Brain and nervous system : **Primary**

Other :

If other, please specify :

**Group: Medications**

Describe medications :

**Pain medications**

**Group: Psychologic/Quality of Life**

BSI-18 : **Secondary**

SF-36 : **Secondary**

CCSS-NCQ :

PTS : **Secondary**

PTG : **Secondary**

Other : **Secondary**

If other, please specify : **Toronto Extremity Salvage Score**

**Group: Other**

Pregnancy and offspring : **Secondary**

Family history : **Correlative Factors**

Chronic conditions (CTCAE v3) : **Primary**

Health status : **Primary**

**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 :

