

## **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 : **Mental health outcomes in survivors of childhood acute lymphoblastic leukemia treated with chemotherapy-only protocols across different eras of time.**

Planned research population (eligibility criteria) :

**Survivors of childhood ALL treated with chemotherapy alone (i.e., no radiation)**

Proposed specific aims :

**Among childhood survivors of acute lymphoblastic leukemia (ALL) treated with chemotherapy-only protocols, where “mental health” refers to self-reported global mental health as well as symptoms of depression, anxiety, and somatization:**

- 1) Determine the prevalence of adverse mental health and compare it to that of sibling controls.**
- 2) Examine the change in adverse mental health across different eras (e.g., 1970-79, 1980-89, 1990-99) of diagnosis.**
- 3) Identify diagnosis and treatment-related predictors of adverse mental health, such as age at diagnosis.**
- 4) Examine the impact of chronic health conditions on adverse mental health.**
- 5) Examine the impact of adverse mental health on health-related quality of life.**

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 : **Secondary**

Epidemiology / Biostatistics :

**Section: Outcomes or Correlative Factors**

Late mortality :

Second Malignancy :

**Group: Health Behaviors**

Tobacco :

Alcohol :

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 : **Correlative Factors**

Heart and vascular : **Correlative Factors**

Respiratory : **Correlative Factors**

Digestive : **Correlative Factors**

Surgical procedures : **Correlative Factors**

Brain and nervous system : **Correlative Factors**

Other : **Primary**

If other, please specify : **Psychiatric condition (e.g., depression, anxiety)**

***Group: Medications***

Describe medications :

**Psychiatric medication (e.g., anxiolytic, anti-depressant)**

***Group: Psychologic/Quality of Life***

BSI-18 : **Primary**

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

***Group: Other***

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) :

Health status :

***Group: Demographic***

Age : **Primary**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Primary**

If other, please specify : **Era of diagnosis (e.g., 1980-89, 1990-99)**

***Group: Cancer treatment***

Chemotherapy : **Correlative Factors**

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 :

**Dr. Kevin Oeffinger is the faculty expert/mentor overseeing my work.**