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: Neurocognitive outcomes in survivors of childhood acute lymphoblastic leukemia treated with chemotherapy only

Planned research population (eligibility criteria):
Survivors of ALL in the combined cohort who were treated with chemotherapy only and who completed either Follow-up 2 or Follow-up 5.

Proposed specific aims:
Aim 1. To compare neurocognitive outcomes in survivors of ALL treated with chemotherapy only to sibling controls.


Aim 3: To identify demographic, treatment and chronic health predictors of neurocognitive impairment in survivors of ALL treated with chemotherapy only.

Aim 4. To examine associations between neurocognitive outcomes, quality of life, and social attainment in survivors of ALL treated with chemotherapy only.

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: 
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: 
Education: 
Employment: 
Other: 
If other, please specify: 

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

**Group: Medications**
Describe medications:

**Group: Psychologic/Quality of Life**
BSI-18:
SF-36: **Secondary**
CCSS-NCQ: **Primary**
PTS:
PTG:
Other:
If other, please specify:

**Group: Other**
Pregnancy and offspring:
Family history:
Chronic conditions (CTCAE v3): **Correlative Factors**
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:
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: