

Section: Contact Information

First Name : **Christopher**

Last Name : **Weldon**

Institution : **Boston Children's Hospital / DFCI**

Address 1 : **300 Longwood Ave**

Address 2 : **Fegan 3rd Floor**

City : **Boston**

State/Province/Region : **MA**

Country : **US**

Zip/Postal Code : **02115**

Phone Number : **(617) 355-7800**

Alternate Phone Number :

Email Address : christopher.weldon@childrens.harvard.edu

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 : **Long-Term Outcomes among Survivors of Childhood Ewing Sarcoma**

Planned research population (eligibility criteria) :

All 5-year survivors (baseline and expanded cohorts) diagnosed with Ewing sarcoma at age <21.

Proposed specific aims :

S.A. 1: To describe the patterns over time of the cumulative incidence of late complications (including mortality [primary], second neoplasm [secondary], and CTCAE chronic health conditions [secondary]) among survivors of Ewing sarcoma (and sibling controls).

S.A. 2: To describe the patterns over time of the multimodal strategies (surgery, chemotherapy, radiotherapy) used in the treatment of Ewing sarcoma.

S.A. 3: To identify risk factors for the above primary (i.e. mortality) and secondary outcomes (including second neoplasm and chronic health conditions).

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? :

N/A

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 :

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality : **Primary**

Second Malignancy : **Secondary**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol :

Physical activity : **Secondary, Correlative Factors**

Medical screening : **Secondary**

Other :

If other, please specify :

Group: Psychosocial

Insurance :

Marriage :

Education :

Employment :

Other :

If other, please specify :

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular : **Secondary**

Respiratory : **Secondary**

Digestive : **Secondary**

Surgical procedures : **Secondary, Correlative Factors**

Brain and nervous system : **Secondary, Correlative Factors**

Other : **Correlative Factors**

If other, please specify :

Group: Medications

Describe medications :

Group: Psychologic/Quality of Life

BSI-18 :

SF-36 :

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

Group: Other

Pregnancy and offspring : **Secondary**

Family history :

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

Health status : **Secondary**

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 :

This analysis will include surgical data from the expansion cohort.