

## **Section: Contact Information**

First Name : **Kari**  
Last Name : **Bjornard**  
Institution : **St. Jude Children's Research Hospital**  
Address 1 : **262 Danny Thomas Pl**  
Address 2 :  
City : **Memphis**  
State/Province/Region : **TN**  
Country : **US**  
Zip/Postal Code : **38105**  
Phone Number : **901-595-8430**  
Alternate Phone Number : **612-860-2873**  
Email Address : [kari.bjornard@stjude.org](mailto:kari.bjornard@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 : **The impact of chronic health conditions on sexual dysfunction in female childhood cancer survivors.**

Planned research population (eligibility criteria) :

**Females enrolled onto the CCSS who completed the first follow-up questionnaire as well as the women's health questionnaire, which includes the psychosexual questionnaire.**

Proposed specific aims :

**1. Evaluate associations between chronic health conditions and sexual dysfunction among women childhood cancer survivors.**

**Hypothesis: The number, type and duration of chronic health conditions will be associated with sexual dysfunction in female childhood cancer survivors.**

**2. Describe the longitudinal effects of sexual dysfunction on psychological and quality of life outcomes among women childhood cancer survivors.**

**Hypothesis: Sexual dysfunction at initial measurement will be associated with long-term psychological and quality of life outcomes.**

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 : **Primary**

Psychology / Neuropsychology : **Secondary**

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 : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Independent living**

***Group: Medical Conditions***

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

Other : **Primary**

If other, please specify : **Sexual Dysfunction**

**Group: Medications**

Describe medications :

**Hormone replacement**

**Group: Psychologic/Quality of Life**

BSI-18 : **Secondary**

SF-36 : **Secondary**

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

**Group: Other**

Pregnancy and offspring :

Family history :

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

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 :