Section: Contact Information

First Name: Katharine
Last Name: Lange
Institution: Memorial Sloan Kettering Cancer Center
Address 1: 1275 York Avenue
City: New York
State/Province/Region: NY
Country: US
Zip/Postal Code: 10025
Phone Number: 9734496327
Alternate Phone Number: 
Email Address: raek@mskcc.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: Outcomes of Adult Survivors of Childhood Astrocytoma and Ependymoma Across Three Decades of Diagnosis and Treatment, A Report from the Childhood Cancer Survivor Study

Planned research population (eligibility criteria):
The study population will consist of 5 year survivors of astrocytoma and ependymoma diagnosed before the age of 21 years from 1970 to 1999.

Proposed specific aims:
1.1 Examine the change in all-cause and cause-specific late mortality in survivors of astrocytoma and ependymoma, and compare by: 1) treatment era (1970-1979, 1980-1989, 1990-1999), and 2) treatment modality (surgery, radiation, chemotherapy)

1.2 Determine the cumulative incidence of subsequent neoplasm (both malignant and non-malignant) among survivors of astrocytoma and ependymoma and compare by: 1) treatment era (1970-1979, 1980-1989, 1990-1999), and 2) treatment modality (surgery, radiation, chemotherapy)

1.3 Measure the occurrence and severity of chronic health conditions among survivors of astrocytoma and ependymoma and compare by: 1) treatment era (1970-1979, 1980-1989, 1990-1999), and 2) treatment modality (surgery, radiation, chemotherapy)

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 : Yes

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 : Secondary

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 : Secondary

Marriage : Secondary

Education : Secondary

Employment : Secondary

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:

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

**Group: Other**
Pregnancy and offspring: Correlative Factors
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:
Local institutional statistician: No
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 study will be developed jointly with Dr. de Blank as co-PI. Contact information below:

First Name: Peter
Last Name: de Blank
Institution: Cincinnati Children’s Hospital Medical Center
Address 1: 3333 Burnet Avenue
City: Cincinnati
State/Province/Region: OH
Country: USA
Zip/Postal Code: 45229
Alternate Phone Number: 513-517-2068
Email address: peter.deblank@cchmc.org