

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 : **Prevalence and Predictors of Frailty in Childhood Cancer Survivors and Siblings**

Planned research population (eligibility criteria) :

Survivors and siblings who completed follow-up 5 (2014)

Proposed specific aims :

- 1) To estimate the prevalence of the frailty phenotype in CCSS cohort members**
- 2) To identify risk factors for frailty phenotype among the CCSS cohort members**
- 3) To estimate the association between chronic conditions and frailty among the CCSS cohort members**
- 4) To estimate the association between treatment types and frailty among the CCSS cohort members**

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 : **Secondary**

Genetics :

Cancer Control : **Primary**

Epidemiology / Biostatistics : **Secondary**

Section: Outcomes or Correlative Factors

Late mortality :

Second Malignancy : **Correlative Factors**

Group: Health Behaviors

Tobacco : **Correlative Factors**

Alcohol : **Correlative Factors**

Physical activity : **Correlative Factors**

Medical screening :

Other : **Correlative Factors**

If other, please specify : **Chronic conditions**

Group: Psychosocial

Insurance : **Correlative Factors**

Marriage : **Correlative Factors**

Education : **Correlative Factors**

Employment : **Correlative Factors**

Other : **Correlative Factors**

If other, please specify : **Description of the cohort**

Group: Medical Conditions

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

Other : **Correlative Factors**

If other, please specify : **CTCAE grading**

Group: Medications

Describe medications :

Group: *Psychologic/Quality of Life*

BSI-18 :

SF-36 : **Primary**

CCSS-NCQ :

PTS :

PTG :

Other : **Secondary**

If other, please specify : **Justify the validity sub-scale of the SF-36**

Group: *Other*

Pregnancy and offspring :

Family history :

Chronic conditions (CTCAE v3) : **Correlative Factors**

Health status : **Correlative Factors**

Group: *Demographic*

Age : **Correlative Factors**

Race : **Correlative Factors**

Sex : **Correlative Factors**

Other : **Correlative Factors**

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 : **Yes**

If local, please provide the name(s) and contact information of the statistician(s) to be involved. :

we will do the analysis by ourselves with guidance from Wendy

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 :

The study will be supervised by Dr. Kirsten Ness