**Section: Contact Information**

First Name: Brent  
Last Name: Weil  
Institution: Boston Children's Hospital / Dana-Farber Cancer Institute  
Address 1: Department of Surgery, Fegan 3  
Address 2: 300 Longwood Avenue  
City: Boston  
State/Province/Region: MA  
Country: US  
Zip/Postal Code: 02115  
Phone Number: 617-571-9904  
Alternate Phone Number:  
Email Address: brent.weil@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: Thirty-Five Year Follow-Up of Childhood Wilms Tumor: Impact of Treatment Era on Long-Term Health Outcomes

Planned research population (eligibility criteria):  
All children diagnosed with Wilms tumor between 1970 and 1999 surviving ≥5 years after their diagnosis, and their siblings (control group)

Proposed specific aims:


Specific Aim 4: To determine the influence of treatments rendered (chemotherapy, radiotherapy, surgery) on development of chronic health
Specific Aim 5: To evaluate change in treatment over time (stratified by stage if available) and its effect on development of chronic health conditions, secondary malignant neoplasms, and late mortality.

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 : Secondary
Chronic Disease : Primary
Psychology / Neuropsychology : Secondary
Genetics :
Cancer Control :
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 : Primary
Medical screening : Correlative Factors
Other :
If other, please specify :

Group: Psychosocial
Insurance :
Marriage :
Education : Primary
Employment : Primary
Other :
If other, please specify :

Group: Medical Conditions
Hearing/Vision/Speech:  
Hormonal systems:  
Heart and vascular: Primary  
Respiratory:  
Digestive:  
Surgical procedures: Correlative Factors  
Brain and nervous system:  
Other: Primary  
If other, please specify: Renal failure / Dialysis / Renal transplant

**Group: Medications**  
Describe medications:  

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

**Group: Other**  
Pregnancy and offspring:  
Family history:  
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: 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:

*Ongoing discussions will be had with active participants in the NWTS and COG renal tumors study group to make sure the aims are in accordance with the most current concerns with respect to late effects in Wilms tumor survivors, particularly as they may pertain to dose reduction strategies and other considerations for future COG studies.*