

## **Section: Contact Information**

First Name : **Caitlin**

Last Name : **Murphy**

Institution : **UT Southwestern Medical Center**

Address 1 : **5323 Harry Hines Blvd.**

Address 2 :

City : **Dallas**

State/Province/Region : **TX**

Country : **US**

Zip/Postal Code : **75390**

Phone Number : **2146489551**

Alternate Phone Number :

Email Address : [caitlin.murphy@utsouthwestern.edu](mailto:caitlin.murphy@utsouthwestern.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 : **Polypharmacy and patterns of prescription medication use among childhood cancer survivors**

Planned research population (eligibility criteria) :

**All cancer survivors and sibling controls  $\geq 18$  years of age who completed the baseline survey AND the 2001, 2003, or 2007 follow-up survey**

Proposed specific aims :

**1) Characterize patterns of prescription medication use and polypharmacy in a nationally representative sample of childhood cancer survivors and sibling controls;**

**2) Identify patient-, clinical-, and treatment-related factors associated with polypharmacy;**

**3) Examine impact of polypharmacy on health-related quality of life**

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 : **Secondary**

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 :

If other, please specify :

***Group: Medical Conditions***

Hearing/Vision/Speech :

Hormonal systems :

Heart and vascular :

Respiratory :

Digestive :

Surgical procedures :

Brain and nervous system :

Other :

If other, please specify :

***Group: Medications***

Describe medications :

**We will use prescription medications (taken consistently for  $\geq 30$  days) reported on baseline and follow-up surveys to measure polypharmacy as taking five or more concurrent medications.**

***Group: Psychologic/Quality of Life***

BSI-18 :

SF-36 : **Secondary**

CCSS-NCQ :

PTS :

PTG :

Other :

If other, please specify :

***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 :

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 :