

# APPLICATION OF INTENT

To conduct research in the Childhood Cancer Survivor Study (CCSS)

Date 3/27/2008

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Project Title

**Multiple subsequent neoplasms**

Planned research population (eligibility criteria):

**Survivors with  $\geq 2$  subsequent neoplasms**

Proposed specific aims:

- 1. Describe the patterns of subsequent neoplasms among survivors who have developed two or more subsequent neoplasms.**
- 2. Identify treatment-, disease-, and demographic characteristics that predict risk of two or more subsequent neoplasms.**
- 3. Determine the potential predictive value of type, characteristics, and time to onset of the first subsequent neoplasm for risk of additional neoplasms.**

**Return completed form to:** Greg Armstrong, MD, MSCE  
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Will this project require non-CCSS funding to complete?  Yes  No

If yes . . . . What would be the anticipated source(s) and timeline(s) for securing the funding?

Does this project require contact of CCSS study subjects for:

	Yes	No
Additional self-reported information	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biological samples	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Medical record data	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, briefly describe . . . .

What CCSS Working Group(s) would likely be involved? **(Check all that apply)**

	Primary	Secondary
Second Malignancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chronic Disease	<input type="checkbox"/>	<input type="checkbox"/>
Reproductive	<input type="checkbox"/>	<input type="checkbox"/>
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>
Psychology/Neuropsychology	<input type="checkbox"/>	<input type="checkbox"/>
Genetics	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer Control	<input type="checkbox"/>	<input type="checkbox"/>
Epidemiology/Biostatistics	<input type="checkbox"/>	<input checked="" type="checkbox"/>

To describe the anticipated scope of the study, please indicate the specific CCSS data to be included as outcome or correlative factors. **(Check all that apply)**

	Outcome(s)		Correlative Factors
	Primary	Secondary	
Late mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second malignancy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health behaviors</b>			
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:			
<b>Psychosocial</b>			
Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:			
<b>Medical conditions</b>			
Hearing/Vision/Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hormonal systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart and vascular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digestive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brain and nervous system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:			

	Outcome(s)		Correlative Factors
	Primary	Secondary	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe medications:			
<b>Pregnancy and offspring</b>			
Pregnancy and offspring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Psychologic/Quality of life</b>			
BSI-18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SF-36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CCSS-NCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PTG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If other, please specify:			
<b>Chronic conditions (CTCAE v3)</b>			
Chronic conditions (CTCAE v3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Demographic</b>			
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If others, please describe:			
<b>Cancer treatment</b>			
Chemotherapy			<input checked="" type="checkbox"/>
Radiation therapy			<input checked="" type="checkbox"/>
Surgery			<input type="checkbox"/>

Anticipated sources of statistical support:

CCSS Statistical Center

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?

Yes

No

If yes, which of the following:

Buccal cell DNA

Peripheral blood

Lymphoblastoid cell lines

Second malignancy pathology samples

Other requiring collection of samples - Please explain:

Comments:

**Data will rely upon second neoplasms contained with the most recently frozen database.**