

Proposal No: 99-04
Topic: Health Practices

Lead CCSS Investigator: Jim Gurney

Collaborators:

Submitted to Publications Committee: 11/5/99

Approved by Publications Committee: 2/1/00

Priority Rating:

CCSS Analysis Concept Proposal

Date: 11/05/99

Title: Health Practices among Childhood Cancer Survivors: Implications for Cancer Control

Proposed Working Group: (name, e-mail, fax)

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Background: It is well documented that childhood cancer survivors are at substantially increased risk of second primary malignancies. It also is clear that certain health practices and behaviors, for instance screening tests, self-examinations, smoking, and physical activity, are related to cancer prevention and control. It is unclear if adults who survived the ordeal of cancer treatment as children differ in their approach to cancer control than do other adults. The CCSS provides a unique opportunity to describe health practices and behaviors related to cancer control among a large cohort of childhood cancer survivors, and to compare the frequency of such practices to the general population in the United States. Such information would serve to inform health providers and health educators about potential areas of intervention to improve cancer control practices among this at risk population of young adults.

Research Objectives and Hypotheses: The primary aims of this analysis are to:

- 1) characterize health practices and related behaviors that may influence the occurrence or early detection of second cancers among adults in the CCSS cohort;
- 2) compare the prevalence of these practices to that reported by respondents of the National Health Interview Survey.

Hypotheses:

Health practices among CCSS participants will differ as a function of age at diagnosis and type of cancer, race, sex, education, and insurance status.

CCSS participants who were diagnosed at a young age (≤ 5 years) will be less likely to practice beneficial cancer control practices than will older CCSS participants (6-12 years or 13-20 years). Additionally, CCSS participants who were diagnosed at a young age will be more similar to population standards than will participants who were diagnosed at older ages (i.e. those diagnosed as adolescents will be more likely to report healthy cancer control practices than will those diagnosed at younger ages or the general population).

Analysis Framework:

Outcomes of interest: The primary variables of interest involve questions related to health practices and behaviors. These are listed below:

B1-5	Questions on health care providers and frequency of use.
N1 a-f, N2	Smoking questions.
N3,6,7	Alcohol drinking questions.
N9	Frequency of physical exercise in last 7 days.
N16	Time since last general physical examination.
N17	Time since last went to a dentist.
N18	Frequency of monthly testicular self-examination.
N19	Frequency of monthly breast self-examination.
N20	Time since last Pap smear.
N21	Time since last breast examination by a physician.
N22	Age at first mammography.

Other variables that may be important for identifying effect modification or for control of confounding:

A1	Age.
A2	Sex.
A4, 4a	Race and Hispanic ethnicity.
A10, 11	Height and weight for body mass index.
J37	Anxiety.
L2	Mental status.
N14	Health limitations for physical activities.
N15	Self-reported health status.
O1	Educational level.
O5-7	Occupation.
P?	Family history of cancer in first degree relative.
Q2, 3	Health insurance.
Q8, 9	Income.
R1-3	Degree of concern about future health, including cancer and ability to have children.

Data Analysis: We will conduct the statistical analysis ourselves. Therefore, we would appreciate receiving the data as a formatted SAS file.

Subject Population: The CCSS analysis will be restricted to participants who were 18 years and older and interviewed in 1995 or 1996, and who had not been diagnosed with a second malignancy at the time of their interview.

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November 5, 1999

Dr. Anna Meadows
Children's Hospital of Philadelphia
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Dear Dr. Meadows:

We are submitting this CCSS analysis concept proposal for your Committee's review. The Cancer Control/Intervention Working Group has approved the proposal. Our preference, as mentioned in the proposal, is to conduct the analysis ourselves, rather than rely on the statistical center. Accordingly, if approved by the Publications Committee, we would appreciate receiving the data as a formatted SAS file.

Thank you for your consideration and please feel free to contact me if you have any questions about our request.

Sincerely,



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