COG-ALTE03N1: Key Adverse Events after Childhood Cancer

FAST FACTS
Eligibility Reviewed and Verified By
_____ MD/DO/RN/LPN/CRA Date _____
_____ MD/DO/RN/LPN/CRA Date _____
Consent Version Dated_____

PATIENT ELIGIBILITY:
Important note: The eligibility criteria listed below are interpreted literally and cannot be waived (per COG policy posted 5/11/01).
Cases will consist of **patients experiencing a key adverse event,** who meet the following criteria:

___1. Diagnosis of any primary cancer at age 21 or younger, irrespective of current age
___2. No prior history of allogeneic (non-autologous) hematopoietic cell transplant
___3. Development of one of the following key adverse events at any time following initiation of cancer therapy (see Section 4.1 for definitions):
- Cardiac dysfunction (CD)
- Ischemic stroke (IS)
- Subsequent malignant neoplasm (SMN)
- Avascular necrosis (AVN)

___4. Willing to submit a blood sample (or in certain cases a saliva sample) to the Coordinating Center Laboratory per the requirements outlined in Section 4.4.*
**Please Note: If a patient is currently receiving active cancer treatment, it is preferable to obtain the blood sample at a time when the patient's WBC is >2,000*
___5. Written informed consent from the patient and/or the patient's legally authorized guardian.
___6. In active follow up by a COG institution.
Active follow up will be defined as date of last visit or contact by a COG institution within the past 24 months. Any type of contact, *including contact specifically for participation in ALTE03N1*, qualifies as active follow-up.
Please Note: Treatment on a COG (or legacy group) therapeutic protocol for the primary cancer is NOT required.

The CIRB has determined that assent of children age 7 and older is required.

Eligibility criteria for controls:

___1. Diagnosis of primary cancer at age 21 or younger, irrespective of current age
___2. No prior history of allogeneic (non-autologous) hematopoietic cell transplant
___3. **No clinical evidence** of any of the following key adverse events:
- Cardiac dysfunction (CD)*
- Ischemic stroke (IS)
- Avascular necrosis (AVN)
- Subsequent malignant neoplasm (SMN)

___4. Willing to submit a blood sample (or in certain cases a saliva sample) to the Coordinating Center Laboratory as per the requirements outlined in Section 4.4.*
**Please Note: If a patient is currently receiving active cancer treatment, it is preferable to obtain the blood sample at a time when the patient's WBC is >2,000.*
___5. Written informed consent from the patient and/or the patient's legally authorized guardian, obtained in accordance with institutional policies approved by the U.S. Department of Health and Human Services.
___6. In active follow up by a COG institution.
Active follow up will be defined as date of last visit or contact by a COG institution within the past 24 months. Any type of contact, *including contact specifically for participation in ALTE03N1*, qualifies as active follow-up.
Please Note: Treatment on a COG (or legacy group) therapeutic protocol for the primary cancer is NOT required.

Definition of Key Adverse Events

___1. Cardiac dysfunction (CD)

Cardiac dysfunction will be defined as follows:

- **Symptomatic Cardiac Dysfunction** – current or previous diagnosis of congestive heart failure (based on clinical criteria such as pulmonary and/or peripheral edema, dyspnea, orthopnea, fatigue, hepatomegaly, rales).
  OR
- **Asymptomatic Cardiac Dysfunction** defined as ejection fraction < 40% on echocardiogram or MUGA and/or fractional shortening < 28% on echocardiogram without clinical symptoms.

___2. Ischemic Stroke (Stroke)

Ischemic stroke will be defined as:

- A fixed neurologic deficit lasting for more than 24 hours, **AND**
- Confirmation by a computed tomography or magnetic resonance imaging scan within seven days of onset of symptoms.

Subarachnoid and intracerebral hemorrhage, transient ischemic attacks, and amaurosis fugax will be excluded.

___3. Avascular Necrosis (AVN)

Diagnosis of avascular necrosis will be made by:

- Clinical symptoms of joint pain, joint stiffness, or decreased range of motion **AND**
- Radiographic confirmation (e.g. plain radiographs, computerized tomography, magnetic resonance imaging, bone scan)

___4. Subsequent Malignant Neoplasm (SMN)

Subsequent malignant neoplasms will be defined as:

- Histologically distinct neoplasms developing in patients treated for a primary cancer, **AND**
- Institutional pathology report confirming diagnosis of SMN

REQUIRED OBSERVATIONS:

No specific pre-study observations required.

TREATMENT PLAN:

This is a data collection study

TOXICITIES AND DOSAGE MODIFICATIONS:

None

SPECIMEN REQUIREMENTS:

Peripheral blood - Blood drawn at regularly scheduled follow-up appointments

Whenever feasible, peripheral blood will be obtained from consenting study participants at their regularly scheduled follow-up appointments. Self-explanatory blood draw kits will be sent by the coordinating center to each participating institution. Each kit will contain instructions, blood sampling tubes, and mailing supplies. ***Please Note: Receiving institutions are strongly encouraged to make requests for sample collection kits at least two weeks in advance of their anticipated patient registration on ALTE03N1.***

See Section 4.4.2 for Saliva Sample collection