

**Components**

**Sample Table 1**

**Definition of Component:** A component is a full consortium member of a CCOP. A consortium agreement (letter) between the CCOP organization and each component must be included in the application. OHRP assurance requirements must be met (see CCOP RFA, A.Terms and Conditions of Award, 1. CCOP Awardees Responsibilities, Sec. (m.) Federally Mandated Regulatory Requirements).

- Directions:**
- Column (2) Indicate if component is a hospital, group/office practice, or other organization (indicate type). If hospital, indicate all applicable codes: 1=Not for Profit; 2=Federal Government (VA or MTF); 3=For Profit; 4=State/County/City Government; 5=Teaching 6=Medical School; 7=Approved Residency; 8=Formal Medical Affiliation with Student Rotation.
  - (3) Indicate if hospital has a current American College of Surgeons (ACOS) accredited cancer program.
  - (5) Use new cases diagnosed or receiving primary treatment at that hospital or physicians group, practice except for basal cell or squamous cell carcinoma of the skin.
  - (6) Indicate OHRP CPA, MPA or FWA number.

| (1)<br>Name of Component<br>Address<br>Telephone Number | (2)<br>Description               |  | (3)<br>ACOS<br>Accredited<br>Program<br>Yes/No | (4)<br>Total Number<br>of Hospital<br>Beds<br>(Hospital Only)<br>2004 | (5)<br>Number of New<br>Cancer Patients<br>(In/Out patient) |      | (6)<br>OHRP<br>Assurance<br>Number |
|---|----------------------------------|--|--|---|---|------|------------------------------------|
|   | H=Hospital<br>G=Group<br>O=Other | If Hospital enter<br>applicable codes<br>(see above) |  |   | 2002  | 2003 |                                    |
|   |                                  |  |  |   |   |      |                                    |
|   |                                  |  |  |   |   |      |                                    |
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**Affiliates**

**Sample Table 2**

**Definition of Affiliate:** Occasionally, a CCOP may want to establish a relationship with an organization that may be able to put a minimum number of patients on protocols but for which full consortium membership is not appropriate. OHRP assurance requirements must be met (see CCOP RFA, A.Terms and Conditions of Award, 1. CCOP Awardees Responsibilities, Sec. (m.) Federally Mandated Regulatory Requirements).

- Directions:**
- Column (2) Indicate if affiliate is a hospital, group/office practice, or other organization (indicate type). If hospital, indicate all applicable codes: 1=Not for Profit; 2=Federal Government (VA or MTF); 3=For Profit; 4=State/County/City Government; 5=Teaching 6=Medical School; 7=Approved Residency; 8=Formal Medical Affiliation with Student Rotation.
  - (3) Indicate if hospital has a current American College of Surgeons (ACOS) accredited cancer program.
  - (5) Use new cases diagnosed or receiving primary treatment at that hospital or physicians group, practice except for basal cell or squamous cell carcinoma of the skin.
  - (6) Indicate OHRP CPA, MPA or FWA number.

| (1)<br>Name of Affiliate<br>Address<br>Telephone Number | (2)<br>Description               |  | (3)<br>ACOS<br>Accredited<br>Program<br>Yes/No | (4)<br>Total Number<br>of Hospital<br>Beds<br>(Hospital Only)<br>2004 | (5)<br>Number of New<br>Cancer Patients<br>(In/Out patient) |      | (6)<br>OHRP<br>Assurance<br>Number |
|---|----------------------------------|--|--|---|---|------|------------------------------------|
|   | H=Hospital<br>G=Group<br>O=Other | If Hospital enter<br>applicable codes<br>(see above) |  |   | 2002  | 2003 |                                    |
|   |                                  |  |  |   |   |      |                                    |
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**Number of Newly Diagnosed Cancer Patients By Site**

**Sample Table 5**

**Directions:**

Provide figures for the table below to the extent possible. Use new cases diagnosed or receiving treatment at that hospital, except for basal cell or squamous cell carcinoma of the skin. Submit a separate sheet for each hospital component.

**Name of Component:  
Information Source:**

- Hospital Registry       Regional Registry     Population Based Registry  
 Hospital Discharge Data    Other

|                                      | Calendar Year |      |   | Calendar Year |      |
|--------------------------------------|---------------|------|---|---------------|------|
|                                      | 2002          | 2003 |   | 2002          | 2003 |
| Breast Tumor                         |               |      | Non-Small Cell Lung                         |               |      |
| Esophagus                            |               |      | Hodgkin=s Disease                           |               |      |
| Stomach                              |               |      | Non-Hodgkin=s Disease                       |               |      |
| Pancreas                             |               |      | Kaposi=s Sarcoma                            |               |      |
| Hepatobiliary                        |               |      | Melanoma                                    |               |      |
| Colon                                |               |      | Head/Neck Tumors                            |               |      |
| Rectum                               |               |      | Brain/Other CNS Tumors                      |               |      |
| GI (other)                           |               |      | Endocrine                                   |               |      |
| Bladder                              |               |      | Osteogenic Sarcoma                          |               |      |
| Kidney                               |               |      | Soft Tissue Sarcoma                         |               |      |
| Prostate                             |               |      | Rhabdomyosarcoma                            |               |      |
| Testis                               |               |      | Ewing=s Sarcoma                             |               |      |
| GU (other)                           |               |      | Sarcoma (other)                             |               |      |
| Cervix                               |               |      | Wilm=s Tumor                                |               |      |
| Ovary                                |               |      | Neuroblastoma                               |               |      |
| Uterus, Endometrial                  |               |      | Pediatric ALL                               |               |      |
| GYN (other)                          |               |      | Pediatric AML                               |               |      |
| Myeloma                              |               |      | Pediatric Acute Leukemia (other)            |               |      |
| Adult Acute Lymphocytic Leukemia     |               |      | Pediatric Lymphomas incl. Hodgkin=s Disease |               |      |
| Adult Acute Non-Lymphocytic Leukemia |               |      | Pediatric Solid Tumors/Others               |               |      |
| Chronic Leukemia                     |               |      | Other                                       |               |      |
| Small Cell Lung                      |               |      |   |               |      |

**Total:**









**Directions:** Information to be provided as part of the Progress Report (for prior funding period of up to 5 years) for applicants submitting competing continuation applications.

- Column (1) Indicate protocol source: name of CCOP Research Base.
- (2) Indicate the total number of new entry credits & follow-up (FU) credits for accrual to NCI approved cancer prevention and control clinical trials.

**Special Instruction:**

Please list the Breast Cancer Prevention Trial (BCPT), the Prostate Cancer Prevention Trial (PCPT), the Study of Tamoxifen and Raloxifene (STAR) and the Selenium and Vitamin E Trial in Prostate Cancer Prevention (SELECT) on separate lines.

| (1)<br>CCOP Research Base                 | (2)<br>New Entry Credits & Followup Credits |            |                   |            |                   |           |                   |            |                   |            |
|---|---|------------|-------------------|------------|-------------------|-----------|-------------------|------------|-------------------|------------|
|   | 6/99 - 5/00                                 |            | 6/00 - 5/01       |            | 6/01 - 5/02       |           | 6/02 - 5/03       |            | 6/03- 5/04        |            |
|   | New Entry Credits                           | FU Credits | New Entry Credits | FU Credits | New Entry Credits | FU Credit | New Entry Credits | FU Credits | New Entry Credits | FU Credits |
| Example: SWOG                             | 20  | 0          | 10                | 0          | 25                | 0         | 10                | 0          | 15                | 1          |
| Example: BCPT                             | 20  | 0          | 30                | 6          | 30                | 15        | 25                | 24         | 0                 | 31.5       |
|   |   |            |                   |            |                   |           |                   |            |                   |            |
|   |   |            |                   |            |                   |           |                   |            |                   |            |
|   |   |            |                   |            |                   |           |                   |            |                   |            |
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|   |   |            |                   |            |                   |           |                   |            |                   |            |
| <b>Total Table 7B:</b>                    | _____                                       | _____      | _____             | _____      | _____             | _____     | _____             | _____      | _____             | _____      |
| <b>Total Credits/Year (New &amp; FU):</b> | _____                                       | _____      | _____             | _____      | _____             | _____     | _____             | _____      | _____             | _____      |

Narrative explanation may be attached if needed to fully document your experience.

**Participation in Cancer Prevention and Control Research Studies supported through other Federally Funded Mechanisms (e.g., research project grants (R01), contracts)**

**Sample Table 7C**

**Directions:** If applicable, provide the following information regarding the CCOP's participation in cancer prevention and control research supported by other federally funded mechanisms.

- Column (1)** Indicate Federally Funded Mechanism (e.g., grant, contract)  
**(2)** Provide Title of the Study. Designate as either (C)= Currently Active; and/or (P) = Planned for Proposed Funding Period.  
**(3)** Briefly describe primary involvement/participation in the research study  
**(4)** Provide number of participants accrued for the period June 2003 through May 2004.  
**(5)** Provide projected number of participants for proposed funding period.

| (1)<br>Federally Funded Mechanism<br>e.g. R01CA12345,<br>N01CN12345 | (2)<br>Title of the Research Study<br><u>Designate as either:</u><br>(C) Currently Active; and/or<br>(P) Planned for Proposed Funding Period | (3)<br>Primary Involvement in Research Study **   | (4)<br>Number of<br>Participants<br>accrued<br>(6/03-5/04) | (5)<br>Number of<br>Proposed<br>Participant<br>Accruals |
|---|--|---|--|---|
| Example: R01CA11111   | (C) Home Care Training for Breast Cancer Patients  | Accrue participants and refer to institution performing centralized delivery of the intervention (e.g., via telephone). | 15   |   |
| Example: R01CA12345   | (C) Smokeless Tobacco--Nicotine Patch & Self Help Treatment  | Accrue participants and deliver intervention  | 23   |   |
| Example: N01CN12345   | (P) Phase II Trial of DFMO in Cervix   | Accrue participants, monitor data   | N/A  | 10  |
|   |  |   |  |   |
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\*\* Narrative explanation may be attached if needed to fully document your experience.

**Proposed Research Base Affiliation(s)**

**Sample Table 8**

Directions: See CCOP RFA, A. Terms and Conditions of Award for CCOP Awardees,  
1. CCOP – Awardees Responsibilities, b. Research Base Affiliation(s).

| Name of Research Base | Name & Location of Intermediary Institution, if Applicable | Treatment Research Yes/No | Cancer Prevention and Control Research Yes/No |
|-----------------------|--|---------------------------|---|
|                       |  |                           |   |
|                       |  |                           |   |
|                       |  |                           |   |
|                       |  |                           |   |
|                       |  |                           |   |
|                       |  |                           |   |
|                       |  |                           |   |

**In the narrative, describe previous working relationships with proposed research base, if applicable. Include information on committee memberships and chairmanships as well as protocols chaired. If one or more components participated as cooperative group affiliate program satellite hospitals, specify the years.**

**Limit to two pages.**

**Projected NCI Approved Cancer Treatment Protocols Over The Next Year**

**Sample Table 9A**

**Directions:** Organize by Research Base(s). Use separate page(s) for each Research Base.

**Name of Research Base:** \_\_\_\_\_

**This table should reflect the entire anticipated CCOP treatment accrual for the coming year.**

| (1)<br>Protocol<br>Title | (2)<br>NCI<br>Protocol<br>Number | (3)<br>Disease<br>Site | (4)<br>Anticipated Patient Accrual |                                   |                    |
|--------------------------|----------------------------------|------------------------|------------------------------------|-----------------------------------|--------------------|
|                          |                                  |                        | Patients Available                 | Patients to be Placed<br>on Study | Accrual<br>Credits |
|                          |                                  |                        |                                    |                                   |                    |
|                          |                                  |                        |                                    |                                   |                    |
|                          |                                  |                        |                                    |                                   |                    |
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|                          |                                  |                        |                                    |                                   |                    |
|                          |                                  |                        |                                    |                                   |                    |
|                          |                                  |                        |                                    |                                   |                    |

**Subtotal for Research Base:** \_\_\_\_\_

**Grand Total (last page only):** \_\_\_\_\_

Directions: Organize by Research Base(s). Use separate page(s) for each Research Base.

Name of Research Base: \_\_\_\_\_

This table should reflect the entire anticipated CCOP prevention and control accrual for the coming year.

| (1)<br>Protocol Title | (2)<br>NCI Protocol Number | (3)<br>Disease Site | (4)<br>Anticipated Participants Accrual |                                    |                 |
|-----------------------|----------------------------|---------------------|---|------------------------------------|-----------------|
|                       |                            |                     | Participants Available                  | Participants to be Placed on Study | Accrual Credits |
|                       |                            |                     |   |                                    |                 |
|                       |                            |                     |   |                                    |                 |
|                       |                            |                     |   |                                    |                 |
|                       |                            |                     |   |                                    |                 |
|                       |                            |                     |   |                                    |                 |
|                       |                            |                     |   |                                    |                 |

Subtotal for Research Base: \_\_\_\_\_

Grand Total (last page only): \_\_\_\_\_