

Components

Sample Table 1

Definition of Component: A component is a full consortium member of a MBCCOP. A consortium agreement (letter) between the MBCCOP organization and each component must be included in the application. OHRP assurance requirements must be met (see MBCCOP RFA, Section VI. 2. A. Cooperative Agreement Terms and Conditions of Award, 2.A.1. MBCCOP Awardees Responsibilities Federally Mandated 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 FWA number.

(1) Name of Component Address Telephone Number	(2) Description		(3) ACOS Accredited Program Yes/No	(4) Total Number of Hospital Beds (Hospital Only) 2008	(5) Number of New Cancer Patients (In/Out patient)		(6) OHRP Assurance Number
	H=Hospital G=Group O=Other	If Hospital enter applicable codes (see above)			2006	2007	

Affiliates

Sample Table 2

Definition of Affiliate: Occasionally, a MBCCOP 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 MBCCOP RFA Section VI. 2. A. Cooperative Agreement Terms and Conditions of Award, 2.A.1. MBCCOP Awardees Responsibilities Federally Mandated 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 FWA number.

(1) Name of Affiliate Address Telephone Number	(2) Description		(3) ACOS Accredited Program Yes/No	(4) Total Number of Hospital Beds (Hospital Only) 2008	(5) Number of New Cancer Patients (In/Out patient)		(6) OHRP Assurance Number
	H=Hospital G=Group O=Other	If Hospital enter applicable codes (see above)			2006	2007	

Participating Physicians

Sample Table 3A

Directions:

- Column:**
- (1) Group by component/affiliate with which physician is affiliated. If a physician is affiliated with multiple components, list him/her only with primary component.
 - (2) List all physicians who will participate in your MBCCOP, then indicate:
 - (3) Type of practice: Group=G; Solo=S; or Hospital-Based =H.
 - (4) Type of participation: enter "A" if the physician is expected to enter patients on NCI-approved clinical trials or "B" if the physician will be aware of trial requirements and actively support the MBCCOP but will not be actually registering patients (e.g., a pathologist or a diagnostic radiologist).
 - (5) Physician's year of graduation from medical school.
 - (6) Physician's specialty/subspecialty.
 - (7) Indicate whether physician is board-certified or board-eligible for specialty.

(1) Component/ Affiliate	(2) Physician's Full Name	(3) Practice Type G/S/H	(4) Type A <u>or</u> B	(5) Grad. Year	(6) Specialty/ Subspecialty	(7) Board	
						Cert.	Eligible.

Non-Physician Investigators Responsible for Entering Participants on Study

Sample Table 3B

Directions:

- Column:**
- (1) Group by component/affiliate with which individual is affiliated. If an individual is affiliated with multiple components, list him/her only with primary component.
 - (2) List all non-physician investigators responsible for patients/participants on cancer prevention and control trials in your MBCCOP.
 - (3) List highest degree attained.
 - (4) Enter the year the highest degree was confirmed.
 - (5) Individual's specialty/discipline.

(1) Component/ Affiliate	(2) Individual's Full Name	(3) Highest Degree	(4) Year Degree Confirmed	(5) Specialty/ Discipline

All Other Personnel

Sample Table 4

Directions:

List all personnel (e.g., MBCCOP administrator/coordinator, clinical research associates, data managers, nurses) who will participate in the MBCCOP activities. Indicate MBCCOP component/affiliate with which person is most closely associated. Please complete all columns.

(1) Component/Affiliate	(2) Individual's Full Name	(3) Check if R.N.	(4) Highest Academic Degree	(5) Position	(6) Proposed Hrs/Week on MBCCOP Activities

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	
	2006	2007		2006	2007
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			Pediatric Lymphomas incl. Hodgkin=s Disease		
Adult Acute Non-Lymphocytic Leukemia			Pediatric Solid Tumors/Others		
Chronic Leukemia			Other		
Small Cell Lung					

Total:

Accrual to NCI APPROVED Cancer Treatment Clinical Trials

Sample Table 6A

Directions:

- Column: (1) Indicate if currently participating in MBCCOP (Yes or No).
- (3) Indicate trial source: name of cooperative group or cancer center.
- (4) Code the accrual by predominant practice mode for a given year:
private practice = P; salaried academic = A; training/fellowship = F.

This table is intended to reflect current entries and is not a substitution for the total treatment accrual in the progress report (if applicable). For all current and projected physicians, please list accrual by physician to all NCI-approved trials (e.g.: Cooperative Group/Cancer Center Research Bases).

(1) Names of Existing MBCCOP Physicians* and Proposed Participating Physicians	(2) MBCCOP Phys. (Y/N)	(3) Trial Source	(4) Number of Patients Entered		
			6/05-5/06	6/06-5/07	6/07-5/08
Example: Jane R. Doe, MD	Y	NSABP	0/F	13/F	20/A

Page Totals:

Existing MBCCOP Physicians:*	_____	_____	_____
All Physicians:	_____	_____	_____
Grand totals (last page only):			
Existing MBCCOP Physicians	_____	_____	_____
All Physicians:	_____	_____	_____

* Applies to continuing applicant only
Narrative explanation may be attached if needed to fully document your experience.

Accrual to ALL OTHER Cancer Treatment Clinical Trials

Sample Table 6B

Directions:

- Column (2) Indicate if currently participating in MBCCOP (Yes or No).
- (3) Indicate trial source: may be single institution studies, drug companies, local hospitals, or others.
- (4) Code accrual by predominant practice mode for given year:
private practice = P; salaried academic = A; training/fellowship = F.

For all current and projected physicians, please list accrual by physician to all other trials (e.g.: pharmaceutical trials, etc.)

(1) Names of Existing MBCCOP Physicians* and Proposed Participating Physicians	(2) MBCCOP Phys. (Y/N)	(3) Trial Source	(4) Number of Patients Entered		
			6/05-5/06	6/06-5/07	6/07-5/08
Example: Jane R. Doe, MD	Y	Eli Lilly	0/F	5/F	10/A

Page Totals:

Existing MBCCOP Physicians:	_____	_____	_____
All Physicians:	_____	_____	_____
Grand totals (last page only):			
Existing MBCCOP Physicians	_____	_____	_____
All Physicians:	_____	_____	_____

* Applies to continuing applicant only
Narrative explanation may be attached if needed to fully document your experience.

Directions:

- Column (2) Indicate if currently participating in MBCCOP (Yes or No).
- (3) Indicate trial source: name of cooperative group; cancer center; other organization
- (4) Code the accrual by predominant practice mode for a given year:
Private practice = P; Salaried academic = A; training/fellowship = F.

This table is intended to reflect current and proposed entries and is not a substitution for the total cancer prevention/control accrual in the progress report (if applicable). For all current and projected physicians, please list accrual by physician to all NCI approved trials (e.g.: Cooperative Group/Cancer Center Research Base protocols).

(1) Names of Existing MBCCOP Physicians* and Proposed Participating Physicians	(2) MBCCOP Phys. (Y/N)	(3) Trial Source	(4) Number of Participants Entered		
			6/05-5/06	6/06-5/07	6/07-5/08
Example: Jane R. Doe, MD	Y	NSABP	0/F	13/F	20/A

Page Totals:

Existing MBCCOP Physicians:			
All Physicians:			
Grand totals (last page only):			
Existing MBCCOP Physicians:			
All Physicians:			

* Applies to continuing applicant only
 Narrative explanation may be attached if needed to fully document your experience.

Accrual to NCI Approved Cancer Treatment Clinical Trials - (Summary for Progress Report)

Sample Table 7A

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 trial source: name of CCOP Research Base.

(2) Indicate the total number of patients and the credit equivalent (see <http://prevention.cancer.gov/programs-resources/programs/ccop/credit>) entered onto NCI approved cancer treatment clinical trials.

(1) CCOP Research Base	(2) Number of Patients - Credits									
	6/03 - 5/04		6/04 - 5/05		6/05 - 5/06		6/06 - 5/07		6/07 - 5/08	
	Patients	Credits	Patients	Credits	Patients	Credits	Patients	Credits	Patients	Credits
Example: SWOG	63	63	75	75	60	55	80	80	75	70

Total Table 7A: _____

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

Accrual to NCI Approved Cancer Prevention/Control Clinical Trials (Summary for Progress Report)

Sample Table 7B

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 trial source: name of CCOP Research Base.
- (2) Indicate the total number of new entry credits & follow-up (FU) credits (see <http://prevention.cancer.gov/programs-resources/programs/ccop/credit>) for accrual to NCI approved cancer prevention/control clinical trials.

Special Instruction:

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

(1) CCOP Research Base	(2) New Entry Credits & Follow-up Credits									
	6/03 - 5/04		6/04 - 5/05		6/05 - 5/06		6/06 - 5/07		6/07 - 5/08	
	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: STAR (NSABP P-2)	20	0	30	6	30	15	25	24	0	31.5
Total Table 7B:										
Total Credits/Year (New & FU):										

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

Proposed Research Base Affiliation(s)**Sample Table 8**

Directions: See MBCCOP RFA, Section VI. 2. A. Cooperative Agreement Terms and Conditions of Award, 2.A.1. MBCCOP Awardee Responsibilities, Affiliations of MBCCOP Awardees with Research Bases

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 studies chaired. If one or more components participated as cooperative group affiliate program satellite hospitals, specify the years.

Limit to two pages.

Projected Accrual to NCI Approved Cancer Prevention/Control Clinical Trials during the Next Year

Sample Table 9

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 MBCCOP prevention and control accrual for the coming year.

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

Subtotal for Research Base: _____

Grand Total (last page only): _____

¹ For information on credit: see <http://prevention.cancer.gov/programs-resources/programs/ccop/credit>