Accrual to NCI Approved Treatment Trials Conducted by Your Research Base available for Use by CCOPs[1, 2]

Directions: **Column (1) Provide the Title of the Treatment Trial**
Column (3) Indicate pharmacologic phase as Phase I, II, III or Adjuvant.
Column (6) Indicate projected completion date based on current accrual rate, if applicable.

(1) Title	(2) NCI Protocol Number	(3) Pharmacologic Phase	(4) Disease Site	(5) Date Opened	(6) Projected Completion Date	(7) Number of Patients/Credits Entered[1,2, 3]	
						7/1/07 thru 6/30/08 patients/credit	Total Since Opened patients/credits
						/	/
						/	/
						/	/
						/	/
						/	/
						/	/

Total: _____/_____ _____/_____

[1] **Renewal applicants should only count patients/credits entered through the CCOPS, not through Members/Affiliates.**
[2] **New applicants may report members= activity, since CCOPS were not available.**
[3] **For information on credits see http://prevention.cancer.gov/programs-resources/programs/ccop/credit**

Accrual to NCI Approved Cancer Prevention and Control Trials conducted by your Research Base for Use by CCOPS, Members/Affiliates, and other Research Base Members/Affiliates (if for Intergroup Studies)[1,2.]

(List only trials approved by the DCP Cancer Prevention and Control Protocol Review Committee[3]. In Column (5) indicate projected completion date based on current accrual rate, if applicable.

(1) Title[5] (Precede with an * if Inter-group Trial)	(2) NCI Protocol Number	(3) Target Sample Size	(4) Date Opened	(5) Projected Completion Date	(6) Credit[6] Per Entry	(7) Number of Subjects/Credits Entered					
						CCOP[4]		Member/Affiliate		Intergroup Studies[1, 2] Other RB Member/Affil*	
						7/1/07 thru 6/30/08	Total* Since Opened	7/1/07 thru 6/30/08	Total* Since Opened	7/1/07 thru 6/30/08	Total* Since Opened
						(a) subjects/ credits[6]	(b) subjects	(c) subjects /credits[6]	(d) subjects	(e) subjects /credits[6]	(f) subjects
						/		/		/	
						/		/		/	
						/		/		/	
						/		/		/	
						Subj/Credits	Subjects	Subj/Credits	Subjects	Subj/Credits	Subjects

Column Total for Table 2a: ____/____ _____ ____/____ _____ ____/____

Grand Total Credits 7/1/07-6/30/08: _____ **[Add credits in columns 7(a), 7(c), and 7(e)].**

[1] **Only include Inter-group trials where the Research is the Data Coordinating Center.**
[2] **Do not include Inter-group trials from other Research Bases.**
[3] **Other than DCP-approved trials may be listed if new applicant.**
[4] **For DCP approved trials with credit assigned to CCOP only, enter the number of participants and zero (0) credits**
[5] **Provide copies of any abstracts/manuscripts related to the trials listed above.**
[6] **For information on credits see http://prevention.cancer.gov/programs-resources/programs/ccop/credit**

Sample Table 2b

Accrual to Inter-group NCI Approved Cancer Prevention and Control Trials sponsored by other CCOP Research Bases for Use by Your Members/Affiliates.

(List only trials approved by the DCP Cancer Prevention and Control Protocol Review Committee.)
In Column (5) indicate projected completion date based on current accrual rate, if applicable.

(1) Title[1]	(2) NCI Protocol Number	(3) Target Sample Size	(4) Date Opened	(5) Projected Completion Date	(6) Number of Subjects Entered Member/Affiliate	
					7/1/07 thru 6/30/08	Total Since Opened

[1] **Provide copies of any abstracts/manuscripts related to the trials listed above.**

Cancer Prevention and Control Concepts Approved by NCI for Protocol Development

(see http://prevention.cancer.gov/programs-resources/programs/ccop/credit)

(List only concepts approved by the DCP Cancer Prevention and Control Concept Review Committee since June 1, 2007.) [1]

Directions: In Column (5) indicate projected completion date based on current accrual rate, if applicable.

(1) Concept Title	(2) NCI Concept Number	(3) Target Sample Size	(4) Projected Protocol Submission Date	(5) Projected Duration of Study	(6) Estimated Annual Accrual (Subjects)	
					CCOP	Member/ Affiliate
					Total:	

[1] **New applicants may list trials other than DCP-approved trials.**

Cancer Prevention and Control Concepts in Development
(Not yet submitted to NCI)

Sample Table 4

(1) Concept Title	(2) Target Population	(3) Projected Concept Submission Date	(4) Projected Duration of Study	(5) Total Sample Size

CCOP Affiliations

Directions: Please include copies of signed Affiliation Agreements between the Research Base and each CCOP

(1) CCOP Name	(2) Full Name of Principal Investigator	(5) Projected Annual Accrual			
		Treatment		Cancer Prevention and Control	
		Patients	Credits[1]	Subjects	Credits[1]

Total: [TX: _____ _____] [CC: _____ _____]

[1] **For information on credits see http://prevention.cancer.gov/programs-resources/programs/ccop/credit**

Member/Affiliate Participation in NCI Approved Cancer Prevention and Control Clinical Trials

(1) Member/Affiliate Name	(2) Full Name of Principal Investigator	(3) Location City, State, Zip	(4) Projected Annual Accrual	
			Protocols approved at your RB only	
			Subjects	Credits[1]

Total: _____ _____

[1] **For information on credits see http://prevention.cancer.gov/programs-resources/programs/ccop/credit**

"Prevention Members"

Please list the cooperative group members, affiliate programs and/or cancer center affiliates other than CCOPs that are included in the application as Prevention Members.

Indicate with a (X) which of the following activities the "Prevention Member" contributes to in a significant way relative to the goals of the Research Base.

(4) Substantial accrual to chemoprevention studies
(5) Leadership in study implementation and management
(6) Scientific leadership in the development of prevention clinical trials
(7) Active membership in research base cancer prevention committees
(8) Conduct of preclinical studies and/or Phase I and II clinical trials necessary for drug development
(9) Conduct of correlative research, such as that related to mechanisms of action, biomarkers, molecular targets, etc.

Include a proposal for each "Prevention Member" that describes how the member will contribute to the goals of the Research Base related to cancer prevention (See RFA Section IV. 2. B. Form and Content of Application for CCOP Research Base Award, Section 5: Membership). A separate budget must be provided for each "Prevention Member.@

(1) Member/Affiliate Name	(2) Full Name of Principal Investigator	(3) Location City, State, Zip	Areas of Significant Contribution					
			(4)	(5)	(6)	(7)	(8)	(9)

Reporting On-Site Auditing Activities for Cancer Prevention Trials, Large-scale e.g., (STAR), and Other Trials, if applicable

For Large-scale Prevention Trials, e.g., the Study of Tamoxifen and Raloxifene (STAR), provide a list of ALL the participating institutions along with the audit schedule (MUST be provided) using the Table Format below.

For Other Prevention Trials that include participating Institutions other than Cooperative Group Treatment Trial institutions, provide a list of only these other institutions with their Audit Schedule using the Table Format below.

NCI Institution No.	Name	Parent	Membership Date	Current Status (Active/Terminated)	Accrual _____*	Accrual _____*	Accrual _____*	Accrual Projected for upcoming year____*	Date of last Audit	Date of Next proposed audit

***Fill in accrual blank with year (this should cover the preceding 36 months (e.g., 2005, 2006, 2007), if applicable.**