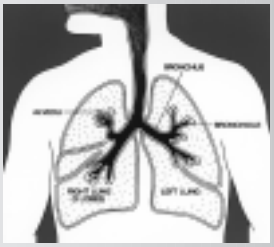
Community Clinical Oncology History

EVENT	DATE
	December 1971
 *Nixon signs the National Cancer Act.*	President Nixon signs the National Cancer Act (P.L. 92-218), which increases responsibilities for the NCI director; initiates the National Cancer Program. This act establishes the President's Cancer Panel, the National Cancer Advisory Board, 15 research, training, and demonstration cancer centers, cancer control programs for cooperation with state and other health agencies to diagnose, prevent, and treat cancer, and extensive data collection, analysis, and dissemination efforts.
	1974
	An estimated 85% of all cancer patients are being treated by community oncology practitioners, according to the Association of Community Cancer Centers.
	November 1975
	The Grand Rapids Michigan Clinical Oncology Program is formed under an NCI contract as a consortium of five community hospitals to develop a multi-institutional, multidisciplinary system for improving cancer management in the community setting.
 *Former NCI Director Vincent DeVita, M.D.*	**1978**
	Cooperative Group Outreach Program (CGOP) is created for community hospitals to participate in Cooperative Group cancer treatment clinical trials.
	1981
	Community Hospitals Program (CHOP), is started to disseminate patient management guidelines in the community setting.
	1981
	NCI Director Vincent DeVita, M.D. announces the intent to develop the Community Clinical Oncology Program.
	May 19, 1982
	The National Cancer Advisory Board gives final review and approval to CCOP.
	July 16, 1982
	NCI launches the Community Clinical Oncology Program (CCOP) to establish a cancer control effort that combines the expertise of community oncologists with NCI clinical research programs, and brings the advantages of clinical research to cancer patients in their own communities.
	September 1983
	The original CCOPs, spanning 34 states, are funded.

EVENT	DATE
 *The estrogen receptor assay was a significant breakthrough.*	**1987**
	NCI issues the second Request for Applications, which requires treatment, prevention, and control accrual; and peer review of research base applications.
	1987
	First evaluation of CCOP, conducted by Fred Hutchinson Cancer Center and the University of Washington, finds the program effective in enrolling patients on clinical trials and getting physicians to adopt trial results as standards of care.
	1989
	The NCI's Board of Scientific Counselors approves the ongoing CCOP program with annual release of an RFA and 25 percent of awards under competitive renewal each year.
	1989
	Minority Based-CCOPs are established to focus on access to minority populations. Universities, as the primary health care providers for minorities, are permitted to apply to the program.
	April 29, 1992
 *Patient receives blood test.*	The CCOP network is used for the first time to conduct a large prevention trial that will evaluate the efficacy of tamoxifen to prevent breast cancer in women at increased risk of the disease. The National Surgical Adjuvant Breast and Bowel Project coordinates the trial, known as the Breast Cancer Prevention Trial (BCPT).
	1992
	The second evaluation of the CCOP program, conducted by the University of North Carolina at Chapel Hill and the University of Illinois-Chicago, finds there are key attributes of the treatment-oriented Cooperative Groups and community programs that would lead to the successful implementation of a community-focused, prevention-and-control clinical trials network.
	August 1992
	A study of 13-cis retinoic acid to prevent second primary cancers in survivors of stage I non-small cell lung cancers begins within the CCOP network. The study is headed by the University of Texas, M.D. Anderson Cancer Center.
	**June 1993**
	The Colorectal Adenoma Prevention Study is begun under the direction of the Cancer and Leukemia Group B, using the CCOP Network. The trial will evaluate whether aspirin will reduce the development of adenomas in people who have already had an early stage colorectal cancer.

EVENT	DATE
	October 1993
	The Prostate Cancer Prevention Trial (PCPT), the second large-scale prevention trial to be conducted using the CCOP network, begins. PCPT will evaluate finasteride as a prostate cancer prevention drug, and is coordinated by the Southwest Oncology Group.
	May 1997
	Randomization of 18,882 men into the PCPT is completed two years ahead of schedule.
	September 1997
	Randomization of 13,388 women into BCPT is completed.
	April 6, 1998
	Results of the Breast Cancer Prevention Trial (BCPT) are announced 14 months earlier than expected: women taking tamoxifen had 45 percent fewer breast cancer diagnoses than women on the placebo, proving that breast cancer can be prevented. Rare but serious side effects are shown to occur in some postmenopausal women on tamoxifen – endometrial cancer and blood clots. Final results were published in the *Journal of the National Cancer Institute* on September 16, 1998.
	October 29, 1998
	The Food and Drug Administration approves tamoxifen for reducing the incidence of breast cancer in women at high risk for developing the disease. This is the first drug ever approved by the FDA to reduce cancer risk.
	1998
	An Institute of Medicine report recommends that the National Institute on Drug Abuse use the NCI CCOP Model to conduct community-based trials of drug and alcohol treatments (Lamb,S., M.R.Greenlick and D. McCarty(eds) *Bridging the Gap Between Practice and Research: Forging Partnership with Community Based Drug and Alcohol Treatment*, National Academy Press, Washington DC, 1998.)
	May 25, 1999
	The Study of Tamoxifen and Raloxifene (STAR) one of the largest breast cancer prevention studies ever, begins recruiting volunteers. The trial will include 22,000 postmenopausal women at increased risk of breast cancer to determine whether the osteoporosis prevention drug raloxifene is as effective in reducing the chance of developing breast cancer as tamoxifen has proven to be.
	April 18, 2001
	The trial of 13-cis retinoic acid to prevent new lung cancers is published in the Journal of the National Cancer Institute. The data show no reduction in the rate of disease recurrence or survival from the drug. Later subanalyses suggest that 13-cis retinoic acid is harmful to those who continue to smoke while taking the drug, but beneficial to those who have never smoked.

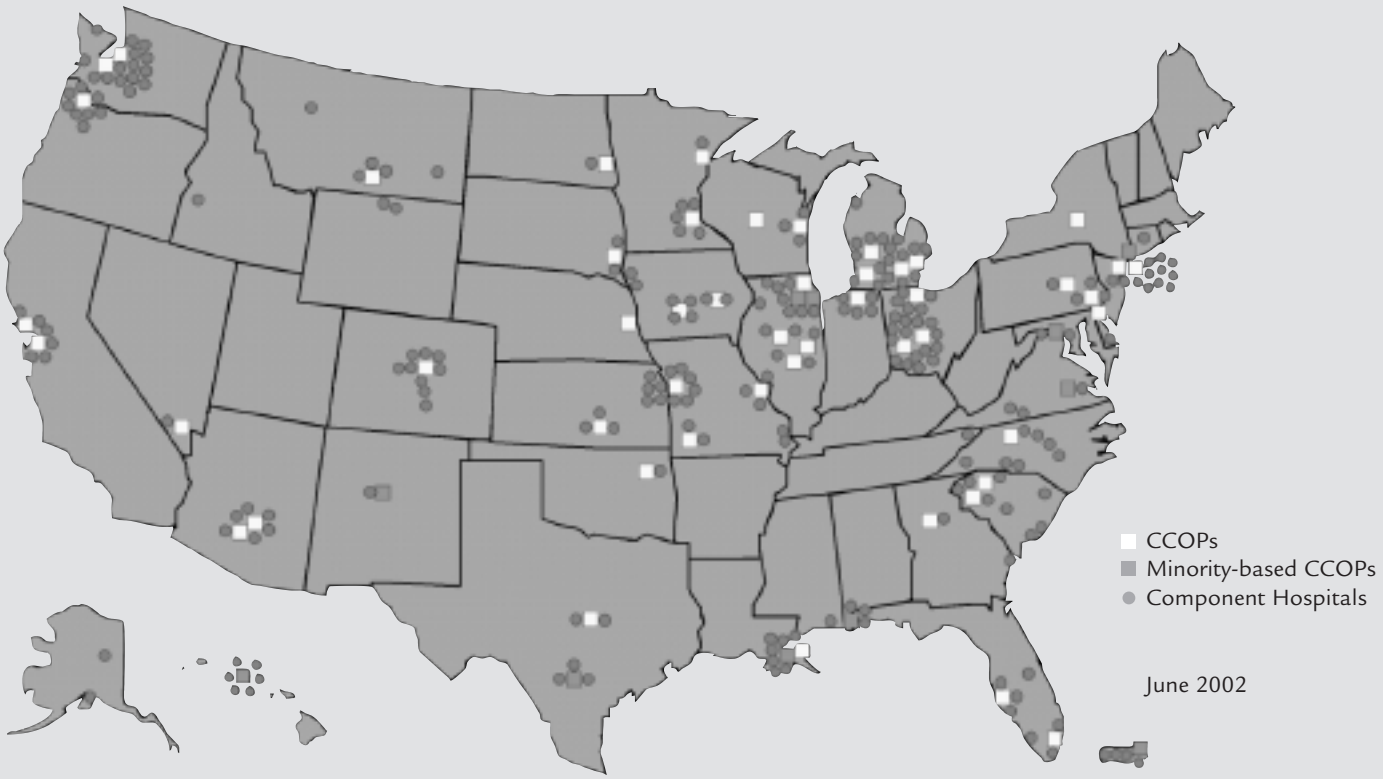
The 1996 Breast Cancer Awareness Stamp

STAR
Study of Tamoxifen And Raloxifene

Tamoxifen is effective against estrogen-receptor positive breast cancer.

EVENT	DATE
	July 24, 2001
	The largest-ever prostate cancer prevention study is launched by NCI and the Southwest Oncology Group (SWOG). The Selenium and Vitamin E Cancer Prevention Trial (SELECT) will determine if these two dietary supplements can protect against prostate cancer in 32,400 men.
	May 2002
	Results from the Colorectal Adenoma Prevention Study are presented at the American Society of Clinical Oncology meeting: daily aspirin use reduced the development of adenomas by 35 percent in patients with previous colorectal cancers. The results were published in the *New England Journal of Medicine* in March 6, 2003.
	2003
	NCI funds 50 CCOPs across 34 states, 11 MB-CCOPs, and 14 Research Bases.
	June 24, 2003
	Results of the Prostate Cancer Prevention Trial, testing the effectiveness of finasteride to prevent the disease, are released almost a year earlier than expected. Men taking finasteride had 25 percent fewer prostate cancer diagnoses than men on the placebo, proving that prostate cancer can be prevented. There is a note of caution, however; the men who did develop prostate cancer while taking finasteride are more likely to have high-grade tumors. Results were published in the *New England Journal of Medicine* on July 17, 2003.
Histological slide showing prostate cancer.	**September 2003**
	STAR participants are found to have a much greater underlying risk of breast cancer than the minimum projection, so the study size is reduced from 22,000 to 19,000.
	2003
	A followup evaluation of the CCOP program, led by the University of North Carolina at Chapel Hill, is launched to determine the extent to which cancer prevention and control activities and the CCOPs have been integrated into the operations of the clinical cooperative groups.

CCOPs and Minority CCOPs



CCOPs cover nearly every state in the U.S. and have regional impact throughout the country.