Highlights of the National Cancer Institute
Community Clinical Oncology Program

DATE	EVENT
1978	Cooperative Group Outreach Program (CGOP) created for community hospitals to participate in Cooperative Group cancer treatment clinical trials.
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 62 CCOPs, spanning 34 states, are funded.
1987	NCI issues the second Request for Applications for the CCOPs, which requires treatment, prevention, and cancer control accrual; and peer review of research base applications.
1987	First evaluation of CCOP, conducted by Fred Hutchison 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 standard 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	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 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.
October 1993	The Prostate Cancer Prevention Trial (PCPT), the second large-scale prevention trial to be conducted through the CCOP network, begins. PCPT will evaluate finasteride as a prostate cancer prevention drug, and is coordinated by the Southwest Oncology Group.
April 6, 1998	Results of the Breast Cancer Prevention Trial 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.
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 up to 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 shows 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.
July 24, 2001	The largest-ever prostate cancer prevention study is launched by NCI and the Southwest Oncology Group. 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.
June 24, 2003	Results of the Prostate Cancer Prevention Trial, testing the effectivenss of finasteride to prevent the disease, are released almost a year earlier than expected. Men taking finasteride had 25 percent fewer prostate cancer diagnosis 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 morely to have high-grade tumors. Results were published in the *New England Journal of Medicine* on July 17, 2003