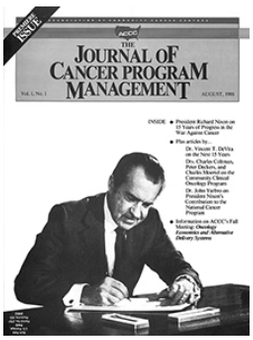

The Journal of Cancer Program Management

ISSN: 0898-6053 (Print) (Online) Journal homepage: https://www.tandfonline.com/loi/uacc19

Evaluating CCOPs — The First Three Years

David K. King (Secretary)

To cite this article: David K. King (Secretary) (1986) Evaluating CCOPs — The First Three Years, The Journal of Cancer Program Management, 1:1, 18-18, DOI: 10.1080/08986053.1986.11904866

To link to this article: https://doi.org/10.1080/08986053.1986.11904866

Published online: 19 Oct 2017.

EVALUATING CCOPs — THE FIRST THREE YEARS

David K. King, M.D.
Secretary, Association of Community Cancer Centers

The first three years of the Community Clinical Oncology Program (CCOP) is coming to a close as the National Cancer Institute (NCI) prepares for a second round of funding. During the ACCC annual meeting, speakers from the NCI, from cooperative groups, and community investigators appraised the first years of the program and looked forward to the next round.

David K. King, M.D., addresses a "standing room only" crowd during the General Session on CCOPs.

In the following articles, Dr. Charles Coltman, Dr. Charles Moertel, and Dr. Peter Deckers discuss their views of the CCOP program, what they learned from it, and describe their view of the future of clinical research based upon the success of the program.

For the most part, the news is good. In some cases, it is extraordinarily good. Community investigators praised the impact of the program and cooperative group chairmen praised the high quality of the data collection and patient accrual by community-based investigators. In some cases, the news delivered at the ACCC Spring meeting was less heartening as NCI Director Vincent DeVita noted that funding constraints may force him to fund as few as 50 programs in the second round (62 are now funded), a significant reduction in a program that he calls an *"unqualified success."* Yet, there is no doubt that DeVita supports the program and hopes to fund more.

One final observation from the session deserves close scrutiny: The remarks by Dr. Charles Coltman on his findings that for two cancer sites the mortality and length of survival for cancer patients has been found to be better in community hospital contributors to protocol than in university contributors, even after you factor out demographics like age, sex, race, socioeconomic factors, and patient status on admission. Clearly, community investigators are doing as rigorous a job of admitting patients to protocol as their university colleagues and living up to the highest standards of quality care. ■