National Comprehensive Cancer Network®

Directory Information

Please provide the information requested below. The information contained herein is for NCCN purposes only and will not be published without your express written consent below.

Last Name *First Name* *Middle Initial*

Institution Name

E-Mail Address

******* The following section relates to the NCCN Oncology Research Program and your *research* interests and practices. If you are interested in becoming an Oncology Research Program Investigator, please take a moment to provide the information requested below.**

Our records indicate that you have not agreed to become an **Oncology Research Program Investigator. Would you like to agree to become** an **Oncology Research Program Investigator at this time?**

Yes No

If yes, please indicate your areas of interest in the following aspects of Oncology Clinical Trials:

Research Cancer Focus: *(Check all that apply)*

AIDS Related Malignancies	_____	Leukemia	_____
Bone Cancer	_____	Lung Cancers	_____
Brain Cancer	_____	Lymphoma	_____
Breast Cancer	_____	Multiple Myeloma	_____
Cancer Genetics/Familial Risk Assessment	_____	Quality of Life/Supportive Care	_____
Childhood Cancers	_____	Sarcomas	_____
Endocrine/Neuroendocrine Cancers	_____	Skin Cancer – non-Melanoma	_____
Gastrointestinal Cancers	_____	Skin/Melanoma	_____
Gynecological Cancers	_____	Urologic Cancers	_____
Head & Neck Cancers	_____		

Other Areas of Research Interest: _____

Study Phase(s): *(Check all that apply)*

Phase I _____ Phase II _____ Phase III _____ Phase IV _____

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Treatment Modalities: *(Check all that apply)*

Angiogenesis Inhibitor	_____	Molecular Targeted Therapies	_____
Antithrombotic Therapy	_____	Pain	_____
Biologic Therapy	_____	Palliative Care	_____
Bone Marrow Transplant	_____	Peripheral Cell Transplant	_____
Cell Therapy	_____	Radiation Therapy	_____
Chemoprevention	_____	Supportive Care	_____
Cytokines	_____	Surgery	_____
Developmental Chemotherapy	_____	Tumor Ablation Therapy	_____
Gene Therapy	_____	Vaccines	_____
Hemopoietic Stem Cell Transplantation	_____		
Hormone Therapy	_____	Other (specify)	
Immunotherapy	_____	_____	

In addition to your interest in serving as an Oncology Research Program Investigator, are you interested in serving as an Expert Consultant to pharmaceutical/biotechnology companies?

Yes No

Are you active in any of the Cooperative Groups listed below? *(Check all that apply)*

ACOSOG American College of Surgeons Oncology Group	_____
AMC AIDS Malignancy Consortium	_____
CALGB Cancer & Leukemia Group	_____
COG Children's Oncology Group	_____
ECOG Eastern Cooperative Oncology Group	_____
GOG Gynecologic Oncology Group	_____
NSABP National Surgical Adjuvant Project for Breast and Bowel Cancers	_____
NABTT New Approaches to Brain Tumor Therapy	_____
NCCTG North Central Cancer Treatment Group	_____
PBTC Pediatric Brain Tumor Consortium	_____
RTOG Radiation Therapy Oncology Group	_____
SWOG Southwestern Oncology Group	_____
Other _____	_____

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Please provide the name(s) and contact information for the protocol nurse(s)/study coordinator(s) who covers your clinical trials:

Study Nurse:

Name, Title: _____

Phone: _____

E-Mail: _____

Pager: _____

Address: _____

Additional Study Staff:

Name, Title: _____

Phone: _____

E-Mail: _____

Pager: _____

Address: _____

I agree to be an investigator for the NCCN Oncology Research Program. I understand that this information will be part of the NCCN Investigator Database and will be used by NCCN to identify investigators for clinical trials. I understand that completion of this questionnaire does not guarantee my selection as an investigator by a pharmaceutical company. I acknowledge that NCCN makes no representations and shall not be held liable for use of this data by NCCN or for the accuracy of data entry by NCCN.

_____

Signature *Date*

Please return your completed forms to:

NCCN Directory
NCCN
275 Commerce Drive, Suite 300
Fort Washington, PA 19034
Fax: 215-690-0280