1. Group/Institution(s): 

2. Agent(s) to be supplied by NCI: 

3. Other agents to be used in the protocol: 

4. Tumor type: 

5. Performance status: 

6. Abnormal organ function permitted: 

7. Prior therapy: 

8. Phase of study: 

9. Treatment 

10. Rationale/hypothesis: 

11. Laboratory correlates: 

12. Endpoints/Statistical considerations: ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. Proposed sample size: __________________________________________________

14. Estimated annual accrual: ________________________________________________

15. Projected accrual dates:  

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<tr>
<th>Beginning</th>
<th>End</th>
<th>(month/year)</th>
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16. Accrual documented by prior trials (similar tumor type/PS/prior Rx patients):

________________________________________________________________________

17. List competing studies for which this patient population will be eligible:

________________________________________________________________________

18. Consideration for contract credit is requested: Yes ___________ No ___________

_____________________________  _______________________
Protocol Chair                Date

_____________________________  _______________________
Group Chair/Contract PI (if applicable) Date

Cooperative group LOIs must be submitted through the group operations office and must be appropriately signed. Proposals that will be submitted for contract credit through the IDB Phase I or Phase II/III contract mechanism must be signed by the principal investigator for the contract as well as the protocol chair.

LOIs should be submitted to: LOI Coordinator
Investigational Drug Branch
P. O. Box 30012
Bethesda, MD 20824
FAX: (301)402-5798