1958 - The first patient was enrolled in the first randomized clinical trial undertaken by 23 researchers from participating sites throughout the United States. The results of the study provided the first evidence that the use of chemotherapy could significantly decrease early recurrence rates in some patients.

1967 - Dr. Bernard Fisher was appointed the surgeon-in-chief of the Surgical Adjuvant Chemotherapy Breast Project. Dr. Fisher moved the Operations and Biostatistical centers to Pittsburgh, Pennsylvania.

1971 - Up until this time, physicians thought that breast cancer was a local disease that could only be treated with the complete removal of the breast, chest wall muscle, and underarm lymph nodes (radical mastectomy). Protocol B-04 was one of the first studies that indicated that the mastectomy was just as effective as the more extensive operation. This landmark study gave way to future breast-conserving procedures.

1982 - Protocol B-24 was one of the first studies that evaluated tamoxifen therapy in women whose tumors had not yet spread to the underarm lymph nodes and were estrogen receptor positive (ER+). Results showed that women in the tamoxifen group had fewer recurrences of cancer and improved survival compared to the women who received placebo. This study also determined that there was no additional advantage for continuing tamoxifen therapy for more than 5 years.

1988 - Protocol B-14 demonstrated that therapy prior to surgery reduced the size of breast tumors in 80% of the patients, decreased the spread of the tumor to the lymph nodes and increased the number of women able to undergo lumpectomy.

1989 - Protocol C-04 assessed 2,151 patients who underwent a "curative" resection of a Dukes’ B or C carcinoma of the colon and demonstrated that the use of adjuvant 5-FU+ leucovorin was an acceptable therapeutic standard for such patients.

1994 - Dr. Norman Wolmark was named the new NSABP chairman. An established cancer researcher, he has been dedicated to the evolution of large, randomized clinical trials to ascertain the best strategies for the treatment and prevention of breast and colorectal cancers.

1996 - The NSABP announced the initial results of its second breast cancer prevention trial, the Study of Tamoxifen and Raloxifene (STAR). STAR enrolled 19,747 post-menopausal women at increased risk for developing breast cancer and showed that raloxifene was just as effective as tamoxifen in reducing their risk of developing invasive breast cancer by about 50 percent.

1999 - Protocol B-32 was designed to evaluate the removal of one or a few lymph nodes, the so-called node(n), to ultimately determine if limited node removal provides the same detection and prognosis as the standard axillary dissection to control the further spread of cancer. In February 2004, this study completed accrual and a final analysis is pending.

2000 - Protocol C-07 opened and completed its accrual goal by early 2002. In May 2005, the NSABP announced its findings at an international meeting. This study showed that combining capecitabine with conventional treatment of 5-FU, plus leucovorin significantly improved disease-free survival in patients with stage II or III colorectal cancer.

2003 - The NSABP, in collaboration with Genomic Health, Inc., announced positive results of a new study using tissue from the NSABP Tissue Bank. The study demonstrated that a 21-gene panel that quantifies the likelihood of breast cancer recurrence for a large portion of early stage breast cancer patients, can also predict the magnitude of chemotherapy benefit in those patients.

2004 - The NSABP's first Breast Cancer Prevention Trial, or Protocol P-1, compared tamoxifen against placebo in 13,288 women at increased risk for developing breast cancer. Results from P-1 showed that tamoxifen could reduce the occurrence of breast cancer by 49% making it effective in significantly reducing the incidence of both invasive and non-invasive breast tumors in women at increased risk for the disease.

2015 - The NSABP's second Breast Cancer Prevention Trial, or Protocol B-24, compared placebo against tamoxifen in women with ductal carcinoma in situ (DCIS) that had invasive and non-invasive breast cancers at five years than the women on placebo. The risk of breast cancer recurrence in the same breast as well as the opposite, tumor-free breast was also found to be lower in the tamoxifen group. The study concluded that the combination of lumpectomy, radiation therapy, and tamoxifen was effective in the prevention of invasive cancer.