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To: Office of Management and Budget (OMB)

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Subject: Revisions of "Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information From the National Cancer Institute's Cancer Information Service (CIS) Clients (NCI)"
(OMB No. 0925-0208, Expiration Date: 8/31/2012)

This is a request for OMB to approve the revision submission titled, "Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information From the National Cancer Institute's Cancer Information Service (CIS) Clients (NCI)" for 3 years.

The Cancer Information Service (CIS) currently collects demographic, customer service and smoking cessation information from clients contacting CIS by telephone and through *LiveHelp* (an online instant messaging service) for cancer information or smoking cessation assistance.) A new service, information requested and provided by e-mail, will be implemented. As well, users can now find information about cancer on Facebook and through smartphones. Information is collected in order to properly plan, implement, and evaluate cancer education efforts and to provide smoking cessation services tailored to the individual client's needs. Since its inception in 1976, the CIS network has handled more than ten million calls from the public. The potential universe of Cancer Information Service (CIS) clients is almost 308 million respondents based on the U.S. Census estimate for 2010 of adults estimated to be 18 years and older.

This information collection contains both program changes (revision) and adjustments. Program changes to NCI's CIS include: consolidating 15 regional offices to a single contact center, increasing the hours that Cancer Information Specialists are available, improving the e-mail response intake form, added a Facebook Service, and creating a smartphone user service available in both English and Spanish. The addition of the new e-mail response intake form will increase the burden hours in the form of a program change. There are also a few adjustments to this ICR. Overall, it is estimated there will be an increase in burden primarily due to the changing trends in CIS points of access as a result of the public's increasing reliance on the Internet for health information.