Burroughs, Kennya L. (CDC/OD/OADS)

From:	Jean Public <jeanpublic1@yahoo.com>
Sent:	Monday, June 29, 2015 2:51 PM
To:	OMB-Comments (CDC); VICEPRESIDENT@WHITEHOUSE.GOV; AMERICANVOICES@MAIL.HOUSE.GOV
Subject:	Fw:PUBLIC COMMENT ON FEDERAL REGISTER cdc pushing mammography which has been shown to be useless and can in fct bring on cancer
Follow Up Flag:	Follow up
Flag Status:	Flagged

THESE TESTS BRING ON X RAY EXPOSURE WHICH CAN BUILD UP OVER YEARS OF TESTING SO THAT YOU BRING ON BREAST CANCER OVER THE PERIOD OF YEARS FROM THE TESTS THEMSELVES. THIS KIND OF ADVOCACY IS SECRET, SNEAKY AND THE WOMEN DONT GET THE FULL INFROMATION WHEN THEY ARE URGED TO HAVE THESE TESTS. THIS AGENCY IS NOT HONEST WITH THE PUBLIC. IT TENDS TO PROMOTE AND PUSH BENEFITS AND HIDES THE CONTRAINDICATIONS OIF VARIOUS DRUGS AND TESTS. THAT IS DISHONEST TO THE AMERICAN PUBLIC.

LET ME POINT OUT THAT THE AMERICAN PUBLIC HAS BEEN SKEWERED BY THE GOVT HEALTH CARE PROFITEERS OVER THE YEARS. TESTS DONE FOR THEIR OWN BENEFIT NOT FOR THE AMERICAN PUBLIC BENEFIT. the below catalogue of attacks against american citizens by these health care agencies is hereby made part of my comment on this issue. this comment is for the public record. please receipt. jean publi jeanpublic1@gmail.com

A History Of US Secret Human Experimentation

A History Of US Secret Human Experimentation

Subject: cdc pushing mammography which has been shown to be useless and can in fct bring on cancer

[Federal Register Volume 80, Number 122 (Thursday, June 25, 2015)]
[Notices]
[Pages 36539-36540]
From the Federal Register Online via the Government Publishing Office [www.gpo.gov]
[FR Doc No: 2015-15550]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-15-0571]; [Docket No. CDC-2015-0015]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing efforts to reduce public burden and maximize the utility of government information, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995. This notice invites comment on the collection of Minimum Data Elements (MDE) for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). CDC collects information about the cancer screening services provided through the NBCCEDP to support program management.

DATES: Written comments must be received on or before August 24, 2015.

ADDRESSES: You may submit comments, identified by Docket No. CDC-2015-0015 by any of the following methods:

Federal eRulemaking Portal: Regulations.gov. Follow the instructions for submitting comments.

Mail: Leroy A. Richardson, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. All relevant comments received will be posted without change to Regulations.gov, including any personal information provided. For access to the docket to read background documents or comments received, go to Regulations.gov.

Please note: All public comment should be submitted through the Federal eRulemaking portal (Regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact the Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE., MS-D74, Atlanta, Georgia 30329; phone: 404-639-7570; Email: omb@cdc.gov.

SUPPLEMENTARY INFORMATION:

Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501-3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they

conduct or sponsor. In addition, the PRA also requires Federal agencies to provide a 60-day notice in the Federal Register concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology; and (e) estimates of capital or start-up costs and costs of operation, maintenance, and purchase of services to provide information. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; to develop, acquire, install and utilize technology and systems for the purpose of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; to train personnel and to be able to respond to a collection of information, to search data sources, to complete and review the collection of information; and to transmit or otherwise disclose the information.

Proposed Project

Minimum Data Elements (MDE) for the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) (OMB No. 0920-0571, exp. 10/31/2015)--Extension--National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Many cancer-related deaths in women could be avoided by increased utilization of appropriate screening and early detection tests for breast and cervical cancer. Mammography is extremely valuable as an early detection tool because it can detect breast cancer well before the woman can feel the lump, when the cancer is still in an early and more treatable stage. Similarly, a substantial proportion of cervical cancer-related deaths could be prevented through the detection and treatment of precancerous lesions. The Papanicolaou (Pap) test is the primary method of detecting both precancerous cervical lesions as well as invasive cervical cancer. Mammography and Pap tests are underused by women who have no source or no regular source of health care and women without health insurance.

Despite the availability and increased use of effective screening and early detection tests for breast and cervical cancers, the American Cancer Society (ACS) estimates that 231,840 new cases of invasive breast cancer will be diagnosed among women in 2015, and 40,290 women will die of this disease. The ACS also estimates that 12,900 new cases of invasive cervical cancer will be diagnosed in 2015, and 4,100 women will die of this disease.

The CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP) provides screening services to underserved women through cooperative agreements with 50 States, the District of

Columbia, 5 U.S. Territories, and 11 American Indian/Alaska Native tribal programs. The program was established in response to the Breast and Cervical Cancer Mortality Prevention Act of 1990. Screening services include clinical breast examinations, mammograms and Pap tests, as well as timely and adequate diagnostic testing for abnormal results,

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and referrals to treatment for cancers detected. NBCCEDP awardees collect patient-level screening and tracking data to manage the program and clinical services. A de-identified subset of data on patient demographics, screening tests and outcomes are reported by each awardee to CDC twice per year.

CDC plans to request OMB approval to collect MDE information for an additional three years. There are no changes to the currently approved minimum data elements, electronic data collection procedures, or the estimated burden. Because NBCCEDP awardees already collect and aggregate data at the state, territory and tribal level, the additional burden of submitting data to CDC will be modest. CDC will use the information to monitor and evaluate NBCCEDP awardees; improve the availability and quality of screening and diagnostic services for underserved women; develop outreach strategies for women who are never or rarely screened for breast and cervical cancer; report program results to stakeholders including Congress and other legislative authorities; and inform program planning and management.

There are no costs to respondents other than their time.

Estimated Annualized Burden Hours

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hrs.)	Total burden (in hrs.)
NBCCEDP Grantees.....	Minimum Data Elements.	67	2	4	536
Total.....	.....	.....	.....	.....	536

Leroy A. Richardson,
Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015-15550 Filed 6-24-15; 8:45 am]
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