

Dated: February 15, 2017.

**Karla Bailey,**

*Project Clearance Liaison, National Cancer Institute, National Institutes of Health.*

[FR Doc. 2017-04255 Filed 3-3-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, PAR-14-255: Multidisciplinary Studies of HIV and Viral Hepatitis Co-Infection.

*Date:* March 28, 2017.

*Time:* 10:00 a.m. to 11:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Kenneth A. Roebuck, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5106, MSC 7852, Bethesda, MD 20892, (301) 435-1166, [roebuck@csr.nih.gov](mailto:roebuck@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Fellowships: Physiology and Pathobiology of Musculoskeletal, Oral and Skin Systems.

*Date:* March 29, 2017.

*Time:* 8:00 a.m. to 6:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Anshumali Chaudhari, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4124, MSC 7802, Bethesda, MD 20892, (301) 435-1210, [chaudhaa@csr.nih.gov](mailto:chaudhaa@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Small Business: Non-HIV Diagnostics, Food Safety, Sterilization/Disinfection and Bioremediation.

*Date:* March 30-31, 2017.

*Time:* 8:00 a.m. to 6:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Residence Inn Bethesda, 7335 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* Gagan Pandya, Ph.D., Scientific Review Officer, National Institutes of Health, Center for Scientific Review, 6701 Rockledge Drive, Rm 3200, MSC 7808, Bethesda, MD 20892, 301-435-1167, [pandyaga@mail.nih.gov](mailto:pandyaga@mail.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Small Business: Cancer Biotherapeutics Development.

*Date:* March 30-31, 2017.

*Time:* 8:00 a.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Courtyard by Marriott, 5520 Wisconsin Avenue, Chevy Chase, MD 20815.

*Contact Person:* Nicholas J. Donato, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4040, Bethesda, MD 20817, 301-827-4810, [nick.donato@nih.gov](mailto:nick.donato@nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, RFA-GM-17-004: Maximizing Investigators' Research Award for Early Stage Investigators (R35).

*Date:* March 30, 2017.

*Time:* 8:00 a.m. to 6:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

*Contact Person:* David Balasundaram, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5189, MSC 7840, Bethesda, MD 20892, 301-435-1022, [balasundaramd@csr.nih.gov](mailto:balasundaramd@csr.nih.gov).

*Name of Committee:* Center for Scientific Review Special Emphasis Panel, Member Conflict: Cardiovascular Science.

*Date:* March 30-31, 2017.

*Time:* 1:00 p.m. to 5:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 (Virtual Meeting).

*Contact Person:* Kimm Hamann, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4118A, MSC 7814, Bethesda, MD 20892, 301-435-5575, [hamannkj@csr.nih.gov](mailto:hamannkj@csr.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: February 28, 2017.

**Natasha M. Copeland,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2017-04172 Filed 3-3-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary & Integrative Health; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Complementary and Integrative Health Special Emphasis Panel, NCCIH Training, Career Development, Fellowship, and Research Grant Review.

*Date:* March 22, 2017.

*Time:* 12:00 p.m. to 4:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD 20892, (Virtual Meeting).

*Contact Person:* Ashlee Tipton, Ph.D., Scientific Review Officer, Division of Extramural Activities, National Center for Complementary and Integrative Health, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, 301-451-3849, [Ashlee.tipton@mail.nih.gov](mailto:Ashlee.tipton@mail.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.213, Research and Training in Complementary and Integrative Health, National Institutes of Health, HHS)

Dated: February 28, 2017.

**Michelle Trout,**

*Program Analyst, Office of Federal Advisory Committee Policy.*

[FR Doc. 2017-04177 Filed 3-3-17; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Submission for OMB Review; 30-Day Comment Request; CTEP Support Contracts Forms and Surveys, NCI, NIH

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on December 13, 2016, page 89955 (81 FR 89955) and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

**DATES:** Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

**ADDRESSES:** Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk Officer for NIH.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the

proposed project or to obtain a copy of the data collection plans and instruments, contact: Michael Montello, Pharm.D., Cancer Therapy Evaluation Program, Division of Cancer Treatment and Diagnosis, 9609 Medical Center Drive, Rockville, MD 20850 or call non-toll-free number (240-276-6080) or Email your request, including your address to: *montellom@mail.nih.gov*.

**Proposed Collection:** CTEP Support Contracts Forms and Surveys, NCI, 0925-New, National Cancer Institute (NCI), National Institutes of Health (NIH).

**Need and Use of Information Collection:** The National Cancer Institute (NCI) Cancer Therapy Evaluation Program (CTEP) and the Division of Cancer Prevention (DCP) fund an extensive national program of cancer research, sponsoring clinical trials in cancer prevention, symptom management and treatment for qualified clinical investigators. As part of this effort, CTEP and DCP oversee two support programs, the NCI Central Institutional Review Board (CIRB) and the Cancer Trial Support Unit (CTSUS). The purpose of the support programs is to increase efficiency and minimizing

burden. The NCI CIRB provides trial oversight satisfying the requirements of 45 CFR part 45 and 21 CFR part 56 for review of NCI supported studies. The CTSU provides program and systems support for regulatory document collection, membership, data management and patient enrollment. The two programs use integrated systems and processes for managing participant information and documentation of regulatory review.

To meet the responsibilities of each program, information is collected from the sites for purposes of membership, enrollment, opening of IRB approved studies, documenting IRB review, regulatory approval (for sites not using the CIRB), patient enrollment, and routing of case report forms.

Several surveys are collected to assess satisfaction and provide feedback to guide improvements with processes and technology. Other Surveys have been developed to assess health professional's interests in clinical trials.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 15,525.

#### CTSUS AND NCI CIRB FORMS AND CTSUS, CIRB AND CTEP SURVEYS—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
CTSUS IRB/Regulatory Approval Transmittal Form (Attachment A1).	Health Care Practitioner .....	2,444	12	2/60	978
CTSUS IRB Certification Form (Attachment A2).	Health Care Practitioner .....	2,444	12	10/60	4,888
Withdrawal from Protocol Participation Form (Attachment A3).	Health Care Practitioner .....	279	1	10/60	47
Site Addition Form (Attachment A4) .....	Health Care Practitioner .....	80	12	10/60	160
CTSUS Roster Update Form (Attachment A5)	Health Care Practitioner .....	600	1	5/60	50
CTSUS Request for Clinical Brochure (Attachment A6).	Health Care Practitioner .....	360	1	10/60	60
CTSUS Supply Request Form (Attachment A7).	Health Care Practitioner .....	90	12	10/60	180
Site Initiated Data Update Form (Attachment A8).	Health Care Practitioner .....	2	12	10/60	4
Data Clarification Form (Attachment A9) .....	Health Care Practitioner .....	150	24	10/60	600
RTOG 0834 CTSUS Data Transmittal Form (Attachment A10).	Health Care Practitioner .....	12	76	10/60	152
MC0845(8233) CTSUS Data Transmittal (Attachment A11).	Health Care Practitioner .....	5	12	10/60	10
CTSUS Generic Data Transmittal Form (Attachment A12).	Health Care Practitioner .....	5	12	10/60	10
TAILORx—PACCT1—Data Transmittal Form (Attachment A13).	Health Care Practitioner .....	161	96	10/60	2576
Unsolicited Data Modification Form: Protocol: TAILORx/PACCT-1 (Attachment 14).	Health Care Practitioner .....	30	12	10/60	60
CTSUS Patient Enrollment Transmittal Form (Attachment A15).	Health Care Practitioner .....	12	12	10/60	24
CTSUS Transfer Form (Attachment A16) .....	Health Care Practitioner .....	360	2	10/60	120
CTSUS System Access Request Form (Attachment A17).	Health Care Practitioner .....	180	1	20/60	60

CTSU AND NCI CIRB FORMS AND CTSU, CIRB AND CTEP SURVEYS—ESTIMATED ANNUALIZED BURDEN HOURS—  
Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
NCI CIRB AA & DOR between the NCI CIRB and Signatory Institution (Attachment B1).	Participants .....	50	1	15/60	13
NCI CIRB Signatory Enrollment Form (Attachment B2).	Participants .....	50	1	15/60	13
CIRB Board Member Biographical Sketch Form (Attachment B3).	Board Member .....	25	1	15/60	6
CIRB Board Member Contact Information Form (Attachment B4).	Board Member .....	25	1	10/60	4
CIRB Board Member NDA (Attachment B6)	Board Member .....	25	1	10/60	4
CIRB Direct Deposit Form (Attachment B7)	Board Member .....	25	1	15/60	6
CIRB Member COI Screening Worksheet (Attachment B8).	Board Members .....	12	1	30/60	6
CIRB COI Screening for CIRB meetings (Attachment B9).	Board Members .....	72	1	15/60	18
CIRB IR Application (Attachment B10) .....	Health Care Practitioner .....	80	1	1	80
CIRB IR Application for Exempt Studies (Attachment B11).	Health Care Practitioner .....	4	1	30/60	2
CIRB Amendment Review Application (Attachment B12).	Health Care Practitioner .....	400	1	15/60	100
CIRB Ancillary Studies Application (Attachment B13).	Health Care Practitioner .....	1	1	1	1
CIRB Continuing Review Application (Attachment B14).	Health Care Practitioner .....	400	1	30/60	200
Adult IR of Cooperative Group Protocol (Attachment B15).	Board Members .....	65	1	180/60	195
Pediatric IR of Cooperative Group Protocol (Attachment B16).	Board Members .....	15	1	180/60	45
Adult Continuing Review of Cooperative Group Protocol (Attachment B17) Protocol.	Board Members .....	275	1	1	275
Pediatric Continuing Review of Cooperative Group Protocol (Attachment B18).	Board Members .....	130	1	1	130
Adult Amendment of Cooperative Group Protocol (Attachment B19).	Board Members .....	40	1	120/60	80
Pediatric Amendment of Cooperative Group Protocol (Attachment B20).	Board Members .....	25	1	120/60	50
Pharmacist's Review of a Cooperative Group Study (Attachment B21).	Board Members .....	10	1	120/60	20
CPC Pharmacist's Review of Cooperative Group Study (Attachment B22).	Board Members .....	20	1	120/60	40
Adult Expedited Amendment Review (Attachment B23).	Board Members .....	348	1	30/60	174
Pediatric Expedited Amendment Review (Attachment B24).	Board Members .....	140	1	30/60	70
Adult Expedited Continuing Review (Attachment B25).	Board Members .....	140	1	30/60	70
Pediatric Expedited Continuing Review (Attachment B26).	Board Members .....	36	1	30/60	18
Adult Cooperative Group Response to CIRB Review (Attachment B27).	Health Care Practitioner .....	30	1	1	30
Pediatric Cooperative Group Response to CIRB Review (Attachment B28).	Health Care Practitioner .....	5	1	1	5
Adult Expedited Study Chair Response to Required Mod (Attachment B29).	Board Members .....	40	1	15/60	10
Pediatric Expedited Study Chair Response to Required Mod (Attachment B30).	Board Members .....	40	1	15/60	10
Reviewer Worksheet—Determination of UP or SCN (Attachment B31).	Board Members .....	360	1	10/60	61
Reviewer Worksheet—CIRB Statistical Review Form (Attachment B32).	Board Members .....	100	1	1	100
CIRB Application for Translated Documents (Attachment B33).	Health Care Practitioner .....	100	1	30/60	50
Reviewer Worksheet of Translated Documents (Attachment B34).	Board Members .....	100	1	15/60	25
Reviewer Worksheet of Recruitment Material (Attachment B35).	Board Members .....	20	1	15/60	5

**CTSU AND NCI CIRB FORMS AND CTSU, CIRB AND CTEP SURVEYS—ESTIMATED ANNUALIZED BURDEN HOURS—**  
Continued

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total annual burden hours
Reviewer Worksheet Expedited Study Closure Review (Attachment B36).	Board Members .....	20	1	15/60	5
Reviewer Worksheet Expedited Review of Study Chair Response to CIRB-Required Modifications (Attachment B37).	Board Members .....	5	1	30/60	3
Reviewer Worksheet of Expedited IR (Attachment B38).	Board Members .....	5	1	30/60	3
Reviewer Worksheet—CPC—Determination of UP or SCN (Attachment B39).	Board Members .....	40	1	15/60	10
Annual Signatory Institution Worksheet About Local Context (Attachment B40).	Health Care Practitioner .....	400	1	40/60	267
Annual Principal Investigator Worksheet About Local Context (Attachment B41).	Health Care Practitioner .....	1800	1	20/60	600
Study-Specific Worksheet About Local Context (Attachment B42).	Health Care Practitioner .....	4800	1	20/60	1600
Study Closure or Transfer of Study Review Responsibility Form (Attachment B43).	Health Care Practitioner .....	1680	1	15/60	420
UP or SCN Reporting Form (Attachment B44).	Health Care Practitioner .....	360	1	20/60	120
Change of SI PI Form (Attachment B45) .....	Health Care Practitioner .....	120	1	15/60	30
CTSU Website Customer Satisfaction Survey (Attachment C1).	Health Care Practitioner .....	275	1	15/60	69
CTSU Help Desk Customer Satisfaction Survey (Attachment C2).	Health Care Practitioner .....	325	1	15/60	81
CTSU OPEN Survey (Attachment C3) .....	Health Care Practitioner .....	60	1	15/60	15
CIRB Customer Satisfaction Survey (Attachment C4) Satisfaction Survey (Attachment C4).	Participants .....	600	1	15/60	150
Follow-up Survey (Communication Audit) (Attachment C5).	Participants/Board Members	300	1	15/60	75
Website Focus Groups, Communication Project (Attachment C6 A–D).	Participants/Board Members	18	1	1	18
CIRB Board Member Annual Assessment Survey (Attachment C7).	Board Members .....	60	1	20/60	20
PIO Customer Satisfaction Survey (Attachment C8).	Health Care Practitioner .....	60	1	5/60	5
Concept Clinical Trial Survey (Attachment C9).	Health Care Practitioner .....	500	1	5/60	42
Prospective Clinical Trial Survey (Attachment C10).	Health Care Practitioner .....	1000	1	1/60	17
Low Accrual Clinical Trial Survey (Attachment C11).	Health Care Practitioner .....	1000	1	1/60	17
ETCTN PI Survey (Attachment 12) .....	Physician .....	75	1	15/60	19
ETCTN RS Survey (Attachment 13) .....	Health Care Practitioner .....	175	1	15/60	44
<b>Totals</b> .....	.....	<b>24,100</b>	<b>100,337</b>	.....	<b>15,525</b>

Dated: February 15, 2017.

**Karla Bailey,**

*PRA OMB Liaison, Office of Management Policy and Compliance, National Cancer Institute (NCI) National Institutes of Health (NIH).*

[FR Doc. 2017-04253 Filed 3-3-17; 8:45 am]

**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Center for Complementary & Integrative Health; Notice of Closed Meeting**

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and

the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Center for Complementary and Integrative Health Special Emphasis Panel, Exploratory Clinical Trials and Studies of Natural Products.

*Date:* March 30, 2017.

*Time:* 12:00 p.m. to 4:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, Two Democracy Plaza, 6707 Democracy