Request for Approval under the
"Generic Clearance for the Collection of Routine Customer Feedback"
(OMB No. 0925-0642, Expiry Date: 5/31/2020)

TITLE OF INFORMATION COLLECTION: Cancer and Accelerated Aging July 2018 Think Tank Survey

PURPOSE: The Cancer and Accelerated Aging Initiative, a collaboration of NCI and other NIH and external partners, seeks to identify scientific research needs at the intersection of cancer and aging, encourage integration of aging-related endpoints into cancer treatment and survivorship studies, and build a trans-disciplinary research portfolio to optimize healthy aging for cancer survivors. Two think tank meetings have been held to further the aims of the initiative, the first of which took place in July 2018.

This survey will be used to evaluate the effectiveness and outcomes of the first think tank meeting and to help develop future directions or actions for NCI in relation to the Cancer and Accelerated Aging Initiative.

DESCRIPTION OF RESPONDENTS:

Individuals who attended the think tank meeting "Measuring Aging and Identifying Aging Phenotypes in Cancer Survivors" in July 2018.

TYPE OF COLLECTION: (Check one)

[ ] Customer Comment Card/Complaint Form   [X] Customer Satisfaction Survey
[ ] Usability Testing (e.g., Website or Software   [ ] Small Discussion Group
[ ] Focus Group   [ ] Other:_____

CERTIFICATION:

I certify the following to be true:
1. The collection is voluntary.
2. The collection is low-burden for respondents and low-cost for the Federal Government.
3. The collection is non-controversial and does <u>not</u> raise issues of concern to other federal agencies.
4. The results are <u>not</u> intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of <u>substantially</u> informing <u>influential</u> policy decisions.
6. The collection is targeted to the solicitation of opinions from respondents who have experience with the program or may have experience with the program in the future.

Name: Lisa Gallicchio

To assist review, please provide answers to the following question:

Personally Identifiable Information:
1. Is personally identifiable information (PII) collected? [ ] Yes **[X] No**
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974?   [ ] Yes [ ] No
3. If Applicable, has a System or Records Notice been published? [ ] Yes [ ] No

Gifts or Payments:
Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants? [ ] Yes **[X] No**

ESTIMATED BURDEN HOURS and COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals - Health Diagnosing and Treating Practitioners	80	1	10/60	13
Totals	**80**	**80**		**13**

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individuals - Health Diagnosing and Treating Practitioners	13	$49.02	$637.26
Total			$637.26

*Wage estimates are the category of Allied Health Professionals/Health Care Practitioner at a median hourly wage rate of $35.83 per hour (code 29-1199) and $99.48 per hour for Physicians and Surgeons, All Other (code 29-0169). Information is provided by the Bureau of Labor Statistics website at https://www.bls.gov/oes/2017/May/oes291199.htm.

FEDERAL COST: The estimated annual cost to the Federal government is $2,581.23.

Staff	Grade/Step	Salary **	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/10	$152,352	1%		$1,523.52
Research Fellow	3/6	$35,257	3%		$1,057.71
Travel					0
Other Cost					0
Total					**$2,581.23**

**The salary in the table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/19Tables/html/DCB.aspx

If you are conducting a focus group, survey, or plan to employ statistical methods, please provide answers to the following questions:

The selection of your targeted respondents
1. Do you have a customer list or something similar that defines the universe of potential respondents and do you have a sampling plan for selecting from this universe?

    [X] Yes   [ ] No

If the answer is yes, please provide a description of both below (or attach the sampling plan)?   If the answer is no, please provide a description of how you plan to identify your potential group of respondents and how you will select them?

We will send these questions to individuals who attended our July 2018 Cancer and Accelerated Aging Initiative in-person meeting.

Administration of the Instrument
1. How will you collect the information? (Check all that apply)
    [X] Web-based or other forms of Social Media
    [ ] Telephone
    [ ] In-person
    [ ] Mail
    [ ] Other, Explain

2. Will interviewers or facilitators be used? [ ] Yes **[X] No**