## Request for Approval under the

**Generic Clearance for the “Conference, Meeting, Workshop, and**

**Poster Session Registration Generic Clearance (OD)”**

## (OMB#: 0925-0740, Expiration Date: 07/31/2022)

**TITLE OF INFORMATION COLLECTION: 2020 Trans-NCI-NIH Conference: International Perspectives on Integrative Medicine for Cancer Prevention and Cancer Patient Management**

**PURPOSE:**

The main goals of the conference are: to 1) discuss the integration of traditional, complementary and alternative medicine (TCAM) with conventional cancer prevention and treatment approaches for low-and-middle-income-countries (LMICs) thus forming new approaches to integrative oncology, and 2) discussion of approaches for strengthening integrative oncology research in LMICs.

The conference will discuss approaches for strengthening integrative oncology research in LMICs. This conference will provide an opportunity to open a dialogue with investigators interested in cancer Complementary and Alternative Medicine (CAM) research and hopefully generate enough enthusiasm to investigate further in this area of research.

**DESCRIPTION OF RESPONDENTS**: The majority of the responders are cancer researchers and/or practitioners.

**TYPE OF COLLECTION:** (Check all that applies)

[ x ] Abstract [ ] Application

[ x ] Registration Form [ ] 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 not raise issues of concern to other federal agencies.

Name: Luis Alejandro Salicrup

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected? [ x ] Yes [ ] No
2. If Yes, is the information that will be collected included in records that are subject to the Privacy Act of 1974? [ x ] Yes [ ] No

**Gifts or Payments:**

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

Amount: \_\_\_\_\_\_\_\_\_

Explanation for incentive: (include number of visits, etc)

**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 - Registration | 400 | 1 | 6/60 | 40 |
| Individuals - Abstract | 30 | 1 | 15/60 | 8 |
| **Totals** |  | **430** |  | **48** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total Burden Hours | Hourly Wage Rate \* | Total Burden Cost |
| Individuals | 48 | $45.80 | $2,198.40 |
| **Totals** |  |  | **$2,198.40** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Medical Scientists” 19-1040, <https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000>.

**FEDERAL COST:** The estimated annual cost to the Federal government is $6,498.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Senior Advisor Global Health Research | 15/7 | $ 170,800 | 3% |  | $5,124.00 |
| **Contractor Cost** |  |  |  |  | $1,374.00 |
| Travel |  |  |  |  | $ |
| Other Cost |  |  |  |  | $ |
| **Total** |  |  |  |  | **$6,498.00** |

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/20Tables/html/DCB.aspx>

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

**The selection of your targeted respondents**

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? [ ] 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?

**Administration of the Instrument**

How will you collect the information? (Check all that apply)

[ X ] Web-based or other forms of Social Media

[ ] Telephone

[ ] In-person

[ ] Mail

[ ] Survey Form

[ ] Chart Abstraction

[ ] Other, Explain

Will interviewers, facilitators, or research coordinators be used? [ ] Yes [X ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**