

**Request for Approval under the  
“Generic Clearance for the Collection of Routine Customer Feedback”  
(OMB#: 0925-0642 Expiration Date: 03/31/2023)**

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**TITLE OF INFORMATION COLLECTION:** Translational Advances in Cancer Prevention Agent Development Meeting Survey

**PURPOSE:**

The purpose of this information collection is to gather input and feedback from the attendees at this Division of Cancer Prevention sponsored meeting. The information collected will be used to improve service delivery for future biennial meetings.

The main goals of this meeting are to: 1) Foster the exchange of ideas and potentially new collaborative interactions among leading cancer prevention researchers from basic and clinical research, 2) Highlight new and emerging trends in immunoprevention and chemoprevention as well as new information from clinical trials, and 3) Inform the research community of the significant resources available from the NCI to promote prevention agent development and rapid translation to clinical trials and to engage cancer researchers with novel prevention concepts.

**DESCRIPTION OF RESPONDENTS:**

The respondents of the information collection include: Investigators from Academia, Industry, and non-profit organizations engaged in cancer prevention research. This will include Grantees and Contractors.

**TYPE OF COLLECTION:** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Customer Comment Card/Complaint Form         | <input checked="" type="checkbox"/> Customer Satisfaction Survey |
| <input type="checkbox"/> Usability Testing (e.g., Website or Software | <input type="checkbox"/> Small Discussion Group                  |
| <input type="checkbox"/> Focus Group                                  | <input type="checkbox"/> 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.
4. The results are not intended to be disseminated to the public.
5. Information gathered will not be used for the purpose of substantially informing influential 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: Mark Steven Miller, Ph.D.

**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

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

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

**ESTIMATED BURDEN HOURS and COST**

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	300	1	15/60	75
<b>Totals</b>		<b>300</b>		<b>75</b>

Category of Respondent	Total Burden Hours	Wage Rate*	Total Burden Cost
Individual	75	\$75.79	\$5,684.25
<b>Total</b>			<b>\$5,684.25</b>

\* Averaged mean hourly wage rate for respondents based on BLS National Occupational Employment and Wage Estimates for Nurse Practitioners occupational code, 29-1171 and wage rate \$53.77 and Physicians, All Other occupational code, 29-1228 and wage rate \$97.81, [https://www.bls.gov/oes/current/oes\\_nat.htm#29-0000](https://www.bls.gov/oes/current/oes_nat.htm#29-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$1,569.73.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Analyst	15/4	\$156,973	1%	0	\$1,569.73
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$1,569.73</b>

\*\*The salary in the table above is cited from

<https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/pdf/2020/DCB.pdf>

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?  
 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?

The survey will be included in the meeting booklet that is handed out to everyone who attends the meeting. Surveys will be optional (attendee decides whether to fill it out and hand it in) and anonymous, no identifiers will be asked for on the survey form (see attached survey).

### Administration of the Instrument

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

- Web-based or other forms of Social Media
- Telephone
- In-person
- Mail
- Survey Form
- Chart Abstraction
- Other, Explain

2. Will interviewers, facilitators, or research coordinators be used?  Yes  No