

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

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

PURPOSE:

The organizing committee would like to get an understanding if we achieved our aims and ideas for improvements for the future. **The two main aims** of the conference are: to 1) discuss the integration of traditional, complementary and alternative medicine (TCAM) with conventional cancer prevention and treatment approaches in global health and particularly in low-and-middle-income-countries (LMICs) thus forming new approaches to Integrative Oncology, and 2) discuss concrete examples and potential approaches for strengthening Integrative Oncology research in LMICs.

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

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: Luis Alejandro Salicrup

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 COSTS

Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Individuals	400	1	8/60	53
Totals		400		53

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	53	\$46.95	\$2,488.35
Total			\$2,488.35

*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/2019/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					\$0
Other Cost					\$0
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/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

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?

Potential respondents are those who attend the Conference and opt to complete the survey. The respondents includes global health researchers, oncologists, cancer prevention scientists, cancer therapy and translational research experts and possibly patients and cancer advocates.

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

[] Survey Form

[] Chart Abstraction

[] Other, Explain

2. 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.