**Request for Approval under the Generic “****Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”**

**(OMB#: 0925-0740 Exp Date: 07/31/2022)**

**TITLE OF INFORMATION COLLECTION:** National Cancer Institute Cannabis, Cannabinoids and Cancer Research Symposium

**PURPOSE:**

This symposium will highlight the state of the science in cannabis, its chemical constituents (e.g., cannabinoids), and cancer research, including cancer epidemiology, use in cancer patients, cancer biology and prevention, pre-clinical and clinical cancer symptom and treatment side-effect management, as well as the use of cannabis and cannabinoids as cancer therapeutics. The symposium will also address current barriers to research and strategies to navigate these hurdles to ensure feasibility of rigorous studies designed to address gaps in knowledge as well as potential research opportunities in the area of research related to cannabis and cancer.

Sessions will include:

Recreational Cannabis and Cancer Epidemiology

Cannabis Use by Cancer Patients

Cancer Symptom/Treatment Side Effect Management –Preclinical

Cancer Symptom/Treatment Side Effect Management –Clinical

Cancer Biology & Prevention

Cancer Treatment –Pre-Clinical & Clinical  
Navigating Research Challenges for Cannabis Research

**DESCRIPTION OF RESPONDENTS**:

Biomedical researchers, oncology clinicians

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

[ ] 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: Audrey Wellons

**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:**

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 - Registration | 1000 | 1 | 3/60 | 50 |
| **Totals** |  | **1000** |  | **50** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 50 | $46.95 | $2,347.50 |
| **Total** |  |  | **$2,347.50** |

\*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 $1,556.28

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 14/1 | $121,316 | .5% |  | $606.58 |
| Communications Specialist | 12/4 | $94,970 | 1% |  | 949.70 |
| **Total** |  |  |  |  | **$1556.28** |

\*\*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](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**

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 [X] 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?

This meeting will be advertised through NIH staff listservs, lists of NCI grantees and applicants, and emails to partner organizations (i.e., members of the meeting planning committee sharing the announcement with their contacts in the biomedical research community).

**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.**