

**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)**

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**TITLE OF INFORMATION COLLECTION:** Patient Advocate Steering Committee (PASC)  
Meeting

**PURPOSE:**

The Patient Advocate Steering Committee will meet with NCI staff to discuss their roles and issues related to transforming the NCI clinical trials programs. The mission of the Patient Advocate Steering Committee is to ensure that advocates involved with the NCI Disease-Specific Steering Committees and Task Forces are effectively integrated with the development, implementation and monitoring of clinical trials within those specific steering committees. The PASC members will engage in activities such as: Develop and share best practices for patient advocates interactions in scientific steering committees; Identify training needs and work with appropriate bodies to develop and implement training; Disseminate Scientific Steering Committee information to the appropriate advocacy communities; and Develop and share best practices of conducting clinical trial concept reviews from the patient advocacy perspective, ensuring that the reviews include consideration for the patient community at large with a special focus on minority and underserved populations.

**DESCRIPTION OF RESPONDENTS:**

Patient Advocates and NCI Staff

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

Abstract

Application

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: Annette Mitchell

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

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  Yes  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

**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	62	1	2/60	2
<b>Totals</b>		<b>62</b>		<b>2</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals - Registration	2	\$45.80	\$91.60
<b>Total</b>			<b>\$91.60</b>

\*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](https://www.bls.gov/oes/2018/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 8,598.06 .

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	14/6	\$141,534	5%		\$7076.70
<b>Contractor Cost</b>					\$1521.36
Travel					\$0.0
Other Cost					\$0.0
<b>Total</b>					<b>\$8,598.06</b>

\*\*\*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:**

**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?

The NCI Patient Advocates and NCI Staff email lists will be used for this committee.

**Administration of the Instrument**

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

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

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