

**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:** Cancer Target Discovery and Development (CTD2) Network Face-to-Face Annual Steering Committee Meeting

**PURPOSE:**

The Cancer Target Discovery and Development (CTD2) Network advances cancer research by bridging the knowledge gap between cancer genomics and precision oncology. The CTD2 Network aims to understand the tumor heterogeneity and drug resistance for the development of efficient strategies to identify optimal combinations of small-molecules or immunotherapy with small molecules. During the upcoming meeting, Network members will report on research activities and how they are meeting the goals of CTD2. The CTD2 Steering Committee meeting will focus on ensuring the Network continues to be effective in working to achieve the goals of the Network and the NIH by contributing to the knowledge of cancer, ultimately with the aim of improving health and reducing illness and disability.

**DESCRIPTION OF RESPONDENTS:**

Principal investigators (PIs) and affiliated scientific researchers.

**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: Subhashini Jagu

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

**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	75	1	5/60	6
Individuals Abstract	24	1	5/60	2
<b>Totals</b>		<b>99</b>		<b>8</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	8	\$45.80	\$366.40
<b>Total</b>			<b>\$366.40</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\$ 2,668.94.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Health Science Administrator	14/4	\$133,447	2 %		\$ 2,668.94
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$2,668.94</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 [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?

We plan to identify potential respondents through NIH Wide and NCI Wide announcements.

**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

[ ] Other, Explain

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

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