

**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:** NCI Symposium on Mutation Signatures and Cancer

**PURPOSE:** The NCI Symposium on Mutation Signatures and Cancer will be a virtual meeting organized by the Division of Cancer Biology in conjunction with the Division of Cancer Epidemiology and Cancer Genetics and the Division of Cancer Treatment and Diagnosis. This meeting will be held on December 2-3, 2021 in a virtual format and will be open to the public. The meeting goal is to learn the state of the science regarding mutation signatures and cancer from leading researchers in the field. There will be time set aside to discuss research gaps and opportunities for this topic.

**DESCRIPTION OF RESPONDENTS:** Expected respondents are the following groups who are interested in the scientific area of the meeting: researchers, trainees and research staff from the extramural community, NIH intramural research staff, NIH extramural program staff, and staff from other federal agencies. An estimate of registrant number is approximately 500, of which 100 will be federal employees.

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

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: Ron Johnson, PhD

**To assist review, please provide answers to the following question:** If you are collecting name and email, then check yes for PII.

**Personally Identifiable Information:19**

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? [ ] Yes [ X ] 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**

Form Name	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Registration	Individuals	400	1	5/60	33
Abstract	Individuals	20	1	30/60	10
<b>Totals</b>			<b>420</b>		<b>43</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	43	\$46.95	\$2018.85
<b>Total</b>			<b>\$2,018.85</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/2019/May/oes\\_nat.htm#00-0000](https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$ 840.75

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	15/6	\$168,150	0.5 %		\$840.75
<b>Contractor Cost</b>					\$0
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$840.75</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/21Tables/html/DCB.aspx>

### **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 [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?

### **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.**