

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

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

TITLE OF INFORMATION COLLECTION: “Translational Advances in Cancer Prevention Agent Development” Meeting

PURPOSE:

The main goals of this meeting are to: 1) Foster the exchange of ideas and potentially new collaborative interactions among leading cancer prevention researchers from basic and clinical research, 2) Highlight new and emerging trends in immunoprevention and chemoprevention as well as new information from clinical trials, and 3) Inform the research community of the significant resources available from the NCI to promote prevention agent development and rapid translation to clinical trials and to engage cancer researchers with novel prevention concepts.

Sessions will include:

- Advances in Small Molecule Agent Development
- Advances in Immunomodulatory Agent Development
- NCI PREVENT Preclinical Drug Development Program
- Alternative Dosing and Combination Strategies to Reduce Toxicity
- Emerging Vaccines for Cancer Prevention
- Overview of the Cancer Prevention Clinical Trials Network (CP-CTNet)
- Cancer Prevention Clinical Trials

DESCRIPTION OF RESPONDENTS:

NIH Scientists, Researchers, PIs, Post-docs, Graduate Students, Academic and Local Industrial Institutions

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: Mark Miller

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 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 | 300 | 1 | 10/60 | 50 |
| Individuals - Abstract | 50 | 1 | 20/60 | 17 |
| Totals | | 350 | | 67 |

| Category of Respondent | Total Burden Hours | Hourly Wage Rate* | Total Burden Cost |
|------------------------|--------------------|-------------------|-------------------|
| Individuals | 67 | \$46.95 | \$3,145.65 |
| Totals | | | \$3,145.65 |

*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 **\$ 4,065.94**

| Staff | Grade/Step | Salary** | % of Effort | Fringe (if applicable) | Total Cost to Gov't |
|--------------------------|------------|-----------|-------------|------------------------|---------------------|
| Federal Oversight | | | | | |
| Program Director | 15/4 | \$156,973 | 1% | | \$1,569.73 |
| Program Director | 14/8 | \$149,621 | 1% | | \$1,496.21 |
| Contractor Cost | | | | | \$1,000.00 |
| Travel | | | | | 0 |
| Other Cost | | | | | 0 |
| Total | | | | | \$ 4,065.94 |

**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?

In terms of identifying speakers for the meeting, we have invited individuals based on their scientific accomplishments through grants, contracts, and publications. A group of 5-6 scientific staff members from DCP identified these individuals. A draft agenda was circulated to leadership for final approval.

For the remaining attendees, this meeting is open to the public and will be advertised through NIH/NCI, email blasts to Grantees and Contractors, and paid advertisements as an electronic Table of Contents ad in the journals *Cancer Research* (April edition) and *Cancer Prevention Research* (May edition).

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.