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: 2021 Investigators' and Site Coordinators' Opportunity for Research Excellence (ISCORE) Meeting Registration

PURPOSE: This activity is for collecting information for facilitating registration for the 2021 ISCORE Annual Meeting. The DCP Organ Systems Research Groups develop, support and oversee clinical cancer prevention trials and promote participation by all populations. The trials are designed to evaluate the safety and efficacy of promising new preventive agents, the utility of novel biomarkers, and the value of innovative technologies to identify premalignant lesions. The Early Phase Cancer Prevention Clinical Trials Program facilitated through Consortia contracts and the grant funded Cancer Prevention Clinical Trials Network (CP-CTNet) were created to facilitate the efficient implementation of these studies by teams of multidisciplinary investigators. The purpose of the meeting is to stimulate information sharing and collaborations between DCP staff and Consortia/CP-CTNet members including investigators, program staff and coordinators; and to develop strategies to enhance the cancer prevention intervention research program both scientifically and operationally. This submission was previously approved under 0925-0740 on 1/12/2021 and is being resubmitted to add 1 question to the registration page increasing the burden from 8 to 9 and the respondents from 90 to 105.

DESCRIPTION OF RESPONDENTS: The respondents will be Consortia and CP-CTNet staff, DCP contract support staff, and NCI staff associated with these networks.

TYPE OF COLLECTION:

[X] Abstract
[X] Registration Form
[ ] Application
[ ] 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 <u>not</u> raise issues of concern to other federal agencies.

Name: Margaret House

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: N/A

Explanation for incentive: (include number of visits, etc)

ESTIMATED BURDEN HOURS and COSTS

Form	Category of Respondent	No. of Respondents	No. of Responses per Respondent	Time per Response (in hours)	Total Burden Hours
Registration	Individuals	90	1	5/60	8
Abstract	Individuals	15	1	5/60	1
Totals			**105**		**9**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	9	$25.72	$231.48
Total			**$231.48**

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "All Occupations" 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 $$394.27.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Health Scientist Administrator	14/10	$157,709	0.25%		$394.27
Contractor Cost					$0
Travel					$0
Other Cost					$0
Total					**$394.27**

**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

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?
   [X] 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?

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.