

**Request for Approval under the “Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”
(OMB#: 0925-0740 Exp Date: 7/31/2022)**

TITLE OF INFORMATION COLLECTION: Survivorship Issues for Individuals Living with Advanced and Metastatic Cancers: Stakeholder Meeting Registration Form (NCI)

PURPOSE:

The Division of Cancer Control and Population Science (DCCPS) of the National Cancer Institute (NCI) will sponsor a virtual meeting to learn more about gaps and unmet needs for individuals living with metastatic and advanced cancers. This meeting will bring together experts in research and clinical care, as well as cancer survivors and advocates, to explore areas of high priority for metastatic and advanced cancer survivorship research. The meeting will include engaging presentations and participatory discussions on research gaps and opportunities within this scientific area.

DESCRIPTION OF RESPONDENTS:

Scientists, Researchers, PIs, postdocs and academic

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: Michelle Mollica

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: _____

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	500	1	5/60	42
Totals		500		42

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	42	\$ 46.95	\$ 1,971.90
Total			\$ 1,971.90

*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title "Medical Scientists" 19-1040, 46.95 https://www.bls.gov/oes/2019/May/oes_nat.htm#00-0000.

FEDERAL COST: The estimated annual cost to the Federal government is \$7,665.98

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
Federal Oversight					
Program Director	14/5	\$138,866	2%		\$2,777.32
Program Director	14/5	\$138,866	1%		\$1,388.66
Contractor Cost					\$3,500.00
Travel					\$0
Other Cost					\$0
Total					\$7,665.98

**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>

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?

This conference will be advertised through Epidemiology & Genomics Research and Healthcare Delivery Research Program listserv.

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.