## 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-Related Cognitive Impairment (CRCI) Clinical Trials Planning Meeting (CTPM)

**PURPOSE:**

The objectives of this meeting are: Identification of biomarkers (e.g. biospecimen, neuroimaging) for CRCI potentially ready for validation studies in large cohorts to predict short and long-term CRCI and those that should be considered for interventions in randomized controlled trials (RCTs); Determination of CRCI phenotypes (e.g., disease, treatment, baseline cognitive function, socio-demographic factors) that can be independently studied in randomized clinical trials and by prospective observational evaluation; Discussion on best practices for assessment and measurement of self-reported and objectively assessed cognitive function outcomes within large-scale trials; Discussion of interventions with the highest level of evidence to move forward to Phase II/III RCTs.

**DESCRIPTION OF RESPONDENTS**:

Steering Committee Members and NCI Staff

**TYPE OF COLLECTION:** (Check one)

[ ] Abstract [ ] Application

[ X ] 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: Annette Mitchell

**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? [ ] 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response(in hours) | Total BurdenHours |
| Individuals | 56 | 1 | 2/60 | 2  |
| **Totals** |  | **56** |  | **2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total BurdenHours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals | 2 | $46.95 | $93.90 |
| **Total** |  |  | **$93.90** |

\*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 $8,668.86.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost** **to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 14/6 | $142,950 | 5% |  | $7,147.50 |
| **Contractor Cost** |  |  |  |  | $1,521.36 |
| Travel |  |  |  |  |  |
| Other Cost |  |  |  |  |  |
| **Total** |  |  |  |  | **$8,668.86** |

\*\*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: N/A**

**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? [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?

Steering committee members are the invited guests

**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.**