## 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:** Enhancing Systemic Drug Delivery to Tumors Workshop (NCI)

**PURPOSE:** This workshop will provide the opportunity for physicians and researchers working with different cancer treatment modalities and different drug delivery strategies to take stock of current techniques used in the enhancement of systemic drug delivery and to discuss best strategies for the future. We will conduct discussions in two ‘orthogonal’ sessions covering 1) different cancer treatment modalities and their requirements on delivery approaches and 2) available delivery methodologies and their suitability to support current and emerging cancer therapies.

This workshop is organized under Cancer Moonshot initiative which aims to accelerate cancer research and to make more therapies available to more patients.

**DESCRIPTION OF RESPONDENTS**: Researchers and NIH Program Managers

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

[ ] 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: Piotr Grodzinski

**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:**

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)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category of Respondent | No. of Respondents | No. of Responses per Respondent | Time per Response(in hours) | Total BurdenHours |
| Individuals  | 150 | 1 | 12/60 | 30 |
| **Totals** |  | **150** |  | **30** |

**ESTIMATED BURDEN HOURS and COSTS**

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total BurdenHours | Hourly Wage Rate\* | Total Burden Cost |
| Individuals | 30 | $42.68 | $1,280.40 |
| **Total** |  |  | **$1,280.40** |

\*Source of the mean Hourly Wage Rate is provided by the Bureau of Labor Statistics, Occupation title “Life Scientist” 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 $24,000.00.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe** **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
|  Program Manager | Title 42 | $205,000 | 10% |  | $20,500.00 |
| **Contractor Cost** |  |  |  |  | $3,500.00 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$24,000.00** |

\*\*The salary in the table above is cited from the NIH Title 42 Model Ranges, the Senior Investigator (f) Band VI, Tier 1 is $99,774 - $227,600: <https://ohr.od.nih.gov/intrahr/Documents/title42/2021%20NIH%20Title%2042%20Pay%20Model%20Ranges.pdf>

**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?

We will be use our Researchers and NIH Program Managers listserv to identify our respondents.

**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 – On-line registration and communication via email.

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.**