## 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:**

# NCI Clinical Imaging Steering Committee (CISC) Harnessing Imaging Tools to Guide Immunotherapy Meeting

**PURPOSE:** To review the available diagnostic imaging tools to assess the impact of immunotherapy. This includes the role of predicting as well as assessing response in Phase II and III immunotherapy trials.

* Assessing the role of investigational tools such as:
  + Image analysis of standard of care scans such as CT, MR and PET – texture, volume and radiomics
  + Functional MR agents such as USPIOs
  + Molecular Imaging PET agents

We will also be identifying potential NCTN trials in which these assessments can be made.

**DESCRIPTION OF RESPONDENTS**:

Steering committee members and their colleagues 45 members, 61 other attendees and 10 potential NCI staff were invited

**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: 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? [ 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 |
| Private sector | 116 | 1 | 5/60 | 10 |
| **Totals** |  | **116** |  | **10** |

**COST TO RESPONDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Category of Respondent | Total Burden  Hours | Hourly Wage Rate\* | Total Burden Cost |
| Medical scientist | 10 | $46.95 | $ 469.50 |
| **Total** |  |  | **$ 469.50** |

\*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** |  |  |  |  | $1521.36 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$ 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?

There is a list of steering committee members and government members that we use to invite to the registration site.

**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? [ X ] Yes [ ] No

**Please make sure that all instruments, instructions, and scripts are submitted with the request.**