

**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)**

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**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:
  - o Image analysis of standard of care scans such as CT, MR and PET – texture, volume and radiomics
  - o Functional MR agents such as USPIOs
  - o 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)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Abstract                     | <input type="checkbox"/> Application  |
| <input checked="" type="checkbox"/> Registration Form | <input type="checkbox"/> 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
<b>Totals</b>		<b>116</b>		<b>10</b>

**COST TO RESPONDENT**

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Medical scientist	10	\$46.95	\$ 469.50
<b>Total</b>			<b>\$ 469.50</b>

\*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](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
<b>Federal Oversight</b>					
Program Director	14/6	\$ 142,950	5%		\$ 7,147.50
<b>Contractor Cost</b>					\$1521.36
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$ 8,668.86</b>

\*\*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?

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)

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.**