

**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-CONNECT and BTTC Annual Meeting Registration (NCI)

**PURPOSE:** The **Survivorship Care in Neuro-Oncology Symposium for NCI-CONNECT** (Comprehensive Oncology Network Evaluating Rare CNS Tumors) is an opportunity to create a forum for NCI-CONNECT research scientist collaborators and subject matter experts focusing on clinical research and patient outcomes to discuss with patient advocates the challenges experienced by persons diagnosed and living with brain and central nervous system tumors. The goals of the workshop are to draft survivorship guidelines for the medical community and to develop a research agenda focusing on the gaps in CNS tumors survivorship research and care.

The primary organizer of the workshop is NCI's Center for Cancer Research, Neuro-Oncology Branch, which serves as the lead institution and coordinating center for NCI-CONNECT.

**DESCRIPTION OF RESPONDENTS:**

The targeted group is health care professionals in neuro-oncology, including researchers, scientists, physicians, and community advocates. These are people who treat or support people with central nervous system cancers.

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

- 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: Dr. Terri Armstrong

**To assist review, please provide answers to the following question:**

**Personally Identifiable Information:**

1. Is personally identifiable information (PII) collected?  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  No

**Gifts or Payments:**

Is an incentive (e.g., money or reimbursement of expenses, token of appreciation) provided to participants?  Yes  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	75	1	5/60	6
<b>Totals</b>		<b>75</b>		<b>6</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Medical scientist	6	\$46.95	\$281.70
<b>Totals</b>			<b>\$281.70</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 \$4,604.55.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Senior Branch Administrator	12/9	\$110,455	1%		\$1,104.55
<b>Contractor Cost</b>					\$3,500.00
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$4,604.55</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>

## **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 plan to invite neuro-oncology experts in survivorship care, neuro-oncologists and researchers. We are also invitee patient and community advocates. All invitees are from insitutions across the nation. This group of respondents are colleagues we know in the field and in our collaboratice network of providers and health care professionals.

## **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.**