**Request for Approval under the “****Conference, Meeting, Workshop, and Poster Session Registration Generic Clearance (OD)”**

**(OMB#: 0925-0740 Exp Date: 07/31/2022)**

**TITLE OF INFORMATION COLLECTION: “**Translational Advances in Cancer Prevention Agent Development (TACPAD) Virtual Workshop on Immunomodulatory Agents”. (NCI)

**PURPOSE:**

The main goals of this workshop are to 1) foster the exchange of ideas and potentially new collaborative interactions among leading cancer immunoprevention researchers from the basic and clinical research areas, 2) highlight new and emerging trends in immunoprevention, and 3) provide an opportunity for new or experienced cancer prevention investigators who want to explore immunoprevention in their research studies.

Sessions will include:

* Patient Advocates Forum
* Early Discovery Research on Immunomodulatory Agents for Cancer Prevention
* Combinations of Immunomodulators with Cancer Preventive Agents or Vaccines
* Immune Checkpoint Inhibitors in Immunoprevention

**DESCRIPTION OF RESPONDENTS**:

NIH and other Federal Scientists, Researchers, PIs, Post-docs, Graduate Students, Patient Advocates, Physician Scientists, Nurses, Academic and Local Industrial Institutions

**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: Mark Miller

**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** |
| Individuals - Registration | 150 | 1 | 10/60 | 25 |
| **Totals** |  | **150** |  | **25** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Respondent** | **Total Burden Hours** | **Hourly Wage Rate\*** | **Total Burden Cost** |
| Individuals | 25 | $46.95 | 1,173.75 |
| **Totals** |  |  | **1,173.75** |

\*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 $ **3,096.59**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff** | **Grade/Step** | **Salary\*\*** | **% of Effort** | **Fringe**  **(if applicable)** | **Total Cost to Gov’t** |
| **Federal Oversight** |  |  |  |  |  |
| Program Director | 15/4 | |  | | --- | | $ 158,541 | | 1% |  | $1,585.41 |
| Program Director | 14/8 | |  | | --- | | $ 151,118 | | 1% |  | $1,511.18 |
| **Contractor Cost** |  |  |  |  | $0 |
| Travel |  |  |  |  | $0 |
| Other Cost |  |  |  |  | $0 |
| **Total** |  |  |  |  | **$ 3,096.59** |

\*\*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:**

**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?

In terms of identifying speakers for the meeting, we have invited individuals based on their scientific accomplishments through grants, contracts, and publications. A group of 5-6 scientific staff members from DCP identified these individuals. A draft agenda was circulated to leadership for final approval.

For the remaining attendees, this meeting is open to the public and will be advertised through NIH/NCI, email blasts to Grantees and Contractors, and paid advertisements as an electronic Table of Contents ad in the journals such as *Cancer Research, Cancer Immunology* and *Cancer Prevention Research*.

**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.**