

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

**(OMB#: 0925-0740 Exp Date: 7/31/2022)**

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**TITLE OF INFORMATION COLLECTION:** Cancer-related Emergency and Urgent Care: Prevention, Management, and Care Coordination

**PURPOSE:**

The National Cancer Institute (NCI) Division of Cancer Control and Population Sciences (DCCPS) will host a workshop to bring together researchers, clinicians, patients, and advocates representing a broad range of expertise and experiences to define the current state of the science in the identification, prevention, and management of oncologic emergencies; discuss research gaps and opportunities in the areas of care delivery models, risk prediction and stratification, diagnostics, management, and care coordination for patients with cancer at risk of or utilizing urgent care and the emergency department (ED); and establish new research collaborations at the intersection of oncology and emergency medicine to improve outcomes of patients with or at risk of cancer.

**DESCRIPTION OF RESPONDENTS:**

Scientists, Researchers, PIs, postdocs and academic

**TYPE OF COLLECTION:** (Check one)

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: Christie Kaefer

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

**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	300	1	5/60	25
<b>Totals</b>		<b>300</b>		<b>25</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	25	\$48.45	\$1,211.25
<b>Total</b>			<b>\$1,211.25</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/2020/May/oes\\_nat.htm#19-0000](https://www.bls.gov/oes/2020/May/oes_nat.htm#19-0000)

**FEDERAL COST:** The estimated annual cost to the Federal government is \$6,593.80.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	14/5	\$138,866	1%		\$1,388.66
Communications Manager	10/5	\$75,047	2%		\$1,500.94
<b>Contractor Cost</b>					
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$6,389.60</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:**

**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?

This training program is advertised through the Health Care Delivery Research Program listserv

**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

Other, Explain

Will interviewers or facilitators be used?  Yes  No

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