

**Request for Approval under the “Conference, Meeting, Workshop,  
Registration and Challenges Generic Clearance (OD)”  
(OMB#: 0925-0740, Exp Date: 09/30/2025)**

---

**TITLE OF INFORMATION COLLECTION:**

NCI Cancer Care Delivery Research Health-Related Social Needs Clinical Trials Planning Meeting

**PURPOSE:**

The National Cancer Institute’s Division of Cancer Control and Population Sciences (DCCPS) will hold a Clinical Trials Planning Meeting (CTPM) on November 17-18, 2022, that focuses on *Addressing Health-Related Social Needs to Improve Cancer Care Delivery and Outcomes Among Newly Diagnosed Cancer Patients in Community Settings*.

The goal of this meeting is to make consensus-based decisions about the design of NCORP studies around health-related social needs, screening processes, interventions, endpoints, and study design features.

Attendees will engage in in-depth discussions to identify research concepts that will guide community-based oncology practice-based efforts to screen for and address health-related social needs.

**DESCRIPTION OF RESPONDENTS:**

Oncologists, health service researchers, NCORP representatives, community oncologists, experts in cancer care, experts in financial hardship in the cancer care community, scientists, nurses, statisticians, clinical trialists, and advocates.

**TYPE OF COLLECTION:**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Abstract                     | <input type="checkbox"/> Application  |
| <input type="checkbox"/> Challenges and Competition   | <input type="checkbox"/> Other: _____ |
| <input checked="" type="checkbox"/> Registration Form |                                       |

**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: Ramy Serour

**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: N/A

Explanation for incentive: N/A

**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	46	1	3/60	2
<b>Totals</b>		<b>46</b>		<b>2</b>

Category of Respondent	Total Burden Hours	Hourly Wage Rate*	Total Burden Cost
Individuals	2	\$49.44	\$98.88
<b>Total</b>			<b>\$98.88</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/2021/May/oes\\_nat.htm#19-1040](https://www.bls.gov/oes/2021/May/oes_nat.htm#19-1040).

**FEDERAL COST:** The estimated annual cost to the Federal government is \$3,014.08.

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov't
<b>Federal Oversight</b>					
Program Director	15/6	\$173,232	1%		\$1,732.32
<b>Contractor Cost</b>					\$1,281.76
Travel					\$0
Other Cost					\$0
<b>Total</b>					<b>\$3014.08</b>

\*\*The salary in the table above is cited from <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/22Tables/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 have a list of steering committee members, NCORP investigators, and government staff that will be used to invite respondents 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.**