SUPPORTING STATEMENT A for:

COLLECTION OF CUSTOMER SERVICE, DEMOGRAPHIC, AND SMOKING/TOBACCO USE INFORMATION FROM THE NATIONAL CANCER INSTITUTE'S (NCI) CANCER INFORMATION SERVICE (CIS) CLIENTS

OMB No. 0925-0208, Expiration Date: 3/31/2025

April 10, 2025

Check off which applies:

- New
- Revision

X Reinstatement with Change

- Reinstatement without Change
- Extension
- Emergency
- Existing

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A. Justification

This is an information collection request for a reinstatement with change for three years. NCI's Cancer Information Service (CIS) currently collects demographic, customer service, and smoking cessation information from clients contacting the CIS by telephone, email, and through *LiveHelp* (an online instant messaging service). Information is collected to properly plan, implement, and evaluate cancer education efforts and provide smoking cessation services tailored to the individual client's needs. Since its inception in 1976, the CIS has handled approximately 12 million calls from the public. The potential universe of the Cancer Information Service (CIS) clients is almost 262 million respondents based on the U.S. Census estimate for 2023 of adults who are 18 years and older. Changes to this submission include 3 updated Appendices to include the new SPD 15 guidelines and 1 Appendix update to include three new questions.

A.1 Circumstances Making the Collection of Information Necessary

The National Cancer Institute (NCI) currently collects: 1) customer service and demographic information from clients of the Cancer Information Service (CIS) to properly plan, implement, and evaluate cancer education efforts; 2) smoking/tobacco use behavior of individuals seeking NCI's smoking cessation assistance to provide smoking cessation services tailored to the individual client's needs and track their smoking behavior at follow up. This is a request for OMB to approve a revised submission for an additional three years to provide ongoing customer service and collection of demographic information from CIS clients for the purpose of program planning and evaluation.

Legislative Authority. NCI, established under the National Cancer Act of 1937, is the Federal Government's principal agency for cancer research and training and has a direct congressional mandate to disseminate information related to cancer to the public. The National Cancer Act of 1971 broadened the scope and responsibilities of the NCI and created the National Cancer Program. Over the years, legislative amendments have maintained the NCI authorities and responsibilities and added new information dissemination mandates and a requirement to assess the incorporation of state-of-the-art cancer treatments into clinical practice. The Health Omnibus Programs Extension of 1988 (Public Law 100-607, Nov. 4, 1988, 102 Stat. 3048) and its amendments require the NCI to establish an information and education program to collect, identify, analyze, and disseminate on a timely basis, through publications and other appropriate means, to cancer patients, their families, physicians and other health professionals, and the general public, information on cancer research, diagnosis, prevention, and treatment (Sections 410 and 412 of the Public Health Service Act (42 USC § 285 and 285a-1)).

Office of Communications and Public Liaison. Within NCI, the Office of Communications and Public Liaison (OCPL) serves as the NCI's primary voice for communicating information about cancer to the Nation. OCPL's mission is to advance the mission and priorities of the NCI by leading strategic communications for the Institute, effectively communicating critical NCI-supported research outcomes and science-based cancer information. Within OCPL, the Office of

Communications Program Management's (OPM) Cancer Information Service (CIS) is the NCI's primary public-facing office and access point. The CIS provides cancer information to the public through a toll-free telephone service and other channels.

Cancer Information Service. The CIS serves the United States (U.S.), Puerto Rico, the U.S. Virgin Islands, and the U.S. Associated Pacific Territories through a single Contact Center located at the NCI-designated Comprehensive Cancer Center, Fred Hutchinson Cancer Research Center in Seattle, Washington. The CIS provides cancer information to cancer patients, family members and friends of patients, health professionals, and the general public in English and Spanish. This information is provided through a toll-free number and instant messaging (*LiveHelp*). The CIS also responds to emails received through an e-mail intake form on NCI's website, www.cancer.gov. Additionally, social media provides additional information about cancer (these services do not request the viewer to provide information). In addition, the CIS provides cessation assistance to smokers and other tobacco users trying to quit through a toll-free dedicated quit line phone number. Since its inception in 1976, the CIS has handled more than 12 million calls from the public. The CIS also collects demographic and customer service information from clients who contact CIS.   These data are used for program planning and evaluation purposes (impact and effectiveness of the CIS) and to inform the health communication community—researchers, practitioners, and academics.

In 2014, the NCI entered into an interagency agreement with the Department of Veterans Affairs (VA) in order to expand NCI/CIS tobacco quitline services to Veterans enrolled for care at the VA and to assist in increasing capacity and training to meet the increased demand from Veterans. Demographic and customer service questions are collected for this project and are key to the VA's understanding of which Veterans are utilizing quitline services from NCI. VA's promotion of the Veteran's quit line occurs in VA clinics across the U.S. (See **Appendix 1D**).

A.2 Purpose and Use of the Information

Three main types of questions are asked: customer service, demographics, and smoking cessation. Customer service questions have been used to help NCI determine whether the caller has used the service in the past, how the caller learned about the CIS, and the caller's zip code (See **Appendix 1A and 1AB** for customer service questions).

Demographic questions, in part, support the NCI's mission to address cancer across population groups in the U.S. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to effectively meet the needs of those clients (see **Appendix 1A and 1AB** for demographic questions).   For telephone clients, demographic questions cover age, education, ethnicity, race, sex, income, and number of household members. Demographic questions on ethnicity and race have been updated per the revised OMB Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, published on March 28, 2024**.** Demographic questions on sex have been updated per the Executive Order (EO) 14168, Defending Women From Gender

Ideology Extremism and Restoring Biological Truth to the Federal Government, published on January 20, 2025. Additional demographic questions focus on whether or not individuals seek advice for health care, as well as location, type, and regularity. With an anticipated start date of no sooner than June 2025, CIS plans to implement an automated version of the survey. The questions will remain the same, and answer choices will be modified to fit into up to five distinct categories per question. See Attachment 1AB for the automated questions. An additional question is approved for *LiveHelp* to determine client category (e.g., patient, family member/friend of the patient) (See **Appendix 1B** for *LiveHelp* Client Category and sample transcript). The E-mail intake form (**Appendix 2**) asks the user to provide their email address so that NCI can respond to their inquiry. Responses to demographic questions, including those about clients' income and whether or not they have a regular source of health care, have been used to help CIS measure its success in reaching low income populations and evaluate promotions and programs targeting these populations.

In 2015, we received approval to add three customer satisfaction questions (See **Appendix 9**) to assess client satisfaction with services provided by the CIS. This information is used to help NCI assess the quality of the program. The last customer satisfaction survey CIS conducted through an outside source was in 2009. Current budgetary reductions do not allow for a third-party administered survey. Therefore, to assess ongoing satisfaction with a minimal burden on the client (2 minutes), CIS has implemented three brief, previously tested questions. The customer satisfaction survey will be used in follow-up emails after phone calls, cancer.gov emails, and at the end of LH sessions. CIS Information Specialists will send an email message providing follow-up information from the clients' contact with CIS and a link thanking them for their request for information from the National Cancer Institute. Language introducing the link will state, "We greatly appreciate any feedback you have on services provided to you by the National Cancer Institute's Cancer Information Service. Please complete this brief, anonymous survey at the following link". The customer satisfaction questions are:

1. Using a scale from 1 to 10, where 1 means Extremely Dissatisfied, and 10 means Extremely Satisfied, how satisfied are you with the assistance you received?
2. Using a scale from 1 to 10, where 1 means Extremely Unlikely, and 10 means Extremely Likely, how likely are you to contact the Contact Center again for cancer information?
3. Are there any comments you would like to leave about the service you received today?

National or local media may occasionally promote the CIS toll-free number as a call to action related to a media story. Promotions are tracked by completing the Electronic Contact Record Form (ECRF). (See **Appendix 10**). Examples of media types include consumer magazines, local TV stories, radio talk shows, and other print media. Promotion of CIS will drive an increase of inquiries to the CIS for a short period of time, normally a few days. During anticipated promotions, 100 percent of eligible telephone clients responding to the CIS promotions are sampled for demographic questions.

Smoking cessation questions are used to allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client's smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to providing effective individualized counseling, published on. An additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow-up to determine the impact of the quitline service on quit rates. CIS is currently approved to ask 20 smoking cessation intake questions for individuals who call CIS for cessation assistance and one follow-up smoking question for clients participating in the callback service (See **Appendix 1C) for** smoking cessation questions). For 2025, three new questions on substance abuse have been added to better assess the relationship between tobacco use and other dependency issues within the VA population. These questions are (See Appendix 1C):

1. During the past 6 months, have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants.)
    a. Yes/No
        i. Type (select all that apply): Alcohol, Cannabis, Hallucinogens, Inhalants, Opioids, Sedative-hypnotics or Anxiolytics, Stimulants, Other.
2. Have you ever had a drinking or other drug problem?
    a. Yes/No
        i. Type (select all that apply): Alcohol, Cannabis, Hallucinogens, Inhalants, Opioids, Sedative-hypnotics or Anxiolytics, Stimulants, Other.
3. Do you feel that you have a drinking or drug problem now?
    a. Yes/No
        i. Type (select all that apply): Alcohol, Cannabis, Hallucinogens, Inhalants, Opioids, Sedative-hypnotics or Anxiolytics, Stimulants, Other.

NCI's Cancer Information Service (CIS). CIS provides cancer information services to the public through the following access points:

- **CIS toll-free number (1-800-4-CANCER).** Callers from anywhere in the U.S., Puerto Rico, the U.S. Virgin Islands, and the US Pacific Territories can use this toll-free number (callers from Guam and the Pacific Territories reach CIS through a different number). Information Specialists answer calls Monday through Friday from 9:00 a.m. to 9:00 p.m. Eastern time, in English or Spanish. Callers can speak with an Information Specialist or listen to recorded automated messages on cancer information. Telecommunication technology ensures rapid response to callers through call routing to the next available Cancer Information Specialist.
- ***LiveHelp* Service.** *LiveHelp* is an instant messaging service accessed through links on the NCI and its websites. The service is available in English and Spanish from 9:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday. Information Specialists address online clients' cancer-related questions and assist in navigating NCI's Web site

(http://www.cancer.gov).

- **E-mail Service.** Individuals can contact CIS via e-mail using the NCI website's “contact us” function. CIS provides individualized e-mail responses in English and Spanish within 2 to 4 business days. An automated response is generated immediately to inform clients that a personalized response will follow and advise them to contact CIS by telephone if they need assistance immediately.
- **Social Media Service**. In 2010, NCI established its enterprise Facebook and Twitter social media accounts. The NCI Public Inquires Office began responding to cancer-related inquiries to NCI on these channels. That task was transferred to the CIS later that year, and program staff have successfully responded to these inquiries on a timely basis. In addition to Facebook and Twitter, the CIS currently responds to NCI’s Instagram, YouTube, and LinkedIn accounts as appropriate. Of interest, social media inquiries mirror inquiries made through the other CIS channels but differ in response length- they tend to be shorter, more tailored responses. NCI does not collect customer service or demographic questions from its social media clients. See **Appendix 3** for a screenshot.
- **Smoking Cessation Services.** The CIS provides smoking cessation assistance through the NCI Smoking Quitline toll-free number (1-877-44U-QUIT) and to Veterans in care at the VA through a dedicated toll-free number, 1-855-QUIT-VET. CIS has the capacity to offer a callback service to VA telephone clients in order to provide ongoing motivation and cessation counseling. In addition, smokers can seek assistance through *LiveHelp*, which can be accessed from NCI’s smoking cessation website (http://www.smokefree.gov).
- **NCI’s Center for Cancer Research (CCR) referral number (1-888-624-1937)**. The CCR referral number and email are designed to facilitate patient recruitment in clinical trials, not to provide general cancer information.

Over the last three years, these questions have been used to serve a variety of needs of the CIS:

- **Customer service questions** have been used to help NCI determine whether the caller has used the service in the past, how the caller learned about the CIS and the caller’s zip code**.**
- **Demographic questions**, in part, support the NCI’s mission to address cancer across population groups in the U.S. In general, collecting demographic data allows NCI to understand the types of users of CIS services and to determine the types of training CIS information specialists need to meet the needs of those clients effectively. Responses to demographic questions, including those about clients’ income and whether or not they have a regular source of health care, have been used to help CIS measure its success in reaching populations and evaluate promotions and programs targeting these populations.
- **Customer satisfaction questions** aim to assess client satisfaction with services provided by the CIS. This information is used to help NCI assess the quality of the program.
- **Smoking cessation questions** are used to allow Information Specialists to conduct comprehensive needs assessments of smoking cessation clients to encompass an in-depth understanding of the client’s smoking/tobacco use history, previous quit attempts, and motivation to quit, which is essential to providing effective individualized counseling. An

additional smoking follow-up question is also asked of clients participating in the callback service, which allows CIS to track smoking behaviors at follow-up to determine the impact of the quitline service on quit rates.

A.3 Use of Improved Information Technology and Burden Reduction

The respondent’s burden from this data collection will result from (1) the time spent hearing the questions and responding to them (for telephone clients) or (2) the time spent reading the questions online and selecting answers (for *LiveHelp* clients), or the time spent completing the e-mail intake form (via “Contact Us”) on www.cancer.gov. The speed of response to the telephone questions is enhanced by the technology used to record the answers in the Electronic Contact Record Form (ECRF). The ECRF is used for the current data collection efforts and supported through a secure customer relationship management system implemented in the CIS in 2012 (RightNow/Oracle Technologies). The CIS Information Specialists collect ECRF data and require no burden to the public. The ECRF has been the CIS web-based data collection tool since 1996. Before that time, CIS collected data in hard copy. CIS does not retain personal identifiers, and all data is reported in aggregate. CIS monitors all data collected via the ECRF, used for program planning and evaluation, and shared with OCPL leadership. CIS tracks trends in information-seeking behaviors related to public use of the CIS.

Additionally, CIS plans to implement an automated survey soon. This will further reduce the hours an information specialist must remain on the phone while asking questions. Whether the survey questions are asked or automated, the length of time required to ask the questions will remain the same. The automated system would change the cost associated with collecting data since it would rely on technology instead of staff, and the questions would remain the same with slight modifications to allow it to accept the proper inputs (see Appendix 1AB). The earliest we can switch to an automated system is December 2025, and a spoken survey will continue to be used in the meantime.
A Privacy Impact Assessment (PIA) was submitted on 9/16/2024, and the IT System Name is “NCI Cancer Information Service Contact Center.” The PIA was updated on 10.31.2024 and will be renewed in 2025. (**Appendix 4**).

A.4 Efforts to Identify Duplication and Use of Similar Information

The data collection is designed to obtain information about individuals who contact the CIS for cancer information or smoking cessation assistance via telephone, e-mail, or *LiveHelp*. This information is not available from any other source. The CIS keeps abreast of surveys and other user research focusing on individuals seeking cancer information or smoking cessation assistance and of data collection efforts undertaken by other health/cancer information services (e.g., other federal agencies, HMOs, international cancer information services). However, none of these data collections meet CIS’s needs for information specific to CIS clients.

A.5 Impact on Small Businesses or Other Small Entities

No small businesses will be involved in this study.

A.6 Consequences of Collecting the Information Less Frequently

Demographic data are collected only once for clients contacting CIS by telephone, e-mail, or *LiveHelp*. Smoking intake questions are asked only once of smoking cessation clients, at the time of the initial telephone contact, and the follow-up questions are asked up to four times of the VA quitline clients participating in the callback service.

A.7 Special Circumstances Relating to the Guidelines of 5 CFR 1320.5

The data collection will be implemented in a manner consistent with 5 CFR 1320.5.

A.8.1 Comments in Response to the Federal Register Notice Agency

The 60-day Federal Register notice was published on October 7, 2024 (Vol. 89, No. 194, pg. 81088). One public comment was received (Appendix 11).

A.8.2 Efforts to Consult Outside Agency

When CIS initially developed these data collection protocols, consultations occurred with other NCI Divisions, Offices, and Centers.

CIS also consulted with its counterparts in other countries (e.g., the International Cancer Information Service) and inventoried other Federal agencies, including the Federal Trade Commission, the Social Security Administration, the Center for Disease Control and Prevention, and others that offer 1-800 numbers for health information and assistance. For the smoking intake questions, CIS has worked closely with the CDC and the NCI’s Tobacco Control Research Branch (TCRB) staff to develop priority questions for quitline callers. CIS has collaborated with these two organizations on smoking cessation initiatives since 2004.

A.9 Explanation of Any Payment or Gift to Respondents

Respondents will not receive any payment or gift for answering the questions.

A.10 Assurance of Confidentiality Provided to Respondents

For smoking cessation callbacks, personally identifiable information (PII) is collected in the form of name, mailing address, e-mail, and telephone number (See **Appendix 1C)** for the form used to facilitate smoking cessation callback services. Within 24 hours after the interaction and any subsequent follow-up actions are completed, all identifying information is deleted. For smoking cessation clients who agree to callbacks, personal identifying information is retained until callbacks are completed or the case is closed. The data collection is covered by NIH Privacy Act Systems of Record 09-25-0156, “Records of Participants in Programs and Respondents in Surveys Used to Evaluate Programs of the Public Health Service, and 09-90-1901, HHS Correspondence, Comment, Customer Service, and Contact List Records. (See **Appendix 5** for the Privacy Act Memo). Additionally, the NIH Office of Human Subjects Research (OHSR) has reviewed and found that the "protection of human subjects does not apply" to this information collection (See **Appendix 6** for the OHSR Clearance).

Information Specialists follow procedures to assure clients that their responses will be kept private to the extent provided by law and will not be disclosed, except as required by law, to anyone but CIS staff members involved in quality assurance, research, and evaluation and research partners (See **Appendix 7** for CIS Operations Manual on Confidentiality of Communications). Information Specialists are trained to ask questions in a discrete and non-threatening manner, explain the reasons for collecting information, and not to survey clients who are emotionally upset or hostile.

Before asking the demographic questions at the end of the session (on the phone or via *LiveHelp*), Information Specialists obtain consent by asking: "May I ask you a few questions to help us evaluate our program and see who we are serving? Your responses will be kept private to the extent provided by law." When switching to an automated system, this same prompt will be played before the caller answers questions. Before callers are connected to an Information Specialist, they hear a recording informing them that calls may be monitored or recorded for quality assurance purposes. The recording also includes the statement: "So that we can better serve you, the Information Specialist will ask you for some background information about yourself or the person for whom you are calling. Your responses will be kept private to the extent provided by law." Questions will not be asked, and data, therefore, will not be collected if a caller/user answers "no" to the above question or hangs up the phone during automated collection.

Responses to the *LiveHelp* web survey are voluntary, and clients are anonymous. Client identity is stripped from the session before it appears on the Information Specialist's screen, and CIS has a full 128-bit encryption Secure Socket Layer (SSL) that secures chats between *LiveHelp* clients and Information Specialists.

Responses to customer satisfaction questions are voluntary and will be used in the emails sent to clients after a phone call, email, and at the end of each *LiveHelp* session.

As it has in the past, the CIS will implement procedures to ensure privacy and appropriate use of data when shared with research partners. We do this by requiring research partners to sign a confidentiality agreement kept on file at NCI.

A.11 Justification for Sensitive Questions

Information Specialists do not collect or record clients' names or contact information except when information is to be sent or clients have agreed to smoking cessation callbacks. In these cases, PII is collected in the form of name, mailing address, e-mail, and telephone number in the Electronic Contact Record Form (See **Appendix 10))**.

In addition to the above PII, the demographic question on income is potentially sensitive in nature. Obtaining a measure of clients' income is essential so that CIS can assess the program's reach to low income populations and evaluate the effectiveness of promotions and programs targeting these populations. The income question, together with measures of health insurance coverage, regular source of health care, race/ethnicity, and educational attainment, have allowed CIS to better identify clients.

Many smoking intake questions are also potentially sensitive, such as questions about pregnancy, smoking/tobacco use behaviors, person(s) likely to influence the client's effort to quit, and others in the household who smoke/use tobacco. This information is necessary, however, for Information Specialists to conduct a thorough needs assessment and provide effective individualized counseling. In CIS's experience, clients share much of this information over the course of the interaction without the Information Specialist having to ask directly. We have not experienced any difficulties collecting this information when we need to ask directly.

A.12 Estimates of Annualized Burden Hours and Costs

For the purposes of this submission, burden hours are calculated using data from 2023. The total annual number of respondents is estimated at 89,058, with a total annual burden of 6,343 hours. This estimate is based on a potential total sample size of 100%. Over a three-year information collection period, this amounts to an estimated 267,174 respondents and approximately 19,029 hours. Annualized estimates for the number of respondents and respondent burden are presented in Table A.12-1.

For telephone clients, the burden hour estimates for the 3 customer service questions and 12 demographic questions are based on data provided by CIS's quality monitoring team. Respondents take an average of 30 seconds (.0083 hours) to complete the customer service questions and 90 seconds (.025 hours) to complete the demographic questions. These times are expected to remain the same if moving to an automated system. There are slight differences in the wording of questions for an automated collection (Appendix 1AB) due to limitations in the number of choices offered. Based on the number of callers in 2023, our sampling design, and the 2023 response rates, we anticipate that 15,754 callers will respond to customer service and demographic questions. Therefore, the estimated annual burden for general telephone clients is 788 hours.

The Quitline Clients' burden hour estimates for the smoking questions are also based on data provided by our quality monitoring team. Of the smoking cessation clients, about 80 percent are expected to receive a one-time counseling service and about 20 percent to participate in the proactive callback service (VA clients only). For all smoking cessation clients, 100 percent are sampled for the demographic questions and thus answer the demographic and smoking intake questions.

The CIS also implements follow-up calls 4 months, 7 months, and 13 months after the initial contact. Based on the previous volume, we expect 8,840 outbound calls for an estimated total burden of 589 hours.

The LiveHelp Clients burden hour estimates for all demographic questions are based on CIS's experience that the time required for clients to answer questions online is approximately the same as the time required to answer questions on the telephone. Thus, the estimated mean time to complete the demographic questions is 2 minutes (the same as for the telephone).
The E-mail client's burden hour estimates are based on the client completing the E-mail intake form on www.cancer.gov.

Table A. 12-1. Estimated Annualized Burden Hours

Form Name	Category of Respondent	Number of Respondents	Number of Responses per Respondent	Average Time per Response (in hours)	Total Annual Burden Hours
Demographic & Customer Satisfaction Questions (App. 1A or 1AB)	Individuals	15,754	1	3/60	788
Live Help Questions (App. 1B)	Individuals	17,589	1	2/60	586
Smoking Cessation "Intake" Questions (App. 1C)	Individuals	8,839	1	6/60	884
VA Smoking Cessation (App. 1D)	Individuals	8,840	1	4/60	589
VA Call Backs (App. 1E)	Individuals	26,055	1	4/60	1,737
Cancer Info Call Backs (App. 1F)	Individuals	1,841	1	4/60	123
Email Intake Form (App. 2)	Individuals	9,740	1	10/60	1,623
Demographic & Customer Satisfaction Questions (App. 9)	Individuals	400	1	2/60	13
Totals			**89,058**		**6,343**

With the implementation of an automated phone survey system, the annualized cost to respondents is $207,162.38. There are no direct costs to the respondents themselves. Over the course of three years, the cost to the respondents is estimated to be $621,487.14. An estimate of the annualized cost to respondents for the hour burden for this information collection is presented in Table A.12-2.

Table A. 12-2. Annualized Cost to Respondents

Category of Respondent	Total Annual Burden Hours	Hourly Wage Rate*	Total Annual Cost
Individuals	6,343	$ 32.66	$207,162.38
Total			**$207,162.38**

* Wage estimates are based upon The Mean Hourly Wage Rate obtained from the Bureau of Labor Statistics, title

“All-Occupations” 00-0000, https://data.bls.gov/oes/#/industry/000000

A. 13 Estimate of Other Total Annual Cost Burden to Respondents and Record Keepers

There are no additional costs or capital costs to respondents.

A.14 Annualized Cost to the Federal Government

The estimated annual data collection cost to the Federal government is $136,701.57.
The annualized cost to the Federal Government for the proposed data collection effort is estimated to be approximately $16,891.57, and our contractor cost is estimated at $119,810.00. Federal employees will monitor the data collection for accuracy and quality and oversee the contractor.

A.14 Annualized Cost to the Federal Government

Staff	Grade/Step	Salary**	% of Effort	Fringe (if applicable)	Total Cost to Gov’t
Federal Oversight					
Supervisory Branch Chief	14/10	$185,234	3%		$5,557.02
Public Health Analyst	13/10	$156,755	2%		$3,335.10
Public Health Analyst	13/10	$156,755	1%		$1,567.55
Public Health Analyst	13/4	$132,638	5%		$6,631.90
Contractor Cost					$119,810.00
Travel					$0
Other Cost					$0
Total					**$136,701.57**

**The salary in the table above is cited from https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/salary-tables/25Tables/html/DCB.aspx

A.15 Explanation for Program Changes or Adjustments

CIS is interested in automating the survey, which will benefit the program in multiple ways. Firstly, it will reduce the burden hours on CIS staff, reducing the cost of collecting the data. Secondly, it can potentially improve survey completion rates due to the nature of data collection. Finally, we could survey 100% of callers with no additional charges to the government since once the system is in place, no additional cost is incurred to conduct additional sampling. Having the ability to survey 100% of our respondents, it is estimated we will decrease our total respondents from 108,208 to 89,058 and our total burden hours will increase from 5,818 to 6,343.

Additionally, increasing the survey to 100% would allow for the removal of sampling bias, more specifically, the inclusion of individuals in hard-to-reach groups who may currently be omitted or underrepresented with the current simple random sampling methodology.

The CIS has also updated the demographics questions for ethnicity and race to comply with the Revisions to Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity published on March 28, 2024, Appendix 1A, Appendix 1AB, and Appendix 1B.

The CIS has also updated demographic questions on sex per the Executive Order (EO) 14168, Defending Women From Gender Ideology Extremism and Restoring Biological Truth to the Federal Government, published on January 20, 2025 Appendix 1A, Appendix 1AB, and Appendix 1B.

In our previous OMB Package, we introduced Callbacks into our service provision (Appendix 1E). Callbacks allow for the assessment and delivery of additional, tailored cancer and clinical trial information based on an individual's changing information needs throughout their cancer journey. These callbacks aim to give individuals more control over their information needs and increase overall satisfaction with provided CIS services.

Additionally, per the request of the VA, we have added three additional smoking cessation questions to better assess the relationship between tobacco use and other dependency issues within the VA population. These questions will aid the VA in program planning to provide more tailored smoking cessation programs that better address individual clients' needs across all VA cessation efforts, Appendix 1C. And updated the name of Appendix 3 to Social Media.

A.16 Plans for Tabulation and Publication and Project Time Schedule

The NCI maintains an ongoing aggregate report of CIS client data (**Appendix 8**). Data are presented for subgroups of clients (e.g., by ethnicity), but no statistical analyses are conducted for this report. CIS staff and research partners conduct additional in-depth analyses of client data for various presentations and publications. All publications and manuscripts resulting from research collaborations are reviewed and approved by CIS before they are finalized and disseminated. CIS staff serving as investigators analyzing data from the Electronic Contact Record Form (ECRF) that will result in a manuscript submission for publication will seek approval from NCI's Institutional Review Board before conducting analyses. There are no specific project schedules except to continue to collect data continuously.

A.16 - 1 Project Time Schedule

Activity	**Months after OMB Approval**
OMB approval (collect customer service and demographic information of clients)	Begin immediately, ongoing.
Review data for quality and accuracy.	Begin immediately, ongoing.

A.17 Reason(s) Display of OMB Expiration Date is Inappropriate

The OMB expiration date will be displayed.

A.18 Exceptions to Certification for Paperwork Reduction Act Submission

This information collection requires no exceptions to the certification statement.