adjusted incidence rates. Recognizing that some individuals participating in Phase III trials would be randomized for conventional treatment as part of a control group, the number of cases receiving treatment under NCI-sponsored Phase II and Phase III clinical trials is roughly estimated to be between 120 and 350. The number may grow as awareness of the expended demonstration increases the potential pool of patients meeting protocol eligibility requirements, and as new NCI studies are established for a wider variety of cancer treatments.

D. Operation of the Demonstration

The Director, OCHAMPUS will designate a first line determiner (which may be a CHAMPUS contractor) regarding eligibility of specific protocols, specific institutions conducting those protocols and the eligibility of each specific CHAMPUS patient's participation in protocols under the terms of the Demonstration. The Assistant Secretary of Defense (Health Affairs) will designate a Project Officer in the Office of the Deputy Assistant Secretary of Defense for Clinical Services who will provide clinical oversight for the demonstration and resolve any clinical issues that cannot be resolved by the Director, OCHAMPUS, or designee.

Demonstration participation will be available to all CHAMPUS eligible beneficiaries. Active duty members continue to be eligible for direct care system services. OCHAMPUS will contract for and provide day to day oversight of contractor case referral, case coordination, demonstration funds disbursements and maintaining the integrity of those funds, identification of the services that are payable under CHAMPUS and TRICARE, and all related tracking and reporting requirements.

Each patient with cancer would undergo an initial evaluation by his or her physician. After discussing the various treatment options with the patient, if the patient agrees to enter a clinical study, the physician will determine available NCI clinical trials and participating institutions. The physician will then arrange for evaluation of the patient at the selected center. Physicians at the center involved in the clinical trial would make the actual patient selection based upon the clinical criteria for their study.

The contractor(s) would not be involved in clinical issues or in directing patients to a particular institution or a specific clinical trial. The contractor(s) would be the single point of contact for nationwide provider and patient information and claims adjudication and payment.

The HDC/SCR clinical trials for breast cancer demonstration project is hereby terminated as a separate project. It is fully incorporated into this NCI clinical trials demonstration project.

E. Limitations of the Demonstration

This demonstration is limited to protocols which are NCI-sponsored Phase II and Phase III clinical trials. All care reimbursed as part of this demonstration must fall into one of the four NCI sponsorship categories described in this demonstration notice. No CHAMPUS reimbursement will be allowed for participation in clinical trials that are not sponsored by the NCI. All standard CHAMPUS and TRICARE rule, policies, and regulations will continue to apply, except where otherwise noted in this demonstration. Treatment under this demonstration is exempt from Specialized Treatment Services (STS) Program requirements.

F. Effective Date.

The final terms and conditions of this demonstration were approved by the Assistant Secretary of Defense (Health Affairs) during the first days of January, 1996. We are aware of specific cases in which therapy under NCI sponsored clinical trials was required to begin immediately. We have therefore established an effective date of January 1, 1996, for this demonstration. We are waiving the normal 30-day advance notice in order to accommodate these urgent cases. This demonstration will end December 31, 1996, unless extended by another notice. If, after the year under demonstration there is evidence of significant increases in cost as a result of beneficiary participation in clinical trials for cancer, the Department will re-evaluate the continuation of the demonstration.

Dated: January 19, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–971 Filed 1–23–96; 8:45 am]

BILLING CODE 5000–04–M

Defense Policy Board Advisory Committee; Notice of Advisory Committee Meeting

SUMMARY: The Defense Policy Board Advisory Committee will meet in closed session on 5–6 February 1996 from 0800 until 1700 in the Pentagon, Washington, DC.

The mission of the Defense Policy Board is to provide the Secretary of Defense, Deputy Secretary of Defense and the Under Secretary of Defense for Policy with independent, informed advice and opinion concerning major matters of defense policy. At this meeting the Board will hold classified discussions on national security matters.

In accordance with Section 10(d) of the Federal Advisory Committee Act, Public Law 92–463, as amended [5 U.S.C. App. II, (1982)], it has been determined that this Defense Policy Board meeting concerns matters listed in 5 U.S.C. 552b(c)(1) (1982), and that accordingly this meeting will be closed to the public.

Dated: January 18, 1996.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 96–970 Filed 1–23–96; 8:45 am]

BILLING CODE 5000–04–M

Department of the Army

Armed Forces Epidemiological Board (AFEB)

AGENCY: Office of The Surgeon General.

ACTION: Notice of Open Meeting.

SUMMARY: In accordance with section 10(a)(2) of Public Law 92–463, The Federal Advisory Committee Act, this announces the forthcoming AFEB Meeting. The meeting will be held from 0800–1700, Thursday, February 29, 1996 and 0800–1200, Friday, March 01, 1996. The purpose of the meeting is to discuss infectious disease issues relevant to the Bosnian deployment. The meeting location will be at the Walter Reed Army Institute of Research, Washington, D.C., Building 40, Room 3092. This meeting will be open to the public but limited by space accommodations. Any interested person may attend, appear before or file statements with the committee at the time and in the manner permitted by the committee.

FOR FURTHER INFORMATION CONTACT:

COL Vicky Fogelman, AFEB Executive Secretary, Armed Forces Epidemiological Board, Skyline Six, 5109 Leesburg Pike, Room 667, Falls Church, Virginia 22041–3258, (703) 681–8012/3.

SUPPLEMENTARY INFORMATION: None.

Gregory D. Showalter,

Army Federal Register Liaison Officer.

[FR Doc. 96–913 Filed 1–23–96; 8:45 am]

BILLING CODE 3710–08–M