Proposed Collection:

Title: National Kidney Disease Education Program Evaluation Survey.

Type of Information Collection Request: New.

Need and Use of Information Collection: NIDDK will conduct a survey to monitor and evaluate the effects of a pilot kidney disease education program. This will be accomplished through baseline and follow-up surveys of the primary target audience members, i.e. African American adults and primary care providers, in four pilot site locations. The research is designed to assess the overall impact of the program, but also to provide information that will be useful in developing and refining this and future programs.

Frequency of Response: A baseline and follow-up survey will each require a onetime response.

Affected Public: Individuals or households, clinics or doctor's offices.

Type of Respondents: African-American adults, and Primary Care Providers (e.g., physicians, physician assistants, and nurse practitioners, etc.).

The annual reporting burden is as follows:

Estimated Number of Respondents: 2,000.

Estimated Number of Responses per Respondent: 1 (Respondents will answer a single survey: African American adults will complete a 20 minute computer assisted telephone interview (CATI); Primary care providers will complete a 10 minute faxed survey.

Average Burden Hours Per Response: .298

Estimated Total Annual Burden Hours Requested: 596.

The annualized total cost of respondents' time is estimated at $10,684. All respondents will be contacted via telephone. To reduce respondent burden and overall costs of administering the study, it is expected that random digit dialing will be used to contact African American adults and telephone lists will be used to contact primary care providers. Because different program materials will be developed for each audience the questionnaires will be tailored such that respondents will be asked only target-audience pertinent questions. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Number of respondents	Frequency of response	Average time per response	Annual hour burden
African Americans	1,600	1.0	.33	528
Primary Care Providers	400	1.0	.17	68
Total	2,000			596

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Mimi Lising, Project Officer, NIDDK National Kidney Disease Education Program, NIH, Building 31, Room 9A04, Bethesda, MD 20892–2560, or call non-toll-free number (301) 496–3583 or e-mail your request, including your address, to: *lisingm@extra.niddk.nih.gov*.

Comments Due Date: Comments regarding this information are best assured of having their full effect if received within 60 days following the date of this publication.

Dated: July 17, 2002.

Barbara Merchant,

Executive Officer, NIDDK.

[FR Doc. 02–19726 Filed 8–2–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Extended Lung Cancer Incidence Follow-Up for the Mayo Lung Project Participants

SUMMARY: In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Collection: Title: Extended Lung Cancer Incidence Follow-Up for the Mayo Lung Project Participants.

Type of Information Collection Request: EXTENSION, OMB No. 0925–0496, expiration date 10–31–2002.

Need and Use of Information Collection: The Mayo Lung Project (MLP) was an NCI-funded randomized controlled trial (RCT) of lung cancer screening conducted among 9,211 male smokers from 1971 to 1983. No reduction in lung cancer mortality was observed in the MLP with an intense regimen of x-ray and sputum cytology screening. Recent analysis of updated mortality and case survival data (through 1996) suggests that lesions with little-to-no clinical relevance (over-diagnosis may have been detected through screening in the MLP intervention arm. Over-diagnosis leads to unnecessary medical interventions, including diagnostic and treatment procedures that carry with them varying degrees of risk. Consequently, over-diagnosis can result in considerable harm, including premature death, that would not have occurred in the absence of screening. The persistence, after screening ends, of an excess of lung cancer cases in the intervention arm is the strongest evidence in support of over-diagnosis, but this information cannot be adequately obtained with available MLP data. Therefore, we propose to re-contact the MLP participants and/or their next-of-kin to determine the participants who were diagnosed with lung cancer after the formal end of the Project. These data will allow the NCI to either more-convincingly state or perhaps refute the

possibility of over-diagnosis in lung cancer screening, and may be used to guide future research agendas and lung cancer screening policies.

Frequency of response: Once.

Affected public: Individuals.

Type of respondents: MLP participants or their next-of-kin. The annual reporting burden is as follows:

Maximum number of respondents: 6,223;

Estimated number of Responses per Respondent: 1.

Average Burden Hours Per Response: 0.25;

Estimated Maximum Total Annual Burden Hours Requested: 1,556. The annualized cost to respondents is estimated at zero. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Pamela Marcus, Epidemiologist, Biometry Research Group, Division of Cancer Prevention, National Cancer Institute, Suite 3131 EPN, 6130 Executive Blvd, Bethesda, MD 20892–7354; or call non-toll free 301–496–7468; or email *pm145q@nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: July 29, 2002.

Reesa L. Nichols,

NCI Project Clearance Liaison.

[FR Doc. 02–19727 Filed 8–2–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of General Medical Sciences; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Advisory General Medical Sciences Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Advisory General Medical Sciences Council.

Date: September 12–13, 2002.

Closed: September 12, 2002, 8:30 am to 10:30 am.

Agenda: To review and evaluate grant applications.

Place: Natcher Building, 45 Center Drive, Conference Rooms E1/E2, Bethesda, MD 20892.

Open: September 12, 2002, 10:30 am to 5 pm.

Agenda: For the discussion of program policies and issues, opening remarks, report of the Director, NIGMS, new potential opportunities and other business of Council.

Place: Natcher Building, 45 Center Drive, Conference Rooms E1/E2, Bethesda, MD 20892.

Closed: September 13, 2002, 8:30 am to adjournment.

Agenda: To review and evaluate grant applications.

Place: Natcher Building, 45 Center Drive, Conference Rooms E1/E2, Bethesda, MD 20892.

Contact Person: Norka Ruiz Bravo, PhD, Associate Director for Extramural Activities, National Institute of General Medical Sciences, National Institutes of Health, Natcher Building, Room 2AN24G, Bethesda, MD 20892, (301) 594–4499.

In the interest of security, NIH has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Information is also available on the Institute's/Center's home page: *http://pub.nigms.nih.gov/council/,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives, National Institutes of Health, HHS)

Dated: July 30, 2002.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 02–19716 Filed 8–2–02; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Deafness and Other Communication Disorders; Notice of Meeting.

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of the National Deafness and Other Communication Disorders Advisory Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which