GOG group member at the University of Iowa, in order to justify enrollment of a patient in GOG clinical protocol 182.

The questioned research was supported by National Institutes of Health (NIH) funds to the University of Iowa through the American Society for Obstetrics and Gynecology under National Cancer Institute (NCI), National Institutes of Health (NIH), cooperative agreement U10 CA27469.

Dr. Geisler has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed, for a period of three (3) years, beginning on December 2, 2005:

(1) To exclude himself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as consultant; and

(2) That any institution which uses the Respondent in any capacity on PHS-supported research, or that submits an application for PHS support for a research project on which the Respondent's participation is proposed or submits a report of PHS-funded research in which the Respondent's participation is continuing, must concurrently submit a plan for supervision of the Respondent's duties to the funding agency for approval. The supervisory plan must be designed to ensure the scientific integrity of the Respondent's research contribution. A copy of the supervisory plan must also be submitted to ORI by the institution. Respondent agrees that he will not participate in any PHS-supported research until such a supervision plan is submitted to ORI.

Respondent disagrees with the ORI finding set forth herein but executes this Agreement to avoid further proceedings and bring this matter to a close. The execution of this Agreement shall not be deemed an admission to the charge of scientific misconduct by the Respondent.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. E5–8202 Filed 12–30–05; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Scientific Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Office of Research Integrity (ORI) and the Acting Assistant Secretary for Health have taken final action in the following case:

Ralph A. Highshaw, M.D., M.D. Anderson Cancer Center: Based on the report of an investigation conducted by the M.D. Anderson Cancer Center (MDACC) and additional analysis conducted by ORI in its oversight review, the U.S. Public Health Service (PHS) found that Ralph A. Highshaw, M.D., Fellow, Department of Urologic Surgery, MDACC, engaged in scientific misconduct while supported by National Cancer Institute (NCI), National Institutes of Health (NIH), postdoctoral training grant T32 CA079449–01A1.

Specifically, PHS found that Dr. Highshaw engaged in scientific misconduct by plagiarizing nine pages of a twenty-one page expert review article entitled "Chemoprevention of Urologic Cancer."

Dr. Highshaw has entered into a Voluntary Exclusion Agreement (Agreement) in which he has voluntarily agreed, for a period of three (3) years, beginning on December 12, 2005:

(1) That he is required to certify in every PHS research application or report, and any other text, article, or manuscript, that all contributors are properly cited or otherwise acknowledged; the certification by the Respondent must be endorsed by an institutional official, and a copy of the certification is to be sent to ORI by the institution;

(2) To ensure that any institution employing him submits, in conjunction with each application for PHS funds, annual reports, manuscripts, or abstracts of PHS funded research in which the Respondent is involved, a certification that the data provided by the Respondent are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application or report; the Respondent must ensure that the institution also sends a copy of the certification to ORI; and

(3) To exclude himself from serving in any advisory capacity to PHS including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as consultant.

FOR FURTHER INFORMATION CONTACT: Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453–8800.

Chris B. Pascal,

Director, Office of Research Integrity.

[FR Doc. E5–8201 Filed 12–30–05; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health Advisory Board on Radiation and Worker Health

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the following committee meeting:

Name: Advisory Board on Radiation and Worker Health (ABRWH), National Institute for Occupational Safety and Health (NIOSH) and Subcommittee for Dose Reconstruction and Site Profile Reviews.

Subcommittee Meeting Time and Date: 9 a.m.–5 p.m., January 24, 2006.

Committee Meeting Times and Dates: 8:30 a.m.–5 p.m., January 25, 2006. 8:30 a.m.–4:30 p.m., January 26, 2006.

Place: Doubletree Oak Ridge Hotel, 215 South Illinois Avenue, Oak Ridge, Tennessee, 37830, telephone (865) 481–2468, fax (865) 481–2474.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 75 people.

Background: The ABRWH was established under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) of 2000 to advise the President, delegated to the Secretary of Health and Human Services (HHS), on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Board include providing advice on the development of probability of causation guidelines which have been promulgated by HHS as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed