National Institute on Drug Abuse (NIDA) launched an initiative to increase awareness of the Institute and its mission to bring the power of science to bear on the treatment and prevention of drug abuse and addiction. NIDA has been developing science education materials for grades K–12 for use by students, teachers, parents, school counselors, school health educators, school resources officers, community organizers, and state and local government agencies. The number of requestors has been an average of 7,500 per year. These large numbers indicate that the dissemination reach is considerable. The pattern of requests also indicates that the number of requests increases dramatically in the early weeks after a dissemination activity is launched. The purpose of this information collection is to determine the level of use by school personnel and community leaders who request the NGBTS materials, and if there is a difference in use level between those requestors responding to a campaign activity and those requestors who were not reached by campaign activities. The information will identify barriers to the use of the materials among these occupational groups and the populations they serve. It will help make the materials more productive in raising the awareness of the harms from substance abuse among children, youth, and parents. It will be used to refine the focus of the dissemination activities, so that dissemination resources are used more productively. The information will be collected from requestors who have requested NIDA NGBTS materials using the requestor forms from the NIDA site, from October 2003 to September 2005. All information collection in the evaluation will be conducted on-line. The estimated total time for a survey is 5 minutes. Prior to the monitoring and evaluation study, the information collection instruments will be pilot-tested via telephone interview format, with a sample of 8 individuals who have requested these materials during the chosen study years. The surveys will include the following elements: (1) Use of the NGBTS materials, (2) Opinion of the NGBTS materials, (3) Respondent information on gender, present occupation and its duration, (4) Background information on the school or Organization/Community.

Frequency of Response: This project will be conducted once.

Affected Public: School personnel, and Community Leaders who have requested the NGBTS materials.

Type of Respondent: School personnel, and Community Leaders who have requested the NGBTS materials from the NIDA site.

Estimated Total Annual Number of Respondents: 400.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours per Response: .08.

Estimated Total Annual Burden Hours Requested: 96.0. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.

Type of respondents	Number of respondents	Frequency of response	Average burden hours per response	Estimated total burden hours requested
Requestors—School Personnel	600	1	0.08	48
Requestors—Community Leaders	600	1	0.08	48
Total	1200			96

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 functions of the agency, including whether the information shall have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information; (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 respondents, including through the use of automated 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 information collection plans, contact Brian Marquis, Project Officer, National Institute on Drug Abuse, 6001 Executive Boulevard, Room 5216, Bethesda, MD 20892, or call non-toll-free number 301–443–1124; fax 301–443–7397; or by e-mail to *bmarquis@nida.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: February 9, 2007.

Donna Jones,

Budget Officer & Acting Associate Director for Management, National Institute on Drug Abuse.

[FR Doc. E7–2881 Filed 2–20–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Customer Satisfaction With Educational Programs and Products of the National Cancer Institute

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.

Proposed Collection

Title: Customer Satisfaction with Educational Programs and Products of the National Cancer Institute.

Type of Information Collection Request: EXTENSION (OMB#0925–0526, expires 2/28/07).

Need and Use of Information Collection: The Office of Communications and Education (OCE) of the National Cancer Institute (NCI) is responsible for the design, implementation, and evaluation of education programs over the entire cancer continuum, including prevention, screening, diagnosis, treatment, survivorship, and palliative care; it also manages NCI initiatives that address specific challenges in cancer research and treatment. To help ensure the relevance, utility, and appropriateness of the many educational programs and products that OCE and NCI produce, OCE intends to collect information on customer

satisfaction with those products through customer satisfaction surveys. By obtaining information from customers on the extent to which materials satisfy their needs, OCE and NCI will be able to systematically establish and follow a feedback loop that provides useful information to revise and enhance educational programs and products so that they attain maximum relevance, utility, appropriateness, and impact. Data will be collected through various means, including telephone, mail, in-person, and web-based surveys.

Frequency of Response: On occasion.

Affected Public: Individuals or households, organizations involved in providing health care services.

Type of Respondents: Health care consumers of NCI educational programs or products, including cancer patients and families, health care professionals, cancer control planners, and policymakers.

The estimated annual burden hours are as follows:

Product	Average sample size	Frequency of response	Average duration (hours)	Estimated total burden requested (hours)
40 different products	450	1	0.1	1800

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, contact Nina Goodman, Senior Analyst, Office of Communications and Education, NCI, NIH, 6116 Executive Blvd., Suite 400, Rockville, MD 20852, call non-toll-free number 301–435–7789 or e-mail your request to: *goodman@mail.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: February 7, 2007.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E7–2886 Filed 2–20–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Public Teleconference Regarding Licensing and Collaborative Research Opportunities for: PDE11A as a Novel Therapeutic Target for Inherited Form of Cushing Syndrome and Endocrine Tumors; Dr. Constantine A. Stratakis et al. (NICHD)

AGENCY: National Institutes of Health, Public Health Service, HHS.

ACTION: Notice.

Technology Summary

The technology identifies a new form of Cushing Syndrome, ''isolated micronodular adrenocortical disease'' (iMAD), classified as a rare disease, as well as the role of PDE11A gene in this disease. We have identified particular sequence variants of the PDE11A gene causing abnormal or altered function of this gene; these variants are present in higher proportion in patients with iMAD, as well as in patients with other adrenal tumors. Additionally, we suggest that PDE11A can be a potential novel drug target for the treatment of bilateral adrenal hyperplasia, and possibly other endocrine tumors.

Technology Description

Phosphodiesterases (PDEs) are a family of cyclic AMP (cAMP) and/or cyclic GMP (cGMP)-hydrolyzing enzymes that cleave 3′, 5′-cyclic nucleotide monophosphates to 5′-nucleotide monophosphates. The PDE superfamily is large and complex, containing 11 highly related and structurally related gene families and over 60 distinct isoforms. PDE family members hydrolyze exclusively cAMP (PDE4, PDE7, and PDE8), exclusively cGMP (PDE5, PDE6, and PDE9), or both cAMP and cGMP (PDE1, PDE2, PDE3, PDE10, and PDE11). Specifically, PDE11A is a dual-specificity phosphodiesterase and is expressed in several endocrine tissues including the adrenal cortex. Members of the PDE family differ in tissue distribution, inhibitor specificity, and in mode of regulation. The side effects of the PDE inhibitors are contributed by the cross-reactivity of the inhibitors to other isoforms of the PDE.

The invention is the discovery that the PDE 11A gene has statistically significant linkage to ''isolated micronodular adrenocortical disease'' (iMAD), an inherited form of Cushing Syndrome. Patients suffering from the disease have high cortisol levels and infants with this disease may die from related complications, *e.g.*, malignant hypertension or immunosuppression. So far the inventors have identified 3 inactivating mutations of an isoform of the PDE 11A gene, PDE11A4 linked to this particular form of Cushing syndrome; they have also identified several sequence polymorphisms of this gene that may be associated with a variety of adrenal and other conditions. One of these polymorphic variations of the sequence that have been identified leads to an alternate protein product of the PDE11A4 isoform. Such polymorphisms may have important implications for drugs that depend that depend on PDEs functions.

The invention can be separated into three categories:

1. Clinical identification of a new disease termed ''isolated micronodular adrenocortical disease'' (iMAD), an inherited form of Cushing Syndrome.

2. Identification of PDE11A gene and sequence variants for the diagnosis of ''isolated micronodular adrenocortical disease'' (iMAD) a form of Cushing Syndrome and endocrine tumors, i.e. as diagnostic genetic biomarker.

3. Identification of PDE11A as a potential novel drug target for the treatment of bilateral adrenal hyperplasia and other endocrine and