DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Findings of Research Misconduct

AGENCY: Office of the Secretary, HHS.

ACTION: Notice.

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

Nima Afshar, PhD., University of California, San Francisco: Based on a University of California, San Francisco (UCSF) report and Respondent's own admission, the U.S. Public Health Service (PHS) found that Dr. Nima Afshar, former postdoctoral fellow at UCSF engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant T32 CA108462 and National Institute of General Medical Sciences (NIGMS), NIH, grant R01 GM59704.

PHS found that Respondent engaged in research misconduct in the performance of research on yeast to test whether disruption of the tight controls, to prevent re-replication, on the initiation of DNA replication could produce gene amplifications with a copy number greater than two (2).

Specifically, Respondent falsified files containing raw scanned microarray images from another researcher's experiments to demonstrate that in experiments that she claimed to have conducted, she successfully observed gene amplifications with a copy number greater than two (2); there were 36 such instances of falsifying data files.

Dr. Afshar has entered into a Voluntary Settlement Agreement in which she has voluntarily agreed, for a period of three (3) years, beginning on December 22, 2008:

(1) To exclude herself 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 a consultant; and

(2) that any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses the Respondent in any capacity on PHS supported research, or that submits a report of PHS-funded research in which the Respondent is involved, 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. Respondent agrees to ensure that a copy of the supervisory plan also is submitted to ORI by the institution for ORI approval. Respondent agrees that she will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

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

John E. Dahlberg,

Acting Director, Office of Research Integrity.

[FR Doc. E9–1819 Filed 1–28–09; 8:45 am]

BILLING CODE 4150–31–P

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 Assistant Secretary for Health have taken final action in the following case:

M. Nguyen, M.D., University of California, Los Angeles: Based on a University of California, Los Angeles (UCLA) report and Respondent's own admission, the U.S. Public Health Service (PHS) found that Dr. M. Nguyen, former Associate Professor at UCLA, engaged in scientific misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant 1 R01 CA69433, National Center for Complementary and Alternative Medicine (NCCAM), NIH, grant 1 P50 AT00I51–01, and National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), NIH, grant T32 DK03688.

Specifically, PHS found that Respondent engaged in scientific misconduct by:

1. Dr. Nguyen's laboratory conducted a single experiment on the effect of Livistona extract on the growth of 10^6 mouse fibrosarcoma (FSA) cells injected into C3H mice. The drug was administered in the drinking water of the treated mice and tumor sizes were measured twice weekly with calipers. Dr. Nguyen falsified and fabricated the results of this experiment in Figure 3 of *Oncology Reports* 8:1355–1357, 2001:

A. The data reported for the control group were from an experiment in nude mice implanted with human breast tumor implants, rather than with mouse fibrosarcoma cell implants, as Dr. Nguyen reported in the paper. The control data for FSA implanted C3H mice could not be located in the laboratory records.

2. Dr. Nguyen's laboratory conducted a single experiment on the effect of Livistona extract on the growth of 10^8 MDA–MD–231 cells injected into nude mice. The drug was administered in the drinking water of the treated mice and tumor sizes measured twice weekly with calipers. Dr. Nguyen falsified and fabricated the results of this experiment in Figure 9 of NIH grant application P50 AT00151–01, dated May 19, 1999, by:

A. Falsely stating in the associated text that there were ten mice per group and that the experiments were repeated once, while in fact, there were only five mice per group with no repetition of this experiment

B. Omitting data on the control curve for two of the measurement times (at 2 and 3.5 weeks) and falsely reporting the times at which three other measurements were taken.

3. Dr. Nguyen's laboratory conducted a single experiment (1998–99) testing the anti-angiogenic effects of *Livistona chinensis* extract on human umbilical vein endothelial cells (HUVEC). HUVEC cells were counted from duplicate wells when exposed to extract and controls were counted from single wells:

A. Figure 8 of NIH grant application P50 AT00I51–01, dated 5/19/99, plots the data as a bar graph. However, the same data were reported in Figure 1 of *Oncology Reports* 8:1355–1357, 2001, by falsely expressing them as the rate of growth obtained by measuring the uptake of radioactive thymidine into cellular DNA and plotting the data as normalized to control values. UCLA concluded that Figure 1 was falsified by claiming the data were obtained by a state-of-the-art technique not actually employed by the Respondent to obtain the data for that figure (Admission). This falsification did not bear upon the findings of the paper.

4. Dr. Nguyen's laboratory tested whether the levels of bFGF (basic fibroblast growth factor) and VEGF (vascular endothelial growth factor) in nipple fluid aspirates were significantly elevated in breast cancer patients in comparison to values from normal lactating and non-lactating breasts. Dr. Nguyen falsified the number of subjects who were lactating in The Lancet 356:567–569, 2000, by claiming that bFGF data were obtained from four separate subjects while in fact the data were from both breasts of two subjects.

Dr. Nyugen has entered into a Voluntary Settlement Agreement with ORI. As part of that Agreement, Dr. Nyugen admits to UCLA's findings of fact but denies ORI's findings that the actions rise to the level of scientific misconduct. The settlement is not an admission of liability on the part of the Respondent. Dr. Nyugen voluntarily agreed, for a period of three (3) years, beginning on December 29, 2008:

(1) Not to serve 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 a consultant; and

(2) That although Respondent is not currently engaged in PHS–supported research, any institution that submits an application for PHS support for a research project on which the Respondent's participation is proposed or that uses the Respondent in any capacity on PHS supported research, or that submits a report of PHS-funded research in which the Respondent is involved, 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. Respondent agreed to ensure that a copy of the supervisory plan also is submitted to ORI by the institution for ORI approval. Respondent agreed to not participate in any PHS-supported research until such a supervisory plan is submitted to ORI.

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. E9–1933 Filed 1–28–09; 8:45 am]

BILLING CODE 4150–31–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Notice of Meeting: Secretary's Advisory Committee on Genetics, Health, and Society

Pursuant to Public Law 92–463, notice is hereby given of the eighteenth meeting of the Secretary's Advisory Committee on Genetics, Health, and Society (SACGHS), U.S. Public Health Service. The meeting will be held from 10 a.m. to approximately 5:30 p.m. on Thursday, March 12, 2009, and 8:30 a.m. to approximately 3 p.m. on Friday, March 13, 2009, at the Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201. The meeting will be open to the public with attendance limited to space available. The meeting also will be Web cast.

At this meeting, the Committee will begin to explore issues related to genetics and the future of the health care system with the first in a series of roundtables focusing on perspectives of stakeholders in the payer community. Other agenda items include a session on developments related to informed consent for genomic data sharing, discussion of the Committee's next steps to address concerns related to consumer-initiated genomic services, and updates on Department of Health and Human Services and agency priorities.

As always, the Committee welcomes hearing from anyone wishing to provide public comment on any issue related to genetics, health and society. Individuals who would like to provide public comment should notify the SACGHS Executive Secretary, Ms. Sarah Carr, by telephone at 301–496–9838 or e-mail at *carrs@od.nih.gov*. The SACGHS office is located at 6705 Rockledge Drive, Suite 750, Bethesda, MD 20892. Anyone planning to attend the meeting, who is in need of special assistance, such as sign language interpretation or other reasonable accommodations, is also asked to contact the Executive Secretary.

Under authority of 42 U.S.C. 217a, Section 222 of the Public Health Service Act, as amended, the Department of Health and Human Services established SACGHS to serve as a public forum for deliberations on the broad range of human health and societal issues raised by the development and use of genetic and genomic technologies and, as warranted, to provide advice on these issues. The draft meeting agenda and other information about SACGHS, including information about access to the Web cast, will be available at the following Web site: *http://oba.od.nih.gov/SACGHS/sacghs_home.html*.

Dated: January 22, 2009.

Jennifer Spaeth,

Director, NIH Office of Federal Advisory Committee Policy.

[FR Doc. E9–1867 Filed 1–28–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Agency for Healthcare Research and Quality, HHS.

ACTION: Notice.

SUMMARY: This notice announces the intention of the Agency for Healthcare Research and Quality (AHRQ) to request that the Office of Management and Budget (OMB) approve the proposed information collection project: ''Assessing Organizational Responses to AHRQ's Health Literacy Pharmacy Tools.'' In accordance with the Paperwork Reduction Act of 1995, 44 U.S.C. 3506(c)(2)(A), AHRQ invitesthe public to comment on this proposed information collection.

DATES: Comments on this notice must be received by March 30, 2009.

ADDRESSES: Written comments should be submitted to: Doris Lefkowitz, Reports clearance Officer, AHRQ, by e-mail at *doris.lefkowitz@ahrq.hhs.gov.*

Copies of the proposed collection plans, data collection instruments, and specific details on the estimated burden can be obtained from the AHRQ Reports Clearance Officer.

FOR FURTHER INFORMATION CONTACT: Doris Lefkowitz, AHRQ Reports Clearance Officer, (301) 427–1477, or by e-mail at *doris.leflowitz@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION:

Proposed Project: Assessing Organizational Responses to AHRQ's Health Literacy Pharmacy Tools

According to the 2003 National Assessment of Adult Literacy, only 12 percent of adults have proficient health literacy-the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Limited health literacy often leads to medication errors. For example, one study found that a majority of adults with low health literacy did not understand instructions to ''take medication on an empty stomach.'' Overall, it is estimated that low health literacy costs the U.S. health care system $50 billion to $73 billion per year. Pharmacies can serve as an important source of medication information for people with limited health literacy, but relatively few pharmacies have implemented health literacy practices (Praska *et al.,* 2005).