

### III. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) either electronic or written comments regarding this document. It is only necessary to send one set of comments. Identify comments with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

### IV. Electronic Access

Persons with access to the Internet may obtain the guidance at either <http://www.fda.gov/FoodGuidances> or <http://www.regulations.gov>. Always access an FDA guidance document by using the Web sites listed previously to find the most current version of the guidance.

Dated: February 17, 2012.

**Leslie Kux,**

*Acting Assistant Commissioner for Policy.*

[FR Doc. 2012-4166 Filed 2-22-12; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2010-N-0327]

#### International Conference on Harmonisation; Final Recommendation for the Revision of the Permitted Daily Exposure for the Solvent Cumene According to the Maintenance Procedures for the Guidance Q3C Impurities: Residual Solvents; Availability

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is announcing the availability of a final recommendation for the revision of the permitted daily exposure (PDE) for the solvent cumene according to the maintenance procedures for the guidance for industry entitled "Q3C Impurities: Residual Solvents." The recommendation was prepared under the auspices of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH).

**DATES:** Submit either electronic or written comments on Agency guidances at any time.

**ADDRESSES:** Submit written requests for single copies of the recommendation to the Division of Drug Information (HFD-

240), Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 51, rm. 2201, Silver Spring, MD 20993-0002, or the Office of Communication, Outreach and Development (HFM-40), Center for Biologics Evaluation and Research (CBER), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852-1448. Send one self-addressed adhesive label to assist the office in processing your requests. The draft recommendation may also be obtained by mail by calling CBER at 1-800-835-4709 or 301-827-1800. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the draft recommendation.

Submit electronic comments on the recommendation to <http://www.regulations.gov>. Submit written comments to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

#### FOR FURTHER INFORMATION CONTACT:

#### Regarding the Q3C Guidance

David Jacobson-Kram, Center for Drug Evaluation and Research, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 22, rm. 6488, Silver Spring, MD 20993, 301-796-0175.

#### Regarding the ICH

Michelle Limoli, Office of International Programs, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, rm. 3506, Silver Spring, MD 20993-0002, 301-796-4600.

#### SUPPLEMENTARY INFORMATION:

#### I. Background

In recent years, many important initiatives have been undertaken by regulatory authorities and industry associations to promote international harmonization of regulatory requirements. FDA has participated in many meetings designed to enhance harmonization and is committed to seeking scientifically based harmonized technical procedures for pharmaceutical development. One of the goals of harmonization is to identify and then reduce differences in technical requirements for drug development among regulatory Agencies.

ICH was organized to provide an opportunity for tripartite harmonization initiatives to be developed with input from both regulatory and industry representatives. FDA also seeks input from consumer representatives and others. ICH is concerned with harmonization of technical requirements for the registration of

pharmaceutical products among three regions: The European Union, Japan, and the United States. The six ICH sponsors are the European Commission; the European Federation of Pharmaceutical Industries Associations; the Japanese Ministry of Health, Labour, and Welfare; the Japanese Pharmaceutical Manufacturers Association; the Centers for Drug Evaluation and Research and Biologics Evaluation and Research, FDA; and the Pharmaceutical Research and Manufacturers of America. The ICH Secretariat, which coordinates the preparation of documentation, is provided by the International Federation of Pharmaceutical Manufacturers Associations (IFPMA).

The ICH Steering Committee includes representatives from each of the ICH sponsors and the IFPMA, as well as observers from the World Health Organization, Health Canada, and the European Free Trade Area.

In 1999, ICH instituted a Q3C maintenance agreement and formed a maintenance Expert Working Group (Q3C EWG). The agreement provided for the reconsideration of solvent PDEs and allowed for minor changes to the tables and list that include the existing PDEs. The agreement also provided that new solvents and PDEs could be added to the tables and list based on adequate toxicity data. In the **Federal Register** of February 12, 2002 (67 FR 6542), FDA briefly described the process for proposing future revisions to the PDEs. In the same notice, the Agency announced its decision to delink the tables and list from the Q3C guidance and create a stand alone document entitled "Q3C—Tables and List" to facilitate making changes recommended by ICH.

#### II. Revised PDE for Cumene

In the **Federal Register** of July 20, 2010 (75 FR 42098), FDA published a notice announcing the availability of a draft recommendation for the revision of the PDE for cumene according to the ICH maintenance procedures. The notice gave interested persons an opportunity to submit comments by September 20, 2010.

After consideration of the comments received and revisions to the guidance, a final draft of the recommendation was submitted to the ICH Steering Committee and endorsed by the three participating regulatory Agencies in February 2011.

The final recommendation addresses the safety classification of cumene. When the Q3C guidance was published in 1997 (62 FR 67377, December 24, 1997), cumene was listed as a class 3

solvent (i.e., a solvent with low toxicity). The Q3C EWG reviewed new toxicity data derived from a carcinogenicity study performed by the National Toxicology Program. The new data suggest a positive systemic carcinogenic effect, and this observation raises the toxicity associated with this solvent. The final recommendation is that cumene be placed into class 2. A PDE of 0.7 milligrams per day and a concentration limit of 70 parts per million are being declared for this solvent. The analysis and recommendation are available for review on the Internet (see section V of this document on electronic access). The final recommendation is also available from the Division of Drug Information (see **ADDRESSES**). The Agency will revise the tables in the guidance "Q3C—Tables and List" to reflect the ICH final recommendation for cumene.

The final recommendation for the solvent cumene is being issued consistent with FDA's good guidance practices regulation (21 CFR 10.115). The revised PDE for the solvent cumene contained in the revised guidance "Q3C—Tables and List" represents the Agency's current thinking on this topic. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statutes and regulations.

### III. Comments

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### IV. Electronic Access

Persons with access to the Internet may obtain the Q3C guidance documents at <http://www.regulations.gov>, <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>, or <http://www.fda.gov/BiologicsBloodVaccines/GuidanceComplianceRegulatoryInformation/Guidances/default.htm>.

Information on the Q3C maintenance process as well as proposals, data analysis, and draft and final recommendations for revisions to the

tables and list are available at <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/Guidances/ucm125820.htm>.

Dated: February 16, 2012.

**Leslie Kux,**

*Acting Assistant Commissioner for Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

[Docket No. FDA-2012-N-0001]

#### Request for Nominations for Voting Members on a Public Advisory Committee; Risk Communication Advisory Committee

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

**SUMMARY:** The Food and Drug Administration (FDA) is requesting nominations for members to serve on the Risk Communication Advisory Committee, Office of Planning, Office of Policy and Planning, Office of the Commissioner.

FDA has a special interest in ensuring that women, minority groups, and individuals with disabilities are adequately represented on advisory committees and, therefore, encourages nominations of qualified candidates from these groups.

**DATES:** Nominations received on or before April 23, 2012 will be given first consideration for membership on the Risk Communication Advisory Committee. Nominations received after April 23, 2012 will be considered for nomination to the committee as later vacancies occur.

**ADDRESSES:** All nominations for membership should be sent electronically to [cv@oc.fda.gov](mailto:cv@oc.fda.gov) or by mail to the Advisory Committee Oversight and Management Staff, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 32, rm. 5103, Silver Spring, MD 20993-0002.

**FOR FURTHER INFORMATION CONTACT:** Regarding all nomination questions for membership, the primary contact is: Lee L. Zwanziger, Risk Communication Staff, Office of Planning, Office of Policy and Planning, Office of the Commissioner, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 301-796-9151, Fax: 301-847-8611, [RCAC@FDA.HHS.GOV](mailto:RCAC@FDA.HHS.GOV).

Information about becoming a member on an FDA advisory committee can also be obtained by visiting FDA's Web site by using the following link: <http://www.fda.gov/AdvisoryCommittees/default.htm>.

**SUPPLEMENTARY INFORMATION:** FDA is requesting nomination for voting members on the Risk Communication Advisory Committee.

### I. General Description of the Committee Duties

The Risk Communication Advisory Committee advises the Commissioner of Food and Drugs or designee on methods to effectively communicate risks associated with products regulated by the Food and Drug Administration and in discharging responsibilities as they relate to helping to ensure safe and effective drugs for human use and any other product for which the Food and Drug Administration has regulatory responsibility.

The Committee reviews and evaluates strategies and programs designed to communicate with the public about the risks and benefits of FDA-regulated products so as to facilitate optimal use of these products. The Committee also reviews and evaluates research relevant to such communication to the public by both FDA and other entities. It also facilitates interactively sharing risk and benefit information with the public to enable people to make informed independent judgments about use of FDA-regulated products.

### II. Criteria for Voting Members

The Committee consists of a core of 15 voting members including the Chair. Members and the Chair are selected by the Commissioner or designee from among authorities knowledgeable in fields such as social marketing, health literacy, and other relevant areas. Members will include experts on risk communication, experts on emerging postmarket drug risks and individuals knowledgeable about and experienced in the work of patient, consumer, and health professional organizations. Almost all non-Federal members of this committee serve as Special Government Employees. Some members will be selected to provide experiential insight on the communication needs of the various groups who use FDA-regulated products. The latter may include patients and patients' family members, health professionals, communicators in health, medicine and science, and persons affiliated with consumer, specific disease, or patient safety advocacy groups. Members will be invited to serve for terms of up to 4 years.