

ESTIMATED ANNUALIZED BURDEN HOURS

| Data collection activity | Type of respondents | Estimated number of respondents | Estimated number of responses per respondent | Average time per response (in hours) | Estimated total annual burden hours |
|--------------------------|--|---------------------------------|--|--------------------------------------|-------------------------------------|
| APR | Principal Investigator (MD or PhD) | 20 | 1 | 2 | 40 |
| IRLCW | Principal Investigator (MD or PhD degree) or Research Coordinator (RN, BA, MA degree) or Regulatory Staff (BA degree). | 250 | 1 | 2 | 500 |
| CRLCW | Principal Investigator (MD or PhD degree) or Research Coordinator (RN, BA, MA degree) or Regulatory Staff (BA degree). | 250 | 1 | 1 | 250 |
| Total | | 520 | 520 | | 790 |

Dated: November 16, 2016.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2016-28140 Filed 11-21-16; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; 60-Day Comment Request; Cancer Trials Support Unit (National Cancer Institute)

AGENCY: National Institutes of Health.

ACTION: Notice.

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

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

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact: Michael Montello, Pharm. D.,

Cancer Therapy Evaluation Program (CTEP), 9609 Medical Center Drive, MSC 9742, Rockville, MD 20850 or call non-toll-free number 240-276-6080 or Email your request, including your address to: *montellom@mail.nih.gov*. Formal requests for additional plans and instruments must be requested in writing.

SUPPLEMENTARY INFORMATION: Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires: Written comments and/or suggestions from the public and affected agencies are invited to address 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.

Proposed Collection Title: Cancer Trials Support Unit (CTSU) (NCI), 0925-0624, EXTENSION, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The Cancer Therapy Evaluation Program (CTEP) establishes and supports programs to facilitate the participation of qualified investigators on CTEP-supported studies, and to institute programs that minimize redundancy among grant and contract holders, thereby reducing overall cost of maintaining a robust treatment trials program. Currently guided by the efforts of the Clinical Trials Working Group (CTWG) and the Institute of Medicine (IOM) recommendations to revitalize the Cooperative Group program, CTEP has funded the Cancer Trials Support Unit (CTSU). The CTSU collects standardized forms to process site regulatory information, changes to membership, patient enrollment data, and routing information for case report forms. In addition, CTSU collects annual surveys of customer satisfaction for clinical site staff using the CTSU Help Desk, the CTSU Web site, and the Protocol and Information Office (PIO). An ongoing user satisfaction survey is in place for the Oncology Patient Enrollment Network (OPEN). User satisfaction surveys are compiled as part of the project quality assurance activities and are used to direct improvements to processes and technology.

OMB approval for an extension to the existing approval is requested for one year. There are no costs to respondents other than their time. The total estimated annualized burden hours are 25,204.

ESTIMATED ANNUALIZED BURDEN HOURS

| Form name | Type of respondent | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total annual burden hour |
|--|--------------------------------|-----------------------|------------------------------------|--|--------------------------|
| CTSU IRB/Regulatory Approval Transmittal Form. | Health Care Practitioner | 9,000 | 12 | 2/60 | 3,600 |
| CTSU IRB Certification Form | Health Care Practitioner | 8,500 | 12 | 10/60 | 17,000 |
| CTSU Acknowledgement Form | Health Care Practitioner | 500 | 12 | 5/60 | 500 |
| Withdrawal from Protocol Participation Form | Health Care Practitioner | 50 | 12 | 5/60 | 50 |

ESTIMATED ANNUALIZED BURDEN HOURS—Continued

| Form name | Type of respondent | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total annual burden hour |
|--|--------------------------------|-----------------------|------------------------------------|--|--------------------------|
| Site Addition | Health Care Practitioner | 25 | 12 | 5/60 | 25 |
| CTSU Roster Update Form | Health Care Practitioner | 50 | 12 | 4/60 | 40 |
| CTSU Radiation Therapy Facilities Inventory Form. | Health Care Practitioner | 20 | 12 | 30/60 | 120 |
| CTSU IBCSG Drug Accountability Form | Health Care Practitioner | 11 | 12 | 10/60 | 22 |
| CTSU IBCSG Transfer of Investigational Agent Form. | Health Care Practitioner | 3 | 12 | 20/60 | 12 |
| Site Initiated Data Update Form | Health Care Practitioner | 10 | 12 | 10/60 | 20 |
| Data Clarification Form | Health Care Practitioner | 341 | 12 | 20/60 | 1,364 |
| RTOG 0834 CTSU Data Transmittal Form | Health Care Practitioner | 60 | 12 | 10/60 | 120 |
| MC0845(8233) CTSU Data Transmittal | Health Care Practitioner | 50 | 12 | 10/60 | 100 |
| CTSU Generic Data Transmittal Form | Health Care Practitioner | 500 | 12 | 10/60 | 1,000 |
| CTSU Patient Enrollment Transmittal Form | Health Care Practitioner | 200 | 12 | 10/60 | 400 |
| CTSU P2C Enrollment Transmittal Form | Health Care Practitioner | 15 | 12 | 10/60 | 30 |
| CTSU Transfer Form | Health Care Practitioner | 20 | 12 | 10/60 | 40 |
| CTSU System Account Request Form | Health Care Practitioner | 20 | 12 | 20/60 | 80 |
| CTSU Request for Clinical Brochure | Health Care Practitioner | 75 | 12 | 10/60 | 150 |
| CTSU Supply Request Form | Health Care Practitioner | 75 | 12 | 10/60 | 150 |
| CTSU Web Site Customer Satisfaction Survey. | Health Care Practitioner | 275 | 1 | 15/60 | 69 |
| CTSU Helpdesk Customer Satisfaction Survey. | Health Care Practitioner | 325 | 1 | 15/60 | 81 |
| CTSU OPEN Survey | Health Care Practitioner | 60 | 1 | 15/60 | 15 |
| PIO Customer Satisfaction Survey | Health Care Practitioner | 100 | 1 | 5/60 | 8 |
| Concept Clinical Trial Survey | Health Care Practitioner | 500 | 1 | 5/60 | 42 |
| Prospective Clinical Trial Survey | Health Care Practitioner | 1,000 | 1 | 5/60 | 83 |
| Low Accrual Clinical Trial Survey | Health Care Practitioner | 1,000 | 1 | 5/60 | 83 |
| Annualized Totals | | 22,785 | 237,560 | | 25,204 |

Dated: November 10, 2016.

Karla Bailey,

Project Clearance Liaison, National Cancer Institute, National Institutes of Health.

[FR Doc. 2016-28004 Filed 11-21-16; 8:45 am]

BILLING CODE 4140-01-P

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. App.), 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/or contract proposals 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 and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Deafness and Other Communication Disorders Advisory Council.

Date: January 27, 2017.

Closed: 8:30 a.m. to 9:40 a.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, Building 31, Conference Room 6, 31 Center Drive, Bethesda, MD 20892.

Open: 9:40 a.m. to 2:00 p.m.

Agenda: Staff reports on divisional, programmatic, and special activities.

Place: National Institutes of Health, Building 31, Conference Room 6, 31 Center Drive, Bethesda, MD 20892.

Contact Person: Craig A. Jordan, Ph.D., Director, Division of Extramural Activities, NIDCD, NIH, Room 8345, MSC 9670, 6001

Executive Blvd., Bethesda, MD 20892-9670, 301-496-8693, jordanc@nidcd.nih.gov.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: <http://www.nidcd.nih.gov/about/Pages/Advisory-Groups-and-Review-Committees.aspx>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: November 16, 2016.

Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2016-27998 Filed 11-21-16; 8:45 am]

BILLING CODE 4140-01-P