

respondents' time to submit their data. The cost burden is estimated to be \$11,222 annually.

## EXHIBIT 1—ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Number of respondents/ POCs	Number of responses per POC	Hours per response	Total burden hours
Eligibility and Registration Form .....	150	1	5/60	13
Data Use Agreement .....	150	1	3/60	8
Pharmacy Site Information Form .....	150	3	5/60	38
Data Files Submission .....	150	1	1	150
Total .....	NA	NA	NA	209

## EXHIBIT 2—ESTIMATED ANNUALIZED COST BURDEN

Form name	Number of respondents/ POCs	Total burden hours	Average hourly wage rate *	Total cost burden
Eligibility and Registration Form .....	150	13	\$53.69	\$698
Data Use Agreement .....	150	8	53.69	430
Pharmacy Site Information Form .....	150	38	53.69	2,040
Data Files Submission .....	150	150	53.69	8,054
Total .....	NA	209	NA	11,222

\* Based on the weighted average hourly wage in community pharmacies for 100 General and Operations Managers (11–1021; \$49.26) and 50 General and Operations Managers (11–1021; \$62.56) obtained from the May 2015 National Industry-Specific Occupational Employment and Wage Estimates: NAICS 446110—Pharmacies and Drug Stores (located at [http://www.bls.gov/oes/current/naics5\\_446110.htm](http://www.bls.gov/oes/current/naics5_446110.htm)) and NAICS 622000—Hospitals (located at [http://www.bls.gov/oes/current/naics3\\_622000.htm](http://www.bls.gov/oes/current/naics3_622000.htm)).

**Request for Comments**

In accordance with the Paperwork Reduction Act, comments on AHRQ's information collection are requested with regard to any of the following: (a) Whether the proposed collection of information is necessary for the proper performance of AHRQ health care research and health care information dissemination functions, including whether the information will have practical utility; (b) the accuracy of AHRQ's estimate of burden (including hours and costs) of the proposed collection(s) of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information upon the respondents, including the use of automated collection techniques or other forms of information technology.

In accordance with the Paperwork Reduction Act, 44 U.S.C. 3501–3521, AHRQ invites the public to comment on this proposed information collection. This is a second review opportunity.

Comments submitted in response to this notice will be summarized and included in the Agency's subsequent request for OMB approval of the proposed information collection. All

comments will become a matter of public record.

**Sharon B. Arnold,**  
*Acting Director.*

[FR Doc. 2017–03463 Filed 2–21–17; 8:45 am]

**BILLING CODE 4160–90–P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES****Indian Health Service**

**Request for Public Comment; 60 Day Proposed Information Collection: Mashpee Wampanoag Indian Health Service Unit Community Health Assessment**

**AGENCY:** Indian Health Service, HHS.

**ACTION:** Notice and request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, the Indian Health Service (IHS) invites the general public to take this opportunity to comment on the new information collection Office of Management and Budget (OMB) Control Number 0917–NEW, titled, “Mashpee Wampanoag Community Health Assessment.” The purpose of this notice is to allow 60 days for public comment to be submitted directly to OMB. A copy of the draft supporting statement is

available at [www.regulations.gov](http://www.regulations.gov) (see Docket ID [IHS–2017–0001]).

**DATES:** April 24, 2017. Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.

**ADDRESSES:** Send your written comments, requests for more information on the collection, or requests to obtain a copy of the data collection instrument and instructions to Rita Gonsalves by one of the following methods:

- *Mail:* Ms. Rita Gonsalves, CEO, Mashpee Wampanoag Health Service Unit, Indian Health Service, 483B Great Neck Rd. South, Mashpee, MA 02346.
- *Phone:* 508–477–6913.
- *Email:* [Rita.Gonsalves@ihs.gov](mailto:Rita.Gonsalves@ihs.gov).
- *Fax:* 508–477–0156.

**SUPPLEMENTARY INFORMATION:** The Indian Health Service Mashpee Wampanoag Service Unit is submitting the proposed information collection to OMB for review, as required by section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995. This notice is soliciting comments from members of the public and affected agencies as required by 44 U.S.C. 3506(c)(2)(A) concerning the proposed collection of information to: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have

practical utility; (2) Evaluate the accuracy of the agency’s estimate of the burden of the proposed collection of information; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond; including through the use of appropriate automated collection techniques of other forms of information technology, e.g., permitting electronic submission of responses.

*Title of Proposal:* Mashpee Wampanoag Indian Health Service Unit Community Health Assessment.

*Type of Information Collection Request:* Three year approval of this new information collection.

*OMB Control Number:* To be assigned.

*Need and Use of Information Collection:* The Mashpee Wampanoag Indian Health Service (IHS) Unit seeks to conduct a health assessment of the Mashpee Wampanoag Tribe. The collection of information will be used to evaluate the health care needs of the Mashpee Wampanoag Tribal community. As a healthcare organization, the Mashpee Wampanoag Health Service Unit has questions regarding a respondent’s health status, behavior and social practices as well as environmental concerns. These answers will help the organization assess healthcare needs of the community and guide the implementation of programs. The Mashpee Wampanoag Health Service Unit will be able to assess the community’s needs and plan our

programs accordingly to improve the health and well-being of the community.

*Status of the Proposed Information Collection:* New request.

*Form(s):* IHS Mashpee Wampanoag Community Health Assessment Questionnaire.

*Agency Form Numbers:* None.

*Members of Affected Public:* The Mashpee Wampanoag Tribal community members in the Mashpee Wampanoag Tribal service area.

*The table below provides:* Type of data collection instrument, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

Data collection instrument	Type of respondents	Number of responses per respondent	Total annual response	Average burden per response (hours)	Estimated burden hours
Community Health Assessment .....	Individuals .....	1	469	25/60	195
Total .....	.....	1	469	25/60	195

There are no direct costs to respondents to report.

Dated: February 10, 2017.

**Chris Buchanan,**

*Assistant Surgeon General, USPHS, Acting Director, Indian Health Service.*

[FR Doc. 2017-03407 Filed 2-21-17; 8:45 am]

BILLING CODE 4160-16-P

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Prospective Grant of Exclusive Patent License: Development of a Gene Signature Predictive of Hepatocellular Carcinoma (HCC) Patient Response to Transcatheter Arterial Chemoembolization (TACE)**

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Cancer Institute, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the Patents and Patent Applications listed in the **SUPPLEMENTARY INFORMATION** section of this notice to 3D Medicines (“3D Med”) located in Shanghai, China.

**DATES:** Only written comments and/or applications for a license which are

received by the National Cancer Institute’s Technology Transfer Center on or before March 9, 2017 will be considered.

**ADDRESSES:** Requests for copies of the patent application, inquiries, and comments relating to the contemplated Exclusive Patent License should be directed to: Jim Knabb, Ph.D., Technology Transfer and Patent Specialist, NCI Technology Transfer Center, 9609 Medical Center Drive, RM 1E530 MSC 9702, Bethesda, MD 20892-9702 (for business mail), Rockville, MD 20850-9702; Telephone: (240) 276-5530; Facsimile: (240) 276-5504; Email: [jim.knabb@nih.gov](mailto:jim.knabb@nih.gov).

**SUPPLEMENTARY INFORMATION:**

**Intellectual Property**

United States Provisional Patent Application No. 62/292,789, filed February 8, 2016 entitled “Gene Signature Predictive of Hepatocellular Carcinoma Response to Transcatheter Arterial Chemoembolization” [HHS Reference No. E-101-2016/0-US-01]; PCT Patent Application PCT/US2017/016851, filed February 7, 2017 and entitled “GENE SIGNATURE PREDICTIVE OF HEPATOCELLULAR CARCINOMA RESPONSE TO TRANSCATHETER ARTERIAL CHEMOEMBOLIZATION (TACE)” [HHS Reference No. E-101-2016/0-PCT-02]; (and U.S. and foreign patent

applications claiming priority to the aforementioned applications).

The patent rights in these inventions have been assigned and/or exclusively licensed to the government of the United States of America.

The prospective exclusive license territory may be worldwide and the field of use may be limited to “the Development and commercialization of the transcatheter arterial chemoembolization (TACE) gene signature as a diagnostic device predictive of TACE response in patients with hepatocellular carcinoma (HCC). The field of use may be further limited to companion diagnostic tests that are sold following Premarket Approval by the FDA or equivalent regulatory agency in foreign jurisdictions”.

This technology discloses a gene expression signature that is predictive of HCC patient response to TACE. TACE therapy is a procedure whereby the tumor is targeted with both local chemotherapy and restriction of local blood supply, and is employed in the treatment of locally advanced hepatocellular carcinoma (HCC). Patient biopsies are analyzed by Next-Generation Sequencing (NGS) and expression analysis of the gene signature can be used to stratify patients for TACE therapy. Through the commercialization of this gene signature for TACE efficacy, HCC patients can be identified as candidates for TACE