NIH. The ODP fulfills this mission by providing leadership for the development, coordination, and implementation of prevention research in collaboration with NIH Institutes, Centers, and Offices and other partners. The first ODP strategic plan was released in February 2014 and charted new directions and, at the same time, built upon and expanded existing programs. The Office has made considerable progress on the priorities identified in the initial plan, and the ODP remains committed to playing an integral role in advancing trans-NIH prevention-related activities. Input received from this Request for Information will inform the development of the final FY 2019–2023 Strategic Plan, which will outline activities coordinated by the ODP to assess, facilitate, and stimulate research in disease prevention, and disseminate the results of this research to improve public health.

The ODP is seeking input on the following strategic priorities:

- Strategic Priority I: Systematically monitor NIH investments in prevention research and the progress and results of that research.
- Strategic Priority II: Identify prevention research areas for investment or expanded effort by the NIH.
- Strategic Priority III: Promote the use of the best available methods in prevention research and support the development of better methods.
- Strategic Priority IV: Promote collaborative prevention research projects and facilitate coordination of such projects across the NIH and with other public and private entities.
- Strategic Priority V: Advance the understanding of prevention research, increase the availability of prevention research resources and programs, and enhance ODP's stakeholder engagement.

The ODP is also seeking input on the following questions:

- What new strategic priorities should the ODP consider adding to its plan?
- What opportunities or challenges in disease prevention research and methods could the ODP help to address?
- Who should the ODP partner with to address pressing needs in disease prevention research and methods?
- What areas transcend disease prevention research that the ODP should consider as it develops its new plan?

The definition of prevention research used by the ODP to guide its work and decision-making encompasses research designed to yield results directly applicable to identifying and assessing risk, developing interventions for preventing or ameliorating high-risk behaviors and exposures, the occurrence of a disease, disorder, or injury, or the progression of detectable but asymptomatic disease. Prevention research also includes research studies to develop and evaluate disease prevention, health promotion recommendations, and public health programs. The ODP definition of prevention includes the following categories of research:

- Identification of modifiable risk and protective factors for diseases/disorders/injuries
- Studies on assessment of risk, including genetic susceptibility
- Development of methods for screening and identification of markers for those at risk for onset or progression of asymptomatic diseases/disorders, or those at risk for adverse, high-risk behaviors/injuries
- Development and evaluation of interventions to promote health for groups of individuals without recognized signs or symptoms of the target condition
- Translation of proven effective prevention interventions into practice
- Effectiveness studies that examine factors related to the organization, management, financing, and adoption of prevention services and practices
- Methodological and statistical procedures for assessing risk and measuring the effects of preventive interventions.

Responses to this RFI are voluntary and may be submitted anonymously. Please do not include any personally identifiable or other information that you do not wish to make public. Proprietary, classified, confidential, or sensitive information should not be included in responses. Comments submitted will be compiled for discussion and incorporated into the strategic plan as appropriate. Any personal identifiers (personal names, email addresses, etc.) will be removed when responses are compiled.

This RFI is for informational and planning purposes only and is not a solicitation for applications or an obligation on the part of the United States (U.S.) Government to provide support for any ideas identified in response to it. Please note that the U.S. Government will not pay for the preparation of any information submitted or for use of that information.

Dated: December 1, 2017.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2017–26453 Filed 12–7–17; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; A Generic Submission for Formative Research, Pre-testing, Stakeholder Measures and Advocate Forms at NCI (National Cancer Institute)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

DATES: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA_submission@omb.eop.gov* or by fax to 202–395–6974, Attention: Desk Officer for NIH.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Amy Williams, Director of the Office of Advocacy Relations (OAR), NCI, NIH, 31 Center Drive, Bldg. 31, Room 10A28, MSC 2580, Bethesda, MD 20892, call non-toll-free number 240–781–3406, or email your request, including your address, to *amy.williams@nih.gov.*

SUPPLEMENTARY INFORMATION: This proposed information collection was previously published in the **Federal Register** on October 2, 2017, page 45870 (82 FR 45870) and allowed 60 days for public comment. No public comments were received. The National Cancer Institute (NCI), National Institutes of Health, may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National

Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection Title: A Generic Submission for Formative Research, Pre-testing, Stakeholder Measures and Advocate Forms at NCI, 0925- 0641. Extension. National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: This is a request for OMB to approve the extension of the generic collection titled, ''A Generic Submission for Formative Research, Pre-testing, Stakeholder Measures and Advocate Forms at NCI'' for an additional three years of data collection. The Office of Advocacy Relations (OAR) disseminates cancer-related information to a variety of stakeholders, seeks input and feedback, and facilitates collaboration to advance NCI's authorized programs. It is beneficial for NCI, through the OAR, to pretest strategies, concepts, activities and materials while they are under development. Additionally, administrative forms are a necessary part of collecting demographic information and areas of interest for advocates. Since OAR is responsible for matching advocates to NCI programs and initiatives across the cancer continuum, it is necessary to measure the satisfaction of both internal and external stakeholders with this collaboration. This customer satisfaction research helps ensure the relevance, utility, and appropriateness of the many initiatives and products that OAR and NCI produce. The OAR will use a variety of qualitative (interviews) methodology to conduct this research, allowing NCI to: (1) Understand characteristics (attitudes, beliefs, and behaviors) of the intended target audience and use this information in the development of effective strategies, concepts, activities; (2) use a feedback loop to help refine, revise, and enhance OAR's efforts—ensuring that they have the greatest relevance, utility, appropriateness, and impact for/to target audiences; and (3) expend limited program resource dollars wisely and effectively. The anticipated respondents will consist of: Adult cancer research advocates; members of the public; health care professionals; and organizational representatives.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 45.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hour
Individual In-Depth Interviews	40	1	30/60	20
Profile Completion	50	1	30/60	25
Total	90	90	.....	45

Dated: December 2, 2017.

Karla Bailey,

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

[FR Doc. 2017–26495 Filed 12–7–17; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: N-Acetyl Mannosamine as a Therapeutic Agent

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Human Genome Research 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 Leadiant Biosciences, Inc, located in Gaithersburg, Maryland, USA.

DATES: Only written comments and/or applications for a license which are received by the National Human Genome Research Institute's Technology Transfer Office on or before December 26, 2017 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments, and other materials relating to the contemplated exclusive license should be directed to: Eggerton Campbell, Ph.D., Senior Licensing and Patenting Manager, Technology Transfer Office (TTO), National Human Genome Research Institute (NHGRI), National Institutes of Health (NIH), 5635 Fishers Lane, Suite 3058, MSC 9307, Bethesda, MD 20892–9307. Telephone: 301–402–1648. Fax: 301–402–9722. email: *eggerton.campbell@nih.gov.*

SUPPLEMENTARY INFORMATION:

Intellectual Property

U.S. Provisional Patent Application No.: 60/932,451, [HHS Ref. No.: E–217–2007/0–US–01], Filed May 31, 2007; PCT Patent Application No.: PCT/US2008/006895, [HHS Ref. No.: E–217–2007/0–PCT–02], Filed: May 30, 2008; CA Patent Application 2680842, [HHS Ref. No.: E–217–2007/0–CA–03], Filed: May 30, 2008; EP Patent Application No.: 08767999.9, [HHS Ref. No.: E–217–2007/0–EP–04], Filed: September 14, 2009; IL Patent Application No.: 200872, [HHS Ref. No.: E–217–2007/0–IL–05], Filed: May 30, 2008; JP Patent Application No.: 2010–510363, [HHS Ref. No.: E–217–2007/0–JP–06, Filed: May 30, 2008; U.S. Patent Application No.: 12/530,433, [HHS Ref. No.: E–217–2007/0–US–07], Filed: Sept 8, 2009; U.S. Patent Application No.: 13/791,576, [HHS Ref. No.: E–217–2007/0–US–08], Filed: March 8, 2013; JP Patent Application No.: 2014–208695, [HHS Ref. No.: E–217–2007/0–JP–09], Filed: May 30, 2008; U.S. Patent Application No.: 14/754,304, [HHS Ref. No.: E–217–2007/0–US–10], Filed: June 29, 2015; CA Patent Application No.: 2903133, [HHS Ref. No.: E–217–2007/0–CA–11], Filed: May 30, 2008; IL Patent Application No.: 245026, [HHS Ref. No.: E–217–2007/0–IL–12], Filed: March 8, 2013; JP Patent Application No.: 2016–159061, [HHS Ref. No.: E–217–2007/0–JP–13], Filed: August 15, 2016; EP Patent Application No.: 16196935.7, [HHS Ref. No.: E–217–2007/0–EP–14], Filed: March 8, 2013; U.S. Patent Application No.: 15/702,529, [HHS Ref. No.: E–217–2007/0–US–08], Filed: September 12, 2017; and all continuing applications and foreign counterparts.