of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

CDC is responsible for administering and monitoring the National Program of Cancer Registries (NPCR). The NPCR provides technical assistance and funding and sets program standards to assure that complete local, state, regional, and national cancer incidence data are available for national and state cancer control and prevention activities and health planning activities. As of 2008, CDC supports 49 population-based central cancer registries (CCR) in 45 states, two territories, the District of Columbia, and the Pacific Islands. The National Cancer Institute supports the operations of CCRs in the five remaining states.

Cancer registries currently submit information about registry operations to CDC on an annual basis via a secure, web-based Annual Program Evaluation Instrument (APEI) (OMB 0920–0706, exp. 12/31/2008). During the next OMB approval period, CDC proposes to change the data collection frequency from annual to every other year, with data collection occurring only in odd-numbered years. This change will reduce burden to respondents. The project title and the instrument will be revised to reflect the change in data collection frequency (from National Program of Cancer Registries Annual Program Evaluation Instrument (NPCR–APEI) to National Program of Cancer Registries Program Evaluation Instrument (NPCR–PEI)).

The Program Evaluation Instrument (NCPR–PEI) includes questions about the following categories of registry operations: (1) Staffing, (2) legislation, (3) administration, (4) reporting completeness, (5) data exchange, (6) data content and format, (7) data quality assurance, (8) data use, (9) collaborative relationships, (10) advanced activities, (11) ''success stories'' that summarize ways in which CCR data are used, and (12) survey feedback. Examples of information that can be obtained from various questions include, but are not limited to: (1) Number of filled full-time staff positions by position responsibility; (2) legislation protecting the confidentiality of CCR data; (3) data quality control activities; (4) data collection activities as they relate to achieving NPCR standards for data completeness; and (5) whether or not registry data are used for comprehensive cancer control programs, needs assessment/program planning, clinical studies, or incidence and mortality estimates.

The NPCR–PEI is needed in order to receive, process, evaluate, aggregate, and disseminate NPCR program information. The information is used by CDC and the NPCR-funded registries to monitor progress toward meeting established program standards, goals, and objectives; to evaluate various attributes of the registries funded by NPCR; and to respond to data inquiries made by CDC and other agencies of the federal government.

CDC requests OMB approval for a period of three years to collect information in the summer of 2009 and the summer of 2011. There are no costs to respondents except their time.

The estimated annualized burden hours are summarized in the table below.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
NPCR Grantees	33	1	1.5	50

Dated: June 13, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–14152 Filed 6–20–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–08BE]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 and send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov.*

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection 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 on respondents, including through the use of automated collection techniques or other forms of information technology. Written comments should be received within 60 days of this notice.

Proposed Project

Chronic Hepatitis Cohort Study (CHeCS)—New—National Center for HIV, Hepatitis, STD, and TB Prevention (NCHHSTP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Approximately 3.2 million Americans are chronically infected with hepatitis C virus and 1.25 million Americans are

chronically infected with hepatitis B virus. Each year, there are approximately 8,000–10,000 hepatitis C virus infection related deaths and 3,000–5,000 hepatitis B virus infection related deaths.

Current surveillance activities are not designed to monitor long-term outcomes and merely report diagnosed cases of hepatitis B and hepatitis C virus infections. In order to investigate long-term effects of new therapies for chronic viral hepatitis B and C infections, we need longitudinal observational cohorts of persons chronically infected with hepatitis B and/or C virus. Information from longitudinal cohorts of patients with chronic hepatitis B and C virus infection will provide an understanding of the spectrum and natural history and, the public health impact of chronic hepatitis disease.

The proposed project will establish a longitudinal observational cohort of patients with chronic viral hepatitis in one or more clinical centers. A patient behavior questionnaire will be included with the clinical information that physicians routinely collect when evaluating and examining a patient (*i.e.* during physician-patient interactions). The information linking behaviors with the clinical information from this longitudinal study will enable better care and management of persons with chronic hepatitis B and C virus infections and reduce hepatitis-related mortality.

The total annual burden for this project is expected to be 500 hours. The information to be collected in the patient behavior questionnaire includes demographic data, alcohol or drug use, access to care, quality of life, and adherence to prescribed therapy, which is essential in order to be able to correctly interpret clinical outcomes data. These data will be used to describe the spectrum and natural history of disease associated with chronic hepatitis B and C virus infection, to determine the extent of health burden and mortality related to chronic viral hepatitis, describe the characteristics of persons in care for chronic viral hepatitis infection, describe access to and effectiveness of recommended preventive and therapeutic interventions, and evaluate ongoing risk behaviors and their impact on health outcomes.

Participation in this data collection is voluntary and there is no cost to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Patients with chronic hepatitis B or C virus infection	1000	1	30/60	500

Dated: June 13, 2008.

Maryam I. Daneshvar,

Acting Reports Clearance Officer, Centers for Disease Control and Prevention.

[FR Doc. E8–14154 Filed 6–20–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and ControlSpecial Emphasis Panel (SEP): Health Promotion and Disease Prevention Research Centers: FY08 Special Interest Project Competitive Supplements, Program Announcement Number (PA) DP 08–002

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting:

Time and Dates: 8 a.m.–5 p.m., July 9, 2008 (Closed).8 a.m.–5 p.m., July 10, 2008 (Closed).

Place: Teleconference.

Status: The meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters to be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to ''Health Promotion and Disease Prevention Research Centers: FY08 Special Interest Project Competitive Supplements, PA DP 08–002.''

Contact Person for More Information: K. Ann Berry, Senior Scientist, CDC, 1600 Clifton Road, NE., Mailstop E20, Atlanta, GA 30333, Telephone (404) 498–2503.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: June 16, 2008.

Elaine L. Baker,

Director, Management Analysis and Services Office,Centers for Disease Control and Prevention.

[FR Doc. E8–14082 Filed 6–20–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Spina Bifida Patient Registry Demonstration Project (U01), Program Announcement Number (PA) DP 08–001

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned meeting.

Time and Date: 8 a.m.–5 p.m., July 10, 2008 (Closed).

Place: Grand Hyatt Atlanta, 3300 Peachtree Road, NE., Atlanta, GA 30305, Telephone: (404) 237–1234.

Status: The meeting will be closed to the public in accordance with provisions set forth in section 552b(c)(4) and (6), Title 5 U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Public Law 92–463.

Matters To Be Discussed: The meeting will include the review, discussion, and evaluation of applications received in response to ''Spina Bifida Patient Registry Demonstration Project (U01), PA DP 08–001.''

For More Information Contact: Gwendolyn Cattledge, Deputy Associate Director for Science, CDC, 1600 Clifton Road, NE.,