

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center For Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, November 17, 2015, 11:00 a.m. to November 17, 2015, 5:00 p.m., National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892 which was published in the Federal Register on October 22, 2015, 80 FR 64007.

The meeting notice is amended to change the date of the meeting from November 17, 2015 to December 3, 2015. The meeting time and location remains the same. The meeting is closed to the public.

Dated: October 23, 2015.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2015-27584 Filed 10-28-15; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Pathways to Prevention Workshop: Total Worker Health®—What's Work Got To Do With It?

SUMMARY: The National Institutes of Health (NIH) will host a workshop about Total Worker Health® on December 9–10, 2015. The workshop is free and open to the public.

DATES: December 9, 2015, from 8:30 a.m.–1:30 p.m. and December 10, 2015, from 8:30 a.m.–3:30 p.m.

ADDRESSES: The workshop will be held at the NIH, Masur Auditorium, Building 10 (Clinical Center), 9000 Rockville Pike, Bethesda, Maryland 20892. Registration and workshop information are available on the NIH Office of Disease Prevention (ODP) Web site at <https://prevention.nih.gov/twh>.

FOR FURTHER INFORMATION CONTACT: For further information concerning this workshop, contact the ODP at prevention@mail.nih.gov, 6100 Executive Blvd., Room 2B03, MSC 7523, Bethesda, MD 20892-7523; Telephone: 301-496-1508; FAX: 301-480-7660.

SUPPLEMENTARY INFORMATION: A Total Worker Health (TWH) approach is defined as policies, programs, and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness

prevention efforts to advance worker well-being. National Institute for Occupational Safety and Health (NIOSH) launched the Total Worker Health program to improve worker health and workplace safety.

One hundred forty-five million Americans are workers, and most spend at least 50% of their active time at the workplace. Despite improvements in occupational safety and health over the last several decades, workers continue to suffer work-related illnesses, injuries, and deaths. In 2007, it is estimated that there were over 53,000 deaths caused by work-related illnesses, and the estimated total cost of occupational injuries, illnesses, and fatalities was \$250 billion. Furthermore, according to the Bureau of Labor Statistics, in 2013, more than 4,500 U.S. workers died from work-related injuries, and more than 3 million workers had a nonfatal occupational injury or illness. Also in 2013, according to the NIOSH, 2.8 million workers were treated in emergency departments for occupational injuries and illnesses, and approximately 140,000 workers were hospitalized.

TWH builds upon a foundation of protecting workers from work-related exposures and hazards by championing a holistic understanding of the myriad of factors that influence safety, health, and well-being. An integrated approach recognizes that risk factors in the workplace can contribute to many health problems previously considered unrelated to work, including cardiovascular disease, obesity, depression, and sleep disorders. With wide variation in the landscape of the workplace (e.g., workplace culture, organization of work, working conditions, size of the employer) and the workforce (e.g., age, gender, access to preventive health care), this often translates to diversity in the safety and health risks for each industry sector and the need for tailored, comprehensive interventions.

Traditionally, workplace systems addressing worker safety, health, and well-being have operated separately. An integrated approach would address the overall influences that the nature and conditions of the work itself (e.g., stress levels, work schedules, trip or fall hazards) have on worker health. TWH promotes the integration of diverse relevant programs, including occupational safety and health, worksite health, disability management, workers' compensation, and human resource benefits. There is evidence that combining efforts through integrated workplace interventions helps safeguard the well-being of workers.

Although the benefits and synergistic possibilities of an integrated approach may seem obvious, integrated programs have not been sufficiently validated by the current research. To better understand the benefits of an integrated approach, the NIH will engage in a rigorous assessment of the available scientific evidence. The NIOSH, the National Heart, Lung, and Blood Institute, and the NIH Office of Disease Prevention (ODP) are sponsoring the December 9–10, 2015, Pathways to Prevention Workshop: Total Worker Health®—What's Work Got to Do With It? The workshop will evaluate the current state of knowledge on integrated approaches to worker safety, health, and well-being and will plot the direction for future research. Specifically, the workshop will seek to clarify the following questions:

- What studies exist assessing integrated interventions?
- What are the known benefits and harms of integrated interventions?
- What are the characteristics of effective integrated/combined interventions and programs?
- What factors influence the effectiveness of integrated interventions?
- What are the key evidence gaps?

Initial planning for each Pathways to Prevention workshop, regardless of the topic, is coordinated by a Content-Area Expert Group that nominates panelists and speakers and develops and finalizes questions that frame the workshop. After the questions are finalized, an evidence report is prepared by an Evidence-based Practice Center, through a contract with the Agency for Healthcare Research and Quality. During the 1½-day workshop, invited experts discuss the body of evidence, and attendees provide comments during open discussion periods. After weighing evidence from the evidence report, expert presentations, and public comments, an unbiased, independent panel prepares a draft report that identifies research gaps and future research priorities. The draft report is posted on the ODP Web site for public comment. After reviewing the public comments, the panel prepares a final report, which is also posted on the ODP Web site. Approximately 6–8 months after the workshop, the ODP convenes a Federal Partners Meeting to review the panel report and identify possible opportunities for collaboration.

Please Note: As part of measures to ensure the safety of the NIH employees and property, all visitors must be prepared to show a photo ID upon request. Visitors may be required to pass through a metal detector and have bags, backpacks, or purses

inspected or x-rayed as they enter the NIH campus. For more information about the security measures at NIH, please visit <http://www.nih.gov/about/visitorsecurity.htm>.

Dated: October 22, 2015.

Lawrence A. Tabak,

Deputy Director, National Institutes of Health.

[FR Doc. 2015-27627 Filed 10-28-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings 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 the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Neural injury and Neurodegeneration.

Date: November 12, 2015.

Time: 1:00 p.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: Laurent Taupenot, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4188, MSC 7850, Bethesda, MD 20892, 301-435-1203, laurent.taupenot@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Application Re-Review: Neurobiology of the Cochlear.

Date: November 18, 2015.

Time: 2:00 p.m. to 3:30 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

Contact Person: Wei-Qin Zhao, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5181 MSC 7846, Bethesda, MD 20892-7846, 301-435-1236, zhaow@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333,

93.337, 93.393-93.396, 93.837-93.844, 93.846-93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: October 23, 2015.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2015-27583 Filed 10-28-15; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; A Multi-Center International Hospital-Based Case-Control Study of Lymphoma in Asia (AsiaLymph) (NCI)

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National Institutes of Health, has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on August 28, 2015, page number 52325 and allowed 60-days for public comment. One public comment was received. The purpose of this notice is to allow an additional 30 days for public comment. 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.

Direct Comments to OMB: 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: NIH Desk Officer.

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

FOR FURTHER INFORMATION CONTACT: To obtain a copy of the data collection plans and instruments, or request more information on the proposed project, contact: Nathaniel Rothman, Senior Investigator, Division of Cancer Epidemiology and Genetics, 9609 Medical Center Drive MSC 9776 Room

6E134, Rockville, MD 20850 or call non-toll-free number (240) 276-7169 or Email your request, including your address to: rothmann@mail.nih.gov.

Proposed Collection: A Multi-Center International Hospital-Based Case-Control Study of Lymphoma in Asia (AsiaLymph) (NCI), 0925-0654, Expiration Date 10/31/2015—REVISION, National Institutes of Health (NIH).

Need and Use of Information Collection: Incidence rates of certain lymphomas have increased in the United States and in many other parts of the world. The contribution of environmental, occupational, and genetic factors to the cause of lymphoma and leukemia has generated a series of novel findings from epidemiological studies conducted in the United States that have attempted to explain this increase. However, none of the chemical associations have been conclusively established and the identification of the key, functional alleles in gene regions associated with risk of lymphoma requires further elucidation. Further, the ability to follow-up, confirm, and extend these observations in the United States is limited by the low prevalence and limited range of several important chemical and viral exposures and the high to complete linkage disequilibrium among key candidate genetic loci in Western populations. To optimize the ability to build on and clarify these findings, it is necessary to investigate populations that differ from those in the West in both exposure patterns and underlying genetic structure. A multidisciplinary case-control study of lymphoma in Asia, where lymphoma rates have also risen, provides an opportunity to replicate and extend recent and novel observations made in studies in the West in a population that is distinctly different with regard to patterns of key risk factors, including range of exposures, prevalence of exposures, correlations between exposures, and variation in gene regions of particular interest. It will also improve the ability to understand the causes of certain types of rare lymphoma tumors in the United States that occur at much higher rates in Asia. As such, AsiaLymph will confirm and extend previous findings and yield novel insights into the causes of lymphoma and leukemia in both Asia and in the United States. The major postulated risk factors for evaluation in this study are chemical exposures (*i.e.*, organochlorines, trichloroethylene, and benzene) and genetic susceptibility. Other factors potentially related to lymphoma, such as viral infections,