profit; Not-for-profit institutions; Federal Government; State, Local or Tribal Government. *Type of Respondents:* Adult cancer patients; members of the public; health care professionals; organizational representatives. The annual reporting burden is as follows: *Estimated Number of Respondents:* 13,780; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response;* 1458; and *Estimated Total Annual Burden Hours Requested:* 2,010. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on 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 their forms of information technology.

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 Ellen Eisner, Communications Research Manager, Health Promotion Branch, OCC, NCI, NIH, Building 31, Room 10A03, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 496–6667 or E-mail your request, including your address to EisnerE@occ.nci.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received by June 3, 1997.

Dated: March 27, 1997.

Nancie L. Bliss,

Project Clearance Liaison, NCI.

[FR Doc. 97–8595 Filed 4–3–97; 8:45 am]

BILLING CODE 4140–01–M

A Comprehensive Alcohol Education Program for Pre-Adolescents Using Interactive Multimedia; Submission for OMB Review; Comment Request

SUMMARY: Under the provisions of Section 3506 © (2) (A) of the Paperwork Reduction Act of 1995, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously in the **Federal Register** on March 22, 1996, and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The NIH 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 September 28, 1997, unless it displays a currently valid OMB control number.

PROPOSED COLLECTION: *Title:* A Comprehensive Alcohol Education Program for Pre-Adolescents Using Interactive Multimedia. *Type of Information Collection request:* NEW. *Need and Use of Information Collection:* The information proposed for collection will be used by the NIAAA to determine the efficacy of interactive multimedia for delaying the onset of drinking among 7th and 8th grade males and females. Interactive multimedia enables the combination of the elements of television and movies that engage and motivate the target populations with computer-based interaction, simulations, and games to (1) increase information about the negative consequences of teen drinking and (2) teach practical skills for avoiding and refusing alcohol. Subject participation will involve (1) focus groups, during development of the multimedia program, and (2) post-development behavioral trials.

Frequency of Response: On Occasion.

Affected Public: Pre-adolescents.

Type of Respondents: Minor Students (Grades 7th and 8th).

Estimated Number of Respondents: 308.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours per Response: .281.

And Estimated Total Annual Burden Hours Requested: 89.2.

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

The annual burden estimates are as follows:

Type and number of respondents	Responses per respondent	Total responses	Hours	Total hours
Focus Group Subjects 40	1	40	0.5	20
Trial Subjects 268	4	1072	0.5	536

Total Number of Respondents: 308.

Total Number of Responses: 1112.

Total Hours: 556.

REQUEST FOR COMMENTS: Comments are invited on: (a) whether the proposed collection is necessary, including whether the information has practical use; (b) ways to enhance the clarity, quality, and use of the information to be collected;© the accuracy of the agency estimate of burden of the proposed collection; and (d) ways to minimize the collection burden of the respondents. Send written comments to Dr. Kendall Bryant, Prevention Research Branch, Division of Clinical and Prevention Research (DCPR), NIAAA, NIH, Willco Building, Room 505, 6000 Executive Boulevard, MSC 7003, Bethesda, Maryland 20892–7003.

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, New Executive Office Building, Room 10235, Washington, DC 20503, 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, contact Dr. Kendall Bryant, Prevention Research Branch, Division of Clinical and Prevention Research (DCPR), NIAAA, NIH, Willco Building, Room 505, 6000 Executive Boulevard, MSC 7003, Bethesda, Maryland 20892–7003, or call non-toll-free number (301) 443–8820.

COMMENTS DUE DATE: Comments regarding this information collection are

best assured of having their full effect if received by May 5, 1997.

Dated: March 26, 1997.

Martin K. Trusty,

Executive Officer, NIAAA.

[FR Doc. 97–8594 Filed 4–3–97; 8:45 am]

BILLING CODE 4140–01–M

Consensus Development Conference on Genetic Testing for Cystic Fibrosis

Notice is hereby given of the NIH Consensus Development Conference on ''Genetic Testing for Cystic Fibrosis,'' which will be held April 14–16, 1997, in the Natcher Conference Center of the National Institutes of Health, 9000 Rockville Pike, Bethesda, Maryland 20892. The conference begins at 8:30 a.m. on April 14, at 8:30 a.m. on April 15, and at 9:00 a.m. on April 16.

At the beginning of this decade, a test was developed which could identify individuals who carried the genetic mutation associated with cystic fibrosis. Concerned that this test might be inappropriately or prematurely used, a number of genetic and health professional organizations issued recommendations on its use. These groups considered the circumstances under which the tests should be offered and the populations that would potentially benefit. In almost every case, recommendations were made against using the test for large-scale population-based screening until more sensitive tests were developed and more had been learned about the risks and benefits of genetic testing for individuals and their families. Several statements called for additional support for research on the educational, laboratory, counseling, ethical, and cost/benefit issues associated with the delivery of population-based screening for cystic fibrosis. Since that time new research has yielded a large body of new data on these issues.

This conference will bring together the research investigators, health care providers, epidemiologists, geneticists, ethicists and other experts, as well as representatives of the public, to present and discuss the latest data.

After 1½ days of presentations and audience discussion, an independent, non-Federal consensus panel will weigh the scientific evidence and write a draft statement that it will present to the audience on the third day. The consensus statement will address the following key questions:

—What is the current state of knowledge regarding cystic fibrosis natural history, epidemiology, genotype-phenotype correlations, treatment, and genetic testing in various populations?

—What has been learned about genetic testing for cystic fibrosis regarding (public and health professional) knowledge and attitudes, interest and demand, risks and benefits, effectiveness, cost, and impact?

—Should cystic fibrosis carrier testing be offered to: (1) individuals with a family history of cystic fibrosis; (2) adults in the preconception or prenatal period; and/or (3) the general population?

—What are the optimal practices for cystic fibrosis genetic testing (setting, timing, and the practices of education, consent, and counseling)?

—What should be the future directions for research relevant to genetic testing for cystic fibrosis and, more broadly, for research and public policy on genetic testing?

The primary sponsors of this meeting are the National Human Genome Research Institute and the NIH Office of Medical Applications Research. The conference is cosponsored by: the National Institute of Diabetes and Digestive and Kidney Diseases; the National Heart, Lung, and Blood Institute; the National Institute of Child Health and Human Development; the NIH Office of Rare Diseases; the National Institute of Mental Health; the National Institute of Nursing Research; the NIH Office of Research on Women's Health; the Agency for Health Care Policy Research; and the Centers for Disease Control and Prevention.

Advance information on the conference program and conference registration materials may be obtained from: Rose Salton, Technical Resources International, Inc., 3202 Tower Oaks Blvd., Suite 200, Rockville, Maryland 20852, (301) 770–3153, confdept@tech-res.com. The consensus statement will be submitted for publication in professional journals and other publications. In addition, the statement will be available beginning April 16, 1997 from the NIH Consensus Program Information Center, P.O. Box 2577, Kensington, Maryland 20891, phone 1–888–NIH–CONSENSUS (1–888–644–2667) and from the NIH Consensus Program site on the World Wide Web at http://consensus.nih.gov.

Dated: March 26, 1997.

Ruth L. Kirschstein,

Deputy Director, NIH.

[FR Doc. 97–8593 Filed 4–3–97; 8:45 am]

BILLING CODE 4140–01–M

National Center for Research Resources; Notice of Meeting of the National Advisory Research Resources Council and its Planning Subcommittee

Pursuant to Pub. L. 92–463, notice is hereby given of the meeting of the National Advisory Research Resources Council (NARRC), National Center for Research Resources (NCRR). This meeting will be open to the public as indicated below. Attendance by the public will be limited to space available.

This meeting will be closed to the public as indicated below in accordance with provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. and sec. 10(d) of Pub. L. 92–463, for the review, discussion and evaluation of individual grant applications. The applications and the discussions could reveal confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Ms. Maureen Mylander, Public Affairs Officer, NCRR, National Institutes of Health, 1 Rockledge Center, Room 5146, 6705 Rockledge Drive, MSC 7965, Bethesda, Maryland 20892–7965, (301) 435–0888, will provide a summary of the meeting and a roster of the members upon request. Other information pertaining to the meeting can be obtained from the Executive Secretary indicated. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should contact the Executive Secretary in advance of the meeting.

Name of Committee: The Subcommittee on Planning of the National Advisory Research Resources Council.

Place of Meeting: National Institutes of Health, 9000 Rockville Pike, Conference Room D, Natcher Building 45, Bethesda, Maryland 20892.

Open: May 22, 7:30 a.m.–8:45 a.m.

Purpose/Agenda: To discuss policy issues.

Name of Committee: National Advisory Research Resources Council.

Place of Meeting: National Institutes of Health, 9000 Rockville Pike, Conference Room E1 and E2, Natcher Building 45, Bethesda, Maryland 20892.

Open: May 22, 9 a.m. until recess.

Closed: May 23, 8:30 a.m. until 9:45 a.m.

Open: May 23, 10:00 a.m. until adjournment.

Purpose/Agenda: Report of Center Director and other issues related to Council business.

Executive Secretary: Louise Ramm, Ph.D., Deputy Director, National Center for Research Resources, Building 12A, Room