Dated: August 4, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99–22152 Filed 8–25–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the 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 published in the **Federal Register** on April 16, 1999, pages 18918–18919 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 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.

Proposed Collection

Title: Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial. Type of Information Collection Request: Revision, OMB control number 0925–0407, expiration date October 31, 1999. Need and Use of Information Collection: This trial is designed to determine if screening for prostate, lung, colorectal and ovarian cancer can reduce mortality from these cancers which currently cause an estimated 251,000 deaths annually in the U.S. The design is a two-armed randomized trial of men and women aged 55 to 74 at entry. The anticipated total sample size, after eight years of recruitment, is projected to be 148,000. The primary endpoint of the trial is cancer-specific mortality for each of the four cancer sites (prostate, lung, colorectal, and ovary). In addition, cancer incidence, stage shift, and case survival are to be monitored to help understand and explain results. Biologic prognostic characteristics of the cancers will be measured and correlated with mortality to determine the mortality predictive value of these intermediate endpoints. Basic demographic data, risk factor data for the four cancer sites and screening history data, as collected from all subjects at baseline, will be used to assure comparability between the screening and control groups and make appropriate adjustments in analysis. Further, demographic and risk factor information will be used to analyze the differential effectiveness of screening in high versus low risk individuals. Frequency of Response: On occasion. Affected Public: Individuals or households. Type of Respondents: Adult men and women. The annual reporting burden is as follows: Estimated Number of Respondents: 142,359; Estimated Number of Responses per Respondent: 1.65; Average Burden Hours Per Response: 0.40; and Estimated Total Annual Burden Hours Requested: 94,809. The annualized cost to respondents is estimated at: $948,090. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) 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 the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

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. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. John Gohagan, Chief, Early Detection Research Group, National Cancer Institute, NIH, EPN Building, Room 330, 6130 Executive Boulevard, MSC7346, Bethesda, MD 20892–7346, or call non-toll-free number (301) 496–3982 or E-mail your request, including your address to: JG72P@.NIH.GOV

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before September 27, 1999.

Dated: August 19, 1999.

Reesa L. Nichols,

NCI Project Clearance Liaison.

[FR Doc. 99–22242 Filed 8–25–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Call for Nominations for the National Cancer Institute Director's Consumer Liaison Group

The National Cancer Institute (NCI), the Federal Government's primary agency for cancer research, is now accepting nominations for five members of the National Cancer Institute Director's Consumer Liaison Group (DCLG) who will be appointed in July, 2000. The DCLG is a chartered Federal advisory committee of the NCI. It consists of 15 consumer advocates who are involved in cancer advocacy and who reflect the diversity among those whose lives are affected by cancer. DCLG members are appointed for three-year terms.

NCI brings together these advocates from many communities to advise and make recommendations to the Director, NCI, from the consumer advocate perspective on a wide variety of issues, programs and research priorities. The DCLG serves as a channel for consumer advocates to voice their views and concerns. Specifically the DCLG members:

- Help develop and establish processes, mechanisms, and criteria for identifying appropriate consumer advocates to serve on a variety of program and policy advisory committees responsible for advancing the mission of the NCI.
- Serve as a primary forum for discussing issues and concerns and exchanging viewpoints that are important to the broad development of the NCI programmatic and research priorities.
- Establish and maintain strong collaborations between the NCI and the

cancer advocacy community to reach common goals.

Eligibility Requirements for Individual Members

To serve on the DCLG, a member must meet the following minimum eligibility requirements:

- Be involved in the cancer experience as a cancer survivor, a person affected by the suffering and consequences of cancer, or a professional or volunteer who works with survivors or those affected.
- Represent a constituency (formally or informally) with whom she or he communicates regularly on cancer issues and be able to serve as a conduit for information both to and from his/her constituency.

DCLG members must be committed to participating in all activities of the DCLG which includes at least two meetings a year in Bethesda.

Criteria for Evaluating Individual Candidates

Nominees who meet the minimum eligibility requirements will be further assessed based on the following criteria:

- Cancer advocacy experience.
- Ability to communicate effectively.
- Ability to represent broad issues, think ''globally''.
- Ability to contribute to an effective group process.
- Leadership ability.

Characteristics of the DCLG

In addition to the criteria for individual candidates, the following characteristics of the DCLG as a group are intended to ensure that it reflects the breadth and diversity of the consumer advocacy community:

- Multicultural diversity.
- A broad mix of cancer sites.
- Representation of the medically underserved.
- Men and women.
- A range of organizations (local/regional and national).
- Age diversity.
- Geographic diversity (rural/urban mix).

Selection Process

A call for nominations is disseminated annually to a broad range of groups, including local, regional and national organizations, to encourage nominations of candidates reflecting the diversity sought for the DCLG. All nominees are screened for eligibility, then evaluated according to the criteria. A list of highly qualified candidates who reflect balance and diversity of representation is forwarded to the Director, NCI, who selects the DCLG members. The original members of the DCLG endorsed this process, which will be used to select future members.

Nominations may come from members of organizations, or individuals, including self-nominations. The nominations must be postmarked no later than November 1, 1999. To request a nomination package send your name, advocacy organization affiliation (if any), and address to the Office of Liaison Activities, NCI, Building 31; Room 10A06, 31 Center Drive, MSC 2580, Bethesda, MD 20892–2580. You may also request a package via fax to 301 480–7558 or e-mail to liaison@od.nci.nih.gov

Dated: August 19, 1999.

LaVerne Stringfield,

Director, Office of Federal Advisory Committee Policy, National Institutes of Health.

[FR Doc. 99–22237 Filed 8–25–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Establishment

Pursuant to the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), the Director, National Institutes of Health, announces the establishment of the Secretary's Advisory Committee on Xenotransplantation (Committee).

This Committee will advise the Secretary of Health and Human Services, through the Assistant Secretary for Health, on all aspects of the scientific development and clinical applications of xenotransplantation. The Committee's charge includes: advise on the current state of knowledge regarding xenotransplantation, review current and proposed xenotransplantation clinical trails, identify and discuss the medical, scientific, ethical, legal, and/or socioeconomic issues raised by these clinical trials, advise on the potential for transmission of infectious diseases, recommend changes to the PHS Guidelines on Infectious Disease Issues in Xenotransplantation, and discuss other issues that are relevant to xenotransplantation.

Unless renewed by appropriate action prior to its expiration, the Charter for the Secretary's Advisory Committee on Xenotransplantation will expire two years from the date of establishment.

Dated: August 16, 1999.

Harold Varmus,

Director, National Institutes of Health.

[FR Doc. 99–22240 Filed 8–25–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

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: National Center for Research Resources Initial Review Group Comparative Medicine Review Committee.

Date: October 13–14, 1999.

Open: October 13, 1999, 8:00 AM to 9:30 AM.

Agenda: To discuss program planning and program accomplishments.

Place: One Washington Circle Hotel, Conference Center, One Washington Circle, Washington, DC 20037.

Closed: October 13, 1999, 9:30 AM to Adjournment.

Agenda: To review and evaluate grant applications.

Place: One Washington Circle Hotel, Conference Center, One Washington Circle, Washington, DC 20037.

Contact Person: John D. Harding, PhD, Scientific Review Administrator, Office Of Review, National Center for Research Resources, 6705 Rockledge Drive, MSC 7965, Room 6018, Bethesda, MD 20892–7965, (301) 435–0810.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine, 93.306; 93.333, Clinical Research, 93.333; 93.371, Biomedical Technology; 93.389, Research Infrastructure, National Institutes of Health, HHS)