iii. Hyaluronic acid (to be assessed for review in next update)
C. Topical and transdermal agents (to be assessed for review in next update)
i. Capsaicin (to be assessed for review in next update)
ii. NSAIDs (to be assessed for review in next update)
II. Cell-based therapies
A. Platelet-rich plasma
B. Intraarticular or arthroscopic administration of mesenchymal stem-cells or chondrocytes or tissue
C. Exclusions:
i. Phase I or II trials will not be included for efficacy, as the interventions are generally not FDA-approved for use.
III. Physical treatments and/or weight loss
A. Physical therapy and exercise programs
i. Manual therapy
ii. Land-based therapy and/or exercise
iii. Exercise programs (aerobic, resistance)
iv. Aquatherapy
v. Balneotherapy, mud therapy
vi. Heat or cold
vii. Self-management programs
B. Weight loss
C. Braces or kinesiology taping
D. Orthotic shoe inserts and/or wedges
E. Vibrating platform
F. Neuromuscular electrical stimulation (*e.g.,* Transcutaneous electrical nerve stimulation)
IV. Acupuncture (to be assessed for review in next update)
A. Needle acupuncture alone (to be assessed for review in next update)
B. Moxibustion (to be assessed for review in next update)
V. Combination interventions (to be assessed for review in next update)
A. Sequential treatment algorithms (to be assessed for review in next update)

Comparators

I. Pharmacologic treatments: Placebo-controlled or head-to-head non-inferiority only
II. Cell-based therapies: Placebo- or sham-controlled only
III. Physical treatments and/or weight loss: Placebo-controlled, usual care-controlled, or wait list-controlled only except for weight loss
IV. Neuromuscular electrical stimulation: Sham stimulation without current
V. Wait list
VI. Treatment as usual
VII. Studies that use the untreated knee as a control will be excluded, based on evidence indicating that individuals with OA in one knee are likely to have some, but not necessarily identically, reduced function in the other knee and that treatment of one knee only may improve pain in that knee but may not markedly improve function
VIII. Studies that use participants as their own controls will be excluded, unless no randomized controlled trials are identified for a particular intervention of interest, as quasi-experimental designs provide weaker evidence.
IX. Exclusions:
A. Studies that use an active control that has not been established to be effective will be excluded. Efficacy and effectiveness must be established before examining comparative effectiveness questions.

Outcomes

I. Short-term clinical outcomes
A. Pain (*e.g.,* VAS, WOMAC, KOOS,)
B. Joint stiffness (WOMAC)
C. Function (WOMAC, Lequesne, others)
D. OARSI physical outcomes (*e.g.,* timed up-and-go, 6-minute walk test)
E. Patient Reported Outcome Measurement System (PROMIS®) and Osteoarthritis-Computer Adaptive Test (OA–CAT)
F. Inflammation or effusion
G. Medication use
II. Long-term clinical outcomes
A. Any of the short-term clinical outcomes
B. Instrumental activities of daily living (IADLs)
C. Quality of life (*e.g.,* SF–36, EuroQuol EQ–5D, Arthritis Self-Efficacy scale, global assessment, patient satisfaction)
D. Surgery (*i.e.,* rate of undergoing knee replacement)
III. Adverse effects of intervention(s)
IV. Outcome reporting
A. Only studies that report outcomes for knee OA alone
B. Mean differences at followup or percent of responders at followup will be abstracted

Timing

Minimum 1 month follow-up from initiation of treatment

Settings

Any setting

Andrew B. Bindman,

AHRQ Director.

[FR Doc. 2016–16632 Filed 7–13–16; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH), Safety and Occupational Health Study Section: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Safety and Occupational Health Study Section, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through June 30, 2018.

For more information contact: JoAnne Fairbanks, Executive Secretary, Safety and Occupational Health Study Section, Department of Health and Human Services, 1600 Clifton Road NE., Mailstop E74, Atlanta, Georgia 30333, telephone 304/285–6143 or fax 304/285–6147.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Catherine Ramadei,

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

[FR Doc. 2016–16583 Filed 7–13–16; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH), Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), and pursuant to the requirements of 42 CFR 83.15(a), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Times and Dates: 8:15 a.m.–5:00 p.m., Mountain Time, August 9, 2016; 8:15 a.m.–1:00 p.m., Mountain Time, August 10, 2016.

Public Comment Time and Date: 5:00 p.m.–6:00 p.m.*, Mountain Time, August 9, 2016.

* Please note that the public comment period may end before the time indicated, following the last call for comments. Members of the public who wish to provide public comments should plan to attend the public comment session at the start time listed.

Place: Residence Inn by Marriott, 635 West Broadway, Idaho Falls, Idaho 83402; Phone: (208) 542–0000; Fax: (208) 542–0021.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 100 people. The public is also welcome to listen to the meeting by joining the teleconference at USA toll-free, dial-in number, 1–866–659–0537 and the pass code is 9933701.

Live Meeting Connection: https://www.livemeeting.com/cc/cdc/join?id=M3QDP7&role=attend&pw=ABRWH; Meeting ID: M3QDP; Entry Code: ABRWH.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, rechartered on March 22, 2016 pursuant to Executive Order 13708, and will expire on September 30, 2017.

Purpose: This Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advising the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters for Discussion: The agenda for the Advisory Board meeting includes: NIOSH Program Update; Department of Labor Program Update; Department of Energy Program Update; Report by the Dose Reconstruction Review Methods Work Group; Dose Reconstruction Report to the Secretary; SEC Petitions Update; Site Profile review for: Pinellas Plant (Clearwater, Florida), and United Nuclear Co. (Hematite, Missouri); SEC petitions for: Area IV of Santa Susana Field Laboratory (1965; Ventura County, California), Argonne National Laboratory West (1951–1979; Scoville, Idaho), Blockson Chemical Company (1960–1991; Joliet, Illinois), Idaho National Laboratory (1949–1970; Scoville, Idaho), Savannah River Site (1973–2007; Aiken, South Carolina), and Westinghouse Electric Co. (1960–2011; Bloomfield, New Jersey); and a Board Work Session.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted to the contact person below well in advance of the meeting. Any written comments received will be provided at the meeting in accordance with the redaction policy provided below.

Policy on Redaction of Board Meeting Transcripts (Public Comment):

(1) If a person making a comment gives his or her personal information, no attempt will be made to redact the name; however, NIOSH will redact other personally identifiable information, such as contact information, social security numbers, case numbers, etc., of the commenter.

(2) If an individual in making a statement reveals personal information (*e.g.,* medical or employment information) about themselves that information will not usually be redacted. The NIOSH Freedom of Information Act (FOIA) coordinator will, however, review such revelations in accordance with the Federal Advisory Committee Act and if deemed appropriate, will redact such information.

(3) If a commenter reveals personal information concerning a living third party, that information will be reviewed by the NIOSH FOIA coordinator, and upon determination, if deemed appropriate, such information will be redacted, unless the disclosure is made by the third party's authorized representative under the Energy Employees Occupational Illness Compensation Program Act (EEOICPA) program.

(4) In general, information concerning a deceased third party may be disclosed; however, such information will be redacted if (a) the disclosure is made by an individual other than the survivor claimant, a parent, spouse, or child, or the authorized representative of the deceased third party; (b) if it is unclear whether the third party is living or deceased; or (c) the information is unrelated or irrelevant to the purpose of the disclosure.

The Board will take reasonable steps to ensure that individuals making public comment are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of each public comment period stating that transcripts will be posted and names of speakers will not be redacted; (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments; (c) A statement such as outlined in (a) above will also appear with the agenda for a Board Meeting when it is posted on the NIOSH Web site; (d) A statement such as in (a) above will appear in the **Federal Register** Notice that announces Board and Subcommittee meetings.

Contact Person for More Information: Theodore Katz, Designated Federal Officer, NIOSH, CDC, 1600 Clifton Road NE., MS E–20, Atlanta, Georgia 30333, telephone: (513) 533–6800, toll free: 1–800–CDC–INFO, email: *dcas@cdc.gov*.

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 the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Catherine Ramadei,

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

[FR Doc. 2016–16579 Filed 7–13–16; 8:45 am]

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