## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

**[30 Day–07–0398x]**

### Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Officer at (404) 639–5960 or send an e-mail to *omb@cdc.gov*. Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–6974. Written comments should be received within 30 days of this notice.

**Proposed Project**

Evaluation of an Intervention to Increase Colorectal Cancer Screening in Primary Care Clinics-New-National Center for Chronic Disease Prevention and Health Promotion (NCDDPHP), Centers for Disease Control and Prevention (CDC).

*Background and Brief Description*

Colorectal cancer (CRC) is the third most frequent form of cancer and the second leading cause of cancer-related deaths among both men and women in the United States. Research shows that screening can reduce both the occurrence of colorectal cancer and colorectal cancer deaths. Screening is beneficial for: (1) Detection and removal of precancerous polyps, resulting in patients recovering without progression to a diagnosis of cancer, and (2) early detection of CRC for more effective treatment and improved survival. Regular CRC screening is recommended for people aged 50 years and older. Many screening tests are widely available and screening has been shown to be effective in reducing CRC mortality. Despite this demonstrated effectiveness, CRC screening remains low. Some reasons attributed to the low screening rates include limited public awareness of CRC and the benefits of screening, failure of health care providers to recommend screening to patients, and inefficient surveillance and support systems in many health care settings.

The purpose of this study is to evaluate and understand the effect of a multi-component intervention on CRC screening rates in primary care clinics. The study will also examine the effects of the intervention conditions on behavioral outcomes (e.g., clinician-patient discussions about CRC screening) and on attitudes, beliefs, opinions, and social influence surrounding CRC screening among patients. The target population includes average-risk patients aged 50–80 years, clinicians, and clinic support staff within the primary care clinics in two managed care organizations (MCOs). There are three tasks in this study. In Task 1, 140 primary care clinicians will complete a survey assessing demographics, opinions about preventive services, CRC screening training and practices, satisfaction with CRC screening, and CRC screening beliefs, facilitators, and barriers. The survey will be administered to primary care clinicians post-intervention. In Task 2, 140 clinic support staff will complete a survey assessing demographics, work-related responsibilities, opinions about preventive services, CRC training and practices, satisfaction with CRC screening, and CRC screening beliefs, facilitators and barriers. The survey will be administered to clinic support staff post intervention. In Task 3, clinic patients will complete a survey assessing demographics, health status, receipt of previous CRC screening and other preventive services, knowledge and opinions about CRC and CRC screening, and social support. The survey will be administered to 3307 patients pre-intervention and 3307 patients post-intervention.

There will be no cost to respondents other than their time. The total estimated annualized burden hours are 2352.

ESTIMATE OF ANNUALIZED BURDEN HOURS

| Respondents | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|---|---|---|---|
| Clinicians | 140 | 1 | 30/60 |
| Clinic Support Staff | 140 | 1 | 25/60 |
| Patients surveyed only at baseline | 2335 | 1 | 20/60 |
| Patients surveyed at baseline and follow-up | 972 | 2 | 20/60 |
| Patients surveyed only at follow-up | 2335 | 1 | 20/60 |

Dated: September 5, 2007.

**Maryam I. Daneshvar,**

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

[FR Doc. E7–17837 Filed 9–10–07; 8:45 am]

**BILLING CODE 4163–18–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

### National Mammography Quality Assurance Advisory Committee; Notice of Meeting

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

*Name of Committee*: National Mammography Quality Assurance Advisory Committee.

*General Function of the Committee*: To provide advice and recommendations to the agency on FDA's regulatory issues.

*Date and Time*: The meeting will be held on November 5, 2007, from 9 a.m. to 5 p.m.

*Location*: Crown Plaza Rockville, Remington II and III in the Ballroom, 3 Research Ct., Rockville, MD.

*Contact Person*: Nancy Wynne, Center for Devices and Radiological Health (HFZ–240), Food and Drug Administration, 1350 Piccard Dr., Rockville, MD 20850, 240–276–3284, or FDA Advisory Committee Information Line, 1–800–741–8138 or 301–443–0572 in the Washington, DC area), code 3014512397. Please call the Information Line for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the agency's Web site and call the appropriate advisory committee hot line/phone line to learn about possible modifications before coming to the meeting.

*Agenda*: The committee will discuss issues related to possible regulation of interventional mammography and receive input from professional organizations. The committee will also receive updates on recently approved alternative standards. FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm*, click on the year 2007 and scroll down to the appropriate advisory committee link.

*Procedure*: Interested persons may present data, information, or views, orally or in writing, on issues pending before the committee. Written submissions may be made to the contact person on or before October 5, 2007. Oral presentations from the public will be scheduled between approximately 9:30 a.m. and 11:45 a.m. and between approximately 1 p.m. and 2 p.m. Those desiring to make formal oral presentations should notify the contact person and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation on or before September 27, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by September 28, 2007.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Shirley Meeks, Conference Management Staff, at 240–276–8931, at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/oc/advisory/default.htm* for procedures on public conduct during advisory committee meetings.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 5, 2007.

**Randall W. Lutter,**

*Deputy Commissioner for Policy.*

[FR Doc. E7–17795 Filed 9–10–07; 8:45 am]

**BILLING CODE 4160–01–S**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

### National Advisory Council on Migrant Health; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), notice is hereby given of the following meeting:

*Name:* National Advisory Council on Migrant Health.

*Dates and Times:* October 17, 2007, 8:30 a.m. to 5 p.m.; October 18, 2007, 8:30 a.m. to 5 p.m.

*Place:* Royal Plaza, 1905 Hotel Plaza Boulevard, Lake Buena Vista, Florida 32830, Telephone: (407) 828–2828, Fax: (407) 827–6338.

*Status:* The meeting will be open to the public.

*Purpose:* The purpose of the meeting is to discuss services and issues related to the health of migrant and seasonal farmworkers and their families and to formulate recommendations for the Secretary of Health and Human Services.

*Agenda:* The agenda includes an overview of the Council's general business activities. The Council will also hear presentations from experts on farmworker issues, including the status of farmworker health at the local and national levels.

In addition, the Council will be holding a public hearing at which migrant farmworkers, community leaders, and providers will have the opportunity to testify before the Council regarding matters that affect the health of migrant farmworkers. The hearing is scheduled for Thursday, October 18 from 9 a.m. to 12 p.m., at the Royal Plaza.

The Council meeting is being held in conjunction with the 20th Annual East Coast Migrant Stream Forum sponsored by the North Carolina Community Health Center Association, which is being held in Lake Buena Vista, Florida, October 18–20, 2007.

Agenda items are subject to change as priorities indicate.

*For Further Information Contact:* Gladys Cate, Office of Minority and Special Populations, Bureau of Primary Health Care, Health Resources and Services Administration, 5600 Fishers Lane, Maryland 20857; telephone (301) 594–0367.

Dated: September 4, 2007.

**Alexandra Huttinger,**

*Acting Director, Division of Policy Review and Coordination.*

[FR Doc. E7–17825 Filed 9–10–07; 8:45 am]

**BILLING CODE 4165–15–P**

## DEPARTMENT OF HOMELAND SECURITY

### Coast Guard

**[USCG–2007–28121]**

### Collection of Information Under Review by Office of Management and Budget: OMB Control Numbers: 1625–0025 and 1625–0058

**AGENCY:** Coast Guard, DHS.

**ACTION:** Request for comments.

**SUMMARY:** In compliance with the Paperwork Reduction Act of 1995, this request for comments announces that the Coast Guard is forwarding two Information Collection Requests (ICRs), abstracted below, to the Office of Information and Regulatory Affairs (OIRA) of the Office of Management and Budget (OMB) requesting an extension of their approval for the following two collections of information: (1) 1625–0025, Carriage of Bulk Solids Requiring Special Handling—46 CFR part 148; and (2) 1625–0058, Application for Permit to Transport Municipal and Commercial Waste. Our ICRs describe the information we seek to collect from the public. Review and comments by OIRA ensure we only impose paperwork burdens commensurate with our performance of duties.

**DATES:** Please submit comments on or before October 11, 2007.

**ADDRESSES:** To make sure your comments and related material do not enter the docket [USCG–2007–28121] or