

Prasad is prohibited from supervising other research staff; and

(b) Any institution employing Dr. Prasad is required to submit, in conjunction with each application for PHS funds or report, manuscript, or abstract of PHS funded research in which Dr. Prasad is involved, a certification that the data provided by Dr. Prasad are based on actual experiments or are otherwise legitimately derived, and that the data, procedures, and methodology are accurately reported in the application or report;

(2) To exclude himself from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant for a period of three (3) years, beginning on August 19, 2002; and

(3) That within 30 days of the effective date of the Agreement, Dr. Prasad must submit a letter to the journal *Brain Research* requesting retraction of the paper: Dhillon, H.S. & Prasad, M.R. "Kynurenate attenuates the accumulation of diacylglycerol and free fatty acids after experimental brain injury in the rat." *Brain Research* 832:7-12, 1999, stating that some of the data for the reported effects of kynurenate are falsified. This requirement will remain on the ALERT System until Dr. Prasad sends a copy of the retraction letter to ORI.

FOR FURTHER INFORMATION CONTACT:
Director, Division of Investigative Oversight, Office of Research Integrity, 5515 Security Lane, Suite 700, Rockville, MD 20852, (301) 443-5330.

Chris B. Pascal,

Director, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day-02-76]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404) 498-1210.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Anne O'Connor, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.

Proposed Project: Survey to Determine the Capacity for Colorectal Cancer Screening and Follow-up Examinations at the State Level—New—National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC). CDC proposes to conduct a study to provide a state-level assessment of the current capacity to

conduct colorectal cancer (CRC) screening and follow-up examinations for average risk persons aged 50 and older. CDC is in the process of administering the "National Survey of Endoscopic Capacity (SECAP)". The tasks involved in this national capacity assessment included creating a list of all health care providers who own and use endoscopes for CRC screening and diagnostic follow-up; developing and administering a survey instrument to health care providers across the country who own lower GI endoscopes; and developing a tool to assess the number of people currently unscreened. The data from the SECAP study will be analyzed at the national and regional level. In response to state requests, CDC would like to assist states in assessing the state-level capacity to provide colorectal cancer (CRC) screening and follow-up examinations to appropriate persons.

The proposed study will be conducted through the implementation of a survey which will be mailed to a random sample of 800 providers known to possess flexible sigmoidoscopes and colonoscopes in three states. The sampling frame includes all types of physician specialists and health care providers who own lower endoscopic equipment and may be screening for CRC. The survey will provide information on the types of health care providers who are performing CRC screening and follow-up examinations, the equipment currently being used for screening and follow-up examinations, and current reimbursement rates for these tests. The results of the analysis will be used to (1) identify state-level deficits in the medical infrastructure, (2) guide the development of state-level training initiatives and educational programs for health care providers, and (3) provide critical baseline information for state policy makers for the planning of state-level initiatives to increase colorectal cancer screening. CDC is currently in the process of selecting participating states through a competitive process.

Respondents	No. of respondents	No. of responses/ respondent	Avg. burden/ response (in hours)	Total burden (in hours)
Health Care Providers	800	1	20/60	267
Office Managers	800	1	20/60	267
Total				534

Dated: August 28, 2002.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
[FR Doc. 02–22553 Filed 9–4–02; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60 Day–02–75]

Proposed Data Collections Submitted for Public Comment and Recommendations

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 for opportunity for public comment on proposed data collection projects, the Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call the CDC Reports Clearance Officer on (404)498–1210. Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have

practical utility; (b) the accuracy of the agency’s estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology. Send comments to Seleda Perryman, CDC Assistant Reports Clearance Officer, 1600 Clifton Road, MS-D24, Atlanta, GA 30333. Written comments should be received within 60 days of this notice.
Proposed Project: Children’s Longitudinal Development Study, OMB No. 0920–0450—Revision—National Center for Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC). CDC developed the Children’s Longitudinal Development Study to investigate etiologic factors for select developmental disabilities. Since 1991, surveillance of children aged three to ten years who have one or more select developmental disabilities (cerebral palsy, mental retardation, hearing loss, and vision impairment) has been conducted in the five-county Atlanta metropolitan area through CDC Metropolitan Atlanta Developmental Disabilities Surveillance Program (MADDSP). MADDSP has identified children with developmental disabilities primarily

through the special education programs of the public schools in those five counties and select pediatric medical facilities. Recently, MADDSP expanded to identify children with cerebral palsy at younger ages through a broader array of medical facilities where diagnostic evaluations are performed, and autism has been included as one of the developmental disabilities.
CDC National Center for Birth Defects and Developmental Disabilities Children’s Longitudinal Development Study is an ongoing case-control study that will serve as an instrument to annually (1) contact parents of all children (750 children) with any of the five developmental disabilities who are newly identified in the surveillance database and who were born in the metro Atlanta area and parents of 250 control children to request access to maternal prenatal, labor and delivery, and newborn medical records; and (2) conduct telephone interviews with mothers of children with cerebral palsy or autism (250 children) and mothers of control children.
The interviews will supply additional risk factor information relating to the mothers’ medical and reproductive histories, prenatal behaviors and exposures, and family histories of developmental problems. Additionally photographs and head circumference measurements of children will be included in the interview sample. There is no cost to respondents.

Survey instruments	No. of respondents	No. of responses/ respondents	Avg. burden/ response (in hours)	Total burden (in hours)
Mothers contact calls	1000	1	20/60	333
Scheduling calls	500	1	20/60	167
Telephone interview	500	1	90/60	750
Photography/anthropometry	500	1	45/60	375
Total				1625

Dated: August 28, 2002.
Nancy E. Cheal,
Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.
[FR Doc. 02–22554 Filed 9–4–02; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Interagency Committee on Smoking and Health: Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) of the Centers for Disease Control and Prevention (CDC) announces the following:
Name: Interagency Committee on Smoking and Health.

Date and Time: 9 a.m.–4 p.m., September 30, 2002.
Place: Room 615F, Hubert H. Humphrey Building, 200 Independence Avenue, SW., 6th Floor, Washington, DC 20201.
Status: Open to the public, limited only by the space available. Those who wish to attend are encouraged to register with the contact person listed below. If you will require a sign language interpreter, or have other special needs, please notify the contact person by 4:30 E.S.T. on September 23, 2002.
Purpose: The Interagency Committee on Smoking and Health advises the Secretary, Department of Health and Human Services, and the Assistant