DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–02–40]

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 for 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

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP)—New—The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC). The NBCCEDP was established in response to the Congressional Breast and Cervical Cancer Mortality Prevention Act of 1990 to provide early detection, breast and cervical cancer screening services for under-served women. The CDC proposes to aggregate breast and cervical cancer screening, diagnostic and treatment data from NBCCEDP grantees at the state, territory and tribal level. These aggregated data will include demographic information about women served through funded programs. The proposed data collection will also include infrastructure data about grantee management, public education and outreach, professional education, and service delivery.

Breast cancer is a leading cause of cancer-related death among American women. The American Cancer Society estimates that 203,500 new cases will be diagnosed among women in 2002, and 39,600 women will die of this disease. Mammography is extremely valuable as an early detection tool because it can detect breast cancer well before the woman can feel the lump, when it is still in an early and more treatable stage. Women older than age 40 that receive annual mammography screening reduce their probability of breast cancer mortality and increase their treatment options.

Although early detection efforts have greatly decreased the incidence of invasive cervical cancer during the last four decades, an estimated 13,000 new cases will be diagnosed in 2002 and 4,100 women will die of this disease. Papanicolaou (Pap) tests effectively detect precancerous lesions in addition to invasive cervical cancer. The detection and treatment of precancerous lesions can prevent nearly all cervical cancer-related deaths.

Because breast and cervical cancer screening, diagnostic and treatment data are already collected and aggregated at the state, territory and tribal level, the additional burden on the grantees will be small. Implementation of this program will require grantees to report a minimum data set electronically to the CDC on a semi-annual basis. The program will require grantees to report infrastructure data to the CDC annually using a web-based system. Information collected will be used to obtain more complete breast and cervical cancer data, promote public education of cancer incidence and risk, improve the availability of screening and diagnostic services for under-served women, ensure the quality of services provided to women, and develop outreach strategies for women that are never or rarely screened for breast and cervical cancer. There are no costs to respondents.

Respondents	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
State, territorial and tribal grantees	71	3	11	2,343
Total				2,343

Dated: April 2, 2002.

Nancy E. Cheal,

Acting Associate Director for Policy, Planning and Evaluation, Centers for Disease Control and Prevention.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 02003]

Community-Based Participatory Prevention Research; Notice of Availability of Funds; Amendment

A notice announcing the availability of Fiscal Year 2002 funds for the Office of Extramural Prevention Research which address the ''Healthy People 2010'' focus area, Educational and Community-Based Programs was published in the **Federal Register** on February 21, 2002, [Volume 67, No. 35, pages 8020–8024]. The notice is amended as follows:

Some inconsistencies remain between the latest PHS Form 398 (Rev. 05/01) and Program Announcement 02003 on page limits and information to be included in various sections. The following constitutes the resolution of these discrepancies:

''Section E. Content, 2. Application'' of Program Announcement 02003 refers to ''the narrative.'' The narrative should consist of items A to D in the Research Plan outlined on PHS Form 398. This agrees with items a to c in ''Section E. Content, 2. Applications'' of Program

Announcement 02003. In accordance with the instructions provided for the Research Plan on PHS Form 398, this narrative is not to exceed 25 single-spaced pages, printed on one side, with ½-inch margins, and standard size fonts (10 or 12 points).

The remaining items d to h from ''Section E. Content, 2. Applications'' of Program Announcement 02003 correspond to the following sections identified in the Table of Contents for PHS Form 398:

1. Item d should be included as part of the section entitled ''Description, Performance Sites, and Personnel'' (See Note 1).

2. Item e should be included as part of the section entitled ''Description, Performance Sites, and Personnel'' (See Note 1).

3. Item f should be included as a separate section after the section on ''Resources'' and should be labeled as ''Item f.'' There is no corresponding section in PHS Form 398 for this item.

4. Item g should be included as part of the section entitled ''Description, Performance Sites, and Personnel'' (See Note 1).

5. Item h should be included in appropriate sections identified in the Table of Contents for PHS Form 398.

The ''detailed first year's budget'' should be included in the section entitled ''Detailed Budget for Initial Budget Period.'' Budget projections for up to two additional years of support should be included in the section entitled ''Entire Proposed Period of Support.'' If applicable, budgets pertaining to consortium/contractual arrangements should be included in the section entitled ''Budgets Pertaining to Consortium/Contractual Arrangements.''

Note one: Pay close attention to the detailed instructions provided for ''Description, Performance Sites, and Personnel'' in the Instructions for PHS 398 (Rev. 05/2001) entitled ''Application for a Public Health Service Grant PHS 398: U.S. Department of Health and Human Services, Public Health Service Grant Application (PHS 398).''

Dated: April 8, 2002.

Sandra R. Manning,

CGFM, Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 02N–0112]

Agency Information Collection Activities; Proposed Collection; Comment Request; Regulations Under the Federal Import Milk Act

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of an existing collection of information and to allow 60 days for public comment in response to the notice. This notice solicits comments on reporting and recordkeeping requirements in implementing the Federal Import Milk Act (FIMA).

DATES: Submit written or electronic comments on the collection of information by June 11, 2002.

ADDRESSES: Submit electronic comments on the collection of information to http://www.accessdata.fda.gov/scripts/oc/dockets/edockethome.cfm. Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Peggy Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501-3520) Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information set forth in this document.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA'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 respondents, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Regulations Under the Federal Import Milk Act (21 CFR Part 1210) (OMB Control No. 0910–0212)—Extension

FIMA (21 U.S.C. 141–149) provides that milk or cream may be imported into the United States only by the holder of a valid import milk permit. Before such permit is issued: (1) All cows from which import milk or cream is produced must be physically examined and found healthy; (2) if the milk or cream is imported raw, all such cows must pass a tuberculin test; (3) the dairy farm and each plant in which the milk or cream is processed or handled must be inspected and found to meet certain sanitary requirements; (4) bacterial counts of the milk at the time of importation must not exceed specified limits; and (5) the temperature of the milk or cream at time of importation must not exceed 50 °F. The regulations in 21 CFR 1210.15 require that dairy farmers and plants maintain pasteurization records. The regulations in 21 CFR 1210.22 require that each container of milk or cream imported into the United States bear a tag with the product type, permit number, and shipper's name and address.

FDA estimates the burden of this collection of information as follows: