Title of Information Collection: Medicaid Statistical Information System.

Use: State data are reported by the Federally mandated electronic process, known as Medicaid Statistical Information System (MSIS). These data are the basis of actuarial forecasts for Medicaid service utilization and costs; of analysis and cost savings estimates required for legislative initiatives relating to Medicaid; and for responding to requests for information from CMS components, the Department, Congress and other customers. Form Number: CMS–R–284 (OMB#: 0938–0345).

Frequency: Quarterly.

Affected Public: State, Local or Tribal Government.

Number of Respondents: 53.

Total Annual Responses: 212.

Total Annual Hours: 3,392.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access CMS Web Site address at *http://www.cms.hhs.gov/PaperworkReductionActof1995*, or E-mail your request, including your address, phone number, OMB number, and CMS document identifier, to *Paperwork@cms.hhs.gov*, or call the Reports Clearance Office on (410) 786–1326.

Written comments and recommendations for the proposed information collections must be mailed or faxed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Katherine Astrich, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number: (202) 395–6974.

Dated: December 21, 2006.

Michelle Shortt,

Director, Regulations Development Group, Office of Strategic Operations and Regulatory Affairs.

[FR Doc. E6–22233 Filed 12–28–06; 8:45 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committees; Tentative Schedule of Meetings for 2007

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing a tentative schedule of forthcoming meetings of its public advisory committees for 2007. During 1991, at the request of the Commissioner of Food and Drugs (the Commissioner), the Institute of Medicine (the IOM) conducted a study of the use of FDA's advisory committees. In its final report, one of the IOM's recommendations was for the agency to publish an annual tentative schedule of its meetings in the **Federal Register**. This publication implements the IOM's recommendation.

FOR FURTHER INFORMATION CONTACT: Theresa L. Green, Advisory Committee Oversight and Management Staff (HF–4), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1220.

SUPPLEMENTARY INFORMATION: The IOM, at the request of the Commissioner, undertook a study of the use of FDA's advisory committees. In its final report in 1992, one of the IOM's recommendations was for FDA to adopt a policy of publishing an advance yearly schedule of its upcoming public advisory committee meetings in the **Federal Register**; FDA has implemented this recommendation. The annual publication of tentatively scheduled advisory committee meetings will provide both advisory committee members and the public with the opportunity, in advance, to schedule attendance at FDA's upcoming advisory committee meetings. Because the schedule is tentative amendments to this notice will not be published in the **Federal Register**. However, changes to the schedule will be posted on the FDA advisory committees' Internet site located at *http://www.fda.gov/oc/advisory/default.htm*. FDA will continue to publish a **Federal Register** notice 15 days in advance of each upcoming advisory committee meeting, to announce the meeting (21 CFR 14.20).

The following list announces FDA's tentatively scheduled advisory committee meetings for 2007. You may also obtain up-to-date information by calling the Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area).

TABLE 1.

Committee Name	Tentative Date(s) of Meeting(s)	Advisory Committee 10–Digit Information Line Code
OFFICE OF THE COMMISSIONER		
Pediatric Advisory Committee	April day(s) to be announced.	8732310001
Science Board to the Food and Drug Administration	June day(s) to be announced.	3014512603
CENTER FOR BIOLOGICS EVALUATION AND RESEARCH		
Allergenic Products Advisory Committee	April 18, October 19.	3014512388
Blood Products Advisory Committee	April 26–27, August 16–17, December 13–14.	3014519516
Cellular Tissue and Gene Therapies Advisory Committee	March 29–30, July 26–27, November 15–16.	3014512389
Transmissible Spongiform	Encephalopathies Advisory Committee to be announced.	3014512392
Vaccines and Related Biological Advisory Committee	February 27–28, May 16–17, September 19–20, November 14–15.	3014512391
CENTER FOR DRUG EVALUATION AND RESEARCH		
Anesthetic and Life Support Drugs Advisory Committee	March 29.	3014512529

TABLE 1.—Continued

Committee Name	Tentative Date(s) of Meeting(s)	Advisory Committee 10–Digit Information Line Code
Anti Infective Drugs Advisory Committee	April 11–12.	3014512530
Antiviral Drugs Advisory Committee	April, August day(s) to be announced.	3014512531
Arthritis Advisory Committee	April 12.	3014512532
Cardiovascular and Renal Health Advisory Committee	April 17–18, August 21–22, October 16–17, December 11–12.	3014512533
Dermatologic and Ophthalmic Drugs Advisory Committee	To be announced.	3014512534
Drug Safety and Risk Management Advisory Committee	To be announced.	3014512535
Endocrinologic and Metabolic Drugs Advisory Committee	June 13–14, September 5–6, November 13–14.	3014512536
Gastrointestinal Drugs Advisory Committee	To be announced.	3014512538
Nonprescription Drugs Advisory Committee	March, April day (s) to be announced.	3014512541
Oncologic Drugs Advisory Committee	March 28–29, June 1, September 11–12, December 4–5.	3014512542
Peripheral and Central Nervous System Drugs	June 18–20, September 13–14.	3014512543
Pharmaceutical for Science, Advisory Committee for	April, May day(s) to be announced.	3014512539
Psychopharmacologic Drugs Advisory Committee	March, April, September, October day(s) to be announced.	3014512544
Pulmonary Allergy Drugs Advisory Committee	May day(s) to be announced.	3014512545
Reproductive Health Drugs, Advisory Committee for	January 23–24.	3014512537
CENTER FOR DEVICES AND RADIOLOGICAL HEALTH		
Device Good Manufacturing Practice Advisory Committee	July 18.	3014512398
Medical Devices Advisory Committee (Comprised of 18 Panels) Anesthesiology and Respiratory Therapy Devices Panel	October 9–10.	3014512624
Circulatory System Devices Panel	March 1–2, May 22–23, July 17–18, September 18–19, November 13–14.	3014512625
Clinical Chemistry and Clinical Toxicology Devices Panel	June 12–13, September 13–14, December 4–5.	3014512514
Dental Products Panel	February 14, June 6, August 29, November 7.	3014512518
Ear, Nose, and Throat Devices Panel	April 24–25, June 14–15 August 14–15, October 18–19, December 11–12.	3014512522
Gastroenterology-Urology Devices Panel	May 11, July 20, October 19.	3014512523
General and Plastic Surgery Devices Panel	May 8–9, September 20–21, December 6–7.	3014512519
General Hospital and Personal Use Devices Panel	April 3–4, September 26–27.	3014512520
Hematology and Pathology Devices Panel	April 27, October 19.	3014512515
Immunology Devices Panel	July 12, October 17.	3014512516
Medical Devices Dispute Resolution Panel	Meeting Scheduled as Needed.	3014510232
Microbiology Devices Panel	June 26–27, October 23–24.	3014512517
Molecular and Clinical Genetics Panel	April 12, October 11.	3014510231
Neurological Devices Panel	January 26, June 7–8, August 16–17, November 1–2.	3014512513
Obstetrics and Gynecology Devices Panel	May 17–18, August 2–3, October 25–26, December 13–14.	3014512524

TABLE 1.—Continued

Committee Name	Tentative Date(s) of Meeting(s)	Advisory Committee 10–Digit Information Line Code
Ophthalmic Devices Panel	May 24–25, July 12–13, October 2–3, November 29–30.	3014512396
Orthopaedic and Rehabilitation Devices Panel	February 22–23, March 27–28, May 22–23, July 17–18 September 18–19. November 13–14	3014512521
Radiological Devices Panel	May 15, August 21, November 13.	3014512526
National Mammography Quality Assurance Advisory Committee	May 21–22.	3014512397
Technical Electronic Product Radiation Safety Standards Committee	September 19.	3014512399
CENTER FOR FOOD SAFETY AND APPLIED NUTRITION		
Food Advisory Committee	May 1–2, September 25–26.	3014510564
CENTER FOR VETERINARY MEDICINE		
Veterinary Medicine Advisory Committee	September 7.	3014512548
National Center for Toxicological Research (NCTR)	September day(s) to be announced.	3014512559

Dated: December 22, 2006.

Randall W. Lutter,

Associate Commissioner for Policy and Planning.

[FR Doc. E6–22389 Filed 12–28–06; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Genetic Studies in a Cohort of U.S. Radiologic Technologists

SUMMARY: 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 National Cancer Institute, the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Genetic Studies in a Cohort of U.S. Radiologic Technologists (formerly known as ''Generic Clearance to Collect Medical Outcome and Risk Factor Data from a Cohort of U.S. Radiologic Technologists'').

Type of Information Collection Request: Renewal with change of a previously approved collection (OMB No. 0925–0405, expiration 02/28/2007).

Need and Use of Information Collection: The primary aim of this collection is to substantially increase knowledge about the possible modifying role of genetic variation on the long-term health effects associated with protracted low-to moderate-dose radiation exposures. With this submission, the NIH, Office of Communications and Public Liaison, seeks to obtain OMB's approval to collect biospecimens and risk factor data in this ongoing cohort study of U.S. radiologic technologists to assess genetic and molecular risk factors for cancer, and to evaluate possible modifying effects of genetic variation on radiation-cancer relationships. Researchers at the National Cancer Institute and The University of Minnesota have followed a nationwide cohort of 146,000 radiologic technologists since 1982, of whom 110,000 completed at least one of three prior questionnaire surveys and 18,400 are deceased. This cohort is unique because estimates of cumulative radiation dose to specific organs (e.g. breast) are available and the cohort is largely female, offering a rare opportunity to study effects of low-dose radiation exposure on breast and thyroid cancers, the two most sensitive organ sites for radiation carcinogenesis in women. Overall study objectives are: (1) To quantify radiation dose-response for cancers of the breast, thyroid, and other radiogenic sites, and selected benign conditions related to cancer (e.g. thyroid nodules); (2) to assess cancer risk associated with genotypic, phenotypic, or other biologically measurable factors (e.g. serum levels of C-reactive protein, insulin growth factors or binding proteins); and (3) to determine if genetic variation modifies the radiation-related cancer risk. A third follow-up of this cohort was completed during the past three years. During 2003–2005, the ''Third Survey'' questionnaire was mailed or administered by telephone to 101,694 living cohort members who had completed at least one prior survey; 73,838 technologists (73% response) completed the survey. The questionnaire elicited information on: Medical outcomes to assess radiation-related risks; detailed employment data to refine the occupational radiation dose estimates; and behavioral and residential histories for estimating lifetime ultraviolet (UV) radiation exposure. Analyses of these data are currently underway and findings will address an important gap in the scientific understanding of radiation dose-rate effects, i.e., whether cumulative exposures of the same magnitude have the same health effects when received in a single or a few doses over a very short period of time (as in the atomic bomb or therapeutic exposures) or in many small doses over a protracted period of time (as in medical or nuclear occupational settings).

There are few, if any, other study populations in which both quantified breast radiation doses and blood