fillers, and transfillers of medical gases. This comment also requests the agency meet with the medical gases industry prior to issuing any guidance.

The intent of this survey is stated previously and is not applicable to the medical gases industry.

The agency does however, agree with the statement addressed in the second comment regarding the initial contact FDA makes with the 285 facilities would be more effective and save valuable resources if made via telephone. This call could determine whether the health care facility is one of those covered by this assignment and our April 6, 2001, FDA Public Health Advisory—Guidance for Hospitals, Nursing Homes, and other Health Care Facilities.

Dated: June 16, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04–14266 Filed 6–23–04; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Oncologic Drugs 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: Oncologic Drugs 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 July 27, 2004, from 8:30 a.m. to 5 p.m.

Location: Center for Drug Evaluation and Research Advisory Committee Conference Room, rm. 1066, 5630 Fishers Lane, Rockville, MD.

Contact Person: Johanna M. Clifford, Food and Drug Administration, Center for Drug Evaluation and Research (HFD–21), 5600 Fishers Lane (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301–827–7001, FAX: 301–827–6776, e-mail: *cliffordj@cder.fda.gov*, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512542. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss new drug application (NDA) 21–677, ALIMTA (pemetrexed) Eli Lilly, Inc., proposed indication for single-agent treatment of patients with locally advanced or metastatic nonsmall cell lung cancer after prior chemotherapy.

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 by July 20, 2004. Oral presentations from the public will be scheduled between approximately 11 a.m. and 12 noon. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before July 20, 2004, 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.

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 Trevelin Prysock at 301–827–7001, at least 7 days in advance of the meeting.

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

Dated: June 18, 2004.

Peter J. Pitts,

Associate Commissioner for External Relations.

[FR Doc. 04–14304 Filed 6–23–04; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 1998N–0359]

Program Priorities in the Center for Food Safety and Applied Nutrition; Request for Comments

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice; request for comments.

SUMMARY: The Food and Drug Administration (FDA) is requesting comments concerning the establishment of program priorities in the Center for Food Safety and Applied Nutrition (CFSAN) for fiscal year (FY) 2005. As part of its annual planning, budgeting, and resource allocation process, CFSAN is reviewing its programs to set priorities and establish work product expectations. This notice is being published to give the public an opportunity to provide input into the priority-setting process.

DATES: Submit written or electronic comments by August 9, 2004.

ADDRESSES: Submit written comments concerning this document to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852. Submit electronic comments to *http://www.fda.gov/dockets/ecomments*.

FOR FURTHER INFORMATION CONTACT: Donald J. Carrington, Center for Food Safety and Applied Nutrition (HFS–666), Food and Drug Administration, 5100 Paint Branch Pkwy., College Park, MD 20740, e-mail: *Dcarring@cfsan.fda.gov*, 301–436–1697.

SUPPLEMENTARY INFORMATION:

I. Background

On April 29, 2004, CFSAN released a document entitled ''FY 2004 CFSAN Program Priorities.'' The document, a copy of which is available on CFSAN's Web site (*www.cfsan.fda.gov*) or from the contact person listed in the **FOR FURTHER INFORMATION CONTACT** section), constitutes the Center's priority workplan for FY 2004 (i.e., October 1, 2003, through September 30, 2004). The FY 2004 workplan is based on input we received from our stakeholders (see 68 FR 33727, June 5, 2003), as well as input generated internally. The primary focus is: ''Where do we do the most good for consumers?''

In addition to our continued emphasis on enhancing the security of the nation's food supply, the FY 2004 workplan continues to place a high priority on food safety, food additives, dietary supplements, and food biotechnology. It also reflects a commitment to revitalize and bolster our nutrition program and improve the health of the public by empowering people to make healthy choices in their daily diets. We also are working to ensure the information consumers receive is scientifically valid and easily understood.

The FY 2004 workplan emphasizes eight additional program areas and cross-cutting areas: (1) Nutrition, health claims and labeling; (2) cosmetics; (3) enhancing the science base; (4) international activities; (5) enhancing

internal processes; (6) focused economic-based regulations; (7) equal employment opportunity/diversity initiatives; and (8) management initiatives.

The format of the FY 2004 workplan was changed from previous years. It was formatted into the following four sections:

(1) Assuring Food Safety and Security,

(2) Improving Nutrition and Dietary Supplement Safety,

(3) Assuring Food and Cosmetic Safety, and

(4) Assuring Food Safety: Cross cutting Areas.

Similar to previous years, the FY 2004 workplan contained two lists of activities—the ''A-list'' and the ''B-list''. Our goal is to fully complete at least 90 percent of the ''A-list'' activities by the end of the fiscal year, September 30, 2004. Activities on the ''B-list'' are those we plan to make progress on, but may not complete before the end of the fiscal year.

CFSAN intends to issue a progress report on what program priority activities already have been completed to date in FY 2004, as well as any adjustments in the workplan (i.e., additions or deletions) for the balance of the fiscal year.

The 2004 workplan primarily represents new or different initiatives identified for 2004, as well as priority initiatives that are being continued from the 2003 workplan. The workplan does not identify many important ongoing activities, such as CFSAN's base programs in data collection, research, and enforcement or the myriad of unanticipated issues that often require a substantial investment of CFSAN resources (e.g., response to outbreaks of foodborne illness).

II. 2005 CFSAN Program Priorities

FDA is requesting comments on new program areas or activities that CFSAN should add as high priorities for FY 2005. The input will be used to develop CFSAN's workplan for FY 2005 (i.e., October 1, 2004, through September 30, 2005).

The format of the 2005 workplan will be similar to last year's workplan. FDA expects there will be considerable continuity between the 2004 and 2005 workplans. For example, initiatives aimed at increasing the security of our country's food supply will continue to be a high priority in FY 2005. FDA requests comments on other broad program areas that should continue to be a priority in FY 2005.

FDA intends to make the FY 2005 workplan available in the fall of 2004.

III. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments regarding this document. Two paper copies of any comments are to be submitted, except that individuals may submit one paper copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the Division of Dockets Management between 9 a.m. and 4 p.m., Monday through Friday.

Dated: June 2, 2004.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. 04–14303 Filed 6–23–04; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer on (301) 443–1129.

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.

Proposed Project: Bureau of Primary Health Care (BPHC) Uniform Data System (OMB No. 0915–0193)—Extension

The Uniform Data System (UDS) contains the annual reporting requirements for the cluster of primary care grantees funded by the Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA). The UDS includes reporting requirements for grantees of the following primary care programs: Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care, and other grantees under Section 330. The authorizing statute is section 330 of the Public Health Service Act, as amended.

The Bureau collects data in the UDS which is used to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these objectives, BPHC requires a core set of data collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends.

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hours
Universal Report	920	1	27	24,840
Grant Report	125	1	18	2,250
Total	920			27,090