(FY) 2005 to implement these new colorectal cancer (CRC) demonstration programs. These 3-year demonstration programs are designed to increase population-based CRC screening among persons 50 years and older in a geographically defined area, focusing screening efforts on persons age 50 years and older with low incomes and inadequate or no health insurance coverage for CRC screening (priority population).

Colorectal Cancer (CRC) is the second leading cause of cancer-related deaths in the United States, following lung cancer. Based on scientific evidence which indicates that regular screening is effective in reducing CRC incidence and mortality, regular CRC screening is now recommended for average-risk persons with one or a combination of the following tests: fecal occult blood testing (FOBT), flexible sigmoidoscopy, colonoscopy, and/or double-contrast barium enema (DCBE). Fecal immunochemical testing (FIT) is considered an acceptable alternative to FOBT. In the absence of evidence indicating a single most effective test, selected programs chose the screening test(s) they will use from the above list of recommended tests.

All funded programs are required to submit patient-level data to capture demographic information, CRC screening and diagnostic services provided through this program, and clinical results, and submit these data to Information Management Services (IMS) on a quarterly basis, so that CDC and the programs can evaluate immediate and long term (3 year) program effectiveness and assess the quality and appropriateness of the services delivered, including medical complications. While CDC funds will not be used for treatment, programs will need to monitor treatment and document that patients are receiving appropriate treatment services. Submitted data must contain no patient identifiers. CDC, the funded programs, and IMS worked together to define the key, standardized clinical data elements which are included in a codebook to be used by the programs and CDC known as the Colorectal Cancer Clinical Data Elements (CCDE). Data collection forms have been developed by staff at the programs to collect the standardized individual patient-level data. IMS will assist CDC by receiving the data from the programs, cleaning the data and producing standardized data reports.

All programs will additionally submit annual cost data to CDC to monitor cost and cost-effectiveness over the 3-year program period.

In developing the definition variable and data definitions to be reported in the CCDEs, CDC has consulted with representatives of the American Cancer Society, The National Cancer Institute, The Agency for Health Care Research and Quality, the Centers for Medicare and Medicaid Services, representatives from professional medical societies involved in colorectal cancer screening, representatives from managed care organizations, representatives from state health departments, and a variety of individuals with expertise and interest in this field.

There are no costs to the respondents other than their time. The total estimated annualized burden hours are 1270.

Estimated Annualized Burden Hours:

Respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
Colorectal Cancer Demonstration Program Sites.	Colorectal Cancer Data Elements for Colonoscopy Programs.	2	240	1
	Colorectal Cancer Data Elements for Fecal Occult Blood Test Programs.	3	1000	15/60
	Medical Complications Form	5	6	1
	Annual Aggregate Data on Medically Ineligible Clients.	5	1	1
	Reimbursement Data Reporting Form	5	1	1

*Respondents include cooperative agreement recipients.

Dated: February 6, 2007.

Joan F. Karr,

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

[FR Doc. E7–2429 Filed 2–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Ethics Subcommittee, Advisory Committee to the Director (ACD), Centers for Disease Control and Prevention (CDC); Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention announces the aforementioned Subcommittee meeting.

Times and Dates: 1 p.m.–5 p.m., February 27, 2007. 8:30 a.m.–12 p.m., February 28, 2007.

Place: Centers for Disease Control and Prevention, 1825 Century Center, Conference Room 1 A/B, Atlanta, GA 30345.

Status: Open to the public, limited only by the space available. The meeting room accommodates approximately 75 people.

Purpose: The Ethics Subcommittee will provide counsel to the ACD, CDC, regarding a broad range of public health ethics questions and issues arising from programs, scientists and practitioners.

Matters To Be Discussed: Agenda items will include public health ethics of genomics; public health ethics of emergency preparedness and response; ethical considerations in pandemic influenza preparedness; ethical considerations for non-research data collections; demonstration of CDC's public health ethics intranet site; and procedural issues relating to the Ethics Subcommittee. Agenda items are subject to change as priorities dictate.

Due to programmatic matters, this **Federal Register** Notice is being published on less than 15 calendar days notice to the public (41 CFR 102–3.150(b)).

For Further Information Contact: Please contact Drue Barrett, Ph.D., Designated Federal Official, Ethics Subcommittee, CDC, 1600 Clifton Road, NE., M/S D–50, Atlanta, Georgia 30333, telephone 404/639–4690. E-mail: *dbarrett@cdc.gov*. The deadline for notification of attendance is February 20, 2007. The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other

committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–2464 Filed 2–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control Initial Review Group (NCIPC/IRG)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention (CDC) announces the aforementioned committee meeting:

Times and Dates:

4 p.m.–7 p.m., March 5, 2007.
9 a.m.–5 p.m., March 6, 2007.
4 p.m.–7 p.m., March 7, 2007.
9 a.m.–5 p.m., March 8, 2007.
9 a.m.–5 p.m., March 9, 2007.

Place: Sheraton Midtown Atlanta Hotel Colony Square Atlanta, GA 30361.

Status:

Open: 4 p.m.–5 p.m., March 5, 2007.
Closed: 5 p.m.–7 p.m., March 5, 2007.
Closed: 9 a.m.–5 p.m., March 6, 2007.
Open: 4 p.m.–5 p.m., March 7, 2007.
Closed: 5 p.m.–7 p.m., March 7, 2007.
Closed: 9 a.m.–5 p.m., March 8, 2007.
Closed: 9 a.m.–5 p.m., March 9, 2007.

Purpose: This group is charged with providing advice and guidance to the Secretary, Department of Health and Human Services, and the Director, CDC, concerning the scientific and technical merit of grant and cooperative agreement applications received from academic institutions and other public and private profit and nonprofit organizations, including State and local government agencies, to conduct specific injury research that focuses on prevention and control.

Matters To Be Discussed: Agenda items include an overview of the injury program, discussion of the review process and panelists' responsibilities, and the review of and vote on applications. Beginning at 4 p.m., March 5, through 5 p.m., March 9, the Group will review individual research grant and cooperative agreement applications submitted in response to two Fiscal Year 2007 Requests for Applications related to the following individual research announcements: #07009, Dissertation Grant Awards for Doctoral Candidates for Violence-Related Injury Prevention Research in Minority Communities, and #07010, Research for Preventing Violence and Violence-Related Injury. This portion of the meeting will be closed to the public in accordance with provisions set forth in Section 552b(c)(4) and (6), Title 5, U.S.C., and the Determination of the Director, Management Analysis and Services Office, CDC, pursuant to Section 10(d) of Public Law 92–463.

Agenda items are subject to change as priorities dictate.

For Further Information Contact: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Executive Secretary, NCIPC/IRG, CDC, 4770 Buford Highway, NE, M/S K02, Atlanta, Georgia 30341–3724, telephone 770/488–1240.

The Director, Management Analysis and Services Office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities for both CDC and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. E7–2430 Filed 2–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

The National Center for Chronic Disease Prevention and Health Promotion

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), the Centers for Disease Control and Prevention announces the following meeting.

Name: Interagency Committee on Smoking and Health: Meeting.

Time And Date: 9 a.m.–4:30 p.m., March 5, 2007.

Place: Ronald Reagan International Trade Center, Horizon Ballroom, 1300 Pennsylvania Avenue, NW., Washington, DC 20004, telephone (202) 312–1300.

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 p.m. Eastern Standard Time on February 26, 2007.

Purpose: The Interagency Committee on Smoking and Health advises the Secretary, Department of Health and Human Services, and the Assistant Secretary for Health in the (a) coordination of all research and education programs and other activities within the Department and with other Federal, State, local and private agencies and (b) establishment and maintenance of liaison with appropriate private entities, federal agencies, and state and local public health agencies with respect to smoking and health activities.

Matters To Be Discussed: The agenda will focus on ''Reducing the Exposure to Second Hand Smoke.''

Contact Person For More Infomation: Substantive program information as well as summaries of the meeting and roster of committee members may be obtained from the Internet at *http://www.cdc.gov/tobacco* in mid-April or from Ms. Monica L. Swann, Management and Program Analyst, Office on Smoking and Health, Centers for Disease Control and Prevention, 4770 Buford Highway, M/S K50, Atlanta, GA 30341, (770) 488–5278. Agenda items are subject to change as priorities dictate.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Elaine L. Baker,

Acting Director, Management Analysis and Service Office, Centers for Disease Control and Prevention.

[FR Doc. E7–2422 Filed 2–12–07; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Administration for Children and Families

Proposed Information Collection Activity; Comment Request

Proposed Projects

Title: Income Withholding for Support (IWO) (Formerly: Order to Withhold Income for Child Support and Notice of an Order to Withhold Income for Child Support)

OMB No. 0970–0154

Description: Pub. L. 104–193, The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Section 324, requires the Federal Office of Child Support Enforcement (OCSE) to develop a standardized form to collect child support payments from an obligor's employer. The form, which promotes standardization and is used for title IV–