

Management (see **ADDRESSES**). Submit a single copy of electronic comments or two paper copies of any written comments, 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. Written or electronic comments must be received no later than (see **DATES**).

C. Will Meeting Transcripts Be Available?

We will prepare a meeting transcript and make it available on FDA's Web site (<http://www.fda.gov/ohrms/dockets>) after the meeting. We anticipate that transcripts will be available approximately 21 business days after the meeting. The transcript will also be available for public examination at the Division of Dockets Management (see **ADDRESSES**).

Dated: August 24, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E7-17305 Filed 8-30-07; 8:45 am]

BILLING CODE 4160-01-S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Data Collection; Comment Request; National Physician Survey of Practices on Diet, Physical Activity, and Weight Control

SUMMARY: Under the provision of section 3507(a)(1)(D) of the Paperwork

Reduction Act of 1995, the National Institutes of Health (NIH), National Cancer Institute (NCI), has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 28, 2007, page 43609 and allowed 60-days for public comment. One public comment was received asking about the possibility of doing studies of autism rather than the proposed survey. The comment was out of the scope of this current project. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Physician Survey of Practices on Diet, Physical Activity, and Weight Control.

Type of Information Collection Request: NEW.

Need and Use of Information Collection: This study will obtain current, national data on primary care physicians' knowledge, attitudes, and practices related to diet, physical activity, and weight control. Obesity, poor diet, and lack of physical activity are becoming recognized as major public health problems in the United States, and have been linked to increased risk, adverse prognosis, and poor quality of life for cancer and many

other chronic diseases. The data collected in this study will support and further NCI work in monitoring and evaluating providers' cancer prevention knowledge, attitudes, and practices and their impact on population health, as well as enable monitoring of progress toward major cancer control goals. Data from the survey will be used to profile existing physician practice, understand barriers to counseling and referral, and to inform methods for improving the utilization of these services for adults and children. Two questionnaires, one sent to physicians and one sent to their practice administrators, will be administered by mail or telephone to a randomly-selected national sample of 2,000 physicians belonging to primary care specialties. Study participants will be 2,000 practicing physicians who are family practitioners, general internists, pediatricians, and obstetrician/gynecologists and 2,000 practice administrators.

The annual reporting burden is as follows: *Estimated Number of Respondents:* 4,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .333; and *Estimated Total Annual Burden Hours, Requested:* 1,332. The annualized cost to respondents is estimated at: \$65,048. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondent	Estimated number respondents	Estimated number responses per respondent	Average burden hours per response	Estimated total annual burden hours
Physician	2,000	1	0.333	666
Medical Practice Administrator	2,000	1	0.333	666
Total	4,000	1	1,332

* Hourly earnings data are taken from the National Compensation Survey: Occupational Wages in the United States, June 2005, U.S. Department of Labor, U.S. Bureau of Labor Statistics.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (a) Whether the proposed collection of information is necessary for the 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.

FOR FURTHER INFORMATION CONTACT: Send comments to Ashley Wilder Smith, Ph.D., M.P.H., Health Sciences

Specialist, National Cancer Institute, 6130 Executive Blvd., MSC 7344, Executive Plaza North, Room 4090, Bethesda, MD 20892-7344. Telephone: 301-451-1843; E-mail: smithas@mail.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of

this publication should be received by September 26, 2007.

Dated: August 21, 2007.

Ashley Wilder Smith,

*National Cancer Institute Task Order Monitor,
National Institutes of Health.*

[FR Doc. 07-4270 Filed 8-30-07; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Aging; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Aging Special Emphasis Panel, Causes and Effects of Delirium.

Date: September 27-28, 2007.

Time: 5 p.m. to 4 p.m.

Agenda: To review and evaluate grant applications.

Place: Doubletree Hotel Bethesda, 8120 Wisconsin Ave., Bethesda, MD 20814.

Contact Person: Wilbur C. Hadden, PhD, Health Science Administrator, National Institute on Aging, Gateway Building, Room 2C212, 7201 Wisconsin Avenue, Bethesda, MD 20892. haddenw@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.866, Aging Research, National Institutes of Health, HHS)

Dated: August 23, 2007.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07-4268 Filed 8-30-07; 8:45am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 concerning opportunity for public comment on proposed collections of information, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the information collection plans, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Comments are invited on: (a) Whether the proposed collections of information are 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: National Methamphetamine Use Prevention Initiative—NEW

Prevention of Methamphetamine Abuse grants are authorized under section 519E of the Public Health Service Act, as amended. This program addresses the growing problem of methamphetamine abuse and addiction by assisting localities to expand prevention interventions that are effective and evidence-based and/or to increase capacity through infrastructure development. According to the 2005 National Survey on Drug Use and Health, 10.4 million Americans age 12 and older had tried methamphetamine at least once in their lifetime. In addition, the number of methamphetamine users who were dependent on or abused some kind of illicit drug rose significantly from 164,000 in 2002 to 257,000 in 2005. The goal of the Methamphetamine Abuse Prevention grants is to intervene effectively to prevent, reduce, or delay the use and/or spread of methamphetamine abuse.

Proposed Methamphetamine Prevention and Abuse grants will focus on conducting community-based prevention programs targeting those populations within the community that are most at risk for methamphetamine abuse and addiction. In addition, grants may be used for assisting local government entities to conduct appropriate methamphetamine prevention activities in rural and urban areas that are experiencing increases in methamphetamine abuse and addiction. This can be documented by local and specific epidemiological, health service use, judicial and/or environmental data. Activities may include: training and educating state and local law enforcement officials, prevention and education officials, members of community anti-drug coalitions, and parents on the signs of methamphetamine abuse and addiction and the options for prevention; planning, administration, and educational activities related to the prevention of methamphetamine abuse and addiction; monitoring and evaluating of methamphetamine prevention activities, and reporting and disseminating resulting information to the public; or conducting and evaluating targeted pilot programs.

The grantees will be collecting data on Office of Management and Budget (OMB) No. 0930-0230 approved National Outcomes Measures (NOMs) and program specific questions on youth and adult methamphetamine use. There are two questionnaire forms: one for adults ages 18 and older and another for youths under the age of 18. The adult and youth questionnaires contain 40 and 42 questions, respectively, with the first 12 questions covering the OMB approved NOMs questions. The focus areas for the adult questionnaires comprise attitudes toward tobacco, alcohol, and other substances; attitudes and experiences; family relationships, relationships with those around you; future goals; thoughts, beliefs, and experiences related to methamphetamines; and thoughts on possible effects of methamphetamine use. The youth survey focus areas include: general information; attitudes toward tobacco, alcohol, and other substances; attitudes and experiences; family relationships; school experiences; perceived probability to try substances; where they receive substance abuse information; thoughts, beliefs, and experiences relating to methamphetamine; effects of methamphetamine use; and how comfortable they were with answering the survey questions. Additional non-