directed toward adolescent age groups; and

• Discuss other potential future actions to promote safe and effective use of OTC drugs by adolescents.

IV. Workshop Attendance and Registration

The Natcher Conference Center is a Federal facility with security procedures for entrance. Workshop attendees will be required to show proper identification and are asked to allow ample time to enter the NIH campus.

There is no fee to attend the workshop, and attendees who do not wish to make an oral presentation do not need to register. Seating will be on a first-come, first-served basis.

If you would like to make an oral presentation during the workshop, you must register by close of business on November 21, 2007. You must provide your name, title, business affiliation (if applicable), address, and type of organization you represent (e.g., industry, consumer organization) to Lee Lemley or Faith Dugan at 301–594–6779 (see **FOR FURTHER INFORMATION CONTACT**). Persons registered to make an oral presentation should check in before the workshop.

If you need special accommodations because of disability, please contact Lee Lemley (see **FOR FURTHER INFORMATION CONTACT**) at least 7 days before the workshop.

V. Comments

Interested persons may submit to the Division of Dockets Management (see **ADDRESSES**) written or electronic comments regarding the issues and questions presented in this document. Submit a single copy of electronic comments or two paper copies of any mailed 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.

VI. Workshop Transcripts

We will prepare a transcript of the workshop. The transcript will be available for review approximately 30 days after the workshop at the Division of Dockets Management (see **ADDRESSES**) between 9 a.m. and 4 p.m., Monday through Friday. The transcript will also be available on the Internet at *http://www.fda.gov/ohrms/dockets*.

Dated: October 30, 2007.

Jeffrey Shuren,

Assistant Commissioner for Policy.

[FR Doc. E7–21713 Filed 11–2–07; 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). At least one portion of the meeting will be closed 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 December 5, 2007, from 8 a.m. to 5 p.m.

Location: Hilton Washington DC North/Gaithersburg, The Ballrooms, 620 Perry Pkwy., Gaithersburg, MD. The hotel phone number is 301–977–8900.

Contact Person: Nicole Vesely, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, (for express delivery, 5630 Fishers Lane, rm. 1093) Rockville, MD 20857, 301–827–6793, FAX: 301–827–6776, e-mail: *nicole.vesely@fda.hhs.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. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the agency's Web site and call the appropriate advisory committee hot line/phone line to learn about possible modifications before coming to the meeting.

Agenda: On December 5, 2007, from 8 a.m. to 3 p.m., the committee will discuss supplemental biologics license application (sBLA) 125085/91, AVASTIN (bevacizumab), Genentech, Inc., proposed indication, in combination with paclitaxel, for the treatment of patients who have not received chemotherapy for their locally recurrent or metastatic, HER2 negative breast cancer. From 3:30 p.m. to 5 p.m., the committee will meet in closed session.

FDA intends to make background material available to the public no later than 2 business days before the meeting. If FDA is unable to post the background material on its Web site prior to the meeting, the background material will be made publicly available at the location of the advisory committee meeting, and the background material will be posted on FDA's Web site after the meeting. Background material is available at *http://www.fda.gov/ohrms/dockets/ac/acmenu.htm*, click on the year 2007 and scroll down to the appropriate advisory committee link.

Procedure: On December 5, 2007, from 8 a.m. to 3 p.m., the meeting is open to the public. 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 on or before November 21, 2007. Oral presentations from the public will be scheduled between approximately 11 a.m. and 12 noon. Those desiring to make formal oral presentations should notify the contact person 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 on or before November 13, 2007. Time allotted for each presentation may be limited. If the number of registrants requesting to speak is greater than can be reasonably accommodated during the scheduled open public hearing session, FDA may conduct a lottery to determine the speakers for the scheduled open public hearing session. The contact person will notify interested persons regarding their request to speak by November 14, 2007.

Closed Committee Deliberations: On December 5, 2007, from 3:30 p.m. to 5 p.m., the meeting will be closed to permit discussion and review of trade secret and/or confidential information (5 U.S.C. 552b(c)(4)). During this session, the committee will be briefed on recent and upcoming applications within the Office of Oncology Products.

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 Nicole Vesely at least 7 days in advance of the meeting.

FDA is committed to the orderly conduct of its advisory committee meetings. Please visit our Web site at *http://www.fda.gov/oc/advisory/default.htm* for procedures on public conduct during advisory committee meetings.

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

Dated: October 24, 2007.

Randall W. Lutter,

Deputy Commissioner for Policy.

[FR Doc. E7–21630 Filed 11–2–07; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Cooperative Agreement for Poison Prevention Education; CFDA #93.253

AGENCY: Health Resources and Services Administration (HRSA), HHS.

ACTION: Notice of Single Source Award.

SUMMARY: HRSA will be enhancing the partnership with the Home Safety Council (HSC) to collaborate on reaching America's low literacy population. Through this project, additional poison prevention training materials targeting the low literacy population will be developed and distributed to the public, poison centers, safety and injury prevention professionals, health educators, and first responders. HRSA first announced the partnership with the HSC in the **Federal Register**, Vol. 71, No. 146, July 31, 2006.

FOR FURTHER INFORMATION CONTACT: Lori Roche, Director, Poison Control Program, Healthcare Systems Bureau, Room 11C–06, 5600 Fishers Lane, Rockville, MD 20857; Telephone: 301–443–0652; E-mail: *lroche@hrsa.gov*.

SUPPLEMENTARY INFORMATION:

Intended Recipient of the Award: Home Safety Council.

Amount of the Award: $75,000.

Authority: Section 1271 *et seq.* of the Public Health Service Act, 42 U.S.C. 300d–71 *et seq.* as amended by the Poison Center Stabilization and Enhancement Grant Program.

Project Period: The period of the award is from September 1, 2007, through April 1, 2008.

Justification for the Exception to Competition

This project will be implemented through a single source cooperative agreement because the HSC is uniquely positioned to immediately undertake and complete the activities within the seven month time frame. HSC is currently developing low literacy poison prevention materials, and this project will enhance the existing package of materials. The HSC has existing organizational knowledge and experience in developing materials for the low literacy population through its Home Safety Literacy Project, of which this project will be a component. The HSC has an existing relationship with key stakeholders in place for reaching this vulnerable population, and the HSC project director has extensive expertise in poison prevention education.

Dated: October 26, 2007.

Dennis P. Williams,

Deputy Administrator.

[FR Doc. E7–21677 Filed 11–2–07; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

Project: 2008–2010 National Survey on Drug Use and Health: Methodological Field Tests—NEW

The National Survey on Drug Use and Health (NSDUH), formerly the National Household Survey on Drug Abuse (NHSDA), is a survey of the civilian, non-institutionalized population of the United States 12 years old and older. The data are used to determine the prevalence of use of tobacco products, alcohol, illicit substances, and illicit use of prescription drugs. The results are used by SAMHSA, ONDCP, Federal government agencies, and other organizations and researchers to establish policy, direct program activities, and better allocate resources.

This will be a request for generic approval for information collection for NSDUH methodological field tests designed to examine the feasibility, quality, and efficiency of new procedures of revisions to the existing survey protocol. These field tests will examine ways to increase data quality, lower operating costs, and gain a better understanding of various sources of nonsampling error. If these tests provide successful results, current procedures may be revised and incorporated into the main study (e.g., questionnaire changes). Particular attention will be given to minimizing the impact of design changes so that survey data continue to remain comparable over time.

Field test activities are expected to include improving response rates among persons residing in controlled access communities (locked apartment buildings, gated communities, college dormitories, etc.), and conducting a nonresponse follow-up study. Cognitive laboratory testing will be conducted prior to the implementation of significant questionnaire modifications. These questionnaire modifications will also be pre-tested and the feasibility of text-to-speech software determined. To understand the effectiveness of current monetary incentive, a new incentive study will be conducted with varying incentive amounts. The relationship between incentives and veracity of reporting will also be examined. Tests will also be designed to determine the feasibility of alternative sample designs and modes of data collection. Lastly, a customer satisfaction survey of NSDUH data users will be conducted to improve the utility of the NSDUH data. Some of the above studies may be combined to introduce survey efficiencies.

The average annual burden associated with these activities over a three-year period is summarized below: