**ADDRESSES:** You may mail or deliver nominations for membership to the following address: Health Care Financing Administration, Attention: Constance Conrad, 7500 Security Blvd., Mail Stop: South Building 3–02–01, Baltimore, MD 21244.

A request for a copy of the Secretary's Charter for the Medicare Coverage Advisory Committee (MCAC) should be submitted to Maria Ellis, Office of Clinical Standards and Quality, Health Care Financing Administration, 7500 Security Blvd., Mail Stop: South Building 3–02–01, Baltimore, MD 21244, or by e-mail to mellis@hcfa.gov. The charter is also posted on the web at www.hcfa.gov/coverage, and can be readily printed from that site.

**FOR FURTHER INFORMATION CONTACT:** Constance A. Conrad, Health Care Financing Administration, 7500 Security Blvd., Baltimore, MD 21244, 410–786–4631.

**SUPPLEMENTARY INFORMATION:**

## Background

The Medicare Coverage Advisory Committee (MCAC) is governed by provisions of the Federal Advisory Committee Act, Public Law 92–463, as amended (5 USC Appendix 2), which sets forth standards for the formulation and use of advisory committees, and authorized by section 222 of the Public Health Service Act as amended (42 U.S.C. 217A).

The MCAC consists of no more than 120 appointed members from among authorities in clinical and administrative medicine, biologic and physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions. A maximum of 9 members are standard voting members, and 24 are nonvoting members, 12 of which are representatives of consumer interests, and 12 of which are representatives of industry interests.

The MCAC functions on a panel basis. The panels review and evaluate medical literature, review technical assessments, and examine data and information on the effectiveness and appropriateness of medical items and services that are covered or eligible for coverage under Medicare. Panel meetings generally follow an agenda that we provide that lists specific issues. The panels develop technical advice to aid us in determining reasonable and necessary applications of medical services and technology when we make national coverage decisions for Medicare.

A few vacancies exist on the current MCAC panel rosters, and terms for some members currently serving will expire before January 1, 2002. Accordingly, we are requesting nominations for both voting and nonvoting members to serve on the MCAC. Nominees are selected based upon their individual qualifications and not as representatives of professional associations or societies. We have a special interest in ensuring that women, minority groups, and physically challenged individuals are adequately represented on the MCAC. Therefore, we encourage nominations of qualified candidates from these groups.

All nominations and curricula vitae for the MCAC should be sent to Constance Conrad at the address above.

## Criteria for Members

Nominees should have expertise in one or more of the following fields: clinical and administrative medicine, biologic and physical sciences, public health administration, health care data and information management and analysis, the economics of health care, medical ethics, and other related professions.

We are also seeking nominations for nonvoting consumer and industry representatives. Nominees for these positions must possess appropriate qualifications to understand and contribute to the MCAC's work.

Nominations must state that the nominee is willing to serve as a member of the MCAC and appears to have no conflict of interest that would preclude membership. Potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts in order to permit evaluation of possible sources of conflict of interest.

Members are invited to serve for overlapping 4-year terms; terms of more than 2 years are contingent upon the renewal of the MCAC by appropriate action before its termination on November 23, 2002. A member may serve after the expiration of the member's term until a successor has taken office.

Any interested person may nominate one or more qualified persons. Self-nominations are also accepted.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 6, 2001.

**Jeffrey L. Kang,**

*Director, Office of Clinical Standards and Quality, Health Care Financing Administration.*

[FR Doc. 01–10639 Filed 4–27–01; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

**[HCFA–3066–N]**

### Medicare Program; Meeting of the Diagnostic Imaging Panel of the Medicare Coverage Advisory Committee—June 19, 2001

**AGENCY:** Health Care Financing Administration (HCFA), HHS.

**ACTION:** Notice of meeting.

**SUMMARY:** This notice announces a public meeting of the Diagnostic Imaging Panel (the Panel) of the Medicare Coverage Advisory Committee. The Panel provides advice and recommendations to the agency about clinical issues. The Panel will hear and discuss presentations from interested persons regarding FDG Positron Emission Tomography imaging for breast cancer diagnosis and staging.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. App. 2, section 10(a)(1) and (a)(2)).

**DATES:** *The Meeting:* The meeting will be held on June 19, 2001 from 8 a.m. until 4:30 p.m., E.D.T.

*Deadline for Presentations and Comments:* June 5, 2001, 5 p.m., E.D.T.

*Special Accommodations:* Persons attending the meeting who are hearing or visually impaired, or have a condition that requires special assistance or accommodations, are asked to notify the Executive Secretary by May 26, 2001.

**ADDRESSES:** *The Meeting:* The meeting will be held at the Baltimore Convention Center, Room 321 and 322, One West Pratt Street, Baltimore, MD 21201.

*Presentations and Comments:* Submit formal presentations and written comments to Janet A. Anderson, Executive Secretary; Office of Clinical Standards and Quality; Health Care Financing Administration; 7500 Security Boulevard; Mail Stop S3–02–01; Baltimore, MD 21244.

*Website:* You may access up-to-date information on this meeting at *www.hcfa.gov/coverage.*

*Hotline:* You may access up-to-date information on this meeting on the HCFA Advisory Committee Information Hotline, 1–877–449–5659 (toll free) or in the Baltimore area (410) 786–9379.

**FOR FURTHER INFORMATION CONTACT:** Janet A. Anderson, Executive Secretary, 410–786–2700.

**SUPPLEMENTARY INFORMATION:** On August 13, 1999, we published a notice (64 FR

44231) to describe the Medicare Coverage Advisory Committee (MCAC), which provides advice and recommendations to us about clinical issues. This notice announces the following public meeting of the Diagnostic Imaging Panel (the Panel) of MCAC.

**Current Panel Members**

Frank Papatheofanis, MD, PhD; Barbara McNeil, MD, PhD; Carole Flamm, MD, MPH; Jeffrey Lerner, PhD; Michael Manyak, MD; Donna Novak, BA; Manuel Cerqueira, MD; Kim Burchiel, MD; Steven Guyton, MD; Sally Hart, JD; Michael Klein, MBA

**Meeting Topic**

The Panel will hear and discuss presentations from interested persons regarding FDG Positron Emission Tomography imaging for breast cancer diagnosis and staging.

**Procedure and Agenda**

This meeting is open to the public. The Panel will hear oral presentations from the public for approximately 1.5 hours. The Panel may limit the number and duration of oral presentations to the time available. If you wish to make formal presentations, you must notify the respective Executive Secretary listed in the **FOR FURTHER INFORMATION CONTACT** section of this notice, and submit the following by the Deadline for Presentations and Comments date listed in the **DATES** section of this notice: A brief statement of the general nature of the evidence or arguments you wish to present, and the names and addresses of proposed participants. A written copy of your presentation must be provided to each panel member prior to offering your public comments. We will request that you declare at the meeting whether or not you have any financial involvement with manufacturers of any items or services being discussed (or with their competitors).

After the public and HCFA presentations, the Panel will deliberate openly on the topic. Interested persons may observe the deliberations, but the Panel will not hear further comments during this time except at the request of the chairperson. The Panel will also allow approximately a 30-minute open public session for any attendee to address issues specific to the topic. At the conclusion of the day, the members will vote and the Panel will make its recommendation.

**Authority:** 5 U.S.C. App. 2, section 10(a)(1) and (a)(2).

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: April 6, 2001.

**Jeffrey L. Kang,**

*Director, Office of Clinical Standards and Quality, Health Care Financing Administration.*

[FR Doc. 01–10638 Filed 4–27–01; 8:45 am]

**BILLING CODE 4120–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

### Proposed Collection; Comment Request; Extended Lung Cancer Incidence Follow-Up for the Mayo Lung Project Participants

**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 Center Institute (NCI), 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: Extended Lung Cancer Incidence Follow-Up for the Mayo Lung Project Participants. Type of Information Collection Request: NEW. Need and Use of Information Collection: The Mayo Lung Project (MLP) was an NCI-funded randomized collection trial (RCT) of lung cancer screening conducted among 9,211 male smokers from 1971 to 1983. No reduction in lung cancer mortality was observed in the MLP with an intense regimen of x-ray and sputum cytology screening. Recent analysis of updated mortality and case survival data (through 1996) suggests that lesions with little-to-no clinical relevance (over-diagnosis) may have been detected through screening in the MLP intervention arm. Over-diagnosis leads to unnecessary medical interventions, including diagnostic and treatment procedures that carry with them varying degrees of risk. Consequently, over-diagnosis can result in considerable harm, including premature death, which would not have occurred in the absence of screening. The persistence, after screening ends, of an excess of lung cancer cases in the intervention arm is the strongest evidence in support of over-diagnosis, but this information cannot be adequately obtained with available MLP data. Therefore, we propose to re-contact the MLP participants and/or their next-of-kin to determine the participants who were diagnosed with lung cancer after the formal end of the Project. These data will allow the NCI to either more-convincingly state or perhaps refute the possibility of over-diagnosis in lung cancer screening, and may be used to guide future research agendas and lung cancer screening policies. Frequency of response: Once. Affected public: Individuals. Type of respondents: MLP participants or their next-of-kin. The annual reporting burden is as follows: Maximum number of respondents: 9200; Estimated number of Responses per Respondent: 1. Average Burden Hours Per Response: 0.25; Estimated Maximum Total Annual Burden Hours Requested: 2300. The annualized cost to respondents is estimated at zero. There are no Capital Costs to report. There are no Operating or Maintenance Costs; to report.

**Request for Comments**

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

**FOR FURTHER INFORMATION CONTACT:** To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Pamela Marcus, Epidemiologist, Biometry Research Group, Division of Cancer Prevention, National Cancer Institute, Suite 344 EPN, 6130 Executive Blvd, Bethesda, MD 20892–7354; or call non-tool free 301–496–7468; or email *pm145q@nih.gov.*

*Comments due date:* Comments regarding this information collection are best assured of having their full effect if received on or before June 29, 2001.

Dated: April 20, 2001.

**Reesa L. Nichols,**

*NCI Project Clearance Liaison.*

[FR Doc. 01–10582 Filed 4–27–01; 8:45 am]

**BILLING CODE 4140–01–M**