ROUTINE USES OF RECORDS MAINTAINED IN THE SYSTEM, INCLUDING CATEGORIES OF USERS AND PURPOSES OF SUCH USES:

h. In consultation with the artist or the artist's representatives and consistent with professional practices in other arts institutions, nationality, city, state, country and year of birth may be disclosed to the public when relevant to an artist's work.

POLICIES AND PRACTICES FOR RETENTION AND DISPOSAL OF RECORDS:

121.1/040 Significant Art Inventory Records.

This series contains records used in identifying items within the building that are removable or replaceable, or have a significant historical and/or architectural value. For art associated with a building (such as statuary, paintings, and architectural features), records such as inventories, case files, art maintenance records, art appraisals and art restoration documents and related materials are included.

Retention: Permanent. Cut off at the end of the fiscal year when the case file is closed, the artifact is destroyed, transferred, or otherwise de-accessioned. Transfer to NARA 15 years after cutoff.

Legal Authority: DAA–0121–2015–0001–0007 (121.1/040). 121.1/041 Routine Equipment and Art Inventory Records. This series contains records used in identifying equipment and items within the building that are removable or replaceable. Included are inventories of heating, electrical, plumbing, and air handling equipment, vertical transportation equipment and records related to recording the condition, maintenance, and associated schedules, documentation, and schematics for that equipment. For managing statuary, paintings, and architectural features associated with a building, records include routine correspondence and maintenance reports, exhibition and curated collections management documents, proposal submissions, and other records not filed under 121.1/040—Significant Art Inventory Records.

Retention: Temporary. Cut off at the end of the fiscal year when art or equipment has been deaccessioned, obsolete, or superseded, a case file is closed, or when related documents expire. Destroy 5 fiscal years after cutoff.

Legal Authority: DAA–0121–2015–0001–0008 (121.1/041).

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HISTORY:

86 FR 46849.

Dated: June 29, 2022.

Richard Speidel,

Chief Privacy Officer, Office of the Deputy Chief Information Officer, General Services Administration.

[FR Doc. 2022–14827 Filed 7–11–22; 8:45 am]

BILLING CODE 6820–34–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Radiation Therapy for Bone Metastases

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Request for Supplemental Evidence and Data Submissions.

SUMMARY: The Agency for Healthcare Research and Quality (AHRQ) is seeking scientific information submissions from the public. Scientific information is being solicited to inform our review on *Radiation Therapy for Bone Metastases,* which is currently being conducted by the AHRQ's Evidence-based Practice Centers (EPC) Program. Access to published and unpublished pertinent scientific information will improve the quality of this review.

DATES: *Submission Deadline* on or before August 11, 2022.

ADDRESSES:

Email submissions: epc@ahrq.hhs.gov.

Print submissions:

Mailing Address: Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E53A, Rockville, MD 20857

Shipping Address (FedEx, UPS, etc.): Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality, ATTN: EPC SEADs Coordinator, 5600 Fishers Lane, Mail Stop 06E77D, Rockville, MD 20857

FOR FURTHER INFORMATION CONTACT: Jenae Benns, Telephone: 301–427–1496 or Email: *epc@ahrq.hhs.gov.*

SUPPLEMENTARY INFORMATION: The Agency for Healthcare Research and Quality has commissioned the Evidence-based Practice Center (EPC) Program to complete a review of the evidence for *Radiation Therapy for Bone Metastases.* AHRQ is conducting this systematic review pursuant to Section 902 of the Public Health Service Act, 42 U.S.C. 299a.

The EPC Program is dedicated to identifying as many studies as possible that are relevant to the questions for each of its reviews. In order to do so, we are supplementing the usual manual and electronic database searches of the literature by requesting information from the public (*e.g.,* details of studies conducted). We are looking for studies that report on Radiation Therapy for Bone Metastases, including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/radiation-therapy-bone-metastases/protocol.*

This is to notify the public that the EPC Program would find the following information on Radiation Therapy for Bone Metastases helpful:

- A list of completed studies that your organization has sponsored for this indication. In the list, please *indicate whether results are available on ClinicalTrials.gov along with the ClinicalTrials.gov trial number.*
- *For completed studies that do not have results on ClinicalTrials.gov,* a summary, including the following elements: study number, study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, primary and secondary outcomes, baseline characteristics, number of patients screened/eligible/enrolled/lost to follow-up/withdrawn/analyzed, effectiveness/efficacy, and safety results.
- *A list of ongoing studies that your organization has sponsored for this indication.* In the list, please provide the *ClinicalTrials.gov* trial number or, if the trial is not registered, the protocol for the study including a study number, the study period, design, methodology, indication and diagnosis, proper use instructions, inclusion and exclusion criteria, and primary and secondary outcomes.
- Description of whether the above studies constitute *ALL Phase II and above clinical trials* sponsored by your organization for this indication and an index outlining the relevant information in each submitted file.

Your contribution is very beneficial to the Program. Materials submitted must be publicly available or able to be made public. Materials that are considered confidential; marketing materials; study types not included in the review; or information on indications not included in the review cannot be used by the EPC Program. This is a voluntary request for information, and all costs for complying with this request must be borne by the submitter.

The draft of this review will be posted on AHRQ's EPC Program website and

available for public comment for a period of 4 weeks. If you would like to be notified when the draft is posted, please sign up for the email list at: *https://www.effectivehealthcare.ahrq.gov/email-updates.*

The systematic review will answer the following questions. This information is provided as background. AHRQ is not requesting that the public provide answers to these questions.

Key Questions (KQ)

KQ 1: What is the effectiveness and what are the harms of external beam radiation therapy (EBRT) in the palliative treatment of bone metastases in symptomatic adults when combined with additional therapies (*e.g.,* surgery, radionuclide therapy, bisphosphonate therapy, ablation kyphoplasty/vertebroplasty) compared with EBRT alone?

KQ 2: For symptomatic adults with bone metastases who will receive initial radiation for palliation, what is the comparative effectiveness and what are the comparative harms of dose-fractionation schemes and techniques for delivery (*e.g.,* three-dimensional conformal radiation therapy, stereotactic body radiation)?

KQ 3: For symptomatic adults with bone metastases who will receive re-irradiation for palliation, what is the comparative effectiveness and what are the comparative harms of dose-fractionation schemes and techniques for delivery (*e.g.,* three-dimensional conformal radiation therapy, stereotactic body radiation)?

Contextual Questions (CQ)

CQ 1: What are common barriers and facilitators to implementing guidance in radiation oncology, specifically related to palliative radiation for metastatic bone disease (MBD)?

CQ 2: What strategies could be used to promote the use and implementation of guidance in radiation oncology, specifically related to palliative radiation for MBD?

CQ 3: In symptomatic patients considered for palliative radiation therapy for MBD, to what extent does patient financial distress/hardship differ between EBRT dose/fraction schemes or technique?

PICOTS (Populations, Interventions, Comparators, Outcomes, Timing, and Setting)

	Inclusion	Exclusion
Population	*KQ 1:* Symptomatic adults with cancer that has metastasized to the bone. *KQ 2:* Symptomatic adults with bone metastases who will receive initial palliative radiation. *KQ 3:* Symptomatic adults with bone metastases who will receive re-radiation for palliation. *For all KQ:* Consider patient and clinical characteristics (*e.g.,* age, sex, social determinants of health, primary tumor histology, site of metastases).	• Patients <18 years old. • Asymptomatic patients. • Patients with primary bone tumors.
Interventions	*KQ 1:* External beam radiation therapy for the palliative management of bone metastasis *with co-interventions,* additional therapies (*e.g.,* surgery, radionuclide therapy, bisphosphonate therapy, ablation, kyphoplasty/vertebroplasty). *KQ 2 and KQ 3:* Comparisons of dose-fractionation schemes for EBRT, comparisons of EBRT techniques (*e.g.,* conventional RT vs. SBRT, SBRT vs. IMRT).	*KQ 1, 2, 3:* Proton beam therapy. *KQ1:* Brachytherapy.
Comparators	*KQ 1:* No cointervention (*i.e.,* EBRT alone). *KQ 2 and KQ 3:* Comparisons of dose-fractionation schemes, comparisons of EBRT modalities/techniques.	
Outcomes	*Effectiveness:* Primary outcomes: • Pain (level and duration) • Skeletal function • Relief of spinal cord compression • Quality of life Additional (secondary) outcomes: • Local recurrence • Fracture prevention • Overall survival • Need for re-radiation • Use of pain medication, need for other interventions for pain relief *Harms and adverse events:* Harms (*e.g.,* rate of radiation/treatment toxicity, radiation-induced fracture rates, reduced mobility, reduced independence), adverse events (pain flare, radiation recall, fatigue, skin changes, etc.).	• Non-validated measurement instruments for clinician or patient rated outcomes (*e.g.,* pain, function, HRQOL).
Timing	Any (timing may depend on treatments provided and outcomes assessed).	None.
Setting	Any	None.

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, AND SETTING)—Continued

	Inclusion	Exclusion
Study design and publication dates.	*All KQ:* Focus will be on the best evidence available that permits direct comparisons to answer key questions. RCTs will be initially sought; in the absence of RCTs, prospective comparative studies that control for confounding will be considered; if no comparative prospective studies are available, retrospective comparative studies that control for confounding will be considered. In the absence of comparative studies, single arm (*e.g.,* case series, pre-post studies) may be considered. For evaluation of harms, comparative cohort and case-control studies will be included; we will focus on studies specifically designed to evaluate harms. Studies of at least 10 patients per treatment arm.	*General:* • Dosimetry modeling studies. • Non-human studies. • NRSI for effectiveness if RCTs are available. • Studies with <10 patients per arm. • Single arm studies (unless no comparative studies); if used, exclude studies of <10 patients. • Case reports. *Publication dates:* Prior to 1985. *Publication types:* Conference abstracts or proceedings, editorials, letters, white papers, citations that have not been peer-reviewed, single site reports of multi-site studies.

EBRT = external beam radiation therapy; HRQOL = health-related quality of life; IMRT = intensity modulated radiation therapy; KQ = key question; NRSI = nonrandomized studies of intervention; RCT = randomized controlled trial; RT = radiation therapy; SBRT = stereotactic radiation therapy.

Dated: July 6, 2022.

Mamatha Pancholi,

Acting Chief of Staff, Chief Data Officer.

[FR Doc. 2022–14735 Filed 7–11–22; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day-22–22GR; Docket No. CDC–2022–0081]

Proposed Data Collection Submitted for Public Comment and Recommendations

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

ACTION: Notice with comment period.

SUMMARY: The Centers for Disease Control and Prevention (CDC), as part of its continuing effort to reduce public burden and maximize the utility of government information, invites the general public and other federal agencies the opportunity to comment on a proposed information collection, as required by the Paperwork Reduction Act of 1995. This notice invites comment on a proposed information collection project titled Milestone Tracker In-App survey to understand the outcome of the Milestone Tracker app on developmental surveillance. This project is designed to evaluate the Milestone Tracker mobile application (app) developed by CDC's ''Learn the Signs. Act Early.'' program and will be used to understand how the app is being used, if users find it helpful, and if the app helped them to identify a possible developmental concern(s).

DATES: CDC must receive written comments on or before September 12, 2022.

ADDRESSES: You may submit comments, identified by Docket No. CDC–2022–0081 by either of the following methods:

- *Federal eRulemaking Portal: www.regulations.gov.* Follow the instructions for submitting comments.
- *Mail:* Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329.

Instructions: All submissions received must include the agency name and Docket Number. CDC will post, without change, all relevant comments to *www.regulations.gov.*

Please note: Submit all comments through the Federal eRulemaking portal (www.regulations.gov) or by U.S. mail to the address listed above.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plan and instruments, contact Jeffrey M. Zirger, Information Collection Review Office, Centers for Disease Control and Prevention, 1600 Clifton Road NE, MS H21–8, Atlanta, Georgia 30329; Telephone: 404–639–7570; Email: *omb@cdc.gov.*

SUPPLEMENTARY INFORMATION: Under the Paperwork Reduction Act of 1995 (PRA) (44 U.S.C. 3501–3520), federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. In addition, the PRA also requires federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each new proposed collection, each proposed extension of existing collection of information, and each reinstatement of previously approved information collection before submitting the collection to the OMB for approval. To comply with this requirement, we are publishing this notice of a proposed data collection as described below.

The OMB is particularly interested in comments that will help:

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions 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;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, *e.g.,* permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

Milestone Tracker In-App Survey to Understand the Outcome of the Milestone Tracker App on Developmental Surveillance—New—National Center on Birth Defects and Developmental Disabilities (NCBDDD), Centers for Disease Control and Prevention (CDC)