FEDERAL TRADE COMMISSION

[Project No. P944509]

Reopening and Extension of Time for Comments Concerning Proposal to Rescind Guidance Concerning the Current Cigarette Test Method

AGENCY: Federal Trade Commission.

ACTION: Notice of extension of comment period.

SUMMARY: The Federal Trade Commission \(''FTC'' or ''Commission'') has extended the date by which comments must be submitted concerning its proposal to rescind Commission guidance that it is generally not a violation of the FTC Act to make factual statements of the tar and nicotine yields of cigarettes when statements of such yields are supported by testing conducted pursuant to the Cambridge Filter Method. This document informs prospective commenters of this change and sets a new date of September 12, 2008.

DATES: Comments must be submitted on or before September 12, 2008.

ADDRESSES: Interested parties are invited to submit comments. Comments should refer to ''Cigarette Test Method, [P944509]'' to facilitate the organization of comments. A comment filed in paper form should include this reference both in the text and on the envelope, and should be mailed or delivered, with two complete copies, to the following address: Federal Trade Commission, Office of the Secretary, Room H–135 (Annex L), 600 Pennsylvania Avenue, NW., Washington, DC 20580. Because paper mail in the Washington area and at the Commission is subject to delay, please consider submitting your comments in electronic form, as described below. However, if the comment contains any material for which confidential treatment is requested, it must be filed in paper form, and the first page of the document must be clearly labeled ''Confidential.'' [1]

Comments filed in electronic form should be submitted by following the instructions on the web-based form at *https://secure.commentworks.com/ftc-CigaretteTestMethod.* To ensure that the Commission considers an electronic comment, you must file it on the web-based form at the *https://secure.commentworks.com/ftc-CigaretteTest Method* weblink. If this Notice appears at *http://www.regulations.gov*, you may also file an electronic comment through that Web site. The Commission will consider all comments that regulations.gov forwards to it.

The FTC Act and other laws the Commission administers permit the collection of public comments to consider and use in this proceeding as appropriate. All timely and responsive public comments, whether filed in paper or electronic form, will be considered by the Commission, and will be available to the public on the FTC Web site, to the extent practicable, at *http://www.ftc.gov*. As a matter of discretion, the FTC makes every effort to remove home contact information for individuals from the public comments it receives before placing those comments on the FTC Web site. More information, including routine uses permitted by the Privacy Act, may be found in the FTC's privacy policy at *http://www.ftc.gov/ftc/privacy/htm*.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be addressed to Rosemary Rosso, Senior Attorney, Division of Advertising Practices, Bureau of Consumer Protection, Federal Trade Commission, 600 Pennsylvania Avenue, NW., Washington, DC 20580, (202) 326–2174.

SUPPLEMENTARY INFORMATION: On July 14, 2008, the Commission published in the **Federal Register** a Request for Comments on its proposal to rescind the FTC's guidance concerning the current cigarette test method.[2] That guidance, announced in 1966, indicates that factual statements of tar and nicotine yields based on the Cambridge Filter Method generally will not violate the FTC Act.[3] If the Commission withdraws this guidance, advertisers should not use terms such as ''per FTC Method'' or other phrases that state or imply FTC endorsement or approval of the Cambridge Filter Method or other machine-based test methods. The **Federal Register** Notice (''Notice'') sought public comment on its proposal as well as comment on the effects the proposal would likely have on smokers' purchases of cigarettes and/or their smoking behavior. Pursuant to this **Federal Register** Notice, the current comment period is scheduled to end on August 13, 2008.

Philip Morris USA has requested that the Commission extend the comment period for an additional 60 days, or through October 14, 2008. According to Philip Morris, the extension will allow it and other interested parties to prepare more considered and comprehensive comments.

The Commission appreciates the need to provide adequate opportunity for commenters to submit timely comments. The Commission likewise recognizes the need to obtain comments from parties directly affected by the proposal. The Commission believes that an additional 30 days is sufficient to allow commenters to provide considered and comprehensive comments. Accordingly, the Commission has decided to extend the deadline for comments until September 12, 2008.

By direction of the Commission.

Donald S. Clark,

Secretary.

[FR Doc. E8–17421 Filed 7–29–08; 8:45 am]

BILLING CODE 6750–01–P

[1] Commission Rule 4.2(d), 16 CFR 4.2(d). The comment must be accompanied by an explicit request for confidential treatment, including the factual and legal basis for the request, and must identify the specific portions of the comment to be withheld from the public record. The request will be granted or denied by the Commission's General Counsel, consistent with applicable law and the public interest. *See* Commission Rule 4.9(c), 16 CFR 4.9(c).

[2] 73 FR 40,350 (Jul. 14, 2008).

[3] For some time, the Commission has been concerned that the machine-measured yields determined by the Cambridge Filter Method may be misleading to individual consumers who rely on the yields as indicators of the amount of tar, nicotine, and carbon monoxide they actually will get from smoking a particular cigarette. In fact, the current yields tend to be relatively poor indicators of tar, nicotine, and carbon monoxide exposure, and do not provide a good basis for comparison among cigarettes.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–08BJ]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is 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. Written comments should be received within 60 days of this notice.

Proposed Project

A Study of Primary and Secondary Prevention Behaviors Practiced Among Five-Year Survivors of Colorectal Cancer—New—Division of Cancer Prevention and Control (DCPC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

Colorectal cancer (CRC) is the third most prevalent cancer and the second leading cause of cancer death in both men and women in the United States. In 2004, there were an estimated 145,083 new cases of colorectal cancer diagnosed and 53,580 deaths. However, the five-year relative survival rates of patients diagnosed with CRC have been steadily increasing since 1975 and there are now over 1 million CRC survivors in the U.S.

Despite improved survival rates, CRC survivors are at an elevated risk for cancer recurrence, second primary cancers, and other health problems after being treated for cancer. Research evidence suggests that these elevated risks can be mitigated by healthy lifestyle practices such as exercise and smoking cessation, and by undergoing regular medical follow-up and cancer screenings. A number of medical organizations, therefore, recommend that CRC survivors follow public health and clinical guidelines for prevention behaviors, medical follow-up, and cancer screenings.

A thorough understanding of how individuals make decisions about health care and cancer prevention following cancer diagnosis is imperative for developing public health policies, programs, and interventions to promote health and increased quality of life after cancer, but little is known about the factors that motivate or hinder the adoption of cancer prevention and screening behaviors among cancer survivors. Therefore, the goal of the current study is to identify the key factors associated with practicing (or not practicing) recommended prevention behaviors.

The proposed study will employ a survey of 5-year CRC survivors to collect information about knowledge, attitudes, psychosocial factors, health status and behaviors, and utilization of health care services including screening services. Respondents will be individuals who have previously received a diagnosis of CRC, and will be identified through California Cancer Registry records. Permission to contact these individuals about participation in the study will be obtained from their physicians. Each physician associated with one or more CRC patients will be responsible for reviewing a customized list of names to identify patients who should not be contacted. Following receipt of physician permission, individuals who are eligible for the study will receive a pre-notification letter to inform them about the study and to give them an option to decline participation. Respondents who are recruited to the study will complete a self-administered survey that will be delivered and returned by mail. Non-response will be followed by an invitation to complete the survey via telephone interview. We estimate that 1,950 physicians will be contacted and that we will receive completed surveys from 1,000 CRC survivors.

Findings from this study will help guide future policies, programs, and interventions developed to enhance and improve the long-term health and well being of cancer survivors.

There are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)	Total burden (in hours)
Physicians	List of Potential Study Participants	1,950	1	13/60	423
CRC Survivors	Survey of Health Behaviors	1,000	1	40/60	667
Total					1,090

Dated: July 23, 2008.

Maryam I. Daneshvar,

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

[FR Doc. E8–17418 Filed 7–29–08; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[60Day–08–05CS]

Proposed Data Collections Submitted for Public Comment and Recommendations

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 Centers for Disease Control and Prevention (CDC) will publish periodic summaries of proposed projects. To request more information on the proposed projects or to obtain a copy of the data collection plans and instruments, call 404–639–5960 or send comments to Maryam I. Daneshvar, CDC Acting Reports Clearance Officer, 1600 Clifton Road, MS–D74, Atlanta, GA 30333 or send an e-mail to *omb@cdc.gov*.

Comments are invited on: (a) Whether the proposed collection of information is 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