

operation or use of other person finder systems. NLM would also use the data to evaluate the functioning and utility of the lost person finder and guide future enhancements to the system. *Frequency of Response:* The NLM Lost People Finder would be activated only during disasters or emergencies in which U.S. government agencies are called to contribute to relief efforts. It would operate until cessation of relief efforts. During this period of time, information on found persons would be submitted by first-responders, medical, and other relief personnel on an ad-hoc basis, possibly several times per day. Information about missing persons would be submitted voluntarily by members of the public (*i.e.*, those who are seeking family members friends, and other loved ones) on hoc basis, once or twice during the disaster. *Affected Public:* Individuals or households. *Type*

of Respondents: Emergency Care First-Responders, Physicians, and Other Health Care Providers who have found (recovered) people, and family members seeking a missing person. *Estimate of burden:* The annual reporting burden is as follows: The estimated burden consists of the burden to emergency responders (care providers, relief workers) of voluntarily entering data into the system about found people and of family members voluntarily entering data to list a missing person and/or search for possible matches. The burden may vary significantly from one disaster to another, depending upon the number of people affected. Using the 2010 earthquake in Haiti as a model, we estimate that some 500 emergency responders might use the system during the course of the relief effort and that each might submit information on 100 people. Submission of information,

especially through the iPhone application, is very fast and is estimated to average not more than 5 minutes per entry. The number of family members entering information about a missing person could be much higher. Based on use of the Google Person Finder system during the Haiti earthquake (which contained information on 50,000 people after two weeks of operation), we estimate that some 50,000 family members might use the system twice during a disaster. Data entry would average no more than 5 minutes. Based on these estimates, the total hour burden is calculated to be 12,000 hours. All use of the system is voluntary. Improved estimates of the burden, in particular the number of respondents and frequency of response, could be provided after the initial use of the system in Haiti.

Types of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Emergency Care First-Responders, Physicians, Other Health Care Providers	500	100	0.08	4,000
Family members seeking a missing person	50,000	2	0.08	8,000
Total	50,500	12,000

The annualized cost to respondents for each year of the clearance is estimated to be \$293,120. There are no Capital Costs, Operating Costs, and/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: David Sharlip, National Library of Medicine, Building 38A, Room B2N12, 8600 Rockville Pike, Bethesda, MD 20894, or call non-toll free number 301-402-9680 or e-mail your request to sharlipd@mail.nih.gov. *Comments Due Date:* Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication. Dated: February 2, 2009. **Betsy L. Humphreys,** Deputy Director, National Library of Medicine, National Institutes of Health. [FR Doc. 2010-2691 Filed 2-5-10; 8:45 am] **BILLING CODE 4140-01-P**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Web Based Training for Pain Management Providers

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National

Institute on Drug Abuse, the National Institutes of Health has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. The purpose of this notice is to allow 60 days for public comment.

Proposed Collection

Title: Web Based Training for Pain Management Providers. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* This research will evaluate the effectiveness of the Web Based Training for Pain Management Providers, via the Web site PainAndAddictionTreatment.com, to positively impact the knowledge, attitudes, intended behaviors and clinical skills of health care providers in the U.S. who treat pain. The Web Based Training for Pain Management Providers is a new program developed with funding from the National Institute on Drug Abuse. The primary goal is to assess the impact of the training program on knowledge, attitude, intended behavior, and clinical skills. A secondary goal is to assess learner satisfaction with the program. If the

program is a success, there will be a new, proven resource available to health care providers to improve their ability to treat pain and addiction co-occurring in the provider's patients. In order to evaluate the effectiveness of the program, information will be collected from health care providers before exposure to the web based materials (pre-test), after exposure to the web based materials (post-test), and 4–6 weeks after the

program has been completed (follow-up).

Frequency of Response: On occasion.
Affected Public: Volunteer health care providers who treat patients with pain.

Type of Respondents: Physicians, nurse practitioners, and physician assistants.

The annual reporting burden is as follows:

Estimated Number of Respondents: 80.

Estimated Number of Responses per Respondent: 3.

Average Burden Hours per Response: 0.75.

Estimated Total Annual Burden Hours Requested: 180.

The annualized cost to respondents is estimated at: \$11,925. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated annual burden hours requested
Physicians	60	3	0.75	135
Other primary care providers (e.g., nurse practitioners, physician assistants)	20	3	0.75	45

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to 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: Scudder Quandra, Project Officer, NIH/NIDA/CCTN, Room 3105, MSC 9557, 6001 Executive Boulevard, Bethesda, MD 20892–9557 or e-mail your request, including your address to scudderq@nida.nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: January 25, 2010.

Mary Affeldt,

Executive Officer (OM Director), NIDA.

[FR Doc. 2010–2694 Filed 2–5–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2006–D–0410] (formerly Docket No. 2006D–0191)

Guidance for Industry and Food and Drug Administration; Guidance for the Use of Bayesian Statistics in Medical Device Clinical Trials; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of the guidance entitled “Guidance for the Use of Bayesian Statistics in Medical Device Clinical Trials.” This guidance summarizes FDA’s current thoughts on the appropriate use of Bayesian statistical methods in the design and analysis of medical device clinical trials.

DATES: Submit electronic or written comments on agency guidances at any time.

ADDRESSES: Submit written requests for single copies of the guidance document entitled “Guidance for the Use of Bayesian Statistics in Medical Device Clinical Trials” to the Division of Small Manufacturers, International, and Consumer Assistance, Center for Devices and Radiological Health (CDRH), Food and Drug Administration, Bldg. 66, rm. 4617, 10903 New Hampshire Ave., Silver Spring, MD 20993 or to the Office of Communication, Outreach and Development (HFM–40), Center for Biologics Evaluation and Research (CBER), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852–1448. Send one self-addressed adhesive label to assist that office in

processing your request, or fax to CDRH at 301–847–8149. The guidance may also be obtained by mail by calling CBER at 1–800–835–4709 or 301–827–1800. See the **SUPPLEMENTARY INFORMATION** section for information on electronic access to the guidance.

Submit electronic comments to <http://www.regulations.gov>. Identify comments with the docket number found in brackets in the heading of this document. Submit written comments concerning this guidance to the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, rm. 1061, Rockville, MD 20852.

FOR FURTHER INFORMATION CONTACT:

Greg Campbell, Center for Devices and Radiological Health, Bldg. 66, rm. 2110, Food and Drug Administration, 10903 New Hampshire Ave., Silver Spring, MD 20993, 301–796–5750; or Stephen Ripley, Center for Biologics Evaluation and Research (HFM–17), Food and Drug Administration, 1401 Rockville Pike, suite 200N, Rockville, MD 20852, 301–827–6210.

SUPPLEMENTARY INFORMATION:

I. Background

This guidance outlines FDA’s current thinking on the use of Bayesian statistical methods in medical device clinical trials. Bayesian statistical methods are currently used in a variety of medical device applications to FDA. This guidance includes a general description of Bayesian methods, discussions on design and analysis of Bayesian medical device clinical trials, the benefits and difficulties with the Bayesian approach, and comparisons with standard (frequentist) statistical methods. Additionally, some ideas on