

## ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondents	Forms	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hours
Clinical Research Administrators .....	Initial Registration .....	3,000	1	1	3,000
	Amendment .....	3,000	4	1	12,000
	Accrual Updates .....	3,000	4	15/60	3,000
Totals .....	.....	9,000	27,000	.....	18,000

Dated: March 2, 2016.

**Karla Bailey,**

*Project Clearance Liaison, National Cancer Institute, NIH.*

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Dated: March 4, 2016.

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*Program Analyst, Office of Federal Advisory Committee Policy.*

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Institute of Allergy and Infectious Diseases Special Emphasis Panel; Nonhuman Primate Reagent Resource (U24).

*Date:* April 8, 2016.

*Time:* 10:30 a.m. to 1:00 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 5601 Fishers Lane, Rockville, MD 20892 (Telephone Conference Call).

*Contact Person:* Nancy Vazquez-Maldonado, Ph.D., Scientific Review Officer, Scientific Review Program, Division of Extramural Activities, Room 3F52B, National Institutes of Health/NIAID, 5601 Fishers Lane, MSC 9834, Bethesda, MD 20892-9834, (240) 669-5044, [nvazquez@niaid.nih.gov](mailto:nvazquez@niaid.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.855, Allergy, Immunology, and Transplantation Research; 93.856, Microbiology and Infectious Diseases Research, National Institutes of Health, HHS)

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### NIH Pathways to Prevention Workshop: Advancing Research To Prevent Youth Suicide

**SUMMARY:** The National Institutes of Health (NIH) will host a workshop on Advancing Research To Prevent Youth Suicide on March 29-30, 2016. The workshop is free and open to the public.

**DATES:** March 29, 2016, from 8:30 a.m.-4:50 p.m. and March 30, 2016, from 8:30 a.m.-1:00 p.m.

**ADDRESSES:** The workshop will be held at the NIH, Masur Auditorium, Building 10 (Clinical Center), 9000 Rockville Pike, Bethesda, Maryland 20892. Registration and workshop information are available on the NIH Office of Disease Prevention (ODP) Web site at <https://prevention.nih.gov/p2psp>.

**FOR FURTHER INFORMATION CONTACT:** For further information concerning this workshop, contact the ODP at [NIHP2P@mail.nih.gov](mailto:NIHP2P@mail.nih.gov), 6100 Executive Blvd., Room 2B03, MSC 7523, Bethesda, MD 20892-7523; Telephone: 301-496-1508; FAX: 301-480-7660.

**SUPPLEMENTARY INFORMATION:** Suicide was the second leading cause of death for youth (10- to 24-year-olds) in 2014, resulting in 5,504 deaths in the United States. This mortality has not decreased compared to other external causes of death, and youth suicide attempts have remained at consistent rates for decades. According to the 2011 Youth Risk Behavior Surveillance System, 2.4% of high school students received medical treatment for attempted suicide, and 7.8% attempted suicide one or more times within the year. Some groups (e.g., American Indian youth; young adults with substance use problems;

children of depressed parents; youth and young adults who identify as a sexual and gender minority) are at increased risk for suicidal behaviors.

One of the challenges in suicide prevention research is that the primary outcome of interest is multidetermined and, depending on the target population, suicide can be a low base rate occurrence. Many studies examining risk in important subgroups (e.g., racial, ethnic, sexual and gender minorities) often lack sufficient power to accurately determine the effectiveness of the intervention. Because suicidal behavior is often multidetermined, it may be that interventions addressing suicide risk factors have benefits for suicide reduction, but these benefits are not obvious in research findings, nor can the larger community know of these benefits. Pooling studies and being able to link data from individual studies to multiple data surveillance systems would be important to better understand the effectiveness of prevention strategies on outcomes such as suicide, suicide attempts, and suicide ideation. Preventing attempts and self-harm ideation would likely result in a reduction in deaths, as well as reductions in health care and social burden associated with suicidal behavior.

Closing the research gaps related to youth suicide could lead to improved prevention strategies. The NIH is engaging in a rigorous assessment of the available scientific evidence to better understand the importance of identifying efforts that could be effective in preventing suicidal thoughts and behaviors as early as possible. The National Institute of Mental Health, the National Institute on Drug Abuse, the National Center for Complementary and Integrative Health, and the NIH Office of Disease Prevention (ODP) are sponsoring the Pathways to Prevention Workshop: Advancing Research To Prevent Youth Suicide on March 29-30, 2016, in Bethesda, Maryland. The workshop will evaluate the current state of knowledge on youth suicide and identify opportunities for future