the public interest. Once your comment has been posted on the public FTC website—as legally required by FTC Rule 4.9(b)—we cannot redact or remove your comment from the FTC website, unless you submit a confidentiality request that meets the requirements for such treatment under FTC Rule 4.9(c), and the General Counsel grants that request.

Visit the FTC website at *http://www.ftc.gov* to read this Notice and the news release describing it. The FTC Act and other laws that the Commission administers permit the collection of public comments to consider and use in this proceeding, as appropriate. The Commission will consider all timely and responsive public comments that it receives on or before March 4, 2020. For information on the Commission's privacy policy, including routine uses permitted by the Privacy Act, see *https://www.ftc.gov/site-information/privacy-policy.*

Analysis of Proposed Consent Order To Aid Public Comment

The Federal Trade Commission (''Commission'') has accepted, subject to final approval, an agreement containing a consent order from T&M Protection Resources, LLC (''T&M'' or ''Respondent'').

The proposed consent order (''proposed order'') has been placed on the public record for thirty (30) days for receipt of comments by interested persons. Comments received during this period will become part of the public record. After thirty (30) days, the Commission will again review the agreement and the comments received, and will decide whether it should withdraw from the agreement and take appropriate action or make final the agreement's proposed order.

This matter concerns alleged false or misleading representations that T&M made concerning its participation in the Privacy Shield framework agreed upon by the U.S. and the European Union (''EU''). The Privacy Shield framework allows for the lawful transfer of personal data from the EU to participating companies in the U.S. The framework consists of a set of principles and related requirements that have been deemed by the European Commission as providing ''adequate'' privacy protection. The principles include notice; choice; accountability for onward transfer; security; data integrity and purpose limitation; access; and recourse, enforcement, and liability. The related requirements include, for example, securing an independent recourse mechanism to handle any disputes about how the company handles information about EU citizens.

To participate in the framework, a company must comply with the Privacy Shield principles and self-certify that compliance to the U.S. Department of Commerce (''Commerce''). Commerce reviews companies' self-certification applications and maintains a public website, *https://www.privacyshield.gov/list,* where it posts the names of companies who have completed the requirements for certification. Companies are required to recertify every year in order to continue benefitting from Privacy Shield.

T&M provides background check, security and investigative services. In connection with providing services relating to background checks, T&M obtained personal data about individuals in the EU. According to the Commission's complaint, T&M published on its website, *https://www.tmprotection.com/privacy-policy,* a privacy policy containing statements related to its participation in Privacy Shield. However, T&M allowed its certification to lapse and continued to claim it participated in the Privacy Shield framework.

The Commission's proposed three-count complaint alleges that Respondent violated Section 5(a) of the Federal Trade Commission Act. Specifically, the proposed complaint alleges that Respondent engaged in a deceptive act or practice by falsely representing that it was a certified participant in the EU–U.S. Privacy Shield Framework. The proposed complaint further alleges that Respondent engaged in deceptive acts or practices by representing that it complied with the framework when in fact it had failed to comply with certain Privacy Shield requirements.

Part I of the proposed order prohibits the company from making misrepresentations about its membership or compliance with any privacy or security program sponsored by the government or any self-regulatory or standard-setting organization, including, but not limited to, the EU–U.S. Privacy Shield framework, the Swiss-U.S. Privacy Shield framework, and the APEC Cross-Border Privacy Rules.

Part II of the proposed order requires that the company affirm to Commerce that it will either continue to apply the Privacy Shield framework principles to any data it received pursuant to frameworks or protect the information by another means authorized under EU or Swiss law, or will delete or return such data within ten days after the effective date of the order.

Parts III through VI of the proposed order are reporting and compliance provisions. Part III requires acknowledgement of the order and dissemination of the order now and in the future to persons with responsibilities relating to the subject matter of the order. Part IV ensures notification to the FTC of changes in corporate status and mandates that the company submit an initial compliance report to the FTC. Part V requires the company to create certain documents relating to its compliance with the order for ten years and to retain those documents for a five-year period. Part VI mandates that the company make available to the FTC information or subsequent compliance reports, as requested.

Part VII is a provision ''sun-setting'' the order after twenty (20) years, with certain exceptions.

The purpose of this analysis is to aid public comment on the proposed order. It is not intended to constitute an official interpretation of the complaint or proposed order, or to modify in any way the proposed order's terms.

By direction of the Commission.

April J. Tabor,

Acting Secretary.

[FR Doc. 2020–02022 Filed 1–31–20; 8:45 am]

BILLING CODE 6750–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

Supplemental Evidence and Data Request on Radiation Therapy for Brain Metastases: A Systematic Review

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 Brain Metastases: A Systematic Review,* 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 30 days after the date of publication in the **Federal Register**.

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 Centers (EPC) Program to complete a review of the evidence for Radiation Therapy for Brain Metastases: A Systematic Review. AHRQ is conducting this systematic review pursuant to Section 902(a) of the Public Health Service Act, 42 U.S.C. 299b—37(a).

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 Brain Metastases: A Systematic Review,* including those that describe adverse events. The entire research protocol is available online at: *https://effectivehealthcare.ahrq.gov/products/radiation-brain-metastases/protocol*

This is to notify the public that the EPC Program would find the following information on *Radiation Therapy for Brain Metastases: A Systematic Review* 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)

Key Question 1: What is the effectiveness of whole brain radiation therapy (WBRT), alone or in combination with stereotactic radiosurgery (SRS) or systemic therapies, as initial treatment in patients with brain metastases on patient-relevant outcomes, such as overall survival and quality of life?

KQ1a. How does effectiveness vary by dose fractionation schedule and technique?

KQ1b. How does effectiveness differ by patient prognosis and primary tumor site?

KQ1c. How does effectiveness differ by the addition of systemic therapies?

Key Question 2: What is the effectiveness of SRS/fractionated stereotactic radiation as initial treatment in patients with brain metastases on patient-relevant outcomes, such as overall survival and quality of life?

KQ2a. How does effectiveness vary by dose fractionation schedule and technique?

KQ2b. How does effectiveness differ by patient prognosis and primary tumor site?

KQ2c. How does effectiveness differ by the addition of systemic therapies?

Key Question 3: What is the effectiveness (or comparative effectiveness) of postoperative SRS compared to WBRT, observation, or preoperative SRS in patients with brain metastases on patient-relevant outcomes, such as overall survival and quality of life?

KQ3a. How does effectiveness vary by dose fractionation schedule?

Key Question 4: What are the adverse effects (*i.e.,* serious harms) of WBRT, SRS, and systemic therapies for patients with brain metastases (either alone or in combination)?

KQ4a. Do adverse effects vary by important patient characteristics (*i.e.,* age, performance status, patient prognosis, disease status, primary tumor site) or dose fractionation schedule and technique?

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, SETTINGS)

PICOTS	Inclusion	Exclusion
Population	• Primary research studies that include a majority (50% or more) of adult patients with metastases in the brain resulting from non-small cell lung cancer, breast cancer, or melanoma.	• Study samples comprising patients with cancer from other origins or primary brain tumors (*e.g.*, glioblastomas) and pediatric samples.
Interventions	• Studies evaluating radiation therapy, including WBRT and SRS alone or in combination, as initial or postoperative treatment, with or without systemic therapy (immunotherapy and chemotherapy).	• Studies without WBRT or SRS treatment arms.
	• Studies have to report on effects of radiation therapy in the 1990s or later.	• Studies based exclusively on pre-1990 data.

PICOTS (POPULATIONS, INTERVENTIONS, COMPARATORS, OUTCOMES, TIMING, SETTINGS)—Continued

PICOTS	Inclusion	Exclusion
Comparators	• Studies comparing eligible interventions to other eligible interventions or other management approaches (no intervention; waitlist; delayed intervention [radiation to be given at a later time]; placebo; observation, watchful waiting, or surveillance; supportive care, palliative care, or steroid treatment; usual care; systemic therapy, immunotherapy, or chemotherapy; WBRT; SRS; surgery; different dose fractionation schedules; different radiation therapy approaches; different intervention combinations).	• Studies comparing only non-intervention features (*e.g.,* comparing two patient subgroups).
Outcomes	• Studies reporting on patient health outcomes, such as ○ overall survival, progression-free survival recurrence/cancer control (local tumor control, intracranial control/complete response, partial response, stable response of all metastases); ○ symptom burden, health status or health-related quality of life; ○ functional status (physical, affective or neurocognition functions);. ○ or adverse events, including acute and late toxicity (*e.g.,* radiation necrosis, hair loss, or nausea). • Patient health outcomes may include patient- and caregiver-reported outcomes as well as clinical, physician assessed, and hospital record outcomes and measures may include quantitative as well as qualitative reports and no restrictions will be imposed regarding the specific measurement, metric, aggregation method (*e.g.,* mean, proportion), or timepoint.	• Studies reporting only on therapy acceptance, provider variables (*e.g.,* provider knowledge), organizational measures (*e.g.,* wait times), treatment utilization, or costs.
Timing	• Studies will not be limited by the duration of the intervention or the length of follow up.	• No exclusions apply.
Setting(s)	• Inpatient and outpatient settings • Studies may include national and international settings	• Studies in resource-limited settings such as developing countries will be reviewed for comparability with US settings.
Study design	All KQs • RCTs • Studies with results published in clinicaltrial.gov will be included regardless of whether a journal publication is available. • English-language publications KQ4 • Prospective experimental and observational studies (including non-randomized clinical trials and cohort studies comparing 2 or more intervention cohorts) of 200 patients or more or those that report a statistical power analysis for adverse events.	• Studies without comparator (*e.g.,* case studies). • Evaluations reported only in abbreviated format (*e.g.,* in a conference abstract) and that are not registered in a research registry. • Studies exclusively reported in non-English publications will be retained as a resource but will not be eligible for inclusion. • Systematic reviews will be retained for reference mining.

Dated: January 29, 2020.

Virginia L. Mackay-Smith,

Associate Director, Office of the Director, AHRQ.

[FR Doc. 2020–01996 Filed 1–31–20; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended, 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, and the Determination of the Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, CDC, pursuant to Public Law 92–463. 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: Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP)–SIP20–008, Validation of Self-Reported Vaccination among Adults.

Date: May 5, 2020.

Time: 11:00 a.m.–6:00 p.m., EDT.

Place: Teleconference.

Agenda: To review and evaluate grant applications.

FOR FURTHER INFORMATION CONTACT: Jaya Raman, Ph.D., Scientific Review Officer, CDC, 4770 Buford Highway, Mailstop F80, Atlanta, Georgia 30341, Telephone: (770) 488–6511, *kva5@cdc.gov.*

The Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Kalwant Smagh,

Director, Strategic Business Initiatives Unit, Office of the Chief Operating Officer, Centers for Disease Control and Prevention.

[FR Doc. 2020–01964 Filed 1–31–20; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as