iii. Hyaluronic acid (to be assessed for review in next update)
C. Topical and transdermal agents (to be assessed for review in next update)
i. Capsaicin (to be assessed for review in next update)
ii. NSAIDs (to be assessed for review in next update)
II. Cell-based therapies
A. Platelet-rich plasma
B. Intraarticular or arthroscopic administration of mesenchymal stem-cells or chondrocytes or tissue
C. Exclusions:
i. Phase I or II trials will not be included for efficacy, as the interventions are generally not FDA-approved for use.
III. Physical treatments and/or weight loss
A. Physical therapy and exercise programs
i. Manual therapy
ii. Land-based therapy and/or exercise
iii. Exercise programs (aerobic, resistance)
iv. Aquatherapy
v. Balneotherapy, mud therapy
vi. Heat or cold
vii. Self-management programs
B. Weight loss
C. Braces or kinesiology taping
D. Orthotic shoe inserts and/or wedges
E. Vibrating platform
F. Neuromuscular electrical stimulation (*e.g.,* Transcutaneous electrical nerve stimulation)
IV. Acupuncture (to be assessed for review in next update)
A. Needle acupuncture alone (to be assessed for review in next update)
B. Moxibustion (to be assessed for review in next update)
V. Combination interventions (to be assessed for review in next update)
A. Sequential treatment algorithms (to be assessed for review in next update)

Comparators

I. Pharmacologic treatments: Placebo-controlled or head-to-head non-inferiority only
II. Cell-based therapies: Placebo- or sham-controlled only
III. Physical treatments and/or weight loss: Placebo-controlled, usual care-controlled, or wait list-controlled only except for weight loss
IV. Neuromuscular electrical stimulation: Sham stimulation without current
V. Wait list
VI. Treatment as usual
VII. Studies that use the untreated knee as a control will be excluded, based on evidence indicating that individuals with OA in one knee are likely to have some, but not necessarily identically, reduced function in the other knee and that treatment of one knee only may improve pain in that knee but may not markedly improve function
VIII. Studies that use participants as their own controls will be excluded, unless no randomized controlled trials are identified for a particular intervention of interest, as quasi-experimental designs provide weaker evidence.
IX. Exclusions:
A. Studies that use an active control that has not been established to be effective will be excluded. Efficacy and effectiveness must be established before examining comparative effectiveness questions.

Outcomes

I. Short-term clinical outcomes
A. Pain (*e.g.,* VAS, WOMAC, KOOS,)
B. Joint stiffness (WOMAC)
C. Function (WOMAC, Lequesne, others)
D. OARSI physical outcomes (*e.g.,* timed up-and-go, 6-minute walk test)
E. Patient Reported Outcome Measurement System (PROMIS®) and Osteoarthritis-Computer Adaptive Test (OA–CAT)
F. Inflammation or effusion
G. Medication use
II. Long-term clinical outcomes
A. Any of the short-term clinical outcomes
B. Instrumental activities of daily living (IADLs)
C. Quality of life (*e.g.,* SF–36, EuroQuol EQ–5D, Arthritis Self-Efficacy scale, global assessment, patient satisfaction)
D. Surgery (*i.e.,* rate of undergoing knee replacement)
III. Adverse effects of intervention(s)
IV. Outcome reporting
A. Only studies that report outcomes for knee OA alone
B. Mean differences at followup or percent of responders at followup will be abstracted

Timing

Minimum 1 month follow-up from initiation of treatment

Settings

Any setting

Andrew B. Bindman,

AHRQ Director.

[FR Doc. 2016–16632 Filed 7–13–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH), Safety and Occupational Health Study Section: Notice of Charter Renewal

This gives notice under the Federal Advisory Committee Act (Pub. L. 92–463) of October 6, 1972, that the Safety and Occupational Health Study Section, Centers for Disease Control and Prevention, Department of Health and Human Services, has been renewed for a 2-year period through June 30, 2018.

For more information contact: JoAnne Fairbanks, Executive Secretary, Safety and Occupational Health Study Section, Department of Health and Human Services, 1600 Clifton Road NE., Mailstop E74, Atlanta, Georgia 30333, telephone 304/285–6143 or fax 304/285–6147.

The Director, Management Analysis and Services Office, 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.

Catherine Ramadei,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.

[FR Doc. 2016–16583 Filed 7–13–16; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Institute for Occupational Safety and Health (NIOSH), Advisory Board on Radiation and Worker Health (ABRWH or Advisory Board)

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), and pursuant to the requirements of 42 CFR 83.15(a), the Centers for Disease Control and Prevention (CDC), announces the following meeting of the aforementioned committee:

Times and Dates: 8:15 a.m.–5:00 p.m., Mountain Time, August 9, 2016; 8:15 a.m.–1:00 p.m., Mountain Time, August 10, 2016.

Public Comment Time and Date: 5:00 p.m.–6:00 p.m.*, Mountain Time, August 9, 2016.