

organizations; private-sector entities; researchers and academic institutions; people living with and who experience risk for disease; and other interested constituents on Strategic Plans to serve as national roadmaps to guide efforts to address HIV, sexually transmitted infections (STI), and viral hepatitis, and to improve and enhance the development and use of vaccines in the United States.

**DATES:** To be assured consideration, comments must be received at the addresses provided below, no later than 5:00 p.m. ET on December 6, 2024.

**ADDRESSES:** Submissions must be submitted electronically via the following website: <https://app.smartsheetgov.com/b/form/68aa1bd9c54b42829f99e85cc4ab1e82>.

**FOR FURTHER INFORMATION CONTACT:** Questions about this RFI should be directed to Nathan Fecik; Phone: 202–795–7616; Email: [Syndemics@hhs.gov](mailto:Syndemics@hhs.gov).

**SUPPLEMENTARY INFORMATION:** OIDP requests feedback on the development of the following (collectively referred to as the Strategic Plans):

- National HIV/AIDS Strategy for the United States: 2026–2030 (NHAS)
- Sexually Transmitted Infections National Strategic Plan for the United States: 2026–2030 (STI Plan)
- Vaccines National Strategic Plan for the United States: 2026–2030 (Vaccines Plan)
- Viral Hepatitis National Strategic Plan for the United States 2026–2030 (Viral Hepatitis Plan)

The National HIV/AIDS Strategy for the United States: 2022–2025 (<https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>), the Sexually Transmitted Infections National Strategic Plan for the United States: 2021–2025 (<https://www.hhs.gov/sites/default/files/STI-National-Strategic-Plan-2021-2025.pdf>), the Vaccines National Strategic Plan: 2021–2025 (<https://www.hhs.gov/sites/default/files/HHS-Vaccines-Report.pdf>), and the Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination: 2021–2025 (<https://www.hhs.gov/sites/default/files/Viral-Hepatitis-National-Strategic-Plan-2021-2025.pdf>) expire at the end of calendar year 2025.

OIDP, in collaboration with the White House Office of National AIDS Policy (focused specifically on the NHAS) and Federal partners, is leading work to develop the next iteration of these interrelated Strategic Plans through 2030. As the next NHAS will be developed in parallel with the three national strategic plans, OIDP is collecting information for the 2026–

2030 National HIV/AIDS Strategy at the request of the White House Office of National AIDS Policy. OIDP invites community input as people have served as the cornerstone for developing the Strategic Plans since their inception.

**Background:** The Strategic Plans serve as national roadmaps for a broad range of constituents to help prevent, diagnose, treat, and cure disease, improve health outcomes, reduce health disparities and inequities, and advance research and technology. The plans include a common vision, overarching goals, objectives, and strategies, and indicators to measure national progress toward established targets.

The development of the next iteration of the Strategic Plans will serve as an opportunity to incorporate the latest epidemiological data; review progress toward achieving national strategic plan goals; center the needs of populations disproportionately affected; address gaps identified in existing Strategic Plans; integrate the latest scientific advances; prioritize the most effective strategies for achieving national goals; and further emphasize the need to implement integrated syndemic approaches (<https://www.hiv.gov/blog/defining-the-term-syndemic>) that cut across each of the Strategic Plans and address common root causes of infectious diseases.

OIDP, in collaboration with Federal partners, is updating the Strategic Plans at the same time because these conditions often disproportionately affect similar populations and may share common root causes. The Vaccine National Strategic Plan is included in this coordinated process to elevate the critical role vaccines can serve as a key intervention to prevent infectious disease, including STIs and viral hepatitis, and to disrupt syndemics. By updating the Strategic Plans at the same time, OIDP aims to identify, leverage, and maximize Federal and other resources to achieve health equity and reduce related health disparities.

OIDP coordinates the development, implementation, and monitoring of the Strategic Plans in collaboration with Federal partners.

**Information Requested:** Anyone can submit written responses to the questions of interest listed at the following website: <https://app.smartsheetgov.com/b/form/68aa1bd9c54b42829f99e85cc4ab1e82>.

This feedback will inform the 2026–2030 Strategic Plans. Please note that responses have specified word limits. Please provide evidence-based justification where applicable. Professional societies, advocacy organizations, and other groups are

encouraged to submit a single collective response that reflects the views of their membership.

**Responses to this RFI Notice are voluntary and may be made public by HHS.** The submitted information will be reviewed by HHS staff and may be made available to the public, along with the submitting individual's name, email address, and demographic information consisting of the submitter's location, affiliated organization, role, and (if provided) title and nature of comments. Submitted information will not be considered confidential, so do not include proprietary, classified, confidential, personal, or other sensitive information in your response. This request is for information and planning purposes and should not be construed as a solicitation or as an obligation of the Federal Government or the HHS. No awards will be made based on responses to this RFI. The information submitted will be analyzed and may be used in reports or presentations. Those who respond are advised that the HHS is under no obligation to acknowledge receipt of your comments or provide feedback on your submission. The HHS and the government reserve the right to use any non-proprietary technical information in any future solicitation(s).

**Authority:** 42 U.S.C. 202 and 42 U.S.C. 207.

**B. Kaye Hayes,**

*Deputy Assistant Secretary for Infectious Disease; Director, Office of Infectious Disease and HIV/AIDS Policy.*

[FR Doc. 2024–22948 Filed 10–4–24; 8:45 am]

**BILLING CODE P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### Proposed Collection; 60-Day Comment Request; Collection of Customer Service, Demographic, and Smoking/Tobacco Use Information From the National Cancer Institute's (NCI) Cancer Information Service (CIS)

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** In compliance with the requirement of the Paperwork Reduction Act of 1995 to provide an opportunity for public comment on proposed data collection projects, the National Cancer Institute (NCI) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

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

**FOR FURTHER INFORMATION CONTACT:** To obtain a copy of the data collection plans and instruments, submit comments in writing, or request more information on the proposed project, contact Candace Maynard, Branch Chief, Cancer Information Service Branch, CISB/OCPL, 9609 Medical Center Drive, Rockville, MD 20850, or call non-toll-free number 240–276–6657 or email your request, including your address to: [deatonc@mail.nih.gov](mailto:deatonc@mail.nih.gov). Formal requests for additional plans and instruments must be requested in writing.

**SUPPLEMENTARY INFORMATION:** Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires written comments and/or suggestions from the public, and affected agencies are invited to address 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.

*Proposed Collection Title:* Collection of Customer Service, Demographic, and Smoking/Tobacco use Information from the National Cancer Institute's (NCI) Cancer Information Service (CIS), 0925–0208, Expiration Date 03/31/2025, REVISION, National Cancer Institute (NCI), National Institutes of Health (NIH).

*Need and Use of Information Collection:* The National Cancer

Institute (NCI) currently collects (1) customer service and demographic information from clients of the Cancer Information Service (CIS) to properly plan, implement, and evaluate cancer education efforts, including assessing the extent by which the CIS reaches and impacts underserved populations; (2) smoking/tobacco use behavior of individuals seeking NCI's smoking cessation assistance through the CIS to provide smoking cessation services tailored to the individual client's needs and track their smoking behavior at follow up. This is a request for OMB to approve a revised submission for an additional three years to provide ongoing customer service collection of demographic information and collection of brief customer satisfaction questions from NCI Cancer Information Service Clients for the purpose of program planning and evaluation.

OMB approval is requested for 3 years. Respondents' only cost is their time. The total estimated annualized burden hours are 6,343.

#### ESTIMATED ANNUALIZED BURDEN HOURS

| Form name                                                           | Category of respondent | Number of respondents | Number of responses per respondent | Average time per response (in hours) | Total annual burden hours |
|---------------------------------------------------------------------|------------------------|-----------------------|------------------------------------|--------------------------------------|---------------------------|
| Demographic & Customer Satisfaction Questions (Appendix 1A or 1AB). | Individuals .....      | 15,754                | 1                                  | 3/60                                 | 788                       |
| Demographic & Customer Satisfaction Questions (Appendix 1B).        | Individuals .....      | 17,589                | 1                                  | 2/60                                 | 586                       |
| Smoking Cessation "Intake" Questions (Appendix 1C).                 | Individuals .....      | 8,839                 | 1                                  | 6/60                                 | 884                       |
| Smoking Call Backs (Appendix 1D) .....                              | Individuals .....      | 8,840                 | 1                                  | 4/60                                 | 589                       |
| VA Call Backs (Appendix 1E) .....                                   | Individuals .....      | 26,055                | 1                                  | 4/60                                 | 1,737                     |
| Cancer Info Call Backs (Appendix 1F) .....                          | Individuals .....      | 1,841                 | 1                                  | 4/60                                 | 123                       |
| Email Intake Form (Appendix 2) .....                                | Individuals .....      | 9,740                 | 1                                  | 10/60                                | 1,623                     |
| Demographic & Customer Satisfaction Questions (Appendix 9).         | Individuals .....      | 400                   | 1                                  | 2/60                                 | 13                        |
| Totals .....                                                        | .....                  | .....                 | 113,191                            | .....                                | 6,343                     |

Dated: October 2, 2024.

**Diane Kreinbrink,**

*Project Clearance Liaison, National Cancer Institute, National Institutes of Health.*

[FR Doc. 2024–23127 Filed 10–4–24; 8:45 am]

**BILLING CODE 4140–01–P**

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

##### National Institutes of Health

#### Prospective Grant of an Exclusive Patent License: Anti-KK–LC–1 T Cell Receptors

**AGENCY:** National Institutes of Health, HHS.

**ACTION:** Notice.

**SUMMARY:** The National Cancer Institute, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the

Patents and Patent Applications listed in the Supplementary Information section of this notice to T-Cure Biosciences, Inc. ("T-Cure") located in Calabasas, California.

**DATES:** Only written comments and/or applications for a license which are received by the National Cancer Institute's Technology Transfer Center on or before October 22, 2024 will be considered.

**ADDRESSES:** Requests for copies of the patent application, inquiries, and comments relating to the contemplated an Exclusive Patent License should be directed to: Suna Gulay French, Ph.D., Technology Transfer Manager, NCI