

1. Evaluate whether the proposed collection of information is necessary for the proper performance of the functions 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;

4. Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submissions of responses; and

5. Assess information collection costs.

Proposed Project

2025 National Blood Collection and Utilization Survey—New—National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Centers

for Disease Control and Prevention (CDC).

Background and Brief Description

The 2025 National Blood Collection and Utilization Survey will request information from community-based blood collection centers, hospital-based blood collection centers, and transfusing hospitals. Respondents will be asked to provide information on blood and blood component collections and transfusions in the United States during 2025.

The NBCUS is an HHS/OASH funded project conducted biennially. Since 2013, in close collaboration with OASH, the NBCUS has been performed by the Centers for Disease Control and Prevention (CDC), which has the requisite technical and scientific resources to conduct the survey. The information collected has previously been used to support public health emergencies and inform public policy as well as inform the blood community about the current national blood supply and demand.

Respondents will include transfusing hospitals, hospital blood banks, and

community-based blood banks. The response rates for the 2023 NBCUS were 96.2% (51/53) for community-based blood collection facilities, 90.3% (65/72) for hospital-based blood collection facilities, and 85.7% (2195/2561) for transfusing hospitals. Based on the previous iterations of the NBCUS, we expect an overall response rate of almost 85% across all types of facilities. Proposed changes include adjustments to answer options to make them more straightforward, removal of policy questions that were required of blood centers by the end of 2023, defining a blood shortage, and addition of a few new questions. New questions included information about bacterial transfusion-transmitted infections found in blood, length of time any blood shortage lasted, cold storage platelets, pathogen reduced cryoprecipitated units.

CDC will take over NBCUS data collection activities from HHS/OASH and requests OMB approval for an estimated 4,612 annual burden hours. There is no cost to respondents other than their time to participate.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) | Total burden (in hours) |
|--------------------------------|--|-----------------------|------------------------------------|--|-------------------------|
| Transfusing Hospitals ... | 2025 National Blood Collection and Utilization Survey. | 2,478 | 1 | 105/60 | 4,337 |
| Hospital Blood Banks ... | 2025 National Blood Collection and Utilization Survey. | 104 | 1 | 105/60 | 182 |
| Community-Based Blood Centers. | 2025 National Blood Collection and Utilization Survey. | 53 | 1 | 105/60 | 93 |
| Total | | | | | 4,612 |

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–26–0469]

Agency Forms Undergoing Paperwork Reduction Act Review

In accordance with the Paperwork Reduction Act of 1995, the Centers for Disease Control and Prevention (CDC) has submitted the information

collection request titled “National Program of Cancer Registries Cancer Surveillance System” to the Office of Management and Budget (OMB) for review and approval. CDC previously published a “Proposed Data Collection Submitted for Public Comment and Recommendations” notice on January 8, 2025 to obtain comments from the public and affected agencies. CDC received one comment related to the previous notice. This notice serves to allow an additional 30 days for public and affected agency comments.

CDC will accept all comments for this proposed information collection project. The Office of Management and Budget is particularly interested in comments that:

(a) Evaluate whether the proposed collection of information is necessary for the proper performance of the

functions of the agency, including whether the information will have practical utility;

(b) Evaluate the accuracy of the agencies’ estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;

(c) Enhance the quality, utility, and clarity of the information to be collected;

(d) Minimize the burden of the collection of information on those who are to respond, including, through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses; and

(e) Assess information collection costs.

To request additional information on the proposed project or to obtain a copy of the information collection plan and instruments, call (404) 639-7570. Comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to www.reginfo.gov/public/do/PRAMain. Find this particular information collection by selecting “Currently under 30-day Review—Open for Public Comments” or by using the search function. Direct written comments and/or suggestions regarding the items contained in this notice to the Attention: CDC Desk Officer, Office of Management and Budget, 725 17th Street NW, Washington, DC 20503 or by fax to (202) 395-5806. Provide written comments within 30 days of notice publication.

Proposed Project

National Program of Cancer Registries Cancer Surveillance System (NPCR CSS) (OMB Control No. 0920-0469, Exp. 1/31/2026)—Revision—National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

In 2022, the most recent year for which complete incidence information is available, more than 1.8 million were diagnosed with cancer. In 2023, approximately 610,000 people died of cancer. It is estimated that 17 million Americans are currently alive with a history of cancer. In the U.S., state/territory-based central cancer registries are the only method for systematically collecting and reporting population-based information about cancer incidence and outcomes such as survival. These data are used to measure the changing incidence and burden of

each cancer; identify populations at increased or increasing risk; target preventive measures; and measure the success or failure of cancer control efforts in the U.S.

In 1992, Congress passed the Cancer Registries Amendment Act which established the National Program of Cancer Registries (NPCR). The NPCR provides support for state/territory-based cancer registries that collect, manage, and analyze data about cancer cases. The state/territory-based cancer registries report information to CDC through the National Program of Cancer Registries Cancer Surveillance System (NPCR CSS), (OMB Control No. 0920-0469).

The NPCR CSS allows CDC to collect, aggregate, evaluate, and disseminate cancer incidence data at the national level. The NPCR CSS is the primary source of information for the U.S. Cancer Statistics, which CDC has released annually since 2002. The latest U.S. Cancer Statistics data release in 2025 provided cancer statistics for 100% of the U.S. population from cancer registries in the United States. Prior to the publication of U.S. Cancer Statistics, cancer incidence data at the national level were available for only 14% of the population of the United States. The NPCR CSS also allows CDC to monitor cancer trends over time and describe geographic variation in cancer incidence throughout the country. NPCR also provides population-level data, such as incidence data by race, ethnicity, and other demographic and tumor characteristics and reporting data on rare cancers. These activities and analyses further support CDC’s planning and evaluation efforts for state and national cancer control and prevention. In addition, datasets are available for secondary analysis.

Respondents are NPCR-supported central cancer registries (CCR) in 46 U.S. states, three territories, and the District of Columbia. Fifty CCRs submit data elements specified for the Standard NPCR CSS Report. Each CCR is asked to transmit two data files to CDC per year. The first NPCR CSS Standard file, submitted in January, is a preliminary report consisting of one year of data for the most recent year of available data. CDC evaluates the preliminary data for completeness and quality and provides a report back to the CCR. The second NPCR CSS Standard file, submitted in November, contains cumulative cancer incidence data from the first diagnosis year for which the cancer registry collected data with the assistance of NPCR funds (*e.g.*, 1995) through 12 months past the close of the most recent diagnosis year (*e.g.*, 2024). The cumulative file is used for analysis and reporting.

In this Revision, Data definitions will be updated to reflect changes in national standards for cancer diagnosis and coding. No changes to the total estimated annualized burden hours or number of respondents are anticipated. The burden for each file transmission is estimated at two hours per response. Because cancer incidence data are already collected and aggregated at the state level, the additional burden of reporting the information to CDC is small. All information is transmitted to CDC electronically. Participation is required as a condition of the cooperative agreement with CDC.

CDC requests OMB approval for a total of 200 estimated annualized burden hours for the Standard NPCR CSS Report. Approval is requested for three years and there are no costs to respondents other than their time.

ESTIMATED ANNUALIZED BURDEN HOURS

| Type of respondents | Form name | Number of respondents | Number of responses per respondent | Average burden per response (in hours) |
|--|--------------------------|-----------------------|------------------------------------|--|
| Central Cancer Registries in 46 States, 3 Territories, and the District of Columbia. | Standard NPCR CSS Report | 50 | 2 | 2 |

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