

School: Based on evidence and findings of an inquiry conducted jointly by Brigham and Women's Hospital (BWH) and Harvard Medical School (HMS) and additional evidence gathered by the Office of Research Integrity (ORI) during its oversight review, ORI found that Dr. Juan Ma, former Research Fellow, BWU, engaged in research misconduct in research supported by National Cancer Institute (NCI), National Institutes of Health (NIH), grant 5 P01 CA120964.

ORI found that the Respondent knowingly and intentionally fabricated and falsified data in portions of figures in an unpublished manuscript titled "TSC1 loss synergizes with KRAS activation in lung cancer development and confers rapamycin sensitivity" by M.-C. Liang, J. Ma, L. Chen, P. Kozlowski, W. Qin, D. Li, T. Shimamura, M.L. Sos, R. Thomas, D. Neil Hayes, M. Meyerson, D.J. Kwiatkowski, and K.-K. Wong, submitted to the *Journal of Clinical Investigation (JCI)* on August 5, 2008, and in revised form on October 21, 2008 (hereafter referred to as the "*JCI* manuscript"). Specifically, Respondent committed research misconduct by knowingly and intentionally:

- Falsifying and/or fabricating those portions of the immunoblots in *JCI* manuscript Figure 1C, to show that in Tsc1^{L/L} and Tsc1^{L/+} mouse lung cancer cells compared with KRAS induced lung cancer cells, there were reduced Tsc1 and Tsc2 protein levels, reduced phospho-AKT-S473 levels, and increased phospho-S6-S249/244 levels, consistent with the hypothesis that introduction of the Tsc1^L gene resulted in mTORC1 activation.

- Falsifying and/or fabricating those portions of the immunoblots in Figure 3A of the *JCI* manuscript to show data consistent with the hypothesized TNS null signaling lung tumor cells: Functional loss of Tsc1/Tsc2, high phospho-S6-S249/244 levels, and low phospho-AKT-S473, with recovery of phospho-AKT-S473 after Rapamycin treatment.

- Falsifying and/or fabricating those portions of the immunoblots in Figure 3B of the *JCI* manuscript by (i) adding a band in the Tsc2 lane for control cells for the IP blot, and (ii) weakening the Tsc2 band for one of the tumor lysates.

- Falsifying and/or fabricating immunoblots in Figures 5A and 5B of the *JCI* manuscript so that the data appeared to indicate that TSC reconstitution in TSC null (TNS) cell lines led to reduction of pS6-S240/244 levels during serum deprivation (in the absence of growth factors), as well as increased pAKT(S473) levels in response to serum stimulation.

- The *JCI* manuscript was accepted by *JCI* on December 8, 2008, but it was withdrawn by one of the authors on January 6, 2009.

ORI found that Respondent's knowing and intentional falsification and fabrication of data constitutes research misconduct within the meaning of 42 CFR 93.103.

The following administrative actions have been implemented for a period of three (3) years, beginning on May 12, 2012:

(1) Any institution that submits an application for U.S. Public Health Service (PHS) support for a research project on which Respondent's participation is proposed or that uses him in any capacity on PHS-supported research must concurrently submit a plan for supervision of his duties to the funding agency for approval; the supervisory plan must be designed to ensure the scientific integrity of his research contribution; Respondent must ensure that a copy of the supervisory plan is also submitted to ORI by the institution; Respondent will not participate in any PHS-supported research until such a supervisory plan is submitted to ORI;

(2) Respondent will ensure that any institution employing him submits, in conjunction with application for PHS funds or any report, manuscript, or abstract of PHS-funded research in which he is involved, a certification that the data provided by him are accurately reported in the application or report; Respondent must ensure that the institution send the certification to ORI; this certification shall be submitted no later than one month before funding and concurrently with any report, manuscript, or abstract; and

(3) Respondent is prohibited from serving in any advisory capacity to PHS, including but not limited to service on any PHS advisory committee, board, and/or peer review committee, or as a consultant.

FOR FURTHER INFORMATION CONTACT:

Director, Division of Investigative Oversight, Office of Research Integrity, 1101 Wootton Parkway, Suite 750, Rockville, MD 20852, (240) 453-8800.

John Dahlberg,

Director, Division of Investigative Oversight, Office of Research Integrity.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

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

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:

Board Public Meeting Times and Dates (All times are Mountain Time):
8:15 a.m.–5:15 p.m., June 19, 2012.
8:15 a.m.–5:45 p.m., June 20, 2012.
8:15 a.m.–12 p.m., June 21, 2012.

Public Comment Times and Dates (All times are Mountain Time):
5:15 p.m.–6:15 p.m.*, June 19, 2012.
6 p.m.–7 p.m.*, June 20, 2012.

* Please note that the public comment periods may end before the times indicated, following the last call for comments. Members of the public who wish to provide public comments should plan to attend public comment sessions at the start times listed.

Place: Courtyard Santa Fe, 3347 Cerrillos Road, Santa Fe, New Mexico 87507, Telephone: (800) 777-3347, Fax: (505) 473-5128. Audio Conference Call via FTS Conferencing, the USA toll-free, dial-in number is 1-866-659-0537 with a pass code of 9933701.

Status: Open to the public, limited only by the space available. The meeting space accommodates approximately 150 people.

Background: The Advisory Board was established under the Energy Employees Occupational Illness Compensation Program Act of 2000 to advise the President on a variety of policy and technical functions required to implement and effectively manage the new compensation program. Key functions of the Advisory Board include providing advice on the development of probability of causation guidelines which have been promulgated by the Department of Health and Human Services (HHS) as a final rule, advice on methods of dose reconstruction which have also been promulgated by HHS as a final rule, advice on the scientific validity and quality of dose estimation and reconstruction efforts being performed for purposes of the compensation program, and advice on petitions to add classes of workers to the Special Exposure Cohort (SEC).

In December 2000, the President delegated responsibility for funding, staffing, and operating the Advisory Board to HHS, which subsequently delegated this authority to the CDC. NIOSH implements this responsibility for CDC. The charter was issued on August 3, 2001, renewed at appropriate intervals, and will expire on August 3, 2013.

Purpose: This Advisory Board is charged with (a) providing advice to the Secretary, HHS, on the development of guidelines under Executive Order 13179; (b) providing advice to the Secretary, HHS, on the scientific validity and quality of dose reconstruction efforts performed for this program; and (c) upon request by the Secretary, HHS, advise the Secretary on whether there is a class of employees at any Department of Energy facility who were exposed to radiation but for whom it is not feasible to estimate their radiation dose, and on whether there is reasonable likelihood that such radiation doses may have endangered the health of members of this class.

Matters To Be Discussed: The agenda for the Advisory Board meeting includes: NIOSH Program Update; Department of Labor Program Update; Department of Energy Program Update; NIOSH 10-Year Program Review Implementation; SEC petitions for: Winchester Engineering and Analytical Center (Winchester, MA), Weldon Spring Plant (Weldon Spring, MO), Hanford (1972–1983), Los Alamos National Laboratory, General Steel Industries (Granite City, IL), Clarksville Facility (Clarksville, TN), Mound Plant, Titanium Alloys Manufacturing (Niagara Falls, NY), and Medina Facility (San Antonio, TX); Non-qualifying SEC Petitions and SEC Petitions Status Update; Linde Ceramics Work Group Site Profile Review; and Board Work Sessions.

The agenda is subject to change as priorities dictate.

In the event an individual cannot attend, written comments may be submitted in accordance with the redaction policy provided below. Any written comments received will be provided at the meeting and should be submitted to the contact person below well in advance of the meeting.

Policy on Redaction of Board Meeting Transcripts (Public Comment): (1) If a person making a comment gives his or her name, no attempt will be made to redact that name. (2) NIOSH will take reasonable steps to ensure that individuals making public comment are aware of the fact that their comments (including their name, if provided) will appear in a transcript of the meeting

posted on a public Web site. Such reasonable steps include: (a) A statement read at the start of each public comment period stating that transcripts will be posted and names of speakers will not be redacted; (b) A printed copy of the statement mentioned in (a) above will be displayed on the table where individuals sign up to make public comments; (c) A statement such as outlined in (a) above will also appear with the agenda for a Board Meeting when it is posted on the NIOSH Web site; (d) A statement such as in (a) above will appear in the **Federal Register** Notice that announces Board and Subcommittee meetings. (3) If an individual in making a statement reveals personal information (e.g., medical information) about themselves that information will not usually be redacted. The NIOSH FOIA coordinator will, however, review such revelations in accordance with the Freedom of Information Act and the Federal Advisory Committee Act and if deemed appropriate, will redact such information. (4) All disclosures of information concerning third parties will be redacted. (5) If it comes to the attention of the DFO that an individual wishes to share information with the Board but objects to doing so in a public forum, the DFO will work with that individual, in accordance with the Federal Advisory Committee Act, to find a way that the Board can hear such comments.

CONTACT PERSON FOR MORE INFORMATION: Theodore Katz, Executive Secretary, NIOSH, CDC, 1600 Clifton Road, M/S E-20, Atlanta, Georgia 30333, telephone: (513) 533-6800, toll free: 1 (800) CDC-INFO, email: dcas@cdc.gov.

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.

Dated: May 23, 2012.

Elaine L. Baker,

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

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-10436 and CMS-855B]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS) is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: New collection; **Title of Information Collection:** Evaluation of the Multi-Payer Advanced Primary Care Practice Demonstration; **Use:** On September 16, 2009, the Department of Health and Human Services announced the establishment of the Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration, under which Medicare joined Medicaid and private insurers as a payer participant in state-sponsored initiatives to promote the principles that characterize advanced primary care, often referred to as the "patient-centered medical home" (PCMH). CMS selected eight states to participate in this demonstration: Maine, Vermont, Rhode Island, New York, Pennsylvania, North Carolina, Michigan, and Minnesota. These states vary on a number of important dimensions, such as features of their public (Medicaid) and private insurance markets, delivery system, prior experience with medical home initiatives, and nature of their state-sponsored multi-payer initiative.

CMS is conducting an evaluation of the demonstration to assess the effects of advanced primary care practice when supported by Medicare, Medicaid, and