homology with other matrix metalloproteinases. Antibodies made with certain of the peptides are capable of distinguishing activated and non-activated forms of collagenase IV. Hence, the peptides have potential applications as both therapeutic and diagnostic agents. (portfolio: Cancer—Research Reagents; Cancer—Diagnostics, in vitro, DNA based)

Cell Matrix Receptor System And Use In Cancer Diagnosis And Management

LA Liotta, NC Rao, V Terranova (NCI)

Serial No. 06/481,934 filed 04 Apr 83

U.S. Patent No. 4,565,789 issued 21 Jan 86

A method of diagnosis and management of cancer, particularly breast cancer, is provided. The method involves interfering with the mechanism by which tumor cells adhere to the various membranes and tissues of the body, enabling replication, using cell receptors specific for the laminin molecule. The laminin molecule normally adheres to collagen IV of the membranes and tissues. The novel laminin molecule disclosed binds the cell receptor of the tumor cell because it has an affinity for the receptor but it does not have an affinity for collagen IV which is part of the membranes and tissues of the body.

Other applications include possible burn therapy through the promotion of adhesion and growth of epithelial cells, which form the covering of most internal organs and outer surface layers of skin.

Secondly, this invention provides a method for evaluating the effectiveness of chemotherapeutic agents designed to affect the receptor in cancer cells. The invention discloses a kit for detecting the presence of metastasizing cancer cells having this cell receptor. A method of separation of metastatic cancer cells expressing the cell receptor from a mixed population of cells is also provided.

Also provided is a method of detecting breast cancer using radiolabelled antibodies specific to the cell receptor. (Portfolio: Cancer—Diagnostics, in vitro, MAb based; Cancer—Diagnostics, in vivo, conjugate chemistry; Cancer—Diagnostics, in vitro, other; Cancer—Research Reagents, MAb based; Cancer—Miscellaneous; Cancer—Therapeutics, biological response modifiers, growth factors; Internal Medicine—Therapeutics, anti-inflammatory.)

Dated: August 21, 1996.

Maria C. Freire,

Director, Office of Technology Transfer.

[FR Doc. 96–23634 Filed 9–13–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute on Deafness and Other Communication Disorders; Notice of Meeting of the Deafness and Other Communication Disorders Programs Advisory Committee

Pursuant to Pub. L. 92–463, notice is hereby given of a meeting of the Deafness and Other Communication Disorders Programs Advisory Committee.

Date: October 28, 1996.

Place: National Institutes of Health, 9000 Wisconsin Avenue, Building 31C, Conference Room 6, Bethesda, MD 20892.

Time: 8 am to 5 pm.

Purpose/Agenda: To hold discussions on Extramural Research programs.

Contact Person: Ralph F. Naunton, M.D., Director, Division of Human Communication, NIH/NIDCD, 6120 Executive Boulevard, MSC 7180, Bethesda, MD 20892–7180, 301–496–1804.

The entire meeting will be open to the public, with attendance limited to space available. A summary of the meeting and a roster of the members may be obtained from Dr. Naunton's office. For individuals who plan to attend and need special assistance such as sign language interpretation or other reasonable accommodation, please contact Dr. Naunton prior to the meeting.

(Catalog of Federal Domestic Assistance Program No. 93.173 Biological Research Related to Deafness and Communication Disorders)

Dated: September 6, 1996.

Margery G. Grubb,

Senior Committee Management Specialist, NIH.

[FR Doc. 96–23564 Filed 9–13–96; 8:45 am]

BILLING CODE 4140–01–M

Prospective Grant of Exclusive License: Immunotoxins With In-Vivo T Cell Suppressant Activity and Methods of Use and Immunotoxins

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: This notice in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(I) that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of an exclusive world-wide license to practice the inventions embodied in U.S. Patent Number 5,167,956, and entitled; ''Immunotoxins With In-Vivo T Cell Suppressant Activity and Methods of Use'', Patent Applications USSN 08/308,730, 60/008,104 and 60/015,459, and corresponding U.S. and foreign patent applications, all entitled; ''Immunotoxins With In-Vivo T Cell Suppressant Activity And Methods Of Use'' and U.S. Patent Number 5,208,021, and entitled; ''Immunotoxins'' and corresponding foreign patent applications to Sandoz Pharma Ltd., Basel, Switzerland. The patent rights for NIH inventors in these inventions have been assigned to the United States of America.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

The field of use for this prospective exclusive license may be limited to ''Induction of Tolerance to Transplanted Organs''. The field of use for this prospective exclusive license for U.S. Patent Number 5,208,021 will exclude, at a minimum, fields of use of, ''for therapeutic treatment of all cancers'' and ''for therapeutic treatment of all muscle diseases and disorders.''

A major goal in transplant immunobiology is the development of specific immunologic tolerance to organ transplants. This therapy holds the potential of freeing patients from the side effects of continuous pharmacologic immunosuppression and its attendant complications and costs. Dr. David Neville's laboratory at the National Institute for Mental Health, NIH has developed immunotoxins (IT) targeted to the pan-T cell marker CD3 (anti-CD3-IT) and demonstrated that it has a profound immunosuppressive effect on human and rhesus T cells in vivo. A collaboration with Dr. Stewart Knechtle's laboratory (University of Wisconsin, Madison) has shown that a 3-day administration of anti-CD3 IT in rhesus monkeys can transiently deplete T cells to <1% of initial val–es in both the blood and lymph node compartments. Donor lymphocytes were injected intrathymically in some animals. All monkeys with T cell depletion had prolonged allograft survival. Tolerance was confirmed by skin grafting in 5 of 6 long-surviving recipients (>150 days). No other drug or treatment regimen has come close to achieving these results. In a collaboration with Dr. Judith Thomas' laboratory (University of Alabama,