communications and policy, research and philanthropic organizations, health insurers and plans, employer groups, and health providers.

Nominations must state that the nominee is willing to serve as a member of the CAP-ME and appears to have no conflict of interest that would preclude membership. Potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

Members shall be appointed to a term of between 1 and 4 years, with 3- and 4-year appointments contingent on the Secretary deciding it is in the public interest to continue this Committee beyond the initial 2-year term described in the Charter.

Any interested person may nominate one or more qualified persons. Self-nominations will also be accepted.

Authority: Section 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance Program; and No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: February 5, 1999.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 99–3557 Filed 2–11–99; 11:31 am]

BILLING CODE 4120–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: The inventions listed below are owned by an agency of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 to achieve expeditious commercialization of results of federally-funded research and development.

ADDRESSES: Licensing information and a copy of the U.S. patent applications referenced below may be obtained by contacting J.R. Dixon, Ph.D., at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804 (telephone: 301/496–7056 ext. 206; fax: 301/402–0220; e-mail: jd212g@nih.gov). A signed Confidential Disclosure Agreement is required to receive a copy of any patent application.

Specific Killing of HIV-Infected Lymphocytes by a Recombinant Immunotoxin Directed by a Recombinant Immunotoxin Directed Against the HIV–1 gp120 Envelope Glycoprotein

Drs. Ira H. Pastan (NCI), Tapan K. Bera (NCI), Paul E. Kennedy (NIAID), Edward A. Berger (NIAID), and Carlos F. Barbas III (EM-The Scripps Research Institute)

Serial No. 60/088,860—Filed June 11, 1998

Since the initial isolation of HIV in 1983, and its identification as the causative agent of AIDS, tremendous research efforts have been expanded to understand the cause and pathogenesis of AIDS, but an effective therapy leading to a cure for AIDS has, as of this date, not been successful or accomplished. There are several therapeutic drugs available to treat infected patients that prolong life and somewhat control symptoms.

The major approaches for the treatment of individuals with AIDS or HIV infections are the administration of drugs such as reverse transcriptase inhibitors (e.g., AZT (3′-azido-3′-deoxythymidine) or ddi (2′,3-dideoxyinosine) which act by inhibiting synthesis of proviral genome after the virion has entered the host cell and protease inhibitors which block the production of infectious virions. Although these agents can effectively inhibit HIV spread *in vivo* and *in vitro*, they do not kill those cells that are already infected with the HIV virus. Recently, a highly active antiretroviral therapy (HHAT) shows encouraging results in reducing viral load in lymphoid tissue of HIV infected patients. In this approach a cocktail consisting of an HIV protease inhibitor and two reverse transcriptase inhibitors is administered. However, again, while significant progress has been made recently in the treatment of HIV–1 infection, we are not yet close to a cure for AIDS.

The technology available from NIH is directed to an immunotoxin that specifically binds to and kills cells displaying an HIV gp 120 coat protein. The immunotoxin comprises an anti-gp 120 antibody directed to the conserved CD4 binding site of gp 120 attached to a cytotoxin (e.g., a Pseudomonas exotoxin). In one preferred embodiment the immunotoxin is a recombinantly expressed fusion protein comprising a disultfide linked Fv region attached to a modified Pseudomonas exotoxin [i.e., 3B3 (Fv)–PE38]. The technology is directed to a pharmaceutical composition, to the composition of the immunotoxin, to methods for killing HIV infected cells, and to a kit for killing cells that display a gp 120 protein.

Recombinant Anti-Tumor RNases

Drs. Susanna M. Rybak (FCRDC) and Dianne L. Newton (FCRDC)

Serial No. 60/079,751—Filed March 27, 1998

The above mentioned invention provides for novel recombinant ribonuclease proteins which when expressed by bacteria are active antitumor agents. Additionally the recombinant ribonucleases of this invention can be fused inframe with ligand receptor binding moieties to form specifically cytotoxic fusion proteins. Furthermore, these proteins are more active than ribonucleases currently available. Because these proteins are recombinant proteins, mutations that increase cytotoxicity can be engineered. The present invention discloses the cloning and the sequence of cDNA from the liver of female Rana pipiens that encodes a novel recombinant RNase and describes some of the expressed proteins' unique cytotoxic properties. The novel RNase is a protent cytotoxic agent to various cancer cell lines (e.g.., neoplastic Kaposi's sacrcoma derived endothelial cells) and linked to a ligand, such as anti-CD22 antibody, has been found to be efficacious against human lymphoma cells.

Targeting Antigens to the MHC Class I Processing Pathway With an Anthrax Toxin Fusion Protein

Dr. Kurt R. Klimpel (NIDCR), Theresa J. Goletz (NCI), Naveen Arora (NIDCR), Stephen H. Leppla (NIDCR), and Jay A. Berzofsky (NCI)

DHHS Ref. No. E–171–96/0—Filed September 17, 1996; Serial No. 08/937,276—Filed September 15, 1997

The mammalian immune system reacts to invading pathogens by mounting two broad defenses: the cell-mediated response and the humoral response. Viral and other intracellular infections are controlled primarily by the cell-mediated immune system. This control is achieved through recognition of foreign antigen displayed on the cell surface of an infected cell. The objective for a vaccine that stimulates the cell-mediated immune system is to deliver protein antigens to the cell cytosol for processing and subsequent presentation by MHC class I molecules. The present

invention describes a vaccine that stimulates the cell-mediated immune system and a method for immunizing mammals. The invention also describes a method of inducing antigen-presenting cells to present specific antigens using the MHC Class I processing pathway.

The invention provides a vaccine for inducing an immune response in mammals to a specific antigen, where the vaccine comprises a unit dose of a binary toxin protective antigen and the antigen, which is bound to a binary toxin protective antigen binding protein. In one embodiment the vaccine is comprised of an anthrax protective antigen and the antigen bound to anthrax protective antigen binding protein. The invention also provides a method of immunizing a mammal against an antigen using the vaccine, and a method of inducing antigen-presenting mammalian cells to present specific antigens via the MHC class I processing pathway.

The advantage of the invention and the anthrax system, unlike other bacteria toxin systems which are limited in their capacity to deliver large protein antigen to the cell, is the ability to accommodate whole protein antigens.

Some of the major market segments for this technology are: cancer vaccine delivery systems; treatment of persistent infectious diseases; immunotherapeutics; delivery of DNA vaccines.

Dated: February 9, 1999.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 99–3854 Filed 2–16–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Initial Review Group, Subcommittee H—Clinical Groups

Date: March 25–26, 1999.

Time: 8:00 am to 5:00 pm.

Agenda: To review and evaluate grant applications.

Place: The Hyatt Regency Hotel, 100 Bethesda Metro Center, Bethesda, MD 20814.

Contact Person: Deborah R. Jaffe, PhD, Grants Review Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6130 Executive Boulevard, Rockville, MD 20892, (301) 496–7221.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: February 10, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–3861 Filed 2–16–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Human Genome Research Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Advisory Council for Human Genome Research, February 22, 1999, 8:30 a.m. to February 23, 1999, 5:00 p.m., National Institutes of Health, Building 31, C Wing, Conference Room 10, 9000 Rockville Pike, Bethesda, MD 20892 which was published in the **Federal Register** on January 15, 1999, 64 FR 2654.

The meeting is now being held on February 21–22, 1999. The session on 2/21, which is closed to the public, will be held 6:30 p.m. to recess at the Bethesda Marriott, Bethesda, MD. The open session will begin 2/22, 8:30–12 noon, at NIH. The meeting is partially Closed to the public.

Dated: February 10, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–3859 Filed 2–16–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: NIDR Special Grants Review Committee 99–34, Review of RO3s, T32s, K23 & 24s

Date: February 18–19, 1999.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: The Hyatt Regency Hotel, 100 Bethesda Metro Center, Bethesda, MD 20814.

Contact Person: William J. Gartland, Scientific Review Administrator, Scientific Review Section, National Institute of Dental Research, National Institutes of Health, PHS, DHHS, Bethesda, MD 20892, (301) 594–2372.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(Catalogue of Federal Domestic Assistance Program Nos. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: February 10, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–3855 Filed 2–16–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Allergy and Infectious Diseases; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the