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.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, D.C. 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Robert H. Selwitz, Health Policy Analysis and Development Branch, NIDCR, NIH, Natcher Building, Room 3AN–44J, 9000 Rockville Pike, Bethesda, MD 20892, or call non-toll-free number (301) 594–3977, or e-mail your request, including your address to: Robert.Selwitz@nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before August 13, 1999.

Dated: July 7, 1999.

Yvonne H. du Buy,

Executive Officer, NIDCR.

[FR Doc. 99–17926 Filed 7–13–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Immunotoxin Containing a Disulfide-Stabilized Antibody Fragment Joined to a Pseudomonas Exotoxin that does not Require Proteolytic Activation''

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

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is 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 application 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.

SUPPLEMENTARY INFORMATION:

Invention Title: ''Immunotoxin Containing a Disulfide-Stabilized Antibody Fragment Joined to a Pseudomonas Exotoxin that does not Require Proteolytic Activation''

Inventors: Drs. Ira H. Pastan (NCI), and Chin-Tsun Kuan (NCI)

DHHS Ref. No. E–163–93/1 & 2 & 3—USPA SN: 08/809,668—Filed August 21, 1997, [=60/005,388—Filed: October 13, 1995, & PCT/US96/16327/WO 97/13529—Filed: October 11, 1996]

Licensing Contract: J.R. Dixon, Ph.D., (301)–496–7056 Ext. 206; E-Mail: jd212g@NIH.GOV

Immunotoxins were initially produced by chemically coupling antibodies to toxins to form chimeric molecules. In these molecules, the antibody portion mediates selective binding to target cells, while the toxin portion mediates translocation into the cytosol and subsequent cell killing. Several toxins have been used to make immunotoxins including ricin A chain, blocked ricin, saporin, pokeweed antiviral protein, diphtheria toxin, and Pseudomonas Exotoxin (''PE'').

The technology disclosed in the above mentioned patent application relates to the production and use of Pseudomonas-derived immunotoxins modified to increase their toxicity and potency and therapeutic agents. In particular, the immunotoxins of this invention includes a disulfide-stabilized (''ds'') target-binding agent, such as the variable region of an antibody molecule, and a Pseudomonas Exotoxin that does not require proteolytic activation for cytotoxic activity. Specifically, the invention provides for immunotoxins comprising a Pseudomonas Exotoxin that does not require proteolytic activation for cytotoxic activity attached to an Fv antibody fragment having a variable heavy chain region bound through at least one disulfide bond to a variable light chain region. The combination of a ''disulfide-stabilized'' binding agent fused to a PE that does not require proteolytic activation and provides an immunotoxin having surprising cytotoxic activity.

The above mentioned Invention is available, including any available foreign intellectual property rights, for licensing.

Dated: July 2, 1999.

Jack Spiegel,

Director, Division of Technology Development & Transfer, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 99–17928 Filed 7–13–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Methods for Predicting the Efficacy of a Chemotherapeutic Regimen for Gastrointestinal Cancers Using Antibodies Specific for Thymidylate Synthase''

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

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is 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 application 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.

SUPPLEMENTARY INFORMATION:

Invention Title: ''Methods for Predicting the Efficacy of a Chemotherapeutic Regimen for Gastrointestinal Cancers using Antibodies specific for Thymidylate Synthase''

Inventors: Drs. Patrick G. Johnson (NCI), Edwin R. Fisher (NCI) and Carmen J. Allegra (NCI)

DHHS Ref. No. E–194–95/1 USPA SN: 08/758,034 [= 60/007,825—Filed: December 1, 1995] Filed: November 27, 1996 [E–194–95/1].

Gastric adenocarcrinoma is characterized by an extremely virulent behavior and for which mortality approximates the incidence. The vast majority of patients with gastric cancer are diagnosed with advanced stage disease and even after ''curative''