Assessment, Public Health Activities, and the Studies Workgroups; and to address other issues and topics, as necessary.

Matters To Be Discussed: Agenda items include discussion on the summary of Hanford Health Information Network (HHIN) project, update on Individual Dose Assessment (IDA) project, and reports from agency and work groups. Agenda items are subject to change as priorities dictate.

Contact Persons for More Information: Leslie C. Campbell, Executive Secretary HHES, Division of Health Assessment and Consultation, ATSDR, 1600 Clifton Road, NE M/S E–56, Atlanta, Georgia 30333, telephone 1–888/42–ATSDR(28737), fax 404/639–0654.

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: April 18, 2000.

John Burckhardt,

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

[FR Doc. 00–10081 Filed 4–23–00; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

National Center for Health Statistics (NCHS), Data Policy and Standards Staff, Announces the Following Meeting

Name: ICD–9–CM Coordination and Maintenance Committee meeting.

Time and Date: 9 a.m.–5 p.m., May 11, 2000.

Place: The Health Care Financing Administration, Multipurpose room, 7500 Security Boulevard, Baltimore, Maryland.

Status: Open to the public.

Purpose: The ICD–9–CM Coordination and Maintenance (C&M) Committee will hold its first meeting of the calendar year 2000 cycle on Thursday, May 11, 2000. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

Matters to be Discussed: Agenda items include:

Head injuries

Mammografic microcalcification

Myofascial pain syndrome

Stress Fracture

Periventricular leukomalacia

Posttraumatic wound infection versus complicated open wound

Premature menopause

Update on the ICD–10–PCS coding system

Thoracic aortic aneurysm repair

Lysis of adhesions

Penile plethysmography with nerve stimulation

Percutaneous endoscopic gastrojejunostomy (PEJ)

Spinal fusion for pseudoarthosis

Addenda

Contact Person for Additional Information: Amy Blum, Medical Classification Specialist, Data Policy and Standards Staff, NCHS, 6526 Belcrest Road, Room 1100, Hyattsville, Maryland 20782, telephone 301/458–4106 (diagnosis), Amy Gruber, Health Insurance Specialist, Division of Acute Care, HCFA, 7500 Security Blvd., Room C4–07–07, Baltimore, Maryland, 21244 telephone 410–786–1542 (procedures).

Notice: In the interest of security, the H.C.F.A. has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

Notice: This is a public meeting. However, because of fire code requirements, should the number of attendants meet the capacity of the room the meeting will be closed.

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 CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 18, 2000.

John Burckhardt,

Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00–10082 Filed 4–23–00; 8:45 am]

BILLING CODE 4160–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Prostate Cancer Therapeutic and *in vitro* Diagnostic Method to Screen for the Presence of Metastatic Prostate Cancer—A Monoclonal Antibody Specific to Prostate Cells''

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 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: ''Monoclonal Antibodies to Prostate Cells''.

Inventor: Dr. Ira H. Pastan (NCI).

USP SN: 5,489,525 [= DHHS Ref. No. E–201–92/0]—Issued on February 6, 1996.

Abstract

Prostate Cancer is a disease affecting approximately 1 million men in the U.S.A., with an annual incidence of around 179,000 and approximately 30,000 deaths per year. It is estimated that one-third of men over 50 will develop prostate cancer at some time in their lives. Control of primary tumor by surgical resection and/or radiation has proven effective in a number of cases, however, metastatic spread, primarily to the bone, especially at late hormone independent stages of the disease, has been more difficult to control and monitor. With the aging of the U.S. population, it has been estimated that the number of prostate cancer cases will increase dramatically.

Technology

The technology disclosed in the 5,489,525 patent relates to a monoclonal antibody which is capable of binding to a cell surface differentiation antigen

specific for prostate adenocarcinomas and other prostate cancer cells. Accordingly, methods of therapy can be employed with this monoclonal antibody to destroy prostate cancer cells, and hence, this monoclonal antibody may be useful in therapy and/or the diagnosis of prostate cancer. This monoclonal antibody can be produced by recombinant DNA techniques, the host cell being a eucaryotic or procaryotic cell, preferably a eucaryotic cell and more preferably mammalian. Hence, a monoclonal antibody, a recombinant monoclonal antibody, single polypeptide binding molecules, and binding fragments thereof coupled to molecules which are cytotoxic to prostate cancer cells (e.g., chemotherapeutic agents, prodrugs, cytotoxic or inhibitory peptides, cytokines, enzymes, diphtheria toxin, *Pseudomonas* Exotoxin, etc.) could be used to develop a prostate cancer therapeutic or diagnostic test system.

The above mentioned Invention and technology are available for licensing.

Dated: April 18, 2000.

Jack Spiegel,

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

[FR Doc. 00–10177 Filed 4–21–00; 8:45 am]

BILLING CODE 4140–01–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 agencies 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. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

ADDRESSES: Licensing information and copies of the U.S. patent applications listed below may be obtained by contacting Girish C. Barua, 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. 263; fax: 301/402–0220; e-mail: BaruaG@od.nih.gov. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

Compositions and Methods for Treatment of Breast Cancer—the Synergistic Effect of Farnesyl Transferase Inhibitors and Tamoxifen Combination Therapy

Geoffrey J. Clark, Joanne Zujewski (NCI)
Serial No. 60/171,928 filed 22 Dec 1999

This invention discloses compositions that act in a synergistic manner to inhibit and or prevent breast cancer cell growth. Specifically, this invention discloses methods for treating and preventing breast cancer using a combination of selective estrogen receptor modulators (SERMs) and farnesyl transferase inhibitors (FTIs). The combination therapy comprising of at least one SERM and at least one FTI has shown enhanced therapeutic efficacy in killing cancer cells. Thus the combination therapy may lead to enhance efficacy of Tamoxifen or other SERM treatment regimes. For example, it is contemplated that the present invention will find use in a treatment therapy using lower doses of SERMs for a shorter duration. In some embodiments of the invention, therapeutic agents are administered to subjects suspected of having cancer or being susceptible to cancer, subjects with cancer, subjects experiencing a recurrence of cancer, or subjects who are post-operative for cancer. Additionally, the treatment agents could be administered prophylactically to patients at risk for development of cancer.

Tyrosyl-DNA Phosphodiesterases (TDP) and Related Polypeptides, Nucleic Acids, Vectors, TDP-Producing Host Cell, Antibodies and Methods of Use

Jeffrey J Pouliot, Howard A Nash (NIMH)
Serial No. 60/157,690, filed 05 Oct 1999

Topisomerases are cellular enzymes that are vital for replication of the genome. However, if topisomerase and DNA form covalent complexes that prevent the resealing of DNA, this may lead to cell death. Essentially, this invention consists of a new isolated and cloned enzyme, tyrosyl-DNA phosphodiesterase (TDP1), that is capable of hydrolyzing the covalent complexes between topisomerase and DNA, allowing the DNA to reseal. The mechanism that defines topisomerases is their capacity to break DNA and, after an interval in which topological changes may occur, to reseal the break without the intervention of a high energy cofactor. The breakage of the DNA is accompanied by the formation of a covalent bond between topisomerase and DNA to create an intermediate that is resolved during the resealing step. However, if the resealing step fails, the covalent intermediates between topisomerase I and DNA can become complexes that lead to cell death. The failure of the resealing is increased by some chemotherapies such as camptothecin. Thus, this technology has many potential commercial uses including: a method for screening camptothecin analogues or other compounds for their resistance to repair by this enzyme or to prescreen patients for their sensitivity to topisomerase inhibitors which could identify patients most likely to respond to camptothecin therapy. Further, this invention provides for a vector comprising of the nucleic acid molecule for TDP1 as well as the method of altering the level of TDP1 in a cell, a tissue, an organ or an organism. Finally, this invention consists of a method for identifying a compound that stabilizes a covalent bond complex that forms between DNA and topisomerase I, wherein the covalent bond cannot be cleaved.

Novel Vacuolar-Type (H+)-V-ATPase-Inhibitory Compounds, Compositions and Methods of Use

Michael R. Boyd (NCI)
Serial No. 60/122,953 filed 05 Mar 1999 and Serial No. 60/169,564 filed 08 Dec 1999

The present invention relates to a new class of vacuolar-type (H^+)-ATPase-inhibitory compounds. Vacuolar-type (H^+)-ATPases (V-ATPases) have been described as a universal proton pump which are present in many tissues and cells of the human body. Vacuolar-type (H^+)-ATPases are present intracellularly within certain organelles and are responsible for maintaining internal acidity thereof; V-ATPases are also located within specialized plasma membranes of certain cells, *e.g.* kidney intercated cells, osteoclasts and sperm cells. V-ATPases are important for a myriad of physiological functions such as: sorting of membrane and organellar proteins; proinsulin conversion; neurotransmitter uptake; receptor recycling; and cellular degradative processes. V-ATPase isoform-specific inhibitors may preferentially modulate V-ATPase activities in different cells and tissues, and may thereby provide diverse and distinctive pharmacological utilities. Accordingly, the disclosed compounds and compositions may be used to inhibit such biological processes as: intra-organellar acidification, urinary acidification; bone resorption; fertility;