

disenrolling and to explore the link between the decision to disenroll and their subsequent fee-for-service care; *Frequency*: On occasion; *Affected Public*: Individuals or Households; *Number of Respondents*: 500; *Total Annual Responses*: 500; *Total Annual Hours*: 542.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 24, 2001.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

[FR Doc. 01-2800 Filed 2-1-01; 8:45 am]

**BILLING CODE 4120-03-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Care Financing Administration

[Document Identifier: HCFA-R-0255]

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Health Care Financing Administration, DHHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, 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.

*Type of Information Collection Request*: New collection; *Title of Information Collection*: Suggestion Program on Methods to Improve Medicare Efficiency and Supporting Regulations in 42 CFR 420.410; *Form No.*: HCFA-R-0255 (OMB# 0938-new); *Use*: HCFA is implementing regulations as a means of establishing a program to encourage individuals to submit suggestions that could improve the efficiency of the Medicare program. If the suggestion is adopted, a payment amount will be determined based either on the actual first-year net savings, or the average annual net savings expected to be realized over a period of not more than three years; *Frequency*: On occasion; *Affected Public*: Individuals or Households, Business or other for-profit, Not-for-profit institutions; *Number of Respondents*: 150; *Total Annual Responses*: 150; *Total Annual Hours*: 50.

To obtain copies of the supporting statement and any related forms for the proposed paperwork collections referenced above, access HCFA's Web Site address at <http://www.hcfa.gov/regs/prdact95.htm>, or E-mail your request, including your address, phone number, OMB number, and HCFA document identifier, to [Paperwork@hcfa.gov](mailto:Paperwork@hcfa.gov), or call the Reports Clearance Office on (410) 786-1326. Written comments and recommendations for the proposed information collections must be mailed within 30 days of this notice directly to the OMB desk officer: OMB Human Resources and Housing Branch, Attention: Wendy Taylor, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: January 24, 2001.

**John P. Burke III,**

*HCFA Reports Clearance Officer, HCFA Office of Information Services, Security and Standards Group, Division of HCFA Enterprise Standards.*

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**BILLING CODE 4120-03-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 writing to the indicated licensing contact at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804; telephone: 301/496-7057; fax: 301/402-0220. A signed Confidential Disclosure Agreement will be required to receive copies of the patent applications.

#### RASS1: A Novel Tumor Suppressor Gene Activated by Ras To Promote Apoptosis

Geoffrey J. Clark and Michelle Vos (NCI) DHHS Reference No. E-237-00/0  
*Licensing Contact:* Richard Rodriguez; 301/496-7056 ext. 287; e-mail: [rodrigur@od.nih.gov](mailto:rodrigur@od.nih.gov)

Mutant ras oncogenes are frequently associated with human cancers, and activated Ras proteins have been found to mediate a broad array of biological effects. These effects are generated due to the ability of activated Ras to interact with numerous effector proteins, and the disclosed invention directly relates to such a novel effector, namely, RASS1. While many of Ras' activities are linked to cell growth and cell transformation, this putative tumor suppressor gene and its protein product seem to be effectors which mediate apoptotic cell death. The patent application contains composition of matter claims as well as method claims all of which are directed to the detection, diagnosis and treatment of cancer as well as providing data for cancer susceptibility or prognosis following diagnosis of a cancer. The application also provides claims directed toward gene therapy applications for this technology.

#### Antiprogestins With Partial Agonist Activity

Simons et al. (NIDDK) DHHS Reference No. E-015-00/0 filed 24 March 2000  
*Licensing Contact:* Marlene Shinn; 301/496-7056 ext. 285; e-mail: [shinnm@od.nih.gov](mailto:shinnm@od.nih.gov)

Antisteroids block the action of steroid hormones. For this reason, antisteroids have been attractive clinical tools to suppress the effects of endogenous steroids both in a variety of disorders, including breast and uterine cancers, and in birth control. Much research has been devoted to finding pure antisteroids that would prevent any action of endogenous steroids. Unfortunately, antisteroid treatments are associated with many side effects, most of which result from the repression of the wide variety of normally expressed genes. For this reason, attention has recently shifted to selective receptor modulators (SRMs), which are antisteroids with partial agonist activity with some responsive genes. Those SRMs that cause the repression of the fewest genes, other than the genes that are targeted for inhibition, would be expected to have the fewest side effects and the widest clinical applications. Almost all existing antiprogestins suffer from two disadvantages. First, they block virtually all actions of progesterone receptors and display very little partial agonist activity. Second, most progestins are also potent antiglycorticoids and suppress genes regulated by glucocorticoids, thus expanding the scope of undesirable side effects. Presently, the only antiprogestin reported to have significant amounts of partial agonist activity, and thus any prospect of being a selective progesterone receptor modulator (SPRM), is RTI 3021-020.

The NIH now announces that two derivatives of the potent glucocorticoid dexamethasone (Dex) show partial agonist activity under a variety of conditions and represent novel leads to new SPRMs. These derivatives are Dex-21-mesylate (Dex-Mes) and Dex-oxetanone (Dex-Ox). In direct comparisons with RTI 3021-020, Dex-Mes and Dex-Ox have consistently displayed more partial agonist activity even under conditions where RTI 3021-020 was inactive. Therefore, Dex-Mes, Dex-Ox, or other Dex derivatives, may be useful as partial progesterone agonists under a wider variety of conditions both in the laboratory and in the clinical setting, such as the treatment of endometriosis and leiomyomas of the uterus, to name a few. Furthermore, Dex-Mes and Dex-Ox also possess partial agonist activity with glucocorticoid receptors, thus reducing the side effects resulting from the repression of glucocorticoid-regulated genes.

Dated: January 24, 2001.

**Jack Spiegel,**

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

[FR Doc. 01-2809 Filed 2-1-01; 8:45 am]

**BILLING CODE 4140-01-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Fogarty International Center; Notice of 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 a meeting of the Fogarty International Center Advisory Board.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the 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:* Fogarty International Center Advisory Board.

*Date:* February 6, 2001.

*Open:* 8:30 AM to 12:00 PM.

*Agenda:* Report of the Director and presentations on Disease Control Priorities Report of the Macroeconomic Commission on Health, and on FIC programs and plans.

*Place:* Lawton Chiles International House, 16 Center Drive, (Building 16), Bethesda, MD 20892.

*Closed:* 1:00 PM to Adjournment.

*Agenda:* To review and evaluate grant applications.

*Place:* Lawton Chiles International House, 16 Center Drive, (Building 16), Bethesda, MD 20892.

*Contact Person:* Irene W. Edwards, Information Officer, Fogarty International Center, National Institutes Of Health, Building 31, Room B2C08, 31 Center Drive MSC 2220, Bethesda, MD 20892, 301-496-2075.

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. 93.106, Minority International Research Training Grant in the Biomedical and Behavioral Sciences; 93.154, Special International Postdoctoral Research Program in Acquired Immunodeficiency Syndrome; 93.168, International Cooperative Biodiversity Groups Program; 93.934, Fogarty International Research Collaboration Award; 93.989, Senior International Fellowship Awards Program, National Institutes of Health, HHS)

Dated: January 26, 2001.

**LaVerne Y. Stringfield,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 01-2805 Filed 2-1-01; 8:45 am]

**BILLING CODE 4140-01-M**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**National Cancer Institute; Notice of 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 meeting of the National Cancer Institute Board of Scientific Advisors.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting will be closed to the public in accordance with the provisions set forth in section 552b(c)(6), Title 5 U.S.C., as amended to disclosure information of a personal nature where disclosure would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Cancer Institute Board of Scientific Advisors.

*Date:* March 5-6, 2001.

*Open:* March 5, 2001, 8:00 AM to 12:00 PM.

*Agenda:* Joint meeting of the NCI Board of Scientific Advisors and NCI Board of Scientific Counselors; Report of the Director, NCI; and Scientific Presentations.

*Place:* National Cancer Institute, 9000 Rockville Pike, Building 31, C Wing, 6 Floor, Conference Room 10, Bethesda, MD 20892.

*Open:* March 5, 2001 12:00 PM to 5:00 PM.

*Agenda:* Ongoing and New Business; Reports of Program Review Group(s); and Budget Presentation; Reports of Special Initiatives; RFA and RFP Concept Reviews; and Scientific Presentations.

*Place:* National Cancer Institute; 9000 Rockville Pike, Building 31, C Wing, 6 Floor, Conference Room 10, Bethesda, MD 20892.