

Native Americans and Alaska Natives, 1990–1997: an increasing burden. *Diabetes Care* 2000 Dec; 23(12):1786–90.

Grundy SM, Brewer HB, Cleeman JI, *et al.* Definition of Metabolic Syndrome. Report of the National Heart, Lung and Blood Institute/American Heart Association Conference on Scientific Issues Related to Definition. *Circulation* 2004;109:433–438.

Howard BV, Lee ET, Cowan LD *et al.* Rising tide of cardiovascular disease in American Indians. The Strong Heart Study. *Circulation* 1999;99:2389–95.

Knowler WC, Barrett-Connor E, Fowler SE *et al.* Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine* 2002; 346:393–403.

Pan XR, Li GW, Hu YH, *et al.* Effects of diet and exercise in preventing NIDDM in people with impaired glucose tolerance: the Da Qing IGT and Diabetes study. *Diabetes Care* 1997;20:537–544.

Roubideaux Y, Acton K. Diabetes in American Indians. In: Dixon M, Roubideaux Y. Promises to Keep: Public Health Policy for American Indians and Alaska Natives in the 21st Century. American Public Health Association, 2001.

Tuomilehto J, Lindstrom J, Eriksson JG, *et al.* Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance *New England Journal of Medicine* 2001; 344:1343–1350.

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**Robert G. McSwain,**

*Acting Director, Indian Health Service.*

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## 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. 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.

#### Methods for Producing Biliverdin

Michael L. Pendrak, David D. Roberts (NCI)

U.S. Provisional Application No. 60/554,369 filed 19 Mar 2004 (DHHS Reference No. E–040–2004/0–US–01)

*Licensing Contact:* Michael Ambrose; 301/594–6565;

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This invention details methods of use and composition of matter for preparing biliverdin. Biliverdin has been shown to have cytoprotective properties similar to bilirubin and can be used in the treatment of cardiovascular diseases, cancer, organ transplantation and other indications where inflammation occurs.

Incubating bilirubin with a bilirubin oxidase from various biological sources produces biliverdin. Like bilirubin, biliverdin has been shown to have these cytoprotective properties but is more soluble, reduced toxicity and as such, reduced side effects. Thus biliverdin is a safer alternative to bilirubin for therapeutic treatment of cardiovascular disease, cancers, inflammation and Alzheimer's in both human and non-human mammals.

The current technology involves methods of use and compositions of matter for the production and collection of biliverdin from microorganisms, including the yeast *Candida albicans*. Further claims include methods to enhance biliverdin production in microorganisms and use of biliverdin in the production of pharmaceuticals.

#### Vaccines Using Universally Inactivated Viruses, Parasites, and Tumor Cells

Yossef Raviv *et al.* (NCI)

U.S. Provisional Application filed 22 Mar 2004 (DHHS Reference No. E–303–2003/0–US–01)

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The current technology describes the universal inactivation of viruses, parasites, and tumor cells by hydrophobic, photoactivatable compounds. These non-toxic compounds, such as 1,5-iodoanthylazide (INA), will selectively accumulate in the innermost regions of biological membrane bilayers, where the compounds will bind to proteins and lipids upon irradiation with light, thus inactivating deeply embedded proteins while maintaining integrity and activity of the proteins on the surface. This inactivation preserves the structural and

conformational integrity and therefore immunogenicity of the agent in question, which overcomes a potential problem associated with some other vaccines such as those containing killed pathogens. Furthermore, the inactivation approach presented in this technology provides for a safe, non-infectious composition for vaccination against the corresponding agent, whereas some vaccines, such as those involving live-attenuated microbial agents, still have a risk of infectivity associated with them.

#### Quinoline Inhibitors of Retroviral Integrase

Drs. Yves Pommier and Christophe Marchand (both of NCI); Drs. Roberto Di Santo, Marino Artico, and Roberta Costi (all of Pharmacy University of Rome “La Sapienza”)

U.S. Provisional Application filed 10 Mar 2004 (DHHS Reference No. E–187–2003/0–US–01)

*Licensing Contact:* Sally Hu; (301) 435–5606; *hus@mail.nih.gov.*

The subject invention describes certain diketo quinolin-4-1 derivatives and their use as integrase inhibitors in the treatment of HIV infection. The results of in vitro integrase inhibition studies show that these derivatives have significant anti-integrase activity (*e.g.*, an IC50 for strand transfer inhibition of not greater than 2  $\mu$ M). Thus, these derivatives might be potentially important lead compounds for the development of integrase inhibitors. Since HIV integrase is an essential enzyme for effective viral replication, the development of such inhibitors of HIV integrase would thus potentially be useful and effective in the treatment of HIV infection.

Dated: May 21, 2004.

**Steven M. Ferguson,**

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

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## 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