Disubstituted Levendustin A Analogs (Including Adaphostin) and Pharmaceutical Compositions Comprising the Analogs

Venkatacha L. Narayanan et al. (NCI)
U.S. Patent Application No. 09/623,000 filed 25 Aug 2000 (DHHS Reference No. E–013–1998/0–US–07)
Licensing Contact: John Stansberry; (301) 435–5236; *stansbej@mail.nih.gov*.

Chronic myelogenous leukemia (CML) is almost universally associated with a translocation that juxtaposes the Bcr and Abl genes. Because the resulting kinase, p210 $^{Brc/Abl}$, is found exclusively in malignant hematopoietic cells there has been considerable interest in identifying inhibitors of this enzyme. Adaphostin induces cytotoxicity in human leukemia cells by down-regulating p210 $^{Bcr/Abl}$, inducing DNA damage and initiating apoptosis. Adaphostin exhibits selectivity for CML myeloid progenitors in vitro and retained its catholicity when cytotoxicity mesylate-resistant K562 cells were examined. Adaphostin may kill a wide range of human leukemia cells and may be effective against other cancer types. The present invention provides pharmaceutical compositions comprising effective amounts of adaphostin. The compound and composition of the present invention may be used for treating human leukemia and other proliferative diseases.

In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Heterologous Boosting Immunizations

Ronald S. Chamberlain et al. (NCI)
U.S. Patent Application No. 09/171,086 filed 22 Jan 1999 (HHS Reference No. E–087–1996/0-US–04); U.S. Patent Application No. 09/838,987 filed 20 Apr 2001 (HHS Reference No. E–087–1996/0–US–05); U.S. Patent Application No. 11/007,115 filed 08 Dec 2004 (HHS Reference No. E–087–1996/0–US–06); PCT Application No. PCT/US97/06632 filed 21 Apr 1997, which published as WO 97/39771 on 30 Oct 1997 (HHS Reference No. E–087–1996/0–PCT–02); and Canadian Patent Application Serial No. 2,252,406 (HHS Reference No. E–087–1996/0–CA–03)
Licensing Contact: Michelle A. Booden; 301/451–7337; *boodenm@mail.nih.gov*.

The identification of tumor-associated antigens and the cloning of DNA sequences encoding them have enabled the development of anticancer vaccines. Such vaccines target tumors by stimulating an immune response against the antigens. One method of vaccination involves the delivery of antigen-encoding DNA sequences, and a number of recombinant vectors have been used for this purpose. To optimize the efficacy of recombinant vaccines, Dr. Steve Rosenberg and colleagues at the NCI have developed treatment regimens that use two different vectors (*i.e.*, heterologous boosting).

The present invention describes the method of heterologous boosting immunizations, which in essence is the use of a priming vaccination and a boosting vaccination using two different recombinant vectors that contain a similar or different tumor associated antigen (TAA). The use of different recombinant vectors unexpectedly increases and maintains the immune response to most tumor-associated antigens included in the vectors. The claims are directed, but not limited to, various recombinant viral vectors: poxvirus, vaccine, adenovirus, etc. Additional embodiments and claims are directed, but not limited to, melanoma tumor antigens such as Mart1, gp100, or Hep B surface antigen. These tumor antigen expressing recombinant vectors are coupled with distinctly different recombinant vectors, which express various cytokines and co-stimulatory and accessory molecules such as B7–1, B7–2, ICAM–1, etc. This therapeutic intervention could be directed toward multiple human carcinomas but, with respect to this technology, has been customized as a therapeutic intervention for melanoma.

This technology is available under an exclusive or non-exclusive license. In addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Dated: September 2, 2005.

Steven M. Ferguson,

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

[FR Doc. 05–18168 Filed 9–13–05; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary & Alternative Medicine; 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 Center for Complementary and Alternative Medicine Special Emphasis Panel, Clinical Science.
Date: October 20–21, 2005.
Time: 8 a.m. to 5 p.m.
Agenda: To review and evaluate grant applications.
Place: Bethesda Park Hotel, 8400 Wisconsin Avenue, Bethesda, MD 20814.
Contact Person: Jeanette M. Hosseini, Scientific Review Administrator, National Center For Complementary and Alternative Medicine, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, 301–594–9096.

Dated: September 6, 2005.

Anthony M. Coelho, Jr.,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 05–18171 Filed 9–13–05; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Library of Medicine; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. appendix 2), notice is hereby given of the tenth and final meeting of the Commission on Systemic Interoperability.

The meeting will be open to the public, 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 mission of the Commission on Systemic Interoperability is to submit a report to the Secretary of Health and Human Services and to Congress on a comprehensive strategy for the adoption and implementation of health care information technology standards that includes a timeline and prioritization for such adoption and implementation. In developing that strategy, the