Injured children e.g., cerebral palsy, developmental disabilities among NICHD will collect information on with parents/guardians of injured children seen in participating hospitals. Additional information will be collected through “follow-back” phone interviews with parents/guardians of injured children seen in participating hospitals. NICHD will collect information on developmental disabilities among injured children e.g., cerebral palsy, blindness, deafness or trouble hearing, autism, and mental retardation), medical/psychological conditions e.g., epilepsy/seizures, ADHD, medication use, and other potential risk factors for injury including family structure, sibling characteristics, and caregiver supervision practices. Finally, NICHD would like to determine if typically developing children who have a sibling with a developmental disability, who may compete for supervisory time, are at a greater risk of injury than other children. This Interagency Agreement provides funds from NICHD to CPSC to complete 8000 telephone interviews with parents/guardians of injured children. The sample of interviewees will be derived from a larger sample of children who will be systematically selected from the NEISS system. Sampling will cover an entire year to account for seasonal variations in injury rates. Two thousand interviews will be conducted in 4 different age groups: 0–4 years, 5–9 years, 10–14 years, and 15–19 years. Intentional injuries will not be included in the sampling pool. Further, deaths and hospitalizations will be excluded. Interviews will be limited to those who can complete an interview in English or Spanish. Frequency of Response: One interview; Affecte Public: Individuals or households; Type of Respondents: Parents or Guardians; The annual reporting burden is as follows: Estimated Number of Respondents: 8000. Estimated Number of Responses per Respondent: 1; Average Burden Hours Per Response 0.33; and Estimated Total Annual Burden Hours Requested: 2640. There are no Capital Costs, Operating Costs and/or Maintenance Costs to report.

<table>
<thead>
<tr>
<th>Type of respondents</th>
<th>Estimated numbers of respondents</th>
<th>Estimated number of responses per respondent</th>
<th>Average burden hours per response</th>
<th>Estimated total annual burden hours requested</th>
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</thead>
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<td>Parents/guardians</td>
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<td>1</td>
<td>.33</td>
<td>2640</td>
</tr>
</tbody>
</table>


**Paul L. Johnson,**

Project Clearance Liaison, NICHD, National Institutes of Health.

[FR Doc. 05–21116 Filed 10–21–05; 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 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.

**NIH**


Laura S. Schmidt (NIH).


**Licensing Contact:** John Stansberry; 301/435–5236: stansbje@mail.nih.gov.

MET is over expressed in a variety of cancers including hereditary papillary renal cell carcinoma and non-small cell lung cancer. These cell lines carry naturally-occurring Met mutations and were derived from the germline of patients with hereditary papillary renal cell carcinoma. These cell lines can be used as drug discovery research reagents.

These cell lines were described in in addition to licensing, the technology is available for further development through collaborative research opportunities with the inventors.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.
The cell line may also prove useful for studies of cancer and tumor immunology as injection of mice with P815 leads to progressive tumors. The P815 tumors express cell surface antigens that could provide a model for cancer vaccine development.

**Mutated Pseudomonas Exotoxins with Reduced Antigenicity**


**Licensing Contact:** Jesse S. Kindra; 301–435–5559; kindraj@mail.nih.gov.

The use of *Pseudomonas* exotoxins (PE) for treatment of solid tumors, in particular, has been limited because of the development of neutralizing antibodies to the immunotoxins after the first administration. These antibodies develop before most protocols would call for a second administration of the immunotoxin, and therefore render further use of the immunotoxins ineffective against solid tumors in previously exposed patients.

The studies underlying this novel invention reveal that the predominant immune response of patients to PE-immunotoxins is the PE portion of the immunotoxin. This finding indicates that reducing the antigenicity of the PE molecules used for immunotoxins would reduce the overall antigenicity of the immunotoxin, and increase their utility.

Therefore, this invention relates to mutated *Pseudomonas* exotoxins (PE) that have reduced antigenicity compared to PEs containing the native sequence. The PEs of this invention have one or more individual mutations that reduce antibody binding to one or more epitopes of PE.

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

**Methods and Materials for Identifying Polymorphic Variants, Diagnosing Susceptibilities, and Treating Disease**


**Licensing Contact:** Marlene Shinn-Astor; 301–435–4426; shinnm@mail.nih.gov.

This invention relates to materials and methods associated with polymorphic variants in two enzymes involved in folate-dependent and one-carbon metabolic pathways important in pregnancy-related complications and neural tube birth defects: MTHFD1 (5,10-methylenetetrahydrofolate dehydrogenase, 5,10-methylenetetrahydrofolate cyclohydrolase, 10-formyltetrahydrofolate synthase) and methylenetetrahydrofolate dehydrogenase (NADP+ dependent) 1-like (MTHFD1L). These enzymes are extremely important in the promotion of DNA synthesis, a process that is critical for normal placental and fetal development.

Recently, the inventors have discovered that a MTHFD1 polymorphism is also a strong maternal genetic risk factor for placental abruption, premature separation of a normally implanted placenta. This polymorphism may also be a risk factor for first and second trimester miscarriages. Diagnostic and therapeutic methods are provided in this invention involving the correlation of polymorphic variants in MTHFD1 and other genes with relative susceptibility for various pregnancy-related and other complications such as cancer, cardiovascular disease, and developmental anomalies. Both nutrient status and genetic background are independent yet interacting risk factors for impaired folic acid metabolism. However, the mechanisms that lead to pathology or the mechanisms whereby folic acid prevents these disorders are unknown. Therefore, a diagnostic and therapeutic invention of this kind would significantly improve the detection and treatment of disorders associated with folic acid metabolism.


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

**AAV5 Vector and Uses Thereof**


**Licensing Contact:** Jesse S. Kindra; 301–435–5559; kindraj@mail.nih.gov.

The invention described and claimed in this patent application provides for novel vectors and viral particles which...
The Use of Nitroxides in the Prophylactic and Therapeutic Treatment of Cancer Due to Genetic Defects


**License Contact:** George Pipia; 301/435–5560; pipiag@mail.nih.gov.

The invention is a method for preventing or treating cancer, especially cancers associated with defects in the p53 gene. This gene is generally considered to be a tumor-suppressor gene, and in a large percentage of malignancies including pancreatic, colon, lung, and breast, the gene is found to be inactive in the cancer. It is believed that many individuals have genetic defects in p53 predisposing them to cancer.

The invention involves the use of certain nitroxides as agents to slow the appearance or progression of tumors associated with p53 knockout. Thus, these compounds could serve as preventative agents for people predisposed to cancer, or as therapeutic agents for certain cancers. As nitroxides have already been identified as antioxidants, such agents could become part of a cancer prevention and anti-aging regimen. A new method of use for these compounds now include their use in imaging, which correlates functional information about the tumor with magnetic resonance imaging data.


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

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 provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

**Name of Committee:** National Cancer Institute Special Emphasis Panel PAR-04–020: Small Grants for Behavioral Research in Cancer Control

**Date:** November 9, 2005.

**Time:** 8 a.m. to 5 p.m.

**Agenda:** To review and evaluate grant applications

**Place:** Gaithersburg Marriott Washingtonian Center, 9751 Washington Boulevard, Gaithersburg, MD 20878

**Contact Person:** C. Michael Kerwin, PhD, MPH, Scientific Review Administrator, Special Review and Logistics Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6166 Executive Boulevard, Room 8057, MSC 8329, Bethesda, MD 20892–8329, 301–496–7421, kerwinm@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)


Anthony M. Coelho, Jr., Acting Director, Office of Federal Advisory Committee Policy.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood 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 provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

**Name of Committee:** National Heart, Lung, and Blood Institute Special Emphasis Panel Large-Scale Genotyping of NHLBI Cohorts

**Date:** October 20, 2005.

**Time:** 1 p.m. to 4 p.m.

**Agenda:** To review and evaluate contract proposals

**Place:** National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

**Contact Person:** Valerie L Prenger, PhD, Chief, Review Branch, Division of Extramural Affairs, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, MSC 7924, Room 7214, Bethesda, MD 20892–7924, 301–435–0270, prengerv@nhlbi.nih.gov.

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. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.838, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: October 24, 2005.

Anthony M. Coelho, Jr.,
Acting Director, Office of Federal Advisory Committee Policy.