part or all of their indebtedness for professional training time in IHS health care facilities. This program is necessary to augment the critically low health professional staff at IHS health care facilities.

Any health professional wishing to have their health education loans repaid may apply to the IHS Loan Repayment Program. A two-year contract obligation is signed by both parties, and the individual agrees to work at an IHS location and provide health services to

Native American and Alaska Native individuals.

The information collected from individuals is analyzed and a score is given to each applicant. This score will determine which applicants will be awarded each fiscal year. The administrative scoring system assigns a score to the geographic location according to vacancy rates for that fiscal year and also considers whether the location is in an isolated area. When an applicant takes employment at a location, they in turn “pick-up” the score of that location. Affected Public: Individuals and households. Type of Respondents: Individuals.

The table below provides: Types of data collection instruments, Estimated number of respondents, Number of responses per respondent, Annual number of responses, Average burden hour per response, and Total annual burden hour(s).

<table>
<thead>
<tr>
<th>Data collection instrument</th>
<th>Estimated number of respondents</th>
<th>Responses per respondent</th>
<th>Average burden hour per response</th>
<th>Total annual burden hours</th>
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</thead>
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<tr>
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<td>18/60</td>
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<td>Section II</td>
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<td>Section III</td>
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<td></td>
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</table>

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments: Your written comments and/or suggestions are invited on one or more of the following points: (a) Whether the information collection activity is necessary to carry out an agency function; (b) whether the agency processes the information collected in a useful and timely fashion; (c) the accuracy of public burden estimate (the estimated amount of time needed for individual respondents to provide the requested information); (d) whether the methodology and assumptions used to determine the estimates are logical; (e) ways to enhance the quality, utility, and clarity of the information being collected; and (f) ways to minimize the public burden through the use of automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Send Comments and Requests for Further Information: Send your written comments, requests for more information on the proposed collection, or requests to obtain a copy of the data collection instrument(s) and instructions to: Ms. Chria Rouleau, IHS Reports Clearance Officer, 801 Thompson Avenue, TMP 450, Rockville, MD 20852–1627; call non-toll free (301) 443–5938; send via facsimile to (301) 594–0999; or send your e-mail requests, comments, and return address to: Christina.Rouleau@ihs.gov.

Comment Due Date: Your comments regarding this information collection are best assured of having full effect if received within 60 days of the date of this publication.


Robert G. McSwain,
Director, Indian Health Service.

[FR Doc. E8–11184 Filed 5–20–08; 8:45 am]

BILLING CODE 4165–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, Public Health Service, HHS.

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.

Synthetic Analogs of Juxtamembrane Domain of IGF–1 Receptor as Anti-Cancer Agents

Description of Technology: Insulin-like growth factor receptor type one (IGF–1R), part of the receptor tyrosine kinase (RTKs) family, is integral to cancer cell growth and metastasis. Juxtamembrane domains (JM) of RTKs are located in the cytoplasm between the transmembrane and kinase domains. JMs play a crucial role in the inhibition of the regulation of receptor activity. Studies on other small molecules tyrosine kinase inhibitors (TKIs) indicate non-specific binding with the insulin receptor which has high homology with IGF–1R.

The current invention describes synthetic analogs of IGF–1R JM which were found to be potent inhibitors of IGF–1–mediated cell signaling and cancer cell growth. These analogs provide more binding specificity with less likelihood of significant toxic effects.

Applications and Modality:

New inhibitors can be used to treat many types of tumors.
IGR–1R inhibition may be useful as an anti-aging agent.

IGR–1R plays an inhibitory role in regulation of skin development and differentiation. IGF–1R inhibitors may have revitalizing and rejuvenating effect on skin and may stimulate wound healing.

**Market:**
An estimated 1,444,920 new cancer diagnoses in the U.S. in 2007.
600,000 deaths caused by cancer in the U.S. in 2006.
Cancer is the second leading cause of death in the U.S.
Cancer drug market will likely double to $50 billion in 2010 from $25 billion in 2006.

**Development Status:** The technology is currently in the preclinical stage of development.

**Inventors:** Nadya I. Tarasova and Sergey G. Tarasov (NCI).


**Licensing Status:** Available for exclusive and non-exclusive licensing.

**Licensing Contact:** Adaku Nwachukwu, J.D.; 301–435–5560; madua@mail.nih.gov.

**Protein-Tyrosine Phosphatase Inhibitors as Inhibitors of Human Tyrosyl-DNA Phosphodiesterase (Tdp1) and Methods of Treating Disorders**

**Description of Technology:** Tyrosyl-DNA phosphodiesterase (Tdp1) is an enzyme that repairs topoisomerase I (Top1)-mediated DNA damage induced by chemotherapeutic agents (such as camptothecins) and ubiquitous DNA lesions that interfere with transcription and replication. Tdp1 is a relevant target for anticancer therapies due to its role in repairing Top1-mediated DNA damage and DNA damage associated with DNA strand breaks. Tdp1 inhibitors are expected to be effective in cancer treatment when used in combination with Top1 inhibitors.

The current invention is Me-3,4 dephosphatase, and more generally protein-tyrosine phosphatase inhibitors, which is a Tdp1 inhibitor. Me-3,4 dephosphatase could potentiate the pharmacological action of Top1 inhibitors.

**Applications and Modality:**
It is anticipated that Tdp1 inhibitors in association with Top1 inhibitors can have selective activity toward tumor tissues.

Tdp1 inhibitors may exhibit antitumor activity by themselves because tumors have excess free radicals.

**Method of Inhibiting ABCG2 and Related Treatments**

**Description of Technology:** The technology is directed to a method of inhibiting ABCG2, which is a multidrug resistance (MDR) protein. It is believed that ABCG2 plays a role in the development of resistance of cancer cells to chemotherapeutics. Therefore, inhibition of ABCG2 would allow chemotherapeutics to be more effective in killing cancer cells, thereby treating cancer. Five compounds were identified in the provisional application that inhibit ABCG2. These compounds are known in the literature and are part of the NCI Developmental Therapeutics Program (DTP).

**Applications:**
Cancer therapeutics; Research tools to study function of ABCG2 proteins.

**Advantages:**
Valuable tools to further develop understanding of normal and cancer cells; Augment efficacy of drugs that are ABCG2 substrates.

**Development Status:** Early stage.

**Market:**
Cancer is the second leading cause of death in America, after heart disease. Multiple drug resistance is a significant impediment in the treatment of cancers resulting in a poor prognosis. The market for effective cancer treatments is very large.

**Inventors:** Curtis I. Henrich (SAIC/NCI), Heidi R. Bokesch (SAIC/NCI), Susan E. Bates (NCI), Robert W. Robey (NCI), Suneth Shukla (NCI), Suresh V. Ambudkar (NCI), Michael C. Dean (NCI), and James B. McMahon (NCI).


**Licensing Status:** Available for exclusive or non-exclusive licensing.

**Licensing Contact:** John Stansberry, Ph.D.; 301–435–5236; stansbej@mail.nih.gov.

**Collaborative Research Opportunity:**
The National Cancer Institute Molecular Targets Development Program is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Method of Inhibiting ABCG2 and Related Treatments. Please contact John D. Hewes, Ph.D. at 301–435–3121 or hewesj@mail.nih.gov for more information.

**Method of Inducing Memory B Cell Development and Terminal Differentiation**

**Description of Technology:** Cytokines exert their respective biochemical and physiological effects by binding to specific receptor molecules, which then stimulate signal transduction pathways. Interleukin–21 (IL–21) is a type I cytokine whose receptor is expressed on T, B, and NK cells.

This invention specifically relates to the use of IL–21 to induce differentiation of immature B cells into memory B cells and plasma cells. This invention includes claims of methods for inducing differentiation of a B cell progenitor into memory B cells and/or plasma cells. It also includes claims for enhancing an immune response, treating subjects that lack memory B cells and plasma cells and methods for increasing or decreasing the number of B cells.

This invention could conceivably be used in treating or preventing inflammatory disorders, autoimmune diseases, allergies, transplant rejection, cancer, and other immune system disorders.

**Inventors:** Peter E. Lipsky (NIAMS) et al.


**Licensing Contact:** Jennifer Wong; 301–435–4633; wongje@mail.nih.gov.

**The Use of an Inducible Plasmid Vector Encoding for Active TGF–β for the Treatment of Autoimmune Diseases**

**Description of Technology:** This application describes a composition and method for treating inflammatory bowel disease or other autoimmune diseases.
The composition utilizes a vector which contains a first promoter which controls the expression of a regulatory transcription factor and a second inducible promoter which controls the expression of the gene of interest. The preferred gene of interest encodes an isoform of TGF-β such as TGF-β1 or TGF-β3. The isoform of TGF-β does not have to be hTGF-β and can be a latent or active isoform of TGF-β. The preferred inducible promoter is TRE-CMV which can be induced using doxycycline. The usefulness of the composition for treating autoimmune diseases is demonstrated in the application in a murine model of inflammatory bowel disease in which intestinal inflammation was abrogated by the administration of a plasmid vector encoding active TGF-β. The composition may be administered by a variety of delivery systems and intranasal delivery is exemplified.

Inhibitors of Cell Motility, Angiogenesis and Metastasis

Description of Technology: The present invention relates to potent, highly selective antagonists of Grb2 Src homology-2 (SH2) domain binding Grb2, through its SH2 domain, mediates growth factor driven cell motility in vitro and angiogenesis in vivo. These synthetic, small molecule antagonists have been shown to block cell motility stimulated by hepatocyte growth factor (HGF), fibroblast growth factor (FGF), epidermal growth factor (EGF), and vascular endothelial cell growth factor (VEGF). They also potently inhibit HGF- and VEGF-stimulated morphogenesis and angiogenesis, respectively, in several model systems. HGF stimulates mitogenesis, motogenesis and morphogenesis in a wide range of cellular targets during development and adulthood, and its signaling pathway is frequently over-activated in human cancers, including colon, gastric, breast, lung, thyroid and renal carcinomas, melanoma, several sarcomas as well as glioblastoma. The ability of HGF to initiate a program of cell dissociation and increased cell motility coupled with increased protease production promotes aggressive cellular invasion and is frequently linked to tumor metastasis. Metastasis, the primary cause of death in most forms of cancer, is a multistep process whereby cells from the primary tumor spread systemically and colonize distant new sites. Blocking critical steps in this process could potentially inhibit tumor metastasis and dramatically improve cancer survival rates. The small, synthetic Grb2 SH2 domain antagonists described in this invention have been shown to inhibit the induced and spontaneous metastasis of melanoma- and prostate cancer-derived tumor cells in mice. These results establish a critical role for Grb2 SH2 domain-mediated interactions in the metastatic process and support the potential efficacy of this class of compound in reducing the metastatic spread of primary solid tumors in humans.

Applications and Modality: Inhibition of cell motility-dependent processes, including angiogenesis and metastasis, in several types of cancer such as prostate, colon, gastric, breast, lung, thyroid and renal carcinomas, melanoma and various sarcomas.

Market:
An estimated 1,444,920 new cancer cases were diagnosed in the U.S. in 2008.
600,000 deaths caused by cancer in the U.S. in 2008.
Cancer is the second leading cause of death in the U.S.
The cancer drug market will likely double to $50 billion in 2010 from $25 billion in 2006.

Development Status: In vivo and in vitro studies have been conducted on this technology.

Inventors: Donald P. Bottaro et al. (NCI)

Relevant Publications:


License Status: Available for exclusive and non-exclusive licensing.

Licensing Contact: Adaku Nwachukwu, J.D.; 301–435–5560; madua@mail.nih.gov.

Collaborative Research Opportunity:
The Urologic Oncology Branch of the National Cancer Institute is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Grb2 SH2 domain antagonists as anti-cancer drugs. Please contact John D. Hewes, Ph.D. at 301–435–3121 or hewesj@mail.nih.gov for more information.

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

[FR Doc. E8–11317 Filed 5–20–08; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Notice of Closed Meetings

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 meetings.

The meetings 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: Center for Scientific Review Special Emphasis Panel: Bacterial Pathogenesis.

Date: May 30, 2008.

Time: 3 p.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

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

Contact Person: Marian Wachtel, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3208, MSC 7858, Bethesda, MD 20892, 301–480–4264, wachtelm@csr.nih.gov.

Name of Committee: Infectious Diseases and Microbiology Integrated Review Group: Virology—A Study Section.

Date: June 12, 2008.

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

Agenda: To review and evaluate grant applications.

Place: Carlyle Suites Hotel, 1731 New Hampshire Avenue, NW., Washington, DC 20009.

Contact Person: Joanna M. Pyper, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3198, MSC 7808, Bethesda, MD 20892, (301) 435–1151, pyper@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel: Fellowships.

Date: June 12–13, 2008.

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

Agenda: To review and evaluate grant applications.

Place: Churchill Hotel, 1914 Connecticut Avenue, NW., Washington, DC 20009.

Contact Person: John Bishop, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5180, MSC 7844, Bethesda, MD 20892, (301) 435–1250, bishop@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel: Member Conflicts: Psychopharmacology and Health Psychology.

Date: June 12, 2008.

Time: 12 p.m. to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892.

[Telephone Conference Call].

Contact Person: Antonio Sastre, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 3178, MSC 7848, Bethesda, MD 20892, (301) 435–2309, sastrea@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel: Drug Therapy.

Date: June 25, 2008.

Time: 11 a.m. to 1 p.m.

Agenda: To review and evaluate grant applications.

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

Contact Person: Manzoor Zarger PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 6208, MSC 7804, Bethesda, MD 20892, (301) 435–2477, zargerma@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel: Electromagnetic Devices.

Date: June 25, 2008.

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

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Virtual Meeting).

Contact Person: Antonio Sastre, PhD, Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 5215, MSC 7412, Bethesda, MD 20892, (301) 435–2592, sastrea@csr.nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel: F07 Immunology Fellowships and AREA.

Date: June 26, 2008.

Time: 8 a.m. to 6 p.m.