To increase awareness of the seriousness of diabetes, its risk factors, and strategies for preventing diabetes and its complications among people at risk for diabetes; (2) to improve understanding about diabetes and its control and to promote better self-management behaviors among people with diabetes; (3) to improve health care providers' understanding of diabetes and its control and to promote an integrated approach to care; (4) to promote health care policies that improve the quality of and access to diabetes care.

Multiple strategies have been devised to address the NDEP objectives. These have been described in the NDEP Strategic Plan and include: (1) Creating partnerships with other organizations concerned about diabetes; (2) developing and implementing awareness and education activities with special emphasis on reaching the racial and ethnic populations disproportionately affected by diabetes; (3) identifying, developing, and disseminating educational tools and resources for the program's diverse audiences; (4) promoting policies and activities to improve the quality of and access to diabetes care.

The NDEP evaluation will document the extent to which the NDEP program has been implemented, and how successful it has been in meeting program objectives. The evaluation relies heavily on data gathered from existing national surveys such as National Health and Nutrition Examination Survey (NHANES), the National Health Interview Survey (NHIS), the Behavioral Risk Factor Surveillance System (BRFSS), among others for this information. This generic clearance request is for the collection of additional primary data from NDEP target audiences on some key process and impact measures that are necessary to effectively evaluate the program. Approval is requested for a survey of audiences targeted by the National Diabetes Education Program including people at risk for diabetes, people with diabetes and their families and the public.

Frequency of Response: On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Adults. The annual reporting burden is as follows: *Estimated Number of Respondents:* 3759, *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours per Response:* .153; and *Estimated Total Annual Burden Hours Requested:* 575. There are no Capital, Operating or Maintenance Costs to report.

ESTIMATES OF HOUR BURDEN

Type of respondents	Number of respondents	Frequency of response	Average time per response	Total hour burden
Screening interview with ineligible persons	1659	1	.03	50
Eligible respondents	2100	1	.25	525
Totals	3759	.....	.....	575

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Joanne Gallivan, M.S., R.D., Director, National Diabetes Education Program, NIDDK, NIH, Building 31, Room 9A06, 31 Center Drive, Bethesda, MD 20892, call the non-toll-free number 301–494–6110 or e-mail your request, including your address to: *Joanne_Gallivan@nih.gov*.

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.

Dated: June 9, 2008.

Elizabeth E. Greene,

Executive Officer, NIDDK, National Institutes of Health.

Editorial Note: This document was received in the Office of the Federal Register on September 3, 2008.

[FR Doc. E8–20636 Filed 9–5–08; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Simulations for Drug Related Science Education

SUMMARY: Under the provisions of Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institute on Drug Abuse (NIDA), the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the **Federal Register** on June 26, 2008, (Vol. 73 No. 124, page 36337) and allowed 60-days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after September 24, 2008, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Simulations for Drug Related Science Education. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* This is a request for a one-time clearance to evaluate an interactive multimedia module developed by *ArchieMD.* This evaluation seeks to determine whether the multimedia module *Archie MD: The Science of Drugs* (1) Increases students' knowledge in brain and heart biology and the effects drugs have on the body (2) Increases positive attitudes towards science education for high school students (3) Reinforce or instill negative

attitudes towards substance abuse. In order to test the effectiveness of the interactive multimedia module, data will be collected in the form of pre and post test surveys from 10th and 11th grade high school students utilizing the developed module. The findings will provide valuable information regarding information pertaining to the use of interactive multimedia educational modules in high school science classrooms and their ability to increase knowledge and change attitudes and perceptions.

Frequency of Response: 4. *Affected Public:* High school students engaged with the *ArchieMD: The Science of Drugs* program. *Type of Respondent:* Participants will include high school students enrolled in the tenth and eleventh grade. *Estimated Total Annual Number of Respondents:* 360. *Estimated Number of Responses per Respondent:* 4. *Average Burden Hours per Response:* One high school period lasting 50 minutes. *Estimated Total Annual Burden Hours Requested:* 1199.95. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report. The estimated annualized burden is summarized below.

Type of respondents	Number of respondents	Frequency of response	Average burden hours per response	Estimated total burden hours requested
Participants—High School Students	360	4	.8333	1199.95
Total	360	4	.8333	1199.95

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (2) the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the information collection plans, please contact Dr. Cathrine Sasek, Coordinator, Science Education Program, Office of Science Policy and Communications, National Institute on Drug Abuse, 6001 Executive Blvd, Room 5237, Bethesda, MD 20892, or call non-toll-free number (301) 443–6071; fax (301) 443–6277; or by e-mail to *csasek@nida.nih.gov.*

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.

Dated: August 25, 2008.

Mary Affeldt,

Associate Director for Management, National Institute on Drug Abuse, National Institutes of Health.

[FR Doc. E8–20778 Filed 9–5–08; 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, 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.

Over-Expression and Mutation of a Tyrosine Kinase Receptor FGFR4 in Tumors

Description of Technology: Rhabdomyosarcoma (RMS) is the most common type of pediatric soft tissue sarcoma. Most children (>70%) with the disease die at higher stage (metastatic disease).

Researchers at NIH have identified mutations in fibroblast growth factor receptor 4 (FGFR4) that are associated with RMS tumors. It is proposed that individuals with FGFR4 mutations may have an increased risk for tumor metastasis. The identified FGFR4 variants can be used to identify individuals who may benefit most from treatment with an FGFR4 inhibitor as an adjuvant to standard anticancer therapeutics to decrease the risk of tumor metastasis.

Available for licensing are methods for identifying candidates for treatment with an inhibitor of FGFR4 by determining the presence of at least one FGFR4 variant, kits for identifying said candidates, and methods for identifying compounds that induce tumor cell death or that inhibit tumor growth or metastasis.

Applications:

- Potential new method for treatment of Rhabdomyosarcomas (RMS).
- Potential new method to prepare kits to diagnose activating mutations in FGFR4.
- These mutations can be used in laboratory settings to screen thousands of compounds for more specific FGFR4 gene inhibitors.
- FGFR4 is also a potential target for lung and breast cancer.
- FGFR4 monoclonal can be developed to target RMS tumors.

Market:

- In the United States, approximately 12,000 new cases of cancer are diagnosed in children each year. Childhood cancer remains the leading disease-related cause of death in children and adolescents in North America, with about 2,300 deaths each year.
- Rhabdomyosarcoma accounts for about 3 percent of childhood cancers. In the U.S., about 350 children are diagnosed with Rhabdomyosarcoma each year.

Development Status: Early-stage of development.

Inventors: Javed Khan *et al.* (NCI).