

system for the treatment of solid tumors. *Adv Drug Deliv Rev.* 2001 Dec 31;53(3):285–305. [PMID: 11744173]

6. Frenkel V, Oberoi J, Stone MJ, *et al.* Pulsed-high intensity focused ultrasound enhances thrombolysis in an in vitro model. *Radiology* 2006 Apr;239(1):86–93. [PMID: 16493016]
Licensing Status: Available for licensing.

Licensing Contacts:

- Uri Reichman, PhD, MBA; 301–435–4616; UR7a@nih.gov.
- Michael Shmilovich, Esq.; 301–435–5019; shmilovm@mail.nih.gov.

Collaborative Research Opportunity: The NIH Clinical Center, Interventional Radiology Section & Center for Interventional Oncology is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this novel approach to thrombolysis. Please contact Ken Rose, PhD at 301–435–3132 or rosek@mail.nih.gov for more information.

Methods and Devices for Transcatheter Cerclage Annuloplasty

Description of Technology: The invention relates to techniques and devices for cardiovascular valve repair, particularly annuloplasty techniques and devices in which tensioning elements are positioned to treat regurgitation of the mitral valve or tricuspid valve. More specifically, the technology pertains to a new device for myocardial septal traversal (“cerclage reentry”) that also serves to capture (ensnare) and externalize the traversing guidewire. The focus of the invention is to avoid a phenomenon in cardiac surgery known as “trabecular entrapment.” The device features an expandable and collapsible mesh deployed in the right ventricle to simplify capture of a reentering guidewire during transcatheter cerclage annuloplasty. The wire mesh exerts pressure against trabecular-papillary elements of the tricuspid valve to displace them against the right ventricular septal wall. By abutting the right ventricular reentry site of the cerclage guidewire, trabecular entrapment is avoided. The device comprises a shaft having a distal loop which provides a target in the interventricular myocardial septum through which a catheter-delivered tensioning system is guided. The loop ensnares the catheter-delivered tensioning system as it reenters the right ventricle or right atrium. The expandable and collapsible mesh is disposed within the right ventricle such that the catheter-delivered tensioning

system is directed from the ventricular septum into the right ventricular cavity through only a suitable opening in the mesh and such that the catheter delivered tensioning system is captured or ensnared within the mesh opening.

Applications: Cardiovascular valve repair surgeries.

Features and Advantages:

- The device avoids trabecular entrapment of the cerclage guidewire during septal-perforator-to-right-ventricular myocardial guidewire traversal
- The device allows ensnarement of reentering guidewire.
- The device provides an X-ray target for guidewire reentry from the septal perforator veins.
- Collapsible transcatheter device that can be introduced from a cephalad (typically transjugular or transaxillary) or caudad (typically transfemoral) approach.
- The device is intended to allow straightforward removal from the same vascular sheath as the cerclage retrograde traversal guidewire, to allow both free ends of the guidewire to be externalized through the same sheath.

Development Status:

- Practical usefulness of the technology has been demonstrated.
- Preclinical testing of extant prototype is planned.
- Clinical development is planned.

Inventors: Robert J. Lederman and Ozgur Kocaturk (NHLBI).

Relevant Publication: Kim JH, *et al.* Mitral cerclage annuloplasty, a novel transcatheter treatment for secondary mitral valve regurgitation: initial results in swine. *J Am Coll Cardiol.* 2009 Aug 11;54(7):638–651. [PMID: 19660696].

Patent Status: U.S. Provisional Application No. 61/383,061 filed 15 Sep 2010 (HHS Reference No. E–108–2010/0–US–01).

Licensing Status: Available for licensing.

Licensing Contacts:

- Uri Reichman, PhD, MBA; 301–435–4616; UR7a@nih.gov.
- Michael Shmilovich, Esq.; 301–435–5019; shmilovm@mail.nih.gov.

Collaborative Research Opportunity: The National Heart, Lung, and Blood Institute is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact Peg Koelble at koelblep@nhlbi.nih.gov for more information.

Dated: May 25, 2011

Richard U. Rodriguez,

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

[FR Doc. 2011–13521 Filed 5–31–11; 8:45 am]

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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. App.), 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 Heart, Lung, and Blood Institute Special Emphasis Panel, Utilization of a Human Lung Tissue Resource for Vascular Research.

Date: June 23, 2011.

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

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Susan Wohler Sunnarborg, PhD, Scientific Review Officer, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7185, Bethesda, MD 20892.

(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: May 25, 2011.

Jennifer S. Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–13523 Filed 5–31–11; 8:45 am]

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