

Outcome information to be collected includes measures of agency-funded research resulting in dissemination of findings, investigator career development, grant-funded knowledge and products, commercial products and drugs, laws, regulations and standards, guidelines and recommendations, information on patents and new drug applications and community outreach and public awareness relevant to extramural research funding and emerging areas of research. Satisfaction information to be collected includes

measures of satisfaction with the type of funding or program management mechanism used, challenges and benefits with the program support received, and gaps in the research. *Frequency of Response:* Once per grantee, per NIEHS research portfolio. *Affected Public:* Current or past NIEHS grantees. *Type of Respondents:* Principal Investigators with current or past NIEHS research or training grants. The annual reporting burden is as follows: *Estimated Number of Respondents:* 600; *Estimated Number of*

*Responses per Respondent:* 1; *Average Burden Hours per Response:* .5 (30 minutes); and *Estimated Total Annual Burden Hours Requested:* 100. The annualized cost to respondents is estimated at: Approximately \$17. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

(Note: The following table is acceptable for the Respondent and Burden Estimate information, if appropriate, instead of the text as shown above.)

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response (min.)	Estimated total annual burden hours requested
NIEHS Grantee .....	600	1	30	100

*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.

*Direct Comments to OMB:* Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, *OIRA\_submission@omb.eop.gov* or by fax to 202-395-6974, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. Kristianna Pettibone, Evaluator, Program Analysis Branch, NIEHS, NIH, 530 Davis Dr., Room 3055, Morrisville, NC 20560, or call non-toll-free number 919-541-7752 or email your request, including your address to: *pettibonekg@niehs.nih.gov*.

*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.

Dated: February 16, 2012.  
**Joellen M. Austin,**  
*Associate Director for Management, NIEHS, National Institutes of Health.*  
 [FR Doc. 2012-4543 Filed 2-24-12; 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.

**Model Cell Lines With and Without AKT1 Mutations Derived From Proteus Syndrome Patients**

*Description of Technology:* The Proteus syndrome is a congenital disorder characterized by patchy overgrowth and hyperplasia (cell proliferation) of multiple tissues and organs, along with susceptibility to developing tumors. It is a rare disorder, with incidence of less than one case per million, caused by a somatic mutation. It is also a mosaic disorder, that is one in which cells of the same person have different genetic content from one another. The NHGRI inventors have generated cell lines from patients with Proteus syndrome and discovered that a somatic activating mutation in the serine-threonine kinase AKT1 is associated with Proteus syndrome. AKT1 is an oncogene and an enzyme known to mediate cell proliferation and apoptosis (programmed cell death process) and has been a target for anti-cancer therapies. A number of single-cell lines with the AKT1 mutation showing increased AKT1 phosphorylation and their matched controls without the mutation have been generated. The cell lines can be used to screen therapeutic targets for AKT1, for study design, as models of Proteus syndrome and early stages of cancerous conditions.

*Potential Commercial Applications*

- Cell lines generated from patients with Proteus syndrome.
- Obtained a number of single-cell lines with the AKT1 mutation and their matched controls without the mutation.

- Cell lines with the mutation showed increased AKT1 phosphorylation for activating mutation.

#### Competitive Advantages

- Screening of potential therapeutics that target AKT1.
- Cell lines have well-matched controls for rigorous study design.
- Serves as model cell lines of Proteus syndrome and early stages of cancerous conditions.

#### Development Stage

- Prototype.
- Clinical.
- In vivo data available (human).

*Inventors:* Leslie G. Biesecker and Marjorie J. Lindhurst (NHGRI).

*Publication:* Lindhurst MJ, et al. A mosaic activating mutation in AKT1 associated with the Proteus syndrome. *N Engl J Med.* 2011 Aug 18;365(7):611–619. [PMID 21793738].

*Intellectual Property:* HHS Reference No. E-033–2012/0 — Research Tool. Patent protection is not being pursued for this technology.

*Licensing Contact:* Whitney Hastings, Ph.D.; 301–451–7337; [hastingw@mail.nih.gov](mailto:hastingw@mail.nih.gov)

#### Non-toxic Compounds That Inhibit the Formation and Spreading of Tumors

*Description of Technology:* Available for licensing are novel pyrrolopyrimidine compounds that disrupt the assembly of the perinucleolar compartment (PNC), a sub-nuclear structure highly prevalent in metastatic tumors. These notable compounds act without overt cytotoxicity.

The presence of the PNC positively correlates with metastatic capacity, making it a potential marker for cancer development and prognosis. These compounds could also serve as useful tools to elucidate the biology driving the formation and maintenance of the PNC, and unravel its association with metastasis.

#### Potential Commercial Applications

- Use in the therapeutic intervention of metastasis in cancer.
- Use as tools to elucidate the biology of the PNC.

#### Competitive Advantages

- No existing FDA-approved treatment for the clinical management of metastasis.
- Target is specific to metastatic tumors.
- Compounds are not toxic.
- Broadly acting across all metastatic cancers.

#### Development Stage

- Early-stage.
- In vitro data available.

*Inventors:* Samarjit Patnaik et al. (NCATS).

*Intellectual Property:* HHS Reference No. E-276–2011/0 — U.S. Provisional Application No. 61/576,780 filed 16 Dec 2011.

*Licensing Contact:* Patrick McCue, Ph.D.; 301–435–5560; [mccuepat@mail.nih.gov](mailto:mccuepat@mail.nih.gov).

*Collaborative Research Opportunity:* The National Center for Advancing Translational Sciences is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize this technology. For collaboration opportunities, please contact Lili M. Portilla, MPA at 301–217–2589 or [Lilip@nih.gov](mailto:Lilip@nih.gov).

#### Novel Radio-Labeled Agents for Imaging Alzheimer's Disease-Associated Amyloid

*Description of Technology:* This technology introduces novel radio-labeled agents for imaging amyloid deposits in the brains of Alzheimer's Disease patients. These are small molecule, radio-ligand compounds that are analogs of benzo[d]thiazole. They are highly specific to amyloid, have low background noise, do not undergo rapid defluoridation and do not produce residual radioactivity in the brain. In addition, the compounds are stable and may be readily synthesized from commercially available starting materials. These compounds may be used in many noninvasive imaging techniques including: magnetic resonance spectroscopy (MRS) or imaging (MRI), or positron emission tomography (PET) or single-photon emission computed tomography (SPECT) to measure amyloid. Non-invasive detection of Alzheimer's disease-associated amyloid plaques in the brain would be valuable for early diagnosis, monitoring, and for clinical development of therapeutic drugs.

*Potential Commercial Applications:* Imaging agents for use in magnetic resonance spectroscopy (MRS), or imaging (MRI), positron emission tomography (PET) or single-photon emission computed tomography (SPECT).

*Competitive Advantages:* Highly specificity to amyloid, low background, do not undergo rapid defluoridation and do not produce residual radioactivity in the brain.

*Development Stage:* Early-stage.

*Inventors:* Lisheng Cai and Victor W. Pike (NIMH).

#### Publications

1. Cai L, et al. Synthesis and structure-affinity relationships of new 4-(6-iodo-H-imidazo[1,2-a]pyridin-2-yl)-N-dimethylbenzeneamine derivatives as ligands for human beta-amyloid plaques. *J Med Chem.* 2007 Sep 20;50(19):4746–4758. [PMID 17722900].

2. Cai L, et al. Synthesis and evaluation of N-methyl and S-methyl 11C-labeled 6-methylthio-2-(4'-N,N-dimethylamino)phenylimidazo[1,2-a]pyridines as radioligands for imaging beta-amyloid plaques in Alzheimer's disease. *J Med Chem.* 2008 Jan 10;51(1):148–158. [PMID 18078311].

*Intellectual Property:* HHS Reference No. E-225–2011/0—U.S. Provisional Application No. 61/535,569 filed 16 Sep 2011.

*Related Technology:* HHS Reference No. E-156–2006/0—U.S. Patent Application No. 12/293,340 filed 17 Sep 2008.

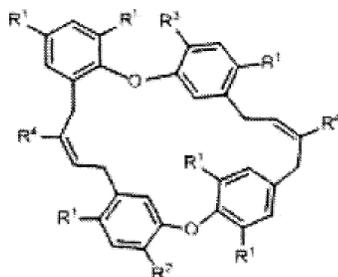
*Licensing Contact:* Tedd Fenn, J.D.; 301–435–5031; [Tedd.Fenn@nih.gov](mailto:Tedd.Fenn@nih.gov).

*Collaborative Research Opportunity:* The National Institute of Mental Health (NIMH) is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize Beta-amyloid Imaging Agents. For collaboration opportunities, please contact Suzanne L. Winfield, Ph.D. at [winfiels@intra.nimh.nih.gov](mailto:winfiels@intra.nimh.nih.gov) or 301–402–4324.

#### A New Class of Broad-Spectrum Antibiotics: Naturally-Occurring Chrysophaetins and Their Analogues

*Description of Technology:* This invention, offered for licensing and commercial development, relates to a new class of naturally occurring antimicrobial compounds called Chrysophaetins, and to their synthetic analogues. Isolated from an alga species, the mechanism of action of these compounds is through the inhibition of bacterial cytoskeletal protein FtsZ, an enzyme necessary for the replication of bacteria. FtsZ is responsible for Z-ring assembly in bacteria, which leads to bacterial cell division. Highly conserved among all bacteria, FtsZ is a very attractive antimicrobial target.

The chrysophaetin exhibits antimicrobial activity against drug resistant bacteria, methicillin-resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Enterococcus faecalis* (VRE), as well as other drug susceptible strains. The general structure of the natural compound is shown below:



#### Potential Commercial Applications

- Therapeutic potential for treating general and drug-resistant bacterial infections in clinical and veterinary populations.

- Antiseptics in hospital settings.

#### Competitive Advantages

- Effective for commonly occurring drug-resistant infections MRSA and VRE.
- Broad spectrum of efficacy because mechanism of action is against the bacterial protein FtsZ, which has similar structure in all bacteria.
- Potential for additive efficacy when combined with other antibiotics due to distinct mechanism of action.
- Other drugs with similar structure and antibacterial properties can be synthesized using the chemical structure template shown above.

#### Development Stage

- Early-stage.
- In vitro data available.

*Inventors:* Carole A Bewley, et al. (NIDDK).

*Publication:* Plaza A, et al.

Chrysohaentins A–H, antibacterial bisdiarylbutene macrocycles that inhibit the bacterial cell division protein FtsZ. *J Am Chem Soc.* 2010 Jul 7;132(26):9069–9077. [PMID 20536175].

*Intellectual Property:* HHS Reference No. E–116–2010/0—PCT Application No. PCT/US2011/026200 filed 25 Feb 2011, which published as WO 2011/106630 on 01 Sep 2011.

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

*Collaborative Research Opportunity:* The National Institute of Diabetes and Digestive and Kidney Diseases, Laboratory of Bioorganic Chemistry, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize the chrysohaentins antibiotics. Please contact Marguerite J. Miller at 301–451–3636 or [miller marg@nidk.nih.gov](mailto:miller marg@nidk.nih.gov) for more information.

Dated: February 21, 2012.

**Richard U. Rodriguez,**

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

[FR Doc. 2012–4376 Filed 2–24–12; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Sciences; 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 Institute of General Medical Sciences Special Emphasis Panel Review of Minority Biomedical Research Support Genetics Applications.

*Date:* March 19–20, 2012.

*Time:* 8:30 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:* Saraswathy Seetharam, Ph.D., Scientific Review Officer, Office of Scientific Review, National Institute of General Medical Sciences, National Institutes of Health, 45 Center Drive, Room 3An12C, Bethesda, MD 20892, 301–594–2763, [seetharams@nigms.nih.gov](mailto:seetharams@nigms.nih.gov).

(Catalogue of Federal Domestic Assistance Program Nos. 93.375, Minority Biomedical Research Support; 93.821, Cell Biology and Biophysics Research; 93.859, Pharmacology, Physiology, and Biological Chemistry Research; 93.862, Genetics and Developmental Biology Research; 93.88, Minority Access to Research Careers; 93.96, Special Minority Initiatives, National Institutes of Health, HHS)

Dated: February 21, 2012.

**Jennifer S. Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2012–4526 Filed 2–24–12; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Deafness and Other Communication Disorders; 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 Institute on Deafness and Other Communication Disorders Special Emphasis Panel P30 Review

*Date:* March 28, 2012.

*Time:* 12:30 p.m. to 3:30 p.m.

*Agenda:* To review and evaluate grant applications.

*Place:* National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852 (Telephone Conference Call).

*Contact Person:* Christine A. Livingston, Ph.D. Scientific Review Officer, Division of Extramural Activities, National Institutes of Health/NIDCD, 6120 Executive Blvd.—MSC 7180, Bethesda, MD 20892, (301) 496–8683, [livingsc@mail.nih.gov](mailto:livingsc@mail.nih.gov).

Information is also available on the Institute's/Center's home page: <http://www.nidcd.nih.gov/about/groups/sep/>, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: February 21, 2012.

**Jennifer S. Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 2012–4535 Filed 2–24–12; 8:45 am]

**BILLING CODE 4140–01–P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of General Medical Sciences; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as