Dated: March 11, 2014.

Michael Lauer,

Director, DCVS, NHLBI, NIH.

Dated: March 11, 2014.

Lynn Susulske,

NHLBI Project Clearance Liaison, National Institutes of Health.

[FR Doc. 2014–06401 Filed 3–24–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Co-Exclusive License: Device and System for Expression Microdissection (xMD)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR Part 404, that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of a co-exclusive commercial license agreement to practice the inventions embodied in International PCT Application S/N PCT/US03/23317 (HHS Ref. No. E–113–2003/0–PCT–02) filed July 23, 2003, which published as WO 2004/068104 on August 12, 2004, now expired; U.S. Patent No. 7,709,047 (HHS Ref. No. E–113–2003/0–US–03) issued May 4, 2010; U.S. Patent Application S/N 12/753,566 (HHS Ref. No. E–113–2003/0–US–07) filed April 2, 2010; U.S. Patent No. 7,695,752 (HHS Ref. No. E–113–2003/1–US–01) issued April 13, 2010; U.S. Patent No. 8,460,744 (HHS Ref. No. E–113–2003/1–US–02) issued June 11, 2013; Australian Patent No. 2003256803 (HHS Ref. No. E–113–2003/0–AU–04) issued January 21, 2010; Australian Patent No. 2009250964 (HHS Ref. No. E–113–2003/0–AU–06) issued March 25, 2013; and Canadian Patent No. 2513646 (HHS Ref. No. E–113–2003/0–CA–05) issued September 17, 2013, all entitled; ''Target Activated Microtransfer''; and all continuing applications and foreign counterparts to Ventana Medical Systems, Inc. a company having a place of business in Arizona. The patent rights in these inventions have been assigned to the Government of the United States of America.

The prospective co-exclusive license territory may be ''worldwide,'' and the field of use may be limited to the following:

Devices, systems, kits and related consumables, and methods using device, systems, kits and related consumables, for micro-dissection of biological specimens, as covered by the Licensed Patent Right. Excluded from the exclusive field of use are (1) methods, kits, and related consumables that are used independent of the devices or systems by individual researchers employed at non-profit and academic institutions, if such kits were built by the researchers themselves from component parts and used for their own individual research purposes, and (2) diagnostic services performed using devices, systems, kits and related consumables purchased from Ventana or Ventana's authorized distributor(s) by those persons employed at non-profit and academic institutions that purchased the devices, systems, kits and related consumables used in the diagnostic services, shall not infringe Ventana's rights.

DATES: Only written comments and/or applications for a license which are received by the NIH Office of Technology Transfer on or before April 9, 2014 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments, and other materials relating to the contemplated co-exclusive license should be directed to: Kevin W. Chang, Ph.D., Senior Licensing and Patenting Manager, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 435–5018; Facsimile: (301) 402–0220; Email: *changke@mail.nih.gov.*

SUPPLEMENTARY INFORMATION: The subject technologies are methods, devices, and kits for target activated transfer of a target from a biological sample such as a tissue section, comprising: Contacting the biological sample with a reagent that selectively acts on the target within the biological sample; placing a transfer surface adjacent the biological sample, wherein the reagent produces a change in the transfer surface by heating the target; heating the target to produce a change in the transfer surface and selectively adhere the target to the transfer surface, or to selectively increase permeability of the transfer surface to the target; and selectively removing the target from the biological sample by removing the transfer surface and the adhered target from the biological sample, or by moving the target through the transfer surface.

The prospective co-exclusive commercial license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR Part 404. The prospective co-exclusive commercial license may be granted unless within fifteen (15) days from the date of this published notice, the NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR Part 404.

Applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated co-exclusive license. Comments and objections submitted to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: March 19, 2014.

Richard U. Rodriguez,

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

[FR Doc. 2014–06413 Filed 3–24–14; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Development of T Cell Receptors for Adoptive Transfer in Humans to Treat Cancer

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209 and 37 CFR 404, that the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive patent license to Kite Pharma, Inc., which is located in Los Angeles, California to practice the inventions embodied in the following patent applications:

1. U.S. Provisional Patent Application No. 61/650,020 filed May 22, 2012 entitled ''Murine anti-NY–ESO–1 T cell receptors'' (HHS Ref No. E–105–2012/0–US–01) and
2. PCT Application No. PCT/US13/042162 filed May 22, 2013 entitled ''Murine anti-NY–ESO–1 T cell receptors'' (HHS Ref No. E–105–2012/0–PCT–02)

The patent rights in these inventions have been assigned to the United States of America. The prospective exclusive license territory may be worldwide and the field of use may be limited to the development, manufacture, distribution, sale, and use of the compositions and methods set forth in the Licensed Patent Rights using genetically engineered autologous T lymphocytes derived from the peripheral blood of humans for the treatment of NY–ESO–1-expressing cancers.

DATES: Only written comments and/or applications for a license which are received by the NIH Office of Technology Transfer on or before April 24, 2014 will be considered.

ADDRESSES: Requests for copies of the patent application, inquiries, comments, and other materials relating to the contemplated exclusive license should be directed to: Whitney A. Hastings, Ph.D., Licensing and Patenting Manager, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; Telephone: (301) 451–7337; Facsimile: (301) 402–0220; Email: *hastingw@mail.nih.gov*.

SUPPLEMENTARY INFORMATION: The instant technology describes a T cell receptor (TCR) derived from mouse T cells (i.e. murine TCR) that can be expressed in human T cells to recognize the cancer testis antigen (CTA), NY–ESO–1, with high specificity. This anti-NY–ESO–1 TCR has murine variable regions that recognize the NY–ESO–1 epitope and murine constant regions. The inventors performed in vitro studies comparing this murine NY–ESO–1 TCR with a previously developed human NY–ESO–1 TCR counterpart, which yielded promising clinical outcomes in patients with a variety of cancers. The murine TCR functioned similarly to the human counterpart in their ability to recognize and react to NY–ESO–1 tumor targets.

NY–ESO–1 is a CTA, which is expressed only on tumor cells and germline cells of the testis and placenta. CTAs are ideal targets for developing cancer immunotherapeutics, such as anti-CTA TCRs, because these TCRs are expected to target cancer cells without harming normal tissues and thereby minimize the harsh side effects associated with other types of cancer treatment. NY–ESO–1 is expressed on a wide variety of cancers, including but not limited to breast, lung, prostate, thyroid, and ovarian cancers, melanoma, and synovial sarcomas. Thus, this technology should be applicable in adoptive cell transfer therapies for many types of cancer.

The prospective exclusive license, subject to current non-exclusive license applications under consideration and any further license applications received as objections to this Notice of Intent to Grant an Exclusive License, will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license may be granted unless within thirty (30) days from the date of this published notice, the NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Any additional applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated exclusive license. Comments and objections submitted to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: March 20, 2014.

Richard U. Rodriguez,

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

[FR Doc. 2014–06412 Filed 3–24–14; 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, 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. 209 and 37 CFR part 404 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.

FOR FURTHER INFORMATION CONTACT: 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.

Discovery of Novel PARP Inhibitors That Synergize With Topoisomerase I Inhibitors for Cancer Treatment

Description of Technology: Scientists at the NCI discovered new inhibitors of poly ADP ribose polymerase (PARP). These inhibitors can synergize with topoisomerase I (Top 1) inhibitors, such as camptothecin (CPT), as well as with other cancer therapeutic agents, such as DNA alkylating agents (temozolomide), to enhance the efficacy of current anticancer treatments. The mechanism of action is inhibition of DNA repair mechanism. PARP is a partner of trosyl-DNA phosphodiesterase I (TDP1), a DNA repair enzyme inside the XRCC1 multiprotein-DNA repair complex.

Potential Commercial Applications:

- Used in combination therapy with approved cancer therapeutic agents
- Treatment for BRCA- and homologous repair-deficient cancers

Competitive Advantages: Should boost the efficacy of current anti-cancer treatments

Development Stage: In vitro data available

Inventors: Chrisophe R. Marchand, J. Murai, Yves G. Pommier (all of NCI)

Publications:

1. Maxwell KN, Domchek SM. Cancer treatment according to BRCA1 and BRCA2 mutations. Nat Rev Clin Oncol. 2012 Sep;9(9):520–8. [PMID 22825375]
2. Marchetti C, *et al.* Olaparib, PARP1 inhibitor in ovarian cancer. Expert Opin Investig Drugs. 2012 Oct;21(10):1575–84. [PMID 22788971]
3. Ellisen LW. PARP inhibitors in cancer therapy: Promise, progress and puzzles. Cancer Cell. 2011 Feb 15; 19(2):165–7. [PMID 21316599]
4. Papeo G, et al. Poly(ADP-ribose) polymerase inhibition in cancer therapy: Are we close to maturity? Expert Opin Ther Pat. 2009 Oct;19(10):1377–400. [PMID 19743897]

Intellectual Property: HHS Reference No. E–075–2014/0—Research Tool. Patent protection is not being pursued for this technology.

Related Technology: HHS Reference No. E–199–2010/0—US Patent Application No. 13/293,282 filed 27 Oct 2011 (allowed)

Licensing Contact: Uri Reichman, Ph.D., MBA; 301–435–4616; ur7a@nih.gov

Deconvolution Software for Modern Fluorescence Microscopy

Description of Technology: This software invention pertains to Joint Richardson-Lucy (RL) deconvolution methods used to combine multiple images of an object into a single image for improving resolution in modern fluorescence microscopy. RL deconvolution merges images with very different point spread functions, such as in multi-view light-sheet microscopes, while preserving the best resolution information present in each image. RL deconvolution is also easily applied to merge high-resolution, high noise