#### **Intellectual Property**

United States Provisional Patent Application No. 61/040,005, filed March 27, 2008 and entitled "Human Monoclonal Antibodies Specific for Mesothelin" [HHS Reference No. E-079-2008/0-US-01];

PCT Patent Application PCT/US2009/038228, filed March 25, 2009 and entitled "Human Monoclonal Antibody Against Mesothelin" [HHS Reference No. E-079-2008/0-PCT-02]; and US Patent No. 8,357,783, filed September 22, 2010, Issued January 22, 2013 and entitled "Human Anti-Mesothelin Monoclonal Antibodies" [HHS Reference No. E-079-2008/0-US-06].

The patent rights in these inventions have been assigned and/or exclusively licensed to the government of the United States of America.

The prospective exclusive license territory may be worldwide and the field of use may be limited to: "The development of a mesothelin chimeric antigen receptor (CAR)-based immunotherapy using autologous or allogeneic T cells either transduced with a retroviral vector (including lentiviral vectors) or modified using a gene-editing technology, wherein the vector expresses a CAR comprising:

(1) Single antigen specificity for binding to mesothelin, and

(2) at least (a) the complementary determining region (CDR) sequences of the anti-mesothelin antibody known as m912, and (b) a T cell signaling domain; for the prophylaxis and treatment of mesothelin-expressing human cancers."

This technology discloses a monoclonal antibody and methods of using the antibody for the treatment of mesothelin-expressing cancers, including mesothelioma, lung cancer, stomach/gastric cancer, ovarian cancer, and pancreatic cancer. The specific antibody covered by this technology is designated as m912, which is a fully human monoclonal antibody against mesothelin.

Mesothelin is a cell surface antigen that is preferentially expressed on certain types of cancer. The m912 antibody selectively binds to the mesothelin on the surface of cancer cells and induces cell death of those cancer cells while leaving healthy cells unharmed. This selectivity may lead to fewer side effects due to decreased nonspecific killing of cells.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive license will be royalty bearing, and the prospective exclusive license may be granted unless within fifteen (15) days from the date of this published notice, the National

Cancer Institute 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.

In response to this Notice, the public may file comments or objections. Comments and objections, other than those in the form of a license application, will not be treated confidentially, and may be made publicly available.

License applications submitted in response to this Notice will be presumed to contain business confidential information and any release of information in these license applications will be made only as required and upon a request under the Freedom of Information Act, 5 U.S.C. 552.

Dated: June 21, 2018

### Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2018–13893 Filed 6–27–18; 8:45 am]

BILLING CODE 4140-01-P

# DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **National Institutes of Health**

# Office of the Secretary; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Interagency Pain Research Coordinating Committee, July 09, 2018, 02:00 p.m. to July 09, 2018, 04:00 p.m., National Institutes of Health, Building 31, 31 Center Drive, Conference Room 6, Bethesda, MD, 20892 which was published in the Federal Register on May 18, 2018, 83 FR 23283.

The meeting notice is amended to change the time of the meeting from 2–4 p.m. to 4–6 p.m. Date has not changed. The meeting is open to the public.

Dated: June 22, 2018.

### Sylvia L. Neal,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2018–13895 Filed 6–27–18; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

# **Substance Abuse and Mental Health Services Administration**

### **Notice of Meetings**

**AGENCY:** Substance Abuse and Mental Health Services Administration; Centers

for Disease Control and Prevention; Department of Health and Human Services.

**ACTION:** Notice of meetings.

SUMMARY: Notice is hereby given of the meetings on July 22–23, 2018, of the Substance Abuse and Mental Health Services Administration's (SAMHSA) Tribal Technical Advisory Committee (TTAC); on July 23 and July 25, 2018, of the Centers for Disease Control and Prevention (CDC)/Agency for Toxic Substances and Disease Registry (ATSDR) Tribal Advisory Committee (TAC); and on July 24, 2018, of the Joint Tribal Advisory Committee (JTAC).

#### DATES:

SAMHSA TTAC

July 22, 2018, 1:00 p.m. to 5:00 p.m. EDT (OPEN)

July 23, 2018, 9:00 a.m. to 5:00 p.m. EDT (OPEN)

• CDC/ATSDR TAC

July 23, 2018, 8:00 a.m. to 6:00 p.m. EDT (OPEN)

July 25, 2018, 8:00 a.m. to 12:00 p.m. EDT (OPEN)

JTAC

July 24, 2018, 1:00 p.m. to 5:00 p.m. EDT, (OPEN)

#### ADDRESSES:

- SAMHSA TTAC
   Marriott Wardman Park Hotel, 2660
   Woodley Road NW, Washington, DC 20008
- CDC/ATSDR TAC HHS Headquarters, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201
- JTAC

HHS Headquarters, Hubert H. Humphrey Building, 200 Independence Avenue SW, Washington, DC 20201.

### FOR FURTHER INFORMATION CONTACT:

TTAC and JTAC, Mirtha Beadle, MPA, Director, Office of Tribal Affairs and Policy, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone: (240) 276–0641, Email: otap@samhsa.hhs.gov.

CDC/ATSDR/TAC, Carmen Clelland, PharmD, MPA, MPH, Associate Director for Tribal Support, Office for State, Tribal, Local and Territorial Support, Centers for Disease Control and Prevention, 4770 Buford Highway, Mailstop E–70, Atlanta, GA 30341–3717, Telephone: (404) 498–2205, Email: cclelland@cdc.gov.

**SUPPLEMENTARY INFORMATION:** Pursuant to Presidential Executive Order 13175 signed on November 6, 2000 and the Presidential Memorandum of September 23, 2004, SAMHSA established the