This live-attenuated RSV vaccine is designed to be administered intranasally by drops or spray to infants and young children. Based on experience with other live-attenuated RSV vaccine candidates, the present candidates are anticipated to be well tolerated in humans and are available for clinical evaluation. The National Institute of Allergy and Infectious Diseases has extensive experience and capability in evaluating live-attenuated RSV vaccine candidates in pediatric clinical studies, and opportunity for collaboration exists.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

Potential Commercial Applications:
- Viral diagnostics
- Vaccine research

Competitive Advantages:
- Ease of manufacture
- B cell and T cell activation
- Low-cost vaccines
- Intranasal administration/needle-free delivery

Development Stage:
- In vivo data assessment (animal)

Inventors: Cyril Le Nouen (NIAID), Ursula Buchholz (NIAID), Peter Collins (NIAID).


Licensing Contact: Peter Soukas, J.D., 301–594–8730; peter.soukas@nih.gov.

Collaborative Research Opportunity:
The National Institute of Allergy and Infectious Diseases is seeking arrangements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize for development of a vaccine for respiratory or other infections. For collaboration opportunities, please contact Peter Soukas, J.D., 301–594–8730; peter.soukas@nih.gov.


Surekha Vathyam,
Deputy Director, Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases.
Federal SUID/SIDS Workgroup members, SUID/SIDS stakeholders, clinical and maternal and child health professionals. These audiences may use the information collections to: (1) Develop new campaign messages, materials, and/or training curricula; (2) monitor and improve campaign activities; (3) make decisions about campaign activities; (4) inform current and/or change practices and behaviors of program participants.

Examples of the types of information collections that could be included under this generic clearance include: Focus groups and key informant interviews with parents/caregivers and/or health professionals to get feedback on distribution and outreach activities, and/or campaign messages; and Surveys with parents/caregivers and/or health professionals to: (1) Assess the usefulness of the new STS campaign materials, including print and on-line multi-media materials, (2) track outreach experiences of program participants, (3) assess training participants’ changes in knowledge related to safe infant sleep behavior and implementation of learned outreach and education methods, and (4) assess program participants’ resource needs. The sub-studies for this generic clearance will be small in scale, designed to obtain results frequently and quickly to guide campaign development and implementation, inform campaign direction, and be used internally for campaign management purposes. NICHHD’s current scope and capacity for STS generic sub-studies is non-existent and this request would fill this gap.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 13,305.

### Estimated Annualized Burden Hours

<table>
<thead>
<tr>
<th>Form name</th>
<th>Type of respondents</th>
<th>Number of respondents</th>
<th>Number of responses per respondent</th>
<th>Average burden per response, in hours</th>
<th>Total annual burden hours</th>
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<tr>
<td>Focus Groups</td>
<td>General Public</td>
<td>215</td>
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<td>1</td>
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<tr>
<td>Interviews</td>
<td>General Public</td>
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<td>1</td>
<td>50</td>
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<tr>
<td>Pre-/Post-Tests</td>
<td>General Public</td>
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<td>15/60</td>
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<td>Pre-/Post-Tests</td>
<td>Health Professionals</td>
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<td>15/60</td>
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<tr>
<td>Surveys</td>
<td>Health Professionals</td>
<td>3,000</td>
<td>2</td>
<td>30/60</td>
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<td>Tracking/Feedback Form</td>
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<td>Total</td>
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</tbody>
</table>


Jennifer M. Guimond,
Project Clearance Liaison, Eunice Kennedy Shriver National Institute of Child Health and Human Development, National Institutes of Health.

[FR Doc. 2021–03870 Filed 2–24–21; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
Prospective Grant of an Exclusive Patent License: Engineered Tumor Infiltrating Lymphocytes for Cancer Therapy

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute, an institute of the National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an Exclusive Patent License to practice the inventions embodied in the Patents and Patent Applications listed in the Supplementary Information section of this Notice to Iovance Biotherapeutics, Inc. (“Iovance”), headquartered in San Carlos, CA.

DATES: Only written comments and/or applications for a license which are received by the National Cancer Institute’s Technology Transfer Center on or before March 12, 2021 will be considered.

ADDRESSES: Requests for copies of the patent applications, inquiries, and comments relating to the contemplated Exclusive Patent License should be directed to: Andrew Burke, Ph.D., Senior Technology Transfer Manager, NCI Technology Transfer Center, Telephone: (240)–276–5484; Email: andy.burke@nih.gov.

SUPPLEMENTARY INFORMATION:

Intellectual Property

E–068–2018: Tethered Interleukin-15 and Interleukin-21

3. Australian Patent Application 2019218785, filed August 7, 2020 (E–068–2018–0–AU–03);
5. European Patent Application 19709154.9, filed August 18, 2020 (E–068–2018–0–EP–05);

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 following:

“The use of the Licensed Patent Rights to develop, manufacture, distribute, sell, and use unselected whole autologous tumor infiltrating lymphocyte (TIL) adoptive cell therapy products for the treatment of metastatic melanoma, lung, breast, bladder, and HPV-positive cancers. Specifically excluded from this Agreement are methods of generating or using selected subpopulations of TIL and the use of T cell receptors isolated from TIL.”

E–068–2018 is primarily directed to recombinant constructs for the co-expression of Interleukin-15 and 21 (IL–15 and 21). IL–15 and IL–21 have been reported to support the function of anti-tumor T cells; however, their