

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, And Blood Institute; Notice of Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Sickle Cell Disease Advisory Committee.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting. The open session will be videocast and can be accessed from the NIH Videocasting and Podcasting website (<https://videocast.nih.gov/watch/d3614358-26f0-11f1-9f14-124f0a52e769>).

Name of Committee: Sickle Cell Disease Advisory Committee (SCDAC).

Date: May 26, 2026.

Time: 11:00 a.m. to 4:00 p.m.

Agenda: Nutrition in Sickle Cell Disease.

Address: National Institutes of Health, 6705 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Julie A Panepinto, MD, MSPH, Professor, DFO/Executive Secretary, SCDAC, Division of Blood Diseases and Resources, 6701 Rockledge Drive, Suite 9166,

Bethesda, MD 20892, (301) 435-0080, Julie.panepinto@nih.gov.

Registration is not required to attend the open portion of this meeting. Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: <https://www.nhlbi.nih.gov/advisory-and-peer-review-committees/nhlbi-sickle-cell-disease-advisory-committee>, where an agenda and any additional information for the meeting will be posted when available.

Dated: April 9, 2026.

Denise M. Santeufemio,
Supervisory Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-07150 Filed 4-13-26; 8:45 am]

BILLING CODE 4140-01-P

ACTION: Notice.

SUMMARY: The National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive patent license to Septune, Inc., located in San Juan, Puerto Rico, to practice the inventions embodied in the patent applications listed in the **SUPPLEMENTARY INFORMATION** section of this notice.

DATES: Only written comments and/or applications for a license which are received by the NHLBI Office of Technology Transfer and Development May 14, 2026 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: Michael Shmilovich, Esq., MS, CLP Acting Director, phone number 301-435-5019 or shmilovm@nih.gov.

SUPPLEMENTARY INFORMATION: The following and all continuing U.S. and foreign patents/patent applications thereof are the intellectual properties to be licensed under the prospective license to Septune, Inc.:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: Catheter-Based Myotomy Devices And Systems

AGENCY: National Institutes of Health.

NIH Ref No.	Patent No. or application No.	Filing date	Title
E-194-2025-0-US-01	63/890,784	September 30, 2025	Electrosurgical Myotomy Catheter System.
E-166-2022-0-US-01	63/383,012	November 9, 2022	Myotomy Catheter System And Methods For A Myotomy Catheter System.
E-166-2022-0-PC-01	PCT/US2023/079114	November 8, 2023	Myotomy Catheter System And Methods For A Myotomy Catheter System.
E-166-2022-0-US-02	19/127,710	November 8, 2023	Myotomy Catheter System And Methods For A Myotomy Catheter System.
E-166-2022-0-EP-01	23821091.8	November 8, 2023	Myotomy Catheter System And Methods For A Myotomy Catheter System.

The patent rights in these inventions have been assigned to the Government of the United States of America. The prospective exclusive patent license territory may be worldwide and in a field of use limited to catheter-based myocardial myotomy systems for the treatment of cardiovascular disease.

The invention described in E-194-2025 for which we currently have a provisional patent application covers a variable-depth electrosurgical myotomy catheter system configured to perform a longitudinal endomyocardial myotomy, also referred to as septal scoring along the midline endocardium (SESAME). The catheter system is configured to

slice the "septal hump" causing symptomatic left ventricular outflow tract obstruction in hypertrophic cardiomyopathy (HCM), a common congenital heart disease in adults and children. The system may have further applications in creating space to allow non-surgical transcatheter mitral valve implantation (TMVR), which excludes more than half of TMVR candidates, and potentially reduces left ventricular stiffness causing heart failure with preserved ejection fraction (HFpEF), a widely prevalent disease.

The invention described in E-166-2022, for which we now have pending national stage applications in the US

and Europe, pertains to a controlled-depth myotomy catheter system configured to perform a longitudinal endomyocardial myotomy (also referred to as septal scoring along the midline endocardium (SESAME)) precisely and reproducibly with less operator skill than previous SESAME procedures, less reliance on image guidance, and lowered procedure times. SESAME is conventionally accomplished by navigating a 0.014" guidewire under x-ray fluoroscopy and ultrasound guidance via a retrograde transaortic guiding catheter through the interventricular septum. A straight rigid engagement guidewire engages the basal

septum either mechanically or electro surgically to allow a 0.014" microcatheter to enter the basal septum. The instant invention replaces the 0.014" engagement guidewire is with a 0.014" curved-tip guidewire navigated through the septal myocardium towards the apex until it exits the myocardium and reenters the left ventricular chamber. The trajectory may be confirmed by ultrasound. The intracameral guidewire tip is ensnared to allow positioning of an inner-curvature-denuded laceration surface resembling the "flying-V" used for other procedures such as laceration of the anterior mitral leaflet to prevent outflow obstruction (LAMPOON). The "flying-V-like" configuration includes insulating microcatheters on both free limbs of the lacerating guidewire. Once positioned, the laceration surface is electrified under traction to accomplish SESAME. Currently, SESAME also requires general anesthesia and advanced imaging including combinations of transthoracic, transesophageal, and intracardiac ultrasound, even within the left ventricular chamber, as well as biplane fluoroscopy. Ultrasound imaging windows across the chest wall, from the esophagus, and even within heart chambers are usually insufficient to give high confidence in the guidewire position along its whole trajectory. As explained previously, the uncertain depth of endomyocardial scoring via conventional SESAME may result in too shallow a laceration (resulting in therapeutic failure) or too deep a laceration (resulting in ventricular septal defect or free wall rupture). Conversely, the device disclosed in E-166-2022 addresses these issues by providing a controlled-depth laceration. The myotomy catheter system may be referred to as a transcatheter articulated heart incision instrument (TAHINI) catheter system. The TAHINI catheter system includes an incision catheter and an anchor stabilization and orientation catheter system configured to stabilize and properly orient the incision catheter. The anchor stabilization and orientation catheter system includes one or more anchors that are configured to be positioned in the heart to guide the incision catheter to perform SESAME. The anchor(s) may include mural anchors that enter or traverse the wall of the heart (e.g., the septum) and/or endocameral stabilizing hoops (that stabilize the catheter within a heart chamber, such as the left ventricle). The incision catheter may include an articulated cutting tool (e.g., a lacerator/blade that can be insulated from other metal components and

electrified to perform electrosurgery) that, when deployed, is angled relative to the septal myocardium (e.g., tangential) such that traction-withdrawal along an anchored guidewire causes the cutting tool to embed deeply into the septal myocardium.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive patent license will be royalty bearing and may be granted unless within thirty (30) days from the date of this published notice, the NHLBI 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.

Complete applications for a license in the prospective field of use that are timely filed in response to this notice will be treated as objections to the grant of the contemplated exclusive patent 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: April 9, 2026.

Michael Shmilovich,

Acting Director, National Heart, Lung, and Blood Institute, Office of Technology Transfer and Development.

[FR Doc. 2026-07147 Filed 4-13-26; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental & Craniofacial Research; Notice of Closed Meeting

Pursuant to section 1009 of the Federal Advisory Committee Act, as amended, notice is hereby given of a meeting of the Board of Scientific Counselors, National Institute of Dental and Craniofacial Research.

The meeting will be closed to the public as indicated below in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended for the review, discussion, and evaluation of individual intramural programs and projects conducted by the National Institute of Dental & Craniofacial Research, including consideration of personnel qualifications and performance, and the competence of individual investigators, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Board of Scientific Counselors, National Institute of Dental and Craniofacial Research.

Date: May 27–28, 2026.

Time: May 27, 2026, 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate personnel qualifications and performance, and competence of individual investigators.

Address: National Institute of Dental and Craniofacial Research, 31 Center Drive Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Time: May 28, 2026, 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate personnel qualifications and performance, and competence of individual investigators.

Address: National Institute of Dental and Craniofacial Research, 31 Center Drive Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Sanoj Suneja, Ph.D., Acting Director, Division of Extramural Activities, National Institute of Dental and Craniofacial Research, National Institutes of Health, 31 Center Drive, Bethesda, MD 20892, 301-402-7710, sunejas@mail.nih.gov.

(Catalogue of Federal Domestic Assistance Program No. 93.121, Oral Diseases and Disorders Research, National Institutes of Health, HHS)

Dated: April 8, 2026.

Rosalind M Niamke,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-07134 Filed 4-13-26; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR-6504-N-01]

National Standards for the Physical Inspection of Real Estate: Implementation Guidance and Inspection Standards for the HOME Investment Partnerships and Housing Trust Fund Programs

AGENCY: Office of the Assistant Secretary for Community Planning and Development (CPD), U.S. Department of Housing and Urban Development (HUD).

ACTION: Notice.

SUMMARY: This notice serves as guidance to the "Economic Growth Regulatory Relief and Consumer Protection Act: Implementation of National Standards for the Physical Inspection of Real Estate" (NSPIRE) rule published May 11, 2023. The rule provided that HUD publish in the **Federal Register** an additional notice on the NSPIRE Standards for the HOME Investment Partnerships (HOME) and Housing Trust Fund (HTF) programs. In addition, this notice implements the property