Dated: January 14, 2010.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–992 Filed 1–19–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Cancer Institute Board of Scientific Advisors.

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.

Name of Committee: National Cancer Institute Board of Scientific Advisors.

Date: March 8–9, 2010.

Time: March 8, 2010, 8 a.m. to 6 p.m.

Agenda: Director's Report: Ongoing and New Business; Reports of Program Group(s); and Budget Presentations; Reports of Special Initiatives; RFA and RFP Concept Reviews; and Scientific Presentations.

Place: National Institutes of Health, Building 31, 31 Center Drive, 6th Floor, Conf. Room 10, Bethesda, MD 20892.

Time: March 9, 2010, 8:30 a.m. to 12 p.m.

Agenda: Reports of Special Initiatives; RFA and RFP Concept Reviews; and Scientific Presentations.

Place: National Institutes of Health, Building 31, 31 Center Drive, 6th Floor, Conf. Room 10, Bethesda, MD 20892.

Contact Person: Paulette S. Gray, PhD, Executive Secretary, Director, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, 8th Floor, Rm. 8001, Bethesda, MD 20892, 301–496–5147, *grayp@mail.nih.gov*.

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.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: *deainfo.nci.nih.gov/advisory/bsa.htm*, where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: January 13, 2010.

Jennifer Spaeth,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2010–993 Filed 1–19–10; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH State-of-the-Science Conference: Preventing Alzheimer's Disease and Cognitive Decline; Notice

Notice is hereby given by the National Institutes of Health (NIH) of the "NIH State-of-the-Science Conference: Preventing Alzheimer's Disease and Cognitive Decline" to be held April 26–28, 2010, in the NIH Natcher Conference Center, 45 Center Drive, Bethesda, Maryland 20892. The conference will begin at 8:30 a.m. on April 26 and 27 and at 9 a.m. on April 28, and it will be open to the public.

For many older adults, cognitive health and performance remain stable over the course of their lifetime, with only a gradual and slight decline in short-term memory and reaction times. But for others, this normal, age-related decline in cognitive function progresses into a more serious state of cognitive impairment or into various forms of dementia, including Alzheimer's disease. Such loss of cognitive function—the ability to think, learn, remember, and reason—substantially interferes with everyday function. As researchers continue to explore changes in the brain that take place possibly decades before cognitive decline and dementia symptoms appear, they also hope to discover more about the relationship between normal age-related cognitive decline and the development of cognitive impairment or Alzheimer's disease.

Alzheimer's disease was first described in 1906, when German psychiatrist and neuropathologist Alois Alzheimer observed the hallmarks of the disease in the brain of a female patient who had experienced memory loss, language problems, and unpredictable behavior: abnormal clumps of protein (now called beta-amyloid plaques) and tangled bundles of protein fibers (now called neurofibrillary tangles). Today, an estimated 2.5 to 4.5 million Americans are living with Alzheimer's, the most common form of dementia, and those numbers are expected to grow with the aging of the baby boomer population. Age is the strongest known risk factor for Alzheimer's, with most people diagnosed with the late-onset form of the disease over age 60. An early-onset, familial form also occurs, but is very rare. The time from diagnosis to death with Alzheimer's ranges from as little as 3 years to 10 or more, depending on the person's age, sex, and the presence of other health problems.

In addition to investigating the causes and potential treatments for Alzheimer's and other dementias, researchers are focused on finding ways to prevent cognitive decline. Many preventive measures for cognitive decline and for preventing Alzheimer's—mental stimulation, exercise, and a variety of dietary supplements—have been suggested, but their value in delaying the onset and/or reducing the severity of decline or disease is unclear. Questions also remain as to how the presence of certain conditions, such as high cholesterol, high blood pressure, and diabetes, influence an individual's risk of cognitive decline and Alzheimer's disease.

To examine these important questions about Alzheimer's and cognitive decline in older people, the National Institute on Aging and the Office of Medical Applications of Research of the NIH will convene a State-of-the-Science Conference from April 26 to 28, 2010, to assess the available scientific evidence related to the following questions:

- What factors are associated with the reduction of risk of Alzheimer's disease?
- What factors are associated with the reduction of risk of cognitive decline in older adults?
- What are the relationships between the factors that affect Alzheimer's disease and the factors that affect cognitive decline?
- What are the therapeutic and adverse effects of interventions to delay the onset of Alzheimer's disease?
- What are the therapeutic and adverse effects of interventions to improve or maintain cognitive ability or preserve cognitive function? Are there different outcomes in identifiable subgroups?
- If recommendations for interventions cannot be made currently,

what studies need to be done that could provide the quality and strength of evidence necessary to make such recommendations to individuals?

An impartial, independent panel will be charged with reviewing the available published literature in advance of the conference, including a systematic literature review commissioned through the Agency for Healthcare Research and Quality. The first day and a half of the conference will consist of presentations by expert researchers and practitioners and open public discussions. On Wednesday, April 28, the panel will present a statement of its collective assessment of the evidence to answer each of the questions above. The panel will also hold a press telebriefing to address questions from the media. The draft statement will be published online later that day, and the final version will be released approximately six weeks later. The primary sponsors of this meeting are the NIH National Institute on Aging and the NIH Office of Medical Applications of Research.

Advance information about the conference and conference registration materials may be obtained from the NIH Consensus Development Program Information Center by calling 888–644–2667 or by sending e-mail to *consensus@mail.nih.gov*. The Information Center's mailing address is P.O. Box 2577, Kensington, Maryland 20891. Registration information is also available on the NIH Consensus Development Program Web site at *http://consensus.nih.gov*.

Please Note: The NIH has instituted security measures to ensure the safety of NIH employees, guests, and property. All visitors must be prepared to show a photo ID upon request. Visitors may be required to pass through a metal detector and have bags, backpacks, or purses inspected or x-rayed as they enter NIH buildings. For more information about the security measures at NIH, please visit the Web site at *http://www.nih.gov/about/visitorsecurity.htm*.

Dated: January 11, 2010.

Raynard S. Kington,

Deputy Director, National Institutes of Health.

[FR Doc. 2010–858 Filed 1–19–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Monoclonal Antibodies Against Smallpox/Orthopoxviruses

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is contemplating the grant of a an exclusive license to practice the following invention as embodied in the following patent applications: E–145–2004/0,1,2,3,4, Purcell et al., "Monoclonal Antibodies Against Orthopoxviruses", United States Patent Application 12/142,594, filed June 19, 2008 to BioFactura, Inc., having a place of business in Rockville, Maryland. The patent rights in this invention have been assigned to the United States of America.

DATES: Only written comments and/or application for a license which are received by the NIH Office of Technology Transfer on or before February 19, 2010 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Peter Soukas, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; *E-mail: ps193c@nih.gov; Telephone:* (301) 435–4646; *Facsimile:* (301) 402–0220.

SUPPLEMENTARY INFORMATION: Concerns that variola (smallpox) virus might be used as a biological weapon have led to the recommendation of widespread vaccination with vaccinia virus. While vaccination is generally safe and effective for prevention of smallpox, it is well documented that various adverse reactions in individuals have been caused by vaccination with existing licensed vaccines. Vaccinia immune globulin (VIG) prepared from vaccinated humans has historically been used to treat adverse reactions arising from vaccinia immunization. However, VIG lots may have different potencies and carry the potential to transmit other viral agents.

Chimpanzee Fabs against the B5 and A33 outer extracellular membrane proteins of vaccinia virus were isolated and converted into complete mAbs with human gamma1 heavy chain constant regions. The two mAbs displayed high binding affinities to B5 and A33. The mAbs inhibited the spread of vaccinia virus as well as variola virus (the causative agent of smallpox) in vitro, protected mice from subsequent intranasal challenge with virulent vaccinia virus, protected mice when administered two (2) days after challenge, and provided significantly greater protection than that afforded by VIG.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within thirty (30) days from the date of this published Notice, 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 404.7.

The field of use may be limited to monoclonal antibodies against orthopoxviruses (smallpox) for use in humans.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response 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: January 12, 2010.

Richard U. Rodriguez,

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

[FR Doc. 2010–977 Filed 1–19–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

U.S. Customs and Border Protection

Accreditation and Approval of Saybolt LP, as a Commercial Gauger and Laboratory

AGENCY: U.S. Customs and Border Protection, Department of Homeland Security.

ACTION: Notice of accreditation and approval of Saybolt LP, as a commercial gauger and laboratory.

SUMMARY: Notice is hereby given that, pursuant to 19 CFR 151.12 and 19 CFR 151.13, Saybolt LP, 21730 S. Wilmington Ave., Suite 201, Carson, CA 90810, has been approved to gauge and accredited to test petroleum and petroleum products in accordance with the provisions of 19 CFR 151.12 and 19 CFR 151.13. Anyone wishing to employ this entity to conduct laboratory analyses and gauger services should request and receive written assurances from the entity that it is accredited or approved by the U.S. Customs and Border Protection to conduct the specific test or gauger service requested.