holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than March 29, 1999.

A. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Ameriwest Corporation, Omaha, Nebraska; to acquire 32 percent of the voting shares of Otoe County Bancorporation, Inc., Nebraska City, Nebraska, and thereby indirectly acquire Otoe County Bank & Trust Company, Nebraska City, Nebraska.

B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. Reliance Bancshares, Inc., Des Peres, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Reliance Bank, Des Peres, Missouri (in organization).

Board of Governors of the Federal Reserve System, March 1, 1999.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 99–5422 Filed 3-4-99; 8:45 am]

BILLING CODE 6210-01-F

FEDERAL RESERVE SYSTEM

Notice of Meeting of Consumer Advisory Council

The Consumer Advisory Council will meet on Thursday, March 25, 1999. The meeting, which will be open to public observation, will take place at the Federal Reserve Board's offices in Washington, D.C., in Dining Room E of the Martin Building (Terrace level). The meeting will begin at 8:45 a.m. and is expected to conclude at 1:00 p.m. The Martin Building is located on C Street, Northwest, between 20th and 21st Streets.

The Council's function is to advise the Board on the exercise of the Board's responsibilities under the Consumer Credit Protection Act and on other matters on which the Board seeks its advice. Time permitting, the Council will discuss the following topics:

Privacy. The Depository and Delivery Systems Committee will lead a discussion on concerns among consumers, financial institutions, and others about consumer financial privacy matters.

Community Reinvestment Act. The Bank Regulations Committee will lead a discussion on several issues related to CRA such as the regulation's emphasis on loan volume, the consistency of large bank examinations, and the factors involved in identifying qualified investments.

Credit Card Disclosures. The Consumer Credit Committee will lead a discussion of views on the potential need for legislation involving additional disclosures related to the use of credit cards by consumers.

Members Forum. Individual Council members will present views on economic conditions present within their industries or local economies.

Committee Reports. Council committees will report on their work.

Other matters previously considered by the Council or initiated by Council members also may be discussed.

Persons wishing to submit views to the Council regarding any of the above topics may do so by sending written statements to Ann Bistay, Secretary of the Consumer Advisory Council, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, D.C. 20551. Information about this meeting may be obtained from Ms. Bistay, 202-452-6470. Telecommunications Device for the Deaf (TDD) users may contact Diane Jenkins, 202-452-3544.

Board of Governors of the Federal Reserve System, March 1, 1999.

Jennifer J. Johnson

Secretary of the Board

[FR Doc. 99-5459 Filed 3-4-99; 8:45AM]

Billing Code 6210-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program: Revised Amount of the Average Cost of a Health Insurance Policy

The Health Resources and Services Administration is publishing an updated monetary amount of the average cost of a health insurance policy as it relates to the National Vaccine Injury Compensation Program (VICP).

Subtitle 2 of Title XXI of the Public Health Service Act, as enacted by the National Childhood Vaccine Injury Act of 1986 and as amended, governs the VICP. The VICP, administered by the Secretary of Health and Human Services (the Secretary), provides that a proceeding for compensation for a vaccine-related injury or death shall be initiated by service upon the Secretary and the filing of a petition with the United States Court of Federal Claims. In some cases, the injured individual may receive compensation for future lost earnings, less appropriate taxes and the ''average cost of a health insurance policy, as determined by the Secretary.''

Section 100.2 of the VICP's implementing regulations (42 CFR Part 100) provides that revised amounts of an average cost of a health insurance policy, as determined by the Secretary, are to be published from time to time in a notice in the **Federal Register**. The previously published amount of an average cost of a health insurance policy was $236.18 per month (63 FR 16264, April 2, 1998); this amount was based on data from a survey by the Health Insurance Association of America, updated by a formula using changes in the medical care component of the Consumer Price Index (CPI) (All Urban Consumers, U.S. City average) for the period January 1, 1997, through December 31, 1997.

The Secretary announces that for the 12-month period, January 1, 1998, through December 31, 1998, the medical care component of the CPI increased 3.4 percent. According to the regulatory formula (§ 100.2), 2 percent is added to the actual CPI change for each year. This adjustment to the CPI change results in an increase of 5.4 percent. Applied to the baseline amount of $236.18, this results in a new amount of $248.93.

Therefore, the Secretary announces that the revised average cost of a health insurance policy under the VICP is $248.93 per month. In accordance with § 100.2, the revised amount was

effective upon its delivery by the Secretary to the United States Court of Federal Claims (formerly known as the United States Claims Court). Such notice was delivered to the Court on January 27, 1999.

Dated: March 1, 1999.

Claude Earl Fox,

Administrator.

[FR Doc. 99–5466 Filed 3–4–99; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Establishment

Pursuant to the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), the Director, National Institutes of Health (NIH), announces the establishment of the Cancer Advisory Panel for Complementary and Alternative Medicine (Panel).

This Panel will advise the Director, National Center for Complementary and Alternative Medicine, the Director, National Cancer Institute, and the Director, NIH, regarding the review and assessment of summaries of evidence for complementary and alternative medicine cancer intervention clinical trials submitted by practitioners, to evaluate whether and how these interventions should be followed up, develop a means of communication of the results of these studies, and to identify future alternative and complementary cancer clinical trials initiatives.

Unless renewed by appropriate action prior to its expiration, the Charter for the Cancer Advisory Panel for Complementary and Alternative Medicine will expire two years from the date of establishment.

Dated: March 1, 1999.

Harold Varmus,

Director, National Institutes of Health.

[FR Doc. 99–5479 Filed 3–4–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies of the U.S. Government and are available for licensing in the U.S. in accordance with 35 U.S.C. 207 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.

ADDRESSES: 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.

Identification of Polymorphisms of the PCTG–4 Gene

RA Philibert, EI Ginns (NIMH)
Provisional U.S. Patent Application No. 60/083,465 filed 29 Apr 98
Licensing Contact: Leopold J. Luberecki, Jr.; 301/496–7735 ext. 223; e-mail: 1187a@nih.gov

Mental retardation affects approximately 1–3% of the U.S. population and results in at least $10 billion in annual treatment costs. Mutations in the X-chromosome may cause 30–50% of all cases of mental retardation. This technology is directed to the identification of an X-linked polymorphism that appears to convey a five-fold increase in the relative risk for mental retardation and is markedly enriched in individuals suffering from autism. The various polymorphisms will likely enable further studies aimed at eliciting the underlying mechanisms of these diseases and may provide a model system for the development of new drugs. It may also have a role as a prognostic indicator.

Combination Therapy with VIP Antagonists

Illana Gozes (Tel Aviv University), Terry W. Moody (NCI), Douglas C. Brenneman (NICHD), Mati Fridkin (Weizman Institute of Science), Edgar Gelber (Tel Aviv University) and Albert Levy (Tel Aviv University)
Serial No. 60/104,472 filed 16 Oct 98 and Serial No. 60/104,907 filed 20 Oct 98
Licensing Contact: Dennis Penn; 301/496–7056 ext. 211; e-mail: dp144q@nih.gov

This invention relates generally to cancer treatment. More particularly, the present invention relates to combination therapy using a polypeptide which is an antagonist of the vasoactive intestinal polypeptide (VIP) and a chemotherapeutic agent, preferably in a pharmaceutical composition.

Vasoactive intestinal polypeptide (VIP) is a widely distributed peptide hormone which mediates a variety of physiological responses including gastrointestinal secretion, relaxation of gastrointestinal vascular and respiratory smooth muscle, lipolysis in adipocytes, pituitary hormone secretion, and excitation and hyperthermia after injection into the central nervous system. Vasoactive intestinal peptide is a 28 amino acid peptide with an amidated C-terminus, the peptide results from post translational processing of a hormone composed of 170 amino acid residues. The VIP peptide has been shown to contain at least two functional regions, a region involved in receptor specific binding and a region involved in biological activity (Gozes and Brenneman, Molecular Neurobiology, 3:201–236 (1989)).

Gozes, et al. have developed a VIP antagonist that has proven useful for altering the function of the vasoactive intestinal peptide. (See, U.S. Patent No. 5,217,953 issued to Gozes, et al. (1993)). This VIP antagonist was designed to retain the binding properties of VIP for its receptor, but to lack the amino acid sequence necessary for biological activity. Studies have shown that this VIP antagonist effectively antagonizes VIP-associated activity. It has been reported that this VIP antagonist inhibits the growth of VIP receptor bearing tumor cells such as, for example, lung tumor cells (i.e., non-small cell lung cancer cells). (See, U.S. Patent No. 5,217,953.)

U.S. Patent No. 5,565,424, which issued to Gozes, et al. on October 15, 1996, discloses another family of polypeptides which are antagonists of the vasoactive intestinal polypeptide. The VIP antagonists disclosed therein are 10–1000 times more efficacious, i.e., more potent in inhibiting VIP-associated activity than previous VIP antagonists. These superactive VIP antagonists were shown to inhibit cancer growth in lung and gioblastoma cells. Examples of superactive VIP antagonists include amino acid sequences referred to as the ''norleucine-hybrid VIP antagonist'', the ''stearyl-norleucine-hybrid VIP antagonist'' and the ''stearyl-hybrid VIP antagonist''.

The present invention relates to a pharmaceutical composition comprising a vasoactive intestinal polypeptide (VIP) antagonist, a chemotherapeutic agent