and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on May 24, 1999, pages 28001–28002, and allowed 60 days for public comment. Two public comments were received in response to the notice, both requesting additional general information on the project. No comments were received regarding cost or hour burden for respondents. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Training Tomorrow's Scientists: Linking Minorities and Mentors through the Web. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* This activity will increase the visibility of the National Institutes of Health's Research Supplements for Underrepresented Minorities program. The primary objective is to ensure in the coming decades a concentration of minority researchers who will address behavioral and social factors important in improving the public health and eliminating racial disparities. The Office will design a web site that will link promising minorities at the high school through junior faculty level with senior NIH-funded researchers who are willing to mentor. The activity is consistent with the Congressional mandate for the Office to enhance behavioral and social science training opportunities at NIH, especially for minorities. *Frequency of Response:* On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Students (high school, college, graduate school), postdoctoral fellows, junior faculty, and NIH researchers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 4,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .49 and *Estimated Total Annual Burden Hours Requested:* 1960. The annualzied cost to respondents is estimated at: 0. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Direct Comments to OMB

Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Paula Skedsvold, Science Policy Officer, Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health, 9000 Rockville Pike, Building 31, Room B1C32, Bethesda, MD 20892, or call non-toll-free number (301) 435–6780 or E-mail your request,including your address to: skedsvop@od.nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before December 22, 1999.

Dated: November 12, 1999.

Virginia Cain,

Special Assistant to the Director, Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health.

[FR Doc. 99–30418 Filed 11–19–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Extracellular cAMP-Dependent Protein Kinase in the Diagnosis and Prognosis of Cancer and Methods of Treatment''

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

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is 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.

ADDRESSES: Licensing information and a copy of the U.S. patent application referenced below may be obtained by contacting J.R. Dixon, at the Office of Technology Transfer, National Institutes of Heath, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804 (telephone 301/496–7056 ext 206; fax 301/402–0220; E–Mail; jd212g@NIH.GOV). A signed Confidential Disclosure Agreement is required to receive a copy of any patent application.

SUPPLEMENTARY INFORMATION:

Invention Title: ''Extracelular cAMP-Dependent Protein Kinase in the Diagnosis and Prognosis of Cancer and Methods of Treatment''.

Inventor: Dr. Yoon S. Cho-Chung (NCI).

U.S. Patent Application Serial No.: 60/140,288 filed June 18, 1999.

DHHS Ref. No.: E–110–99/0

Abstract

It has been discovered that expression of extracellular-PKA (ECPKA) is serum is a measure of hormone-dependency of breast cancer. In view of this discovery, this invention provides a method of determining whether or not breast cancer in a give patient is hormone-dependent or hormone-independent. Current methods of determining hormone-dependency in breast cancer involve biopsy and examination of the breast cancer tissue for the presence of estrogen and/or progesterone receptors, which can be detected in the tissue by an immunohistochemical assay using a monoclonal antibody, by a biochemical assay using dextran-coated charcoal, and by other means. Such methods are disadvanageous due to inaccuracies (As much as 30–40% of results are false positives or false negatives), a lack of

consensus as to the minimum number of cells required to have an estrogen and/or progesterone receptor for determination of hormone-dependent cancer, and required biopsy. The present invention seeks to overcome such disadvantages by providing a more accurate assay for the hormone dependency or independency of breast cancer which does not require biopsy.

The determination of whether a breast cancer is hormone-dependent or hormone-independent has meaningful implications for the selection of treatment strategy and the prognosis of the disease. For example, if the breast cancer is hormone-dependent, the treatment may include hormone therapy involving administration of anti-estrogen drugs, the destruction of ovary function, or the removal of the ovaries. In the case of hormone-independence the absence of estrogen receptors in the primary tumor indicates a higher rate of recurrence and a shorter survival rate. In this instance the treatment will likely include the administration of chemotherapeutic drugs.

Technology

This invention provides a method of diagnosing cancer in a patient. The method involves assaying a sample of serum or other body fluids from the patient for the presence of ECPKA. An elevated level of ECPKA in the sample compared to the level in a control sample is indicative of cancer in the patient. The invention also includes a method of assaying a sample of serum or other body fluids from the patient for the presence of ECPKA in which (i) A reduction in the level of ECPKA in the sample as compared to the level in an earlier sample from the patient indicates an improvement in the patient's prognosis, (ii) no change in the level of ECPKA in the sample as compared to the level of ECPKA in an earlier sample from the patient, indicates no change in the patient's condition, or (iii) an increase in the level of ECPKA in the sample as compared to the level in an earlier sample from the patient, indicating a worsening of the patient's condition. As alluded to above, the invention also involves a method of determining whether a diagnosed breast cancer is hormone-dependent or hormone-independent. This method involves assaying a serum or other body fluid sample from the patient for the presence of ECPKA versus a control sample. An elevated level of ECPKA indicates that the breast cancer is hormone-dependent. Finally, the invention provides a method for the treatment of cancer. This method involves reducing the level of ECPKA by delivering the RIIβ subunit of PKA–II to target cancer cells to down-regulate the expression of ECPKA and inhibit cancer cell growth.

The above mentioned Invention is available, including any available foreign intellectual property rights, for licensing.

Dated: November 15, 1999.

Jack Spiegel,

Director, Division of Technology Development & Transfer, Office of Technology Transfer.

[FR Doc. 99–30341 Filed 11–19–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Notice of Meeting of the Advisory Committee to the Director, NIH

Pursuant to Public Law 92–463, notice is hereby given of the meeting of the Advisory Committee to the Director, NIH, December 2, 1999, Conference Room 10, Building 31, National Institutes of Health, Bethesda, Maryland 20892.

The entire meeting will be open to the public from 8:30 a.m. to adjournment. The topics proposed for discussion include but are not limited to (1) a Report on the Burden of Illness Workshop; (2) a Preliminary Report of the Government Performance and Results Act Review Group; (3) an Update on Stem Cell Research; and (4) a Report from the Panel on Scientific Boundaries for Review. Attendance by the public will be limited to space available.

Ms. Janice Ramsden, Special Assistant to the Deputy Director, National Institutes of Health, 1 Center Drive MSC 0159, Bethesda, Maryland 20892–0159, telephone (301) 496–0959, fax (301) 496–7451, will furnish the meeting agenda, roster of committee members, and available substantive program information upon request. Any individual who requires special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ms. Ramsden no later than November 29, 1999.

Dated: November 12, 1999.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy, NIH.

[FR Doc. 99–30337 Filed 11–19–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and the personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Initial Review Group, Subcommittee A—Cancer Centers.

Date: December 2–3, 1999.

Time: 7 pm to 4 pm.

Agenda: To review and evaluate grant applications.

Place: Chevy Chase Holiday Inn, 5520 Wisconsin Ave, Chevy Chase, MD 20815.

Contact Person: David E. Maslow, Scientific Review Administrator, Grants Review Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6130 Executive Boulevard—EPA 643A, Bethesda, MD 20892–7405, 301/496–2330.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(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: November 12, 1999.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 99–30340 Filed 11–19–99; 8:45 am]

BILLING CODE 4140–01–M