

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substance and Disease Registry

#### Public Meeting of the Inter-Tribal Council on Hanford Health Projects (ICHHP) in Association With the Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

*Name:* Public meeting of the Inter-tribal Council on Hanford Health Projects (ICHHP) in association with the Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

*Time and Date:* 9 a.m.–4:30 p.m., May 17, 1999.

*Place:* Cavanaugh's at Columbia Center, 1101 North Columbia Center Blvd., Kennewick, Washington 99336, telephone: (509) 783-0611.

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 50 people.

*Background:* Under a Memorandum of Understanding (MOU) signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles.

In addition, under an MOU signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS has delegated program

responsibility to CDC. Community Involvement is a critical part of ATSDR's and CDC's energy-related research and activities and input from members of the ICHHP is part of these efforts. The ICHHP will work with the HHES to provide input on American Indian health effects at the Hanford, Washington site.

*Purpose:* The purpose of this meeting is to address issues that are unique to tribal involvement with the HHES, including a presentation and discussion on the DOE Richland Indian Office, update on tribal cooperative agreements, and agency updates.

*Matters to be Discussed:* Agenda items will include a dialogue on issues that are unique to tribal involvement with the HHES. This will include updating tribal members of the cooperative agreement activities in environmental health capacity building and providing support for tribal involvement in and representation on the HHES. Agenda items are subject to change as priorities dictate.

*Contact Persons for More Information:* Leslie C. Campbell, Executive Secretary HHES, Division of Health Assessment and Consultation, ATSDR, 1600 Clifton Road, NE M/S E-56, Atlanta, Georgia 30333, telephone 1-888/42-ATSDR (28737), fax 404/639-0654.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 18, 2000.

**John Burckhardt,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 00-10083 Filed 4-23-00; 8:45 am]

**BILLING CODE 4163-18-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substance and Disease Registry

#### Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Hanford Health Effects Subcommittee

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease

Control and Prevention (CDC) announce the following meeting.

*Name:* Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Hanford Health Effects Subcommittee (HHES).

*Times and Dates:* 8:30 a.m.–5 p.m., May 18, 2000.

1 p.m.–4 p.m., May 19, 2000.

*Place:* Cavanaugh's at Columbia Center, 1101 North Columbia Center Blvd., Kennewick, WA 99336. Telephone: (509) 783-0611

*Status:* Open to the public, limited only by the space available. The meeting room accommodates approximately 100 people.

*Background:* Under a Memorandum of Understanding (MOU) signed in October 1990 and renewed in November 1992 between ATSDR and DOE. The MOU delineates the responsibilities and procedures for ATSDR's public health activities at DOE sites required under sections 104, 105, 107, and 120 of the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or "Superfund"). These activities include health consultations and public health assessments at DOE sites listed on, or proposed for, the Superfund National Priorities List and at sites that are the subject of petitions from the public; and other health-related activities such as epidemiologic studies, health surveillance, exposure and disease registries, health education, substance-specific applied research, emergency response, and preparation of toxicological profiles. In addition, under an MOU signed in December 1990 with DOE and replaced by an MOU signed in 1996, the Department of Health and Human Services (HHS) has been given the responsibility and resources for conducting analytic epidemiologic investigations of residents of communities in the vicinity of DOE facilities, workers at DOE facilities, and other persons potentially exposed to radiation or to potential hazards from non-nuclear energy production and use. HHS has delegated program responsibility to CDC.

*Purpose:* This subcommittee is charged with providing advice and recommendations to the Director, CDC, and the Administrator, ATSDR, regarding community, American Indian Tribes, and labor concerns pertaining to CDC's and ATSDR's public health activities and research at this DOE site. The purpose of this meeting is to receive an update from the Inter-tribal Council on Hanford Health Projects; to review and approve the Minutes of the previous meeting; to receive updates from ATSDR and CDC; to receive reports from the Outreach, Public Health

Assessment, Public Health Activities, and the Studies Workgroups; and to address other issues and topics, as necessary.

*Matters To Be Discussed:* Agenda items include discussion on the summary of Hanford Health Information Network (HHIN) project, update on Individual Dose Assessment (IDA) project, and reports from agency and work groups. Agenda items are subject to change as priorities dictate.

*Contact Persons for More Information:* Leslie C. Campbell, Executive Secretary HHES, Division of Health Assessment and Consultation, ATSDR, 1600 Clifton Road, NE M/S E-56, Atlanta, Georgia 30333, telephone 1-888/42-ATSDR(28737), fax 404/639-0654.

The Director, Management Analysis and Services office has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both the Centers for Disease Control and Prevention and the Agency for Toxic Substances and Disease Registry.

Dated: April 18, 2000.

**John Burckhardt,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention.*

[FR Doc. 00-10081 Filed 4-23-00; 8:45 am]

**BILLING CODE 4163-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Centers for Disease Control and Prevention**

**National Center for Health Statistics (NCHS), Data Policy and Standards Staff, Announces the Following Meeting**

*Name:* ICD-9-CM Coordination and Maintenance Committee meeting.

*Time and Date:* 9 a.m.-5 p.m., May 11, 2000.

*Place:* The Health Care Financing Administration, Multipurpose room, 7500 Security Boulevard, Baltimore, Maryland.

*Status:* Open to the public.

*Purpose:* The ICD-9-CM Coordination and Maintenance (C&M) Committee will hold its first meeting of the calendar year 2000 cycle on Thursday, May 11, 2000. The C&M meeting is a public forum for the presentation of proposed modifications to the International Classification of Diseases, Ninth-Revision, Clinical Modification.

*Matters to be Discussed:* Agenda items include:

Head injuries

Mammographic microcalcification

Myofascial pain syndrome

Stress Fracture

Periventricular leukomalacia

Posttraumatic wound infection versus complicated open wound

Premature menopause

Update on the ICD-10-PCS coding system

Thoracic aortic aneurysm repair

Lysis of adhesions

Penile plethysmography with nerve stimulation

Percutaneous endoscopic gastrojejunostomy (PEJ)

Spinal fusion for pseudoarthrosis

Addenda

*Contact Person for Additional Information:* Amy Blum, Medical Classification Specialist, Data Policy and Standards Staff, NCHS, 6526 Belcrest Road, Room 1100, Hyattsville, Maryland 20782, telephone 301/458-4106 (diagnosis), Amy Gruber, Health Insurance Specialist, Division of Acute Care, HCFA, 7500 Security Blvd., Room C4-07-07, Baltimore, Maryland, 21244 telephone 410-786-1542 (procedures).

*Notice:* In the interest of security, the H.C.F.A. has instituted stringent procedures for entrance into the building by non-government employees. Persons without a government I.D. will need to show a photo I.D. and sign-in at the security desk upon entering the building.

*Notice:* This is a public meeting. However, because of fire code requirements, should the number of attendants meet the capacity of the room the meeting will be closed.

The Director, Management Analysis and Services Office, has been delegated the authority to sign **Federal Register** notices pertaining to announcements of meetings and other committee management activities, for both CDC and the Agency for Toxic Substances and Disease Registry.

Dated: April 18, 2000.

**John Burckhardt,**

*Acting Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 00-10082 Filed 4-23-00; 8:45 am]

**BILLING CODE 4160-18-P**

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**National Institutes of Health**

**Government-Owned Invention; Availability for Licensing: "Prostate Cancer Therapeutic and *in vitro* Diagnostic Method to Screen for the Presence of Metastatic Prostate Cancer—A Monoclonal Antibody Specific to Prostate Cells"**

**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 may be obtained by contacting J. R. Dixon, Ph.D., at the Office of Technology Transfer, National Institutes of Health, 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:* "Monoclonal Antibodies to Prostate Cells".

*Inventor:* Dr. Ira H. Pastan (NCI).

*USP SN:* 5,489,525 [= DHHS Ref. No. E-201-92/0]—Issued on February 6, 1996.

**Abstract**

Prostate Cancer is a disease affecting approximately 1 million men in the U.S.A., with an annual incidence of around 179,000 and approximately 30,000 deaths per year. It is estimated that one-third of men over 50 will develop prostate cancer at some time in their lives. Control of primary tumor by surgical resection and/or radiation has proven effective in a number of cases, however, metastatic spread, primarily to the bone, especially at late hormone independent stages of the disease, has been more difficult to control and monitor. With the aging of the U.S. population, it has been estimated that the number of prostate cancer cases will increase dramatically.

**Technology**

The technology disclosed in the 5,489,525 patent relates to a monoclonal antibody which is capable of binding to a cell surface differentiation antigen