IHS area office and States/locality served	Scholarship coordinator/address
Navajo Area IHS:	
Arizona, New Mexico, Utah	Ms. Roselinda Allison, Scholarship Coordinator, Navajo Area IHS, P.O. Box 9020, Window Rock, AZ 86515, Tele: 520–871–1422.
Oklahoma City Area IHS:	
Kansas, Missouri, Oklahoma	Ms. Barbara Roy, Scholarship Coordinator, Oklahoma City Area IHS, Five Corporate Plaza, 3625 NW 56th Street, Oklahoma City, OK 73112, Tele: 405–951–3939.
Phoenix Area IHS:	
Arizona, Nevada, Utah	Ms. Lena Fast Horse, Scholarship Coordinator, Phoenix Area IHS, Two Renaissance Square, 40 North Central Avenue, Suite #600, Phoenix, AZ 85004, Tele: 602–364–5220.
Portland Area IHS:	
Idaho, Oregon, Washington	Ms. Darlene Marcellay, Scholarship Coordinator, Portland Area IHS, 1220 SW Third Avenue, Rm. 440, Portland, OR 97204–2892, Tele: 503–326–2015.
Tucson Area IHS:	
Arizona, Texas	Mr. Cecil Escalante, Scholarship Coordinator, Tucson Area IHS, 7900 South J. Stock Road, Tucson, AZ 85746, Tele: 520–295–2441.

Other programmatic inquiries may be addressed to Ms. Rose Jerue, Chief, Scholarship Branch, Indian Health Service, Twinbrook Metro Plaza, Suite 100, 12300 Twinbrook Parkway, Rockville, Maryland, 20852; Telephone 301–443–6197. (This is not a toll free number.) For grants information, contact Ms. Margaret Griffiths, Acting Grants Scholarship Coordinator, Grants Management Branch, Division of Acquisition and Grants Operations, Indian Health Services, Room 100, 12300 Twinbrook Parkway, Rockville, Maryland, 20852; Telephone 301–443–0243. (This is not a toll-free number.)

SUPPLEMENTARY INFORMATION: An addition to the list of priority health professionals for Indian Health Scholarships (Professions) that was published in 62 FR 5443, February 5, 1997, is Coding Specialist-Certificate.

Deletions from the list of priority health professions for Indian Health Scholarships (Professions) that was published in 62 FR 5443, February 5, 1997, are Accounting (B.S.), Business Administration (B.S., M.B.A.), and Computer Science (B.S.).

A deletion from the list of priority career categories for Health Professions Preparatory scholarships is Pre-Accounting.

Dated: January 13, 2000.

Michel E. Lincoln,

Deputy Director.

[FR Doc. 00–1403 Filed 1–20–00; 8:45 am]

BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Data Collection; Comment Request; Clinical, Laboratory, and Epidemiologic Characterization of Individuals at High Risk of Cancer

SUMMARY: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed extension of existing data collection projects, the National Cancer Institute (NCI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Clinical, Laboratory, and Epidemiologic Characterization of Individuals at High Risk of Cancer.

Type of Information Collection Request: Extension of OMB No. 0925–0194 (Expiration date 06/30/00).

Need and Use of Information Collection: This ongoing research study will identify cancer-prone persons in order to learn about cancer risk and cancer causes in individuals and families. The primary objectives of this research study are to utilize clinical, laboratory, and epidemiologic approaches in studies of individuals and families at high risk of cancer to identify and further characterize cancer susceptibility factor. Respondents are members of families in which multiple cancers are thought to have occurred. Information about the occurrence of cancer is collected and reviewed to determine eligibility for further etiologic study. Participation is entirely voluntary. The findings will lead to a better understanding of the causes and risk factors for selected cancers, which may reduce cancer incidence, and promote the earlier diagnosis of some cancers.

Frequency of Response: One time.

Affected Public: Individuals or households.

Type of Respondents: Adults.

The annual reporting burden is as follows:

Estimated Number of Respondents: 600 per year.

Estimated Number of Responses per Respondent: 1.

Average Burden Hours Per Response: 75.

Estimated Total Annual Burden Hours Requested: 450.

The annualized cost to respondents is estimated at: $4,500. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) the accuracy of the agency's estimates of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to 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.

FOR FURTHER INFORMATION CONTACT: To request more information on this project or to obtain a copy of the data collection plans and instrument, write to Dr. Margaret Tucker, Chief, Genetic Epidemiology Branch, National Cancer Institute, NIH, Executive Plaza South, Room 7122, 6120 Executive Blvd., Bethesda, MD 20892, or call non-toll-free number (301) 496–4375, or E-mail your request, including your address to: tuckerp@mail.nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before 60 days from the date of this publication.

Dated: January 12, 2000.

Reesa Nichols,

OMB Project Clearance Liaison.

[FR Doc. 00–1422 Filed 1–20–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICE

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Therapeutic Methods to Treat Tumor Cells—Mutated Anthrax Toxin Protective Antigen Proteins That Specifically Target Cells Containing High Amounts of Cell-Surface Metalloproteinases or Plasminogen Activators''

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 contacing 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: ''Mutated Anthrax Toxin Protective Antigen Proteins that Specifically Target Cells Containing High Amounts of Cell-Surface Metalloproteinases or Plasminogen Activators.''

Inventors: Drs. Stephen H. Leppla (NIDCR), Shi-Hui Liu (NIDCR), Sarah Netzel-Arnett (NIDCR), Henning Birkedal-Hansen (NIDCR), and Thomas H. Bugge (NIDCR).

USPA SN: 60/155,061 [=DHHS Ref. No. E–293–99/0]—Filed with the U.S.P.T.O. on Friday, September 24, 1999.

Abstract

Anthrax toxin is a three-part toxin secreted by *Bacillus anthracis* consisting of Protective Antigen (''PA'', 83kDa), Lethal Factor (''LF'', 90 kDa) and Edema Factor (''EF'', 89kDa), which are individually non-toxic. PA, recognized as central, receptor-binding component, binds to an unidentified receptor and is cleaved at the sequence $RKKR_{167}$ by cell-surface furin or furin-like proteases into two fragments: PA63, a 63 kDa C-terminal fragment, which remains receptor-bound and PA20, a 20 kDa N-terminal fragment, which is released into the medium. The resulting hetero-oligomeric complex is internalized by endocytosis and acidification of the vesicle causes insertion of the PA63 heptamer into the endosomal membrane to produce a channel through which LF or EF translocate to the cytosol, where LF or EF induce cytotoxic events. Thus, the combination of PA+LF, named anthrax lethal toxin, kills animals and certain cultured cells, due to intracellular delivery and action of LF, recently proven to be a zinc-dependent metalloprotease that is known to cleave at least two targets, mitogen-activated protein kinase kinase 1 and 2. The combination of PA+EF, named edema toxin, disables phagocyte and probably other cells, due to the intracellular adenylate cyclase activity of EF.

Technology

The technology disclosed in the 60/155,961 patent application relates to anthrax toxin protective antigen (PA) mutants in which the furin site is replaced by sequences specifically cleaved by matrix metalloproteinases (MMPs) or plasminogen activators. These MMP or plasminogen activator targeted PA mutants are only activated by plasminogen activator or MMP-expressing tumor cells so as to specifically deliver a toxin or a therapeutic agent. This is important because a wide variety of tumor cell lines and tissues overexpress MMPs or plasminogen activators, and this overexpression is highly correlated to tumor invasion and metastasis. Activation of these mutants occurs mainly on the cell surface and the targeted agent is then translocated to the interior of the cell. Current treatment models include the use of MMP inhibitors. The disclosed technology provides a viable alternative to this model and has the advantage of being highly targetable and specific to tumor cells expressing MMPs or plasminogen activators.

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

Dated: January 12, 2000.

Jack Spiegel,

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

[FR Doc. 00–1423 Filed 1–20–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: ''Compositions and Methods for Specifically Targeting Tumors—Using a Blocker Reagent''

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, 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:* ''Compositions and Methods for Specifically Targeting Tumors''

Inventors: Drs. Waldemar Debinski (EM) and Raj K. Puri (U.S.F.D.A.).

USPA SN: 08/706,207 [=DHHS Ref. No. E–042–00/0]—Filed with the U.S.P.T.O. on August 30, 1996.

Abstract

In a chimeric molecule, two or more molecules that exist separately in their native state are joined together to form