

effectiveness of a vaccine could be increased by substitution of a LOS epitope with a peptide mimic. Preliminary experiments have shown that some of the mimic peptides conjugated to a carrier were as effective as their respective LOS-based vaccine in stimulating a humoral immune response in rabbits. A single consensus amino acid sequence was identified for *M. catarrhalis*, while four such sequences were identified for NTHi. Thus, the identified peptides are promising candidates for developing novel vaccines for NTHi or *M. catarrhalis*.

*Applications:* Otitis media vaccine.

*Development Status:* In vivo data available.

*Inventor:* Xin-Xing Gu (NIDCD).

*Patent Status:* U.S. Patent Application No. 11/187,419 filed 22 Jul 2005 (HHS Reference No. E-344-2002/0-US-03).

*Licensing Contact:* Susan Ano, Ph.D.; 301/435-5515; [anos@mail.nih.gov](mailto:anos@mail.nih.gov).

*Collaborative Research Opportunity:* The NIDCD Vaccine Research Section is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Peptide vaccines derived from LOS of NTHi or *M. catarrhalis*. Please contact Marianne Lynch, a technology development specialist, at 301-594-4094 or [lynchm2@mail.nih.gov](mailto:lynchm2@mail.nih.gov) for more information.

Dated: July 17, 2007.

**Steven M. Ferguson,**

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

[FR Doc. E7-14205 Filed 7-23-07; 8:45 am]

BILLING CODE 4140-01-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### State-of-the-Science Conference: Prevention of Fecal and Urinary Incontinence in Adults; Notice

Notice is hereby given of the National Institutes of Health (NIH) "State-of-the-Science Conference: Prevention of Fecal and Urinary Incontinence in Adults" to be held December 10-12, 2007, in the NIH Natcher Conference Center, 45 Center Drive, Bethesda, Maryland 20892. The conference will begin at 8:30 a.m. on December 10 and 11, and at 9 a.m. on December 12, and will be open to the public.

Fecal and urinary incontinence—the inability to control bowel movements or urination, respectively—are conditions with ramifications that extend well

beyond their physical manifestations. Many people find themselves withdrawing from their social lives and attempting to hide the problem from their families, friends, and even their doctors. The embarrassing nature of these conditions poses a significant barrier to seeking professional treatment, resulting in a large number of unreported, untreated individuals. Therefore, it is difficult to determine the accurate prevalence of these conditions, as well as any associated medical history trends. Incontinence is more likely to affect the aging population, although it is not considered a normal consequence of aging. As baby boomers approach their 60s, the incidence and public health burden of incontinence are likely to increase.

Fecal incontinence is a serious and embarrassing problem that affects up to 5 percent of the general population and up to 39 percent of nursing home residents. It affects people of all ages but is more common in women and the elderly. Bowel function is controlled by three factors: rectal sensation, rectal storage capacity, and anal sphincter pressure. If any of these are compromised, fecal incontinence can occur. This condition can have many causes, including constipation, diarrhea, complicated childbirth, muscular or nerve damage, reduced storage capacity due to scarring or irritation, or pelvic dysfunction.

Although urinary incontinence can affect people at all stages of life, it has been estimated that urinary incontinence affects 38 percent of women and 17 percent of men 60 years of age and older. Urinary incontinence can occur if muscles in the wall of the bladder suddenly contract or if muscles surrounding the urethra suddenly relax. Women who have undergone childbirth are the most commonly associated at-risk population for urinary incontinence. Pregnancy and delivery can weaken pelvic muscles, and reduced levels of the hormone estrogen following menopause can cause reduced muscle tone around the urethra, increasing the chance of leakage. Additionally, neurologic injury, birth defects, strokes, multiple sclerosis, and physical problems associated with aging have been reported to contribute.

Because incontinence is likely widely underdiagnosed and underreported, it has been difficult to identify both at-risk and affected populations. Also, because the biological mechanisms that cause both fecal and urinary incontinence are not well understood, it has been difficult to develop robust prevention and management strategies. Toward that end, the National Institute of Diabetes

and Digestive and Kidney Diseases and the Office of Medical Applications of Research of the NIH will convene a State-of-the-Science Conference from December 10 to 12, 2007, to assess the available scientific evidence relevant to the following questions:

- What are the prevalence, incidence, and natural history of fecal and urinary incontinence in the community and long-term care settings?
- What is the burden of illness and impact of fecal and urinary incontinence on the individual and society?
- What are the risk factors for fecal and urinary incontinence?
- What can be done to prevent fecal and urinary incontinence?
- What are the strategies to improve the identification of persons at risk and patients who have fecal and urinary incontinence?
- What are the research priorities in reducing the burden of illness in these conditions?

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, December 12, 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 conference 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 National Institute of Diabetes and Digestive and Kidney Diseases and the NIH Office of Medical Applications of Research.

Advance information about the conference and conference registration materials may be obtained from American Institutes for Research of Silver Spring, Maryland, by calling 888-644-2667, or by sending e-mail to [consensus@mail.nih.gov](mailto:consensus@mail.nih.gov). American Institutes for Research's mailing address is 10720 Columbia Pike, Silver Spring, MD 20901. 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 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 new security measures at NIH, please visit the Web site at <http://www.nih.gov/about/visitorssecurity.htm>.

Dated: July 12, 2007.

**Raynard S. Kington,**

*Deputy Director, National Institutes of Health.*

[FR Doc. E7-14208 Filed 7-23-07; 8:45 am]

**BILLING CODE 4140-01-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Center for Complementary & Alternative Medicines; Notice of Meeting

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 National Advisory Council for Complementary and Alternate Medicine (NACCAM) meeting.

The meetings will be open to the public as indicated below, 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.

A portion of the meeting 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/or contract proposals and the discussion could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications and/or contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Advisory Council for Complementary and Alternative Medicine.

*Date:* September 5, 2007.

*Time:* 8 a.m. to 12 p.m.

*Agenda:* To review and evaluate grant applications and/or proposals.

*Open:* 1 p.m. to 4:30 p.m.

*Agenda:* Opening remarks by the Acting Director of National Center for Complementary and Alternative Medicine, presentation of a new research alternative, and other business of the Council.

*Place:* National Institutes of Health, Neuroscience Building, 6001 Executive Boulevard, Conference Rooms C & D, Bethesda, MD 20882.

*Contact Person:* Martin H. Goldrosen, Executive Secretary, National Center for Complementary and Alternative Medicine,

National Institutes of Health, 6707 Democracy Blvd., Suite 401, Bethesda, MD 20892, (301) 594-2014.

The public comments session is scheduled from 4-4:30 p.m., but could change depending on the actual time spent on each agenda item. Each speaker will be permitted 5 minutes for their presentation. Interested individuals and representatives of organizations are requested to notify Dr. Martin H. Goldrosen, National Center for Complementary and Alternative Medicine, NIH, 6707 Democracy Boulevard, Suite 401, Bethesda, Maryland, 20892, 301-594-2014, Fax: 301-480-9970. Letters of intent to present comments, along with a brief description of the organization represented, should be received no later than 5 p.m. on September 3, 2007. Only one representative of an organization may present oral comments. Any person attending the meeting who does not request an opportunity to speak in advance of the meeting may be considered for oral presentation, if time permits, and at the discretion of the Chairperson. In addition, written comments may be submitted to Dr. Martin H. Goldrosen at the address listed above up to ten calendar days (September 15, 2007) following the meeting.

Copies of the meeting agenda and the roster of members will be furnished upon request by contacting Dr. Martin H. Goldrosen, Executive Secretary, NACCAM, National Center for Complementary and Alternative Medicine, National Institutes of Health, 6707 Democracy Boulevard, Suite 401, Bethesda, Maryland 20892, 301-594-2014, Fax 301-480-9970, or via e-mail at [naccames@mail.nih.gov](mailto:naccames@mail.nih.gov).

In the interest of security, NIH has instituted stringent procedures for entrance into the building by nongovernment 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.

Dated: July 17, 2007.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 07-3587 Filed 7-23-07; 8:45 am]

**BILLING CODE 4140-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Heart, Lung and Blood Institute; Notice of Closed Meeting

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 meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6Z), Title 5 U.S.C., as amended. The contract proposals and the discussions could disclose confidential trade secrets or

commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

*Name of Committee:* National Heart, Lung, and Blood Institute Special Emphasis Panel, NIAID HIV/AIDS Scientific and Operations Support.

*Date:* August 7, 2007.

*Time:* 8 a.m. to 12 p.m.

*Agenda:* To review and evaluate contract proposals.

*Place:* National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (Telephone Conference Call).

*Contact Person:* Robert B. Moore, PhD, Health Scientist Administrator, Review Branch/DERA, National Heart, Lung, and Blood Institute, 6701 Rockledge Drive, Room 7202, Bethesda, MD 20892, 301 435-0050, [mooreb@nhlbi.nih.gov](mailto:mooreb@nhlbi.nih.gov).

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. 93.233, National Center for Sleep Disorders Research; 93.837, Heart and Vascular Diseases Research; 93.38, Lung Diseases Research; 93.839, Blood Diseases and Resources Research, National Institutes of Health, HHS)

Dated: July 17, 2007.

**Jennifer Spaeth,**

*Director, Office of Federal Advisory Committee Policy.*

[FR Doc. 07-3586 Filed 7-23-07; 8:45 am]

**BILLING CODE 4140-07-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute on Drug Abuse; Notice of Meeting

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

The meeting will be open to the public as indicated below, 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.

The meeting 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.,