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.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Ms. Sally Lee; NIGMS, NIH, Natcher Building, Room 2AN–18H, 45 Center Drive, MSC 6200, Bethesda, MD 20892–6200, or call non-toll-free number (301) 594–2755 or e-mail your request, including your address to: *LeeS@nigms.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60-days of the date of this publication.

Dated: February 4, 2004.

Martha Pine,

Associate Director for Administration and Operations, National Institute of General Medical Sciences, National Institutes of Health.

[FR Doc. 04–3163 Filed 2–12–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; Physicians' Experience of Ethical Dilemmas and Resource Allocation

Summary: In accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13) and Office of Management and Budget (OMB) regulations at 5 CFR part 1320 (60 FR 44978, August 29, 1995), this notice announces the intention of the Department of Clinical Bioethics, National Institutes of Health (NIHDCB) to request approval for a new information collection, Physicians' Experience of Ethical Dilemmas and Resource Allocation. The proposed information collection was previously published in the **Federal Register** on June 18, 2003, on page 36567–36568 and allowed 60-days for public comment. No public comments were received. 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:* Physicians' Experience of Ethical Dilemmas and Resource Allocation. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* Health care costs are rising ceaselessly and there are currently no generally accepted way of controlling them. This study will access the experience of physicians regarding resource allocation in clinical practice, and how allocation decisions made at other levels shapes this experience. The primary objectives of the study are to determine if physicians make decisions to withhold interventions on the basis of cost, how often they report doing so, what types of care are withheld, and what criteria are used in making such decisions. The findings will provide valuable information concerning: (1) The practice of resource allocation in clinical practice, (2) the possible effects of perceived constraints on this practice, and (3) international comparisons on these two aspects. *Frequency of Responses:* Once. *Affected Public:* Individuals or households; businesses or other for-profit; not-for-profit institutions. *Type of Respondents:* Physicians. The annual reporting burden is as follows: *Estimated Number of Respondents:* 250; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .0.3674; and *Estimated Total Annual Burden Hours Requested:* 91.85. The annualized cost to respondents is estimated at: $5,218. There are no Capital Costs, Operating Costs and/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. Marion Danis, Department of Clinical Bioethics, DCB, CC, NIH, Building 10, Room 1C 118, 9000 Rockville Pike, Bethesda, MD 20892–1156, or call non-toll-free number 301–435–8727 or e-mail your request, including your address to: *mdanis@cc.nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30-days of the date of this publication.

Dated: February 4, 2004.

David K. Henderson,

Deputy Director, Warren G. Magnuson Clinical Center, National Institutes of Health.

Christine Grady,

Director, Department of Clinical Bioethics, Warren G. Magnuson Clinical Center, National Institutes of Health.

[FR Doc. 04–3171 Filed 2–12–04; 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 an agency 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.

UltraRad—A Method and Probe To Enhance Radiation Delivery

C. Norman Coleman (NCI), Robert Miller (NCI), Brian Justus (NRL), and Alan Huston (NRL)
U.S. Provisional Application No. 60/453,934 filed 11 Mar 2003 (DHHS Reference No. E–049–2003/0–US–01)
Licensing Contact: Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

Available for licensing and commercialization in a novel technique of locating a tumor in 3-dimensional space to provide a precisely targeted external radiation beam directed to the tumor. A catheter like probe equipped with an ultrasound transducer for precise local imaging of the tumor, and proprietary radiation dosimeters for measuring the amount of radiation delivered by the external beam. The probe would also be equipped with a flow-through drug delivery system that could provide radiation opaque material to protect the area surrounding the tumor from radiation damage. It is envisioned that controlling the external radiation beam will be in response to radiation detected by the probe. Of interest is the utility of the probe in phantom models and prostate cancer. The method and apparatus utilizes a radiation-detecting array of radiation sensitive dosimeters for the real-time remote measurement of radiotherapy at the radiation-detecting array. The radiation-detecting array is positioned within the patient's body along the treatment path before or after the identified radiotherapy target or the device may be positioned beyond the patient to measure transit dose. A radiation source for emitting radiation for radiotherapy along a treatment path through the patient to the identified radiotherapy target is utilized. The method includes generating a predicted dose pattern of radiation at the placed radiation-detecting array. The predicted dose pattern assumes an on-target radiation source emitting the radiotherapy beam along the treatment path through the patient to the identified radiotherapy target. Gating of the radiation source can occur responsive to the comparing of the predicted dose pattern of radiation to the real-time dose pattern at the radiation-detecting array. Radiation intensity can vary between low levels to a treatment level responsive to coincidence of the predicted dose pattern of radiation to the real-time dose pattern at the radiation-detecting array.

Computer-Aided Classification of Anomalies in Anatomical Structures

Ronald Summers, Marek Franaszek, Gheorge Iordanescu (CC)
U.S. Patent Application No. 10/671,749 filed 26 Sep 2003 (DHHS Reference No. E–077–2002/0–US–03)
Licensing Contact: Michael Shmilovich; 301/435–5019; *shmilovm@mail.nih.gov.*

Available for licensing is a software enabled method for improving the sensitivity and specificity of computer aided detection (CAD) for computed tomography (CT) or magnetic resonance imaging (MRI) colonography. Colonography is an imaging test that identifies polyps and cancers of the colon and may be useful for reducing the incidence, morbidity and mortality of colon cancer in human beings. The invention comprises three main areas of characterization used to substantially reduce the number of CAD false positives: (1) analysis of the neck of a colon polyp can help distinguish true positive from false positive tumor detections (2) characterization of the colon wall thickness in the proximity of the polyp has been found to be determinative in distinguishing polyps, and (3) templates that mimic the shape of different types of polyps (for example, those on folds, sessile polyps, pedunculated polyps etc.) can improve sensitivity and increase specificity.

Dated: February 5, 2004.

Steven M. Ferguson,

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

[FR Doc. 04–3165 Filed 2–12–04; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Arthritis and Musculoskeletal and Skin Diseases; 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)(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 personal information concerning individuals associated with the grant applications, the disclose of which would constitute a clearly unwarranted invasions of personal privacy.

Name of Committee: National Institute of Arthritis and Musculoskeletal and Skin Diseases Special Emphasis Panel, Review of Research Project Grants.

Date: March 19, 2004.

Time: 8:30 a.m. to 5 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda Marriott Suites, 6711 Democracy Boulevard, Bethesda, MD 20817.

Contact Person: Glen H. Nuckolls, PhD, Scientific Review Administrator, National Institutes of Health, National Institute of Arthritis, Musculoskeletal, and Skin Diseases, 6701 Democracy Boulevard, Bldg. 1, Ste 800, Bethesda, MD 20892. 301–594–4974; *nuckollg@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.846, Arthritis, Musculoskeletal and Skin Diseases Research, National Institutes of Health, HHS)

Dated: February 6, 2004.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 04–3172 Filed 2–12–04; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Arthritis and Musculoskeletal and Skin Diseases; 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)(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 personal information concerning individuals associated with the grant applications, the disclosure of which