

Customer	Type of survey	Estimated number to be surveyed	Expected response rate (percent)	Time to complete survey (minutes)	Estimated burden hours
NIH Investigators	Questionnaire/Electronic	2000	25	15	125
NIH Intramural Collaborators	Questionnaire/Electronic	2000	30	10	100.2
Vendors and Collaborating Commercial Enterprises.	Questionnaire/Electronic	2500	15	20	125.25
Professionals and Organizations Referring Patients.	Questionnaire/Electronic	2000	30	20	200.4
Regulators	Questionnaire/Electronic	30	85	205	8.5
Volunteers	Questionnaire/Electronic	275	60	30	82.5
Total	19,305	2,941.9

Estimated costs to the respondents consists of their time; time is estimated using a rate of \$10.00 per hour for patients and the public; \$30.00 for vendors, regulators, organizations and \$55.00 for health care professionals. The estimated annual costs to respondents for each year for which the generic clearance is requested is \$27,187.10 for 2004, \$31,043 for 2005, and \$24,693.70 for 2006. Estimated Capital Costs are \$7,000. Estimated Operating and Maintenance costs are \$73,000.

Requests 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 functions of the Clinical Center and the agency, including whether the information shall have practical utility; (2) 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) 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 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: Dr. David K. Henderson, Deputy Director for Clinical Care, Warren G. Magnuson Clinical Center, National Institutes of Health, Building 10, Room 2C 146, 9000 Rockville Pike, Bethesda, Maryland 20892, or call non-toll free: 301-496-3515, or e-mail your request or comments, including your address to: dkh@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: December 11, 2003.

David K. Henderson,

Deputy Director for Clinical Care, CC,
National Institutes of Health.

[FR Doc. 03-31322 Filed 12-18-03; 8:45 am]

BILLING CODE 4140-10-P

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 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. 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 any 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.

Phenylthiocarbamide (PTC) Taste Receptor

Dennis Drayna, Un-Kyung Kim, Mark Leppart (NIDCD)

U.S. Provisional Application No. 60/306,991 filed 20 Jul 2001 (DHHS Reference No. E-169-2001/0-US-01); International Publication No. WO 03/008627 (DHHS Reference No. E-169-2001/0-PCT-02)

Licensing Contact: Susan Carson; 301/435-5020; carsonsu@mail.nih.gov

Bitter taste has evolved in mammals as a central warning signal against ingestion of poisonous or toxic compounds. However, many beneficial compounds are also bitter and taste masking of bitter tasting pharmaceutical compounds is a billion dollar industry. The diversity of compounds that elicit bitter-taste sensations is vast and more than two dozen members of the TAS2R bitter taste receptor gene family have been identified. How individuals are genetically predisposed to respond or not to respond to the bitter taste of substances like nicotine and certain foods like broccoli may have broad implications for nutritional status and tobacco use. Large individual differences in the taste perception of bitter compounds have been well documented, and phenylthiocarbamide (PTC), the subject of this invention by scientists at the NIH and the University of Utah, has been widely used for genetic and anthropological studies.

The PTC receptor encodes a novel member of the G protein-coupled TAS2R bitter taste receptor family (Science (2003) 299, 1221-1225). Three coding SNPs in this gene were identified as giving rise to five haplotypes which accounted for the bimodal distribution of PTC taste sensitivity worldwide. Distinct phenotypes are associated with distinct genotypes and SNPs such as these identifying variations in the PTC receptor would allow taste masking of bitter tasting compounds tailored to the population genetics profile of different groups and populations.

The invention available for licensing includes composition of matter claims for a bitter taste receptor for PTC, antibodies to the receptor and methods

of detecting nucleic acid and amino acid sequences as well as modulators of such PTC taste receptors. The ability to taste PTC has been shown to be correlated with the ability to taste other bitter substances, many of which are toxic. Thus variation in PTC perception and knowledge of the genetic basis of these variants can be used to aid the development of a variety of taste improvements in foods and orally administered medications.

Dated: December 10, 2003.

Steven M. Ferguson,

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

[FR Doc. 03-31327 Filed 12-18-03; 8:45 am]

BILLING CODE 4140-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

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.

Thalidomide Analogs

Nigel Greig (NIA),
U.S. Provisional Patent Application
filed 17 Sep 2003 (DHHS Reference
No. E-189-2003/0-US-01),
Licensing Contact: Matthew Kiser; 301/
435-5236; kiserm@mail.nih.gov.

Inflammatory processes associated with the over-production of cytokines, particularly of tumor necrosis factor-alpha (TNF- α), accompany numerous

neurodegenerative diseases, such as Alzheimer's disease and ALS, in addition to numerous common systemic conditions, such as rheumatoid arthritis, septic shock, graft-versus-host disease, Crohn's disease and erythema nodosum leprosum (ENL). TNF- α has been validated as a drug target with the development of the inhibitors Enbrel (Amgen, Thousand Oaks, CA/Wyeth, Princeton, NJ) and Remicade (Centocor, Malvern, PA/Schering-Plough, Orange, NJ) as prescription medications for rheumatoid arthritis. Both, however, are large macromolecules and hence are expensive to produce, require direct intravenous or subcutaneous injection, and have negligible brain access. The classical orally active drug, thalidomide (N-a-phthalimidoglutarimide), a glutamic acid derivative, is being increasingly used in the clinical management of a wide spectrum of immunologically-mediated and infectious diseases, and cancers. Its clinical value in treating ENL derives from its TNF- α inhibitory activity. Specifically, it inhibits TNF- α protein expression at the post-transcriptional level by facilitating turnover of the mRNA (Sampaio *et al.*, 1991 & 1993; Moreira *et al.*, 1993). More recent research has shown similar inhibitory action of COX2 protein expression (Fujita *et al.*, 2001). These actions are mediated post-transcriptionally via AU-rich elements found in the 3' untranslated regions (3' - UTRs) of each mRNA (Kruys *et al.*, 1994; Chen *et al.*, 1995). Thalidomide's anti-angiogenesis activity derives from its inhibitory actions on basic fibroblast growth factor (bFGF) and vascular endothelial growth factor (VEGF) (D'Amato *et al.*, 1994; Figg *et al.*, 2002). The agent, additionally, acts as an inhibitor of the transcription factor, NF κ B and a co-stimulator of both CD8+ and CD4+ T cells (Haslett *et al.*, 1998). However, the action of thalidomide to lower TNF- α levels and inhibit angiogenesis is not particularly potent and it therefore represents an interesting lead compound for medicinal chemistry.

Novel structural modification of thalidomide was achieved towards the discovery of original and potent isosteric analogues. The present invention relates to thalidomide analogues and, in particular, thiothalidomides (sulfur-containing thalidomide analogues), methods of synthesizing the analogues, and methods for using the analogues to modulate TNF- α and angiogenesis activities in a subject. Disclosed analogues potently inhibited TNF- α secretion, compared to thalidomide, via

post-transcriptional mechanisms that decreased TNF- α mRNA stability via its 3'-UTR (Zhu *et al.*, 2003). Actions to inhibit angiogenesis were determined in widely accepted ex vivo assays.

Methods and Compositions for Treating Diseases and Disorders Associated With Natural Killer T-Cells

John R. Ortaldo, Robert H. Wiltrout
(NCI)

U.S. Provisional Application No. 60/
488,339 filed 17 Jul 2003 (DHHS
Reference No. E-282-2002/0-US-01)
Licensing Contact: Catherine Joyce; 301/
435-5031; joycec@mail.nih.gov.

The invention relates to the discovery that C12 beta-D-galactosyl ceramide may be used to deplete or inactivate NKT cell populations. These findings suggest methods for using C12 beta-D-galactosyl ceramide to treat conditions that would benefit from depletion of NKT cells, such as certain auto-immune diseases (*e.g.* lupus, MS) and AIDs.

The presence of NKT cells can be associated with either beneficial effects or pathology. Deficiencies in NKT cells are associated with at least some types of autoimmune disease, including type 1 diabetes and autoimmune gastritis in mice. In contrast, NKT cells augment autoantibody secretion and lupus development in lupus-prone mouse models and therefore lupus patients may benefit from the depletion of NKT cells. The remission state of multiple sclerosis (MS) is also associated with decreased levels of NKT cells, suggesting NKT cell depletion as a method of treatment for MS.

The above-mentioned invention is available for licensing on an exclusive or a non-exclusive basis.

Leu574 of HIF-1 α as a Molecular Basis for Therapeutic Application

L. E. Huang (NCI)
U.S. Provisional Application No. 60/
465,565 filed 25 Apr 2003 (DHHS
Reference No. E-281-2002/0-US-01)
Licensing Contact: Catherine Joyce; 301/
435-5031; joycec@mail.nih.gov.

The hypoxia-inducible factor 1 (HIF-1) is a transcription factor that plays a pivotal role in cellular adaptation to oxygen availability. HIF-1 α protein is a subunit of HIF-1. Although the gene for HIF-1 α is constitutively expressed, it is an extremely short-lived protein under normoxic conditions and is targeted for destruction via the proteasome pathway by an E3 ubiquitin ligase (the VHL protein).

The invention relates to the discovery that mutations or deletions of Leu574 result in a more stable form of HIF-1 α . Therefore, the invention relates