ESTIMATES OF ANNUALIZED HOUR BURDEN—Continued

Form	Number of respondents	Responses per respondents	Total responses	Hours per response	Total burden hours
Liver Candidate Registration	123	82	10,086	0.2	2,017.20
Liver Registration	123	46	5,658	0.4	2,263.20
Liver Follow-up	123	299	36,777	0.3	11,033.10
Kidney/Pancreas Candidate Registration	139	12	1,668	0.2	333.60
Kidney/Pancreas Registration	139	7	973	0.4	389.20
Kidney/Pancreas Follow-up	139	64	8,896	0.3	2,668.80
Pancreas Candidate Registration	139	7	973	0.2	194.60
Pancreas Registration	139	4	0.3	166.80	556
Pancreas Follow-up	139	20	2,780	0.2	556.00
Intestine Candidate Registration	44	5	220	0.2	44.00
Intestine Registration	44	3	132	0.2	26.40
Intestine Follow-up	44	8	352	0.2	70.40
Immunosuppression Treatment	692	38	26,296	0.025	657.40
Immunosuppression Treatment Follow-up	692	281	194,452	0.025	4,861.30
Post Transplant Malignancy	692	5	3,460	0.05	173.00
Annual Unet Satisfaction Survey	750	1	750	0.03	22.50
Annual Organ Center Satisfaction Survey	750	1	750	0.03	22.50
Total	903		561,262		84,102.90

Includes an estimated 6,000 kidney transplant patients transplanted prior to the initiation of the data system

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 1445, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 19, 2003.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 03–29465 Filed 11–25–03; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement for the opportunity for public comment on proposed data collection projects (section 3506(c)(2)(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Pub. L. 104–13), the Health Resources and Services Administration (HRSA) publishes periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans and draft instruments, call the HRSA Reports Clearance Officer at (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: The Organ Procurement and Transplantation Network—New

The operation of the Organ Procurement and Transplantation Network (OPTN) necessitates certain recordkeeping and reporting requirements in order to perform the functions related to organ transplantation under contract to HHS. OMB requires review and approval of certain information collection requirements associated with the Final Rule that were not included in previous clearance requests. This is a request for approval of record keeping and reporting requirements associated with the processes for filing appeals in the case where applicants are rejected for membership or designation. To date, no appeals have been filed, and any forthcoming burden requirements for this process will be minimal. In the event of an appeal, the estimate of burden for this process consists of preparing a letter requesting reconsideration and compiling supporting documentation.

The estimated annual response burden is as follows:

Section	Number of respondents	Responses per respondent	Total responses	Burden hour per respondent	Total burden hour
42 CFR 121.3(b)(4) Appeal for OPTN membership	2	1	2	3	6
42 CFR 121.9(d) Appeal for designation	2	1	2	6	12
Total	4		4		18

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14–45, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: November 19, 2003.

Tina M. Cheatham,

Acting Director, Division of Policy Review and Coordination.

[FR Doc. 03–29466 Filed 11–25–03; 8:45 am]

BILLING CODE 4165–15–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 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.

Geldanamycin Derivatives With Methyl Substituted Hydrogen Atom at the N22 Position as Anti Cancer Agents

Yong-Sok Lee, Leonard Neckers, Monica Marcu (NCI).

U.S. Provisional Patent Application No. 60/508,752 filed 03 Oct 2003 (DHHS Reference Nos. E–169–2003/0–US–01).

Licensing Contact: George Pipia; 301/435–5560; *pipiag@mail.nih.gov.*

This invention is directed to an N22-methyl substituted derivatives of geldanamycin. Modeling studies have shown that providing a methyl substituent in the N22 position of geldanamycin derivatives stabilizes the cis-conformation of the compounds. From computer modeling and mutational studies inventors concluded that the active form of geldanamycin interacting with heat shock protein 90 (Hsp90) has the amid bond in *cis*-configuration, which is energetically less stable than in *trans*-configuration. Using computer-modeling investigators have further demonstrated that methyl substitution at the N22 position of geldanamycin stabilizes the cis-derivatives of geldanamycin. These compounds are currently being synthesized at NCI. These compounds are expected to have an increased binding to and inhibition of Hsp90. Inhibition of Hsp90 is being investigated in the treatment of many cancers.

Degradation and Transcriptional Inhibition of HIF-2alpha Protein by 17–AAG

Jennifer Isaacs, Leonard Neckers (NCI).

U.S. Provisional Patent Application No. 60/508,795 filed 03 Oct 2003 (DHHS Reference No. E–064–2003/0–US–01).

Licensing Contact: George Pipia; 301/435–5560; *pipiag@mail.nih.gov.*

The technology is directed to the use of 17-allylaminogeldanamycin (17–AAG) and, by analogy, other geldanamycin derivatives to inhibit the activity of hypoxia inducible factor-2a (HIF–2a). HIF–2a is thought to play an important role in tumor growth in the lung and endothelium, and is overexpressed in a majority of renal carcinomas. Accordingly, the technology suggests the use of 17–AAG and other geldanamycin derivatives to reduce levels of HIF–2a in cells that overexpress the protein, for example to treat cancer. According to the lead inventor, HIF–2a plays a central role behind the mechanism of action of geldanamycin in renal cancer. The inventors also predict that certain geldanamycin derivatives will have therapeutic benefit in tumors overexpressing HIF–2a, and that those derivatives could also find therapeutic utility in clinical conditions involving hypervascularization.

Dated: November 13, 2003.

Steven M. Ferguson,

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

[FR Doc. 03–29492 Filed 11–25–03; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Eye 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 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 would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Eye Institute Special Emphasis Panel.

Date: December 9, 2003.

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

Agenda: To review and evaluate grant applications.

Place: Hilton Crystal City, 2399 Jefferson Davis Hwy., Arlington, VA 22202.

Contact Person: Jeanette M Hosseini, PhD, Scientific Review Administrator, Division of Extramural Research, National Eye Institute, Bethesda, MD 20892, (301) 451–2020.

(Catalogue of Federal Domestic Assistance Program Nos. 93.867, Vision Research, National Institutes of Health, HHS)

Dated: November 19, 2003.

LaVerne Y. Stringfield,

Director, Office of Federal Advisory Committee Policy.

[FR Doc. 03–29478 Filed 11–25–03; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Child Health and Human Development; 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 following meeting.

The meeting will be open to the public, 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 Contract Person listed below in advance of the meeting.

Name of Committee: National Children's Study Advisory Committee.