Average Burden Hours per Response: .7445.

Estimated Total Annual Burden Hours Requested: 169.75. The annualized cost to respondents is \$7,129.50.

There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimated number of re- spondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
State Tobacco Control Manager State Quitline Administrator State Quitline Service Provider	51 51 19	1 1 1	1.00 1.00 .75	51.00 51.00 14.25
State Quitline Partner NAQC Representative	102 5	1 1	.50 .50	51.00 2.50
Total	228			169.75

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 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 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 Candace Deaton, M.P.A., Project Officer, National Cancer Institute, Cancer Information Service, 6116 Executive Blvd., Suite 3056A, Room 3028, Rockville, MD 20892 or call non-toll-free number 301– 594-9072 or e-mail your request, including your address to: deatonc@mail.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: August 21, 2006.

Rachelle Ragland Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E6–14354 Filed 8–29–06; 8:45 am] BILLING CODE 4101–01–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.

ABCB1 Genotyping To Predict Paclitaxel Toxicity

Description of Technology: Paclitaxel has been a frontline chemotherapeutic drug used for the treatment of various cancers including metastatic breast cancer and ovarian cancer. Its use has

successfully prolonged patient survival. A major drawback of paclitaxel is the cytotoxic side-effects that are associated with it such as myologenic and neurogenic toxicities. The degree of such toxicities varies with individual patients. Predicting the extent of such toxicities following paclitaxel treatment will immensely help in defining optimal treatment schedules for each individual patient. Concurrently, it will significantly improve patient quality of life.

This technology describes the identification of three genetic markers in the *ABCB1* (MDR–1, P-glycoprotein) gene that can be used to predict the degree of neutropenia and peripheral neuropathy that an individual will experience following paclitaxel treatment. These markers were identified using DNA from blood samples of cancer patients undergoing paclitaxel treatment. This technology can be developed into a routine blood test to identify patient subsets that are more susceptible to paclitaxel treatment associated neutropenia and neuropathy.

Applications:

- 1. Three novel genetic markers that can predict extent of paclitaxel associated toxicities.
- 2. A screening test based on ABCB1 genotype profiling using patient blood samples that predicts paclitaxel associated neutropenia and peripheral neuropathy.

Market: The diagnostic market is worth about \$3 billion by 2007 and estimated to grow further.

Development Status:

- 1. The technology is a pilot study currently in the pre-clinical stage of development.
- 2. A prospective ABCB1 genotype directed clinical trial is foreseen in the near future.

Inventors: William D. Figg (NCI), Alex Sparreboom (NCI), Tristan M. Sissung (NCI), Stephan Mielke (NCI), et al. Publication: T. M Sissung et al. Association of ABCB1 genotypes with paclitaxel-mediated neutropenia and peripheral neuropathy, To be submitted to Clinical Pharmacology and Therapy.

Patent Status: U.S. Provisional Application No. 60/807,453 filed 14 Jul 2006 (HHS Reference No. E–237–2006/ 0–US–01).

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: David Lambertson, PhD; 301/435–4632;

lambertsond@od.nih.gov.

Collaborative Research Opportunity: The NCI Medical Oncology Branch is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize ABCB1 genotyping to predict paclitaxel toxicity. Please contact Betty Tong, PhD at 301–496–0477, tongb@mail.nih.gov for more information.

Use of Grape Skin Extracts as Anti-Cancer Agents

Description of Technology: The invention describes anti-tumor effects of extracts from grape skins. Grape skin extract and derivatives may therefore be useful as preventive or therapeutic agents against tumor development.

Literature indicates that grape and red wine consumption may be inversely associated with prostate cancer risk. Moreover, to date there are no known grape skin extract-associated toxicities described. The current invention discloses that grape skin extract, or purified fractions thereof, inhibited metastatic growth in human prostate transformed cell lines. Specifically, grape skin extract induced cellular apoptosis via inhibition of the phosphatidylinositol 3-kinase (PI3-K)/Akt survival pathway.

Historically, anti-tumor effects of grapes were mainly attributed to resveratrol, a phytoalexin present in grapes, nuts and wild berries. However, resveratrol's mechanism of anti-tumor action is distinct from that of grape skin extract, in that it arrests cell cycle division without significant induction of apoptosis.

The current invention also provides for methods of treating patients with prostate cancer or persons at risk for developing prostate cancer with compositions that include grape skin extract or active anti-tumor fractions thereof.

Development Status: Pre-clinical stage.

Inventors: Tamaro Hudson and Jeffrey E. Green (NCI).

Patent Status: U.S. Provisional Application No. 60/789,181 filed 03 April 2006 (HHS Reference No. E–179–2006/0–US–01).

Licensing Status: Available for non-exclusive or exclusive licensing.

Licensing Contact: David A. Lambertson, PhD; 301–435–4632; lambertsond@od.nih.gov.

Collaborative Research Opportunity: The NCI's Laboratory of Cell Regulation and Carcinogenesis is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. Please contact Patrick Twomey, PhD at 301–496–0477 or twomeyp@mail.nih.gov for more information.

Dated: August 23, 2006.

Steven M. Ferguson,

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

[FR Doc. E6–14353 Filed 8–29–06; 8:45 am] BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meting of the National Cancer Institute Special Emphasis Panel, September 11, 2006, 5 p.m. to September 13, 2006, 5 p.m. Doubletree Hotel Bethesda, 8120 Wisconsin Ave., Bethesda, MD, 20814 which was published in the **Federal Register** on July 25, 2006, 71 FR 42099.

The meeting notice is amended to reflect the change in hotel from the Doubletree Hotel, 8120 Wisconsin Ave., Bethesda, MD 20814 to the Clarion Hotel, 8400 Wisconsin Ave., Bethesda, MD 20814. The meeting is closed to the public.

Dated: August 22, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–7228 Filed 8–29–06; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Institute Special Emphasis Panel, September 11, 2006, 5 p.m. to September 13, 2006, 6 p.m., Doubletree Hotel, 8120 Wisconsin Ave., Bethesda, MD, 20814 which was published in the **Federal Register** on July 25, 2006. 71 FR 42098.

The meeting notice is amended to reflect the change in hotel from the Doubletree Hotel, 8120 Wisconsin Ave., Bethesda, MD 20814 to the Clarion Hotel, 8400 Wisconsin Ave., Bethesda, MD 20814. The meeting is closed to the public.

Dated: August 22, 2006.

Anna Snouffer,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–7229 Filed 8–29–06; 8:45 am] BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center on Minority Health and Health Disparities; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Advisory Council on Minority Health and Health Disparities, September 12, 2006, 8:30 a.m. to September 12, 2006, 5 p.m., National Institutes of Health, Two Democracy Plaza, 6707 Democracy Boulevard, Bethesda, MD, 20892 which was published in the **Federal Register** on August 18, 2006, 71 FR 47817.

The meeting location changed to the Bethesda Marriott, 5151 Pooks Hill Rd., Bethesda, Maryland 20814. The meeting is partially closed to the public.

Dated: August 23, 2006.

Anna Snouffer

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 06–7227 Filed 8–29–06; 8:45 am] BILLING CODE 4140–01–M

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 meetings.

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