93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS).

Dated: January 18, 2007.

David Clary,

Acting Director, Office of Federal Advisory Committee Policy.

[FR Doc. 07–368 Filed 1–29–07; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive License: Use of Inhaled Nitrite Therapy for the Treatment of Pulmonary Conditions

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

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is contemplating the grant of an exclusive license to practice the invention embodied in: PCT patent applications PCT/US2004/21985 and PCT/US2004/22232, filed July 9, 2004, both entitled ''Use of Nitrite Salts for the Treatment of Cardiovascular Conditions'' [*HHS Reference Number:* E–254–2003/2–3–PCT–01], to Aires Pharmaceuticals, Inc., a portfolio company of ProQuest Investments LLC, Princeton, N.J. The field of use of inhaled administration of nitrite salts for this exclusive license may be limited to the use of inhaled formulations of nitrite salts for the treatment of Pulmonary Hypertension and pulmonary and/or cardiopulmonary conditions. The United States of America is an assignee of the patent rights in these inventions.

DATES: Only written comments and/or application for a license, which are received by the NIH Office of Technology Transfer on or before April 2, 2007 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Susan Carson, D.Phil., Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; *E-mail: carsonsu@od.nih.gov*; *Telephone:* (301) 435–5020; *Facsimile:* (301) 402–0220.

SUPPLEMENTARY INFORMATION: The core invention is the unexpected finding that low, physiological and non-toxic concentrations of sodium nitrite are able to increase blood flow and produce vasodilation by infused and nebulized routes of administration. Pulmonary Hypertension (PH) occurs as a primary or idiopathic disease as well as secondary to a number of pulmonary and systemic diseases, such as neonatal PH and sickle cell disease. There is no cure for pulmonary hypertension, a nitric-oxide deficient state characterized by pulmonary vasoconstriction and systemic hypoxemia and therapies vary in efficacy and cost. Recent studies by NIH researchers and their collaborators provided evidence that the blood anion nitrite contributes to hypoxic vasodilation through a heme-based, nitric oxide (NO)-generating reaction with deoxyhemoglobin and potentially other heme proteins [*Nature Medicine 2003 9:* 1498–1505]. These initial results indicate that sodium nitrite can be used as a potential cost-effective platform therapy for a wide variety of disease indications characterized broadly by constricted blood flow or hypoxia.

These results have been further corroborated by work in the neonatal lamb model for PH. Inhaled sodium nitrite delivered by aerosol to newborn lambs with hypoxic pulmonary hypertension elicited a rapid and sustained reduction (65%) in hypoxia-induced pulmonary hypertension. Pulmonary vasodilation elicited by aerosolized nitrite was deoxyhemoglobin- and pH-dependent and was associated with increased blood levels of iron-nitrosyl-hemoglobin. Notably, short term delivery of nitrite dissolved in saline through nebulization produced selective, sustained pulmonary vasodilation with no clinically significant increase in blood methemoglobin levels. [Nature Medicine 2004 10: 1122–1127]. Method of use claims for nitrite salt formulations are directed to conditions associated with high blood pressure, decreased blood flow and for the treatment of specific conditions such as pulmonary hypertension and other indications.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within 60 days from the date of this published Notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: January 22, 2007.

Steven M. Ferguson,

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

[FR Doc. E7–1378 Filed 1–29–07; 8:45 am]

BILLING CODE 4140–04–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Co-Exclusive License: Prevention and Treatment of Human Cancer and Tumors by Inhibitors of Any or All of the Adenosine Receptor Subtypes Covered by the Licensed Patent Rights

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

ACTION: Notice.

SUMMARY: This is notice, in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(i), that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of a co-exclusive license to practice the invention embodied in Patent Applications U.S. 60/340,772, filed on 12/12/2001, U.S. 60/342,582, filed on 12/19/2001, PCT/US2002/036829, filed on 11/14/2002, and corresponding EP, CA, AU, and JP filings, as well as U.S. 10/498,416, filed on 06/10/2004; entitled ''Methods for using extracellular adenosine inhibitors and adenosine receptor inhibitors to enhance immune response and inflammation'', all by Michail V. Sitkovsky, and Akio Ohta, to Redox Therapies, Inc., having a place of business in Boston, MA. The patent rights in this invention have been assigned to the United States of America.

DATES: Only written comments and/or application for a license that are received by the NIH Office of Technology Transfer on or before April 2, 2007 will be considered.

ADDRESSES: Requests for a copy of the patent application, inquiries, comments and other materials relating to the contemplated license should be directed to: Cristina Thalhammer-Reyero, Ph.D., M.B.A., Office of Technology Transfer,

National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852–3804; *E-mail: ThalhamC@mail.nih.gov*; *Telephone:* 301–435–4507; *Facsimile:* 301–402–0220.

SUPPLEMENTARY INFORMATION: The prospective co-exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within 60 days from the date of this published Notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

The technology described and claimed in the subject invention relates to methods to enhance and prolong the body's immune response as well as to promote targeted tissue damage, such as for tumor destruction, by inhibiting signaling through the adenosine receptor. The inventors have shown that adenosine A2a and A3a receptors play a critical and non-redundant role in down-regulation of inflammation in vivo by acting as the physiological termination mechanism that can limit the immune response. The methods described involve administering either an adenosine-degrading drug or an adenosine receptor antagonist to exert a more effective and durable immune response and inflammation, and more specifically to the subject exclusive license application, to reduce the size of tumors. Furthermore, using the claimed method in combination with conventional anti tumor agent can be an effective treatment against cancer.

The invention has potential applications in the many markets in which therapeutic and preventive uses of manipulating the adenosine pathway are involved, including the regulation of hypoxia, tissue damage, tumor destruction, inflammation, increasing the efficacy of vaccines, and other immune responses.

This invention is further described in Ohta A *et al.*, ''Role of G-protein-coupled adenosine receptors in down-regulation of inflammation and protection from tissue damage,'' Nature 2001 Dec 20–27; 414(6866):916–20.

The field of use may be limited to ''Prevention and treatment of human cancer and tumors by inhibitors of any or all of the adenosine receptor subtypes covered by the Licensed Patent Rights''.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

This announcement is a supplement to the one published in the **Federal Register** on April 11, 2005 (70 FR 18419).

Dated: January 18, 2007.

Steven M. Ferguson,

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

[FR Doc. E7–1376 Filed 1–29–07; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HOMELAND SECURITY

Privacy Office; Published Privacy Impact Assessments on the Web

AGENCY: Privacy Office, Office of the Secretary, Department of Homeland Security.

ACTION: Notice of Publication of Privacy Impact Assessments.

SUMMARY: The Privacy Office of the Department of Homeland Security is making available four Privacy Impact Assessments on various programs and systems in the Department. These assessments were approved and published on the Privacy Office's Web site between December 1, 2006 and December 31, 2006.

DATES: The Privacy Impact Assessments will be available on the DHS Web site until April 2, 2007, after which they may be obtained by contacting the DHS Privacy Office (contact information below).

FOR FURTHER INFORMATION CONTACT: Hugo Teufel III, Chief Privacy Officer, Department of Homeland Security, Washington, DC 20528; by telephone (571) 227–3813, facsimile (866) 466–5370, or e-mail: *pia@dhs.gov.*

SUPPLEMENTARY INFORMATION: Between December 1, 2006 and December 31, 2006, the Chief Privacy Officer of the Department of Homeland Security (DHS) approved and published four Privacy Impact Assessments (PIAs) on the DHS Privacy Office Web site, *http://www.dhs.gov/privacy*, under the link for ''Privacy Impact Assessments.'' Below is a short summary of each of those systems, indicating the DHS component responsible for the system, and the date on which the PIA was approved. Additional information can be found on the Web site or by contacting the Privacy Office.

1. *System: DisasterHelp.gov.*

Component: Science and Technology.

Date of approval: December 19, 2006.

The DisasterHelp.Gov (DHelp) Web site or Web portal is operated by the Science and Technology Directorate of the Department of Homeland Security. It is intended to assist political and civil service leadership, emergency managers, homeland security advisors, and first responders in the execution of their disaster management responsibilities. The information on this Web site will be used to enhance disaster management on an interagency and intergovernmental basis by helping users find information and services. The types of personally identifiable information used will include contact information for these individuals. The collection of this personally identifiable information is the reason for this privacy impact assessment.

2. *System: Alien Flight Student Program (Amended).*

Component: Transportation Security Administration.

Date of approval: December 22, 2006.

The Transportation Security Administration (TSA) will collect personal information about flight-training candidates to conduct the security threat assessments on alien flight students required by the Aviation and Transportation Security Act and section 612 of Vision 100—Century of Aviation Reauthorization Act. For pilots seeking recurrent training, the Alien Flight Student Program will verify eligibility for such training. TSA is amending the PIA originally published in June 2004 to reflect certain updates after periodic review, including its use of commercial data for identity verification purposes, and the promulgation of an applicable record retention schedule.

3. *System: Threat Assessment for Airport Badge and Credential Holders.*

Component: Transportation Security Administration.

Date of approval: December 20, 2006.

TSA is amending the PIA for the Security Threat Assessment for Airport Badge and Credential Holders to reflect an expansion of the covered population. Recently amended airport security directives now require that each individual to whom an airport issues an identification badge or credentials undergo a security threat assessment regardless of the level of unescorted access permitted the individual. Name-based security threat assessments will be performed on all individuals seeking or holding airport identification badges or credentials. Fingerprint-based criminal history checks, in addition to the name-based security threat assessments, will continue to be