

SAFEGUARDS:

NDMS has safeguards in place for authorized users and monitors such users to ensure against unauthorized use. Personnel having access to the system have been trained in the Privacy Act and information security requirements for both paper copies and electronically stored information. Information in this system is safeguarded in accordance with applicable laws, rules and policies, including the HHS Information Technology Security Program Handbook, all pertinent National Institutes of Standards and Technology publications and OMB Circular A-130, Management of Federal resources. All records are protected from unauthorized access through appropriate administrative, physical, and technical safeguards. These safeguards include restricting access to authorized personnel who have a need-to-know, using physical locks in the office environment, and the process of authentication using user IDs and passwords function as protection identification features. HHS file areas are locked after normal duty hours and the facilities are protected from the outside by security personnel.

SYSTEM MANAGER AND ADDRESS:

The NDMS Chief Medical Officer located at 409 3rd Street, SW., Washington, DC 20024. Mailing address: 330 Independence Avenue, SW., Room G-644, Washington, DC 20201.

NOTIFICATION PROCEDURES:

Requests for Privacy Act protected information generally are governed by HHS regulations found at 45 CFR, Part 5b. They must be made in writing and clearly marked as a "Privacy Act Request" on the envelope and letter. Inquiries regarding this SOR should be addressed to the System Manager. Inquiries related to patient medical records should include the full name of the individual, the appropriate personal identification, and the current address, and should be sent to the Chief Medical Officer, NDMS, 330 Independence Avenue, SW., Room G-644, Washington, DC 20201. The name of the requester, the nature of the record sought, and the verification of identify must be clearly indicated, as required by HHS regulations at 45 CFR 5b.5. Requests may also be sent to: HHS Privacy Act Officer 200 Independence Avenue, SW., Washington, DC 20201.

RECORD ACCESS PROCEDURES:

Same as Notification Procedure above.

CONTESTING RECORD PROCEDURES:

Same as the Notification Procedure above. The letter should state clearly and concisely what information you are contesting, the reasons for contesting it, and the proposed amendment to the information that you seek pursuant to HHS Privacy Act regulations, 45 CFR 5b.7.

RECORD SOURCE CATEGORIES:

Sources for providing data for NDMS Patient Treatment Records will only be provided by patients, medical personnel treating the patients or by accessing their personal health records (PHR). In the case of minors or other individuals unable to explain symptoms, information may be sought from a parent or guardian. For animals, information will be gathered by NDMS veterinary personnel and/or owners or caretakers of animals.

EXEMPTIONS CLAIMED FOR THE SYSTEM:

None.

[FR Doc. 07-3097 Filed 6-25-07; 8:45 am]

BILLING CODE 4150-37-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, 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.

Method for the Direct Detection and Quantitation of Asparagine Synthetase in Biological Samples

Description of Technology: Acute lymphoblastic leukemia (ALL) is a fast-growing cancer that targets immature cells of the blood and bone marrow. Clinical treatments of ALL use enzyme-based methods, such as L-asparaginase (ASNase), for depletion of cellular asparagine in combination with standard chemotherapeutic agents. Although ASNase can be used to treat both childhood and adult forms of ALL, its use is limited because patients can often develop resistance to ASNase therapy. Studies have shown a correlation between ASNase resistance and increased expression levels of asparaginase synthetase (ASNS) enzyme, which catalyzes the biosynthesis of cellular L-asparagine from L-aspartate in an ATP-dependent reaction. At present, measurement of ASNS expression levels are based on mRNA or antibody based assays; however, these methods are not suitable for direct quantitation of protein in biological samples. Thus, new and improved methods that directly measure ASNS protein levels are needed.

Researchers at the NCI have developed novel methods for quantitating ASNS protein in biological samples using isotope-labeled standard peptides and mass spectrometry. The current technology describes methods of identifying a patient with cancer or chemoresistant cancer, monitoring the treatment regimen of a patient with cancer, as well as methods for detecting modulators and their ability to affect ASNS expression levels. Further described are novel pharmaceutical compositions with potential use as chemotherapeutic agents.

Applications: Diagnostic assay for leukemia or chemoresistant cancer; Use in screening or identifying potential chemotherapeutic agents; Use in measuring a patient's sensitivity to ASNase therapy.

Market: Approximately 5,200 people are diagnosed with ALL each year in the United States; ALL is the most common type of cancer in children in developed countries.

Development Status: Early stage.

Inventors: Thomas P. Conrads (NCI/SAIC) et al.

Patent Status: International Application No. PCT/US06/28965 filed 25 Jul 2006 (HHS Reference No. E-189-2006/0-PCT-01).

Licensing Status: Available for exclusive and non-exclusive licensing.
Licensing Contact: Robert M. Joynes, J.D., M.S.; 301-594-6565; joynesr@mail.nih.gov.

Total Emission Detection System for Multi-Photon Microscopy

Description of Technology: Available for licensing and commercial development is a novel two-photon microscope system, which would allow improved fluorescent light collection, the use of less excitation power and deeper penetration of tissue and isolated cells. Multi-photon fluorescence microscopy (MPFM) is an imaging technique that can investigate biological processes to sub-cellular resolution at depths of hundreds of microns below the surface of biological tissues. MPFM provides higher resolution imaging of tissues than confocal imaging, but is currently limited by the use of inefficient light collection systems, which lead to detection of only a fraction of the light that is emitted from the sample. The new system consists of an array of mirrors, lenses, and reflecting surfaces designed to collectively maximize the probability of collecting all emitted fluorescent light to a detector, thereby providing enhanced brightness of light detected from the sample and an increase in signal-to-noise ratio (SNR). This increase in SNR can be used to improve time resolution, reduce laser power requirements and reduce photodynamic damage.

Applications: Three-dimensional imaging of biological tissues and cells; Three-dimensional imaging of semiconductor integrated circuits.

Market: Optical Imaging.

Development Status: Late-stage technology.

Inventors: Christian A. Combs, Robert S. Balaban, Jay R. Knutson (NHLBI).

Patent Status: U.S. Provisional Application No. 60/835,462 filed 04 Aug 2006 (HHS Reference No. E-257-2005/0-US-01).

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

Licensing Contact: Chekesha S. Clingman, Ph.D.; 301-435-5018; clingmac@mail.nih.gov

Collaborative Research Opportunity: The NHLBI Light Microscopy Core Facility is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize a total emission detection system for multi-photon imaging. Please contact Lili Portilla, Director of the NHLBI Office of Technology Transfer and Development at 301-402-5579 or via e-mail at LILIP@nih.gov for more information.

Dated: June 19, 2007.

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

[FR Doc. E7-12335 Filed 6-25-07; 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.

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A Novel Discriminatory Small Peptide Inhibitor of Hsp90 Targeting Oncogenic Kinases

Description of Technology: Heat shock protein 90 (Hsp90) is a molecular chaperone required for stability and function for many proteins (clients). Presently, there are clinical trials focusing on small molecule Hsp90 inhibitors; however, pharmacologic Hsp90 inhibition causes destabilization, ubiquitination and proteasome-degradation of all client proteins indiscriminately.

Hsp90 was found to be overexpressed in tumor cells; thereby making Hsp90 a promising molecular target for cancer therapy. Additionally, some Hsp90-dependent client proteins (non-kinases) were identified as putative tumor suppressors, suggesting that indiscriminate degradation of all Hsp90 client proteins is not ideal. Finding a molecular inhibitor that discriminately

inhibits Hsp90 that would target only client kinase proteins would be an ideal therapeutic agent for cancer treatment.

The current invention is a short peptide that inhibits Hsp90 that prevents the recognition and function of client kinase proteins, and promotes the degradation of client kinase proteins, while not affecting other non-kinase client proteins.

Applications and Modality: Current applications include targeting client kinase proteins promoting degradation, and preventing recognition and function of the client kinase proteins; restriction of Hsp90 inhibition to client kinases that utilize similar Hsp90 recognition sequences to the oncogenic tyrosine kinase Hsp90 client ErbB2; and having kinase-specific chaperone inhibitors preferentially active as anti-cancer agents compared to indiscriminate pharmacologic inhibitors of Hsp90.

Market: 600,000 deaths from cancer related diseases were estimated in 2006; In 2006, cancer drug sales were estimated to be \$25 billion; There is a burgeoning drug market for Hsp90 inhibitors for cancer treatment.

Development Status: The technology is currently in the preclinical stage of development.

Inventors: Leonard M. Neckers et al. (NCI).

Patent Status: U.S. Provisional Application No. 60/895,313 filed 16 Mar 2007 (HHS Reference No. E-121-2007/0-US-01); U.S. Provisional Application No. 60/909,834 filed 03 Apr 2007 (HHS Reference No. E-121-2007/1-US-01).

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

Licensing Contact: Adaku Nwachukwu, J.D.; 301-435-5560; madua@mail.nih.gov.

Collaborative Research Opportunity: The NCI Urologic Oncology Branch is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize peptide inhibitor of Hsp90. Please contact John D. Hewes, Ph.D. at 301-435-3121 or hewesj@mail.nih.gov for more information.

A Novel Treatment for Non-Small Cell Lung Cancer Using Mesothelin-Targeted Immunotoxins

Description of Technology: Mesothelin is a glycoprotein, whose expression has been largely restricted to mesothelial cells in normal tissues, although epithelial cells of the trachea, tonsil, fallopian tube, and kidney have shown immunoreactivity. Mesothelin has been shown to be expressed in several cancers including pancreatic carcinomas, gastric carcinomas and