Satisfaction Surveys: *Reinstatement:* The information collected in these surveys will be used by the Center for Scientific Review management and personnel: (1) To assess the quality of the modified operations and processes now used by CSR to review grant applications; (2) To assess the quality of service provided by CSR to our customers; (3) To enable identification of the most promising biomedical research that will have the greatest impact on improving public health by using a peer review process that is fair, unbiased from outside influence, timely, and (4) To develop new modes of operation based on customer need and customer feedback about the efficacy of implemented modifications. These surveys, which will be both quantitative and qualitative, are designed to assess the quality of services we provide to our major external customers. Customers include the research scientists who submit applications for grant funding to NIH. Those grant applications are reviewed and ranked by the grant scientific peer review study groups' members and chairs. These surveys will almost certainly lead to quality improvement activities that will enhance and/or streamline CSR's operations. Our partners include current grant scientific peer review study groups' members and chairs.

Frequency of Response: On occasion.

Affected Public: Scientific peer review study groups' members and chairs, grant applicants, other members of the research community.

Type of Respondents: Adult scientific professionals.

ESTIMATES OF ANNUALIZED HOUR BURDEN

Instrument/activity	Annual number of respondents	Number of responses per respondent	Annual average burden per response (hours)	Total burden hours per annual collection
Focus Groups	75	1	2.5	187.5
Mail/telephone/e-mail Surveys	5,000	1	0.25	1,250
Annual Total	5,075			1,437.5

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.

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. Andrea Kopstein, Director of Planning, Analysis, and Evaluation, Center for Scientific Review, NIH, Room 3030, 6701 Rockledge Drive, Bethesda, MD 20892–7776, or call non-toll-free number (301) 435–1133 or E-mail your request, including your address to: *kopsteina@csr.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: April 7, 2008.

Andrea Kopstein,

Director of Planning, Analysis, and Evaluation.

[FR Doc. E8–8230 Filed 4–16–08; 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.

Engineered Human Antibody Constant Domains (Nanoantibodies) as Scaffolds for Binders

Description of Technology: The invention describes conceptually novel scaffolds based on engineered human antibody constant domains (nanoantibody scaffold). They are highly soluble, very stable, monomeric, and can be expressed at high levels. Furthermore, large libraries are generated from which binders to antigens are selected and characterized.

Advantages:

The engineered antibody domains are more stable compared to existing domain antibodies.

The nanoantibodies are derived from human sequences and are likely to have minimal toxic and immunogenic effects.

The small size of the nanoantibodies ensures efficient penetration in tissues including solid tumors and lymphoid tissues where HIV replicates, and also efficient neutralization of viruses, e.g. HIV, that have evolved to avoid neutralization by naturally occurring large size IgGs generated by the immune system.

Applications: The nanoantibodies have potential for diagnosis and treatment of cancer and AIDS as well as diseases of the immune systems and other diseases.

Development Status: Proof of concept experiments have been completed.

Inventor: Dimiter Dimitrov (NCI).

Patent Status: U.S. Provisional Application No. 61/063,245 filed 31 Jan

2008 (HHS Reference No. E–003–2007/0–US–01).

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

Licensing Contact: Richard Rodriguez; 301–435–4013; *rodrigr@mail.nih.gov*.

Collaborative Research Opportunity: The National Cancer Institute Center for Cancer Research Nanobiology Program is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize nanoantibodies as therapeutics or diagnostics including imaging agents. Please contact John D. Hewes, PhD at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Methods and Compositions for the Diagnosis of Neuroendocrine Lung Cancer

Description of Technology: The technology relates to the use of cDNA microarrays to facilitate the identification of pulmonary neuroendocrine tumors. In order to identify molecular markers that could be used to classify pulmonary tumors, the inventors examined the gene expression profiles of clinical samples from patients with small cell lung cancer (SCLC), large cell neuroendocrine carcinoma (LCNEC), and typical carcinoma (TC) tumors by cDNA microarray analysis to detect hybridization between cDNA from tumor cells and DNA from a panel of 8,897 human genes. Gene expression was found to be nonrandom and to exhibit highly significant clustering that divided the tumors into their assigned World Health Organization (WHO) classification with 100% accuracy. The inventors concluded that pulmonary neuroendocrine tumors could be classified based on the genome-wide expression profile of the clinical samples without further manipulations.

Applications:

Method to differentiate three types of pulmonary neuroendocrine tumors;

Method to diagnose pulmonary neuroendocrine cancer;

Neuroendocrine Microarray

Advantages: Accurate, rapid, easy to use diagnostic to stratify patients according to pulmonary tumors

Development Status: The technology is currently in the pre-clinical stage of development.

Market:

An estimated 1,444,920 new cancer diagnoses in the U.S. in 2007.

Cancer is the second leading cause of death in United States.

It is estimated that the cancer therapeutic market would double to $50 billion a year in 2010 from $25 billion in 2006.

Inventors: Curtis C. Harris *et al.* (NCI).

Relevant Publications: P He *et al.* Identification of carboxypeptidase E and γ-glutamyl hydrolase as biomarkers for pulmonary neuroendocrine tumors by cDNA microarray. Human Pathol. 2004 Oct;35(10):1196–1209.

Patent Status: U.S. Patent Application No. 10/533,459 filed 02 May 2005 (HHS Reference No. E–248–2002/0–US–04).

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

Licensing Contact: Jennifer Wong; 301–435–4633; *wongje@mail.nih.gov*

Dated: April 8, 2007.

Steven M. Ferguson,

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

[FR Doc. E8–8213 Filed 4–16–08; 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.

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Substituted 3,6-diphenyl-7H-[1,2,4] triazolo[3,4-b] [1,3,4] Thiadiazines as Potent Inhibitors of PDE4A, PDE4B, and PDE4D

Description of Technology: Phosphodiesterase 4 (PDE4) is a major cAMP-metabolizing enzyme found in immune and inflammatory cells, airway smooth muscle, and pulmonary nerves. It plays a significant role within the inflammatory responses associated with asthma and chronic obstructive pulmonary disease (COPD) and its modulation has been linked to memory enhancement and depression. Due to its widespread therapeutic potential, PDE4 inhibitors are highly sought after agents for treating numerous disease states. While several PDE4 inhibitors have already advanced into clinical settings, unfavorable side effects including emesis, nausea, and abdominal pain emphasize the need for novel chemotypes with potent and selective PDE4 inhibition.

This technology describes a series of substituted 3,6-diphenyl-7H-[1,2,4] triazolo[3,4-b] [1,3,4] thiadiazines that act as inhibitors of PDE4. This core structure represents a novel chemotype within extensive classes of PDE4 inhibitors and the structure activity relationships of these PDE4 inhibitors identify key binding sites and substitutions critical to the functionality for potent PDE4 inhibition. Selectivity of this novel chemotype shows weak inhibitory potency against nine PDE isoforms excluding PDE4 and strong inhibitory potency against PDE4A, PDE4B, and PDE4D. In a selectivity comparison study, the novel chemotype performs better than the PDE4 inhibitor in clinical development. Subtype-selective PDE4 inhibitors are becoming increasingly more important as new research shows that independent PDE isoforms have differential effects on cells.

Applications: Treatment of numerous diseases associated with PDE4 including asthma, COPD, inflammatory bowel disease, and other anti-inflammatory diseases with other possible treatments including depression and psychosis.

Development Status: Pre-clinical.

Publication: AP Skoumbourdis *et al.* Identification of a potent new chemotype for the selective inhibition of PDE4. Bioorg Med Chem Lett. 2008 Feb 15;18(4):1297–1303.

Inventors: Craig J. Thomas *et al.* (NHGRI).

Patent Status: U.S. Provisional Application No. 61/020,079 filed 09 Jan 2008 (HHS Reference No. E–055–2008/0–US–01).

Licensing Status: Available for licensing.

Licensing Contact: Fatima Sayyid, M.H.P.M.; 301–435–4521; *Fatima.Sayyid@nih.hhs.gov.*