fresh frozen tissues. Vast availability of fresh frozen tissues and peripheral blood specimens that are easily obtained could lead to clinical tests amenable to therapeutic, prognostic and even early screening tests for renal cell carcinoma and other malignancies.

Applications: Renal cell carcinoma diagnostics, therapeutics and prognostics.

Market:

• Cancer is the second leading cause of death in the U.S.A. There is an acute need for cancer biomarkers that can be detected from clinically relevant samples and used for early diagnosis, therapeutic follow-up and prognosis of malignant diseases.

• The incidence of renal cell cancer has been rising steadily. Renal Cell Carcinoma is the most common type of kidney cancer, and the most common type in adults, responsible for approximately 80% of cases.

Inventors: Josip Blonder *et al.* (NCI).

Patent Status: PCT Application No. PCT/US2009/037855 filed 20 Mar 2009 (HHS Reference No. E–317–2008/0–PCT–01)

Licensing Status: Available for licensing.

Licensing Contact: Betty B. Tong, Ph.D.; 301–594–6565; *tongb@mail.nih.gov*.

Collaborative Research Opportunity: The National Cancer Institute Laboratory of Proteomics and Analytical Technologies is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize diagnostic, therapeutic and prognostic cancer biomarkers from clinical specimens. Please contact John D. Hewes, Ph.D. at 301–435–3121 or *hewesj@mail.nih.gov* for more information.

Dated: May 13, 2009.

Richard U. Rodriguez,

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

[FR Doc. E9–11705 Filed 5–19–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Complementary and Alternative Medicine Announcement of Workshop on the Non-Pharmacological Management of Back Pain

ACTION: Notice.

SUMMARY: The National Center for Complementary and Alternative Medicine (NCCAM) invites the research community to participate in an online Workshop on Non-Pharmacological Management of Back Pain. The purpose of this workshop is to identify and explore a range of important and timely clinical research questions related to non-pharmacological interventions to treat back pain. This information will help inform future research directions for NIH and the biomedical scientific field. This workshop will be split into three sessions that will feature presentations and discussions focusing on the current understanding and complexity of chronic back pain, promising questions associated with testable hypotheses, and the relevant outcome measures.

The Workshop will take place on May 27, 2009. Those interested in CAM research are particularly encouraged to view and participate.

Background: The National Center for Complementary and Alternative Medicine (NCCAM) was established in 1999 with the mission of exploring complementary and alternative healing practices in the context of rigorous science, training CAM researchers, and disseminating authoritative information to the public and professionals. NCCAM funds research grants that explore the science of CAM. For more information, see *http://nccam.nih.gov/grants/whatnccamfunds/.*

Participating: The Workshop will be broadcast on the Internet and archived on *http://www.videocast.nih.gov/.* Viewers may submit questions for the presenters and panelists by e-mailing *nccambkpnwkshp@mail.nih.gov* with questions or comments. For more information about what will be covered at the workshop, see *http://nccam.nih.gov/news/events/.*

FOR FURTHER INFORMATION CONTACT: To request more information, visit the NCCAM Web site at *http://nccam.nih.gov/news/events/,* call 301–594–3391 (Edward Culhane) or e-mail at *culhanee@mail.nih.gov.*

Dated: May 12, 2009.

Richard Nahin,

Senior Advisor for Scientific Coordination and Outreach, National Center for Complementary and Alternative Medicine, National Institutes of Health.

[FR Doc. E9–11679 Filed 5–19–09; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. FDA–2009–N–0664]

Gastroenterology and Urology Devices Panel of the Medical Devices Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). The meeting will be open to the public.

Name of Committee: Gastroenterology and Urology Devices Panel of the Medical Devices Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA's regulatory issues.

Date and Time: The meeting will be held on Wednesday, June 10, 2009, from 8 a.m. to 5 p.m.

Location: Holiday Inn, Ballroom, Two Montgomery Village Ave., Gaithersburg, MD.

Contact Person: Megan Mickal, Center for Devices and Radiological Health (HFZ–470), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 240–276–4151, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 3014512523. Please call the Information Line for up-to-date information on this meeting. A notice in the **Federal Register** about last minute modifications that impact a previously announced advisory committee meeting cannot always be published quickly enough to provide timely notice. Therefore, you should always check the agency's Web site and call the appropriate advisory committee hot line/phone line to learn about possible modifications before coming to the meeting.

Agenda: The committee will discuss and make recommendations regarding general issues related to the use of ultrafiltration devices in the treatment of extracellular body fluid overload in patients experiencing heart failure. Specifically, the committee will address the use of these devices in patients experiencing heart failure in the following terms: Identifying the most appropriate heart failure patients for whom these treatments should be indicated, determining where these treatments fit within the spectrum of treatment options, and defining what level of clinical evidence is necessary to