manufacture and sell the products independently.

The acquirers of the divested assets must receive the prior approval of the Commission. The Commission's goal in evaluating possible purchasers of divested assets is to maintain the competitive environment that existed prior to the acquisition. A proposed acquirer of divested assets must not itself present competitive problems.

Interpharm specializes in the development, manufacture, and marketing of generic pharmaceutical and over-the-counter products. Interpharm currently manufactures and markets 23 generic pharmaceutical products, and has ten ANDAs under review by the FDA. As a contract manufacturer for Watson's product, Interpharm is an acceptable acquirer of generic hydrocodone bitartrate/ibuprofen because it already has the experience, know-how, and manufacturing infrastructure to produce and sell generic hydrocodone bitartrate/ibuprofen in the United States. Interpharm understands the scientific and technical details of generic hydrocodone bitartrate/ibuprofen because it formulated, developed, and tested the product, and registered the product with the FDA. Moreover, Interpharm will not present competitive problems in any of the markets in which it will acquire a divested asset because it currently does not compete in those markets. With its resources, capabilities, good reputation, and experience marketing generic products, Interpharm is well-positioned to replicate the competition that would be lost with the proposed acquisition.

Actavis is a leading developer, manufacturer, marketer, and distributer of generic pharmaceutical products, and is an acceptable acquirer of generic glipizide ER. Actavis has an extensive distribution network in the United States, with three major manufacturing facilities and approximately 162 pharmaceutical products in the U.S. market. Actavis also has experience obtaining FDA approvals for generic pharmaceutical products. While Actavis currently does not compete in the market for the divested assets, it has the resources, capabilities, good reputation, and experience necessary to restore fully the competition that would be lost if the proposed Watson/Andrx transaction were to proceed unremedied.

Teva is a global pharmaceutical company specializing in the development, production, and marketing of generic and branded pharmaceuticals. Founded in 1901 and headquartered in Petach Tikva, Israel, Teva employs approximately 25,000 people worldwide and has production facilities in Israel, North America, Europe, and Mexico. Teva and its affiliates are the world's largest generic pharmaceutical company with over 300 generic products, representing $6.6 billion in estimated 2006 revenue. Because of its current agreement with Andrx, and its well-known reputation and experience in the pharmaceutical industry, Teva is ideally positioned to be a viable, independent competitor in the eleven generic oral contraceptive markets. The acquisition of the eleven generic oral contraceptive products by Teva would effectively restore the competition that would be lost with the proposed merger.

If the Commission determines that either Interpharm or Actavis is not an acceptable acquirer of the assets to be divested, or that the manner of the divestitures to Interpharm, Actavis, or Teva is not acceptable, the parties must unwind the sale and divest the Products within six (6) months of the date the Order becomes final to another Commission-approved acquirer. If the parties fail to divest within six (6) months, the Commission may appoint a trustee to divest the Product assets.

The proposed remedy contains several provisions to ensure that the divestitures are successful. The Order requires Watson and Andrx to provide transitional services to enable the Commission-approved acquirers to obtain all of the necessary approvals from the FDA. These transitional services include technology transfer assistance to manufacture the Products in substantially the same manner and quality employed or achieved by Watson and Andrx.

The Commission has appointed Francis J. Civille as the Interim Monitor to oversee the asset transfer and to ensure Watson and Andrx's compliance with all of the provisions of the proposed Consent Agreement. Mr. Civille has over 27 years of experience in the pharmaceutical industry. He is a highly-qualified expert in areas such as pharmaceutical research and development, regulatory approval, manufacturing and supply, and marketing. He has provided consulting services in healthcare business development to major pharmaceutical companies, biotechnology companies, universities, and government agencies. In order to ensure that the Commission remains informed about the status of the proposed divestitures and the transfers of assets, the proposed Consent Agreement requires Watson and Andrx to file reports with the Commission periodically until the divestitures and transfers are accomplished.

The purpose of this analysis is to facilitate public comment on the proposed Consent Agreement, and it is not intended to constitute an official interpretation of the proposed Order or to modify its terms in any way.

By direction of the Commission, with Commissioner Harbour recused.

Donald S. Clark

Secretary.

[FR Doc. E9–29251 Filed 12–7–09: 7:54 am]

BILLING CODE 6750–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Implementation of Section 5001 of the American Recovery and Reinvestment Act of 2009 for Adjustments to the Third and Fourth Quarters of Fiscal Year 2009 Federal Medical Assistance Percentage Rates for Federal Matching Shares for Medicaid and Title IV–E Foster Care, Adoption Assistance and Guardianship Assistance Programs

AGENCY: Office of the Secretary, DHHS.

ACTION: Notice

SUMMARY: This notice finalizes the methodology for calculating the higher Federal matching funding that is made available under Section 5001 of the American Recovery and Reinvestment Act of 2009 (ARRA), and provides the final calculation of the adjusted Federal Medical Assistance Percentage (FMAP) rates for the third and fourth quarters of Fiscal Year 2009 (FY09). Section 5001 of the ARRA provides for temporary increases in the FMAP rates to provide fiscal relief to States and to protect and maintain State Medicaid and certain other assistance programs in a period of economic downturn. The increased FMAP rates apply during a recession adjustment period that is defined as the period beginning October 1, 2008 and ending December 31, 2010.

DATES: *Effective Date:* The percentages listed are for the third quarter of FY09 beginning April 1, 2009 and ending June 30, 2009 and for the fourth quarter of FY09 beginning July 1, 2009 and ending September 30, 2009.

A. Background

The FMAP is used to determine the amount of Federal matching for specified State expenditures for assistance payments under programs under the Social Security Act. Sections 1905(b) and 1101(a)(8)(B) of the Social Security Act (''the Act'') require the Secretary of Health and Human Services

to publish the FMAP rates each year. The Secretary calculates the percentages using formulas set forth in sections 1905(b) and 1101(a)(8)(B), and from the Department of Commerce's statistics of average income per person in each State and for the nation as a whole. The percentages must be within the upper and lower limits given in section 1905(b) of the Act. The percentages to be applied to the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands are specified separately in the Act, and thus are not based on the statutory formula that determines the percentages for the 50 States.

Section 1905(b) of the Act specifies the formula for calculating FMAP as follows:

> The FMAP for any State shall be 100 per centum less the State percentage; and the State percentage shall be that percentage which bears the same ratio to 45 per centum as the square of the per capita income of such State bears to the square of the per capita income of the continental United States (including Alaska) and Hawaii; except that (1) the FMAP shall in no case be less than 50 per centum or more than 83 per centum, and (2) the FMAP for Puerto Rico, the Virgin Islands, Guam, the Northern Mariana Islands, and American Samoa shall be 50 per centum.

Section 4725 of the Balanced Budget Act of 1997 amended section 1905(b) to provide that the FMAP for the District of Columbia for purposes of titles XIX (Medicaid) and XXI (CHIP) shall be 70 percent. The Medicare Improvements for Patients and Providers Act of 2008 (Pub. L. 110–275) amended the FMAP applied to the District of Columbia for maintenance payments under title IV–E programs to make it consistent with the 70 percent Medicaid match rate.

Section 5001 of Division B of the ARRA provides for a temporary increase in FMAP rates for Medicaid and title IV–E Foster Care, Adoption Assistance and Guardianship Assistance programs. The purposes of the increases to the FMAP rates are to provide fiscal relief to States and to protect and maintain State Medicaid and certain other assistance programs in a period of economic downturn, referred to as the ''recession adjustment period.'' The recession adjustment period is defined as the period beginning October 1, 2008 and ending December 31, 2010.

On August 4, 2009, we published a notice with a comment period that described the methodology for calculating the increased Federal matching funding made available under ARRA. (74 FR 38630.) In this issuance, we consider the single comment we received on that prior notice, and set forth the final methodology and FMAP rates for the third and fourth quarters of Federal fiscal year 2009.

B. Calculation of the Increased FMAP Rates Under ARRA

Section 5001 of the ARRA specifies that the FMAP rates shall be temporarily increased for the following: (1) Maintenance of FMAP rates for FY09, FY10, and first quarter of FY11, so that the FMAP rate will not decrease from the prior year, determined by using as the FMAP rate for the current year the greater of any prior fiscal year FMAP rates between 2008–2010 or the rate calculated for the current fiscal year; (2) in addition to any maintenance increase, the application of an increase in each State's FMAP of 6.2 percentage points; and (3) an additional percentage point increase based on the State's increase in unemployment during the recession adjustment period. The resulting increased FMAP cannot exceed 100 percent. Each State's FMAP will be recalculated each fiscal quarter beginning October 2008. Availability of certain components of the increased FMAP is conditioned on States meeting statutory programmatic requirements, such as the maintenance of effort requirement, which are not part of the calculation process.

Expenditures for which the increased FMAP is not available under title XIX include expenditures for disproportionate share hospital payments, certain eligibility expansions, services received through an IHS or Tribal facility (which are already paid at a rate of 100 percent and therefore not subject to increase), and expenditures that are paid at an enhanced FMAP rate. The increased FMAP is available for expenditures under part E of title IV (including Foster Care, Adoption Assistance and Guardianship Assistance programs) only to the extent of a maintenance increase (hold harmless), if any, and the 6.2 percentage point increase. The increased FMAP does not apply to part D of title IV–E (Child Support Enforcement Program).

For title XIX purposes only, for each qualifying State with an unemployment rate that has increased at a rate above the statutory threshold percentage, ARRA provides additional relief above the general 6.2 percentage point increase in FMAP through application of a separate increase calculation. For those States, the FMAP for each qualifying State is increased by the number of percentage points equal to the product of the State matching percentage (as calculated under section 1905(b) and adjusted if necessary for the maintenance of FMAP without reduction from the prior year, and after applying half of the 6.2 percentage point general increase in the Federal percentage) and the applicable percent determined from the State unemployment increase percentage for the quarter.

The unemployment increase percentage for a calendar quarter is equal to the number of percentage points (if any) by which the average monthly unemployment rate for the State in the most recent previous 3-consecutive-month period for which data are available exceeds the lowest average monthly unemployment rate for the State for any 3-consecutive-month period beginning on or after January 1, 2006. A State qualifies for additional relief based on an increase in unemployment if that State's unemployment increase percentage is at least 1.5 percentage points.

The applicable percent is: (1) 5.5 percent if the State unemployment increase percentage is at least 1.5 percentage points but less than 2.5 percentage points; (2) 8.5 percent if the State unemployment increase percentage is at least 2.5 percentage points but less than 3.5 percentage points; and (3) 11.5 percent if the State unemployment increase percentage is at least 3.5 percentage points.

If the State's applicable percent is less than the applicable percent for the preceding quarter, then the higher applicable percent shall continue in effect for any calendar quarter beginning on January 1, 2009 and ending before July 1, 2010.

Puerto Rico, the Virgin Islands, Guam, the Commonwealth of the Northern Mariana Islands, and America Samoa can make a one-time election between (1) a 30 percent increase in their cap on Medicaid payments (as determined under subsections (f) and (g) of section 1108 of the Social Security Act), or (2) applying the increase of 6.2 percentage points in the FMAP plus a 15 percent increase in the cap on Medicaid payments. There is no quarterly unemployment adjustment for Territories. As a result, we are not addressing the Territories or Commonwealth in this document, and will instead work with them separately and individually.

C. Response to Public Comments on Methodology

Only one comment was received in response to the request for public comments on the methodology set forth in the August 4, 2009 Notice. The commenter supported the methodology set forth in the August 4, 2009 Notice for the calculation of the ARRA increased FMAP. In light of the absence

of any issues raised through public comment, the methodology for calculating the adjusted FMAPs will remain as it was set forth in the August 4, 2009 Notice.

D. Adjusted FMAPs for the Third and Fourth Quarters of 2009

ARRA adjustments to FMAPs are shown by State in the accompanying table. The hold harmless FY09 FMAP is the higher of the original FY08 or FY09 FMAP. The 6.2 percentage point increase is added to the hold harmless FY09 FMAP. The unemployment tier is determined by comparing the average unemployment rate for the three consecutive months preceding the start of each fiscal quarter to the lowest consecutive 3-month average unemployment rate beginning January 1, 2006. The unemployment adjustment is calculated according to the unemployment tier and added to the hold harmless FY09 FMAP with the 6.2 percentage point increase.

FOR FURTHER INFORMATION CONTACT: Carrie Shelton or Thomas Musco, Office of Health Policy, Office of the Assistant Secretary for Planning and Evaluation, Room 447D—Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690–6870.

(Catalog of Federal Domestic Assistance Program Nos. 93.558: TANF Contingency Funds; 93.563: Child Support Enforcement; 93–596: Child Care Mandatory and Matching Funds of the Child Care and Development Fund; 93.658: Foster Care; 93.659: Adoption Assistance; 93.090: Guardianship Assistance; 93.769: Ticket-to-Work and Work Incentives Improvement Act)

Dated: November 20, 2009.

Kathleen Sebelius,

Secretary.

ARRA ADJUSTMENTS TO FMAP Q3 & Q4 FY09

State	FY08 original FMAP	FY09 original FMAP	Hold harmless FY09	Hold harmless FY09 FMAP with 6.2%pt increase	1st & 2nd Quarter FY09 FMAP unemployment adjustment	3rd Quarter FY09 FMAP unemployment adjustment	3-month average unemployment ending June 2009	Minimum unemployment	Unemployment difference	Unemployment tier	Unemployment adjustment Q4 FY09	4th Quarter FY09 FMAP unemployment adjustment
Alabama	67.62	67.98	67.98	74.18	76.64	77.51	9.6	3.3	6.3	11.5	3.33	77.51
Alaska	52.48	50.53	52.48	58.68	58.68	61.12	8.2	6.0	2.2	5.5	2.44	61.12
Arizona	66.20	65.77	66.20	72.40	75.01	75.93	8.2	3.6	4.6	11.5	3.53	75.93
Arkansas	72.94	72.81	72.94	79.14	79.14	80.46	6.9	4.8	2.1	5.5	1.32	80.46
California	50.00	50.00	50.00	56.20	61.59	61.59	11.4	4.8	6.6	11.5	5.39	61.59
Colorado	50.00	50.00	50.00	56.20	58.78	61.59	7.5	3.6	3.9	11.5	5.39	61.59
Connecticut	50.00	50.00	50.00	56.20	60.19	60.19	7.8	4.3	3.5	11.5	5.39	61.59
Delaware	50.00	50.00	50.00	56.20	60.19	61.59	8.0	3.3	4.7	11.5	5.39	61.59
District of Columbia	70.00	70.00	70.00	76.20	77.68	79.29	10.5	5.4	5.1	11.5	3.09	79.29
Florida	56.83	55.40	56.83	63.03	67.64	67.64	10.2	3.3	6.9	11.5	4.61	67.64
Georgia	63.10	64.49	64.49	70.69	73.44	74.42	9.6	4.3	5.3	11.5	3.73	74.42
Hawaii	56.50	55.11	56.50	62.70	66.13	67.35	7.2	2.2	5.0	11.5	4.65	67.35
Idaho	69.87	69.77	69.87	76.07	78.37	79.18	7.7	2.8	4.9	11.5	3.11	79.18
Illinois	50.00	50.32	50.32	56.52	60.48	61.88	9.9	4.4	5.5	11.5	5.36	61.88
Indiana	62.69	64.26	64.26	70.46	73.23	74.21	10.4	4.4	6.0	11.5	3.75	74.21
Iowa	61.73	62.62	62.62	68.82	68.82	68.82	5.6	3.7	1.9	5.5	1.89	70.71
Kansas	59.43	60.08	60.08	66.28	66.28	68.31	6.8	4.0	2.8	8.5	3.13	69.41
Kentucky	69.78	70.13	70.13	76.33	77.80	79.41	10.5	5.4	5.1	11.5	3.08	79.41
Louisiana	72.47	71.31	72.47	78.67	80.01	80.01	6.5	3.5	3.0	8.5	2.08	80.75
Maine	63.31	64.41	64.41	70.61	72.40	74.35	8.3	4.4	3.9	11.5	3.74	74.35
Maryland	50.00	50.00	50.00	56.20	58.78	60.19	7.1	3.4	3.7	11.5	5.39	61.59
Massachusetts	50.00	50.00	50.00	56.20	58.78	60.19	8.3	4.4	3.9	11.5	5.39	61.59
Michigan	58.10	60.27	60.27	66.47	69.58	70.68	14.1	6.7	7.4	11.5	4.21	70.68
Minnesota	50.00	50.00	50.00	56.20	60.19	61.59	8.2	3.9	4.3	11.5	5.39	61.59
Mississippi	76.29	75.84	76.29	82.49	83.62	84.24	9.3	6.0	3.3	8.5	1.75	84.24
Missouri	62.42	63.19	63.19	69.39	71.24	73.27	8.8	4.7	4.1	11.5	3.88	73.27
Montana	68.53	68.04	68.53	74.73	76.29	77.14	6.2	3.2	3.0	8.5	2.41	77.14
Nebraska	58.02	59.54	59.54	65.74	65.74	67.79	4.8	2.8	2.0	5.5	2.05	67.79
Nevada	52.64	50.00	52.64	58.84	63.93	63.93	11.3	4.2	7.1	11.5	5.09	63.93
New Hampshire	50.00	50.00	50.00	56.20	56.20	58.78	6.6	3.4	3.2	8.5	3.99	60.19
New Jersey	50.00	50.00	50.00	56.20	58.78	61.59	8.8	4.2	4.6	11.5	5.39	61.59
New Mexico	71.04	70.88	71.04	77.24	77.24	78.66	6.4	3.5	2.9	8.5	2.20	79.44
New York	50.00	50.00	50.00	56.20	58.78	60.19	8.2	4.3	3.9	11.5	5.39	61.59
North Carolina	64.05	64.60	64.60	70.80	73.55	74.51	10.9	4.5	6.4	11.5	3.71	74.51
North Dakota	63.75	63.15	63.75	69.95	69.95	69.95	4.2	3.0	1.2	0	0.00	69.95
Ohio	60.79	62.14	62.14	68.34	70.25	72.34	10.7	5.3	5.4	11.5	4.00	72.34
Oklahoma	67.10	65.90	67.10	73.30	74.94	74.94	6.3	3.3	3.0	8.5	2.53	75.83
Oregon	60.86	62.45	62.45	68.65	71.58	72.61	12.0	5.0	7.0	11.5	3.96	72.61
Pennsylvania	54.08	54.52	54.52	60.72	63.05	64.32	8.1	4.3	3.8	11.5	4.87	65.59
Rhode Island	52.51	52.59	52.59	58.79	63.89	63.89	11.9	4.8	7.1	11.5	5.10	63.89
South Carolina	69.79	70.07	70.07	76.27	78.55	79.36	11.8	5.5	6.3	11.5	3.09	79.36
South Dakota	60.03	62.55	62.55	68.75	68.75	70.64	5.0	2.7	2.3	5.5	1.89	70.64
Tennessee	63.71	64.28	64.28	70.48	73.25	74.23	10.5	4.5	6.0	11.5	3.75	74.23
Texas	60.56	59.44	60.56	66.76	68.76	68.76	7.1	4.4	2.7	8.5	3.09	69.85
Utah	71.63	70.71	71.63	77.83	77.83	79.98	5.4	2.5	2.9	8.5	2.15	79.98
Vermont	59.03	59.45	59.45	65.65	67.71	69.96	7.3	3.5	3.8	11.5	4.31	69.96
Virginia	50.00	50.00	50.00	56.20	58.78	61.59	7.0	2.8	4.2	11.5	5.39	61.59
Washington	51.52	50.94	51.52	57.72	60.22	62.94	9.1	4.4	4.7	11.5	5.22	62.94
West Virginia	74.25	73.73	74.25	80.45	80.45	81.70	8.4	4.2	4.2	11.5	2.60	83.05
Wisconsin	57.62	59.38	59.38	65.58	65.58	68.77	8.8	4.4	4.4	11.5	4.31	69.89
Wyoming	50.00	50.00	50.00	56.20	56.20	56.20	5.2	2.8	2.4	5.5	2.58	58.78

[FR Doc. E9–29248 Filed 12–7–09; 8:45 am]
BILLING CODE 4210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Toxicology Program (NTP); Center for the Evaluation of Risks to Human Reproduction (CERHR); Announcement of the Soy Formula Expert Panel Meeting: Amended Notice

AGENCY: National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

ACTION: Availability of telephone conferencing and extension of registration period.

SUMMARY: The CERHR announces the availability of a teleconference line to allow presentation of oral comments at the expert panel meeting on December 16–18, 2009, at the Hilton Alexandria Old Town, 1767 King Street, Alexandria, VA. Information regarding the soy formula expert panel meeting was announced in the **Federal Register** (74 FR 53508) published on October 19, 2009, and is available on the CERHR Web site (*http://cerhr.niehs.nih.gov*). The guidelines and deadlines published in this **Federal Register** notice still apply, except that the deadline for registering to attend or to present oral comments by telephone is now December 11, 2009.

DATES: The expert panel meeting for soy formula will be held on December 16–18, 2009, and convene each day at 8:30 a.m. EST. Persons wishing to attend are asked to register by December 11, 2009, via the CERHR Web site (*http://cerhr.niehs.nih.gov*). Time is set-aside at the expert panel meeting on December 16, 2009, for oral public comments. Individuals wishing to make oral public comments are asked to register online (*http://cerhr.niehs.nih.gov*) or contact Dr. Kristina A. Thayer, CERHR Acting Director, by December 11, 2009, and if possible, send a copy of the statement at that time.

ADDRESSES: The meeting will be held at the Hilton Alexandria Old Town, 1767 King Street, Alexandria, VA. Access to on-line registration to either attend the meeting in person or participate by teleconference line is available on the CERHR Web site (*http://cerhr.niehs.nih.gov*). Public comments and any other correspondence should be submitted to Dr. Kristina A. Thayer, CERHR Acting Director, NIEHS, P.O. Box 12233, Mail Drop K2–04, Research Triangle Park, NC 27709 (mail), 919–541–5021 (telephone), or *thayer@niehs.nih.gov* (e-mail). Courier address: NIEHS, 530 Davis Drive, Room K2154, Morrisville, NC 27560.

FOR FURTHER INFORMATION CONTACT: Dr. Kristina A. Thayer (telephone: 919–541–5021 or e-mail: *thayer@niehs.nih.gov*).

SUPPLEMENTARY INFORMATION:

Teleconferencing

To allow greater public participation at the soy formula expert panel meeting, the NTP will provide a teleconference line to access the public comment session of the meeting. The NTP has reserved a limited number of telephone lines for this call and access availability will be on a first-come, first-served basis. Individuals interested in participating in the meeting by teleconference line must register by December 11, 2009. Those registering to present oral comments by telephone will be provided the access number prior to the meeting. The formal public comment period is scheduled for December 16, 2009, at approximately 9 a.m. until 10 a.m. EST. Oral public comments should not exceed 7 minutes in length and each organization is allowed only one comment slot (in person or by telephone). Every effort will be made to accommodate the public, but the total time allotted for oral comments and the time allotted per speaker by telephone will depend on the number of people who register online to speak. In addition, teleconference participants are encouraged to send a copy of their oral statement or talking points, which can supplement and/or expand the oral presentation, for distribution at the meeting and for the meeting record.

Dated: December 1, 2009.

John R. Bucher,

Associate Director, National Toxicology Program.

[FR Doc. E9–29249 Filed 12–7–09; 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.

Human Renal Cell Carcinoma (RCC) Cell Lines Derived From Surgically Removed Tumors

Description of Technology: Scientists at the National Institutes of Health (NIH) have developed three cell lines obtained from renal cell carcinoma (RCC) patients. The cell lines, designated 1581 RCC, 1764 RCC, and 2194 RCC, were derived from human tumor samples surgically resected from patients in the inventors' clinic. Each cell line is human leukocyte antigen-A2 (HLA–A2) negative and expresses a variety of known tumor antigens. The 1764 RCC cell line is known to express the HLA–A3 antigen and high levels of nonmutated fibroblast growth factor 5 (FGF–5). These cell lines can be widely used in molecular biology for various assays and to screen for potential therapeutics with activity against RCC. The RCC cell lines can also serve as negative control samples for HLA–A2 expression.

Applications:

- Research tools for examining the common and diverse biological and pathological features of RCC from different patients *in vitro.*
- Research tools for testing the activity of potential anti-cancer drugs against RCC.
- Source for mRNA and protein antigens expressed in kidney cancer.
- Negative control cell lines for HLA–A2 expression in molecular biology.
- Possible starting material for developing a cancer vaccine against RCC.

Advantages:

- *Cell lines are derived directly from RCC patient samples:* These cell lines are anticipated to retain many features of primary RCC samples. Studies performed using these cell lines may have a direct correlation to the initiation, progression, treatment, and prevention of RCC in humans.