

TRANSACTION GRANTED EARLY TERMINATION—Continued

ET date	Trans No.	ET req status	Party name
25–NOV–09	20100088	G	International Business Machines Corporation.
		G	International Business Machines Corporation.
		G	The Southern Company.
	20100089	G	Broadway Generating Company, LLC.
		G	West Georgia Generating Company, LLC.
		G	Broadway Generating Company, LLC.
		G	Southern Power Company.
		G	DeSoto County Generating Company, LLC.
		G	Ameriprise Financial, Inc.
	20100117	G	Bank of America Corporation.
		G	Bank of America, N.A.
		G	Columbia Wanger Asset Management, L.P.
G		WAM Acquisition GP, Inc.	
G		ACS Actividades de Construccion y Servicios, S.A.	
27–NOV–09	20100154	G	William R. Pulice.
		G	Pulice Construction, Inc.
		G	
		G	

For Further Information Contact:
Sandra M. Peay, Contact Representative
or Renee Hallman, Contact
Representative, Federal Trade
Commission, Premerger Notification
Office, Bureau of Competition, Room H–
303, Washington, DC 20580, (202) 326–
3100.

By Direction of the Commission.

Donald S. Clark,
Secretary.

[FR Doc. E9–31208 Filed 1–6–10; 8:45 am]

BILLING CODE 6750–01–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 of Preventing and Treating Metastatic Disease

Description of Technology: Cancer
that recurs as metastatic disease many
years after primary tumor resection and
adjuvant therapy appears to arise from
tumor cells that disseminated early in
the course of disease but did not
develop into clinically apparent lesions.
These long-term surviving,
disseminated tumor cells maintain a
state of dormancy, but may be triggered
to proliferate through largely unknown
factors. Inventors at the National
Institutes of Health have discovered
agents that prevent or treat recurrent
metastatic cancer by inhibiting type I
collagen production and downstream
signaling through beta 1 integrin
activation. Blocking activation of beta-1
integrin signaling using
pharmacological approaches or using
RNA interference was found to prevent
reorganization of the cytoskeleton that is
associated with proliferation of the
dormant tumor cells. The technology
provides compositions and methods for
modulating the switch from tumor cell
dormancy to proliferation clinical
metastatic disease in a patient by
administering beta-1 integrin signaling
inhibitors.

Applications

- Method of treating metastatic
disease by targeting components of the
beta-1 integrin signaling pathway.
- Method of preventing metastatic
disease after removal of primary tumors.

Advantage: Discovery of beta-1
integrin signaling pathway involvement
provides a number of therapeutic targets

for development of novel cancer
therapeutics.

Market: In the U.S., it is estimated
that 192,370 women will be diagnosed
with and 40,170 women will die of
cancer of the breast in 2009. Although
improved detection and treatment of
primary tumors has raised the rate of
survival there remains a high
probability of recurrence of metastatic
disease leading to mortality.

Inventors: Dalit Barkan and Jeffrey E.
Green (NCI).

Publications: None related to this
technology.

Patent Status: U.S. Provisional
Application No. 61/179,641 filed 19
May 2009 (HHS Reference No. E–192–
2009/0–US–01).

Licensing Status: Available for
licensing.

Licensing Contact: Surekha Vathyam,
PhD, 301–435–4076;
vathyams@mail.nih.gov.

Collaborative Research Opportunity:
The Center for Cancer Research,
Laboratory of Cancer Biology and
Genetics, is seeking statements of
capability or interest from parties
interested in collaborative research to
further develop, evaluate, or
commercialize this technology. Please
contact John D. Hewes, PhD at 301–435–
3121 or hewesj@mail.nih.gov for more
information.

Diamidine Inhibitors of Tdp1 as Anti- Cancer Agents

Description of Technology: Available
for licensing and commercial
development are methods and
compositions for treating cancer, using
novel compounds derived from
diamidine. Diamidine and its
derivatives are potent inhibitors of
tyrosyl-DNA-phosphodiesterase (Tdp1),
which may be useful in chemotherapy.

Camptothecins are effective Topoisomerase I (Top1) inhibitors, and two derivatives (Topotecan® and Camptosar®) are currently approved for treatment of ovarian and colorectal cancer. Camptothecins damage DNA by trapping covalent complexes between the Top1 catalytic tyrosine and the 3'-end of the broken DNA. Tdp1 repairs Top1-DNA covalent complexes by hydrolyzing the tyrosyl-DNA bond. Thus, the presence and activity of Tdp1 can reduce the effectiveness of camptothecins as anticancer agents. In addition, Tdp1 repairs free-radical-mediated DNA breaks.

Inhibition of Tdp1 using diamidine or its derivatives, may reduce repair of DNA breaks and increase the rate of apoptosis in cancer cells. In addition, diamidine derivatives have the potential to enhance the anti-neoplastic activity of Top1 inhibitors, by reducing repair of Top1-DNA lesions through inhibition of Tdp1.

Development Status: Pre-clinical stage.

Inventors: Yves G. Pommier and Christoph Marchand (NCI).

Publications

1. Z Liao *et al.* Inhibition of human tyrosyl-DNA phosphodiesterase by aminoglycoside antibiotics and ribosome inhibitors. *Mol Pharmacol.* 2006 Jul;70(1):366–372.

2. Y Pommier. Camptothecins and topoisomerase I: a foot in the door. Targeting the genome beyond topoisomerase I with camptothecins and novel anticancer drugs: importance of DNA replication, repair and cell cycle checkpoints. *Curr Med Chem Anticancer Agents.* 2004 Sep; 4(5):429–434. Review.

3. Y Pommier *et al.* Repair of and checkpoint response to topoisomerase I mediated DNA damage. *Mutat Res.* 2003 Nov 27;532(1–2):173–203. Review.

Patent Status: U.S. Patent Application No. 12/225,672 filed 26 Sep 2008 (HHS Reference No. E-165-2006/0-US-04).

Licensing Status: Available for licensing.

Licensing Contact: Betty Tong, PhD; 301-594-6565; tongb@mail.nih.gov.

Collaborative Research Opportunity: The Laboratory of Molecular Pharmacology is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Tdp1 inhibitors for the treatment of cancers. Please contact John D. Hewes, PhD at 301-435-3121 or hewesj@mail.nih.gov for more information.

Dated: December 23, 2009.

Richard U. Rodriguez,
Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.
[FR Doc. E9-31284 Filed 1-6-10; 8:45 am]
BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Agency for Healthcare Research and Quality

HHS Intent To Publish Grant and Contract Solicitations for Comparative Effectiveness Research (CER) Projects With Funds Allocated to the Office of the Secretary From the American Recovery and Reinvestment Act (ARRA)

AGENCY: Agency for Healthcare Research and Quality (AHRQ), HHS.

ACTION: Notice of intent.

SUMMARY: The Department of Health and Human Services announces its intention to support new CER projects with funds allocated by the American Recovery and Reinvestment Act (ARRA). The ARRA appropriated \$400 million to the Office of the Secretary for support of CER. AHRQ has been designated point of contact for management of these funds.

Prioritization of the OS ARRA CER allocation was determined by several factors: public input, the Comparative Effectiveness Research-Coordination Implementation Team, the Federal Coordinating Council for Comparative Effectiveness Research (FCC), and the Institute of Medicine Report on CER. OS ARRA CER projects will focus, initially, on either (1) one of the 14 priority conditions established by the Secretary of the Department of Health and Human Services under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, (2) 100 Institute of Medicine topic recommendations, or (3) topics that fall into one of the AHRQ identified evidence gaps or are identified in the FCC report. An additional integral focus for these OS ARRA CER funds are the priority populations, which include low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care. The CER solicitations will come from a diverse set of divisions and agencies across the Department of Health and Human Services.

DATES: HHS anticipates grant and contract solicitations to be published over the next several months.

ADDRESSES: The future CER funding opportunity announcements will be published in the NIH Guide: <http://grants.nih.gov/grants/guide/index.html> and on *Grants.gov*: <http://www.grants.gov/>. Contract solicitations can be found on the Federal Business Opportunity site at <https://www.fbo.gov/index?cck=1&au=&cck=>.

FOR FURTHER INFORMATION CONTACT: Until the solicitations are published, AHRQ cannot provide information on their contents.

Direct any general comments regarding the OS ARRA CER program to: Kathleen Kendrick, Deputy Director, Office of the Director, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Telephone: 301-427-1200, e-mail address: ARRA_Support@AHRQ.HHS.gov.

SUPPLEMENTARY INFORMATION:

Background

The American Recovery and Reinvestment Act (ARRA) provided \$1.1 billion for comparative effectiveness research (CER). The Act allocated \$300 million to the Agency for Healthcare Research and Quality (AHRQ), \$400 million to the National Institutes of Health (NIH), and \$400 million to the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). These funds are dedicated specifically towards CER and must be obligated by the end of fiscal year 2010.

Comparative Effectiveness Research Initiative Description

The Department of Health and Human Service's overall goal for the investment in comparative effectiveness research is to promote high quality care through broad availability of information that helps clinicians and patients match the best science to individual needs and preferences. Moreover, the investment can build a sustainable foundation for CER so that it will enable—now and in the future the United States healthcare system to deliver the highest quality and best value care to all Americans.

Funding Opportunity Announcements soliciting grant applications and Requests for Contracts for CER will provide \$210.5 million for data infrastructure and related research, \$89.5 million for dissemination and translation, \$71 million for research, \$7.6 million for inventory and evaluation projects and \$4 million for