section 1111 of the Public Health Service Act, codified at 42 U.S.C. 300b–10, also provides advice and recommendations concerning grants and projects authorized under section 1109 of the Public Health Service Act (42 U.S.C. 300b–8).

Agenda: The meeting will include a review and reflection of the previous 24 meetings and a look forward. The agenda will include topics related to the past, present, and future work of the Committee, including: (1) A presentation of the previous, current and future endeavors of the External Review Workgroup's activities; (2) an update from the Evidence Evaluation and Methods workgroup's progress on developing the Decision Process Tree; (3) review of previous reports, workgroups and publications from the Committee and next steps for public health genetics; and (4) discussion and presentations on the previous and continued work and reports of the Advisory Committee's subcommittees on laboratory standards and procedures, follow-up and treatment, and education and training. Proposed agenda items are subject to change as priorities dictate. You can locate the Agenda, Committee Roster and Charter, presentations, and meeting materials at the home page of the Advisory Committee's Web site at *http://www.hrsa.gov/heritabledisorderscommittee/.*

Public Comments: This meeting will include an extended public comment period during the morning session on September 22, 2011. Members of the public can submit written comments and/or present oral comments during the public comment period of the meeting. Those individuals who want to make oral comments are requested to register online by Tuesday, September 20, 2011, at *http://altarum.cvent.com/event/SACHDNC092011.* Requests should contain the name, address, telephone number, and any professional or business affiliation of the person desiring to make an oral comment. Groups having similar interests are requested to combine their comments and present them through a single representative. Written comments should be e-mailed no later than Tuesday, September 20, 2011 for consideration. Oral and written public comment will be included in the transcripts of the meeting and will be posted to the committee's Web site. Written comments should contain the name, address, telephone number, and any professional or business affiliation of the author. Submit written comments to Maureen Ball, Meetings Coordinator, Conference and Meetings Management, Altarum Institute, 1200 18th Street, NW., Suite 700, Washington, DC 20036, telephone: 202 828–5100; fax: 202 785–3083, or e-mail: *conferences@altarum.org.*

Contact Person: Anyone interested in obtaining other relevant information should write or contact Alaina M. Harris, Maternal and Child Health Bureau, Health Resources and Services Administration, Room 18A–19, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, Telephone (301) 443–0721, *aharris@hrsa.gov.* More information on the Advisory Committee is available at *http://mchb.hrsa.gov/heritabledisorderscommittee.*

Dated: August 12, 2011.

Reva Harris,

Acting Director, Division of Policy and Information Coordination.

[FR Doc. 2011–21092 Filed 8–17–11; 8:45 am]

BILLING CODE 4165–15–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.

Quantitative Measurement of Syndesmophytes in Ankylosing Spondylitis Using Computed Tomography (CT)

Description of Technology: Syndesmophyte (abnormal bone) growth in the spine is a hallmark of Ankylosing Spondylitis, a type of inflammatory arthritis. Syndesmophyte growth is currently monitored using semi-quantitative scoring of radiographs, but radiographs consider only a small part of the vertebra, and the method is subject to reader error. Because syndesmophytes grow slowly, radiographs also lack sensitivity. The invention provides a method to measure syndesmophytes using data from computed tomography scans of the lumbar spine. It provides computer algorithm that fully quantitates syndesmophyte volumes in three-dimension space. This method allows precise and accurate measurement of the presence and rate of growth of syndesmophytes over time, which for the first time will permit testing of whether any treatments can slow the progression of this type of spinal arthritis.

Potential Commercial Applications:

- The method would be useful for clinical trials of drugs against Syndesmophyte growth.
- Because of the improved precision, achieving statistical significance in assessing the efficacy of a drug would require smaller samples.

Competitive Advantages:

- The present method is more automated than existing methods.
- The method is more precise and sensitive than existing methods, thus providing more reliable statistical analysis and improved planning in treatment regimen.

Development Stage: In vivo data available (human).

Inventors: Sovira Tan (NIAMS), *et al.*

Publication: Tan S, Yao J, Ward MM, Yao L, Summers RM. Computer aided evaluation of ankylosing spondylitis using high-resolution CT. IEEE Trans Med Imaging 2008 Sep;27(9):1252–1267. [PMID 18779065].

Intellectual Property: HHS Reference No. E–167–2011/0—Software. Patent protection is not being pursued for this technology.

Licensing Contact: Michael Shmilovich, *Esq.;* 301–435–5019; *shmilovm@mail.nih.gov.*

Collaborative Research Opportunity: The National Institute of Arthritis and Musculoskeletal and Skin Diseases is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize this technology. For collaboration opportunities, please contact Brian W. Bailey, Ph.D. at *bbailey@mail.nih.gov.*

An Automated Method for Precise Measurement of Vertebral Body Height and Intervertebral Disk Height Using Computed Tomography

Description of Technology: Vertebral fractures due to osteoporosis result in loss of vertebral height. Degenerative disk disease in the spine results in loss of disk height. Currently, radiography and magnetic resonance imaging are used to assess vertebral and disk height, and measurements are done manually. The present invention offers improved method to measure vertebral and disk heights. The invention provides computer algorithm that substantially automates the task, and uses computed tomography. The advantage of computed tomography over radiography is that of 3D imaging over 2D imaging. Computed tomography's advantage over MRI is better image resolution. The combination of automation and superior imaging capability makes the method substantially more precise than previous ones. This allows better detection of changes in vertebral height and disk height over time, and thus aids in the planning of appropriate medical treatment in cases associated with the loss of vertebral or disk heights, such as in osteoporosis for example.

Potential Commercial Applications:

• The method would be useful for clinical trials of drugs for osteoporosis.

• Because of the improved precision, achieving statistical significance in assessing the efficacy of a drug would require smaller samples.

Competitive Advantages:

• The present method is semi-automated.

• The method is more precise and sensitive than existing methods, thus providing more reliable statistical analysis and improved planning in treatment regimen.

Development Stage: In vivo data available (human).

Inventors: Sovira Tan (NIAMS), *et al.*

Intellectual Property: HHS Reference No. E–166–2011/0—Software. Patent protection is not being pursued for this technology.

Licensing Contact: Michael Shmilovich, *Esq.;* 301–435–5019; *shmilovm@mail.nih.gov.*

Collaborative Research Opportunity: The National Institute of Arthritis and Musculoskeletal and Skin Diseases is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate or commercialize this technology. For collaboration opportunities, please contact Brian W. Bailey, Ph.D. at *bbailey@mail.nih.gov.*

Monoclonal Antibodies Against Poliovirus

Description of Technology: Early work by Hammond et al. showed gamma globulin to be effective for the prevention of poliomyelitis. Therefore, passive immunotherapy could be another way to treat chronic excretors. Even though prior attempts to use intravenous immunoglobulin (IVIG) and breast milk were unsuccessful, there is reason to think that higher doses of antipoliovirus antibodies could result in complete clearance of poliovirus from chronically infected individuals. Six poliovirus-neutralizing MAbs were recovered from a combinatorial Fab phage display library constructed from bone marrow-derived lymphocytes of immunized chimpanzees. The six MAbs neutralized vaccine strains and virulent strains of poliovirus. Five MAbs were serotype specific, while one MAb cross-neutralized serotypes 1 and 2. Both serotype 2-specific antibodies recognized antigenic site 1. No escape mutants to serotype 3-specific MAbs could be generated. The administration of a serotype 1-specific MAb to transgenic mice susceptible to poliovirus at a dose of 5 μg/mouse completely protected them from paralysis after challenge with a lethal dose of wild-type poliovirus. Moreover, MAb injection 6 or 12 h after virus infection provided significant protection. This application claims the antibodies described above and methods for their use.

Potential Commercial Applications:

• Prophylaxis/therapeutic for poliovirus.

• Post-exposure emergency prophylaxis of poliovirus.

Competitive Advantages:

• No humanization required.

• Highly potent neutralizing antibodies.

• Biological materials available.

Development Stage:

• Pre-clinical.

• In vitro data available.

• In vivo data available (animal).

Inventors: Zhaochun Chen, Robert H. Purcell, Konstantin Chumakov (NIAID).

Publication: Chen Z, *et al.* Chimpanzee-human monoclonal antibodies for treatment of chronic poliovirus excretors and emergency postexposure prophylaxis. J Virol. 2011 May;85(9):4354–4362. [PMID: 21345966].

Intellectual Property: HHS Reference No. E–076–2011/0—U.S. Provisional Application No. 61/443,915 filed 17 Feb 2011.

Licensing Contact: Peter Soukas, J.D.; 301–435–4646; *soukasp@mail.nih.gov.*

Methods of Treating Giardiasis Using FDA-Approved Compounds

Description of Technology: This technology includes a group of at least twenty-nine, diverse, commercially available compounds that are newly identified for activity against *Giardia lamblia* parasites. At least six of the candidate compounds, Bortezomib, Decitabine, Hydroxocobalamin, Amlexanox, Idarubicin, and Auranofin have preexisting FDA approval for human use for other (non-Giardia) conditions. Another three compounds, Fumagillin, Nitarsone and Carbadox have preexisting approval for veterinary use for non-Giardia conditions. Additional active compounds identified include: Acivicin, Riboflavin butyrate, BTO–1, GW9662, Dinitroph-dfgp, Deserpidine, Tetramethylthiuram disulsulfide, Disulfiram, Mitoxantrone, Ecteinascidin 743, 17-allyaminogeldanamycin, Carboquone and Nocodazole. The anti-Giardial activity of these compounds presents a cost saving opportunity for the rapid development of new, better tolerated treatments for the most prevalent human intestinal parasite infection in the United States and the world.

Potential Commercial Applications:

• Treatment of Giardia in humans.

• Treatment of Giardia in animals—dogs and cats.

Competitive Advantages: These compounds have currently been approved for human and veterinary uses of other indications which provides an opportunity to greatly reduce risk and pre-market investments both in terms of time and costs associated with development and regulatory approval for new Giardia applications including the drug resistant Giardiasis.

Development Stage:

• Early-stage.

• Pre-clinical.

• In vitro data available.

Inventors:

• Wei Zheng, Catherine Chen, Juan J. Marugan, Noel T. Southall, Christopher P. Austin (NHGRI).

• Osnat Hertzberg, Luidmila Kulakova, Andrey Galkin (Institute for Bioscience & Biotechnology Research, University of Maryland).

Publication: Chen CZ, et al. High-throughput Giardia lamblia viability assay using bioluminescent ATP content measurements. Antimicrob Agents Chemother. 2011 Feb;55(2):667–675. [PMID 21078930].

Intellectual Property: HHS Reference No. E–211–2010/1—U.S. Provisional Application No. 61/411,509 filed 09 Nov 2010.

Licensing Contact: Tedd Fenn; 301–435–5031; *Tedd.Fenn@nih.gov.*

Collaborative Research Opportunity: The NHGRI is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Novel Compounds for Treatment of Giardiasis. For collaboration opportunities, please contact Claire Driscoll, NHGRI, at *cdriscol@mail.nih.gov.*

Dated: August 12, 2011.

Richard U. Rodriguez,

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

[FR Doc. 2011–21155 Filed 8–17–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Amended Notice of Meeting

Notice is hereby given of a meeting of the National Advisory Council on Alcohol Abuse and Alcoholism, September 12, 2011, 3:30 p.m. to 5:30 p.m., September 13, 2011, 9 a.m. to 1 p.m., National Institutes of Health, Building 1, 1 Center Drive, Wilson Hall, Bethesda, MD 20892 which was published in the **Federal Register** on June 29, 2011, 76FRN2011–16858.

The meeting time has changed on September 12, 2011 from 2:45 p.m. to 5:30 p.m. The location of the meeting will remain the same.

Dated: August 11, 2011.

Anna P. Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–21126 Filed 8–17–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Deafness and Other Communication Disorders; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Institute on Deafness and Other Communication Disorders Special Emphasis Panel, P50 Review.

Date: September 27, 2011.

Time: 3 p.m. to 6 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6120 Executive Blvd., Rockville, MD 20852, (Telephone Conference Call).

Contact Person: Christine A. Livingston, PhD, Scientific Review Officer, Division of Extramural Activities, National Institutes of Health/NIDCD, 6120 Executive Blvd.—MSC 7180, Bethesda, MD 20892, (301) 496–8683, *livingsc@mail.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.173, Biological Research Related to Deafness and Communicative Disorders, National Institutes of Health, HHS)

Dated: August 12, 2011.

Anna P. Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–21150 Filed 8–17–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Cancer Institute Board of Scientific Advisors.

The meeting will be open to the public, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

Name of Committee: National Cancer Institute Board of Scientific Advisors, caBIG Oversight Ad hoc Subcommittee.

Date: August 25, 2011.

Time: 11 a.m. to 1 p.m.

Agenda: New Business, caBIG Initiatives and Oversight Interaction.

Place: National Institutes of Health, 6116 Executive Boulevard, 8th Floor, Rm. 8018, Rockville, MD 20852, (Telephone Conference Call).

Contact Person: John Czajkowski, MPA, Deputy Director for Management, Office of the Director, National Cancer Institute, National Institutes of Health, 31 Center Drive, Rm. 11A48, Bethesda, MD 20892, 301–435–2455, *john.czajkowski@nih.gov.*

This notice is being published less than 15 days prior to the meeting due to scheduling conflicts.

Any interested person may file written comments with the committee by forwarding the statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

Information is also available on the Institute's/Center's home page: *deainfo.nci.nih.gov/advisory/bsa.htm,* where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.392, Cancer Construction; 93.393, Cancer Cause and Prevention Research; 93.394, Cancer Detection and Diagnosis Research; 93.395, Cancer Treatment Research; 93.396, Cancer Biology Research; 93.397, Cancer Centers Support; 93.398, Cancer Research Manpower; 93.399, Cancer Control, National Institutes of Health, HHS)

Dated: August 12, 2011.

Anna P. Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–21146 Filed 8–17–11; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the National Cancer Advisory Board, September 13, 2011, 9 a.m. to September 13, 2011, 5 p.m., National Institutes of Health National Institutes of Health, Building 31, 31 Center Drive, Conference Room 10, Bethesda, MD 20892 which was published in the **Federal Register** on August 10, 2011, 76 FR 49493.

This notice is amended to add the National Cancer Advisory Board Ad hoc Subcommittee on Global Cancer Research meeting. The meeting will convene on September 12, 2011 from 6:30 to 8:30 p.m. in the Diplomat/Ambassador room at the Bethesda Regency Hyatt, One Metro Center, Bethesda, MD 20814.

Dated: August 12, 2011.

Anna P. Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2011–21137 Filed 8–17–11; 8:45 am]

BILLING CODE 4140–01–P