

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.

Proposed Collection Title: Intramural Continuing Umbrella of Research Experiences (iCURE) Application, 0925-XXXX, Exp., Date XX/XXXX, EXISTING COLLECTION IN USE WITHOUT OMB APPROVAL, National Cancer Institute (NCI), National Institutes of Health (NIH).

Need and Use of Information Collection: The new Intramural Continuing Umbrella of Research Experiences (iCURE) program supports mentored research experiences for qualified post-baccalaureate (including post masters) individuals, graduate students, and postdoctoral fellows in the multidisciplinary National Cancer Institute (NCI) intramural research environment. This information collection request are applications and a reference letter to help evaluate the merits of the candidates and their potential match for the iCURE program. iCURE is an extension of the highly successful NCI Center to Reduce Cancer Health Disparities' (CRCHD) Continuing Umbrella of Research Experiences (CURE) program which helps support the career progress of its scholars

toward research independence, as well as fosters and sustains diversity in the biomedical research pipeline. Like the CURE program, iCURE strongly encourages the participation of individuals from underrepresented populations and is aligned with NCI's interest in diversity. The benefit of collecting this information is to enable the selection of the best matching candidates for the iCURE program. The iCURE program aims to, 1. Enhance the diversity of the NCI Intramural Research Program (IRP), and 2. Promote the career progress of the iCURE scholars in cancer research.

OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated burden hours are 305.

ESTIMATED ANNUALIZED BURDEN HOURS

Form name	Type of respondent	Number of respondents	Number of responses per respondent	Average time per response (in hours)	Total annual burden hour
Postbac Supplemental Application ...	Post-Baccalaureate (Including Post-Master's) Individuals.	50	1	30/60	25
Graduate Student Application	Graduate Students	30	1	2	60
Postdoctoral Fellowship Application	Postdoctoral Candidates	50	1	2	100
Reference Letter	PIs, professors, supervisors	240	1	30/60	120
Total	370	370	305

Patricia M. Busche,
Project Clearance Liaison, National Cancer Institute, National Institutes of Health.
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Neurological Disorders and Stroke, Muscular Dystrophy Coordinating Committee Call for Committee Membership Nominations

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The Office of the Secretary of the Department of Health and Human Services (HHS) is seeking nominations for an individual to serve as a nonfederal public member on the Muscular Dystrophy Coordinating Committee.

DATES: Nominations are due by 5 p.m. EDT on August 31, 2018.

ADDRESSES: Nominations must be sent to Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov.

FOR FURTHER INFORMATION CONTACT: Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov or (301) 496-5745.

SUPPLEMENTARY INFORMATION: The Muscular Dystrophy Coordinating Committee (MDCC) is a federal advisory committee established in accordance with the Muscular Dystrophy Community Assistance, Research, and Education Amendments of 2001 (MD-CARE Act; Pub. L. 107-84). The MD-CARE Act was reauthorized in 2008 by Public Law 110-361, and again in 2014 by Public Law 113-166. The MD-CARE Act specifies that the committee membership be composed of 2/3 governmental agency representatives and 1/3 public members. We are seeking nominations for two non-federal, public members at this time, due to turnover of committee membership. Nominations will be accepted between July 31 and August 31, 2018.

Who is Eligible: Nominations are encouraged for new or reappointment of non-federal public members who can provide the public and/or patient perspectives to discussions of issues considered by the Committee. Self-

nominations and nominations of other individuals are both permitted. Only one nomination per individual is required. Multiple nominations for the same individual will not increase likelihood of selection. Non-federal, public members may be selected from the pool of submitted nominations or other sources as needed to meet statutory requirements and to form a balanced committee that represents the diversity within the muscular dystrophy communities. Nominations are especially encouraged from leaders or representatives of muscular dystrophy research, advocacy, or service organizations, individuals with muscular dystrophy or their parents or guardians. In accordance with White House Office of Management and Budget guidelines (FR Doc. 2014-19140), federally-registered lobbyists are not eligible.

Committee Composition: The Department strives to ensure that the membership of HHS Federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that the views of all genders, all ethnic and racial groups, and people with disabilities are

represented on HHS Federal advisory committees and, therefore, the Department encourages nominations of qualified candidates from these groups. The Department also encourages geographic diversity in the composition of the Committee. Appointment to this Committee shall be made without discrimination on the basis of age, race, ethnicity, gender, sexual orientation, disability, and cultural, religious, or socioeconomic status. Requests for reasonable accommodation to enable participation on the Committee should be indicated in the nomination submission.

Member Terms: Non-Federal public members of the Committee serve for a term of 3 years, and may serve for an unlimited number of terms if reappointed. Members may serve after the expiration of their terms, until their successors have taken office.

Meetings and Travel: As specified by Public Law 113–166, the MDCC “shall meet no fewer than two times per calendar year.” Travel expenses are provided for non-federal public Committee members to facilitate attendance at in-person meetings. Members are expected to make every effort to attend all full committee meetings, twice per year, either in person or via remote access. Participation in relevant subcommittee, working and planning group meetings, and workshops, is also encouraged.

Submission Instructions and Deadline: Nominations are due by 5 p.m. EDT on August 31, 2018, and should be sent to Glen Nuckolls, Ph.D., by email to nuckollg@ninds.nih.gov.

Nominations must include contact information for the nominee, a current curriculum vitae or resume of the nominee and a paragraph describing the qualifications of the person to represent some portion(s) of the muscular dystrophy research, advocacy and/or patient care communities.

More information about the MDCC is available at <https://mdcc.nih.gov/>.

Dated: July 24, 2018.

Walter J. Koroshetz,

Director, National Institute of Neurological Disorders and Stroke, National Institutes of Health.

[FR Doc. 2018–16112 Filed 7–26–18; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Prospective Grant of Exclusive Patent License: Radiotherapy for Metastatic Castration-Resistant Prostate Cancer

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health, Department of Health and Human Services, is contemplating the grant of an exclusive commercialization patent license to Sinotau Pharmaceutical Group, headquartered in Beijing, China, to practice the inventions embodied in the patent application(s) listed in the Supplementary Information section of this notice.

DATES: Only written comments and/or applications for a license which are received by the NHLBI Office of Technology Transfer and Development August 27, 2018 will be considered.

ADDRESSES: Requests for copies of the patent applications, inquiries, and comments relating to the contemplated exclusive patent license should be directed to: Michael Shmilovich, Esq., Senior Licensing and Patent Manager, 31 Center Drive, Room 4A29, MSC2479, Bethesda, MD 20892–2479, phone number 301–435–5019, or shmilovm@mail.nih.gov.

SUPPLEMENTARY INFORMATION: The following and all continuing U.S. and foreign patents/patent applications thereof are the intellectual properties to be licensed under the prospective agreement to Sinotau Pharmaceutical Group: U.S. Provisional Patent Application 62/633,648, “Chemical Conjugates Of Evans Blue Derivatives And Their Use As Radiotherapy And Imaging Agents For Targeting Prostate Cancer,” filed February 22, 2018 (HHS Ref. No. E–054–2018–0). The patent rights in this invention have been assigned to the Government of the United States of America. The perspective license would be granted worldwide and in a field of use not broader than radiotherapeutics for metastatic castration-resistant prostate cancer.

The invention covered by the patents and patent applications pertaining to HHS Ref. No. E–054–2018–0 pertain to a therapeutic agent that includes a

chemically conjugated residue derived from (((R)-1-carboxy-2-mercaptoethyl)carbamoyl)-L-glutamic acid that is further bound to an Evans blue analog (EB). The EB analog reversibly binds to circulating serum albumin to provide a radiopharmaceutical that retains affinity and specificity to prostate specific membrane antigen (PSMA; in this case PSMA-617). PSMA is a surface molecule shown to be specifically expressed by prostate tumor cells. PSMA expression levels correlate with disease stage and with hormone refractory cancers. Although most PSMA expression appears to be restricted to the prostate cancer, low levels of expression can also be detected in the brain, kidneys, salivary glands, and small intestine. The antigen is also shown to be expressed by neovascular tumor vessels of multiple other cancers. Inclusion of the Evans blue analog promotes high internalization and retention rates of the conjugated target ligand, and therefore, higher accumulation in PSMA positive tumors. Labeling EB-PSMA-617 derivatives with the therapeutic beta emitters, *e.g.*, ⁹⁰Y, ⁸⁶Y, and ¹⁷⁷Lu gives rise to improved tumor response and survival rates.

This notice is made in accordance with 35 U.S.C. 209 and 37 CFR part 404. The prospective exclusive patent license will be royalty bearing and may be granted unless within fifteen (15) days from the date of this published notice, the NHLBI receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR part 404.

Complete applications for a license in the prospective field of use that are timely filed in response to this notice will be treated as objections to the grant of the contemplated exclusive patent license.

Comments and objections submitted to this notice will not be made available for public inspection and, to the extent permitted by law, will not be released under the *Freedom of Information Act*, 5 U.S.C. 552.

Dated: July 19, 2018.

Michael A. Shmilovich,

Senior Licensing and Patenting Manager, National Heart, Lung, and Blood Institute, Office of Technology Transfer and Development.

[FR Doc. 2018–16066 Filed 7–26–18; 8:45 am]

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