committee trade secret and/or confidential commercial information (5 U.S.C. 552b(c)(4)) regarding pending and future agency issues.

Persons attending FDA's advisory committee meetings are advised that the agency is not responsible for providing access to electrical outlets.

FDA welcomes the attendance of the public at its advisory committee meetings and will make every effort to accommodate persons with physical disabilities or special needs. If you require special accommodations due to a disability, please contact Shirley Meeks, Conference Management Staff, at 301–594–1283, ext. 105, at least 7 days in advance of the meeting.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: September 14, 2002.

Linda Arey Skladany,

Senior Associate Commissioner for External Relations.

[FR Doc. 02–23949 Filed 9–19–02; 8:45 am]

BILLING CODE 4160–01–S

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: The Sentinel Centers Network (SCN) Core Data Set—New

HRSA's Bureau of Primary Health Care (BPHC) established the Sentinel Centers Network (SCN) to assist in addressing critical policy issues. Thirty-eight BPHC supported health centers and NHSC sites have been awarded funds through sub-contracts in this first year of operation. These health centers were identified as having adequate infrastructure and commitment through the competitive contract process to serve as ''laboratories'' that will generate data for timely policy analyses and conducting projects on topics that have immediate policy impact.

A protocol for core data collection and retrieval, timelines, expectations, and evaluation of the Network sites is currently underway. It is expected that sites will submit these core data, or have these data extracted from their existing information systems periodically. These core data may include provider level, encounter level, and user level information regarding, for example, data on service delivery, utilization, payer sources, demographics, clinical diagnoses and outcomes, staffing, and costs. Since all data obtained from the participant sites will be extracted/compiled from existing information systems, and not through primary data collection, burden will therefore be minimized. In addition, each participant site will receive technical assistance both on site and via telephone to reduce burden as much as possible.

Estimated burden hours:

Type of respondent	Number of respondents	Responses per respondent	Total responses	Hours per responses	Total burden hours
Sites	38	4	152	8	1,216

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: John Morrall, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: September 12, 2002.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 02–23848 Filed 9–19–02; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request; Women's Health Initiative Observational Study

Summary: In compliance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, Office of the Director, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: Women's Health Initiative (WHI) Observational Study.

Type of Information Collection Request: Revision OMB #0925–0414 Exp: 05/03.

Need for Use of Information Collection: This study will be used by the NIH to evaluate risk factors for chronic disease among older women by developing and following a large cohort of postmenopausal women and relating subsequent disease development to baseline assessments of historical, physical, psychosocial, and physiologic characteristics. In addition, the observational study will complement the clinical trial (which has received clinical exemption) and provide additional information on the common causes of frailty, disability and death for postmenopausal women, namely, coronary heart disease, breast and colorectal cancer, and osteoporotic fractures.

Frequency of Response: On occasion.

Affected Public: Individuals and physicians.

Type of Respondents: Women, next-of-kin, and physician's office staff. The annual reporting burden is as follows:

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
OS Participants	86,886	1.4059	.173	21,133
Next-of-kin	2,916	1	.0835	243
Physician's Office Staff	43	1	.0835	4
Total				21,380

The annualized cost burden is $213,948.

There are no annual Capital Costs, Operating Costs and/or Maintenance Costs to report.

Request for Comments: Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate whether the proposed collection is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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.

For Further Information Contact: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Dr. Linda Pottern, Project Officer, Women's Health Initiative Program Office, 6705 Rockledge Drive, 1 Rockledge Centre, Suite 300, MSC 7966, Bethesda, MD 20892–7966, or call (301) 402–2900 or e-mail your request, including your address to: *Linda_Pottern@nih.gov.*

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 60 days of the date of this publication.

Dated: September 11, 2002.

Jacques E. Rossouw,

Acting Director, Women's Health Initiative.

[FR Doc. 02–23873 Filed 9–19–02; 8:45 am]

BILLING CODE 4140–01–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, DHHS.

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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.

New Tumor Suppressor Gene, p28ING5

Dr. Curtis C. Harris *et al.* (NCI)
DHHS Reference No. E–300–01/0 filed January 23, 2001
Licensing Contact: Catherine Joyce; 301/496–7735 ext. 258; e-mail: *joycec@od.nih.gov*

This technology pertains to the discovery of a new member of the ING (inhibitor growth) family of putative tumor suppressor genes, p28ING5. p28ING5 was identified by homology to the tumor suppressor gene p33ING1. Over-expression of the ING5 protein causes cell cycle arrest in human cancer cell lines and ING5 expression varies between cancer cell lines. Detection of ING5 gene or protein expression could potentially be used for cancer diagnosis and ING5 could be used as a medicant.

The above-mentioned invention is available for licensing on an exclusive or non-exclusive basis.

HGC–1, A Gene Encoding a Member of the Olfactomedin-Related Protein Family

Griffin P. Rodgers, Wen-Li Liu, Jiachang Zhang (NIDDK)
U.S. Provisional Patent Application 60/338,759 (E–166–01/0) filed December 7, 2001
Licensing Contact: Brenda Hefti; 301/496–7736 ext. 206; e-mail: *heftib@od.nih.gov*

The current technology embodies a newly identified gene, Human Granulocyte Colony-Stimulating Factor-Stimulated-Clone-1 (hGC–1) that has been cloned and characterized, and its protein sequence has been deduced. The gene is expressed in the bone marrow, prostate, small intestine, colon, and stomach, and has been mapped to chromosome 13 in a region that contains a tumor suppressor gene cluster. The gene is found to be selectively present in normal human myeloid lineage cells and is believed to play a role in allowing lymphocytes to differentiate properly. It is believed that the gene may be used as a selective marker for human prostate cancer, multiple myeloma, B-cell chronic lymphocytic leukemia and other types of cancer and can be used diagnostically as well as in therapeutic screening activities.

Modulating IL–13 Activity Using Mutated Il–13 Molecules That Are Antagonists or Agonists of IL–13

R. Puri, Y. Oshima, and B. Joshi (FDA)
PCT Application PCT/US00/31044 (E–032–00/2) filed November 10, 2000, and claiming priority to a U.S. Provisional application filed November 11, 1999
Licensing Contact: Brenda Hefti; 301/496–7736 ext. 206; e-mail: *heftib@od.nih.gov*

The present invention provides antagonists and agonists of IL–13 activity. The antagonists can be used to reduce or end symptoms in conditions, such as asthma, allergic rhinitis, atopic dermatitis, parasitic infections, pulmonary fibrosis, and others in which