Lake Success, New York, Court of Federal Claims Number 06–0481V.

61. Angelena and Joseph Gonzales on behalf of Tomas Russell Gonzales, Deceased, Shiprock, New Mexico, Court of Federal Claims Number 06–0487V.

62. Jimmie Lee Lazenberry, Jacksonville, Florida, Court of Federal Claims Number 06–0493V.

Dated: September 6, 2006.

Elizabeth M. Duke,

Administrator.

[FR Doc. E6–15287 Filed 9–14–06; 8:45 am]

BILLING CODE 4165–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Proposed Collection; Comment Request; NCI Cancer Information Service Base Demographics/Customer Service Data Collection

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, the National Cancer Institute (NCI), 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: NCI Cancer Information Service Base Demographics/Customer Service Data Collection. *Type of Information Collection Request:* Revision of currently approved collection 0925–0208. *Need and Use of Information Collection:* The National Cancer Institute's Cancer Information Service (CIS) provides the latest information on cancer, clinical trials, and tobacco cessation. Characterizing clients and how they found out about the CIS is essential to customer service, program planning and promotion. This effort involves a brief survey of clients of the 1–800–4–CANCER and 1–877–44U–QUIT toll-free services and LiveHelp, a web-based chat service. The telephone survey contains eight questions—3 customer service and 5 demographic—asked of a subset of callers (cancer patients, tobacco users, their family or friends, and the general public) at the end of usual service for an annual total of approximately 115,944 callers. All (100%) of these telephone clients will be asked the 3 customer service questions for an annual total of 113,061 callers. Of the 113,061 telephone clients we serve annually, 36% (n=40,702) will be randomly selected and asked five additional demographic questions. The LiveHelp web survey involves 50% of LiveHelp clients the same eight questions (3 customer service questions and 5 demographic questions) for an annual total of approximately 2,883 users. The combined total of clients to be surveyed each year for both telephone and LiveHelp services is 115,944 for a total of annual burden hours of 2,616. *Frequency of Response:* Single time. *Affected Public:* Individuals or households. *Type of Respondents:* Patients, relatives, friends, and general public. The annual reporting burden is as follows:

Estimated Number of Respondents: 115,944; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* 0.0167 and *Estimated Total Annual Burden Hours Requested:* 2616. The annualized cost to respondents is estimated at: $47,323. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

Type of respondents	Estimated number of respondents	Estimated number of responses per respondent	Average burden hours per response	Estimated total annual burden hours requested
Telephone Client [1]				
5 Demographic Questions (average annual sampling rate = 36%)	40,702	1	0.0167	680
3 Customer Service (100% sampling)	113,061	1	0.0167	1888
LiveHelp Clients [2]				
5 Demographic + 3 Customer Service questions (50% sampling)	2883	1	0.0167	48
Total	115,944			2,616

[1] Approximately 36% of telephone and quitline clients will be sampled for the demographic questions. That is, 25% will be routinely sampled and up to 100% will be sampled for short periods of time during special promotions. This will average to be about 36% of all callers annually. The 40,702 clients who are asked the 5 demographic questions are not additional clients as they are included in the 113,061 who answer the 3 customer service questions. However, they do have additional burden as they are asked the 5 the additional demographic questions. Thus, a burden calculation for these additional 5 questions is presented and the total number of respondents is equal to 113,061 for telephone clients plus 2,883 for LiveHelp clients.

[2] Approximately 50% of LiveHelp clients will be sampled for demographic and customer service questions.

Request for Comments: Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) 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) 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.

FOR FURTHER INFORMATION CONTACT: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Linda Squiers, Ph.D., Project Officer, National Cancer Institute, Cancer Information Service, 6116 Executive Blvd., Suite 3056A, Room 3029, Rockville, MD 20892 or call non-toll-free number 301–594–9075 or E-mail your request, including your address to: *squiersl@mail.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 7, 2006.

Rachelle Ragland-Greene,

NCI Project Clearance Liaison, National Institutes of Health.

[FR Doc. E6–15296 Filed 9–14–06; 8:45 am]

BILLING CODE 4101–01–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 Protein Tissue Inhibitor of Metalloproteinases-2 (TIMP–2) Derived Anti-Angiogenic Peptides

Description of Technology: Cancer is the second leading cause of death in United States and it is estimated that there will be approximately 600,000 deaths caused by cancer in 2006. A major drawback of the existing chemotherapies is the cytotoxic side-effects that are associated with them. Thus, there is a need to develop new therapeutic approaches with reduced side-effects.

Anti-angiogenic therapy is a recent approach in cancer therapeutics targeting the formation of blood vessels that are necessary for tumor growth. Recently, the anti-angiogenic molecule bevacizumab (Avastin) has gained approval from the FDA for the first-line treatment of metastatic colon cancer in combination with standard chemotherapy.

Human protein tissue inhibitor of metalloproteinases-2 (TIMP–2) has been shown to inhibit angiogenesis in vivo independent of metalloproteinase inhibition. This technology discloses new peptide sequences derived from TIMP–2. They retain their in vivo anti-angiogenic property acting via the same mechanism as TIMP–2 and some of them have significantly higher activity than TIMP–2. Anti-angiogenic peptidomimetics based on this technology can be developed for the treatment of angiogenesis associated diseases.

Applications:

1. Novel human TIMP–2 derived peptide sequences.
2. Novel human TIMP–2 derived peptide sequences with considerable anti-angiogenic activity in vivo.
3. Human TIMP–2 derived peptides with high anti-angiogenic activity that can be used for the treatment of several cancers.
4. Human TIMP–2 derived peptides with high anti-angiogenic activity that can be used for the treatment of several other angiogenesis associated diseases such as retinopathy and rheumatoid arthritis.

Market:

1. 600,000 deaths from cancer related diseases estimated in 2006.
2. The technology platform involving novel anti-angiogenic cancer therapy technology has a potential market of more than 2 billion U.S. dollars.
3. The technology platform has additional market in treating several other clinical problems such as autoimmune diseases.

Development Status: The technology is currently in the pre-clinical stage of development.

Inventors: William G. Stetler-Stevenson and Dong-Wan Seo (NCI) (Lead Inventor Web page: *http://ccr.cancer.gov/staff/staff.asp?profileid=5853*)

Related Publications:

1. DW Seo, *et al.* TIMP–2 mediated inhibition of angiogenesis: an MMP-independent mechanism. Cell 2003 Jul 25; 114(2):171–180.
2. WG Stetler-Stevenson, et al. Tissue inhibitor of metalloproteinases-2 (TIMP–2) mRNA expression in tumor cell lines and human tumor tissues. J Biol Chem. 1990 Aug 15; 265(23):13933–13938.
3. WG Stetler-Stevenson and DW Seo. TIMP–2: an endogenous inhibitor of angiogenesis. Trends Mol Med. 2005 Mar; 11(3):97–103.
4. DW Seo, et al. Shp-1 mediates the antiproliferative activity of tissue inhibitor of metalloproteinase-2 in human microvascular endothelial cells. J Biol Chem. 2006 Feb 10; 281(6):3711–3721.
5. H Chang, et al. TIMP–2 promotes cell spreading and adhesion via upregulation of RAP1 signaling. Biochem. Biophys. Res. Comm. 2006 Jul 7; 345(3):1201–1206.
6. J Oh, et al. TIMP–2 upregulates RECK expression via dephosphorylation of paxillin tyrosine residues 31 and 118. Oncogene 2006 Jul 13; 25(30):4230–4234.

Patent Status: U.S. Provisional Application No. 60/728,146 filed 18 Oct 2005, entitled ''Angio-inhibitory Peptides Derived from TIMP–2'' (HHS Reference No. E–186–2005/0–US–01).

Licensing Status: Available for exclusive and non-exclusive licensing.

Licensing Contact: Thomas P. Clouse, J.D.; 301/435–4076; *clousetp@mail.nih.gov.*

Collaborative Research Opportunity: The NCI Cell and Cancer Biology Branch is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize TIMP–2 derived anti-angiogenic peptides. Please contact Betty Tong at 301–496–0477 or *tongb@mail.nih.gov* for more information.

Novel Chemoattractant-Based Toxins To Improve Vaccine Immune Responses for Cancer and Infectious Diseases

Description of Technology: Cancer is one of the leading causes of death in United States and it is estimated that there will be more than half a million deaths caused by cancer in 2006. A major drawback of the current chemotherapy-based therapeutics is the cytotoxic side-effects associated with them. Thus there is a dire need to develop new therapeutic strategies with fewer side-effects. Immuno-therapy has taken a lead among the new therapeutic approaches. Enhancing the innate immune response of an individual has been a key approach for the treatment against different diseases such as cancer and infectious diseases.

This technology involves the generation of novel chemoattractant toxins that deplete the T regulatory cells (Treg) or other immunosuppressive or hyperactivated cells locally. Treg controls activation of immune responses by suppressing the induction of adaptive immune responses, particularly T cell responses. Immunosuppressive cells such as tumor infiltrating macrophages or NKT and other cells down regulate antitumor immune responses. The chemoattractant toxins consist of a toxin moiety fused