homology with other matrix metalloproteinases. Antibodies made with certain of the peptides are capable of distinguishing activated and non-activated forms of collagenase IV. Hence, the peptides have potential applications as both therapeutic and diagnostic agents. (portfolio: Cancer—Research Reagents; Cancer—Diagnostics, in vitro, DNA based)

Cell Matrix Receptor System And Use In Cancer Diagnosis And Management

LA Liotta, NC Rao, V Terranova (NCI)

Serial No. 06/481,934 filed 04 Apr 83

U.S. Patent No. 4,565,789 issued 21 Jan 86

A method of diagnosis and management of cancer, particularly breast cancer, is provided. The method involves interfering with the mechanism by which tumor cells adhere to the various membranes and tissues of the body, enabling replication, using cell receptors specific for the laminin molecule. The laminin molecule normally adheres to collagen IV of the membranes and tissues. The novel laminin molecule disclosed binds the cell receptor of the tumor cell because it has an affinity for the receptor but it does not have an affinity for collagen IV which is part of the membranes and tissues of the body.

Other applications include possible burn therapy through the promotion of adhesion and growth of epithelial cells, which form the covering of most internal organs and outer surface layers of skin.

Secondly, this invention provides a method for evaluating the effectiveness of chemotherapeutic agents designed to affect the receptor in cancer cells. The invention discloses a kit for detecting the presence of metastasizing cancer cells having this cell receptor. A method of separation of metastatic cancer cells expressing the cell receptor from a mixed population of cells is also provided.

Also provided is a method of detecting breast cancer using radiolabelled antibodies specific to the cell receptor. (Portfolio: Cancer—Diagnostics, in vitro, MAb based; Cancer—Diagnostics, in vivo, conjugate chemistry; Cancer—Diagnostics, in vitro, other; Cancer—Research Reagents, MAb based; Cancer—Miscellaneous; Cancer—Therapeutics, biological response modifiers, growth factors; Internal Medicine—Therapeutics, anti-inflammatory.)

Dated: August 21, 1996.

Maria C. Freire,

Director, Office of Technology Transfer.

[FR Doc. 96–23634 Filed 9–13–96; 8:45 am]

BILLING CODE 4140–01–M

National Institute on Deafness and Other Communication Disorders; Notice of Meeting of the Deafness and Other Communication Disorders Programs Advisory Committee

Pursuant to Pub. L. 92–463, notice is hereby given of a meeting of the Deafness and Other Communication Disorders Programs Advisory Committee.

Date: October 28, 1996.

Place: National Institutes of Health, 9000 Wisconsin Avenue, Building 31C, Conference Room 6, Bethesda, MD 20892.

Time: 8 am to 5 pm.

Purpose/Agenda: To hold discussions on Extramural Research programs.

Contact Person: Ralph F. Naunton, M.D., Director, Division of Human Communication, NIH/NIDCD, 6120 Executive Boulevard, MSC 7180, Bethesda, MD 20892–7180, 301–496–1804.

The entire meeting will be open to the public, with attendance limited to space available. A summary of the meeting and a roster of the members may be obtained from Dr. Naunton's office. For individuals who plan to attend and need special assistance such as sign language interpretation or other reasonable accommodation, please contact Dr. Naunton prior to the meeting.

(Catalog of Federal Domestic Assistance Program No. 93.173 Biological Research Related to Deafness and Communication Disorders)

Dated: September 6, 1996.

Margery G. Grubb,

Senior Committee Management Specialist, NIH.

[FR Doc. 96–23564 Filed 9–13–96; 8:45 am]

BILLING CODE 4140–01–M

Prospective Grant of Exclusive License: Immunotoxins With In-Vivo T Cell Suppressant Activity and Methods of Use and Immunotoxins

AGENCY: National Institutes of Health, Public Health Service, DHHS.

ACTION: Notice.

SUMMARY: This notice in accordance with 35 U.S.C. 209(c)(1) and 37 CFR 404.7(a)(1)(I) that the National Institutes of Health (NIH), Department of Health and Human Services, is contemplating the grant of an exclusive world-wide license to practice the inventions embodied in U.S. Patent Number 5,167,956, and entitled; ''Immunotoxins With In-Vivo T Cell Suppressant Activity and Methods of Use'', Patent Applications USSN 08/308,730, 60/008,104 and 60/015,459, and corresponding U.S. and foreign patent applications, all entitled; ''Immunotoxins With In-Vivo T Cell Suppressant Activity And Methods Of Use'' and U.S. Patent Number 5,208,021, and entitled; ''Immunotoxins'' and corresponding foreign patent applications to Sandoz Pharma Ltd., Basel, Switzerland. The patent rights for NIH inventors in these inventions have been assigned to the United States of America.

The prospective exclusive license will be royalty-bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless within sixty (60) days from the date of this published notice, NIH 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 404.7.

The field of use for this prospective exclusive license may be limited to ''Induction of Tolerance to Transplanted Organs''. The field of use for this prospective exclusive license for U.S. Patent Number 5,208,021 will exclude, at a minimum, fields of use of, ''for therapeutic treatment of all cancers'' and ''for therapeutic treatment of all muscle diseases and disorders.''

A major goal in transplant immunobiology is the development of specific immunologic tolerance to organ transplants. This therapy holds the potential of freeing patients from the side effects of continuous pharmacologic immunosuppression and its attendant complications and costs. Dr. David Neville's laboratory at the National Institute for Mental Health, NIH has developed immunotoxins (IT) targeted to the pan-T cell marker CD3 (anti-CD3-IT) and demonstrated that it has a profound immunosuppressive effect on human and rhesus T cells in vivo. A collaboration with Dr. Stewart Knechtle's laboratory (University of Wisconsin, Madison) has shown that a 3-day administration of anti-CD3 IT in rhesus monkeys can transiently deplete T cells to <1% of initial val–es in both the blood and lymph node compartments. Donor lymphocytes were injected intrathymically in some animals. All monkeys with T cell depletion had prolonged allograft survival. Tolerance was confirmed by skin grafting in 5 of 6 long-surviving recipients (>150 days). No other drug or treatment regimen has come close to achieving these results. In a collaboration with Dr. Judith Thomas' laboratory (University of Alabama,

Birmingham), a lower dose of anti-CD3–IT given 15 hours before transplant with other conditioning agents (donor bone marrow or total lymphoid irradiation), markedly prolongs the lifetime of mismatched renal allografts and has lead to stable tolerance in some recipients. These studies suggest that the anti-CD3 immunotoxin can induce allospecific CTL hyporesponsiveness in rhesus kidney allograft recipients and this treatment has potential for inducing tolerance to allografts in humans.

Another application of this technology is in the treatment of autoimmune diseases. Dr. Neville's laboratory has demonstrated that anti-CD3–IT treatment moderates the course of an experimental T cell driven autoimmune disease (myelin basic protein induced experimental allergic encephalomyelitis or EAE) in rhesus monkeys. EAE in non-treated control monkeys progressed rapidly and paralysis occurred 4–6 days after induction. In monkeys treated with anti-CD3–IT at induction, paralysis was either delayed or never occurred. These results have been achieved with a chemically-coupled reagent. Development of a molecularly enginerred anti-CD3-IT is ongoing. Anti-CD3 immunotoxin may be useful in treating T cell driven autoimmune diseases such as rheumatoid arthritis and multiple sclerosis.

ADDRESSES: Requests for copies of the patent applications, inquiries, comments and other materials relating to the contemplated licenses should be directed to: Raphe Kantor, Ph.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; Telephone: (301) 496–7735 ext. 247; Facsimile: (301) 402–0220. A signed Confidentiality Agreement will be required to recieve copies of the patent applications. Applications for a license in the field of use filed in response to this notice will be treated as objections to the grant of the contemplated licneses. Only written comments and/or applications for a license which are received by NIH on or before November 15, 1996 will be considered. 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: September 6, 1996.

Barbara M. McGarey,

Deputy Director, Office of Technology Transfer.

[FR Doc. 96–23633 Filed 9–13–96; 8:45 am]

BILLING CODE 4140–01–M

Office of Public Health and Science

Announcement of Availability of Funds for Family Planning Services Grants

AGENCY: Office of Public Health and Science, HHS.

ACTION: Notice.

SUMMARY: The Office of Population Affairs announces the availability of funds for FY 1997 family planning services grant projects under the authority of Title X of the Public Health Service Act (42 U.S.C. 300 *et seq.*) and solicits applications for competing grant awards to serve the areas and/or populations set out below. Only applications which propose to serve the populations and/or areas listed in Table I will be acccepted for review and possible funding.

OMB Catalog of Federal Domestic Assistance 93.217

DATES: Application due dates vary. See **SUPPLEMENTARY INFORMATION** below.

ADDRESSES: Additional information may be obtained from and completed applications should be sent to the appropriate Regional Health Administrator at the address below:

Region I (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont): DHHS/PHS Region I, John F. Kennedy Federal Building, Government Center, Room 1400, Boston, MA 02203

Region II (New Jersey, New York, Puerto Rico, Virgin Islands): DHHS/PHS Region II, 26 Federal Plaza, Room 3337, New York, NY 10278

Region III (Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, W. Virginia): DHHS/PHS Region III, 3535 Market Street, Philadelphia, PA 19101

Region IV (Alabama, Florida, Georgia, Kentucky, Mississippi, N. Carolina, S. Carolina, Tennessee): DHHS/PHS Region IV, 101 Marietta Tower, Suite 1106, Atlanta, GA 30323

Region V (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin): DHHS/PHS Region V, 105 West Adams Street, 17th Floor, Chicago, IL 60603

Region VI (Arkansas, Louisiana, New Mexico, Oklahoma, Texas): DHHS/PHS Region VI, 1200 Main Tower Building, Room 1800, Dallas, TX 75202

Region VII (Iowa, Kansas, Missouri, Nebraska): DHHS/PHS Region VII, 601 East 12th Street, 5th Fl. W., Kansas City, MO 64106

Region VIII (Colorado, Montana, N. Dakota, S. Dakota, Utah, Wyoming): DHHS/PHS Region VIII, 1961 Stout Street, Denver, CO 80294

Region IX (Arizona, California, Hawaii, Nevada, Commonwealth of the Northern Mariana Islands, American Samoa, Guam, Republic of Palau, Federated States of Micronesia, Republic of the Marshall Islands): DHHS/PHS Region IX, 50 United Nations Plaza, Room 327, San Francisco, CA 94102

Region X (Alaska, Idaho, Oregon, Washington): DHHS/PHS Region X, Blanchard Plaza, 2201 Sixth Avenue, M/S RX–20, Seattle, WA 98121

FOR FURTHER INFORMATON CONTACT: Regional Grants Management Officers: Region I, Mary O'Brien—617/565–1482; Region II, Manley Khaleel—212/264–4493; Region III, Marty Bree—215/596–6653; Region IV, Wayne Cutchins—404/331–2597; Region V, Elaine Smith—312/353–8700; Region VI, Joyce Bailey—214/767–3879; Region VII, Michael Rowland—816/426–5841; Region VIII, Susan A. Jaworowski—303/844–4461; Region IX, Ken Souza—415/437–8125; Region X, Jim Tipton—206/615–2473.

Regional Program Consultants for Family Planning: Region I, James Sliker—617/565–1452; Region II, Barry Gordon—212/264–2535; Region III, Louis Belmonte—215/596–6686; Region IV, Christino Rodriguez—404/331–5254; Region V, Janice Ely—312/353–1700; Region VI, Paul Smith—214/767–3072; Region VII, William S. Royster, Jr.—816/426–2924; Region VIII, John J. McCarthy, Jr.—303/844–5955; Region IX, James Hauser—415/437–8116; Region X, Sharon Schnare—206/615–2501.

SUPPLEMENTARY INFORMATION: Title X of the Public Health Service Act, 42 U.S.C. 300 *et seq.*, authorizes the Secretary of Health and Human Services (HHS) to award grants to public or private nonprofit entities to assist in the establishment and operation of voluntary family planning projects to provide a broad range of acceptable and effective family planning methods and services (including natural family planning methods, infertility services, and services for adolescents). The statute requires that, to the extent practicable, entities shall encourage family participation. Also, Title X funds