during ischemic attacks, or at risk for ischemic damage. The antagonists of this invention may be delivered prior to a surgical procedure. They may also be administered to a patient to prevent or reduce the severity of ischemic damage during surgery. Additionally, the A_{2a} antagonists may be administered following surgical procedures to reduce the risk of post-surgical ischemic complications. The A_{2a} antagonists may be administered to patients with angina, which may be chronic and stable, unstable or due to post-myocardial infarction.

Treatment of Stroke and Neurodegeneration

DK Von Lubitz, KA Jacobson (NIDDK)
DHHS Reference No. E–023–96/0 filed April 10, 1996

This technology relates to a method of using certain adenosine amine congeners in the prevention and treatment of brain damage caused by ischemia, hypoxia, and anoxia. The present invention provides a method of treating ischemic, hypoxic, or anoxic brain damage in an animal, particularly a human, comprising administering to an animal recently afflicted with ischemic, hypoxic, or anoxic brain damage, or an animal in imminent danger of suffering ischemic brain damage, a therapeutic does of adenosine or structural analogues of ADAC.

The present invention is predicated on the surprising discovery that ADAC is effective for post-ischemic neuropreservation in the brain at concentrations at least 10-fold lower than other A1 adenosine receptor selective agonists previously studied. At these doses, cardiovascular side effects are not observed in experimental animals.

Method of Treating Ischemic, Hypoxic, and Anoxic Brain Damage

DK Von Lubitz, KA Jacobson (NIDDK)
DHHS Reference No. E–023–96/1 filed May 9, 1996

This technology relates to a method of using certain adenosine amine congeners in the prevention and treatment of brain damage caused by ischemia, hypoxia, and anoxia. The present invention provides a method of treating ischemic, hypoxic, or anoxic brain damage in an animal, particularly a human, comprising administering to an animal recently afflicted with ischemic, hypoxic, or anoxic brain damage, or an animal in imminent danger of suffering ischemic brain damage, a therapeutic dose of adenosine or structural analogues of ADAC.

The present invention is predicated on the surprising discovery that ADAC is effective for post-ischemic neuropreservation in the brain at concentrations at least 10-fold lower than other A1 adenosine receptor selective agonists previously studied. At these doses, cardivascular side effects are not observed in experimental animals.

Dated: March 15, 1999.

Jack Spiegel,

Director, Division of Technology Development and Transfer, Office of Technology Transfer.

[FR Doc. 99–6952 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Public Comments Meeting on a Proposed Hematopoietic Cell Transplant Network

Notice is hereby given of the NIH Public Comments Meeting on a Proposed Hematopoietic Cell Transplant Network which will be held Tuesday, April 6, 1999 in the Lister Hill Auditorium of the National Library of Medicine, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892. The conference begins at 8:30 a.m. on April 6.

The purpose of this meeting is to discuss a joint NHLBI/NCI effort to provide an opportunity for collaborative studies in hematopoietic cell transplantation. The objective is to organize a network of transplant centers to review current progress, design and conduct a definitive clinical trials, generate and analyze data, and provide information to physicians, scientists, and the public. This resource will establish an infrastructure to expeditiously perform multi-center clinical trials, and improve therapies. It is hoped that the meeting will address the merits of the transplant network, recommendations as to the best structure and procedures to accomplish the desired goals, and suggestions as to the development and prioritization of studies to improve hematopoietic cell transplantation as a treatment for various diseases. The plan is to be flexible to the needs of the transplant centers, and it will be tested for 5 years. It is not intended to replace the R01 or P01 grant mechanisms.

Hematopoietic cell transplantation is a curative therapy for a variety of hematologic diseases. In recent years, the number of transplant centers has increased, but there has been no simple mechanisms for collaboration among them to address potentially pivotal clinical questions. While promising techniques have been tried, and encouraging pilot data obtained, definitive collaborative studies to improve efficacy and reduce toxicity have not been initiated in many areas.

Frequently, clinical trials in this field have been performed at single institutions without controls, or used historic controls for comparison, or were retrospective and used matched contemporary controls. These kinds of studies are useful to generate hypotheses, and while a well-designed ''Phase II'' trial may be persuasive, the ''gold standard'' remains prospective, randomized, controlled trials, which are more difficult to perform. Not only is patient accrual hampered by investigator bias, competing protocols, rapidly changing technologies, and public perception, but many of the conditions treated are not prevalent. Even large medical centers may not have enough subjects for this type of study, and a mechanism to facilitate collaboration with other investigators is needed.

This project attempts to address these issues, and is expected to provide a coordinated, flexible mechanism to accept ideas and build consensus from the transplant community, which will develop protocols for prompt evaluation. Furthermore, the role of physician bias and media hype in hampering accrual should be addressed by beginning randomized studies early, and posting data from completed trials, ancillary analyses, and interpretations on Webpages for public review. The implementation of this project will create a ''win-win'' situation for physicians, patients, federal agencies, and healthcare organizations.

NHLBI and NCI propose to use a standard NIH competitive mechanism to support this network.

The goal is to test new approaches generated by R01/P01 grants in a timely fashion through definitive trials, based on sound experimental designs. A national transplant trials group would be open to everyone, and accept input on how to prioritize the clinical trials.

All interested individuals are invited to attend the public comments meeting. NIH staff will explain the purpose of the network, solicit comments, and answer questions. Directions to the building and information about accommodations in the area are available upon request.

Individuals wishing to provide oral comments at the meeting, or to provide written comments, should contact: Henry Chang, M.D., Director, Blood Resources Program, NHLBI, Division of Blood Diseases and Resources, MSC 7950, 6701 Rockledge Dr., Room 10170,

Bethesda, MD 20892–7950, Phone: 301–435–0067, FAX: 301–480–1060, E-Mail: changh@nih.gov.

Dated: March 8, 1999.

Barbara Alving,

Director, Division of Blood Diseases and Resources.

[FR Doc. 99–6954 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 contract proposals and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the contract proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: National Cancer Institute Special Emphasis Panel, Evaluation of Chemopreventive Agent by in Vitro Techniques.

Date: March 29, 1999.

Agenda: To review and evaluate contract proposals.

Place: 6130 Executive Blvd. 6th Floor, Rockville, MD 20852.

Contact Person: Wilna A. Woods, PHD, Deputy Chief, Special Review, Referral and Research Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, Rockville, MD 20852, (301) 496–7903.

This notice is being published less than 15 days prior to the meeting due to the timing limitations imposed by the review and funding cycle.

(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: March 12, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–6955 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 Cancer Institute Initial Review Group Subcommittee C—Basic & Preclinical.

Date: April 29–30, 1999.

Time: 7:30 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Bethesda Holiday Inn, 8120 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Virginia P. Wray, PhD., Scientific Review Administrator, Grants Review Branch, Division of Extramural Activities, National Cancer Institute, 6130 Executive Boulevard—Room 635, Rockville, MD 20895–7405, 301/496–9236.

(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: March 15, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–6960 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Cancer Institute; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 Cancer Institute Special Emphasis Panel, Development and Application of Imaging in Therapeutic Studies.

Date: April 21–22, 1999.

Time: 8:00 AM to 5:00 PM.

Agenda: To review and evaluate grant applications.

Place: Double Tree Hotel, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Ray Bramhall, Phd, Scientific Review Administrator, Special Review, Referral and Resources Branch, Division of Extramural Activities, National Cancer Institute, National Institutes of Health, 6130 Executive Blvd, Rockville, MD 20892, (301) 496–3428.

(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: March 15, 1999.

LaVerne Y. Stringfield,

Committee Management Officer, NIH.

[FR Doc. 99–6961 Filed 3–22–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Center for Research Resources; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), 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 concern individuals associated with the grant applications, the disclosure of which