DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Draft Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2008

AGENCY: Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (DHHS).

ACTION: Notice of document availability and request for public comment.

SUMMARY: This notice is a request for review of and comment on the *Draft Guideline for Prevention of Catheter-Associated Urinary Tract Infections 2008,* available on the following Web site: *http://wwwnd.cdc.gov/publiccomments/.* This document is for use by infection prevention staff, healthcare epidemiologists, healthcare administrators, nurses, other healthcare providers, and persons responsible for developing, implementing, and evaluating infection prevention and control programs for healthcare settings across the continuum of care. The guideline updates and expands the 1981 Guideline for Prevention of Catheter-associated Urinary Tract Infections.

DATES: Comments must be received on or before July 6, 2009.

ADDRESSES: Comments on the *Draft Guideline for Prevention of Catheter-Associated Urinary Tract Infections* should be submitted by e-mail to *cauti@cdc.gov* or by mail to CDC, Division of Healthcare Quality Promotion, Attn: Resource Center, 1600 Clifton Rd., NE., Mailstop A–31, Atlanta, Georgia 30333; or by fax 404–639–4049.

SUPPLEMENTARY INFORMATION: The *Draft Guideline for Prevention of Catheter-Associated Urinary Tract Infections* addresses prevention of CAUTI for patients in need of either short- or long-term urinary catheterization in any type of healthcare setting and includes data for indwelling urethral catheterization as well as alternative methods of urinary drainage. The guideline also includes specific recommendations for implementation, performance measurement, and surveillance. Recommendations for further research are also included to address the knowledge gaps in CAUTI prevention identified during the literature review. The guideline is based on a targeted systematic review of the best available evidence with explicit links between the evidence and recommendations.

Dated: May 21, 2009.

James D. Seligman,

Chief Information Officer, Centers for Disease Control and Prevention.

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BILLING CODE 4163–18–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.

Novel Method of Treating Cancer Using Ixolaris

Description of Technology: Aggressive tumors spread between tissues in a process known as metastasis. Tumor metastasis, particularly with regard to brain cancer (gliomas), has been linked to the aberrant expression of membrane-bound tissue factor (TF). TF normally functions as a blood coagulation factor and can lead to the production of pro-angiogenesis factors such as vascular endothelial growth factor (VEGF). By doing this in the vicinity of tumors, TF may enhance both tumor growth and the ability of tumors to metastasize.

Ixolaris is a protein that prevents the initiation of blood coagulation, specifically by inhibiting TF. NIH inventors have explored the possibility that Ixolaris could be effective as an anti-cancer therapy. As an inhibitor of TF, Ixolaris could potentially inhibit the function of TF, thereby reducing the ability of a tumor to develop and to metastasize. Recent data show that Ixolaris has the ability to prevent tumor growth in vivo using mouse xenograft models. Importantly, the inhibition in vivo occurred without noticeable bleeding. Since Ixolaris is not immunogenic, it might be an excellent candidate as an anti-cancer therapeutic.

Application: Treatment and prevention of tumor growth and metastasis by inhibiting TF and blood vessel formation.

Advantages: Provides a novel mechanism for preventing tumor metastasis.

Development Status: Preclinical stage of development.

Inventors: Ivo Francischetti (NIAID) *et al.*

Patent Status: U.S. Provisional Application No. 61/161,223 (HHS Reference No. E–148–2009/0–US–01).

For more information, see:

1. U.S. Patent 7,078,508 entitled ''Ixodes Scapularis Tissue Factor Pathway Inhibitor''.

2. IM Francischetti et al. Ixolaris, a novel recombinant tissue factor pathway inhibitor (TFPI) from the salivary gland of the tick, Ixodes scapularis: identification of factor X and factor Xa as scaffolds for the inhibition of factor VIIa/tissue factor complex. Blood 2002 May 15;99(10):3602–3612.

3. RA Nazareth *et al.* Antithrombotic properties of Ixolaris, a potent inhibitor of the extrinsic pathway of the coagulation cascade. Thromb Haemost. 2006 Jul;96(1):7–13.

Licensing Status: Available for licensing.

Licensing Contact: David A. Lambertson, PhD; 301–435–4632; *lambertsond@mail.nih.gov.*

Collaborative Research Opportunity: The NIAID, OTD, is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Ixolaris for cancer treatment. Please contact Dana Hsu at 301–496–2644 for more information.

Immortalized Virus-Free Human Placental Cell Lines

Description of Technology: This technology provides immortalized virus-free human placental cell lines. To develop these cell lines, human placental cells were immortalized with adenovirus-origin-minus (ori-)-simian virus-40 (SV40) recombinant viruses containing either wild-type or temperature-sensitive (ts) A mutants of SV40. Cells transformed with the SV40 tsA chimera (HP–A1 and HP–A2), but not the SV40 wild-type chimera (HP–W1), were conditional for