

## A. Background

GSA Bulletin FMR B-12 was signed on January 18, 2006, and became effective on May 25, 2006. The Bulletin provided a list of agencies for which GSA granted unlimited exemptions from the display of U.S. Government license plates and motor vehicle identification. 41 CFR part 102-34 was amended on March 20, 2009 (74 FR 11870). It revised the unlimited exemption from the requirement to display motor vehicle identification to exempt motor vehicles used primarily for investigative, law enforcement, intelligence, or security duties. The change recognizes the need for protecting agency missions and occupant safety and reduces the administrative burden of processing exemptions while maintaining the objective that Federal motor vehicles are required to be conspicuously identified unless exempted (see 40 U.S.C. 609). Therefore, GSA is canceling this Bulletin as unlimited exemptions are covered in 41 CFR 102-34.175.

## B. Procedures

Bulletins regarding motor vehicle management are located on the Internet at <http://www.gsa.gov/fmrbulletin> as Federal Management Regulation (FMR) bulletins.

Dated: November 4, 2009.

**James Vogelsinger,**

*Director, Motor Vehicle Management Policy.*

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**BILLING CODE 6820-14-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### President's Advisory Council for Faith-based and Neighborhood Partnerships

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92-463), the President's Advisory Council for Faith-based and Neighborhood Partnerships announces the following meetings:

*Name:* President's Advisory Council for Faith-based and Neighborhood Partnerships Council Meetings.

*Times and Dates:*

Tuesday, November 17th, 4 p.m. Eastern.

Tuesday, December 15th, 4 p.m. Eastern.

Tuesday, January 19th, 4 p.m. Eastern.

*Place:* Meetings will be by conference call. Please RSVP to receive the call-in information.

*Status:* Open to the public, limited only by the space available. Conference call line will be available.

*Purpose:* The Council brings together leaders and experts in fields related to the work of faith-based and neighborhood

organizations in order to: Identify best practices and successful modes of delivering social services; evaluate the need for improvements in the implementation and coordination of public policies relating to faith-based and other neighborhood organizations; and make recommendations for changes in policies, programs, and practices.

*Contact Person for Additional Information:* Mara Vanderslice, 202-260-1931, [mara.vanderslice@hhs.gov](mailto:mara.vanderslice@hhs.gov).

*Supplementary Information:* Please contact Mara Vanderslice for more information about how to join via conference call line.

*Agenda:* Topics to be discussed include deliberation on draft recommendations for Council report.

Dated: November 1, 2009.

**Mara Vanderslice,**

*Special Assistant.*

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## 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.

#### Simpler Is Better: The Production of Young Cell Cultures From Tumor Infiltrating Lymphocytes (TIL) Yields More Effective Adoptive Cell Transfer (ACT) Immunotherapies

*Description of Technology:* Available for licensing is an improved method of adoptive cell transfer (ACT) immunotherapy that can be utilized to

treat a variety of infectious diseases and cancers, most notably melanoma.

At its foundation, ACT involves isolating lymphocytes with high affinity for a particular antigen, expanding those cells *in vitro* to produce a greater quantity of reactive cells, and infusing the product cells into patients to attack cells expressing the antigen, such as tumor cells, bacterial cells, or viral particles. Previously utilized ACT procedures have been plagued by technical, regulatory, and logistical problems that have prevented consistently successful clinical outcomes. Through years of research, scientists at the National Institutes of Health (NIH) have made great strides in developing ACT into a viable approach to treat cancer patients. Of note, the ACT protocols developed by NIH scientists have successfully treated patients with refractory metastatic melanoma who started with very few effective treatment options. These NIH scientists have found that isolating cells from the tumor infiltrating lymphocytes (TIL) of a patient tumor sample provides a suitable initial lymphocyte culture for further *in vitro* manipulations. They have also discovered that taking the isolated cells through one cycle of rapid expansion (including exposure to IL-2), rather than multiple cycles, yields lymphocyte cultures with higher affinity and longer persistence in patients. Also, they have found that administering nonmyeloablative lymphodepleting chemotherapy prior to the reinfusion of lymphocytes creates a more favorable environment within patients for the transferred cells to execute target cell killing. These scientists envision that, for an ACT immunotherapy to gain regulatory approval and successfully treat a wide array of patients, it will need to be rapid, reliable, and technically simple. One of the most critical factors to this approach is the generation of effective lymphocyte cultures that will rapidly and repeatedly attack the target cells when infused into patients.

Scientists at the NIH have developed a method of generating CD8+ selected "young" lymphocyte cultures for infusion into cancer patients. Lymphocytes that spend fewer days *in vitro* between their initial isolation from TIL and their ultimate reinfusion into patients compared to lymphocytes cultured by previous ACT protocols are considered young lymphocyte cultures. Young lymphocytes, typically 19-35 days old when reinfused into patients, exhibit improved proliferation, survival, and enhanced anti-tumor activity within patients to yield greater tumor regression compared to older