

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Heart, Lung, and Blood Institute (NHLBI); Opportunity for a Cooperative Research and Development Agreement (CRADA) To Identify Small Molecule Inhibitors of Human Macrophage Cholesterol Accumulation for Therapy of Atherosclerotic Cardiovascular Diseases

**AGENCY:** National Institutes of Health, Public Health Service, HHS.

**ACTION:** Notice.

**SUMMARY:** Macrophage cholesterol accumulation in blood vessels leads to the development of atherosclerotic plaques, the cause of most heart attacks and strokes. Recently, research from Dr. Howard Kruth, head of the Experimental Atherosclerosis Section of NHLBI has elucidated a novel mechanism of receptor-independent macrophage cholesterol accumulation<sup>1,2</sup>. In this pathway, human macrophages take up low-density lipoprotein (LDL), the main carrier of blood cholesterol, by fluid-phase endocytosis, an uptake pathway that can be activated in macrophages. Activated macrophages show greatly stimulated uptake of fluid and LDL contained in the fluid through macropinocytosis, a fluid-phase endocytic uptake pathway unique to macrophages. This mechanism of LDL uptake and macrophage cholesterol accumulation does not depend on binding of LDL to receptors. Macrophage macropinocytosis of LDL produces levels of cholesterol accumulation similar to that observed for macrophages isolated from atherosclerotic plaques, something that does not occur when human macrophages take up LDL by receptor-mediated mechanisms in these macrophages.

The NHLBI is seeking CRADA collaborators to work with investigators in the Experimental Atherosclerosis Section of NHLBI to identify inhibitors of this cholesterol uptake pathway. The collaborator will provide high throughput screening capabilities coupled with small molecule and/or siRNA libraries of test compounds, or other methodologies to identify potential inhibitors of this pathway. A cell-based screening assay that will have predictive value with human macrophages will be developed jointly

by the NHLBI investigators and the collaborator based on published and unpublished research findings of the NHLBI investigators. The goal of this collaboration will be to identify compounds that selectively inhibit macrophage macropinocytosis and consequently macrophage uptake of LDL and cholesterol accumulation. Compounds identified will be further tested in a suitable animal model of atherosclerosis to determine their effect on macrophage cholesterol accumulation and atherosclerotic plaque development. Macropinocytosis also mediates entry of microorganisms such as HIV into macrophages. Thus, discovery of macropinocytosis inhibitors may be relevant not only to atherosclerosis treatment but also to certain infectious disease treatments.

#### References

1. Kruth, H.S., Huang, W., Ishii, I., and Zhang, W.Y.: Macrophage foam cell formation with native low density lipoprotein. *J. Biol. Chem.* 277:34573–34580, 2002.
2. Kruth, H.S., Jones, N.L., Huang, W., Zhao, B., Ishii, I., Chang, J., Combs, C.A., Malide, D., and Zhang, W.Y.: Macropinocytosis is the endocytic pathway that mediates macrophage foam cell formation with native LDL. *J. Biol. Chem.* 280:2352–2360, 2005.

Contact: Inquiries concerning this CRADA opportunity should be directed to Ms. Peg Koelble, Technology Transfer Specialist, Office of Technology Transfer and Development, NHLBI, NIH; 6705 Rockledge Drive, Suite 6018, MSC 7992; Bethesda, Maryland 20892–7992, Telephone: 301–594–4095; Fax: 301–594–3080; E-mail: [Koelblep@nhlbi.nih.gov](mailto:Koelblep@nhlbi.nih.gov). Inquires must be received no later than 60 days after March 22, 2005.

Dated: March 11, 2005.

**Dr. Carl Roth,**

*Associated Director for Scientific Program Operations, National Heart, Lung, and Blood Institute.*

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**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Substance Abuse and Mental Health Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration

(SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276–1243.

#### Government Performance and Results Act Client/Participant Outcome (OMB No. 0930–0208)—Revision

The mission of SAMHSA is to improve the effectiveness and efficiency of substance abuse and mental health treatment and prevention services across the United States. All of SAMHSA's activities are designed to ultimately reduce the gap in the availability of substance abuse and mental health services and to improve their effectiveness and efficiency.

Data currently are collected from all SAMHSA best practices and targeted capacity expansion grants and contracts where client outcomes are to be assessed at intake (or initial contact), 6 and 12 months post admission or post-intervention. SAMHSA-funded projects are required to submit these data as a contingency of their award. The analysis of the data will also help determine whether the goal of reducing health and social costs of drug use to the public is being achieved.

The primary purpose of this data collection activity is to meet the reporting requirements of the Government Performance and Results Act (GPRA) by allowing SAMHSA to quantify the effects and accomplishments of SAMHSA programs. In addition, the data will be useful in addressing goals and objectives outlined in ONDCP's *Performance Measures of Effectiveness*. The revision of this data collection affects only the Center for Substance Abuse Treatment (CSAT). The proposed revision will modify the CSAT services instrument to include new questions on family characteristics, specific services and social connectedness to align with the SAMHSA Administrator's seven domains for national outcomes measures. In addition, the data collection time points will change to intake, discharge, and 6 months post admission.

The following is the estimated annual response burden for this collection.

| Center/No. of annual clients-participants | Responses per client/participant | Hours per response | Total hours | Proportion of added burden | Total hour burden |
|-------------------------------------------|----------------------------------|--------------------|-------------|----------------------------|-------------------|
| <b>CMHS</b>                               |                                  |                    |             |                            |                   |
| 3,750 .....                               | 3                                | .33                | 3,713       | 0.70                       | 2,599             |
| <b>CSAP</b>                               |                                  |                    |             |                            |                   |
| 12,150 .....                              | 3                                | .33                | 12,029      | 0.72                       | 8,661             |
| <b>CSAT</b>                               |                                  |                    |             |                            |                   |
| 28,000* .....                             | 3                                | .33                | 27,720      | 0.33                       | 9,148             |
| 3,100** .....                             | 4***                             | .33                | 4,092       | 0.33                       | 1,350             |
| 9,800**** .....                           | 3                                | .33                | 9,702       | 0.33                       | 3,202             |
| 114,600**** .....                         | 1                                | .10                | 11,460      | 0                          | 0                 |
| 16,570**** .....                          | 3                                | .16                | 7,954       | 0                          | 0                 |
| Subtotal 172,070 .....                    |                                  |                    |             |                            | 13,700            |
| Total 187,970 .....                       |                                  |                    |             |                            | 24,960            |

**Note:** This is the maximum additional burden if all clients/participants complete three sets of items. CSAP and CSAT adolescent clients/participants do not usually receive all four data collections. Added burden proportion is an adjustment reflecting the extent to which programs typically already collect the data items. The formula for calculating the proportion of added burden is: Total number of items in the standard instrument minus the number of core GPRA items currently included divided by the total number of items in the standard instrument.

\*Adults.

\*\*Adolescents.

\*\*\* Four data collections for adolescents.

\*\*\*\* Screening, Brief Intervention, Treatment and Referral (SBIRT) grant program: 9,800 complete all GPRA sections; 114,600 complete sections A & H, all of these items are asked during the regular intake process resulting in zero burden; and 16,570 complete sections A, B, & H, all of these items are asked during the regular intake process resulting in zero burden.

Written comments and recommendations concerning the proposed information collection should be sent by April 21, 2005 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: March 16, 2005.

**Patricia S. Bransford,**

*Acting Executive Officer, SAMHSA.*

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## DEPARTMENT OF HOMELAND SECURITY

### Office of the Secretary

[DHS-2005-0018]

### Data Privacy and Integrity Advisory Committee

**AGENCY:** Office of the Secretary, Department of Homeland Security.

**ACTION:** Notice of Federal Advisory Committee meeting.

**SUMMARY:** This notice announces the date, time, location, and agenda for the inaugural meeting of the Department of

Homeland Security Data Privacy and Integrity Advisory Committee.

**DATES:** This meeting will be held on Wednesday, April 6, 2005, in Washington, DC.

**ADDRESSES:** The Department of Homeland Security Data Privacy and Integrity Advisory Committee meeting will be held at the Mayflower Hotel Colonial Ballroom, 1127 Connecticut Avenue, NW., Washington, DC 20036.

**FOR FURTHER INFORMATION CONTACT:** Nuala O'Connor Kelly, Chief Privacy Officer, or Rebecca J. Richards, Executive Director, Data Privacy and Integrity Advisory Committee, Department of Homeland Security, Washington, DC 20528 by telephone (202) 772-9848 or facsimile (202) 772-5036 or by e-mail [PrivacyCommittee@dhs.gov](mailto:PrivacyCommittee@dhs.gov).

**SUPPLEMENTARY INFORMATION:** The inaugural meeting of the Department of Homeland Security (DHS) Data Privacy and Integrity Advisory Committee (Privacy Advisory Committee) will be on Wednesday, April 6, 2005, at the Mayflower Hotel Colonial Ballroom, 1127 Connecticut Avenue, NW., Washington, DC 20036. The meeting will begin at 8:30 a.m. and continue until 4:30 p.m. Although most of the meeting is open to the public, the sessions between 11:45 a.m. and 2:15 p.m. will be closed in order to permit the Privacy Advisory Committee members to receive administrative

briefings concerning travel, ethics and security matters that pertain to their membership.

At this first meeting, the Chief Privacy Officer of DHS will welcome and introduce the members of the Privacy Advisory Committee. DHS component offices will provide an overview of information about the Department for the benefit of the Privacy Advisory Committee members and the general public. The Privacy Advisory Committee will then discuss areas of focus for its initial work on privacy issues within DHS.

At the end of the meeting, between 3:45 p.m. and 4:30 p.m., public comments will be accepted. All those who wish to testify must register and, in order to allow as many people as possible to testify, should limit their remarks to two minutes. For security purposes, any member of the public who wishes to attend the public session should provide his or her name no later than 5 p.m. e.s.t., Wednesday, March 30, 2005, to Rebecca J. Richards via e-mail at [PrivacyCommittee@dhs.gov](mailto:PrivacyCommittee@dhs.gov), or via telephone at (202) 772-9848. Photo identification will be required for entry on the day of the meeting to verify those individuals who have registered for the public session, and everyone who plans to attend must be present and seated by 8:15 a.m. (or 2 p.m., if only attending the afternoon sessions). Registration information required for attendance will