Following the joint Councils meeting on September 14, COGME will meet independently for two hours to discuss COGME's fifteenth report. The meeting is open to the public. Anyone requiring further information regarding this two-hour meeting should contact Stanford M. Bastacky, D.M.D., M.H.S.A., Executive Secretary, Council on Graduate Medical Education, Division of Medicine, Bureau of Health Professions, Room 9A–27, Parklawn Building, 5600 Fishers Lane, Rockville, Maryland 20857, telephone (301) 443–6326.

Dated: August 15, 2000.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 00–21254 Filed 8–21–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council; Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of September 2000.

Name: National Advisory Council on Migrant Health.

Date and Time: September 27–28, 2000; 9:00 a.m.–5:00 p.m.

Place: Sacramento Radisson Hotel, 500 Leisure Lane, Sacramento, California 95815; Phone: 916–922–2020, Fax: 916–920–7312.

The meeting is open to the public.

Agenda: This will be a meeting of the Council. The agenda includes an overview of general Council business activities and priorities. Topics of discussion will include the Year 2000 Recommendations, the health status of farmworkers in California, updates on Council Member activities, and other general business of the Council. Agenda items are subject to change as priorities indicate.

The Council meeting is being held in conjunction with the California Primary Care Association Annual Meeting, which is taking place at the same time in the same hotel. The Council will meet independently on Wednesday, September 27, 2000. Thursday, September 28, 2000, the Council will meet independently from 8:30–10:30 a.m. and from 3:30–5:00 p.m. On September 28, from 10:30 a.m.–3:30 p.m. Council members will participate in workshops being offered through the California Primary Care Association Annual Meeting.

Anyone requiring information regarding the subject Council should contact Judy Rodgers, Migrant Health Program, staff support to the National Advisory Council on Migrant Health, Bureau of Primary Health Care, Health Resources and Services Administration, 4350 East-West Highway, Bethesda, Maryland 20814; Telephone 301–594–4304.

Dated: August 15, 2000.

James J. Corrigan,

Associate Administrator for Management and Program Support.

[FR Doc. 00–21252 Filed 8–21–00; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Heart, Lung, and Blood Institute; Proposed Collection; Comment Request; The Atherosclerosis Risk in Communities Study (ARIC)

SUMMARY: In compliance with the requirement of Section 350(c)(2)(A) of the Paperwork Reduction Act of 1995, for opportunity for public comment on proposed data collection projects, the National Heart, Lung, and Blood Institute (NHLBI), the National Institutes of Health (NIH) will publish periodic summaries of proposed projects to be submitted to the Office of Management and Budget (OMB) for review and approval.

Proposed Collection

Title: The Atherosclerosis Risk in Communities Study (ARIC). *Type of Information Collection Request:* Revision of a currently approved collection (OMB NO. 0925–0281). *Need and Use of Information Collection:* This project involves annual follow-up by telephone of participants in the ARIC study, review of their medical records, and interviews with doctors and family to identify disease occurrence. Interviewers will contact doctors and hospitals to ascertain participants' cardiovascular events. Information gathered will be used to further describe the risk factors, occurrence rates, and consequences of cardiovascular disease in middle aged and older men and women. *Frequency of Response:* The participants will be contacted annually. *Affected Public:* Individuals or households; Businesses or other for profit; Small businesses or organizations. *Type of Respondents:* Middle aged and elderly adults; doctors and staff of hospitals and nursing homes. The annual reporting burden is as follows: Estimated Number of Respondents: 15,113; *Estimated Number of Responses per Respondent:* 1.0; *Average Burden Hours per Response:* 0.2479; and *Estimated Total Annual Burden Hours Requested:* 3,746. The annualized cost to respondents is estimated at $37,460, assuming respondents time at the rate of $10 per hour. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

ESTIMATE OF ANNUAL HOUR BURDEN

Type of response	Number of respondents	Frequency of response	Average time per response	Annual hour burden
Participant Follow-up	14,488	1.0	0.2500	3,622
Physician, hospital, nursing home staff [1]	245	1.0	0.2500	61
Participant's next-of-kin [1]	380	1.0	0.1667	63
Total	15,113	1.0	0.2479	3,746

[1] Annual Burden is placed on doctors, hospitals, nursing homes, and respondent relatives/informants through requests for information which will help in the compilation of the number and nature of new fatal and nonfatal events.

Request for Comments

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) Whether the proposed collection of information is necessary for the proper performance of the function of the agency, including whether the information will have practical utility; (2) The accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (3) Ways to enhance the quality, utility, and clarity of the information to be collected; and (4) Ways to minimize the burden of the collection of information

on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Dr. A. Richley Sharrett, Project Officer, NIH, NHLBI 6701 Rockledge Drive, MSC 7934, Bethesda, MD 20892–7934, or call non-toll-free number (301) 435–0448 or E-mail your request, including your address to: SharretR@nhlbi.nih.gov.

Comments due Date: Comments regarding this information collection are best assured of having their full effect if received on or before October 23, 2000.

Dated: August 8, 2000.

Peter Savage,

Acting Director, Division of Epidemiology and Clinical Applications, National Heart, Lung, and Blood Institute.

[FR Doc. 00–21366 Filed 8–21–00; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

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

ACTION: Notice.

SUMMARY: The inventions listed below are owned by agencies 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.

Identification of a Novel Renal NADPH Oxidase

Thomas L. Leto, Miklos Geiszt (NIAID)
DHHS Reference No. E–116–00/0
Filed 12 Apr 2000
Licensing Contact: Marlene Shinn; 301/496–7056 ext. 285; e-mail: shinnm@od.nih.gov

The NIH announces the identification of a renal NAD(P)H oxidase termed RenOX, produced by the proximal convoluted tubule cells of the kidney, which is proposed to be an oxygen sensor in the kidney involved in regulation of production of erythropoietin. As a source of superoxide and other reactive oxygen species in the kidney, RenOX is thought to have a direct role in the oxidative down-regulation of erythropoietin and other hypoxia-responsive genes in response to oxygen levels detected in the kidney.

Because the inhibition of RenOX may lead to an increase in the production of erythropoietin, it has been suggested that it can be used as a screening tool for the development of therapies against diseases which currently use recombinant erythropoietin as a treatment. These include anemia associated with chronic renal failure, HIV infection and antiretroviral therapy, cancer, cancer chemotherapy, and chronic inflammatory conditions (rheumatoid arthritis, inflammatory bowel disease). Because recombinant erythropoietin is considered a costly therapy, it may be that an inhibitor of RenOX may prove to be a less expensive alternative.

It is also possible that drugs determined to affect RenOX activity may be used to treat hypertension in patients, since RenOX may also affect proton transport and sodium reabsorption by kidney tubule cells. Because expression of recombinant RenOX was shown to induce cellular senescence, other uses of RenOX, by way of gene therapy, may include limiting the growth of tumors either by inducing tumor cell senescence or inhibiting angiogenesis.

Because RenOX is proposed to be a key component of oxygen sensing in the kidney, the NIH believes it to be a valuable means by which new drugs and therapies can be developed and benefit the public health.

This research has been published in Geiszt *et al.*, ''Identification of RenOX, an NAD(P)H Oxidase in Kidney,'' Proc. Nat. Acad.Sci., U.S.A., vol 97, pp 8010–8014 (July 5, 2000).

Amyloid β Is a Ligand for FPR Class Receptors

Ji Ming Wang et al. (NCI)
Serial No. 60/186,144
Filed 01 Mar 2000
Licensing Contact: Marlene Shinn; 301/496–7056 ext. 285; e-mail: shinnm@od.nih.gov

Alzheimer's disease is the most important dementing illness in the United States because of its high prevalence. 5 to 10% of the United States population 65 years and older are afflicted with the disease. In 1990 there were approximately 4 million individuals with Alzheimer's, and this number is expected to reach 14 million by the year 2050. It is the fourth leading cause of death for adults, resulting in more than 100,000 deaths annually.

Amyloid beta (Aβ) has been identified as playing an important role in the neurodegeneration of Alzheimer's disease. However the mechanism used is unknown and has been postulated to be either direct or indirect through an induction of inflammatory responses.

The NIH announces a new early stage technology, that identifies the 7-transmembrane, G-protein-coupled receptor, FPRL–1, as a functional receptor for Aβ peptides. The Aβ peptides use the FPRL–1 receptor to attract and activate human monocytes, and have been identified as a principal component of the amyloid plaques associated with Alzheimer's disease. In addition, astrocytes stimulated with ligands of FPRL1 produce a proinflammatory cytokine interleukin 6. Because amyloid β peptides interact with the FPRL1 receptor, a direct link is created between Aβ and the inflammation observed during the course of Alzheimer's disease.

This technology provides a target in which to direct the development of preventative or therapeutic agents for Alzheimer's disease. Newly discovered Aβ–FPR class receptor complexes can be used to modulate the Aβ-induced inflammation response by administering polynucleotides, chemical compounds, or polypeptides that interact with either Aβ or the FPR class receptor(s), or inhibit complex formation altogether. Although this technology is in the early stages of drug development, the potential to find new drugs to Alzheimer's and other neurodegenerative diseases is a real possibility, through its use, to those working in this field.

Constitutively Open Voltage-Gated K+ Channels and Methods for Discovering Modulators Thereof

Drs. Kenton J. Swartz, David H. Hackos (NINDS)
DHHS Reference Number E–286–99/0
Filed 10 Feb 2000
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