

more effective. NCI will use this information to make decisions regarding continuation and expansion of the

program. *Frequency of Response:* One time. *Affected Public:* Individuals or households. *Type of Respondents:* High

School and college students. *Cost to Respondents:* \$9,600. the annual reporting burden is as follows:

ESTIMATES OF HOUR BURDEN: BURDEN NOT PREVIOUSLY APPROVED (1998–2002)

Type of respondents	Average number of respondents/yr.	Frequency of response	Average time per response	Average annual hour burden
SEP Participants	200	1	0.5	100
Control Group Students	200	1	0.5	100
Control Group Students	100	2 (pre and post).	1.00	100
Total	500	300

ESTIMATES OF HOUR BURDEN: BURDEN REQUESTED

Type of respondents	Average number of respondents/yr.	Frequency of response	Average time per response	Average annual hour burden
SEP Participants	500	1 (follow up)	0.5	250
Control Group Students	300	1 (follow up)	0.5	150
Total	800	400

There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

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.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503. Attention: Desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact: Mr. Frank Jackson, Office of Special

Populations Research, National Cancer Institute, National Institutes of Health, Center to Reduce Cancer Health Disparities, National Cancer Institute, National Institutes of Health, 6116 Executive Boulevard, Suite 602, Rockville, MD 20852, or call non-toll-free number (301) 496-8589, or E-mail your request, including your address to: fj12i@nih.gov.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received within 30 days of this publication.

Dated: February 21, 2003.

Reesa Nichols,

NCI Project Clearance Liaison.

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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, 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.

Immunogenic Epitopes for Fibroblast Growth Factor-5 (FGF-5) Presented by HLA-A3 and HLA-A2

James Yang *et al.* (NCI).

DHHS Reference No. E-031-2003/0-US-01 filed 19 Nov 2002.

Licensing Contact: Jonathan Dixon; (301) 435-5559; dixonj@od.nih.gov.

Approximately 30,000 patients are diagnosed with renal cell carcinoma (RCC) each year in the United States, and an estimated 12,000 patients die of this disease. Most patients are diagnosed with advanced local disease or metastatic disease. Current therapies include removal of the kidney (nephrectomy) or high dose immunotherapy with IL-2, which has been able to achieve success in only part (15–20%) of the patient population. Even with a successful nephrectomy, it is likely that patients with advanced local diseases will develop metastases. Therefore, new methods are needed to