

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Loan Information System Records for the DHHS and DHUD Hospital Mortgage Insurance, Guarantee, and Direct Loan Programs (OMB No. 0915-0174)—Revision

The Division of Facilities and Loans within the Health Resources and Services Administration monitors

outstanding direct and guaranteed loans made under section 621 of Title VI and Section 1601 of Title XVI of the Public Health Service Act, as well as loans insured under the section 242 Hospital Mortgage Insurance Program of the National Housing Act. These programs were designed to aid construction and modernization of health care facilities by increasing the access of facilities to capital through the assumption of the mortgage credit risk by the Federal Government.

Operating statistics and financial information are collected annually from hospitals with mortgages that are insured under these programs. The information is used to monitor the financial stability of the hospitals to protect the Federal investment in these facilities. The form used for the data collection is the Hospital Facility Data Abstract. No changes in the form are proposed.

The estimated response burden is as follows:

Form	Number of respondents	Responses per respondent	Hours per response	Total hour burden
Hospital Facility Data Abstract	125	1	1	125

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Allison Eyte, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503, Fax Number 202-395-4650.

Dated: June 16, 2003.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

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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.

Protein Arginine N-methyltransferase 2 (PRMT-2)

Dr. Elizabeth Nabel (NHLBI)
DHHS Reference No. E-190-2003
Licensing Contact: Marlene Shinn-Astor;
301/435-4426; shinnm@mail.nih.gov

The Protein Arginine Methyltransferases (PRMTs) include a family of proteins with related putative methyltransferase domains that modify chromatin and regulate cellular transcription. These PRMTs catalyze the posttranslational methylation of arginine residues in proteins, resulting in the mono- and dimethylation of arginine on the guanidine group.

The NIH announces the characterization of one member of the PRMT family, PRMT-2. It has been found that PRMT-2 proteins can modulate the activity of Nuclear Factor kappa B (NFκB) and STAT3. PRMT-2 inhibits NFκB dependent transcription by causing nuclear accumulation of IκBα, which concomitantly decreases nuclear NFκB DNA binding. PRMT-2 modulates glucose and lipid metabolism, and controls body weight. The regulation of leptin and insulin signaling by PRMT-2 methylation of STAT3 may be a new target for treatment of diabetes and metabolic syndrome diseases such as type2 diabetes mellitus and hyperlipidemia. By screening for drugs that modulate PRMT-2 activity or expression, or cellular factors that are influenced by PRMT-2, one will be able to treat or prevent diseases such as, inflammation, allergies, cancer, obesity, diabetes, hyperlipidemia, adult respiratory distress syndrome (ARDS), asthma, allograft rejection, vasculitis, and vascular restenosis, as well as other

conditions that are typically responsive to inhibition of NFκB or that are responsive to methylated STAT3.

Mouse Monoclonal Antibodies Against Human IKKgamma/NEMO Protein

Dr. Kuan-Teh Jeang (NIAID)
DHHS Reference No. E-118-2003—
Research Tool
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NF-κB has been found to be important in immune responses, cell proliferation, apoptosis, and in organ development. Several years ago it was discovered that an IKKgamma/NEMO protein was essential as an adaptor molecule to mediate TNF-alpha, IL-1, and oncoprotein induced activation of NF-κB. Mutation in IKKgamma/NEMO also results in two human genetic diseases, Familial incontinentia pigmenti and hypohidrotic/anhydrotic ectodermal dysplasia. The NIH announces mouse monoclonal antibodies to IKKgamma/NEMO that are far superior to other immunological reagents. It is anticipated that the antibodies would have both research and diagnostic capabilities.

Method for Preparing 17α-acetoxy-11β-(4,N,N-dimethylaminophenyl)-19-norpregna-4,9-diene-3,20-dione, Intermediates Thereof, and Methods for the Preparation of Such Intermediates

H.K. Kim, *et al.* (NICHD)
DHHS Reference No. E-113-2002/0—
US-01
Licensing Contact: Marlene Shinn-Astor;
301/435-4426; shinnm@mail.nih.gov.

The compound 17α-acetoxy-11β-(4-N,N-dimethylamino-phenyl)-19-norpregna-4,9-diene-3,20-dione (CDB-2914) is a well known steroid which possesses antiprogesterational and antigluccorticoidal activity. CDB-2914 could be used in contraception and therapeutic applications, including