

A. Federal Reserve Bank of Richmond (A. Linwood Gill, III, Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. *Fidelity & Trust Financial Corporation*, Chevy Chase, Maryland; to become a bank holding company by acquiring 100 percent of the voting shares of Fidelity & Trust Bank, Bethesda, Maryland (in organization).

B. Federal Reserve Bank of Kansas City (James Hunter, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. *Country Bancshares, Inc.*, Jamesport, Missouri; to acquire up to 14.9 percent of the voting shares of Liberty First Bancshares, Inc., Liberty, Missouri, and thereby indirectly acquire voting shares of Liberty First Bank, Liberty, Missouri.

2. *Liberty First Bancshares, Inc.*, Liberty, Missouri; to become a bank holding company by acquiring 100 percent of the voting shares of Liberty First Bank, Liberty, Missouri.

C. Federal Reserve Bank of Dallas (W. Arthur Tribble, Vice President) 2200 North Pearl Street, Dallas, Texas 75201-2272:

1. *Sterling Bancshares, Inc.*, Houston, Texas; to acquire 100 percent of the voting shares of South Texas Capital Group, Inc., San Antonio, Texas, and thereby indirectly acquire voting shares of Plaza Bank, San Antonio, Texas.

Board of Governors of the Federal Reserve System, September 10, 2003.

Robert deV. Frierson,

Deputy Secretary of the Board.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Request for Nominations for the Secretary's Advisory Committee on Xenotransplantation

ACTION: Notice.

SUMMARY: Pursuant to the Federal Advisory Committee Act (FACA), as amended (5 U.S.C. Appendix 2), the Department of Health and Human Services (DHHS) is announcing the renewal of the charter for the Secretary's Advisory Committee on Xenotransplantation (SACX) and is soliciting nominations for qualified individuals to serve on the SACX.

DATES: Nomination packages should be submitted to Dr. Mary Groesch, Office of Biotechnology Activities, Office of Science Policy, National Institutes of

Health, 6705 Rockledge Drive, Suite 750, Bethesda, Maryland 20892-7985 by October 16, 2003.

FOR FURTHER INFORMATION CONTACT: Dr. Mary Groesch, Office of Biotechnology Activities, Office of Science Policy, National Institutes of Health, 6705 Rockledge Drive, Suite 750, Bethesda, Maryland 20892-7985, telephone 301-496-0785, facsimile 301-496-9839, e-mail <groeschm@od.nih.gov>. Information about the SACX can also be accessed at <<http://www4.od.nih.gov/oba/Sacx.htm>>.

SUPPLEMENTARY INFORMATION:

Background

In the U.S., clinical xenotransplantation is an experimental procedure that involves the transplantation, implantation, or infusion into a human recipient of either (a) live cells, tissues, or organs from a nonhuman animal source; or (b) human body fluids, cells, tissues or organs that have had ex vivo contact with live nonhuman animal cells, tissues, or organs. Interest in xenotransplantation has been renewed by the continuing, critical shortage of donated human organs and tissues and by advances in immunology and in the biology of organ and tissue rejection.

Xenotransplantation holds potential for the development of new treatments for a wide range of conditions and disorders, including diabetes, Parkinson's disease, intractable pain, and other diseases involving tissue destruction and organ failure. However, xenotransplantation also raises an important public health issue—the recognized (but unquantified) risk of transmitting infectious agents from animal tissues to human recipients of xenotransplantation products, and subsequently to their close contacts and the public at large. Public awareness and understanding of xenotransplantation is important because the infectious disease risks posed by xenotransplantation could extend beyond the individual recipients. In addition to this public health issue, xenotransplantation raises an array of complex scientific, medical, ethical, and social issues. The Secretary, DHHS, established the SACX to provide a forum for the discussion of, and public input on, these and other relevant issues. The Committee was initially chartered in 1999 and has convened for five meetings since February, 2001. An abridged charter is included in this notice to provide an overview of the Committee purpose, function, and structure.

Abridged Committee Charter

Purpose. The Department of Health and Human Services has a vital role in safeguarding public health while fostering the development of promising strategies to treat tissue destruction, organ failure and other public health needs. The Secretary's Advisory Committee on Xenotransplantation considers the full range of complex scientific, medical, social, and ethical issues and the public health concerns raised by xenotransplantation, including ongoing and proposed protocols, and makes recommendations to the Secretary on policy and procedures. The recommendations of the Committee will facilitate DHHS efforts to develop an integrated approach to addressing emerging public health issues in xenotransplantation.

Function. The SACX shall advise the Secretary, through the Assistant Secretary for Health, on all aspects of the scientific development and clinical application of xenotransplantation. The Committee's charge includes the following activities:

- Advise the Department on the current state of knowledge regarding xenotransplantation.
- Be informed about current and proposed xenotransplantation clinical trials in order to identify and discuss the medical, scientific, ethical, legal, and/or socioeconomic issues raised by these clinical trials.
- Advise the Department on the potential for transmission of infectious diseases as a consequence of xenotransplantation.
- Advise the Department on policies relevant to xenotransplantation, including the need for changes to the *PHS Guideline on Infectious Disease Issues in Xenotransplantation*.
- Discuss additional scientific, medical, public health, ethical, legal and socioeconomic issues, including international policies and developments, that are relevant to xenotransplantation.

Structure. The Committee shall consist of 18 voting members, including the Chair, appointed by the Secretary or designee. Members shall be selected by the Secretary, or designee, from authorities knowledgeable in such fields as xenotransplantation, epidemiology, virology, microbiology, infectious diseases, molecular biology, veterinary medicine, immunology, transplantation surgery, public health, applicable law, bioethics, social sciences, psychology, patient advocacy, and animal welfare. Members shall be invited to serve for overlapping four year terms; terms of more than two years are contingent