CXCR4 in HSCs is described. HSC are the only cells in the bone marrow that are both pluripotent and long lived. Bone marrow transplantation (BMT) using HSC is an increasingly common medical therapy for severe hematologic cancers and primary hematologic immunodeficiencies. However, for significant HSC engraftment to occur there must usually be pre-transplant conditioning with either irradiation or chemotherapy or both. The technology described herein shows that it is possible to replace HSC without the need for pre-transplant conditioning regimen. It is known that the chemokine receptor CXCR4 plays a critical role in HSC homing to the bone marrow and in HSC quiescence. The inventors have identified a patient in which one copy of CXCR4 had been deleted in a somatic mutation of an HSC and this cell had clonally repopulated the bone marrow. This led to experiments in mice where the inventors clearly demonstrated in a bone marrow transplantation model, that donor cells with a single copy of the Cxcr4 gene repopulate recipient mice much faster and last much longer than donor cells having two copies of the Cxcr4 gene. This technology which shows that HSCs with one copy of the CXCR4 gene have a durable selective advantage in bone marrow repopulation can solve the problem frequently encountered in gene therapy, *i.e.,* the short-lived nature of gene-corrected cells, by utilizing recently discovered gene editing methods that can be used to delete one copy of CXCR4 gene in gene-corrected cells.

Potential Commercial Applications

- Improvement of engraftment in gene therapy protocols and in HSC transplantation.
- Improved bone marrow transplantation, enhancing the efficiency and durability of donor cell repopulation.

Competitive Advantages

- This technology potentially facilitates HSC transplantation without the need of radiation or chemotherapy conditioning.
- This technology may uniquely overcome a major hurdle limiting all gene therapy applications, namely the failure to correct the gene defect over a long time.

Development Stage

- Early-stage
- In vitro data available
- In vivo data available (animal)

Inventors: Jiliang Gao, Philip M. Murphy, David H. McDermott, Marie Siwicki, Harry L. Malech, and Joy Liu (all of NIAID).

Publication: McDermott DH, et al. Chromothriptic cure of WHIM syndrome. Cell. 2015 Feb 12;160(4):686–99. [PMID 25662009].

Intellectual Property: HHS Reference No. E–173–2014/0—US Patent Application No. 62/026,138 filed July 18, 2014.

Licensing Contact: Sury Vepa, Ph.D., J.D.; 301–435–5020; *vepas@mail.nih.gov*.

Development of GPR124 Wildtype and Knockout Brain Endothelial Reporter Cells

Description of Technology: There is currently no effective way to block beta-catenin signaling specifically in brain endothelial cells. There is neither an effective way to block beta-catenin signaling stimulated by a particular Wnt family member such as WNT7. The reporter cells created by the NIH investigator from GPR124 knockout mice provide a unique and effective tool to screen for drugs that can specifically interfere with the Wnt7/GPR124 signaling pathway. Such drugs have potential for widespread therapeutic application in the treatment of cerebrovascular diseases, the third leading cause of death in the United States, and a variety of neurodegenerative disorders such as Alzheimer's disease, Parkinson disease, amyotrophic lateral sclerosis, multiple sclerosis, and others.

Potential Commercial Applications: Research tools for drug screening.

Competitive Advantages: The reporter cells are ideal for screening for drugs that specifically interfere with the Wnt7/GPR124 signaling pathway as the cells have no inherent low level Gpr124 expression.

Development Stage: Prototype.

Inventor: Brad St. Croix (NCI).

Publication: Posokhova E, et al. GPR124 functions as a WNT7-specific coactivator of canonical beta-catenin signaling. Cell Rep. 2015 Jan 13;10 (2):123–30. [PMID 25558062].

Intellectual Property: HHS Reference No. E–079–2015/0—Research Tool. Patent protection is not being pursued for this technology.

Licensing Contact: Betty B. Tong, Ph.D.; 301–594–6565; *tongb@mail.nih.gov*.

Collaborative Research Opportunity: The National Cancer Institute is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize agents that antagonize or promote Gpr124 function. For collaboration opportunities, please contact John D. Hewes, Ph.D. at *hewesj@mail.nih.gov.*

Dated: March 20, 2015.

Richard U. Rodriguez,

Acting Director, Office of Technology Transfer, National Institutes of Health.

[FR Doc. 2015–06845 Filed 3–24–15; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[30Day–15–15IG]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review by the Office of Management and Budget (OMB) in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call (404) 639–7570 or send an email to *omb@cdc.gov.* Send written comments to CDC Desk Officer, Office of Management and Budget, Washington, DC or by fax to (202) 395–5806. Written comments should be received within 30 days of this notice.

Proposed Project

Public Health Associate Program (PHAP) Alumni Assessment—New —Office for State, Tribal, Local, and Territorial Support (OSTLTS), Centers for Disease Control and Prevention (CDC).

Background and Brief Description

The Centers for Disease Control and Prevention (CDC) works to protect America from health, safety and security threats, both foreign and in the U.S. CDC strives to fulfill this mission, in part, through a competent and capable public health workforce. One mechanism to developing the public health workforce is through training programs like the Public Health Associate Program (PHAP).

The mission of the Public Health Associate Program (PHAP) is to train and provide experiential learning to early career professionals who contribute to the public health workforce. PHAP targets recent graduates with bachelors or masters degrees who are beginning a career in public health. Each year, a new cohort of up to 200 associates is enrolled in the program.

Associates are CDC employees who complete two-year assignments in a host site (*i.e.,* a state, tribal, local, or

territorial health department or non-profit organization). Host sites design their associates' assignments to meet their agency's unique needs while also providing on-the-job experience that prepare associates for future careers in public health. Associates also receive CDC-based training in core public health concepts and topics to provide the knowledge, skills, and abilities necessary to succeed in their assignments and provide a foundation for a career in public health.

PHAP hosts an initial in-person orientation and annual public health training at CDC and offers long-distance learning opportunities throughout the program. It is the goal of PHAP to have alumni seek employment within the public health system (*i.e.,* federal, state, tribal, local, or territorial health agencies, or non-governmental organizations), focusing on public health or health/healthcare.

When PHAP originated in 2007, the program focused on increasing recruitment and enrollment; to date, there has been limited systematic assessment of the program. As a result, one current program priority is focused on documenting program outcomes to inform refinements to program processes and activities, demonstrate program impact, and inform decision making about future program direction. The purpose of this information collection request is to gain approval to follow alumni career movement and progression following participation in PHAP. The information collection will enable the program to demonstrate evidence of program outcomes, specifically to document how many alumni are retained as members of the public health workforce, where alumni are employed, what topical and functional public health areas alumni support (*e.g.,* chronic disease, infectious disease, assessment, communications, etc.), to what extent alumni support the capabilities of public health agencies at the federal, state, territorial, local, tribal, and non-governmental organizational levels, and to what extent PHAP has influenced alumni career paths (if at all).

Information will be used to answer key program assessment questions, specifically: ''Is PHAP a quality program?'', ''Is PHAP an effective program?'', and ''What is the impact of PHAP?''

CDC will administer the PHAP Alumni Assessment at two different time points (1 year post-graduation, and 3 years post-graduation) to PHAP alumni. Assessment questions will remain consistent at each administration (*i.e.,* 1 year, or 3 years post-PHAP graduation). The language, however, will be updated for each assessment administration to reflect the appropriate time period. It is estimated that there will be no more than 480 respondents (160 respondents annually) over the course of the three year approval period. The estimated time for data collection is 8 minutes per assessment administration. Assessments will be administered electronically; a link to the assessment Web site will be provided in the email invitation. The total annualized estimated burden is 21 hours. There are no costs to respondents except their time.

ESTIMATED ANNUALIZED BURDEN HOURS

Type of respondent	Form name	Number of respondents	Number of responses per respondent	Average burden per response (in hours)
PHAP Alumni	PHAP Alumni Assessment	160	1	8/60

Leroy A. Richardson,

Chief, Information Collection Review Office, Office of Scientific Integrity, Office of the Associate Director for Science, Office of the Director, Centers for Disease Control and Prevention.

[FR Doc. 2015–06801 Filed 3–24–15; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center For Scientific Review; Notice of Closed Meetings

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following meetings.

The meetings will be closed to the public in accordance with the provisions set forth in sections 552b(c)(4) and 552b(c)(6), Title 5 U.S.C., as amended. The grant applications and the discussions could disclose confidential trade secrets or commercial property such as patentable material, and personal information concerning individuals associated with the grant applications, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

Name of Committee: Center for Scientific Review Special Emphasis Panel; RFA RM14–003: Transformative Research Award.

Date: April 21, 2015.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Hyatt Regency Bethesda, One Bethesda Metro Center, 7400 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: John L Bowers, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4170, MSC 7806, Bethesda, MD 20892, (301) 435–1725, *bowersj@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel; RFA RM14–003: Transformative Research Award.

Date: April 21, 2015.

Time: 8:00 a.m. to 5:00 p.m.

Agenda: To review and evaluate grant applications.

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Contact Person: John L Bowers, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4170, MSC 7806, Bethesda, MD 20892, (301) 435–1725, *bowersj@csr.nih.gov.*

Name of Committee: Center for Scientific Review Special Emphasis Panel; RFA RM13–007: New Innovator Award.

Date: April 23–24, 2015.

Time: 8:00 a.m. to 12:00 p.m.

Agenda: To review and evaluate grant applications.

Place: Residence Inn Bethesda, 7335 Wisconsin Avenue, Bethesda, MD 20814.

Contact Person: Rajiv Kumar, Ph.D., Chief, MOSS IRG, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Room 4216, MSC 7802, Bethesda, MD 20892, 301–435–1212, *kumarra@csr.nih.gov.*

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: March 20, 2015.

Anna Snouffer,

Deputy Director, Office of Federal Advisory Committee Policy.

[FR Doc. 2015–06844 Filed 3–24–15; 8:45 am]

BILLING CODE 4140–01–P