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Persons interested in obtaining a copy of "FDA's Proposed Strategy on Reuse of Single Use Devices" may also do so using the Internet. CDRH maintains an entry on the Internet for easy access to information including text, graphics, and files that may be downloaded to a personal computer with access to the Internet. Updated on a regular basis, the CDRH home page includes "FDA's Proposed Strategy on Reuse of Single Use Devices," device safety alerts, **Federal Register** reprints, information on premarket submissions (including lists of approved applications and manufacturers' addresses), small manufacturers' assistance, information on video conferencing and electronic submissions, mammography matters, and other device oriented information. The CDRH home page may be accessed at <http://www.fda.gov/cdrh>.

Dated: November 12, 1999.

David W. Feigal, Jr.,

Director, Center for Devices and Radiological Health.

[FR Doc. 99-30303 Filed 11-19-99; 8:45 am]

BILLING CODE 4160-01-F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration [HCFA-1079-N]

Medicare Program; December 13, 1999, Meeting of the Practicing Physicians Advisory Council

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Notice of meeting.

SUMMARY: In accordance with section 10(a) of the Federal Advisory Committee Act, this notice announces a meeting of the Practicing Physicians Advisory Council. This meeting is open to the public.

DATES: The meeting is scheduled for December 13, 1999, from 8:00 a.m. until 5 p.m., e.s.t.

ADDRESSES: The meeting will be held in the Multi-purpose Room, Room 705-A, 7th Floor, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201.

FOR FURTHER INFORMATION CONTACT: Paul Rudolf, Executive Director, Practicing Physicians Advisory Council, Room 435-H, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, (202) 690-7874. News media representatives should contact the HCFA Press Office, (202) 690-6145.

SUPPLEMENTARY INFORMATION: The Secretary of the Department of Health and Human Services (the Secretary) is mandated by section 1868 of the Social Security Act to appoint a Practicing Physicians Advisory Council (the Council) based on nominations submitted by medical organizations representing physicians. The Council meets quarterly to discuss certain proposed changes in regulations and carrier manual instructions related to physicians' services, as identified by the Secretary. To the extent feasible and consistent with statutory deadlines, the consultation must occur before publication of the proposed changes. The Council submits an annual report on its recommendations to the Secretary and the Administrator of the Health Care Financing Administration not later than December 31 of each year.

The Council consists of 15 physicians, each of whom has submitted at least 250 claims for physicians' services under Medicare or Medicaid in the previous year. Members of the Council include both participating and nonparticipating physicians, and physicians practicing in rural and underserved urban areas. At least 11 members must be doctors of medicine or osteopathy authorized to practice medicine and surgery by the States in which they practice. Members have been invited to serve for overlapping 4-year terms. In accordance with section 14 of the Federal Advisory Committee Act, terms of more than 2 years are contingent upon the renewal of the Council by appropriate action before the end of the 2-year term. The Council held its first meeting on May 11, 1992.

The current members are: Jerold M. Aronson, Richard Bronfman, Wayne R. Carlsen, Mary T. Herald, Sandra Hullett, Stephen A. Imbeau, Jerilynn S. Kaibel, Marie G. Kuffner, Derrick K. Latos, Dale Lervick, Sandra B. Reed, Susan Schooley, Maisie Tam, Victor Vela, and Kenneth M. Viste, Jr. The Council chairperson is Marie G. Kuffner.

Council members will be updated on the, Physician Fee Schedule (Practice Expense) Issues, Impact of the Balanced Budget Act of 1997, and New Coverage Process-How It Is Working.

The agenda will provide for discussion and comment on the following topics:

- New Initiatives in Provider Education/Communication.
 - Provider Involvement in Beneficiary Education.
 - Co-payment Follow Up.
 - Physician/Beneficiary Interaction in Medicare+Choice.
 - Program Fraud and Abuse Issues.
- For additional information and clarification on the aforementioned topics, call the contact person listed above.

Individual physicians or medical organizations that represent physicians that wish to make 5-minute oral presentations on agenda issues should contact the Executive Director by 12 noon, November 29, 1999, to schedule the presentation. Testimony is limited to listed agenda issues only. The number of oral presentations may be limited by the time available. A written copy of the presenters' oral remarks should be submitted to the Executive Director no later than 12 noon, December 6, 1999, for distribution to Council members for review prior to the meeting. Physicians and organizations not scheduled to speak may also submit written comments to the Executive Director and Council members. The meeting is open to the public, but attendance is limited to the space available.

(Section 1868 of the Social Security Act (42 U.S.C. 1395ee) and section 10(a) of Public Law 92-463 (5 U.S.C. App. 2, section 10(a)); 45 C.F.R. Part 11)

(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: November 10, 1999.

Nancy-Ann DeParle,

Administrator, Health Care Financing Administration.

[FR Doc. 99-30441 Filed 11-19-99; 8:45 am]

BILLING CODE 4120-01-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request, Training Tomorrow's Scientists: Linking Minorities and Mentors Through the Web

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review

and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on May 24, 1999, pages 28001–28002, and allowed 60 days for public comment. Two public comments were received in response to the notice, both requesting additional general information on the project. No comments were received regarding cost or hour burden for respondents. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes of Health may not conduct or sponsor, and the respondent is not required to respond to, an information collection that has been extended, revised, or implemented on or after October 1, 1995, unless it displays a currently valid OMB control number.

Proposed Collection

Title: Training Tomorrow's Scientists: Linking Minorities and Mentors through the Web. *Type of Information Collection Request:* NEW. *Need and Use of Information Collection:* This activity will increase the visibility of the National Institutes of Health's Research Supplements for Underrepresented Minorities program. The primary objective is to ensure in the coming decades a concentration of minority researchers who will address behavioral and social factors important in improving the public health and eliminating racial disparities. The Office will design a web site that will link promising minorities at the high school through junior faculty level with senior NIH-funded researchers who are willing to mentor. The activity is consistent with the Congressional mandate for the Office to enhance behavioral and social science training opportunities at NIH, especially for minorities. *Frequency of Response:* On occasion. *Affected Public:* Individuals or households. *Type of Respondents:* Students (high school, college, graduate school), postdoctoral fellows, junior faculty, and NIH researchers. The annual reporting burden is as follows: *Estimated Number of Respondents:* 4,000; *Estimated Number of Responses per Respondent:* 1; *Average Burden Hours Per Response:* .49 and *Estimated Total Annual Burden Hours Requested:* 1960. The annualized cost to respondents is estimated at: 0. There are no Capital Costs, Operating Costs, or Maintenance Costs to report.

Request for Comments

Written comments and/or suggestions from the public and affected agencies should address one or more of the following points: (1) Evaluate 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) Evaluate 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) Enhance the quality, utility, and clarity of the information to be collected; and (4) 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: Dr. Paula Skedsvold, Science Policy Officer, Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health, 9000 Rockville Pike, Building 31, Room B1C32, Bethesda, MD 20892, or call non-toll-free number (301) 435-6780 or E-mail your request, including your address to: skedsvop@od.nih.gov.

Comments Due Date

Comments regarding this information collection are best assured of having their full effect if received on or before December 22, 1999.

Dated: November 12, 1999.

Virginia Cain,

Special Assistant to the Director, Office of Behavioral and Social Sciences Research, Office of the Director, National Institutes of Health.

[FR Doc. 99-30418 Filed 11-19-99; 8:45 am]

BILLING CODE 4140-01-M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Invention; Availability for Licensing: "Extracellular cAMP-Dependent Protein Kinase in the Diagnosis and Prognosis of Cancer and Methods of Treatment"

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

ACTION: Notice.

SUMMARY: The invention listed below is owned by an agency of the U.S. Government and is 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.

ADDRESSES: Licensing information and a copy of the U.S. patent application referenced below may be obtained by contacting J.R. Dixon, at the Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852-3804 (telephone 301/496-7056 ext 206; fax 301/402-0220; E-Mail; jd212g@NIH.GOV). A signed Confidential Disclosure Agreement is required to receive a copy of any patent application.

SUPPLEMENTARY INFORMATION:

Invention Title: "Extracellular cAMP-Dependent Protein Kinase in the Diagnosis and Prognosis of Cancer and Methods of Treatment".

Inventor: Dr. Yoon S. Cho-Chung (NCI).

U.S. Patent Application Serial No.: 60/140,288 filed June 18, 1999.

DHHS Ref. No.: E-110-99/0

Abstract

It has been discovered that expression of extracellular-PAK (ECPKA) is serum is a measure of hormone-dependency of breast cancer. In view of this discovery, this invention provides a method of determining whether or not breast cancer in a give patient is hormone-dependent or hormone-independent. Current methods of determining hormone-dependency in breast cancer involve biopsy and examination of the breast cancer tissue for the presence of estrogen and/or progesterone receptors, which can be detected in the tissue by an immunohistochemical assay using a monoclonal antibody, by a biochemical assay using dextran-coated charcoal, and by other means. Such methods are disadvantageous due to inaccuracies (As much as 30-40% of results are false positives or false negatives), a lack of