DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Public Teleconference Regarding Licensing and Collaborative Research Opportunities for: Methods and Compositions Relating to Detecting Dihydropyrimidine Dehydrogenase (DPD)

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

ACTION: Notice.

Technology Summary

This technology relates to a method of detecting DPD Splicing Mutations.

Technology Description

Scientists at the National Cancer Institute have discovered a method detecting DPD Splicing Mutations. This method can identify patients with such mutations, and thereby alert the health care provider that the patient will have an adverse reaction to the chemotherapeutic agent, 5–Fluorouracil.

The invention relates to methods and compositions that are useful for detecting deficiencies in DPD levels in mammals including humans. Cancer patients having a DPD deficiency are at risk of a severe toxic reaction to the chemotherapeutic agent, 5– Fluorouracil. The technology encompasses DPD genes from human and pig, methods for detecting the level of nucleic acids that encode DPD in a patient, and nucleic acids that are useful as probes for this purpose.

Novel applications of the methods include:

• Screening of patients prior to the administration of the chemotherapeutic agent, 5–Fluorouracil.
• Diminishing and potentially eliminating the severe side effects of 5–Fluorouracil in patients.

Competitive Advantage of Our Technology

5–Fluorouracil (5–FU) is a therapeutic for the treatment of multiple cancers, including breast and colon cancers. In the United States, approximately 275,000 cancer patients receive 5–FU annually. It is estimated that three percent (3%) of those patients develop some degree of toxic reaction. Patients suffering toxic reactions are difficult and expensive to treat further. Approximately, 15% of those developing toxic reaction, will die as a result of exposure to 5–FU. Death is typically caused by cardiotoxicity. More than 1,300 patients in the United States die each year as a result of 5–FU toxicity. These deaths are all potentially avoidable if patients that are likely to get adverse reaction with 5–FU treatment are detected prior to treatment.

Patent Estate

This technology consists of the following patents and patent applications:


Next Step: Teleconference

There will be a teleconference where the principal investigator will explain this technology. Licensing and collaborative research opportunities will also be discussed. If you are interested in participating in this teleconference please call or e-mail Mojdeh Bahar; (301) 435–2950; baharm@mail.nih.gov. OTT will then e-mail you the date, time and number for the teleconference.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute on Alcohol Abuse and Alcoholism; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting.

The meeting will be closed to the public in accordance with the provisions set forth in sections 55b2(c)(4) and 55b2(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: National Institute on Alcohol Abuse and Alcoholism Special Emphasis Panel; Deferred AA3 Applications.

Date: July 16, 2008.

Time: 1 to 3 p.m.

Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 5635 Fishers Lane, Room 3042, Rockville, MD 20852 (Telephone Conference Call).

Contact Person: Katrina L. Foster, PhD, Scientific Review Officer, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, 5635 Fishers Lane, Room 3042, Rockville, MD 20852, 301-443-4032, katrina@mail.nih.gov.

The applications being reviewed in EEO2 were initially assigned to panel AA3. The appropriate expertise was not available in AA3; thus, these applications were removed and are being reviewed in a SEP meeting.

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