expressed in all normal tissues tested, but it has either no or low expression in
a high percentage of several types of human cancer, such as liver, breast,
lung, and prostate cancers. Through in vitro and in vivo tumor suppression
experiments, the inventors further demonstrated that DLC–1 acts as a new
tumor suppressor gene for different types of human cancer.

Applications:
• Method to diagnose HCC.
• Method to treat HCC patients with
DLC–1 compositions.
• Transgenic model to study HCC and other types of human cancer.
• DLC–1 compositions.

Market:
• Primary liver cancer accounts for
about 2% of cancers in the U.S., but up to
half of all cancers in some undeveloped
countries.
• 251,000 new cases are reported
annually.
• Post-operative five year survival
rate of HCC patients is 30–40%.

Development Status: The technology is
currently in the pre-clinical stage of
development.

Inventors: Bao-Zhu Yuan, Snorri S.
Thorgeirsson, Nicholas Popescu (NCI).

Publications:
1. BZ Yuan et al. DLC–1 operates as
tumor suppressor gene in human
non-small cell lung carcinomas. Oncogene.
2004 Feb 19;23(7):1405–1411. [PubMed:
14661059].
2. BZ Yuan et al. DLC–1 gene inhibits
human breast cancer cell growth and in
vitro tumorigenicity. Oncogene. 2003
Jan 23;22(3):445–450. [PubMed:
12545165].
3. BZ Yuan et al. Promoter
hypermethylation of DLC–1, a candidate
tumor suppressor gene, in several
common human cancers. Cancer Genet
[PubMed: 12645648].
4. BZ Yuan et al. Cloning,
characterization, and chromosomal
localization of a gene frequently deleted
in human liver cancer (DLC–1)
homologous to rat RhoGAP. Cancer Res.
[PubMed: 9605766].

Patent Status:
• U.S. Patent No. 6,897,018 issued 24
May 2005 (HHS Reference No. E–042–
• U.S. Patent No. 7,534,565 issued 19
May 2009 (HHS Reference No. E–042–

Licensing Status: Available for
licensing.

Licensing Contact: Jennifer Wong;
301–435–4633; wongj@mail.nih.gov.

Collaborative Research Opportunity:
The National Cancer Institute,
Laboratory of Experimental
Carcinogenesis, is seeking statements of
capability or interest from parties
interested in collaborative research to
further develop, evaluate, or
commercialize diagnostics based on
tumor suppressor genes. Please contact
John D. Hewes, PhD, at 301–435–3121
or hewesj@mail.nih.gov for more
information.


Richard U. Rodriguez,
Director, Division of Technology Development
and Transfer, Office of Technology Transfer,
National Institutes of Health.

[FR Doc. 2010–22834 Filed 9–13–10; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND
HUMAN SERVICES

Centers for Medicare & Medicaid Services

[CMS–1336–CN]
RIN 0938–AP87

Medicare Program; Prospective
Payment System and Consolidated
Billing for Skilled Nursing Facilities for
FY 2011; Correction

AGENCY: Centers for Medicare &
Medicaid Services (CMS), HHS.

ACTION: Correction notice.

SUMMARY: This document corrects
technical errors that appeared in the
notice with comment period published in
the Federal Register on July 22, 2010
entitled, “Medicare Program;
Prospective Payment System and
Consolidated Billing for Skilled Nursing
Facilities for FY 2011.”

DATES: Effective Date: This correction is
effective October 1, 2010.

FOR FURTHER INFORMATION CONTACT:
Bill Ullman, (410) 786–5667.

SUPPLEMENTARY INFORMATION:

I. Background

In FR Doc. 2010–17628 of July 22,
2010 (75 FR 42886), there were several
technical errors that are identified and
corrected in the “Correction of Errors”
section below. The corrections
described below are effective as if they
had been included in the document
published on July 22, 2010. Accordingly,
the corrections are effective October 1, 2010.

II. Summary of Errors

We are correcting the titles and wage
index columns (along with the resulting values) of Tables 8A and 8B, which
appeared on page 42911 of the July 22,
2010 notice with comment period. These two tables illustrate the skilled
nursing facility (SNF) prospective
payment system (PPS) payment rate
computations for a hypothetical “XYZ
SNF located in Cedar Rapids, IA (Urban
CBSA 16300) under the RUG–IV and
Hybrid RUG–III (HR–III) systems,
respectively. In the title of the tables as
well as in the third column (“Wage
Index”), the wage index value for Cedar
Rapids, IA is incorrectly displayed as
0.8858. Accordingly, in section III of
this document (“Correction of Errors”),
we are revising the entries in Tables 8A
and 8B to reflect the correct wage index
value of 0.8844. We are similarly
revising the immediately preceding
portion of the preamble text, which
references the total PPS payment
amounts displayed in these two tables.
However, we note that the
corresponding entry for CBSA 16300,
as it appears in an addendum to the July
22, 2010 notice with comment period
(Table A, “FY 2011 Wage Index for
Urban Areas Based on CBSA Market
Areas”), already reflects the
correct wage index value of 0.8844 (75
FR 42923). We are also revising the
footnote that appears in Tables 8A and
8B to clarify that in these examples, all 10
of the Medicare days listed under the
“CC2” RUG group would involve a
resident with AIDS and, thus, would
qualify for the special 128 percent
adjustment under section 511 of the
Medicare Prescription Drug,
Improvement, and Modernization Act of
on December 8, 2003).

III. Correction of Errors

In FR Doc. 2010–17628 (75 FR 42886),
make the following corrections:

1. On page 42910, third column, in
line five from the bottom of the page,
the phrase “$41,979 for RUG–IV and
$36,479 for RUG–III” is revised to
read “$41,979 for RUG–IV and
$36,479 for RUG–III”.

2. On page 42911, Tables 8A and 8B
are revised to read as follows:

3. On page 42911, underneath Table
8A and Table 8B, we removed the
asterisk statement “*Reflects a 128
percent adjustment from section 511 of
the MMA” and replaced it with
“*Reflects a 128 percent adjustment
from section 511 of the MMA. All CC2
days should be considered to be for a
resident with AIDS.”
IV. Waiver of Proposed Rulemaking and Delayed Effective Date

We ordinarily publish a notice of proposed rulemaking in the Federal Register to provide a period for public comment before the provisions of a rule take effect in accordance with section 553(b) of the Administrative Procedure Act (APA) (5 U.S.C. 553(b)). We also ordinarily provide a 30-day delay in the effective date of the provisions of a notice in accordance with section 553(d) of the APA (5 U.S.C. 553(d)). However, we can waive both the notice and comment procedure and the 30-day delay in the effective date if the Secretary finds, for good cause, that a notice and comment process is impracticable, unnecessary, or contrary to the public interest, and incorporates a statement of the finding and the reasons for it in the notice.

We find for good cause that it is unnecessary to undertake notice and comment rulemaking because this notice merely provides technical corrections to the FY 2011 SNF PPS notice with comment period. We are not making substantive changes to our payment methodologies or policies, but rather, are simply implementing correctly the payment methodologies and policies that we previously proposed, received comment on, and subsequently finalized. This correction notice is intended solely to ensure that the FY 2011 SNF PPS notice with comment period accurately reflects these payment methodologies and policies. Therefore, we believe that undertaking further notice and comment rulemaking activity in connection with it would be unnecessary and contrary to the public interest.

Further, we believe a delayed effective date is unnecessary because this correction notice merely corrects inadvertent technical errors. The changes noted above do not make any substantive changes to the SNF PPS payment methodologies or policies. Moreover, we regard imposing a delay in the effective date as being contrary to the public interest. We believe that it is in the public interest for providers to receive appropriate SNF PPS payments in as timely a manner as possible and to ensure that the FY 2011 SNF PPS notice with comment period accurately reflects our payment methodologies, payment rates, and policies. Therefore, we find good cause to waive notice and comment procedures, as well as the 30-day delay in effective date.

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


Dawn L. Smalls,
Executive Secretary to the Department.

[FR Doc. 2010–22902 Filed 9–10–10; 11:15 am]
BILLING CODE 4120–01–P