

Camptothecins are effective Topoisomerase I (Top1) inhibitors, and two derivatives (Topotecan® and Camptosar®) are currently approved for treatment of ovarian and colorectal cancer. Camptothecins damage DNA by trapping covalent complexes between the Top1 catalytic tyrosine and the 3'-end of the broken DNA. Tdp1 repairs Top1-DNA covalent complexes by hydrolyzing the tyrosyl-DNA bond. Thus, the presence and activity of Tdp1 can reduce the effectiveness of camptothecins as anticancer agents. In addition, Tdp1 repairs free-radical-mediated DNA breaks.

Inhibition of Tdp1 using diamidine or its derivatives, may reduce repair of DNA breaks and increase the rate of apoptosis in cancer cells. In addition, diamidine derivatives have the potential to enhance the anti-neoplastic activity of Top1 inhibitors, by reducing repair of Top1-DNA lesions through inhibition of Tdp1.

*Development Status:* Pre-clinical stage.

*Inventors:* Yves G. Pommier and Christoph Marchand (NCI).

#### Publications

1. Z Liao *et al.* Inhibition of human tyrosyl-DNA phosphodiesterase by aminoglycoside antibiotics and ribosome inhibitors. *Mol Pharmacol.* 2006 Jul;70(1):366–372.

2. Y Pommier. Camptothecins and topoisomerase I: a foot in the door. Targeting the genome beyond topoisomerase I with camptothecins and novel anticancer drugs: importance of DNA replication, repair and cell cycle checkpoints. *Curr Med Chem Anticancer Agents.* 2004 Sep; 4(5):429–434. Review.

3. Y Pommier *et al.* Repair of and checkpoint response to topoisomerase I mediated DNA damage. *Mutat Res.* 2003 Nov 27;532(1–2):173–203. Review.

*Patent Status:* U.S. Patent Application No. 12/225,672 filed 26 Sep 2008 (HHS Reference No. E–165–2006/0–US–04).

*Licensing Status:* Available for licensing.

*Licensing Contact:* Betty Tong, PhD; 301–594–6565; [tongb@mail.nih.gov](mailto:tongb@mail.nih.gov).

*Collaborative Research Opportunity:* The Laboratory of Molecular Pharmacology is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize Tdp1 inhibitors for the treatment of cancers. Please contact John D. Hewes, PhD at 301–435–3121 or [hewesj@mail.nih.gov](mailto:hewesj@mail.nih.gov) for more information.

Dated: December 23, 2009.

**Richard U. Rodriguez,**

*Director, Division of Technology Development and Transfer, Office of Technology Transfer, National Institutes of Health.*

[FR Doc. E9–31284 Filed 1–6–10; 8:45 am]

**BILLING CODE 4140–01–M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Healthcare Research and Quality

#### HHS Intent To Publish Grant and Contract Solicitations for Comparative Effectiveness Research (CER) Projects With Funds Allocated to the Office of the Secretary From the American Recovery and Reinvestment Act (ARRA)

**AGENCY:** Agency for Healthcare Research and Quality (AHRQ), HHS.

**ACTION:** Notice of intent.

**SUMMARY:** The Department of Health and Human Services announces its intention to support new CER projects with funds allocated by the American Recovery and Reinvestment Act (ARRA). The ARRA appropriated \$400 million to the Office of the Secretary for support of CER. AHRQ has been designated point of contact for management of these funds.

Prioritization of the OS ARRA CER allocation was determined by several factors: public input, the Comparative Effectiveness Research-Coordination Implementation Team, the Federal Coordinating Council for Comparative Effectiveness Research (FCC), and the Institute of Medicine Report on CER. OS ARRA CER projects will focus, initially, on either (1) one of the 14 priority conditions established by the Secretary of the Department of Health and Human Services under Section 1013 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, (2) 100 Institute of Medicine topic recommendations, or (3) topics that fall into one of the AHRQ identified evidence gaps or are identified in the FCC report. An additional integral focus for these OS ARRA CER funds are the priority populations, which include low income groups; minority groups; women; children; the elderly; and individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care. The CER solicitations will come from a diverse set of divisions and agencies across the Department of Health and Human Services.

**DATES:** HHS anticipates grant and contract solicitations to be published over the next several months.

**ADDRESSES:** The future CER funding opportunity announcements will be published in the NIH Guide: <http://grants.nih.gov/grants/guide/index.html> and on *Grants.gov*: <http://www.grants.gov/>. Contract solicitations can be found on the Federal Business Opportunity site at <https://www.fbo.gov/index?cck=1&au=&cck=>.

**FOR FURTHER INFORMATION CONTACT:** Until the solicitations are published, AHRQ cannot provide information on their contents.

*Direct any general comments regarding the OS ARRA CER program to:* Kathleen Kendrick, Deputy Director, Office of the Director, Agency for Healthcare Research and Quality, 540 Gaither Road, Rockville, MD 20850, Telephone: 301–427–1200, e-mail address: [ARRA.Support@AHRQ.HHS.gov](mailto:ARRA.Support@AHRQ.HHS.gov).

#### SUPPLEMENTARY INFORMATION:

##### Background

The American Recovery and Reinvestment Act (ARRA) provided \$1.1 billion for comparative effectiveness research (CER). The Act allocated \$300 million to the Agency for Healthcare Research and Quality (AHRQ), \$400 million to the National Institutes of Health (NIH), and \$400 million to the Office of the Secretary (OS) of the Department of Health and Human Services (HHS). These funds are dedicated specifically towards CER and must be obligated by the end of fiscal year 2010.

##### Comparative Effectiveness Research Initiative Description

The Department of Health and Human Service's overall goal for the investment in comparative effectiveness research is to promote high quality care through broad availability of information that helps clinicians and patients match the best science to individual needs and preferences. Moreover, the investment can build a sustainable foundation for CER so that it will enable—now and in the future the United States healthcare system to deliver the highest quality and best value care to all Americans.

**Funding Opportunity** Announcements soliciting grant applications and Requests for Contracts for CER will provide \$210.5 million for data infrastructure and related research, \$89.5 million for dissemination and translation, \$71 million for research, \$7.6 million for inventory and evaluation projects and \$4 million for

salary and benefits for ARRA-related staff and administrative support.

An additional, \$17.4 million will be allocated to projects that address any gaps within the new and existing CER programs.

Dated: December 30, 2009.

**Carolyn M. Clancy,**  
*AHRQ, Director.*

[FR Doc. E9-31340 Filed 1-6-10; 8:45 am]

**BILLING CODE 4160-90-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Administration for Children and Families

#### Notice of Meeting; National Commission on Children and Disasters

**AGENCY:** Administration for Children and Families, Department of Health and Human Services.

**ACTION:** Notice of Meeting.

**DATES:** The meeting will be held on Monday, February 1, 2010, from 9 a.m. to 5:30 p.m.

**ADDRESSES:** The meeting will be held at the Renaissance Mayflower Hotel, 1127 Connecticut Avenue, NW., Washington, DC 20036. To attend in person, please register by 5 p.m. Eastern Time, January 28, 2010. To register, please visit <http://www.childrenanddisasters.acf.hhs.gov>.

If you experience technical difficulties, please contact [NCCDregister@theambitgroup.com](mailto:NCCDregister@theambitgroup.com). If you require a sign language interpreter or other special assistance, please call Jacqueline Haye at (202) 205-9560 or e-mail [jacqueline.haye@acf.hhs.gov](mailto:jacqueline.haye@acf.hhs.gov) as soon as possible and no later than 5 p.m. Eastern Time, January 19, 2010.

**Agenda:** The National Commission on Children and Disasters is hosting a Long-Term Disaster Recovery Workshop to explore challenges and solutions that impact the unique needs of children. This one day forum provides an opportunity for Federal, State, Tribal, local and non-governmental partners to inform the Commission as it prepares its Final Report to the President and the Congress, due October 2010. Key issues that will be discussed at the workshop include children's access to medical care, the provision of mental health services to children, and barriers to information and data sharing.

**Additional Information:** Contacts: Roberta Lavin, Office of Human Services Emergency Preparedness and Response, e-mail [Roberta.lavin@acf.hhs.gov](mailto:Roberta.lavin@acf.hhs.gov) or (202) 401-9306.

**SUPPLEMENTARY INFORMATION:** The National Commission on Children and Disasters is an independent Commission that shall conduct a comprehensive study to examine and assess the needs of children as they relate to preparation for, response to, and recovery from all hazards, building upon the evaluations of other entities and avoiding unnecessary duplication by reviewing the findings, conclusions, and recommendations of these entities. The Commission shall then submit a report to the President and the Congress on the Commission's independent and specific findings, conclusions, and recommendations to address the needs of children as they relate to preparation for, response to, and recovery from all hazards, including major disasters and emergencies.

Dated: December 28, 2009.

**David A. Hansell,**  
*Principal Deputy Assistant Secretary for Children and Families.*

[FR Doc. E9-31402 Filed 1-6-10; 8:45 am]

**BILLING CODE 4184-01-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Institutes of Health

#### National Institute of Mental Health; Notice of Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Mental Health Council.

The meeting will be open to the public as indicated below, with attendance limited to space available. Individuals who plan to attend and need special assistance, such as sign language interpretation or other reasonable accommodations, should notify the Contact Person listed below in advance of the meeting.

The meeting 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:** National Advisory Mental Health Council.

**Date:** February 11-12, 2010.

**Closed:** February 11, 2010, 10 a.m. to 5 p.m.

**Agenda:** To review and evaluate grant applications and review the activities of the NIMH Intramural Research Programs.

**Place:** National Institutes of Health, Neuroscience Center, 6001 Executive Boulevard, Conference Room C/D/E, Rockville, MD 20852.

**Open:** February 12, 2010, 8:30 a.m. to 12:30 p.m.

**Agenda:** Presentation of NIMH Director's report and discussion on NIMH program and policy issues.

**Place:** National Institutes of Health, Building 31, C Wing, 31 Center Drive, 6th Floor, Conference Room 6, Bethesda, MD 20892

**Contact Person:** Jane A. Steinberg, PhD, Director, Division of Extramural Activities, National Institute of Mental Health, NIH, Neuroscience Center, 6001 Executive Blvd., Room 6154, MSC 9609, Bethesda, MD 20892-9609, 301-443-5047.

Any member of the public interested in presenting oral comments to the committee may notify the Contact Person listed on this notice at least 10 days in advance of the meeting. Interested individuals and representatives of organizations may submit a letter of intent, a brief description of the organization represented, and a short description of the oral presentation. Only one representative of an organization may be allowed to present oral comments and if accepted by the committee, presentations may be limited to five minutes. Both printed and electronic copies are requested for the record. In addition, any interested person may file written comments with the committee by forwarding their statement to the Contact Person listed on this notice. The statement should include the name, address, telephone number and when applicable, the business or professional affiliation of the interested person.

In the interest of security, NIH has instituted stringent procedures for entrance onto the NIH campus. All visitor vehicles, including taxicabs, hotel, and airport shuttles will be inspected before being allowed on campus. Visitors will be asked to show one form of identification (for example, a government-issued photo ID, driver's license, or passport) and to state the purpose of their visit.

Information is also available on the Institute's/Center's home page: <http://www.nimh.nih.gov/about/advisory-boards-and-groups/namhc/index.shtml> where an agenda and any additional information for the meeting will be posted when available.

(Catalogue of Federal Domestic Assistance Program Nos. 93.242, Mental Health Research Grants; 93.281, Scientist Development Award, Scientist Development Award for Clinicians, and Research Scientist Award; 93.282, Mental Health National Research Service Awards for Research Training, National Institutes of Health, HHS)