SUPPLEMENTARY INFORMATION:

Authority: Section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Executive Order 11651 of March 3, 1972, as amended.

In a Memorandum of Understanding dated October 22, 1998, the Governments of the United States and Arab Republic of Egypt agreed to permit special carryforward of up to 10 percent for Categories 338/339 (cotton knit shirts) in 1998, and that to the extent this special carryforward is used, it will be charged against the 1999 specific limit for these categories at a one to one and one-fourth (1 to 1 1/4) ratio. The current limit for Categories 338/339 is being adjusted for this special carryforward.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 62 FR 66057, published on December 17, 1997). Also see 62 FR 67829, published on December 30, 1997.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

November 10, 1998.

Commissioner of Customs, Department of the Treasury, Washington, DC

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on December 22, 1997, by the Chairman, Committee for the Implementation of Textile Agreements. That directive concerns imports of certain cotton, wool and man-made fiber textile products, produced or manufactured in Egypt and exported during the twelve-month period which began on January 1, 1998 and extends through December 31, 1998.

Effective on November 17, 1998, you are directed to increase the limit for Categories 338/339 to 3,329,394 dozen ¹, as provided for under the Uruguay Round Agreement on Textiles and Clothing and a Memorandum of Understanding dated October 22, 1998 between the Governments of the United States and the Arab Republic of Egypt.

The Committee for the Implementation of Textile Agreements has determined that this action falls within the foreign affairs exception to the rulemaking provisions of 5 U.S.C. 553(a)(1).

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc. 98–30568 Filed 11–13–98; 8:45 am] BILLING CODE 3510–DR-F

DEPARTMENT OF DEFENSE

Office of the Secretary

Civilian Health and Medical Program of the Uniformed Services (CHAMPUS)

AGENCY: Office of the Secretary, DoD. **ACTION:** Notice of extension of cancer treatment clinical trials demonstration project.

SUMMARY: This notice is to advise interested parties of a one-year extension of a demonstration project in which the DoD provides CHAMPUS reimbursement for eligible beneficiaries who receive cancer treatment under approved National Institutes of Health, National Cancer Institute (NCI) clinical trials. Participation in these clinical trials will improve access to promising cancer therapies for CHAMPUS eligible beneficiaries when their conditions meet protocol eligibility criteria. DoD financing of these procedures will assist in meeting clinical trial goals and arrival at conclusions regarding the safety and efficacy of emerging therapies in the treatment of cancer. At this time, there is insufficient demonstration data for a full evaluation of costs associated with enrollment in clinical trials. Extending the demonstration for an additional year will allow sufficient time for patient accrual to clinical trials and collection of data which allows for comprehensive economic analysis. This demonstration also affects TRICARE, the managed health care program that includes CHAMPUS. This demonstration project, which is under the authority of 10 U.S.C., section 1092, will expire December 31, 1999.

EFFECTIVE DATE: January 1, 1999. FOR FURTHER INFORMATION CONTACT: Kathleen K. Larkin, Office of the Assistant Secretary of Defense (Health Affairs), TRICARE Management Activity, (703) 681–1745.

SUPPLEMENTARY INFORMATION:

A. Background

On January 24, 1996, the Department provided notice in the Federal Register (61 FR 1899) of an expansion of an existing demonstration for breast cancer treatment clinical trials to include all cancer treatment clinical trials under approved National Cancer Institute (NCI) clinical trials. The demonstration purpose is to improve beneficiary access to promising new therapies, assist in meeting the National Cancer Institute's clinical trial goals, and arrival at conclusions regarding the safety and efficacy of emerging therapies in the treatment of cancer. The January 24, 1996, notice anticipated the possibility of extending the demonstration.

The NCI trials program is the principal means by which the oncology community has developed clinical evidence for the efficacy of various treatment approaches in cancer therapy. Participating institutions include NCI's network of comprehensive and clinical cancer centers, university and community hospitals and practices, and military treatment facilities. Despite this extensive network which includes the nation's premier medical centers, cure rates for most types of cancer remain disappointing, highlighting the significant effort still required for improvement. The principal means by which advances in therapy will be realized is through application of research to victims of cancer. In support of NCI's efforts to further the science of cancer treatment, the Department expanded its breast cancer demonstration to include all NCIsponsored phase II and phase III clinical trials. This expanded demonstration will enhance current NCI efforts to determine safety and efficacy of promising cancer therapies by expanding the patient population available for entry into clinical trials and stabilizing the referral base for these clinical activities. While this demonstration provides an exception to current CHAMPUS benefit limitations, the Department hypothesizes that this increased access to innovative cancer therapies will occur at a cost comparable to that which the Department has experienced in paying for conventional therapies under the standard CHAMPUS program. Results of this demonstration will provide a framework for determining the scope of DoD's continued participation in the NCI's research efforts.

Dated: November 9, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

 $[FR\ Doc.\ 98\text{--}30477\ Filed\ 11\text{--}13\text{--}98;\ 8\text{:}45\ am]$

BILLING CODE 5000-04-M

DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE; the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Specialized Treatment Services (STS) Program

AGENCY: Office of the Secretary, DoD.

ACTION: Notice.

SUMMARY: This notice is to advise interested parties that Naval Hospital

¹The limit has not been adjusted to account for any imports exported after December 31, 1997.

Jacksonville (NAVHOSPJAX), Florida, has been designated a regional Specialized Treatment Services facility (STSF) for total joint replacement. The application for this STSF designation was submitted by NAVHOSPJAX and approved by the Assistant Secretary of Defense (Health Affairs). The Lead Agent for TRICARE Region 3 will oversee that the STSF maintains the quality and standards required for specialized treatment services. This designation covers the following Diagnostic Related Groups:

209—Major Joint and Limb Reattachment Procedures of Lower Extremity 491—Major Joint and Limb Reattachment Procedures of Upper Extremity

DoD beneficiaries who reside in the NAVHOSPJAX STS Catchment Area must be evaluated by NAVHOSPJAX before receiving TRICARE/CHAMPUS cost sharing for procedures that fall under the above Diagnostic Related Groups, in accordance with TRICARE/ CHAMPUS Nonavailability Statement policy. Travel and lodging for the patient and, if stated to be medically necessary by a referring physician, for a nonmedical attendant, will be reimbursed by NAVHOSPJAX in accordance with the provision of the Joint Federal Travel Regulation. Although evaluation in person is preferred, it is possible to conduct the evaluation telephonically if the patient is unable to travel to NAVHOSPJAX. If the procedures cannot be performed at NAVHOSPJAX, Humana Military Healthcare Services will provide a medical necessity review prior to issuance of a Nonavailabilty Statement or other similar authorizations. The NAVHOSPJAX STSF Catchment Area includes zip codes within TRICARE Region 3 that fall within a 200-mile radius South and West of NAVHOSPJAX.

EFFECTIVE DATE: March 1, 1999. FOR FURTHER INFORMATION CONTACT: Lieutenant Junior Grade Phillip Garbark, NAVHOSPJAX, (904) 777-7372, or Commander Donald Rosenbaum or Lieutenant Colonel Richard Heekin. (904) 777-7370; or Lt. Col Teresa Sommese, TRICARE Management Activity, (703) 618-3628, extension 5029; or Mr. Tariq Shahid, TRICARE Management Activity, (303) 676-3801. SUPPLEMENTARY INFORMATION: In FR DOC 93-27050, appearing in the Federal Register on November 5, 1993 (Vol. 58, FR 58955-58964), the final rule on the STS Program was published. Included in the final rule was a provision that a notice of all military and civilian STS facilities be published in the Federal Register annually. This notice is issued

under the authority of 10 U.S.C. 1105 and 32 CFR 199.4(a)(10).

Dated: November 9, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 98–30473 Filed 11–13–98; 8:45 am]

BILLING CODE 5000-04-M

DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE; The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Specialized Treatment Services (STS) Program

AGENCY: Office of the Secretary, DoD. **ACTION:** Notice.

SUMMARY: This notice is to advise interested parties that Dwight D. Eisenhower Army Medical Center (EAMC), Fort Gordon, Georgia, has been designated a regional Specialized Treatment Services facility (STSF) for Neurosurgery, Orthopedic Surgery, General Surgery, Peripheral Vascular Surgery, and Head and Neck Surgery. The application for this STSF designation was submitted by the Lead Agent for TRICARE Region 3 and approved by the Assistant Secretary of Defense (Health Affairs). The Lead Agent will oversee that the STSF maintains the quality and standards required for specialized treatment services. This designation covers the following Diagnostic Related Groups:

001—Craniotomy, Age Greater than 17, Except for Trauma

004—Spinal Procedures

049—Major Head and Neck Procedures 191—Pancreas, Liver and Shunt Procedures with CC

110—Major Cardiovascular Procedures with CC

111—Major Cardiovascular Procedures without CC

286—Adrenal and Pituitary Procedures 209—Major Joint and Limb Reattachment Procedures of Lower Extremity

491—Major Joint and Limb Reattachment of Upper Extremity

DoD beneficiaries who reside in the EAMC STS Catchment Area must be evaluated by EAMC before receiving TRICARE/CHAMPUS cost sharing for procedures that fall under the above Diagnostic Related Groups, in accordance with TRICARE/CHAMPUS Nonavailability Statement policy. Travel and lodging for the patient and, if stated to be medically necessary by a referring physician, for a nonmedical attendant, will be reimbursed by EAMC in accordance with the provisions of the Joint Federal Travel Regulation.

Although evaluation in person is preferred, it is possible to conduct the evaluation telephonically if the patient is unable to travel to EAMC. If the procedure cannot be performed at EAMC, Humana Military Healthcare Services will provide a medical necessity review prior to issuance of a Nonavailability Statement or other similar authorizations. The EAMC STSF Catchment Area is defined by zip codes in the Defense Medical Information System STS Facilities Catchment Area Directory. The Catchment Area includes zip codes within TRICARE Region 3 that fall within a 200-mile radius of EAMC. EFFECTIVE DATE: March 1, 1999.

FOR FURTHER INFORMATION CONTACT: Colonel Richard Traugott, EAMC, (706) 787–8288; or Lt. Col. Teresa Sommese, TRICARE Management Activity, (703) 681–3628, extension 5029; or Mr. Tariq Shahid, TRICARE Management Activity, (303) 676–3801.

SUPPLEMENTARY INFORMATION: In FR DOC 93–27050, appearing in the **Federal Register** on November 5, 1993 (Vol. 58, FR 58955–58964), the final rule on the STS Program was published. Included in the final rule was a provision that a notice of all military and civilian STS facilities be published in the **Federal Register** annually. This notice is issued under the authority of 10 U.S.C. 1105 and 32 CFR 199.4(a)(10).

Dated: November 9, 1998.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense. [FR Doc. 98–30478 Filed 11–13–98; 8:45 am]

BILLING CODE 5000-04-M

DEPARTMENT OF DEFENSE

Office of the Secretary

TRICARE; The Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); Specialized Treatment Services (STS) Program

AGENCY: Office of the Secretary, DOD. **ACTION:** Notice.

SUMMARY: This notice is to advise interested parties that Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC), hereinafter referred to as Destination San Antonio, have been designated the Regional Specialized Treatment Service facilities (STSFs) for DRGs 1, 3, 4, 49, 104–107, 110–111, 191, 209, 491, 286, and 357. The application for the STSF designation was submitted by the Lead Agency for TRICARE Region 6 and approved by the Assistant Secretary of Defense (Health Affairs). The Lead