management and on their strategic implications for Area legislation, regulations, policies, and operations; (2) coordinating the development of Area positions on national issues in the field of Indian Health; (3) assisting in discharging the Area's responsibilities in the formulation, evaluation, and related work concerning legislation and regulations; (4) assessing and interpreting Department policies and procedures, and in maintaining systems for their implementation and dissemination; (5) coordinating the formulation of and participating in executing Area wide executive policy, providing consultation and guidance to the Area in program and management policy development, interpretation and application and maintaining the documentation and issuance system for the Area; and (6) negotiating solutions to intra-department problems of Area organization.

Division of Managed Care (GFAAE4). (1) Manages the Contract Health Care and Medicare/Medicaid resources accordance with program regulations; (2) collects and analyzes fiscal and logistical data as to its impact on the overall health program; (3) provides interpretive reports, coordinates, advises, and supports the Area and Service Unit staff on the availability of financial resources in relation to their program; and (4) manages, plan, coordinates, implements, and evaluates the Aberdeen Area Business Office.

Division of Medical Care Evaluation (GFAAE5). Conducts and coordinates a medical care evaluation program which includes Improving Organizational Performance, Risk Management, Hospital and Health Center Accreditation by the JCAHO or Certification by Health Care Financing Administration.

Social Services/Mental Health Branch (GFAAE51). Administers, supervises, and maintains a social services/mental health program offering case work therapy and counseling services and crisis intervention, individual therapy, and substance abuse therapy.

Aberdeen Area Service Units: Quentin Burdick Service Unit (GFAAWA); Cheyenne River Service Unit (GFAAWB); Crow Creek Service Unit (GFAAWC); Ft. Totten Service Unit (GFAAWD); Lower Brule Service Unit (GFAAWE); Minne Tohe Service Unit (GFAAWG); Pine Ridge Service Unit (GFAAWH); Rapid City Service Unit (GFAAWJ); Rosebud Service Unit (GFAAWK); Sisseton Service Unit (GFAAWL); Standing Rock Service Unit (GFAAWM); Winnebago/Omaha Service Unit (GFAAWN); Yankton Service Unit (GFAAWP); Regional Treatment Center (GFAAWT).

Aberdeen Area Service Units

(1) Plans, develops, and directs health programs within the framework of IHS policy and mission; (2) promotes activities to improve and maintain the health and welfare of the service population; (3) delivers quality health services; (4) coordinates Service Unit activities and resources with those of other governmental and nongovernmental programs; and (5) participates in the development and demonstration of alternative means and techniques of health services management and health care.

Section GFA–20, Aberdeen Area IHS-Delegations of Authority. All delegations and redelegations of authority made to officials in the Aberdeen Area IHS that were in effect immediately prior to this reorganization, and that are consistent with this reorganization, shall continue in effect pending further redelegation.

Dated: June 25, 1999.

Michael H. Trujillo,

Assistant Surgeon General, Director.

[FR Doc. 99–17159 Filed 7–6–99; 8:45 am]

BILLING CODE 4160–16–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Preventing Problem Behavior Among Middle School Students

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on January 26, 1999, pages 3955–3956 and allowed 60 days for public comment. No public comments were received. The purpose of this notice to allow an additional 30 days for public comment. The National Institute 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: Preventing Problem Behavior Among Middle School Students.

Type of Information Collection Request: Revision, OMB Number 0925–0436, Expiration Date 9/30/99.

Need and Use of Information Collection: The purpose of this study is to test the efficacy of a comprehensive program of interventions that include participatory classroom curriculum, parent education and enhanced school environment. Middle schools in one school district in Maryland were assigned to either a special intervention treatment condition or usual education (control) condition. The intervention is sequentially structured with curricula implemented in each grade of middle school. Classroom-administered questionnaires were administered to all middle schools prior to the intervention to establish baseline levels of the variables of interest, including substance use, school misconduct, parent and peer influences, and school climate. Data is collected annually after the completion of the grade level intervention. Information about parenting style will be collected on a sample of parents of participating student using telephone interviews.

As of the expiration of the current OMB approval, data will have been collected on one cohort of middle school students annually throughout middle school (6–8 grade) and two years of data collection on the second cohort of student (grades 6 and 7). Completion of the study as proposed includes collecting data on the second cohort in grade 8 and follow-up measurement of both cohorts in grade 9. Data will also be collected on a sample of parents.

Frequency of Response: Occasional.

Affected Public: Individuals or households; State, Local or Tribal Government.

Type or Respondents: Children and their parents. The annual reporting burden follows: Estimated number of respondents: 1450; Estimated Number of Responses per Respondent: 1.3; Average Burden Per Response (hrs.): .75; and Estimated Total Annual Burden Hours Requested: 988. The Annualized Cost to Respondents (based on $10.00 per hour): $9.883. There are no Capital Costs, Operating Costs, and/or Maintenance Costs to report.

Request for Comments:

Written comments and/or suggestions from the public and affected agencies are invited on one or more of the following points: (1) 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) 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) Ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technical collection techniques for other forms of information technology.

FOR FURTHER INFORMATION: To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact, Dr. Bruce Simons-Morton, Chief, Prevention Research Branch, Division of Epidemiology, Statistics and Prevention Research, National Institutes of Child Health and Human Development, 6100 Executive Blvd., Room 7B05, Bethesda, MD 20892–7510, or call non-toll free number (301) 496–1126 or E-mail your request, including your return address to bm79K@nih.gov.

COMMENT DUE DATE: Comments regarding this information collection are best assured of having their full effect if received within 30 days of the date of this publication.

Dated: June 29, 1999.

Michael H. Rosenthal,

Acting Executive Officer, NICHD.

[FR Doc. 99–17229 Filed 7–6–99; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Dental and Craniofacial Research: Opportunity for a Cooperative Research and Development Agreement (CRADA) for the Development of Either Diagnostics or Therapeutics for Bone Metastasizing Cancers Including Breast and Prostate Cancer

AGENCY: National Institutes of Health (NIH), PHS, DHHS.

ACTION: Notice of an opportunity for a Cooperative Research and Development Agreement.

SUMMARY: The National Institute of Dental and Craniofacial Research (NIDCR), Craniofacial Developmental Biology and Regeneration Branch, has developed technology in the area of the metastasis of breast and prostate cancer to bone and wishes to further develop that technology. Therefore, the NIDCR seeks an agreement with a pharmaceutical or biotechnology company to develop diagnostics and therapeutics related to osteonectin and/or its receptor on metastatic cancer cells.

The spread of tumor cells (metastasis) to distant organs is the leading cause of morbidity and death in cancer. In order to spread, tumor cells must detach from the primary tumor, enter the circulation, and attach to organs able to support their further growth. To enter and exit the circulation, tumor cells must degrade tissue and matrix barriers, but the underlying mechanism for the organ specific metastasis of prostate and breast cancer to bone is not understood. For instance, it is not clear whether these calls only invade and grow in bone, or whether they invade many tissues but survive mainly in bone. NIDCR scientists have found that chemoinvasion of different prostate and breast cancer cell lines through basement membrane is several fold greater in response to bone extracts than to extracts from other tissues. Control studies showed that invasion of melanoma and fibrosarcoma cells is not stimulated by bone extracts. The bone extracts and partially purified materials had no effect on prostate cancer cell growth (in-vitro or in-vivo). The active factor from bone which promoted prostate cell invasion was purified and shown to be a glycosylated derivative of osteonectin. Moreover, osteonectin was found to specifically induce matrix metalloprotease activity in both breast and prostate cancer cells, which both invade bone. No induction was observed with three non bone metastasizing cell lines (3T3, HT1080 and B16F10). More recently, a cellular receptor for osteonectin, which is elevated on breast and prostate cancer cells but not on melanoma or 3T3 cells, has been identified. Experiments with subcutaneously implanted minipumps containing osteonectin have demonstrated that prostate cancer cells preferentially metastasize to the site of the implant and form tumors, whereas control pumps containing saline or a non active bone fraction did not show this activity. These data suggest that invasion of bone by prostate cancer cells is mediated by osteonectin.

A CRADA partner is sought to participate in the development of antibodies or diagnostic tools to quantitate the osteonectin receptor, as it may be a marker for tumors that are metastasic to bone. If the receptor is elevated on metastatic cells, then antagonists can be developed to block its occupancy and inhibit metastasis to bone. The collaboration could also explore whether serum levels of osteonectin may provide a new and early diagnostic tool to detect metastasis of breast and prostate cancer cells. Improvement in the understanding of the mechanisms by which breast and prostate cancer cell metastasize to bone could provide an opportunity to develop diagnostic and therapeutic reagents.

The proposed duration of the CRADA is two (2) years.

ADDRESSES: Proposals and questions about this opportunity may be addressed to Jacob A. Donkersloot, Sc.D., Technology Development Coordinator, NIDCR, tel: (301) 496–4216, fax: (301) 402–0396 or David A. Steffes, J.D., Technology Development and Commercialization Branch, National Cancer Institute, tel: (301) 496–0477, fax: (301) 402–2117.

DATES: Interested parties should submit a one page statement of interest addressing the collaborator's ability to fulfill its collaborative responsibilities. The statement of interest should be submitted in writing on or before September 7, 1999.

SUPPLEMENTARY INFORMATION: A ''Cooperative Research and Development Agreement'' or ''CRADA'' is the anticipated joint agreement to be entered into by the NIDCR pursuant to the Federal Technology Transfer Act of 1986 as amended by the National Technology Transfer and Advancement Act of 1995 (Pub. L. 104–113 (Mar. 7, 1996)) and by Executive Order 12591 of October 10, 1987.

The CRADA objective is the rapid publication of research results and the timely commercialization of improved diagnostics and/or therapeutics in the areas of breast and prostate cancer metastasis to bone.

Under a CRADA, the NIDCR can contribute facilities, staff, materials, and expertise to the effort. The NIDCR cannot contribute funding. The CRADA collaborator receives an exclusive option to negotiate an exclusive or non-exclusive license to Government intellectual property rights arising under the CRADA in a pre-determined field of use and may qualify as a co-inventor of new technology developed under the CRADA.

Background information, including reprints of this announcement and issued patents, is available from the above-referenced address. Patent applications and pertinent information not yet publicly described can be obtained under a Confidential Disclosure Agreement.

CRADA proposals will be evaluated under the following criteria:

—Corporate research and development competencies

—Demonstrated abilities to productively collaborate in research programs