Send comments to HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: June 15, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 98–16452 Filed 6–19–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; Substance Abuse Treatment Study

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below.

This proposed information collection was previously in the **Federal Register** on October 27, 1997, and allowed 60 days for public comment. There were no requests for additional information about this data collection activity, no public comments were received. The purpose of this notice is to allow an additional 30 days for public comment.

The NIH 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 December 31, 1999, unless it displays a currently valid OMB control number.

Proposed Collection: Title: Substance Abuse Treatment Study. *Type of Information Collection Request:* New. *Need and Use of Information Collection:* The information proposed for collection in this study will be used by the NIAAA to observe group treatment at up to 20 treatment facilities. At each facility, directors will be asked to provide information about treatment practices and about the client population. At each facility at least seven members of the treatment staff will be asked to provide information about their treatment activities, personal experiences and training. At each facility eight treatment groups will be observed. The group leader will be asked to complete a questionnaire about the observed session and other client demographics. At least seven group members will also be asked to complete a questionnaire about the observed group session. The target population for the study is a group of outpatient public and private providers that will include group treatment as part of their overall plan of clinical therapeutics.

The specific aim of this study is the testing of instruments and methodologies for the systematic measurement of the content, process, and context of group treatment.

Frequency of Response: On occasion. *Affected Public:* Individuals. *Type of Respondents:* American adults. *Estimated Number of Respondents:* 1440. *Estimated Number of Responses per Respondent:* 1. *Average Burden Hours per Response:* .3465. *And Estimated Total Annual Burden Hours Requested:* 449. *The annualized cost to respondents is estimated at:* $5,676. There are no Capital Costs to report. There are no Operating or Maintenance Costs to report.

The annual burden estimates are as follows:

Type and number of respondents	Responses per respondent	Total responses	Hours	Total hours
Facility Director—20	1	20	.75	15
Group Leader—80	2	160	.334	55
Treatment Staff—140	1	140	.334	48
Group Member—560	2	1120	.334	381
Total Number of Respondents	.....	1440	.....	.....
Total Number of Responses	.....	1440	.....	.....
Total Hours	.....	499	.....	.....

Request for Comments: Comments are invited on: (a) whether the proposed collection is necessary, including whether the information has practical use; (b) ways to enhance the clarity, quality, and use of the information to be collected; (c) the accuracy of the agency estimate of burden of the proposed collection; and (d) ways to minimize the collection burden of the respondents. Send written comments to Dr. Margaret Mattson, Treatment Research Branch, Division of Clinical and Prevention Research (DCPR), NIAAA, NIH, Willco Bldg., Suite 505, 6000 Executive Blvd., Bethesda, Maryland 20892–7003.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, D.C. 20503, Attention: Desk Officer for NIH.

FOR FURTHER INFORMATION CONTACT: To request more information on the proposed project or to obtain a copy of the data collection plans, contact Dr. Margaret Mattson, Treatment Research Branch, Division of Clinical and Prevention Research, NIAAA, NIH, Willco Bldg., Suite 505, 6000 Executive Blvd., Bethesda, Maryland 20892–7003, or call non-toll-free number (301) 443–0638.

Comments Due Date: Comments regarding this information collection are best assured of having their full effect if received on or before July 22, 1998.

Dated: April 6, 1998.

Martin K. Trusty,

Executive Officer, NIAAA.

[FR Doc. 98–16424 Filed 6–19–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Submission for OMB Review; Comment Request; American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) Final Evaluation: ''Tobacco use Supplement to the 1998–1999 Current Population Survey''

SUMMARY: Under the provisions of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the National Cancer Institute (NCI), the National

Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request to review and approve the information collection listed below. This proposed information collection was previously published in the **Federal Register** on March 26, 1998, page 14721 and allowed 60 days for public comment. No public comments were received. The purpose of this notice is to allow an additional 30 days for public comment. The National Institutes 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: American Stop Smoking Intervention Study for Cancer Prevention (ASSIST) Final Evaluation: ''Tobacco use Supplement to the 1998–1999 Current Population Survey''. Type of Information Request: OMB #0925–0368, Exp. 3/31/97, REINSTATEMENT, with change. Need and Use of Information Collection: The ''Tobacco use'' supplement to the Current Population Survey conducted by the Bureau of the Census will collect data from the civilian non-institutionalized population on tobacco use and smoking prevalence, smoking intervention dissemination of workplace smoking policies and cessation programs, and changes in smoking norms and attitudes. The data will be used by the National Cancer Institute to evaluate the effectiveness of the American Stop Smoking Intervention Study for Cancer Prevention (ASSIST), a large scale, 17-state demonstration project. This survey will also provide valuable information to Government agencies and to the general public necessary for tobacco control research. The survey will allow state specific estimates to be made. Data will be collected in September 1988, January 1999 and May 1999 from approximately 255,000 respondents. Frequency of Response: One-time study. Affected Public: Individuals or households. Type of Respondents: Persons 15 yrs of age or older. The annual reporting burden is as follows: Estimated Number of Respondents: 170,000; Estimated Number of Responses per Respondent: 1; Average Burden Hours per Response: .1169; and Estimated Total Annual Burden Hours Requested: 19,873. The annualized cost to respondents is estimated at: $198,727. 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 should address one or more of the following points: (1) Evaluate 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) Enhance the quality, utility and clarity of the information to be collected; and (4) Minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms on information technology.

Direct Comments to OMB: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden and associated response time, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, New Executive Office Building, Room 10235, Washington, DC 20503, Attention: desk Officer for NIH. To request more information on the proposed project or to obtain a copy of the data collection plans and instruments, contact Anne Hartman, Statistician, National Cancer Institute, Executive Plaza North, Room 313, Bethesda, Maryland 20892–7344, or call non-toll free number (301) 496–4970, or FAX your request to (301) 435–3710, or E-mail your request, including your address, to *ah42t@nih.gov* or Anne__Hartman@nih.gov.

Comments due date: Comments regarding this information collection are best assured of having their full effect if received on or before July 22, 1998.

Dated June 11, 1998.

Reesa L. Nichols,

NCI Project Clearance Liaison.

[FR Doc. 98–16428 Filed 6–19–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Licensing Opportunity and/or Cooperative Research and Development Agreement (''CRADA'') Opportunity: Drug and Method To Prevent and Treat Graft-Versus-Host Disease and Allograft Rejection

AGENCY: National Institutes of Health, PHS, DHHS.

ACTION: Notice.

SUMMARY: The NIH is seeking Licensees to further develop, evaluate, and commercialize anti-Tac(Fv)–PE38, also known as LMB2. Anti-Tac(Fv)–PE38 is a recombinant toxin composed of the Fv portion of the anti-Tac antibody which binds to the a subunit of the IL2 receptor (also called P55, Tac, or CD25) fused to PE38 a mutant form of *Pseudomonas* Exotoxin A. Anti-Tac (Fv)–PE38 is very cytotoxic to normal or malignant cells expressing IL2 receptors and is being developed for several proposed applications including (1.) the prevention of Graft-versus Host Disease (''GVHD'') by purging bone marrow of potentially recipient-reactive donor T-cells, (2.) the treatment of Graft-versus Host Disease by i.v. administration, and (3.) the treatment or prevention of allograft rejection. The goal is to move this methodology into clinical trials. The inventions claimed in USPN 4,892,8927, Entitled: ''Recombinant *Pseudomonas* Exotoxins: Construction of an Active Immunotoxin with Low Side Effects''; USSN 07/865,722, Entitled: ''Recombinant Antibody-Toxin Fusion Protein''; USPN 5,696,237, Entitled: ''Recombinant Antibody-Toxin Fusion Protein''; and USSN 08/461,825, Entitled: ''Recombinant Antibody-Toxin Fusion Protein''; are available for either exclusive or nonexclusive licensing for these aforementioned applications (in accordance with 35 U.S.C. 207 and 37 CFR Part 404).

DATES: Respondees interested in licensing the invention(s) will be required to submit an ''Application for License to Public Health Service Inventions'' on or before September 21, 1998 for priority consideration.

Interested CRADA collaborators must submit a confidential proposal summary to the NCI on or before September 21, 1998 for consideration. Guidelines for preparing full CRADA proposals will be communicated shortly thereafter to all respondents with whom initial confidential discussions will have established sufficient mutual interest. CRADA proposals submitted thereafter may be considered if a suitable CRADA Collaborator has not been selected.

ADDRESSES: Questions about licensing opportunities may be addressed to J.R. Dixon, Ph.D., Technology Licensing Specialist, Office of Technology Transfer, National Institutes of Health, 6011 Executive Boulevard, Suite 325, Rockville, Maryland 20852–3804; Telephone: (301) 496–7056 ext. 206; Facsimile: (301) 402–0220; E-Mail: ''DixonJ@OD.NIH.GOV''. Information about Patent Applications and pertinent information not yet publicly described