arteries in a majority of humans. As a result, pressure applied by any prosthetic device in the coronary sinus (such as tension on the annuloplasty device) can compress the underlying coronary artery and induce myocardial ischemia or infarction. This invention pertains to devices and methods that avoid constricting coronary artery branches during coronary sinus-based annuloplasty. These devices and methods protect coronary artery branches from constriction during trans-sinus mitral annuloplasty. The device protects a coronary vessel from compression during mitral annuloplasty by extending an annuloplasty element, such as a tensioning device, at least partially through the coronary sinus over a coronary artery. The device is a surgically sterile bridge configured for placement within the coronary sinus at a location where the coronary sinus passes over a coronary artery, so that the protection device provides a support for a mitral annuloplasty element, such as a compressive prosthesis, including a tension element when it is placed under tension. The protection device has an arch of sufficient rigidity and dimensions to support the tensioning element over the coronary artery. Redistribute tension away from an underlying coronary artery, and inhibit application of pressure to the underlying artery, for example when an annuloplasty tension element is placed under tension during mitral annuloplasty. In particular, the protective device can be a support interposed in the coronary sinus between the annuloplasty device and the coronary artery. The device may be substantially tubular so that the tensioning element is contained within the protective device and supported in spaced relationship to the coronary artery. An arch may be configured to extend between a proximal end and a distal end that are substantially collinear with one another so that the ends form stabilizing members such as feet that retain the bridge in position over the coronary artery.

E–249–2009/3

Another embodiment of the cerclage protection device is a combination with a cerclage tension element that can be used to facilitate transcatheter mitral valve implantation. The transcatheter strategy includes a “valve-in-ring” wherein a cerclage annuloplasty is first performed. During the same session or during a separate procedure, a transcatheter mitral valve implantation could be performed that would take advantage of the cerclage annuloplasty system to serve as a visual and a mechanical “landing zone” for mitral valve implantation. A cerclage annuloplasty ring would allow outward expansion of the mitral valve to achieve fixation. However, without the cerclage protection device in place, such a strategy would cause compression of an entrapped coronary artery. This new embodiment of the protection device protects coronary arteries not from extrinsic compression but from “inside-out” compression, thereby allowing cerclage to be the first step for transcatheter mitral valve implantation. It also allows the latter to be employed as second-stage adjunct or bailout for inadequate cerclage mitral valve annuloplasty.

The prospective exclusive license will be royalty bearing and will comply with the terms and conditions of 35 U.S.C. 209 and 37 CFR 404.7. The prospective exclusive license may be granted unless, within fifteen (15) days from the date of this published notice, NIH receives written evidence and argument that establishes that the grant of the license would not be consistent with the requirements of 35 U.S.C. 209 and 37 CFR 404.7.

Properly filed competing applications for a license filed in response to this notice will be treated as objections to the contemplated license. Comments and objections submitted in response to this notice will not be made available for public inspection, and, to the extent permitted by law, will not be released under the Freedom of Information Act, 5 U.S.C. 552.

Dated: March 17, 2017.

Michael Shmilovich,
Senior Licensing and Patenting Manager,
Office of Technology Transfer and Development, National Heart, Lung, and Blood Institute.

[FR Doc. 2017–06036 Filed 3–27–17; 8:45 am]
BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health

Submission for OMB Review; 30-Day Comment Request; Early Career Reviewer Program Application and Vetting System (EAVS) (Center for Scientific Review)

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below. This proposed information collection was previously published in the Federal Register on December 29, 2016, page 96020 (Vol. 81, No. 250) 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.

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

ADDRESSES: Written comments and/or suggestions regarding the item(s) contained in this notice, especially regarding the estimated public burden associated with the application process, should be directed to the: Office of Management and Budget, Office of Regulatory Affairs, OIRA Submission@omb.eop.gov or by fax to 202–395–6974. 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 and instruments, contact: Dr. Mary Ann Guadagno, Project Clearance Liaison, Center for Scientific Review, NIH, Room 3182, 6701 Rockledge Drive, Bethesda, MD 20892 or call non-toll-free number (301) 435–1251 or Email your request, including your address to: guadagno@csr.nih.gov.

SUPPLEMENTARY INFORMATION: The Center for Scientific Review (CSR), 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.

In compliance with Section 3507(a)(1)(D) of the Paperwork Reduction Act of 1995, the National Institutes of Health (NIH) has submitted to the Office of Management and Budget (OMB) a request for review and approval of the information collection listed below.

Proposed Collection: Early Career Reviewer Program Application and Vetting System (EAVS) OMB #0925–0695, Expiration Date: 04/30/2017, Extension, Center for Scientific Review (CSR), National Institutes of Health (NIH).

Need and Use of Information Collection: The Center for Scientific Review (CSR) is the portal for NIH grant applications and their review for scientific merit. Our mission is to see that NIH grant applications receive fair,
The CSR Early Career Reviewer program was developed to identify and train qualified scientists who are early in their scientific careers and who have not had prior CSR review experience. The goals of the program are to expose these early career scientists to the peer review experience so that they become more competitive as applicants as well as to enrich the existing pool of NIH reviewers. Currently, online application software, the Early Career Reviewer Application and Vetting System, is accessed online by applicants to the Early Career Reviewer Program who provide their names, contact information, a description of their areas of expertise, their study section preferences, professional Curriculum Vitae and links to their professional Web site. This Information Collection Request (ICR) is to extend the Early Career Reviewer Application and Vetting System to process applications for the Early Career Reviewer program. OMB approval is requested for 3 years. There are no costs to respondents other than their time. The total estimated annualized burden hours are 450.

**ESTIMATED ANNUALIZED BURDEN HOURS**

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Mary Ann Guadagno,
Project Clearance Liaison, Center for Scientific Review (CSR), National Institutes of Health.

[FR Doc. 2017–06116 Filed 3–27–17; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Meeting

Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of a meeting of the National Advisory Board on Medical Rehabilitation Research.

The meeting will be open to the public, 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.

Name of Committee: National Advisory Board on Medical Rehabilitation Research. Date: May 1–2, 2017.

Time: May 1, 2017, 9:00 a.m. to 5:00 p.m.
Agenda: NICHD Director’s report; NIH Research Plan on Rehabilitation Annual Report; Clinical trials; Update on the NIH Cures Act; Training Efforts to Support Rehabilitation Research; Breakout sessions.

Place: Bethesda Marriott Suites, Patriot Ball Room, 6711 Democracy Boulevard, Bethesda, MD 20817.

Time: May 2, 2017, 8:30 a.m. to 12:00 p.m.
Agenda: Update on Clinical Trials Policy; Update on Cerebral Palsy Plan; Update on StrokeNet; Scientific Presentation on Neuroplasticity.

Place: Bethesda Marriott Suites, Patriot Ball Room, 6711 Democracy Boulevard, Bethesda, MD 20817.

Contact Person: Ralph M. Nitkin, Ph.D., Deputy Director, National Center for Medical Rehabilitation Research (NCMRR), Eunice Kennedy Shriver National Institute, of Child Health and Human Development, NIH, DHHS, 6710B Rockledge Drive, Room 2116, MSC 7002, Bethesda, MD 20892, (301) 420–4206, RN21e@nih.gov.

Information is also available on the Institute’s/Center’s home page: http://www.nihd.nih.gov/about/advisory/nabmrr/Pages/index.aspx where the current roster and minutes from past meetings are posted.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research; 93.865, Research for Mothers and Children; 93.929, Center for Medical Rehabilitation Research; 93.209, Contraception and Infertility Loan Repayment Program, National Institutes of Health, HHS)


Michelle Trout,
Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2017–06044 Filed 3–27–17; 8:45 am]

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Eunice Kennedy Shriver National Institute of Child Health and Human Development; Notice of Closed Meeting

Pursuant to section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. App.), notice is hereby given of the following 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.


Date: April 19, 2017.

Time: 2:00 p.m. to 3:30 p.m.
Agenda: To review and evaluate grant applications.

Place: National Institutes of Health, 6710B Rockledge Drive Bethesda, MD 20817 (Telephone Conference Call).

Contact Person: Minki Chatterji, 6710B Bethesda Drive, 2221A, Bethesda, MD 20892, 301.806.2515, chatterm@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.864, Population Research;