TOTAL ESTIMATED ANNUALIZED BURDEN—HOURS—Continued

Type of information collection	Respondents	Number of respondents	Number of responses per respondents	Average burden per response (minutes)	Total burden hours
Total		249,940			12,580

HHS OMH estimates the total annual burden for this collection of information is 12,580 hours. The estimated burden for the information collection reflects an overall annual increase of 10,576 hours. We attribute this adjustment to an increase in the number of respondents utilizing the TCH e-learning program(s) and/or e-resource(s).

Catherine Howard,

Paperwork Reduction Act Reports Clearance Officer, Office of the Secretary.

[FR Doc. 2026–03313 Filed 2–19–26; 8:45 am]

BILLING CODE 4150–29–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: Gait Assistance Systems and Methods of Control Thereof; Correction

AGENCY: National Institutes of Health, HHS.

ACTION: Notice; correction.

SUMMARY: The Clinical Center (CC), an institute/center of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), published a Notice in the **Federal Register** on February 13, 2026. That notice requires a correction in the **SUPPLEMENTARY INFORMATION** section.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Tedd Fenn, J.D., M.S., Technology Transfer Manager, NCI, Technology Transfer Center, Email: *Edward.Fenn@nih.gov* or Phone: 240–276–6833.

SUPPLEMENTARY INFORMATION:

Correction

In the **Federal Register** of February 13, 2026, in FR Doc. 2026–02906, on page 6865, as found within the **SUPPLEMENTARY INFORMATION** section. Currently reads:

NIH Reference Number: E–121–2013.

and is corrected to read:

NIH Reference Number: E–241–2023.

Alycia Booth,

NIH Federal Register Certifying Official, National Institutes of Health.

[FR Doc. 2026–03406 Filed 2–19–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: Novel Human Immunogenic Epitopes of the Human Endogenous Retrovirus ERVMER34–1

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute (NCI), an institute/center of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the license opportunity for the invention listed below, which is owned by an agency of the U.S. Government and is available to achieve expeditious commercialization of results of federally-funded research and development.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Michael Pollack, Ph.D., Unit Supervisor, NCI, Technology Transfer Center, Email: *michael.pollack@nih.gov* or Phone: 240–276–5519.

SUPPLEMENTARY INFORMATION: The NCI seeks research co-development partners and/or licensees for the clinical translation of novel peptide-based therapeutic cancer vaccines derived from ERVMER34–1, a human endogenous retrovirus (HERV) antigen, offering a unique opportunity to address a significant unmet need in the treatment of various carcinomas.

HERVs, remnants of ancient retroviral germline infections that comprise ~8% of the human genome, represent a promising yet underexplored frontier in targeted cancer therapy. Although typically epigenetically silenced in normal adult tissues, select HERV components, including RNAs and envelope proteins, are frequently overexpressed in various carcinomas due to epigenetic dysregulation—a hallmark of cancer. The challenge lies in identifying specific, highly immunogenic HERV targets that elicit potent anti-tumor immune responses without triggering autoimmunity. Addressing this need is critical to advancing broadly applicable cancer immunotherapies.

Inventors at the NCI have developed and characterized a novel cancer immunotherapy platform targeting ERVMER34–1, a specific HERV envelope protein that is highly expressed across multiple human carcinomas while exhibiting minimal expression in normal tissues. Using transcriptomic and proteomic datasets, the team confirmed the tumor-selective expression profile of ERVMER34–1. To improve safety and specificity, they engineered an artificial antigen-presenting cell line to express the full-length ERVMER34–1 protein, HLA–A2 and CD80 to facilitate efficient priming and expansion of ERVMER34–1-reactive CD8+ T cells. To therapeutically target ERVMER34–1, they modified the ERVMER34–1 protein by removing the signal peptide, cleavage site, predicted immunosuppressive domain, transmembrane domain and a 170-amino acid region homologous to human proteins. These modifications prevent surface trafficking, antigen shedding, immune dampening, and off-target reactivity. This modified sequence was incorporated into a recombinant adenoviral vector as a therapeutic cancer vaccine. In preclinical murine models (*e.g.,* MC38 colon cancer, EMT6 breast cancer), vaccination with this construct alone or in combination with immune checkpoint blockade or an IL–15 superagonist elicited robust, multifunctional $CD4^+$ and $CD8^+$ T cell responses. Those enhanced T cell responses induced tumor clearance, increased intratumoral lymphocyte infiltration, broadened neoantigen spreading and prolonged tumor control. ERVMER34–1-reactive T cells could be expanded from both healthy donor and cancer patient Peripheral Blood Mononuclear Cells (PBMCs) and demonstrated specific cytolytic activity against ERVMER34–1^+ human carcinoma cell lines in vitro. To support peptide-based approaches, researchers