guytonn@nih.gov or Phone: 240–276–5493.

SUPPLEMENTARY INFORMATION: Numerous systemic, as well as neurological disorders, have a hallmark inflammatory element that can drive disease progression. However, the use of currently available anti-inflammatory agents have failed to demonstrate efficacy as potential treatment for systemic and neurological disorders in clinical trials.

The immunomodulatory imide drug (IMiD) thalidomide exerts anti-inflammatory effects through inhibition of tumor necrosis factor-alpha (TNF-α), which is a master regulator of the inflammatory response. Researchers at the National Institute on Aging (NIA) have synthesized novel thalidomide analogs possessing potent anti-inflammatory actions but, importantly, hinder the cerebon binding that associated with the adverse teratogenic actions of classic IMiDs. This invention has potential to be developed as therapeutics for a variety of systemic and neurological disorders including inflammatory disorders, autoim.

''This Notice is in accordance with 37 CFR 404.4 Authority to grant licenses.''

NIH Reference Number: E–151–2022.

Related Technologies: E–045–2012–0; E–208–2015–0.

Product Type: Therapeutic.

Therapeutic Area(s): Oncology | Neurology.

Development Stage: Pre-clinical (*in vivo* validation).

Patent Information: US Nonprovisional Patent Application, US 19/102,830, filed on February 2, 2025. Status: Pending.

Publication: Lecca D, et al. Novel, thalidomide-like, non-cereblon binding drug etrafluorobornylphthalimide mitigates inflammation and brain injury. (PMID 36872339).

Potential Commercial Applications:

- Neurodegenerative diseases.
- Inflammatory disorders.
- Autoimmune disorders.
- Viral infections.
- Cancer.

Competitive Advantages:

- More potent anti-inflammatory properties.
- Potentially clinically safer than classic IMiDs by lower risk of fetal malformations.
- Potential to treat a wide range of significant unmet medical needs.

Dated: June 10, 2026.

Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2026–11926 Filed 6–12–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Inventions Available for License: 4-Amino-2-(Piperidin-3-yl)Isoindoline-1,3-Diones as Anti-Inflammatory Agents for Systemic Degenerative and Neurodegenerative Disorders

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institute on Aging (NIA) seeks research co-development partners and/or licensees for the pre-clinical and clinical development of the compounds as anti-inflammatory therapeutics for systemic degenerative and neurodegenerative disorders.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Nathan Whitman, Ph.D., Technology Transfer Manager, NCI, Technology Transfer Center, Email: *nathan.whitman@nih.gov* or Phone: 240–276–6294.

SUPPLEMENTARY INFORMATION: The immunomodulatory imide drugs (IMiDs) thalidomide and its close analogs (lenalidomide and pomalidomide) are widely used to treat a variety of diseases—such as inflammatory disorders, neurodegenerative diseases, multiple myeloma and other cancers. However, thalidomide is poorly soluble in water and unstable—complicating its delivery, bioavailability and subsequent evaluations. Additionally, thalidomide is plagued by teratogenic adverse effects in current human use. Therefore, there is intense interest in developing analogs that exhibit suitable properties of solubility and stability while retaining desirable biological activity safe for clinical use.

Researchers at the National Institute on Aging (NIA) have synthesized a promising new family of IMiD compounds with improved chemical stability, enhanced water solubility, and potent anti-inflammatory properties. In cell-based studies, these compounds significantly reduced key inflammation markers, including nitrate and IL–6. Along with the ability to maintain high levels of cell viability, these improvements positionthem as promising therapeutic candidates. Unlike traditional IMiD drugs, these compounds do not bind to the cereblon protein, eliminating concerns of teratogenicity. The compounds also demonstrated a high binding affinity to the sigma and serotonin receptors, both linked to cellular inflammation, which further enhances their potential for treating neurodegenerative disorders, traumatic brain injury, inflammatory disorders, viral infections and cancer.

''This Notice is in accordance with 37 CFR 404.4 Authority to grant licenses.''

NIH Reference Number: E–183–2024.

Related Technologies: E–045–2012–0, E–208–2015–0, E–151–2022–0.

Product Type: Therapeutic.

Therapeutic Area(s): Neurology | Geriatrics.

Development Stage: Pre-clinical (*in vivo* validation).

Publications: Scerba MT, et al. 2-(Piperidin-3-yl)phthalimides reduce classical markers of cellular inflammation in LPS-challenged RAW 264.7 cells and also demonstrate potentially relevant sigma and serotonin receptor affinity in membrane preparations. (PMID 38996940).

Patents: PCT/US2025/034951, filed June 6, 2025.

Potential Commercial Applications:

- Neurodegenerative diseases.
- Inflammatory disorders.
- Autoimmune disorders.
- Viral infections.
- Cancer.

Competitive Advantages:

- Enhanced chemical stability and solubility.
- Greater anti-inflammatory activity.
- Potentially clinically safer than classic IMiDs by lower risk of fetal malformations.

Collaboration Opportunity: Researchers at the NIA seek licensing and/or co-development research collaborations for the pre-clinical and clinical development of the compounds as anti-inflammatory therapeutics for systemic degenerative and neurodegenerative disorders.

Dated: June 10, 2026.

Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2026–11996 Filed 6–12–26; 8:45 am]

BILLING CODE 4167–05–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Center for Scientific Review; Amended Notice of Meeting

Notice is hereby given of a change in the meeting of the Center for Scientific Review Special Emphasis Panel, Circuit Disorders, Plasticity and Neuronal Injury June 22, 2026, 09:30 a.m. to June