Questions

1. What opportunities or challenges exist in advancing research and development of interventions to prevent or treat AD/ADRD, including translating scientific progress into effective and scalable treatments and care?
2. What opportunities or challenges exist in improving risk reduction and promoting brain health across the lifespan?
3. What barriers or challenges affect early detection and timely diagnosis of AD/ADRD?
4. What are the most significant gaps in dementia care, services, and supports for people living with AD/ADRD and their families, caregivers and care partners, including caregiver well-being?
5. What models, programs, or practices are currently working well in supporting people living with AD/ADRD and their families, caregivers, and care partners, and what factors contribute to their success (*e.g.,* effectiveness, scalability, or applicability across settings)?
6. What health outcomes and care goals are most meaningful to people living with AD/ADRD and their families, caregivers, and care partners, and how should these be measured and incorporated into care over time?
7. What barriers exist to accessing timely, high-quality, person-centered care across different community settings and stages of disease progression?
8. What workforce or infrastructure challenges most affect:
a. AD/ADRD research and intervention development
b. risk reduction activities
c. public health AD/ADRD initiatives
d. delivery of healthcare and long-term care
e. support for families, caregivers, and care partners?

Robert F. Kennedy, Jr.,

Secretary, Department of Health and Human Services.

[FR Doc. 2026–15045 Filed 7–23–26; 8:45 am]

BILLING CODE 4160–90–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Invention Available for License: Pigment Epithelium-Derived Factor Peptides and Their Use for Treating Retinal Degeneration

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Eye Institute (NEI) seeks research co-development partners and/or licensees for the development of an AAV2-based delivery system or an eyedrop formulation to deliver a Pigment Epithelium-Derived Factor (PEDF) peptide as a gene-agnostic approach to treating inherited retinal diseases.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this license opportunity should be directed to: Ricquita Pollard, Ph.D., Unit Supervisor, NCI, Technology Transfer Center, Email: *ricquita.pollard@nih.gov* or Phone: 240–276–5490.

SUPPLEMENTARY INFORMATION: Retinitis pigmentosa (RP) is one of the most common inherited retinal diseases (IRDs)—estimated to affect 1 in 4,000 people worldwide. Over 100,000 people in the US and 1.5 million people worldwide suffer from RP. This disease leads to progressive photoreceptor cell degeneration and, ultimately, vision loss. More than 90 genes are implicated in molecular pathways towards photoreceptor cell death. Due to this high heterogeneity, therapeutic approaches targeting specific genes generally benefit few patients. For most forms of RP, few or no medical options are available. Thus, there remains a need to identify new and more effective treatments for RP and other inherited retinal degenerations. Mutation-independent strategies to protect photoreceptors against continued damage and degradation are appealing approaches.

To delay photoreceptor degeneration, NEI proposes using neurotrophic molecules as a mutation-independent approach using PEDF. PEDF is a multifunctional member of the serine proteinase inhibitor (serpin) family with neurotrophic and antiangiogenic properties in the retina. Researchers at the NEI developed a peptide of 17 amino acid residues (17-mer) from the receptor-binding domain of PEDF. It contains amino acid substitution at position 105 from a histidine to an alanine (PEDF 17-mer[H105A]). H105A exhibits a highly potent protective effect on photoreceptors using *in vivo* mouse models of RP.

The technology encompasses two delivery approaches for this proprietary peptide: (1) an eyedrop formulation and/or (2) an Adeno-Associated Vector 2 (AAV2). A sustained delivery system delivers the 17-mer [H105A] to treat or prevent photoreceptor degradation and vision loss in patients with IRDs (*e.g.,* retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy, Stargardt-like macular degeneration or maculopathy) or age-related macular degenerations (AMD). The technology is available for licensing and co-development.

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

NIH Reference Number: E–028–2023.

Related Technologies: E–156–2023.

Product Type: Therapeutic.

Therapeutic Area(s): Eye/Ear/Nose/Throat | Ophthalmology.

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

Publications:

- Bernardo-Colón A, et al. H105A peptide eye drops promote photoreceptor survival in murine and human models of retinal degeneration. (PMID: 40118996)
- Valiente-Soriano FJ, et al. Pigment Epithelium-Derived Factor (PEDF) Fragments Prevent Mouse Cone Photoreceptor Cell Loss Induced by Focal Phototoxicity In Vivo. (PMID: 33008127)
- Hernández-Pinto A, et al. PEDF peptides promote photoreceptor survival in rd10 retina models. (PMID: 30980815)
- Kenealey J, et al. Small Retinoprotective Peptides Reveal a Receptor-binding Region on Pigment Epithelium-derived Factor. (PMID: 26304116).

Patens: National Phase.

Potential Commercial Applications:

- Minimally invasive therapy to prevent photoreceptor degeneration in retinal disorders IRDs and AMD.
- RP, macular degeneration, and other related diseases.
- AAV2 vectors for delivery of genes to retinal cells both preventative and therapeutic.
- Prevent disease progression to late-stage RP.

Competitive Advantages:

- Favorable safety profile.
- Large addressable market given applications to IRDs and AMD (USD 13.7 billion in 2023 and an estimated compound annual growth rate (CAGR) of 9.6% from 2024 to 2032.
- Partially established regulatory path, as their AAV2 vector is identical to Luxturna, an FDA-approved therapy for retinal dystrophy.
- Superior diffusion and penetrability than biologics.
- Demonstrably less immunogenicity and lower production costs than biologics.
- Eye drop formulation has larger addressable market.
- Eye drop formulation provides easy administration route.
- Broad-spectrum therapeutic approach:

○ PEDF mimics the natural protective process lost in patients with inherited eye diseases.

○ Protective effects on photoreceptors are independent of the gene mutations causing degeneration.

• Chemically synthesized bioactive peptide solutions are free of inactive ingredients, causing fewer secondary effects than mixed formulations.

Collaboration Opportunity: Researchers at the NEI seek licensing and/or co-development research collaborations for the development of an AVV2-based delivery system or an eyedrop formulation to deliver a PEDF peptide as a gene-agnostic approach to treating inherited retinal diseases.

Dated: July 21, 2026.

Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

[FR Doc. 2026–14980 Filed 7–23–26; 8:45 am]

BILLING CODE 4140–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government-Owned Inventions; Availability for Licensing

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Institute of Allergy and Infectious Diseases (NIAID), an institute of the National Institutes of Health (NIH), Department of Health and Human Services (HHS), is giving notice of the invention listed below, which is owned by an agency of the U.S. Government and is available for licensing to achieve expeditious commercialization of results of federally funded research and development. Foreign patent applications are filed on selected inventions to extend market coverage for companies and may also be available for licensing.

FOR FURTHER INFORMATION CONTACT: Inquiries related to this licensing opportunity should be directed to: Terrence Joyce at 301–761–7235, or *terrence.joyce@nih.gov.* Licensing information may be obtained by communicating with the Technology Transfer and Intellectual Property Office, National Institute of Allergy and Infectious Diseases, 5601 Fishers Lane, Rockville, MD 20852: tel. 301–496–2644. A signed Confidential Disclosure Agreement will be required to receive copies of unpublished information related to the invention.

SUPPLEMENTARY INFORMATION: Technology description follows:

Replication-Competent VSV–BDBV Vaccine for Rapid Prevention and Post-Exposure Protection Against Bundibugyo Virus

Description of Technology

Bundibugyo virus (BDBV) is one of several ebolaviruses that cause Ebola virus disease (EVD). Sporadic outbreaks continue to occur in Central Africa, highlighting the need for effective vaccines that provide rapid protection.

Researchers at NIAID's Laboratory of Virology developed a vaccine against BDBV using vesicular stomatitis virus (VSV) to carry the BDBV surface glycoprotein (GP), a key target of the immune response, to BDBV. The team also created the DNA plasmid pATX–VSVΔG–BDBV GP, a circular DNA molecule used to produce the vaccine virus in cell culture. Subsequent laboratory studies confirmed that the vaccine could be produced in cells and express the BDBV glycoprotein as intended. This design stimulates both early immune defenses and longer-lasting immune responses against BDBV. The BDBV glycoprotein may also facilitate delivery of the vaccine to antigen-presenting cells, including monocytes, macrophages, and dendritic cells, which play a central role in initiating antiviral immune responses.

In nonhuman primate studies, a single intramuscular dose of the vaccine protected animals from disease within 3 days of vaccination, supporting further development of the vaccine for rapid protection and post-exposure use. The licensable materials include both the recombinant rVSV–BDBV vaccine and the corresponding DNA plasmid to support further development, manufacturing, and outbreak response.

This technology is available for licensing for commercial development in accordance with 35 U.S.C. 209 and 37 CFR part 404, as well as for further development and evaluation under a research collaboration.

Potential Commercial Applications

• Leverages existing rVSV platforms, potentially reducing development and scale-up risk in manufacturing.

• Emergency vaccination programs, including vaccination of close contacts and surrounding communities during BDBV outbreaks.

• Pre-exposure vaccination for healthcare workers, laboratory personnel, outbreak-response teams, and others at increased risk of BDBV exposure.

• Post-exposure use and related development programs for BDBV and other filovirus countermeasures.

Competitive Advantages

• VSV vectors replicate transiently, producing rapid strong innate immune activation and early antibody responses. Recent nonhuman primate studies showed complete protection within 3 days after a single vaccination, which is exceptionally rapid for an Ebola vaccine platform.

• Proven viral platform built on the same rVSV technology as the licensed Ebola vaccine Ervebo, providing clinical and regulatory familiarity.

• Designed to provide rapid protection with a single intramuscular dose, simplifying use during outbreak response.

• May stimulate both early immune defenses and longer-lasting immune responses against BDBV.

• Ideal for ring vaccinations by supporting rapid immunization of contacts and contacts-of-contacts to help contain outbreaks.

• Includes the BDBV glycoprotein, which may direct the vaccine to immune cells like monocytes, macrophages, and dendritic cells involved in activating antiviral responses.

• Available for licensing as both the recombinant rVSV–BDBV vaccine and the DNA plasmid construct used to produce it.

Development Stage

• Pre-Clinical.

Inventors: Dr. Andrea Marzi and Dr. Heinrich (Heinz) Feldmann, all of NIAID.

Publications: O'Donnell KL, Haase JA, Henderson CW, et al. A single-dose Bundibugyo virus vaccine protects macaques within 3 days. bioRxiv. Published online June 15, 2026. doi:10.64898/2026.06.14.732188.

Intellectual Property: HHS Reference No. E–122–2026–0.

Licensing Contact: To license this technology, please contact Terrence Joyce at 301–761–7235, or *terrence.joyce@nih.gov,* and reference E–122–2026–0.

Collaborative Research Opportunity: The National Institute of Allergy and Infectious Diseases is seeking statements of capability or interest from parties interested in collaborative research to further develop, evaluate, or commercialize this technology. For collaboration opportunities, please contact Terrence Joyce at 301–761–7235, or *terrence.joyce@nih.gov.*