

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Jennifer Fiori O'Connell, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 827-4985, jennifer.oconnell@nih.gov.

Name of Committee: Center for Scientific Review Special Emphasis Panel; Training: Career Development Awards: Behavioral and Biobehavioral Processes.

Date: October 27–28, 2026.

Time: 10:00 a.m. to 6:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Rajasri Roy, M.Ph., Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 496-8383, rajasri.roy@nih.gov.

Name of Committee: Applied Immunology and Disease Control Integrated Review Group; Anti-Infective Resistance and Targets Study Section.

Date: October 28–29, 2026.

Time: 9:30 a.m. to 7:00 p.m.

Agenda: To review and evaluate grant applications.

Address: National Institutes of Health, Rockledge II, 6701 Rockledge Drive, Bethesda, MD 20892.

Meeting Format: Virtual Meeting.

Contact Person: Jui Pandhare, Ph.D., Scientific Review Officer, Center for Scientific Review, National Institutes of Health, 6701 Rockledge Drive, Bethesda, MD 20892, (301) 594-7735, pandharej2@csr.nih.gov.

(Catalogue of Federal Domestic Assistance Program Nos. 93.306, Comparative Medicine; 93.333, Clinical Research, 93.306, 93.333, 93.337, 93.393–93.396, 93.837–93.844, 93.846–93.878, 93.892, 93.893, National Institutes of Health, HHS)

Dated: August 19, 2026.

Bruce A. George,

Program Analyst, Office of Federal Advisory Committee Policy.

[FR Doc. 2026-17156 Filed 8-20-26; 8:45 am]

BILLING CODE 4167-05-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

Government Owned Invention

Available for License: Matched Patient-Derived 3D Isocitrate Dehydrogenase (IDH)-Mutant Glioma Cell Lines for Modeling Malignant Transformation

AGENCY: National Institutes of Health, HHS.

ACTION: Notice.

SUMMARY: The National Cancer Institute (NCI) seeks licensees for matched patient-derived 3D Isocitrate Dehydrogenase (IDH)-mutant glioma cell lines, 403L and 403H, generated from the same patient before and after malignant transformation from WHO grade 2 to WHO grade 4 disease. This research material provides an opportunity to study IDH-mutant glioma progression, temozolomide-associated hypermutation, invasion, metabolism, and treatment resistance.

FOR FURTHER INFORMATION CONTACT:

Inquiries related to this license opportunity should be directed to: Michael Pollack, Unit Supervisor, NCI, Technology Transfer Center, Email: michael.pollack@nih.gov or Phone: 240-276-5519.

SUPPLEMENTARY INFORMATION: IDH-mutant gliomas often begin as lower-grade tumors but remain incurable and frequently progress to higher-grade disease through malignant transformation. This is clinically important but difficult to study because matched low-grade and high-grade tumor materials from the same patient are rare. Further, fixed tumor specimens are limited for repeated mechanistic or drug-response experiments.

Researchers at the NCI developed a matched pair of patient-derived cell models, 403L and 403H, from the same patient before and after malignant transformation. 403L was established from a WHO grade 2 IDH-mutant astrocytoma. 403H was derived from the recurrent WHO grade 4 tumor following radiation and temozolomide treatment. Both cell lines: (1) grow as 3D spheroids, (2) retain endogenous IDH1 R132H expression, and (3) were authenticated to the patient's germline by short tandem repeat (STR) profiling (100% match for 403L; 93.33% match for 403H).

The high-grade 403H line shows increased invasive behavior, temozolomide-associated hypermutation (tumor mutational burden of 70.07/Mb vs. 3.96/Mb in 403L), upregulated epithelial-mesenchymal transition (EMT) signaling (whereas Notch signaling is enriched in 403L), and changes in glioma-associated metabolism, including 2-hydroxyglutarate (2-HG), glutamine, fatty acid metabolism, and lactate/pyruvate flux. Furthermore, 403H showed significantly greater 3D invasion than 403L ($p < 0.0001$). 403H formed infiltrative high-grade glioma in 4 of 5 orthotopically xenografted NSG mice. In contrast, 403L did not form tumors within 18 months.

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

NIH Reference Number: E-145-2026-0.

Related Technologies: N/A.

Product Type: Research Material/Tool.

Therapeutic Area(s): Oncology | Neurology.

Development Stage: Developed.

Publications:

- Kim O, et al. A patient-derived cell model for malignant transformation in IDH-mutant glioma. (<https://pubmed.ncbi.nlm.nih.gov/39256867/>)

Patents: PCT/US2024/054179, filed November 1, 2024.

Potential Commercial Applications:

- Molecular classification and diagnosis of CNS and kidney tumors, including difficult-to-classify and low-confidence cases.
 - Diagnostic subtyping aligned to WHO-guided entities.
 - Reference-lab and hospital-lab deployment.
 - Clinical trial stratification and translational research cohort harmonization.
 - Multi-classifier diagnostic decision support.
 - Cancer treatment development.
- Competitive Advantages:*
- Developed from a rigorously curated, large reference set of methylation profiles.
 - Clinically relevant CNS diagnostic.
 - CNS tumor methylation classes not represented in existing tools, expanding diagnostic coverage.
 - Clinical-impact analysis creating superior diagnostic precision.
 - Superior classifier for kidney cancer.
 - Superior classifiers for multiple solid, difficult-to-diagnose tumors.
 - Integrative into clinical workflows, improving diagnostic practices and enhancing patient care.

Dated: August 19, 2026.

Richard U. Rodriguez,

Associate Director, Technology Transfer Center, National Cancer Institute.

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