

# NIH GUIDE

For Grants  
and  
Contracts

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The NIH Guide announces scientific  
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administrative information to indi-  
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be kept informed of opportunities,  
requirements, and changes in extra-  
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Vol. 19, No. 9  
March 2, 1990

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## NOTICES

### HUMAN LIVER CELL CULTURE FACILITY

P.T. 34; K.W. 0780015, 0780000, 1002004

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces the establishment of a Human Liver Cell Culture Facility at SRI International, Menlo Park, California, for the purpose of making human hepatocytes more widely accessible to researchers. The Facility is now prepared to begin the first phase of providing hepatocytes to selected investigators.

NIDDK supports the acquisition of excess normal human livers from organ transplant donors and the isolation and culture of hepatocytes from these tissues. Human liver cells in high yield are being routinely prepared. Quality control data on initial viability, survival in culture, selected liver specific functions, and donor information (e.g., age, sex, race, cause of death) are available.

The human liver cells can be used either in the Facility by a visiting investigator who is resident at the laboratory or who comes only when cells are available. Selected experiments with human hepatocytes can be conducted for researchers by Facility personnel, when time permits, but the costs of these special assays are not covered by the NIDDK support and must be reimbursed. Liver cells can not be shipped at this time, although techniques for transporting viable human hepatocytes are currently under development. Facility personnel are also available to train investigators in the preparation and handling of human hepatocytes.

All United States researchers are eligible to obtain human hepatocytes. However, those whose studies can provide additional characterizations of the cells or contribute to the further development of this resource are especially encouraged. Research requests are reviewed and prioritized by an advisory committee. To obtain a proposal form or additional information about the Facility contact:

Dr. Carol E. Green  
SRI International  
333 Ravenswood Avenue  
Menlo Park, CA 94025  
Telephone: (415) 859-4083

### NIH WORKSHOP ON GRANTS AND CONTRACTS PREPARATION AND ADMINISTRATION FOR HISTORICALLY BLACK COLLEGES AND UNIVERSITIES

P.T. 42, FC; K.W. 1014006

National Institutes of Health

The National Institutes of Health (NIH) will conduct a two-day workshop on grants and contracts in Atlanta, Georgia, on April 18 and 19, 1990. The workshop, sponsored by the Morehouse School of Medicine, is for faculty, researchers, and research administrators at Historically Black Colleges and Universities (HBCUs) primarily in Alabama, Florida, Georgia, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee. Those interested at HBCUs in other states are welcome to attend.

The workshop will feature information and instruction on various aspects of the preparation and administration of research grants and contracts. There will be presentations and discussions of current issues that affect HBCU participation in the Federal grant and contract process. Speakers for the workshop represent the NIH Division of Contracts and Grants, the Office of Extramural Research, and program and grants management staff. After an overview of the differences in the grant, contract, and cooperative agreement award mechanisms, the first day of the workshop will center on grants, e.g., the preparation of an NIH application or proposal, the NIH peer review process, and budget preparation. The second day will feature topics associated with contracts, e.g., preaward and post-award administration, the small and disadvantaged business program, and civil rights/contract compliance.

The Morehouse School of Medicine will send out invitations to HBCUs in the southeastern United States. Schedules and other pertinent information will be available by early March. Interested persons should contact:

Dr. Roy Hunter Jr.  
Office of Sponsored Programs  
Morehouse School of Medicine  
720 Westview Drive, S.W.  
Atlanta, GA 30310-1495  
Telephone: (404) 752-1610

NOTICES OF AVAILABILITY (RFPs AND RFAs)

A STUDY OF TUMOR SUPPRESSOR GENES

RFP AVAILABLE: NIH-ES-90-08

P.T. 34; K.W. 1002058, 0755042, 0790005

National Institute of Environmental Health Sciences

The National Institute of Environmental Health Sciences (NIEHS) is soliciting proposals for a project designed to identify and ultimately clone tumor suppressor genes in rodents. The primary strain of mice to be examined is the B6C3F1 mouse though other heterozygous rodent strains may also be considered. The contractor will be required to: (1) identify polymorphic probes in the B6C3F1 mouse using new or previously described probes that have been mapped to chromosomes in the mouse or other species (probes shall be made available to laboratories as designated by the Project Officer); (2) if necessary, map these probes to specific chromosomes in the mouse and the human; (3) identify mouse chromosomes that show loss of heterozygosity in specific tumor tissue DNAs using these FPLP probes; (4) when chromosomes that show loss of heterozygosity in tumors are identified, regionally localize relevant FRFLP probes in these chromosomes; and (5) reprobe membranes with selected oncogene probes to determine if certain oncogenes are amplified in tumors studied. A five-year contract is anticipated. The Government estimates that the project will require approximately 1.5 professional person years and 1.5 technical person years per contract year. All responsible sources may submit a proposal which shall be considered by the Agency.

The estimated issuance date of RFP NIH-ES-90-08 is March 5, 1990, and responses will be due to be received by the Contract Specialist on April 27, 1990. Requests should reference RFP NIH-ES-90-08 and should be forwarded to:

National Institute of Environmental Health Sciences  
ATTN: James D. Doyle, Contract Specialist  
Contracts and Procurement Management Branch, OM  
79 TW Alexander Drive, 4401 Research Commons Building  
P.O. Box 12874  
Research Triangle Park, NC 27709

DESIGN OF PEDIATRIC COCHLEAR IMPLANTS

RFP AVAILABLE: NIH-NIDCD-90-01

P.T. 34; K.W. 0715050, 0740030

National Institute on Deafness and Other Communication Disorders

The National Institute of Deafness and Other Communication Disorders (NIDCD), NIH, has a requirement to have a cochlear implant designed for use in children and which could be removed and replaced without irreversible trauma to the cochlea and associated tissues. This implant will utilize electrode arrays.

Past studies supported by NIDCD and its predecessor, the National Institute of Neurological and Communicative Disorders and Stroke, have supported the development of essentially all components in implanted auditory prostheses. These have included the evaluation of the safety of chronic implantation, and electrical stimulation of the cochlea. For the most part these components were designed for permanent implantation in adults. Recently the NIDCD, with the technical assistance of the Neural Prosthesis Program, has supported studies of problems that are unique to implants in children. Specifically, the effects of head growth and recurrent otitis media have been evaluated in young animals.

The results of these studies indicate that fibrous tissue encapsulation of lead wires connecting electrode arrays in the scala tympani with implanted receiver-stimulators in the mastoid region can cause significant problems. Also, histopathological examinations of cochleas after chronic implantation of electrodes have revealed fibrous tissue, and in some cases, new bone growth occluding the scala tympani. Although it appears that practical designs which will accommodate head growth will be possible, the replacement of these devices, should they fail or when improved auditory prostheses become available, will not be trivial. This is especially important in children because of the long anticipated period of cochlear implant use over their life spans.

The contractor will be required to send staff to Bethesda, Maryland, yearly to present progress on their work at the Neural Prosthesis Workshop sponsored by the Neural Prosthesis Program.

The Request for Proposals, RFP No. NIH-NIDCD-90-01, will be issued on or about February 28, 1990, with responses due approximately 60 days thereafter. It is anticipated that one award will be made under this Request for Proposals (RFP), for a five-year period.

To receive a copy of the RFP, please submit a written request and two (2) self-addressed mailing labels to the following address:

Contracting Officer  
Contracts Management Branch, DEA  
National Institute of Neurological Disorders and Stroke, NIH  
Federal Building, Room 901  
7550 Wisconsin Avenue  
Bethesda, MD 20892

Attention: RFP No. NIH-NIDCD-90-01

All responsible sources may submit a proposal which shall be considered by the Government.

#### STRUCTURE ACTIVITY RELATIONSHIPS FOR ANTICONVULSANT DRUG DEVELOPMENT

RFP AVAILABLE: NIH-NINDS-90-05

P.T. 34; K.W. 0740010, 0790000, 0755018, 0755060

National Institute of Neurological Disorders and Stroke

The National Institute of Neurological Disorders and Stroke (NINDS) has a requirement to evaluate the structure-activity relationships (SAR) for anticonvulsant drugs screened by the Antiepileptic Drug Development (ADD) Program of the NINDS.

The Epilepsy Branch, Division of Convulsive, Developmental and Neuromuscular Disorders, NINDS, conducts an extensive Antiepileptic Drug Development (ADD) Program aimed at identifying potentially new antiepileptic agents to be used in man. The ADD program is an extramural program run through the contract mechanism which was established as a collaborative effort with academia, government, and the pharmaceutical industry in order to develop more effective and less toxic anti-convulsive therapeutic agents. This program employs a step-wise approach utilizing a systematic series of screening tests and decision steps to advance candidate compounds through the stages of preclinical and clinical development. Compounds that demonstrate therapeutic indices are advanced to sub-chronic oral toxicity. The Contractor will be responsible for establishing a database to analyze structure-activity relationships for systematic predictions of increasing activity and/or decreasing toxicity. This requirement represents a new component of the ADD program to conduct analysis of approximately 14,000 structures which will be or have been screened for anticonvulsant activity.

The analysis of quantitative structure-activity relationships (QSAR) is based on calculating theoretical chemical structural attributes and statistically comparing the chemical and biological data. QSAR methods that relate functions of chemical structures to measures of biological activity will be used to develop the mathematical equations or structure-activity relationships. These equations will be used by the Government to predict activity of new agents directly coming into the ADD program. Algorithms will be constructed around the mathematical equations for use on a day-to-day basis to aid in the design and selection of drugs of higher potency and lower toxicity. The ADD program will be benefited by increased efficiency and better scientific analysis of the scientific data generated in the program.

Full integration of chemical and biological files for structure-activity analysis under a user friendly interface will be an essential requirement for performance. Interdisciplinary experience and expertise in theoretical chemistry, neuropharmacology, neurobiochemistry and advanced scientific computing are required. Demonstrated expertise in structure-activity relationships, chemical data management, neuropharmacology and decision support systems is essential.

Access to the data and materials used and generated under this contract will be restricted, since data are within a controlled contractor facility to which non-employees shall not have access and non-authorized employees are reasonably restrained from opportunity to use, manipulate, or remove the data from the facility.

All required personnel, facilities, computer hardware, and software and other materials will be the responsibility of the Contractor. The chemical structural data and the biological screening data will be provided by the Government.

Request for Proposals (RFP) No. NIH-NINDS-90-05 will be issued on or about February 28, 1990, with responses due approximately 45 days thereafter. The Government anticipates one contract award for a performance period of three (3) years.

To receive a copy of the RFP, please submit a written request and two (2) self-addressed mailing labels to the following address:

Contracting Officer  
Contracts Management Branch, DEA  
National Institute of Neurological Disorders and Stroke, NIH  
Federal Building, Room 901  
7550 Wisconsin Avenue  
Bethesda, MD 20892

All responsible sources may submit a proposal which shall be considered by the Government.

COOPERATIVE AGREEMENT FOR A DRUG ABUSE TREATMENT RESEARCH DEMONSTRATION PROGRAM IN THE DISTRICT OF COLUMBIA

RFA AVAILABLE: DA-90-11

P.T. 34, FF, II; K.W. 0404009, 0403004, 0415001, 0745070

National Institute on Drug Abuse

Application Receipt Date: May 23, 1990

**Purpose**

The purpose of this cooperative agreement is to support a drug abuse treatment research demonstration program in the District of Columbia. This program will test and evaluate the effectiveness of various drug abuse treatment approaches and combinations of treatment methods and approaches in order to examine their differential effectiveness in particular diagnostic and patient/population subgroups. It is also expected that funds available from this project will be used to expand treatment capacity and the number of treatment slots available in the District of Columbia.

The District of Columbia was selected as the site for this model treatment research demonstration project because of the extent and intensity of the drug abuse problem, availability of clients, and because the combination of patient subgroups and types of drug abuse problems lends itself to a research demonstration project that may be able to be replicated in other parts of the country. As part of the National Drug Control Strategy, released in September 1989, Washington, D.C. was identified as the first site for a model drug treatment demonstration program.

Applications are being solicited in this Request for Applications (RFA) for two components: (1) a Diagnostic, Referral, and Data Management Unit and (2) two outpatient treatment programs, each offering a different range of services. Applicants for the outpatient treatment programs must propose to operate both outpatient treatment programs. In order to ensure the operational efficiency of the demonstration program, proposals to operate only one outpatient treatment program will be considered non-responsive and will not be considered for review.

Applicants may apply for one or both components. Applicants must submit separate applications for each component for which they are requesting support. Separate awards will be made by the National Institute on Drug Abuse (NIDA) for each of the components described below. Applicants applying for both components should indicate the programmatic and financial benefits to the Federal Government of having one awardee for the two components. In FY 1990, it is estimated that \$4-5 million will be available to support awards for all components under this RFA.

It is expected that this program will be expanded in the near future with the addition of a residential treatment component, and applicants for this cooperative agreement would be expected to then coordinate their activities with that component, or other such additional components as may be developed. The residential treatment component will be a joint initiative between NIDA and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA), Office for Treatment Improvement (OTI). OTI was established to provide national leadership for the Federal effort to enhance approaches and programs focusing on the treatment of drug abusers as well as associated problems of alcoholism and mental illness.

#### Eligibility

Applications may be submitted by public or private non-profit or for-profit organizations including but not limited to universities, colleges, and service-provider organizations.

#### Inclusion of Minorities in Study Populations

Applicants are urged to give added attention (where feasible and appropriate) to the inclusion of minorities in study populations for research on clinical studies of treatment and treatment outcomes. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

#### Inclusion of Women in Study Populations

Applicants are urged to consider the inclusion of women in the study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If women are not included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the treatment community, it is recommended that publications resulting from ADAMHA-supported research in which the study populations was limited to one sex for any reason other than that the disease or condition studies exclusively affects that sex, should state, in the abstract summary, the gender of the population studies, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

#### Application Procedures

Applicants should use grant application form PHS 398 (rev. 10/88). The number (DA-90-11) and title of this RFA, "D.C. Treatment Research Demonstration Program" (Specify whether applying for the Diagnostic Unit or Outpatient Clinics), should be typed in item 2 on the face page of PHS 398 form. Applicants must submit a separate application for each component for which they are requesting support. Applicants for the second component must propose to operate two outpatient treatment programs; proposals to operate only one outpatient treatment program will be considered non-responsive and will not be considered for review. Applicants must affix the RFA label, which is provided in the PHS 398 application kit, to the bottom of the face page of the application. Failure to use this label could result in delayed processing of the application so that it may not reach the review committee in time for review.

Application kits containing the necessary forms and instructions may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. If such a source is not available, the following office may be contacted for the necessary application material: Grants Management Branch, National Institute on Drug Abuse, 5600 Fishers Lane, Room 8A-54, Rockville, Maryland 20857; (301) 443-6710.

Prospective applicants are asked to submit a letter of intent. This should be brief but indicate the Principal Investigator and Co-Investigators; identify any cooperating institutions, if any; and the type of component(s) for which support will be requested. The Institute requests such letters only for the purpose of providing an indication of the number and scope of applications to

be received and, therefore, usually does not acknowledge their receipt. A letter of intent is not binding and will not enter into the review of any application subsequently submitted, nor is it a necessary requirement for applications. This letter of intent, which should be received by April 23, 1990, should be sent to:

Dr. Michael S. Backenheimer  
Acting Director, Office of Extramural Program Review  
National Institute on Drug Abuse  
5600 Fishers Lane, Room 10-42  
Rockville, MD 20857

The signed original and 6 permanent, legible copies of the completed application should be sent to:

Division of Research Grants  
National Institutes of Health  
Westwood Building, Room 240  
Bethesda, MD 20892\*\*

Consequences of Late Submission - Applications received after May 23, 1990, will not be considered for review.

#### Review Process

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received under this RFA will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second-level review by the National Advisory Council on Drug Abuse whose review may be based on policy considerations as well as scientific merit. Only applications recommended for approval by the Council may be considered for funding.

Contact for the following person for further information:

Frank M. Tims, Ph.D.  
Deputy Chief, Treatment Research Branch  
Division of Clinical Research, NIDA  
5600 Fishers Lane, Room 10A-20  
Rockville, MD 20857  
Telephone: (301) 443-4060

#### AIDS CLINICAL TRIAL INFRASTRUCTURE COOPERATIVE AGREEMENT FOR MINORITY INSTITUTIONS

RFA AVAILABLE: 90-AI-04

P.T. 34, FF; K.W. 0715008, 0755015, 0404000, 0403004

National Institute of Allergy and Infectious Diseases

Letter of Intent: March 23, 1990  
Application Receipt Date: April 26, 1990

The Division of AIDS, National Institute of Allergy and Infectious Diseases (NIAID), invites minority institutions (institutions that have more than 50 percent minority student enrollment and that award an M.D., D.D.S., D.V.M., or other doctoral degree in the health professions) to submit applications for cooperative agreements to support the establishment of an AIDS Clinical Trial infrastructure for the purpose of increasing the participation of underrepresented minority populations (i.e., Blacks, Hispanics, Native Americans, Asian/Pacific Islanders or women) in AIDS Clinical Trials Group (ACTG) studies.

#### I. BACKGROUND INFORMATION

Infection with human immunodeficiency virus (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) constitute a profound and increasing health problem for minority populations. Recent epidemiologic data indicate that minorities suffer disproportionately from AIDS. Blacks account for 27 percent of all adult cases of AIDS and 52 percent of pediatric cases, while Hispanics account for 15 percent of all adult cases and 23 percent of the pediatric

cases, yet these groups comprise only 12 and 8 percent, respectively, of the population in the United States.

Since the initial recognition of AIDS in the early 1980s, NIAID has been fully committed to the struggle against this disease. This commitment has been characterized by the evolution of a multicenter network of institutions designated as the AIDS Clinical Trials Group (ACTG) which is opening new avenues in evaluating therapies and methods to restore immune function and to treat opportunistic infections associated with AIDS. Although considerable progress has been made in bringing ACTG research to many individuals with HIV infection, there has been insufficient progress in bringing these studies to minorities.

The purpose of this Request for Applications (RFA) is to provide a period of support of 3 years for minority institutions to establish an AIDS Clinical Trials Unit infrastructure and to acquire sufficient expertise in clinical trials for successful submission of a cooperative agreement to participate in AIDS Clinical Trials Group research.

## II. MECHANISMS OF SUPPORT

Support will be provided through competitively awarded cooperative agreements. NIAID has set aside \$3,632,000 in total costs for the initial year's funding to minority institutions. The NIAID plans to fund between 4 and 5 awards from this announcement. The starting date for the initial annual period will be on or before September 1990. Awards will be made for a period of 3 years with yearly evaluation involving competent consultants. Awardees are expected to develop an infrastructure and capabilities for AIDS Clinical Trials research and to submit a competitive grant application by the thirtieth month of operations under the award mechanism for conduct of AIDS Clinical Trials research.

## III. RESEARCH GOALS AND SCOPE

The long-term objective of this RFA is to increase the involvement of underrepresented minority populations in AIDS Clinical Trials. The immediate goal is to provide funding to:

- o Plan and develop an AIDS Clinical Trial Unit infrastructure.
- o Acquire the necessary expertise in clinical trials needed for the successful submission of a cooperative agreement to participate in the ACTG.
- o Acquire the administrative and scientific training and skills, through substantial interaction with NIAID staff, to participate in AIDS Clinical Trials research.
- o Recruit professional and support staff.
- o Renovate existing structures or rent space, at a cost to be approved by NIAID, for provision of suitable facilities for conduct of AIDS Clinical Trials research. NOTE: Funds will not be provided to establish new facilities (e.g., new virology or immunology laboratories).
- o Purchase of equipment, at a cost to be approved by NIAID, for AIDS Clinical Trials research.
- o Support travel and training activities related to AIDS Clinical Trials research.

Long-term goals are to:

- o Encourage the participation of minority institutions and minority investigators in ACTG research and provide a basis for involving underrepresented populations in AIDS Clinical Trials studies.
- o Increase the scientific base of understanding the unique social and medical issues related to AIDS in minority populations.
- o Increase the understanding of the potential for adverse drug reactions in minority intravenous drug using patient populations.

#### IV. INQUIRIES

Details of this RFA will be available by March 2, 1990. Inquiries concerning this announcement are encouraged and should be directed to:

George W. Counts, M.D.  
Chief, Clinical Research Management Branch  
Division of AIDS  
National Institute of Allergy and Infectious Diseases  
6003 Executive Blvd., Room 207P  
Bethesda, MD 20892  
Telephone: (301) 496-8214

#### COOPERATIVE MULTICENTER NETWORK OF MATERNAL-FETAL MEDICINE UNITS

RFA AVAILABLE: 90-HD-04

P.T. 34, FF, II; K.W. 0785135, 0775020, 0775025, 0785035, 0745020

National Institute of Child Health and Human Development

Application Receipt Date: May 22, 1990

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Agreement in an ongoing multicenter clinical study designed to investigate problems in clinical obstetrics, particularly those related to prevention of low birth weight. The objective of this study is to facilitate resolution of these problems by establishing a network of centers that, by using common protocols, can provide answers more rapidly than individual centers acting alone.

Applicants are encouraged to include minorities among study populations. If minorities are not included, a clear rationale for their exclusion should be provided.

#### MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking this system of clinical investigation will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants. It is anticipated that 8-10 meritorious applications will be funded.

#### APPLICATIONS PROCEDURE

Applications must be submitted on form PHS 398 (revised 10/88).

#### ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed request for application by telephoning:

Donald McNellis, M.D.  
Special Assistant for Obstetrics  
Pregnancy and Perinatology Branch  
Center for Research for Mothers and Children  
National Institute of Child Health and Human Development  
Executive Plaza North, Room 643  
Bethesda, MD 20892  
Telephone: (301) 496-5575

#### COOPERATIVE MULTICENTER NETWORK OF NEONATAL INTENSIVE CARE UNITS

RFA AVAILABLE: 90-HD-01

P.T. 34, FF, II; K.W. 0775020, 0775025, 0411005, 0710030, 0785035

National Institute of Child Health and Human Development

Application Receipt Date: May 22, 1990

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a

Cooperative Agreement in an ongoing multicenter clinical study designed to investigate the safety and efficacy of treatment and management strategies used to care for infants in Neonatal Intensive Care Units (NICU). The objective of this study is to facilitate resolution of these problems by establishing a network of centers that, by using common protocols, can provide answers more rapidly than individual centers acting alone.

Applicants are encouraged to include females and minorities among study populations. If minorities or females are not included, a clear rationale for their exclusion should be provided.

#### MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking these clinical trials will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants. It is anticipated that 8-10 meritorious applications will be funded.

#### APPLICATIONS PROCEDURE

Applications must be submitted on form PHS 398 (Revised 10/88).

#### ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed request for application by telephoning:

Linda L. Wright, M.D.  
Special Assistant to the Director  
Center for Research for Mothers and Children  
National Institute of Child Health and Human Development  
Executive Plaza North, Room 643  
9000 Rockville Pike  
Bethesda, MD 20892  
Telephone: (301) 496-0430

#### CINICAL DIAGNOSTIC STUDIES OF BRAIN TUMOR USING PET AND OTHER IMAGING MODALITIES

RFA AVAILABLE: 90-CA-12

P.T. 34; K.W. 0715035, 0705010, 0745020, 0706030, 0765020, 0760045

National Cancer Institute

Application Receipt Date: May 18, 1990

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), announces the availability of a Request For Applications (RFA) to advance diagnostic clinical research using PET and other imaging modalities in evaluating essential features of brain tumor metabolism to improve our knowledge of tumor growth, patient therapy, patient prognosis and management.

Advances in the last decade in imaging and imaging-related technology have permitted more precise anatomic/pathologic diagnosis and also are providing functional information. These advances potentially extend the capacity of imaging method from its customary role of anatomic diagnosis with inferred function to direct observation of physiologic and pathophysiologic phenomena and are the direct result of the technological development and clinical use of positron emission tomography (PET), magnetic resonance spectroscopy (MRS), radiolabeled monoclonal antibodies, and other imaging modalities. In view of successes of PET, MRS, and other modalities in providing significant functional information about normal and malignant tissues in vivo, clinical study of brain tumor metabolism become not only possible but timely.

The overall objective of this RFA is to advance the use of PET, MRS, radiolabeled monoclonal antibodies and other modalities to evaluate essential features of brain tumor metabolism, improve our knowledge of tumor growth, determine effects of therapy, and follow patients prognosis and management. Stated in other words, the aim of this RFA is to improve our understanding of pathophysiology of brain function in patients with primary brain tumors using PET and other radiographic methods at diagnosis and during the course of therapy.

Where feasible and appropriate, applications for the proposed clinical studies should include a suitable representation of minorities and women. If the applicant cannot comply, a clear rationale for their exclusion must be provided.

It is anticipated that approximately three or possibly four scientifically meritorious applications can be funded.

The label available with the 10/88 revision of application 398 must be affixed the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review. In addition, the RFA number and title should be typed on line 2 of the face page of the application form.

Request for copies of the complete RFA should be addressed to:

Dr. Matti Al-Aish, Acting Chief  
Diagnostic Imaging Research Branch  
Radiation Research Program  
National Cancer Institute  
National Institutes of Health  
Executive Plaza North/Suite 800  
Bethesda, MD 20892  
Telephone: (301) 496-9531

#### ONGOING PROGRAM ANNOUNCEMENTS

##### SHORT-TERM TRAINING FOR MEDICAL STUDENTS IN ENVIRONMENTAL/OCCUPATIONAL HEALTH

P.T. 44; K.W. 0725005, 0725020, 0720005

National Institute of Environmental Health Sciences

Application Receipt Date: May 10, 1990

The purpose of this announcement is to solicit applications for short-term training of medical students in disciplines related to environmental and occupational medicine. Two types of mechanisms are available.

Medical schools at which there is a currently active National Institute of Environmental Health Sciences (NIEHS) Institutional Training Grant (T32) may submit a supplemental application to support 3-5 medical students for summer or off-term research. The period of support may not exceed three months. Those programs for which a competitive renewal application is due may incorporate such positions into the renewal. After this initial round, requests for short-term training may be submitted only at the time of competitive renewal.

Medical schools that do not currently have an NIEHS Institutional Training Grant but that have ongoing basic and/or clinical research activities in areas related to environmental/occupational health may apply for a National Research Service Award for Short-Term Training (T35) to support 3-5 students per year as described above.

For additional information and special instructions, contact:

Dr. Annette Kirshner  
Scientific Programs Branch  
Division of Extramural Research and Training  
National Institute of Environmental Health Sciences  
P. O. Box 12233  
Research Triangle Park, NC 27709  
Telephone: (919) 541-0488

##### RESEARCH ON THE RECOGNITION, MANAGEMENT, AND PREVENTION OF ALCOHOL PROBLEMS IN A PRIMARY HEALTH CARE SETTING

P.T. 34; K.W. 0404003, 0745027, 0730050

National Institute on Alcohol Abuse and Alcoholism

#### PURPOSE

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is seeking research grant applications that propose to study issues related to the

recognition, management, and prevention of alcohol problems in a primary care setting.

#### RESEARCH OBJECTIVES

Included in this initiative are studies of strategies for screening for alcohol problems in primary care; techniques for early intervention in high-risk groups or for brief interventions in individuals with alcohol problems; routine preventive interventions for young people; and methods for training primary care health providers to identify, intervene with, and manage the care of patients who have actual or potential alcohol problems.

#### MECHANISM OF SUPPORT

The mechanisms of support to be applied for this announcement are the traditional research project (R01), small grants (R03), and the First Independent Research Support and Transition Award (R29). Support may be requested for a period of up to 5 years (renewable for subsequent periods). Annual awards will be made subject to continued availability of funds and progress achieved. A competing continuation (i.e., renewal) application may be submitted before the end of an approved period of support to continue a project.

#### ELIGIBILITY

Applications for alcohol research grants may be made by public or private non-profit or for-profit organizations, such as universities, colleges, hospitals, laboratories, units of State or local governments, and eligible agencies of the Federal Government. Women and minority investigators are encouraged to apply.

#### INCLUSION OF WOMEN AND MINORITIES IN STUDY POPULATIONS

Applicants are urged to give added attention (where feasible and appropriate) to the inclusion of women and minorities in study populations.

#### APPLICATION PROCESS

Applicants should use the grant application form PHS 398 (Rev. 10/88). The title of this announcement, "Recognition, Management, and Prevention of Alcohol Problems in a Primary Health Care Setting," should be typed in item number 2 on the face page of the PHS 398 application form. Page limits and limits on size of type are strictly enforced. Non-conforming applications will be returned without being reviewed.

Application kits containing the necessary forms and instructions (PHS 398) may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. If such a source is not available, the following office may be contacted for the necessary application material:

National Clearinghouse for Alcohol and Drug Information  
P.O. Box 2345  
Rockville, MD 20852  
Telephone: (301) 468-2600

The signed original and six permanent, legible copies of the completed application should be sent to:

Division of Research Grants, NIH  
Westwood Building, Room 240  
Bethesda, MD 20892\*\*

#### REVIEW PROCESS

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received under this announcement will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second-level review by an appropriate National Advisory Council, whose review may be based on policy as well as scientific merit considerations. Only applications recommended for approval by the IRG and Council may be considered for funding.

This program is described in the Catalog of Federal Domestic Assistance, No. 13.272. Grants will be awarded under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb) and administered in accordance with the PHS Grants Policy Statement and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74.

Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Services regulations at 45 CFR Part 100, and are not subject to Health Systems Agency review.

#### REVIEW CRITERIA

Criteria to be used in the merit review of alcohol research grant applications will include the following:

1. The overall scientific and technical merit of the proposal and the adequacy of the methodology to carry out the proposed research.
2. The adequacy of the design for collection and analysis of data, including research schematics, detailed analytic plans, and proposed instrumentation.
3. The potential of the research findings to enhance outcome success rates in applied prevention and treatment settings.
4. The adequacy of the qualifications (including level of education and training) and relevant research experience of the principal investigator and key research personnel.
5. The quality of the applicant's past and present research performance as related to the proposed project.
6. The availability of adequate facilities, general environment for the conduct of the proposed research, other resources, and collaborative arrangements necessary for the research.
7. The reasonableness of budget estimates for the proposed research activities.
8. Where applicable, the adequacy of procedures to protect or minimize effects on human subjects.
9. The demonstration of cultural sensitivity, appropriate use of minority staff, and theoretical consideration of minority issues in the research design.

#### AWARD CRITERIA AND AVAILABILITY OF FUNDS

Applications recommended for approval by a National Advisory Council will be considered for funding on the basis of the overall scientific and technical merits of the proposal as determined by peer review, program needs and balance, and the availability of funds.

In Fiscal Year 1991, it is estimated that approximately \$500,000 to \$700,000 will be available to support approximately 3 to 5 new awards under this announcement. However, the amount of funding available will depend on appropriated funds and program priorities at the time of award.

#### INQUIRIES

Potential applicants are encouraged to seek preapplication consultation and to contact the individual listed below when preparing an application under this announcement. Direct inquiries to:

Jacqueline Wallen, Ph.D.  
Project Officer, Treatment Research Branch  
Division of Clinical and Prevention Research, NIAAA  
5600 Fishers Lane, Room 16C-03  
Rockville, MD 20857  
Telephone: (301) 443-0796

\*\*THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS: 5333 Westbard Avenue, Bethesda, MD 20816