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For Grants and Contracts

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The NIH Guide announces scientific
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NOTICES

LETTERS OF INTENT

P.T. 34; K.W. 1014002, 0710030

National Institutes of Health

From time to time NIH components request a letter of intent from applicants, either in response to a specific announcement or Request for Applications (RFA) or in connection with a particular type of award, e.g., a program project or center grant. In those instances, applicants are asked to provide the name and address of the principal investigator, the names of other key personnel, the participating institutions, a project title that is descriptive and specifically appropriate to the project or activity, and the RFA or announcement in response to which the application is being submitted.

Although letters of intent are not required, are not binding, and do not enter into the review of subsequent applications, the information which they contain is extremely helpful in planning for the review of applications. They allow NIH staff to estimate the potential review workload and to avoid possible conflict of interest in the review. In addition, should it appear that the potential applicant has misunderstood a specific solicitation or opted for an inappropriate funding mechanism, NIH staff will ordinarily respond to such letters.

In this context, the NIH would therefore emphasize the benefits to the applicant and to staff of having principal investigators submit letters of intent to the awarding component if they are specifically requested.

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

STUDY OF THE CLINICAL PHARMACOKINETICS OF ANTICANCER DRUGS

RFP AVAILABLE: NCI-CM-73701-48

P.T. 34; K.W. 0740020, 0710100, 0755015

National Cancer Institute

The Cancer Therapy Evaluation Program (CTEP), of the Division of Cancer Treatment (DCT), National Cancer Institute (NCI) is seeking an organization with the capabilities and facilities to conduct studies of the clinical pharmacokinetics of anticancer drugs. The principal objective of the proposed contract is to perform pharmacokinetic analysis on samples from patients with malignant disease accrued to studies with either single or combinations of a new or established anticancer agent(s). Although these efforts will primarily be aimed at pharmacokinetic analysis of samples from patients accrued to Phase I studies, Phase II and Phase III studies are not precluded. This contract will support only the efforts directed toward the pharmacokinetic analysis of the samples. Patient accrual should be supported through other funding mechanisms.

It is expected that samples from studies of two (2) agents will be evaluated annually. Both the agents to be evaluated and the schedule or schedules to be used will be selected by the Project Officer in consultation with other Senior Staff of the Division of Cancer Treatment (DCT), NCI, and with the contractor's Principal Investigator. The DCT will be responsible for providing the agents for study.

This proposed acquisition is a recompetition of an existing contract currently held by The Ohio State University Research Foundation, N01-CM-47622. The Government anticipates that one award will be made. It is anticipated that the resulting contract will be awarded on an incrementally funded basis for a period of sixty (60) months.

This synopsis is not a request for proposal. It is anticipated that RFP No. NCI-CM-73701-48 for the work described above will be available to interested offerors on or about September 23, 1986, with a due date for receipt of proposals on November 7, 1986. Copies of the RFP may be obtained by sending a written request to:

Thompkins Weaver, Jr., Contract Specialist
Treatment Contracts Section, Research Contracts Branch
National Cancer Institute
Blair Building, Room 228
Bethesda, Maryland 20892

FIBROBLAST HETEROGENEITY IN PULMONARY FIBROSIS

RFA AVAILABLE: RFA-86-HL-30-L

P.T. 34; K.W. 0715165, 1002004, 1002008, 1003002, 0710070, 0765035, 0710100

National Heart, Lung, and Blood Institute

Application Receipt Date: March 16, 1987

The Division of Lung Diseases invites grant applications for a single competition for support of research on the role of fibroblast subpopulations in interstitial pulmonary fibrosis.

The main objective of this special grant program is to identify and characterize functional subpopulations of lung fibroblasts and to understand how these subpopulations contribute to pulmonary fibrosis, a disease characterized by excess accumulation of connective tissue in the interstitium of the lung.

A letter of intent is requested by December 15, 1986, and the deadline for receipt of applications is March 16, 1987. The earliest award date for successful applications will be in September, 1987. Awards in connection with this announcement will be made to foreign institutions only for research of very unusual merit, need, and promise, and in accordance with Public Health Service policy governing such awards.

Requests for copies of this RFA should be addressed to:

Anthony R. Kalica, Ph.D.
Division of Lung Diseases, NHLBI
Westwood Building, Room 6A09
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-7034

ONGOING PROGRAM ANNOUNCEMENTS

THE EPIDEMIOLOGY OF ALZHEIMER DISEASE AND OTHER DEMENTING DISORDERS OF OLDER AGE

P.T. 34; K.W. 0715180, 0785055, 0710010, 0745020, 0411005

National Institute on Aging

BACKGROUND

The U.S. Congress, through the "Health Research Extension Act of 1985" (P.L. 99-158) authorized the National Institute on Aging to "make a grant to develop a registry for the collection of epidemiological data about Alzheimer's disease and its incidence in the United States, to train personnel in the collection of such data, and for other matters respecting such disease." Applicants were required to have "expertise in the collection of epidemiological data about individuals with Alzheimer's disease and in the development of disease registries..."

To execute the intent of Congress, the NIA issued a Request for Applications for Cooperative Agreements for Alzheimer Disease Patient Registry (ADPR). This Program Announcement is intended to complement and to extend the more narrowly defined and specific research initiated by the ADPR Request for Applications. The Program

Announcement is designed to solicit limited focused investigations to address diagnostic criteria, screening instrument development and casefinding procedures, and methodological issues in population studies prior to launching large scale population based studies on the important substantive epidemiological questions. Epidemiological research is needed to complement other ongoing clinical and basic research sponsored by the NIA and other components of NIH on the Alcohol, Drug Abuse, and Mental Health Administration, including the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), and the National Institute of Mental Health (NIMH).

RESEARCH GOALS AND SCOPE

Alzheimer disease and other dementing disorders of older age are common conditions in the U.S. population and the population of other developed countries. The U.S. population affected by Alzheimer disease has been variously estimated at 2 to 3 million cases. The imprecision and variability of the estimates of the incidence and prevalence of Alzheimer disease and other dementing disorders of older age stem from differences in diagnostic criteria, data collection methods and the underlying age structures in the populations studied. The need for more definitive epidemiologic research is underscored by this imprecision and variability.

Clear, operationally defined and reproducible diagnostic criteria are required for cases very early in the course as well as those with more advanced disease. The Work Group on the Diagnosis of Alzheimer Disease of the National Institute of Neurological and Communicative Disorders and Stroke and the Alzheimer's Disease and Related Disorders Association established a set of criteria for the clinical diagnosis of Alzheimer disease. These criteria may not be optimal for use in screening large populations as they were intended for clinical use and were not operationalized. Screening instruments with known reliability, sensitivity and specificity against the current state of the art diagnostic procedures for the dementias of older age are required. These instruments must be culturally, socio-economically, and educationally non-biased for use in cross-cultural and international studies. The screening instruments must not be affected by repeat administrations and must be easy to use in large-scale population studies.

The development, standardization and validation of diagnostic screening instruments against subsequent neuropathological diagnosis is also required. Diagnostic screening instruments must be distinguished from clinical screening instruments where all presumed cases are referred for more extensive diagnostic evaluations. In some population studies, it will not be possible to subject each presumed case of dementia to an extensive diagnostic workup, so that instruments for the prediction of the probable underlying cause or causes are needed.

The development of more refined, valid and reliable methods for reconstructing histories of demented subjects and for interviewing proxy informants is also needed.

Examples of specific substantive research questions of interest include:

Is Alzheimer disease a single entity reflecting a single etiology/exposure, clinical and neuropathological picture? Are the neuropathological findings the "final common pathway" reflecting multiple and diverse etiologies and varied clinical pictures?

What is the natural history of Alzheimer disease? Does it vary by age of onset? By any other inherited or acquired characteristics?

Does the age-specific incidence rate continue to rise with advancing age, even into very late life?

Does the sex ratio remain constant throughout the age span?

What is the impact of Alzheimer disease on life expectancy? How does it vary by age at onset?

What are the immediate, pathologically verified, causes of death in Alzheimer victims?

Are Alzheimer patients excessively vulnerable to or protected from any other diseases or conditions?

What are the precursors of Alzheimer disease and other dementing disorders of older age? As reviewed by Mortimer and Hutton, several risk factors for Alzheimer disease have been implicated in small studies or postulated in the research literature. Advancing age is the only clearly acknowledged risk factor. A genetic predisposition has been observed in some families. Other suggested risk factors include advanced parental age, selective vulnerability to exposure to aluminum, exposure to slow virus, immunologic defects, thyroid disease and head trauma. The

condition appears to be more common in women than men and perhaps slightly more common in black women than white women. There appears to be an association between Down syndrome and Alzheimer disease suggesting a chromosomal defect. The impact of geographic, socio-economic, racial, ethnic, or cultural characteristics on the risk of developing Alzheimer disease are unknown. Intense investigation of non-affected people 90 years of age and older may prove to be a particularly fruitful approach to research about risk factors for Alzheimer disease and other dementing disorders of older age. See Mortimer and Hutton, "Epidemiology and Etiology of Alzheimer's Disease", in *Senile Dementia of the Alzheimer Type*, J.H. Hutton and A.D. Kenney (Editors), Alan R. Liss, Inc., New York, 1985 and E. M. Gruenberg, "Epidemiology of Senile Dementia" in *Advances in Neurology*, Vol. 19, B. S. Schoenberg (Editor), Raven Press, New York, 1978, for more detailed discussions of these questions.

The research questions are not limited to the list above. Applications which creatively and rigorously address any area of the epidemiology of Alzheimer disease and other dementing disorders of older age are invited. Applicants are particularly encouraged to develop improved case finding techniques, to evaluate and refine diagnostic criteria, to develop diagnostic screening procedures, and to further advance epidemiological sampling and design.

MECHANISMS OF SUPPORT

Applicants may use the Research Project Grant (R01), Research Program Project (P01), First Independent Research Support and Transition Award (R29), Research Career Development Award (K04), Clinical Investigator Award (K08), Academic Award (K08), Physician Scientist Award (K11 and K12), and the National Research Service Awards. Prospective applicants are encouraged to communicate with the NIA project officer listed at the end of the announcement regarding the appropriate funding mechanism. Experienced senior investigators are particularly encouraged to consider the submission of Research Program Project applications.

APPLICATION AND REVIEW PROCEDURES

Applicants may obtain information and the appropriate application kits from their institution's grants office or by contacting:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7441

Although a letter of intent is not a prerequisite for applying, prospective applicants are encouraged to consult with the project officer regarding the scientific goals, design and subject population of the proposed study.

On item 2 (Response to a Specific Program Announcement) of the face (first) page of the application, applicants should enter: NIA Program Announcement-Epidemiology of Alzheimer Disease.

Applications should be submitted according to the receipt deadlines for the funding mechanism chosen.

Applications will be received by the NIH Division of Research Grants and responsive applications will be assigned to the NIA. However, it should be recognized that other components, such as NINCDS, and the NIMH also have responsibility for supporting Alzheimer Disease related research. Applications will be assigned to the appropriate group for review and will be reviewed in accordance with the usual NIH peer review procedures. The review criteria are the traditional considerations underlying scientific merit. Following study section review, the applications will be evaluated by the appropriate National Advisory Council. Awards will be made on a competitive basis with all applications competing for funding in a given review cycle.

INQUIRIES

All questions and correspondences should be directed to:

Teresa Sluss Radebaugh, Sc.D.
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-9350

OFFICE OF POPULATION AFFAIRS NEW INVESTIGATOR RESEARCH AWARD (R-23)

P.T. 34; K.W. 0413000, 0730010, 0775020, 0403001, 0414014

Office of Population Affairs

The Office of Population Affairs (OPA) is modifying its present New Investigator Research Award (NIRA) to increase the maximum amount of funds that can be awarded under the mechanism. The NIRA mechanism was formerly utilized by the National Institutes of Health and other Public Health Service (PHS) agencies, but for NIH has been phased out and replaced by the First Independent Research Support and Transition (FIRST) Award (R-29). To distinguish its modified NIRA, OPA is using the designation, OPA-NIRA (R-23). The policies and guidelines published herewith become effective for OPA-NIRA applications received on or after February 1, 1987. The OPA-NIRA program is designed to encourage new investigators (including those who have interrupted early promising research careers) to develop their research within the program interests of OPA. To help bridge the transition from training status to that of established investigator, this special grant supported program provides research grant funds for relatively inexperienced investigators with meritorious research ideas. In addition, experienced investigators whose previous research has not been in the adolescent pregnancy or family planning fields are encouraged to use the OPA-NIRA mechanism to seek support for entering these substantive fields of research. Funds for this program are being allocated from appropriations made to OPA awarding units, the Office of Adolescent Pregnancy Programs and the Office of Family Planning, to fulfill their legislatively mandated missions.

ELIGIBILITY

An applicant investigator must be sponsored by a non-Federal public or private nonprofit or for-profit institution engaged in health or social research and located in the United States or its possessions and territories.

These awards are restricted to individuals who have not previously been principal investigators on a PHS-supported research project. Exceptions may be granted to individuals who are changing their field of scientific endeavor. If there are questions, applicants should consult with OPA staff concerning the choice of application best suited to their needs.

The principal investigator must ordinarily have an advanced degree or its equivalent. The applicant should have completed his/her formal professional education. In most instances the principal investigator will have no more than five years of research experience after completion of formal training at the time the award is made. If clearly justified, there may be an exception to this five year limitation, as in the case of an investigator who is experienced in another field, but is new to the study of adolescent pregnancy and family planning research topics.

An individual may submit only one OPA-NIRA application for any particular receipt date and may not submit concurrently any other type of PHS research grant application.

REVIEW

Applications for OPA-NIRAs will undergo peer review by a Study Section managed by the Division of Research Grants of The National Institutes of Health. Particular attention will be given to the following:

- o The adequacy of the applicant's research and research training background as a guide to future development into a creative independent investigator will be evaluated. The individual's past education, scientific training and commitment to a health or social research career will be taken into account along with the research proposal. Letters of reference are particularly valuable where the investigator's research originality and potential for independent investigation are not reflected in his/her past research experience.
- o The principal investigator's research proposal will be evaluated for scientific merit, originality, feasibility, adequacy of design and plans for analysis and evaluation of data. It is recognized that an investigator of limited experience is less likely to be able to submit an application in the same breadth and depth as an experienced investigator. The application must, however, give clear evidence of the investigator's ability to develop a sound research plan.

TERMS OF THE AWARD

Principal investigators are directly responsible to the grantee institution to which the awards are made. The employment status, salary, title, and staff privileges are determined by the grantee institution in accordance with its established policies for other individuals of the same rank, faculty or employment status without regard to source of support. Replacement of the principal investigator on an OPA-NIRA award will not be approved.

Principal investigators must make a truly significant commitment of time or effort to the research project proposed. Salary support can be provided from the award up to \$40,000 plus fringe benefits according to the time or effort devoted to the project.

OPA-NIRA awards are made for periods up to three years and are not renewable. The principal investigators, upon request, are expected to provide OPA with information about their scientific accomplishments, changes in professional status or institutional affiliation for a period of six years subsequent to termination of the award.

Except as otherwise stated in this issuance, awards will be administered under PHS grant policies and Federal Regulations 42 CFR Part 74, including requirements for cost sharing.

APPLICATION PROCESS

The regular research grant application form 398 must be used in applying for these awards. Application material may be obtained from the institution's application control office or from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, Bethesda, Maryland 20892.

The title of the program, "Office of Population Affairs New Investigator Research Award," should be typed on Line 2 face page of the application form 398.

Direct costs may be requested for up to three years of support. The total direct costs requested must not exceed \$225,000 for the three-year period; no more than \$75,000 may be requested in any one year. Up to \$40,000 salary plus applicable fringe benefits may be requested for the principal investigator. The amount requested should reflect the time and effort to be directed to the project and must be consonant with the policies of the grantee institution governing salary for other individuals of similar rank. Technical support, supplies, publication costs and limited equipment, as well as necessary travel, may be requested within the direct cost budget. Requested funds may not be used to supplement a project supported by other funds.

Indirect costs are allowable in accordance with HHS policies for research grants.

Because many new investigators may not have yet developed a significant bibliography of research accomplishments, principal investigators may request present or former supervisors to submit letters attesting to their potential for conducting independent research.

REVIEW CYCLE

Receipt dates for applications are the same as for regular research grant applications: February 1, June 1, and October 1. Funding decisions can be expected within eight months of an application receipt date.

PROGRAM AREAS AND CONTACTS

OPA uses the OPA-NIRA mechanism to emphasize areas of investigation that are perceived to need special emphasis. Therefore, any proposal that does not fall within areas of current interest to OPA will be returned. It is suggested that potential applicants contact one of the individuals listed below prior to submitting an application.

Office of Adolescent Pregnancy Programs, OPA: Research in the following program areas are of current interest:

The influence of family, peers, societal norms, the media and other social, demographic, economic and psychological factors on the postponement of adolescent premarital sexual relations; consequences of adolescent premarital sexual relations; influences on and effects of the adoption option for the unmarried adolescent mother

and her baby; parenting behavior of the unmarried adolescent mother and its effects on the child; and evaluations of public and private strategies or interventions designed to deter adolescent premarital sexual relations, support families in character development and rearing of their children, or provide services to pregnant and parenting adolescents.

Ms. Eugenia Eckard
Office of Population Affairs, OASH, DHHS
Hubert H. Humphrey Building, Room 731E
200 Independence Avenue, S.W.
Washington, D.C. 20202
Telephone: (202) 245-1181

Office of Family Planning, OPA: Research in the following program areas are of current interest:

Family Planning client behavior, adolescent family planning clients, male family planning clients, targeting of family planning services, clinic personnel behavior, organization and management of family planning services, role of private physician, natural family planning, infertility services, and counseling services.

Dr. Patricia Thompson
Office of Population Affairs
Hubert H. Humphrey Building, Room 731E
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: (202) 245-1181

Detailed information about OPA's research areas outlined above can be found in an announcement of "Opportunities for Research on Adolescent Family Life" and an announcement of "Opportunities for Research in Family Planning Service Delivery Improvement," published in the November 8, 1985 NIH Guide for Grants and Contracts and also in the November 18, 1985 Federal Register. Copies of the announcements may be obtained from:

Office of Grants Management
Office of Population Affairs
Hubert H. Humphrey Building, Room 755D
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: (202) 245-0146