

# NIH GUIDE

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## For Grants and Contracts

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DATED ANNOUNCEMENTS (RFPs AND RFAs)

DEVELOPMENT AND MAINTENANCE OF A REPOSITORY AND DISTRIBUTION CENTER FOR CRYOPRESERVED MOUSE EMBRYOS

RFP AVAILABLE: NIH-NIAID-IAIDP-89-4

P.T. 34; K.W. 0780000, 0780005, 0755050

National Institute of Allergy and Infectious Diseases

The Genetics and Transplantation Biology Branch, Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases is soliciting proposals for the development and maintenance of a repository and distribution center for cryopreserved mouse embryos.

The offeror must have a high level of expertise in sophisticated cryopreservation techniques, including maintenance of an inbred animal facility, superovulation, collection of embryos, embryo freezing, and embryo transfer.

RFP-NIH-NIAID-IAIDP-89-4 will be available on or about August 8, 1988. Proposals will be due approximately 45 days after the RFP is released.

One cost-reimbursement type contract may be awarded as a result of this solicitation. It is expected that the contract will have a three-year period of performance. Any responsible offeror may submit a proposal which shall be considered by the Government.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. All inquiries must be in writing and addressed to the office below:

Ms. Joyce U. Sagami  
National Institute of Allergy and Infectious Diseases  
National Institutes of Health  
5333 Westbard Avenue  
Westwood Building, Room 707  
Bethesda, Maryland 20892

This advertisement does not commit the Government to award a contract.

CELLULAR AND MOLECULAR INTERACTIONS OF LIPOPROTEINS AND THE HEMOSTATIC SYSTEM IN ATHEROSCLEROSIS AND THROMBOSIS

RFA AVAILABLE: NIH-88-HL-21 H

P.T. 34; K.W. 0715040, 1002004, 1002008, 0785035

National Heart, Lung, and Blood Institute

Application Receipt Date: December 1, 1988

The Divisions of Heart and Vascular Diseases and of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI) invite grant applications to be considered in a single competition for support of fundamental studies of atherogenesis and thrombosis. The emphasis of this program is on elucidating the interactions of plasma lipoproteins, the vascular endothelium and the hemostatic system. Copies of the RFA are currently available from staff of NHLBI.

The program will support basic and clinical research addressing the molecular interactions of plasma lipoproteins, the vascular endothelium and the hemostatic system, and the underlying regulatory mechanisms that impact on atherogenesis and thrombosis. It is expected that the re-search projects will encompass a broad range of approaches and will require expertise from a variety of disciplines including molecular and cellular biology, biochemistry, hematology, metabolism and physiology. It is required that collaborative research efforts between the two fields of atherosclerosis and thrombosis be demonstrated.

Although approximately \$2.2 million for this program is included in the financial plans for fiscal year 1989, award of grants pursuant to this RFA is contingent upon receipt of funds for this purpose. It is anticipated that up to ten grants will be awarded under this program. The specific amount to be

funded, however, will depend on the merit and scope of the applications received and the availability of funds.

Requests for copies of the RFA should be addressed to:

Momtaz Wassef, Ph.D.  
Division of Heart and Vascular Diseases  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
Bethesda, Maryland 20892  
Telephone: (301) 496-1978

OR

Carol Letendre, Ph.D.  
Division of Blood Diseases and Resources  
National Heart, Lung, and Blood Institute  
National Institutes of Health  
Bethesda, Maryland 20892  
Telephone: (301) 496-8966

### ONGOING PROGRAM ANNOUNCEMENTS

#### SMALL GRANTS PROGRAM FOR EPIDEMIOLOGY

P.T. 34; K.W. 0785055, 0715035

National Cancer Institute

The Division of Cancer Etiology, National Cancer Institute (NCI), first invited Small Grant applications relating to cancer epidemiology in February 1986. Applications responding to this reissuance are invited beginning October 1, 1988.

#### PURPOSE OF THE AWARD

This is a short-term award, not to exceed three years, intended to provide support for pilot projects, testing of new techniques, or innovative or high-risk projects which could provide a basis for more extended research.

#### ELIGIBLE APPLICANTS

Investigators are eligible to apply for a Small Grant to support research on a topic relevant to cancer etiology if they are interested in:

1. Planning a complex epidemiologic investigation;
2. Developing or validating a laboratory or statistical procedure with potential for improving the quality of cancer epidemiologic research;
3. Obtaining rapid funding for a question relevant to cancer epidemiology. Situations in which rapid funding is needed include, as examples, the availability of special personnel for limited time periods, rapidly evolving research leads on topics such as AIDS, or time-limited access to an important resource;
4. Analyzing previously collected data for epidemiologic purposes, such as combining data from multiple studies to examine consistency or strength of observed associations;
5. Resolving methodologic problems, such as: documenting the accuracy of a customary procedure in preparation for use in epidemiologic research; or evaluating the effect of cancer diagnosis and/or treatment on risk factor estimates derived from case-control studies.

Applications not meeting one of the criteria stated above, or failing to meet the page limitations specified in this announcement, will be returned to the proposed Principal Investigator without undergoing committee review.

#### TERMS OF THE AWARD

Funds may be used for personnel, supplies, small equipment, and travel required by the project. The normal duration of support is two years but applications may be made for up to three years if the total direct costs for the project period do not exceed \$50,000; a grant may be renewed. Projects involving the development of a laboratory procedure for use in epidemiologic

research may request modest costs for a period of intensive orientation for one or more collaborating investigators to facilitate transfer of new techniques when it is clearly justified by the complexity of the task and details of the orientation are included in the proposal. The NCI expects to make approximately 5 awards from each review cycle. Except as otherwise stated in this Program Announcement, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement, DHHS Publication No. (OASH) 82-50,000, revised January 1, 1987.

#### REVIEW PROCEDURES AND CRITERIA

Applications will be reviewed for scientific and technical merit by a committee convened by NCI and consisting primarily of non-Federal scientists. All applications will be evaluated with respect to the following:

1. The significance of the investigator's research goal and the insight with which that goal is elucidated.
2. The practicality and likelihood of accomplishing the small grant aims.
3. The value of the information the investigator proposes to derive from the small grant, in the context of the research goal.
4. The adequacy and appropriateness of the methodology for achieving the purposes of the small grant.
5. The investigator's background and training for carrying out the proposed activities.
6. The appropriateness of the research team (as listed on page 2 of the application, key personnel engaged on the project, and the personnel projections), and the evidence of their effective communication in proposing the research.
7. The adequacy of the facilities and resources available to the small grant.
8. The adequacy of specific budget justifications.

#### METHOD OF APPLYING

The regular research grant application form PHS-398 (revised 9/86) must be used in applying for these grants. These forms are available at most institutional business offices; from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, Room 449, Westwood Building, 5333 Westbard Avenue, Bethesda, Maryland 20892. Because the guidelines for preparing this application are different from those used for regular research grants, the instructions given below and in the supplemental instructions must be followed in preparing and submitting an application.

An accelerated award is planned as follows:

Receipt Date	Committee Review	Earliest Possible Funding Date
October 1	Feb/Mar	June
February 1	May/June	September
June 1	Oct/Nov	February

In order to expedite the review of your application, you are asked to SUBMIT TWO SETS OF COPIES of the application, as follows:

Submit a signed, typewritten original of the application, including the Checklist, and four (4) signed exact photocopies in one package to the Division of Research Grants at the address below. The photocopies must be clear and single sided.

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

At time of submission, two (2) additional copies of the application should also be sent to:

Referral Officer, Grants Review Branch  
National Cancer Institute  
Westwood Building, Room 820  
5333 Westbard Avenue  
Bethesda, Maryland 20892  
Telephone: (301) 496-3428

Applications which do not follow the above procedures and revised applications submitted later than October 1, February 1 or June 1 may be deferred to the following round.

To obtain a copy of the supplemental instructions cited on the previous page and to inquire about whether specific research ideas meet the eligibility criteria, applicants are encouraged to contact:

Dr. Genrose Copley  
National Cancer Institute  
Executive Plaza North, Room 535  
Rockville, Maryland 20892  
Telephone: (301) 496-9601

#### REPORTING REQUIREMENTS

If an award is made in response to a Small Grants Application, a Final Progress Report and an Invention Statement must be submitted within ninety days after the termination of the award. This final reporting requirement is the same as that for other types of research grants and is in accord with 45 CFR 74.82. The information will be especially helpful to the NCI in evaluating the usefulness of the Small Grant Award Mechanism.

This program is described in the Catalog of Federal Domestic Assistance No. 13.393, Cancer Cause and Prevention Research. Awards are under authorization of the Public Health Service Act, Title IV, Part A, Section 301(c) and Section 402 (Public Law 78-410, as amended; 42 USC 241 and 282) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

#### STUDIES ON NOSOLOGY OF ALCOHOL USE DISORDERS AND ASSOCIATED DISABILITIES

P.T. 34; K.W. 0404003, 0755030

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Dates: February 1, June 1, October 1

#### SUMMARY AND PURPOSE

The purpose of this announcement is to stimulate research on problems of clinical nosology, particularly the diagnosis and classification of alcohol use disorders. This basic research is expected to improve our understanding of the essential clinical features of such disorders, which is expected eventually to lead to improvements in knowledge concerning their etiology and treatment. Three major outcomes are expected from the research: (1) measures of the validity of the Third Edition (Revised) of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) and the Draft Tenth Revision of the International Classification of Diseases (ICD-10) criteria currently being proposed for the diagnosis of alcohol use disorders; (2) development of reliable and valid criteria for estimating severity of dependence in such disorders; (3) development of improved instruments for use in clinical and research diagnosis of the disorders. The findings of the research are also expected to provide an empirical basis for proposed future changes in the DSM-IV and ICD-10 criteria for diagnosis of alcohol use disorders. To date, neither set of criteria has been finalized.

The statutory authorities for these awards are sections 301 and 510 of the Public Health Service Act (42 USC 241 and 290bb).

#### BACKGROUND

In epidemiological and clinical research, diagnostic criteria specify the necessary conditions for a set of signs and symptoms to be labeled as a clinical disorder. Not only do such criteria facilitate communication among investigators, but they permit research findings to be compared across subject groups as well. The reliability and validity of diagnostic criteria is of fundamental importance to epidemiological research. Knowledge about a disorder is largely based on criteria employed in its diagnosis, and

improvements in diagnostic criteria may lead to significant advances in understanding the etiology and treatment of the disorder. Clear operational definitions of criteria are also of importance to clinical research as vagueness in diagnostic criteria can produce studies that appear to have contradictory results.

Diagnostic criteria for alcohol use disorders have changed significantly over the past several decades. These changes have been due primarily to improvements in understanding the essential clinical features of such disorders. The earlier DSM-III criteria recognize alcohol abuse and alcohol dependence as two subtypes of alcohol use disorders (American Psychiatric Association, 1980). For alcohol use disorders, abuse is defined as a pattern of pathological use and social or occupational impairment, and dependence is defined as additional evidence of tolerance or withdrawal symptoms.

Revision of DSM-III criteria for alcohol use disorders was recently completed in 1987 with the publication of the revised criteria (DSM-III-R) (American Psychiatric Association, 1987). In DSM-III-R and ICD-10 (World Health Organization, 1987), criteria for both Abuse and Dependence have been changed. In particular, the criteria for Dependence have been broadened to include behavioral indicators of dependence in addition to tolerance and withdrawal. All of these changes will preface the publication (expected in 1994) of DSM-IV criteria for alcohol use disorders. Criteria for alcohol use disorders proposed for the ICD-10 also radically differ from those appearing in the ICD-9. It is anticipated that the ICD-10 will come into use in January 1993. At the present time, research is needed to evaluate the validity, reliability, and clinical utility of the DSM-III-R and the proposed ICD-10 criteria for alcohol use disorders in general population and clinical samples. Research is also needed to compare DSM-III-R, DSM-III, ICD-9, and ICD-10 criteria for alcohol use disorders to determine clinical similarities and differences in subjects diagnosed by the four sets of criteria. Another priority area involves identification of meaningful subtypes of alcohol use disorders (as the subtypes relate to treatment prognosis). Valid measures are needed which assess the severity of alcoholism and alcohol abuse. Improved instrumentation is also sought to collect information that may be employed in the diagnosis of alcohol use disorders. Such instrumentation may include semi-structured clinical interviews, collateral reports, structured diagnostic interviews, questionnaires, and/or laboratory tests.

#### SPECIFIC OBJECTIVES

Whenever possible, this research should involve comparisons across diagnostic criteria, between general and clinical samples, and between diagnostic or clinical interviews. The following are representative areas of research interest:

- o Evaluation of the validity and reliability of DSM-III-R and ICD-10 criteria for alcohol use disorders
- o Comparisons of clinical characteristics of patients diagnosed by DSM-III-R, DSM-III, ICD-9, and ICD-10 criteria, as well as by alternative criteria for alcohol dependence
- o Development of indicators of severity of behavioral dependence in individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders
- o Comparison of DSM-III-R and ICD-10 diagnoses of alcohol use disorders to other conceptualizations of alcohol use disorders and associated disabilities
- o Studies of the validity, reliability, clinical utility, and relative costs of instrumentations in the diagnosis of alcohol use disorders
- o Identification of clinically valid subtypes of alcohol use disorders diagnosed by DSM-III-R and ICD-10 criteria (based on factors such as age of onset, personal and family history of psychiatric disorders, etc.) in clinical and general population samples
- o Comparison of clinical and general populations on DSM-III-R and ICD-10 criteria (and their associated cutoff points) for alcohol use disorders
- o Identification of alcohol use symptomatology in individuals who present for treatment but fail to meet DSM-III-R and ICD-10 criteria for alcohol use disorders

- o Identification of reliable and valid indicators of alcohol problems in individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders
- o Determination of familial patterns that may suggest different modes of inheritance for various subgroups of individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders. Given the extensive genetic and familial research conducted using the Research Diagnostic Criteria (RDC) and the Feighner Criteria, diagnostic comparisons are needed to link the newer DSM-III-R and ICD-10 criteria to these earlier predecessors
- o Determination of objective indicators of degree of impairment caused by alcohol use in social and occupational functioning
- o Determination of the relation of DSM-III-R and ICD-10 diagnoses of alcohol use disorder to other forms of psychopathology
- o Studies to develop reliable and valid criteria for determining remission in individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders
- o Development of reliable and valid criteria for determining degree of intoxication and level of physiological dependence in individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders
- o Development of operational criteria for identifying "impaired control," "craving," and "salience of drug use" in individuals meeting DSM-III-R and ICD-10 criteria for alcohol use disorders

NIAAA urges grant applicants to give added attention to the inclusion of women and minorities in study populations. If minorities and women are not included in a given study, a clear rationale for their exclusion should be provided. Investigators are reminded that merely including arbitrary numbers of women and/or minority group participants in a given study is insufficient to guarantee generalization of the results.

#### REVIEW PROCEDURES AND CRITERIA

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most centralized PHS grant programs. Applications received under this announcement will be assigned to an Initial Review Group (IRG) in accordance with established Public Health Service Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the application 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 appropriate advisory Council, whose review may be based on policy as well as scientific merit considerations. Only applications recommended for approval by Council may be considered for funding.

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 Service regulations at 45 CFR Part 100.

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

- o Overall scientific and technical merit of the proposal, including the significance and originality of the goals from a scientific standpoint, and the adequacy of methodology to carry out the proposed research
- o Adequacy of design for collection and analysis of data, including analysis plans and instrumentation
- o Adequacy of the qualifications (including level of education and training) and the research experience of the Principal Investigator
- o Quality of the applicant's past and present research performance as related to the proposed project
- o Availability of adequate facilities, general environment for the conduct of the proposed research, other resources, and appropriateness of collaborative arrangements



- o Appropriateness of budget estimates for the proposed research activities
- o Where applicable, adequacy of procedures to protect or minimize effects on human subjects, and to assure humane care and use of laboratory animals

#### ELIGIBILITY

Research grant applications may be submitted by public or private nonprofit or for-profit organizations such as universities, colleges, hospitals, laboratories, research institutes and organizations, units of State or local governments, and eligible agencies of the Federal Government. Women and minority investigators are encouraged to apply.

#### APPLICATION PROCEDURES

The standard research grant application form PHS 398 (revised 9/86) must be used to apply for these awards. When applying, type the name of this announcement "Studies on Nosology of Alcohol Use Disorders and Associated Disabilities" on page 1, item 2, of PHS 398. State and local government agencies should use form PHS 5161-1 (revised 3/86).

Application kits containing the necessary forms and instructions (PHS 398) may be obtained from institutional business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. Application forms may also be obtained from:

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

The signed original and six permanent, legible copies (original and two copies if using form PHS 5161-1) of the completed application and any appendices should be submitted to:

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

#### CONSULTATION AND FURTHER INFORMATION

Potential applicants are encouraged to seek preapplication consultation. Please contact:

Thomas C. Harford, Ph.D.  
Director, Division of Biometry and Epidemiology  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14C-26  
Rockville, Maryland 20857  
Telephone: (301) 443-3306

#### CROSS-NATIONAL INVESTIGATIONS OF THE EPIDEMIOLOGY OF ALZHEIMER'S DISEASE AND OTHER DEMENTIAS OF LATER LIFE

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

National Institute on Aging in cooperation with the World Health Organization Special Program for Research on Aging

#### BACKGROUND

The NIA has been granted specific authority to support "research concerning: (i) the epidemiology of and the identification of risk factors for Alzheimer's disease and related dementias; and (ii) the development and evaluation of reliable and valid multi-dimensional diagnostic assessment procedures and instruments" (P.L. 99-660, Sec. 941(b) (1) (A)). Additionally, the Public Health Service Act (Section 307) mandates that "for the purpose of advancing the status of health sciences (and thereby the health of the American people), the Secretary may participate with other countries in cooperative endeavors in biomedical research...." Other countries, cultures, ethnic or population groups, with different exposures and habits may offer clues to the etiology of the disease that are not available here. The need to search more aggressively and widely for potent modifiable risk factors requires movement beyond national boundaries.

The World Health Organization (WHO) Special Program for Research on Aging (SPRA) was established in May 1987, by the World Health Assembly, as an integral part of the Organization's worldwide program on Health of the Elderly located in the WHO Regional Office for Europe, Copenhagen, Denmark. In June 1987, an agreement was signed between the WHO and the National Institutes of Health to host SPRA at the National Institute on Aging. The Program initially identified four priority areas one of which is Age-associated Dementias.

The dementias of later life are the most common cause of cognitive disorder. Among the dementing diseases, Alzheimer's disease (AD) is the most prevalent in the U.S., accounting for at least 50 percent of all cases of dementias in older people. The older population of the world is growing at a rate of 2.4 percent per year which is a more rapid rate than the total population growth (U.S. Department of Commerce, July 1987). It is projected that by the year 2000 there will be 410 million people over 65 years of age with 59 percent of the total residing in developing countries. Unless there are dramatic differences in age-specific incidence rates worldwide, AD and related dementias will loom increasingly important.

The need for scientifically sound international and cross-national studies is clear. Differences in incidence rates among countries, in distinct subpopulations or by acquired characteristics may yield clues about risk factors which might then lead to new hypotheses about etiology. While it is fairly well agreed that a portion of the U.S. burden of AD is genetically linked, other robust risk factors, besides advancing age, are as yet unidentified.

#### RESEARCH GOALS AND SCOPE

The long range goal of this Program Announcement is the elucidation of new risk factors, combinations or sequences of risk factors. While the program is independent of WHO/SPRA, the research goals and scope were formulated to be in accord with the goals of the WHO SPRA efforts in dementing diseases. Both the NIA and the WHO SPRA are particularly interested in research which will lead to testable hypotheses regarding the etiology of Alzheimer's disease. Examples of specific research questions of interest include:

What are the age-specific incidence rates and prevalence rates in defined community-residing populations for Alzheimer's disease and other dementias of later life?

Do the age-specific incidence and prevalence rates vary by geographic, genetic, ethnic, socio-economic or other characteristics of countries or regions of countries? Do the incidence and prevalence rates vary by sex, educational level, dietary habits, injuries, exposures or other characteristics between countries or within countries in distinct subpopulations? Are there diseases or medical conditions which appear to either protect or to predispose to Alzheimer's disease?

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

What are the determinants of duration and life expectancy after onset?

What are the immediate, pathologically verified, causes of death of dementia victims? How do the distributions of causes of death vary cross-nationally, and cross-culturally and by type of dementia.

In order to meet the above listed goals, clear, operationally defined and reproducible diagnostic criteria are required for cases very early in the course as well as for those with more advanced disease. Screening instruments for cognitive disorders are required. The instruments should be able to be used by paraprofessionals and trained non-professionals in a variety of settings. These instruments must be culturally, socio-economically and educationally non-biased for use in cross-cultural and cross-national studies. The screening instruments must yield reliable findings, must be sensitive to intellectual decline resulting from dementing disorders and must be easy to use in large-scale field studies. It is highly desirable that investigators employ instruments and methods that are in use and accepted by U.S. investigators to allow comparisons. Applicants may also propose internal sub-studies to determine the characteristics and yield of their instruments as compared to other widely used instruments.

Reliable, valid and culturally fair risk factor assessment interview methods and instruments are needed for determining exposure to putative risk factors (for example, parental age, affected pedigree, thyroid disease, head trauma). The most parsimonious set of procedures for differential diagnoses, which can be applied cross-nationally, must be determined. The yield of the selected

differential diagnostic procedures against neuropathological assessments must be known.

As detailed in Archives of Neurology, 1985, 42: 1097-1103, "Pedigree studies investigating the familial-genetic aspects of AD should be established through central family registries that maintain records on well-characterized AD cases. Family registries would also provide the means to study more closely the natural history of AD and to explore the hypothesis that there may be different varieties ... Isolated communities or groups which have a high degree of consanguinity may be especially useful in studies of familial incidence of A.D."

#### MECHANISMS OF SUPPORT

Applicants should use the Research Project Grant (R01) mechanism. While this Ongoing Program Announcement is primarily directed to U.S. investigators, applications from foreign institutions will also be accepted. It is highly desirable for foreign applicants to explore and to establish collaborative scientific relationships with U.S. investigators, particularly with a director of one of the Alzheimer's Disease Research Centers or the Alzheimer's Disease Patient Registries. Such collaborations are encouraged, where possible, to build stronger links in the instruments, methods and hypotheses employed in epidemiological research. The NIA and the WHO SPRA will assist investigators in establishing collaborative relationships.

To further assist in the development of collaborative relationships, NIA and the WHO SPRA will schedule annual meetings of all the investigators whose applications are funded to do cross-national epidemiological studies. Each applicant should budget travel funds for a three-day meeting annually in Washington D.C. for three people from the project.

The NIH urges applicants for grants to give added attention to the consideration of minorities in research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

#### APPLICATION AND REVIEW PROCEDURES

The application must be submitted on the 9/86 revision of PHS Application Form 398. On item 2 (Response to a Specific Program Announcement) of the face (first) page of the application, applicants should enter: NIA Program Announcement - Cross-National Epidemiology of Alzheimer's Disease.

Applicants may obtain the appropriate application kits from their institutional research offices or by contacting:

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

Applications may be submitted for the February 1, June 1, or October 1 receipt dates, to:

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

Applications will be assigned to the appropriate DRG group for review for scientific and technical merit 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 given a secondary review by the appropriate advisory Council.

#### INQUIRIES

Prospective applicants are encouraged to consult with the project officer regarding the scientific goals, design and subject population of the proposed study. Questions and correspondence should be directed to:

Teresa Sluss Radebaugh, Sc.D.  
Chief, Epidemiology and Diagnosis  
Neuroscience and Neuropsychology of Aging Program  
National Institute on Aging  
National Institutes of Health  
Building 31, Room 5C35  
9000 Rockville Pike  
Bethesda, Maryland 20892 USA  
Telephone: (301) 496-9350

\*\*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, Maryland 20816