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For Grants and Contracts

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NOTICE

AVAILABILITY OF RETINAL DEGENERATION MUTANTS

P.T. 34; K.W. 0780000, 1002002, 0780020

National Eye Institute

The National Eye Institute (NEI) supports the breeding and the distribution of well-characterized retinal degeneration mutants to qualified investigators. Mutants (mice, rats, and dogs) and some limited services (e.g., tissue preparation) are provided. There will be no fee for animals, tissues, or services, but all shipping charges must be met by the investigator. The NEI program goal is to accelerate the pace of research on Retinitis Pigmentosa and other retinal degenerative disorders and to attract new investigators to the field. Some specifics and the name of the appropriate person to contact for complete information follow. NOTE: Guide format restrictions preclude the use of superscript symbols; genetic superscript symbols are printed on the same line as regular text, but are preceded by an asterisk (*).

MICE

Inbred lines of mice with inherited retinal degenerations or other visual system defects are available from two sources, The Division of Neuroscience, Children's Hospital (Boston) and Erasmus University (Rotterdam).

MICE (BOSTON COLONY) The following table lists the mutant strains that are already established and those that will become available shortly. Additional hypopigmentation mutants and alleles will be added if a demand for them is expressed.

Name	Symbol	Strain
Available mutant strains:		
Albino	c*2J	C57BL/6J-c*2J
Nervous	nr	BALB/cGr-nr
Pearl	pe	C57BL/6J-pe
Pearl (wild type-revert.)	pe*+2P	C57BL/6J-pe*+2P
Pink-eyed unstable	p*un	C57BL/6J-p*un
Purkinje cell degeneration	pcd	BALB/cBy-pcd
Retinal degeneration	rd	C3H/HeJ
Ruby-eye-2	ru-2*J	C57BL/6J-ru-2*J
Flecked (Cattanach's translocation)	T(X;7)1Ct	Dp/X c*2J/Df

Additional strains to be made available at a later date:

Cribiform degeneration	cri	DBA/2J-cri
Purkinje cell degeneration	pcd	C57BL/6J-pcd
Purkinje cell degeneration	pcd*2J	SM/J-pcd*2J
Purkinje cell degeneration		C57BL/6J-pcd*2J
Purkinje cell degeneration	pcd*Sid	C57BL/6J-pcd*Sid
Retinal degeneration	rd	C57BL/6J-rd le Gus-s*h
Vitiligo	vit	C57BL/6J-vit

For further information, contact:

Dr. Richard L. Sidman or Dr. Paul Neumann
Division of Neuroscience
Children's Hospital
300 Longwood Avenue
Boston, MA 02115
Telephone: (617) 735-6077 or -6076

MICE (ROTTERDAM COLONY)

Retinal degeneration, rd, and Retinal degeneration slow, rds, are available separately and as a double mutant on the pigmented C3H-rd*+ and albino BALB/c congenic lines.

For further information, contact:

Dr. Somyes C. Sanyal
Department of Anatomy I
Erasmus University
Postbox 1738
3000 DR Rotterdam, The Netherlands
Telephone: 01-4635182

RATS

Royal College of Surgeons (RCS) rats with inherited retinal dystrophy and several congenic strains of RCS animals are available as follows:

RCS	Pink-eyed dystrophic strain
RCS-rdy*+	Pink-eyed normal (control) strain
RCS-p*+	Black-eyed dystrophic strain
RCS-rdy*p*+	Black-eyed normal (control) strain
RCS-c	Albino dystrophic strain

Congenic F344-c/+ rats are also available. This strain provides genetically similar albino and hooded (black pigmented) littermate animals with normal retinas. These animals are optimal for the study of pigmentation differences in such research areas as light-induced retinal degeneration or ganglion cell axonal guidance mechanisms.

For further information, contact:

Dr. Matthew M. LaVail or Ms. Nancy Lawson
University of California, San Francisco
Department of Anatomy, Box 0452
San Francisco, CA 94143
Telephone: (415) 476-4234

DOGS

Animals and tissues are available on a competitive basis. A brief research protocol will be requested and reviewed for scientific merit by an independent advisory committee. Approved investigators may elect to have dogs shipped to their institution or to have ocular and/or nonocular tissues collected and shipped from the colony.

Miniature poodles either affected with, heterozygous for, or homozygous normal for progressive rod cone degeneration (prcd). The retinal degeneration in prcd-affected m. poodles is a late onset disorder, characterized by an abnormally low rod outer segment (ROS) renewal rate.

Irish setters either affected with, heterozygous for, or homozygous normal for rod cone dysplasia (rcd1). The retinal degeneration in rcd1-affected Irish setters is an early onset disorder, characterized by arrested development of ROS and abnormal retinal cyclic GMP metabolism.

Norwegian elkhounds either affected with or heterozygous for early retinal degeneration (erd). The colony is composed of crossbred elkhound-beagles, derived from the original purebred Norwegian elkhounds in which the disease erd was first recognized. The retinal degeneration in erd-affected dogs is an early onset disorder, characterized by abnormal development of rod inner and outer segments, and of rod and cone synaptic terminals. Retinal cyclic GMP metabolism is normal.

For further information, contact:

Dr. Jack A. McLaughlin
National Eye Institute
National Institutes of Health
Building 31, Room 6A51
Bethesda, MD 20892
Telephone: (301) 496-5983

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

DROSOPHILA MUTAGENESIS TESTING

RFP AVAILABLE: NIH-ES-87-02

P.T. 34; K.W. 1002028, 0755010

National Institute of Environmental Health Sciences

The National Toxicology Program, National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health, is soliciting qualified sources having the capability to perform Drosophila sex-linked recessive lethal and reciprocal translocation assays for detection of mutagenic chemicals. The successful contractor will be required to test approximately 40 chemicals, over a four-year period, for mutagenicity using the sex-linked recessive lethal test and the reciprocal translocation test in Drosophila melano-gaster. Offerors should possess demonstrated proficiency and experience in the use of Drosophila for detection of chemically-induced mutations. The estimated issuance date of RFP NIH-ES-87-02 is March 16, 1987, and responses will be due to be received by the Contract Specialist no later than May 15, 1987.

Requests should reference RFP NIH-ES-87-02 and should be forwarded to:

National Institute of Environmental Health Sciences
Contracts Management Office, OAM
Attn: Ms. Dorothy G. Williams
4310 South Miami Boulevard
P.O. Box 12874
Research Triangle Park, North Carolina 27709

CORONARY HEART DISEASE AND STROKE IN PEOPLE AGED 65 TO 84 YEARS -
ECHOCARDIOGRAPHY READING CENTER

RFP AVAILABLE: NIH-NHLBI-HC-87-07

P.T. 34; K.W. 0715040, 0706030

National Heart, Lung, and Blood Institute

The Epidemiology and Biometry Research Program, DECA, NHLBI, seeks an echocardiography reading center for a project in which four field centers will recruit, examine, and follow a total of 5000 men and women (1250 in each center) aged 65 to 84 years at the baseline examination in a prospective study of coronary heart diseases and stroke. The echocardiography reading center will develop a protocol for collection of echocardiography data at the four field centers and perform precise measures of cardiac structure and function from the echocardiogram data collected.

In addition to this RFP for the Echocardiography Reading Center, separate RFPs will be announced as they become available for: (1) the Lipid and Hemostasis Center and: (2) the Ultrasound Reading Center. RFPs for the Field Centers and Coordinating Center have already been announced.

RFP NHLBI-HC-87-07 for the Echocardiography Reading Center will be available on or about April 24, 1987, with proposals due June 29, 1987. One award is anticipated. Your written request should include three mailing labels, self-addressed, and must cite RFP No. NHLBI-HC-87-07.

Requests for copies of the RFP should be sent to:

Betty Nordan
Contracting Officer for Epidemiology and
Biometry Research Program,
ECA Contracts Section
National Heart, Lung, & Blood Institute
Federal Bldg., Room 3C16
Bethesda, MD 20892

TRAINING IN LABORATORY ANIMAL SCIENCE AND MEDICINE -
ANIMAL RESOURCES PROGRAM

P.T. 34; K.W. 0720005, 0201058, 0755020

Division of Research Resources

Application Receipt Date: May 10, 1987

The Division of Research Resources (DRR) has supported training programs in laboratory animal science and medicine since 1965. There are nine active institutional training programs.

RESEARCH GOALS AND SCOPE

Additional new and supplemental training applications are requested for programs that will provide postdoctoral training for veterinarians in laboratory animal science and medicine. Proposals should provide for up to three years of training and incorporate research training in areas relevant to laboratory animal science, such as laboratory animal diseases and development of animal models.

ELIGIBILITY AND REVIEW

Any domestic public or nonprofit institution, organization or association is eligible to apply. Applications will be received by the NIH Division of Research Grants on PHS Form 6025-1. Applications will be reviewed by the Animal Resources Review Committee for scientific merit, and the National Advisory Research Resources Council of the DRR for program considerations.

MECHANISM OF SUPPORT

Awards will be as competitive institutional training grants for project periods up to five years. All policies and requirements which govern National Research Service Awards apply to this program.

INQUIRIES

Applicants are encouraged to discuss their plans and obtain additional information from the Animal Resources Program.

Dr. William I. Gay or
Dr. John E. Holman
Animal Resources Program
Division of Research Resources
Building 31, Room 5B59
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-5175

EARLY DIAGNOSIS AND QUANTITATIVE ASSESSMENT OF PROSTATE
ADENOCARCINOMA BY ULTRASONOGRAPHY

RFA AVAILABLE: 87-CA-20

P.T. 34; K.W. 0715035, 0706030, 0745020

National Cancer Institute

Application Receipt Date: June 15, 1987

The Division of Cancer Prevention and Control of the National Cancer Institute (NCI) through the Organ Systems Program, invites research grant applications from organizations capable and interested in participating in a network of collaborating institutions charged with carrying out studies on the early diagnosis and quantitative assessment of prostate adenocarcinoma.

OBJECTIVES AND SCOPE

This Request for Applications (RFA) will be utilized to initiate studies which will be implemented through a collaboration among the successful applicant organizations. The NCI proposes to encourage up to five existing prostate research laboratories or clinics with ultrasonography capabilities to assemble the expertise and patients needed to study early diagnosis of prostate cancer. The main goal is to determine the capability of ultrasonography used alone or in combination with biological markers to diagnose early prostate cancer, to measure the volume of cancer tissue and determine its potential invasiveness, and to measure the impact of these procedures on survival by following patients over time.

BACKGROUND

Studies have indicated that when diagnosed early, and prior to capsular invasion, the cure rate for prostate cancer is potentially improved. In addition, it has been reported that tumor volume is associated with capacity to metastasize. At present, there is general consensus that among imaging modalities currently available, ultrasonography offers the greatest potential for early diagnosis and volume assessment of prostate carcinoma. The addition of known biological markers may enhance the capability of laboratories or clinics with existing ultrasonography capabilities are encouraged to take the leadership in response to this RFA. It is the intent of this RFA to initiate network studies among organizations for the purpose of evaluating ultrasonography in diagnosing early prostate cancer using uniform and standardized approaches and techniques. At the time of submission, a core of qualified investigators, technical expertise, patient populations, and facilities should exist in the applicant organization and any proposed affiliates.

APPLICATION SUBMISSION AND REVIEW

A potential applicant is encouraged, but is not required, to submit a letter of intent, and is encouraged to consult with NCI staff before submitting. Letters of intent are requested by April 17, 1987. The letter of intent will not enter into the review of an application submitted in response to this RFA.

Applications responsive to this RFA will be reviewed for scientific merit by an appropriate review group composed primarily of non-Federal experts and convened by the Division of Extramural Activities, National Cancer Institute. Reviewers will consider each application in terms of its projected research plans and proposed plans for implementing network activities. This RFA announcement solicitation is for a single competition and has one specific deadline, June 15, 1987, for receipt of applications.

MECHANISM OF SUPPORT

The support mechanism for this program will be the NIH investigator-initiated research grant (R01). Awards may be made to domestic non-profit and profit organizations. An applicant organization may apply for a period of support of up to three years. It is anticipated that up to five awards will be made at an annual total cost of approximately \$600,000. Although this program is provided for in the financial plans of the National Cancer Institute (NCI), the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. PHS grant policies governing regular research project grants apply to applications received in RFA, please contact:

Andrew Chiarodo, Ph.D.
Organ Systems Section
Cancer Centers Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 717
Bethesda, Maryland 20892-4200

ONGOING PROGRAM ANNOUNCEMENTS

CEREBROVASCULAR DISEASE AND STROKE IN BLACKS AND OTHER MINORITIES

P.T. 34, FF; K.W. 0715200, 0785055, 0411005, 0745020

National Institute of Neurological and Communicative Disorders and Stroke

The Stroke and Trauma Program (STP), National Institute of Neurological and Communicative Disorders and Stroke (NINCDS), invites applications for support of research that will increase our knowledge and understanding of cerebrovascular disease in Blacks and other minorities.

BACKGROUND

According to the Report of the Secretary's Task Force on Black and Minority Health (August 1985), there is a continuing disparity in the burden of death and illness experienced by Blacks and other minority Americans compared with the population as a whole. In the United States, stroke is the third leading cause of death and a prime cause of disability. At least a half million Americans each year suffer an acute stroke. The overall problem is even more imposing than annual incidence and

mortality figures would indicate, since many strokes are not fatal and recurrent strokes are common in nearly all forms of cerebrovascular disease. In the Black population, age-adjusted death rates for stroke are almost twice that of the white population. Dramatic differences between the extent of the various cerebrovascular risk factors are thought to exist among minority populations, when compared with each other, and when each is compared with the population as a whole. Whereas some risk factors, such as transient ischemic attacks, are well known, the existence of other factors and the interrelationship between various predisposing factors remain unclear. Not enough is known about differences in the incidence of the various kinds of stroke, although clinical evidence suggests that such differences may exist.

RESEARCH GOALS AND SCOPE

The STP is seeking investigator-initiated research grant applications for basic, applied, and clinical studies related, in the broadest sense, to the etiology, prevention, early (presymptomatic) diagnosis, and treatment of stroke, including rehabilitation, as these may relate to Blacks and other minorities.

Examples of important research approaches for consideration might include, but should not necessarily be limited to:

- o longitudinal epidemiology of the distribution and inter-relation between risk factors;
- o relation of outcome from stroke to the differences in diagnostic methodology, acute management, post-stroke care, and recurrent stroke in Blacks and other minorities;
- o evaluation of treatment factors, including treatment compliance, in this special population;
- o special problems of Blacks and other minorities that may have an impact on the identification, diagnosis, treatment, management, follow-up, or long-term outcome;
- o application and evaluation of emerging techniques for the analysis, diagnosis, and treatment of cerebrovascular disease; and
- o comparative studies of other identifiable populations at risk for stroke.

MECHANISM OF SUPPORT

The support mechanism for grants in this area will be the usual investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages.

APPLICATION AND REVIEW PROCEDURES

Applications must be prepared on form PHS 398 according to the instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "CEREBROVASCULAR DISEASE AND STROKE IN BLACKS AND OTHER MINORITIES."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants.

If the application is for a program project grant, please send the original and four copies to the Division of Research Grants. Send two copies to the address listed below. Any questions concerning this should be directed to:

Ms. Jean D. Benedict
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A13
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended: 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to Health Services Agency review of the intergovernmental review requirements of Executive Order 12372.

SMALL GRANT PROGRAM FOR PILOT PROJECTS

P.T. 34, FF; K.W. 1002046, 0785035, 0710030

National Eye Institute

The National Eye Institute (NEI) announces the revision of its guidelines for small-grant awards, beginning with applications submitted after the February 1, 1987 receipt date. The principal new features of the revised program guidelines include the following:

"Target populations" of investigators for the program now include ONLY the following categories of persons:

- 1 Clinicians with limited research experience
- 2 Investigators (clinicians or non-clinicians) coming into vision research for the first time from another area
- 3 Investigators at minority institutions
- 4 Investigators located in largely non-research environments
- 5 Recently trained basic scientists, who have received the Ph.D. or other non-clinical doctorate within the last 5 years

The first two categories of investigators will be in especially favorable positions for funding of approved applications.

The maximum amount of an award will be \$25,000 (direct costs) for a one-year period.

There will be two receipt dates for applications, which will be accepted for review ONLY for February 1 and October 1 deadlines each year.

TERMS OF THE AWARD

The award will provide a maximum of \$25,000 (direct costs) for technical assistance, supplies, small equipment, and travel required by the project. The NEI expects to make approximately 15 awards for each review cycle (i.e., 30 awards per year).

The award may not be used to supplement support for an ongoing project.

APPLICATION AND REVIEW PROCEDURES

Applications shall be submitted on form PHS 398, available at most institutional business offices or from the Division of Research Grants, NIH. Because the format for preparing this application is different from that used for regular research grants, additional information and instructions should be obtained from Dr. Henley at the address listed below. APPLICATIONS MUST ADHERE TO THIS FORMAT TO BE RESPONSIVE. Review will be scheduled as follows:

Receipt Date Annually	Institute Committee Review	Council Review	Earliest Date for Funding
October 1 February 1	November March	Jan.-Feb. May-June	February June

Approved applications will either be funded or withdrawn immediately after review by the National Advisory Eye Council.

REVIEW CRITERIA

Applications will be evaluated with respect to the following criteria: The significance and scientific merit of the proposed project; its characterization as an innovative and/or high-risk and/or pilot project which provides a basis for more extended research; the methodology, including choice of experimental material; the investigator's background and training for carrying out the project; adequacy of the available and requested facilities and the adequacy of justifications presented for budget requests.

CENTERS FOR NEUROSCIENCE AND SCHIZOPHRENIA (CNSs)

P.T. 04; K.W. 1002030, 0710030, 0785185, 0414004

National Institute of Mental Health

Application Receipt Dates: October 1, 1987 and February 1, 1988

The National Institute of Mental Health announces the availability of support for Centers for Neuroscience and Schizophrenia (CNSs) to pursue integrated research relevant to the schizophrenic disorders. It is expected that the Centers will encourage investigators to bring to the field of clinical schizophrenia research the full range of expertise and advanced technologies available in the basic sciences. The Institute expects to make awards for two or three Centers in Fiscal Year 1988, subject to the availability of funds. Applicants are expected to request 5 years of support. The first receipt dates for applications are October 1, 1987, and February 1, 1988; subsequently, applications will be accepted on regularly scheduled receipt deadlines. Letters of intent are requested 6 months prior to the application receipt date. Letters of intent and inquiries should be directed to:

David Shore, M.D.
Schizophrenia Research Branch
Division of Clinical Research
Room 10C-06
Telephone: (301) 443-4707 or

Stephen Koslow, Ph.D.
Neurosciences Research Branch
Division of Basic Sciences
Room 11-105
Telephone: (301) 443-1504

The address for both of the above is:

National Institute of Mental Health
Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857

DEMENTIA ASSOCIATED WITH CEREBROVASCULAR DISEASE: ELUCIDATION OF MECHANISMS

P.T. 34; K.W. 0705010, 0745055, 0755030, 1002004, 0765035, 0745020

National Institute of Neurological and Communicative Disorders and Stroke

BACKGROUND

The Stroke and Trauma Program of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) invites grant applications for the support of research on the causative mechanisms, prevention, and treatment of dementia associated with cerebrovascular disease. Although stroke is the third leading cause of death and disability in the United States, there is also a large number of victims of cerebrovascular disease or cerebral infarction who experience widespread loss of neurological function that may vary from minor memory loss to diffuse cerebral dysfunction but who do not show a typical stroke syndrome with the sudden onset of focal symptoms. The initial complaint may be dementia with a severity that depends upon the stage, extent, or anatomical site of cerebrovascular disease. The symptoms may include minor focal signs, but the primary manifestation is a widespread loss of function such as disorientation, loss of motivation, apathy, irritability, depression, loss of mental equilibrium, and decline of memory or social withdrawal, all of which presumably result from many small widespread infarctions that individually cause only a slight deterioration in overt neurological function.

The ultimate objective of research generated from this program announcement is to provide some form of treatment either to prevent the disease before it develops or to prevent progression once it has started. Effective treatment, however, must be based on accurate diagnosis and the elucidation of the physiological, molecular, and cellular causes of the disease.

RESEARCH GOALS AND SCOPE

Dementia associated with cerebrovascular disease may initially be clinically similar to dementia from other causes. Consequently, for purposes of studying the physiological, biochemical, and molecular causes of cerebrovascular dementia, as well as means of prevention, intervention, treatment, or possibly even reversal of dementia secondary to cerebrovascular disease, it is essential that physicians and scientists be able to distinguish between dementia associated with cerebrovascular disease and dementia of other etiologies. Thus, grant applications are invited on topics that may range from fundamental research (studies of basic, mechanistic causes) to the essential aspects of diagnosis and therapeutic modalities. In addition to unresolved issues and problems that need to be enunciated, defined, and explored, the following examples include but are not limited to specific research questions that may be addressed.

- o What scientifically sound and meaningful distinctions can be made between the dementia caused by multiple cerebral infarcts and dementias of other etiologies?
- o What are the vascular, anatomical, physiological, cellular, and molecular events that lead to the cerebrovascular disease that results in dementia and how may these events be measured?
- o Are there anatomical, physiological, cellular, and (or) molecular markers or events that can be used as predictors for developing and guiding diagnosis and treatment or that can serve as indicators for controlling the development or progression of dementia associated with cerebrovascular disease?
- o Are there different types of cerebrovascular disease that cause dementia? If so, how can they be distinguished physiologically, clinically, or pathologically? Is the outcome different?

MECHANISM OF SUPPORT

The support mechanisms for grants in this area will be the traditional investigator-initiated research project grant (R01) and the program project grant (P01). Under these mechanisms, the principal investigator and any participating investigators will plan, direct, and perform the research. Potential applicants for program project grants should contact the NINCDS representative listed below as early as possible in the planning stages for advice and guidance.

APPLICATION AND REVIEW PROCEDURES

Application must be prepared on form PHS 398 according to the applicable instructions included in the application kit. These kits are available from the business offices of most institutions eligible to receive Federal grants or from the Division of Research Grants, NIH. Applicants for program project grants should request, from the address below, a copy of the NINCDS GUIDELINES FOR THE PREPARATION OF A PROGRAM PROJECT GRANT APPLICATION.

Receipt dates for new research project grant (R01) applications and for program project grant (P01) applications are February 1, June 1, and October 1.

On page 1 of form PHS 398, check "yes" in item 2 and type: "DEMENTIA ASSOCIATED WITH CEREBROVASCULAR DISEASE: ELUCIDATION OF MECHANISMS."

Use the mailing label provided in the application kit to mail the signed original and six exact copies of it to the Division of Research Grants (DRG). If the application is for a program project grant, please send the original and 4 copies to DRG. The other 2 copies should be sent to:

Jean D. Benedict
Health Scientist Administrator
Stroke and Trauma Program, NINCDS
Federal Building, Room 8A-13
Bethesda, Maryland 20892
Telephone: (301) 496-4226

Research project grant (R01) applications will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Program project grant (P01) applications will be reviewed by an appropriate review group in the NINCDS. Secondary review will be by the National Advisory Neurological and Communicative Disorders and Stroke Council. Applications judged to be within the purview of other Institutes of the NIH will be assigned accordingly, and, for the program project grant application, reviewed according to that Institute's prevailing practice.

This program is described in the Catalogue of Federal Domestic Assistance, Number 13.853 and 13.854, Stroke, Nervous System Trauma. Grants will be awarded under the authority of the Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended: 42 USC 241) 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 to review by a Health Systems Agency.

ERRATUM

INCLUSION OF WOMEN IN STUDY POPULATIONS

P.T. 34, II; K.W. 0770000, 1014002

National Institutes of Health
Alcohol, Drug Abuse, and Mental Health Administration

The above-referenced Notice published in the NIH Guide for Grants and Contracts, Vol. 16, No. 3, dated January 23, 1987, has an error in the third sentence of the second paragraph. The sentence should read as follows:

"Gender differences should be noted and evaluated."