

NIH GUIDE

**For Grants
and
Contracts**

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The NIH Guide announces scientific
initiatives and provides policy and
administrative information to indi-
viduals and organizations who need to
be kept informed of opportunities,
requirements, and changes in extra-
mural programs administered by the
National Institutes of Health.

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NOTICES

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NOTICES

DEPARTMENT OF VETERANS AFFAIRS EMPLOYEES AS INVESTIGATORS ON GRANTS AND CONTRACTS

P.T. 34; K.W. 1014004, 1014006

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

BACKGROUND

This policy clarifies the conditions under which employees of the Department of Veterans Affairs (VA) may apply for grants, contracts, or cooperative agreements from the National Institutes of Health (NIH) and the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). The policy reaffirms the longstanding practice which permits VA investigators to conduct research through affiliated universities while avoiding conflicts of commitment among their total professional responsibilities. However, these guidelines do not modify the traditional NIH and ADAMHA practice of accepting applications from only those applicants which will be the primary performers of research.

As responsible stewards of funds, NIH and ADAMHA are concerned that investigators have the time available to carry out the proposed research. Therefore, this guidance clarifies how applicants/offerors may assure peer reviewers and staff that the time proposed for a particular project is available from among their total professional commitments, including that to the VA.

A. DEPARTMENT OF VETERANS AFFAIRS APPLICATIONS (VA EMPLOYEES)

1. INTRODUCTION:

VA employees may identify research effort on projects at a level up to 100 percent of their VA appointment. However, if an individual engages in other (nonresearch) activities, as part of his/her responsibilities to the VA, those responsibilities (for example, clinical practice) reduce the level of effort devoted to research. In such cases, the maximum level of effort that can be shown on research projects must be less than 100 percent.

When the VA Medical Center is the applicant institution, salary support for the principal investigator may not be requested. Under these circumstances, the principal investigator is a Federal employee of the VA. The Medical Center is responsible for assuring that the level of effort required for the research project will be allowed as part of the principal investigator's official duties. Indirect costs are not reimbursed, since the grantee is a Federal organization.

2. APPLICATION GUIDELINES (GRANTS AND COOPERATIVE AGREEMENTS):

The regular guidelines as described in the application kit for Form PHS 398 (Application for a Public Health Service Grant, rev. 10/88) prevail when the applicant institution is a VA Medical Center.

B. UNIVERSITY APPLICATIONS (JOINT UNIVERSITY/VA EMPLOYEES)

1. INTRODUCTION:

VA employees are permitted to apply for research support on projects submitted by a university when they have a joint appointment between the VA and the university (see the criteria in B.2. below). Staff responsibilities other than research (for example, teaching, administration, or clinical practice on behalf of either organization) must reduce the total effort available for research.

The university share of an investigator's salary may be requested in proportion to the effort devoted to the research project. The individual's salary for his/her position with the university determines the base for computing that salary request. The university is the applicant organization, consistent with the appointment of the individual and the Memorandum of Understanding between the VA and the university (see B.2. below). Indirect costs are reimbursed based on the university's rates and the site of the research.

Signature by the institutional official on the application/ proposal certifies that (1) the individual is applying as part of a joint appointment that is specified by a formal Memorandum of Understanding, and (2) there is no

possibility of dual compensation (university plus VA salary) for the same work, nor an actual or apparent conflict of interest regarding such work.

2. JOINT APPOINTMENTS:

A joint appointment is a total set of professional responsibilities mutually arranged by the university and an affiliated VA hospital. The combination of teaching, research, consulting, administration, and clinical activities at both the university and the VA comprises 100 percent of an individual's total professional responsibilities. These appointments are characterized by a formal Memorandum of Understanding, which, at a minimum, specifies: (1) the title of each appointment, (2) each functional responsibility (at both the university and the VA) of the proposed principal investigator, and (3) the percentage of effort available for research.

The VA commitment should be expressed as hours per week, such as 25 hours (based on a 40-hour work-week). This commitment does not necessarily limit the corresponding university appointment to 15 hours per week, but the individual's overall set of responsibilities must meet the test of reasonableness.

3. APPLICATION GUIDELINES (GRANTS AND COOPERATIVE AGREEMENTS):

For university applications under joint-appointment conditions, the following paragraphs relate to the completion of certain portions of Form PHS 398 (Application for a Public Health Service Grant) and Form PHS 2590 (Application for Continuation of a Public Health Service Grant).

The Biographical Sketch page of Form PHS 398 must specifically identify the total responsibilities of the joint appointment. Specify the title of each appointment, the types of responsibilities (teaching, research, clinical, consulting, and administration) and the proportion of each type of responsibility to the total set of responsibilities.

With respect to the Personnel section of the Budget page, these "special" instructions must be followed in completing Columns 1, 2, and 3 (page 4 of Form PHS 398 and page 2 of Form PHS 2590).

- o Column 1 should indicate the proportion of the principal investigator's university responsibilities to his/her total professional responsibilities based on the Memorandum of Understanding between the VA and the university. For example, if the individual's university activities equal 60 percent of total professional responsibilities, enter 0.6 in column 1.
- o Column 2 should reflect the percentage of the university responsibilities that is to be devoted to this project. For example, if 40 percent of the individual's university duties is to be devoted to this project, enter 0.4 in column 2.
- o Column 3 is the effort on the project. This is calculated by multiplying column 1 by column 2. Continuing the example, column 3 would indicate that 0.24 of the individual's total professional responsibilities is to be devoted to the project.
- o If effort to the project is also to be devoted from the VA set of responsibilities, a separate line item for columns 1, 2, and 3 should be completed. This may be necessary to identify the total effort (both VA and university) to be devoted to the project.

In requesting salary support, under Dollar Amount Requested, the request must relate only to the portion of the effort on behalf of the university. As stated in B.1. above, the individual's salary for his/her position with the university determines the base for computing the salary request.

4. PROPOSAL GUIDELINES (CONTRACTS):

Table 15-2 of Federal Acquisition Regulation 15.804-6(b)(2) permits prospective contractors to estimate costs in a manner that is consistent with their overall accounting for individual cost elements. In the circumstances described herein, it would be appropriate for contractors to adopt the same procedures for estimating joint appointee effort as are outlined above for grants and cooperative agreements. Accordingly, estimated effort of a joint appointee expected to work on a contract must likewise be based on the percentage of the employee's TOTAL professional responsibilities.

Similarly, the curriculum vitae of a joint appointee named in the direct labor section of the offeror's proposal should include an enumeration of the employee's total responsibilities under the joint appointment.

C. QUESTIONS

Questions concerning this policy should be directed to the Grants Management Officer or Contracting Officer of the awarding component to which the application/proposal is (may be) assigned.

OFFICE OF SCIENTIFIC INTEGRITY/OFFICE OF SCIENTIFIC INTEGRITY REVIEW

P.T. 04, 22, 34, 44; K.W. 1014004, 1014006

Public Health Service

The Public Health Service (PHS) has established two new offices to strengthen its capacity to deal more effectively with investigations of misconduct in science, and to develop and support programs aimed at promoting the responsible conduct of science. These two offices are the Office of Scientific Integrity Review (OSIR), located within the Office of the Assistant Secretary for Health, and the Office of Scientific Integrity (OSI), located in the Office of the Director, National Institutes of Health (NIH).

The OSIR is located in the Office of the Assistant Secretary for Health in order to ensure the independence of the review process from the investigative process taking place at the NIH on behalf of the funding agencies. The OSIR oversees scientific misconduct operations of all PHS research agencies, develops and reviews scientific misconduct policy proposals, reviews investigations into allegations of possible misconduct, convenes ad hoc panels of scientists to review cases when necessary, and recommends sanctions to the Assistant Secretary for Health, when appropriate.

The OSI is the lead office within the PHS responsible for monitoring and investigating situations that involve possible scientific misconduct (both intramural and extramural research).

The OSI thus will be the primary contact point for institutions and individuals for dealing with these matters. At this time, PHS policies and procedures for dealing with possible misconduct in science are being revised to delineate specifically the responsibilities of the OSIR and OSI. The revised policies and procedures, and a final rule, "Responsibilities of PHS Awardee and Applicant Institutions for Dealing With and Reporting Possible Misconduct in Science," will be published and disseminated as soon as they are available.

Effective immediately, inquiries about procedures and any allegations of possible misconduct should be brought to the attention of the OSI at the address below:

Brian W. Kimes, Ph.D., Acting Director
Office of Scientific Integrity
Office of the Director
National Institutes of Health
Building 31, Room B1C34
Bethesda, Maryland 20892
Telephone: (301) 496-2624

NIH/FDA WORKSHOP - PROTECTION OF HUMAN SUBJECTS

P.T. 42; K.W. 0783005, 1014004

National Institutes of Health

The Office for Protection from Research Risks, Office of Extramural Research, National Institutes of Health, is sponsoring a Workshop on ethical issues involved in behavioral and biomedical research. The two-day program will convene at 8:30 am on September 18 with a presentation on "The Role of NIH in Protection of Human Subjects."

The program is open to anyone with an interest in research as well as NIH and other Federal personnel involved in the development of research protocols, the review of research proposals and applications, the awarding of research funds, and the performance and evaluation of research. Advance registration is required.

DATES: September 18-19, 1989 - (8:30 am to 4:30 pm)

LOCATION:

The Auditorium
Uniformed Services University of the
Health Sciences
Building B, Room B2014
4301 Jones Bridge Road
Bethesda, Maryland 20814

TITLE OF WORKSHOP: Ethical Issues in Biomedical and Behavioral Research

REGISTRATION CONTACT:

Agnes Richardson, Secretary to Director
Division of Program Development and
Evaluation, OPRR
National Institutes of Health
Building 31, Room 5B62
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-8101

REGISTRATION FEE: None

AGENDA TOPICS INCLUDE:

Overview of Research Protections

Ethical Principles and Research Protections

- o Informed Consent
- o Risks/Benefits Assessment
- o Equitable Subject Selection

Ethics of Subject Selection and Research Design
in Controlled Clinical Trials

Ethical Issues In Behavioral Research

Ethical Issues in Biomedical Research

- o Research During Pregnancy and AIDS Research

AIDS in the International Setting

Research Review and Funding

- o Characteristics of Research Review
- o Funding Mechanisms and Their Impact on Research

Research Ethics

- o The Future

Institutional Review Boards (IRBS) in the 1990'S: The Federal Model Policy

PRESENTATIONS AND DISCUSSIONS WILL FOCUS ON TOPICS SUCH AS:

- o Ethics of involving human subjects in biomedical and behavioral research.
- o The importance of informed consent, risks/benefits assessment, and equitable selection of subjects in research involving humans.
- o The process of designing, approving, and funding research.
- o Research during pregnancy and AIDS research, here and abroad.
- o A look at the future of research ethics.

PARTIAL LIST OF SPEAKERS:

Lawrence S. Brown, Jr., M.D., M.P.H.
Susan Conner, J.D.
Dale H. Cowan, M.D., J.D.
Sue Kier Hoppe, Ph.D.
Edmund G. Howe, M.D., J.D.
Herbert C. Kelman, Ph.D.
Mariam Kelty, Ph.D.
Mrs. Carol Levine
Robert J. Levine, M.D.
Alan Meisel, J.D.
John C. Petricciani, M.D.
Ernest D. Prentice, Ph.D.
M. Louis van de Beek, M.D., M.B.A.

Murry L. Wax, Ph.D.
Marvin Zelen, Ph.D.

THE DIVISION OF RESEARCH GRANTS DEVELOPS NEW TELEPHONE INFORMATION LINE

P.T. 16; K.W. 1014006

Division of Research Grants

The Division of Research Grants (DRG), National Institutes of Health, (NIH) announces the development of "News from DRG," a telephone information line that provides biweekly messages from the NIH Division of Research Grants on items pertaining to the Division or to peer review at the NIH and the Alcohol Drug and Mental Health Administration in general. Included are extramural program or policy changes, statistics on extramural programs or peer review, special events, new or revised publications, personnel changes, and any other items of interest to the biomedical research community or general public. The messages will change every other Monday.

To use this system, just dial (301) 496-3115. You will hear a recorded message. At the end of the message, you will then have the opportunity to make any comments or suggestions for future items. We welcome your comments or suggestions, since this is the main way we can determine if this information line is meeting the needs of our constituents.

For additional information on this system, contact Dr. Samuel Joseloff, Chief of the DRG Office of Grants Inquiries, (301) 496-7441.

NCI WORKSHOP - MINORITY-BASED COMMUNITY CLINICAL ONCOLOGY PROGRAM
(MINORITY-BASED CCOP)

P.T. 42, FF; K.W. 0755015, 0785140, 0795003

National Cancer Institute

The National Cancer Institute, Division of Cancer Prevention and Control, is sponsoring a one-day informational workshop on the Minority-Based CCOP, a cancer control initiative to increase minority participation in cancer clinical trials research. The program will include presentations on the currently funded CCOP, clarification of issues pertaining to the Minority-Based CCOP Request for Applications (RFA) 89-CA-06 published in the NIH Guide for Grants and Contracts on June 2, 1989 (Vol. 18, No. 19), and information on grants management and review aspects of the RFA.

The workshop is open to anyone with an interest in clinical trials research, as well as to potential applicants to the Minority-Based CCOP RFA. Advanced registration of participants is recommended.

Date: August 25, 1989

Location:

Wilson Hall
Building 1
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892

Title of Workshop: Informational Workshop for Potential Applicants to the Minority-Based Community Clinical Oncology Program

Registration Contact:

Ms. Karen Grotzinger
Program Specialist
Community Oncology and Rehabilitation Branch
Division of Cancer Prevention and Control
Executive Plaza North, Room 300-H
Bethesda, Maryland 20892
Telephone: (301) 496-8541

Program Contact:

Dr. Carrie P. Hunter
Program Director, CCOP
Community Oncology and Rehabilitation Branch
Division of Cancer Prevention and Control
Executive Plaza North, Room 300-G
Bethesda, Maryland 20892
Telephone: (301) 496-8541

DATED ANNOUNCEMENTS (RFPs AND RFAs)

STATISTICAL CENTER FOR THE COMMUNITY PROGRAMS FOR CLINICAL RESEARCH ON AIDS

RFP AVAILABLE: RFP-NIH-NIAID-AIDSP-90-21

P.T. 04; K.W. 1010013, 1004008, 0755018, 0715008, 0755015

National Institute of Allergy and Infectious Diseases

The AIDS Program, National Institute of Allergy and Infectious Diseases (NIAID), intends to issue a request for proposals (RFP) for a Statistical Center for the Community Programs for Clinical Research on AIDS (CPCRA). The purpose of the new five-year Statistical Center contract is to provide extensive biostatistical expertise and data management coordination for the newly established Community Programs for Clinical Research on AIDS.

The CPCRA initiative was specifically designed to complement NIAID's existing AIDS clinical trials network by addressing important clinical research questions that can be answered using basic data collection techniques and standard clinical and laboratory parameters which are available in any health care setting. By providing technical resources and assistance to groups of physicians, nurses, and other primary care providers working in community settings, NIAID's goal is to significantly expand clinical research on therapies of potential use against HIV infection, and to do so within a framework where scientifically sound questions can be studied and useful information obtained as quickly as possible. An additional goal of the CPCRA initiative is to give these community providers and their HIV-infected patients greater opportunity for participation in clinical research, with particular emphasis on bringing opportunities to persons currently underrepresented in HIV-related research studies.

During the spring of 1989, proposals were received under a competitive RFP in order to establish a network of community-based programs to conduct clinical research on AIDS-related issues. Negotiations for the awards of these contracts are currently underway. By the end of FY 1989, it is expected that 10 to 12 Community Programs contracts will be awarded to either Stage I or Stage II organizations. The number of Community Programs is expected to continue to expand over the next three years, with expansion aimed at increasing patient accessibility to community clinical trials. By the end of FY 1992, it is possible that the number of funded community-based organizations will have increased to a total of 30 to 60 Community Programs located throughout the United States, with the possibility of over 3,000 patients enrolled in approximately 60 to 80 active protocols. Beginning in FY 1993, the number of Community Programs, active protocols, and enrolled patients is expected to remain relatively stable.

Stage I Community Program awards are designed for organizations that have little or no experience conducting clinical trials. The purpose of the Stage I award is to establish or enhance the organization's capability to perform community-based clinical research on HIV infection. The key personnel of Stage I organizations will need a significant amount of training in research techniques, and they will therefore be required to participate, as necessary, in a variety of workshops, seminars, and on-site training programs in order that all of the clinicians and administrators of NIAID Community Programs acquire the knowledge and expertise necessary to write scientifically sound protocols and conduct clinical research studies. The culmination of Stage I work is the successful conduct of one or two community clinical research projects within a two-year period. Those Community Programs which have demonstrated an existing capability to perform community-based clinical research studies (Stage II organizations) are expected to successfully conduct at least three, and possibly as many as seven, community clinical research projects over a five-year period. Stage II organizations will also participate in many CPCRA workshops, seminars, and on-site training programs.

A contract for the CPCRA Statistical Center will be awarded in FY 1990 to provide statistical scientific leadership for the Community Programs for Clinical Research on AIDS. Necessary functions relevant to this activity include: providing leadership with regard to experimental design, sample size, protocol feasibility, data analysis, and other statistical issues involving protocol development, implementation, and analysis; performing interim and final statistical analyses and being substantially involved in the writing of scientific papers; conducting methodological research on the efficient design, conduct, and analysis of community-based clinical research studies; performing cross-study analyses to identify new leads regarding prognostic factors and late treatment effects; designing and implementing a program to provide training to CPCRA participants with respect to statistical and data management issues, including protocol-specific training; serving on relevant CPCRA committees; providing for central registration of patients and for randomization where appropriate; identifying information to be included in protocol-specific research records, developing study forms, and defining the computerized database; providing for centralized data entry for all research studies as well as computer processing, storage, and retrieval of data at a central data management facility using a commercial (nonproprietary) database management system; designing and implementing quality assurance procedures to evaluate the validity and completeness of data collected; and preparing and distributing a variety of reports, operations manuals, and related material.

To perform the required work, the Contractor must be able to provide: experience serving as a statistical and data management center for multicenter clinical trials research efforts; Ph.D.-level statisticians with experience and expertise in statistical techniques required for the analysis of clinical trials; experience in active collaborations with clinicians in the design, conduct, and analysis of clinical trials; access to a large-capacity computer facility; and experience in the various activities described above.

This NIAID-sponsored project will take approximately five years to complete. A cost-reimbursement contract is anticipated. It is anticipated that one award will be made. This is an announcement for an anticipated RFP. RFP-NIH-NIAID-AIDSP-90-21 will be issued on or about August 11, 1989, with a closing date tentatively set for October 6, 1989.

Requests for the RFP should be directed in writing to:

Deborah Striegel
Contract Management Branch
Control Data Corp. Building
6003 Executive Boulevard, Room 214P
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7288

To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which will be considered.

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

IMPROVING INTRAUTERINE CONTRACEPTION: ANTIBIOTIC PROPHYLAXIS AT TIME OF INSERTION

RFP AVAILABLE: NICHD-CE-89-20

P.T. 34; K.W. 0750020, 0740005, 0755015, 0745027

National Institute of Child Health and Human Development

The Contraceptive Evaluation Branch of the Center for Population Research, National Institute of Child Health and Human Development, requires information on the safety and efficacy of prophylactic antibiotics against post-insertion genital tract infections following insertion of an intrauterine device (IUD). A clinical trial is requested, involving two treatment arms (placebo group: group treated with prophylactic antibiotics.)

Offerors should have expertise in the fields of gynecology (particularly infectious diseases), epidemiology, clinical trials, questionnaire administration, and laboratory management. Emphasis will be placed on the ability of the offeror to recruit adequate numbers of subjects and the efficiency of the proposal in utilizing existing health care and data collection facilities.

The Government estimates the effort to be approximately 12 technical staff-years. The Principal Investigator should be an established gynecologist with experience in inserting IUDs and should devote approximately 25 percent effort to this project. It is anticipated that one cost-reimbursement incrementally-funded type contract will be awarded for a period of forty-eight (48) months.

This announcement is not a request for proposals (RFP). RFP-NICHD-CE-89-20 will be issued on or about August 1, 1989. Proposals will be due 90 days thereafter. Copies of the RFP may be obtained by sending a written request to the address listed below. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Executive Plaza North, Room 610
9000 Rockville Pike
Bethesda, Maryland 20892

EIGHTH ANNOUNCEMENT - TRANSFUSION MEDICINE ACADEMIC AWARD

P.T. 34; K.W. 0750010, 0710030, 0745027, 0745070

National Heart, Lung, and Blood Institute

Application Receipt Date: November 20, 1989

The Transfusion Medicine Academic Award (TMAA) was initiated in January 1983, to: (1) stimulate the development of multidisciplinary curricula in transfusion medicine, and (2) permit the awardee to broaden his or her expertise in transfusion medicine so as to contribute more effectively to the teaching, research, and clinical needs of this discipline. "Transfusion medicine" is defined as a multidisciplinary area concerned with the proper use or removal of blood and its components in the treatment or prevention of disease states. Schools of medicine, osteopathy, or veterinary medicine (United States or its possessions and territories), singly or in concert, are eligible to apply for one 5-year TMAA (nonrenewable), providing they possess the requisite blood bank, patient care, and research facilities required for such an activity. In the case of veterinary medicine, the focus of the program must be on its applicability to human health and disease and requires a demonstrated collaborative program between schools of animal and human medicine. The TMAA may provide salary, fringe benefits, and supporting costs of up to \$85,000 annually to faculty members who are established investigators, and skilled organizers and negotiators. The number of awards will depend on the availability of funds.

FOLLOWING THIS EIGHTH ANNOUNCEMENT, THE NHLBI WILL SUPPORT A FINAL NINTH COMPETITION OF TRANSFUSION MEDICINE ACADEMIC AWARDS.

The Transfusion Medicine Academic Award encourages the development of teaching and research programs in transfusion medicine. At present, teaching, research, and clinical responsibilities in transfusion medicine usually are not coordinated into a definable program but are dispersed among basic and clinical science disciplines and among activities of the local transfusion services or blood center facility. It is important to note that a transfusion medicine curriculum may not require additional curriculum time; existing course time and teaching materials, as components of other disciplines, may be coordinated into an overall program and organized to focus on emerging and important areas of transfusion medicine. Some schools may find it desirable to assemble the appropriate components into a specific unit. Others may wish to retain the transfusion medicine discipline as part of another major department.

This award is also intended to:

- o attract to the field of transfusion medicine outstanding students and promising young clinicians and scientists who can serve in the teaching, research, and clinical aspects of transfusion medicine;
- o encourage the development of faculty capable of providing appropriate instruction in the field of transfusion medicine;
- o facilitate interchange of information, and evaluation and educational techniques among research, medical, and blood service communities; and

- o enable the grantee institution to develop a continuing transfusion medicine program, using local support, when this Award terminates.

Requests for the TMAA Program Guidelines should be directed to:

Fann Harding, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building, Room 5A08
Bethesda, Maryland 20892
Telephone: (301) 496-1817

The programs of the Division of Blood Diseases and Resources of the National Heart, Lung, and Blood Institute are identified in the Catalog of Federal Domestic Assistance, number 13.839. Awards will be made under the authority of the Public Health Service Act, Section 301 (42 USC 241) and administered under PHS grant policies and Federal regulations, most specifically 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 Health Systems Agency Review.

DATA-BASED INTERVENTION RESEARCH FOR PUBLIC HEALTH AGENCIES

RFA AVAILABLE: 89-CA-14

P.T. 34; K.W. 0715035, 0745027, 0795003, 0755018

National Cancer Institute

Application Receipt Date: November 15, 1989

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites applications for cooperative agreements in support of projects that will serve as models of data use in the planning and evaluation of statewide cancer prevention and control programs.

RESEARCH GOALS AND SCOPE

This RFA is designed to stimulate the development of cancer prevention and control intervention programs on the state and local level based on a thorough analysis and evaluation of a variety of data sources related to cancer control which exist in the state. The four-phased project includes: (1) identification, appraisal, and analysis of existing population-specific data sources related to cancer control; (2) the development or modification of a cancer control plan; (3) initiation of new or modification of existing cancer prevention and control programs as specified in the plan; and (4) a period for evaluation of process and outcome.

ELIGIBILITY

Applicants must be state or territorial health departments. Local health departments or agencies within the jurisdiction with primary responsibility for cancer control activities may apply through the state or territorial health department. Health departments currently funded under the NCI grants "Cancer Control Technical Development in Health Agencies", "Data-based Interventions for Cancer Control" or previous issues of "Data-based Intervention Research for Public Health Agencies" are not eligible to apply.

MECHANISM OF SUPPORT

This RFA will use the National Institutes of Health (NIH) cooperative agreement mechanism. Funding is limited to a maximum of seven years. Approximately 6 awards are anticipated depending on the quality of applications and the availability of funding.

INQUIRIES

Copies of the complete RFA and additional information may be obtained from:

Dr. Leslie Boss, Program Director
Executive Plaza North, 233D
National Cancer Institute
National Institutes of Health
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-8584

GERIATRIC RESEARCH AND TRAINING CENTERS (P30)

RFA AVAILABLE: AG-89-06

P.T. 04; K.W. 0710010, 0710030, 0720005

National Institute on Aging

Application Receipt Date: February 15, 1990

INTRODUCTION

The National Institute on Aging (NIA) invites applications for support of centers of excellence in research in geriatrics and gerontology and training of geriatricians for leadership in academic medicine. A Geriatric Research and Training Center (GRTC) includes core activities for support of research, training, and career development. First year budgets may not exceed \$800,000 direct costs.

SCOPE

To enhance the quality of research in geriatrics and gerontology, and provide a suitable environment for fellows and junior faculty to acquire research skills and experience, three general types of activities will be supported in GRTCs: research cores, leadership/administrative cores and research development cores.

Research cores provide funds for personnel, equipment, and other resources which will enhance the quality of currently supported research.

The leadership/administrative core provides funds for the GRTC Director, GRTC Administrator, and support staff. Costs associated with information transfer and outreach programs may also be requested here.

The research development core provides funds for pilot projects and career development research projects to be conducted by junior faculty members. Support for salary, equipment and other research expenses may be requested.

MECHANISM AND SCALE OF SUPPORT

Geriatric Research and Training Centers will be supported through the customary grant-in-aid mechanism. Plans are to make two or more awards in fiscal year 1990 and further awards in fiscal year 1991 depending upon availability of funds.

The Application

The applicant should submit the application using PHS 398 (revised 10/88). Application kits containing this form and the necessary general instructions are available in most institutional business offices or may be obtained from the Division of Research Grants, NIH. Please note that special GRTC Guidelines should be used to complete the application. (See below)

Timetable for Receipt and Review of Applications

The original and four copies of the application are due in the Division of Research Grants on or before February 15, 1990. Applications must be sent to:

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

At the same time the application is submitted to the Division of Research Grants, two copies of the application should be sent to:

Chief, Scientific Review Office
National Institute on Aging
Room 5C12, Building 31
9000 Rockville Pike
Bethesda, Maryland 20892

A copy of the complete RFA and the GRTC Guidelines may be obtained from:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
Geriatrics Branch
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-6761

PHARMACOLOGY IN GERIATRIC MEDICINE

RFA AVAILABLE: AG-89-05

P.T. 34; K.W. 0710010, 0710100, 1002034, 0765025, 0765035, 1007009

National Institute on Aging

Application Receipt Date: March 15, 1990

INTRODUCTION

The National Institute on Aging (NIA) invites applications for investigation in the field of geriatric pharmacology. The acquisition of new knowledge which will improve the selection of medication regimens for older persons is the goal of this solicitation. Up to two million dollars in first-year costs, and additional approved expenses for up to five years, will be committed to fund applications submitted in response to this Request for Applications (RFA). This funding level is dependent on the receipt of a sufficient number of applications of high scientific merit.

BACKGROUND

Persons over the age of 65 comprise 12 percent of the nation's population but consume over 30 percent of the prescription drugs dispensed. Geriatric patients commonly suffer from multiple disorders for which they often take several medications whose side effects and interactions may diminish therapeutic efficacy and cause clinical problems.

SCOPE

The NIA wishes to support a broad spectrum of research relevant to the use and effectiveness of medications in older people. This includes basic and clinical studies on pharmacokinetics, pharmacodynamics, receptor biochemistry and physiology, drug metabolism and excretion, toxicology, pharmacotherapy and pharmacoepidemiology, as well as studies of techniques to improve quality of prescribing and utilization review.

Approaches utilizing expertise in geriatrics, epidemiology, pharmacology, pharmacy, other clinical and basic sciences, and collaborations among these disciplines are encouraged. Issues of drug efficacy and adverse drug effects, including drug toxicity, drug/drug interactions, and drug/disease interactions as applied to the complex clinical challenges posed by geriatric patients with multiple organ system pathology require further understanding. Clinical epidemiologic studies, use of large medication databases, intervention studies, and basic studies of mechanisms of drug action are examples of potentially useful approaches. Applications related to the health of women and minorities are particularly encouraged.

MECHANISM AND SCALE OF SUPPORT

Support of this program will be through the National Institutes of Health (NIH) grant-in-aid, utilizing the R01 grant mechanism. Applicants will be responsible for the planning, direction, and execution of the proposed project.

Up to \$2 million dollars in the first year, and approved expenses for up to five years, will be committed to fund applications submitted in response to this RFA. This funding level is dependent on the receipt of a sufficient number of applications of high scientific merit. The total project period for applications submitted in response to this RFA should not exceed 5 years.

METHOD OF APPLYING

Applications should be submitted on the standard PHS 398 (Rev. 10/88) application form, available at most institutional business offices or from the

Division of Research Grants, NIH, 301-496-7870. On item 2 of the face page of the application, applicants should enter: RFA AG-89-05--Pharmacology in Geriatric Medicine. The completed application and five copies should be sent to:

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

At the same time the application is submitted to the Division of Research grants, one copy of the application should be sent to:

Geriatrics Branch
National Institute on Aging
Room 5C27, Building 31
9000 Rockville Pike
Bethesda, Maryland 20892

STAFF CONTACT

A copy of the complete RFA may be obtained from:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
National Institute on Aging
Room 5C27, Building 31
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-6761

MODELS FOR HYPERTENSION RESEARCH USING TRANSGENIC ANIMALS

RFA AVAILABLE: 89-HL-09-H

P.T. 34; K.W. 0755020, 0715115, 1002002

National Heart, Lung, and Blood Institute

Application Receipt Date: January 16, 1990

The Division of Heart and Vascular Diseases, National Heart, Lung, and Blood Institute (NHLBI), announces the availability of a Request for Applications (RFA) on the above subject. The purpose of this program is to support the development and use of transgenic animal models to study blood pressure homeostasis and the pathogenesis of hypertension. It is anticipated that up to eight awards will be made under this program.

Inquiries regarding this program and requests for the complete RFA document should be addressed to:

Stephen C. Mockrin, Ph.D.
Deputy Chief
Hypertension and Kidney Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute, NIH
Federal Building, Room 4C10
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1857

MOLECULAR AND CELLULAR EMBRYOLOGY OF HEART MUSCLE

RFA AVAILABLE: 89-HL-12-H

P.T. 34; K.W. 0705015, 1002017, 1002004, 1002008

National Heart, Lung, and Blood Institute

Application Receipt Date: January 16, 1990

The Division of Heart and Vascular Diseases of the National Heart, Lung and Blood Institute, NIH, announces the availability of a Request for Applications (RFA) on the above mentioned topic. Applicants may request up to five years of support for studies of the lineage, proliferation and differentiation of

cardiac myocytes in the developing embryo. Investigations may focus on the roles of growth factors, cell-cell communications, cell adhesion molecules, spacial and temporal factors in development of the myocardium, and on regulation and expression of developmental genes.

Financial plans for fiscal year 1990 include \$1,500,000 for the total costs of this program; awards will be contingent upon receipt of funds for this purpose.

Potential applicants are advised to call or write for the full RFA announcement.

Copies may be obtained from:

Constance Weinstein, PhD
Chief, Cardiac Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung and Blood Institute
Federal Building, Room 3C06
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1081

BASIC DEVELOPMENTAL BIOLOGY OF THE VESSEL WALL

RFA AVAILABLE: 89-HL-10-H

P.T. 34; K.W. 0705015, 0775000, 1002004

National Heart, Lung, and Blood Institute

Application Receipt Date: December 13, 1989

The Division of Heart and Vascular Diseases, National Heart, Lung and Blood Institute, invites grant applications to be considered in a single competition for support of studies on the biology of the vessel wall.

The purpose of this program is to support research studies on formation of the vessel wall during embryogenesis. This Request for Applications (RFA) will support basic research addressing the genetic factors controlling phenotypic diversity of the cells of the vascular wall, and will encourage investigation of factors initiating and controlling cell proliferation and differentiation as well as the effect of aberrations in these processes that may induce atherosclerosis and other vascular diseases. It is anticipated that up to eight grants will be awarded under this program.

Inquiries regarding this program and requests for the complete RFA should be addressed to:

Momtaz Wassef, PhD
Deputy Chief
Lipid Metabolism/Atherogenesis Branch
Division of Heart and Vascular Diseases
National Heart, Lung and Blood Institute
Federal Building, Room 4A12
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1978