

NIH GUIDE

**For Grants
and
Contracts**

**NOTICE OF MAILING
CHANGE**

Check here if you wish to
discontinue receiving this
publication

Check here if your address has
changed and you wish to con-
tinue receiving this publication.
Make corrections below and
mail this page to:

NIH Guide
Printing & Reproduction Branch
National Institutes of Health
Room B4BN08, Building 31
Bethesda, Maryland 20892

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

OFFICIAL BUSINESS
Penalty for Private Use, \$300

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

Vol. 19, No. 1
January 5, 1990

First Class Mail
Postages & Fees Paid
PHS/NIH/OD
Permit No. G-291

NOTICES

SUPPLEMENTS FOR UNDERREPRESENTED MINORITIES IN BIOMEDICAL AND
BEHAVIORAL RESEARCH SUPPORTED BY ADAMHA 1
Alcohol, Drug Abuse, and Mental Health Administration
Index: ALCOHOL, DRUG ABUSE, MENTAL HEALTH

REVISIONS IN THE SALARY SCHEDULE FOR ADAMHA RESEARCH CAREER AWARDS 3
Alcohol, Drug Abuse, and Mental Health Administration
Index: ALCOHOL, DRUG ABUSE, MENTAL HEALTH

DATED ANNOUNCEMENTS (RFPs AND RFAs)

EVALUATION OF CHEMOPREVENTIVE AGENTS BY IN VIVO SCREENING ASSAYS
(RFP/MA) 4
National Cancer Institute
Index: CANCER

ORGANIC CHEMICAL AND BIOCHEMICAL SYNTHESIS AND PHARMACOLOGICAL
FORMULATION OF CHEMOPREVENTIVE AGENTS (RFP/MA) 4
National Cancer Institute
Index: CANCER

EFFICACY STUDIES OF CHEMOPREVENTIVE AGENTS IN ANIMAL MODELS (RFP/MA) 5
National Cancer Institute
Index: CANCER

ASSIST CANCER PREVENTION (AMERICAN STOP SMOKING INTERVENTION STUDY
FOR CANCER PREVENTION) (RFP) 6
National Cancer Institute
Index: CANCER

CHILD HEALTH RESEARCH CENTERS (RFA 90-HD-03) 6
National Institute of Child Health and Human Development
Index: CHILD HEALTH, HUMAN DEVELOPMENT

SYNTHESIS OF COMPOUNDS FOR BORON NEUTRON CAPTURE THERAPY (RFA 90-CA-06) 8
National Cancer Institute
Index: CANCER

PRESCRIBE FOR HEALTH (RFA 90-CA-04) 9
National Cancer Institute
Index: CANCER

PLANNING AND DEVELOPMENT FOR PROTON THERAPY RESEARCH AND TREATMENT
FACILITIES (RFA 90-CA-07) 10
National Cancer Institute
Index: CANCER

NATIONAL COOPERATIVE INNER-CITY ASTHMA STUDY (RFA 90-AI-02) 11
National Institute of Allergy and Infectious Diseases
Index: ALLERGY, INFECTIOUS DISEASES

NOTICES

SUPPLEMENTS FOR UNDERREPRESENTED MINORITIES IN BIOMEDICAL AND BEHAVIORAL RESEARCH SUPPORTED BY ADAMHA

P.T. 34, FF; K.W. 0710030, 0404000, 1014006

Alcohol, Drug Abuse and Mental Health Administration

BACKGROUND

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) currently provides opportunities for minorities through regular research grant programs of its component Institutes, National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute of Mental Health (NIMH), and through other special initiatives. The ADAMHA recognizes the need to increase the number of underrepresented minority scientists* participating in biomedical and behavioral research.

ADAMHA hereby notifies all Principal Investigators holding NIDA, NIAAA or NIMH research grants of the availability of funds for administrative supplements designed to provide a continuum of support for underrepresented minority scientists and students.† These supplements may support research experience for minority undergraduate students, graduate research assistants, and minority investigators. The aim of these programs is to attract and encourage these minority individuals to pursue biomedical and behavioral research careers in areas within the missions of all the awarding components of ADAMHA by providing supplemental funds to ongoing research grants.

The ADAMHA anticipates that by providing these scientific opportunities at specific points in the research career development of minorities, it will substantially increase numbers of minorities in biomedical and behavioral research holding ADAMHA grants.

* For the purpose of these announcements, underrepresented minority investigators, hereinafter referred to simply as minorities, are defined as individuals belonging to a particular ethnic or racial group which has been determined by the grantee institution to be underrepresented in biomedical or behavioral research. Awards will be limited to citizens or noncitizen nationals of the United States. In awarding supplements, ADAMHA will give priority to projects involving Black, Hispanic, Native Americans, Pacific Islanders or other ethnic or racial group members who have been found to be underrepresented in biomedical or behavioral research nationally.

† This program supersedes the Minority Research Program (Administrative Supplements) of NIAAA and NIDA.

GENERAL PROVISIONS

In all cases, the proposed supplements must be to support research experience which will be an integral part of the approved ongoing research of the parent grant. As part of this research experience, the minority individual must be given the opportunity to interact with individuals on the parent grant, to contribute intellectually to the research and to enhance his/her research skills and knowledge regarding the particular area of biomedical or behavioral science. Furthermore, the Principal Investigator must demonstrate a willingness and understanding that the purpose of the award is to enhance the research capability of the minority student or faculty member, and that the research experience is intended to provide opportunities for minority individuals to develop as independent, competitive research investigators. Awards will be made consistent with the goals of strengthening the existing research program and the overall programmatic balance of the funding agency.

Specific information concerning eligibility, provisions, application procedures, and review and award criteria for the individual programs is set forth in "Guidelines for Supplements for Underrepresented Minorities in Biomedical and Behavioral Research Supported by ADAMHA." Copies of these guidelines can be obtained from staff persons whose names appear at the end of this announcement.

ELIGIBILITY

Any Principal Investigator at a domestic institution holding an active R01, R18, R37, P01, P50, U01, or U10, which has a minimum of two years of research support remaining at the time of a requested supplemental award, is eligible to submit a request for an administrative supplement to the awarding component of the parent grant. The purpose of the request will be to support a minority

undergraduate student, graduate research assistant or faculty member to participate in ongoing research projects.

APPLICATION PROCEDURES

A request for a supplement may be submitted at any time. In making requests, the grantee institution, on behalf of the Principal Investigator of the parent grant and in cooperation with the minority individual, should submit the request for supplemental funds directly to the project officer for the parent grant.

REVIEW AND AWARD CRITERIA

The staff of the particular awarding component will review requests for supplements using the following general criteria: (1) the qualifications of the minority individual including career goals, prior research training and experience; (2) plans for the proposed research experience in the supplemental request and its relationship to the parent grant; (3) assurance from the Principal Investigator that the experience will enhance the research potential, knowledge and/or skills of the minority individual; and (4) assurance from the Principal Investigator that the activities of the minority individual are an integral part of the project.

FUNDING

The decision to fund a supplement will take approximately four to six weeks from the time the request is submitted. Within the first budget period, funds will be provided as an administrative supplement to the parent grant. In subsequent years, continued funding for the supplement always is contingent on funding of the parent grant and cannot extend beyond the current non-competitive segment of the parent grant.

1. RESEARCH SUPPLEMENTS FOR MINORITY UNDERGRADUATE STUDENTS

This research grant supplement provides an opportunity for any minority undergraduate student interested in biomedical or behavioral research to conduct research at a research institution during the summer or other period, apart from an academic program. The student may be affiliated with either the applicant institution or any other academic institution.

2. RESEARCH SUPPLEMENTS FOR MINORITY GRADUATE RESEARCH ASSISTANTS

Any minority graduate student affiliated with the applicant institution who is actively pursuing a doctoral degree in one of the biomedical or behavioral sciences is eligible for consideration.

The objective of this program is to reach out to potential minority researchers in biomedical and behavioral sciences and give them an opportunity for further development of research capability leading to independence as a researcher.

3. RESEARCH SUPPLEMENTS FOR MINORITY INVESTIGATORS

These supplements provide either short or long-term research support for minority faculty members to enhance their research skills leading to an independent research career. The minority investigator may be affiliated with either the applicant institution or any other institution. The investigator must have a doctoral degree, be beyond the level of a research trainee and be a member of the faculty with at least one year of postdoctoral experience.

The recipient must make at least a two-year commitment to the research project. The minority investigator may participate in the conduct of research for several intensive periods (e.g., 3-5 months during each year) or at a minimum of 30 percent effort throughout the year. The maximum period of support is 4 years.

INQUIRIES

Principal Investigators interested in participating in these programs are encouraged to contact the awarding component project officer for the parent grant. For general information about the ADAMHA programs and initiatives for underrepresented minorities in biomedical and behavioral research, please contact the following staff person in the appropriate awarding component:

Delores L. Parron, Ph.D.
Associate Director for Special Populations
NIMH
5600 Fishers Lane, Room 17C-16
Rockville, Maryland 20857
Telephone: (301) 443-2847
FAX: (301) 443-6893

Ernestine Vanderveen, Ph.D.
Associate Director, Division of Basic Research
NIAAA
5600 Fishers Lane, Room 14C-20
Rockville, Maryland 20857
Telephone: (301) 443-1273

Catherine Bell-Bolek
Associate Director for Special Populations Research
NIDA
5600 Fishers Lane, Room 10-105
Rockville, MD 20857
Telephone: (301) 443-0441

REVISIONS IN THE SALARY SCHEDULE FOR ADAMHA RESEARCH CAREER AWARDS

P.T. 34; K.W. 1014006

Alcohol, Drug Abuse, and Mental Health Administration
National Institute on Alcohol Abuse and Alcoholism
National Institute on Drug Abuse
National Institute of Mental Health

This is to provide notice of a change in the basis for calculating the Alcohol, Drug Abuse, and Mental Health Administration's (ADAMHA's) salary contribution on research career awards, beginning with awards made from Fiscal Year 1990 funds. This notice supersedes a notice which appeared in the NIH Guide for Grants and Contracts (Vol. 18, No. 28) on August 18, 1989, and pertains to the following funding mechanisms:

Research Scientist Development Award, Level I*	K01
Research Scientist Development Award, Level II	K02
Research Scientist Award	K05
NIMH Academic Awards	K07
NIMH Clinical Investigator Award*	K08
NIMH Physician Scientist Award*	K11
Scientist Development Award for Clinicians	K20
Scientist Development Award	K21

Based on the revised policy, ADAMHA's contribution to the salary will be calculated using the following table:

Base Institutional Salary	ADAMHA Contribution
Up to \$45,000	100 Percent of the Base Institutional Salary
\$45,001-\$60,000	\$45,000
\$60,001 and Above	75 percent of the Base Institutional Salary up to a Maximum of \$75,000

This policy is based on the assumption that awardees will make an essentially "full-time" (at least 80 percent) commitment to research and research related activities. Therefore, no percentage time factor will be used to determine the ADAMHA contribution to the candidate's salary.

* Note: No new K01, K08, or K11 awards have been made since Fiscal Year 1989.

DATED ANNOUNCEMENTS (RFPs AND RFAs)

EVALUATION OF CHEMOPREVENTIVE AGENTS BY IN VIVO SCREENING ASSAYS

RFP/MASTER AGREEMENT ANNOUNCEMENT AVAILABLE: NCI-CN-05248-20

P.T. 34; K.W. 0740018, 0755010, 0715035

National Cancer Institute

Master Agreements will be awarded for contractors capable of conducting in vivo screening studies in laboratory animals (primarily rats and mice) using gavage and other routes of administration of designated chemopreventive agents in animal models. Contractors may utilize any carcinogenic mechanism that is consistent with the Evaluation Criteria, such as the administration of carcinogens, promoters, hormones, irradiation, cells, or other carcinogenic agents. This research will be performed under cost-reimbursement and/or fixed-price Master Agreement Orders (MAOs). Offerors will not be considered eligible for award unless they can conduct specific individual MAOs in accordance with the Food and Drug Administration Good Laboratory Practice Regulations in facilities that are operated in compliance with the NIH Guide for the Care and Use of Laboratory Animals, the Animal Welfare Act as administered by the US Department of Agriculture, and the U.S. Government Principles for Utilization and Care of Vertebrate Animals Used for Testing Research and Training. The purpose of this acquisition is to qualify additional contractors to an existing pool of Master Agreement Holders. There are currently eight (8) qualified contractors in the pool. The period of performance of the Master Agreement pool runs through December 30, 1991, which also would be the expiration date for new Master Agreement Holders. It is estimated that up to four (4) Task Orders per year will be issued pursuant to the Master Agreement contracts.

Date of issuance of the RFP/Master Agreement Announcement will be approximately January 8, 1990, and responses will be due by February 16, 1990.

Copies of RFP No. NCI-CN-05248-20 may be obtained by sending a written request to:

Mr. Charles E. Lerner, Contract Specialist
National Institutes of Health
National Cancer Institute
Research Contracts Branch, PCCS
Executive Plaza South, Room 635
Bethesda, Maryland 20892

ORGANIC CHEMICAL AND BIOCHEMICAL SYNTHESIS AND PHARMACOLOGICAL FORMULATION OF CHEMOPREVENTIVE AGENTS

RFP/MASTER AGREEMENT ANNOUNCEMENT AVAILABLE: NCI-CN-05250-20

P.T. 34; K.W. 0740018, 1003006, 1003012, 0710100

National Cancer Institute

Master Agreements will be awarded for contractors capable of operating a laboratory for synthesis and/or formulation of chemopreventive agents according to the four (4) task areas described as follows: Task I--Synthesis of bulk quantities of chemopreventive agents under GMP conditions for clinical evaluation. Task II--Synthesis and formulation of chemopreventive agents for in vitro and in vivo screening, efficacy, and safety evaluations. Task III--Production of experimental and bulk GMP formulations and drug delivery systems for chemopreventive agents. Task IV--Preparation of radiolabeled chemopreventive agents for preclinical and clinical studies. Offerors must submit a separate proposal for each task area but can submit proposals for any or all of the above task areas. All Master Agreement Holders in each pool will be eligible to compete for Master Agreement Orders issued during the period of performance. The purpose of this acquisition is to qualify additional contractors to an existing pool of Master Agreement Holders. Currently there is only one qualified contractor in the pool. The period of performance of the Master Agreement pool runs through January 1995, which also would be the expiration date for new Master Agreement Holders. It is estimated that up to four (4) Task Orders per year will be awarded in each task area, per year.

Date of issuance of the RFP/Master Agreement Announcement will be approximately January 12, 1990, and responses will be due by February 16, 1990.

Copies of RFP No. NCI-CN-05250-20 may be obtained by sending a written request to:

Mr. Charles E. Lerner, Contract Specialist
National Institutes of Health
National Cancer Institute
Research Contracts Branch, NCI
Executive Plaza South, Room 635
Bethesda, Maryland 20892
Telephone: (301) 496-8603

EFFICACY STUDIES OF CHEMOPREVENTIVE AGENTS IN ANIMAL MODELS

RFP/MASTER AGREEMENT ANNOUNCEMENT AVAILABLE: NCI-CN-05249-20

P.T. 34; K.W. 0740018, 0755020, 0715035

National Cancer Institute

Master Agreements will be awarded for contractors capable of evaluating the efficacy of various designated chemopreventive agents at several dose levels in animal models and of refining and improving animal test models for chemopreventive studies. The emphasis of the activity will be to take initial leads on designated agents and expand the data base as to the spectrum of carcinogens, spectrum of target sites and range of species. These agents

have previously been evaluated for chemopreventive activity in various in vitro tests and in a limited number of in vivo studies. However, before a decision can be made as to their suitability for Phase I clinical trials, their efficacy and bioavailability must be evaluated in various animal models. Agents to be tested are potentially hazardous. The animal model systems also involve the use of carcinogens. Laboratory practices shall be employed which will maintain any element of risk to personnel at an absolute minimum. Where indicated, tissue and compound handling must be performed in (at least) Class I laminar flow cabinets which must meet NIH specs for work with carcinogen agents. It shall be required that the animal facilities be maintained in accordance with the NIH Guide for the Care and Use of Laboratory Animals, the Animal Welfare Act as administered by the US Department of Agriculture, and the U.S. Government Principles for Utilization and Care of Vertebrate Animals Used for Testing Research and Training. This research will be performed under cost-reimbursement and/or fixed price Master Agreement Orders (MAOs). Offerors will not be considered eligible for award unless they can conduct specific individual MAOs in accordance with the Food and Drug Administration Good Laboratory Practice Regulations. The contractor must have all the equipment necessary to accomplish the studies including, but not limited to, animal racks and caging, hazardous chemical storage cabinets and refrigerators, pathology equipment such as microscopes and microtomes and miscellaneous laboratory equipment. The laboratory shall have or have access to appropriate terminal and computer facilities and equipment for data collection and storage. The purpose of this acquisition is to qualify additional contractors to an existing pool of Master Agreement Holders. Currently eight (8) qualified contractors are in the pool. The period of performance of the Master Agreement pool runs through August 19, 1993, which also would be the expiration date for new Master Agreement Holders. It is estimated that up to four (4) Task Orders per year will be issued pursuant to the Master Agreement Contracts.

Date of issuance of the RFP/Master Agreement Announcement will be approximately January 8, 1990, and responses will be due by February 16, 1990.

Copies of RFP no. NCI-CN-05249-20 may be obtained by sending a written request to:

Mr. Charles E. Lerner, Contract Specialist
Research Contracts Branch, PCCS
Executive Plaza South, Room 635
Bethesda, Maryland 20892
Telephone: (301) 496-8603

ASSIST CANCER PREVENTION (AMERICAN STOP SMOKING INTERVENTION STUDY FOR CANCER PREVENTION)

RFP AVAILABLE: NCI-CN-95165-38

P.T. 34; K.W. 0404019, 0745027

National Cancer Institute

The goal of this acquisition is to apply a specific set of proven state-of-the-art smoking prevention and control interventions developed in randomized research trials throughout approximately twenty demonstration sites. These sites will form the framework through which to implement and institutionalize these intervention strategies in order to reduce smoking prevalence. This framework will comprise a coalition of community and state-level organizations and agencies which have the capacity and/or the mandate to reach smokers and youth at risk of becoming smokers. The proposed RFP will restrict competition to health departments in States or large metropolitan areas which have the capability to meet the government requirements in cooperation with a voluntary health agency. The statutory authorities used to justify the limited field of competition are 41 U.S.C. 253(c) (3) and FAR 6.302-3. FAR 6.302.3(a) (2) states: "Full and open competition need not be provided for when it is necessary to award the contract to a particular source or sources in order... (ii) to establish or maintain an essential engineering, research or development capability to be provided by an educational or other non-profit institution...". The FAR goes on to cite appropriate use of this exception when it is necessary to "Establish or maintain an essential capability for... developmental work calling for the practical application of investigative findings and theories of a scientific or technical nature." Twenty awards are anticipated for 6.5-year incrementally funded cost-reimbursement completion contracts.

RFP No. NCI-CN-95165-38 is now available and proposals will be due approximately September 25, 1990.

Copies of the RFP may be obtained by sending a written request to:

Ms. Barbara Mercer, Contracting Officer
National Institutes of Health
National Cancer Institute
Research Contracts Branch, PCCS
Executive Plaza South, Room 635
Bethesda, Maryland 20892
Telephone: (301) 496-8603

CHILD HEALTH RESEARCH CENTERS

RFA AVAILABLE: 90-HD-03

P.T. 04; K.W. 0770005, 0785170, 0710030

National Institute of Child Health and Human Development

Application Receipt Date: April 23, 1990

The National Institute of Child Health and Human Development (NICHD) invites Center Core Grant applications for a new program of Child Health Research Centers (CHRC). These Centers are intended to provide resources to speed the transfer of knowledge gained through studies in basic science to clinical applications which will benefit the health of children. This is to be accomplished by increasing the number and effectiveness of pediatric investigators who have a research grounding in basic science, and to stimulate and facilitate the application of their skills to research on pressing pediatric problems.

Background

The past few years have seen unprecedented advances in the power and speed of basic science methods applicable to investigations of inherited and acquired disease. There is a need for researchers who are skilled with these methods and interested in applying them to clinical problems in pediatrics. The NICHD intends to help meet this need by establishing Centers in which nascent pediatric investigators can develop the appropriate technological expertise.

Objectives and Scope

Under the aegis of a CHRC grant an institution identifies for development a scientific area or theme that is relevant to the pediatric research mission of the NICHD. Established investigators whose research is already funded by NIH or other competitively reviewed grants or contracts combine to establish in their institution a center of excellence in the chosen subject area. Individuals with a wide range of scientific backgrounds, especially those with basic science orientation, are thus encouraged to interact with each other and with newly trained pediatricians just embarking on their research careers. A shared core laboratory, which provides services to complement and extend the capabilities of the established investigators to facilitate the career development of new investigators, is also a part of the Center. The established investigators make available their expertise and laboratory facilities, which together with the shared core laboratory comprise the laboratory resources of the Center, to be utilized by junior investigators for new research projects which will enhance their basic science knowledge and skills. Support for conducting these projects is provided by the Center.

The CHRC grant may provide funds for three purposes:

1. Administration of the Center.
2. Improvements in the child health-related research program of an institution in an area of scientific excellence through the establishment and maintenance of a shared core laboratory.
3. Support for new projects, conducted by junior investigators, designed to enhance their research skills and produce preliminary data which could lead to successful competitive grant applications to the NIH or other agencies.

The novel feature of these grants is the flexibility in the use of the funds awarded for research support and career development, so that decisions about which new projects and which junior investigators are to be supported are made by the grantee institution. Competing continuation of a CHRC grant is contingent on demonstration of good judgment in these decisions, as indicated by scientific progress, success in the initiation of new competitively-supported research grants and contracts, and the development of new pediatric investigators.

Investigators are encouraged to include minorities and women in their study populations if human subjects are to be involved in the research.

Mechanisms of Support

The mechanism for funding of these Centers is the P30 grant, which provides core support for laboratories and administrative resources applicable to a number of different research projects. Awards are for five years, at a maximum level of \$400,000 (direct plus indirect cost) annually, and are renewable. Awards are not subject to periodic increases for inflation. It is anticipated that five to seven meritorious applications will be funded under this program.

Application Procedure

Applications must be submitted on form PHS-398 (rev. 10/88). Detailed instructions for application are available as additional information.

Additional Information

Potential applicants should request detailed information about CHRC grants before preparing an application. Information is available from:

Ephraim Y. Levin, M.D.
Medical Officer
Endocrinology, Nutrition and Growth Branch
Center for Research for Mothers and Children
National Institute of Child Health and Human Development
Room 637, Executive Plaza North
Bethesda, Maryland 20892
Telephone: (301) 496-5593

SYNTHESIS OF COMPOUNDS FOR BORON NEUTRON CAPTURE THERAPY

RFA AVAILABLE: 90-CA-06

P.T. 34; K.W. 1003006, 1013026, 0785190

National Cancer Institute

Letter of Intent Receipt Date: March 1, 1990

Application Receipt Date: April 4, 1990

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), announces the availability of a Request For Applications (RFA) to synthesize boronated compounds for the clinical application of Boron Neutron Capture Therapy.

BACKGROUND

Boron Neutron Capture Therapy (BNCT) is a potential treatment modality for cancerous tumors, based on the nuclear reaction that occurs when a non-radioactive isotope of boron (^{10}B) is irradiated and absorbs low energy (thermal) neutrons. The unstable boron (^{11}B) that is formed undergoes instantaneous nuclear fission to yield a lithium (^7Li) nucleus and a highly energetic alpha particle. Theoretically, a single alpha particle can kill a cancer cell if part of its energy is released in the nucleus. The rationale for using BNCT is to exploit the short range of the alpha particle. If boron (^{10}B) atoms could be selectively concentrated in the tumor, then the subsequent irradiation of the tumor would minimize the radiation dose to the normal tissue.

RESEARCH GOALS AND SCOPE

The overall goal of this solicitation is to synthesize boron containing compounds which have a high probability of preferentially localizing in tumor cells rather than normal tissues and/or are rapidly cleared from normal tissues and blood but retained by tumor tissues. These properties would produce high tumor to normal tissue ratios and high tumor to blood ratios, characteristics that would make these compounds ideal for use in BNCT. Current knowledge of tumor receptors, uptake mechanisms, etc., make it realistic to consider the development and synthesis of site-specific compounds for BNCT. Therefore, consideration should be given to coupling boron to compounds which have a known affinity to tumors. Multiple discipline approaches may be needed to achieve the research goals of this solicitation.

MECHANISM OF SUPPORT

Support of these awards resulting from this RFA will be through the National Institutes of Health (NIH) grant-in-aid (R01). This RFA is a one-time solicitation. Approximately \$475,000 in total costs per year for five (5) years will be committed to specifically fund applications which are submitted in response to this RFA. It is anticipated that 3 to 4 awards will be made, depending on the receipt of a sufficient number of applications of high scientific merit. The total project period for applications submitted in response to the present RFA should not exceed 5 years. The earliest feasible start date for the initial awards will be April 1, 1991. The award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose.

ELIGIBILITY REQUIREMENT

Profit and non-profit, domestic and foreign organizations are eligible to apply unless specifically excluded by legislation. All applicants need to have the personnel, equipment and facilities to synthesize and characterize the compounds requested. Compounds submitted have to be single chemical entities.

INQUIRIES

Written or telephone inquiries concerning the objectives and scope of this RFA are encouraged, as are inquiries about whether or not specific proposed research would be responsive. They should be directed to the Program Director, at the address below. The program director welcomes the opportunity to clarify any issues or questions from potential applicants.

Thomas A. Strike, Ph.D.
Radiation Research Program
National Cancer Institute
9000 Rockville Pike, EPN Room 800
Bethesda, Maryland 20892
Telephone: (301) 496-9360

PRESCRIBE FOR HEALTH

RFA AVAILABLE: 90-CA-04

P.T. 34; K.W. 0715035, 0745020, 0403004

National Cancer Institute

Letter of Intent Receipt Date: February 9, 1990

Application Receipt Date: June 13, 1990

I. INTRODUCTION

The Division of Cancer Prevention and Control (DCPC) invites applications for intervention studies to accelerate the diffusion of the National Cancer Institute (NCI) Working Guidelines for Early Cancer Detection into primary care medical practices through intermediary organizations. An intermediary organization is defined as an organization employing, reimbursing, training, licensing, and/or certifying physicians in primary care practice, or an established professional association of physicians.

Through the interventions studies resulting from this RFA, DCPC anticipates that interventions will be identified to improve the adoption, maintenance, quality, and dissemination of early cancer detection regimens in primary care practice.

II. RESEARCH GOALS AND SCOPE

Overview

The goal of this RFA is to demonstrate that intermediary organizations can effectively diffuse early cancer detection regimens to primary care medical practices. The specific objectives are:

- o To test the effectiveness of intermediary organizations in accelerating and increasing the adoption of early cancer detection regimens by primary care practices;
- o To test the effectiveness of these interventions in improving the maintenance of early cancer detection regimens by primary care practices;
- o To test the effectiveness of these interventions in improving the quality of implementation of early cancer detection regimens by primary care practices.

Interventions

Applicants will propose interventions that build creatively upon the existing research base in physician behavior change, including consideration of barriers to the delivery of preventive services. At least four early detection guidelines are to be addressed. Priority will be given to projects that show potential for being sustainable beyond the period of NCI funding. Evidence of the commitment of the intermediary organization to the research project and the organization's potential for influencing the practices of affiliated primary care physicians is strongly recommended.

Design and Evaluation

Measuring changes in the performance of physicians is an important challenge in this program. Applicants should provide for a sample size of primary care practices adequate to detect desired behavioral changes over time. Randomization of primary care practices to intervention and control groups is the preferred design, although other well justified designs will be considered. Collaborative arrangements are encouraged. The applicant should document the commitment of primary care practices to participate in the project, including practices serving low income and minority populations.

III. MECHANISM OF SUPPORT

This RFA will use the National Institutes of Health grant-in-aid (R01). Approximately \$1,200,000 in total costs per year for 4 years will be committed to specifically fund applications which are submitted in response to this RFA. A total of three or more awards may be made. The project time period should not exceed 4 years. The earliest feasible start date for the initial awards will be December 1, 1990.

IV. INQUIRIES

A copy of the complete RFA describing the research goals and scope, the review criteria, and the method of applying can be obtained by contacting:

Suzanne Haynes, Ph.D.
Program Director
Chief, Health Promotion Sciences Branch
EPN Building, Room 241
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301) 496-0273

or:

Charles R. Smart, M.D.
Chief, Early Detection Branch
EPN Building, Room 305
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301) 496-8544

Written or telephone inquiries concerning the objectives and scope of this RFA or inquiries about whether or not specific proposed research would be responsive are encouraged. The NCI staff welcomes the opportunity to clarify any issues or questions from potential applicants.

PLANNING AND DEVELOPMENT FOR PROTON THERAPY RESEARCH AND TREATMENT FACILITIES

RFA AVAILABLE: 90-CA-07

P.T. 34; K.W. 0715035, 1013026, 0785190, 0745070

National Cancer Institute

Letter of Intent Receipt Date: February 22, 1990
Application Receipt Date: March 22, 1990

INTRODUCTION

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT) of the National Cancer Institute (NCI) invites grant applications from interested investigators for planning and development for proton therapy research and treatment facilities.

BACKGROUND INFORMATION

The potential advantage of proton therapy over x-ray therapy was hypothesized in 1947. Since then, approximately 7500 patients have been treated worldwide. The entire world experience with protons has confirmed the expectation that for appropriately selected tumor sites, higher doses to a target volume and smaller treatment volumes can be achieved with protons than with x-rays. Available data indicate that this has resulted in a higher tumor control frequency, comparable or less morbidity, and no increase in marginal failures. There are many years of worthwhile research yet to be done to determine the full role of proton radiation therapy. This translates into a need for a small number (2-3) of state-of-the-art, hospital optimized, dedicated proton research and treatment facilities in the U.S. In recognition of this fact, the U.S. Congress has provided, in the 1990 NCI budget, \$1.5 million for planning and development of such facilities.

RESEARCH GOALS AND SCOPE

The ultimate goal of this solicitation is to stimulate a process of planning and development which, on the scale of approximately five years, will result in the establishment of a small number of proton beam research and treatment centers, funded primarily from private sources. The immediate goal of this solicitation is to support one to three Exploratory/Developmental grants

(R21's) to conduct planning and development activities for proton therapy research and treatment centers.

The Request for Applications (RFA) will be a one-time solicitation. However, should the NCI determine that there is a sufficient continuing program need, a request for renewal applications will be announced. Only recipients of awards under this RFA will be eligible to apply.

Approximately \$1,500,000 in total costs for one (1) year will be committed to specifically fund applications which are submitted in response to this RFA. It is anticipated that 1 to 3 awards will be made. In order to preserve the intent of Congress, no individual award will exceed \$750,000 total cost. The total project period for applications should not exceed 1 year. The earliest feasible start date for the awards will be September 15, 1990.

Only domestic institutions and organizations, and government agencies are eligible to apply.

INQUIRIES

A copy of the complete RFA describing the research goals and scope, the review criteria and method of applying can be obtained by contacting:

Francis J. Mahoney, Ph.D.
Radiation Research Program
Division of Cancer Treatment
National Cancer Institute
EPN 800
Bethesda, Maryland 20892
Telephone: (301) 496-9360

Written or telephone inquiries concerning the objectives and scope of this RFA or inquiries about whether specific proposed research would be responsive are encouraged and should be directed to Dr. Mahoney at the above address.

LETTER OF INTENT

Prospective applicants are asked to submit, by February 22, 1990, a letter of intent that includes a descriptive title of the proposed planning and development effort, the name and address of the principal investigator, the names of other key personnel, the participating institutions, and the number and title of the RFA in response to which the application is being submitted.

Although the letter of intent is important to NCI staff for planning purposes, it is not required, is not binding, and does not enter into the review of the subsequent application.

The letter of intent should be sent to Dr. Mahoney at the above address.

NATIONAL COOPERATIVE INNER-CITY ASTHMA STUDY

RFA AVAILABLE: 90-AI-02

P.T. 34; K.W. 0715013, 0755015

National Institute of Allergy and Infectious Diseases

Letter of Intent Date: February 15, 1990
Application Receipt Date: March 23, 1990

The National Institute of Allergy and Infectious Diseases (NIAID), through the Asthma and Allergy Branch (AAB) of the Division of Allergy, Immunology, and Transplantation (DAIT) and the Epidemiology and Biometry Branch (EBB) of the Division of Microbiology and Infectious Diseases (DMID), invites applications from investigators willing to participate under Cooperative Agreements in a two phase multi-center cooperative clinical trial. The goal of this study is to design and evaluate a comprehensive intervention program to reduce asthma related morbidity for Black and Hispanic children residing in the inner city.

The study will be composed of two phases. The objective of the first phase is to elucidate those factors that are contributing to asthma morbidity for children in the targeted population. The objective of the second phase is to develop, implement, and evaluate a feasible clinical intervention program to achieve long-term reduction in asthma morbidity for the children residing in the inner city. The information gained from Phase I will be used to implement Phase II.

In order to effectively meet the stated objectives, a network of centers will be established to conduct research using common protocols thus facilitating the study of large numbers of patients in a shorter time-frame than would be possible were individual centers to act alone.

The benefit of this activity will be to the public, including: inner city Black and Hispanic children, children with asthma, their families, and their health-care providers.

Successful applicant(s) funded under this Request for Applications (RFA) will be supported through Cooperative Agreements. Cooperative Agreements are grants awarded to both not-for-profit and for-profit organizations and institutions. This type of solicitation is utilized when it is desired to encourage investigator-initiated research projects in areas of special importance to the National Institutes of Health and where substantial programmatic involvement by staff is anticipated. This RFA solicitation represents a single competition, with a specified deadline for receipt of applications. There are no present plans to reissue this request for applications at any future time. The NIAID may invite competitive renewal applications upon expiration of the initial funding period, contingent on the continued availability of funds for this purpose, and the continued need to stimulate research in this area. All applications received in response to the RFA will be reviewed by the same Initial Review Group (IRG) convened by the NIAID and by the National Advisory Allergy and Infectious Diseases Council. The deadline for the receipt of applications in response to this RFA is March 23, 1990. Applications should be prepared and submitted in accordance with the aims and requirements as set forth in the detailed version of the RFA.

NIAID has set aside \$1,000,000 total costs for funding the initial year.

For a copy of the complete RFA, please contact:

Lawrence J. Prograis, Jr., M.D.
Chief, Asthma and Allergy Branch
Division of Allergy, Immunology and Transplantation
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 752
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-8973