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DATED ANNOUNCEMENTS (RFPs AND RFAs)

MINORITY HIGH SCHOOL STUDENT RESEARCH APPRENTICE PROGRAM

P.T. 44, FF; K.W. 0720005

Division of Research Resources

Application Receipt Date: December 1, 1988

**BACKGROUND AND OBJECTIVES**

The Division of Research Resources (DRR), National Institutes of Health (NIH) currently plans to continue the Minority High School Student Research Apprentice Program in 1989.

The purpose of the program is to provide minority high school students with a meaningful experience in various aspects of health-related research in order to stimulate their interest in careers in science.

**ELIGIBILITY**

Eligible institutions are those that were awarded grants during the latest complete Federal fiscal year 1988 from either the Biomedical Research Support Grant (BRSO) Program or the Minority Biomedical Research Support (MBRS) Program, both of which are administered by DRR, NIH. Only one application for the Apprentice Program can be submitted by a component of an institution that is the recipient of both the BRSO and MBRS awards.

Students eligible for support under this program are those who: (1) identify themselves as minority (i.e., Black, Hispanic, American Indian, Alaskan Native, Pacific Islander, or Asian); (2) are U.S. citizens or have a permanent visa; and (3) are enrolled in high school during the 1988-89 academic year. (Students who will graduate from high school in 1989 are eligible, as is a student who participated in a previous year - provided he/she is still enrolled at the high school level.)

**MECHANISM OF SUPPORT**

The mechanism of support for this program will be the NIH grant-in-aid. Support will be provided at a level of \$1,500 for each apprentice position allocated. No indirect costs will be paid. Direct support to the apprentice must be as salary; stipends are not allowed. Within the \$1,500 per student allocation, funds may also be utilized for supplies, extending the research experience, or if adequate funds exist, for the addition of an apprentice. However, funds from these grants may only be used for the costs of the apprentice program. The Program Director is responsible for recruitment and selection of the apprentices and assignment of each to an investigator. Recruitment and selection of students should emphasize factors of the students' motivation, ability and scholastic aptitude and accomplishments. In addition, consideration should be given to science teachers' recommendations and where possible the degree of parental commitment. Assignments should be made to investigators involved in health-related research who are committed to developing in the high school students both understanding of the research in which they participate and the technical skills needed.

**APPLICATION**

Eligible institutions should submit an application consisting of no more than:

1. A one-page letter stating the number of student positions requested, plus
2. An original and two signed and completed copies of the Grant Application Form, PHS 398 (Rev. 09/86) face page only.

Mark the "YES" box in item 2 and indicate the announcement title as "Minority High School Student Research Apprentice Program."

Mark items numbered 4, 5, 7, 8b, 10 and 14 "Not Applicable" (N.A.). Complete item 8a with the total dollar amount of your request, which is the sum of the number of student positions requested times \$1,500 per student.

The original and one copy of the signed Program Director's report and each student report should be submitted with the renewal application due December 1 annually in order that the data contained in these reports can be used by DRR to decide about policies and future funding for the Minority High School

Student Research Apprentice Program. These reports should also be submitted at the same time even if renewal support is not requested.

In any event, all reports including the Financial Status Report must be submitted to the NIH by the grantee institution no later than May 31, 1989, unless an extension of the budget period end date has been authorized.

Please Note: Limited funds and increased requests for such student positions may restrict the final allocations by DRR to three or four students per eligible applicant institution. Upon recommendation of the National Advisory Research Resources Council, the Division will give preference in making awards to those institutions that can support a summer program having a "critical mass" of at least five or six students using institutional as well as DRR funds.

The applications should be submitted to:

Biomedical Research Support Program  
Division of Research Resources  
National Institutes of Health  
Building 31, Room 5B-23  
9000 Rockville Pike  
Bethesda, Maryland 20892

Inquiries can be made of Dr. Marjorie A. Tingle at the above indicated address or by calling (301) 496-6743.

The firm deadline for receipt of applications is December 1, 1988. Awards will be effective March 1, 1989, contingent upon availability of appropriated funds.

PRESOLICITATION: MULTI-SITE TRIALS OF ALCOHOLISM TREATMENT PROTOCOLS:  
PATIENT-TREATMENT MATCHING

RFA: AA-88-03A and AA-88-03B

P.T. 34; K.W. 0404003, 0755015

National Institute on Alcohol Abuse and Alcoholism

Anticipated RFA Availability Date: December 30, 1988

Anticipated Application Receipt Date: April 3, 1989

INTRODUCTION

The purpose of this announcement is to alert the scientific community to the proposed issuance of two companion Requests for Applications (RFA's) for collaborative multi-site trials of alcoholism treatment protocols for patient-treatment matching. Applications will be sought for Extramural Research Groups (RFA-88-03A) and a Coordinating Center (RFA-88-03B).

RESEARCH GOALS AND PHASING

The overall objective of this program is to support multi-site research on protocols for matching patients to alcoholism treatment regimens using standardized regimens and assessment instruments. These studies will investigate patient-treatment interactions for which there is a theoretical or experimental rationale for efficacy.

It is envisioned that the study will be conducted in three phases. Development of the final coordinated study plan (Phase I, 1 year), implementation of trials, data collection and analysis (Phase II, 3 years), and preparation of recommendations for future research (Phase III, 1 year).

MECHANISM OF SUPPORT

The administrative and funding mechanism to be used to support these clinical trials will be a cooperative agreement between the awardees and NIAAA. The major difference between a cooperative agreement and a research grant is that there will be substantial programmatic involvement of NIAAA staff above and beyond the levels regularly required for traditional program management of grants. The need for significant programmatic involvement is due to the fact that this program must coordinate multi-site trials that use standardized protocols and measures.

Responsibility for the oversight of the multi-site study will rest with a Steering Committee made up of an NIAAA staff collaborator, one delegate from each of the Research Groups and the Coordinating Center, and a minimum of three experts in the disciplines represented in the trials. These experts will be independent of the trials and of NIAAA. The Coordinating Center will coordinate the administrative aspects of the project such as organizing the meetings, reproducing and scoring instruments, training personnel in use of instruments and common treatment protocols, and provision of the automated centralized data base. The NIAAA Project Officer will oversee the Coordinating Center and is responsible for periodic review and approval of the progress of the trials, including the options of modification or termination.

Issuance of the Requests for Applications is contingent on administrative approval of the use of the cooperative agreement for this program and on the availability of funds. It is anticipated that approximately \$1 million will be available for this purpose in FY 1989 and that awards will be made for a single Coordinating Center and from two to five Extramural Research Groups. The expected duration of the awards is for 5 years.

#### INQUIRIES

To receive a copy of one or both announcements when available, please send two self-addressed mailing labels to the address below. For further information contact:

John Allen, Ph.D.  
Director, Treatment Research Branch  
NIAAA, Room 16C03  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone: (301) 443-0796

#### ONGOING PROGRAM ANNOUNCEMENTS

##### BIOMEDICAL RESEARCH FELLOWSHIP OPPORTUNITIES ABROAD

P.T. 22, 26; K.W. 0720005

John E. Fogarty International Center for  
Advanced Study in the Health Sciences

The John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC) of the National Institutes of Health announces the availability of postdoctoral fellowships to U.S. and foreign health scientists who wish to conduct collaborative research abroad and in the United States, respectively. The purpose of these fellowships is to enhance the exchange of research experience and information in the biomedical, behavioral, and health sciences.

##### PROGRAMS FOR U.S. SCIENTISTS

**SENIOR INTERNATIONAL FELLOWSHIPS.** These fellowships offer opportunities to U.S. biomedical, behavioral, or health scientists to conduct research in a foreign institution. The program is for scientists who have established themselves in their chosen career in the United States and whose professional stature is well recognized by their peers and institutional officials.

The purpose of this program is to enhance the exchange of ideas and information about the latest advances in the health sciences, both basic and clinical, and to permit U.S. scientists to participate abroad in ongoing study or research in the health sciences.

Fellowships are awarded for a period of 3 to 12 months and provide stipend, travel, foreign living allowance, and host institutional allowance.

**FOREIGN-SUPPORTED FELLOWSHIPS.** These fellowships are supported by specific foreign countries. They provide opportunities for scientists to conduct collaborative research in the country that provides funding. The maximum period of support for all programs is 1 year; the minimum period of support varies with each program.

Participating countries are: FINLAND, FRANCE (CNRS AND INSERM), FEDERAL REPUBLIC OF GERMANY, IRELAND, ISRAEL, JAPAN, NORWAY, SWEDEN, SWITZERLAND, AND TAIWAN.

## PROGRAM FOR FOREIGN SCIENTISTS

**INTERNATIONAL RESEARCH FELLOWSHIPS.** These fellowships offer opportunities to foreign scientists in the formative stage of their research career to extend their research experience in U.S. laboratories. Selections are first made by the Nominating Committee in a participating country or region. Over 50 countries or regions in the Americas, Africa, Asia and the Far East, Australia, Europe, and New Zealand participate in the program.

The purpose of this program is to forge relationships between distinguished scientists in the United States and qualified scientists in other countries in order to solve health-related problems of mutual interest.

Fellowships are awarded for a minimum of 12 months and provide stipend, travel, and institutional allowance.

## PROGRAM FOR EXCHANGE VISITS

**HEALTH SCIENTIST EXCHANGES.** This program, which supports short-term (2-12 weeks) exchange visits between the United States and Hungary, Poland, Romania, Yugoslavia, and the Soviet Union, fosters collaborative activities in the health sciences that are of mutual benefit to the United States and the participating countries. Priority consideration is given to visits designed to strengthen or expand on-going collaborative relationships or to explore prospects for long-term cooperation.

**BIOMEDICAL RESEARCH EXCHANGES.** Awards are made for short-term (2-12 weeks) or long-term (3-6 months) exchanges of scientists between the United States and Austria or Bulgaria. The program is limited to support for collaboration in biomedical research.

Round trip travel and in-country expenses are provided to participants in the Health Scientist and Biomedical Research Exchange Programs.

## APPLICATION PROCEDURES

Information on eligibility requirements, financial provisions, and award duration is contained in a brochure on each program, available on request.

Application receipt dates for Senior International Fellowships are January 10, May 10, and September 10. Application kits are available only from the dean or equivalent institutional official. Only these persons can request the application kits from the Fogarty International Center.

Applications to the Health Scientist and Biomedical Research Exchange Programs, the Alexander von Humboldt Foundation, and the Visiting Scientists Program of the National Science Council, Taiwan, are accepted throughout the year. Applications to all other foreign-supported fellowships must be submitted annually by May 10. These application kits are available from the FIC between December 1 and April 30.

Prospective applicants for the International Research Fellowship Program must contact the Nominating Committee in their respective countries for information and application procedures. Application kits are available only through the Nominating Committees. The Nominating Committees submit their applications to the FIC annually by August 1.

The National Institutes of Health is responsible for the scientific review of all applications except those that are submitted to the Alexander von Humboldt Foundation and the National Science Council, Taiwan.

## INQUIRIES

You must send a self-addressed label to the Fogarty International Center if you need additional information. All correspondence should refer clearly to the specific program of interest.

Additional information on the Health Scientist and Biomedical Research Exchange Programs may be obtained from:

International Coordination and Liaison Branch  
Fogarty International Center  
National Institutes of Health  
Bethesda, Maryland 20892

Information on all other programs is available from:

International Research and Awards Branch  
Fogarty International Center  
National Institutes of Health  
Bethesda, Maryland 20892

IMPACT OF AGING ON THE ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

P.T. 34; K.W. 0710010, 0715120

National Institute on Aging

INTRODUCTION

The Acquired Immunodeficiency Syndrome (AIDS) is the clinical manifestation of infection with the Human Immunodeficiency Virus (HIV). The major target of the HIV is the T-helper cell; indeed much of the pathology of AIDS can be explained by a functional deficit in the T-helper cell compartment of the immune system.

The potential of the immune system declines with advancing age. Not all of the cellular components of the immune system decline in efficiency at the same rate; T-helper cells are particularly affected by aging, as shown by the age-related decline of immune functions that depend on T-helper cell activity.

There is little information on the effect of aging on infection with HIV or other agents that cause generalized immunosuppression. It is possible that HIV infection of an immune system that is already compromised by old age may result in exacerbated immunodeficiency syndromes. For example, preliminary data collected by the Center for Disease Control indicate that the time elapsed between transfusion with infected blood and diagnosis of AIDS is shorter in older patients than it is in young subjects. Although the variability of the data is such as to preclude firm conclusions, there is a suggestion that aged individuals may be at increased risk of developing AIDS upon infection with HIV.

SPECIFIC OBJECTIVES

By issuing this announcement, the National Institute on Aging (NIA) wishes to encourage research on the combined impact of HIV infection and advanced age on the immune system. Interested scientists may utilize data acquired from HIV-infected patients, or valid animal models of AIDS, or cell cultures. Examples of the issues that are appropriate under this program are listed below. However, this list is not exhaustive; any topic involving the interaction between the aged immune system and HIV or other immunosuppressive retroviruses is appropriate.

- o Is the immune system of aged individuals more susceptible to AIDS (or other conditions regarded as valid animal models of AIDS) than is that of young people (or animals)?
- o Does the HIV (or other immunosuppressive viruses regarded as valid models of HIV) propagate better in susceptible cells from older persons or animals than in corresponding cells from young individuals?
- o What is the effect of AIDS (or of a valid animal model of this condition) on the cellular components of the immune system (e.g., NK cells, CTL, etc.) of older individuals, as opposed to that of young patients?
- o Are drugs and other treatments that are used in the management of AIDS equally effective, and equally well tolerated, in aged and young patients?

APPLICATION AND REVIEW PROCEDURES

The primary mechanisms for support of this program are:

- o Research grants (R01)
- o First Independent Research Support and Transition (FIRST) Awards (R29)

- o Career grants, which include:
  - Research career development award (K04)
  - Clinical investigator award (K08)

- o Fellowship (F32, F33)

In assigning applications to the NIA or other Institutes, accepted referral guidelines will be followed. Research project grant (R01 and R29) applications, fellowships (F32, F33) and research career development awards (K04) will be reviewed for scientific and technical merit by an appropriate study section in the Division of Research Grants. Clinical investigator award (K08) applications will be reviewed by an appropriate institute review group. The review criteria are the traditional considerations underlying scientific merit. Secondary review will be by an appropriate National Advisory Council.

Researchers considering an application in response to this announcement are encouraged to discuss their project, and the range of grant mechanisms available, with NIA staff in advance of formal submission. This can be done through either a telephone conversation or a brief letter giving the descriptive title of the proposed project and identifying the principal investigator and, when known, other key participants. Applications including women and minorities in the study populations, provided they are appropriate under this program, are particularly encouraged. Applicants from institutions which have a General Clinical Research Center (GCRCs) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter of agreement from either the GCRC Program Director or the Principal Investigator should be included in the application material.

Applicants should use the regular research project grant application form (PHS 398 Rev. 9/86), available at the applicant's institutional Business Office or from:

Office of Grants Inquiries  
Division of Research Grants  
Westwood Building, Room 449  
National Institutes of Health  
Bethesda, Maryland 20892  
Telephone: (301) 496-7441

To expedite the application's routing within NIH, please check the box on the face sheet of the application indicating that your proposal is in response to this announcement and print (next to the checked box) Impact of Aging on AIDS. Mail the cover letter and the completed application (with 6 copies) to:

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

Receipt dates for AIDS proposals for the Research Project Grant, Career Grant, and the First Award applications are January 2, May 1, and September 1; those for the National Research Service Award (Fellowships) applications are January 10, May 10, and September 10.

Correspondence and inquiries should be directed to:

Immunology Program Administrator  
Building 31, Room 5C21  
National Institute on Aging  
Bethesda, Maryland 20892  
Telephone: (301) 496-6402

RESEARCH GRANTS ON ALCOHOL AND IMMUNOLOGY INCLUDING ACQUIRED IMMUNODEFICIENCY SYNDROME

P.T. 34; K.W. 0404003, 0710070, 0715120

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Dates: January 2, May 1, September 1

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is interested in stimulating a comprehensive and multifaceted research effort on the potential role of alcohol consumption as a cofactor in Human Immunodeficiency Virus (HIV) infection and AIDS development. This revised announcement solicits the submission of applications from investigators in the clinical,



epidemiological, and basic science fields to compete for funds for the study of the relationship between alcohol and AIDS.

#### BACKGROUND INFORMATION

The current AIDS pandemic is a national and international public health problem of significant proportions. The Centers for Disease Control reports that between 1 and 1.5 million Americans have already been infected with HIV virus, and that 20 to 30 percent of these individuals will develop AIDS in the next 5 years.

Little is currently known about the incidence and prevalence of seroconversion to HIV positivity among alcoholics and alcohol abusers. Epidemiological studies are needed on the role of alcohol consumption as a risk factor for seroconversion and its role in the clinical course of the disease after HIV infection.

Effective vaccines to prevent the spread of AIDS and/or effective treatments for AIDS may not be available for many years. In the interim, it is necessary to confront the issue of prevention through research directed at behavioral change, including modification of unsafe sexual practices and behaviors associated with intravenous drug use. Since alcohol is part of the lifestyle of many of the groups at high risk for this disease, attention needs to be given to the effect of alcohol on behaviors that increase the risk of HIV infection for the individuals and their sexual partners. Research conducted in this area may focus on the interaction of psychological and social variables that increase the risk of HIV infection, and may also address directly the testing of intervention strategies aimed at reducing alcohol-related high risk behaviors.

The in vitro similarities between the immune dysfunction caused by excessive alcohol consumption and those observed after HIV infection are significant. The T-lymphocyte system seems to be extensively affected by alcohol as well as by HIV; T4 lymphocytes are involved predominantly, with in vitro and in vivo manifestations of immunosuppression.

It is possible that excessive alcohol consumption, in combination with HIV infection, may produce additive adverse effects and contribute to the accelerated development of AIDS and the severity of the observed immune dysfunction. More knowledge is needed about the role that alcohol may play as a contributing factor in the pathogenesis of infectious disease, and more studies also are needed to understand the study of the immunocompromising role of alcohol consumption in HIV infection.

NIAAA encourages studies which look at the direct effect of acute and chronic alcohol consumption on the biological and biochemical mechanisms involved in the etiology of AIDS. Research on the potential role of alcohol in increasing host susceptibility to HIV infection and in contributing to the progression of the disease to overt AIDS is also encouraged.

#### AREAS OF INTEREST

Examples of potential research topics under this announcement include, but are not limited to, the following:

#### EPIDEMIOLOGY

- o Epidemiologic studies of the prevalence of alcohol abuse among groups at high risk for AIDS Related Complex (ARC) or AIDS (intravenous drug users, homosexuals, etc.).
- o Studies of drinking practices of AIDS and ARC patients, of persons testing positive for HIV antibody, and of seronegative persons in high risk groups for infection.
- o Studies of the incidence and prevalence of immune deficiencies and infectious diseases among alcohol abusers and alcoholics.
- o Studies of the incidence and prevalence of HIV positivity, ARC, and AIDS among alcoholics and alcohol abusers.
- o Epidemiologic studies of alcohol as a risk factor in the development of ARC or AIDS.
- o Epidemiologic studies of nutritional deficiency and alcohol use in the suppression of immune function.

- o Epidemiological studies of the effects of primary/secondary psychiatric disorders (depression) among seronegative alcoholics and alcohol abusers at risk for AIDS because of self-destructive behaviors.

#### CLINICAL AND PREVENTION RESEARCH

- o Studies on the function of alcohol environments (such as the singles or gay bar) as facilitators or disincentives for AIDS-related risk-taking behavior.
- o Studies on the role of alcohol consumption in high-risk populations in increasing risk-taking behavior (disinhibition) which may enhance the probability of HIV infection by exposure, for example, to other high-risk sexual or drug abuse behaviors.
- o Studies of alcohol use as a mechanism to cope with high-risk or seropositive status.
- o Studies on the consequences of alcohol consumption on the role of women or men as possible gatekeepers for protective or unsafe sex practices.
- o Studies evaluating intervention strategies on seropositive individuals that would prevent alcohol-related behaviors which could result in HIV infection of partners.

#### BIOMEDICAL RESEARCH

- o Studies on the direct or indirect effect of alcohol on the mechanisms of infection by HIV and related viruses in vivo and in vitro (e.g., cellular alterations due to alcohol exposure that could influence viral infection and replication, or alcohol-related malnutrition that could increase the host susceptibility to HIV infection).
- o Studies developing and using appropriate animal models to evaluate the effect of acute and chronic alcohol administration in the different phases of HIV infection.
- o Studies on alcohol as a cofactor in precipitating the development of ARC and AIDS in seropositive individuals. For example, the effect of alcohol on the immune mechanisms regulating host defense and inflammation, including the response of different immune cell populations and immune modulators to alcohol exposure.
- o Studies on the effect of alcohol on the development of the immune system and on the placental and lactational immune transfer.
- o Studies of pathologic alteration of genetic processes caused by alcohol that could lead to altered immune response.
- o Studies on alcohol-induced neuroimmune and neuroendocrine alterations as cofactors in the development of AIDS.
- o Studies on alcohol's effect on latent viral infections and their association with HIV virus infection.

#### ELIGIBILITY

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

#### APPLICATION PROCEDURES

State and local government agencies may use form PHS 5161-1 (Rev. 3/86). All other applicants should use the research grant application form PHS 398 (Rev. 9/86). The title of this program announcement should be typed in item number 2 on the face page of the PHS 398 application form.

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

Application forms may also be obtained from:

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

The signed original and 32 permanent, legible copies of the completed application should be sent to:

AIDS Coordinator  
Division of Research Grants, NIH  
Westwood Building, Room 9  
Bethesda, Maryland 20892\*\*

#### REVIEW PROCEDURE AND CRITERIA

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most centralized PHS grant programs.

Applications received under this AIDS announcement will be subject to expedited review procedures for AIDS-related research. Applications will first be reviewed for scientific merit by an Initial Review Group (IRG), and then by an appropriate National Advisory Council whose review may be based on policy, as well as scientific merit considerations. Only applications recommended for approval by the Council are eligible for funding. The review criteria customarily employed by the NIAAA for regular research grant applications will prevail.

#### CONSULTATION AND FURTHER INFORMATION

Potential applicants are encouraged to seek preapplication consultation. For further information on program requirements please contact:

#### DIVISION OF BASIC RESEARCH

Daniela Seminara, Ph.D.  
Biomedical Research Branch  
Division of Basic Research  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14C-20  
Rockville, Maryland 20857  
Telephone: (301) 443-4223.

#### DIVISION OF BIOMETRY AND EPIDEMIOLOGY

Mary C. Dufour, M.D., M.P.H.  
Division of Biometry and Epidemiology  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14C-26  
Rockville, Maryland 20857  
Telephone: (301) 443-4897

#### DIVISION OF CLINICAL AND PREVENTION RESEARCH

Donald Godwin  
Prevention Research Branch  
Division of Clinical and Prevention Research  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 16-C-03  
Rockville, Maryland 20857  
Telephone: (301) 443-1677