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**U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES**

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

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NOTICES

NOTICE OF MEETING

P.T. 42; K.W. 1014004, 1014006, 0201011

Public Responsibility in Medicine and Research

On March 19-20, 1990, at the Park Plaza Hotel in Boston, Massachusetts, Public Responsibility in Medicine and Research (PRIM&R) and the Tufts University School of Veterinary Medicine will host a conference entitled "The New USDA Regulations and How They Affect Animal Care, Animal Research, and IACUC Operation." The meeting will focus on the new USDA regulations, on other developments in the fields of animal care and research, and on the operation of Institutional Animal Care and Use Committees (IACUCs). It will include panel presentations, as well as an extensive series of basic workshops or discussion groups covering the administration of IACUCs, the review process, risk-benefit analysis when reviewing animal research, institutional policy-making, and a range of other problems faced by those involved with and/or interested in animal care and research.

PRIM&R has set aside a limited number of scholarships for those persons demonstrating need and a limited number of spaces have also been reserved for the press. For a complete program and further information, contact:

Ms. Joan Rachlin
Executive Director

or

Ms. Robyn Carey
Assistant Director
PRIM&R
132 Boylston Street
Boston, MA 02116
Telephone: (617) 423-4112 or 423-1099

NOTICES OF AVAILABILITY (RFPs AND RFAs)

HUMAN T-CELL LYMPHOTROPIC VIRUSES IN HUMAN NEOPLASIA

RFA AVAILABLE: 90-CA-10

P.T. 34; K.W. 0715035, 1002045, 0785140, 0755030, 0765033, 1002058, 0755020

National Cancer Institute

Letter of Intent Receipt Date: June 4, 1990
Application Receipt Date: August 3, 1990

INTRODUCTION

The human T-cell lymphotropic virus-1 (HTLV-1), is recognized as the etiologic agent of human adult T-cell leukemias/lymphomas. Studies of Japanese patients infected with HTLV-1 have shown that the virus can cause immunosuppression. More recent studies, using sensitive serologic and molecular probes, and virus isolation techniques, suggest the presence and etiologic association of a HTLV-like virus(es) in human diseases with central nervous system involvement, such as tropical spastic paraparesis (TSP) and HTLV-associated myelopathy (HAM). Studies using antibody detection methods to assess the etiologic involvement of HTLV-1 in multiple sclerosis (MS) have given equivocal results. However, in recent preliminary studies employing the highly sensitive polymerase chain reaction (PCR) technique, a significant proportion of patients with MS has been found to contain one or more specific nucleic acid sequences within the pol, gag or env genes of HTLV-1.

NCI recently held a workshop that explored the current state of knowledge on the presence and possible etiologic association of HTLV-1-like retroviruses and/or retroviral elements in human diseases such as TSP and MS, and the possible, as yet undefined, association of these viruses in human neoplasia. The workshop participants concluded that additional studies were needed in specific areas discussed below.

The present Request for Applications (RFA) is for a single competition with a deadline of August 3, 1990, for receipt of applications and June 4, 1990, for

receipt of letters of intent. Applications should be prepared and submitted in accordance with the aims and requirements described in the complete RFA document which may be obtained from the program director listed in INQUIRIES below.

RESEARCH GOALS AND SCOPE

At present, little is known about the viral and host factors involved in HTLV pathogenesis which result in cancer induction vs. those which result in neurotropic damage. An elucidation of the overall pathogenic mechanisms of HTLV is needed. Therefore, the overall goals of this RFA are to stimulate research on the role of HTLV-1-like viruses in human neoplasia and other diseases with suspected retroviral etiology and the development of animal models to delineate the mechanisms of disease pathogenesis. Studies will be invited in (but not limited to) the following specific areas of research: (1) systematic laboratory studies to define the possible retroviral etiology of diseases whose clinical features suggest a retroviral role, including diverse hematologic and solid tissue malignancies; (2) exploration, through laboratory studies, of HTLV-2 disease pathogenesis and its role in human cancer; (3) studies to address the basis for the differing pathogenic potentials of the HTLV isolates, i.e. molecular mechanisms for the leukemogenic vs. neurotropic behavior of the virus, including the comparison of the genomic sequences of HTLV isolates from leukemia patients, intravenous drug abusers and TSP patients, and comparison of virus-target cell interactions of HTLV infections which result in neoplasia vs. those that result in neurotropic damage; (4) laboratory studies to determine the role of cofactors (genetic, viral, bacterial) in the triggering of disease expression associated specifically with HTLV-1 infections; (5) identification of host and viral factors responsible for the repressed state of HTLV-1 genome in vivo; (6) development of animal/tissue culture models of human lymphoproliferative and neurologic diseases, including the use of mutant retroviruses with altered pathogenic properties and transgenic mice.

The proposed RFA would support studies that seek to answer what mechanisms are involved in conferring the HTLV viruses with differing pathogenic potentials, such as cancer induction and neuropathogenicity, but would not support extramural studies which primarily involve the isolation and demonstration of retroviruses in neurological diseases.

Where appropriate, collaborative arrangements to facilitate the achievement of research goals should be considered.

Applications should contain as goals both methodological development and application to a specific area of HTLV oncogenesis/pathogenesis.

MECHANISM OF SUPPORT

This RFA will use the National Institutes of Health (NIH) grant-in-aid (R01). Responsibility for the planning, direction and execution of the proposed project will be solely that of the applicant. Except as stated in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement, DHHS Publication No. (OASH) 82-50,000, revised January 1, 1987.

This RFA is a one-time solicitation. Generally, future unsolicited competing renewal applications will compete as research project applications with all other investigator-initiated applications and be reviewed in a standing Division of Research Grants study section. However, should the National Cancer Institute (NCI) determine that there is a sufficient continuing program need, NCI may announce a request for renewal applications.

Approximately \$800,000 in total costs per year for five (5) years will be committed to specifically fund applications that are 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 the present RFA should not exceed five (5) years. The earliest feasible start date for the initial awards will be April 1, 1991. Although this program is provided for in the financial plans of the NCI, award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose. Non-profit and for-profit institutions are eligible to apply. Foreign as well as domestic institutions are eligible.

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:

Dr. Padman S. Sarma
Program Director, RNA Virus Studies I
Biological Carcinogenesis Branch
Division of Cancer Etiology
National Cancer Institute
Executive Plaza North, Room 540
Bethesda, MD 20892
Telephone: (301) 496-9734

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 and should be directed to Dr. Sarma at the above address. The program director welcomes the opportunity to clarify any issues or answer questions from potential applicants.

RESEARCH TRAINING AND CAREER DEVELOPMENT AWARDS IN NUTRITION

RFA AVAILABLE: 90-DKHD-10

P.T. 34, 44; K.W. 0710095, 0710030, 0720005, 0765020

National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Child Health and Human Development

Application Receipt Date: July 17, 1989

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) and the National Institute of Child Health and Human Development (NICHD) invite applications for nutrition research training and career development. The award mechanisms offered are the National Research Service Award (NRSA) Institutional Training Grant (new and competing renewal applications), the NRSA Individual Postdoctoral Fellowship, the Physician Scientist Award, and the Clinical Investigator Award.

Under this Request for Applications (RFA), assuming normal funding capacity and the receipt of meritorious applications, the NIDDK plans to award at least: 1 Institutional Training Grant (the actual number depending upon the pool of competing renewal applications), 2 Physician Scientist and/or Clinical Investigator Awards, and 4 Individual Postdoctoral Fellowship Awards; the NICHD plans to award at least 2 Physician Scientist and/or Clinical Investigator Awards.

Use the Public Health Service Grant/Award application kits PHS 398, Rev. 10/88 (PHS 416-1, Rev. 7/88 for the Individual Postdoctoral Fellowship application). Write "NIDDK-NICHD Nutrition RFA 90-DKHD-10" on line 2 of the PHS 398 form, and on line 3 of the PHS 416-1 form. One copy of the RFA label available in the PHS 398 application kit must be stapled to bottom of the face page of the original application and a second copy of the RFA label must be placed on the top of the entire application package.

For further information please contact:

Donald G. Murphy, Ph.D.
Director, Research Training and Career Development Program
Division of Digestive Diseases and Nutrition, NIDDK
Westwood Building, Room 3A15
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-7455

OR

Ephraim Y. Levin, M.D.
Medical Officer
National Institute of Child Health and Human Development
Executive Plaza North, Room 637
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-5593

ONGOING PROGRAM ANNOUNCEMENTS

RESEARCH ON WORKSITE-RELATED ALCOHOL PROBLEMS: CAUSATIVE PROCESSES, PRIMARY AND SECONDARY PREVENTION

P.T. 34; K.W. 0404003, 0725020, 0755030, 0745027

National Institute on Alcohol Abuse and Alcoholism

BACKGROUND

Alcohol abuse and its associated morbidity and mortality pose a major problem for American business and industry, significantly threatening worker health and corporate profits. If abuse of alcohol is as prevalent among working adults as among the population at large, millions of workers are using alcohol excessively and having attendant problems.

A number of worksite innovations have been developed to improve the health and productivity of employees (e.g., employee assistance programs (EAPs), quality of worklife programs, health promotion, alcohol (drug) testing and screening programs), all claiming an impact, directly or indirectly, on reducing worksite-related alcohol problems. However, research has not kept pace by providing outcome evaluations to substantiate or disprove those claims.

Worksite research conducted thus far has concentrated primarily on identification, referral, and treatment of alcohol problems. Relatively few studies have examined how the workplace may contribute to the development of alcohol-related problems among workers, on and off the job. There has been a paucity of scientifically rigorous studies assessing the effectiveness of preventive interventions. There is a need, as well, to address methodological and design problems identified in previous studies. Applicants are strongly encouraged to involve statisticians and other methodologists in developing their proposals.

RESEARCH OBJECTIVES

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) wishes to encourage research on (1) the social and psychological processes involved in the onset and perpetuation of worksite-related alcohol problems, and (2) the development and testing of preventive strategies to reduce the incidence and prevalence of these problems.

Investigators may employ any of the standard research methodologies, either singly or in combination, that can contribute to this area of prevention research. Studies may be descriptive, exploratory, or directed to the determination of causal relations. Economic and socioeconomic indicators may be employed.

If an intervention is included, then an experimental or quasi-experimental design is appropriate, and measures of behavioral change are desired. Indirect problems associated with alcohol consumption, such as reduced productivity or frequent absences from the job, may also be considered if justified on the basis of relevancy. If it is difficult to measure changes in alcohol abuse during the study time frame, proxy outcome measures may be proposed and justified.

Grant applicants are urged to give added attention to the inclusion of women and minorities in study populations and at sufficient numbers to guarantee generalization of the results, or provide a clear rationale for their exclusion.

RESEARCH DIRECTIONS

Causative Processes: Studies are needed that would contribute to understanding how work institutions help create, exacerbate, or ameliorate alcohol-related problems and their sequelae. These studies should focus upon the work environment, the workers themselves, and relationships between milieus and persons that may increase or decrease the incidence, duration, and severity of worksite-linked alcohol abuse. Research reviews have identified five possible groupings of "causal" factors with regard to the development of alcohol problems at the worksite. The clusters may operate separately or synergistically with one or more of the others. Although they tend to be problem oriented conceptual categories, each may operate as a protective process as well. The clusters are: (a) workplace cultures (or subcultures) that can promote definitions of acceptable drinking or nondrinking behaviors for employees in a particular work setting, either on or off the job; (b) social control, which refers to the degree of freedom to behave independent of

co-worker or managerial observation and supervision and therefore is an index of opportunities to drink excessively or limit alcohol consumption in accord with personal preferences; (c) alienation from one's work or work environment (based on the belief that work can be critical to personal identity) leading to social isolation, estrangement, or powerlessness and, thus, to heavy or problem drinking; (d) occupational stress from such factors as work overload, monotony, job complexity, role conflict, etc.; and (e) alcohol availability including social availability (the degree to which alcohol is available within formal/informal work-related social entities) and physical availability (simple accessibility of alcoholic beverages to workers in the actual work area or close proximity).

Secondary Prevention of Alcohol Problems. Until recently, the major thrust of worksite programs has been secondary prevention (i.e., early intervention to prevent the progression of a problem). There has been little research to substantiate claims of success or to compare the relative effectiveness of the various programs in terms of improved worker health or productivity. Two types of programs may be considered here: (a) Employee assistance programs (EAPs) (based presumably on concerns about potential disruptions of employee work performance) offer identification and assessment of alcohol-related problems (and other employee problems), intervention (utilizing supervisory "constructive confrontation"), and counseling, referral, and followup services. Methodological weaknesses have been identified (e.g., lack of control groups, reliance on subjects' self reports) in a number of the previous EAP effectiveness studies. (b) Testing and screening programs are being considered or implemented by public and private institutions due to concern about alcohol (and drug) related problems associated with the work situation, such as accidents and oil spills. There do not appear to have been assessments of the impact of screening and testing programs on business costs, worker morale, turnover, or productivity. Studies of effectiveness are in order from the standpoint of the prevention of alcohol abuse and its early identification.

Primary Prevention. The major contribution of the worksite to reduction of alcohol problems may still be forthcoming: preventing the occurrence of problems in the first place (primary prevention). Such programs may be oriented toward general health promotion (including, for example, physical fitness, smoking cessation and stress management as well as control of alcohol and drug use) and worklife quality (which also includes a variety of activities while placing an emphasis on the need for cooperation by all participants). Alternatively, the focus may be specifically on prevention of alcohol problems through policy deterrents and/or educational strategies directed toward employees by the business or industry itself. Collaboration efforts involving industry and community leaders or organizations might also serve as interventions for research that would study the impact of business prevention strategies within the fabric of the larger community. Another business-based approach may be provided by the hospitality industry which utilizes "responsible beverage service," designated driver and alternative transportation programs, and sponsorship of anti-drunk driving publicity campaigns. Investigators might choose to study the effectiveness of any one or combination of the hospitality industry prevention programs.

MECHANISM OF SUPPORT

Research grant support may be requested for a period of up to 5 years (renewable for subsequent periods). Annual awards will be made subject to continued availability of funds and progress achieved. Grant funds may be used for expenses clearly related and necessary to carry out research projects, including both direct costs, which can be specifically identified with the project, and allowable indirect costs of the institution. Funds may not be used to establish, add a component to, or operate a prevention, rehabilitation, or treatment service program. Support for research-related prevention, rehabilitation, or prevention services and programs may be requested only for those particular costs and for that period of time required by the research. These costs must be justified in terms of research objectives, methods, and designs which promise to yield important generalizable knowledge and/or to make a significant contribution to theoretical concepts.

REVIEW PROCESS

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications in response to this announcement will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRG, consisting primarily of non-Federal scientific and technical experts, reviews applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review.

Applications receive a second level review by the appropriate National Advisory Council; that review may be based on both policy and scientific merit considerations. Only applications recommended for approval by the Council may be considered for funding.

REVIEW CRITERIA

Criteria to be used in the scientific and technical review will include the following:

1. Significance of the research focus for the prevention of alcohol-related problems associated with the work environment;
2. Potential of the research to contribute to knowledge of primary and secondary prevention of worksite-related alcohol problems;
3. Evidence that the investigators are familiar with the state-of-the-art and existing knowledge gaps in their proposed area of research;
4. Degree of scientific rigor in the design and implementation of the study;
5. Adequacy of the methods used to collect and analyze data;
6. Qualifications and research experience of the principal investigator and other key research personnel;
7. Evidence of availability of facilities, resources, collaborative arrangements, and subjects appropriate to the goals of the research;
8. Adequacy of procedures to protect human subjects;
9. Appropriateness of budget estimates for the proposed research activities.

ELIGIBILITY

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

APPLICATION PROCEDURES

Applicants should use the grant application form PHS 398 (revised 10/88). The name of this announcement, "Research on Worksite-Related Alcohol Problems: Causative Processes, Primary and Secondary Prevention," should be typed on page 1, item 2, of PHS 398.

Application kits containing the necessary forms and instructions (PHS 398) may be obtained from institutional business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. Application forms may also be obtained from the National Clearinghouse for Alcohol and Drug Information, Reference Department, P.O. Box 2345, Rockville, Maryland 20852 (telephone: 301-468-2600).

The signed original and six permanent, legible copies of the completed application and any appendices should be submitted to:

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

AWARD CRITERIA AND AVAILABILITY OF FUNDS

Applications recommended for approval by a National Advisory Council will be considered for funding on the basis of the overall scientific and technical merits of the proposal as determined by peer review, program needs and balance, and the availability of funds. Applications received under this announcement will compete for general FY 1991 funds appropriated for alcohol research, the amount of which will depend on appropriated funds and program priorities at the time of award.

INQUIRIES

Potential applicants are encouraged to obtain a copy of the complete announcement and seek preapplication consultation by contacting:

Donald F. Godwin
Prevention Research Branch
Division of Clinical and Prevention Research
National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1677

This program is described in the Catalog of Federal Domestic Assistance, No. 13.273. Grants will be awarded under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb) and administered in accordance with the PHS Grants Policy Statement and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74.

Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Services regulations at 45 CFR Part 100, and are not subject to Health Systems Agency review.

RESEARCH ON THE PREVENTION OF ALCOHOL ABUSE IN THE OLDER POPULATION

P.T. 34; K.W. 0404003, 0710010, 0745027, 0413001

National Institute on Alcohol Abuse and Alcoholism

BACKGROUND

Alcohol abuse in the elderly is being increasingly recognized as a significant public health concern in terms of scope and adverse consequences of the problem. While prevalence estimates vary widely, the literature suggests that between 2 and 10 percent of older Americans have some type of problem with alcohol. In view of the increasing size of the older population, this represents a growing number of elderly with alcohol problems. Further, while the misuse of alcohol has serious repercussions at any age, its consequences can be even more problematic in the aging individual whose system is already undergoing a process of decline.

This program announcement addresses the need to find effective ways to reduce the current level of alcohol abuse in the elderly and to prevent it from taking on greater proportions in the future.

RESEARCH OBJECTIVES

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) wishes to encourage research on the primary and secondary prevention of alcohol abuse in the elderly. Research options under this initiative include: (a) the implementation and testing of a full-scale intervention to reduce or prevent alcohol abuse in the later years of life; (b) the conduct of basic research on social institutions (e.g., the family) and processes (e.g., socialization) to ascertain their potential utility for intervention research on older abusers; and (c) the development of measurement tools to identify appropriate individual and group targets for prevention interventions. Applicants may also propose a combination of options (a), (b), and (c).

Since the focus of this research announcement is primary and secondary prevention, relevant study populations would be older problem drinkers of the "late-onset" type (those who first show signs of alcohol abuse in their later years) and the "intermittent" type (those who have had episodic problems with alcohol over the life-course). Applicants are urged to include women and minorities in study populations and at sufficient numbers to guarantee generalization of the results, or provide a clear rationale for their exclusion.

Preventive intervention research could focus on a number of issues. As examples, investigators could examine the strengths and weaknesses of pre-retirement counseling for preventing post-retirement alcohol problems. Business and industry might be appropriate settings for testing this type of intervention. Gathering information about alcohol abuse in congregate housing facilities for the elderly and testing interventions in these settings are also possible research directions. Similarly, investigators could test methods for preventing late-life alcohol abuse in the community at large, including strategies that use a combination of mass media and reinforcing community mobilization efforts. Other possible research foci include: studying the potential role of health care professionals in preventing late-life alcohol abuse; gathering information about and testing ways to prevent alcohol-impaired driving in the elderly; and developing and testing ways that servers of alcoholic beverages (such as bartenders and waitresses)

can intervene to prevent alcohol abuse and related problems in the older population.

Instead of, or prior to implementing and testing a full-scale preventive intervention, investigators may choose to conduct basic research on the various components of an intervention to ascertain their preventive potential with older individuals. The family and religious organizations are two potential instruments of behavior change that could be tested for their effectiveness with older people. Research on the critical components of the media, such as the type of appeal or source of the message, is another possibility. In addition, investigators may wish to develop measurement tools that could identify those older individuals who are a) vulnerable to the development of alcohol problems, or b) in the early stages of problem drinking.

MECHANISMS OF SUPPORT

Research grant support may be requested for a period of up to 5 years (renewable for subsequent periods). Annual awards will be made subject to continued availability of funds and progress achieved. Grant funds may be used for expenses clearly related and necessary to carry out research projects, including both direct costs, which can be specifically identified with the project, and allowable indirect costs of the institution. Funds may not be used to establish, add a component to, or operate a treatment, rehabilitation, or prevention service program. Support to research-related treatment, rehabilitation, or prevention services and programs may be requested only for those particular costs and for that period of time required by the research. These costs must be justified in terms of research generalizable knowledge and/or to make a significant contribution to theoretical concepts.

ELIGIBILITY

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

APPLICATION PROCEDURES

The standard research grant application form PHS 398 (revised 10/88) must be used to apply for these awards. When applying, type the name of this announcement, "Research on the Prevention of Alcohol Abuse in the Older Population," on page 1, item 2, of PHS 398.

Application kits containing the necessary forms and instructions (PHS 398) may be obtained from institutional business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. Application forms may also be obtained from the National Clearinghouse for Alcohol and Drug Information, Reference Department, P.O. Box 2345, Rockville, Maryland 20852 (telephone: 301-468-2600).

The signed original and six permanent, legible copies of the completed application and any appendices should be submitted to:

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

REVIEW PROCESS

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received under this announcement will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second-level review by 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 may be considered for funding.

REVIEW CRITERIA

Criteria to be used in the scientific and technical review include the following:

1. Significance of the research focus for preventing alcohol abuse in the older population;
2. Potential of the research to contribute to knowledge of the primary and secondary prevention of alcohol abuse and alcoholism in the older population;
3. Evidence that the investigators are familiar with the state-of-the-art and existing knowledge gaps in their proposed area of research;
4. Degree of scientific rigor in the design and implementation of the study;
5. Adequacy of the methods used to collect and analyze data;
6. Qualifications and research experience of the principal investigator and other key research personnel;
7. Evidence of availability of facilities, resources, collaborative arrangements, and subjects appropriate to the goals of the research;
8. Adequacy of procedures to protect human subjects;
9. Appropriateness of budget estimates for the proposed research activities.

AWARD CRITERIA AND AVAILABILITY OF FUNDS

Applications recommended for approval by a National Advisory Council will be considered for funding on the basis of the overall scientific and technical merits of the proposal as determined by peer review, program needs and balance, and the availability of funds.

Applications received under this announcement will compete for general FY 1991 funds appropriated for alcohol research. The amount of funding available will depend on appropriated funds and program priorities at the time of award.

INQUIRIES

Potential applicants are encouraged to obtain a copy of the complete announcement and seek preapplication consultation. Please contact:

Dr. Mary L. Ganikos
Prevention Research Branch
Division of Clinical and Prevention Research
National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, MD 20857
Telephone: (301) 443-1677

This program is described in the Catalog of Federal Domestic Assistance, No. 13.273. Grants will be awarded under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb) and administered in accordance with the PHS Grants Policy Statement and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74.

Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Service regulations at 45CFR Part 100, and are not subject to Health Systems Agency review.

ACADEMIC AWARD IN ENVIRONMENTAL/OCCUPATIONAL MEDICINE

P.T. 34; K.W. 0725005, 0725020

National Institute of Environmental Health Sciences

Application Receipt Date: June 1, 1990

The National Institute of Environmental Health Sciences (NIEHS) invites national competition for Environmental/ Occupational Medicine Academic Awards, which have the dual purpose of improving the quality of environmental/occupational medicine curricula and of fostering research careers in environmental/occupation medicine. Each school of medicine or osteopathy in the United States and its possessions or territories is eligible

to compete for Environmental/Occupational Medicine Academic Award for a project period that does not exceed five years and, if successful, to receive the Award once only. The number of new awards made each year will depend on the availability of funds. It is anticipated that four to five awards will be made in Fiscal Year 1991.

For the purposes of the Environmental/Occupational Medicine Academic Award, the term environmental/occupational medicine refers to the area of medicine concerned with the development of knowledge and the application of knowledge directed at the diagnosis, treatment, and prevention of adverse human health effects from environmental/occupational exposures to toxic agents. This includes adverse health effects in infants, children, and adults who are at risk of developing such health problems and the reduction of preventable complications or disability in persons of all ages who have already developed such diseases.

NIEHS is initiating the Environmental/Occupational Medicine Academic Award Program to provide a stimulus for development of an environmental/occupational medicine curriculum in those schools that do not have one and to strengthen and improve the environmental/occupational medicine curriculum in those schools that do. Awards provide support to applicant faculty members for their educational development and for implementation or expansion of the curriculum in environmental/occupational medicine.

Applications must be received by June 1, 1990, for review at the January meeting of the National Environmental Health Sciences Advisory Council. Awards will be made with a beginning date of July 1, 1991. Copies of the Program Guidelines are currently available from:

Annette Kirshner, Ph.D.
Scientific Programs Branch
Division of Extramural Research and Training
National Institute of Environmental Health Sciences
National Institute of Health
P. O. Box 12233
Research Triangle Park, NC 27709
Telephone: (919) 541-0488

The programs of the National Institute of Environmental Health Sciences are identified in the Catalog of Federal Domestic Assistance, Number 13.894. 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 review by a Health Systems Agency.

RESEARCH ON PROMISING PHARMACOTHERAPIES FOR ALCOHOLISM

P.T. 34, FF, II; K.W. 0404003, 0710100, 0740025, 0414014, 0745070, 0755030

National Institute on Alcohol Abuse and Alcoholism

PURPOSE

The development of new medications for the treatment of brain and behavior disorders is one of the top priorities of the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). As part of this initiative, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) is seeking applications for grants in the area of preclinical research and clinical research on pharmacological treatments for alcoholism.

RESEARCH OBJECTIVES

This announcement seeks research projects that will investigate various Research is also needed to address general questions that transcend the specific pharmacological classes. These include the following:

- o What are the precise conditions that call for pharmacological interventions? How can psychosocial and pharmaceutical interventions be integrated to enhance treatment outcome? What should be the short- and long-term goals of these interventions?
- o Is the concept of matching specific treatments to different aspects of alcoholism (e.g., alcohol subtypes, co-morbid psychopathology, and primary versus secondary alcoholism) more appropriate than a more generalized medicative approach to treatment?

- o Does collateral pharmacological treatment enhance or detract from participation in traditional alcoholism treatment and sobriety-support groups?
- o What are the most effective research/statistical methodologies for conducting pharmacologic research on alcoholism treatment?

MECHANISM OF SUPPORT

Research grant support may be requested for a period of up to 5 years (renewable for subsequent periods). Annual awards will be made subject to continued availability of funds and progress achieved. Grant funds may be used for expenses clearly related and necessary to carry out research projects, including both direct costs, which can be specifically identified with the project, and allowable indirect costs of the institution. Funds may not be used to establish; add a component to; or operate a treatment, rehabilitation, or prevention service program. Support for research related treatment, rehabilitation, or prevention services and programs may be requested only for those particular costs and for that period of time required by the research. These costs must be justified in terms of research objectives, methods, and designs which promise to yield important generalizable knowledge and/or to make a significant contribution to theoretical concepts.

ELIGIBILITY

Applications may be made 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.

INCLUSION OF MINORITIES IN STUDY POPULATIONS

Applicants are urged to give added attention (where feasible and appropriate) to the inclusion of minorities in study populations for research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

INCLUSION OF FEMALES IN STUDY POPULATIONS

Applicants are urged to consider the inclusion of females in study populations for all clinical research efforts. Exceptions would be studies of diseases which exclusively affect males or where involvement of pregnant women may expose the fetus to undue risks. Gender differences should be noted and evaluated. If females are not to be included, a clear rationale should be provided for their exclusion.

In order to provide more precise information to the treatment community, it is recommended that publications resulting from research in which the study population was limited to one sex for any reason other than that the disease or condition studied exclusively affects that sex, should state, in the abstract summary, the gender of the population studied, e.g., "male patients," "male volunteers," "female patients," "female volunteers."

APPLICATION PROCESS

Applicants should use the grant application form PHS 398 (Rev. 10/88). The title of this announcement, "Research on Promising Pharmacotherapies for Alcoholism," should be typed in item number 2 on the face page of the PHS 398 application form. Page limits and limits on size of type are strictly enforced. Non-conforming applications will be returned without review.

Application kits containing the necessary forms and instructions (PHS 398) may be obtained from business offices or offices of sponsored research at most universities, colleges, medical schools, and other major research facilities. If such a source is not available, the following office may be contacted for the necessary application material:

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

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

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

REVIEW PROCESS

The Division of Research Grants, NIH, serves as a central point for receipt of applications for most discretionary PHS grant programs. Applications received under this announcement will be assigned to an Initial Review Group (IRG) in accordance with established PHS Referral Guidelines. The IRGs, consisting primarily of non-Federal scientific and technical experts, will review the applications for scientific and technical merit. Notification of the review recommendations will be sent to the applicant after the initial review. Applications will receive a second level review by the National Advisory Council on Alcohol Abuse and Alcoholism or other appropriate council, whose review may be based on policy as well as scientific merit considerations. Only applications recommended for approval by an initial review group and by the Council may be considered for funding.

REVIEW CRITERIA

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

1. The overall scientific and technical merit of the proposal and the adequacy of the methodology to carry out the proposed research.
2. The adequacy of the qualifications (including level of education and training), relevant research experience of the principal investigator, and key research personnel.
3. The quality of the applicant's past and present research performance as related to the proposed project.
4. The availability of adequate facilities, general environment for the conduct of the proposed research, other resources, and collaborative arrangements necessary for the research.
5. The reasonableness of budget estimates for the proposed research activities.
6. Where applicable, the adequacy of procedures to protect or minimize effects on human subjects.
7. The adequacy of the design for collection and analysis of data, including research schematics, detailed analytic plans, and proposed instrumentation.

AWARD CRITERIA AND AVAILABILITY OF FUNDS

Applications recommended for approval by a National Advisory Council will be considered for funding on the basis of the overall scientific and technical merits of the proposal as determined by peer review, program needs and balance, and the availability of funds.

No funds have been set aside specifically for this purpose. Applications received under this announcement will compete for general FY 1991 funds appropriated for alcohol research. It is anticipated that, for FY 1991, approximately \$1 million will be available to support new grants under this announcement. However, the amount of funding available will depend on appropriated funds and program priorities at the time of award.

INQUIRIES

Direct inquiries may be addressed to the following NIAAA program staff at 5600 Fishers Lane, Rockville, Maryland 20857:

Raye Z. Litten, Ph.D.
Treatment Research Branch
Division of Clinical and Prevention Research
Room 16C-03
Telephone: (301) 443-0796

Walter Hunt, Ph.D.
Chief, Neuroscience and Behavioral Research Branch
Division of Basic Research
Room 14C-20
Telephone: (301) 443-4223

This program is described in the Catalog of Federal Domestic Assistance, No. 13.273. Grants will be awarded under the authority of Sections 301 and 510 of the Public Health Service Act, as amended (42 USC 241 and 290bb) and administered in accordance with the PHS Grants Policy Statement and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74.

Applications submitted in response to this announcement are not subject to the intergovernmental review requirements of Executive Order 12372, as implemented through Department of Health and Human Services regulations at 45 CFR Part 100, and are not subject to Health Systems Agency review.

**THE MAILING ADDRESS GIVEN FOR SENDING APPLICATIONS TO THE DIVISION OF RESEARCH GRANTS OR CONTACTING PROGRAM STAFF IN THE WESTWOOD BUILDING IS THE CENTRAL MAILING ADDRESS FOR THE NATIONAL INSTITUTES OF HEALTH. APPLICANTS WHO USE EXPRESS MAIL OR A COURIER SERVICE ARE ADVISED TO FOLLOW THE CARRIER'S REQUIREMENTS FOR SHOWING A STREET ADDRESS. THE ADDRESS FOR THE WESTWOOD BUILDING IS:

5333 Westbard Avenue
Bethesda, Maryland 20816