NIH Guide
for Grants and Contracts

Vol. 13, No. 12, November 9, 1984

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

IN THIS ISSUE:

Continued

The NIH Guide is published at irregular intervals to announce scientific initiatives and to provide policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in grants and contracts activities administered by the National Institutes of Health.

Two types of supplements are published by the respective awarding units. Those printed on yellow paper concern contracts: solicitations of sources and announcement of availability of requests for proposals. Those printed on blue paper concern invitations for grant applications in well-defined scientific areas to accomplish specific program purposes.

Have You Moved?
If you present address differs from that shown on the address label, please send your new address to: Grants and Contract Guide Distribution Center, National Institutes of Health, Room B3BN10, Building 31, Bethesda, Maryland 20205, and attach your address label to your letter. Prompt notice of your change of address will prevent your name from being removed from our mailing list.

Continued

NOTICE

CORRECTION

REVIEW PROCEDURES - REMINDER TO APPLICANTS

P.T. 34; K.W. 1014012

In the NIH Guide for Grants and Contracts, Vol. 13, No. 10, page 2, September 7, 1984, it was indicated that if principal investigators need to submit additional application materials to initial review groups prior to review and do not know the identity of the Executive Secretary or the Study Section, the materials should be sent to the Referral Section of the Referral and Review Branch of the Division of Research Grants. This should be corrected to state that applicants who have not received notification of Study Section assignment within six weeks following the receipt date and who need to communicate with NIH staff or submit additional materials should call the Referral Section for information before mailing anything. The number to call is (301) 496-7324.

NOTICE

NIH/FDA REGIONAL WORKSHOPS-PROTECTION OF HUMAN SUBJECTS

P.T. 42; K.W. 0701028, 1014002

NATIONAL INSTITUTES OF HEALTH

FOOD AND DRUG ADMINISTRATION

The National Institutes of Health (NIH) and the Food and Drug Administration (FDA)are continuing to sponsor a series of workshops on responsibilities of researchers, Institutional Review Boards (IRBs), and institution officials for the protection of human subjects in biomedical and behavioral research. The workshops are open to everyone with an interest in research. The meetings should be of special interest to those persons currently serving or about to begin serving as a member of an IRB. The current schedule includes:

DATE	LOCATION	CONTACT
January 17, 1985	Los Angeles, CA	Dr. Harry Neustein Professor of Pathology Chairman of Institutional Review Board Children's Hospital of Los Angeles 4650 Sunset Boulevard Los Angeles, CA 90054 Telephone: (213) 669-2426
April 16-17, 1985	Kansas City, MO	Dr. Patricia Solbach Menninger Foundation Box 829 Topeka, KS 66601 Telephone: (913) 273-7500 Ext 5451

A final list of dates and locations will be published at a later date. For further information regarding education programs contact:

Roberta H. Garfinkle
Office for Protection from Research Risks
National Institutes of Health
Building 31 - Room 4B09
9000 Rockville Pike
Bethesda, Maryland 20205

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-NS-02

BRAIN-IMAGING RESEARCH CENTERS

P.T. 04, 34; K.W. 0603000, 1200380, 1200220, 0701007, 1201260, 1200990, 1200180, 1200270

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

Application receipt date: February 15, 1985
Letter of intent receipt date: December 15, 1984

The Stroke and Trauma Program of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) announce the availability of a Request for Applications (RFA) for research center grant applications for support of Brain-Imaging Research Centers. The principal objective is to improve the understanding of central nervous system function and dysfunction utilizing brain imaging methodologies; it is not primarily oriented to the development of improved instrumentation. The NINCDS wishes to encourage investigators to utilize combinations of imaging capabilities to develop and refine scientific information concerning the living brain under dynamic conditions by using imaging modalities. Particularly encouraged is a special emphasis on magnetic resonance imaging (MRI) and its interrelationship with other methods for measuring biochemical events and anatomical changes within the brain.

I. ELIGIBILITY

The principal investigator must be an established leader in one of the areas related to neurological or communicative disorders research, such as neurology, neuroradiology, neurosurgery, otolaryngology, or nuclear medicine, with demonstrated capabilities in research program development and direction. The expected interrelated biomedical research projects included in an interdisciplinary center should be conducted by experienced scientists representing a variety of basic and clinical science disciplinary backgrounds. The content of individual components of a research center is critical; the research center program must be organized around a central research theme and be composed of a sufficient number of scientifically meritorious research activities to permit an effective collaborative effort among the participating investigators.

To be eligible for competition under the RFA, applicants must be able to document the existence of or potential for ongoing basic and clinical research related to central nervous system structure, function, and pathology; core research resources in such areas as basic neurosciences, neurology, communicative sciences, neurosurgery, nuclear medicine, neuroradiology, and radiopharmaceuticals; leadership by a principal investigator who is established and recognized in the utilization of imaging methodologies for research related to neurological and (or) communicative disease; and cooperation among investigators who have a variety of backgrounds and experience in imaging and in nervous system research. In addition,

core facilities for central nervous system investigation must be available to the team and might include capabilities such as EEG, CT, MRI, PET, SPI, evoked potential, and ultrasound equipment.

Applicants for research centers for central nervous system imaging must demonstrate not only the capabilities for generating and addressing important imaging-research questions but also a highly integrated cooperation. Although leads developed through CT or PET scanning are appropriate for further investigation, emphasis should be on the use of MRI or SPI as investigative modalities with the potential for demonstrating interactions and intercomparisons with other imaging modalities. An institution need not have a PET scanner as a prerequisite for application, but the investigators must clearly be aware of quantitative autoradiographic and PET research and must develop projects such that information derived can be compared and contrasted with information that PET might provide. Alternatively, collaborative arrangements with institutions having PET facilities might enhance the overall effort. In a research center, it is usual for the component projects to encompass basic research, such as the development of chemicals for localization of function; applied research, such as animal studies that can indicate feasibility; and clinical research, including appropriate patient material with and without disease processes.

II. MECHANISM OF SUPPORT

The support mechanism for this program will be the investigator-initiated center grant. The NINCDS will not provide funds for the purchase and installation of major pieces of equipment, such as cyclotrons or MRI equipment.

III. INQUIRIES

Requests for copies of the RFA and inquiries regarding this announcement may be directed to:

Dr. George N. Eaves
Federal Building - Room 8A13
National Institutes of Health
Bethesda, Maryland 20205

Telephone: 301-496-4226

NOTICE

TISSUE BANKING AND DISTRIBUTION PROGRAM

UNIVERSITY OF WASHINGTON REGIONAL PRIMATE RESEARCH CENTER

P.T. 36; K.W. 1200140, 1201280

DIVISION OF RESEARCH RESOURCES

The Tissue Banking and Distribution Program at the University of Washington Regional Primate Research Center provides tissue and fluid specimens from macaques and baboons. Deliveries of quick-frozen or fixed specimens are made on a scheduled basis. Viable specimens in culture media are prepared for shipment in less than an hour and delivered to most laboratories in the U.S. within 24 hours. More specialized preparations are supplied on request. A clinical and experimental history of the donor animal accompanies each specimen.

This Tissue Banking and Distribution Program is partially supported by the Division of Research Resources (DRR).

For more information, call or write:

Ms. Judy Johnson
Tissue Program Coordinator
Regional Primate Research Centers SJ-50
University of Washington
Seattle, Washington 98195

Telephone: (206) 543-6999

ANNOUNCEMENT

BIOMEDICAL RESEARCH SUPPORT SHARED INSTRUMENTATION GRANTS

P.T. 36; K.W. 1002024, 1004019, 1014001

DIVISION OF RESEARCH RESOURCES

Application Receipt Date: February 15, 1985

I. BACKGROUND

The Division of Research Resources (DRR) is continuing its competitive Biomedical Research Support (BRS) Shared Instrumentation Grant Program initiated in Fiscal Year 1982. The program was established in recognition of the long-standing need in the biomedical research community to cope with rapid technological advances in instrumentation and the rapid rate of obsolescence of existing equipment. The objective of the program is to make available, to institutions with a high concentration of NIH-supported biomedical investigators, research instruments which can only be justified on a shared-use basis and for which meritorious research projects are described.

Eligible institutions may submit more than one application for different instrumentation in the Fiscal Year 1986 review cycle.

II. RESEARCH GOALS AND SCOPE

This program is designed to meet the special problem of acquisition and updating of expensive shared-use instruments which are not generally available through other NIH mechanisms, such as the regular research, program project and center grant programs, or the Biomedical Research Support (BRS) Grant Program. Proposals for the development of new instrumentation will not be considered.

III. ELIGIBILITY

The BRS Shared Instrumentation Grant Program is a subprogram of the BRS Grant Program of DRR. Awards are made under the authority of the BRS program and are made to institutions only, not to individuals. Therefore, eligibility is limited to institutions which receive a BRS grant award. Awards are contingent on the availability of funds.

This program is described in the Catalog of Federal Domestic Assistance No. 13-337, Biomedical Research Support. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

IV. MECHANISM OF SUPPORT

BRS Shared Instrumentation Grants provide support for expensive state-of-the-art instruments utilized in both basic and clinical research. Applications are limited to instruments that cost at least $100,000 per instrument or system. Types of instrumentation supported include, but are not limited to, nuclear magnetic resonance systems, electron microscopes, mass spectrometers, protein sequencer/amino acid analyzers and cell sorters. Support will not be provided for general purpose equipment or purely instructional equipment. Proposals for "stand alone" computer systems will only be considered if the instrument is solely dedicated to the research needs of a broad community of NIH-supported investigators.

Awards will be made for the direct costs of acquisition of new, or the updating of existing, research instruments. The institution must meet those costs (not covered in the normal purchase price) required to place the instrumentation in operational order as well as the maintenance, support personnel and service costs associated with maximum utilization of the instrument. There is no upper limit on the cost of the instrument, but the maximum award is $300,000. Grants will be awarded for a period of one year and are not renewable. Supplemental applications will not be accepted. The program does not provide indirect costs or support for construction or alterations and renovations. Cost sharing is not required. If the amount of funds requested does not cover the total cost of the instrument, an award will not be made unless the remainder of the funding is assured. Description of the proposed co-funding must be presented with the application. Assurance of co-funding, signed by an appropriate institutional official, must be presented to DRR prior to the issuance of an award.

A major user group of three or more investigators should be identified. Each major user must have NIH peer-reviewed research support at the time of the award. The application must show a clear need for the instrumentation by projects supported by multiple NIH research awards and demonstrate that these projects will require at least 75% of the total usage of the instrument. Major users can be individual researchers, or a group of investigators within the same department or from several departments at the applicant institution. NIH extramural awardees from other institutions may also be included.

If the major user group does not require total usage of the instrument, access to the instrument can be made available to other users upon the advice of the advisory committee. These users need not be NIH awardees but priority should be given to NIH supported scientists engaged in biomedical research.

A progress report will be required which describes the use of the instrument, listing all users, and indicating the value of the instrumentation to the research of the major users and to the institution as a whole.

V. ADMINISTRATIVE ARRANGEMENTS

Each applicant institution must propose a Principal Investigator who can assume administrative/scientific oversight responsibility for the instrumentation requested. An internal advisory committee to assist in this responsibility should also be utilized. The Principal Investigator and the advisory group are responsible for the development of guidelines for shared use of the instrument, for preparation

of all reports required by the NIH, for relocation of the instrument within the grantee institution if the major user group is significantly altered and for continued support for the maximum utilization and maintenance of the instrument in the post award period.

A plan should be proposed for the day-to-day management of the instrument including designation of a qualified individual to supervise the operation of the instrument and to provide technical expertise to the users. Specific plans for sharing arrangements and for monitoring the use of the instrument should be described.

VI. REVIEW PROCEDURES AND CRITERIA

Applications are reviewed by specially convened initial review groups of the Division of Research Grants (DRG) for scientific and technical merit and by the National Advisory Research Resources Council of the DRR for program considerations. Funding decisions are the responsibility of the DRR and will not be made prior to November 15, 1985.

Criteria for review of applications include the following:

1. The extent to which an award for the specific instrument would meet the scientific needs and enhance the planned research endeavors of the major users by providing an instrument that is unavailable or to which availability is highly limited.

2. The availability and commitment of the appropriate technical expertise within the major user group or the institution for use of the instrumentation.

3. The adequacy of the organizational plan and the internal advisory committee for administration of the grant including sharing arrangements for use of the instrument.

4. The institution's commitment for continued support of the utilization and maintenance of the instrument.

5. The benefit of the proposed instrument to the overall research community it will serve.

VII. METHOD OF APPLYING

Copies of a more detailed announcement are being mailed to the business offices of all institutions currently receiving BRS grants. Interested investigators should obtain the complete announcement prior to preparing an application.

Applications must be received by February 15, 1985. Applications received after this date will not be accepted for review in this competition. The original and four copies should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20205

Inquiries and two copies of the application should be addressed to:

Biomedical Research Support Program
Division of Research Resources
National Institutes of Health
Building 31 - Room 5B23
9000 Rockville Pike
Bethesda, Maryland 20205

Telephone: (301) 496-6743

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-HD-01

CONSEQUENCES OF INFERTILITY AND FERTILITY-RELATED PROBLEMS

P.T. 34; K.W. 0413002, 0404000, 1201070, 1200320, 0701014, 0413001

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: March 15, 1985

SCIENTIFIC PROGRAM OBJECTIVES

The Demographic and Behavioral Sciences Branch (DBSB), Center for Population Research (CPR), National Institute of Child Health and Human Development (NICHD), supports research on the antecedents and consequences of fertility and fertility regulation. The RFA, for which this is a notice of availability, invites scientists to study the psychosocial consequences of infertility and fertility-related problems and the subsequent impact of these consequences on fertility-related behavior. Research proposals are needed to cover the wide range of psychological, social, economic, and behavioral consequences to couples who experience any of the following: (a) infertility, (b) problems in conceiving, (c) problem pregnancies (such as spontaneous abortions, fetal death, medical complications of pregnancy), (d) problems in the birth process (such as difficult presentation, heavy bleeding, prolonged labor), (e) premature birth, (f) infant morbidity, (g) birth anomalies, and (h) neonatal and infant mortality.

The psychological, social, economic and behavioral consequences of experiencing one or more of these problems need to be studied, including the following: (a) changes in the spacing, timing and number of births expected, desired and attempted; (b) changes in contraceptive and sexual practices; (c) changes in marital relationships; (d) changes in wage market behavior on the part of either the man or the woman (or both); (e) adoption, fostering and child care activities; (f) psychosocial problems; (g) changes in interaction between family members and between family members and significant others; (h) subsequent behavior concerned with attempts to conceive (including medical care sought to aid conception, such as surgery, medication, artificial insemination and in vitro fertilization). To the extent feasible, investigators should control for such intervening variables as the health of the couple and demographic factors related to fertility.

This program is described in the Catalog of Federal Domestic Assistance No. 13.864, Population Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS Grant Policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

MECHANISM OF SUPPORT

The support mechanisms for this program will be the individual research project grant and the New Investigator Research Award (NIRA).

Copies of the complete RFA may be obtained from:

Gloria Kamenske, Ph.D.
Demographic and Behavioral Sciences Branch
National Institute of Child Health
and Human Development
Landow Building - Room 7C25
7910 Woodmont Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1174

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-HD-02

THE PHYSIOLOGY OF LACTATION AND THE BIOLOGY OF HUMAN MILK

P.T. 34; K.W. 0701027, 1002034, 1201070, 0202022, 1200780, 0404019, 0701046

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Letter of Intent Receipt Date: January 15, 1985
Application Receipt Date: March 1, 1985

I. BACKGROUND

The Endocrinology, Growth and Nutrition Branch of the National Institute of Child Health and Human Development (NICHD) invites investigator-initiated research grant applications for studies on the physiology of lactation and the biology of human colostrum and milk. These research areas have been identified as high priority by the Surgeon General's Works hop on Breastfeeding and Human Lactation, June 11-12, 1984, as well as by an NICHD-sponsored conference entitled "Methods in Human Lactation," August 22-25, 1984. It was the consensus of these meetings that research on the physiology of lactation and on the function of components found in human colostrum and milk has lagged behind other aspects of human physiology investigations. The importance of research in these areas is further emphasized by the growing number of reports in the scientific literature about functional properties of human milk that were previously unknown. A new appreciation is emerging of these unique biological fluids and the processes that occur in the mammary gland to produce them.

A concerted effort is now needed to explore the physiological processes occurring in the breast from the time of conception through lactation and weaning in order to understand the process of development and function of lactating tissue. Along with this, the functional properties of colostrum and human milk need to be evaluated in the context of the roles played by these properties in infant development.

This program is described in the Catalog of Federal Domestic Assistance No. 13.865, Research for Mothers and Children. Awards will be made under the authority of the Public Health Service Act, III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

The influence of the entire maternal circumstance (such as nutritional status, environment, stress, lifestyle and health) on these functional properties of milk also needs to be addressed.

II. OBJECTIVE AND SCOPE

It is expected that individual applications responding to this RFA will relate to some aspect of the following areas. These descriptions are necessarily brief and are not intended to cover all aspects that might be appropriate to each area. They are general in nature in order to allow the investigator latitude in study design.

Lactation Physiology and Maternal Factors

- Studies on the events associated with metabolic and functional changes occurring in the breast that lead to lactation.
- Studies on the function of the breast during milk secretion and weaning.
- The role of maternal nutrition and metabolism on the development and maintenance of lactation.
- The effects of commonly used pharmacologic agents, environmental agents, smoking and alcohol consumption on lactation.

Biology of Human Colostrum and Milk

- Studies on the organizational and functional properties of human colostrum and milk. These include:
  - Studies on the functional properties associated with subcellular organized particles.
  - The function and organization of immune components in milk and their relationship to the establishment of the intestinal immune system of the infant.
  - The role and function of enzymes and other proteins in milk.
  - The functional properties of the non-protein nitrogen component of human milk.
  - The organization and function of the lipid fraction of human milk.
- Studies on the effects of commonly used pharmacologic agents, environmental agents, smoking and alcohol consumption on human colostrum and milk and on infant outcome.
- Studies on the effects of maternal factors on the composition of colostrum and milk.

III. STAFF CONTACT

For further information and a copy of the RFA, contact:

Thorsten A. Fjellstedt, Ph.D.
Health Scientist Administrator
Endocrinology, Growth and Nutrition Branch
Center for Research for Mothers and Children
National Institute of Child Health
and HumanDevelopment

Telephone: (301) 496-5575

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA 85-CA-05

CANCER CONTROL SMALL GRANTS RESEARCH PROGRAM

P.T. 34, 12; K.W. 1002014, 0701013, 1200270, 0403004

NATIONAL CANCER INSTITUTE

Application Receipt Date: February 12, 1985

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites Small Grants Research applications from interested investigators who meet the eligibility criteria noted below. This RFA is a reissuance of RFA 84-CA-07.

I. RESEARCH GOALS AND SCOPE

A Cancer Control Small Grants Research Award is designed to encourage scientists from a variety of academic disciplines to apply their skills to scientific investigations in the field of human cancer control intervention research.

Definition and Phases of Cancer Control

Cancer control is defined as the reduction of cancer incidence, morbidity, and mortality through an orderly sequence from research on interventions and their impact in defined populations to the broad, systematic application of the research results.

Cancer control research studies are classified into one of five phases which represent the orderly progression noted in the above definition: (I) hypothesis development; (II) methods development and testing; (III) controlled intervention trials to establish cause and effect relationships; (IV) research in defined, human populations; and (V) demonstration and implementation studies. The Division is primarily interested in research on cancer control interventions in Phases II through V.

Cancer Control Program areas appropriate for research grants include human intervention research in prevention (chemoprevention, diet and nutrition, occupation and early detection), community oncology (improving application of patient management and continuing care research advances in community settings), and health promotion sciences (modifying personal, social and lifestyle and health care system factors which contribute to cancer prevention and control).

These cancer control studies may also include applied epidemiology studies, which attempt to use epidemiologic methods to determine the association between exposure to an intervention and its impact on disease; epidemiologic, planning and survey studies aimed at developing cancer control interventions could also be included.

Studies to determine the efficacy of chemotherapy, surgery, radiotherapy, and other primary treatment interventions are not considered cancer control research under this RFA.

II. ELIGIBILITY

Investigators are eligible to apply for a small grant to support research on a cancer control topic if they are interested in conducting exploratory studies in cancer control research and have never received NCI cancer control funding. This includes established researchers from other disciplines, new investigators, and investigators currently enrolled in an accredited doctoral degree program; however, it excludes individuals who have ever been a Principal (or Co-Principal) investigator on an NCI funded cancer control grant or contract, or a paid staff member on an NCI funded grant or contract for more than one year.

If the research will constitute a doctoral dissertation, a written statement from the applicant's dissertation chairperson or equivalent academic supervisor that the project proposal has his/her approval must accompany the application; if the study is selected for support under this program, a statement of approval of the full dissertation committee is required before funding will be made.

III. MECHANISMS OF SUPPORT

The mechanism of support is the NIH grant-in-aid. Total costs (direct plus indirect costs) must not exceed $35,000. The duration of support is one year but may be longer (up to two years) if the funding limits noted above are not exceeded. The direct costs for dissertation research should not exceed $15,000.

IV. INQUIRIES

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

Dr. Carlos E. Caban
Program Director
Cancer Control Applications Branch
Blair Building - Room 4A01
Division of Cancer Prevention and Control
National Cancer Institute
9000 Rockville Pike
Bethesda, Maryland 20205

Telephone: (301) 427-8735

Prospective applicants are strongly encouraged to discuss their ideas with the Program Director to determine whether they fit within the definition and program guidelines of cancer control. Applications which, in the opinion of NCI staff, do not fit will be returned without review.

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS (RFA)

PROTECTION OF THE IMMATURE MYOCARDIUM

85-HL-16H

P.T. 34; K.W. 1200230, 1200240, 1002034, 1200780, 1002004, 0701038, 1201020, 1201260

DIVISION OF HEART AND VASCULAR DISEASES

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Date: March 15, 1985

The Cardiac Diseases Branch, Division of Heart and Vascular Diseases, National Heart, Lung and Blood Institute (NHLBI) announces the availability of a request for applications (RFA) on the above program. The purpose of this special grant program is to stimulate further fundamental research regarding the protection of the immature heart during periods of hypoxia, ischemia, and reperfusion. Studies which should lead to a greater understanding of the vulnerability of the immature heart might include: developmental changes in myocardial function and ionic exchange; developmental changes in myocardial metabolism; effects of myocardial ischemia and reperfusion on cardiac function and structure in the neonate; and mechanism of reperfusion injury.

This announcement may be of particular interest to investigators in such disciplines as biochemistry, cellular physiology and biology, pharmacology, and pediatric cardiology and surgery.

The due date for the receipt of applications will be March 15, 1984. Requests for copies of the RFA should be addressed to:

Zena McCallum
Cardiac Diseases Branch
National Heart, Lung, and Blood Institute
Federal Building - Room 3C06
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telelephone: (301) 496-1081

ANNOUNCEMENT

BLOOD TRANSFUSION AND CYTOMEGALOVIRUS INFECTION

P.T. 34; K.W. 1200200, 1200670, 1002045, 1002023

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

The Division of Blood Diseases and Resources (DBDR), National Heart, Lung, and Blood Institute (NHLBI) encourages grant applications to study the role of blood transfusion in the transmission of cytomegalovirus (CMV) infection. CMV is a member of the herpes virus group that may infect humans by many natural or iatrogenic routes. A large proportion of the population has been infected with CMV as evidenced by the presence of antibody; however, infection is usually mild or clinically inapparent. In certain patient populations, such as those undergoing immunosuppressive therapy, the clinical outcome of CMV infection is usually less favorable, often resulting in death.

Data are insufficient to define the magnitude of the problem of CMV and the extent of the involvement of blood transfusion in transmitting the disease in various patient populations. If present estimates of posttransfusion CMV infections are accurate, this may be a major problem in many different kinds of immunosuppressed patients. There is an urgent need to develop methods to identify infectious donors and methods to render blood and blood components noninfectious. Such methods should substantially improve survival in many groups of susceptible patients. Investigators with expertise in virology, transfusion medicine, transplantation, and neonatology will be supported by this program. Studies in animal models and in appropriate human patient populations are envisioned.

Specific objectives of this solicitation are to: (1) define the populations of children and adults susceptible to CMV infection from blood transfusions; (2) determine the risk of blood transfusion-transmitted CMV infection; (3) identify the component(s) of blood that may transmit CMV; (4) develop methods to render blood and blood products noninfectious, and (5) develop an assay to identify infectious donors. Applicants are encouraged to pursue one or more of these objectives.

Applicants should use the regular research grant application (PHS 398). There are three receipt dates each year for new applications: March 1, July 1, and November 1. If applications are not available at the institution's business office or central application control office, an individual copy may be requested by writing to Division of Research Grants (DRG) NIH. The original and six copies of the application should be mailed to:

This program is described in the Catalog of Federal Domestic Assistance No. 13.839, Blood Diseases and Resources. 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 Health Systems Agency review.

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20205

All applications will be assigned by the DRG for review according to the NIH process for regular research grant applications. Secondary review will be by the National Heart, Lung, and Blood Advisory Council. Applications recommended for approval will compete for available funds with all other approved applications assigned to the NHLBI.

Inquiries should be directed to:

Dr. Luiz H. Barbosa
Blood Resources Branch
Division of Blood Diseases
and Resources
National Heart, Lung, and Blood Institute
Federal Building - Room 5C10
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1537

ANNOUNCEMENT

MINORITY INSTITUTIONAL RESEARCH TRAINING GRANT

P.T. 44; K.W. 1200240, 1200230, 1201210, 1200560, 0403013

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Date: April 1, 1985

The National Heart, Lung, and Blood Institute (NHLBI) announces a new program to train graudate students in minority schools for research careers in areas related to cardiovascular, pulmonary or hematologic diseases. The support mechanism will be the NIH research training grant. Copies of the program guidelines are currently available from staff of the NHLBI, listed below.

Grants in this program will be made to minority institutions, each of which will cooperate with a research center that has a well-established cardiovascular, pulmonary, or blood research and research training program. Each trainee will be placed with a mentor who is an accomplished investigator at the cooperating research center and who will assist the advisor at the minority institution in the trainee's development and research plan.

Guidelines for this program may be obtained from any of the following:

George Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building - Room 3A10
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1724

Joan M. Wolle, Ph.D.
Division of Lung Diseases
National Heart, Lung, and Blood Institute
Westwood Building - Room 6A12
5333 Westbard Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance Nos. 13.837, 13.838 and 13.839. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 8-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations at 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Luiz Barbosa, D.V.M.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
Federal Building - Room 5C06
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1537

ANNOUNCEMENT

MINORITY SCHOOL FACULTY DEVELOPMENT AWARD

P.T. 14, 34; K.W. 0403013, 1200180

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Date: April 1, 1985

The National Heart, Lung, and Blood Institute (NHLBI) announces a new program to encourage the development of faculty investigators at minority schools in areas relevant to cardiovascular, pulmonary, blood diseases, and blood resources. Copies of the program guidelines are currently available from the staff of the NHLBI, listed below.

Grants in this program will be made to minority institutions on behalf of awardees, each of which will work with a mentor at a nearby (within 100 miles) research training center, who is recognized as an accomplished investigator in the research area proposed and who will provide guidance for the awardee's development and research plan.

Guidelines for this program may be obtained from any of the following:

George Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
Federal Building - Room 3A10
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-1724

Joan Wolle, Ph.D.
Division of Lung Disease
National Heart, Lung, and Blood Institute
Westwood Building - Room 6A12
5333 Westbard Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance Nos. 13.837, 13.838, and 13.839. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Luiz Barbosa, D.V.M.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood institute
Federal Building - Room 5C06
7550 Wisconsin Avenue
Bethesda, Maryland 20205

Telephone (301) 496-1537

ANNOUNCEMENT

DEVELOPMENT OF GENETIC HYPERTENSIVE ANIMAL MODELS

P.T. 34; K.W. 1200600, 1200410, 1002019, 1002002

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Dates: March 1, July 1 and November 1

The National Heart, Lung, and Blood Institute (NHLBI) supports numerous basic research projects dealing with many of the multiple facets of essential hypertension. Essential hypertension is believed to have a genetic component, which is polygenic in nature. Therefore, the phenotypic expressions (genetic traits) are many and varied. However, despite this genetic multiplicity most of the basic research has been done with one genetic hypertensive model, the Okamoto spontaneously hypertensive rat (SHR). This model appears relevant to human essential hypertension and it is readily available. Other genetic hypertensive models do exist (e.g. the New Zealand Rat), but they are far less accessible than the SHR. Because of these circumstances, virtually all scientific advisory groups that have assessed the research needs of the hypertension field have at one time or another recommended the development of new hypertensive models including genetic models.

This program announcement is to encourage the development of new genetic animal models of hypertension. To develop a model it is imperative that a breeder work with an investigator so that the finished product reflects the research need and is marketable. This announcement offers support for the development phase in the hope that once a genetic hypertensive model is established, private enterprise will take over and make it accessible to all investigators. With appropriate attention to detail, both the research value of the model and its marketability can be enhanced. The model should (1) facilitate research; (2) be healthy; and (3) be cost- effective. All animal species will be considered. This announcement pertains to the de novo development of animal models, as well as to refinement of animal models whose development is already underway but not yet completed. The input of a geneticist is desirable.

This announcement is addressed to animal breeders and hypertension investigators through the regular research grant program and also through the Small Business Innovative Research (SBIR) program.

This program is described in the Catalog of Federal Domestic Assistance No. 13.837, Heart and Vascular Diseases. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

APPLICATION SUBMISSION AND REVIEW

Regular Research Grant Program

Receipt dates for new applications are the regular application receipt dates of March 1, July 1, and November 1. The earliest possible award date is approximately nine months after the receipt date. Applicants should use the regular research grant application form (PHS 398), which is available at most institutional business offices or from the Division of Research Grants (DRG), NIH.

To identify responses to this announcement , check "yes" and put **"Development of Genetic Hypertensive Animal Models"** under item 2 of page 1 of the grant application. The completed application should be mailed to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20205

The DRG will assign applications for review according to the NIH process for regular research grant applications. Additional information may be obtained by contacting:

Armando Sandoval
Hypertension and Kidney Diseases Branch
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building - Room 4C08
Bethesda, Maryland 20205

Telephone: (301) 496-1857

Small Business Innovative Research (SBIR) Program

Anyone interested in responding to this announcement through the SBIR program should request the Omnibus Solicitation for SBIR from:

Office of Grants Inquiries
Division of Research Grants
Westwood Building - Room 449
Bethesda, Maryland 20205

The Omnibus Solicitation contains information about the SBIR program, an application form and instructions how to apply. Questions regarding the genetic hypertensive model program should be addressed to Mr. Sandoval whose address and phone number appear above.

ANNOUNCEMENT

ACCESS TO BIONET FOR SEQUENCE ANALYSIS

P.T. 36; K.W. 1004001, 1002008, 1004007, 1004011, 1201190

BIOMEDICAL RESEARCH TECHNOLOGY PROGRAM

DIVISION OF RESEARCH RESOURCES

I. BACKGROUND INFORMATION

The BIONET(tm) Resource is a central computer facility serving the computational needs, for both research and communication, of the molecular biology community. The Resource is funded through a cooperative agreement between the Biomedical Research Technology Program of the Division of Research Resources (DRR) and the IntelliGenetics Division of IntelliCorp, Palo Alto, California, which is providing the computer facilities, core software and support. Responsibility for overseeing the Resource rests with a National Advisory Committee (NAC).

II. BIONET GOALS AND ENVIRONMENT

The BIONET Resource has three goals:

1. To provide computational assistance in data analysis and problem solving for molecular biologists and researchers in related fields.

2. To serve as a focus for development and sharing of new software tools.

3. To promote collaboration and rapid sharing of information among a national community of scientists.

The computer hardware of the Resource includes:

* An interactive timesharing computer (Digital Equipment Corporation 2060) and associated peripheral equipment (tape drives, disks).

* Telecommunication access to the computer, locally via dial-in, remotely via a nationwide network.

The computer software is divided into four categories:

* The Core Library, consisting of nine programs from IntelliGenetics, for manipulating and analyzing nucleic acid and protein sequence data, plus additional programs selected by the NAC.

* The Database Library, containing existing databases of nucleic acid and protein sequences, including GenBank(tm), the European Molecular Biology Laboratory (EMBL) database, the National Biomedical Research Foundation (NBRF) library of protein sequences, and VectorBank(tm).

* The System and Programming Support Library, providing tools for program development, to include programming languages (Fortran, C, Pascal, MAINSAIL, MACLISP, and Interlisp) and system utility programs (MLAB, for mathematical modeling, EMACS and TVEDIT for text editing, and SCRIBE for document preparation). Facilities for electronic mail and electronic bulletin boards will also be provided to foster rapid communication and collaboration. KERMIT will be available for file transfer to and from the Resource.

* The Contributed Library, for programs contributed and being developed by the BIONET community. Mature versions of such programs will be moved to the Core Library at the discretion of the NAC.

The Resource staff will provide this support to the BIONET community:

* User consultation by telephone and on-line communication.

* Documentation of programs in the Core Library.

* Regional training sessions in use of the software.

* Assistance in moving programs into the Contributed and Core libraries.

III. GUIDELINES FOR ACCESS

Users of the Resource are divided into Class I (service) and Class II (collaborative) users. Class I users will have access to the programs in the Core, Database, and Contributed Libraries, and to the electronic mail and bulletin board facilities. They will use these resources to support their current research, and to contribute information to the Resource community. Class II users will contribute programs to or collaborate in developing new programs for the BIONET Resource and will have access to all four categories (above) of system resources to aid in this effort.

The NAC has set these criteria for eligibility:

Class I--the BIONET Resource will admit pro forma, researchers from academic and non-profit institutions in the U.S., who can demonstrate that they are supported by governmental, philanthropic, or unrestricted institutional funds and that their research can be assisted by the Resource facilities. The BIONET staff will consider on a case-by-case basis applications from investigators in foreign countries or from investigators funded from proprietary or restricted sources, and make recommendations to the NAC, which will make final decisions on all access to the Resource.

Class II--These users must meet the admission requirements for Class I access. In addition, they must indicate that they will participate in developing the Resource, by providing new programs to the BIONET community that help achieve the goals described above. BIONET will restrict the number of Class II users because of the anticipated heavy demands each will place on the facilities. Use of the Resource will be carefully monitored by the staff and the NAC. There will be no initial charge for access to the BIONET computer. A fee-for-service may be required in the future. Researchers will have sufficient warning of fees to include requests for additional funds in their research grant proposals.

The BIONET Resource provides only a computer facility and associated services. It does not provide research equipment. The Resource has a small fund for fostering collaborations and will use this fund, when no other means are available, to support an effort that will advance the goals of the Resource.

IV. APPLICATION PROCEDURES

An application form can be obtained from:

BIONET Applications
c/o BIONET Manager
IntelliGenetics, Inc.
124 University Avenue
Palo Alto, California 94301

A limited fund is available to support the production and distribution of documentation. Approved applicants will receive, free of charge, introductory material on access to BIONET, use of electronic mail and bulletin boards, and brief descriptions of the use of each of the programs in the Core Library. A complete program reference manual is available, at cost, from BIONET for $35.

V. STAFF CONTACT

The NIH contact for further information is:

Dr. Charles L. Coulter
Head, Biological Structure Section
Biomedical Research Technology Program
Division of Research Resources
National Institutes of Health
Bethesda, Maryland 20205

Telephone: (301) 496-5411

ANNOUNCEMENT

THE OLDEST OLD

P.T. 34; K.W. 0404002, 0701013, 0413001, 0408006, 0701016, 0701010, 1201230

THE NATIONAL INSTITUTE ON AGING

I. BACKGROUND AND GOALS

The National Institute on Aging (NIA) invites qualified researchers to submit new and supplemental applications for research projects which focus on the oldest old--those over age 85. Although the over age 85 population is still small in absolute numbers (about 2.6 million), it is forecast to be the fastest growing segment of the population for the period 1980-1990. For the last several decades the over age 85 population has been growing at almost three times the rate of that of all persons over age 65. While comprising only one percent of the total U.S. population today, this segment is projected to rise to 1.9 percent (5 million) by the year 2000, and 5.2 percent by 2050 (16 million). Assumptions about the future direction of the mortality rates of this age group powerfully influence these projections.

The oldest old are very substantial users of health care and other services. While about 6 percent of those aged 75-84 are institutionalized, the rate for those over age 85 is about 23 percent. The 1979 National Health Interview Survey data showed that in just the non-institutionalized elderly, the need for help from another person in one or more activities of daily living increased substantially. Seven percent of those aged 65-74 required help as compared to 16 percent for those aged 75-84, and to over 40 percent for those over 85. This gradient was even steeper in the female population, which greatly outnumbers the male population at older ages. If the current utilization rates for health and other services for this age group are extrapolated simply as a function of the projected growth of the oldest old population, then the implications for society are considerable.

The Federal Government provides, by some estimates, $51 billion in major benefits to those 80 and over. Yet, at almost all levels, from the demographic to the physiologic, less is known about this age group than about any other. For example, federal statistics rarely provide detailed information on those over age 85. Our lack of knowledge about the oldest old results from a number of factors. Until recently their absolute numbers have been small, the available data have often been perceived to be of low quality, and this age group has been considered difficult to study.

This program is described in the Catalog of Federal Domestic Assistance No.13.866, Aging Research. Awards will be made under the authority of the Public Health Service Act, Section 472, 42 USC 2891-1, and administered under PHS grants policy and Federal Regulations 42 CFR Part 66, and Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

This announcement of NIA's special initiative on the Oldest Old supplements, but does not replace, such prior announcements as "Social and Behavioral Research" and "Health and Effective Functioning in the Middle and Later Years"./1 This initiative is being sponsored jointly by the Behavioral Sciences Research and Biomedical Research and Clinical Medicine Programs of the NIA, and is coordinated with related programs in the National Institute of Mental Health and the National Institute of Child Health and Human Development.

II. SPECIFIC OBJECTIVES

This announcement indicates the wide array of knowledge needed, starting with the urgently needed assessment of the quality of the existing data, and the development of improved sources of information and methodologies for studying the oldest old. Also needed are descriptive and analytic studies. Among the broad topics of concern are:

A. Assessment of Existing Data and Methodological Innovations

1. Studies assessing the quality of existing data, and methodological innovations to improve data quality; e.g.:

   - o Studies which improve the representativeness and reliability of data for those over 85, including studies to sharpen current definitions of the household by delineating new types of living arrangements. Improved methods for interviewing and obtaining valid and reliable data for persons with limitations of hearing, vision, memory or comprehension. Improved methods of collecting data in institutions; analyses of the differences in the quality of data collected from the individual versus that from administrative records or from proxy respondents. Studies leading to improved record collecting, cause-of-death reporting, and an increased autopsy rate. Studies which improve the measurement of the various forms of functional ability.

   - o Studies to improve the ability to project and forecast changes in life expectancy and active life expectancy. Development of improved methods for assigning confidence bands to projection.

B. General Characteristics of the Oldest Old

1. Socio-demographic studies within both the United States and other industrialized nations such as:

   - o Distribution and projections by, e.g., sex, race, education, income, residence, and living arrangements. Investigations of migration. Analyses of the composition and proximity of surviving kin.

1/ See NIH Guide for Grants and Contracts, Vol. 12, No. 6, June 17, 1983, pp.5-15, Vol. 10, No. 10, September 4, 1981.

- Analyses of sociodemographic historical trends in the oldest old, and the impact of cohort succession (e.g., in the percent foreign born and of increasing levels of education, etc.) on their characteristics.

- Economic issues such as the distribution of income and wealth in sub-populations, and the conditions under which financial reserves become exhausted; the impact of anticipated institutionalization on saving and consumption; the transmission of assets and patterns of exchange between generations; illiquidity and the implications of reverse mortgages; the assessment of income adequacy measures; relationships between financial status and sense of financial well-being; conditions of daily life of those below, or close to, the poverty line; the economic determinants of living arrangements.

2. Descriptions and analyses of patterns of functioning, morbidity, and disease-specific causes of death. For example:

- Studies of stability and decline in such abilities as memory and problem solving; individual reactions to reduced competency; the epidemiology of sensory and communication problems.

- Clinical, pathologic, and epidemiological data on the prevalence, course, morbidity, and mortality of diseases.

- Physiologic factors (e.g., metabolic, endocrine, immune, skeletal-muscular, sensory, and cardiovascular) which increase or diminish risk for decrements in functioning, specific diseases, and mortality from disease.

- The interaction of multiple disease processes to determine the effects of co-existent diseases on functioning, morbidity, mortality, and implications for intervention and therapy.

- Studies of variation in mortality, morbidity, and patterns of functioning among the population sub-groups of the oldest old within the U.S. and other nations. Studies of the reported "mortality cross-over" phenomenon between black elderly and their white counterparts. Factors which may be associated with differential survival, health, and functioning at the oldest ages, including lifestyle, health behaviors, medical and self care, and genetic and familial background.

C. Interactions with the Society Including Care Systems

1. Studies of the care systems of the oldest old in areas such as:

- The impact of the changing family and increasing participation of women in the labor force on the provision of care for future cohorts of the oldest old. Social and economic effects on families caring for the frail oldest old. The impact of health care reimbursement policies on relationships between formal and informal care systems. Assessment of the resources which allow

Interest in some of the above areas is shared by the National Institute of Mental Health (NIMH). Applications will be assigned according to standing referral guidelines. Information on NIMH program interests can be obtained from;

Center for Studies of the Mental Health
of the Aging
Parklawn Building - Room 11C-03
5600 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-1185.

The review criteria are the traditional considerations underlying scientific merit.

Investigators are encouraged to discuss their projects and the range of available grant mechanisms with NIA staff in advance of formal submission. This can be done through a telephone conversation or brief (4-5 page) research prospectus. Applicants should use the regular research project application form (PHS 398), which is available at the applicant's institutional Application Control Office or from:

Office of Grants Inquiries
Division of Research Grants (DRG)
National Institutes of Health

Telephone: (301) 496-7441

In order to expedite the routing of applications within NIH, please (1) check the box on the application face sheet indicating that your proposal is in response to this announcement and print (next to the checked box) "NIA: THE OLDEST OLD" and (2) enclose a cover letter repeating that your application is in response to this announcement.

Mail the cover letter and the completed application (with 6 copies) to:

Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
5333 Westbard Avenue
Bethesda, Maryland 20205

Receipt dates for Research Project Grant and New Investigator Award applications are: March 1, July 1, and November 1; for others, including Postdoctoral Fellow and Program Project applications: February 1, June 1, October 1.

Address requests for additional information (e.g., sources of data) research prospectuses, and/or letters of intent to:

functioning outside of long-term care settings.

- o Studies of the last year of life including interactions among patients, family, care providers, nursing homes, and the legal system, and implications for costs and patient well-being.

2. Factors affecting institutionalization and use of services, e.g.:

   - o Dementia and other cognitive impairments; osteoarthritis and other causes of impaired mobility; falls and other injuries; and urinary and fecal incontinence.

   - o Living arrangements and the physical characteristics of housing units, including innovations designed to keep the frail in the community, and the availability of support. Comparative analyses among jurisdictions, social, ethnic, and racial groups, or other nations with different rates of institutionalization.

3. Interactions between the oldest old population and society, e.g.:

   - o Forecasting and modeling the impact of the rapid growth of the oldest old population on e.g., the economy, the social security system, the insurance industry, the distribution of income, the health care system, housing, the political system, intergenerational solidarity; and the family structure. Dynamics of resource allocation among age strata. Comparisons of the adaptation of institutions to the growth of the over 85 population across industrialized nations experiencing different rates of structural aging. The impact of social trends.

   - o Special socio-legal problems of this age category; comparison among jurisdictions in the United States of the impact of laws (and their changes) affecting the oldest old and their families; studies of their interactions with the legal system, including analyses of conservatorships, the right of patients to refuse or terminate care and the reactions of institutions to such requests.

III. METHODOLOGY

Research applications need not be limited to any particular methodology of data collection or analysis. Designs will frequently need to include comparisons with age groups below age 85. Designs may include demographic, epidemiological, econometric, and clinical studies with cross-sectional, longitudinal, or cohort designs. Cross-national (and multi-state) comparisons are strongly encouraged. Secondary analysis of existing data is encouraged, although collection of new data will be necessary to meet particular objectives. Where new data are collected, very careful consideration should be given to human subject concerns (see NIH Guide for Grants and Contracts, Vol. 10, No. 4, March 6, 1981).

IV. APPLICATION SUBMISSION AND REVIEW

Applications received in response to this announcement will be assigned to regular peer review groups and will be considered in accordance with NIH guidelines.

For all topics other than biomedical:

National Institute on Aging
Behavioral Sciences Research
Attention: "Oldest Old"
Building 31C - Room 4C32
Bethesda, Maryland 20205

Telephone: (301) 496-3136

For biomedical topics:

National Institute on Aging
Biomedical Research and
Clinical Medicine
Attention: "Oldest Old"
Building 31C - Room 5C21
Bethesda, Maryland 20205

Telephone: (301) 496-1033

ANNOUNCEMENT

EFFECT OF ENVIRONMENTAL AGENTS ON THE ENDOCRINE SYSTEM

P.T. 34; K.W. 1007003, 1200435, 1200090

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

NATIONAL INSTITUTE OF ARTHRITIS, DIABETES AND DIGESTIVE AND KIDNEY DISEASES

Application Receipt Dates: March 1, July 1, November 1

I. BACKGROUND

Although the Division of Diabetes, Endocrinology and Metabolic Diseases (DEMD), National Institute of Arthritis, Diabetes and Digestive and Kidney Disease (NIADDK) supports a major program of basic and clinical research in Endocrinology and the National Institute of Environmental Health Sciences (NIEHS) is the major Federal funding agency for support of basic research in Environmental Health Sciences, neither Institute has previously identified the interaction of chemicals of environmental concern with the endocrine system or the effect of such interaction as an area of special interest.

II. RESEARCH GOALS AND SCOPE

This announcement is issued to stimulate interest in and to increase research activity in environmental endocrinology (i.e., the interaction with and effect of environmental chemicals on the endocrine glands, hormones and receptors). Collaborative research efforts between Endocrinologists and Toxicologists or scientists in closely related disciplines are especially encouraged; applications from individual scientists are also solicited.

Research interests include but are not limited to studies of: 1) the direct and indirect effect of environmental agents on the endocrine and neuroendocrine system, 2) the blocking of hormone release by environmental agents, 3) hormonal actions of environmental agents, mycotoxins and other environmental pollutants, 4) the effect or role of hormones on the toxicity of chemicals, and 5) development and standardization of more sensitive tests for detecting early damage by environmental agents.

This program is described in the Catalog of Federal Domestic Assistance No. 13.112, Characterization of Environmental Health Hazards; 13.113, Biological Response to Environmental Health Hazards; 13.114, Applied Toxicological Research and Testing; 13.115, Biometry and Risk Estimation; and 13.847, Diabetes, Endocrinology and Metabolism. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

III. MECHANISM OF SUPPORT

The mechanism of support for this activity will be the individual research grant - Research Project Grant and New Investigator Research Grant as applicable.

IV. APPLICATION AND REVIEW PROCEDURES

A. Deadline

Applications will be accepted in accordance with the usual receipt dates for new research grant applications, i.e., March 1, July 1, and November 1. The earliest possible award dates will be approximately nine months after the respective receipt dates. Applications received too late for one cycle of review will be held until the next receipt date. This announcement will be effective for two years following the initial receipt date of March 1, 1985.

B. Method of Applying

Applications will be received by the NIH's Division of Research Grants (DRG) and referred to an appropriate study section for scientific and technical merit review. Institute assignment decisions will be governed by normal programmatic considerations as specified in the NIH Referral Guidelines. It is likely that most applications submitted in response to this announcement would receive dual Institute assignments. In general, applications in which the major research interest is on the effect of the environmental agents will be assigned to NIEHS. Applications which focus on the endocrine system and the chemical agents used to elucidate endocrine function will be assigned to NIADDK. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

Following the initial scientific review, the applications will be evaluated by the applicable National Advisory Council.

Applications should be submitted on form PHS 398 (revised 5/82) which is available in the business or grants and contract offices at most academic and research institutions or from the DRG. To identify the application as a response to this announcement, check "yes" in Item 2 on the face page of the application and enter the title "Effects of Environmental Agents on the Endocrine System."

The original and six (6) copies of the application should be directed to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building - Room 240
Bethesda, Maryland 20205

Inquiries related to Environmental studies should be directed to:

Dr. Edward Gardner, Jr.
Program Director
Regular Research Grants Program
National Institute of Environmental
Health Sciences
P.O. Box 12233
Research Triangle Park, North Carolina 27709

Telephone: (919) 541-7724

Inquiries related to Endocrinology Studies should be addressed to:

Dr. Robert A. Tolman
Endocrinology Research Program Director
NIH, NIADDK, DEMD
5333 Westbard Avenue
Bethesda, Maryland 20205

Telephone: (301) 496-7504

ANNOUNCEMENT

RESEARCH ON MENTAL ILLNESS IN NURSING HOMES

P.T. 34; K.W. 0701029, 0701033, 1201160, 0404000, 1201175, 1201170, 0701038, 0701026

NATIONAL INSTITUTE OF MENTAL HEALTH

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

Application Receipt Dates: March 1, July 1, November 1, 1985

The National Institute of Mental Health (NIMH) through the Center for the Studies of the Mental Health of the Aging (CSMHA) seeks applications for individual research projects which will increase knowledge and improve research methodology on emotional, social, behavioral, and mental disorders of residents in nursing homes; will generate information regarding the interplay of biological, behavioral, genetic, and social processes underlying these disorders and the maintenance of mental health among nursing home residents; and will increase knowledge of mental health services and practices.

The proposed research may employ theoretical, laboratory, clinical, methodological, and field studies, and may involve normal elderly subjects as well as residents in nursing homes.

I. TOPICS OF RESEARCH INTEREST

For purposes of this announcement, specific research topics of interest include but are not limited to:

- o Clinical research in major mental disorders in nursing homes.
  - Interface of physical and mental illness in the nursing home, and the impact of mental illness on provision of care in the home.
  - Basic and clinical research on the nature, description, classification, etiology, clinical course, and prognosis of mental disorders and related behavioral disorders in nursing homes, i.e., dementing disorders, depression, anxiety, paranoia, schizophrenia, personality disorders, character disorders, etc., and how these disorders are identified, assessed, and/or treated in the context of particular types of nursing homes.

This program is described in the Catalog of Federal Domestic Assistance No. 13.242, Mental Health Research Grants. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

- Identification and analysis of excess disability--where the magnitude of functional disturbance is far greater than might be reasonably accounted for by the presence of physical illness or cerebral pathology itself.

- Development of valid behavioral and functional assessment instruments which can be used by nursing personnel for purposes of diagnosing and monitoring the course and outcome of illness.

- Studies of treatment resistant syndromes in nursing homes.

- Identification of psychological, biological, and environmental precipitants and concomitants of disorientation in nursing home residents.

o Somatic and nonsomatic treatment and management of mental disorder and behavioral problems in nursing homes.

- Effects of behavioral psychotherapies on cognitively and affectively impaired elderly in the nursing homes.

- Clinical pharmacokinetical studies on representative treatment groups in the nursing home to define more precisely dosage requirements and subject selection characteristics for psychopharmacological treatments.

- Studies on the iatrogenic role of pharmacological agents associated with such outcomes as confusion, memory impairment, cognitive dysfunction, clouding of consciousness, gait disturbances, etc.

- Impact of specific forms of social support and interpersonal relationships on cognitive decline, levels of self-esteem, and general emotional and physical health.

- Methodologies for assessing specific types of interventions for preventing and/or ameliorating emotional and cognitive impairment and dysfunctional behaviors among residents of nursing homes.

- Identification of effective strategies/interventions for preventing or reducing, over time, mental confusion and wandering.

o - Prevention of psychopathology and promotion of mental health among the nursing home residents and their families.

- Ways to enhance self-esteem and autonomous or interdependent functioning, self-care, and mutual support in nursing home residents.

- Identification of the most effective coping strategies and/or intervention used by the caregivers (institutional and family), and kinds of information, training/counseling, and social support which reduce stress and reinforce the increased coping abilities of families of Alzheimer's disease victims.

- Strategies for prevention of dysfunctional behaviors.

o Mental health service design and delivery research in nursing homes.

- Strategies for the development and analysis of linkages between nursing homes, community mental health centers, State hospitals, and private psychiatric hospitals.

- Use of resource utilization groups (RUG) in planning and evaluation of care of the mentally ill elderly (RUG in long-term care is the equivalent to diagnostic related groups (DRG) in acute hospital settings).

- Studies in occupational mental health, staff morale, and staff burn-out.

o Mental health and mental illness as risk factors for institutionalization and discharge.

- Followup on admission to determine the probability of residents with particular symptoms, syndromes, and psychosocial characteristics for release, retention, or death.

- Relationship of physical, psychiatric, emotional, and developmental disorders, social support, and family dynamics in the nursing home placement process and in treatment management selection.

II. APPLICATION

Interest in some of the research topics is shared by the National Institute on Aging (NIA). Applications will be assigned according to the standard referral guidelines. State and local Government agencies should use form PHS-5161. All other applicants should use the standard PHS-398 (Revised 5/82) research grant application form. **Mental Illness in Nursing Homes** should be typed in item #2 on the face page of the application.

Application kits including instructions may be obtained from most institutional business offices or from offices of sponsored research for 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:

Grants Operation Section
National Institute of Mental Health
Parklawn Building - Room 7C-05
5600 Fishers Lane
Rockville, Maryland 20857

The original and six copies (two copies if PHS-5161 is used) of the application must be sent directly to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20205

III. REVIEW PROCEDURES

Applications will be reviewed for scientific merit and relevance to program goals in accordance with the standard review procedures of the Public Health Service (PHS); that is, each application will be assessed first for scientific merit review by an appropriate Initial Review Group (IRG) of non-Government scientists and then for policy and program relevance by the National Mental Health Advisory Council. Only applications recommended for approval by the Council can be considered for funding.

IV. RECEIPT AND REVIEW SCHEDULE

Applications in response to this announcement will be reviewed according to the following schedule:

Receipt of Applications	Initial Review	Advisory Council Review	Earliest Award Date
Dec. 1, 1984	Feb.-March, 1985	May-June, 1985	July 1, 1985
March 1, 1985	May-June, 1985	Sept.-Oct., 1985	Dec. 1, 1985
July 1, 1985	October, 1986	Feb.-March, 1986	April 1, 1986
Nov. 1, 1985	Feb.-March, 1986	May-June, 1986	July 1, 1986

This initiative will last for two years. Thereafter, applications will be received under the regular receipt schedule and will compete for funding with all other applications.

V. STAFF CONSULTATION

Potential applicants are encouraged to contact Institute state listed below to obtain copies of the complete announcement, including background and criteria for review and award:

Mary S. Harper, Ph.D., R.N.
Coordinator, Long-Term
Care Programs

or

Barry Lebowitz, Ph.D.
Chief

Center for Studies of the Mental
Health of the Aging
Parklawn Building - Room 11C-03
5600 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-1185

Information on the NIA programs is available from:

Zaven S. Khachaturian, Ph.D.
National Institute on Aging
National Institutes of Health
Building 31 - Room 5C-27
Bethesda, Maryland 20205

Telephone: (301) 496-9350

or

Kathleen Bond
National Institute on Aging
National Institutes of Health
Building 31 - Room 4C-32
Bethesda, Maryland 20205

Telephone: (301) 496-3136

ANNOUNCEMENT

COMMUNITY PREVENTION RESEARCH IN ALCOHOL AND DRUG ABUSE

P.T. 34; K.W. 0701042, 0404009, 0404019, 0404003, 0403007, 0403004

NATIONAL INSTITUTE ON DRUG ABUSE

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

Application Receipt Dates: First Review Cycle Only - January 2, 1985
Regular Receipt Dates: March 1, July 1, November 1

I. INTRODUCTION

The National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) announce a new research program in community prevention research.

II. BACKGROUND

Despite a general downward trend observed over the last several years, the use/abuse of cigarette, alcohol, marijuana and other drugs continues as a major national and local problem. Research indicates that most approaches to prevention, such as media campaigns, drug education courses or community awareness programs (e.g., health fairs) when implemented separately have limited effectiveness in preventing or delaying the onset of marijuana, tobacco, alcohol and other drug use/abuse. Research suggests, however, that by systematically applying prevention strategies throughout the community in a unified approach which simultaneously involves diverse community elements such as the schools, families, media, and community organizations, it may be possible to reduce the incidence and prevalence of alcohol and drug abuse.

III. RESEARCH GOALS

The goal of this research announcement is to encourage rigorous scientific study of substance abuse prevention technologies at multiple levels in the community (e.g., individual, small group, family, parent groups, community boards) in order to determine their efficacy in preventing the onset of both alcohol and drug use and patterns of abuse. Application characteristics include the following:

This program is described in the Catalog of Federal Domestic Assistance No. 13.279, Drug Abuse Research Program and No. 13.272, Alcohol National Research Service Awards for Research Training. Grants are awarded under the authority of the Public Health Service Act, Section 301 and 515 (42 U.S.C. 241) and administered under PHS grant policies and Federal regulations, 42 CFR Part 52 and CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

- o Applications are expected to study multiple intervention strategies targeted at a specific population group.

- o The proposed project must involve at least two of the following: the family, media, schools, natural social support groups, community organizations and relevant health care providers. Further, it is recommended, and priority will be given, to projects which include at least one intervention in each of the areas of behavior change and community development as described below.

- o The research must be designed to allow for the assessment of individual intervention strategies as well as their combined effects at the community level.

- o Inclusion of previously tested program components is encouraged. In addition, the design and testing of innovative program approaches is also encouraged where appropriate to the research hypotheses being tested and the target populations included in the study design.

- o It is expected that proposed research will examine interventions that prevent the use/abuse of both alcohol and drugs.

- o Given the complex nature of substance abuse prevention research, an interdisciplinary research team is recommended.

IV. CONTENT AREAS FOR COMMUNITY INTERVENTION RESEARCH PROJECTS

Research is needed to apply research knowledge of relevant determinants of drug and alcohol use to the design and testing of appropriate multiple component community interventions that promote development of positive health behaviors. Specifically, research is needed to assess multiple strategies for promoting positive psychological and behavioral change, which simultaneously utilize the schools, media, family, friends or social networks to influence these processes. Research is needed to expand knowledge of the efficacy of multiple strategies of social skill development which promote health enhancing behaviors. For example, the combination of media, home and school-based prevention strategies based upon social learning theory might equip youth with generalizable assertiveness skills allowing them to resist peer pressure to use drugs.

In addition, research is needed to design and test prevention strategies that involve community leaders, organizations, and institutions in establishing an environment in which durable positive health behavior change can be developed and maintained. Community involvement and commitment to substance abuse prevention has been traditionally a desired goal of public health programs. However, much has yet to be learned as to the theoretical basis for promoting community involvement and the testing of multiple techniques that will lead to citizen and organizational participation in the prevention of substance abuse.

Research is needed to develop and test a variety of promising models of community/environmental change that capitalize upon existing community leadership and organization in order to activate those social units which can best deliver health education messages, encourage environmental change, and establish community systems to continue substance abuse prevention activities independent of outside grant support.

V. MECHANISMS OF SUPPORT

The support mechanism for this program is the traditional grant in aid. Applicants will plan and conduct their own programs.

VI. REVIEW PROCEDURES AND CRITERIA

Applications received under this announcement will be assigned to the NIDA for review. Applications will be reviewed for scientific merit by a peer review group consisting primarily of non-Federal experts. Since these applications are expected to cut across several fields, special attention will be given to ensuring that appropriate expertise is available for their review.

Applications will receive a secondary review for scientific/technical merit and policy consideration by the National Advisory Councils of the NIDA and the NIAAA. Notification of review outcome will be sent to the applicant upon completion of the review process. Only applications recommended for approval can be considered for funding.

VII. METHODS OF APPLYING

Applications may be submitted by non-profit, for-profit, or public organizations. The regular research grant application for PHS 398 (Rev. 5/82) must be used in applying for these awards. However, State and local agencies should use form PHS 5161 (Rev. 3/79). When applying, type on page one, of item 2 of PHS 398 the name of this announcement--**Community Prevention Research in Alcohol and Drug Abuse.**

Application kits are available from university grant offices: They are also available from the following:

Grants Management Branch
National Institute on Drug Abuse
Parklawn Building - Room 10-25
5700 Fishers Lane
Rockville, Maryland 20857

Telephone: (301) 443-6710)

The original and six copies of applications (original and two copies, if PHS 5161 is used) must be submitted to the following address:

Division of Research Grants
Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20205

VIII. CONSULTATION AND FURTHER INFORMATION

Potential applicants are encouraged to seek preapplication consultation. Preapplication consultation and further information about the program can be obtained from either NIDA or NIAAA by contacting:

National Institute on Drug Abuse

William J. Bukoski, Ph.D.
Research Psychologist
Prevention Research Branch
Division of Clinical Research
Parklawn Building - Room 10A-20
5700 Fishers Lane
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National Institute on Alcohol Abuse and Alcoholism

Ernestine Vanderveen, Ph.D.
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