NIH Guide
for Grants and Contracts

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

Vol. 14, No. 3, March 1, 1985

IN THIS ISSUE:

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.

NOTICE

CHANGE IN NATIONAL INSTITUTE ON AGING GUIDELINES FOR PROGRAM PROJECT GRANT APPLICATIONS

P.T. 34; K.W. 0783015, 0710030

NATIONAL INSTITUTE ON AGING

The National Institute on Aging (NIA) Guidelines for Program Project Applications (**NIH Guide for Grants and Contracts,** Vol. 12, No. 4, April 22, 1983) are revised effective April 1, 1985 to delete the limitation on level of funds requested and consecutive years of support.

Teaching Nursing Home program project applications must also be consistent with these overall guidelines for program projects.

ERRATA

BIOMEDICAL RESEARCH FELLOWSHIP OPPORTUNITIES ABROAD

P.T. 22, 48; K.W. 0720005

JOHN E. FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES

In the January 4, 1985 edition of the NIH Guide for Grants and Contracts Vol. 14, No. 1, an error was made in the last sentence of the first paragraph. The correct sentence should read as follows:

> The purpose of these fellowships is to enhance the exchange of research experience and information in the biomedical, behavioral and health sciences.

An error was also made in the fifth paragraph of this Announcement that is completed on page 13. Please delete the last sentence of that paragraph. The correct paragraph should read as follows:

> Applications to the Alexander von Humboldt Foundation and the Visiting Scientists Program for the National Science Council, Taiwan are available and are accepted throughout the year. All other applications must be submitted by June 1, 1985. **Please note that this is a change in the receipt date for applications to these fellowship programs.**

TO ALL PERSONS INTERESTED IN THE MANAGEMENT OF NRSA TRAINING PROGRAMS

P.T. 44, 22; K.W. 0720005, 1014002

In the January 4, 1985 edition of the NIH Guide for Grants and Contracts, Vol. 14, No. 1, an error was made in the first sentence of the first paragraph. The correct first sentence should read as follows:

> The ten year period 1970-71 to 1980-81 saw a rising graduate school tuition of 9.3 percent in private and 8 percent in public institutions per year as derived from a sample of 17 private and 3 public institutions.

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-RR-02

RESEARCH CENTERS IN MINORITY INSTITUTIONS

P.T. 34, 14, 18, FF; K.W. 0780010, 1014001

DIVISION OF RESEARCH RESOURCES

NATIONAL INSTITUTES OF HEALTH

Application Receipt Date: April 15, 1985

The National Institutes of Health (NIH) recently announced a new type of grant, the Research Centers in Minority Institutions (RCMI) Award. Its purpose is "to establish research centers in those predominantly minority institutions which offer doctoral degrees in the health professions or the sciences related to health "....(Report of the House/Senate Conferees on the Fiscal Year 1985 Appropriation for the Office of the Director, NIH).

The RCMI Program will be managed by the Office of the Director, Division of Research Resources (DRR). The program is designed to provide grants of up to $1,000,000 per year, for five years, to help eligible institutions enrich their research environments via selected improvements in their human and physical resources.

To be eligible to compete for an RCMI Award, an institution must have 50 percent or more minority enrollment and offer doctoral degrees in the health professions or the sciences related to health.

Eligible applicants have been identified through a search of NIH records and institutional inquiries. Officials of eligible institutions will receive copies of the final RFA, program guidelines and supplementary applications directly from the DRR.

Inquiries about this program should be directed to:

Chief, RCMI Program
Division of Research Resources
National Institutes of Health
Building 31 - Room 5B03
9000 Rockville Pike
Bethesda, Maryland 20205

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-EY-01

INSTRUMENTATION, ALTERATION AND RENOVATION, AND CONSTRUCTION

P.T. 02, 18; K.W. 0780010, 0735015, 1014001

NATIONAL EYE INSTITUTE

Application Receipt Date: May 15, 1985

BACKGROUND

The National Eye Institute (NEI) previously announced the availability of a Request for Applications (RFA) for a program that will support grants in three different areas:

1. Acquisition of Specialized Laboratory Instrumentation
2. Alteration and Renovation of Existing Facilities
3. New Construction

$3,300,000 was appropriated for a Vision Research Facilities Program in Fiscal Year 1985. The full text of the previous announcement may be found in the NIH Guide for Grants and Contracts Vol. 14, No. 1, January 4, 1985.

The RFA program guidelines and applications are now available from the staff contacts listed at the end of this announcement and are being mailed directly to individuals who responded to the preliminary announcement. There are no changes in the program as previously announced except that the NEI share for construction will be limited to 50% and guidelines have been finalized for the maximum to be requested for such type of award.

APPLICATION PROCEDURE

Prospective applicants are strongly encouraged to contact staff of the NEI before any application procedures are initiated to discuss the feasibility of the proposal. Each of the support mechanisms for construction, renovation, and instrumentation must be applied for separately.

This program is described in the Catalog of Federal Domestic Assistance. Eye Research Construction Grants are listed at CFDA No. 13.985. Construction grants made under this program are subject to Executive Order 12372. Awards in support of alteration and renovations or specialized instrumentation are not subject to Executive Order 12372. All 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 54.

Application forms and detailed program assistance may be obtained from either of the following individuals:

Ronald G. Geller, Ph.D.
Associate Director for Extramural
and Collaborative Programs
National Eye Institute
Building 31 - Room 6A03A
Bethesda, Maryland 20205

Telephone: (301) 496-4903

or

Geoffrey E. Grant, Chief
Extramural Services Branch
National Eye Institute
Building 31 - Room 6A50
Bethesda, Maryland 20205

Telephone: (301) 496-5884

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-EY-02

PROFILE OF VISUAL FUNCTION IN LOW VISION PATIENTS

P.T. 34; K.W. 1002046, 0735015, 0740065, 0415000, 0730000

NATIONAL EYE INSTITUTE

NATIONAL INSTITUTE ON AGING

Application Receipt Date: June 14, 1985
Letter of Intent Receipt Date: May 1, 1985

The National Eye Institute (NEI), in cooperation with the National Institute on Aging (NIA), announces the availability of a Request for Applications for research project grants for support of studies on functional vision in low vision patients. The major objective of this RFA is to encourage scientists and clinicians to relate information derived from laboratory tests of visual function to patients' ability to perform common visually based tasks in their everyday lives. The goal is to develop a battery of tests that could be used by practicing eye care specialists to generate a profile of visual function for each of their patients and then predict how their functioning will improve with the use of specific visual aids.

Surveys of visually impaired persons reveal two main clusters of tasks that present special difficulties for patients' adaptation to limited vision: orientation and mobility tasks and tasks involving visual information extraction. It is expected that multidisciplinary teams of eye care specialists, vision scientists, orientation and mobility specialists, and rehabilitation professionals will be required to address these problems.

This program is described in the Catalog of Federal Domestic Assistance No. 13.871, Strabismus, Amblyopia and Visual Processing. 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 Grants Policies and Federal Regulation 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.

The mechanism of support for this program will be the traditional individual research project grant (R01). Review of applications for scientific and technical merit will be by an initial review group convened solely for this purpose by the Review and Special Projects Office, NEI. Following the initial review for scientific merit, applications will be reviewed by the National Advisory Eye Council.

Requests for copies of the complete RFA should be addressed to:

Constance W. Atwell, Ph.D.
Chief, Strabismus, Amblyopia, and
Visual Processing Branch
National Eye Institute
Building 31 - Room 6A49
Bethesda, Maryland 20205

Telephone: (301) 496-5301

ANNOUNCEMENT

RESEARCH ON THE CAUSE AND PREVENTION OF MYOPIA

P.T. 34; K.W. 0715100, 0745055, 0755030, 0785055, 0755015

NATIONAL EYE INSTITUTE

The National Eye Institute (NEI) encourages the submission of research grant and fellowship applications on the cause, prevention, and methods to retard the progression of myopia. It has been estimated that as many as 25 percent of all Americans between the ages of 12 and 54 are myopic. Myopia seems to occur more frequently among females than among males, more often in whites than in blacks, and to be correlated positively with income and educational level. All forms of myopia cause deficits in distance vision, thereby impairing a person's ability to perform many tasks. However, some persons are afflicted by a more serious, progressive form of myopia that may lead to retina detachment and blindness.

In spite of the widespread occurrence of myopia, little is known regarding its causative factors or whether its development can be prevented or altered. It is known that myopia develops in some species of animals when they are raised in a cage or when their visual fields are restricted. This may occur because the animals' visual experience is limited largely to nearby objects, but this assumption has not yet been proven. Lid suture in some animal models also leads to myopia, presumably by eliminating pattern vision to the closed eye. However, not all species of animals react to lid suture by becoming myopic, and there are many unknown aspects regarding how, why, or when myopia may be induced in susceptible animals via this approach. Lid suture-induced myopia in some animal models may be reversible, but the basis for this reversibility and whether it could provide any clues for reversing human myopia are not known.

Some investigators are pursuing the possiblity that the accommodative efforts which accompany close reading or work may be important in the development of myopia. Well-designed studies also are needed to determine whether periodic rest of the eyes from close work or eye exercise might prevent or retard myopia, as has been thought by some individuals and in some cultures. Attempts to prevent or minimize the development of myopia via various types of corrective lenses or medications have produced mixed results.

Because of the inconclusive status of the projects described above, research on the cause, mechanisms and prevention of myopia requires additional emphasis. Listed below are some areas that appear to warrant increased research activity:

This program is described in the Catalog of Federal Domestic Assistance No. 13.871, Strabismus, Amblyopia and Visual Processing. 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 Grants Policies and Federal regulation 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.

- o Etiology and mechanisms of myopia in animal models and humans.
- o Determination of whether ocular accommodation affects the development and/or progression of myopia.
- o Epidemiological studies of risk factors for myopia.
- o Clinical trials of treatments thought to prevent or retard the progression of myopia.

Chapter 11 of Vision Research, A National Plan: 1983-1987, Volume Two/Part Five (Report of the Strabismus, Amblyopia, and Visual Processing Panel) provides more information about research needs and opportunities in Optics and Refractive Errors, Including Myopia. Copies of these volumes can be obtained by writing to:

Mr. Julian Morris
Associate Director for Program Planning
and Evaluation
National Eye Institute
Building 31 - Room 6A25
National Institutes of Health
Bethesda, Maryland 20205

I. MECHANISM OF SUPPORT

The mechanism of support for this program will be the Small Grant (R03), Research Project Grant (R01), and New Investigator Research Award (R23). Individual postdoctoral fellowship (F32) and senior fellowship (F33) applications may also be submitted. Program directors are encouraged to use positions on training grants (T32) for training appropriate to research on the cause and prevention of myopia.

II. APPLICATION AND REVIEW PROCEDURES

A. Deadline

Applications will be accepted in accordance with the usual receipt dates, as indicated below:

Type of Application	Receipt Date	Earliest Possible Funding Date
Research Project Grant (R01) & New Investigator Research Award (R23)	March 1 July 1 November 1	December 1 March 1 July 1
Small Grant (R03)	February 1	July 1
Fellowship (F32, F33)	February 1 June 1 October 1	August 1 December 1 April 1

This announcement will be effective for two years following the initial receipt date of June-July 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. The review criteria customarily employed by the NIH for regular grant applications will prevail.

Following the initial scientific review, the applications will be evaluated by the applicable National Advisory Council. It is likely that most applications Research grant applications should be submitted on form PHS 398 (revised 5/82) and fellowship applications on form PHS 416 which are available in the business or grants and contracts 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 **"Research On The Cause and Prevention Of Myopia"**. 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 should be directed to:

Constance W. Atwell, Ph.D.
Strabismus, Amblyopia, and
Visual Processing Program
National Eye Institute
Building 31 - Room 6A49
National Institutes of Health
Bethesda, Maryland 20205

Telephone: (301) 496-5301

ANNOUNCEMENT

AVAILABILITY FOR REQUEST FOR APPLICATIONS: RFA 85-HD-04

P.T. 34; K.W. 0750020, 1003006, 1003012, 0710100, 0413002, 0760035, 0755025

DESIGN, SYNTHESIS AND TESTING OF NON-STEROIDAL MALE CONTRACEPTIVE AGENTS

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Letter of Intent Receipt Date: April 1, 1985
Application Receipt Date: June 14, 1985

I. BACKGROUND

The Contraceptive Development Branch (CDB) of the Center for Population Research (CPR) of the National Institute of Child Health and Human Development (NICHD), is inviting research grant applications for investigations into the design and synthesis (as well as relevant biological evaluation) of novel non-steroidal male contraceptive agents. By issuing a Request for Applications (RFA), CPR is indicating its intention to encourage investigator interest in this specific research area.

II. RESEARCH GOALS AND SCOPE

One purpose of this RFA is to encourage a joint venture of synthetic chemists and reproductive biologists into conducting investigations involving the design of novel non-steroidal agents for fertility control in the male and the testing of their hypotheses by synthesis and biological evaluation. If, however, the synthetic chemist cannot secure the necessary biological testing commitment, he/she may request the CDB to test the compounds in appropriate, standard assays.

In considering and designing relevant chemical agents it is necessary to recognize that the pharmacological regulation of fertility is unique in that one is not dealing with a specific disease entity and that the risk to benefit ratio and the side effects must be much lower than those ordinarily accepted in the therapeutic treatment

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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 intergovernmental review requirements of Executive Order 12372 or Health Systems Agency Review.

of pathological conditions. In recognition of this approach, it is justifiable to exclude all agents which have the potential for toxic manifestations, e.g., alkylating agents, nonspecific anti-metabolites, antimitotic agents, etc.

The CDB is currently supporting several projects involving the synthesis of LHRH analogs and does not wish to encourage further work in this area under this RFA. For similar reasons the CDB is not soliciting applications for the synthesis of steroids for male fertility regulation. The CDB has also concluded that further synthesis of gossypol analogs is not warranted at this time in view of the lack of in vivo activity (at the doses tested) seen with all of the gossypol analogs synthesized to date.

The research areas for which applications are sought with this RFA are:

A. Design and synthesis of inhibitors of testicular sperm development.

B. Design and synthesis of post-testicular inhibitors of sperm maturation and function.

C. Design and synthesis of agents with preferential effects on Sertoli cells.

III. STAFF CONTACT

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

Marvin J. Karten, Ph.D.
Contraceptive Development Branch
Center for Population Research
National Institute of Child Health
and Human Development
Landow Building - Room 7A04
National Institutes of Health
Bethesda, Maryland 20205

Telephone: 301/496-1661

ANNOUNCEMENT

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

BIOEFFECTS OF ULTRASOUND

P.T. 34; K.W. 0607024, 0411005, 0710030, 0775020, 0785055, 0775025

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: July 15, 1985

The Genetics and Teratology Branch (GT) of the Center for Research for Mothers and Children (CRMC) of the National Institute of Child Health and Human Development (NICHD) invites research project grant applications (R01s) for studies of the bioeffects of ultrasound on developing organisms.

I. BACKGROUND INFORMATION

The use of ultrasound in the management of pregnancies has since its introduction into obstetric practice in the 1950's become a highly sophisticated technology that is capable of detecting many structural and functional abnormalities of the developing fetus. It may be employed to determine fetal size and gestational age, assess fetal structural anomalies, detect multiple and ectopic pregnancy, and as a guide in fetal therapy. The technology has overcome the many limitations of roentgenology and has virtually eliminated the need for fetal exposure to ionizing radiation.

Because of these advantages, the use of diagnostic ultrasound has grouwn rapidly until today about one-third to one-half of all pregnant women, and therefore at least one million developing fetuses, are exposed to ultrasound radiation in the United States each year. Yet it is not clear if diagnostic ultrasound usage during pregnancy is free of risk to the developing fetus. There have been no reports of clinically observed adverse effects associated with the prenatal use of ultrasound, but clinical impressions, although valuable, do not establish conclusively that the use of ultrasound involves no risks. Past epidemiological studies have not yielded conclusive evidence regarding safety or adverse effects of ultrasound because of inadequate study design. Animal and cellular studies have also been unable to rule out or suggest harmful ultrasound effects and some studies could not be repeated. Furthermore, information on exposure conditions of previous ultrasound bioeffects studies is frequently incomplete.

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, Title III, Section 301 (P-ublic 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.

The extraordinary acceptance of ultrasonography as an indispensible prenatal diagnostic tool that might soon result in prenatal exposure of a majority of infants to ultrasound in utero, as well as the lack of the necessary bioeffects information, lead NICHD to encourage ultrasound research. A better data base for reasonable estimates of bioeffects and risks of ultrasound on developing organisms should result in the near future.

II. RESEARCH GOALS AND SCOPE

This RFA solicits applications from qualified investigators for interdisciplinary studies to advance our understanding of potential bioeffects of ultrasound that might be initiated in developing organisms before birth. Investigations should search for ultrasound effects covering the organisms' earliest developmental periods and on through embryogenesis, fetal and postnatal stages to maturity. Studies may include potential defects, whether they are immediate or delayed, at all levels of biological organization to determine possible molecular, cellular, as well as tissue and organ-level key developmental processes that might be affected. This should include examination of differential gene action, of all cellular morphogenetic processes, and of determination and differentiation that specify the organisms' maturation. Investigations may utilize appropriate animal models for ultrasound effect determinations and/or cell, tissue, organ or embryo culture methods to carry out such studies. Epidemiological studies are also encouraged to exclude major ultrasound effects, to examine for subtle ultrasound effects, and to determine frequencies of potential lasting effects, should some be discovered. Clinical investigations are sought that contribute to improved prenatal use of the ultrasound technology, but efficacy of such studies is not an objective of this RFA. Investigations of fundamental ultrasound interaction mechanisms with developing biological systems and separation of different causes of potential adverse developmental outcomes as well as of appropriate ultrasound dosimetry are also encouraged.

III. STAFF CONTACT

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

Anne K. Krey
or
Delbert H. Dayton, M.D.
Genetics and Teratology Branch
Center for Research for Mothers and Children
National Institute of Child Health
and Human Development
National Institutes of Health
Landow Building - Room 7C09
Bethesda, Maryland 20205

Telephone: (301) 496-496-5541

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR COOPERATIVE AGREEMENT APPLICATIONS: RFA 85-HD-06

COOPERATIVE MULTICENTER NETWORK OF NEONATAL INTENSIVE CARE UNIT (NICUs)

P.T. 34; K.W. 0755015, 0403020, 0745020, 0415000, 0715155

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receive Date: June 14, 1985

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Agreement in a multicenter cooperative clinical study designed to investigate the safety and efficacy of new treatment and management strategies that may be employed in the care of infants in NICUs. The Institute program staff will collaborate with the principal investigators of the selected NICUs in identifying research topics of high priority and in designing protocols appropriate to the evaluation of optimum management in the care of infants admitted to NICUs. It is anticipated that the program will consist of four phases:

Phase 1. (2 months) Identification of issues of importance in clinical care of sick newborns and prioritization of those issues relative to patient need.

Phase 2. (6 months) Design of diagnostic and treatment protocols and data sets to be accepted by all participating organizations.

Phase 3. (52 months) Institution of management protocols, data collection, and data transfer.

Phase 4. (40) months) Initiation of propective planning pertaining to termination of studies, addition of new protocols, and delineation of future research needs. This phase will begin six months after Phase 3 has started.

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, Section 301 (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 funding mechanism to be used to assist the scientific community in undertaking this system of clinical investigation will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants.

APPLICATION PROCEDURE

Applications must be submitted on form NIH 298 (Revised 5/82) which includes form HHS 596 dealing with protection of human subjects.

ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed request for application by telephoning:

Charlotte S. Catz, M.D.
Chief, Pregnancy and Perinatology Branch
Center for Research for Mothers and Children
National Institute of Child Health
and Human Development
National Institutes of Health
Landow Building - Room 7C09
Bethesda, Maryland 20205

Telephone: (301) 496-5575

ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR COOPERATIVE AGREEMENT APPLICATIONS: RFA 85-HD-07

COOPERATIVE MULTICENTER NETWORK OF MATERNAL-FETAL MEDICINE UNITS (MFMUs)

P.T. 34; K.W. 0785135, 0745055, 0755015, 0730005, 0745020, 0415000

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: June 14, 1985

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Agreement in a multicenter cooperative clinical study designed to investigate problems in clinical obstetrics, particularly those related to prevention of low birth weight. The Institute program staff will cooperate with the principal investigators of the selected maternal-fetal medicine units (MFMUs) in identifying research topics of high priority and in designing protocols appropriate to the evaluation of optimum management in these high priority areas. It is anticipated that the program will consist of four phases (duration of phases is estimated only):

Phase 1. (2 months) Identification of issues of importance in clinical obstetrics, and prioritization of those issues relative to patient need.

Phase 2. (6 months) Design of diagnostic and treatment protocols and data sets to be accepted by all participating organizations.

Phase 3. (52 months) Institution of clinical trial protocols, data collection, and data transfer.

Phase 4. (40 months) Initiation of prospective planning pertaining to termination of studies, addition of new protocols, and delineation of future research needs. This phase will begin six months after Phase 3 has started.

It is anticipated that approximately six to eight clinical centers will be involved in the program. The deadline for receipt of applications is June 14, 1985. Applications received after this date will not be considered. Only institutions in the United States will be eligible for participation.

This program is desscribed 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, Section 301 (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 Ststems Agency review.

MECHANISM OF SUPPORT

The funding mechanism to be used to assist the scientific community in undertaking this system of clinical investigation will be a Cooperative Agreement between the participating units and NICHD. The major difference between a Cooperative Agreement and a research grant is that there will be substantial programmatic involvement of NICHD staff above and beyond the levels required for traditional program management of grants.

APPLICATION PROCEDURE

Applications must be submitted on form NIH 398 (Revised 5/82) which includes form HHS 596 dealing with protection of human subjects.

ADDITIONAL INFORMATION

Potential applicants are encouraged to request a detailed Request for Applications by telephoning:

Donald McNellis, M.D.
Pregnancy and Perinatology Branch
National Institute of Child Health
and Human Development
National Institutes of Health
Landow Building, Room 7C09
Bethesda, Maryland 20205

Telephone: (301) 496-5575

ANNOUNCEMENT

AVAILAVILITY OF REQUEST FOR APPLICATIONS: RFA

85-HD-08

INJURY AND INJURY PREVENTION IN CHILDREN

P.T. 34; K.W. 0770005, 0715005, 0715210, 0745055, 0715020, 0715175, 0725000, 0502017

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Letter of Intent Receipt Date: May 15, 1985
Application Receipt Date: July 15, 1985

I. BACKGROUND

The Human Learning and Behavior Branch (HLB), Center for Research for Mothers (NICHD) supports research in behavioral pediatrics, a new research area which focuses on applying principles of human learning to health and illness behaviors of children, as well as the behaviors of adults significant in affecting the child's health environment. A part of this research effort seeks to determine the role of behavioral factors in the etiology of childhood injuries and their prevention. In the United States, injuries have replaced infectious diseases as the leading cause of death and disability among children and young adults. Because the NICHD is the appropriate agency to deal with such public health issues and also recognizes the magnitude of the problem, research on injuries is a major priority for the Institute.

This RFA invites scientists to submit grant applications for research concerned with the prevention of injury in children. The focus should be directed to unintentional injury or trauma. In agreement with the American Academy of Pediatrics, the NICHD uses the specific term "injury" or "trauma" in place of the more general term "accident."

II. OBJECTIVE AND SCOPE

This RFA invites scientists to submit grant applications for research on childhood injuries and injury prevention. Applicants should seek to clarify the major

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, 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 intergovernmental review requirements of Executive Order 12372 or Health SystemsAgency Review.

behavioral and environmental variables responsible for specific kinds of childhood injuries. Of particular interest are studies that identify and measure observable behaviors of parents and children that are precursors of injury occurrence or injury avoidance (safety); that is, behaviors closely linked to injury morbidity and mortality data. Also relevant are observational studies of environmental conditions modifiable by parents or children which lead to injury or injury reduction. Research needs include the development of experimental models that explain (in analogue situations) the origins and continuation of both risk-taking and injury avoidance (safety) behaviors. Findings from such research studies can provide a basis for developing effective interventions.

Of particular interest are studies that develop generic intervention strategies that can reduce identified antecedent behaviors and/or environmental factors that increase the likelihood of injury. For example, to reduce the number of poison related fatalities and injuries in children, one strategy would encourage parents to use tamper-resistant caps on medications and other toxic substances, and also remove lead based paint from all indoor surfaces. This passive type strategy has proven more successful in reducing childhood poison fatalities than the active approach of continually monitoring the child's activities.

Also relevant are studies to: (a) determine the most effective educational training procedures for differing populations of concern (e.g., children of different ages and sex), (b) identify societal variables that affect accident behavior, and (c) categorize children's responses to accidents, covering both dangerous and safe behaviors, thereby facilitating the development of a single intervention approach that serves multiple kinds of accident behavior.

III. STAFF CONTACT

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

Josephine D. Arasteh, Ph.D.
Health Scientist Administrator
Human Learning and Behavior Branch
Center for Research for Mothers
and Children
National Institute of Child Health
and Human Development

Telephone: (301) 496-6591

*U.S. GOVERNMENT PRINTING OFFICE: 1985-461-312:15