NIH Guide for Grants and Contracts

Vol. 14, No. 9, July 18, 1985

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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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 ad-

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.

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REVISION OF ANNOUNCEMENT

GERIATRIC LEADERSHIP ACADEMIC AWARD (K07)

P.T. 34; K.W. 0710010

NATIONAL INSTITUTE ON AGING

The National Institute on Aging (NIA) has revised the dates for receipt of applications for the Geriatric Leadership Academic Award which were published in the NIH Guide for Grants and Contracts, Vol. 13, No. 10, September 7, 1984. Applications will be reviewed three times a year according to the following schedule:

Applications Received By:	Council Review	Earliest Start Date		
October 1	May	June 1*		
February 1	September	October 1		
June 1	February	March 1*		

^{*}of the year following receipt

CANCER CENTERS PROGRAM

P.T. 04; K.W. 0715035, 0710030

NATIONAL CANCER INSTITUTE

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) announces the availability of revised guidelines for the existing Cancer Center Support Grant program as well as guidelines for the newly created Consortium Cancer Center Support Grant program. The latter program is designed to support a consortium of the various cancer resources of a region in the conduct of cancer control and related research. The guidelines for both programs are included in a single document, "Guidelines 1985: Cancer Center Support Grant and Consortium Cancer Center Support Grant." Applicants are requested to submit a letter of intent four to six months in advance of the regular due date for applications (October 1, February 1, June 1).

Interested investigators should obtain copies of "Guidelines 1985" from:

Chief, Cancer Centers Branch Division of Cancer Prevention and Control National Cancer Institute Blair Building - Room 714 8300 Colesville Road Silver Spring, Maryland 20205-4200

Telephone: 301 - 427-8663

CANCER EDUCATION GRANTS (R25)

P.T. 25; K.W. 0785140, 0715035

NATIONAL CANCER INSTITUTE

Applications are received February 1, June 1, and October 1. An applicant may request support for (1) oncologic curriculum development, (2) medical and dental student summer cancer research experiences; (3) short-term cancer research education for prebaccalaureate minority students from nearby colleges having a student body predominantly miniority in constitution; or (4) continuing cancer education. An application may embody only one of the above elements, or any combination of them.

Additional information may be obtained from:

Program Director Cancer Training Branch, DCPC National Cancer Institute National Institutes of Health Blair Building - Room 424 Bethesda, Maryland 20205-4200

SMALL GRANTS AND SPECIAL EMPHASIS RESEARCH CAREER AWARD (SERCA) GRANTS

P.T. 34; K.W. 0710030, 0725020

NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH

Effective immediately, the application receite dates for Small Grants (R03) and SERCA Grants (K01) supported by the National Institute for Occupational Safety and Health (NIOSH) are changed to November 1, March 1, and July 1. In addition, an expedited secondary review will be made for R03 and K01 grants so that research can be initiated sooner on awarded grants. All other programmatic aspects remain unchanged as described below. Additional information may be obtained from:

Roy M. Fleming, Sc.D.
Associate Director for Grants
National Institute for Occupational
Safety and Hazard
Centers for Disease Control
Building 1 - Room 3053
Atlanta, Georgia 30333

Telephone: 404 - 329-3343

PROGRAM REQUIREMENTS

Small Grants

A small grant application is intended to provide financial support to carry out exploratory or pilot studies, to develop or test new techniques or methods, or to analyze data previously collected. This small grant program is intended for predoctoral graduate students, post-doctoral researchers (within three years following completion of doctoral degree or completion of residency or public health training) and junior faculty members (no higher than assistant professor). If university policy requires that a more senior person be listed as principal investigator, the application should specify that the funds are for the use of a particular student or junior-level person and should include appropriate justification for this arrangement. Though biographical sketches are required only for the person actually doing the work, the application should indicate who would be supervising the research. Small grant applications should be identified as such on the application form.

The total small grant award may comprise direct costs of up to \$15,000 per year and additional indirect costs, as appropriate. The grants may be awarded for up to two years and are thereafter continuable by competitive renewal as a regular research grant. Salary of the principal investigator as well as that of the junior

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investigator, if university policy requires a senior person to be listed as the principal investigator, will not be allowed on a small grant, though salaries can be requested for necessary support staff such as laboratory technicians, interviewers, etc.

Special Emphasis Research Career Award (SERCA) Grants

The SERCA is designed to enhance the research capability of individuals in the formative stages of their careers who have demonstrated outstanding potential for contributing as independent investigators to health-related research. Candidates must have had two or more years of relevant postdoctoral experience prior to the submission date. The application must document accomplishments in this period that demonstrate research potential; it must also present a plan for additional experience in a productive scientific environment at domestic institutions that will foster development of a career of independent research in the area of occupational safety and health. The SERCA is not intended for untried investigators, or for productive, independent investigators with significant numbers of publications of high quality, or for persons of senior academic rank (above associate professor or tenured). Moreover, the award is not intended to substitute one source of salary support for another for an individual who is already conducting full-time research, nor is it intended to be a mechanism for providing institutional support. application must demonstrate that the award will make a difference in and enhance the candidate's development as an independent investigator.

Candidates must indicate a commitment of at least 60 percent time (not necessarily 60% salary) devoted to research under the SERCA grant, although full-time is desirable. Other work in the area of occupational safety and health will enhance the candidate's qualifications but is not a substitute for this requirement. While working closely with one or more advisors, the awardee is expected to develop capabilities in fundamental, applied, and/or clinical research in one of the areas in section IV. At the end of the award period, evidence of independent investigative capability should be present such that the individual is better able to compete in traditional NIOSH research grant activities.

The total grant award may comprise direct costs of up to \$30,000 per year and up to eight percent additional indirect costs. Direct costs may include salary plus fringe benefits, technical assistance, equipment, supplies, consultant costs, domestic travel, publication, and other costs. If the awardee already holds a small grant on the same research topic, the amount of the SERCA may be reduced up to the amount of the small grant. Awards may be up to three years and will not be renewable.

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-HL-29-B

REGULATION OF THE CLONED HUMAN BETA-GLOBIN GENE

P.T. 34; K.W. 0745065, 0755035, 0790010, 0755040, 0780020

DIVISION OF BLOOD DISEASES AND RESOURCES

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Application Receipt Date: November 15, 1985

The Blood Diseases Branch of the Division of Blood Diseases and Resources, National Heart, Lung, and Blood Institute (NHLBI) announces the availability of a Request for Applications (RFA) on the above subject. Copies of the RFA, 85-HL-29-B, may be obtained from staff of the NHLBI.

The program will encourage research addressing approaches to the insertion and regulation of the cloned human beta-globin gene into hematopoietic tissue in culture or in live animals. The use of appropriate vectors and subsequent bone marrow transplantation should allow transfer of new genetic material into intact adult animals. This work should thus provide novel systems in which in vitro manipulated sequences, both regulatory and transcribed, may be studied in normal hematopoietic tissues in culture and in live animals. It is expected that this research will have the potential for advancing our ability to perform gene therapy for beta-thalassemia in the future. However, gene therapy in humans is not the subject of this solicitation.

Requests for copies of the RFA should be addressed to:

Alan S. Levine, Ph.D.
Deputy Chief, Blood Diseases Branch
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building - Room 5A12
Bethesda, Maryland 20205

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ANNOUNCEMENT

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-AG-01

NEUROLOGIC, MUSCULAR, PERCEPTUAL AND CARDIOVASCULAR ASPECTS OF

FALLS AND GAIT DISORDERS IN ELDERLY PEOPLE

P.T. 34; K.W. 0715140, 0715005, 0710010, 1002034

NATIONAL INSTITUTE ON AGING

Application Receipt Date: November 15, 1985

I. BACKGROUND INFORMATION

Falls and gait disorders cause pain, fear, suffering, restriction of daily activities, institutionalization and death among older people. The vast majority of the approximately 200,000 hip fractures occurring each year are suffered by elderly people. Many are the result of a fall. The one year mortality of hip fracture victims probably exceeds 20%. Many elderly persons have impairments of gait speed and the inability to climb stairs which restricts their activities.

Falling and gait disorders are not an inevitable accompaniment of old age. They are the result of diseases and conditions and the interactions of diseases and conditions. Some of the diseases and conditions implicated include psychological and cognitive disorders, architectural barriers and distractions, prescribed and over-the-counter drug use, and alcohol use. Neurologic, muscular, perceptual defects and cardiovascular abnormalities are important contributors to falls and gait disorders directly and through interactions with the above conditions.

II. RESEARCH GOALS AND SCOPE

The goal of this RFA is to solicit research which will (1) determine the neurologic, muscular, perceptual, and cardiovascular factors in elderly people responsible for the various types of falls and disabling gait disorders and (2) elucidate the underlying pathophysiologic mechanisms. The long range purpose of the NIA is to develop the research base needed for future clinical trials of interventions to prevent falls and gait disorders.

Studies of interest include but are not limited to:

- A. Effects of neurologic and other chronic diseases of the elderly, and of medications widely used by the elderly, on gait and balance control mechanisms.
- B. Characterization of specific types of motor dysfunction responsible for postural instability, including deficits in strength and speed.

- C. Studies on dysfunctions in the speed or integration of reflexes involved in maintaining or regaining balance, including sensory pathways, central processing, or motor pathways.
- D. The effect of habitual physical activity or specific nutrients on the neuromuscular control of postural stability and gait.
- E. Studies on the contribution of abnormalities in vestibular function, proprioception, or visual spatial perception to the risk of falling.
- F. Autopsy or other pathologic studies of central or peripheral neurologic abnormalities, or muscle abnormalities, in persons with a high propensity to fall.
- G. The role of orthostatic hypotension in predisposing to falls.

III. MECHANISMS OF SUPPORT

The administrative and funding mechanisms to be used to support the studies will be the Research Project Award and the Program Project Award. The regulation (Code of Federal Regulations, Title 42, Part 52, and Title 45, Part 74) and policies that govern the research grant programs of the Public Health Service will prevail. The award of grants pursuant to this RFA is contingent upon the receipt of appropriated funds for this purpose. This RFA is a one time invitation. There are no plans for future reissuance. The duration of proposed projects may be up to five years. Renewal applications may be submitted but no funds have been specifically reserved for renewals at this time.

The start date for funded projects will be approximately July 1, 1986. A total of up to \$1,250,000 will be allocated to fund the first year awards. The number of awards will depend on the quality and research scope of approved applications.

IV. STAFF CONTACT

A letter of intent is not a prerequisite for applying; however, prospective applicants are encouraged to send a letter briefly describing scientific goals, staffing, subject population and resources of the proposed project. This letter should be sent to the NIA contact by August 15, 1985.

A complete RFA and additional information may be obtained from:

Teresa Sluss Radebaugh, Sc.D. National Institute on Aging Building 31 - Room 5C21 9000 Rockville Pike Bethesda, Maryland 20205

Telephone: 301-496-1033

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-AI-06

MECHANISM OF LATENCY OF HERPES SIMPLEX VIRUS

P.T. 34; K.W. 1002045, 0765015, 0705055, 0760015

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Application receipt date: November 15, 1985

I. BACKGROUND INFORMATION

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for a program project grant to be initiated during FY 1986 for participation in a program of research to define the mechanism of genetic regulation of latency and reactivation of herpes simplex virus in ganglionic nerve cells. This RFA will not be reissued in fiscal year 1986.

Herpes simplex virus (HSV) is ubiquitous in the populations of the world. Once infected an individual may present with mucocutaneous lesions and recover, but the virus usually persists for the life of the individual in a state of latency in neural ganglia or may periodically reactivate to cause recrudescent lesions.

Much of the morbidity associated with herpes simplex is related to the capacity of the virus to remain latent and to cause recrudescent lesions. None of the available drugs affect the virus in its latent state. Prophylactic use of acyclovir does not preclude recrudescence of lesions upon termination of treatment and continuous intake of the drug may pose more serious problems than the recurrences it suppresses.

Although it is known where the virus resides during the latent state, there is little data on the mechanism by which HSV establishes latency. Until recently, the methodology required to attack the problem was not available. The methodology currently available should be appropriate and sufficient to test current hypotheses regarding mechanism.

II. RESEARCH GOALS AND SCOPE

Specific program goals are listed as follows:

- A. Identify the genes and gene products controlling ascension of the HSV to the central nervous system.
- B. Detect latent gene products in cells of latently infected ganglia.
- C. Identify viral genes and gene products required to establish latency.

- D. Identify viral genes and gene products involved in the termination of latency.
- E. Identify ganglionic cell elements involved in both establishment and termination of latency.

The scope of the program shall be limited to mechanisms of latency and reactivation of herpes simplex virus, types 1 or 2, in man or in an appropriate animal model.

III. MECHANISM OF SUPPORT

Achievement of the stated goals requires multidisciplinary approaches with strong leadership for coordinating all aspects of the research. The program project grant mechanism is appropriate for these purposes. One program project can be awarded and supported for up to five years contingent upon the availability of funds. Renewability will depend upon progress toward the specific aims and the availability of funds.

Consortium agreements should be explored when all of the required expertise is not available in one institution. Domestic research laboratories of public or private institutions are eligible to apply.

Earliest possible start date is July 1, 1986. No currently funded projects are competing for renewal support under this announcement.

IV. IDENTIFICATION OF CONTACT POINT

Direct all inquiries and requests for the full text of the RFA to:

William P. Allen, Ph.D. Bacteriology and Virology Branch Westwood Building - Room 736 National Institute of Allergy and Infectious Diseases Bethesda, Maryland 20205

Telephone: (301) 496-7728

A more detailed RFA is available upon request from the Institute contact. A letter of intent, while not mandatory, is strongly suggested and should be forwarded to the Institute no later than September 3, 1985. A letter of intent is not binding and will not enter into the review of any application subsequently submitted.

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-AI-07

SEXUALLY TRANSMITTED DISEASES RESEARCH UNITS

P.T. 34; K.W. 0715220, 0715125, 1002027, 1002032, 1002045, 0755020, 0785055, 0403004

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Application Receipt Date: November 15, 1985

I. BACKGROUND

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for a program project grant to be initiated during FY 1986 as part of a continuing program of research in Sexually Transmitted Diseases (STD). This RFA will not be reissued in fiscal year 1986.

One of the major health problems in the U.S. today is that of sexually transmitted (venereal) diseases. The explosive rise in gonococcal infections in the last decade, for example, with an estimated 2,000,000 gonococcal cases per year, can be considered a major infectious disease epidemic. Many other diseases, such as chlamydial infections and genital herpes also show similar increases. Enteric infections, hepatitis B, and cytomegalovirus are known to be transmitted by the sexual route; these are now being recognized with increasing frequency. Pelvic inflammatory disease, the most serious sequela of gonococcal and chlamydial infection in females, costs the Nation's health services an estimated \$1.25 billion annually.

II. RESEARCH GOALS AND SCOPE

A. As one means of achieving the major goal of further needed research in this area, the NIAID proposes to maintain support of a number of STD Research Units, or centers of excellence, to serve as foci for research and training in STD. This RFA is for support of one such STD unit; these units are supported as multidisciplinary program project grants. A strong clinical component should be a major part of the application, with individual investigators heading separately identifiable research subprojects within the overall cover

This program is supported under authorization of the Public Health Service Act, Public Law 78-410, as amended. The Catalog of Federal Domestic Assistance citation is Sec. 13.856, Microbiology and Infectious Diseases Research. Awards will be 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.

of the program project. The fields of research to be considered for emphasis in this program project can be on any or all of the STDs that are currently recognized as significant public health problems.

B. The research efforts should focus on diseases known, or believed to be transmitted by sexual contact or the sexual route. The diseases of interest in this program are: gonorrhea; syphilis; chlamydial infection; trichomonas infection; viral infections such as genital herpes, genital warts, hepatitis B; nonspecific vaginitis; enteric diseases; parasitic infestations. Specific areas of research can include, but are not limited to: basic biology and virulence factors of the causal organisms, the hosts' immune responses; animal model systems; diagnosis, therapy, and preventive measures; epidemiology, including computer modeling studies.

An educational component to advance learning experiences in STD of medical staff and fellows, as well as a community outreach program, can be considered an appropriate part of the STD Research Unit.

This project will not, however, be considered for individual postdoctoral training; stipends for training are supported by other mechanisms.

C. MECHANISM OF SUPPORT

Eligibility - Domestic universities, medical colleges, hospitals, laboratories, and other public or private research institutions, including State and local governmental units, are eligible.

The program project (STD Research Unit) can be supported for up to five years; renewability is dependent on successful competition and the availability of funds. Earliest start date is August 1, 1986. This request is open to all applicants. Direct costs should not exceed \$450,000. One currently funded STD Research Unit will be competing for renewal support.

III. IDENTIFICATION OF CONTACT POINT

Direct all inquiries and requests for the full text of the RFA to:

Milton Puziss, Ph.D., Chief
Bacteriology and Virology Branch
MIDP
National Institute of Allergy and
Infectious Diseases
National Institutes of Health
Westwood Building - Room 738
Bethesda, Maryland 20205

Telephone: (301) 496-7728

A more detailed RFA is available upon request from the Institute contact. A letter of intent, while not mandatory, is strongly suggested and should be forwarded to the Institute no later than September 15, 1985. A letter of intent is not binding. It will not enter into the review of any application subsequently submitted and is not a necessary requirement for application.

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-CA-06

DEVELOPMENT, VALIDATION AND APPLICATION OF BIOCHEMICAL MARKERS OF

HUMAN EXPOSURE FOR USE IN EPIDEMIOLOGIC STUDIES

P.T. 34; K.W. 0715035, 0785055

NATIONAL CANCER INSTITUTE

Letter of Intent Receipt Date: October 1, 1985
Application Receipt Date: November 4, 1985
Start Date: July 1, 1986

The Division of Cancer Etiology (DCE), National Cancer Institute (NCI), invites applications for cooperative agreements to further the effective use of biochemical markers as exposure indices in future epidemiologic studies. Although the awards will be made and managed by the NCI, staff involvement and participation in funding on the part of the National Institute for Occupational Safety and Health (NIOSH), the National Institute of Environmental Health Sciences (NIEHS) and the Environmental Protection Agency (EPA) is anticipated.

The purpose of this announcement is to solicit applications directed toward the further development of biochemical markers of exposure to increase the power of epidemiologic studies in which they can be utilized. It is expected that positive results would be widely applied by the epidemiologic research community in the design of future studies.

The specific objective of the initiative is to encourage investigations designed to develop, characterize, validate and apply measurement methods for biologic markers of human exposure (which has occurred in the recent or distant past) which would be useful in the conduct of epidemiologic studies.

Applicants funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between federal staff and the awardees to accomplish the purpose of the activity. As more completely described in the RFA, the recipients will be totally responsible for the development and conduct of the research. Involvement of staff members of the Federal organizations specified above will be non-directive and will not, under any circumstance, control the research activities to be carried out. It will be limited to 1) consulting on proposed methodologies to maximize their epidemiologic utility, 2) providing a resource of information on the extent and distribution of exposures, 3) providing information on, and access to, cohorts of exposed individuals which could provide material for methods development and validation, and 4) facilitating the exchange of information and materials among the awardees. Non-profit and for-profit organizations and institutions may apply. All applications submitted in response to this announcement will be classified as new grants (Type 1).

Copies of the complete Request for Applications and additional information may be obtained from:

John A. Cooper II, Ph.D. Extramural Programs Branch Landow Building - Room 8C16 National Cancer Institute Bethesda, Maryland 20205

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

85-HD-12

RESEARCH ON TEEN CONTRACEPTIVE BEHAVIOR

P.T. 34; K.W. 0775020, 0750020, 0413002, 0403001, 0404000

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: November 15, 1985

BACKGROUND INFORMATION

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 adolescent pregnancy, contraception, and childbearing. This RFA invites scientists to submit grant applications for the support of research on an important aspect of adolescent fertility, the factors affecting the ability of sexually active teenagers to contracept effectively.

Research documents that one of the main reasons teen fertility in the United States is high (relative to other developed countries) is inadequate or ineffective contraceptive use among sexually active teenagers. A number of research studies have found, particularly among young female teens, failure to use contraception at first intercourse and during the first year after first intercourse. As a result, the risk of pregnancy is very high during this period. Although contraceptive use gradually improves, there is still a substantial failure rate among contraceptors. Use-effectiveness rates among female teens are much lower than those among older women. Almost nothing is known about teen male contraceptive behavior. A number of hypotheses have been advanced to explain teen contraceptive behavior. Some focus on individual factors: ambivalence about one's sexuality, lack of knowledge of the risk of pregnancy, substance use/abuse, inability to plan ahead, cognitive immaturity, low aspirations, inadequate motivation to avoid pregnancy; on couple factors: inability to communicate, embarrassment, failure for one person to take responsibility; on community factors: lack of accessible, appropriate and affordable family planning methods/services, lack of meaningful alternatives to childbearing; and on societal factors: lack of contraceptive advertising, and ambivalent societal attitudes about sexuality and contraception.

The purpose of the proposed research would be to test some of the hypotheses advanced to explain use and non-use of contraception, the process of contraceptive adoption, patterns of use between first intercourse and regular use, the effectiveness of use, and the choice of methods among teenagers. Researchers would be encouraged to conduct research on males as well as females. Although researchers would be expected to focus on adolescents and their behavior, contraceptive use cannot be interpreted as a uniquely adolescent problem unless their behavior is compared with that of comparable older individuals. Thus researchers may wish to have a comparison group of older women and/or men. The results of this research will complement planned research on

contraception among adults and ongoing research on the consequences of pregnancy resolution decisions, as well as help fill out the gaps in our understanding of teen fertility behavior in general.

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:

Sandra L. Hofferth, 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

AVAILABILITY OF REQUEST FOR COOPERATIVE AGREEMENT APPLICATIONS: RFA 85-HD-13

COOPERATIVE MULTICENTER PROGRAM ON ENVIRONMENTAL CONDITIONS FOR

NON-HUMAN IN VITRO FERTILIZATION AND PREIMPLANTATION DEVELOPMENT

P.T. 34; K.W. 1002042, 1002017, 0780020, 0780015, 1002052

NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Application Receipt Date: October 15, 1985

The National Institute of Child Health and Human Development (NICHD) invites applications from investigators willing to participate with the NICHD under a Cooperative Multicenter Program funded by cooperative agreements and designed to determine the environmental conditions that will promote more effective non-human in vitro fertilization and especially, more successful, normal in vitro preimplantation development for several species. The Institute program staff will cooperate with the Principal Investigators in planning and evaluation of the research and serve as coordinator, facilitator and partner in the research. The research will consist of:

- Phase I (3 months) Determination, by consensus, of experimental approaches, design of protocol, methods of standardization of experiments between centers, determination of experimental end points and methods of evaluation, statistics;
- Phase II (45 months) Determination and testing of culture media formulations, gas phases and culture vessels for non-human in vitro fertilization and preimplantation development;
- Phase III (12 months) Analysis and dissemination of results to be done as various segments of the research are completed.

This program is described in the Catalog of Federal Domestic Assistance No. 13.864 Population Research. Awards will be made under 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 Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review

It is anticipated that there will be substantial evolution of the program as new findings are obtained and shared. New principles obtained from research on one species could be rapidly tested in other species. Applications received after the receipt date will not be considered. Only institutions in the United States will be eligible for participation.

MECHANISM OF SUPPORT:

The funding mechanism for assistance in this high priority area of research will be cooperative agreements 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 conventional grants management procedures.

APPLICATION PROCEDURE:

Potential applicants can request further information and copies of the full RFA which outlines the requirements for participation in this program from:

Richard J. Tasca, Ph.D.
Reproductive Sciences Branch
Center for Population Research
National Institute of Child Health
and Human Development
Landow Building - Room 7C-33
Bethesda, Maryland 20205

MULTIDISCIPLINARY RESEARCH CENTER(S) FOR THE STUDY OF NEURO-GENETIC

DISORDERS OF INFANCY AND CHILDHOOD

P.T. 04; K.W. 0705055, 1002019, 0715135, 0785165, 04u3020, 0770005, 0755030, 0745020, 0415000

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

The Convulsive, Developmental, and Neuromuscular Disorders Program of the National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) encourages the submission of research center grant applications (P50) to establish one or more multidisciplinary research centers for the purpose of investigating epidemiologic, genetic, biochemical and clinical aspects of neuro-genetic disorders of infancy and childhood and of developing measures for their prevention, early diagnosis and treatment.

I. BACKGROUND

It is estimated that of the 3,000 known genetic disorders, as many as one-third are primarily neurologic or have important neurologic involvement. Most of them occur with low frequencies, but collectively they impose an enormous burden on the family and on society. Examples of such disorders that affect infants or children are: neurofibro-matosis, tuberous sclerosis, infantile and juvenile types of neuronal (Jansky-Bielschowsky lipofuscinosis disease. Batten adrenoleukodystrophy, neuroaxonal dystrophy, Pelizaeus-Merzbacher disease, trichopoliodystrophy, and subacute necrotizing encephalopathy (Leigh disease). Most of these neuro-genetic disorders show a Mendelian pattern of inheritance. Some disorders, however, also occur sporadically and their genetic basis is not clear. The metabolic defects in neuro-genetic disorders are largely unknown. Because of the low frequency of individual disorders, in-depth studies encounter many technical and logistic difficulties. The proposed multidisciplinary research center(s) should provide the necessary expertise in a suitable milieu where a spectrum of these neuro-genetic disorders can be investigated.

II. RESEARCH GOALS AND SCOPE

Through the research center grant activity, the NINCDS intends to fund one or more multidisciplinary centers where the scope of research may include both basic and clinical investigations into the etiology, pathogenesis, diagnosis, prevention and

This program is described in the Catalog of Federal Domestic Assistance No. 13.852, Neurological Disorders. 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.

therapy of neuro-genetic disorders of in fancy and childhood, particularly those which occur with low frequency and whose metabolic defect is unknown. Investigators are encouraged to assemble multidisciplinary expertise in these areas to conduct research employing a variety of experimental approaches and methods. Consortium agreements are encouraged to provide access to suitable patient populations. Some examples are given below, but these are not limiting.

- A. Subjects. Studies on patients and their families are encouraged. However, the development of animal models, particularly homologous mutants, would greatly facilitate research and would provide direct and crucial information about the etiology and pathogenesis of these disorders.
- B. Clinicopathologic correlations. The relation of the clinical picture to pathologic findings is a most important aspect of this research. Histopathologic studies, including neurochemical studies of fresh tissue, should provide basic data for better understanding of the relationship between pathophysiology and the evolution of clinical signs and symptoms, as well as the course of the disorder.
- C. Genetics. Classical genetic studies have established the mode of inheritance for most of these disorders. Further genetic studies, however, using modern, precise methods are needed to determine if etiologic heterogeneity exists, and if sporadic cases are due to reduced penetrance or represent phenocopies. A most important contribution of genetic studies would be to establish the chromosomal location and linkage relationships of the genes responsible for these disorders. State of the art methodologies for such studies should be used, including cell hybridization and restriction fragment length polymorphisms.
- D. Biochemistry. Studies should be directed at discovering the metabolic defect in each of these disorders and identifying its molecular basis. Successful biochemical studies will lead to understanding of the pathogenetic mechanisms and make possible the recognition of the heterozygote. Currently available advanced and sophisticated methodologies should be brought to bear on this important research, including monoclonal antibody technology, the highly sensitive techniques of histochemistry, immunochemistry and membrane microchemistry, tissue culture, and the high-resolving power of rapid flow microfluorimetry and two-dimensional electrophoresis.
- E. Neuroimaging. New neuroimaging technologies provide investigators with opportunities in the study of neuro-genetic disorders. When infants with serious neuro-genetic disorders undergo diagnostic procedures for their own medical benefit, an opportunity may be present for intensive study of brain pathology and function not permissible in infants and children with less serious disorders.

III. ETHICAL ISSUES

Some specific research projects on neuro-genetic disorders may present complex ethical issues. In such instances, applicants are expected to include a thorough and precise discussion of specific ethical issues as they relate to the given project.

IV. MECHANISM OF SUPPORT

Support for this program will be through the traditional grant-in-aid. Successful applicants will direct and carry out the center's research projects.

V. APPLICATION AND REVIEW PROCEDURES

Applications should be prepared on Form PHS 398 according to instructions contained in the application kit which is available from most institutional business offices, or from the Division of Research Grants (DRG), at the address given below. NINCDS "Guidelines for Research Center and Program Project Grants" must be followed and are available from staff listed in item V. Check "Yes" in item 2 on the face sheet of the application and type "RESEARCH CENTER FOR THE STUDY OF NEURO-GENETIC DISORDERS OF INFANCY AND CHILDHOOD" in the space provided.

To be noted: The NINCDS has a \$600,000 per year maximum direct cost guideline on any award action. Contact program staff for additional information -- see item V.

The original and six copies of the application should be mailed to the following address:

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

Deadline dates for the receipt of center research grant (P50) applications are October 1, February 1, and June 1.

For further information applicants may contact:

Dr. Ntinos C. Myrianthopoulos
National Institute of Neurological and Communicative
Disorders and Stroke
National Institutes of Health
Federal Building - Room 8C-16A
Bethesda, Maryland 20205

AVAILABILITY OF REQUEST FOR APPLICATIONS: RFA

COOPERATIVE AGREEMENTS FOR NATIONAL COLLABORATIVE CHEMOPREVEN-

TION PROJECTS

85-CA-15

P.T. 34; K.W. 0715035, 0745055, 0760035

NATIONAL CANCER INSTITUTE

Application Receipt Date: October 25, 1985

The Division of Cancer Etiology (DCE) of the National Cancer Institute (NCI) invites applications for cooperative agreements for NATIONAL COLLABORATIVE CHEMOPREVENTION PROJECTS (NCCP). The projects are conceived as new approaches to cancer prevention in order to: acquire basic knowledge in significant biological systems for carcinogenesis/anticarcinogenesis; derive new insights into practical means for chemoprevention of the carcinogenic process; and rapidly translate these understandings into new chemopreventive entities with known ranges of efficacy and defined pharmacologic/toxicologic properties.

The present RFA announcement is for a single competition with a specified deadline of October 25, 1985 for receipt of applications.

I. BACKGROUND

The DCE has responsibility for support of basic research and development efforts in chemoprevention of cancer. As a program mechanism in addition to individual grants and contracts, the new projects are envisioned as means to enhance and expand multidisciplinary/interdisciplinary basic studies in development of new chemopreventive entities and strategies for cancer prevention. Each NCCP would consist of a number of laboratory research programs representing diverse scientific disciplines and expertise. Scientists in a given project could derive from any combination of the academic, non-profit, and for-profit communities. Scientists in an NCCP could also be drawn from a single organization possessing necessary diversity and in-depth expertise to accomplish project objectives. Each project is envisioned to consist of a project Director, Program Leaders in several broad scientific disciplines and an NCI Coordinator. The project Director has the responsibility for organizing the project, assembling the multidisciplinary group of Program Leaders, preparing the cooperative agreement application and serving as Principal Investigator. This individual provides scientific and administrative leadership and, in addition, is expected to provide a laboratory program. A high degree of interaction and focus are expected in project efforts.

Many classes of chemopreventive agents have been investigated in numerous biological systems, and of these, a significant number appear promising for substantial developmental efforts. These classes include, among others, protease inhibitors, antioxidants, dithiolthiones, dehydroepiandrosterone and related analogs, cyanates and isothiocyanates, inhibitors of arachidonic acid metabolism, nucleophiles and potential new classes of inhibitors existing in natural products such as foods consumed by man, as exemplified by green and yellow vegetables. Since there is already extensive activity in retinoids research and development, applications in this area will be considered non-responsive.

II. MECHANISM OF SUPPORT

Awards will be made as Cooperative Agreements. These are assistance relationships involving substantial involvement of NCI staff during performance of the project. The nature of NCI staff participation is included in the RFA. However, the applying project must define its objectives in accord with its own interests and perceptions of novel approaches to cancer prevention. The role of NCI staff will be to provide assistance, advice and guidance after an award is made. Final decision-making authority during performance will rest with the project director.

NCI anticipates the funding of multiple awards for project periods of five (5) years and has set aside \$1,500,000 for the initial year's funding. The expected starting date for these awards is August 1, 1986. Although this program is provided for in the financial plans of the NCI, awards are contingent upon availability of funds for this purpose and the receipt of applications of high scientific merit.

III. INQUIRIES

The RFA is available from:

Carl E. Smith, Ph.D.
Program Director
Biological and Chemical Prevention
Chemical and Physical Carcinogenesis Program
Division of Cancer Etiology
National Cancer Institute
Landow Building - Room 9B-06
Bethesda, Maryland 20205