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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

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NOTICES

PUBLIC HEALTH SERVICE POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS REVISED AS OF SEPTEMBER 1986
MODIFICATIONS IN THE NRSA SENIOR FELLOWSHIP PROGRAM1 National Institutes of Health Index: FELLOWSHIPS
DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)
PROPHYLACTIC PENICILLIN IN SICKLE CELL DISEASE (RFP)
BALLOON VALVULOPLASTY/DATA COORDINATING CENTER (RFP)
IDENTIFICATION, ACQUISITION AND PRODUCTION OF REAGENTS AGAINST H-2 CELL MEMBRANE ANTIGENS (RFP)
PERFORMANCE OF PROTOCOL TOXICOLOGY STUDIES (RFP)
APPLICATION OF SUPERCOMPUTERS TO BIOMEDICAL RESEARCH (RFA)
COOPERATIVE AGREEMENTS FOR COOPERATIVE GROUP OUTREACH PROGRAM (RFA)4 National Cancer Institute Index: CANCER
COOPERATIVE AGREEMENTS FOR PREVENTION CLINICAL TRIALS UTILIZING INTERMEDIATE ENDPOINTS AND THEIR MODULATION BY CHEMOPREVENTIVE AGENTS (RFA)
COOPERATIVE AGREEMENTS FOR METABOLISM AND PHYSIOLOGY OF RETINOIDS AND CAROTENOIDS IN HUMANS (RFA)
COOPERATIVE AGREEMENTS FOR THE PHYSIOCHEMICAL EFFECTS OF DIETARY FIBER IN HUMANS (RFA)
CANCER PREVENTION AND CONTROL RESEARCH SMALL GRANTS PROGRAM (RFA)7 National Cancer Institute Index: CANCER
DATA-BASED INTERVENTIONS FOR CANCER CONTROL (RFA)9 National Cancer Institute Index: CANCER
SPECIALIZED CENTERS OF RESEARCH IN ADULT RESPIRATORY FAILURE (RFA)10 National Heart, Lung, and Blood Institute Index: HEART, LUNG, AND BLOOD

NOTICES

PUBLIC HEALTH SERVICE POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS REVISED AS OF SEPTEMBER 1986

P.T. 34; K.W. 0201011, 1014003, 1014002

National Institutes of Health

The Public Health Service Policy on Humane Care and Use of Laboratory Animals (PHS Policy) has been amended to incorporate changes mandated by the Health Research Extension Act of 1985, Public Law 99-158. The most significant changes are: members of the Institutional Animal Care and Use Committee (IACUC) must now be appointed by the Chief Executive Officer (CEO); animal welfare assurance must now contain an explanation of training or instruction available to all personnel involved in the use, care, and treatment of animals; IACUC evaluations must be conducted once every six months; and minority views of IACUC members must be included in the reports of the semi-annual reviews.

Institutions which have an approved or provisionally acceptable Animal Welfare Assurance on file with OPRR must submit by July 1, 1987 an amendment to their assurance which reflects the changes that the institution has made to conform to the amended PHS Policy.

Copies of the Public Health Service Policy on Humane Care and Use of Laboratory Animals Revised as of September 1986 may be obtained from:

Carol Young Wigglesworth
Office for Protection from Research Risks
National Institutes of Health
Building 31, Room 4B09
Bethesda, MD 20892
Telephone: (301) 496-7163

MODIFICATIONS IN THE NRSA SENIOR FELLOWSHIP PROGRAM

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

National Institutes of Health

To emphasize the training nature and intent of Senior Fellowships under the National Research Service Award (NRSA) program, the information statement describing these fellowships has been revised (September 1, 1986). The revised information statement now includes the following:

"The senior fellowship is designed to provide training for experienced scientists to make major changes in the direction of their research careers, or to broaden their scientific backgrounds by acquiring new research capabilities. These awards will enable individuals beyond the new investigator stage to take time from regular professional responsibilities for the purpose of receiving training to increase their scientific capabilities to engage in health-related research."

Also, the \$30,000 maximum stipend is specified as a 12-month stipend to be prorated for training periods of less than 12 months. The modified guidelines will apply to applications submitted for the January 10, 1987, and subsequent receipt dates.

The revised senior fellowship information statement is now being sent out with application kits. Additional copies are available from:

Program Analyst
Manpower Review Section
Division of Research Grants
Westwood Building, Room A27
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7221

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

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

PROPHYLACTIC PENICILLIN IN SICKLE CELL DISEASE

RFP AVAILABLE: RFP-NHLBI-HB-87-08

P.T. 34; K.W. 0755015, 0740005, 0745055

National Heart, Lung, and Blood Institute

The Sickle Cell Disease Branch of the Division of Blood Diseases and Resources of the National Heart, Lung, and Blood Institute plans to evaluate the benefit/risk of discontinuing daily oral penicillin at the age of five years in children with sickle cell disease. The offeror must contact and enter into the study patients with the following characteristics: Children with sickle cell anemia who are five years and three months of age or less; who will have been on oral penicillin prophylaxis for at least two years by the time of randomization; whose birth dates are not later than January 1, 1987; and whose parents/ guardians consent to immediate entry of their children and also randomization at age five into a group to continue oral penicillin or a group to stop prophylaxis. A minimum of ten (10) children must be available for entry and follow-up for the study which involves: collection of clinical data at specified intervals, e.g., history, physical exam, NP cultures, cultures with infection, antibody levels, etc. This is an announcement for a Request for Proposals (RFP). RFP NIH-NHLBI-HB-87-08 will be available on or about November 21, 1986. This is a seven-year program. Twenty to forty awards are anticipated by the Government. Your written request should include three (3) self-addressed mailing labels, and must cite RFP No. NHLBI-HB-87-08.

Request for copies of the RFP should be sent to the following address:

Lynda A. Bindseil, Contract Specialist BDR Contracts Section National Heart, Lung, and Blood Institute Federal Bldg., Room 5C14 7550 Wisconsin Avenue Bethesda, MD 20892

BALLOON VALVULOPLASTY/DATA COORDINATING CENTER

RFP AVAILABLE: RFP-NHLBI-HV-87-03

P.T. 34; K.W. 1010013, 1004008

National Heart, Lung, and Blood Institute

The National Heart, Lung, and Blood Institute (NHLBI) requires an organization to function as a Data Coordinating Center during the five year period from June 1987 to June 1992 to collect, edit, store, and analyze baseline and outcome data on patients with severe valvular stenosis treated with balloon valvuloplasty at various participating centers. To accomplish this objective the contractor will be required to: (1) Work with investigators from the Clinical Units and the Cardiac Diseases Branch staff, NHLBI, in development of a final study protocol, manual of operations, and data forms (Phase I); (2) Collect, edit, store, and analyze data submitted from the Clinical Units (Phase II/patient accrual); and (3) Monitor submission of follow-up data and provide analyses and expert statistical advice regarding publication of study findings (Phase III).

This is not a Request for Proposals (RFP). RFP NIH-NHLBI-HV-87-03 will be available on or about November 25, 1986, with proposals due on or about January 12, 1987. One (1) award is anticipated by the Government. Your written request should include three (3) labels, self-addressed with your mailing address, and must cite RFP No. NHLBI-HV-87-03.

Request for copies of the RFP should be sent to the following address:

Kristee M. Ryman, Contract Specialist HVD Contracts Section, Contracts Operations Branch, DEA National Heart, Lung, and Blood Institute Federal Building, Room 4C04 National Institutes of Health Bethesda, Maryland 20892

IDENTIFICATION, ACQUISITION AND PRODUCTION OF REAGENTS AGAINST H-2 CELL MEMBRANE ANTIGENS

RFP AVAILABLE: RFP-NIH-NIAID-IAIDP-87-22

F . 34; K.W. 0740020, 1003006, 0760045

National Institute of Allergy and Infectious Diseases

The National Institutes of Health (NIH) has a requirement for the acquisition of reagents against H-2 cell membrane antigens and the corresponding immunogens.

The Genetics and Transplantation Biology Branch of the Immunology, Allergy and Immunologic Diseases Program of the National Institute of Allergy and Infectious Diseases (NIAID) is soliciting contract proposals from organizations having the facilities and demonstrated expertise in synthesis of poly-peptides and preparation of monoclonal antibodies and/or xenoantisera.

This NIAID sponsored project shall take approximately five years to complete. The work will require polypeptide synthesis, Mab and/or xenoantisera preparation and characteristization, as well as the acquisition of reagents prepared by other investigators. Access to a well maintained inbred mouse colony and/or facilities necessary for the preparation of xenoantisera is required.

This is an announcement for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-IAIDP-87-22 will be issued on or about November 26, 1986, with a closing date tentatively set for January 21, 1987. This will be a cost reimbursement contract. One award is anticipated as a result of this announcement.

Requests for the RFP should be directed in writing to:

Larry Butler
Contract Specialist, Contract Management Branch
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 707
5333 Westbard Avenue
Bethesda, Maryland 20892

The advertisement does not commit the Government to award a contract.

PERFORMANCE OF PROTOCOL TOXICOLOGY STUDIES

RFP AVAILABLE: NCI-CM-87201-29

P.T. 34; K.W. 1007009, 0710100, 0740020

National Cancer Institute

The Development Therapeutics Program (DTP) of the Division of Cancer Treatment (DCT), National Cancer Institute (NCI), is seeking organizations to conduct, under contract, pre-clinical toxicology studies of oncolitic agents. The data from these studies must be suitable for filing with the Food and Drug Administration (FDA) as part of Investigational New Drug Applications (INDA). The organizations should have the facilities and staff to carry out such studies and the management expertise to analyze and evaluate the data.

As a minimum requirement, the Contractors must perform all toxicology studies in accordance with the FDA's Good Laboratory Practice Regulations (GLP's). Contractors must be in compliance with GLP's at the time of proposal submission. Multiple (2-4) contracts will be awarded and each will be administered on a task managed basis. Task orders will be issued under funded cost-reimbursement, level-of-effort contracts resulting from this solicitation. Annual workload estimated for the described studies are 8,000 technical staff hours per year compound studied. Assignments are estimated to involve 2-4 agents per year. The objective of the task orders to be issued are: determination and safety assessment of an initial dose for clinical use; and determination of the primary organ systems adversely affected by the drug administration; determination of schedule dependent toxicity; and acquisition and use of pharmacokinetic information to permit extrapolation of toxic effects across species by relating plasma drug levels to time of appearance and severity of toxicity.

The Principal Investigator should have a doctoral degree in toxicology/pharmacology or a closely related discipline and several years of diverse experience in directing, implementing and evaluating preclinical drug toxicity studies in experimental animals. The pathologist and analytical chemist should similarly have credentials demonstrating competence and accomplishments in serving as critical team members in the conduct of such studies.

It is anticipated that contract awards will cover a period of five years and they will be incrementally funded. The solicitation represents a recompetition of work done in part under a prime contract currently held by Battelle Memorial Institute, Columbus Laboratories, Columbus, Ohio.

All responsible sources may submit a proposal which will be considered by the National Cancer Institute.

This synopsis is not a request for proposal (RFP). It is anticipated the RFP NCI-CM-87201-29 for the above described work will be available to interested offerors on or about January 15, 1987, with a closing date for receipt of proposals on March 2, 1987. Copies of the RFP may be obtained by sending a written request to:

Clyde Williams
Contracting Officer
Treatment Contracts Section
Research Contracts Branch, OD
National Cancer Institute
Blair Building, Room 224
Bethesda, Maryland 20892

APPLICATION OF SUPERCOMPUTERS TO BIOMEDICAL RESEARCH

RFA AVAILABLE: 87-RR-01

THE

P.T. 34; K.W. 1004000, 0780000, 0720005

Division of Research Resources

Application Receipt Date: February 23, 1987

The Biomedical Research Technology Program, Division of Research Resources, invites applications for a cooperative agreement to support activities designed to introduce biomedical scientists to supercomputer capabilities by providing access to supercomputers and to train these scientists in the use of supercomputers.

The purpose of the RFA is to solicit applications from qualified institutions with supercomputer facilities on site and who are interested in providing biomedical scientists access to these supercomputer capabilities, training these scientists in the use of supercomputers, and evaluating the results of these efforts.

A copy of the full Request for Applications announcement may be obtained from:

Suzanne S. Stimler, Ph.D.
Director, Biomedical Research Technology Program
Division of Research Resources
National Institutes of Health
Building 31, Room 5B41

COOPERATIVE AGREEMENTS FOR COOPERATIVE GROUP OUTREACH PROGRAM

RFA AVAILABLE: 87-CA-07

P.T. 34; K.W. 0755015, 0403004, 0715035, 0415000, 0710100, 1007009

National Cancer Institute

Letter of Intent Receipt Date: December 15, 1986

Application Receipt Date: February 20, 1987

The National Cancer Institute (NCI) invites cooperative agreement applications from existing NCI-supported Clinical Trials Cooperative Groups for the purpose of extending the ongoing clinical trials program to include community hospitals and physicians. This RFA is a modified reissuance of RFA 84-CA-04.

A major goal of the Division of Cancer Treatment, NCI is the design and evaluation of effective methods of cancer therapy. This has been implemented primarily through the Clinical Cooperative Groups which, through their broad representation within the academic clinical oncology community, have successfully pursued this objective at the major medical centers across the country. As most cancer patients prefer to be treated in their local settings, the Cooperative Group Outreach Program was developed to extend the clinical trials program so that patients treated in their communities have access to the same quality care and technological advances available in major treatment centers. The Clinical Trials Cooperative Groups, with their widely distributed membership, afford a means of maintaining a network of community physicians interested in participating in clinical cancer research. This program has developed into a major source of patient accruals to cooperative clinical trials, thus providing more rapid and definitive answers to important clinical research questions which require large numbers of patients. NCI is therefore inviting applications from the headquarters or statistical office of NCI-supported Clinical Trials Cooperative Groups to continue/extend the Cooperative Group Outreach Program.

Applicants are strongly encouraged to submit by December 15, 1986, a letter of intent and to consult with NCI program staff prior to developing an application because of the need for a clear understanding of the objectives of the program and for appropriate planning for the review of the applications. A total of four million dollars will be available for FY87 awards. It is anticipated that about seven awards will be made as a result of this RFA.

Complete copies of this RFA (87-CA-07) may be obtained from:

Richard S. Ungerleider, M.D. Cancer Therapy Evaluation Program Division of Cancer Treatment, NCI Landow Building, Room 4A20 Bethesda, MD 20892 Telephone: (301) 496-2522

COOPERATIVE AGREEMENTS FOR PREVENTION CLINICAL TRIALS UTILIZING INTERMEDIATE ENDPOINTS AND THEIR MODULATION BY CHEMOPREVENTIVE AGENTS

RFA AVAILABLE: 87-CA-11

P.T. 34; K.W. 0755015, 0745055, 0740020

National Cancer Institute

Application Receipt Date: January 30, 1987

The Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), invites applications for cooperative agreements to support clinical trials which are directed toward examining the role of various chemopreventive agents and/or diet in the prevention of cancer. This is a follow-up to earlier RFAs which had requested grants, and then later, cooperative agreement proposals in this area.

The major objective of this solicitation is to encourage cancer chemoprevention clinical trials which utilize biochemical and biological markers to identify populations at risk and/or to provide intermediate endpoints that may predict later reduction in cancer incidence rates.

These studies should be developed in phases, including a pilot phase, which could later proceed to a full scale intervention. The main emphasis should be on small, efficient studies aimed at improving future research designs of chemoprevention trials, providing biologic understanding of what is happening in the trials, or providing better, more quantitative and more efficient endpoints for these trials. After successful completion of the pilot phase; (i.e. demonstrated modulation of marker endpoints by the intervention), subsequent studies will include Phase III clinical trials involving the designated agent, the utilization of the monitoring test system and a cancer incidence or mortality endpoint may be implemented.

Investigators may apply at this time for the pilot phase, or submit an application for both phases. However, if the application is for the pilot phase only, the proposed study must be relevant to a clinical application and utilize a chemopreventive agent, marker test system, and study population which could later be the subject of a full scale, double-blind, randomized, risk reduction, clinical trial.

Applicants funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between NCI and the awardees to accomplish the purpose of the activity. As more fully described in the announcement, the recipients will have primary responsibility for the development and performance of the activity. However, there will be government involvement with regard to (1) assistance securing an Investigational New Drug (IND) approval from the Food and Drug Administration (FDA), (2) monitoring of safety and toxicity and, (3) coordination and assistance in obtaining the chemopreventive agent, (4) quality assurance with regard to the clinical chemistry aspects of the study. Awards will not be made until all arrangements for obtaining the IND, agent, and its delivery are completed. Final awards will also consider not only the cost of the clinical trial but also the cost of the agent and its formulation if necessary.

This RFA solicitation represents a single competition, with a specified deadline of January 30, 1987, for receipt of applications. All applications received in response to the RFA will be reviewed by the same National Institutes of Health (NIH) Initial Review Group (IRG).

To ensure their review, applications should be received by January 30, 1987. Applications received after that date will not be considered under this RFA.

Inquiries may be directed to:

Winfred Malone, Ph.D. Chemoprevention Branch Blair Building - Room 616 National Cancer Institute Bethesda, Md. 20892-4200 Telephone: (301)427-8680

COOPERATIVE AGREEMENTS FOR METABOLISM AND PHYSIOLOGY OF RETINOIDS AND CAROTENOIDS IN HUMANS

RFA AVAILABLE: 87-CA-12

P.T. 34; K.W. 0765020, 1002034, 0710095

National Cancer Institute

Application Receipt Date: February 23, 1987

The Division of Cancer Prevention and Control (DCPC), National Cancer Institute (NCI), invites applications for cooperative agreements to support research on human metabolism and physiologic effects of retinoids and carotenoids. Studies of interest include metabolism in the intestinal mucosa, intestinal absorption, regulation of gastrointestinal uptake and tissue concentrations, and extra-intestinal metabolism of these compounds. The studies should span a range of dietary intakes. The proposed research requires innovative approaches to determine the dynamics of absorption and metabolism, target tissue levels, and specificities of the various vitamin A compounds and how these determinations would elucidate the roles of dietary retinoids and carotenoids in cellular integrity and resistance to tumor promotion. The long term objective of this research is to further the understanding of the physiological effects of retinoids and carotenoids in humans in order to help clarify the suspected relationship that these substances have with human cancer.

Applicants funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between NCI and the awardees to accomplish the purpose of the activity. As more completely described in the announcement, the recipients will have primary responsibility for the development and conduct of the research. NCI involvement will be in regard to coordinating and synthesizing the research effort in regard to approaches, methodologies and exchange of information.

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

Elaine Lanza, Ph.D.
Diet and Cancer Branch
Blair Bldg., Rm. 623
National Cancer Institute
Bethesda, MD 20892
Telephone: (301) 427-8753

COOPERATIVE AGREEMENTS FOR THE PHYSIOCHEMICAL EFFECTS OF DIETARY FIBER IN HUMANS

RFA AVAILABLE: 87-CA-13

P.T. 34; K.W. 0710095, 0715035, 0745055

National Cancer Institute

Application Receipt Date: January 30, 1987

The Division of Cancer Prevention and Control (DCPC), Nation al Cancer Institute (NCI), invites applications for cooperative agreements to support research on the physical, chemical and biologic effects of dietary fibers and their possible protective role in carcinogenesis. Studies of potential interest to NCI include, but are not limited to, the effects of fiber on; (1) fecal mutagenic activity, (2) bile acids, and (3) colon cell kinetics, morphology, and physiology in order to further understand the relationship between dietary fiber and colon cancer. Studies requested under this RFA are limited to those involving human subjects. Applicants funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between NCI and the awardees to accomplish the purpose of the activity. As more completely described in the RFA, the recipients will have primary responsibility for the development and conduct of the research with cooperation and assistance from NCI staff. Copies of the complete Request for Applications and additional information may be obtained from:

Elaine Lanza, Ph.D. Diet and Cancer Branch Blair Bldg., Rm 623 National Cancer Institute Bethesda, MD 20892 Telephone: (301) 427-8753

To ensure their review, applications should be received by 01/30/87.

CANCER PREVENTION AND CONTROL RESEARCH SMALL GRANTS PROGRAM

RFA AVAILABLE: 87-CA-14

P.T. 34; K.W. 0745035, 0745055, 0403004, 0404019, 0785055

National Cancer Institute

Application Receipt Date: March 5, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites Small Grant Research applications from interested investigators who meet the eligibility criteria noted below. This RFA is a modified reissuance of RFA 86-CA-02; the three prior Small Grant RFAs have resulted in 44 awards. Future plans are to issue this RFA at least annually for five years, with up to 30 awards per year if funds are available.

RESEARCH GOALS AND SCOPE

A Cancer Prevention and Control Research Small Grants 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 RESEARCH

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.

PROGRAM AREAS

The National Cancer Institute has announced a goal and objectives for achieving a reduction of 50 % in the cancer mortality rate by the year 2000 (Greenwald, P., Sondik, E.J. Cancer Control Objectives For the Nation: 1985 - 2000. NCI Monograph No.2, 1986)

Cancer Control Program areas appropriate for research grants include HUMAN INTERVENTION RESEARCH in the following areas:

- Prevention (chemoprevention; diet and nutrition; early detection)
- o Community oncology (improving the application of patient management and continuing care research advances into community settings)
- Health promotion sciences (modifying personal, social, lifestyle and health care system factors which contribute to cancer prevention and control)
- o Smoking prevention and cessation
- o Cancer control operations research and evaluation
- Control applications research (adaptation of state and local health agency data bases for cancer control planning and evaluation; feasibility testing of interventions in community settings)
- o Applied epidemiology (using epidemiologic methods to determine the association between exposure to an INTERVENTION and its impact on disease)
- o Planning, epidemiologic and survey studies aimed at developing cancer control interventions

EXCLUSIONS

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

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. This includes established researchers from other disciplines, new investigators, and investigators currently enrolled in an accredited doctoral degree program. Dissertation research proposals are acceptable from either the student or the student's advisor if that is the institution's policy.

The only INELIGIBLE applicants are those individuals who are or have previously been a Principal Investigator on an NCI funded CANCER CONTROL grant or contract, or a paid staff member on an NCI funded CANCER CONTROL grant or contract for more than TWO years.

MECHANISMS OF SUPPORT

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 \$35,000 total cost limit is not exceeded for the entire grant period.

INQUIRIES

Copies of the complete RFA and additional information may be obtained from either person noted below:

Carlos E. Caban, Ph.D.
Program Director for Cancer Control Research
Cancer Control Applications Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 4A01
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8735

David C. Poskanzer, M.D.
Cancer Control Science Program
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 4A01
9000 Rockville Pike
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8788

Prospective applicants are strongly encouraged to discuss their ideas with a Program Director to determine whether they fit within the definition and program guidelines of cancer control. PLEASE CONTACT THE PROGRAM DIRECTOR(s) BEFORE SUBMITTING AN APPLICATION IF THERE IS ANY UNCERTAINTY ABOUT MEETING THE CRITERIA.

DATA-BASED INTERVENTIONS FOR CANCER CONTROL

RFA AVAILABLE: 87-CA-16

P.T. 34; K.W. 1014002, 0730050, 0730070, 0403004

National Cancer Institute

Letter of intent receipt date: January 8, 1987 Application Receipt Date: March 5, 1987

The Division of Cancer Prevention and Control (DCPC) of the National Cancer Institute (NCI) invites grant applications in support of projects that will serve as models of data use in the planning and evaluation of statewide cancer prevention and control programs.

RESEARCH GOALS AND SCOPE

This RFA is designed to stimulate the development of cancer prevention and control intervention programs on the state and local level based on a thorough analysis and evaluation of the variety of data sources related to cancer control that exist in the state. The three-phased project includes (1) identification and evaluation of existing population-specific data sources related to cancer control and the development or modification of a cancer control plan, (2) initiation of new or modification of existing cancer prevention and control programs as specified in the plan, and (3) a period for evaluation of process and outcome.

ELIGIBILITY

Applicants must be state or territorial health departments. Local health departments or agencies within the jurisdiction with primary responsibility for cancer control activities may apply through the state or territorial health department. Health departments currently funded under the NCI grant "Cancer Control Technical Development in Health Agencies" are not eligible to apply for this grant.

MECHANISM OF SUPPORT

Funding is limited to a maximum of five years. Approximately eight awards are anticipated for Phase I with four continuing into Phases II and III, depending on the availability and quality of applications and funding.

INQUIRIES

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

Dr. Leslie Boss, Program Director Cancer Control Applications Branch Cancer Control Science Program National Cancer Institute Blair Building, Room 4A01 9000 Rockville Pike Bethesda, MD 20892-4200 Telephone (301) 427-8684

SPECIALIZED CENTERS OF RESEARCH IN ADULT RESPIRATORY FAILURE

RFA AVAILABLE: 87-HL-01-L

P.T. 34; K.W. 0715165, 0745020, 0745055, 0415000, 0710030

National Heart, Lung, and Blood Institute

Application Receipt Date: September 15, 1987

The Division of Lung Diseases invites new or competing continuation applications for grants to support Specialized Centers of Research (SCORs) in Adult Respiratory Failure. This SCOR program is part of the comprehensive research program supported by the Division to improve the outcome in patients with adult respiratory failure, a condition associated with a high mortality rate. The purpose of the SCOR program is to foster a concerted, multidisciplinary research effort that involves basic investigations, but places a major emphasis on the clinical problems relevant to the prevention, early diagnosis, and management of this disorder.

A letter of intent is requested by May 15, 1987, and the deadline for receipt of applications is September 15, 1987. It is expected that awards will be made in December, 1988. Applications received in response to this announcement will take part in a single competition.

Requests for copies of this RFA should be addressed to:

Suzanne S. Hurd, Ph.D.
Director, Division of Lung Diseases
National Heart, Lung, and Blood Institute
Westwood Building - Room 6A16
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-7208