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DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

A CLINICAL TRIAL FOR THE USE OF NOVEL THERAPIES IN BONE MARROW TRANSPLANTATION (RFP).....1
National Institute of Allergy and Infectious Diseases
Index: ALLERGY AND INFECTIOUS DISEASES

THE CONTRACEPTIVE BEHAVIOR OF TEENAGE WOMEN AND THEIR PARTNERS (RFP).....1
National Institute of Child Health and Human Development
Index: CHILD HEALTH AND HUMAN DEVELOPMENT

SURVEY OF PHYSICIAN PRACTICE BEHAVIORS RELATED TO THE TREATMENT OF PEOPLE WITH DIABETES MELLITUS (RFP).....2
National Institute of Diabetes and Digestive and Kidney Diseases
Index: DIABETES AND DIGESTIVE AND KIDNEY DISEASES

HUMAN LIVER CELL CULTURE FACILITY (RFP).....2
National Institute of Diabetes and Digestive and Kidney Diseases
Index: DIABETES AND DIGESTIVE AND KIDNEY DISEASES

EVALUATION OF ORTHODONTIC TREATMENT STRATEGIES (RFA)
National Institute of Dental Research
Index: DENTAL

THE NCI OUTSTANDING INVESTIGATOR GRANT.....4
National Cancer Institute
Index: CANCER

MINORITY INSTITUTIONAL RESEARCH TRAINING PROGRAM5
National Heart, Lung, and Blood Institute
Index: HEART, LUNG, AND BLOOD

MINORITY SCHOOL FACULTY DEVELOPMENT AWARD.....6
National Heart, Lung, and Blood Institute
Index: HEART, LUNG, AND BLOOD

THE DIAGNOSIS OF ALZHEIMER DISEASE.....7
National Institute on Aging
National Institute of Mental Health
National Institute of Neurological and Communicative Disorders and Stroke
Index: AGING
NATIONAL INSTITUTE OF MENTAL HEALTH
NEUROLOGICAL AND COMMUNICATIVE DISORDERS
AND STROKE

ESTABLISHMENT OF SURVEILLANCE SYSTEM OF WOMEN UNDERGOING TREATMENT FOR INFERTILITY WITH IN VITRO FERTILIZATION - SOURCES SOUGHT.....9
National Institute of Child Health and Human Development
Index: CHILD HEALTH AND HUMAN DEVELOPMENT

ONGOING PROGRAM ANNOUNCEMENTS

PERSONS WITH MENTAL RETARDATION AND MENTAL ILLNESS.....10
National Institute of Mental Health
National Institute of Child Health and Human Development
Index: NATIONAL INSTITUTE OF MENTAL HEALTH
CHILD HEALTH AND HUMAN DEVELOPMENT

CLINICAL AND EPIDEMIOLOGIC RESEARCH ON MINORITY POPULATIONS OF THE UNITED STATES.....11
National Institute of Diabetes and Digestive and Kidney Diseases
Index: DIABETES AND DIGESTIVE AND KIDNEY DISEASES

ERRATUM

STUDIES OF THE OPPORTUNISTIC INFECTIONS ASSOCIATED WITH THE ACQUIRED IMMUNODEFICIENCY SYNDROME (RFA).....12
National Institute of Allergy and Infectious Diseases
Index: ALLERGY AND INFECTIOUS DISEASES

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

A CLINICAL TRIAL FOR THE USE OF NOVEL THERAPIES IN BONE MARROW TRANSPLANTATION

RFP-NIH-NIAID-IAIDP-87-29 - CANCELLATION

P.T. 34; K.W. 0745065, 0755015, 0705005, 0710125

National Institute of Allergy and Infectious Diseases

RFP-NIH-NIAID-IAIDP-87-29, entitled A Clinical Trial for the Use of Novel Therapies in Bone Marrow Transplantation, advertised in the February 6, 1987 edition of the Guide (Vol. 16, No. 5), is hereby cancelled. No award will be made.

Rosemary L. McCabe
Contracting Officer
National Institute of Allergy and Infectious Diseases

THE CONTRACEPTIVE BEHAVIOR OF TEENAGE WOMEN AND THEIR PARTNERS

RFP AVAILABLE: NICHD-DBS-87-5

P.T. 34; K.W. 0404000, 0750020, 0414000, 0730010, 0730070

National Institute of Child Health and Human Development

The Demographic and Behavior Sciences Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for the study of the contraceptive behavior of teenage women and their partners. The goal of this contract is to obtain recommendations regarding the theoretical framework, substantive focus, content and strategy of a large-scale data collection effort focusing on the contraceptive behavior of teenage females. Studies of males only will not be considered under this RFP. It is anticipated that one award will be made under this RFP for a period of approximately eighteen months.

The basic objectives of the effort will be to review existing research and theory in the areas of psychology, sociology, economics and public health and to recommend content and strategy for a large-scale data collection effort in the use of contraception by teenage females. The offeror will also be required to recommend specific instruments for this data collection effort and to provide specific cost estimates for such a study.

Performance of the specified project requires researchers with adequate training and expertise in the behavioral-social population sciences. The offeror must have demonstrated ability in two areas: 1) substantive knowledge of research in the area of teenage contraceptive behavior; and 2) survey design and sampling. In addition to being able to propose different sampling plans and survey strategies, the offeror must be able to assess the cost implications of different approaches.

RFP-NICHD-DBS-87-5 will be issued on or about April 20, 1987. Proposals will be due approximately 60 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

SURVEY OF PHYSICIAN PRACTICE BEHAVIORS RELATED TO THE TREATMENT OF PEOPLE WITH DIABETES MELLITUS

RFP AVAILABLE: RFP-NIH-NIDDK-87-10

P.T. 34; K.W. 0715075, 0404021, 0415000, 0730070

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Institutes of Health, is seeking an organization to perform a Survey of Physician Practice Behaviors Related to the Treatment of People With Diabetes Mellitus.

This acquisition is under a 100% SMALL BUSINESS SET-ASIDE.

This Request for Proposals, RFP NIH-NIDDK-87-10, is now available, with a closing date set for May 11, 1987. To receive a copy of the RFP, please supply this office with two self-addressed mailing labels. Since a limited number of copies will be printed, requests shall be filled on a first-come, first-serve basis until the supply is exhausted. Requests for the RFP should be sent to the following address:

Patrick M. Sullivan, Chief
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

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

HUMAN LIVER CELL CULTURE FACILITY

RFP AVAILABLE: RFP-NIH-NIDDK-87-9

P.T. 34; K.W. 0780015, 0780000

National Institute of Diabetes and Digestive and Kidney Diseases

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) is seeking an organization to provide a facility where (1) the science of culturing human liver cells would be highly developed and studied and (2) where such cells would be available for use by other investigators either in the culture facility or through shipment of cultures.

This Request for Proposals, RFP NIH-NIDDK-87-9, is now available, with a closing date set for August 3, 1987. To receive a copy of the RFP, please supply this office with two self addressed mailing labels. Since a limited number of copies will be printed, requests shall be filled on a first come, first serve basis until the supply is exhausted. Requests for the RFP should be sent to the following address:

Patrick M. Sullivan, Chief
Contracts Management Branch
National Institute of Diabetes and Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 602
Bethesda, Maryland 20892

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

EVALUATION OF ORTHODONTIC TREATMENT STRATEGIES

RFA AVAILABLE: 87-DE-1

P.T. 34; K.W. 0785040, 0415000, 0795005

National Institute of Dental Research

Application Receipt Date: December 1, 1987

The Craniofacial Anomalies, Pain Control and Behavioral Research Branch of the National Institute of Dental Research (NIDR) seeks research grant applications to evaluate commonly used clinical strategies for treating orthodontic problems in

children and adults. This request is for a single competition with a receipt date of December 1, 1987; this RFA may be reissued at a later date.

BACKGROUND

Although considerable research has been carried out on treatment of major congenital craniofacial malformations such as facial clefts of various types, there has been little or no clinical research on patients undergoing treatment to correct less severe but nevertheless important problems requiring orthodontic treatment. The potential impact of these problems is seen clearly in the recent estimates that nearly fifty percent of children in the United States would benefit from orthodontic treatment, and that about five percent of United States children have sufficiently severe orthodontic problems that they are handicapped in their life adjustment. An increasing number of adults are also receiving treatment both for the correction of physically handicapping malocclusions and also as an aid to psychosocial adjustment. In some orthodontic practices, between thirty and sixty percent of patients in treatment are adults. For several types of orthodontic problems, alternative treatment approaches are possible and are advocated by clinicians. No clinical trials have been conducted to evaluate clearly these alternative approaches and, despite the strongly held opinions of some clinicians, data do not exist to differentiate clearly between the alternative approaches with respect to their efficacy. The objective of this RFA is to solicit applications to evaluate the outcomes and efficacy of different orthodontic treatments.

RESEARCH GOALS

Ideally, evaluation of a particular orthodontic treatment would be carried out on a prospective basis, and one of the aims of this announcement is to encourage the development of prospective research designs in this area. However, because of the long time span of prospective research projects and the considerable expense associated with such research designs, retrospective analyses of the treatments will be considered for support. Outcomes of orthodontic treatment can be evaluated in two ways: (1) from the morphologic changes produced by the treatment, comparing its results to the ideal arrangement of the teeth and to ideal facial proportions; in this sense, the outcome is scored in terms of the morphologic improvement produced by the treatment; and (2) in terms of the patient's perception of and satisfaction with the treatment result. Both types of outcome data may be considered in projects submitted in response to this RFA. Efficacy of treatment relates to how well the treatment procedure produces the desired result, and to the cost and time involved. More efficacious treatments should show a reduced incidence of complications, greater longterm stability of results and a greater predictability of favorable results.

Studies could involve either of two strategies: (1) studies of large groups of patients with relatively common problems or (2) the detailed study of smaller groups of patients with more severe orthodontic problems. Examples of topics for study include, in the first area: (i) comparisons of growth modification treatments in younger patients with mixed dentition and in older patients with permanent dentition; these treatments should be aimed at specific malocclusions such as mild to moderate skeleto-dental discrepancies in the vertical, transverse and/or sagittal planes; (ii) comparisons of early treatment involving extraction in the mixed dentition for Class I crowding problems versus treatment involving extractions after all permanent teeth have erupted; (iii) comparisons of extraction versus nonextraction treatment protocols, for specific types of problems, such as crowding or dentoalveolar protrusion; and (iv) comparisons of the effectiveness of different treatment strategies in adults. Examples in the second area include: (i) comparisons of early versus late treatment of skeletal open bite; and (ii) comparisons of orthodontic versus orthognathic surgical treatment of severe malocclusions.

Evaluations such as these require precise characterization of the pretreatment condition, rigorous implementation or analysis of the treatment plan, and precise measurement of the outcomes. The application should establish that a suitable, defined, study population is available or that data from such a treated population are accessible. Study designs must be statistically sound and ethically acceptable. Because sample sizes for some conditions may be limited at any single institution, applications involving several institutions will be acceptable. In prospective studies, measures to ensure retention of subjects to follow-up should be carefully delineated. Projects should be designed so that some specific aims can be met during the initial period of support (3-5 years).

MECHANISM OF SUPPORT

Support for this program will be through research project grants (R01). It is anticipated that up to four awards will be made, if a sufficient number of high quality applications is received. Although funds have been allocated for this program in NIDR's plans for fiscal years 1988 through 1992, award of grants

resulting from this RFA is contingent upon receipt of appropriated funds for this purpose. Applicants may request up to five years of support. Subsequent support will be contingent upon program needs and grantees' performance as determined by peer review. Policies that govern research grant programs of the National Institutes of Health will prevail.

APPLICATION AND REVIEW PROCEDURES

Applications in response to this RFA will be reviewed by a Special Review Committee convened by the NIDR's Scientific Review Branch. Secondary review will be by the National Advisory Dental Research Council in May 1988. Review criteria include the significance and originality of the research goals and approaches; feasibility of the research and the adequacy of the study design; availability and appropriateness of the study populations or clinical data; training, experience and research competence of the investigator(s); adequacy of facilities; provisions for protection of human subjects; and the appropriateness of the requested budget for the work proposed.

Funding decisions will be based on the initial review group's and the National Advisory Dental Research Council's recommendations concerning scientific merit and program relevance, and the availability of appropriated funds. The earliest funding date is July 1, 1988.

Applications should be submitted on form PHS-398, available in the business or grants office of most academic or research institutions or from the Division of Research Grants, National Institutes of Health. Applications received after December 1, 1987 and those which are deemed nonresponsive to the RFA will be assigned to a Division of Research Grants Study Section for initial review and will be considered with other nonsolicited grant applications received during that review cycle. The phrase "Response to NIDR RFA: 87-DE-1, Evaluation of Orthodontic Treatment Strategies" should be typed on line 2 of the face page of the application. The original and four copies should be sent or delivered to:

Grant Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892-4500

Two copies should be sent to:

John D. Townsley, Ph.D.
Chief, Craniofacial Anomalies,
Pain Control and Behavioral Research Branch
National Institute of Dental research
Westwood Building, Room 506
Bethesda, Maryland 20892-4500
Telephone: (301) 496-7807

Inquiries concerning this RFA may be addressed to Dr. Townsley.

This program is described in the Catalog of Federal Assistance No. 13.122. Awards will be made under authorization of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended), and administered under PHS grants 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 NCI OUTSTANDING INVESTIGATOR GRANT

P.T. 34; K.W. 0715035, 0710030

National Cancer Institute

Application Receipt Date: June 15

SUMMARY AND PURPOSE

The National Cancer Institute (NCI) will continue to accept applications for the Outstanding Investigator Grant (OIG), the purpose of which is to provide long-term support to experienced investigators with outstanding records of research productivity. The OIG is intended to encourage investigators to embark on projects of unusual potential in cancer research. Emphasis will be placed on evidence of recent substantive contributions (i.e., seminal ideas and innovative approaches to resistant problems) and the potential for continued work of high caliber.

ELIGIBILITY

Applications may be submitted only by domestic institutions on behalf of investigators who have recently demonstrated outstanding research productivity for at least five years. There are no age restrictions. Only United States citizens, nationals or permanent residents may be presented as candidates for this grant.

Applications will be accepted by the NCI only when they are cancer-related as defined by the Division of Research Grants (DRG) grant referral guidelines. Thus, investigators whose current research support is derived predominantly from sources other than the NCI may not be eligible and are encouraged to discuss their research objectives with appropriate NCI officials before applying.

The institution sponsoring the OIG application is required to commit itself to providing 25% of the investigator's salary support.

Applications which do not meet all of the above eligibility criteria or which have not had approval from the NCI as exceptions to the above criteria will be returned to the applicant.

HOW TO APPLY

- o The date of receipt of all OIG applications will be June 15 of each year. They will be processed for review at the earliest possible meeting of the NCAB.
- o Application for this award should be made on form PHS 398 in accordance with instructions in this Announcement. These applications are available in the business or contracts offices at most academic or research institutions, or from:

Division of Research Grants
National Institutes of Health
5333 Westbard Avenue
Bethesda, Maryland 20892

- o The title "NCI OUTSTANDING INVESTIGATOR GRANT" should be typed in section 2 on the first page of the application.
- o A letter indicating clear and continuing institutional commitment to the applicant must either accompany the application or be received separately before the NCI will begin the initial review process.

INQUIRIES

All potential applicants for this award are advised that the full text of this Program Announcement, containing currently applicable guidelines, is now available and should be requested prior to submitting an application for the June 15, 1987 receipt date.

Please direct inquiries for further information, and for copies of the full announcement, to:

Mrs. Barbara S. Bynum
Director
Division of Extramural Activities
National Cancer Institute
Building 31 - Room 10A03
Bethesda, Maryland 20892
Telephone: (301) 496-5147

MINORITY INSTITUTIONAL RESEARCH TRAINING PROGRAM

P.T. 14, 34, FF; K.W. 0715040, 0715165

National Heart, Lung, and Blood Institute

Application Receipt Date: August 24, 1987

The National Heart, Lung and Blood Institute (NHLBI) announces a program to support full time research training for investigative careers at minority schools in areas related to cardiovascular, pulmonary or hematologic diseases. Minority schools seeking this support must have: (1) graduate students, or; (2) health professional

students who will take a minimum of one year from his/her professional training, or; (3) postdoctoral students. The support mechanism will be the NIH institutional research training grant. Copies of the program guidelines are currently available from staff of the NHLBI, listed below.

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

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

George A. Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 3C04
Bethesda, Maryland 20892
Telephone: (301) 496-1724

Diane Aiken
Division of Lung Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 640A
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance numbers 13.837, 13.838, and 13.839. Award 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 at 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to the intergovernmental review requirements of Executive Order 12372 or Health Systems Agency review.

Christine Parker, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5C04
Bethesda, Maryland 20892
Telephone: (301) 496-4186

MINORITY SCHOOL FACULTY DEVELOPMENT AWARD

P.T. 14, 34, FF; K.W. 0715040, 0715165

National Heart, Lung, and Blood Institute

Application Receipt Date: August 24, 1987

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

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

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

George A. Hayden, Ph.D.
Division of Heart and Vascular Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 3C04
Bethesda, Maryland 20892
Telephone: (301) 496-1724

Diane Aiken
Division of Lung Diseases
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 640A
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance Nos. 13.837, 13.838, and 13.839. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 grant 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.

Christine Parker, Ph.D.
Division of Blood Diseases and Resources
National Heart, Lung, and Blood Institute
National Institutes of Health
Federal Building, Room 5C04
Bethesda, Maryland 20892
Telephone (301) 496-4186

THE DIAGNOSIS OF ALZHEIMER DISEASE

P.T. 34; K.W. 0715180, 0745020, 0710085, 0706030, 0785055

National Institute on Aging
National Institute of Mental Health
National Institute of Neurological and Communicative Disorders and Stroke

BACKGROUND

Alzheimer disease (AD) is a progressive degenerative disorder of insidious onset, characterized by memory loss, confusion, and a variety of cognitive disabilities. It may occur as early as the age of 40 years, but is most commonly seen after the age of 60 years. Its prevalence seems to be increasing as the average life expectancy increases. In its early stages in elderly persons, the diagnosis is difficult. In its later states, AD is sometimes mistaken for other kinds of dementias and mental diseases. Incorrect diagnosis is thought to be common, perhaps ranging from 10 percent to 30 percent in the general medical population (National Institute on Aging Task Force, 1980).

Early and accurate diagnosis of Alzheimer disease has a major impact on the progress of research on dementia. To address the problems involved in AD in its earliest stages, the National Institute on Aging, the American Association of Retired Persons, the National Institute of Neurological and Communicative Disorders and Stroke, and the National Institute of Mental Health jointly sponsored a workshop for planning research. The purpose of the meeting was to identify the most important scientific research opportunities and the crucial clinical and technical issues that influence the progress of research on the diagnosis of AD. The recommendation of the participants was published as a conference report in the Archives of Neurology. See "Diagnosis of Alzheimer's Disease," Z. S. Khachaturian, Arch. Neurol. 1985, 42:1097-1103.

RESEARCH GOALS AND SCOPE

The purpose of this announcement is to stimulate further research focusing on the specific scientific issues identified in the above-referenced conference. Progress in understanding and diagnosing AD will most likely come about through amassing, evaluating, and comparing data and material from many sources. All data collected, both retrospective and prospective, will be maximally useful only so long as they are carefully screened for accuracy of diagnosis, relevance, and reliability and are comparable across studies.

The following are some of the topics that are of particular programmatic interest to the three institutes. These are merely an illustration of topics. Applicants should not be limited to them.

- o Diagnostic Screening: There is an immediate need for improved diagnosis and diagnostic screening for AD. However, the diagnosis of and screening for AD will continue to be difficult and sometimes inaccurate until we achieve a better understanding of the normal aging process. There exist no consistent, established values for what constitutes cognitive impairment and memory loss with advancing years; nor are the neurologic changes, the neurochemical

changes, the neurophysiological changes, or the gross and fine anatomical changes that accompany normal aging well enough understood to provide a firm base for determining abnormal changes. The major difficulty in diagnosing AD involves the definition of the disease itself and its varied and, at times, subtle manifestations; AD remains a combined clinicopathologic diagnosis. The relationship between neuropsychological, neuroradiological, and neuropathologic indexes of the disease is not well understood. A continuing effort to define the disease precisely and to develop methods of definitely distinguishing AD from other nervous system diseases must remain the substrate of all research in the field.

- o Neuropsychological Diagnosis and Other Behavioral Measures: There is a need for the development of neuropsychologic and behavioral tests and markers for AD. Practical screening for AD in the elderly population requires reliable neuropsychological markers. Measures of very subtle changes in behavior that are the first signs of aberration to be noticed by family members are needed.

Neuropsychological testing involving abilities other than cognitive ones may also be useful and important. Tests of first-order capabilities such as visual perception, reaction time, or motor ability might be closer to measuring substrate levels of central nervous system integrity or disability without the complication of trying to measure abstract-conceptual-cognitive behavior.

- o Biological and Chemical Markers: Sensitive and specific biological and chemical markers to identify those at high risk of AD and those in the very early stages of AD are required, preferably derived from extraneural sources such as urine, saliva, blood (cells or plasma), CSF, or fibroblast cell cultures. Before any marker is proposed or made available, it is essential to validate it against the neuropathological diagnoses and all other significant disease signs.

Techniques of molecular genetics provide a promising new approach for understanding AD diagnosis-etiology-therapy, especially in view of the evidence that there is a familial factor present in the disease.

- o Neuroimaging: There is a need to understand and to resolve the conflicting data produced by studies using different noninvasive imaging instruments, particularly brain localization of the imaged data, and stereotactic location of prominent landmarks in the brain using methods borrowed from current neurosurgical technology.
- o Neuropathological Markers: The relationship of plaques and neurofibrillary tangles to premortem cognitive function and to the pathogenic mechanisms of AD must be clarified. While standards have been established for the neuropathological diagnosis of Alzheimer disease, questions still remain. For instance, if a presumptive diagnosis of dementia resulting from Alzheimer disease is made pre-mortem, the presence of plaques and tangles at autopsy is generally considered confirmatory. However, the frequency of plaques and tangles in representative population samples of persons who were cognitively intact prior to death is unknown.

Longitudinal epidemiological studies with post-mortem investigation are required. Longitudinal studies collecting detailed information on individuals already suffering from AD and studies involving general populations of elderly persons may provide information on premorbid events and conditions of those who might come down with the disease.

MECHANISMS OF SUPPORT

Applicants may use the Research Project Grant (R01), Research Program Project (P01), First Independent Research Support and Transition Award (R29), Research Career Development Award (K01, K02, K04 and K05), Clinical Investigator Award (K08), Academic Award (K07 and K08), Physician Scientist Award (K11 and K12), and the National Research Services Awards. Prospective applicants are encouraged to communicate with the institute project officer listed at the end of the announcement regarding the appropriate funding mechanism. Experienced senior investigators are particularly encouraged to consider the submission of Research Program Project applications.

APPLICATION AND REVIEW PROCEDURES

Applicants may obtain information and the appropriate application kits from their institution's grants office or by contacting:

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

Although a letter of intent is not a prerequisite for applying, prospective applicants are encouraged to consult with the project officer regarding the scientific goals, design and subject population of the proposed study.

On item 2 (Response to a Specific Program Announcement) of the face (first) page of the application, applicants should enter: NIA Program Announcement - Diagnosis of Alzheimer Disease.

Applications should be submitted according to the receipt deadlines for the funding mechanism chosen.

Applications will be received by the NIH Division of Research Grants and responsive applications will be assigned to the appropriate Institute. Multiple assignments are possible. It should be recognized that other NIH components, such as the National Institute of Neurological and Communicative Disorders and Stroke, and the National Institute of Mental Health, the Alcohol, Drug Abuse and Mental Health Administration, also have responsibility for supporting AD related research. Applications will be assigned to the appropriate group for review and will be reviewed in accordance with the usual NIH peer review procedures. The review criteria are the traditional considerations underlying scientific merit. Following study section review, the applications will be evaluated by the National Advisory Council. Awards will be made on a competitive basis with all applications competing for NIA funding.

INQUIRIES

All questions and correspondences should be directed to:

Teresa Sluss Radebaugh, Sc.D.
Neuroscience and Neuropsychology
Aging Program
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-9350

Nancy Miller, Ph.D.
Mental Disorders of the Aging
Research Branch
National Institute of Mental Health
Parklawn Building, Room 11C03
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 496-1185

Eugene J. Oliver, Ph.D.
Demyelinating, Atropic and
Dementing Disorders Program
National Institute of Neurological
and Communicative Disorders
and Stroke
Federal Building, Room 710
Bethesda, Maryland 20892
Telephone: (301) 496-1431

ESTABLISHMENT OF SURVEILLANCE SYSTEM OF WOMEN UNDERGOING TREATMENT FOR INFERTILITY WITH IN VITRO FERTILIZATION - SOURCES SOUGHT

P.T. 34, II; K.W. 0413002, 0411005, 1004008, 0785055

National Institute of Child Health and Human Development

The Contraceptive Evaluation Branch, Center for Population Research, National Institute of Child Health and Human Development, National Institutes of Health, is seeking small business organizations capable of establishing a surveillance system of women undergoing treatment for infertility with in vitro fertilization (IVF) in the United States in order to monitor the medical and lifetime fertility sequelae of the procedure. The objectives of this project are two-fold: (1) to mount a centrally coordinated, collaborative effort which will result in a national registry of these patients; and (2) to implement the system established above in order to investigate the extent to which the procedure may produce a wide spectrum of adverse health effects.

The first phase of the project will incorporate identification and selection of the participating clinics, development of the data collection instruments, development of patient follow-up strategies and pilot testing of all mechanisms of the system. The implementation phase will include estimation of risk of various endocrinologic conditions, menstrual disorders, reproductive abnormalities, and psychological sequelae, in addition to generating and exploring new medical hypotheses.

It is anticipated that this will be a five-year project and will require the following personnel: a physician at the coordinating center to serve as principal investigator, a systems analyst, a project manager and clerical support. The participating clinical sites will require project managers (nurse/epidemiologists) and the part-time participation (advisory) of the physician(s) performing the procedure.

Organizations responding to this announcement should have demonstrated competency in managing multicenter collaborative research projects and should submit documentation that indicates their capability of meeting the following requirements: (1) familiarity with the technical aspects of in vitro fertilization procedures and ability to identify clinics with this technology available; (2) experience in reproductive epidemiology; (3) ability to train and supervise appropriate personnel at the clinical sites; and (4) database management skills including quality assurance.

This announcement is not a request for proposals (RFP) and responses should not include pricing or budgetary information. Small business organizations that believe they can meet the requirements of this project should submit five copies of their capability statements to the following address, citing Synopsis No. NICHD-87-03, no later than May 4, 1987.

Paul J. Duska, Contracting Officer
Contract Management Section, OGC
National Institute of Child Health and Human Development
Landow Building, Room 6C25
7910 Woodmont Avenue
Bethesda, Maryland 20892

ONGOING PROGRAM ANNOUNCEMENTS

PERSONS WITH MENTAL RETARDATION AND MENTAL ILLNESS

P.T. 34; K.W. 0715095, 0715130, 0785055, 0755030, 0404000

National Institute of Mental Health
National Institute of Child Health and Human Development

The National Institute of Mental Health and the National Institute of Child Health and Human Development announce the availability of support for research on Persons With Mental Retardation and Mental Illness. This research is to elucidate the epidemiology, etiology, treatment and prevention of mental disorder, and behavioral and emotional problems in persons of any age with mental retardation. Applicants may request a maximum of 5 years of support. Applications in response to this announcement will be accepted in accordance with the usual Public Health Service receipt dates for new applications. Further information is available from one of the following:

Eleanor D. Dibble, D.S.W.
Parklawn Building, Room 10-104
Child and Adolescent Disorders Research Branch
Division of Clinical Research
National Institute of Mental Health
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-5944

James F. Kavanagh, Ph.D.
Acting Chief, Mental Retardation and Developmental
Disabilities Branch
National Institute of Child Health
and Human Development
Landow Building, Room 7C09
National Institutes of Health
Bethesda, Maryland 20892
Telephone: (301) 496-1383

CLINICAL AND EPIDEMIOLOGIC RESEARCH ON MINORITY POPULATIONS
OF THE UNITED STATES

P.T. 34; FF; K.W. 0785035, 0785050, 0785055, 0715135, 0715075, 0710095, 0715010

National Institute of Diabetes and Digestive and Kidney Diseases
National Institute of Arthritis and Musculoskeletal and Skin Diseases

OBJECTIVES AND SCOPE

The above-named Institutes solicit applications for research in the areas of clinical and epidemiologic studies on minority populations of the United States.

Areas of desired research include genetic, metabolic, physiologic, nutritional, and epidemiologic aspects of diabetes, endocrinology, and metabolic diseases; digestive diseases, nutrition, and obesity; kidney, urology and hematologic diseases; and arthritis, musculoskeletal, and skin diseases. Research is solicited in normal physiology and pathophysiology of these diseases; etiology, risk factors, and potential for development of disease; trends in incidence, prevalence, morbidity and mortality; natural history of disease; prognosis for development of disease complications and sequellae; methods for prevention of the diseases; and methods for prevention or amelioration of their complications.

The minority populations to be studied include but are not limited to Blacks, Hispanic Americans (Mexican Americans, Puerto Ricans, Cuban Americans), Asian Americans (Korean, Japanese, Philippino, Chinese, Vietnamese origins), Native Americans (American Indians, Eskimos), and Pacific Islanders, including Hawaiians. Comparisons among these populations, with the white majority population of the United States including ethnic/religious subsets, and with populations in the country of origin would be desirable.

Studies on the general population at risk for disease, as well as on patient populations who have been diagnosed to have the disease, will be accepted. Research focus may be basic, clinical or epidemiologic. Clinical research may be oriented to the cellular, organ, or person level and may include metabolic studies and comparisons. Epidemiologic research designs that might be employed include observational and natural history studies, case-control studies of racial/ethnic differences, studies of migrant populations in the the U.S. versus in their country of origin, urban/rural comparisons, acculturation of the minorities to the U.S. lifestyle and environment, and longitudinal studies. Research directed toward improving methodologies for population-based studies of minority ethnic/racial groups is also encouraged.

Although new research projects are desired, the Institutes are particularly interested in receiving applications based in on-going studies that may have been conceived for reasons other than for research on U.S. minorities or for studies on the diseases listed above. In addition, analyses of extant data sets that contain components on U.S. minority populations are particularly encouraged.

Some of these extant research projects include the various national surveys of the National Center for Health Statistics (Health and Nutrition Examination Surveys, Hispanic HANES, Health Interview Survey, Hospital Discharge Survey, National Ambulatory Medical Care Survey, National Nursing Home Survey) and of the National Center for Health Services Research (National Medical Care Expenditure Survey), the Honolulu Heart Study, the Puerto Rico Heart Study, Bogalusa Heart Study, Evans County Study, Early Treatment of Diabetic Retinopathy Study, Rand Health Insurance Study, Medicare and Medicaid data, Consolidated End Stage Renal Disease Data System, ARAMIS, the Tecumseh Study, the Rochester Epidemiology Program, National Survey of Black Americans, Lipid Research Clinics Program, Meharry Cohort Study, and Kaiser Permanente Twin Registry.

MECHANISMS OF SUPPORT, APPLICATION PROCEDURE, AND REVIEW PROCEDURE

Research support mechanisms that might be utilized include regular research grants (R01), Clinical Investigator Awards (K08), First Independent Research and Transition (FIRST) Awards (R29), and Individual National Research Service Awards (F32). Specific application forms and kits are available in the business or grants and contracts offices of most academic and research institutions or may be obtained from:

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

Applications will be accepted on an indefinite basis in accordance with the regular receipt dates established by the NIH Division of Research Grants and specified in the pertinent application kits. The original and six copies of the application should be sent or delivered to:

Application Receipt Office
Division of Research Grants, NIH
Westwood Building, Room 240
Bethesda, Maryland 20892

Applications in response to this announcement will be reviewed on a nationwide basis in competition with other applications and in accordance with the usual NIH peer review procedures. Funding decisions will be based on relative scientific merit, program relevance, and availability of appropriated funds.

STAFF CONTACT

The following individuals may be contacted in regard to the possible scientific content of grant applications:

Diabetes, Endocrinology, and Metabolic Diseases:

Maureen I. Harris., Ph.D., M.P.H.
Epidemiology Research Program, DEMD
Westwood 620
NIH, Bethesda MD 20892
Telephone: (301) 496-7595

Digestive Diseases, Nutrition, and Obesity:

Jay Everhart, M.D.
Epidemiology and Data Systems, DDN
Federal 616
NIH, Bethesda MD 20892
Telephone: (301) 496-8933

Kidney, Urology, and Hematology:

Anna Sandberg, Dr.P.H.
Clinical Trials and Epidemiology, DKUH
Westwood 621
NIH, Bethesda MD 20892
Telephone: (301) 496-7133

Arthritis, Musculoskeletal and Skin Diseases:

Reva Lawrence, M.P.H.
Epidemiology and Data Systems, AMS
Westwood 403
NIH, Bethesda MD 20892
Telephone: (301) 496-7495

ERRATUM

STUDIES OF THE OPPORTUNISTIC INFECTIONS ASSOCIATED WITH THE ACQUIRED IMMUNODEFICIENCY SYNDROME

P.T. 34; K.W. 0715125, 0715165, 0785055, 0710075, 1002008

National Institute of Allergy and Infectious Diseases

The number 87-AI-10 was used erroneously for the RFA, "Studies of the Opportunistic Infections Associated with the Acquired Immunodeficiency Syndrome," published in the Guide for January 16, 1987 (Vol. 16, No. 2). The correct number is 87-AI-07. Applicants are advised that the Institute is aware of the problem and is taking steps to make sure that applications are assigned to the appropriate review committee.