NIH GUIDE

For Grants and Contracts

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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.

VOL. 16, NO. 29 - AUGUST 28, 1987

Vol. 16, No. 29, August 28, 1987

NOTICES

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

ONGOING PROGRAM ANNOUNCEMENTS

NOTICES

MECHANISMS TO SUPPORT U.S. CITIZENS IN INTERNATIONAL STUDY

P.T. 22, 48; K.W. 0710030

National Institutes of Health
Alcohol, Drug Abuse and Mental Health Administration

Scientific advances are being made in many international laboratories whose environments have much to offer U.S. investigators at all levels of development. Opportunities for Americans to study abroad have always been supported by the National Institutes of Health (NIH) and Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) in those universities and laboratories where a period of time spent in a well-defined research program would advance an individual's expertise in a new area of science or enlarge the capacity to be more productive through the acquisition of state-of-the-art techniques. Efforts to enhance international scientific exchange through research are viewed by the NIH and ADAMHA as a desirable way to intensify research productivity and further scientific creativity in the biomedical sciences contributing to better health.

The Fogarty International Center is the PHS focus for providing opportunities for study abroad. However, all of the Institutes of which the NIH and ADAMHA are composed make international research and research training available through judicious use of several ongoing mechanisms.

FOGARTY INTERNATIONAL CENTER FOR ADVANCED STUDY IN THE HEALTH SCIENCES. PROGRAMS FOR U.S. SCIENTISTS

Senior International Fellowships.
These fellowships offer opportunities to U.S. biomedical, behavioral, or health scientists to conduct research in a foreign institution. The program is for scientists who have established themselves in their chosen career in the United States and whose professional stature is well recognized by their peers and institutional officials. Fellowships are awarded for a period of 3 to 12 months and provide stipend, travel, foreign living allowance, and host institutional allowance.

Foreign-Supported Fellowships.
These fellowships are supported by specific foreign countries. They provide opportunities for scientists to conduct collaborative research in the country that provides funding. The purpose of this program is to enhance the exchange of research experience and information in the biomedical, behavioral, and health sciences. The maximum period of support for all programs is 1 year and the minimum period of support varies with each program. Participating countries are: FINLAND, FRANCE (CNRS AND INSERM), FEDERAL REPUBLIC OF GERMANY, IRELAND, ISRAEL, NORWAY, SWEDEN, SWITZERLAND, AND TAIWAN.

Special International Postdoctoral Research Program in Acquired Immunodeficiency Syndrome (AIDS).
The objectives of the special institutional research fellowship program are (1) to support collaborative research between U.S. and foreign scientists who wish to enhance their knowledge and skills in the epidemiology, diagnosis, prevention, and treatment of AIDS and (2) to stimulate scientists from nations affected by AIDS to cooperate and share research knowledge in combatting this global problem.

Awards will be made to U.S. institutions having comprehensive programs in AIDS research. The program director will have the authority to appoint U.S. and foreign scientists at all career levels to work in institutions abroad and in grantee institutions, respectively. Appointments will be for a minimum of 3 months to a maximum of 24 months. The award provides for stipend, travel, and host institutional allowance.

Health Scientist Exchanges.
This program supports short-term (2-12 weeks) and long-term (3-6 months) exchange visits between the U.S. and Bulgaria, Austria, Hungary, Poland, Romania, Yugoslavia, or the Soviet Union. The purpose of this program is to conduct collaborative biomedical research of mutual benefit to the U.S. and the participating country. Priority is given to visits designed to strengthen or expand ongoing collaborative relationships or to explore prospects for long-term cooperation. The financial provisions include round-trip travel and in-country costs.

Requests for additional information about the Health Scientist Exchanges should be sent to:

International Coordination and Liaison Branch
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20892

Requests for information about the other international fellowships should be sent to:

International Research and Awards Branch
Fogarty International Center
National Institutes of Health
Bethesda, Maryland 20892

OTHER NIH AND ADAMHA OPPORTUNITIES FOR FOREIGN STUDY

The following general mechanisms allow for a foreign research experience as a special situation with justification. In all cases, there should be a clear scientific reason for seeking an assignment abroad and the research and training assignment or request must describe the advantages of the facilities and/or research opportunities at the foreign site. Institute program staff should be consulted whenever special assignments are to be made to foreign laboratories or institutions. Institute prior approval and meeting of other conditions is necessary if a principal investigator plans an absence of more than three months.

NRSA Individual Fellowships.
Applications are routinely accepted by NIH or ADAMHA to support postdoctoral fellows who wish to receive their research training experience in a laboratory or institution abroad.

NRSA Senior Faculty Fellowships.
These are well suited to those experienced scientists supported by NIH who may, or may not, be on sabbatical leave and choose to broaden their scientific background, acquire new research capabilities or make major changes in the direction of their research careers, to learn new techniques or participate in the opportunities inherent in the research activity at a foreign institution and/or laboratory.

NRSA Institutional Training Grants.
Program directors of Institutional Training Grants from NIH or ADAMHA may, at their discretion, permit an individual to train in a foreign laboratory for a period of study to increase the trainee's expertise and skill in a desirable area of research, and/or to learn new methodologies and techniques.

Career Development Awards.
An awardee institution may assign a Career Development Awardee (NIH) or the Research Scientist Development Awardee (ADAMHA) to a foreign laboratory in order to enhance the individual's career development. The institution must justify to the awarding unit how the experience will benefit the awardee in enhancing the objectives for which the grant was made. The funds may be used to pay the appropriate portion of the investigator's salary and grant funds or institutional funds may be made available for travel (following the NIH and ADAMHA guidelines for foreign travel) and supplies to be used in conducting the work at the host laboratory. All funds are handled through the awardee institution in accordance with its policies and procedures.

The Research Project, the Program Project and Center Grant Mechanisms. When it is germane to the conduct of the research supported by the grant, the domestic awardee institution under an NIH or ADAMHA grant may permit the principal investigator, program director or a participating scientist to work in a laboratory outside the United States. The awardee institution may continue to pay the appropriate portion of the investigator's salary and may make funds available for travel (following the NIH and ADAMHA guidelines for foreign travel) and supplies to be used in conducting the work at the host laboratory. As always, the awardee institution is responsible for assuring that the research is carried out in a responsible and accountable fashion and the principal investigator is responsible for the scientific conduct of the research.

International Collaboration in Infectious Diseases Research. The Microbiology and Infectious Diseases Program of the National Institute of Allergy and Infectious Diseases has established a program in International Collaboration in Infectious Diseases Research. The program objective is a collaborative effort in biomedical research of recognized relevance to the health of people in tropical countries. Diseases of interest include malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy. Also of special programmatic interest are bacterial, parasitic and viral enteric infections. All of these disease areas are of mutual concern to the World Health Organization. While these diseases constitute major world health problems, it is not the intent of the program to exclude other diseases of equal importance. The grant will be awarded to a United States based institution which has developed a satisfactory affiliation with an established university, research institute, federal or state health department, or their equivalent in the foreign host country. It is projected that 70-80 percent of the research will be done in the host country.

Requests for additional information should be sent to:

Harley Sheffield, Ph.D.
Chief, Parasitology and Tropical Diseases Branch
Microbiology and Infectious Diseases Program
National Institute of Allergy and Infectious Diseases
Westwood Building, Room 737
5333 Westbard Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-2544

Requests for additional information concerning other NIH and ADAMHA programs should be sent to:

Dr. Miriam Kelty
Associate Director for Extramural Affairs
National Institute on Aging
National Institutes of Health
Building 31, Room 5C05
Bethesda, Maryland 20892
Telephone: (301) 496-9322

Dr. John W. Diggs
Director, Extramural Activities Program
National Institute of Allergy and Infectious Diseases
National Institutes of Health
Westwood Building, Room 703
Bethesda, Maryland 20892
Telephone: (301) 496-7291

Dr. Steven Hausman
Deputy Director, Extramural Activities Program
National Institute of Arthritis and Musculoskeletal
and Skin Diseases
National Institutes of Health
Westwood Building, Room 403
Bethesda, Maryland 20892
Telephone: (301) 496-7495

Dr. Vincent Oliverio
Associate Director, Program Coordination
National Cancer Institute
National Institutes of Health
Building 31, Room 10A05
Bethesda, Maryland 20892
Telephone: (301) 496-9138

Ms. Hildegard Topper
Special Assistant to the Deputy Director
National Institute of Child Health and Human Development
National Institutes of Health
Building 31, Room 2A03
Bethesda, Maryland 20892
Telephone: (301) 496-1848

Dr. Marie Nylen
Director, Extramural Programs
National Institute of Dental Research
National Institutes of Health
Westwood Building, Room 503
Bethesda, Maryland 20892
Telephone: (301) 496-7723

Dr. Walter Stolz
Director, Division of Extramural Activities
National Institute of Diabetes and Digestive and
Kidney Diseases
National Institutes of Health
Westwood Building, Room 657
Bethesda, Maryland 20892
Telephone: (301) 496-7277

Dr. Anne Sassaman
Chief, Scientific Programs Branch
National Institute of Environmental Health Sciences
National Institutes of Health
P.O. Box 12233
Research Triangle Park, NC 27709
Telephone: (919) 541-7723

Dr. Jack McLaughlin
Acting Associate Director for Extramural and
Collaborative Programs
National Eye Institute
National Institutes of Health
Building 31, Room 6A51
Bethesda, Maryland 20892
Telephone: (301) 496-5983

Dr. Mark Guyer
Program Administrator
National Institute of General Medical Sciences
National Institutes of Health
Westwood Building, Room 920
Bethesda, Maryland 20892
Telephone: (301) 496-7137

Dr. Henry Roscoe
Deputy Director, Division of Extramural Affairs
National Heart, Lung, and Blood Institute
National Institutes of Health
Westwood Building, Room 7A17A
Bethesda, Maryland 20892
Telephone: (301) 496-7225

Mr. Edward Donohue
Acting Deputy Director for Extramural Activities
National Institute of Neurological and Communicative
Disorders and Stroke
National Institutes of Health
Federal Building, Room 1016
Bethesda, Maryland 20892
Telephone: (301) 496-4188

Mr. Arthur Broering
Acting Associate Director for Extramural Programs
National Library of Medicine
National Institutes of Health
Building 38A, Room 5N503
Bethesda, Maryland 20894
Telephone: (301) 496-4621

Deputy Director for Extramural Programs
National Center for Nursing Research
National Institutes of Health
Building 38A, Room B2E17
Bethesda, Maryland 20894
Telephone: (301) 496-0526

Dr. James O'Donnell
Deputy Director
Division of Research Resources
National Institutes of Health
Building 31, Room 5B03
Bethesda, Maryland 20892
Telephone: (301) 496-6023

Dr. Edward Kelly
Staff Director
International Health
National Institute of Mental Health
Parklawn Building, Room 17C26
Rockville, Maryland 20857
Telephone: (301) 443-1828

NOTICE OF MEETING - NATIONAL BIOMATERIAL RESOURCES

P.T. 42; K.W. 0780000, 0780020, 1014002

National Institutes of Health

Notice is hereby given that a group of expert consultants, augmented by NIH staff, will meet to conduct a review of the need for and appropriate management of the procurement and distribution of human tissues and organs for biomedical research purposes.

This review has been instituted by the National Biomaterial Resource Committee of the Office of the Director, NIH. The Committee is charged with coordinating the management and funding of national biomaterial resources, including human tissue procurement functions.

In order to better understand the current and potential usage of such resources, and to define the most efficient methods for obtaining and distributing human tissue for research purposes, a meeting of outside experts will be held in Bethesda, Maryland on November 9-10, 1987.

The meeting participants will be asked to address the following major questions concerning this concept:

What is the need for centralized human tissue procurement and distribution networks? Are the needs of the existing user community being adequately met by resources such as:

- o existing general human tissue procurement and distribution networks (e.g., the National Disease Research Interchange);
- o specialized tissue procurement organizations funded by NIH Institutes (e.g., the National Institute of Diabetes and Digestive and Kidney Diseases Liver Tissue Procurement and Distribution System, and the National Cancer Institute Cooperative Human Tissue Network); and
- o private arrangements between investigators and nearby medical institutions?

Is there a potentially larger user community for human tissues, for instance:

- o molecular biologists who cannot easily obtain such tissues due to lack of proximity to appropriate medical centers,
- o researchers concerned with rare or orphan diseases for which it is difficult to obtain samples, and
- o basic cell biologists and tissue culture researchers?

Is there a need for geographically distributed procurement centers?

To what extent should such resources be supported by user fees?

As part of these deliberations, the afternoon of November 9 will be devoted to a public hearing in which the review group will receive testimony from interested parties. On November 10, the review group will meet in closed executive session for deliberations. The meeting will be held at the National Institutes of Health, Building 31, Conference Room 6. Attendance and number of presentations will be limited to time and space available.

All individuals wishing to attend or to present statements at this public hearing should notify, in writing, by September 15:

Ms. Barbara Harrison
National Institutes of Health
Shannon Building, Room 228
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-1454

Those planning to present testimony must file a one-page summary of the presentation with Ms. Harrison by September 22. The proceedings will not be transcribed. Each speaker will be limited to a maximum of 10 minutes. Those wishing to provide a statement to the review group without public testimony may submit a one-page statement for inclusion in the proceedings by September 22.

NIH REGIONAL WORKSHOPS ON IMPLEMENTATION OF THE PHS POLICY ON HUMANE CARE AND USE OF LABORATORY ANIMALS

P.T. 42; K.W. 1014002, 1014003, 0201011

National Institutes of Health

The National Institutes of Health, Office for Protection from Research Risks, is continuing to sponsor a series of workshops in implementing the Public Health Service Policy on the Humane Care and Use of Laboratory Animals. The workshops are open to institutional administrators, members of animal care and use committees, laboratory animal veterinarians, investigators and other institutional staff who have responsibility for high-quality management of sound institutional animal care and use programs.

Date: September 14-15, 1987

Location: Minneapolis, Minnesota

Contact:

Cynthia S. Gillett, DVM
Research Animal Resources
Division of Comparative Medicine
Box 351 UMHC
University of Minnesota
Minneapolis, Minnesota 55455
Telephone: (612)624-4625

Date: October 5-6, 1987

Location: Palo Alto, California

Contact:

Ms. Yolanda Ayala
Stanford University
Lab Animal Medicine
Quad 7, Building 330
Stanford, California 94305
Telephone: (415)723-3876

Date: January 28-29, 1988

Location: Albuquerque, New Mexico

Contact:

Ms. Rynda Gibbs
University of New Mexico School of Medicine
Continuing Medical Education
815 Vassar N.E.
Albuquerque, New Mexico 87131
Telephone: (505)277-3942

Other workshops are being planned and will be announced in future issues of the NIH Guide for Grants and Contracts.

For additional information contact:

Ms. Roberta Garfinkle
Executive Assistant for Animal Welfare Education
National Institutes of Health
Office of Protection from Research Risks
Building 31, Room 4B09
Bethesda, Maryland 20892

BREEDING AND EXPERIMENTAL FACILITY FOR WOODCHUCKS (MARMOTA MONAX)

RFP AVAILABLE: NIAID-MIDP-88-14

P.T. 34; K.W. 1002002, 0740075, 0740020, 1002045

National Institute of Allergy and Infectious Diseases

The Development and Applications Branch, National Institute of Allergy and Infectious Diseases, has a requirement for the continued development and use of the woodchuck as a model for viral-induced hepatitis and subsequent sequelae such as chronic hepatitis and hepatoma. There is a requirement for colony-born animals for planned experiments. The contractor will be responsible for the development and maintenance of a colony of breeding MARMOTA MONAX capable of yielding 60 weaned pups per year; for the performance of experimental protocols on woodchucks with viral agents, vaccines and therapeutic agents; and for the maintenance of experimental animals.

One contract may be awarded as a result of this solicitation. It is expected that the contract will have a five-year period of performance. Any responsible offeror may submit a proposal which will be considered by the Government.

RFP-NIH-NIAID-MIDP-88-14 will be issued on August 24, 1987. Proposals will be due by close of business October 26, 1987.

To receive a copy of this RFP, please supply this office with two self-addressed mailing labels. Telephone inquiries will not be honored and all inquiries must be in writing and addressed to the office below.

Ms. Joyce Sagami
National Institute of Allergy
and Infectious Diseases
National Institutes of Health
5333 Westbard Avenue
Westwood Building, Room 707
Bethesda, Maryland 20892

This advertisement does not commit the Government to make an award.

TOXICITY AND CARCINOGENICITY STUDIES IN LABORATORY ANIMALS

RFP AVAILABLE: Master Agreement Announcement NIEHS-87-17

P.T. 34; K.W. 1007009, 0715035, 0710040, 0785070

National Institute of Environmental Health Sciences

The National Toxicology Program, National Institute of Environmental Health Sciences, is soliciting sources capable of performing toxicologic and carcinogenicity studies in rodents via (1) dosed feed, gavage, dermal (skin paint) and dosed water routes of administration, and/or (2) inhalation route of administration. Offerors must be capable inhouse or by subcontract of performing hematology, urinalysis, clinical chemistry and reproductive toxicology studies. Offerors must also be capable of performing all prechronic studies and/or chronic studies.

This is the Master Agreement Announcement which seeks to enlarge the pool of current Master Agreement holders for this program. The initial award is nonmonetary and is exclusively for the purpose of establishing eligibility to compete for future specific chemical studies (Master Agreement Orders). Current Master Agreement holders may seek to become eligible for alternate routes of administration if not currently determined eligible for all routes. They may also submit proposals for eligibility of additional facilities.

The estimated issuance date of RFP No. NIH-ES-87-17 is August 31, 1987 and responses will be due sixty (60) calendar days thereafter.

Requests shall be forwarded to the attention of:

Ms. Vicki Grigston
Contract Management Office, OAM
National Institute of Environmental Health Sciences
P.O. Box 12874
Research Triangle Park, NC 27709

Requests must reference NIH-ES-87-17 and must be directed to the office listed above.

COOPERATIVE AGREEMENTS FOR NATIONAL COOPERATIVE DRUG DISCOVERY GROUPS FOR SPECIFIC DISEASE-ORIENTED ANTICANCER TREATMENT

RFA AVAILABLE: 87-CA-24

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents a further expansion of the program to discover more effective drugs and treatment strategies for any specific cancer site.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Drug Discovery Groups (NCDDGs) which are focused on the discovery of new anticancer treatments based on the exploitation of characteristics of a specific cancer type. The cancer type to be addressed is at the discretion of the applicant. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to improved treatments. Each NCDDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to conceptualize, create and evaluate new therapies in accordance with the applicant's scientific goals. An NCDDG may be made up of scientists in academic, non-profit research, and commercial organizations. Scientific approaches to the development of new treatments are broad and limited only by the creativity and ability of the applying Group.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new treatments. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. Special programmatic consideration may be given to applications on lung and colon cancer. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for General Mechanism of Action Based Anticancer Treatment" (87-CA-25) and "National Cooperative Anticancer Model Development Groups" (87-CA-26). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

George S. Johnson, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

DISCOVERY GROUPS FOR GENERAL MECHANISM OF ACTION BASED ANTICANCER TREATMENT

RFA AVAILABLE: 87-CA-25

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents a further expansion of the program to discover more effective drugs and treatment strategies by the exploitation of general mechanistic differences between normal and cancer cells without specifying a particular type of cancer.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Drug Discovery Groups (NCDDG) which are focused on the discovery of new anticancer treatments based on the exploitation of general mechanistic differences between normal and cancer cells without regard to a specific type of cancer. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to improved treatments. Each NCDDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to conceptualize, create and evaluate new therapies in accordance with the applicant's scientific goals. An NCDDG may be made up of scientists in academic, nonprofit research, and commercial organizations. Scientific approaches to the development of new treatments are broad and limited only by the creativity and ability of the applying Group.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new treatments. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for Specific Disease-Oriented Anticancer Treatment" (87-CA-24) and "National Cooperative Anticancer Model Development Groups" (87-CA-26). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

George S. Johnson, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

COOPERATIVE AGREEMENTS FOR NATIONAL COOPERATIVE ANTICANCER DEVELOPMENT GROUPS

RFA AVAILABLE: 87-CA-26

P.T. 34; K.W. 0715035, 0755025, 0740020, 0755020, 0710030, 0785140

National Cancer Institute

Letter of Intent Receipt Date: October 16, 1987

Application Receipt Date: December 10, 1987

In 1983 and 1984 NCI requested applications for National Cooperative Drug Discovery Groups (Vol. 12, No. 7, July 15, 1983, and Vol. 13, No. 9, August 3, 1984). In 1986 the program was expanded to solicit applications on lung and colon cancer (Vol. 15, No. 20, October 3, 1986). This RFA represents an extension of the program to stimulate the discovery of new models which will more accurately predict the clinical efficacy of new anticancer drugs and treatment strategies.

SUMMARY

The National Cancer Institute (NCI) announces the availability of an RFA for the funding of National Cooperative Anticancer Model Development Groups (NCAMDGs) to stimulate the scientific community to conceive, create, and evaluate new models which may lead to the discovery of new treatments for the cure of cancer. This program is designed to assist leading investigators in diverse scientific disciplines to interact as a unit, regardless of their individual institutional affiliations or prior direct involvement in cancer related research. The purpose is to mobilize, with NCI support, the outstanding talents required for exploitation and extrapolation of leads from fundamental studies to the development of models which more accurately predict clinical efficacy of a potential drug or treatment strategy. An NCAMDG may be composed of a single Laboratory Program. Alternatively and perhaps more desirably, an NCAMDG is envisioned as being composed of a Principal Investigator and a number of Program Leaders who will conduct interdependent and synergistic preclinical laboratory programs to create new models. Areas of research will be broad and could include a variety of in vitro and in vivo models, such as biochemical, metastatic, immunological, radiomodulator, differentiation, gene transfer, oncogene probe, etc. An NCAMDG may be made up of scientists in academic, non-profit research, and commercial organizations.

Awards will be made as cooperative agreements. Assistance via cooperative agreement differs from all research grants in that the cooperative agreement funding mechanism anticipates substantial NCI staff participation during performance. However, the applying Group must define its objectives in accord with its own interests and perceptions of approaches to the discovery of new models. The role of NCI as a member of the Group is described in the RFA. Essentially, the extramural NCI staff concerned with the administration of grants and contracts will apply its experiences and appropriate resources to facilitate and stimulate the realization of Group objectives. The active participation of industry is encouraged because it will allow this segment of the scientific community to contribute its considerable intellectual and material resources.

The Principal Investigator's (PI's) institution will be responsible for the Group's application. Awards will be made to the applicant institution on behalf of the Group as a whole a and not to individual Laboratory Programs within the Group. The PI's institution will provide a Central Operations Office for the Group and will be responsible for the performance of the entire Group and be accountable for the funds awarded.

NCI plans to make multiple awards for project periods of up to five years and has set aside $2,000,000 for the initial year's funding. It should also be noted that this RFA serves as a companion to two complementary RFAs with the same date of issuance. These include "National Cooperative Drug Discovery Groups for Specific Disease-Oriented Anticancer Treatment" (87-CA-24) and "National Cooperative Drug Discovery Groups for General Mechanism of Action Based Anticancer Treatment" (87-CA-25). These RFAs are being released as a package based on the realization that the search for better cancer treatments is a dynamic process dependent on the availability of new agents and strategies coupled with the development and use of more predictive models. An individual investigator may respond to more than one RFA provided there is no scientific or budgetary overlap or proprietary conflict in funded activities.

The RFA label available in the 9/86 revision of application Form PHS 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

For further information and a copy of the RFA contact:

Mary K. Wolpert, Ph.D.
Developmental Therapeutics Program
Division of Cancer Treatment
National Cancer Institute
Landow Building, Room 5C08
Bethesda, MD 20892
Telephone: (301) 496-8783

CANCER NURSING INTERVENTIONS TO PROMOTE PATIENT SELF-CARE

RFA AVAILABLE: 87-CA-35

P.T. 34; K.W. 0785130, 0715035, 0730065

National Cancer Institute

Application Receipt Date: December 10, 1987

The National Cancer Institute (NCI) invites applications for research projects to: (1) assess the efficacy of cancer nursing interventions to promote patient self-care activities associated with cancer chemotherapy or radiotherapy and; (2) to discover characteristics of patients who do and do not participate in self-care activities. During the last several years, there has been a substantial increase in outpatient treatment with a concurrent demand that patients care for themselves or determine the need for professional assistance. Both hospital and outpatient staff have attempted to prepare patients for these responsibilities. Yet, there remains a need for systematic evaluation of nursing interventions. This information is critical for NCI cancer control efforts aimed at developing effective models for delivery of patient care.

OBJECTIVES AND SCOPE

The purpose of this RFA is to provide support for cancer nursing research which develops and evaluates nursing interventions aimed at facilitating self-care capabilities of patients who are receiving cancer therapy. Self-care consists of activities done by patients to maintain or improve current health.

The research projects to be conducted under this initiative will select nursing intervention approaches, such as structured patient teaching groups, and specific self-care practices, such as oral care regimens. The researchers will assess the actual use of the selected self-care practices and the associated outcomes, such as oral infections.

The focus of this initiative is patients who are receiving chemotherapy or radiation therapy and have a high likelihood of problems for which the self-care content can be focused. Patients should share a common entry point. Patient groups should be selected because of commonalities in therapy and/or tumor type. It is recommended that patient groups be as homogeneous as possible.

Evaluation will include the effectiveness of the nursing approach in achieving patient performance of the selected self-care activities and an analysis of factors which influence patient participation. Special emphasis is placed on the outcomes of self-care, especially the morbidity associated with treatment. This systematic research is needed to guide nursing practice in effective interventions to enhance cancer patient self-care. Synthesis of the results of investigations supported under this RFA will lead to cancer nursing care models that will promote optimum self-care during and after cancer treatment.

MECHANISM OF SUPPORT AND APPLICATION PROCEDURES

NCI plans to fund up to five awards under this RFA. Dependent upon the continued availability of funds, up to a three-year period of support is provided for, with total costs for the first year totaling $600,000. To expedite the review of the application, and to assure its identification with this RFA, the RFA label available in the 9/86 revision of application Form 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of an application such that it may not reach the review committee in time for review.

INQUIRIES

For further information and a complete copy of the RFA, investigators are encouraged to contact:

Anne R. Bavier, R.N., M.N.
Program Director, Nursing Research
Community Oncology and Rehabilitation Branch
Division of Cancer Prevention and Control
National Cancer Institute
Blair Building, Room 7A-05
Bethesda, Maryland 20892-4200
Telephone: (301) 427-8708

ANATOMIC AND FUNCTIONAL DIAGNOSIS OF NEOPLASM EMPLOYING SINGLE OR MULTIMODALITY IMAGING AND IMAGING RELATED TECHNOLOGY

RFA AVAILABLE: 87-CA-36

P.T. 34; K.W. 0706030, 1013034, 0760045

National Cancer Institute

Application Receipt Date: December 1, 1987

The Radiation Research Program (RRP), Division of Cancer Treatment (DCT), of the National Cancer Institute (NCI), announces the availability of a Request for Applications (RFA) on the above program. The focus or objective of this RFA is to relate functional information to specific anatomic sites by imaging and imaging related methods. This research will entertain various schemes of approach using a single modality or combinations to achieve this objective.

Recent advances in imaging and imaging related technology such as: magnetic resonance imaging and spectroscopy, positron emission tomography, single photon emission computed tomography, and radiolabeled monoclonal antibodies have made possible not only more precise anatomic/pathologic diagnosis but are providing functional information as well. These advances potentially extend the capability of the imaging method from its customary role of anatomic diagnosis with inferred function to the potential of directly observing physiologic and pathophysiologic phenomena. Magnetic resonance imaging, for example, can be used to define a region of interest, and the spectroscopic data of this same area can be determined and related to the anatomy by the use of spectroscopic-localization techniques. Furthermore, information derived from the whole tumor/lesion or specific parts of the tumor/lesion, makes monitoring of response of the tumor to treatment possible. If the entire tumor can be evaluated accurately, in terms of response to treatment, it is clear that more precise treatment planning becomes possible.

It is anticipated that approximately eight or possibly ten scientifically meritorious applications can be funded.

The label available with the 9/86 revision of application 398 must be affixed to the bottom of the face page. Failure to use this label could result in delayed processing of your application such that it may not reach the review committee in time for review.

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

Dr. Matti Al-Aish, Deputy Chief
Diagnostic Imaging Research Branch
Radiation Research Program
National Cancer Institute
National Institutes of Health
Landow Building/Room 8C09
Bethesda, MD 20892
Telephone: (301) 496-9531

THE RELATIONSHIP BETWEEN SEXUALLY TRANSMITTED DISEASES, INCLUDING ACQUIRED IMMUNE DEFICIENCY SYNDROME, AND FERTILITY-RELATED BEHAVIOR

RFA AVAILABLE: 87-HD-10

P.T. 34; K.W. 0715220, 0715120, 0413002, 0404000, 0730010

National Institute of Child Health and Human Development

Application Receipt Date: December 11, 1987

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 fertility and fertility regulation. This RFA invites scientists to submit grant applications for the support of research on the relationship between some or all sexually transmitted diseases (STDs), including Acquired Immune Deficiency Syndrome (AIDS), and fertility-related behavior. Throughout this RFA, references to STDs should be understood to include, but not be limited to, AIDS.

Public health reports reflect an increase in reported sexually transmitted diseases (STDs) and an apparent increase in nonreportable diseases such as genital herpes simplex, chlamydial infections, and pelvic inflammatory disease. Certainly, the number of AIDS cases continues to increase (from 110 reported cases in September of 1981 to over 38,000 cases in July of 1987). It is estimated by the Public Health Service that the number of AIDS cases will reach a total of 270,000 by 1991. The number of carriers of the AIDS antibody, who are considered capable of transmitting the virus, is already estimated at 1,500,000. Considering the fact that there is no known cure for those with AIDS at this time, it is urgent that the research community focus on understanding behavior that influences transmission of AIDS and other STDs.

Patterns of sexual behavior, childbearing activity, and contraceptive practices are known to influence the likelihood of contracting STDs, and there are some indications that fear of STDs, especially genital herpes simplex and AIDS, is influencing sexual, childbearing, and contraceptive behavior. In the absence of any systematic research program aimed at studying fertility-related behavior and its relationship to STDs, and considering the serious consequences of STDs (ranging from mild discomfort through infertility to death), it is clear that such research is urgently needed at this time.

RESEARCH GOALS AND SCOPE

Research proposals are needed to study the relationships between STDs (including exposure to STDs, having STDs diagnosed for oneself, having STDs diagnosed for a sexual partner, awareness of being at risk for STDs, and fear of STDs) and contraceptive use (or non-use), contraceptive choice, number of sexual partners, frequency of intercourse, sexual practices, formation and dissolution of sexual unions, timing and spacing of births, and plans for family size.

Since the birth of an infant to a woman with an STD (especially AIDS) is a high-risk situation for mother and child alike, research could address fertility decisions and behavior of such patients (especially persons with AIDS, both male and female).

Other variables that might affect fertility-related behavior should be addressed to the extent feasible. For instance, such factors as age, sex, ethnic group, religiosity, marital status, parity, sexual preference (heterosexual, bisexual or homosexual), occupation, geographic location, education, and primary family ties might be considered as well as preferences for particular types of sexual experience, propensity for risk-taking, drug and alcohol use, contraceptive use (or non-use), sexual practices, exposure to written and visual media, and general health.

Investigators are encouraged to propose research on various combinations of research issues discussed above or on other issues not stated above but which relate clearly to the focus of this RFA. It is not necessary to propose research on every aspect of the relationship between STDs and fertility-related behavior. For instance, a proposal would be considered reasonable in scope which included appropriate controls and intervening variables in a study of the effects of fear of exposure to AIDS on abstinence, or on changes in frequency and type of contraceptive used, or on changes in frequency and number of sexual partners, or on correct use of particular contraceptives such as the condom. Another example of a project reasonable in scope would be a study of the effect of having genital herpes simplex on contraceptive use, changes in plans for pregnancy and plans for family size. Still another might consider the effects of exposure to AIDS on choice of contraceptive method and type of sexual intercourse for sexual partners. Some investigators might wish to investigate the factors that are critical in leading to changes in type of sexual behavior and contraceptive used, including influences of various sources of information on STDs such as family, church, school courses, newspapers, magazines, and television. (Studies of the latter type would have to focus mainly on changes in fertility-related behavior, and not on evaluation of the media, however). It would be useful to study degree of awareness of chlamydia, genital herpes simplex, genital warts, and AIDS; awareness of the testing needed to find such diseases; awareness of the seriousness of the consequences of various types of sexual behavior for contracting or spreading such STDs; awareness of the risk of contracting or spreading such STDs; and whether or not contraceptive practices and sexual practices are changed as a result of the above awareness to avoid contracting or spreading disease. A study of factors which affect degrees of compliance to healthful practices would be of interest.

It should be noted that this RFA has the goal of understanding behavior, not of generating population estimates of the prevalence of various types of behavior. Applicants should be aware that this office has issued a Request for Proposals (RFP NICHD-DBS-87-13) to study the best means for conducting a large-scale survey of sexual behavior in the United States. Also, while most applications would be expected to deal with citizens of the United States, appropriate comparative studies would be considered relevant to this RFA as well.

MECHANISM OF SUPPORT

Support for this program will be through the traditional research grant. Policies that govern research grant programs of the National Institutes of Health will prevail.

It is anticipated that up to five projects will be funded contingent on the overall merit of the proposed research and the availability of funds.

APPLICATION AND REVIEW PROCEDURE

Applications submitted in response to this RFA will be reviewed for scientific merit by an initial review group which will be convened by the Scientific Review Program of the National Institute of Child Health and Human Development to review only these applications.

The factors to be used in evaluating the scientific merit of each application will include originality of the proposed research and originality of approach; quality of theoretical-conceptual framework; adequacy of research design; appropriateness of data analysis techniques; suitability of facilities; training, experience, and research competence of investigators; and soundness of proposed budget. An additional criterion will be the responsiveness of the proposed project to this RFA.

To receive copies of the full RFA and to receive further information, contact:

Gloria Kamenske, Ph.D.
Demographic and Behavioral Sciences Branch
Center for Population Research, NICHD
Room 7C25, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20892
Telephone: (301) 496-1174

The RFA label contained in the application kit must be affixed to the bottom of the face page of the original copy of the application. Failure to use this label could result in delayed processing and review of your application.

DIABETES CENTERS

RFA AVAILABLE: 87-DK-10 (Extension of Due Date)

P.T. 04; K.W. 0715075, 0785050, 0710030

National Institutes of Diabetes and Digestive and Kidney Diseases

Revised Application Receipt Date: November 20, 1987

An RFA for Diabetes Centers appeared in the NIH Guide for Grants and Contracts, Vol. 16, No. 22, June 26, 1987, with an originally announced due date of October 13, 1987.

The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) announces the extension of the application due date for a Center grant to be awarded in Fiscal Year 1988. The application due date for the competitive award of one Diabetes Endocrinology Research Center (DERC) in Fiscal Year 1988 has been extended to November 20, 1987. The RFA (general description and Guidelines for the DERC) and consultation may be obtained from:

Dr. Sanford Garfield
Diabetes Centers Program Director
Division of Diabetes, Endocrinology, and
Metabolic Diseases
National Institute of Diabetes and
Digestive and Kidney Diseases
Bethesda, Maryland 20892
Telephone: (301) 496-7418

PREVENTIVE PULMONARY ACADEMIC AWARD

P.T. 34; K.W. 0715165, 0745055, 0785035, 0710030

National Heart, Lung, and Blood Institute

Application receipt date: November 16, 1987

The Division of Lung Diseases (DLD), National Heart, Lung, and Blood Institute (NHLBI), National Institutes of Health (NIH), announces the second competition for the Preventive Pulmonary Academic Award. The dual objectives of this award are to encourage: (1) the development and/or improvement of the teaching of prevention of respiratory diseases in both undergraduate and graduate medical training; and (2) research in methods for the prevention of lung diseases. It is anticipated that approximately four awards will be made.

ELIGIBILITY: A candidate for this award must be a physician, with both clinical and academic skills, who is an established faculty member in an accredited academic medical institution. The candidate must commit a minimum of 50 percent effort to the program. An institution sponsoring a candidate for the award must show commitment to developing and improving the teaching of prevention of lung diseases, identifying educational resources, allowing time for the awardee to acquire educational skills, and providing facilities for research.

PROVISIONS OF THE AWARD: This award will provide up to $40,000 salary support for the awardee, plus appropriate fringe benefits and up to $20,000 a year for related research support. In addition, each awardee may apply for up to $10,000 for technical assistance. The use of these funds will be coordinated among all awardees and must be approved by the Division of Lung Diseases, NHLBI. Funds will be provided for the reimbursement of actual indirect costs at a rate up to, but not exceeding, eight percent of the total direct costs of each award, exclusive of tuition, fees, and expenditures for equipment specifically related to this award.

CURRICULA DEVELOPMENT AND RESEARCH PLANS: Curricula topics which might be addressed include identification of an interventions with populations at risk for respiratory disease, identification of genetically and occupationally linked respiratory diseases, prevention of respiratory infections, methods for encouraging smoking cessation, and respiratory disturbances during sleep. Research topics might include methods of intervening with populations at risk, methods for teaching prevention, smoking cessation, self-management of chronic lung diseases, and cost effectiveness of preventive measures. Multidisciplinary approaches are encouraged.

Letter of intent: Prospective applicants are asked to submit a one-page letter of intent. Such letters are requested for the purpose of obtaining an indication of the number of applications to be received, and therefore the NHLBI usually does not acknowledge their receipt. A letter of intent is not binding, nor is it a necessary requirement for application. This letter should be received no later than September 15, 1987, and sent to:

Fred P. Heydrick, Ph.D.
Contracts, Clinical Trials, and Training Review Section
Review Branch
Division of Extramural Affairs, NHLBI
Westwood Building, Room 548
Bethesda, Maryland 20892

Timetable:

Letter of Intent:	September 15, 1987
Application Receipt Date:	November 16, 1987
Technical Review (which may include interviews conducted by the Division of Extramural Affairs in Bethesda, MD with applicants)	February 1988
Advisory Council Review:	May 19-20, 1988
Award Date:	July 1988

Requests for Guidelines for the Preventive Pulmonary Academic Award (revised 8/87) should be directed to:

Joan M. Wolle, Ph.D., M.P.H.
Health Scientist Administrator
Prevention, Education, and Research Training Branch
Division of Lung Diseases, NHLBI
Westwood Building, Room 640
Bethesda, Maryland 20892
Telephone: (301) 496-7668

This program is described in the Catalog of Federal Domestic Assistance, number 13.838. 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, most specifically 42 CFR Part 52 and 45 CFR Part 74. This program is not subject to intergovernmental review requirements of Executive Order 12373, or to Health Systems Agency Review.

ONGOING PROGRAM ANNOUNCEMENTS

FIRST INDEPENDENT RESEARCH SUPPORT AND TRANSITION (FIRST) AWARD: REVISED ANNOUNCEMENT

P.T. 34; K.W. 1014002, 0710030

Alcohol, Drug Abuse, and Mental Health Administration

The Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) announces the continuing availability of the First Independent Research Support and Transition (FIRST) Award (R29). Based on earlier review experiences, the announcement has been revised to further define and clarify objectives and features of the award. Provisions of the revised announce-ment will be effective for ADAMHA FIRST applications submitted on and following the October 1, 1987 receipt deadline.

The purpose of the FIRST award is to provide a sufficient initial period of research support for highly promising newly independent behavioral, psychosocial, and biomedical investigators to develop the merit of their research ideas in the alcohol, drug abuse, and mental health fields. To be eligible for a FIRST award, the proposed principal investigator must be independent of a mentor yet at the same time must be at the beginning stages of his or her research career; e.g., no more than 5 years research experience since completing postdoctoral research training or its equivalent.

FIRST awards will provide funds for up to 5 years and are not renewable. The total direct cost of the 5-year period may not exceed $350,000. For projects of less than 5 years, the budget for the entire project period must be prorated in line with the number of years requested.

An individual may not simultaneously submit or have pending another PHS research grant application for the same research.

ADDITIONAL INFORMATION

Prospective applications are encouraged to contact the program staff listed below to obtain copies of the revised announcement and to determine priorities within various program areas:

National Institute on Alcohol Abuse and Alcoholism

Helen Chao, Ph.D.
Chief, Biomedical Research Branch
Division of Extramural Research
Room 14C-17
Telephone: (301) 443-4223

National Institute on Drug Abuse

Beatrice Rouse, Ph.D.
Research Sociologist
Division of Epidemiology and Statistical Analysis
Room 11A-55
Telephone: (301) 443-2974

John Boren, Ph.D.
Research Psychologist
Division of Clinical Research
Room 10A-16
301/443-1263

Charles Sharp, Ph.D.
Biochemist
Division of Preclinical Research
Room 10A-31
Telephone: (301) 443-6300

National Institute of Mental Health

Thomas Lalley, M.A.
Chief, Biometric and Clinical Applications Branch
Division of Biometry and Applied Sciences, NIMH
Room 18C-14
Telehpone: (301) 443-3364

Leonard Lash, Ph.D.
Associate Director, Research Training and
Research Resources
Division of Clinical Research
Room 10-95
Telehphone: (301) 443-3264

Stanley Schneider, Ph.D.
Associate Director, Research Training and
Resource Development
Division of Basic Sciences, NIMH
Room 11-95
Telephone: (301) 443-4347

The mailing address for all of the above is 5600 Fishers Lane, Rockville, MD 20857.

MOLECULAR BIOLOGY OF THE SKIN

P.T. 34; K.W. 1002008, 0715185, 0715015, 1002019

National Institute of Arthritis and Musculoskeletal and Skin Diseases

The Skin Diseases Program supports research on the structure, function, disorders and diseases of the skin. This Program Announcement is to encourage submission of scientifically meritorious grant applications in the specific area of the molecular biology of the skin, including its normal structure, function, diseases and disorders, both genetic and acquired.

Abnormalities of structural elements in the skin or of the enzymes controlling skin structure and function have been identified in a number of hereditary skin diseases, including forms of epidermolysis bullosa and ichthyosis. The molecular targets for a number of acquired autoimmune skin diseases have recently been identified, including the pemphigus group of diseases and acquired epidermolysis bullosa.

Current molecular biologic and molecular genetic techniques promise to allow identification of the normal genes and gene products as well as abnormalities which may underlie certain skin diseases, resulting in a greater understanding of normal skin and the pathogenesis of disease. The knowledge gained should allow the application of better diagnostic and therapeutic techniques to patients with cutaneous disease.

This announcement encourages research applications focused on normal skin genes; the mechanisms of their regulation and expression; the altered genes and proteins associated with skin diseases and disorders; and other aspects of the molecular biology of skin structure and function, including the nature of the targets in autoimmune skin diseases.

ELIGIBILITY

Non-profit organizations and institutions, governments and their agencies, for-profit organizations, and individuals are eligible to apply.

DEADLINE

Applications will be accepted in accordance with the announced receipt dates for new applications, listed in application kits numbered PHS 398.

REVIEW PROCEDURES AND CRITERIA

Applications should be submitted on Form PHS-398 (Rev. 9/86) which is available in the institution's collaborative research or business office. Additional application kits may be obtained from the Office of Grants Inquiries, Division of Research Grants (DRG), NIH. The phrase "Prepared in Response to Research Grants Announcement on Molecular Biology of the Skin" should be typed on line 2 of the first page of the application. The original and six copies of the application should be sent to:

Application Receipt Office
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892

Applications in response to this solicitation will be reviewed on a nationwide basis in competition with other research grant applications, and in accord with the usual NIH peer review procedures. Applications will first be reviewed for technical merit by initial review groups and then by the National Advisory Council. The review criteria customarily employed by the NIH for regular research grant applications will prevail.

Applications from institutions which have a General Clinical Research Center (GCRC) funded by the NIH Division of Research Resources may wish to identify the Center as a resource for conducting the proposed research. In such a case, a letter or agreement from the Program Director of the GCRC should be included with the application material.

All PHS and NIH grant policies governing regular research project grants apply to applications received in response to this program announcement.

For further information contact:

Dr. Alan N. Moshell
Director, Skin Diseases Program
National Institute of Arthritis and
Musculoskeletal and Skin Diseases
Westwood Building, Room 405
Bethesda, MD 20892
Telephone: (301) 496-7326

SUPPORT OF PROGRAM PROJECT GRANTS

P.T. 34; K.W. 0710030, 1014002

National Institute of General Medical Sciences

This announcement updates and summarizes the policy of the National Institute of General Medical Sciences (NIGMS) regarding program project grants. IT IS NOT AN ANNOUNCEMENT OF ANY NEW PROGRAM OR INITIATIVE. However, since many investigators have inquired about the intent and purposes of program project grants and about their relationship to other support mechanisms, the following description and summary is intended to be helpful to potential applicants.

The National Institute of General Medical Sciences (NIGMS) supports research in the broad areas of Cellular and Molecular Basis of Disease, Genetics, Pharmacological Sciences, and Biophysics and Physiological Sciences. Program project grants are investigator-initiated and are accepted in all research areas supported by the Institute.

The program project grant is more complex in scope and budget than the investigator-initiated individual research grant. While individual research grants are awarded to support the work of one principal investigator who, with supporting staff, is addressing a scientific problem, program project grants are available to a group of several investigators with differing expertise who wish to collaborate in research by pooling their talents and resources. The program project should be organized around a set of closely related projects bearing on a well-defined scientific problem. Normally three to five projects are expected to be involved, with one scientist designated by the applicant

institution as principal investigator who bears responsibility for the overall scientific and fiscal management of the program project grant. It is expected that each of the collaborating scientists responsible for the individual projects will be independent investigators. Investigators from more than one department or administrative unit may be represented.

The program project grant is not intended to be a vehicle for departmental support, nor is the research support of one senior investigator and several postdoctoral and research associate-level scientists appropriate under this mechanism.

Furthermore, the need of a group of investigators for a major piece of equipment or a core facility does not in itself provide justification for a program project grant. However, equipment and other core resources necessary to accomplish the objectives of the program project grant may be requested.

APPLICATION GUIDELINES

NOTE: THERE IS AN UPPER LIMIT TO THE BUDGET THAT MAY BE REQUESTED IN A COMPETING PROGRAM PROJECT GRANT APPLICATION TO THE NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES. THIS LIMIT IS $3,500,000 DIRECT COSTS OVER A 5-YEAR PERIOD. UNDER CERTAIN CIRCUMSTANCES, ADDITIONAL FUNDS MAY BE PROVIDED FOR MAJOR PIECES OF EQUIPMENT.

Applicants should avail themselves of NIGMS staff consultation prior to submission of a program project grant application. Requests for details of research areas supported by NIGMS and inquiries exploring the suitability of the program project grant mechanism should be directed to the Program staff listed at the end of this announcement.

Applications should be prepared using form PHS 398 (Rev. 9/86), (available in most institutional business offices or from the Division of Research Grants, NIH) and the additional guidelines as stated below. The receipt dates for new and renewal program project grant applications are February 1, June 1, and October 1. The earliest possible award dates will be approximately nine months after receipt dates. Applications received too late for one cycle of review will be held for the next.

The program project grant application should be structured as a series of separate but related project proposals. Each component project should adhere to the page limitations stated in the instructions for form PHS 398 (Rev. 9/86). The following format should be used:

A. Overall Proposal: An introductory section should contain justification for the program project grant mechanism and describe those goals which are not as readily attainable through individual research project grants. This section should include: 1) a face page; 2) an abstract; 3) a description of the objectives of the program as a whole and the benefits to be achieved by funding as a program project grant rather than as a series of individual research grants; 4) a list of participating personnel; 5) the consolidated budget for the program project grant (summarizing sub-budgets for the component parts and core); 6) a description of facilities available, including major instruments and special program resources; 7) administrative arrangements for overall scientific leadership, quality control, and management of the program project grant; and 8) a separate, overall listing of proposed percent of effort on the program project grant and actual and pending research support from all sources for each participating investigator (including percent effort devoted to each project).

B. Component Projects: Each component of a program project grant should represent an independent as well as an interdependent research effort, and should be prepared in the format of an individual research grant application, including budget pages, biographical information, detailed description of the research to be conducted, and any justification for human and animal experimentation, if applicable. If support of core resources is requested, a separate section describing and justifying these should be included.

REVIEW OF APPLICATIONS

The individual projects within a program project grant, as well as the program project grant as a whole, must meet the same standards of scientific merit as those required of regular research project grants. In order to assure that a program project grant application receives the best possible review by appropriate peers of all the participating investigators, the scientific merit of each component project will be assessed in a manner comparable to the assessment that an individual research project grant would receive but taking also into account the potential importance of the project to the success of the total effort. In addition, the scientific merit of the program project grant application as a whole, as well as its coherence as a program, will be assessed. Each research component of the program project, as well as the program project as a whole, will receive a priority score.

Final review and recommendations by the National Advisory General Medical Sciences Council will take into account the scientific merit of both the individual projects and the overall program project grant application. It is possible that funding for some of the individual projects or core components approved by the initial review group may be deleted by Council or by NIGMS staff prior to award of a grant, based on the scientific merit of the these components or the lack of coherence with the rest of the program project. In addition, the Council will also judge the appropriateness of the grant to the overall mission of NIGMS.

For further information, applicants are urged to contact the NIGMS program staff listed below:

Biophysics and Physiological Sciences:
Dr. Marvin Cassman, (301) 496-7463

Trauma and Burn Research:
Dr. Lee Van Lenten, (301) 496-7001

Cellular and Molecular Basis of Disease:
Dr. Charles Miller, (301) 496-7021

Genetics:
Dr. Fred Bergmann, (301) 496-7087

Pharmacological Sciences:
Dr. Christine Carrico, (301) 496-7707

Anesthesiology:
Dr. Paul Velletri, (301) 496-7707

Biorelated Chemistry:
Dr. Janet Newburgh, (301) 496-7181

For general information, applicants should contact:
Dr. Elke Jordan, (301) 496-7061.

*U.S. G.P.O. 1987-181-289:60010