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. 20, No. 34 (Part I of II)
September 13, 1991

NOTICES

NOTICES OF AVAILABILITY (RFPs AND RFAs)

ONGOING PROGRAM ANNOUNCEMENTS

ERRATUM

BEHAVIORAL AND SOCIAL RESEARCH ON AGING

P.T. 34; K.W. 040400, 0710010, 1014006

National Institute on Aging

As part of a continuing effort to build and sustain a broad program of research on social and behavioral aspects of aging, the Behavioral and Social Research program (BSR) of the National Institute on Aging encourages investigators to submit applications,that propose moderate budgets and durations.

BSR staff continue to encourage applications in cognitive functioning and aging, personality and social psychological aging, psychosocial geriatrics research, older people in society, health and retirement economics, the demography of aging, population epidemiology and related scientific areas.

BSR staff can supply more information about this notice and about the ongoing program initiatives. Written inquiries are to be addressed to:

Behavioral and Social Research
National Institute on Aging
Building. 31C, Room 5C32
Bethesda, MD 20892

Telephone inquiries can be made to any of the BSR staff listed below.

Dr. Ronald Abeles
Dr. Robin Barr
Dr. Katrina Johnson
Dr. Marcia Ory
Dr. Richard Suzman
(These staff can be contacted at: 301-496-3136)

NOTICES OF AVAILABILITY (RFPs AND RFAs)

CLINICAL ONCOLOGY RESEARCH CAREER DEVELOPMENT PROGRAM

RFA AVAILABLE: CA-91-32

P.T. 34; K.W. 0785140, 0785035

National Cancer Institute

Letter of Intent Receipt Date: October 25, 1991
Application Receipt Date: December 31, 1991

PURPOSE

The National Cancer Institute (NCI), through its Cancer Training Branch, announces the availability of a Request for Applications (RFA) for institutional physician scientist program grants that will prepare medical doctors for clinical research careers in medical, surgical, and radiation oncology, as well as other clinical specialties with a focus on cancer. The high level of support and intense activity in basic cancer research over the past decades has resulted in the rapid growth and constantly increasing body of knowledge about the molecular biology, immunology, genetics, and cell biology of cancer. However, the clinical application of this knowledge to improve procedures that benefit cancer patients has not kept pace with the accumulation of research results.

A workshop on "Training in Clinical Research in Oncology" was held on September 12, 1990, to identify the concerns and problems facing the clinical oncology community and to examine the adequacy of NCI training grant mechanisms and institutional research environments for attracting and retaining physicians in clinical oncology research.

There was unanimous agreement on the decline in the number of clinical oncologists pursuing careers in innovative clinical research and a discussion of the causes and potential solutions for reversing this trend. A summary was published in Cancer Research 51: 753-756, 1991.

The Request for Applications (RFA) is intended to stimulate the recruitment and research career development of clinicians who will be oriented and skilled in the translation of accumulated research results into new clinical procedures and approaches that are of direct benefit to cancer patients. The NCI is initiating this new 'program'career grant (K12) mechanism to provide excellent clinical departments and/or cancer centers with greater flexibility in selecting and sustaining young physicians for the critical three- to five-year period during which these physician scientists will learn the skills needed for the successful transition to independent grant support.

HEALTHY PEOPLE 2000

The Public Health Service is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This RFA, Clinical Oncology Research Career Development Program, is related to the priority area of cancer. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0 or Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Applications may be submitted by domestic, non-profit organizations, whether public or private, such as universities, colleges, hospitals, and laboratories. Applications involving minority and women students and investigators are encouraged.

All candidates supported under this award must be physicians holding the M.D. or D.O. degree. Proposed programs must demonstrate the potential to provide research career development opportunities in a range of clinical oncology research disciplines and not be limited to a single discipline.

MECHANISM OF SUPPORT

Support for this program will be through the National Institutes of Health (NIH) grant-in-aid, the Institutional Physician Scientist Award (K12). Applicants will be responsible for the planning, direction, and execution of the proposed project. Awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement.

The RFA is a one-time solicitation. Future competitive continuation applications will compete with all investigator-initiated applications. Should the NCI determine that there is a sufficient continuing program need, a request for competitive continuation and/or new applications will be announced. The total project period for applications submitted in response to the present RFA may not exceed five years. The earliest award date will be July 1, 1992.

FUNDS AVAILABLE

Total costs of $2,700,000 will be available for the first year, $3.6 million the second year, and $4.5 million per year for the third, fourth, and fifth years to support approximately ten awards. This funding level is dependent upon the receipt of a sufficient number of applications of high scientific merit. Although this program is provided for in the financial plans of the NCI, the award of grants pursuant to this RFA is also contingent upon the availability of funds for this purpose.

PROJECT DESCRIPTION

The objectives of this RFA are to increase the number of clinical oncologists who are motivated and properly prepared to: (1) interact and coordinate clinical research activities with basic research scientists in order to expedite the translation of basic information into patient-oriented research; (2) perform independent clinical research that develops and tests rational, scientific hypotheses, based on fundamental and clinical research findings, for improving the medical care of cancer patients; and (3) design and test innovative clinical protocols and manage all phases of clinical trials research.

These clinical oncology research career development programs must involve staff and clinical candidates representing a spectrum of clinical cancer disciplines, such as medical, surgical and radiation oncology. Programs limited to one clinical oncology discipline are not responsive to the ojective of this iitiative. Interaction during these arly years of career training might serve t enhance the knds of coordination and team approach necessary for optimum cancer patient care.

Applicants must propose a program that is designed to provide clinician candidates with the research skills that deal directly with aspects of cancer detection, diagnosis, prognosis, and treatment of cancer patients. It is expected that these clinical oncology career development programs will include both a didactic component (e.g., formal courses, lecture series, seminars, and journal clubs) and a research component that focuses on the skills necessary for translating basic cancer research results into clinical experiments, procedures, and trials directly involving cancer patients in a clinical environment. For example, it will not be sufficient within the scope of this initiative to use human cells and other clinical materials in an isolated basic laboratory setting as the total research development program. Basic laboratory research experience is essential, but it must be properly integrated with clinical research.

The proposed program must have the flexibility to accommodate clinical candidates with different levels of research competence. While the end goal of this program is specifically to prepare physicians for dedicated careers in clinical oncology research, not basic research, candidates must be or become competent in the fundamentals of the scientific method, particularly hypothesis development, experimental design, and biostatistical methods that are usually gained through a significant hands-on basic research experience. In most cases, candidates would acquire both basic and clinical research skills that will prepare them to become dedicated clinical researchers able to interact and communicate effectively with basic research scientists in the design and implementation of collaborative research involving patients.

SPECIAL REQUIREMENTS

The Principal Investigator must establish an advisory committee consisting of accomplished medical, surgical, and radiation oncologists and other clinical cancer and basic research investigators.

Each clinical research candidate must have one or more preceptor/mentor(s) who are accomplished investigators in their field.

Plans for an annual evaluation of the program must be described and a summary of this evaluation must be included in the Annual Progress Report for the grant.

An active institutional (T32) National Research Service Award (NRSA) supporting a surgical or other clinical oncology research training program already exists. The applicant must address the relationship between the existing T32 and proposed K12 programs.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. If women or minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

APPLICATION PROCEDURES

The most recent revision of the regular research grant application form PHS 398 (rev. 10/88) must be used in applying for these grants. These forms are available at most institutional business offices and from:

Office of Grants Inquiries
Division of Research Grants
National Institutes of Health
Westwood Building, Room 449
5333 Westbard Avenue
Bethesda, MD 20892
Telephone: (301) 496-7441

Applications must be received by December 31, 1991. The RFA contains complete application procedures.

LETTER OF INTENT

Although not required, a letter of intent is requested by October 25, 1991, that includes a descriptive title of the proposed educational program, the name and address of the Principal Investigator, names of other key personnel, participating institutions, and the number and title of the RFA. The letter of intent is to be sent to the program official named below.

Although a letter of intent is not required, is not binding, and does not enter into the review of subsequent applications, it is requrested in order to provide an indication of the number of scope of applications to be reviewed.

INQUIRIES

Written and telephone inquiries concerning the objectives and scope of RFAs are encouraged. The opportunity to clarify any issues or questions from potential applicants is welcomed. The program official named below will be pleased to mail the complete RFA to all who request it.

Direct inquiries regarding programmatic issues to:

Dr. Vincent J. Cairoli
Chief, Cancer Training Branch
National Cancer Institute
Executive Plaza North, Room 232
Bethesda, MD 20892
Telephone: (301) 496-8580
FAX: (301) 402-0181

Direct inquiries regarding grants management issues to:

Mr. Robert Hawkins
Grants Administration Branch
National Cancer Institute
Executive Plaza South, Room 242
Bethesda, MD 20892
Telephone: (301) 496-7800, extension 13

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance No. 93.398, Cancer Research Manpower. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410, as amended by Public Law 99-158, 42 USC 241 and 285) and administered under PHS grants policies and Federal Regulations 42 CFR 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.

SPECIALIZED PROGRAMS OF RESEARCH EXCELLENCE IN BREAST CANCER

RFA AVAILABLE: CA-91-33

P.T. 34; K.W. 07150350, 710030, 0745027, 0745070

National Cancer Institute

Letter of Intent Receipt Date: October 25, 1991
Application Receipt Date: January 17, 1992

PURPOSE

The Organ Systems Coordinating Branch of the Division of Cancer Biology, Diagnosis and Centers at the National Cancer Institute (NCI) announces the availability of a Request for Applications (RFA) for grants to establish Specialized Programs of Research Excellence in Breast Cancer (P50) at institutions that will make strong commitments to the organization and conduct of these programs. Each Specialized Program of Research Excellence (SPORE) must be dedicated to translational research on prevention, diagnosis, and treatment of human breast cancer. Translational research moves basic research findings to applied innovative research with patients and populations. This may include areas such as the development of new diagnostic and prognostic tests, the conduct of innovative therapeutic protocols, the development of new primary and secondary prevention measures, as well as control studies and studies that encompass rehabilitation and quality-of-life research. Each SPORE must (1) provide career development opportunities for independent investigators who wish to pursue active research careers in translational breast cancer research; (2) develop and maintain human breast cancer tissue resources that will benefit translational research; (3) develop extended collaborations in critical areas of research need with laboratory and clinical scientists in the parent institution and in other institutions; and (4) participate with other SPOREs on an annual basis to share information, assess scientific progress in the field, and identify new research opportunities for reducing breast cancer incidence and mortality, and for increasing and improving survival. Each SPORE must support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research; it must focus on human disease and effectively move basic research findings into applied research settings with patients and populations, as well as take advantage of observations from applied research to stimulate new basic research.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This Request For Application, Specialized Program of Research Excellence (SPORE) in Breast Cancer, is related to the priority area of cancer. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock NO. 017-001-004740-0 or Summary Report No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to breast cancer, and who combined represent experience in both laboratory and clinical research; access to a patient care and service facility that serves breast cancer patients. Applications may be submitted from a single institution or may include arrangements with multiple institutions, e.g., consortia, as appropriate.

MECHANISM OF SUPPORT

Support of this program will be through the P50 Specialized Center Grant mechanism. Applicants will be responsible for the planning, direction, and execution of the proposed SPORE program. Except as otherwise noted in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement.

This RFA is a one-time solicitation. The total project period for applications submitted in response to the present RFA may not exceed three years. The anticipated award date will be September 30, 1992.

FUNDS AVAILABLE

The NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. Funding in response to this RFA is dependent upon the receipt of a sufficient number of applications of high scientific merit. Although this program is provided for in the financial plans of the NCI, the award of grants pursuant to this RFA is contingent upon the availability of funds for this purpose. NCI policy for SPORE grants establishes the following limits to the

requested budgets: up to $1.5 million direct costs in the 01 year with a maximum four percent annual escalation in the remaining years proposed.

GOALS AND SCOPE

The goal of this RFA is to establish three SPOREs, which will assemble critical masses of laboratory and clinical scientists working together to focus on human breast cancer and the translation of basic findings into applied, innovative research with patients and populations. The ultimate objective is to reduce incidence and mortality, and to increase and improve survival to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to translational research on human breast cancer, and (4) a human breast cancer tissue procurement resource and other resources specifically dedicated to translational research objectives.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES.

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. Although the applicability of women to this RFA is obvious, the requirement to address minorities must be addressed. If minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

APPLICATION PROCEDURES

The research grant application form PHS 398 (revised 10/88) must be used in applying for these grants. Applications must be received by January 17, 1992; those received after that date will be returned. Further information regarding application procedures and application forms may be obtained from the NCI Program Director named below.

LETTER OF INTENT

Prospective applicants are asked to submit by October 25, 1991, a letter of intent that includes the name and address of the principal investigator and identifies the component research projects, core units and their principal investigators, any collaborating institutions, and the number and title of the RFA in response to which the application is being submitted. Although a letter of intent is not required, is not binding, and does not enter into the review of subsequent applications, it provides an indication of the number and scope of the applications to be reviewed. The letter of intent is to be sent to Dr. Andrew Chiarodo (see INQUIRIES below).

INQUIRIES

This is an abbreviated version of the RFA. Copies of the complete RFA and additional information concerning the objectives and scope of this RFA may be obtained from:

Andrew Chiarodo, Ph.D.
Chief, Organ Systems Coordinating Branch
Division of Cancer Biology, Diagnosis, and Centers
National Cancer Institute
9000 Rockville Pike
Executive Plaza North, Suite 316
Bethesda, MD 20892
Telephone: (301) 496-8528
FAX: (301) 402-0181

For fiscal or administraive matters, contact:

Robert E. Hawkins
Grants Management Specialist
Grants Administration Branch
National Cancer Institute
Executive Plaza South, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800 ext. 13

For fiscal or administrative matters, contact:

Robert E. Hawkins
Grants Management Specialist
Grants Administration Branch
National Cancer Institute
Executive Plaza South, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800

AUTHORITY AND REGULATIONS

This program is described in the catalog of Federal Domestic Assistance No. 93.397. Awards are under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410 as amended: 42 USC 241) 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.

SPECIALIZED PROGRAMS OF RESEARCH EXCELLENCE IN LUNG CANCER

RFA AVAILABLE: CA-91-34

P.T. 34; K.W. 0715035, 0715165

National Cancer Institute

Letter of Intent Receipt Date: October 25, 1991
Application Receipt Date: January 17, 1992

PURPOSE

The Organ Systems Coordinating Branch of the Division of Cancer Biology, Diagnosis and Centers at the National Cancer Institute (NCI) to establish Specialized Programs of Research Excellence (P50) in Lung Cancer at institutions that will make strong commitments to the organization and conduct of these programs. Each Specialized Program of Research Excellence (SPORE) must be dedicated to translational research on prevention, diagnosis, and treatment of human lung cancer. Translational research moves basic research findings to applied innovative research with patients and populations. This may include areas such as the development of new diagnostic and prognostic tests, the conduct of innovative therapeutic protocols, the development of new primary and secondary prevention measures, as well as control studies and studies that encompass rehabilitation and quality-of-life research. The SPORE must (1) foster basic and clinical research collaborations; (2) provide career development opportunities for independent investigators who wish to pursue active research careers in lung cancer research; (3) develop and maintain human lung cancer tissue resources; (4) participate with other lung SPOREs on an annual basis in sharing information and assessing scientific progress; (5) develop extended collaborations and interactions with scientists and clinicians in other institutions. It is expected that each SPORE will support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research. It must focus on human disease and the application of basic research to patients and populations as well as take advantage of observations from applied research to stimulate new basic research.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This Request For Application, Specialized Program of Research Excellence (SPORE) in Lung Cancer, is related to the priority area of cancer. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to lung cancer and who as a group represent experience in both laboratory and clinical research; access to a patient care and service facility that serves lung cancer patients. Applications may be submitted from a single institution or may include arrangements with several institutions, e.g., consortia, as appropriate.

MECHANISM OF SUPPORT

Support of this program will be through the P50 Specialized Center Grant mechanism. Applicants will be responsible for the planning, direction, and execution of the proposed SPORE program. Except as otherwise noted in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement.

This RFA is a one-time solicitation. The total project period for applications submitted in response to the present RFA must not exceed three years. The anticipated award date will be September 30, 1992.

FUNDS AVAILABLE

The NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. Funding in response to this RFA is dependent upon the receipt of a sufficient number of applications of high scientific merit. Although this program is provided for in the financial plans of the NCI, the award of grants pursuant to this RFA is contingent upon the availability of funds for this purpose. NCI policy for SPORE grants establishes the following limits to the requested budgets: up to $1.5 million direct costs in the 01 year with a maximum 4 percent annual escalation in the remaining years proposed.

GOALS AND SCOPE

The goal of this RFA is to establish three SPOREs, that will assemble enough laboratory and clinical scientists working together on human lung cancer to be able to translate basic findings into applied, innovative research with patients and populations. The ultimate objective is to reduce incidence and mortality and to increase and improve survival to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to translational research on human lung cancer, and (4) a human lung cancer tissue procurement resource and other resources specifically dedicated to translational research objectives.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES.

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. If women or minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

APPLICATION PROCEDURES

The most recent revision of the research grant application form PHS 398 (revised 10/88) must be used in applying for these grants. Applications must be received by January 17, 1992; those received after that date will be returned. Further information regarding application procedures and application forms may be obtained from the NCI Program Director named below.

LETTER OF INTENT

Prospective applicants are asked to submit by October 25, 1991, a letter of intent that includes the name and address of the Principal Investigator and identifies the component research projects, core units and their principal investigators, any collaborating institutions, and the number and title of the RFA in response to which the application is being submitted. Although a letter of intent is not required, is not binding, and does not enter into the review of subsequent applications, it provides an indication of the number and scope of the applications to be reviewed. The letter of intent is to be sent to Dr. Andrew Chiarodo (see INQUIRIES below).

INQUIRIES

This is an abbreviated version of the RFA. Copies of the complete RFA and additional information concerning the objectives and scope of this RFA may be obtained from:

Andrew Chiarodo, Ph.D.
Chief, Organ Systems Coordinating Branch
Division of Cancer Biology, Diagnosis, and Centers
National Cancer Institute
9000 Rockville Pike
Executive Plaza North, Suite 316
Bethesda, MD 20892
Telephone: (301) 496-8528
FAX: (301) 402-0181

For fiscal and administrative matters, contact:

Robert E. Hawkins
Grant Management Specialist
Grants Administration Branch
National Cancer Institute
Executive Plaza South, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800 ext. 13

AUTHORITY AND REGULATIONS

This program is described in the catalog of Federal Domestic Assistance No. 93.397. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410 as amended: 42 USC 241) 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.

SPECIALIZED PROGRAMS OF RESEARCH EXCELLENCE IN PROSTATE CANCER

RFA AVAILABLE: CA-91-35

P.T. 34; K.W. 0715030, 0715167

National Cancer Institute

Letter of Intent Receipt Date: October 25, 1991
Application Receipt Date: January 17, 1992

PURPOSE

The Organ Systems Coordinating Branch of the Division of Cancer Biology, Diagnosis, and Centers at the National Cancer Institute (NCI) announces the availability of a Request for Applications (RFA) for grants to establish Specialized Programs of Research Excellence in Prostate Cancer at institutions that will make strong commitments to the organization and conduct of these programs. Each Specialized Program of Research Excellence (SPORE) must be dedicated to state-of-the-art research in the biology of prostate cancer as well as prevention, diagnosis, and treatment of the disease; rehabilitation and quality-of-life research may also be pursued. The SPORE must (1) foster basic and clinical research collaborations; (2) develop and maintain human prostate cancer tissue resources; (3) develop and improve animal models for prostate cancer research; (4) provide career development opportunities for independent investigators who wish to pursue active research careers in prostate cancer research; (5) participate with other SPOREs on an annual basis to share information, assess scientific progress, and identify new research opportunities for reducing incidence and mortality, and for increasing and improving survival; and (6) develop extended collaborations in critical areas of research need with laboratory and clinical scientists in the parent institution and in other institutions. Each SPORE must support a mix of basic and clinical research. The SPORE mechanism is not intended to support basic research to the exclusion of clinical or applied research; it is expected to effectively move basic research findings to applied research with patients and populations and to use observations from applied research to stimulate new basic research.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This Request For Application, Specialized Program of Research Excellence (SPORE) in Prostate Cancer, is related to the priority area of cancer. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Domestic non-profit and for-profit organizations, institutions, and government agencies are eligible to apply. To be eligible, applicant organizations must have a minimum of three independent investigators who are successful in obtaining peer-reviewed research support directly related to prostate cancer, and who as a group represent experience in both laboratory and clinical research and access to a patient care and service facility that serves prostate cancer patients. Applications may be submitted from a single institution or may include arrangements with several institutions, e.g., consortia, as appropriate.

MECHANISM OF SUPPORT

Support of this program will be through the P50 Specialized Center Grant mechanism. Applicants will be responsible for the planning, direction, and execution of the proposed SPORE program. Except as otherwise noted in this RFA, awards will be administered under PHS grants policy as stated in the Public Health Service Grants Policy Statement.

The RFA is a one time solicitation. The total project period for applications submitted in response to the present RFA must not exceed three years. The anticipated award date will be September 30, 1992.

FUNDS AVAILABLE

The NCI anticipates making up to three awards for initial project periods of three years and anticipates that a total of $7.5 million will be set aside for the initial year's funding. Funding in response to this RFA is dependent upon the receipt of a sufficient number of applications of high scientific merit. Although this program is provided for in the financial plans of the NCI, the award of grants pursuant to this RFA is contingent upon the availability of funds for this purpose. NCI policy for SPORE grants establishes the following limits to the requested budgets: up to $1.5 million direct costs in the 01 year with a maximum 4 percent annual escalation in the remaining years proposed.

GOALS AND SCOPE

The goal of this RFA is to establish three SPOREs that will assemble critical masses of laboratory and clinical scientists working together to expand the research base in prostate cancer and to translate the basic research findings to applied innovative research with patients and populations. The ultimate objective is to increase and improve survival and to reduce incidence and mortality to the disease. The essential characteristics of a SPORE include (1) a strong scientific program that will have a clear impact on the disease, (2) a strong innovative pilot research program that can respond quickly to new research opportunities, (3) a strong career development program to develop and expand the scientific cadre of investigators dedicated to research on prostate cancer, and (4) a human

prostate cancer tissue procurement resource, an animal model resource, and other resources specifically dedicated to prostate cancer research.

SPECIAL INSTRUCTIONS FOR INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDIES.

For projects involving clinical research, NIH requires applicants to give special attention to the inclusion of women and minorities in study populations. While inclusion of women is not relevant to this RFA, the requirement to address minorities must be addressed. If minorities are not included in the study populations for clinical studies, a specific justification for this exclusion must be provided. Applications without such documentation will not be accepted for review.

APPLICATION PROCEDURES

The most recent revision of the research grant application form PHS 398 (revised 10/88) must be used in applying for these grants. Applications must be received by January 17, 1992; those received after that date will be returned. Further information regarding application procedures and application forms may be obtained from the NCI Program Director named below.

LETTER OF INTENT

Prospective applicants are asked to submit by October 25, 1991, a letter of intent that includes the name and address of the Principal Investigator and identifies the component research projects, core units and their principal investigators, any collaborating institutions, and the number and title of the RFA in response to which the application is being submitted. Although a letter of intent is not required, is not binding, and does not enter into the review of subsequent applications, it provides an indication of the number and scope of the applications to be reviewed. The letter of intent is to be sent to Dr. Andrew Chiarodo (see INQUIRIES below).

INQUIRIES

This is an abbreviated version of the RFA. Copies of the complete RFA and additional information concerning the objectives and scope of this RFA may be obtained from:

Andrew Chiarodo, Ph.D.
Chief, Organ Systems Coordinating Branch
Division of Cancer Biology, Diagnosis, and Centers
National Cancer Institute
9000 Rockville Pike
Executive Plaza North, Suite 316
Bethesda, MD 20892
Telephone: (301) 496-8528
FAX: (301) 402-0181

For fiscal or administrative matters, contact:

Robert E. Hawkins
Grants Management Specialist
Grants Administration Branch
National Cancer Institute
Executive Plaza South, Room 216
Bethesda, MD 20892
Telephone: (301) 496-7800

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance No. 913.397. Awards are under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410 as amended: 42 USC 241) 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.

PREVENTIVE ONCOLOGY ACADEMIC AWARD

PA: PA-91-87

P.T. 34; K.W. 0715035, 0745027, 0785140

National Cancer Institute

Application Receipt Dates: February 1, June 1, October 1

PURPOSE

The National Cancer Institute (NCI) invites submission of applications from individuals who hold a Ph.D., M.D., or similar professional degree for career development awards in cancer prevention. Subject areas appropriate for awards under this program announcement include cancer-related aspects of human genetics, human nutrition, behavioral and social sciences, biochemical and genetic epidemiology, prevention clinical trials, health education and promotion, nursing, and public health. The proposed research must be directly applicable and relevant to cancer prevention and control.

The scope of the candidate's career training research projects may extend from the development and testing of hypotheses concerning cancer prevention, the design and implementation of interventions in defined populations, to a large-scale demonstration project.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led national activity for setting priority areas. This program announcement, Preventive Oncology Academic Award, is related to the priority area of Cancer. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

OBJECTIVES

The primary objective of this program is to train professionals in research techniques necessary for the development and implementation of interventions designed to prevent cancer and to improve the early detection and diagnosis of cancer. Of special interest is training that focuses on the definition of high-risk groups and on new methods of intervention that will reduce cancer incidence and mortality in these groups.

Personnel trained under this career program are expected to have a significant impact on cancer prevention and control research efforts, especially in projects designed to: (1) increase participation in programs that may result in earlier detection and diagnosis of cancer, particularly in special populations with increased cancer risk (e.g., ethnic groups, minority groups, and groups with low socioeconomic status); and (2) prevent cancer by the modification of behaviors and life-styles related to increased cancer risk (e.g., tobacco use, altered diet).

A secondary objective is to strengthen the preventive oncology and research career education programs at institutions that sponsor these academic awards (K07).

MECHANISM OF SUPPORT

This program announcement will provide awards through the existing Preventive Oncology Academic Award (K07) grant mechanism. Each award will be made for a total project period of three to five years depending on the applicant's background, needs, and objectives.

ELIGIBILITY

The candidate must be a citizen or permanent resident of the United States, hold a doctorate level degree (e.g., M.D., Ph.D., D.O.), and have at least two years of postgraduate experience.

The major target group for this award includes professionals already proficient in clinical oncology, general epidemiology, psychology, behavioral sciences, or other pertinent sciences who wish to make the transition to a career in cancer prevention and control research. Also included are other professionals who already have some training in cancer prevention and control but who need to gain additional professional experience that will permit them to become fully independent investigators.

Applications may be submitted by individuals who are affiliated with public or private entities such as universities, colleges, hospitals, laboratories, units of State or local governments and eligible agencies of the Federal Government. Applications from minority individuals and women are encouraged. This award also provides an optional opportunity to trainees who wish to participate in prevention and control research projects at the for three months or more.

The candidate must have a teaching or research appointment with the sponsoring institution at the time the award is made and devote full-time (at least 80 percent) to this award. An institution sponsoring a candidate for the award

must show commitment to developing and improving the teaching of prevention of cancer, commit educational resources for the training, grant time for the awardee to acquire educational skills, and provide facilities for research.

STUDY POPULATIONS

It is the NIH policy that women and minorities must be included in clinical study populations unless there is a good reason to exclude them, and the study design must seek to identify any pertinent gender or minority population differences.

SPECIAL INSTRUCTIONS TO APPLICANTS REGARDING IMPLEMENTATION OF NIH POLICIES CONCERNING INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDY POPULATIONS

NIH policy is that applicants for NIH grants will be required to include minorities and women in study populations so that research findings can be of benefit to all persons at risk of the disease, disorder or condition under study; special emphasis should be placed on the need for inclusion of minorities and women in studies of diseases, disorders and conditions which disproportionately affect them. This policy is intended to apply to males and females of all ages. If women or minorities are excluded or inadequately represented in clinical research, particularly in proposed population-based studies, a clear compelling rationale should be provided.

The composition of the proposed study population must be described in terms of gender and racial/ethnic group. In addition, gender and racial/ethnic issues should be addressed in developing a research design and sample size appropriate for the scientific objectives of the study. This information should be included in the form PHS 398 in Section 2, A-D of the Research Plan AND summarized in Section 2, E, Human Subjects. Applicants/offerors are urged to assess carefully the feasibility of including the broadest possible representation of minority groups. However, NIH recognizes that it may not be feasible or appropriate in all research projects to include representation of the full array of United States racial/ethnic minority populations (i.e., Native Americans (including American Indians or Alaskan Natives), Asian/Pacific Islanders, Blacks, Hispanics). The rationale for studies on single minority population groups should be provided.

For the purpose of this policy, clinical research includes human biomedical and behavioral studies of etiology, epidemiology, prevention (and preventive strategies), diagnosis, or treatment of diseases, disorders or conditions, including but not limited to clinical trials.

The usual NIH policies concerning research on human subjects also apply. Basic research clinical studies in which human tissues cannot be identified or linked to individuals are excluded. However, every effort should be made to include human tissues from women and racial/ethnic minorities when it is important to apply the results of the study broadly, and this should be addressed by applicants.

If the required information is not contained within the application, the review will be deferred until the information is provided.

Peer reviewers will address specifically whether the research plan in the application conforms to these policies. If the representation of women or minorities in a study design is inadequate to answer the scientific question(s) addressed AND the justification for the selected study population is inadequate, it will be considered a scientific weakness or deficiency in the study design and will be reflected in assigning the priority score to the application.

All applications for clinical research submitted to NIH are required to address these policies. NIH funding components will not award grants for cooperative agreements that do not comply with these policies.

APPLICATIONS PROCEDURES

Applicants are encouraged to obtain copies of program guidelines containing further requirements from:

Program Director
Cancer Training Branch
National Cancer Institute
Executive Plaza North, Room 232
9000 Rockville Pike
Bethesda, MD 20892

The most recent revision of the research grant application form PHS 398 (rev. 10/88) must be used. These forms are available at most institutional business offices; from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, Room 449, Westwood Building, 5333 Westbard Avenue, Bethesda, MD 20892, telephone (301) 496-7441.

Complete line 2 of the application face page of the PHS 398 by inserting the title and number of this announcement, "Preventive Oncology Academic Award, PA-91-87."

Submit a signed, typewritten original of the application including the Checklist and four signed, exact photocopies in one package to the address below. The photocopies must be clear and single sided.

DIVISION OF RESEARCH GRANTS
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

At time of submission, send two additional copies of the application to:

REFERRAL OFFICER
Division of Extramural Activities
National Cancer Institute
Westwood Building, Room 838
5333 Westbard Avenue
Bethesda, MD 20892

REVIEW PROCEDURES AND CRITERIA

Applications will be assigned on the basis of established Public Health Service referral guidelines. Applications will be reviewed for scientific and technical merit by a study section convened by the Division of Extramural Activities, NCI, in accordance with the usual NIH peer review procedures. Following scientific-technical review, the applications will receive a second-level review by the National Cancer Advisory Board.

Applications will be reviewed for the candidate's commitment to and potential for a career focusing on cancer prevention and control, excellence of the proposed research project, the potential for development of new research skills, the qualifications of the proposed sponsor, and the availability of appropriate facilities and resources for the training.

Applications will compete for available funds with all other approved applications assigned to the NCI. The following will be considered in making funding decisions: o Quality of the proposed project as determined by peer review

o Program balance among research areas of the announcement

o Availability of funds

INQUIRIES

Written and telephone inquiries are encouraged. The opportunity to clarify any issues or questions from potential applicants is welcome.

Direct inquiries regarding programmatic issues to:

Dr. John Schneider or Dr. Andrew Vargosko
Cancer Training Branch
National Cancer Institute
Executive Plaza North, Room 232
Bethesda, MD 20892
Telephone: (301) 496-8580

Direct inquiries regarding fiscal matters to:

Mr. Robert Hawkins
Team Leader, Grants Administration Branch
National Cancer Institute
National Institutes of Health
Executive Plaza South, Room 242
Bethesda, MD 20892
Telephone: (301) 496-7800, extension 13

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance No. 93.398. Awards are made under authorization of the Public Health Service Act, Title IV, Part A (Public Law 78-410, as amended by Public Law 99-158, 42 USC 241 and 285) and administered under PHS grants policies and Federal Regulations 42 CFR 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.

COURSES RELATED TO GENOMIC ANALYSIS

PA: PA-91-88

P.T. 34; K.W. 1215018, 0502000, 0755045, 0755035

National Center for Human Genome Research

The National Center for Human Genome Research (NCHGR) invites applications for support of short, advanced-level courses in genomic analysis. Of particular interest are courses that emphasize new laboratory techniques in genetic and physical mapping; DNA sequencing technology applicable to large-scale projects; informatics as it relates to the Human Genome Program; and interdisciplinary training in principles of genomic analysis for non-biologists and principles and methods of studying the ethical, legal, and social issues relevant to the Human Genome Program for

biologists. These courses are meant to enhance the skills of individuals who are already involved in or are interested in pursuing laboratory or scholarly research relevant to the goals of the Human Genome Program.

BACKGROUND

The National Institutes of Health, in coordination with several other Federal, private, and international organizations, is currently engaged in a research program designed to characterize the genomes of the human and selected model organisms. As outlined in a five-year plan recently prepared in conjunction with the Department of Energy and available from the Human Genome Management Information Center, Oak Ridge National Laboratory, Oak Ridge, TN 37831-6050, telephone number (615) 576-6669, the initial objectives of the Human Genome Program include the construction of a high-resolution genetic linkage map of the human, the development of detailed physical maps of both the human genome and the genomes of model organisms, and the improvement of technology for genetic and physical mapping, DNA sequencing, and data management. The longer-term goals of the program include determination of the human DNA sequence and the sequences of the DNA of important model organisms and ultimately the identification of all the genes. An additional important objective throughout the entire course of the research program is the analysis of the ethical, legal, and social policy issues that are raised by the availability of such detailed genetic information. The expected outcomes of the Human Genome Program are a set of research tools, comprising both materials and information, that will improve the capability and efficacy of a wide range of biological and biomedical research, as well as guidelines, recommendations, and policies for the introduction of this new information into medical practice.

For the genome project and the field of genomic research to develop rapidly enough to meet these goals in a timely and cost-effective manner, it will be necessary to disseminate technological advances and new information as rapidly as possible and to recruit scientists from many disciplines, both biological and non-biological, into this research area. The development of many fields, such as molecular biology and genetics, has been enormously abetted by the availability of short, intensive, advanced-level courses. Properly designed courses in areas of relevance to genomic analysis could be of similar utility to the development of the genome project itself and to the application of the information produced by the project.

RESEARCH OBJECTIVE

The goal of this program announcement is to stimulate the development of courses in subjects relevant to the Human Genome Program and appropriate to the broader scientific community. The objective of each course must be to provide participants with up-to-date knowledge of the latest technological advances so that they can participate more effectively in the Human Genome Program or utilize the information and technology produced by the Human Genome Program in other areas of research.

Although grants have already been awarded for a number of courses, the NCHGR is still interested in receiving applications for courses in all areas of genomic analysis. The following list of potential subjects for such courses is not intended to be limiting, but to provide examples:

o Important laboratory techniques applicable to physical and/or genetic mapping studies, emphasizing new technological developments relevant to genomic analysis. Examples include: in situ fluorescence cytogenetics; microdissection and other new marker development techniques, particularly those that are PCR-based; use of large-fragment cloning vectors such as yeast artificial chromosomes; and linkage analysis. Courses of this type must be addressed to practicing biologists who want to learn new methodologies.

o Large-scale DNA sequencing, emphasizing analysis and discussion of problems to be solved, particular strategies, and the most up-to-date technology applicable to large-scale DNA sequencing. Large-scale sequencing courses must include: template preparation; sequencing; collection, assembly, and preliminary analysis of sequence data; and automation of these steps. These courses must be at an advanced level and designed for scientists who already have experience in some aspect of DNA sequencing.

o Courses that introduce the principles of genome analysis to non-biological scientists such as mathematicians, statisticians, physicists, chemists, engineers, and computer and information scientists in order to stimulate the application of state-of-the-art methodologies to current data management and analysis problems. These courses must describe current experimental, analytical, and data management methodology as an introduction to a review of current problems. These courses are designed to stimulate interdisciplinary research collaborations between mathematical or computer scientists and genome researchers.

o Various aspects of informatics relevant to large-scale genetic and physical mapping and sequencing projects. Examples include: database design, data analysis for map and/or sequence assembly, and data management. Such courses must be addressed to scientists who are presently involved in mapping and sequencing projects.

o Techniques relevant to the analysis of the ethical, legal, and social implications of human genome research and their application to genomic data. Examples include courses designed to introduce scholars trained in the humanities, social sciences, and law to the science underlying genomic research and to introduce biologists and health professionals to legal, philosophical, and social scientific approaches. Courses in the principles and methods of particular disciplines, such as insurance economics and patent law, that are relevant to specific uses of new genetic knowledge are also encouraged.

Plans for the inclusion of individuals who are currently underrepresented in the field of genomic research, such as women and underrepresented minorities, should be addressed.

Course terms may range from a few days to a few weeks and may be offered annually, although other terms will be acceptable. Applicants may request support for two years. Faculty must consist of established investigators or scholars actively working in the area of instruction.

ELIGIBILITY

Course offerors are expected to be academic or research institutions experienced in training. However, applications from for-profit institutions will also be accepted. Only domestic institutions are eligible to apply for support under this announcement.

MECHANISM OF SUPPORT

Support for this program will be through the Continuing Education Training Grant mechanism (T15). Allowable costs include personnel, supplies, travel, and per diem for faculty and other costs, such as printing, telephone, audio-visual, postage, recruitment materials, and funds for a limited number of scholarships. The indirect cost rate for T15 awards is eight percent, excluding equipment, tuition, and fees. Although it is envisioned that applicant institutions will have the necessary equipment to support course offerings, the NCHGR will consider, on a limited basis, requests for equipment, if properly justified. Justification for equipment that is to be purchased rather than rented must be provided. It is also expected that the courses will be partially supported through registration fees paid for by participants.

APPLICATION AND REVIEW PROCEDURES

Applications received in response to this announcement will be reviewed in accordance with the usual NIH peer review procedures. Potential applicants are encouraged to discuss the plans and objectives of their proposed courses with NCHGR staff before developing their applications.

If the application submitted in response to this program announcement is substantially similar to a grant application already submitted to the NIH for review, but which has not yet been reviewed, the applicant will be asked to withdraw either the pending application or the new one. Simultaneous submission of identical applications will not be allowed, nor will essentially identical applications be reviewed by different review committees. Therefore, an application cannot be submitted in response to this Program Announcement which is essentially identical to one that has already been reviewed. This does not preclude the submission of substantial revisions of an application already reviewed, but such application must include an "Introduction" addressing the previous critique.

Applications will be evaluated for scientific and technical merit by the Genome Research Review Committee (GRRC). Review criteria include the following: overall scientific and didactic merit and need for the course; potential effectiveness of the course in disseminating information and new technological approaches/developments applicable to furthering the goals of the Human Genome Program; quality of the course content and adequacy of the syllabus; training, experience, and research competence of the faculty; criteria for selecting participants and those who may receive scholarships; plans for recruiting potential participants and for publicizing the availability of courses to the appropriate community of scholars and scientists; adequacy and availability of the institution's facilities, including the library; appropriateness of the requested budget for the proposed course.

Subsequent to GRRC review, the applications will be considered by the National Advisory Council for Human Genome Research.

Funding decisions will be based on the recommendations of the GRRC and the National Advisory Council for the Human Genome regarding scientific merit and program relevance, respectively, the need for the particular course relative to already available courses, and the availability of funds.

METHOD OF APPLYING

Applications must be submitted on form PHS 398 (rev. 10/88) and will be accepted at the standard application receipt dates. Application kits are available in most institutional business offices and from the Office of Grants Inquiries, Division of Research Grants, National Institutes of Health, 5333 Westbard Avenue, Bethesda, MD 20892; telephone (301) 496-7441. The title and number of this announcement must be typed in Item 2 on the face page of the application.

Applications will be accepted on the standard receipt dates for new applications: October 1, February 1 and June 1. If applicants wish to have the review of their applications expedited, they should contact program staff listed at the end of this announcement for additional information before developing the application.

The original and six copies of the application must be submitted to:

Grant Application Receipt Office
Division of Research Grants
Westwood Building, Room 240
National Institutes of Health
Bethesda, MD 20892**
Telephone: (301) 496-7273

For more information regarding the program and expedited review of applications, applicants may contact:

Bettie J. Graham, Ph.D.
Chief, Research Grants Branch
National Center for Human Genome Research
Building 38A, Room 612
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 496-7531
E-mail address: B2G@NIHCU.bitnet; B2G@CU.NIH.gov

For information about PHS grants policy, applicants may contact:

Ms. Alice Thomas
Chief, Grants and Contracts Management Branch
National Center for Human Genome Research
Building 38A, Room 613
National Institutes of Health
Bethesda, MD 20892
Telephone: (301) 402-0733

The program and grants management officials welcome the opportunity to clarify any issues or questions related to this program announcement and encourage written and telephone inquiries.

This program is described in the Catalog of Federal Domestic Assistance No. 93.172. Awards will be made under the authority of the Public Health Service Act, Section 301 (Public Law 78-410, as amended 42 U.S.C. 241) 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 to Health System Agency review.

SPECIAL EMPHASIS RESEARCH CAREER AWARD IN GENOMIC RESEARCH

PA: PA-91-89

P.T. 34; K.W. 1215018, 0755045, 1004017

National Center for Human Genome Research

The National Center for Human Genome Research (NCHGR) is soliciting applications for Special Emphasis Research Career Awards (SERCA) from eligible institutions to support highly qualified scientists seeking careers in interdisciplinary genomic research. This SERCA is intended to foster the career development of individuals with expertise in scientific disciplines that would further technological developments critical to the success of the Human Genome Program.

BACKGROUND

The National Institutes of Health (NIH) Human Genome Program has been initiated as a 15-year project that has very specific goals. These goals are: completion of a high-density genetic linkage map of the human genome; construction of a high-resolution physical map comprised of large overlapping contigs; development of a "sequence-tagged site" map; development of technology to reduce the expense of DNA sequencing significantly below current cost; development of computer tools to manage and provide access to mapping and sequencing data; examination of the ethical, legal, and social implications of the Human Genome Program; and research training.

Although the genome project itself is predicated on the new and powerful methods that have become available in the past decade, further technology development will be essential to facilitate the genetic and physical mapping goals of the Human Genome Program. The planning of the course of the Human Genome Program has assumed that new ideas, instrumentation, and approaches will be developed to further reduce the cost and increase the efficiency of DNA sequencing and to improve the management of data emanating from large- scale mapping and sequencing projects. The development and successful introduction of new technology requires both an understanding of biology and the fundamentals of the technology to be applied, so that the solutions derived are appropriate and implementable. The NCHGR believes that advances in genomic research will depend, in part, upon a cadre of scientists and scholars who have been trained intensely in more than one discipline and have the capabilities to develop innovative, appropriate, and cost- effective solutions for the problems of large-scale mapping and sequencing. To stimulate the training of scientists who are facile in more than one scientific discipline, the NCHGR has emphasized interdisciplinary training as one of its goals.

PURPOSE OF THE AWARD

The purpose of this SERCA (K01) is to recruit scientists interested in and capable of interdisciplinary research in areas critical to the advancement of the research goals of the Human Genome Program. The SERCA offers opportunities for training in the biological sciences to individuals with doctoral degrees in scientific disciplines that have the potential to further the technological developments essential to the success of the Human Genome Program, such as mathematics, engineering, computer sciences, chemistry, and physics, in order to enable such individuals to pursue a career in genomic research. Individuals with doctoral degrees in the biological sciences can receive additional training through the National Research Service Award Program. During the three to five year period of the award, individuals will participate in training activities and research projects under the supervision of advisors who have

distinguished themselves in the area of genomic research. At the conclusion of the training and research experience, awardees are expected to pursue an independent career in genomic research.

PROVISIONS OF THE AWARD

The NCHGR-SERCA award supports a unique working relationship between the awardee and the advisor and sponsoring institution that involves full-time research and related activities as specified below.

A. Plan of Work

Developmental Phase: During the first one to two years the awardee is expected to develop capabilities for conducting interdisciplinary research in some aspect of genome mapping, sequencing, or informatics. The awardee's activities may include participation in ongoing research, formal courses, workshops, symposia, and scientific and professional meetings. These activities must be oriented around an area of genomic research in which, subsequent to the grant period, the awardee contemplates the future development of a research program.

Project Phase: Beginning as early as possible, the awardee is expected to become engaged in a collaborative research project with an advisor. The project, which must be designed as a basis for a future research project, must be exploratory in nature and serve as the basis for the awardee's future independent project. It is expected that the awardee will devote full-time to research.

B. Relationship to Institution and Advisor

Throughout the grant period, the sponsoring institution is expected to foster the working relationship between the awardee and an advisor. The sponsoring institution will facilitate the program in every way possible, providing space, resources, and other support insofar as feasible. Although the program must be situated at a single institution, travel to and stays at other institutions for relevant research and training experiences are permissible.

The advisor must be a scientist with extensive experience in genomic research and commitment to achieving the goals of the Human Genome Program. During the granting period, the advisor will sponsor and oversee the proposed training and research program and will ensure that the awardee receives the proper experience for a future career of interdisciplinary genomic research. The advisor is expected to be a collaborator on the awardee's research project. However, the awardee may conduct collaborative research with other experienced genome researchers, subject to the approval of the advisor.

C. Duration

This award is for continuous, full-time support of genomic research training and interdisciplinary research for a period of three to five consecutive years. The award is non- renewable. However, development of a separate and subsequent application for research support (e.g., expansion of the exploratory/feasibility studies initiated during the project phase of the award) is highly encouraged, either near the end of or following the award.

D. Allowable Award Costs

The NCHGR-SERCA grant is made annually to the sponsoring institution for the purpose of supporting the awardee's research career development and the interdisciplinary research projects. Costs allowed may include:

o Awardee's Salary. Up to $50,000 from SERCA funds for full-time salary support may be requested. The actual salary must be consistent with the established salary structure of the institution for persons of equivalent experience and rank. In addition, fringe benefits will be provided on that part of the salary paid from SERCA. Institutional supplementation of the awardee's salary is permitted. 100 percent effort on this award is required.

o Research Support. In addition to the awardee's salary, up to a maximum of $20,000 per year may be requested to partially defray the research expenses: e.g., instrument development, computer time, data collection, analysis costs, technical assistance, consultant costs, domestic travel, publication costs, and other appropriate expenses that are essential to the proposed research program. Requests for research support must be well- justified in the application.

o Tuition. If essential to the awardee's individual development program, funds for tuition for training courses may be requested during the first one or two years of the award on a course-by-course basis.

o Indirect Costs. The indirect cost rate for this K01 award is be eight percent, excluding tuition and fees.

CRITERIA FOR ELIGIBILITY

A. The Candidate

The candidate must hold a Ph.D. or equivalent professional degree in a scientific discipline other than biology, such as engineering, mathematics, computer sciences, physics, or chemistry and show evidence of expertise in his/her discipline (e.g., by scholarly publications). In exceptional cases, individuals who do not have doctoral degrees, but have significant research experience, may be eligible.

It is desirable that the candidate have some post-doctoral research experience. In addition, the candidate must demonstrate a commitment to pursue a career in genomic research following completion of the award. This program is open to scientists at all career levels.

Because the NCHGR will evaluate the impact of this initiative on the Human Genome Program, the candidate must agree to inform the NCHGR for a period of five years subsequent to completion of the award about his/her research activities, publications, grants or contracts, and academic status, and must agree to attend any scheduled meetings of grantees sponsored by the NCHGR.

The candidate must be a citizen or noncitizen national of the United States or its possessions and territories or must have been lawfully admitted to the United States for permanent residence at the time of application. Applications from women and minority candidates are especially encouraged.

B. The Program of Activity

The candidate's program of activity must be fully described in terms of providing adequate training and interdisciplinary experience relevant to genomic research.

The application must describe the advisor's background, qualifications, commitment to the applicant's training and research program, and understanding and commitment to the Human Genome Program.

The institution must provide evidence of its commitment to the candidate's research development. The sponsoring institution need not be the applicant's current employer, nor is it essential for the sponsoring institution to commit itself to eventual placement of the candidate on its permanent faculty. However, the current employer of the candidate must indicate concurrence with the training plan.

METHOD OF APPLYING

Prospective applicants must obtain specific instructions for preparing applications for this SERCA from the program officer listed at the end of this announcement. Prospective applicants are encouraged to discuss their proposed project with NCHGR staff prior to developing an application.

APPLICATION AND REVIEW PROCEDURES

Applications must be submitted on form PHS 398 (rev. 10/88) available at most institutional business offices and from the Division of Research Grants, NIH, telephone (301) 496-7441.

Complete line 2 of the application face page (PHS 398) by inserting the title and number of this announcement, "SERCA in Genomic Research, PA-91-89."

A. Staff Contact and Supplementary Guidelines

Prospective applicants need to obtain supplementary guidelines and instructions, and to discuss their eligibility and proposed program of activities by contacting:

Bettie J. Graham, Ph.D.
Chief, Research Grants Branch
National Center for Human Genome Research
National Institutes of Health
Building 38A, Room 612
Bethesda, MD 20892
Telephone: (301) 496-7531

For information about PHS grants policy, applicants may contact:

Ms. Alice Thomas
Chief, Grants and Contracts Management Section
National Center for Human Genome Research
National Institutes of Health
Building 38A, Room 613
Bethesda, MD 20892
Telephone: (301) 402-0733

The program and grants management officials welcome the opportunity to clarify any issues or questions related to this program announcement and encourage written and telephone inquiries.

B. Submission of Application

The completed application and six copies must be mailed to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

C. Review of Applications

Review of the applications for scientific and technical merit will be conducted by the Genome Research Review Committee, NCHGR. In this review, particular attention will be given to: (1) the candidate's prior training,

experience, and publication record; (2) clear intention to pursue genomic research; career potential in genomic research; (3) research career development plans; (4) adequacy of the proposed training and research plans; (5) advisor's experience in genomic research and commitment to the applicant and his/her plans; and (6) resources and environment. The application must demonstrate that the award will enhance the candidate's capability to pursue an interdisciplinary approach to genomic research, that the advisor is committed to the goals of the Human Genome Program, and that the sponsoring institution will provide adequate support.

Applications will be accepted on the standard receipt dates for new applications, October 1, February 1, and June 1. If applicants want the review of their applications to be expedited, they must contact program staff listed under "Application and Review Procedures" for additional information before developing the application.

The recommendations of the Genome Research Review Committee will be considered by the National Advisory Council for Human Genome Research. Applications recommended for approval by the Advisory Council will be considered for funding on the basis of the overall merit of the proposal as determined by the Genome Research Review Committee, relevance of the proposal to the research objectives of the NCHGR, and availability of funds.

This program is described in the Catalog of Federal Domestic Assistance No. 93.172. Awards will be made under the authority of the Public Health Service Act, Sections 301 (Public Law 78-410, as amended 42 U.S.C. 241) 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 requirement of Executive Order 12372 or to Health Systems Agency review.

FORECASTING LIFE AND HEALTH EXPECTANCY IN OLDER POPULATIONS

PA: PA-91-90

P.T. 34; K.W. 0413001, 0710010

National Institute on Aging

PURPOSE

The National Institute on Aging (NIA) invites qualified researchers to submit applications on measuring and forecasting life expectancy and health ("active life") expectancy, with emphasis on the older population.

The continuing increases in longevity within the United States have been accompanied by shifts in the major causes of mortality and morbidity of the elderly. As a result, a number of questions about the future size, composition, and quality of life of the elderly population have arisen. Little is known about changes in morbidity and disability brought about by these trends, although several hypotheses regarding the compression, postponement, or expansion of morbidity have been put forth. The projected changes in the incidence of chronic conditions will have an impact on the future needs for medical care and other services for the elderly. The changes in life expectancy at older ages coupled with worklife expectancy will also have a major impact on the Medicare and Social Security Trust Funds. In order to foster effective planning for the resources for the elderly in the future, accurate measures and forecasts of life expectancy and the disaggregated components of the life cycle, including work life expectancy, health expectancy, active life expectancy (also termed disability- free life expectancy), disabled life expectancy, and institutionalized life expectancy are needed. Further, the development of these measures is critical to tracking the DHHS national health promotion and disease prevention goals for the year 2000, as well as providing a basis against which to evaluate interventions to reduce frailty and extend the independence of older people.

Despite the need for accurate forecasts, population projections in the 1960s and 1970s consistently underestimated the growth of the elderly population, particularly the age 85 and older group. The standard period life tables, by definition, do not take into account differential assumptions concerning future mortality, and many methods handle uncertainty in only a very rudimentary fashion, if at all. Similarly, expected changes in morbidity and disability are seldom incorporated into methods for projecting active life expectancy. New methods are needed to handle the complex interactions of competing risks of various diseases and the disabilities, morbidity, and mortality they cause, as well as to solve the related measurement issues.

This announcement is part of the broad program of the NIA that was established by law in 1974 for the "conduct and support of biomedical, social, and behavioral research and training related to the aging process and the diseases and other special problems and needs of the aged." This announcement is coordinated with, but does not replace, other highly relevant announcements from the Behavioral and Social Research Program, such as Behavioral and Social Research on Aging, the Oldest Old, the Economics of Aging, Health and Retirement, Formal Health Care, and others.

HEALTHY PEOPLE 2000

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of "Healthy People 2000," a PHS-led National activity for setting priority areas. This Announcement, Forecasting Life and Health Expectancy in Older Populations, is related to the priority area of increasing the span of healthy life for Americans-surveillance and data systems for older adults. Potential applicants may obtain a copy of "Healthy People 2000" (Full Report: Stock No. 017-001-00474-0) or Healthy People 2000" (Summary Report: Stock No. 017-001-00473-1) through the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402-9325 (telephone 202-783-3238).

ELIGIBILITY REQUIREMENTS

Applications for research grants may be made by public or private, for-profit or non-profit organizations, such as universities, colleges, hospitals, or laboratories. Women and minority investigators, in particular, are encouraged to apply. Foreign institutions are welcome to apply but are advised to consult NIA staff before applying and are strongly encouraged to apply in association with a U.S. institution.

MECHANISM OF SUPPORT

The primary mechanisms for support of this initiative are the research project grant (R01), program project grant (P01), First Independent Research Support and Transition (FIRST) Award (R29), institutional training grant (T32), individual fellowships (F32, F33), and research career development awards (K01, K04).

RESEARCH OBJECTIVES

A broad range of studies related to forecasting both the life expectancy and the active life expectancy of the elderly population is solicited. Research on the development of methods and models for improving forecasts of life expectancy and active life expectancy within the elderly population is of particular importance. The application of this research to problems of the oldest old (aged 85 and older) is also encouraged. This announcement emphasizes both the use of existing databases for developing and testing models and forecasting methods, and the assembly or collection of new data. Although the language of this announcement emphasizes expectancy measures, implying the "average" of some distribution, for the older population the "average" might, in some cases, be misleading and inadequate, and research is also encouraged on forecasting both distributions and age-specific patterns, as well as "averages." The following is an illustrative and nonexhaustive list of major topics of concern.

A. Development of methods and models. Research is needed on the development of methods and models for forecasting both life expectancy and other measures of morbidity and disability. Research areas include:

o The development, comparison, and evaluation of: analytic and simulation models of both general and cause-specific mortality at advanced ages; methods for dealing statistically with the problem of competing causes of mortality; approaches to obtaining realistic estimates of confidence intervals around projections; the development and application of survival methodology; and the comparison of different types of forecasting models (e.g., simple versus complex) applied to common data sets; and the development of improved software.

o The development of new methods and procedures for analyzing and solving such measurement problems as the validity of death certificate cause-of-death data and the accuracy of age reporting in vital statistics and the Census.

o Experimentation with the use of various axes of disaggregation such as birth cohorts, components of population change (mortality, fertility, migration), and characteristics of individuals (age, sex, race, ethnicity, education, social class, smoking behavior, health status, disability) related to observed and unobserved heterogeneity. Comparisons and contrasts across geographic units at various levels of aggregation, including detailed analyses of comparisons of projections of life and active life expectancy among countries, states, and smaller geographic units in the United States.

o Meta-analytic studies of life and active life expectancy, including studies of levels and ratios of active and disabled expectancies that could be used to assess trends (the relative or absolute compression, equilibrium, and expansion of mortality and disability).

o Improved methods for forecasting, for example, the age, sex, racial, and ethnic distributions of the older population, as well as worker/retiree ratios, and Social Security and Medicare expenditures and reserves.

o The provision of both cross-sectional and longitudinal data sets from a variety of developed and developing countries at various points in time on which model comparisons can be carried out.

B. Assessment of competing causes of mortality and morbidity. Possible research areas on the impact of the complex interaction among various diseases are the development of methods for:

o Studying the impact of trends in mortality and morbidity from major diseases on both life expectancy and levels of disability among the elderly; investigating the interactions of multiple diseases; evaluating the effect of altering the incidence or mortality of one disease on the occurrence of others; and assessing the effects of eliminating one or more diseases as causes-of-death.

o Assessing social, behavioral and biomedical risk factors for competing causes of mortality, morbidity and functioning; applying knowledge about trends in the prevalence of risk factors (e.g., smoking, high blood pressure); estimating the time interval between change in risk factors and change in the incidence of morbidity, disability and mortality from diseases.

C. Health and Active Life Expectancy. The future size and composition of the elderly population in terms of the extent of illness, disability, and independent functioning will have far-reaching implications for health care resources, social services, and financial arrangements. The evolving concepts of health and active life expectancy offer much promise for planning. Examples of needed research include:

o Comparisons and evaluations of alternative methods of calculating active life expectancy.

o The development and application of new methods, such as multi-stage demographic techniques or microsimulation modeling, for analyses of transitions from independence to dependent states and back again; the application of life table methods to the productive activity of the elderly; and the projection of resource factors associated with the maintenance of independent living, such as the availability of kin.

o Investigations into limitations of activity and costs associated with specific diseases and chronic co-morbidities; predictions of the impact of different levels of active life expectancy within the population on, e.g., the need for long term care, home health care and utilization of health services; and studies leading to improving the actuarial basis for catastrophic and long- term care insurance. Conversely, studies are needed of the impact on life and active life expectancy, of changes in Medicare and Medicaid reimbursement arrangements, as well as changes in the long term care system.

o Studies to develop and evaluate models for forecasting active life expectancy over the next ten to twenty years that take into account factors such as the changing nature of the cohorts reaching advanced ages (e.g., education levels are increasing rapidly and sex differentials in old age mortality are also changing), and assessments of the relative impact of different social and biomedical interventions.

o Extension of existing forecasting methods to related active life expectancy issues including: work life expectancy, institutionalized life expectancy, disease- specific life expectancy, and active life expectancy for population subgroups.

o International comparisons of levels and time trends in active and disabled life expectancy (and related measures) in developed and developing countries, including comparisons that use these measures to assess the effectiveness and efficiency of health or old age income security systems.

o The development of internationally accepted standards of assessing the progression to disability and handicap in order to ensure the comparability of active life expectancy measures.

CONCEPTUALIZATION AND METHODOLOGY

A wide variety of approaches are encouraged including studies that involve analytic and simulation modeling; the appropriate methodology should be selected in view of the particular research question. Comparative studies are encouraged whenever relevant. Some problems will require collaboration with scientists from several disciplines including demography, the social and biomedical aspects of aging, epidemiology, economics and other related fields; such collaboration is also strongly encouraged.

DATA AND RESEARCH RESOURCES

Maximum use of existing data is encouraged. However, primary data collection may be necessary. A number of large data sets contain a wealth of longitudinal information on the health and functioning of the elderly. Applicants are advised to consult with staff at the NIA or the National Archive of Computerized Data on Aging at the University of Michigan on the availability of appropriate data sets. Many existing data sets can be greatly enhanced with linkage to administrative records; investigators are encouraged to explore the use of such linkages. In many cases it will be important to evaluate the quality of existing data including data from administrative sources, especially in the area of age reporting at advanced ages. Methodologies for combining multiple data sources and linking administrative records to survey data may need to be enhanced or developed.

A bibliography on "Health Expectancy" prepared by REVES, the International Network on Health Expectancy and the Disability Process, may be obtained by writing to the NIA program staff listed below.

SPECIAL INSTRUCTIONS TO APPLICANTS REGARDING IMPLEMENTATION OF NIH POLICIES CONCERNING INCLUSION OF WOMEN AND MINORITIES IN CLINICAL RESEARCH STUDY POPULATIONS

NIH and ADAMHA policy is that applicants for NIH/ADAMHA clinical research grants and cooperative agreements will be required to include minorities and women in study populations so that research findings can be of benefit to all persons at risk of the disease, disorder or condition under study; special emphasis should be placed on the need for inclusion of minorities and women in studies of diseases, disorders and conditions which disproportionately affect them. This policy is intended to apply to males and females of all ages. If women or minorities are excluded or inadequately represented in clinical research, particularly in proposed population-based studies, a clear compelling rationale should be provided.

The composition of the proposed study population must be described in terms of gender and racial/ethnic group. In addition, gender and racial/ethnic issues should be addressed in developing a research design and sample size appropriate for the scientific objectives of the study. This information should be included in the form PHS 398 in Section 2, A-D of the Research Plan AND summarized in Section 2, E, Human Subjects. Applicants/offerors are urged to assess carefully the feasibility of including the broadest possible representation of minority groups. However, NIH recognizes that it may not be feasible or appropriate in all research projects to include representation of the full array of United States racial/ethnic minority populations (i.e., Native Americans (including American Indians or Alaskan Natives), Asian/Pacific Islanders, Blacks, Hispanics). The rationale for studies on single minority population groups should be provided.

For the purpose of this policy, clinical research includes human biomedical and behavioral studies of etiology, epidemiology, prevention (and preventive strategies), diagnosis, or treatment of diseases, disorders or conditions, including but not limited to clinical trials.

The usual NIH policies concerning research on human subjects also apply. Basic research or clinical studies in which human tissues cannot be identified or linked to individuals are excluded. However, every effort should be made to include human tissues from women and racial/ethnic minorities when it is important to apply the results of the study broadly, and this should be addressed by applicants.

For foreign awards, the policy on inclusion of women applies fully; since the definition of minority differs in other countries, the applicant must discuss the relevance of research involving foreign population groups to the United States' populations, including minorities.

If the required information is not contained within the application, the review will be deferred until the information is provided.

Peer reviewers will address specifically whether the research plan in the application conforms to these policies. If the representation of women or minorities in a study design is inadequate to answer the scientific question(s) addressed AND the justification for the selected study population is inadequate, it will be considered a scientific weakness or deficiency in the study design and will be reflected in assigning the priority score to the application.

All applications for clinical research submitted to NIH are required to address these policies. NIH funding components will not award grants or cooperative agreements that do not comply with these policies.

REVIEW PROCEDURES

R01, R29, F32, F33, and K04 applications will be reviewed for scientific and technical merit by an appropriate Initial Review Group of the Division of Research Grants. All other applications (K01, P01, T32, and R13) will be reviewed by an appropriate Institute review group. Secondary review will be by the corresponding National Advisory Council. Applications compete on the basis of scientific merit.

APPLICATION PROCEDURES

Applicants must use the research project application form PHS 398 (revised 10/88, reprinted 9/89) that is available at the applicant's institutional research office and from the Office of Grants Inquiries, Division of Research Grants, NIH (301-496-7441). Individual fellowship applicants must use PHS 416-1 (revised 7/88). In order to expedite the application's routing, please check the box on the application face sheet indicating that the application is in response to this announcement and type (next to the box) "Forecasting Life and Health Expectancy in Older Populations, PA-91-90."

The application (with six copies) must be mailed to:

Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, MD 20892**

If applying for an F32, the application and only two copies need to be sent to the above address.

Receipt dates for Research Project Grant, Career Development Award, and FIRST Award applications are February 1, June 1, and October 1 of each year. Those for the individual fellowships (F32, F33) and institutional training grants (T32) applications are January 10, May 10, and September 10.

INQUIRIES

Although it is not required, potential applicants may contact NIA staff in advance of formal submission. This may be accomplished by writing or calling the program office listed below.

For substantive issues and to obtain information on research resources, contact:

Behavioral and Social Research Program
National Institute on Aging
Building 31, Room 5C32
Bethesda, MD 20892
Telephone: (301) 496-3136

For fiscal and administrative matters, contact:

Joe Ellis
Grants and Contracts Management Office
National Institute on Aging
Building 31, Room 5C07
Bethesda, MD 20892
Telephone: (301) 496-1472

AUTHORITY AND REGULATIONS

This program is described in the Catalog of Federal Domestic Assistance No. 93.866. 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 41 USC 289) and be subject to 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.

ERRATUM

RESEARCH ON THE PREVENTION OF ALCOHOL-RELATED PROBLEMS AMONG ETHNIC MINORITIES

RFA: AA-91-04

P.T. 34, FF; K.W. 0404003, 0745027, 0404000

National Institute on Alcohol Abuse and Alcoholism
Office for Substance Abuse Prevention

On June 28, 1991, the above mentioned Request for Applications (RFA) was announced in the NIH Guide for Grants and Contracts, Volume 20, Number 25. On August 9, 1991, an erratum announced an extended receipt date until January 16, 1992, and, consequently, a change in initial review date to May/June 1992, and the Advisory Council Review and earliest start date to September 1992. It also indicated a change in the availability of funds.

This erratum rescinds the statement regarding the reduction of available funds. As stated in the original RFA, the *minimum* amount of funds allocated to this RFA is $800,000 per year for up to four years of support. It is anticipated that three to five projects will be supported. The receipt date remains January 16, 1992.