

NIH GUIDE

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DATED ANNOUNCEMENTS (RFPs AND RFAs)

NIH SMALL INSTRUMENTS GRANTS PROGRAM

P.T. 34; K.W. 0735000

National Institutes of Health

Application Receipt Date: February 13, 1989

BACKGROUND

In its appropriation for the NIH for Fiscal Year 1987, the Congress included a total of \$16 million to be spent by the respective Bureaus/Institutes/Divisions (BIDs) for the funding of grants to purchase small instruments costing between \$5,000 and \$60,000. This action was in response to several recent studies of the problem of obsolete biomedical research instrumentation, indicating that the state of biomedical research instrumentation had seriously eroded over the last ten years and that this situation is retarding the progress of biomedical research. The most significant need identified in these studies is for the relatively low-cost pieces of equipment in the price range of approximately \$5,000 to \$60,000.

Approximately \$16 million will be available again for small instrumentation grants this year.

ELIGIBILITY AND TERMS OF AWARD

Each institution that received support under the Biomedical Research Support Grant (BRSRG) Program in Fiscal Year 1988 and currently has active NIH research grants is eligible to apply. Only one application may be submitted from each eligible institution or organizational component. Each institution may establish its own procedures for identifying equipment requests to be included.

The small instrumentation award will be restricted to the purchase of equipment costing between \$5,000 and \$60,000. Awards will be made on or before September 30, 1989. The amount of the award will be based upon a percentage of the institution's Biomedical Research Support Grant award for Fiscal Year 1988 or \$5,000, whichever is greater. Specific funding decisions will depend on available BID appropriations as well as the appropriateness of the request. Institutions will be notified of the maximum amount for which they may apply.

METHOD OF APPLYING

Letters of instruction to eligible institutions will be mailed on or about November 28, 1988.

Completed applications must be received by February 13, 1989.

Investigators interested in participating in their institution's application must contact the institution's Biomedical Research Support Grant Program Director. Institutional officials who expect to be involved in preparing an application are requested to review the letter of instructions prior to contacting NIH.

TOXICOLOGY OF A LHRH ANTAGONIST

RFP AVAILABLE: NICHD-CD-89-9

P.T. 34; K.W. 1007009, 0750020, 0765035

National Institute of Child Health and Human Development

The Contraceptive Development Branch, Center for Population Research, National Institute of Child Health and Human Development, has a Small Business Set-Aside requirement for toxicology studies on a LHRH Antagonist. The objective of this project is to obtain sufficient animal safety data on the antagonist in order to permit filing of a Notice of Claimed Investigational Exemption for a New Drug (IND) with the Food and Drug Administration (FDA) in support of Phase I and II clinical investigations.

Offerors must have in-house capabilities to support rabbit and rodent studies and be prepared to conduct all studies in full compliance with Good Laboratories Practices (GLP) regulations. In addition, they must have the

ability to undertake all chemical and pathological aspects of the project and to acquire animals and initiate studies within 60 days of contract award. The Institute expects to award one (1) contract.

This is not a Request for Proposals. The RFP will be issued on or about December 1, 1988, with a due date approximately 90 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Executive Plaza North, Room 610
Bethesda, Maryland 20892

TOXICOLOGY OF TWO STEROIDAL ESTERS

RFP AVAILABLE: NICHD-CD-89-8

P.T. 34; K.W. 1007009, 0750020

National Institute of Child Health and Human Development

The Contraceptive Development Branch, Center for Population Research, National Institute of Child Health and Human Development, has a requirement for toxicology studies on two steroidal esters. The objective of this project is to obtain sufficient animal safety data on a levonorgestrel ester and a testosterone ester in order to permit filing of a Notice of Claimed Investigational Exemption for a New Drug (IND) with the Food and Drug Administration (FDA) in support of Phase I and II clinical investigations.

Offerors must have in-house capabilities to support primate and rodent studies and be prepared to conduct all studies in full compliance with Good Laboratory Practices (GLP) regulations. In addition, they must have the ability to undertake all chemical and pathological aspects of the project and to acquire animals and initiate studies within 60 days of contract award. Qualified organizations will have the choice of submitting a proposal for conducting the toxicology on a single compound or on both. The Institute will award a maximum of two (2) contracts for this activity.

This is not a Request for Proposals. The RFP will be issued on or about December 1, 1988 with a due date approximately 90 days thereafter. Copies of the RFP may be obtained by sending written requests to the following address. Please enclose a self-addressed label.

Paul J. Duska, Contracting Officer
Contracts Management Section, OGC
National Institute of Child Health and Human Development
Executive Plaza North, Room 610
Bethesda, Maryland 20892

AIDS VACCINE EVALUATION UNITS

RFP AVAILABLE: RFP-NIH-NIAID-AIDSP-90-01

P.T. 34; K.W. 0715008, 0740075

National Institute of Allergy and Infectious Diseases

The AIDS Program, NIAID, NIH, has a requirement to establish AIDS vaccine evaluation units to evaluate candidate AIDS vaccines.

This NIAID-sponsored project will take approximately three (3) years to complete. A cost reimbursement contract is anticipated. It is anticipated that ten (10) awards will be made.

This is an announcement for an anticipated Request for Proposal (RFP). RFP-NIH-NIAID-AIDSP-90-01 shall be issued on or about December 19, 1988, with a closing date tentatively set for April 3, 1989.

Requests for the RFP shall be directed in writing to:

Lawrence M. Butler
Contract Management Branch
5333 Westbard Avenue
Westwood Building, Room 707
National Institute of Allergy & Infectious Diseases
National Institute of Health
Bethesda, Maryland 20892
Telephone: (301) 496-0192

To receive a copy of the RFP, please supply this office with two (2) self-addressed labels. All responsible sources may submit a proposal which will be considered.

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

PROSTHETIC SENSORY TRANSDUCERS

RFP AVAILABLE: NIH-NINDS-89-05

P.T. 34; K.W. 0740045

National Institute of Neurological Disorders and Stroke

The National Institute of Neurological Disorders and Stroke has a requirement to develop and evaluate transducers of thumb grasp force and thumb, index finger and wrist position. Offerors should have experience in the design and fabrication of transducers of force and position. In addition, experience in the problems in design of wearable transducers is desired.

This is an announcement of an anticipated Request for Proposals. RFP-NIH-NINDS-89-05 will be issued on or about December 9, 1988, with a closing date for receipt of proposals for February 10, 1989.

This requirement represents the recompetition of a current contract with Case Western Reserve University and the incumbent is expected to reapply. The Institute expects to award one (1) contract as a result of this recompetition.

To receive a copy of the RFP, you must supply this office with two self-addressed mailing labels. All responsible sources may submit a proposal which shall be considered by the agency.

The RFP will be available upon written request to:

Contracting Officer
Contracts Management Branch
National Institute of Neurological Disorders and Stroke, NIH
Federal Building, Room 901
7550 Wisconsin Avenue
Bethesda, Maryland 20892
Attn: RFP-NIH-NINDS-89-05

THE ROLE OF INFLAMMATORY MEDIATORS IN THE INITIATION AND MAINTENANCE OF CHRONIC INTERSTITIAL CYSTITIS OF THE URINARY BLADDER

RFA AVAILABLE: 89-DK-03

P.T. 34; K.W. 0715026, 0705075, 0710070

National Institute of Diabetes and Digestive and Kidney Diseases

Application Receipt Date: April 21, 1989

The Division of Kidney, Urologic and Hematologic Diseases (DKUHD), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) invites grant applications for support of basic and clinical research on the role of inflammatory mediators in the initiation and maintenance of Chronic Interstitial Cystitis (IC) of the urinary bladder. The emphasis of this program is on research with specimens from persons with Interstitial Cystitis. When non-human models such as animals and cell cultures are utilized for investigation, the findings should be correlated with clinical data. The ultimate goals of this project are to develop knowledge which will lead to the effective prevention and/or treatment of Interstitial Cystitis, and to acquire a data base of persons with IC for future studies.

BACKGROUND INFORMATION

Interstitial Cystitis is a chronic inflammatory disorder of the urinary bladder of unknown etiology. The most accurate method of diagnosis is based primarily on the symptoms of the disease. The most prevalent symptom is pain; other common symptoms are urinary frequency and urgency. Pathological findings from biopsy are variable and most commonly include mononuclear cell and mast cell infiltrates. Other findings include collagen deposition, fibrosis, granulation tissue and, rarely, mucosal ulcerations. Numerous etiological theories for this disease have been proposed but none have been substantiated with clinical findings. A report of the recent NIDDK sponsored Workshop on Interstitial Cystitis was published in the Journal of Urology 140 (1): 203-206, July, 1988. This report contains a table of criteria for the diagnosis of IC which should be used only for the standardization of inclusion of patients in research studies. These criteria are not meant to be used as criteria for clinical diagnosis of the disease. The criteria, as published, are preliminary and investigators should contact the Urology Program Director for any modifications prior to including them in a grant application.

The prevalence of pain as the major symptom manifestation of the disorder and the presence of mast cells in biopsy specimens of bladders in patients with IC suggest that the disorder is mediated by inflammatory mechanisms. Inflammatory mediators in either the urine or bladder specimens have not, however, been frequently investigated or consistently documented. Neither has there been a thorough investigation into the effect of anti-inflammatory agents on the pathology and symptomatology of the disease.

OBJECTIVES AND SCOPE OF RESEARCH

Research areas for investigation include:

1. the role of mast cells and mast cell degranulation in this chronic inflammatory disorder,
2. the presence of prostaglandins and leukotrienes in bladders of patients with IC and the role of these substances in promoting and maintaining the chronic inflammation,
3. the presence and role of cytokines and complement derived peptide inflammatory mediators in IC,
4. factors in the urine which either activate or deactivate these inflammatory mediators and the interactions of these various mediators in the chronic inflammatory process of IC.

The goal of this research is to develop further insight into the etiology and pathogenesis of Interstitial Cystitis as a chronic inflammatory disorder of the urinary bladder. It is anticipated that these findings will lead to the development of more effective treatment modalities and, ultimately, to the prevention and cure of this disorder. By utilizing clinical patients with IC, the data base of IC patients will be expanded for future studies. By using either experimental animals or cell cultures, reliable experimental models will be developed which can be correlated with clinical findings. It is anticipated that research applications will include collaboration between basic science and clinical investigators. Collaboration with other institutions is also encouraged, when necessary, to expand the clinical data base.

APPLICATION AND SUPPORT PROCEDURES

Eight hundred thousand dollars has been designated to support this program for the current fiscal year. The specific number of grants and the total number of funds to be awarded will, however, depend on the merit and scope of the applications received and on the availability of funds.

Funding of the grants will be through the individual Research Project Grant (R01) mechanism. Applications must be submitted on the revised (9/86) form PHS-398, available in the business or research grants office at most academic or research institutions, or from the Division of Research Grants, National Institutes of Health. Applications from women and minority investigators are encouraged. Applications will be reviewed for scientific and technical merit in accordance with the usual NIH peer review procedures by a specifically convened institute review committee. Following that first review, the applications will be given a secondary review by the NIDDK Advisory Council.

Applications must be received by April 21, 1989 to be considered for funding through this RFA.

THE RFA LABEL CONTAINED IN THE APPLICATION KIT MUST BE AFFIXED TO THE BOTTOM OF THE FACE PAGE OF THE ORIGINAL COPY OF THE APPLICATION. FAILURE TO USE THIS LABEL COULD RESULT IN DELAYED PROCESSING OF YOUR APPLICATION. FOR PURPOSES OF IDENTIFICATION AND PROCESSING, THE RFA NUMBER AND TITLE "THE ROLE OF INFLAMMATORY MEDIATORS IN THE INITIATION AND MAINTENANCE OF CHRONIC INTERSTITIAL CYSTITIS OF THE URINARY BLADDER" SHOULD BE TYPED IN ITEM 2 ON THE FACE PAGE OF THE APPLICATION.

The original and four copies of the application should be sent or delivered to:

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

Two additional copies of the application should be sent to:

Chief, Review Branch
Division of Extramural Activities, NIDDK
National Institutes of Health
Westwood Building, Room 406
Bethesda, Maryland 20892

Letter of Intent: It is requested that the prospective applicant submit a one page letter of intent which will give a descriptive title of the research, the name, address and telephone number of the principal investigator and the names of other key personnel. Such letters are requested for the purpose of providing an indication of the number and scope of applications to be expected. A letter of intent is not binding and it will not enter into the review of any application subsequently submitted. It is not a necessary requirement for application. The letter of intent should be received by January 13, 1989.

Letters of intent and any inquires about this RFA should be sent to:

Leroy M. Nyberg, Jr., Ph.D., M.D.
Urology Program Director, NIDDK/DKUHD
National Institutes of Health
Federal Building, Room 102
Bethesda, Maryland 20892
Telephone: (301) 496-8248

GERIATRIC RESEARCH AND TRAINING CENTERS (P30)

RFA AVAILABLE: 89-AG-01

P.T. 04; K.W. 0710010, 0720005, 0710030

National Institute on Aging

Application Receipt Date: March 17, 1989

INTRODUCTION

The National Institute on Aging (NIA) invites applications for support of centers of excellence in research in geriatrics and gerontology and training of geriatricians for leadership in academic medicine. A Geriatric Research and Training Center (GRTC) includes core activities for support of research, training, and career development. First year budgets may not exceed \$800,000 direct costs.

Scope

To enhance the quality of research in geriatrics and gerontology, and provide a suitable environment for fellows and junior faculty to acquire research skills and experience, three general types of activities will be supported in GRTCs: research cores, leadership/administrative cores and research development cores.

Research cores provide funds for personnel, equipment, and other resources which will enhance the quality of currently supported research.

The leadership/administrative core provides funds for the GRTC Director, GRTC Administrator, and support staff. Costs associated with information transfer and outreach programs may also be requested here.

The research development core provides funds for pilot projects to be conducted by junior faculty members. Support for salary, equipment and other research expenses may be requested.

Mechanism and Scale of Support

Geriatric Research and Training Centers will be supported through the customary grant-in-aid mechanism. Plans are to make up to two awards in fiscal year 1989 and further awards in fiscal year 1990 depending upon availability of funds.

The Application

The applicant should submit the application using PHS 398 (revised 9/86). Application kits containing this form and the necessary general instructions are available in most institutional business offices or may be obtained from the Division of Research Grants, NIH. Please note that special GRTC Guidelines should be used to complete the application. (See below)

Timetable for Receipt and Review of Applications

The original and four copies of the application are due in the Division of Research Grants on or before March 17, 1989. Applications must be sent to:

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

At the same time the application is submitted to the Division of Research Grants, a copy of the covering letter and two copies of the application should be sent to:

Chief, Scientific Review Office
National Institute on Aging
Room 5C12, Building 31
9000 Rockville Pike
Bethesda, Maryland 20892

A copy of the complete RFA and the GRTC Guidelines may be obtained from:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
Geriatrics Branch
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone (301) 496-6761

MOLECULAR BIOLOGY; DATA REPRESENTATION/ANALYSIS BY COMPUTER

RFA AVAILABLE: 89-LM-01

P.T. 34; K.W. 1002008, 0755018, 1004008, 0755045, 0790010, 1215018, 1004000

National Library of Medicine

Application Receipt Date: February 10, 1989

The National Library of Medicine invites the submission of Research grant applications from investigators who are interested in the computer and information science aspects of molecular biology data management and analysis. The objective is to promote high quality research that has value for furthering our understanding of structure/function relationships in nucleic acids, proteins, and other biologically important molecules, in order to diagnose, and treat human disorders. Research topics include data-base design and query methods, algorithms to improve efficiency of information retrieval, expert systems, mathematical techniques and computer hardware design for pattern recognition and algorithms for predicting structure and/or function based on primary sequences. In Fiscal Year 1989 up to one million dollars will be allocated to the research initiatives described in this RFA.

INQUIRIES

Potential applicants are strongly advised to contact NLM staff before submitting applications for support.

Applications should be submitted on the new Form PHS 398 (rev. 9/86). For more information, applicants may contact:

Dr. Roger W. Dahlen
Chief, Biomedical Information Support Branch
Extramural Programs
National Library of Medicine
8600 Rockville Pike
Building 38A, Room 5S-522
Bethesda, Maryland 20894
Telephone: (301) 496-4221

ONGOING PROGRAM ANNOUNCEMENTS

GERIATRIC RESEARCH INSTITUTIONAL TRAINING (GRIT) AWARD (T32)

P.T. 44; K.W. 0720005, 0710010

National Institute on Aging

Initial Application Receipt Date: May 10, 1989

Subsequent Application Receipt Dates: September 10, 1989; and January 10, May 10, and September 10 of each year thereafter.

The National Institute on Aging (NIA) solicits applications for the support of Geriatric Research Institutional Training (GRIT) programs.

BACKGROUND AND GOALS

There is increased recognition of the growing need for trained personnel in geriatrics. A National Academy of Sciences committee (J. Am. Geriatrics Soc. 35:773-91 (1987)) emphasized that filling this need will require enough academic leaders in geriatrics to train the needed number of geriatricians. The committee emphasized that high-quality training in research, teaching, and clinical practice were all necessary for the development of such leaders, and that this could best be done in an environment where there were enough geriatric researchers, teachers, and practitioners to provide thorough experience for future academic leaders.

Developing academic leadership requires a continuum of support from the fellowship to the faculty level. The development of geriatricians with the research abilities needed for academic leadership will generally require at least one year of intensive research experience at the fellowship level, followed by a substantial amount of research at the junior faculty level.

NIA's GRIT award supports research training for physicians who have completed one or more years of clinical geriatric fellowship training. This award is suitable for institutions with sufficient activities in geriatrics to support an institutional research training program. (NIA continues to encourage applications for individual research fellowships for persons and institutions where this is more appropriate.) The GRIT award will support one to two years of intensive, sustained research experience to facilitate the development of fellows as independent researchers. Since strengthening the science base of geriatrics and gerontology is a goal of this award, collaboration among pertinent basic researchers, clinical investigators, and epidemiologists in the training of fellows supported by this award is particularly encouraged.

Because a continuum of support for career development is needed from the fellowship to the faculty level, NIA supports other awards for career development in geriatrics at subsequent stages. Interested parties are encouraged to contact NIA staff listed under "Method of Application" (below) for further information. In particular, NIA's Geriatric Academic Program Award supports career development in the post-fellowship period. Prospective applicant institutions are encouraged to consider comprehensive career development programs which may be supported by a combination of NIA and other institutional awards, including the Health Resources and Services Administration's Faculty Training Projects in Geriatric Medicine and Dentistry, Veterans Administration programs, and other sources.

STRUCTURE OF AWARD

The mechanism of support will be the institutional National Research Service Award. The award provides five years of renewable support to the grantee institution. Support will be provided for institutional research training programs extending from one to two years after clinical fellowship training in geriatrics. Applicants may request support for two to six fellowship positions per year. No GRIT Award will support more than six fellowship positions in any given award year. Support may be requested for fellows at the current level of support for NRSA stipends, and for institutional costs of up to \$2,500 per fellow for training related expenses such as staff salaries, consultant costs, research supplies, equipment, and travel. An indirect cost allowance of 8 percent of total allowable direct costs for fellowship training is provided.

ELIGIBILITY REQUIREMENTS

Applicant institutions must have:

- o An established clinical fellowship training program in geriatrics. Fellows to be supported by this award must have completed at least one year of clinical fellowship training in geriatrics. It is not required that this training have been at the applicant institution.
- o Faculty with sufficient pertinent research experience to serve as mentors for fellows.
- o Ongoing research activities to provide an adequate environment for the research development of fellows.

In addition to programs at individual institutions, joint programs conducted by two or more institutions are eligible for support.

METHOD OF APPLICATION

Applications should be prepared on form PHS 398, following the instructions for institutional training grant applications. The PHS 398 application form is available at most institutional business offices or from the Division of Research Grants, NIH, (301) 496-7441. On item 2 of the face page of the application, applicants should enter: Institutional NRSA: NIA Geriatric Research Institutional Training Awards. Applicants should also refer to the NIH Guide to Grants and Contracts, Vol. 16, No. 20, June 12, 1987, for background on institutional training grants.

A letter of intent is not a prerequisite for applying; however, prospective applicants are encouraged to send a letter with a descriptive title to the NIA contact at least one month before submission of the proposal.

The completed original application and four copies should be sent to:

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

The NIA contact office listed below should be sent two copies of the application at the time of submission. Inquiries and correspondence should be directed to:

Geriatrics Branch
National Institute on Aging
Building 31, Room 5C-27
Bethesda, Maryland 20892
Telephone: (301) 496-6761

The application should identify:

- o A program director who will assume overall responsibility for management of the program. The application should describe plans for quality control of the program and for maximizing commitment of fellows to aging research after the completion of fellowship support.
- o The faculty sponsors who will provide training for fellows. The sponsors' past and present research should be described, as well as their previous experience in training research fellows, and the

current status of all fellows previously trained by the faculty sponsors.

- o The faculty and institution's plans for providing research experience to fellows, including examples of the types of research projects to be undertaken, provision of experience in other laboratories to learn pertinent techniques, etc.
- o Plans for providing other training to fellows in addition to laboratory experience, e.g. didactic training in basic sciences, research methodology, or statistics. Provision of a systematic exposure to current knowledge in gerontology is encouraged.
- o Plans for external review of the selection and progress of fellows and the overall conduct of the program. This review should be conducted once yearly, and provide written reports to be submitted to NIA with the awardee's annual progress reports.
- o Plans for efforts to recruit minority trainees, consistent with NIH's policy of encouraging such recruitment. Such plans are a required component of applications for NIH research training programs. Additional information on NIH's minority recruitment policy may be found in the NIH Guide for Grants and Contracts Vol. 15, No. 4, March 28, 1986.

EVALUATION CRITERIA

Applications will be judged on:

The research capabilities of faculty sponsors in areas related to geriatrics.

The abilities and record of faculty sponsors in training fellows in aging research.

The institution's plans and commitment to the development of fellows' abilities in geriatric research, including the acquisition of background in basic sciences (including gerontology) and research methodology.

Quality of proposed training objectives and design of training program.

Availability of research support.

Likelihood and/or previous record of attracting high-quality trainees.

Renewal applications will also be judged on the success of previously trained fellows in geriatric research.

REVIEW PROCEDURES AND CRITERIA

Applications will be received by the NIH Division of Research Grants and will be assigned to the NIA. Responsive applications will be assigned to an appropriate group for review. Applications will be reviewed in accord with the usual NIH peer review procedures. Following study section review, the applications will be evaluated by the National Advisory Council on Aging.

For further information and a copy of the PA contact:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
National Institution on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, MD 20892
Telephone: (301) 496-6761

GERIATRIC ACADEMIC PROGRAM (GAP) AWARD (K12)

P.T. 34; K.W. 0710010

National Institute on Aging

Initial Application Receipt Date: June 1, 1989

Subsequent Application Receipt Dates: October 1, 1989; and February 1, June 1, and October 1 of each year thereafter.

The National Institute on Aging (NIA) solicits applications for the support of academic career development programs for junior faculty in geriatrics.

BACKGROUND AND GOALS

There is increased recognition of the growing need for trained personnel in geriatrics. A committee sponsored by the National Academy of Sciences (J. Am. Geriatrics Soc. 35:773-91, (1987) emphasized that filling this need will require enough academic leaders in geriatrics to train the needed number of geriatricians. The committee emphasized that high-quality training in research, teaching, and clinical practice were all necessary for the development of such leaders, and that this could best be done in an environment where there were enough geriatric researchers, teachers, and practitioners to provide thorough experience for future academic leaders.

Developing academic leadership requires a continuum of support from the fellowship to the senior faculty level. Support for geriatric fellowships is available through several programs, including NIA's Geriatric Research Institutional Training (GRIT) award, the Health Resources and Services Administration's Faculty Training Projects in Geriatric Medicine and Dentistry, Veterans Administration fellowships, and other sources. However, stable career development support at the junior faculty level is also extremely important in establishing academic careers.

Career development support for individual junior faculty in geriatrics is provided by NIA's Academic Award (NIH Guide to Grants and Contracts, Vol. 10, No. 5, March 27, 1981), and by its Clinical Investigator Award (NIH Guide to Grants and Contracts, Vol. 13, No. 8, June 29, 1984). NIA continues to encourage applications for these awards for suitable candidates and institutions. This announcement describes an institutional form of the Academic Award, the Geriatric Academic Program (GAP) Award. This award is appropriate for institutions having sufficient faculty with a stable base of ongoing research in geriatrics and related disciplines to serve as mentors for several junior faculty over an extended period.

Since strengthening the science base of geriatrics and gerontology is a goal of this award, collaboration among clinical, basic, epidemiologic, behavioral, and social researchers in support of career development activities is particularly encouraged. Collaboration with basic science researchers in gerontology is particularly desirable.

Because a continuum of support for career development is needed from the fellowship to the faculty level, the NIA supports other awards for career development in geriatrics at other stages. Interested parties are encouraged to contact NIA staff listed under "Method of Applying" for further information. Prospective applicant institutions are encouraged to consider developing comprehensive career development programs which may be supported by a combination of NIA and other institutional awards.

ELIGIBILITY

Applicants must have in place a geriatric fellowship program at the time of application. Junior faculty to be supported by the program must have a health professional degree in the clinical sciences (M.D., D.O., or D.D.S, or equivalent) and must have either completed at least one year of fellowship training in geriatrics or geropsychiatry or obtained certification of Added Qualifications in Geriatric Medicine from the American Board of Internal Medicine/American Board of Family Practice. It is not required that fellowship training have been at the applicant institution.

Applicant institutions must have a strong and stable base of research and clinical activities related to geriatrics to provide an adequate environment for the development of academic geriatricians. In addition to programs at individual institutions, programs conducted by two or more institutions are eligible for support.

STRUCTURE OF SUPPORT

The mechanism of support will be the institutional research career award (K12). The award will support a program providing up to five years of salary support and a limited amount for research expenses for junior faculty, under the leadership of a program director who will oversee the program, and faculty sponsors who will serve as mentors for individual junior faculty, to oversee their academic development, and to arrange appropriate activities needed for further development. For each junior faculty member so sponsored, the award will also provide up to ten percent of each sponsor's salary and fringe benefits for the first three years of sponsorship. The award will also support a limited amount of core resources needed for sponsored individuals'

career development (e.g. key clinical research center personnel, or animal facilities) if central administration improves their effectiveness.

Up to five years of renewable support may be requested by the grantee institution. Individual junior faculty sponsored by the program may be supported from three to five years. No more than three persons at an awardee institution may begin their sponsored activities in any yearly budget period of this award, and none may begin sponsored activities in the fourth and fifth years. The total number of sponsored individuals may increase to no more than eight in the third year of the award, and remain constant or diminish thereafter.

METHOD OF APPLYING

Applications should be prepared on form PHS 398. Applicants should follow the supplemental instructions for applications for this award, available from the Geriatrics Branch, NIA (address on page 5). The PHS 398 application form is available at most institutional business offices or from the Division of Research Grants, NIH, (301) 496-7441. On item 2 of the face page of the application, applicants should enter: NIA Geriatric Academic Program Award.

A letter of intent is not a prerequisite for applying; however, prospective applicants are encouraged to send a letter that includes a descriptive title and resources of the proposed project. This letter should be sent to the NIA contact by three months before the submission deadline.

A completed original application and four copies should be sent to:

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

The NIA contact office listed below should be sent two copies of the application at the time of submission. Inquiries and correspondence should be directed to:

Geriatrics Branch
National Institute on Aging
Building 31, Room 5C-27
Bethesda, Maryland 20892
Telephone: (301) 496-6761

The application should identify:

A program director who will assume overall responsibility for management of the program. The application should describe plans for recruitment and selection of junior faculty to be sponsored, quality control of the program and for maximizing commitment of sponsored individuals to aging research after the completion of support.

Faculty sponsors. The sponsors' past and present research, clinical and teaching activities should be described, as well as their previous experience in training fellows and junior faculty, and the current status of all fellows and other individuals whom they have previously trained.

The faculty and institution's plans for providing research, clinical and teaching experience for sponsored individuals, including examples of the types of research projects to be undertaken, provision of experience in other laboratories to learn pertinent techniques, needed didactic training in gerontology, other basic sciences, research methodology, statistics, and clinical and teaching responsibilities.

Plans for efforts to recruit minority trainees where applicable, consistent with NIH's policy of encouraging such recruitment. Such plans are a required component of applications for NIH research training programs. Additional information on NIH's minority recruitment policy may be found in the NIH Guide for Grants and Contracts Vol. 15, No. 4, March 28, 1986.

REVIEW PROCEDURES

Applications will be received by the NIH Division of Research Grants and will be assigned to the NIA. Responsive applications will be assigned to an appropriate group for review. Applications judged by the NIA to be non-responsive will be treated as regular grant applications.

Applications will be reviewed in accord with the usual NIH peer review procedures. Following study section review, the applications will be evaluated by the National Advisory Council on Aging.

For further information and a copy of the PA contact:

Stanley L. Slater, M.D.
Director, Geriatric Research and Training Program
National Institute on Aging
Building 31, Room 5C27
9000 Rockville Pike
Bethesda, Maryland 20892
Telephone: (301) 496-6761

HIV-RELATED ILLNESSES: TOPICS FOR HEALTH SERVICES RESEARCH

P.T. 34; K.W. 0715008, 0730050, 0408006, 0730030, 0413000

National Center for Health Services Research and Health Care Technology Assessment (NCHSR)

BACKGROUND INFORMATION

The recent Public Health Service meeting in Charlottesville, VA, on the prevention and control of AIDS and the human immunodeficiency virus (HIV) called for studies that focus on the cost effectiveness and financing of care for illnesses related to HIV. It also recommended broadening the scope of health services research beyond economic issues. As part of the Public Health Service, NCHSR has been asked to investigate ways to add to existing knowledge on health services research on HIV-related illnesses.

In response, NCHSR is interested in the study of the availability, cost, and utilization of health services for HIV-related illnesses. Information needed by policy- and decisionmakers involves different risk groups, populations, geographic areas, stages of illness, and treatment modalities. Research topics include the financing, organization, and management of health care services for HIV-related illnesses.

Current epidemiologic and economic information about AIDS and other HIV-related illnesses highlights the complexity of issues and gaps in knowledge that should be addressed in health services research. Research topics and questions are discussed briefly in subsequent sections with respect to health status measures and information systems, access and barriers to care, quality of care, health systems analysis, cost effectiveness of alternative service and organizational strategies, and provider issues. For greater detail, see "HIV-Related Illnesses: Topics for Health Services Research," a program note published in October 1988 that is available from NCHSR.

PRIORITY RESEARCH ISSUES

Cost and Financing of Care

Health services research on HIV-related illnesses has focused on the costs and expenditures for treatment, but a number of restrictions have made it difficult to estimate current and future costs. In addition, the cost and financing of treatment will be affected by the expanded definition of AIDS, the possibility of new diagnostic techniques that are more sensitive and can detect the presence of the illnesses much earlier than conventional screening techniques, and the expanded use of AZT and other new treatments. Examples of researchable questions follow:

- o What is the variation in costs of treating an episode of illness?
- o How do costs for treatment of HIV-related illnesses vary by region, risk factors, demographics, and socioeconomic variables?
- o What are the indirect costs of HIV-related illnesses, and how do they vary for different treatments, types of services, and population groups?
- o What are the projected direct and indirect costs, charges, and expenditures for HIV-related illnesses, and how do they vary with different assumptions?
- o How has the availability and coverage of insurance for HIV-related illnesses been affected by legislation, employer self-insurance, use of screening for HIV infection by employers and insurers, and other factors?
- o What is the extent of unreimbursed care for HIV-related illnesses and seropositive individuals, and how are these costs absorbed?

- o How are financing sources of HIV care projected to change in response to changes in the population with HIV-related illnesses?
- o What impact do volunteer services have on access to health care services, quality of care, and financial burden for the individual and community?

Health Status Measures and Information Systems

Information systems are needed to produce accurate, timely, and comprehensive data useful for health services research and policy analyses, for epidemiologic inquiries, and for clinical investigations. NCHSR is especially interested in issues and questions that include the following:

- o Design of medical records systems to permit the confidential collection and aggregation of longitudinal, patient-specific data in order to develop severity indices, patterns of illness, health status measures, and analyses of practice variations.
- o Development of recordkeeping systems that can acquire and integrate information from informal caregivers and organizations.
- o Construction of data banks or registries to permit more accurate identification and comparisons of different practice patterns, more focused and efficient clinical and epidemiologic investigations, and more rigorous assessment of medical technologies.
- o What are the effects of the HIV epidemic on policies and procedures in health care settings?
- o How can better health outcome indicators, functional status measures, and measures of illness severity be constructed? Can existing instruments for other diseases be adopted or improved?

Access and Barriers to Care

Access to care may be limited because patients with HIV-related illnesses may be more likely to possess no insurance or to require public assistance. Both factors may limit the number of health care providers for these patients. Furthermore, the infectious nature of the disease may limit the willingness of providers to give appropriate and sustained treatment. Examples of questions include:

- o What services are available and used for treatment of HIV-related illnesses, and how do they vary by geographic areas, risk groups, severity of illnesses, and the nature of the disease?
- o How do the types of available services and continuity of services used vary by health care setting and the financing of care?
- o How do availability of services, resource utilization, and continuity of services correlate with insurance coverage or minority and socioeconomic status?
- o What community and individual factors promote or hinder establishment of HIV-related services?

Quality of Care

The many factors affecting quality of care include the supply of practitioners and settings equipped to deal with HIV-related illnesses, the demand for treatment, and patient characteristics. Among the questions that need to be addressed:

- o What is the quality of care provided to patients with HIV-related illnesses? Quality of treatment may be defined by such measures as patient satisfaction, increased longevity, quality-adjusted survival, reduced pain, and the education of patients about their disease and options for treatment.
- o What is the nature of patient and practitioner interactions? How do these interactions affect patient compliance, satisfaction, and functioning?
- o How does patient preference affect treatment? How is patient preference weighed against other factors?
- o How does quality of care vary by regional prevalence of the disease, the supply and types of treatment settings, the practitioners who treat the disease, and patient characteristics?

Health Systems Analysis

The AIDS epidemic is likely to have far-reaching effects on the distribution of health care resources; the organization and management of formal and informal health care delivery networks; and the detection, treatment, and financing of other diseases. Questions on the impact of HIV-related illnesses include:

- o How have HIV-related illnesses affected the structure, functions, interrelationships, and fiscal viability of institutional and community-based health care organizations?
- o What are the similarities and differences in international experiences in the prevention, cost, financing, quality of care, and access to health care for those afflicted by HIV-related illnesses? Are these experiences applicable to the United States?
- o What are the spillover effects of, and resource tradeoffs between, HIV-related illnesses and other illnesses? What ethical issues are involved in resource tradeoffs?

Cost Effectiveness of Alternative Service and Organizational Strategies

The identification of cost-effective ways for organizing, managing, and delivering health services to HIV patients is critical. That analysis, however, needs to distinguish costs from charges, consider severity of illness and quality of life, and use consistent measures of the relative effectiveness of different strategies for providing health care services. NCHSR is interested in studies that examine:

- o How do treatment and cost vary by organizational characteristics such as ownership, teaching status, size, concentration of HIV caseload, and integration in a multi-institutional health care system?
- o What is the comparative cost effectiveness of centralization versus decentralization of service delivery at the facility level? Is the use of dedicated units in hospitals versus scattered beds a more cost-effective strategy?
- o How has the epidemic affected health care facilities with a large number of cases in terms of staffing ratios, personnel mix, and patient demand?
- o How are volunteer services coordinated with each other and with the formal health care delivery system? What is the potential for the expanded use and effectiveness of community-based volunteer organizations in dealing with HIV-related illnesses?

Provider Issues

Potential provider exposure to body fluids of patients necessitates greatly increased safeguards that may be inconvenient and may increase reluctance to treat HIV patients. Some providers may hesitate to care for HIV patients who engage in substance abuse and homosexual activity. Moreover, the prognosis of these patients is almost always terminal. All of these issues have led to concern by health care practitioners who are or may be treating HIV-related cases and may contribute to professional "burnout." Questions for research include:

- o How are health care practitioners and volunteers reacting to the epidemic in terms of availability, turnover, willingness to treat HIV-related illnesses, and burnout from treating HIV victims? What financial and organizational factors affect provider burnout?
- o Does the ability to exercise discretionary judgment in the decision to treat HIV patients vary across employment settings and types of health care professionals?
- o What is the effect of variations in the mix of health professional skills on treatment of HIV-related illnesses? What is the most cost-effective mix for various treatment settings and population groups?
- o How is the epidemic affecting provider choice of specialty, choice of location, and other practice decisions?

APPLICATION AND REVIEW PROCEDURES

Applications may be submitted by any public or private nonprofit institution or unit of State or local government. Applications must be submitted on Public Health Service Form 398, Grant Application, except for applications from State and local governments. The latter are required to submit Form DHHS 5161, Application for Federal Assistance (nonconstruction programs).

Application materials are available from

John D. Gallicchio
 Chief, Review and Advisory Services Program
 National Center for Health Services Research
 and Health Care Technology Assessment
 5600 Fishers Lane, Room 18A-20
 Rockville, Maryland 20857
 Telephone: (301) 443-3091

Application materials may be available from business, grants, and contracts offices of academic or research institutions, and also can be obtained from the National Institutes of Health, Division of Research Grants (DRG), whose address appears below.

The applicant should check the box on the application form's face sheet (line 2), indicating that the proposal is in response to this program announcement or the more detailed NCHSR program note and print (next to the checked box) "NCHSR Program Note on Health Services Research and HIV-Related Illnesses." The applicant also should enclose a cover letter citing this announcement or the program note.

The schedule for submission and review of applications is as follows:

NIH/DRG Submission	Study Section Review	Earliest Start Date
June 1	October	December 1
October 1	February	April 1
February 1	June	August 1

The original and six copies of the application should be sent or delivered to:

National Institutes of Health
Division of Research Grants
Westwood Building, Room 240
5333 Westbard Avenue
Bethesda, Maryland 20892**

All NCHSR research grant applications are reviewed for scientific and technical merit by a review panel or study section comprised of non-Federal scientists. Each application will be reviewed by the appropriate NCHSR study section according to the following criteria: significance and originality of the project from a scientific and technical viewpoint, adequacy of the methodology proposed to carry out the project, availability of data and adequacy of the data collection plan, appropriateness of the work plan and schedule for organizing and completing the project, qualifications of the principal investigator(s) and staff, adequacy of the facilities available to carry out the project, reasonableness of the budget, and adequacy of the proposed protection of human and animal subjects.

If the proposed projects on HIV-related illnesses are no more than 2 years in length and require no more than \$50,000 in total direct costs for the entire project period, they are eligible for accelerated review. Projects intended for accelerated review must be sent directly to NCHSR (Room 18A-20). Because of a modified review process that involves both Federal and non-Federal experts, NCHSR is able to notify applicants of funding decisions within approximately 120 days. Deadlines for receipt of these applications at NCHSR are the first working day of the following months: January, March, May, July, September, and November.

Further information on health services research and HIV-related illnesses may be obtained from:

Ira E. Raskin, Ph.D.
AIDS Research Coordination Staff
Division of Extramural Research
National Center for Health Services Research
and Health Care Technology Assessment
Room 18A-19, Parklawn Building
5600 Fishers Lane
Rockville, Maryland 20857
Telephone: (301) 443-7352

A copy of the program note on HIV-related illnesses can be obtained from:

Publications and Information Branch
National Center for Health Services Research
and Health Care Technology Assessment
Parklawn Building, Room 18-12
Rockville, Maryland 20857
Telephone: (301) 443-4100