

# NIH GUIDE

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NOTICE

PILOT STUDY/DISSERTATION RESEARCH SUPPORT

P.T. 34, 40; K.W. 0710010, 0780000, 1002019, 1014002

OFFICE OF BIOLOGICAL RESOURCES AND RESOURCE DEVELOPMENT

National Institute on Aging

The National Institute on Aging (NIA) for many years has provided support for pilot study and dissertation research on aging by furnishing limited numbers of animals free of charge for these purposes. The supply of small numbers of free animals through the pilot study program is intended to help support initial studies to investigate feasibility or establish credibility to a theory to allow pursuit of more detailed studies later. The dissertation study program is intended to provide some partial support for graduate students interested in pursuing studies in the area of research on aging.

Early in the 1970s it became obvious that the availability of appropriate animal models was a major factor for the development of much needed research on aging. In response to this clearly evident need, and in recognition of the fact that many, perhaps most, investigators had neither the facilities nor the fiscal resources needed to develop and maintain colonies of aged animals, NIA made provision of resources one of its highest priorities. The availability of high quality aged rodents for conducting aging research has continued to be a priority area for NIA.

Specific pathogen-free rodent resources currently available or under development from NIA include four rat and ten mouse genotypes that are raised in barrier facilities and range in age from 3 to 36 months. Mouse genotypes currently available are the inbred strains A/HeNNia, BALB/cNNia, CBA/CAhNNia, C57BL/6NNia and DBA/2NNia; hybrid stocks of B6C3F1Nia(C57BL/6NNia X C3H/NNia), B6D2F1Nia (C57BL/6NNia X DBA/2NNia) and CB6F1Nia(BALB/cNNia X C57BL/6NNia); the congenic strain BALB/cAnNNia-nu(nude); and an outbred stock of Swiss Webster. NIA currently provides one rat genotype, the inbred Fischer 344 (F344NNia); however under development is a colony of three additional genotypes; the inbred Brown Norway (BN/BiRijNia), and the reciprocal F1Nia hybrids of the F344 and BN crosses. For these latter three genotypes, the first cohorts were entered into the aging colony in July 1986; therefore, it will be 1988 before aged animals will be available. It would be very helpful in establishing appropriate production levels of these latter three genotypes if researchers interested in using these new genotypes would inform NIA of their interest and potential needs.

All rodents are regularly monitored for genetic purity and health status. Animals are housed at contractor facilities behind specific pathogen barriers, maintained at plus or minus 2 degrees F and are fed NIH 31 diet (ad libitum). Cage position on cage racks are routinely rotated to prevent retinal degeneration from fluorescent lighting. Ad libitum access to acidified, chlorinated drinking water is provided. A health monitoring statement for the room in which animals were raised accompanies each shipment of animals. Even though NIA heavily subsidizes this program to make these animals more affordable, the normal costs are still considerable. The approximate cost of a 30-month old rat is \$106 and 30-month old mouse is \$47, plus shipping cost. These colonies have been developed to facilitate research on aging, therefore, holders of NIA grants always receive first priority in access to animals.

Effective September 1, 1986 the NIA instituted a change in policy regarding the Pilot Study Program. As previously stated, the intent of this program is to make limited numbers of animals available free of charge. Therefore, in accordance with this goal, animals for pilot studies will be made available on the following schedule:

- o the first 24 animals at no charge
- o next 24 animals at 25% normal cost (therefore 48 animals would equal 12.5% of normal cost)
- o next 24 animals at 50% normal cost (therefore 72 animals would equal 25% of normal cost)
- o next 24 animals at 75% of normal cost (therefore 96 animals would equal 37.5% of normal cost)
- o all additional animals at 100% normal cost

- o charges will be apportioned to animals of all ages requested (i.e., for a study with 24 three month old and 24 twenty-four month old animals, you would be charged for 12 animals at each age.)

Applications for pilot study animals must provide a protocol of intended research in sufficient detail to allow a scientific peer review of the proposed study. It is most important that the relevance of the proposed study to aging be addressed and that a listing of total animal needs for the study be given. Any animals requested beyond those listed in this application will be at full cost. NIA will not provide pilot study support to an investigator more than twice in a five year period.

Animals for dissertation research support will remain free; however, a letter of certification from the appropriate department chairman, stating that the study for which animals are requested is an approved dissertation study, must accompany each application.

Applicants for either program should allow 90-120 days for the review process. For further information or to receive application forms for either of these programs, contact:

Mrs. Jane Soban or Dr. DeWitt G. Hazzard  
Office of Biological Resources and Resource Development  
National Institute on Aging  
Building 31, Room 5C19  
9000 Rockville Pike  
Bethesda, Maryland 20892

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

CANCER COMMUNICATIONS SYSTEM RESEARCH (CCSR)

RFA AVAILABLE: 86-CA-19

P.T. 34; K.W. 1004017, 1004008, 0403004, 0404021

National Cancer Institute

Application Receipt Date: January 5, 1987

Letter of Intent Receipt Date: November 3, 1986

The Division of Cancer Prevention and Control (DCPC) invites applications for studies to initiate cancer communications research activities.

This project proposes to enable qualified investigators to identify a cancer communications issue or problem and develop, implement and evaluate a research project to address the identified issue or problem. The project should be targeted at specific audiences and may utilize the resources of the Cancer Communications System.

**BACKGROUND INFORMATION**

Since 1976, the Cancer Communications System (CCS) (formerly known as the Cancer Communications Network) has been funded by the National Cancer Institute (NCI) to provide accurate, up to date information about cancer to the general public, cancer patients and their families and health professionals. This information has been disseminated through the Cancer Information Service (CIS), a telephone information service, and through educational and informational activities carried out in specific geographic areas of service. Over the years, the CCS has been established as a resource, both regionally and to the NCI. Individuals who are trained and experienced in cancer communications staff the regional offices of the program. The expertise currently exists in these offices to market and promote cancer information to the general public as well as specific target groups.

The CIS is accessible to the public through a single, toll free telephone number (1-800-4-CANCER). Data on each inquiry are collected on a common reporting form. Information is collected on the type of user, the cancer site and subject of inquiry, the behavioral suggestions made by CIS staff, the method through which the user found out about CIS, and several demographic variables, including sex, age, ethnicity, and education of the user. Collection of this information has led to a large data base to use as a research resource. The centralized reporting form was

instituted in January, 1983. Over one million inquiries have been handled by the CIS nationally since that time. These data are collected regionally and reported to NCI on a semiannual basis.

In addition, a survey of more than 7,000 Cancer Information Service users has been completed. This survey provides information on the health behavior of CIS users as well as their perceptions of the program. Information from the user survey can be linked to the original call record form used during their interaction with CIS staff.

The CCS currently consists of 16 NCI funded regional offices. An additional seven offices operate CIS programs with independent funding. One of the program objectives of the CCS is to "serve as a resource for the development and/or implementation of peer reviewed studies for cancer communications research, in cooperation with the grantees funded through the program entitled Cancer Communications System Research."

Limited research has been done in the area of cancer communications. The extent to which cancer communications can affect the knowledge, attitudes and practices of individuals and strategies to reach particular target audiences are areas which allow for much further investigation. Using the resources available through the Cancer Communications System, it will be possible for investigators to initiate research that can meet measurable objectives.

The purpose of this announcement is to support a range of studies for research to determine the most effective ways of communicating about cancer, with the intent that the results of these studies will be distributed widely through general and scientific publications.

#### GOALS AND SCOPE

The goal is to identify a cancer communications issue or problem and development, implement and evaluate a research project to address the identified issue or problem. The project should be targeted at specific audiences and may utilize the resources of the Cancer Communications System. These research projects are not intended to evaluate or enhance the CCS program, but to use it as a research resource.

These research projects shall include innovative ways to reach specific target groups with cancer information and an assessment of its impact on their knowledge, attitudes and/or practices. Research should have the long term objective of contributing to the NCI goal of reducing cancer mortality rates by 50% by the year 2000. Projects contributing to this goal may address cancer prevention, early detection, treatment, continuing care, or a combination of these.

#### PROJECT DESCRIPTION

Investigators may propose cancer communications research projects which utilize the resources of the Cancer Communications System (e.g., Cancer Information Service data, staff expertise, other educational/informational activities). Projects not utilizing CCS resources may also be considered responsive to this RFA.

Investigators may propose new data collection activities and/or design studies comparing public knowledge, attitudes and/or practices by location, ethnicity, age, etc. A specific group such as women, smokers, blacks, or people over age fifty may be chosen for study. Utilization of CCS resources may involve a single office, a region of the country, or the entire CCS.

Projects may be proposed for durations of 18 to 36 months in length. Shared resources on the part of the applicant, such as contribution of staff time, should be described in the application. Some examples of CCSR projects might include, but are not limited to, the following (not in priority order):

- o Studies on the impact of public information campaigns on public knowledge, attitudes, and/or practices.
- o Research on cancer information seeking behavior by the public.
- o For cancer patients and their families, research in areas such as delay in seeking medical care or compliance with treatment regimens.
- o Studies on the diffusion of cancer information.
- o Alternate communications strategies/technologies and their effect on cancer knowledge, attitudes, and/or practices.

- o Studies on the use and effects of volunteers as community opinion leaders.
- o Studies on the effect of follow-up reminders on the health action in public.
- o Cost/benefit analysis of telephone information transfer.

The conceptual development, study design, methodology, data collection instrument, analysis plans, and implementation of the project is the responsibility of the applicant. However, CCS staff may be project investigators or coinvestigators, and may be involved in preparation of the grant application.

#### MECHANISM OF SUPPORT

Applications will be funded as research grants. The total project period for applications submitted in response to the present RFA should not exceed three years. The intent is to fund several projects, with total costs for all projects amounting to approximately \$400,000 for the first year.

#### INQUIRIES

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

Judith Stein, M.A.  
 Health Promotion Sciences Branch  
 Division of Cancer Prevention and Control  
 National Cancer Institute  
 Blair Building, Room 416  
 9000 Rockville Pike  
 Bethesda, MD 20892 4200  
 Telephone: (301) 427 8656

#### DEVELOPMENTAL GRANTS FOR ALCOHOLISM TREATMENT ASSESSMENT RESEARCH

P.T. 34; K.W. 0404003, 0415000, 0745060, 0414020, 0730025

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Dates: February 1, 1987, June 1, 1987,  
 October 1, 1987

#### BACKGROUND

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) invites applications for developmental grants for alcoholism treatment assessment research. Developmental grants (R21) are intended to generate studies that will be building blocks in the development of future, more intensive and larger research studies on alcoholism treatment. Developmental grants supported under this announcement will be limited to a one-year effort and a maximum of \$30,000 direct costs.

#### RESEARCH GOALS

The purpose of developmental grants is (1) to support promising activities of institutions that wish to build a capacity to do alcoholism treatment assessment research; (2) to conduct pilot studies leading to expansion, enhancement, or modification of existing alcoholism treatment research programs; and (3) to plan and conduct pilot research leading to the development of clinical trials in alcoholism treatment assessment research. In addition, the NIAAA is interested in projects which focus on special risk groups such as women, adolescents and youth, the elderly, and minorities and ethnic groups.

Developmental grant applications, solicited by this announcement, are appropriate for addressing one or more of the following aspects of alcoholism treatment: (1) client classification and/or typology, (2) treatment regimens, (3) therapeutic process, (4) treatment settings, and (5) treatment formats. Elaboration of these five categories follows.

- 1 Client Classification and/or Typology. The purpose of classifying alcoholics by "type" is to permit the optimal matching of client types with particular treatment regimens for the purpose of enhancing treatment effectiveness. Projects are encouraged that will explore optimal, efficient, and empirically based alcoholism treatment client typologies. Projects may focus on comparisons of alternative typologies, or on the development and refinement of a single, comprehensive typology.

- 2 Treatment Regimens. Applications are encouraged which study and delineate the optimal procedures and protocols that can be followed and measured when delivery of a particular treatment regimen or protocol is to be studied for research purposes. Focus can be on one or more treatment regimens against another, such as comparisons of cognitive behavior therapy, psychodynamic approaches, behavioral conditioning regimens, social skills training, stress/anxiety/insomnia management approaches, pharmacotherapeutic protocols, etc. Applicants are encouraged to explore those outcome instruments most appropriate for assessing a particular treatment regimen. Studies are also encouraged which aim at enhancing cross-study comparisons of different treatment regimens. Applications are sought to (1) operationalize and measure treatment regimen procedures, (2) test and compare the merits and relevance of various treatment outcome instruments, (3) foster innovative and collaborative research in studying differential treatment efficacy, and/or (4) stimulate research assessing the relative cost-effectiveness of different treatment regimens for different client types.
- 3 Therapeutic Process. Studies are encouraged which will identify and clarify the role of the therapeutic process and its effect on treatment outcome and efficacy. Therapeutic process can be defined as a specialized human relationship that a skilled therapist develops, maintains, and manages with therapeutic intent. The goal is the promotion of learning within an interpersonal context. Since therapy is a process and is unlike many other medical procedures or cures, it does not easily lend itself to be evaluated by techniques used for procedure evaluations. Applicants may focus on the role of the client's readiness and/or motivation to accept treatment at a particular time in the course of his (her) ailment, and its relationship to interaction between client/therapist characteristics.
- 4 Treatment Settings. This refers to where the treatment is delivered, and the influence of setting on treatment regimen and treatment outcome. Comparisons of settings might entail a combination of settings such as hospital inpatient, residential, outpatient, educational, and/or self-help orientations. Applicants may also wish to study the relationships between the setting and the treatment service/delivery system, as well as the relative cost-effectiveness of different treatment settings for different client types.
- 5 Treatment Formats. Projects are encouraged which address the specific format in which treatment is delivered and the influence that format may have on client outcome. For example, formats may include individual counseling, group therapy, brief intervention strategies, or family/couples approaches.

#### MECHANISM OF SUPPORT

The support mechanism for this program will be the developmental research grant (R21). These research projects are investigator-initiated. Under this mechanism the applicant will plan, direct, and carry out the research program. Requests for developmental grants should be limited to one year of support with a maximum of \$30,000 direct costs per application. It is anticipated that up to five grants can be awarded. It is estimated that up to \$300,000 will be available in FY 1988 to support grants under this announcement.

It is envisioned that these grants may form the basis for submission of larger, more intensive, regular research grants. Applicants are encouraged to continue their pursuit of alcoholism treatment assessment and patient placement research.

Research grant applications may be submitted by public or private non-profit or profit-making organizations and institutions, State or local governments and their agencies, and eligible agencies of the Federal Government.

#### APPLICATION AND REVIEW PROCEDURES

Applications in response to this solicitation will be reviewed for scientific and technical merit by an appropriate peer review group. They will be judged on the overall scientific merit of the proposed research, potential significance of the research findings, adequacy of methodology, and the qualifications of the research team.

A secondary review for policy and program relevance will be made by the National Advisory Council on Alcohol Abuse and Alcoholism. Applications will be accepted only for the following dates: February 1, 1987; June 1, 1987; and October 1, 1987.

The program announcement may be obtained from:

National Clearinghouse for Alcohol Information  
Reference Department Box 2345  
Rockville, Maryland 20852  
Telephone: (301) 468-2600

Applications must be submitted on form PHS 398 (revised 5/82), which is available in the business or grants and contracts office at most academic and research institutions or from the Clearinghouse for Alcohol Information. State and local government agencies should use form PHS 5161 (revised 3/86).

The signed original and six copies (two copies if using PHS 5161) of the application should be sent to:

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

More detailed information about application procedures may be obtained from:

Dan J. Lettieri, Ph.D.  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14-C-20  
Rockville, Maryland 20857  
Telephone: (301) 443-4223

#### ONGOING PROGRAM ANNOUNCEMENTS

##### POSTDOCTORAL TRAINING FOR RNs WITH AN EARNED DOCTORATE

P.T. 44; K.W. 0710030, 0730065, 0745035, 0745055, 0783010

National Center for Nursing Research

The National Center for Nursing Research (NCNR) invites applications for postdoctoral research training under the National Research Service Award (NRSA). Individuals with an RN who hold an earned doctorate may apply for up to three years full time research training in areas of interest to the NCNR which include--research on the care of patients, the promotion of health, the prevention of disease, and mitigation of the effects of acute and chronic illnesses and disabilities. In support of studies of nursing interventions, procedures, delivery methods and ethics of patient care, NCNR programs are expected to complement other biomedical research programs which are concerned primarily with causes and treatment of disease.

Postdoctoral experiences in conjunction with ongoing Research and Demonstration Centers, Clinical Trials and Institutional Training Grant programs supported by other NIH institutes are of particular interest to the NCNR. Requests for information about ongoing programs should be addressed to the categorical institute person responsible for extramural programs listed below.

Dr. Barney Lepovetsky  
Chief, Cancer Training Branch  
National Cancer Institute  
Blair Building, Room 424B  
Telephone: (301) 427-8898

Dr. Henry Roscoe  
Acting Director Division Extramural Affairs  
National Lung, and Blood Institute  
Westwood Building, Room 7A17A  
Telephone: (301) 496-7225

Dr. Thomas Valega  
Special Assistant for Manpower Development  
National Institute of Dental Research  
Westwood Building, Room 507  
Telephone: (301) 496-6324



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

Dr. Donald Luecke  
Deputy Director, Extramural Activities Program  
National Institute of Neurological and  
Communicative Disorders and Stroke  
Federal Building, Room 1016  
Telephone: (301) 496-4188

Dr. William Bennett  
Chief, Research Manpower Development Staff  
National Institute of Allergy & Infectious Diseases  
Westwood Building, Room 7A03  
Telephone: (301) 496-5030

Dr. Richard Lymn  
Muscle Biology Program Director  
National Institute of Arthritis & Musculoskeletal  
& Skin Diseases  
Westwood Building, Room 403  
Telephone: (301) 496-7495

Dr. John Norvell  
Research Training Officer  
National Institute of General Medical Sciences  
Westwood Building, Room 925  
Telephone: (301) 496-7260

Ms. Hildegard Topper  
Special Assistant to Director  
National Institute of Child Health & Human  
Development  
Building 31, Room 2A03  
Telephone: (301) 496-3454

Dr. Peter Dudley  
Training Director  
National Eye Institute  
Building 31, Room 6A51  
Telephone: (301) 496-5983

Dr. Christopher Schonwalder  
Program Director, Centers and Manpower  
National Institute of Environmental Health Sciences  
P.O. Box 12233 Research Triangle Park, NC 27709  
Telephone: (919) 541-7634

Dr. Alan Pinkerson  
Acting Associate Director for Extramural Affairs  
National Institute on Aging  
Building 31, Room 5C06  
Telephone: (301) 496-9322

Dr. Roger Dahlen  
Chief, Biomedical Information Support Branch  
National Library of Medicine  
Building 38A, Room 5S-522  
Telephone: (301) 496-4221

Dr. Judith Vaitukaitis  
Chief, General Clinical Research Centers Program  
Division of Research Resources  
Building 31, Room 5B51  
Telephone: (301) 496-6595

## IMAGING TECHNOLOGY IN ALCOHOL RESEARCH

P.T. 34; K.W. 0706030, 0404003, 0785165, 0765020, 0710085, 0775025

National Institute on Alcohol Abuse and Alcoholism

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

### BACKGROUND

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) invites grant applications for the support of research that utilizes biomedical imaging technology to address questions in both clinical and basic alcohol research. In the last several years rapid progress has been made in the development and refinement of imaging and spectroscopic techniques, such as computed tomography (CT), magnetic resonance imaging (MRI), in vivo nuclear magnetic resonance (NMR) spectroscopy, positron emission tomography (PET), single photon emission computed tomography (SPECT), and ultrasonography, which can probe the anatomic, functional, physiological, and metabolic status of nearly any tissue. The potential benefits of using these techniques for understanding and diagnosing alcoholism and its associated pathologies are significant.

### RESEARCH GOALS

Grant applications are solicited for projects which will use imaging modalities to increase the extent and depth of knowledge on organ processes affected by exposure to alcohol and on alcohol-derived dysfunctions. The major emphasis is on gaining new knowledge that can be applied to diagnosis, treatment, and prevention of alcoholism. Studies proposed in response to this announcement may encompass a broad range of disciplines, including biophysics and biochemistry at the molecular, cellular, tissue, organ, and whole body levels; histopathology; and animal and/or human physiology and pathology. Clinical research utilizing alcoholic patients and volunteers is encouraged. Special areas of interest are identified below. However, all areas of pertinent investigation utilizing one or more imaging methodologies would be appropriate to this announcement.

- o Studies on the induction, progression, or reversibility of alcohol-induced pathological conditions such as alcohol-related organic brain syndrome, liver disease, pancreatitis, and cardiomyopathy.
- o Studies on the dynamics of alcohol metabolism in living organisms.
- o Studies to determine the effects of alcohol on regional blood flow and cardiac function.
- o Localization and delineation of tissue changes arising from ethanol ingestion and concurrent evaluation of the biochemical properties of the tissues.
- o The development of appropriate tracer compounds for applications with PET, SPECT, or NMR to study the sites of action of ethanol and ethanol-drug interactions.
- o Determination of the relationships between neuroanatomical or neurophysiological changes (as measured, for example, by CT, evoked potentials or MRI) and cognitive impairments (measured by neuropsychological tests) associated with alcohol use and abuse and with alcohol-derived fetal injury.
- o Determination of the clinical applications of the combined biochemical response and imaging correlates of tissues from alcoholics and alcohol abusers.
- o Studies to evaluate the efficacy of different imaging modalities in the diagnosis of specific alcohol-related disorders.
- o Assessment of individuals prenatally exposed to alcohol for potential organ (including brain) injury and the reversibility of the in utero injury.

## MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional investigator-initiated research project grant. Under this mechanism the applicant will plan, direct, and carry out the research program. Applicants are expected to have access to existing imaging instrumentation, either within their own institutions or through collaborations with investigators at other institutions. The project period during which the research will be conducted should adequately reflect the time required to accomplish the stated goals and be consistent with the policy for grant support. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved.

Research grant applications may be submitted by nonprofit and profit-making organizations and institutions, State or local governments and their agencies, and eligible agencies of the Federal government.

## APPLICATION AND REVIEW PROCEDURES

Applications in response to this solicitation will be reviewed for scientific and technical merit by an appropriate peer review group. They will be judged on the overall scientific merit of the proposed research, potential significance of the research findings, adequacy of methodology, availability of necessary facilities, and the qualifications of the research team.

Applicants must demonstrate expertise and proficiency in the use of one or more imaging systems. A secondary review for policy and program relevance will be made by the National Advisory Council on Alcohol Abuse and Alcoholism.

Applications will be accepted in accordance with the usual receipt dates for new applications:

February 1                      June 1                      October 1

The program announcement may be obtained from:

National Clearinghouse for Alcohol Information  
Reference Department  
Box 2345  
Rockville, Maryland 20852  
Telephone: (301) 468-2600

Applications must be submitted on form PHS 398 (revised 5/82), which is available in the business or grants and contracts office at most academic and research institutions or from the National Clearinghouse for Alcohol Information. State and local government agencies should use form PHS 5161 (revised 3/86).

The signed original and six copies (two copies if using PHS 5161) of the application should be sent to:

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

More detailed information about application procedures may be obtained from:

Helen M. Chao, Ph.D.  
Chief, Biomedical Research Branch

or

Ernestine Vanderveen, Ph.D.  
Chief, Clinical and Psychosocial Branch  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14C-17  
Rockville, Maryland 20857  
Telephone: (301) 443-4223

RESEARCH GRANTS ON ALCOHOL AND IMMUNOLOGY INCLUDING  
ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

P.T. 34; K.W. 0715120

National Institute on Alcohol Abuse and Alcoholism

Application Receipt Dates: Feb 1, June 1, Oct 1

**BACKGROUND**

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) makes grant awards for basic and applied alcohol research projects. NIAAA has a long-standing interest in the relationship between alcohol consumption and immunologic disorders, and it now wants to increase the level of activity in this research area. Further, the emergence of Acquired Immunodeficiency Syndrome (AIDS) as a significant public health concern has served to re-emphasize NIAAA's commitment to research on the effects of alcohol consumption on immunologic functioning and, specifically, the role of alcohol as a potential co-factor in AIDS and HTLV-III virus infection. Virtually no information is available regarding the use/abuse of alcohol by AIDS patients or how alcohol may affect the course and/or treatment of the disease process. This special announcement is intended to encourage the submission of applications from investigators to compete for funds to study the relationship of alcohol consumption to immunologic disorders and infectious diseases.

**RESEARCH GOALS**

The Institute wishes to expand its support for research on all aspects of the relation between alcohol and infectious disease. Investigators in all relevant fields are encouraged to apply, including those in epidemiology, immunology, bacteriology, virology, pathology, and other relevant clinical and basic scientific disciplines. The following are some broadly defined areas related to alcohol, immunology, and infectious diseases which are of interest and in need of further investigation:

- o Epidemiologic studies of the incidence and prevalence of the various types of immune deficiencies and infectious diseases among alcohol abusers and alcoholics.
- o Basic and applied research related to the effects of alcohol use/abuse on increasing risk for infection, including laboratory studies of immune function and studies of resistance to bacterial/viral challenge.
- o Relation between the rate and persistence of alcohol consumption and the degree of immunosuppression. Studies of mechanisms by which alcohol suppresses immune functions.
- o Studies on the role of alcohol use/abuse in modifying the course and treatment of bacterial or viral disease after infection. The relationship of alcoholic liver disease to the incidence of infection.
- o The effects of alcohol on existing immune function in immunodeficiency disease states.
- o The role of nutritional deficiency which may interact along with the consumption of alcohol in the suppression of immune functions.

More specific areas of interest related to AIDS are listed below:

- o Epidemiologic studies of drinking practices of AIDS and AIDS-related complex (ARC) patients, of persons testing positive for HTLV-III antibody, and of persons in high risk groups for infection.
- o Incidence and prevalence studies of HTLV-III positive, ARC and AIDS among alcoholics and alcohol abusers, especially those who are not intravenous drug abusers.
- o The role of alcohol consumption in increasing risk-taking behavior (e.g., disinhibition) which may enhance the probability of HTLV-III infection by exposure, for example, to other high risk sexual or drug abuse behaviors.
- o Studies using animal models to determine the potential role of alcohol as a co-factor for HTLV-III infection and/or the development of AIDS.
- o Mechanisms of alcohol effects on cell mediated immunity and the relationship to acquisition of HTLV-III and related viruses.

- o Studies of the differential immunosuppressive effects of acute intoxication as opposed to the chronic consumption of alcohol.

#### MECHANISM OF SUPPORT

The support mechanism for this program will be the traditional investigator-initiated research project grant. The project period during which the research will be conducted should adequately reflect the time required to accomplish the stated goals and be consistent with the policy for grant support. Support will be provided for up to five years (renewable for subsequent periods) subject to the availability of funds and progress achieved.

Research grant applications may be submitted by nonprofit organizations and institutions, State or local governments and their agencies, for profit organizations, and eligible agencies of the Federal government.

#### APPLICATION AND REVIEW PROCEDURES

Applications in response to this solicitation will be reviewed for scientific and technical merit by an appropriate peer review group. A secondary review for policy and program relevance will be made by the appropriate National Advisory Council.

Applications will be accepted in accordance with the usual receipt dates for new applications:

February 1                      June 1                      October 1

The special announcement may be obtained from:

National Clearinghouse for Alcohol Information  
Reference Department  
Box 2345  
Rockville, Maryland 20852  
Telephone: (301) 468-2600

Applications must be submitted on form PHS 398 (revised 5/82), which is available in the business or grants and contracts office at most academic and research institutions or from the National Clearinghouse for Alcohol Information. State and local government agencies should use form PHS 5161 (revised 3/86).

The signed original and six copies (two copies if using form PHS 5161) of the application should be sent to:

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

More detailed information about application procedures can be obtained from:

Helen M. Chao, Ph.D. Chief, Biomedical Research Branch                      or

Ernestine Vanderveen, Ph.D.  
Chief, Clinical and Psychosocial Research Branch  
Division of Extramural Research  
National Institute on Alcohol Abuse and Alcoholism  
5600 Fishers Lane, Room 14C-17  
Rockville, Maryland 20857  
Telephone: (301) 443-4223

#### GENETIC ASPECTS OF SPEECH, LANGUAGE AND READING DISORDERS

P.T. 34; K.W. 0710120, 1002019, 0715055, 0715090, 0755030, 0404004

National Institute of Neurological and Communicative Disorders and Stroke

National Institute of Child Health and Human Development

The National Institute of Neurological and Communicative Disorders and Stroke (NINCDS) and the National Institute of Child Health and Human Development (NICHD) encourage the submission of research project grant applications (R01) to investigate genetic aspects of primary speech and language disorders aimed at determining the factors contributing to the etiologies of these disorders.

## I. BACKGROUND

Frequent clinical reports are published of twins with similar disorders and of families with a high proportion of members over several generations with similar or related speech and language disorders such as stuttering and delayed language development. Recently this literature has also included reports of genetic mechanisms being linked to dyslexia. Further, profiles of speech and language impairment are consistent across patients with the same genetic abnormality (e.g., 47 XXY males evidence one profile while 47 XXX females exhibit a different speech and language profile). Few investigations have focused on possible genetic factors in congenital speech and language disorders. Difficulties may have been the lack of clear objective criteria for defining the characteristics of the communicative disorder (e.g. stuttering, speech articulation disorder or developmental language disorders) and a lack of sharing of expertise and close collaboration between investigators in behavioral genetics and speech and language disorders. In 1983, the NINCDS sponsored the publication of the proceedings of a working group of scientists aimed at encouraging investigations in this area. In 1985, the NICHD sponsored a conference on biobehavioral measures of dyslexia. (Genetic Aspects of Speech and Language Disorders. Ludlow, CL and Cooper, JA (Eds) Academic Press, 1985; Biobehavioral Measures of Dyslexia. Gray, DB, and Kavanagh, JF (Eds) York Press 1985.) The NICHD continues to support studies of the genetic bases of dyslexia.

The purpose of this announcement is to encourage applications to investigate the possible contributions of genetic factors to the disorders of stuttering, speech articulation disorders, dyslexia, and children's developmental language disorders.

## II. RESEARCH GOALS AND SCOPE

The NINCDS encourages both basic and clinical investigations into the possible etiology and pathogenesis of chronic and persistent stuttering and severe developmental childhood speech articulation and/or language disorders. Investigators are encouraged to develop collaborations between those with expertise in genetic research and those with expertise in stuttering, or primary developmental speech/language disorders. The NICHD encourages both basic and clinically relevant research into the possible etiology of developmental dyslexia. Investigators are encouraged to establish collaborations between those with expertise in genetic research and those with expertise in developmental dyslexia. The examples given below are not limiting.

- 1 Studies of patients and their families are encouraged employing comprehensive and objective measures of speech and language behaviors. Pedigree analyses and genetic studies using modern precise methods are needed to address whether there is etiologic heterogeneity and/or variations in penetrance.
- 2 Families with a high prevalence of similar speech, language, phenotypes and reading disorder may be considered for biochemical studies aimed at determining the chromosomal location and linkage relationships of possible genes associated with these disorders.
- 3 Studies of brain development patterns associated with these disorders are encouraged, as are neuro-imaging studies of patients and their families with a high prevalence of similar disorders.

## III. MECHANISM OF SUPPORT

Support will be through traditional research project grants-in-aid.

## IV. TERMS AND CONDITIONS OF SUPPORT

Support for applications submitted in response to this announcement will be through grants for individual research projects. Grant funds may be used only for those expenses clearly related to and necessary to carry out research projects, and must be expended in conformance with the Public Health Service Grants Policy Statement. In general, grant funds may be used for: (1) direct costs which are necessary to carry out the project, including salaries, consultant fees, supplies and equipment, and essential travel; (2) actual indirect costs to cover related overhead. No funds have been set aside for funding applications submitted in response to this announcement.

## V. METHOD OF APPLYING

Applicants should use the standard PHS-398 (revised 5/82) research grant application form. Investigators concerned with the genetic aspects of stuttering, articulation disorders and developmental language disorders should type "NINCDS/GENETIC ASPECTS OF SPEECH AND LANGUAGE" in item #2 on the face page of the application. Investigators concerned with the genetic aspects of dyslexia should type "NICHD/GENETIC ASPECTS OF DYSLEXIA" in item #2 on the face page of the application.

Applications in response to this announcement will be reviewed according to the usual schedule:

Receipt of Applications	Initial Review	Advisory Council Review	Earliest Award Date
October 1	February	May	July 1
February 1	June	September-October	December 1
June 1	October	January-February	April 1

The original and 6 copies of the application must be sent directly to:

Application Receipt Office  
Division of Research Grants  
National Institutes of Health  
5333 Westbard Avenue  
Bethesda, MD 20892

## V. REVIEW PROCEDURES

Applications will be reviewed for scientific merit and relevance to program goals in accordance with the standard review procedures of the Public Health Service: that is, each application will be assessed first for scientific merit by an appropriate Initial Review Group (IRG) of non-Government scientists and then for policy and program relevance by the appropriate National Advisory Council.

## VI. STAFF CONSULTATION

For further information, potential applicants interested in stuttering, articulation disorders or children's developmental language disorders may call or write to:

Christy L. Ludlow, Ph.D.  
Communicative Disorders Program  
National Institute of Neurological and Communicative Disorders and Stroke  
7550 Wisconsin Avenue  
Federal Building, Room 1C-06  
Bethesda, Maryland 20892  
(301) 496-5061

For further information, potential applicants interested in dyslexia may call or write to:

Norman A. Krasnegor, Ph.D.  
Chief, Human Learning and Behavior Branch  
National Institute of Child Health and Human Development  
Landow Building Rm. 7C-18  
7910 Woodmont Avenue  
Bethesda, MD 20892  
(301) 496-6591

These programs are described in the Catalog of Federal Domestic Assistance, No. 13.853, National Institute of Neurological and Communicative Disorders and Stroke and No. 13.865, National Institute of Child Health and Human Development. Grants will be awarded under the authority of Public Health Service Act, Title IV, Section 301 (Public Law 78-410, as amended; 42 U.S.C. 214) and administered under PHS grant 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.