

# NIH GUIDE

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## For Grants and Contracts

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NOTICE

CONFERENCE ON COMPLIANCE WITH NEW ANIMAL WELFARE REGULATIONS

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

Scientists Center for Animal Welfare

The Scientists Center for Animal Welfare is holding a conference, "Animal Research and Testing: Humane Frontiers," on October 8-9, 1987, in cooperation with The Rockefeller University. It will be held on campus in New York City. Many current issues will be addressed, including effective Animal Care and Use Committees, protocol review, and animal facility inspections. First-time national policies governing field research will be announced and discussed. This session is of particular concern to Animal Care and Use Committees which need to review protocols involving wild animals. The conference faculty is composed of nationally and internationally recognized experts. For more information and complete program, please contact:

Lee Krulisch  
Scientists Center for Animal Welfare  
4805 St. Elmo Avenue  
Bethesda, Maryland 20814  
Telephone: (301) 654-6390

DATED ANNOUNCEMENTS (RFPs AND RFAs AVAILABLE)

LEADERSHIP AND EXCELLENCE IN ALZHEIMER'S DISEASE (LEAD) AWARD

RFA AVAILABLE: 87-AG-05

P.T. 34; K.W. 0715180, 0710010, 0710030

National Institute on Aging

Application Receipt Date: November 23, 1987

BACKGROUND

The U.S. Congress, through 42 U.S.C. 11231 ( P.L. 99-660, section 931) has authorized the National Institute on Aging (NIA) to make one or more awards to senior researchers who have made distinguished achievements relating to Alzheimer's disease (AD) and related dementias. Awardees would be expected to use some of the funds provided them to support and develop exceptionally promising junior researchers who are working on AD or related dementias.

PROGRAM OBJECTIVES AND SCOPE

The objectives of this program are to help strengthen the capabilities of established senior investigators who have distinguished records in biomedical research on AD, by providing up to seven years of support, thus allowing the recipients the time to devote to research and the development of outstanding less established biomedical investigators who are interested in working on AD and related dementias.

The senior scientist is to be the focal point of this award. That individual is to provide leadership on research in AD and related dementias of aging. Relevant activities are provision of encouragement and assistance to other faculty members so that they may integrate issues of aging and AD and other related dementias into their research and teaching, organization and conduct of research and development of courses on these issues, recruitment and development of junior investigators, and integration of AD-related activities among and within the various units of his or her institution. This individual should have the active and continuing support of the principal executive officials of the institution, and the institution should be strongly committed to the objectives of this program. Prospective awardees must demonstrate a strong commitment to and history of research on AD and related dementias of the aged.

It is hoped that this award will stimulate the recipient institution(s) to develop substantial continued support such as endowed chair(s) for AD and related dementias of aging when this award is terminated.

In developing their proposals, applicants must include the following three components:

A. Salary support for the applicant. The primary intention of this component is to provide continued and stable salary support for the duration of the award, thus permitting the awardee time to devote to the goals of this award while being relieved of other competing responsibilities.

B. Salary support for at least one but not more than three junior researchers who demonstrate exceptional promise to conduct research in the area of aging and AD and related dementias. The primary intention of this component is to provide continued and stable salary support for the duration of the award to outstanding and promising junior investigators who would have the opportunity to develop as researchers under the close tutelage of the senior awardee.

C. Research Support. The primary intention of this component is to support the research program(s) of the senior investigator in the following ways:

- o Expansion of the scope of currently funded research into new lines of inquiry through novel techniques or approaches and by the addition of personnel.
- o Support or expansion of the research of the junior investigator(s) for up to three years.
- o Support of innovative or opportunistic research on aging and AD and related dementias as pilot studies for no more than two years.

#### REVIEW PROCEDURES AND CRITERIA

All applications responding to this RFA will be reviewed for scientific technical merit by an IRG which will be convened by the NIA. The following factors will be considered in the evaluation of each application:

- o Scientific merit of the research.
- o Background, productivity, and commitment of the applicant investigator in the area of aging and AD and related dementias.
- o Likelihood of award to foster expansion and break new ground in AD research. Exploration of innovative ideas is encouraged over a simple continuation of previous lines of inquiry.
- o Likelihood of continued productivity and innovation.
- o Ability to foster development of junior faculty and researchers.
- o Plan of research development of the junior investigator(s).
- o Commitment of the institution to strengthening its research and other activities in AD and other dementias of aging.
- o Scope and nature of activities to enhance research in these areas.

#### SPECIAL INFORMATION

- o The NIH and ADAMHA urge applicants for grants and offerors for contracts to give added attention (where feasible and appropriate) to the consideration of minorities and women in research into the etiology of diseases, research in behavioral and social sciences, clinical studies of treatment and treatment outcomes, research on the dynamics of health care and its impact on disease, and appropriate interventions for disease prevention and health promotion. If minorities are not included in a given study, a clear rationale for their exclusion should be provided.

#### METHOD OF APPLYING

The application must be submitted on the 9/86 revision of form PHS 398, the application for the traditional research-project grant. To identify these applications as being in response to the RFA, check "yes" on item 2 of page 1 of the application and enter the title: "Leadership and Excellence in Alzheimer's Disease" and the RFA number 87-AG-05.

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

Applications must be received by November 23, 1987 for earliest starting date of July 1, 1988. If received late, the application will be returned without review. Up to five awards may be granted based upon availability of funds and the number of meritorious applications.

Applicants are encouraged to obtain supplemental information and to discuss their plans with and direct any other inquiries to:

Associate Director  
Neuroscience and Neuropsychology of Aging Program  
National Institute on Aging  
National Institutes of Health  
Building 31 - Room 5C27  
Bethesda, Maryland 20892  
Telephone: (301) 496-9350

Application kits may be secured from institutional offices of grants and contracts or from:

Office of Grants Inquiries  
Division of Research Grants  
National Institutes of Health  
Westwood Building - Room 449  
5333 Westbard Avenue  
Bethesda, Maryland 20892

Mail the complete application and four copies to:

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

To expedite review, two exact copies should be sent to:

Dr. Marvin Kalt  
Scientific Review Office  
National Institute on Aging  
National Institutes of Health  
Building 31 - Room 5C12  
Bethesda, Maryland 20892

DEVELOPMENT, VALIDATION AND APPLICATION OF BIOCHEMICAL  
MARKERS OF HUMAN EXPOSURE OR SUSCEPTIBILITY FOR USE IN  
EPIDEMIOLOGIC STUDIES

RFA AVAILABLE: 87-CA-34

P.T. 34; K.W. 0715035, 0785055, 1003002

National Cancer Institute

Letter of Intent Receipt Date: November 16, 1987  
Application Receipt Date: December 10, 1987  
Start Date: July 1, 1988

The Division of Cancer Etiology (DCE), National Cancer Institute (NCI), invites applications for cooperative agreements to further the effective use of biochemical markers as exposure or susceptibility indices in future epidemiologic studies. Although the awards will be made and managed by the NCI, staff involvement and participation in funding on the part of the National Institute for Occupational Safety and Health (NIOSH), the National Institute of Environmental Health Sciences (NIEHS) and the Environmental Protection Agency (EPA) is anticipated.

The purpose of this announcement is to solicit applications directed toward the further development of biochemical markers of exposure or susceptibility to increase the power of epidemiologic studies in which they can be utilized. It is hoped that the findings from such studies would be widely applied by the epidemiologic research community in the design of future studies.

The specific objective of the initiative is to encourage investigations designed to develop, characterize, validate and apply biochemical markers of human exposure (which has occurred in the recent or distant past) or susceptibility, which would be useful in the conduct of epidemiologic studies.

Applications funded under this RFA will be supported through the cooperative agreement mechanism. An assistance relationship will exist between federal staff and the awardees to accomplish the purpose of the activity. As more completely described in the RFA, the recipients will be totally responsible for the development and conduct of the research. Involvement of staff members of the Federal organizations specified above will be non-directive and will not, under any circumstance, control the research activities to be carried out. It will be limited to 1) consulting on proposed methodologies to maximize their epidemiologic utility, 2) providing a resource of information on the extent and distribution of exposures, 3) providing information on, and access to, cohorts of individuals which could provide material for methods development and validation, and 4) facilitating the exchange of information and materials among the awardees. Non-profit and for-profit organizations and institutions may apply. It is anticipated that about six (6) awards will be made under this RFA.

Copies of the complete Request for Applications and additional information may be obtained from:

A.R. Patel, Ph.D.  
Extramural Programs Branch  
Landow Building, Room 8C16  
National Cancer Institute  
Bethesda, Maryland 20892  
Telephone: (301) 496-9600

### ONGOING PROGRAM ANNOUNCEMENTS

#### EPIDEMIOLOGIC STUDIES OF CHRONIC FATIGUE SYNDROME

P.T. 34; K.W. 0715125, 0755030, 0785055, 0785035, 1002045, 0710070, 0785110

National Institute of Allergy and Infectious Diseases

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

#### I. PURPOSE

The National Institute of Allergy and Infectious Diseases invites investigator initiated research grant applications to study the epidemiology of chronic fatigue syndrome and chronic Epstein-Barr virus infection--commonly called "CEBV"--to advance understanding of the prevalence, etiology and natural history of these syndromes. Interest is focused on the role of viruses in etiology. Support will be through individual research grants.

#### II. DISCIPLINES AND EXPERTISE

The complexity of the problem is such that an interdisciplinary approach will be required. Although NIAID's interest is primarily in cases with infectious disease etiology--especially viral disease, basic epidemiologic data are needed to properly estimate the proportions of patients presenting with symptoms of chronic fatigue who have malignant, metabolic, psychiatric or other underlying chronic disease which could account for the symptoms. To establish appropriate differential diagnostic algorithms, expertise will be needed in epidemiology, medicine, virology, immunology, neurology and psychiatry.

#### III. BACKGROUND

Epstein-Barr virus (EBV) is the major cause of acute infectious mononucleosis. Once infected with EBV, persons harbor the virus for life and may experience clinical exacerbations if immunosuppressed.

Infectious mononucleosis patients usually recover within a few weeks, but a few patients continue to experience symptoms-- notably fatigue, intermittent sore throat, tender lymph nodes and fever--for months, even years. Thus, chronic active EBV infection has been recognized for a long time as a rare sequela of infectious mononucleosis.

Recently, increasing numbers of persons with symptoms compatible with persistent infectious mononucleosis, both with and without a clinical history of infectious mononucleosis at some time in the past, are being diagnosed as having possible chronic EBV infection. Previously such persons were often diagnosed as having sporadic neurasthenia or chronic fatigue syndrome. Occasionally, outbreaks of this syndrome were reported and the label epidemic neurasthenia was often used.

Chronic fatigue syndrome has caused great anguish to patients because of the nonspecific, yet debilitating character of the illness. In the absence of clear clinical signs and known etiology, patients may be inappropriately labeled as suffering from depression or neurosis.

The notion that the illness is caused by EBV is being widely publicized. Unfortunately, chronic EBV infection cannot be diagnosed legitimately in most cases, because ordinary laboratory tests do not discriminate between those who carry the virus without clinical disease, those with chronic fatigue, and those with documented reactivated infections. Some patients previously thought to have had CEBV subsequently have been found to be seronegative.

Despite these problems, accumulating evidence indicates that EBV may be etiologically relevant in an as yet undetermined fraction of cases. Of particular interest are recent research reports which indicate that reactivated infections may be associated with selective deficiency in antibody to EBNA-1, an EBV nuclear antigen critical for maintenance of viral latency in infected cells. A small subset of patients presenting with chronic fatigue syndrome have a similar antibody pattern. These findings not only indicate an etiologic role for EBV in certain cases of chronic fatigue syndrome, but also suggest the possibility that other latent, reactivatable viral infections might play a similar role.

Research on patient subsets most likely to be etiologically related to EBV or other viruses is hampered by the increasing frequency with which the label of chronic EBV infection is being applied and the diversity and lack of rigor of diagnostic criteria being used. This dilutes the patient study populations with cases of diverse etiology and confounds attempts to develop meaningful discriminatory tests for viral associated disease.

#### IV. RESEARCH OBJECTIVES AND SCOPE

Scientifically sound population-based epidemiologic studies of chronic fatigue syndrome are needed in order to assess the burden in the general population and to provide an appropriate population in whom viral immunologic comparisons can be made. Clearly specified inclusion and exclusion criteria for case definition will be essential from the outset. Comprehensive clinical and laboratory studies in a representative sample of the case population are needed to estimate the proportion that may be due to reactivated EBV or to investigate other possible infectious etiologic associations. Of particular interest is the recently isolated lymphotropic herpesvirus, HBLV, also called human herpes virus type 6. The possible role of dual infection in etiology should be considered. Reported gender differences also merit evaluation.

In-depth studies of patient subgroups well defined either clinically or on the basis of virologic parameters should include assessment of immunologic integrity.

#### V. MECHANISMS OF SUPPORT AND REVIEW PROCEDURE

Support for this announcement will be through the traditional research project grant (R01). Applications in response to this announcement will be reviewed in competition with other applications and in accordance with the usual National Institutes of Health peer review procedures. The initial review for scientific and technical merit will be made by an appropriate review group of the Division of Research Grants, NIH; secondary review will be by an appropriate National Advisory Diseases Council. Funding decisions will be based upon relative scientific merit, program relevance, and the availability of appropriated funds.

#### VI. APPLICATION PROCEDURE

Applications will be accepted in accordance with the receipt dates listed above and should be submitted on form PHS 398 (rev. 9/86). Application kits are available in the business or grants and contracts offices of most academic and research institutions or may be obtained from:

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

On the first (face) page, item 2, of the application, the word "Yes" should be checked and the phrase "NIAID PROGRAM ANNOUNCEMENT ON EPIDEMIOLOGY OF CHRONIC FATIGUE SYNDROME" should be typed in the space provided.

The original and five copies 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\*\*

One exact copy of the application should be sent to the staff person listed below.

#### VII. STAFF CONTACT

Investigators are encouraged to contact:

Ann Schluederberg, Sc. D.  
Virology Program Officer  
Bacteriology and Virology Branch  
National Institutes of Health  
Westwood Building, Room 736  
Bethesda, Maryland 20892  
Telephone: (301) 496-7453

This program is described in the Catalog of Federal Domestic Assistance No. 13.856, Microbiology and Infectious Diseases Research. Awards will be made under the authority of the Public Health Service Act, Title III, Section 301 (Public Law 78-410, as amended; 42 USC 241) and administered under PHS grant policies and Federal Regulations 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.