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The GUIDE is published at irregular intervals to announce scientific initiatives and to provide policy and administrative information to individuals and organizations who need to be kept informed of opportunities, requirements, and changes in grants and contracts activities administered by the National Institutes of Health.

Supplements, printed on yellow paper, are published by the respective awarding units concerning new projects, solicitations of sources, and requests for proposals.

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RESEARCH GRANT APPLICATIONS RELATIVE TO THE
MANAGEMENT OF SEVERE VISUAL IMPAIRMENT
SOUGHT BY THE NATIONAL EYE INSTITUTE

ANNOUNCEMENT

The National Eye Institute is interested in the support of laboratory and clinical research which will have an impact on the management of severe visual impairments. Applications may include scientific investigations directed at improved diagnostic characterization of impairment, disability, or capability; scientific investigations to evaluate new, as well as current, techniques for the management of the disabilities of individuals with severely compromised visual function; and scientific investigations to evaluate new techniques for improving visual, visual-motor, and mobility performance. Studies which have the potential for increasing our knowledge of visual function in health and disease or which involve the application and evaluation of laboratory methodologies and findings in the clinical research setting are particularly desired.

A conventional definition of severe visual impairment is the inability to read ordinary newsprint using both eyes even with glasses. The United States population of individuals with such disability has been estimated as approximately 1.5 million persons (Vision Research - A National Plan: 1978-1982, DHEW Publication NIH 78-1258). The principal causes are the retinal diseases (e.g. macular degeneration, diabetic retinopathy, retinitis pigmentosa, retrolental fibroplasia), glaucoma, cataract, diseases of the optic nerve or muscles, and corneal disorders. In addition, many other pathological conditions, such as multiple sclerosis and stroke, and trauma due to accident, may also have as their end result disabling visual loss short of total blindness.

The National Advisory Eye Council in its recent report Vision Research - A National Plan identified the need for additional research directed toward objectives in visual rehabilitation. In addition, the workshop on "Research Opportunities Relevant to the Management of Severe Visual Impairment," sponsored by the National Eye Institute in June 1977, focused on recent advances and current needs in the areas of rehabilitation of the low-vision individual. Examples of research opportunities identified by the Council and the workshop participants were:

1. Better Diagnosis of Visual-System Impairments and Improved Characterization of Residual Vision. Understanding of the

This announcement is made under authority of Section 451 of the Public Health Service Act as amended (42 USC, Ch. 6A, subch. III). National Eye Institute research grants are administered in accord with law, regulation, and policy as described in the Public Health Service Grants Policy Statement, October 1, 1976 [DHEW Publication (OS) 77-50,000] and Addendum [DHEW Publication (OS) 77-50,000-A].

functional losses that result from given types of anomalies at specific loci should permit substantial progress in developing specific measures to aid the visually impaired. Suitable batteries of tests, in addition to routine Snellen acuity and visual field tests, need to be designed and validated to properly assess and measure functional vision of partially-sighted individuals.

2. Development and Evaluation of Special Devices and Techniques to Improve Visual Performance of Patients with Specific Optical or Retinal Irregularities.
 - a. Studies are needed to determine the proper balance of brightness, contrast, color, and border contours to give the best possible functional vision in various eye disorders.
 - b. There is great need for research directed at improving the use of peripheral retina for patients with damage to the macula, the portion of the retina that normally makes finely-detailed vision possible.
 - c. Special contact lenses for patients with highly irregular corneas or with other severe optical distortions require development and evaluation.
 - d. Various visual-field enhancers or magnification devices need to be evaluated for specific visual impairments. Contrast, brightness, and other parameters need to be considered in these evaluations. Use of reasonably priced electronic transfer devices, such as units which incorporate closed-circuit television systems, may speed the transition from evaluation to application.
 - e. Laser-generated patterns have been used to penetrate some ocular opacities. The parameters of stimulation required to penetrate various ocular opacities (e.g. corneal scars, cataracts, vitreous hemorrhage) need to be determined.
3. Development and Clinical Trials of Special Devices and Techniques to Improve Mobility and the Performance of Jobs and Skills. Included are sight-substitution systems and various mobility aids. Of particular need is the development of task-oriented tests which are valid and reliable predictors of performance in real life demand situations. Specially constructed simulated environments may prove useful for this purpose.
4. Assessment of Visual Functions in the Infant and Young Child. Visual impairment needs to be detected at the earliest possible time if remedial therapy is to be developed that will have maximal effectiveness in preventing further visual loss during development. Improved detection awaits the availability of normative information about the development of visual capabilities and special techniques may be required for testing infant vision.

The National Eye Institute wishes to encourage further research and development on these as well as other methods and approaches for the prevention, evaluation, and management of severe visual impairment. Applications are invited from investigators in all relevant disciplines. Applications including collaboration between professionals involved in the laboratory and clinical sciences are particularly encouraged, as are those from institutions with populations of partially-sighted individuals suitable for research purposes.

National Institutes of Health peer review procedures will be followed for all responses to this announcement. Applicant must use the regular research grant application (form PHS 398) and should type at the top of the face sheet of the application "SUBMITTED IN RESPONSE TO NEI PROGRAM ANNOUNCEMENT RESEARCH RELATIVE TO SEVERE VISUAL IMPAIRMENT." The completed application should be mailed to:

Division of Research Grants
Room 240, Westwood Building
National Institutes of Health
Bethesda, Maryland 20014

where it will then be assigned for consideration and review according to the NIH referral guidelines for research grants. The scientific quality and the technical merit of all applications will be evaluated by a National Institutes of Health Study Section and by the National Advisory Eye Council. Approved applications will compete for available funds with all other approved applications assigned to the National Eye Institute. Potential applicants are encouraged to communicate with National Eye Institute staff early in the process of preparing applications.

Application receipt dates are March 1, July 1, and November 1 of each year. Applications received after any one receipt date are considered and reviewed together with those received by the next receipt date. The earliest possible award date is approximately nine months after receipt date.

Inquiries concerning this announcement may be addressed to:

Sensory and Motor Disorders of Vision
and Rehabilitation Program
Scientific Programs Branch
National Eye Institute
National Institutes of Health
Room 6A52, Building 31
Bethesda, Maryland 20014

Telephone: (301) 496-5985

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

ANNOUNCEMENT

TITLE: *PLANNING MODEL CANCER PREVENTION PROGRAMS AT THE
COMMUNITY LEVEL*

NIH-NCI-DCCR-78-1

The Division of Cancer Control and Rehabilitation (DCCR) of the National Cancer Institute is inviting grant applications from interested investigators for the purpose of developing cancer prevention programs in environmental carcinogenesis.

This type of solicitation (the RFA) is utilized when the Division wishes to stimulate investigator interest in a particular area that is important to the National Cancer Program. Unlike the Request for Proposals (RFPs), the RFA is supported through the customary NIH-grant-in-aid and is governed by the policies for investigator-initiated grants. All applications in response to the RFA will be reviewed by an appropriate peer review group of NIH. Approved applications that receive grant awards will be administered in the same fashion as all NIH grants.

Applications should be prepared in accordance with the aims and requirements which are described in the following sections.

I. PROGRAM SPECIFICATIONS

- A. Division of Cancer Control and Rehabilitation
- B. Objectives
- C. Scope of this Solicitation
- D. Mechanisms of Support

II. METHOD AND CRITERIA FOR REVIEW

- A. Review Procedures
- B. Review Criteria

III. METHOD OF APPLYING

- A. Letter of Intent
- B. Application Format
- C. Application Procedure

Letters of intent to submit proposals are requested one month prior to the deadline date for receipt of applications. The deadline dates are March 1, 1979 and July 1, 1979. Questions concerning this announcement should be directed to Dr. Marcia Litwack at (301) 427-7993.

I. PROGRAM SPECIFICATIONS

- A. DCCR DCCR has the principal Federal responsibility for assuring the rapid and effective application of cancer research findings in the fields of prevention, detection, diagnosis, pretreatment evaluation, treatment, rehabilitation, and continuing care. Its goal is to develop the means to reduce the incidence, morbidity, and

mortality from cancer through the identification, field testing and demonstration of effective, practical cancer control knowledge and techniques. Emphasis is on innovation, demonstration, and dissemination to ensure the most effective use of existing resources and knowledge. By means of this RFA, DCCR wishes to encourage innovative approaches to the development of model cancer programs in environmental carcinogenesis.

- B. Objectives In view of the increased awareness of the problems of exposure of sizable populations to both environmental and occupational carcinogens, the intent of this RFA is to stimulate interest and planning of cancer prevention programs at the community level. Among its objectives are the identification of community needs in cancer prevention followed by development of approaches for meeting these needs that can serve as models for future efforts. The community is defined here as the area within which the programs will be implemented, that is, the program delivery and impact area. Since DCCR is precluded from supporting basic or clinical research except in rehabilitation, approaches should utilize or adapt existing knowledge and technology relating to cancer prevention and control. Prevention is being defined here in its broadest sense, ranging from elimination of exposure where possible to detection and diagnosis and includes public and professional education programs. What is desired is the application of the principles of preventive medicine to community needs in the prevention of cancer. Such programs, to be effective and well-coordinated, should utilize multi-disciplinary approaches and should involve the cooperation of institutions, organizations, and interested groups within the community. Organizations responding should have established oncology and preventive medicine programs.
- C. Scope of this Solicitation Applicants should address all of the following points, although support is not limited to items:
1. A specific and well-defined environmental or occupational cancer prevention problem. An example would be a population exposed to environmental carcinogens that are amenable to development of a prevention program. A brief description should be included covering present knowledge of exposed population, such as its cancer incidence, morbidity and mortality, extent of exposure, demographic characteristics, etc., and methods by which additional information will be collected and utilized.
 2. Brief description of possible approaches to the solution of the problem. The proposed strategies should utilize or adapt known methods and procedures and, where indicated, new approaches to the particular problem should be identified. Among the components that might be considered in developing strategies are: epidemiology, worker and community and professional educational programs, detection and diagnosis, etc. Other points for consideration in developing a prevention program could be: how to inform people that they might be at risk, where they should go once they are informed, and defining

community responsibilities in a program of this type. The proposed plan should describe and utilize available resources in the community. In addition to health organizations and services, the program planning efforts should involve other types of community groups, such as labor organizations, business and professional groups, etc. It must be emphasized that DCCR supports demonstration programs, rather than those of long-term duration. Therefore, mechanisms for obtaining long-term support should be included in all programs intended to continue indefinitely, and development of long-term institutional commitments to the program should be included as part of the plan.

3. Description of the evaluation plan. An evaluation component must be built into all prevention programs. The plan should address evaluation of the day-to-day activities as well as the impact of the program as outlined in the statement of program goals and objectives. Included should be a timetable and suggested milestones.

Award of a grant under this solicitation to a given institution or organization neither implies nor guarantees favorable action on any subsequent application for a demonstration grant. Only applications for planning grants will be considered under this solicitation.

- D. Mechanisms of Support The support mechanism for this program will be the traditional NIH grant-in-aid; successful applicants will plan and execute their own programs. Upon initiation of the program, the DCCR will sponsor two workshops to be held in Bethesda to encourage exchanges of information between investigators participating in this program. Although this program is included and provided for in the financial plans for fiscal year 1979, award of grants pursuant to this request for applications is contingent upon availability of funds for this purpose. The following will not be considered under the scope of this RFA.

- programs where the primary emphasis is mass screening, e.g. breast and cervical cancer screening projects.
- development of tumor registries.

II. METHOD AND CRITERIA FOR REVIEW

- A. Review Upon receipt, applications will be reviewed by the Division of Research Grants (DRG) and the NCI staff for responsiveness to this announcement. If application is judged unresponsive, the applicant will be given an opportunity to withdraw the application or to submit it for consideration in the traditional grant program of NIH. Applications judged responsive will be reviewed initially for scientific merit by an NIH peer review group and secondly by the National Cancer Advisory Board.
- B. Review Criteria The factors considered in evaluating each application will be:

1. Relevance of the proposal to the scope and objectives provided in this announcement.
2. The merit of the proposed approaches to the problem.
3. The expertise and qualifications of the proposed staff.
4. Sufficient commitment of time by the proposed staff.
5. Evaluation plan and timetable.

III. METHOD OF APPLYING

- A. Letter of Intent Each prospective applicant should submit a letter of intent containing a brief description of the proposed project. Due dates are:

<u>Letters of Intent</u>	<u>Applications</u>
February 1, 1979	March 1, 1979
June 1, 1979	July 1, 1979

In addition to the solicitation dates listed, applications already in preparation will be considered for the November 1, 1978, deadline.

The Letter of Intent should be addressed to:

Dr. Marcia D. Litwack
Program Director for Prevention
National Cancer Institute
Room 719, Blair Building
Bethesda, Maryland 20014

Telephone: (301) 427-7993

Such letters provide an indication of the number and nature of applications, are not binding, and will not enter into the review of any proposal submitted.

- B. Format for Applications Applications should be submitted on Form PHS-398. The conventional presentation for grant applications should be utilized and the points identified under the Review Criteria must be fulfilled.
- C. Application Procedure The standard procedures for submitting grant applications to DRG should be followed. A brief letter should accompany the application indicating that it is in response to the Program Announcement: NCI PROGRAM DEVELOPMENT OF MODEL CANCER PREVENTION PROGRAMS. The words, "CANCER CONTROL," and the RFA number should be typed in block letters in the upper right hand corner of the first page of the application. A copy of the covering letter should be sent to:

Dr. Marcia D. Litwack
Program Director for Prevention
National Cancer Institute
Room 719, Blair Building
Bethesda, Maryland 20014

to indicate that the application has been submitted.

AVAILABILITY OF
BIOTECHNOLOGY RESOURCES DIRECTORY (REV.)
DIVISION OF RESEARCH RESOURCES

NOTICE

The directory describing the biotechnology resources of NIH's Division of Research Resources (DRR) has been completely revised and is available free.

Titled *Biotechnology Resources, A Research Resources Directory, Revised 1978*, the 60-page booklet identifies 46 current DRR grantee facilities which may be used by biomedical researchers. These resources provide the national biomedical community with new technologies and processes for the conduct of biomedical research investigation.

Facilities supported by the Biotechnology Resources Program include large-scale and mini-computer systems, biochemical and biophysical instruments (mass spectrometers, nuclear magnetic resonance spectrometers, electron spin resonance spectrometers), million-volt electron microscopes, electron microprobes, biomedical engineering technologies, and production of biochemical and cellular materials.

To guide prospective users in identifying potential sources of research assistance, the *Directory* details the instruments, services, and current research applications at the individual resources. Complete names, addresses, and phone numbers of the Principal Investigators and User Contact Persons are also included.

A geographical index is provided, listing available resources by state, and within each state.

A single free copy of *Biotechnology Resources, A Research Resources Directory, Revised 1978*, may be secured by writing to the Research Resources Information Center, 1776 East Jefferson Street, Rockville, Maryland 20852, or by request from the Office of Science and Health Reports, Division of Research Resources, National Institutes of Health, Bethesda, Maryland 20014.

AVAILABILITY OF

NEW SCIENCE EDUCATION BOOKLET, *INSIDE THE CELL*,

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

NOTICE

A new NIH science education booklet, *Inside the Cell*, authored by writer Maya Pines in collaboration with NIGMS staff and leading scientists, has been published by the National Institute of General Medical Sciences.

The booklet is the second in a series entitled "A New Medical Science for the 21st Century," through which the NIGMS communicates with the lay public as to how major advances in research basic to medicine lead to better health.

Inside the Cell consists of 96 pages with more than 50 illustrations. It deals with the investigative methods of modern cell biology and the new understanding of the structure and function of living cells that these methods have made possible. Separate chapters are devoted to the principal organelles of the cell, such as the nucleus, ribosomes, and endoplasmic reticulum, the Golgi apparatus, lysosomes, and mitochondria. Special emphasis is given to the surface or plasma membrane, through which a cell regulates so precisely its own internal environment.

Knowledge of the cell is crucial in medicine inasmuch as cells are the basic functional units of the body. Most if not all forms of serious human disease therefore involve the dysfunction or death of cells vital to the body's integrity.

As the Nobel Prize laureate Christian de Duve put it, "We are sick because our cells are sick. We cannot make ourselves well unless we know what is happening inside our cells."

Single copies of the booklet can be obtained without charge from the NIGMS Office of Research Reports. The Institute expects that *Inside the Cell* will be of special value to life science teachers and students, particularly at the high school level.

Others will also find it useful as a summary of new developments in one of the most rapidly advancing areas of the health sciences.

The first booklet of the NIGMS "New Medical Science" series, *The New Human Genetics*, also authored by Ms. Pines, concerns the use of cultured human mutant cells to facilitate research on genetic diseases. Still another in the series, now in preparation, will be devoted to new discoveries in pharmacological research.

CORE CENTER GRANTS,
NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM,
AND DIGESTIVE DISEASES



The National Institute of Arthritis, Metabolism, and Digestive Diseases wishes to expand and clarify three of the items in its Core Center Grant Administrative Guidelines, issued in May 1977. This announcement expands Item I, Introduction, replaces Item IV, Section (a) - Core Units and (b) Pilot and/or Feasibility Studies and also incorporates the previous notice of correction, dated June 9, 1978, in Vol. 7, No. 8, p.4, of the *NIH Guide for Grants and Contracts*. Copies of the latest edition of the Core Center Grant Administrative Guidelines, which incorporates the information included in this announcement, may be obtained by writing to:

Dr. George T. Brooks
Associate Director for Extramural
Activities Program
National Institute of Arthritis, Metabolism,
and Digestive Diseases
Room 637, Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20014

Telephone: (301) 496-7277

The Core Center grant is intended to provide support for the integration, focus, and cohesion of a group of related projects which are already active and funded through other mechanisms. To accomplish this, it provides support for core resources and funds for feasibility studies. Applications for the Core Center grant are received in accordance with dates provided at the time a specific announcement is made by the NIAMDD in the *NIH Guide for Grants and Contracts*. Additionally, applications for Core Center grants may be submitted to the NIAMDD for projects in areas other than those specifically announced in the *NIH Guide for Grants and Contracts*. Investigators interested in submitting an unsolicited application are urged to consult with NIAMDD staff before initiating the application in order that they can be made fully aware of their eligibility, the Institute's interest, and the funding possibilities for the proposed Core Center. Regardless, no Core Center grant application will be accepted unless preceded by a letter of intent.

Item IV (a), Core Units, is changed to read as follows:

A Core Center grant may support more than one core facility, such as an administrative unit, an animal facility unit, a tissue culture unit, or a clinical unit. The degree to which a core facility will be utilized by and benefit individual projects and investigators or further the goals of the Center is an important consideration. At least two or more investigators with independently funded projects (not including pilot or feasibility studies) is the minimum requirement for the establishment

of a core facility. A core may perform a limited amount of developmental work but may not engage in research undertakings.

Each Core Center may have a core for administration. The applicant should propose other core facilities which are intended to benefit and strengthen the various components of the Center. Some examples of other cores are:

- (1) A shared resource which significantly impacts on the economy, both in the effort and expense of performing some task. Examples would be a core facility to perform radio-immune assays, a core facility for tissue culture, or basic computer costs;
- (2) A shared resource for equipment which one investigator could not justify in his own individual research grant, but for which justification exists in the needs of several investigators;
- (3) Contracts for equipment maintenance and reproduction services.

There are, of course, other types of cores, but the concept of a shared resource for already-funded individual investigators should be the goal toward which one strives. The application should clearly state the objectives in establishing the core and delineate the benefits to be derived from the core. Pilot or feasibility studies cannot be used as sole justification for the establishment of a core. Separate budget pages should be prepared for each proposed core. The applicant is required to complete Exhibit IV for each proposed core (copy attached). This Exhibit identifies users of each core, the nature of the support activities and the frequency of use.

Item IV (b), Pilot and/or Feasibility Studies, is changed to read as follows:

In order to encourage investigators with diverse scientific expertise to work together in developing new studies and exploring the feasibility of possible new leads or pilot studies, a direct cost item may be included in the Core Center grant. Pilot and feasibility studies should not be used for the extension of ongoing funded research. These are primarily for young investigators without current research support, for established investigators who are proposing projects which constitute a significant departure from their ongoing research, or for established investigators in other fields who are proposing projects in which they will transfer their special expertise to the research focus of the Center.

The specific projects proposed to utilize these funds initially must be described using the format for a regular research grant proposal, including a separate budget page for each project. Through the various internal review mechanisms set up within the Core Center grant, the Center Director must insure the scientific quality of these endeavors and must describe each project so supported in his annual review. Any additional or replacement studies must be reviewed by the Advisory Committee for approval for funding. They must subsequently be described in the annual report. Funds for feasibility studies may be budgeted using the same budget categories as those of a regular research grant. Each pilot or feasibility study may be supported for no more than three years. Though there is no dollar limitation on the amount that may be requested for pilot or feasibility studies, the amount awarded is determined on the basis of the studies which have been approved.

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

NATIONAL INSTITUTE OF ALLERGY AND

INFECTIOUS DISEASES

ANNOUNCEMENT

TITLE: *ASTHMA AND ALLERGIC DISEASE CENTERS* NIH-NIAID-13.855

The National Institute of Allergy and Infectious Diseases (NIAID) invites applications for grants to be initiated during FY 1980 for participation in the ongoing Asthma and Allergic Disease Centers (AADC) Program.

- I. PROGRAM SPECIFICATIONS
- II. METHOD AND CRITERIA FOR REVIEW
- III. METHOD AND CRITERIA FOR APPLYING

ASTHMA AND ALLERGIC DISEASE CENTERS

I. PROGRAM SPECIFICATIONS

A. The Allergy and Clinical Immunology Branch

The Allergy and Clinical Immunology Branch of the Immunology, Allergic and Immunologic Diseases Program of NIAID sponsors fundamental and clinical research grants and contracts and the procurement and application of research resource and reference reagents concerned with asthma, allergic and immunologic diseases and with relevant mechanisms of hypersensitivity and inflammation. This request for applications is intended to encourage the development of proposals from clinical investigative groups meeting the criteria and requirements for an AADC and to coordinate the submission of new and renewal applications providing equitable opportunity for both to compete for funds currently available for this programmatic activity.

B. The AADC Program

Since its inception in 1971, the AADC Program has progressively expanded with the gradual addition of new Centers on an open application basis. In accordance with newly established policy (*NIH Guide for Grants and Contracts*, Vol. 7, No. 8, p. 1, June 9, 1978), proposals for AADCs can now be received only periodically and at designated times. Applications for both renewal of existing AADCs and creation of new Center programs will be expected to compete for funds available through the periodically announced awards.

The AADC Program currently consists of 15 Centers. Each year several are scheduled to terminate and compete for renewal. During FY 1980, NIAID expects to make 4 AADC grant awards.

NIAID's fundamental objective in continuing the AADC Program remains unchanged: acceleration of the application of emerging knowledge on the immune system and from relevant biomedical sciences to clinical investigations concerned with asthma, allergic diseases and hypersensitivity disorders. Especially sought as the requisite factors within a participating institution are quality research in (a) basic science(s) and clinical investigation supported by adequate clinical facilities, staff expertise in diagnosis and management of asthmatic and allergic patients, and access to (an) appropriate patient population(s) within a suitable academic/investigative setting designed to favor multidisciplinary interaction.

C. Program Features and Scope

1. Indication by the sponsoring university or medical institution of willingness and preparedness to commit resources to insure development, operation, support, and function of the proposed Center in devoting its efforts to an identified study on asthma and/or allergic disease is a fundamental prerequisite.
2. The applicant's achievements in basic science research should have reached that stage of development where experimental leads are sufficiently encouraging to warrant transition from promising laboratory findings to corresponding investigations at the clinical level with the ultimate goal of developing new and improved methods for diagnosis, prevention, and treatment of asthma and/or the other allergic diseases.
3. A prospective Center should be in a position to present evidence of experience, orientation, laboratory and clinical facilities, scientific and professional staff, support personnel and the expertise to design proposals, execute protocols representing a multifaceted long-term approach and bring diverse institutional strengths to bear upon the study of major problems in asthma, other (of the) allergic disease(s) and/or pathophysiologic mechanisms underlying these disorders.
4. Suitable subjects for study within the provisions of this program may include those relevant to:
 - a. Asthma and its multifactorial aspects
 - b. Atopic diseases (e.g. allergic rhinitis, urticaria, atopic dermatitis)
 - c. Identification, isolation, and characterization of etiologic agents of allergy (e.g. drugs, chemicals, foods, airborne allergens)
 - d. Pathologic expressions, pathophysiologic mechanisms, and genetic factors of allergic disease and allergic inflammation

- e. Immune mechanisms and agents of immediate hypersensitivity and of related hypersensitivity manifestations of antigen-antibody reactions or cell mediated immunity (e.g. hypersensitivity pneumonitis, allergic dermatitis, vasculitis, allergic gastroenteritis, drug reactions) and the development of corresponding improved diagnostic materials and methods
 - f. Immunopharmacology, immunotherapy, and the development of specific pharmacologic agents designed for prevention and treatment of asthma and the other allergic diseases.
5. Study of animal models will be considered acceptable as a partial segment or adjunct to a Center's program only if this line of research is applicable to the character of the primary investigation of asthma or the human allergic disease central to the proposal.
 6. Designation of a Center Director should be based upon accomplishment and experience as a senior scientist and ability to assume both leadership of the investigative group and responsibility for scientific, professional, and administrative functions.
 7. More than one delineated avenue of research may be pursued within a Center with provision for unified operation and coordination of component projects and collaborative investigators.
 8. A Center should not rely upon its ability to conduct research activity solely within the confines of a single discipline, but rather should have established the associations to involve participation by workers in the pertinent biomedical fields and medical specialties allied to asthma, allergy, and clinical immunology (e.g. immunobiology, biochemistry, microbiology, genetics, pathology, respiratory and neurophysiology, pharmacology, biostatistics, bioinstrumentation and computer science; and the clinical subspecialties, e.g. dermatology, rheumatology, infectious diseases, pulmonary medicine, hematology, otorhinolaryngology).
 9. The Center Director will be expected to communicate freely with the NIAID and other designated Centers for effective exchange of new information, to interact with scientists working in other Centers on related investigative problems, and to present progress reports and share experimental data with other Centers through exchanges and attendance at NIAID sponsored meetings of study groups and AADC workshops.

D. Grant Support

Support of an AADC project will be limited to a maximum of five years, requiring subsequent submission of a competing application in accordance with the provisions of the RFA issuance effective for the renewal year.

Grant funds may be utilized to support the research activities of scientific and professional personnel, administration, consultation services, central support services, equipment, supplies, travel, and publication costs. Support for research-related costs of patient involvement and medical care may be authorized. Since the program cannot provide funds for new construction, adequate physical facilities must be available for the primary needs of the Center. However, moderate alterations or renovations to enhance clinical facilities may be allowed if they are necessary to meet objectives of the Center's program.

Only those institutions that can demonstrate expertise in both basic and clinical areas and can direct their resources toward a multifaceted attack on asthma or the other allergic diseases can be supported under the provisions of the AADC program.

II. METHOD AND CRITERIA FOR REVIEW

A. Letter of Intent

For preliminary screening by NIAID staff, a "letter of intent" must first be prepared by the prospective Program Director.

Letters of intent should cover the following points:

1. A brief description of the intended project
2. A description of available laboratory facilities
3. A brief description of ongoing basic immunologic and clinical research relating to asthma, allergy, or hypersensitivity with especial reference to any studies of the immediate type
4. A brief description or reference to published research works by the investigators on asthma, allergy, or hypersensitivities especially pointing out those that may relate to the immediate type and identification of existing projects and sources of support
5. A description of all clinic facilities available for use by the proposed Center
6. Specific information on the institution's present patient load and projections for patient involvement in clinical investigation
7. The academic positions and major research interests of the Program Director and his professional staff who will be involved in the work of the Asthma and Allergic Disease Center.
8. Collaborative possibilities with other area laboratories and investigators and delineation of the roles and manner of anticipated participation and interaction of the principal investigators, consultants, and collaborators.

Letters of intent are due December 15, 1978, and upon receipt will be screened by NIAID staff to determine the eligibility and suitability of the projected proposals for the Asthma and Allergic Disease Centers Program.

B. Application Review

Upon receipt, formal proposals will be reviewed by the Division of Research Grants and NIAID staff for responsiveness to this request for applications. Applications accepted will be reviewed by the Allergy and Clinical Immunology Research Committee of NIAID and the National Allergy and Infectious Diseases Advisory Council.

C. Inquiries

Inquiries and letters should be directed and addressed to:

Allergy and Clinical Immunology Branch
Immunology, Allergic, and Immunologic Diseases Program
National Institute of Allergy and Infectious Diseases
Room 752, Westwood Building
National Institutes of Health
Bethesda, Maryland 20014

Telephone: (301) 496-7104

III. METHOD OF APPLYING

A. The Application

For an application to be judged responsive to the program scope and special features set forth above, the details must be consistent with the summary material favorably considered by NIAID in the letter of intent submitted previously.

B. Submission

Before preparing an application, the prospective applicant should request from NIAID Program Staff a copy of the NIAID Information Brochure on Program Projects which contains details on the requirements for multidisciplinary grant applications.

Use the standard research grant application form PHS 398. In addition to following accompanying format instructions for the development of a Center application, include expanded material listed above under the eight points for the "letter of intent" (see II.A.). For purposes of identification and processing the words ASTHMA AND ALLERGIC DISEASE CENTER should be typed on the face page of the application and a brief covering letter should be attached indicating submission is in response to this NIAID announcement.

Forward to:

Division of Research Grants
Room 240, Westwood Building
National Institutes of Health
Bethesda, Maryland 20014

Please forward a copy (not the original) of the cover letter and the application face page to: (1) the NIAID Program Director in order to alert NIAID to the submission of the proposal (see II.C.), and (2) the Chief, Program and Project Review Branch, NIAID, Room 703, Westwood Building, National Institutes of Health, Bethesda, Maryland 20014.

C. Receipt Date

Applications, in order to be accepted, must be received no later than February 1, 1979.

REQUEST FOR RESEARCH GRANT APPLICATIONS: RFA

ANNOUNCEMENT

TITLE: *STUDIES OF UNWANTED PREGNANCY*

NIH-NICHD-PRGB-78-1

The Population and Reproduction Grants Branch (PRGB) of the Center for Population Research at the National Institute of Child Health and Human Development (CPR/NICHD) is inviting research grant applications for investigations of unwanted pregnancy.

The CPR supports research in the population sciences with a variety of funding mechanisms. This type of announcement (the RFA) is used when CPR wishes to stimulate investigator interest in a particular area that is important to its mission. The RFA identifies the scope of the Center's interest but does not require that proposals conform to narrowly specified research requirements. Applications submitted in response to an RFA are supported through the customary NIH research project grant mechanism but differ from other research grants in that they are specifically problem oriented. Ongoing evaluation, in addition to the usual review of formal progress, may include periodic visits.

This solicitation is for a single competition with a specified deadline of March 1, 1979, for receipt of applications. Applications in response to this RFA will compete for funding within the research grant program of NICHD and will be reviewed by a special review group in the Division of Research Grants at NIH. The National Advisory Child Health and Human Development Council will review the applications in October of 1979, and earliest requested start date for the grants should be December 1, 1979. Applications should be prepared in accordance with the aims and requirements described in the following sections.

I. PROGRAM SPECIFICATIONS

- A. The PRGB Program
- B. RFA Program Objectives

II. METHOD OF APPLYING

- A. Application Format
- B. Application Procedure

If you have any questions relating to this announcement, you may contact Dr. V. Jeffery Evans, RFA Officer, PRGB, CPR, NICHD at (301) 496-6515.

I. PROGRAM SPECIFICATIONS

- A. Population and Reproduction Grants Branch Program The Population and Reproduction Grants Branch supports population research in reproductive biology and on the antecedents and consequences of

population change. This RFA is intended to encourage scientists to submit research grant applications designed to elucidate the factors and processes influencing the outcome of unwanted pregnancy. Further, the RFA is very much a part of our program in adolescent pregnancy and respondents are encouraged but not required to direct their attention to this age group.

- B. Program Objectives The generation of new knowledge about dealing with unwanted pregnancy and its consequences has long been within the mandate of CPR. Also, this problem is particularly acute for adolescents and adolescent research has been given a high priority in the current PRGB Program. It is hoped that a large number of respondents to this RFA will focus, in whole or in part, on adolescent problems. For the purposes of this announcement, the possible outcomes of unwanted pregnancy are rearing the child, adoption, and pregnancy termination. There may be a number of arrangements involved in rearing the child depending on whether the mother is married and whether the mother's family and peer group are in a position to help her raise the child. Similarly, varying nuances of adoption are possible ranging from formal adoption to informal arrangements in which the chief responsibility for child rearing is delegated to a family member or friend.

It is the intent of this announcement to allow individual investigators maximum flexibility in designing studies on the outcome of unwanted pregnancy. Interdisciplinary efforts may be necessary to achieve some of the objectives of this RFA. Also, cross-cultural comparisons may be needed to show the influence of social structure on the outcome of unwanted pregnancies.

There are several topics that are of particular interest to CPR. The first is the role of fathers in influencing the outcome of the pregnancy. The second is the age of the mother. Adolescent mothers, especially those sixteen years of age and younger, face several special health and social problems and pose a challenge to society and its institutions. Lastly, the race and ethnic affiliation of the mother and father may be associated with different outcomes of unwanted pregnancies.

One of the major objectives of this RFA is to measure the effect of information, counseling and/or physical or financial support on the outcome of the pregnancy. These influences may come from public or private programs or may originate in the individual's family or peer group.

NO FEDERAL MONEY MAY BE SPENT ON PROJECTS THAT WILL IN ANY WAY SUPPORT OR ENCOURAGE PREGNANCY TERMINATION. STUDIES SHOULD BE DESIGNED TO ACCOMMODATE THIS PROHIBITION. IT IS ABSOLUTELY ESSENTIAL THAT THE RESEARCH PROTOCOL DOES NOT IN ANY WAY INFLUENCE THE DECISIONS OF A PREGNANT WOMAN WITH RESPECT TO THE POSSIBLE OUTCOMES OF HER PREGNANCY. QUESTIONS REGARDING THE MECHANISM OF DECISION-MAKING SHOULD BE TIMED TO OCCUR AFTER THE DECISION HAS BEEN MADE.

Presented below are three research areas in which this RFA is specifically encouraging applications. Applicants may submit proposals pertinent to one or more of these areas. However, it is not expected that a single proposal will be designed to answer all of the questions posed herein. The areas are as follows:

1. Unwanted Pregnancy An unwanted pregnancy may be one that occurred earlier than desired as well as one that was never wanted. Whether or not the pregnancy is wanted depends upon the pregnant woman's attitude toward it and not that of her husband or male partner, although the influence of the partner may strongly affect her attitude.

In efforts to identify unwanted pregnancies, it must be recognized that the pregnant woman's attitude may change during the course of the pregnancy, and applicants must address this issue in formulating operational definitions of unwanted pregnancies. For example, a planned pregnancy may become unwanted because the pregnant woman's husband abandons her, because other conditions of her life change, because she discovers the baby is likely to be unhealthy, or for other reasons. Also, her attitude toward the pregnancy may be ambivalent. It would be useful for some studies to address the problems of measuring women's attitudes toward their pregnancies and the various factors that cause them to change.

2. The Decision Process It is important to understand how a pregnant woman chooses among the possible outcomes of unwanted pregnancy. Her choices are influenced by her family, her male partner, and her cultural, and socioeconomic background.

It is also desirable to estimate the economic and psychosocial costs of the various outcomes of unwanted pregnancies. These costs help determine how accessible the various outcomes of unwanted pregnancies are to subgroups of the population and affect the choices they make.

Information (or the lack of it) and psychosocial factors influence perceptions regarding the existence and accessibility of options for dealing with unwanted pregnancies and affect the individual decisions. It is desirable to understand how these perceptions are formed and how they affect the decision making process.

There are many institutional influences that affect women's decisions regarding unwanted pregnancies. These influences may come from official governmental bodies at the local, state, or Federal level, or may originate from private

organizations of various types. These institutions exert their influence by: (1) controlling the flow of information regarding the existence, accessibility and/or consequences of various pregnancy outcomes, (2) counseling the women, and (3) providing direct support for implementing and dealing with the consequences of her decision. It is important to understand the effects of these influences on the individual's decision and to determine if the effects differ among the various social groups in the country. This RFA is not intended to evaluate how services are rendered but rather to estimate the effects of their influences on behavior.

3. The Effects of Pregnancy Outcome on: (1) The Mother, (2) The Child, (3) The Family, and/or (4) Later Decisions Regarding Subsequent Pregnancies How a woman deals with an unwanted pregnancy will have a profound personal influence on the woman and will help shape her future life. It may affect the physical and psychological health of the child and the child's development. Her decision may also affect psychological and economic well-being of her mate and family. Also, experience with various outcomes of unwanted pregnancies may affect decisions regarding future pregnancies and future outcomes. This RFA is intended to stimulate research on the effects of pregnancy outcome decisions on the key people affected by the decision and how these decisions affect later decision processes.

The mother's immediate health may be affected as well as her immediate attitude toward and capability for future pregnancies. If the mother elects to keep the child or place it for adoption, there are ramifications not only for the health of the mother but also for the physical and socioeconomic well-being of the child and the family. Investigators may address any combination of these questions and comparisons among the various outcomes of unwanted pregnancies are invited.

II. METHOD OF APPLYING

- A. Format for Applications Applications should be submitted on form PHS 398, the application form for the traditional research grant. The conventional presentation for research grant applications should be used. Application kits may be obtained at most universities and hospitals in the United States. If not, application kits may be obtained from:

Office of Grants Inquiries
Division of Research Grants
Room 448, Westwood Building
Bethesda, Maryland 20016

- B. Application Procedure The original and six copies of the application must be received before 5:00 p.m. Eastern Standard Time on March 1, 1979. Applications should be sent or delivered to:

Division of Research Grants
National Institutes of Health
Room 240, Westwood Building
5333 Westbard Avenue
Bethesda, Maryland 20016

The first sentence of the research abstract on page 2 of the application should read as follows: THIS APPLICATION IS SUBMITTED IN RESPONSE TO THE RFA ENTITLED, "STUDIES OF UNWANTED PREGNANCY," NIH-NICHD-PRGB-78-1. The remainder of the abstract should contain the conventional information. An additional copy of the application should be sent to:

Dr. V. Jeffery Evans, RFA Officer
PRGB, CPR, NICHD
Room C-733, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20014

SUMMARY STATEMENTS FOR GRANT APPLICATIONS

POLICY TO ROUTINELY FURNISH TO PRINCIPAL
INVESTIGATOR OR PROGRAM DIRECTOR

ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION

NOTICE

A copy of the summary statement for each grant application reviewed by the National Advisory Council of each ADAMHA Institute will be routinely sent to the principal investigator or program director named in the application. This routine distribution will be made only after completion of Council review and only to the principal investigator or program director named in the application.

If the application is recommended for approval, the priority score will be displayed on the summary statement. An explanation of the ADAMHA priority score convention will be included with each summary statement.

If the Council makes a final recommendation which is different from that of the recommendation resulting from peer review conducted by the initial review group, a letter describing the difference and providing reasons for the Council's recommendation will be included with the summary statement.

This procedure is adopted by ADAMHA to ensure that principal investigators and program directors named in applications are provided with a summary of reviewer's findings and recommendations on their applications in a timely manner.

This policy is effective beginning with applications reviewed at September-October 1978 National Advisory Council Meetings for all grant programs administered by the central office. For grant programs administered by the regional offices, this policy is effective beginning with applications reviewed at the February-March 1979 Council meetings.

RESEARCH FELLOWSHIPS TO SWEDEN AND SWITZERLAND

ANNOUNCEMENT

The Fogarty International Center, National Institutes of Health, has been asked to announce that the Swedish Medical Research Council and the Swiss National Science Foundation will each make available in 1979 several research fellowships to qualified U.S. biomedical scientists. These fellowships will provide postdoctoral training in basic or clinical areas of medical research.

To be eligible candidates must be citizens of the United States and have been engaged in independent responsible research in one of the health sciences for at least two of the past four years. Applicants must also provide evidence of acceptance by a training institution and preceptor.

The fellowships provide for reimbursement of the cost of round trip tourist air fare for the Fellow and his family. Health insurance is provided during the term of the fellowship. Stipends for the Swedish Medical Research Council Fellowships range from \$10,000 to \$13,600 per year, depending upon the number of years of postdoctoral research experience at the time of award. The Swiss National Science Foundation stipends range from 25,080 Swiss francs (approximately \$15,675) to 29,700 Swiss francs (approximately \$18,562) depending upon the age and experience of the applicant at the time of award. In addition, the Swiss National Science Foundation Fellowships provide a dependency allowance for spouse and dependent children.

Applicant materials may be obtained from Scholars and Fellowships Program Branch, Fogarty International Center, National Institutes of Health, Bethesda, Maryland 20014. The deadline for receipt of completed applications is January 1, 1979. Applications will be reviewed for scientific merit at the Fogarty International Center. They will be forwarded to Sweden or Switzerland, as appropriate, for final selection and award in late Spring or mid-Summer 1979.

All correspondence with the Fogarty International Center concerning these fellowships must be clearly marked as either "Swedish Medical Research Council Fellowship" or "Swiss National Science Foundation Fellowship."

RESEARCH GRANT SUPPORT IN NUTRITION

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM,
AND DIGESTIVE DISEASES
NATIONAL INSTITUTE OF CHILD HEALTH
AND HUMAN DEVELOPMENT
NATIONAL INSTITUTE OF ALLERGY AND
INFECTIOUS DISEASES
NATIONAL CANCER INSTITUTE

ANNOUNCEMENT

The Malnutrition Program of the U.S.-Japan Cooperative Medical Science Program, NIH, provides financial support primarily through NIAMDD, NICHD, NIAID, and NCI for basic and clinical research related to nutritional problems of importance to the health of Asian people. The research objectives of the U.S. Malnutrition Panel include studies on: (1) influence of environmental and host factors on nutritional requirements; (2) health significance and methods of preventing iron deficiency; (3) interaction of nutrition, immune competence, and infection; (4) effects of nutrition on physical and mental development, behavior, physical capability, and work performance; and (5) health consequences of different dietary patterns and food habits.

The panel has identified the following as areas which should receive increased research emphasis.

1. Environmental and Host Factors Affecting Nutritional Requirements

The Panel has identified requirements for essential nutrients by populations living in non-temperate zones under conditions of chronic environmental and/or physiological stress as a research area in need of increased emphasis. Research proposals are solicited for controlled studies that would establish the requirements for different age, sex, physical activity, and occupation groups, particularly for protein, energy, minerals (e.g. iron, zinc, and other trace minerals), and vitamins (e.g. vitamin A) under climatic conditions prevailing in Asia and in the presence of frequent infections. Additionally, research is needed to understand apparent physiologic adaptation to low levels of nutrient intake.

2. Iron Deficiency

Studies are needed on the detrimental effect of iron deficiency on work capacity and performance, physical and mental development and functions, susceptibility to infection, and perinatal morbidity and mortality. Development of measures for combating iron deficiency, including laboratory assessment of iron status, prevalence and cause of iron deficiency, food iron availability, and the efficacy of intervention programs of iron supplementation and/or food iron fortification.

3. Nutrition and Infection

Well designed studies, controlled for nutritional variables, are needed that characterize nutritional status and the cell-mediated and humoral immune responses to viral, bacterial, and parasitic infections in defined human populations. Studies on the effect of nutritional alterations on immune competence in animal models and the impact of nutritional intervention procedures on the immune status of infection in malnourished human populations are needed. Nutrients of special concern include vitamin A, iron, B-complex vitamins, and protein.

4. Effects of Nutrition on Physical and Mental Development, Behavior, Physical Capability, and Work Performance

Additional information is needed on the effects of severe malnutrition in pregnancy and childhood on physical and mental development, learning ability, and behavior. Studies are needed to determine the effect of suboptimal nutrient intakes on functional performance including lactation, reproductive capacity, and work performance. Additional animal studies directed toward elucidating the effects of malnutrition on growth, development, and performance also are needed.

5. Health Consequences of Different (and changing) Dietary Patterns and Food Habits

Selected studies are needed on the long term consequences of changing dietary patterns and food habits and suggested relationship between diet characteristics and health disorders. These include: (1) epidemiological studies on nutritionally linked health disorders related to food habits, (2) studies on the effect of food intake patterns (including nutrient intake, nutrient balance and frequency of intake) on nutrient utilization, and (3) studies designed to evaluate the health impact of nutrition interventions in populations.

Studies are also needed focusing on motivation, stress, cultural, and social influences as these affect dietary habits, food preferences, and behavior. Research is needed on the cultural and behavioral determinants of individual nutrient intake, hunger, and satiety.

All research grant applications are to be submitted to the Division of Research Grants, NIH. The receipt dates for new applications are November 1, March 1, and July 1. These applications will be assigned in accordance with the Handbook of Referral and reviewed for scientific merit on a competitive basis. Funding of acceptable proposals will be contingent upon availability of funds.

For additional information, contact:

Gerald F. Combs, Ph.D.
Project Officer
U.S.-Japan Malnutrition Panel CMSP and
Nutrition Program Director
National Institute of Arthritis,
Metabolism, and Digestive Diseases
Room 606, Westwood Building
Bethesda, Maryland 20014

Telephone: (301) 496-7823

Thorsten A. Fjellstedt, Ph.D.
Health Scientist Administrator
National Institute of Child Health
and Human Development
Room C718, Landow Building
7910 Woodmont Avenue
Bethesda, Maryland 20014

Telephone: (301) 496-5575

Robert Edelman, M.D.
Chief
Clinical Studies Branch
National Institute of Allergy
and Infectious Diseases
Room 7A49, Building 31
Bethesda, Maryland 20014

Telephone: (301) 496-5893

Guy R. Newell, M.D.
Deputy Director
National Cancer Institute
Room 11A52, Building 31
Bethesda, Maryland 20014

Telephone: (301) 496-3505

EXTRAMURAL ASSOCIATES PROGRAM



The National Institutes of Health (NIH) reannounces a special program under the Intergovernmental Personnel Act (IPA) of 1970 (Public Law 91-648) to promote the entry and participation of ethnic minorities and women in NIH-supported research.

Participation in NIH-supported research is facilitated by a thorough knowledge of the research concerns of the NIH, the support mechanisms through which this research is being accomplished, and the policies and procedures which govern the awarding of grants and contracts. The IPA offers an opportunity to disseminate needed knowledge by authorizing, for work of mutual concern and benefit, temporary appointments of employees between Federal executive agencies, State and local governments, institutions of higher education, and Indian tribal governments.

In recent years, significant numbers of personnel from academic institutions effected temporary assignments at the NIH using the IPA mechanism. Yet institutions which traditionally contribute to the basic preparation of minorities and women for biomedical science are not utilizing this opportunity to an equal extent. While not excluding any individuals or institutions from the available options under the IPA, the NIH is initiating a special effort, the Extramural Associates Program, in order to redress a noticeable inequity in the current use of an available opportunity.

Under the Extramural Associates Program, the NIH will invite up to eight key administrators, involved with science, from schools which contribute significantly to the pool of minorities and women in science, to spend six months in residence in Bethesda, Maryland. Salary, travel, and related expenses will be reimbursed by the NIH to the limit allowed under the IPA.

While in the program, the Associates will work in rotating assignments with senior members of the staff of the NIH and other Federal agencies. They will attend seminars, committee meetings, workshops, and site visits and will have the opportunity to obtain, on site, information about Federal health-related programs and associated granting and contracting activities.

The NIH expects that such information will primarily benefit the institutions from which the Associates come in the sense that, when the Associates return to their schools, they will be resources from whom faculty and students (many of whom will be minority and/or female), can obtain information on NIH-funded health-related programs. The information gained will also benefit the Associates themselves in their professional development as administrators of science. In addition, the NIH expects immediate benefits from the special contributions to be made by these experienced administrators while at the NIH.

Nomination of a candidate will be accepted from the president or an equivalent official of an eligible institution. In addition to the general requirements of the IPA, emphasis for selection of Associates will be on the demonstrated contribution of an institution to the advancement of ethnic minorities and women; on its plan to utilize the Associate's newly gained knowledge to promote entry of minorities or women into health-related sciences; and on the qualifications, experience, and interest of the nominee. Consideration will be

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given to a representative distribution of Associates from among the nominating colleges and universities.

Associates will be required to participate in the program for six months beginning approximately August 1, 1979, or February 1, 1980. Nominations and completed applications are due by January 31, 1979; selections will be announced by April 30, 1979.

Additional information concerning this program may be obtained by writing or calling:

Administrator
Extramural Associates Program
National Institutes of Health
Room 1A10, Building 31
9000 Rockville Pike
Bethesda, Maryland 20014

Telephone: (301) 496-9728