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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.

The types of supplements are published by the respective awarding units. Those printed on yellow paper concern contracts: solicitations of sources and announcement of availability of requests for proposals. Those printed on blue paper concern invitations for grant applications in well-defined scientific areas to accomplish specific program purposes.
U.S.-FRANCE COOPERATIVE PROGRAM ON BASIC CANCER RESEARCH

The U.S. National Cancer Institute (NCI) and the French Institut Nationale de la Sante et de la Recherche Medicale (INSERM) have an agreement to promote cooperation in basic research in carcinogenesis. Limited funds are available through this program to provide travel expenses and subsistence allowance of U.S. scientists to work in France for periods of up to a few months on appropriate collaborative research projects with French colleagues. Similarly, limited funds are available to pay for living expenses of French scientists to work in the United States on appropriate collaborative projects with American colleagues. Each request for support will be reviewed for scientific merit by the American and French Program Committees. For further information, please contact:

Dr. Louis R. Sibal
Associate Director for Program
Chairman, U.S. Basic Cancer Research Program
Division of Cancer Cause and Prevention
National Cancer Institute
Building 31, Room 11A03
Bethesda, Maryland 20205
NOTICE

NONHUMAN PRIMATES AVAILABLE

The National Institutes of Health has established supply sources of nonhuman primates for biomedical and behavioral research projects. Investigators with current research support from the National Institutes of Health (NIH) and Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) are given priority, but others from nonprofit institutions are also eligible. Production colonies of rhesus (Macaca mulatta) and cynomolgus (Macaca fascicularis) monkeys have been established. Occasionally, squirrel monkeys (Saimiri sciureus) are also available.

Investigators in nonprofit institutions who wish to obtain primates for use in biomedical and behavioral projects are invited to submit requests. The requests should be in letter form and indicate the source of support and if NIH or ADAMHA, include the title, number and principal investigator of the grant or contract. The request should also include a specification of the animals required, including number, age, sex or other special characteristics. The entire request need not exceed one typewritten page. All inquiries should be addressed to: Dr. Carl E. Miller, Building 31, Room 5B59, National Institutes of Health, Bethesda, Maryland, 20205; Telephone: (301) 496-5175. The price indicated for each animal includes shipping costs unless otherwise specified. The funds will be paid directly to the contractor supplying the animals to partially offset the cost of the NIH-supported breeding program.

Animals currently available are as follows:

Normal colony produced Rhesus Monkeys - *Macaca mulatta*

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Sex</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>male</td>
<td>born 1980</td>
</tr>
<tr>
<td>1</td>
<td>female</td>
<td>born 1980</td>
</tr>
<tr>
<td>1</td>
<td>female</td>
<td>born 1979</td>
</tr>
<tr>
<td>29</td>
<td>males</td>
<td>born 1979</td>
</tr>
<tr>
<td>4</td>
<td>males</td>
<td>born 1978</td>
</tr>
<tr>
<td>1</td>
<td>female</td>
<td>adult - not suitable for breeding</td>
</tr>
</tbody>
</table>

Price $640 delivered - Continental United States

Normal colony produced Squirrel Monkeys - *Saimiri sciureus* (Columbian)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Gender</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>females</td>
<td>yearlings</td>
</tr>
<tr>
<td>18</td>
<td>males</td>
<td>yearlings</td>
</tr>
</tbody>
</table>

Price $200, FOB North Carolina
Normal colony produced Cynomolgus Monkeys - *Macaca fascicularis*

<table>
<thead>
<tr>
<th></th>
<th>Females</th>
<th>Males</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>less than 1 year of age</td>
<td>less than 1 year of age</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>26</td>
</tr>
<tr>
<td>15</td>
<td>1-2 years of age</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>2-3 years of age</td>
<td>3-4 years of age</td>
</tr>
</tbody>
</table>

Price - over 1 year of age - $320 delivered  
- under 1 year of age - $230 delivered  
(Continental United States)
ANNOUNCEMENT

STUDIES OF THE KIDNEY RELATED TO DIABETES MELLITUS

NATIONAL INSTITUTE OF ARTHRITIS, METABOLISM AND DIGESTIVE DISEASES

Application receipt dates: March 1, July 1, November 1

I. BACKGROUND INFORMATION

Diabetes mellitus is a major public health problem in the United States. Approximately 5 million Americans are known to have the disease, and it is estimated that an equal number might be undiagnosed or may develop diabetes. It is the fifth leading cause of death by disease and is a contributory factor to many more deaths not diagnosed as diabetes. Diabetes is one of the leading causes of chronic renal failure. More than one-half of patients with insulin-dependent diabetes mellitus (IDDM) treated by conventional therapy will develop renal failure between 10 and 30 years after the onset of their diabetes. These diabetic patients account for a substantial number of those individuals presently entering end-stage renal disease programs for treatment. The contribution of non-insulin dependent diabetes (NIDDM) patients to the renal failure population is less well known since other factors tend to confuse precise analysis. Nonetheless, it has been projected that by 1984 the annual cost to the Federal government for medical care of the diabetic uremic patient will reach at least three quarters of a billion dollars.

II. RESEARCH GOALS AND SCOPE

This announcement specifically invites applications for research grants on all aspects of kidney pathophysiology and treatment related to diabetes mellitus. Investigators working in renal research are particularly encouraged to develop diabetes-related research projects on the kidney.

The emphasis of this announcement is upon kidney research directly or indirectly related to diabetes mellitus. Diabetes-related kidney research generally falls into one of the following categories:

1. projects directly concerned with the physiology, pathophysiology, etiology, natural history, prevention, and treatment of diabetic nephropathy; and

2. projects which are peripherally concerned with diabetes and which could reasonably be expected to contribute new knowledge relative to the prevention, diagnosis, treatment or cure of diabetic-renal disorders.
These projects may relate to diabetes at any point along the research spectrum, i.e., basic to clinical investigations including research on the etiology, pathogenesis, epidemiology, diagnosis, and/or treatment of the renal aspects of diabetes mellitus.

Some areas of research interest are noted below. They are examples only and are not listed in any order of priority. Other areas of research which are related to diabetes and which would be appropriate to the scope described above may occur to the applicant.


2. Basement membrane biochemistry. Studies of the character of renal (glomerular, tubular) membranes in and their alteration by, the diabetic environment, e.g., renal basement membrane biosynthesis and composition.


4. The relationship between the degree of control of the diabetic state on the development of diabetic kidney lesions. While a separate announcement will solicit applications for a large randomized clinical trial comparing conventional treatment with more exact control of hyperglycemia, this announcement emphasizes more fundamental and focused projects in this area.

III. MECHANISM OF SUPPORT

The mechanism of support for this program will be the grant-in-aid. Awards will be made under the authority of the Public Health Service Act, Section 301 (PL 78-410, as amended, 42 USC 241). The regulations (42 CFR, Part 52 and, as applicable to the state and local governments, 45 CFR, Part 74) and policies which govern the research grant programs of the National Institutes of Health will prevail. The award of grants pursuant to this request for grant applications is contingent upon ultimate receipt of appropriated funds for this purpose. This program is described in the Catalog of Federal Domestic Assistance, number 13.847, Diabetes, Endocrinology and Metabolism Research. This program is not subject to A-95 Clearinghouse or Health Systems Agency Review.

IV. METHODS AND CRITERIA OF REVIEW

Applications will be received by the NIH Division of Research Grants, referred to an appropriate study section for scientific review, and assigned to individual Institutes for possible funding. These decisions will be governed by normal programmatic considerations as specified by the Division of Research Grants Referral Guidelines.

Applications in response to this solicitation will be reviewed on a nationwide basis in competition with other research grant applications, and in accord with the usual National Institutes of Health peer review procedures. Applications will first be reviewed for scientific and technical merit by a review group composed mostly of non-federal scientific consultants (study section), and then by the National Advisory Council of the appropriate Institute(s). The review criteria customarily employed by the National Institutes of Health for regular research grant applications will prevail.

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

<table>
<thead>
<tr>
<th>Application Receipt</th>
<th>Initial Review</th>
<th>Council Review</th>
<th>Earliest Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>March 1</td>
<td>June</td>
<td>Sept./Oct.</td>
<td>Dec. 1</td>
</tr>
<tr>
<td>July 1</td>
<td>Oct./Nov.</td>
<td>Jan./Feb.*</td>
<td>April 1*</td>
</tr>
<tr>
<td>Nov. 1</td>
<td>Feb./March*</td>
<td>May*</td>
<td>July 1*</td>
</tr>
</tbody>
</table>

* of the year following application receipt.
V. METHOD OF APPLYING

Applications should be submitted on form PHS 398, which is available in the business or grants and contracts office at most academic and research institutions, or from the Division of Research Grants, NIH. The phrase "Prepared in response to NIH Diabetes Program Announcement" should be typed across the top of the first page of the application.

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

Application Receipt
Division of Research Grants
National Institutes of Health
Westwood Building, Room 240
Bethesda, Maryland 20205

For further information, investigators are encouraged to contact one or both of the following individuals:

Dr. M. James Scherbenske
Program Director, Renal Physiology and Pathophysiology Program
Kidney, Urologic and Blood Disease Program
National Institute of Arthritis, Metabolism, and Digestive Diseases
National Institutes of Health
Bethesda, Maryland 20205
Telephone: (301) 496-7459

Ms. Jean Curran
Diabetes Research Program Director
National Institute of Arthritis, Metabolism and Digestive Diseases
National Institutes of Health
Bethesda, Maryland 20205
Telephone: (301) 496-7731
REVISED ANNOUNCEMENT

CANCER CLINICAL TREATMENT RESEARCH

NATIONAL CANCER INSTITUTE

The Division of Cancer Treatment of the National Cancer Institute desires to expand its support of clinical treatment research. The program is seeking applications for research grants concerned with clinical cancer treatment. Appropriate studies include: (1) the evaluation of toxicity, disease response and patient survival associated with various treatment programs; (2) the evaluation of methods of improved experimental design, data management and statistical analysis; (3) the experimental development of new methods and modalities of supportive care. Applications dealing with innovative approaches in surgical oncology are of particular interest. In making this program announcement, it is not the intent of the National Cancer Institute to make or imply any delimitation related to cancer clinical treatment research, but rather to stimulate investigator-initiated research in clinical treatment.

Applications in response to this announcement will be reviewed on a nationwide basis in competition with each other, and in accord with the usual National Institutes of Health peer review procedures. They will first be reviewed for scientific and technical merit by a review group composed mostly of non-Federal scientific consultants familiar with cancer clinical trials. Following this initial review, the application will be evaluated for program relevance by the National Cancer Advisory Board. The review criteria customarily employed by the National Institutes of Health for regular research grant applications will prevail.

DEADLINE

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

July 1
November 1
March 1

This program is described in the Catalog of Federal Domestic Assistance number 13.395, Cancer Treatment 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 45 CFR Part 52 and 45 CFR Part 74. This program is not subject to A-95 Clearinghouse or Health Systems Agency Review.
METHOD OF APPLYING

Applications should be submitted on form PHS 398, which is available in the business or grants and contracts office at most academic and research institutions or from the Division of Research Grants, NIH. The phrase, "PREPARED IN RESPONSE TO PROGRAM ANNOUNCEMENT ON CANCER CLINICAL TREATMENT RESEARCH" should be typed across the top of the first page of the application.

Additionally, a brief covering letter should accompany the application indicating that is being submitted in response to this program announcement.

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

Application Receipt Office  
Division of Research Grants  
National Institutes of Health  
Westwood Building, Room 240  
Bethesda, Maryland 20205

For further information, investigators are encouraged to contact:

Dr. John Y. Killen, Jr.  
Program Director for Clinical Treatment Grants  
Landow Building, Room A416  
Bethesda, Maryland 20205  
Telephone: (301) 496-2522

In order to alert the Division of Cancer Treatment to the submission of proposals with primary thrust directed to clinical treatment research, a copy of the covering letter should be sent under separate cover to Dr. Killen.