

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.956.

Other Requirements

Paperwork Reduction Act

Projects funded through the cooperative agreement mechanism of this program involving the collection of information from 10 or more individuals will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

The original and two copies of the application PHS Form 5161-1 (Revised 7/92, OMB Control Number 0937-0189) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 17, 1995.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

- (a) Received on or before the deadline date, or
 - (b) Sent on or before the deadline date and received in time for submission to the independent review group.
- Applicants must request a legibly dated

U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 572. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Lawrence R. Murphy, Ph.D., Division of Biomedical and Behavioral Science, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 4676 Columbia Parkway, Cincinnati, OH 45226, telephone (513) 533-8171, Fax (513) 533-8510, Email (Internet): LRM2@NIOBBS1.EM.CDC.GOV.

Please refer to Announcement 572 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the Introduction Section through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 12, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 95-14771 Filed 6-15-95; 8:45 am]

BILLING CODE 4163-19-P

[Announcement 559]

National Institute for Occupational Safety and Health; Chronic Beryllium Disease Among Beryllium-exposed Workers

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1995 funds for a cooperative agreement to develop a model program for the prevention, diagnosis, and treatment of chronic beryllium disease (CBD) among individuals who have been occupationally exposed to beryllium and/or beryllium compounds.

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a PHS-led national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information)

Authority

This program is authorized under Sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7)).

Smoke-free Workplace

The PHS strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103-227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-, and/or women-owned businesses are eligible to apply.

Availability of Funds

Approximately \$400,000 is available in FY 1995 to fund one award. It is expected that the award will begin on or about September 30, 1995, and will be

made for a 12-month budget period within a project period of 3 to 5 years. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Purpose

The purpose of this cooperative agreement is to conduct a program of applied research in the prevention of CBD among individuals who have been occupationally exposed to beryllium and/or beryllium compounds. The National Institute of Occupational Safety and Health (NIOSH) has conducted studies of or is aware of a number of such cohorts which are listed in the attached appendix. These cohorts, as well as other beryllium-exposed cohorts not included in this list, may be identified in the research proposal.

Within the past ten years, an *in vitro* test for identifying sensitization to beryllium was developed. Currently, the blood lymphocyte proliferation test (LPT also known as the lymphocyte transformation test or LTT) to beryllium salts is available from a limited number of laboratories in the U.S. The sensitivity, specificity, positive predictive value, and negative predictive value of this test with respect to CBD have been estimated based on its application in a few occupational cohorts. However, these estimates need to be confirmed in other groups of beryllium-exposed workers. Also, it is not known whether interventions (e.g. removal from exposure or early treatment with corticosteroids) impede the progression from sensitization to clinical disease.

Although sensitization can occur after short-term exposure to beryllium, the risk of sensitization appears to increase with more exposure. These findings suggest that both individual susceptibility and exposure conditions are important in the onset of CBD. To improve the prevention of beryllium disease, several research areas need exploration.

These include:

1. The characterization of the natural history of CBD;
2. Identification of specific beryllium compounds associated with CBD; and
3. Evaluation of a possible dose-response relationship between CBD and exposure to beryllium (with beryllium exposures characterized in different manners, e.g., levels, duration, methods of handling, etc.).

In many of the published studies, the small number of sensitized individuals and CBD cases has limited the power to

discern process-related risks and temporal patterns. In addition, past studies have suffered from a lack of detailed exposure data. Larger sample sizes and improved exposure data are needed to address these data gaps.

This program will identify applied research needs, formulate a plan to respond to those needs, evaluate the effectiveness of the program interventions, and disseminate research results. Specifically, this cooperative agreement is intended to greatly improve prevention efforts for CBD, including primary and or secondary prevention activities.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities), and CDC/NIOSH will be responsible for conducting activities under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Identify research needs relative to the prevention of CBD among people who have been occupationally exposed to beryllium and/or beryllium compounds.
2. Develop a research protocol that reviews the pertinent CBD literature and describes the study methodology, the data to be collected and the proposed analysis of the data. Present the protocol to a panel of peer reviewers and revise the protocol as required for final approval by CDC.
3. Conduct all required medical and laboratory tests on workers participating in the study; collect necessary exposure and identifying data on workers; analyze data.
4. Prepare a final report summarizing the study methodology, results obtained, conclusions reached and recommendations for preventing CBD, and additional research needs.
5. Where appropriate, collaborate with CDC/NIOSH scientists who are working in complementary research areas.
6. Report research results to the scientific community via presentations at professional conferences and articles in peer-reviewed medical journals.

B. CDC/NIOSH Activities

1. Provide scientific, epidemiologic, engineering, environmental, industrial hygiene, and clinical technical assistance.
2. Identify reviews and/or clearances that must be fulfilled by the recipient, and identify and convene Peer Review Panel to review draft study protocol.

3. Assist in formulating the study design, the analysis of the data collected, interpretation of the results, and preparation of the written reports.

4. Engage in scientific collaboration in research areas of mutual interest and investigation.

5. Assist in the reporting of research results to the scientific community via presentations at professional conferences and articles in peer-reviewed medical journals.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

1. Understanding of the Problem (25%)

Responsiveness to the objective of the cooperative agreement including: (a) applicant's understanding of the research needed to prevent CBD and the objective of the proposed cooperative agreement, and (b) relevance of the proposal to the objective.

2. Study Design and Project Planning (35%)

Steps proposed in planning and implementing this project, and the respective responsibilities of the applicant for carrying out those steps the proposed approach to the study and the outline of the study protocol. The applicant's schedule proposed for accomplishing the activities to be carried out in this project and for evaluating the accomplishments.

3. Program Personnel (30%)

Qualification and time allocation of the professional staff to be assigned to this project and applicant's ability to provide knowledgeable staff required to perform the applicant's responsibilities in this project, and the approach to be used in carrying out those responsibilities.

4. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

5. Budget Justification (not scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

Applications are not subject to the review requirements of Executive Order 12372, Intergovernmental Review of Federal Programs.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from 10 or more individuals and funded by the cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

The original and two copies of the application PHS Form 398 (OMB No. 0925-0001) must be submitted to Henry S. Cassell, III, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E-13, 255 East Paces

Ferry Road, NE., Room 300, Atlanta, GA 30305, on or before July 21, 1995.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the independent review group. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.

2. Late Applications: Applications which do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

Where To Obtain Additional Information

To receive additional written information call (404) 332-4561. You will be asked to leave your name, address, and telephone number and will need to refer to Announcement 559. You will receive a complete program description, information on application procedures, and application forms.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Oppie Byrd, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 300, Mailstop E-13, Atlanta, GA 30305, telephone (404) 842-6546.

Programmatic technical assistance may be obtained from Paul K. Henneberger, Sc.D., Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), Mailstop 234, 1095 Willowdale Road, Morgantown, WVA 26505-2845, telephone (304) 285-5756.

Please refer to Announcement 559 when requesting information and submitting an application.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017-001-00474-0) or Healthy People 2000 (Summary Report, Stock No. 017-001-00473-1) referenced in the INTRODUCTION through the Superintendent of Documents, Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800.

Dated: June 12, 1995.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

Appendix

Beryllium-Exposed Worker Cohorts

Below is a listing of facilities in which workers are or have been known to be exposed to beryllium.

Beryllium Production Facilities

NIOSH conducted a cohort mortality study of employees at the Cabot Berylco plants in Reading and Hazelton, Pennsylvania, and at the Lorain, Perkins, Lucky, St. Clair, and Elmore, Ohio plants of the Brush-Wellman Company (Ward, Am. J. Indust. Med. 1992). These seven plants represent all of the beryllium production plants that have been in operation in the United States. Collectively, the plants cover 57 years of beryllium exposure history, with the oldest facility beginning operations in 1935 and the most recent beginning in 1963. Approximately 9200 workers have been employed at these facilities. The names, location, and years of operation of these plants are listed in Table 1.

Defense Nuclear Facilities

Facilities at which there are or were beryllium operations are listed in Table 2. Of these, the major beryllium operations sites are/were Rocky Flats, Ames, Argonne National Laboratory, Y-12, Lawrence Livermore National Laboratory (LLNL), and Los Alamos National Laboratory (LANL). Because the criteria for designation as a "beryllium worker" have differed within and between facilities, it is difficult to state the size of the worker population at these facilities exposed to beryllium. However, it has been estimated that more than 10,000 persons may have qualified at some time as a beryllium worker at these facilities.

TABLE 1.—BERYLLIUM PRODUCTION PLANTS IN THE UNITED STATES

Company	Plant	Date start production	Date end production
	Lorain, Ohio	1935	1948
	Lucky, Ohio	1950	1958
	Elmore, Ohio	1952	(1)
			(2)
Brush Wellman	Perkins (Cleveland, Ohio)	1937	1963
	St. Clair (Cleveland, Ohio)	1963	1973
Kawecki-Berylco/Cabot	Reading, Pennsylvania	1935	(1)

TABLE 1.—BERYLLIUM PRODUCTION PLANTS IN THE UNITED STATES—Continued

Company	Plant	Date start production	Date end production
Berylco NGK Metals	Hazleton, Pennsylvania	1958	1978

¹ Presently.
² Operating.

TABLE 2.—DEFENSE NUCLEAR FACILITIES WITH CURRENT AND/OR HISTORICAL BERYLLIUM OPERATIONS

Defense nuclear facility	Location
Y-12 Plant	Oak Ridge, Tennessee.
Oak Ridge National Laboratory (X-10).	Oak Ridge, Tennessee.
Inhalation Toxicology Research Institute.	Albuquerque, New Mexico.
Pantex Plant	Amarillo, Texas.
Mound Laboratory	Miamisburg, Ohio.
Kansas City Plant	Kansas City, Missouri.
Los Alamos National Laboratory.	Los Alamos, New Mexico.
Pinellas Plant	Largo, Florida.
Rocky Flats Plant	Golden, Colorado.
Sandia National Laboratory.	Albuquerque, New Mexico.
Ames Laboratory	Iowa State University, Ames, Iowa.
Argonne National Laboratory.	University of Chicago Metallurgical Laboratory and Idaho National Engineering Laboratory.
Hanford Site (Westinghouse), Pacific Northwest Laboratories.	Richland, Washington.
Lawrence Livermore National Laboratory.	Livermore, California.
Lawrence Berkeley National Laboratory.	Berkeley, California.
Atomic International, Canoga Park.	Santa Susana, California.
Knolls Atomic Power Laboratory.	Schenectady, New York.

[FR Doc. 95-14772 Filed 6-15-95; 8:45 am]
 BILLING CODE 4163-19-P

Office of the Secretary

Notice of Three Meetings of the Commission on Research Integrity

Pursuant to P.L. 92-463, notice is hereby given of three public meetings of the Commission on Research Integrity in the Washington/Baltimore Metropolitan Area.

The first meeting will be at the Washington Dulles Airport Marriott Hotel, in Chantilly, VA, on Monday and Tuesday, June 26-27, from 8:30 a.m. until 5 p.m. on day one, and from 9 a.m. until 5 p.m. on day two. The second

meeting will be at the Belmont Conference Center in Elkridge, MD, Sunday through Tuesday, July 30 through August 1, from 10 a.m. until 4:30 p.m. on all three days. The third meeting will be at the Washington Dulles Airport Marriott Hotel on Monday and Tuesday, September 18-19, from 8:30 a.m. until 5 p.m. on day one, and from 9 a.m. until 5 p.m. on day two.

The Commission will be working on a report and recommendations to congressional oversight committees and the Secretary of the Department of Health and Human Services on the administration of Section 493 of the Public Health Service Act, as amended by and added to by Section 161 of the NIH Revitalization Act of 1993. Proposed recommendations may address the following topics: A new definition of research misconduct, a model assurance for institutions concerning research integrity, codes of ethics for professional associations, a bill of rights and responsibilities for witnesses (also called "whistleblowers") in alleged cases of research misconduct, and the teaching of research ethics and of the responsible conduct of research.

Interested parties are advised to call the Executive Secretary, Ms. Henrietta Hyatt-Knorr, shortly before each meeting to verify the date, place, and agenda. Persons wishing to make a presentation, either in writing or orally, should contact her in writing at Rockwall II, Suite 700, 5515 Security Lane, Rockville MD 20852, by phone at (301) 443-5300, by fax at (301) 443-5351, or via internet at hhyatt@oasch.ssw.dhhs.gov. Ms. Hyatt-Knorr will furnish the Committee charter, a Committee roster, and/or a meeting agenda upon request.

Depending on the number of presentations and other considerations, the Executive Secretary will allocate a reasonable timeframe for each speaker.

Barbara E. Bullman,

Policy Analyst.

[FR Doc. 95-14774 Filed 6-16-95; 8:45 am]

BILLING CODE 4160-17-P

National Institutes of Health

National Institute of Mental Health; Notice of Closed Meeting

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following meeting of the National Institute of Mental Health Special Emphasis Panel:

Agenda/Purpose: To review and evaluate grant applications.

Committee Name: National Institute of Mental Health Special Emphasis Panel.

Date: July 10, 1995.

Time: 9 a.m.

Place: DoubleTree Hotel, 1750 Rockville Pike, Rockville, MD 20852.

Contact Person: Monica F. Woodfork, Grant Technical Assistant, Parklawn Building, Room 9C-26, 5600 Fishers Lane, Rockville, MD 20857, Telephone: 301, 443-4843.

The meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5, U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy. (Catalog of Federal Domestic Assistance Program Numbers 93.126, Small Business Innovation Research; 93.176, ADAMHA Small Instrumentation Program Grants; 93.242, Mental Health Research Grants; 93.281, Mental Research Scientist Development Award and Research Scientist Development Award for Clinicians; 93.282, Mental Health Research Service Awards for Research Training; and 93.921, ADAMHA Science Education Partnership Award)

Dated: June 9, 1995.

Susan K. Feldman,

Committee Management Officer, NIH.

[FR Doc. 95-14757 Filed 6-15-95; 8:45 am]

BILLING CODE 4140-01-M

Division of Research Grants; Notice of Closed Meetings

Pursuant to Section 10(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following Division of Research Grants Special Emphasis Panel (SEP) meetings: