Funding Opportunities in Key Areas

Chronic/ Non-communicable Diseases:

Note: Funding opportunities are listed in order of expiration date, beginning with those that will expire soonest.

- **Comorbid HIV, Chronic Pain, and Substance Use among Older Adults (R21)**

  http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-14-012.html

  Letter of Intent Due Date: October 15, 2013

  Application Due Date: November 15, 2013

  Purpose: To improve understanding of the intersection of HIV/AIDS and drug abuse, this Funding Opportunity Announcement (FOA) is part of a multipronged 2014 expansion of HIV and AIDS related research within the context of drug and alcohol abuse among understudied populations and in understudied settings that show promise for the development of effective prevention and treatment efforts. In addition to this funding opportunity, others included in the 2014 expansion address HIV/AIDS and substance use among the homeless and unstably housed (RFA-DA-14-009); substance use, HIV, and Black/African American women and young Men who have Sex with Men (MSM) (RFA-DA-14-010); the integration of substance abuse and HIV prevention and treatment within HIV/AIDS service delivery settings (RFA-DA-14-011) and Seek, Test, Treat, and Retain Data Harmonization Coordinating Center (RFA-DA-14-007).

  For this funding announcement, the National Institute on Drug Abuse (NIDA) invites innovative, exploratory research applications proposing to study the intersection of HIV, chronic pain, and substance use among older adults. Applications could include research to examine risk and protective factors contributing to comorbid HIV, chronic pain, and substance use among older adults; to characterize the adverse medical, mental health and social consequences associated with comorbid HIV, substance abuse, and chronic pain among older adults; or to develop effective prevention and service delivery approaches and behavioral and pharmacological treatments to address these comorbid conditions in older adults. Research is also encouraged on the role of HIV/AIDS-associated conditions, HIV treatment, and/or other biobehavioral/social factors in the context of aging, chronic pain, and substance use. A range of research approaches are of interest, including epidemiologic, prevention science, health services, and intervention studies.

- **NIH Health Care Systems Research Collaboratory - Demonstration Projects for Pragmatic Clinical Trials Focusing on Multiple Chronic Conditions (UH2/UH3)**

  http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-13-012.html

  Letter of Intent Due Date: November 2, 2013

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

Application Due Date: December 2, 2013

Purpose: The purpose of this FOA is to solicit applications for UH2/UH3 cooperative agreements for Demonstration Projects for efficient, large-scale pragmatic clinical trials focused on management of patients with multiple chronic conditions. Trials must be conducted across two or more health care systems (HCS) and must be conducted as part of the NIH HCS Research Collaboratory supported through the NIH Common Fund (see https://commonfund.nih.gov/hcscollaboratory). Awards made through this FOA will initially support a one-year milestone-driven planning phase (UH2), with possible rapid transition to the implementation phase (UH3) for a pragmatic trial Demonstration Project. UH3s will be awarded after administrative review of eligible UH2s that have met the scientific milestone and feasibility requirements necessary for the UH3 implementation phase, depending on the availability of funds. The UH2/UH3 application must be submitted as a single application, and applicants should note specific instructions for each phase in this FOA.

The overall goal of the NIH HCS Research Collaboratory program is to strengthen the national capacity to implement cost-effective, large-scale research studies that engage health care delivery organizations as research partners. The NIH HCS Research Collaboratory Program has established a Collaboratory Coordinating Center (CCC) that is providing national leadership and technical expertise in all aspects of research with HCS. After awards are made by NIH, the CCC (https://www.nihcollaboratory.org/Pages/default.aspx) will work with successful awardees from this FOA to facilitate the planning and rapid execution of high impact Demonstration Projects that conduct research studies in partnerships with health care delivery systems, ultimately making available data, tools and resources from Collaboratory research projects to develop a broadened base of research partnerships with HCS. This FOA extends the current Collaboratory program to address the critical need for pragmatic research on the management of multiple chronic conditions.

- **Behavioral Interventions to Address Multiple Chronic Health Conditions in Primary Care (R01), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-024.html

  Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2014.

  Purpose: To use a common conceptual model to develop behavioral interventions to modify health behaviors and improve health outcomes in patients with comorbid chronic diseases and health conditions….Diseases and health conditions can include, but are not limited to: mental health disorders (e.g., depression), diabetes, smoking, obesity, chronic pain, alcohol and substance abuse and dependence, chronic obstructive pulmonary disorder, cancer and hypertension.

- **Chronic Illness Self-Management in Children and Adolescents (R01), (NIH)**

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http://grants.nih.gov/grants/guide/pa-files/PA-11-070.html

Letter of Intent Due Dates: N/A

Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2014.

Purpose: To encourage research to improve self-management and quality of life in children and adolescents with chronic illnesses. This FOA is restricted to studies of chronic illnesses in children and adolescents ages 8 to 21 grouped by developmental stages according to the discretion of the investigator. Studies of chronic mental illness or serious cognitive disability are beyond the scope of this FOA.

- **Chronic Illness Self-Management in Children and Adolescents (R03), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-071.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2014.

  Purpose: To encourage research to improve self-management and quality of life in children and adolescents with chronic illnesses. This FOA is restricted to studies of chronic illnesses in children and adolescents ages 8 to 21 grouped by developmental stages according to the discretion of the investigator. Studies of chronic mental illness or serious cognitive disability are beyond the scope of this FOA.

- **Chronic Illness Self-Management in Children and Adolescents (R21), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-072.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2014.

  Purpose: To encourage research to improve self-management and quality of life in children and adolescents with chronic illnesses. This FOA is restricted to studies of chronic illnesses in children and adolescents ages 8 to 21 grouped by developmental stages according to the discretion of the investigator. Studies of chronic mental illness or serious cognitive disability are beyond the scope of this FOA.

- **Nutrition and Diet in the Causation, Prevention, and Management of Heart Failure (R01), NIH**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-165.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2014.

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

Purpose: To encourage submission of investigator-initiated research applications on the role of nutrition and diet in the causation, prevention, and treatment of cardiomyopathies and heart failure.

- **Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-11-346.html

  Letter of Intent Due Dates: April 15, 2014

  Application Due Date: May 15, 2014

  Purpose: The purpose of this funding opportunity announcement (FOA) is to develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic disease, the consumption of tobacco, alcohol and other drugs, mental illness or HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. The long-term goal of this FOA is to reduce mortality and morbidity in NA communities. For the purposes of this FOA Native Americans include the following populations: Alaska Native, American Indian, and Native Hawaiian. The term 'Native Hawaiian' means any individual any of whose ancestors were natives, prior to 1778, of the area which now comprises the State of Hawaii.

- **mHealth Tools to Promote Effective Patient–Provider Communication, Adherence to Treatment and Self Management of Chronic Diseases In Underserved Populations (R01), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-330.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2014.

  Purpose: To stimulate research utilizing Mobile Health (mHealth) tools aimed at the improvement of effective patient–provider communication, adherence to treatment and self-management of chronic diseases in underserved populations.

- **mHealth Tools to Promote Effective Patient–Provider Communication, Adherence to Treatment and Self Management of Chronic Diseases In Underserved Populations (R03), (NIH)**

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

http://grants.nih.gov/grants/guide/pa-files/PA-11-331.html

Letter of Intent Due Dates: N/A

Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2014.

Purpose: To stimulate research utilizing Mobile Health (mHealth) tools aimed at the improvement of effective patient–provider communication, adherence to treatment and self-management of chronic diseases in underserved populations.

- **mHealth Tools to Promote Effective Patient–Provider Communication, Adherence to Treatment and Self Management of Chronic Diseases In Underserved Populations (R21), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-332.html

  Letter of Intent Due dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2014.

  Purpose: To stimulate research utilizing Mobile Health (mHealth) tools aimed at the improvement of effective patient–provider communication, adherence to treatment and self-management of chronic diseases in underserved populations.

- **Chronic Inflammation and Age-related Disease (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-13-233.html

  Letter of Intent Due dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2014.

  Purpose: The participating NIH Institutes and Centers invite applications to address both the origins and the effects of low level chronic inflammation in the onset and progression of age-related diseases and conditions. Chronic inflammation, as defined by elevated levels of both local and systemic cytokines and other pro-inflammatory factors, is a hallmark of aging in virtually all higher animals including humans and is recognized as a major risk factor for developing age-associated diseases. The spectra of phenotypes capable of generating low-level chronic inflammation and their defining mediators are not clear. Further, a clear understanding of how chronic inflammation compromises the integrity of cells or tissues leading to disease progression is lacking. The role of dietary supplements and/or nutritional status in chronic inflammation in age-related disease is also poorly studied. Thus, there is a critical need to establish the knowledge base that will allow a better understanding of the complex interplay between inflammation and age-related diseases. Applications submitted to this FOA should aim to

clarify the molecular and cellular basis for the increase in circulating inflammatory factors with aging, and/or shed light on the cause-effect relationship between inflammation and disease, using pre-clinical (animal or cellular based) models.

- **Effects of Secondhand Smoke on Cardiovascular and Pulmonary Disease Mechanisms (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PA-11-244.html

  Letter of Intent Due dates: N/A

  Application Due dates: Standard NIH Due Dates apply. Expires September 8, 2014.

  Purpose: For applications that propose to better characterize the dose-response relationship between secondhand smoke (SHS) exposure and the cardiovascular and pulmonary diseases by improving our understanding of the mechanisms by which SHS contributes to these diseases. The recent Institute of Medicine (IOM) report on "Secondhand Smoke Exposure and Cardiovascular Effects: Making Sense of the Evidence" serves as the basis for this initiative. A wide range of research including animal and human laboratory studies, cohort and case control studies, and natural experiments resulting from home, workplace, and/or community changes in SHS exposure are consistent with this initiative.

- **Prevention and Treatment of Obesity, Diabetes, and Chronic Kidney Disease in Military Populations (R21), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-048.html

  Application Due dates: February 14, June 13, and October 15, 2014. Expires October 16, 2014.

  Purpose: For research on prevention and treatment of obesity, diabetes, and chronic kidney disease in military personnel and their families.

- **Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Etiology, Diagnosis, Pathophysiology, and Treatment (R01) (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-032.html

  Letter of Intent Due dates: January 24, 2014; May 26, 2014; September 24, 2014.

  Application Due dates: February 24, 2014; June 24, 2014; October 24, 2014. Standard NIH Due Dates apply for AIDS applications. Expires October 25, 2014.

  Purpose: For applications that propose to examine the etiology, diagnosis, pathophysiology, and treatment of chronic fatigue syndrome (CFS), sometimes referred

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to as myalgic encephalomyelitis (ME), in diverse groups and across the lifespan. Applications that address gaps in the understanding of the environmental and biological risk factors, the determinants of heterogeneity among patient populations, the common mechanisms influencing the multiple body systems that are affected in ME/CFS are encouraged. The NIH is particularly interested in funding interdisciplinary research that will enhance our knowledge of the disease process and provide evidence based solutions to improve the diagnosis, treatment, and quality of life of all persons with ME/CFS. This interdisciplinary research may include the building of scientific teams to study and develop biomarkers, innovative treatment modalities, and/or the modifiable risk and protective processes specifically targeted by preventive and/or treatment interventions.

- **Myalgic Encephalomyelitis/Chronic Fatigue Syndrome: Etiology, Diagnosis, Pathophysiology, and Treatment (R21) (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-033.html

  Letter of Intent Due dates: January 24, 2014; May 26, 2014; September 24, 2014.

  Application Due dates: February 24, 2014; June 24, 2014; October 24, 2014. Standard NIH Due Dates apply for AIDS applications. Expires October 25, 2014.

  Purpose: For applications that propose to examine the etiology, diagnosis, pathophysiology, and treatment of chronic fatigue syndrome (CFS), sometimes referred to as myalgic encephalomyelitis (ME), in diverse groups and across the lifespan. Applications that address gaps in the understanding of the environmental and biological risk factors, the determinants of heterogeneity among patient populations, the common mechanisms influencing the multiple body systems that are affected in ME/CFS are encouraged. The NIH is particularly interested in funding interdisciplinary research that will enhance our knowledge of the disease process and provide evidence based solutions to improve the diagnosis, treatment, and quality of life of all persons with ME/CFS. This interdisciplinary research may include the building of scientific teams to study and develop biomarkers, innovative treatment modalities, and/or the modifiable risk and protective processes specifically targeted by preventive and/or treatment interventions.

- **Interventions for Health Promotion and Disease Prevention in Native American Populations (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-11-346.html

  Letter of Intent Due dates: April 15, 2013; April 15, 2014.

  Application Due dates: May 15, 2013; May 15, 2014. Expires May 16, 2014.

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If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

Purpose: To develop, adapt, and test the effectiveness of health promotion and disease prevention interventions in Native American (NA) populations. NA populations are exposed to considerable risk factors that significantly increase their likelihood of chronic disease, substance abuse, mental illness, and HIV-infection. The intervention program should be culturally appropriate and promote the adoption of healthy lifestyles, improve behaviors and social conditions and/or improve environmental conditions related to chronic disease, the consumption of tobacco, alcohol and other drugs, mental illness and HIV-infection. The intervention program should be designed so that it could be sustained within the entire community within existing resources, and, if successful, disseminated in other Native American communities. The long-term goal of this FOA is to reduce mortality and morbidity in NA communities.

- **NIDDK Education Program Grants (R25), NIH**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-047.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2015.

  Purpose: To create educational opportunities for undergraduate students, graduate students, and postdoctoral fellows in areas of biomedical or behavioral research of particular interest to the NIDDK, while fostering the career development of these students and fellows.

- **Pilot and Feasibility Clinical Research Grants in Diabetes, and Endocrine and Metabolic Diseases (R21), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-157.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2015.

  Purpose: Pilot and feasibility clinical and behavioral studies related to the prevention or treatment of diabetes and endocrine and genetic metabolic diseases….for exploratory, short-term clinical studies, so that new ideas may be investigated without stringent requirements for preliminary data.

- **Secondary Analyses in Obesity, Diabetes and Digestive and Kidney Diseases (R21), (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-125.html

  Letter of Intent Due Dates: N/A

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Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2015.

Purpose: To conduct secondary analysis of existing data sets relevant to diabetes and endocrine and metabolic diseases; digestive diseases and nutrition, including obesity and eating disorders; and kidney, urologic, and hematologic diseases. The goal of this program is to facilitate research that explores innovative hypotheses through the use of existing data sets.

- **Lymphatics in Health and Disease in the Digestive, Urinary, Cardiovascular and Pulmonary Systems (R01) (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-259.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2015.

  Purpose: For research into aspects of lymphatic vessel physiology and pathophysiology related to health and disease of digestive system and urinary tract organs, and cardiovascular and pulmonary systems; in resolution of thromboembolic events; and inflammation and immune responses as they relate to these diseases. However, studies with the major focus on immune mechanisms will not be considered responsive. Studies to understand the factors that control local lymphatic vessel functional anatomy and physiology during health or disease in these organs/systems, and the mechanisms by which alterations of lymphatic vessel function affect organ function, are of interest.

- **Renal Function and Chronic Kidney Disease in Aging (R01) (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-211.html

  Letter of Intent Due Dates: N/A

  Application Due dates: Standard NIH Due Dates Apply. Expires September 8, 2015.

  Purpose: For applications that propose basic, clinical, and translational research on chronic kidney disease (CKD) and its consequences in aging and in older persons. Applications should focus on the 1) biology and pathophysiology of CKD in animal models; 2) etiology and pathophysiology of CKD in older adults; 3) epidemiology and risk factors for the development of CKD with advancing age; and/or 4) diagnosis, medical management and clinical outcomes of CKD in this population. Research supported by this initiative should enhance knowledge of CKD and its consequences in older adults and provide evidence-based guidance in the diagnosis, prevention, and treatment of CKD in older persons.

- **Renal Function and Chronic Kidney Disease in Aging (R21) (NIH)**

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http://grants.nih.gov/grants/guide/pa-files/PA-12-210.html

Letter of Intent Due Dates: N/A

Application Due dates: Standard NIH Due Dates Apply. Expires September 8, 2015.

Purpose: For applications that propose basic, clinical, and translational research on chronic kidney disease (CKD) and its consequences in aging and in older persons. Applications should focus on the 1) biology and pathophysiology of CKD in animal models; 2) etiology and pathophysiology of CKD in older adults; 3) epidemiology and risk factors for the development of CKD with advancing age; and/or 4) diagnosis, medical management and clinical outcomes of CKD in this population. Research supported by this initiative should enhance knowledge of CKD and its consequences in older adults and provide evidence-based guidance in the diagnosis, prevention, and treatment of CKD in older persons.

- **Pilot and Feasibility Clinical Research Grants in Kidney or Urologic Diseases (R21)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-11-352.html

  Letter of Intent Due Dates: N/A

  Application Due dates: Standard NIH Due Dates Apply. Expires January 8, 2015.

  Purpose: For Exploratory/Developmental Research Grants (R21) that propose small scale or pilot and feasibility clinical and translational research studies, including epidemiological studies or clinical trials related to kidney or urologic disease research. Studies should address important clinical and translational questions and are potentially of high clinical and public health impact. It is anticipated that some projects supported by these grants may lead to full-scale clinical studies including diagnostic strategies, epidemiological studies, or randomized clinical trials of diagnosis, prevention, or treatment of kidney or urologic diseases.

- **Advances in Polycystic Kidney Disease (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-064.html

  Application Due dates: Standard NIH Due Dates apply. Expires January 8, 2016.

  Purpose: To increase investigator interest in basic and applied investigations of the etiology and pathogenesis of Polycystic Kidney Disease (PKD), in both its autosomal dominant and autosomal recessive forms. The ultimate aim is to facilitate PKD-related research studies, which will provide the basis for new therapeutic approaches.

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- **Ancillary Studies of Acute Kidney Injury, Chronic Kidney Disease, and End Stage Renal Disease Accessing Information from Clinical Trials, Epidemiological Studies, and Databases (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-299.html

  Letter of Intent Due Dates: N/A

  Application Due dates: Standard NIH Due Dates apply. Expires January 8, 2016.

  Purpose: For investigator-initiated research project applications for ancillary studies to ongoing or completed clinical trials, existing administrative and clinical databases and epidemiological studies of kidney disease as well as clinical trials and epidemiological studies for other diseases or populations that lend themselves to the study of acute kidney injury and chronic kidney disease. These studies may range from new analyses of existing datasets of completed studies to additional collection of data and biological specimens in ongoing investigations. The goal of these studies should be to extend our understanding of the risk factors for developing kidney disease and their associated co-morbid illnesses such as malnutrition and cardiovascular disease, factors associated with rapid decline in kidney function among persons with chronic kidney disease, and the impact of these diseases on quality of life and mental and physical functioning. Investigations of acute kidney injury, including biomarkers are also an appropriate topic for investigation. Studies ancillary to both government and non-government supported clinical trials and epidemiological studies are encouraged. Analysis of large public access databases and other databases is also encouraged.

- **Lymphatics in Health and Disease in the Digestive, Urinary, Cardiovascular and Pulmonary Systems (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-12-259.html

  Letter of Intent Due Dates: N/A

  Application Due dates: Standard NIH Due Dates apply. Expires September 8, 2015.

  Purpose: For research into aspects of lymphatic vessel physiology and pathophysiology related to health and disease of digestive system and urinary tract organs, and cardiovascular and pulmonary systems; in resolution of thromboembolic events; and inflammation and immune responses as they relate to these diseases. However, studies with the major focus on immune mechanisms will not be considered responsive. Studies to understand the factors that control local lymphatic vessel functional anatomy and physiology during health or disease in these organs/systems, and the mechanisms by which alterations of lymphatic vessel function affect organ function, are of interest.

- **Lymphatics in Health and Disease in the Digestive, Urinary, Cardiovascular and Pulmonary Systems (R21)**

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

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http://grants.nih.gov/grants/guide/pa-files/PAR-12-260.html

Letter of Intent Due Dates: N/A
Application Due dates: Standard NIH Due Dates apply. Expires September 8, 2015.

Purpose: To encourage Exploratory/Developmental Grant (R21) applications for research into aspects of lymphatic vessel physiology and pathophysiology related to health and disease of digestive, cardiovascular and pulmonary system organs and resolution of thromboembolic events, and inflammation and immune responses as they relate to these diseases. However, studies with the major focus on immune mechanisms will not be considered responsive. Studies to understand the factors that control local lymphatic vessel functional anatomy and physiology during health or disease in these organs and systems, and the mechanisms by which alterations of lymphatic vessel function affect organ function, are of interest.

- **Drug Discovery for Nervous System Disorders (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PAR-13-048.html

  Letter of Intent Due Dates: N/A

  Application Due dates: Standard NIH Due Dates apply. Expires January 8, 2016.

  Purpose: For research grant applications directed toward the discovery and preclinical testing of novel compounds for the prevention and treatment of nervous system disorders.

- **Ancillary Studies of Acute Kidney Injury, Chronic Kidney Disease, and End Stage Renal Disease Accessing Information from Clinical Trials, Epidemiological Studies, and Databases (R01) (NIH)**

  http://grants.nih.gov/grants/guide/pa-files/PA-12-299.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires January 8, 2016.

  Purpose: For ancillary studies to ongoing or completed clinical trials, existing administrative and clinical databases and epidemiological studies of kidney disease as well as clinical trials and epidemiological studies for other diseases or populations that lend themselves to the study of acute kidney injury and chronic kidney disease. These studies may range from new analyses of existing datasets of completed studies to additional collection of data and biological specimens in ongoing investigations. The goal of these studies should be to extend our understanding of the risk factors for developing kidney disease and their associated co-morbid illnesses such as malnutrition and

cardiovascular disease, factors associated with rapid decline in kidney function among persons with chronic kidney disease, and the impact of these diseases on quality of life and mental and physical functioning. Investigations of acute kidney injury, including biomarkers are also an appropriate topic for investigation. Studies ancillary to both government and non-government supported clinical trials and epidemiological studies are encouraged. Analysis of large public access databases and other databases is also encouraged.

- **Innovative Research Methods: Prevention and Management of Symptoms in Chronic Illness (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-165.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2016.

  Purpose: This funding opportunity seeks to update the randomized control trial (RCT) design using novel research methods that are practical, innovative, and hold promise for producing more effective outcomes. Novel clinical research designs, applied to symptom management trials, may identify those treatment strategies that best alter the course of symptom burden in chronic illness by addressing the issues of varied treatment responses across patients, subject retention, and adherence to treatment regimens. For example, "sequential multiple assignment randomization trials" (SMART) design have been used successfully to develop dynamic treatment regimens for alcohol, depression and HIV infection but are not widely used in symptom management trials. The approach is pragmatic in that it mimics clinical practice by allowing a re-evaluation of treatment options based on an individual's progress towards treatment goals. The levels or inclusion of intervention components are tailored in response to individual characteristics or progress toward a treatment goal. Subjects may be randomly assigned several times to varying amounts and types of intervention components based on predetermined decision rules. This "sequential decision making" process allows for the initial intervention to be adapted and provides subjects with options for achieving a favorable outcome. A "Multiphase optimization strategy "(MOST) could also prove useful when applied to symptom management trials. This design leads to identification of a likely best intervention that can be evaluated at optimal levels in an RCT, through an iterative process of empirical research and discovery. In addition large scale Electronic Health Records (EHR) enabled research and other data mining efforts to identify likely best interventions that could be further tested in clinical trials is needed. The screening of viable treatment regimens and strategies from observational databases has the potential to find patterns of treatment and perhaps the optimal, naturalistic sequencing strategies used in current practice for managing symptoms. These natural trends in treatment variation may form the basis of explicit dynamic treatment regimens that can be tested in comparative trials. Finally comparative effectiveness research is needed to enhance trials that seek to determine the most potent intervention(s) for symptom prevention and management in chronic illness. Determining these interventions through

comparative effectiveness research will inform healthcare decisions by providing evidence on the benefits and harms of different treatment strategies.

- **Innovative Research Methods: Prevention and Management of Symptoms in Chronic Illness (R21)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-167.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2016.

  Purpose: This funding opportunity seeks to update the randomized control trial (RCT) design using novel research methods that are practical, innovative, and hold promise for producing more effective outcomes. Novel clinical research designs, applied to symptom management trials, may identify those treatment strategies that best alter the course of symptom burden in chronic illness by addressing the issues of varied treatment responses across patients, subject retention, and adherence to treatment regimens. For example, "sequential multiple assignment randomization trials" (SMART) design have been used successfully to develop dynamic treatment regimens for alcohol, depression and HIV infection but are not widely used in symptom management trials. The approach is pragmatic in that it mimics clinical practice by allowing a re-evaluation of treatment options based on an individual's progress towards treatment goals. The levels or inclusion of intervention components are tailored in response to individual characteristics or progress toward a treatment goal. Subjects may be randomly assigned several times to varying amounts and types of intervention components based on predetermined decision rules. This "sequential decision making" process allows for the initial intervention to be adapted and provides subjects with options for achieving a favorable outcome. A "Multiphase optimization strategy "(MOST) could also prove useful when applied to symptom management trials. This design leads to identification of a likely best intervention that can be evaluated at optimal levels in an RCT, through an iterative process of empirical research and discovery. In addition large scale Electronic Health Records (EHR) enabled research and other data mining efforts to identify likely best interventions that could be further tested in clinical trials is needed. The screening of viable treatment regimens and strategies from observational databases has the potential to find patterns of treatment and perhaps the optimal, naturalistic sequencing strategies used in current practice for managing symptoms. These natural trends in treatment variation may form the basis of explicit dynamic treatment regimens that can be tested in comparative trials. Finally comparative effectiveness research is needed to enhance trials that seek to determine the most potent intervention(s) for symptom prevention and management in chronic illness. Determining these interventions through comparative effectiveness research will inform healthcare decisions by providing evidence on the benefits and harms of different treatment strategies.

- **Innovative Research Methods: Prevention and Management of Symptoms in Chronic Illness (R15)**

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

http://grants.nih.gov/grants/guide/pa-files/PA-13-166.html

Letter of Intent Due Dates: N/A

Application Due Date: Standard NIH Due Dates apply. Expires May 8, 2016.

Purpose: This funding opportunity seeks to update the randomized control trial (RCT) design using novel research methods that are practical, innovative, and hold promise for producing more effective outcomes. Novel clinical research designs, applied to symptom management trials, may identify those treatment strategies that best alter the course of symptom burden in chronic illness by addressing the issues of varied treatment responses across patients, subject retention, and adherence to treatment regimens. For example, "sequential multiple assignment randomization trials" (SMART) design have been used successfully to develop dynamic treatment regimens for alcohol, depression and HIV infection but are not widely used in symptom management trials. The approach is pragmatic in that it mimics clinical practice by allowing a re-evaluation of treatment options based on an individual's progress towards treatment goals. The levels or inclusion of intervention components are tailored in response to individual characteristics or progress toward a treatment goal. Subjects may be randomly assigned several times to varying amounts and types of intervention components based on predetermined decision rules. This "sequential decision making" process allows for the initial intervention to be adapted and provides subjects with options for achieving a favorable outcome. A "Multiphase optimization strategy "(MOST) could also prove useful when applied to symptom management trials. This design leads to identification of a likely best intervention that can be evaluated at optimal levels in an RCT, through an iterative process of empirical research and discovery. In addition large scale Electronic Health Records (EHR) enabled research and other data mining efforts to identify likely best interventions that could be further tested in clinical trials is needed. The screening of viable treatment regimens and strategies from observational databases has the potential to find patterns of treatment and perhaps the optimal, naturalistic sequencing strategies used in current practice for managing symptoms. These natural trends in treatment variation may form the basis of explicit dynamic treatment regimens that can be tested in comparative trials. Finally comparative effectiveness research is needed to enhance trials that seek to determine the most potent intervention(s) for symptom prevention and management in chronic illness. Determining these interventions through comparative effectiveness research will inform healthcare decisions by providing evidence on the benefits and harms of different treatment strategies.

- **Secondary Analyses of Alcohol and Chronic Disease (R01)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-260.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2016.

Unless otherwise specified, Letters of Intent are not required, not binding, and do not enter into the review of a subsequent application.

If you would like support applying for any of these opportunities, please contact Dr. Pam Factor-Litvak, Associate Dean for Research Resources (R^2) at prf1@columbia.edu.

Purpose: This Funding Opportunity Announcement (FOA) encourages R01 applications that propose to conduct secondary analyses of alcohol as it relates to chronic disease etiology and epidemiology. The goal of this program is to facilitate innovative yet cost-effective research utilizing previously collected data.

- **Secondary Analyses of Alcohol and Chronic Disease (R03)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-261.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2016.

  Purpose: This Funding Opportunity Announcement (FOA) encourages R03 applications that propose to conduct secondary analyses of alcohol as it relates to chronic disease etiology and epidemiology. The goal of this program is to facilitate innovative yet cost-effective research utilizing previously collected data.

- **Secondary Analyses of Alcohol and Chronic Disease (R21)**

  http://grants.nih.gov/grants/guide/pa-files/PA-13-251.html

  Letter of Intent Due Dates: N/A

  Application Due Date: Standard NIH Due Dates apply. Expires September 8, 2016.

  Purpose: This Funding Opportunity Announcement (FOA) encourages R21 applications that propose to conduct secondary analyses of alcohol as it relates to chronic disease etiology and epidemiology. The goal of this program is to facilitate innovative yet cost-effective research utilizing previously collected data.