will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail.

Please Refer To Announcement number 99139 When Requesting Information and Submitting an Application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained by contacting: Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99139, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341, telephone (770) 488–2721, Email address: vxw1@cdc.gov

For program technical assistance, contact: Audrey L. Burwell, M.S., Minority Health Statistics Grants, Program Director, National Center for Health Statistics, CDC, 6525 Belcrest Road, Room 1100, Hyattsville, MD 20782, Telephone: (301) 436–7062, extension 127, Email: azb2@CDC.GOV, Program Website: www.cdc.gov/nchswww/about/grants/grants.htm

Dated: May 12, 1999.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–12439 Filed 5–17–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99064]

Racial and Ethnic Approaches to Community Health 2010; (REACH 2010) Demonstration Projects; Notice of Availability of Funds

The President has committed the nation to an ambitious goal by the year 2010 to eliminate disparities in health status experienced by racial and ethnic minority populations in key areas while continuing the progress we have achieved in improving the overall health of the American people. In support of this effort, the Department of Health and Human Services identified six priority areas in which racial and ethnic minorities experience serious health disparities: Infant Mortality, Deficits in Breast and Cervical Cancer Screening and Management, Cardiovascular Diseases, Diabetes, Human Immunodeficiency Virus(HIV)Infections/Acquired Immunodeficiency Syndrome(AIDS), and Deficits in Child and/or Adult Immunizations. On behalf of the DHHS-wide collaborative effort, the Centers for Disease Control and Prevention (CDC) will coordinate and manage a major component of activities to support this initiative; this component is composed of community based demonstration projects to address the six identified priority areas of health disparities.

CDC is committed to achieving the health promotion and disease prevention objectives of the Department of Health and Human Services' Initiative to Eliminate Racial and Ethnic Health Disparities, Healthy People 2000, a nationwide strategy to reduce morbidity and mortality and improve the quality of life. This announcement relates to the Healthy People 2000 focus areas of Maternal and Infant Health, Diabetes and Chronic Disabling Conditions, Heart Disease and Stroke, HIV Infection, Cancer, and Immunization and Infectious Diseases.

A. Purpose

CDC announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for organizations serving racial and ethnic minority populations at increased risk for infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates.

Note: There will be a video-conference Pre-Application Workshop on Friday, May 28, 1999. For more information, contact Letitia Presley-Cantrell at (770) 488–5426 or E-mail ccdinfo@cdc.gov

The Racial and Ethnic Approaches to Community Health 2010 (REACH 2010) Demonstration Projects are two-phase projects whose purpose is for communities to mobilize and organize their resources in support of effective and sustainable programs which will eliminate the health disparities of racial and ethnic minorities. These demonstrations require but are not limited to collaboration of experts in developing and managing health promotion programs and experts in conducting health-related research. Such collaboration is needed in order to identify and/or develop successful community-based disease prevention and health promotion models that can be replicated for the ultimate goal of eliminating health disparities among racial and ethnic minorities.

The REACH 2010 Demonstration Projects will examine science-based community level interventions which could be effective in eliminating health disparities, with the goal of replicating their successes in other communities.

Phase I is a 12-month planning Phase to organize and prepare infrastructure for Phase II. Cooperative agreements in Phase I will support the planning and development of demonstration programs using a collaborative multi-agency and community participation model. Phase I may also include the development of baseline measures for assessing the outcomes of the projects. Upon completion of Phase I, grantees will have utilized appropriate data and developed a Community Action Plan (CAP) designed to reduce the level of disparity within the selected communities in one or more of the six priority areas of infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates. Please note that applications addressing related priority areas (e.g. diabetes and cardiovascular diseases, HIV infection/AIDS and infant mortality) will be considered.

Phase II is the implementation of a demonstration project of specified interventions for specified priority area(s), for a well defined minority population. Phase II also involves appropriate evaluations of interventions and outcomes of the project.

B. Eligible Applicants

Applications may be submitted by public and private nonprofit organizations and by governments and their agencies; that is, universities, colleges, research institutions, hospitals, other public and private nonprofit organizations, State and local governments or their bona fide agents, federally recognized Indian tribal governments as well as non-federally recognized tribes and other organizations that qualify under the Indian Civil Rights Act, State Charter Tribes, Urban Indian Health Programs, Indian Health Boards, and Inter-Tribal Councils.

Minimal Requirements

1. Proposal

The Applicant must target one or more specific racial or ethnic minority communities that is African American, American Indian or Alaska Native, Hispanic American, Asian American, or Pacific Islander. Communities or groups which cannot be specified under these categories will not be considered.

2. Lead organization (CCO)

The applicant must be the lead organization, or Central Coordinating Organization (CCO), for a community coalition to focus on minority health concerns. The applicant must have at least two years of such relevant experience within the past four years. The CCO must have direct fiduciary responsibility over the administration and management of the project. All applicants must include proof of collaborative relationships with at least three (3) other organizations (see requirements for Coalition Membership below) as evidenced by a detailed (delineating responsibilities and budgetary support) and signed Memoranda of Agreements (or other official documentation) among the participants. The rationale for selection of the lead organization should be included.

3. Coalition Membership

Coalitions (including the CCO) must have at a minimum a community-based organization and three other organizations, of which at least one must be either:

a. local or state health department, or

b. university of research organization.

The applicant must be able to show strong representation by the minority community in the coalition.

4. Tax-exempt status

For those applicants applying as a private, nonprofit organization, proof of tax-exempt status must be provided with the application. Tax-exempt status is determined by the Internal Revenue Service (IRS) Code, Section 501(c)(3). Any of the following is acceptable evidence:

a. A reference to the organization's listing in the IRS's most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.

b. A copy of a currently valid IRS tax-exemption certificate.

c. A statement from a state taxing body, State Attorney General, or other appropriate state official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.

d. A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

C. Availability of Funds

In FY 1999, CDC expects to provide approximately $9,400,000 for funding approximately 30 Phase I cooperative agreements. It is expected that the average award will be $250,000, with awards ranging from $200,000 to $300,000. It is expected that the awards will begin on or about September 30, 1999 and will be made for a 12 month budget period.

Only applicants selected for Phase I will be eligible to compete for additional funds to implement and evaluate the demonstration program of Phase II. Phase I recipients which successfully compete for Phase II awards may anticipate an additional four years of funding (for a total project period of five (5) years for Phase I and Phase II). Funding estimates, and continuation of awards, may change based on the availability of funds.

Approximately $30 million may be available to fund approximately 15–20 Phase II cooperative agreements. Criteria for selection of Phase II grantees are:

1. Extent to which Phase I requirements were met.

2. Appropriate definition of the level of health disparity among the target population and the extent of the disparity.

3. Potential for proposed interventions to affect the priority area(s).

4. Extent of inclusion of community participants and partners. Awardee will specifically be evaluated on their ability to recruit and maintain appropriate community and public/private collaborators.

5. The potential for community action plans to assure sustainability of the effort.

6. The potential for the community action plans to leverage additional public and/or private resources to support the overall prevention effort.

7. The appropriateness and thoroughness of the evaluation process to assess the impact and effectiveness of the project intervention in the community.

8. The appropriateness and thoroughness of the data collection infrastructure that is planned for and developed for the demonstration project.

Should additional funding become available in the future, grantees funded under Phase I, but not funded for Phase II, will receive preference for funding.

Use of Funds

Under this program announcement, funds may not be used for research involving human subjects until Institutional Review Board (IRB) approval is obtained. Funds may be restricted until appropriate IRB clearances and procedures are in place.

Funds may be used for priority areas only. However, this does not restrict the applicant from documenting the association of underlying causes and relationship to priority areas.

Funds may not be used to support direct patient medical care, or facilities construction in Phase I or Phase II, or to supplant or duplicate existing funding.

Although applicants may contract with other organizations under these cooperative agreements, applicants must perform a substantial portion of the activities (including program management and operations) for which funds are requested.

Funding Preferences

Geographic distribution among communities across the United States, diversity in priority areas, and racial/ethnic diversity will be funding considerations.

Each applicant may submit only one application, and our intent is to fund one award per community; therefore, applicants from the same geographic area are encouraged to collaborate. Applicants must describe the geographic boundaries and make-up of the area for which it is applying. A community will not be eligible for multiple awards for different priority areas. However, applications addressing related priority areas (e.g. diabetes and cardiovascular diseases, HIV infection/AIDS and infant mortality) will be considered.

D. Program Requirements

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities under 1. Recipient Activities, and CDC will be responsible for the activities under 2. CDC Activities:

1. Recipient Activities—Phase I

a. Enhance community coalition by identifying all appropriate additional partners, including community-based organizations, academic, foundations, State and local health agencies, Indian Health Boards, NRMOs, etc., from which to strengthen the community's overall ability to eliminate the health disparities of the target population, and to demonstrate the changes in health disparities. The applicant must be able to show strong representation by the targeted minority community in the coalition.

b. Establish community working groups to address critical program

issues, and enhance local partnerships to strengthen the overall commitment of the community. Establish linkages with national and state partners (governmental and non-governmental) and other interested organizations.

c. Coordinate and use relevant data and community input to assess the extent of the problem in the selected program priority areas (infant mortality, diabetes, cardiovascular diseases, HIV infection/AIDS, deficits in breast and cervical cancer screening and management, or deficits in child and/or adult immunization rates).

d. Select intervention strategies which have the most promising potential for reducing the health disparities of the target population. Develop a Community Action Plan reflecting the intervention strategies, and other activities proposed for Phase II.

e. Identify data sources and establish outcome and process evaluation measures to be reviewed at the completion of Phase I. (Examples of possible performance measures are provided in the Addendum). Collaborate with CDC, academic partners or other appropriate organizations, to determine an appropriate evaluation of the program and to identify promising intervention strategies for Phase II.

f. Participate in up to 3 CDC sponsored workshops for technical assistance, planning, evaluation and other essential programmatic issues.

Phase II:

a. Implement the community action plan addressing the selected priority area(s) for the target population. Initiate actions to assure the interventions are administered effectively, appropriately and in a timely manner.

b. Collect appropriate data to monitor and evaluate the program including process and outcome measures.

c. Maintain linkages and collaborations with local partners, and develop new linkages with state and national partners.

d. Collaborate with academic or other appropriate institutions in the analysis and interpretation of the data.

e. Establish mechanisms with other public and/or private groups to maintain financial support for the program at the conclusion of federal support.

f. Participate in conferences and workshops to inform and educate others regarding the experiences and lessons learned from the project, and collaborate with appropriate partners to publish the results of the project to the public health community.

2. CDC Activities

a. Provide consultation and technical assistance in the planning and evaluation of program activities.

b. Provide up-to-date scientific information on the basic epidemiology of the priority area(s), recommendations on promising intervention strategies, and other pertinent data and information needs for the specified priority area(s) including prevention measures and program strategies.

c. Assist in the analysis of data and evaluation of program progress.

d. Assist recipients in collaborating with State and local health departments, community planning groups, foundations and other funding institutions, and other potential partners.

e. Foster the transfer of successful prevention interventions and program models through convening meetings of grantees, workshops, conferences, and communications with project officers.

E. Application Content

Each applicant may submit only one application. Applicants should use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Applications will be evaluated on the criteria listed, so it is important to follow them in laying out the program plan. In developing this plan, applicants must describe a community-based program within at least one of the six following priority areas: (1) Infant mortality, (2) diabetes, (3) cardiovascular diseases, (4) HIV infection/AIDS, (5) deficits in breast and cervical cancer screening and management, or (6) deficits in child and/or adult immunizations, that specifically focus on a geographically defined racial or ethnic minority community that is African American, American Indian, Alaska Native, Hispanic American, Asian American, or Pacific Islander.

The narrative should be no more than 30 double-spaced pages, printed on one side, with one inch margins, and 12 point font. The thirty pages does not include budget, appended pages, or items placed in appended pages (resumes, agency descriptions, etc.). The narrative should include:

1. One Page Abstract

Describe:

a. the Central Coordinating Organization (type of organization and relevant experience);

b. membership in the coalition (types of organizations as specified in ''Eligible Applicants'' Section;

c. target racial/ethnic minority population(s) to be served; and

d. health priority area(s) to be addressed.

2. Introduction

A brief summary of which geographically defined racial or ethnic group or groups the applicant will target, the population size of both the ethnic or racial group(s) and total population of the catchment area of the applicant and its partners, the geographic boundaries in which the applicant will operate (append a legible map to the application) and the priority area(s) chosen for the proposal. The enclosed Addendum includes a table that provides sample sizes that could be needed to demonstrate a statistically significant intervention effect. Based on this table, it has been calculated that a minimum of 3000 persons with the disease or health priority condition per community will be necessary to find statistically significant results. Since many of the communities may have considerably smaller sample sizes, for the purpose of this announcement, a target population size of 3000 is desirable but not mandatory. Applicants are encouraged to include as large a population as possible in order to find statistically significant results once an intervention is selected.

3. Community Need and Priority Area(s)

A description of the specific community's health problem and need for the priority area(s) for which the applicant will address. Any data in support of the priority area(s) and which defines the degree of disparity in terms of mortality or morbidity (or other measures appropriate to the priority area(s). All sources of data and information must be referenced.

4. Organizational Summary (CCO and Coalition Members)

A brief organizational summary of the CCO including mission statement, history of incorporation, and experience in community-based work. Relevant supporting documents (including resumes and job descriptions of participating staff) should be appended to the application, but should not be included in this summary.

A brief history of the CCO's experience in operating and centrally administering a coordinated public health or related program serving the proposed and geographically defined racial or ethnic minority populations (including program data collection and interventions for one or more of the six (6) priority areas). Applicant must have at least two years of such relevant

experience within the past four years. Applicants should describe the extent to which racial and ethnic minorities are represented on governing boards and in key leadership positions. Applicants should provide descriptions of two years of other collaborative ventures within the past four years and document: (a) the accomplishments of those collaborative ventures, and (b) the characteristics that led to the accomplishments. Applicant must describe nature of coalition and members of coalition by type of organization and relevant organizational experience. The applicant must be able to show strong representation by the targeted minority community in the coalition. Signed Memoranda of Agreement (or other official documentation) of the relevant collaboration should be appended to the document, but not included in this section of the narrative. Tribal resolution(s) or letter(s) of support from tribal chair(s) or president(s) should be appended to this section of the document for those applicants applying as tribes.

5. History and experience in working with ethnic/racial groups

Succinctly describe your experience working directly with the target population for at least two years in the selected communities during the past four years. Applicants should also explain their current relationship with the target population. Any other related experience in which the applicant was involved but not the lead organization, but which is specific to the target population should also be included. Letters of support, awards, newspaper articles, evaluation reports, and other forms of recognition which validate statements and past efforts should be appended to the application.

6. Community Action Plan

A description of plans for developing and organizing the planning effort, to include who is or should partner in the effort, how community participation will be obtained, how the applicant anticipates enhancing the sustainability of the effort, including improving linkages with collaborators and other organizations to leverage more resources (such as foundations, health departments, and other potentially influential and beneficial groups), how the applicant will collect data and information to track progress towards project goals of decreasing disparities. Letters of support from agencies, institutions, and other potential collaborators as well as any examples of previous planning documents should be appended to the application.

7. Evaluation Plan

A description of the evaluation and monitoring process that the applicant will use to track and measure progress in Phase I. The evaluation plan should include time-specific objectives which account for the major activities of the community action plan, the means of tracking and measuring the collaborative work with coalition partners, and any other relevant process measures. Time lines, objectives, and other supporting documentation should be included in the appendix for this section.

8. Budget

Provide a line-item budget with a detailed, narrative justification that is consistent with the purpose and objectives of this cooperative agreement.

9. Human Subjects

Adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects.

F. Submission and Deadline

Letter of Intent (LOI) Organizations intending to apply are encouraged to submit a non-binding letter of intent to the address below. Your letter of intent should include the following information:

1. Identify the project by name and announcement number 99064.

2. Identify the geographic location, health priority area(s), and racial/ethnic group which the application will address.

3. Identify Central Coordinating Organization (CCO) and Coalition Members.

This process will enable CDC to plan more efficiently for the processing and review of the applications.

Please submit the letter of intent to the address below on or before June 1, 1999.

Send the letter to: Adrienne S. Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99064, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, Georgia 30341–4146,

or

E-mail: asm1@cdc.gov

Application: Submit the original and five copies of PHS–398 (OMB Number 0925–0001) (adhere to the instructions on the Errata Instruction Sheet for PHS 398). Forms are in the application kit. Submit the application on or before June 30, 1999, to the business management contact listed in Section J., ''Where to Obtain Additional Information.''

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

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

G. Evaluation Criteria (100 points)

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Background on Community and Priority Area(s): (25 Points)

a. The extent to which the applicant clearly defines the racial/ethnic group(s), geographic community, and priority area(s) to be addressed.

b. The extent to which the applicant uses data if such data are available and other supporting evidence to document the disparities within the group, and the appropriateness of the target population sizes (see addendum) for the priority area(s) selected. The enclosed Addendum includes a table that provides sample sizes that could be needed to demonstrate a statistically significant intervention effect. Based on this table, it has been calculated that a minimum of 3000 persons with the disease or health priority condition per community will be necessary to find statistically significant results. Since many of the communities may have considerably smaller sample sizes, for the purpose of this announcement, a target population size of 3000 is desirable but not mandatory. Applicants are encouraged to include as large a population as possible in order to find statistically significant results once an intervention is selected.

c. The degree of the disparity between the target population and the general population based on local data wherever available, or from State or national level

data which directly supports the basis for the health disparity in the priority area(s) selected.

2. Organizational Summary: (20 Points)

a. Extent to which applicant describes the history, nature, and extent of its relevant experience in organizing community activities and details at least two years of relevant experience within that past four years with supporting documentation.

b. Extent to which the applicant describes existing facilities and staff (including resumes and job descriptions) to accomplish the desired outcomes of Phase I.

c. The adequacy of proposed staffing and collaborations with partners, particularly to meet the design and evaluation needs of the project. Include the nature of coalition and members of coalition by type of organization and relevant organizational experience. The applicant must show strong representation by the minority community in the coalition.

3. History and Experience in working on public health programs with Ethnic/Racial Groups: (25 Points)

a. Extent to which the applicant documents its experience and successes in operating and centrally administering a coordinated public health or related program serving the target population for at least two years (within the past four years) for the selected priority area(s) (including appended letters of support).

b. Extent of experience in other public health programs, and public health research or related data collection.

4. Community Action Plan (CAP): (20 Points)

Extent to which the applicant demonstrates a thorough and reasonable plan for the development of their CAP, including the assurance of community participation and participation of coalition members in the planning of the CAP.

5. Evaluation plan: (10 points)

a. Extent to which the applicant presents a reasonable and thorough evaluation plan for Phase I.

b. Appropriateness of evaluation methods, goals, objectives, and time lines to the development of the community action plan and the overall planning effort, and identification of data and information sources needed to track progress toward the project's objectives.

6. Budget (Not Scored)

Extent to which a line-item budget is presented, justified, and is consistent with the purposes and objectives of the cooperative agreement.

7. Human Subjects (Not Scored)

Does the application include a plan to adequately address the requirements of Title 45 CFR Part 46 for the protection of human subjects?

H. Other Requirements

Technical Reporting Requirements—Provide CDC with original plus two copies of

1. progress reports semiannually;

2. financial status report, no more than 90 days after the end of the budget period; and

3. final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the business management contact listed in Section J., ''Where to Obtain Additional Information.''

The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR–1 Human Subjects Requirements
AR–2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research
AR–4 HIV/AIDS Confidentiality Provisions
AR–5 HIV Program Review Panel Requirements
AR–7 Executive Order 12372 Review
AR–8 Public Health System Reporting Requirements
AR–9 Paperwork Reduction Act Requirements
AR–10 Smoke-Free Workplace Requirements
AR–11 Healthy People 2000
AR–12 Lobbying Restrictions
AR–14 Accounting System Requirements
AR–15 Proof of Non-Profit Status

I. Authority and Catalog of Federal Domestic Assistance (CFDA) Number

This program is authorized under sections 301(a) and 317(k)(2) of the Public Health Service Act [42 U.S.C. 241(a)and 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance number is 93.945.

J. Where To Obtain Additional Information

To receive additional written information and to request an application kit, call 1–888–GRANTS4 (1–888–472–6874). You will be asked to leave your name and address and will be instructed to identify the Program Announcement Number 99064.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Adrienne S. Brown, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Announcement 99064, Centers for Disease Control and Prevention (CDC), 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146, Telephone: (770) 488–2755, E-mail: asm1@cdc.gov

For this and other CDC announcements, see the CDC home page on the Internet: http://www.cdc.gov

For program technical assistance, contact: Letitia Presley-Cantrell, Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), 4770 Buford Hwy, NE, Mailstop K–30, Atlanta, Georgia 30341, Telephone: (770) 488–5426, E-mail: ccdinfo@cdc.gov

Dated: May 12, 1999.

Henry S. Cassell,

Acting Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 99–12532 Filed 5–17–99; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99115]

Cooperative Agreements for Strategies To Prevent Genital Herpes Infections: Building A National Prevention Program, Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1999 funds for a cooperative agreement program for prevention research on genital herpes simplex virus (HSV) infections. This program addresses the ''Healthy People 2000'' priority area Sexually Transmitted Diseases. The purpose of the program is to stimulate and support projects that will address existing gaps in our knowledge about the psycho social and economic burden of HSV and strategies to prevent transmission of genital herpes simplex infections in the United States in the context of new diagnostic technologies and new therapeutic strategies.

This program has four general objectives: (1) to assess behavioral and psycho social impact and indirect and