

270 DP 12051



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service  
National Institutes of Health

National Center for Complementary  
and Alternative Medicine  
6707 Democracy Blvd., Suite 401  
Bethesda, Maryland 20892-5475  
nccam.nih.gov

February 12, 2004

Leslie E. Korn, Ph.D.  
Center for World Indigenous Studies  
Center for Traditional Medicine  
1001 Cooper Point Rd.SW, Suite 140-214  
Olympia, WA 98502

Reference: 1R21AT001627-01A1 Polarity Therapy for Dementia Caregivers

Dear Dr. Korn:

I am pleased to inform you that the National Center for Complementary and Alternative Medicine (NCCAM) expects to offer support for the application referenced above. This decision is based on the recommendation of a Scientific Review Group (SRG), the concurrence of the National Advisory Council of Complementary and Alternative Medicine, and the scientific priorities of the NCCAM. However, this letter is not an official award notice. No publicity releases should be made in regard to the application prior to receipt of the official Notice of Grant Award (NGA). NIH encourages applicants to seek detailed information about the award and administration of grants in the NIH Grants Policy Statement, which is available at [[http://grants1.nih.gov/grants/policy/nihgps\\_2003](http://grants1.nih.gov/grants/policy/nihgps_2003)].

The NGA is the only legally binding document notifying the grantee and others that an award has been made; it contains or references terms and conditions of the award and documents the obligation of Federal funds. The NGA will be sent to the business office designated by your institution. If you desire confirmation of the award and final budget, please contact your business office. Because of administrative and budgetary considerations, the amount and/or the duration of the award may be modified from that recommended by the SRG.

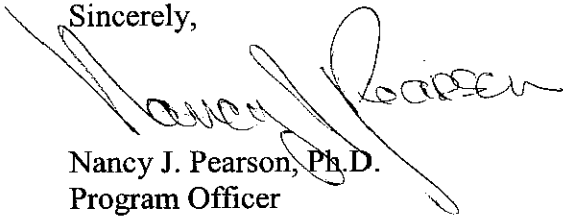
To minimize potential delays in receipt of the NGA, I recommend that you proceed in obtaining approval of your proposed study protocol by your Institutional Review Board (IRB) and/or the Institutional Animal Care & Use Committee (IACUC), should you need one. If your research includes a clinical trial, before the NGA is issued, I will contact you regarding comments from our Office of Clinical and Regulatory Affairs on your clinical trial design, accrual plans and monitoring plans. The NCCAM Terms of Award for Clinical Trials, which is available at [<http://nccam.nih.gov/research/policies/terms-of-awards.htm>], will be incorporated into the NGA.

As the Program Officer for this grant, I am responsible for scientific aspects of the award. Fiscal and policy aspects and the final issuance of a NGA are the responsibility of the Grants Management Specialist. This Specialist will contact you soon if they have not already done so, and I strongly recommend that you respond promptly to any requests for additional or outstanding information. Undue delays in submission of requested information may impede the issuance of a NGA, postponing your research.

Accountability of public funds for extramural research is critical to the NIH mission. To facilitate our ability to respond to Congressional and public inquiries, I ask that you, 1) carefully review the NGA for important and legally binding terms and conditions of the award, 2) prepare your annual progress report with care as portions of this report are essential sources of information about NCCAM/NIH-sponsored scientific advances, and 3) acknowledge NCCAM/NIH support in all publications, abstracts and other presentations resulting from work supported by this grant.

I look forward to working with you to make the research supported by this award as rewarding and productive as possible. Please do not hesitate to contact me with any questions, problems or noteworthy results that may arise in the course of the project.

Sincerely,



Nancy J. Pearson, Ph.D.  
Program Officer  
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cc:  
Applicant Organization Business Office  
Official Grant File

**24 Hour HRV Means and Standard Deviations (N=80)**

	Mean	SD
Age	38	10.93
% Male	44%	
Recoding length, h	23.67	0.46
Mean heart rate, BPM	79.18	7.79
Mean RR interval, ms	792.83	83.86
SDNN, ms	144.80	34.43
SDANN, ms	126.63	33.01
SDNN index, ms	67.47	17.66
RMS-SD, ms	36.83	15.24
Ln(RMS-SD)	3.53	0.39
5-min Total power, ms <sup>2</sup>	4375.69	2294.00
Ln(5-min Total power)	8.27	0.48
5-min Very low frequency, ms <sup>2</sup>	2635.55	1451.00
Ln(5-min Very low frequency)	7.75	0.49
5-min Low frequency, ms <sup>2</sup>	1329.88	660.05
Ln(5-min Low frequency)	7.07	0.51
5-min High frequency, ms <sup>2</sup>	410.26	328.83
Ln(5-min High frequency)	5.71	0.83

Institute of HeartMath

Date: 24-OCT-03  
To: Dr. Korn  
From: Office of Extramural Research  
Subj: Application Number: 1 R21 AT001627-01 A1  
Program Code: 5

Application 1 R21 AT001627-01 A1 entitled Polarity Therapy for Dementia Caregivers completed the first phase of peer review and received a priority score of 188.

A Summary Statement, containing evaluative comments and budget recommendations, will be sent to you in approximately eight weeks. After receiving your Summary Statement, you may call the program administrator listed below to discuss the contents. Should a revised application be indicated, follow the instructions in the PHS 398 instructions (<http://grants1.nih.gov/grants/funding/phs398/phs398.html>). Current NIH policy limits the number of amended versions of an application to two.

Contact:

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CC: Program Administrator, Nancy Pearson, PHD