

Section VII.

PEER REVIEWED

MEDICAL RESEARCH

PROGRAM



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CDMRP





Peer Reviewed Medical Research Program

Mission: To support research directed toward issues with direct relevance to military health.

Congressional Appropriations for Peer-Reviewed Research
\$19.5M in FY99 and \$25M in FY00

Funding Summary

16 awards from the FY99 appropriation

~14 awards anticipated from the FY00 appropriation

History of the Peer Reviewed Medical Research Program

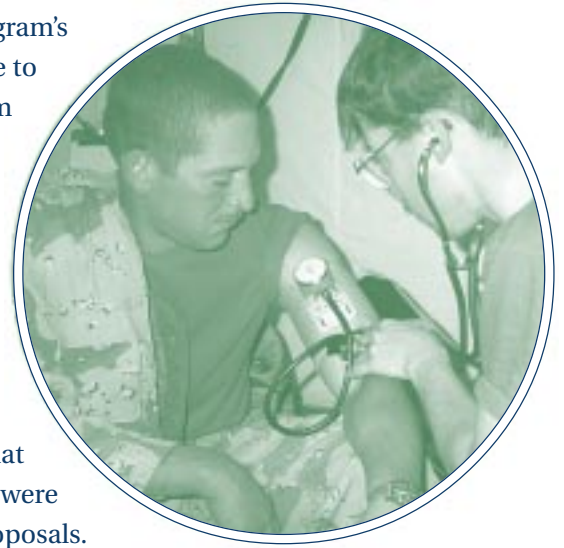
—Program Background

The Department of Defense (DOD) Peer Reviewed Medical Research Program (PRMRP) was created by Congress in fiscal year 1999 (FY99) and was originally titled the Defense Health Research Program. Appropriations Conference Committee Report No. 105-746 provided \$19.5 million (M) to the DOD to establish a medical research program that focused on issues pertinent to U.S. military forces. Congress directed the Deputy Secretary of Defense to work with the Surgeons General of the Services to establish a program to select medical research projects of clear scientific merit and direct relevance to military health. The U.S. Army Medical Research and Materiel Command (USAMRMC) became the Executive Agent for this new program through Joint Services coordination and the specific recommendation of the Armed Services Biomedical Research Evaluation and Management (ASBREM) Committee. The USAMRMC subsequently instituted a plan as recommended by the ASBREM. The execution plan met the requirement of interagency coordination by forming a Joint Programmatic Review Panel (JPRP) to determine programmatic priorities. The JPRP is composed of representatives from the Army, Air Force, Navy, Marine Corps, Department of Defense Health Affairs, Department of Health and Human Services, and Department of Veterans Affairs. This JPRP, a panel that serves an analogous function to the Integration Panels of other programs within the Office of the Congressionally Directed Medical Research Programs (CDMRP), is chaired by the Reliance Panel Chair for Biomedical Science and Technology. The PRMRP was initially managed in FY99 by the USAMRMC Directorate of Research and Development, but in December 1999, the program was moved to a different research directorate within the USAMRMC, the CDMRP. This office currently manages the program using existing CDMRP management infrastructure and applicable procedures, which continue to be successfully applied to several other congressionally directed programs.



—Congressional Appropriation and Funding History

From FY99–00, Congress appropriated a total of \$44.5M to fund peer-reviewed research focused on defense health through the PRMRP. The investment strategy is consistent with congressional language and reflects the program’s mission to support research directed toward issues with direct relevance to military health. Appendix B, Table B–5, summarizes the directions from Congress for the PRMRP appropriations, the program’s withholds and management costs, and the investment strategy for FY99–00.



FY99 Program

As specified by congressional language, proposals solicited in FY99 addressed issues relevant to the 15 topic areas listed in Table VII–1. Programmatic emphasis was given to proposals that focused on topic areas that addressed issues with direct relevance to military health and that were not being addressed within established DOD programs. Awards were made based on programmatic relevance of scientifically meritorious proposals.

Table VII–1. Funding Summary for the FY99 DHRP Awards

Topic Areas	Number of Proposals Received	Number of Awards	Investment
Alcoholism Research	31	7	\$4.5M
Chemical Weapons Treatment	5	1	\$1.3M
Digital Mammography	7	0	\$0
Disease Management	13	1	\$0.7M
Healthcare Information Protection	3	1	\$0.9M
Laser Eye Injury/Eye Cancer Research	2	0	\$0
Lung Research	11	1	\$0.4M
Mustard Gas Antidote	0	0	\$0
Neurological Examination Equipment	0	0	\$0
Paget’s Disease	0	0	\$0
Pediatric Asthma	3	2	\$0.3M
Prostate Diagnostic Imaging	1	0	\$0
Retinal Display Technology for Cardiovascular Research	3	0	\$0
Sleep Management	5	2	\$3.1M
Smoking Cessation	6	1	\$2.8M

FY00 Program

In FY00, Congress appropriated \$25M to the PRMRP to fund peer-reviewed research that is directed toward military relevant health issues. Congressional language and guidance from the JPRP led to a list of 18 relevant topic areas. A supplement to the USAMRMC 99-1 Broad Agency Announcement was released on March 17, 2000. A total of 163 proposals was received. Peer review will be in October 2000 and programmatic review in December 2000. Award negotiations will be completed no later than September 30, 2001. Topic areas and submission data are summarized in Table VII-2.

Table VII-2. Topic Areas and Submissions for FY00

Topic Area	Number of Proposals Received
Acute Lung Injury Research	20
Advanced Soft Tissue Modeling	5
Alcohol Abuse Prevention Research	15
Childhood Asthma	4
Defense and Veterans Head Injury Program	26
Dengue Fever Vaccine Research	5
Diabetes	13
Digital Mammography Imaging	5
Gulf War Illnesses	20
Healthcare Information Protection	10
Laser Eye Injury/Eye Cancer Research	3
Military Relevant Disease Management	15
Paget's Disease	2
Retinal Display Technology	2
Sleep Management	5
Smoking Cessation	8
Stem Cell Research	5
Volumetrically Controlled Manufacturing	0
TOTAL	163



Summary

The PRMRP was established to support research directed toward issues with direct relevance to military health. From the FY99 program, 16 projects were funded; and all awards were made by September 30, 2000. It is anticipated that an additional 14 projects will be funded with the FY00 PRMRP appropriation, and awards will be made by September 30, 2001. Although research for most projects has just been initiated, several of the FY99-funded projects that were initiated in late FY99 or early FY00 have already produced interesting research outcomes, ranging in areas from basic research to clinically applicable findings. For instance, in the topic area of alcohol abuse, scientists at the University of Albuquerque found that rats exposed prenatally to ethanol display attenuated contextual fear conditioning. In addition, researchers at the University of Washington showed that ethanol concentrations observed in heavy drinkers significantly enhance uptake of low-density lipoproteins into cells. Moreover, a research team at Tripler Army Medical Center, Honolulu, Hawaii, showed that even short-term alcohol abuse, equivalent to 3 days of binge drinking, can alter the hydration status of the individual 18 hours after the last drink of alcohol.

The DOD PRMRP will be continued in FY01 with a congressional appropriation of \$50M.

FY99–00 Joint Programmatic Review Panel Members

—U.S. Air Force Representatives

Chair, Brigadier General Lloyd Dodd, Jr.: Chair of the Reliance Panel Chair for Biomedical Science and Technology. Commander of the 311th Human Systems Wing, Brooks Air Force Base, Texas. Recipient of a Certificate in Medical Management at the American College of Physician Executives. Board-certified in aerospace medicine, family practice, emergency medicine, and medical management. Diplomate, American College of Veterinary Preventive Medicine.

Alternate Chair, Colonel Thomas L. Cropper: Associate Director of the Human Effectiveness Directorate, Air Force Research Laboratory. Commander, Detachment 5 at the Air Force Research Laboratory. Air Force Secretariat, Armed Services Biomedical Research Evaluation and Management.

Major Mark Nunes: Director of the DNA Diagnostic Laboratory, Laboratory Director for Breast Cancer Education and Awareness Project, Staff Clinical Geneticist and Staff Attending Pediatrician at Keesler Air Force Base, Mississippi. Fellow, American Academy of Pediatrics.

Major Paul Friedrichs: Director of Population Health Management, Analyst for Health Benefits and Policy Division, Directorate of Programs and Resource, at the Office of the Surgeon General at Bolling Air Force Base, Washington, DC. Diplomate, American Board of Urology. Fellow, American College of Surgeons.



Colonel Roger Stork: Chief of Biodynamics and Protection Division, Human Effectiveness Directorate of the Air Force Research Laboratory at Brooks Air Force Base, Texas. Military consultant to the USAF Surgeon General for Aerospace Physiology (Manned Systems, Research, Development, Test and Evaluation).



Lieutenant Colonel Alfred Graziano: Chief of the Clinical and Biomedical Research and Development Division at Bolling Air Force Base in Washington, DC. National certification, Clinical Laboratory Scientist. Board-certified as medical technologist, American Society of Clinical Pathologists. Certified as Inspector for the College of American Pathologists.

Lieutenant Colonel Wayne Talcott: Chief of Substance Abuse Prevention for the Office of the Air Force Surgeon General at Bolling Air Force Base in Washington, DC. Consultant, Executive Director for the DOD Health Affairs, Prevention, Safety and Health Promotion Council. Diplomate, American Board of Health Psychology.

—U.S. Navy Representatives



Commander Douglas Forcino: Medical Research and Development Liaison Officer for the Chief of Naval Operations (N931) in Crystal City, Virginia. Research interests in cerebral and coronary blood flow regulation, hemodynamics, CNS oxygen toxicity, and effects of hyperbaria on cardiovascular function.

Captain Edward Lane: Director of the Navy Medical Research and Development Division. Chief, Bureau of Medicine and Surgery in Washington, DC. Research interests include bacterial, mycotic, viral, parasitic, and entomological diseases.

Lieutenant Commander Randal LeBlanc: Director for the Navy Medical Research Laboratories and Deputy Director for the Navy Medical Research and Development Division, Bureau of Medicine and Surgery, Washington, DC. Member, American Academy of Medical Administrators. Member, American Academy of Contingency Planners.



—U.S. Marine Corps Representative

Captain Kenneth Schor: Preventive Medicine Officer at the Headquarters of the Marine Corps, Department of Health Services in Washington, DC. Diplomate, American Board of Preventive Medicine. Diplomate, American Board of Family Practice. Diplomate, National Board of Osteopathic Medical Examiners.



—U.S. Army Representatives

Colonel Jeffrey Elting: Special Assistant/Primary Care Staff Officer for the Office of the Surgeon General, Directorate of Health Policy and Services in Falls Church, Virginia. Diplomate, National Board of Medical Examiners. Diplomate, American Board of Family Practice.

Coleen Weese, M.D., M.P.H.: Program Manager for the Occupational Environmental Medicine Program, U.S. Army Center for Health Promotion and Preventive Medicine at Aberdeen Proving Ground in Maryland. Board-certified, Occupational Medicine, American Board of Preventive Medicine. Board-certified, General Preventive Medicine and Public Health, American Board of Preventive Medicine. Certified, Medical Review Officer.

Colonel Roy Wong: Chief of Gastroenterology Services at Walter Reed Army Medical Center in Washington, DC. Chairman, Board of Governors for the American College of Gastroenterology. Fellow, American College of Physicians. Fellow, American College of Gastroenterology. Board-certified, Internal Medicine and Gastroenterology.

Colonel Kent Holtzmuller: Assistant Professor of Medicine in the Department of Medicine at Uniformed Services University of the Health Sciences. Director of Hepatology Service and Staff Gastroenterologist at Walter Reed Army Medical Center in Washington, DC. Board-certified in Internal Medicine with a specialty in Gastroenterology. Board-certified, National Board of Medical Examiners. Research interests include epidemiology and treatment of viral hepatitis, hepatocellular carcinoma, and steatohepatitis.

Colonel James Lamiell: Attending physician at Brooke Army Medical Center, Texas. Chief of the Clinical Investigation Regulatory Department, AMEDDC&S (Texas). Clinical Investigation Consultant to the Surgeon General of the U.S. Army. Ad hoc consultant to AAALAC. Chairman of the *AMEDD Journal* Editorial Board. Board-certified in Internal Medicine and Critical Care Medicine.

Lieutenant Colonel Bruno Petruccelli: Epidemiology Program Manager, U.S. Army Center for Health Promotion and Preventive Medicine at Aberdeen Proving Ground in Maryland. Fellow, American College of Preventive Medicine. Diplomate, National Board of Medical Examiners. Board-certified in General Preventive Medicine and Public Health.



—Office of the Assistant Secretary of Defense (Health Affairs)

Salvatore Cirone, D.V.M., M.P.V.M.: Program Director for Health Sciences Policy, Department of Health Affairs in Falls Church, Virginia. Diplomate, American College of Veterinary Preventive Medicine.

Lieutenant Colonel James Riddle: Program Director for the Military Public Health at the Office of the Assistant Secretary of Defense, Clinical and Program Policy, Department of Health Affairs in Falls Church, Virginia. Diplomate, American College of Veterinary Preventive Medicine. Diplomate, American College of Veterinary Preventive Medicine, Specialty Epidemiology.

—Department of Health and Human Services

Commander Patrick McNeilly: Executive Assistant to the Principal Deputy Assistant Secretary for Health, Office of Public Health and Science, Office of the Secretary in Washington, DC. Alternate, Surgeon's General Policy Advisory Committee.

—Department of Veterans Affairs

Brenda Cuccherini, Ph.D., M.P.H.: Program Specialist at the Veterans Health Administration, Department of Veterans Affairs in Washington, DC. Member, Human Subjects Research Subcommittee of the Committee on Science for the National Science and Technology Council. Research interests include Common Variable Immunodeficiency, Lyme Disease, and Chronic Fatigue Syndrome.

"My experience with peer review with the Army has been extremely positive. The level of professionalism is very high. The Army does a great job, both in the automated process for grant selection and review as well as fair and impartial reviews. The composition of the study sections I have served on for the Army have all been of consistently high quality."

Scientist Peer Reviewer