Department of RESEARCH PROGRAMS at Walter Reed National Military Medical Center

VOLUME 1, ISSUE 4 | *What I Do Matters!* | JUNE 2014

Welcome to the Department of Research Programs June 2014 newsletter!

June marks leadership transition from LTC Nayback-Beebe to COL Weina as the new Chief of DRP. We are happy to include our usual section updates this month, and offer congratulations to SPC Martinez who was promoted to SGT.

We welcome COL Weina and bid farewell to LTC Nayback-Beebe on her new assignment as the Fort Belvoir Community Hospital (FBCH) Director for Education, Training, and Research; and to CPT Casteline on his new assignment as Alpha Company Commander, Warrior Transition Unit, Fort Meade.

DRP offers best wishes to Ms. Audrey Franklin and Ms. Dale Gregory, both of whom are retiring after 40 years of Federal Civilian service.

Please note Research Study Advertisements on pages 13 and 14. The first is the *Sound Mind Warrior Study* and the second is *Neuromuscular Stimulation (NMES) and Strength for Knees Injuries Study*.

Please send comments, recommendations, or requests for more information to **gregory.g.greer.ctr@health.mil**

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3rd Floor View of Building 17 Lobby

Location
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Hours of Operation
Monday through Friday, 0700 – 1630

Introduction to the New Chief

Colonel Peter J. Weina, PhD, MD, FACP, FIDSA, is the new Chief of the Department of Research Programs (DRP). COL Weina comes to DRP after serving as the Deputy Commander of the Walter Reed Army Institute of Research (WRAIR). Additionally, COL Weina is the Director of the Leishmania Diagnostics Laboratory, Director of the WRAIR Tropical Medicine Course, Director of the Combat Wound Initiative, and Science Lead on both the Intravenous Artesunate Integrated Product Team and the Leishmania Products Team. COL Weina is on the Infectious Diseases Staff at the Walter Reed National Military Medical Center (WRNMMC), and an Associate Professor at the Uniformed Services University of the Health (USUHS) Sciences in the Departments of Medicine and Preventive Medicine.

As a Wisconsin native, COL Weina joined the U.S. Army as a private at the age of 17. At the rank of E-7 he finished BS and MS degrees in zoology at the University of Wisconsin, Madison, and as a 2nd LT completed a PhD in pathology and parasitology. After four years as a parasitologist at WRAIR, he entered medical school at USUHS, completed internship and residency in Internal Medicine at Tripler Army Medical Center, and then a fellowship in infectious diseases at the Walter Reed Army Medical Center, Washington, DC.

COL Weina is board certified in both Internal Medicine and Infectious Diseases, and holds a Certificate of Knowledge in Clinical Tropical Medicine and Travelers' Health. He was Chief of Pharmacology at WRAIR from 2001 to 2009, and then Director of Viral Diseases until 2011. He is a Fellow of the American College of Physicians, a Fellow of the Infectious Diseases Society of America, and has published more than 50 scholarly articles in peer-reviewed journals, as well as 2 books and 5 book chapters, and has worked on the availability and licensure of intravenous artesunate since 2002. He is a world-recognized expert in leishmaniasis and the Director of the only College of American Pathologists-accredited leishmania diagnostics laboratory in the world. COL Weina was the Director of the WRAIR Tropical Medicine Course that educates medical personnel from around the world.

Among his notable awards are the Expert Field Medical Badge, the Order of Military Medical Merit, the Bronze Star for Service in Iraq during the first year of Operation Iraqi Freedom, and the Soldier's Medal for Heroism. Welcome aboard, COL Weina!

Biomedical Research Laboratory (BRL)

CDR Janine R. Danko, MD, MPH
Chief, Biomedical Research Lab

Scenario: I'm doing a clinical trial that requires each subject to have numerous blood draws and a tissue biopsy. What are some variables that may impact laboratory analysis outcomes of my subject specimens?

Guidance: "Generally you want to strive to have no variations in the multiple steps during the collection and handling process to eliminate bias. Variables that may impact analytic outcomes include: additives in the blood collection tubes, sample processing times, temperatures, lipemia and hemolysis of the sample, sample storage parameters, the number of freeze-thaw cycles. Any of these variables between samples could have a significant impact on the stability of proteins or other molecules of interest in the specimens" (J Proteome Res. 2009 January; 8(1): 113–117). It is best to develop Standard Operating Procedures (SOPs) or specific instructions for study personnel to follow during the collection phases of clinical trials so that all research coordinators, nurses, and lab technicians are handling the specimens uniformly. Personnel from the Biomedical Research Laboratory are available to assist with lab procedures, and appointments can be made upon request through Dr. Yaling Zhou, Science Director, 301-295-8287, or CDR Danko, Chief, BRL, 301-295-8279.

Query: What are the different forms of lab blotting techniques and what do I use them for?

The most commonly used molecular hybridization methods include the Western Blot, Northern Blot, and Southern Blot. They are all electrophoresis-based techniques and the type or method depends on the desired target. A Southern Blot is a method used for detection of a specific DNA sequence in DNA samples. The Northern Blot is a technique used to study gene expression by detection of RNA (or isolated mRNA) in a sample. Identification of a specific protein in a complex mixture of proteins can be done by a technique known as Western blotting. Western, or immunoblotting, uses antibody to specifically detect its antigen in protein analysis. An overview of blotting techniques is listed in Table 1 below. Generally, the scientists on staff in the Biomedical Research Laboratory are able to assist with each of these techniques.

Table 1 – Blotting Techniques

Method	Target	Reference
Northern	RNA	Awine et al., 1975
Northwestern	Protein: RNA	Adams et al., 1984
Southern	DNA	Southern, 1975
Western	Protein	Towbin et al., 1979: Brunette, 1981
Far-Western	Protein: Protein	Hummler et., 1994
Eastern-Western	Lipid: Protein	Bogdanov et al., 1996
Southwestern	Protein: DNA	Bowen et al., 1980
Eastern	Post Translational Modification (PTM)	Reinhart and Malamud, 1982; Peferoen et al., 1982
Middle Eastern	RNA:DNA	Wreschner & Herzber, 1984
Far Eastern	Lipid: PTM	Ishikawa & Taki, 2000
Electrophoretic Mobility Shift Assay	DNA: Protein	Garner & Revzin, 1981; Fried & Crothers, 1981

Center for Nursing Science & Clinical Inquiry (CNS&CI)

COL Jeffrey S. Ashley, AN, PhD
Chief & Senior Nurse Scientist

Updates

- CNS&CI participated and celebrated in Nurse's Week 6-12 May 2014.
- CNS&CI and DRP nursing team provided "Evidence-Based Practice (EBP) Education" to more than 300 nursing staff during "Nursing Skill's Fair 13-15 May 2014."
- COL Ashley continues with his hospital-wide "EBP Education" and this month taught EBP classes to In-patient Critical Care Unit Practice Council teams.
- MAJ Hyatt and her research assistants (Mr. Maslen and Mrs. Jones) are actively recruiting for TriService Nursing Research Program (TSNRP)-funded studies "Reiki for the Management of Neuropathic Pain in Soldiers with Extremity Trauma" and "Electromyostimulation and Strength Walking for Knee Injuries." POCs for interested volunteers are Mr. Maslen at (301) 400-1244 or Mrs. Jones at (301) 400-1237.
- CNS&CI is actively assisting abstract submission for upcoming TSNRP *Research and EBP Dissemination Course*, 15-18 September 2014.

Institutional Review Board (IRB) Operations Office

Debarati Dasgupta
Director of IRB Operations

IRB Handbook - Chapter 10 (Reportable Events) - Policy Highlight

External Adverse Events / IND Safety Reports - Investigators who conduct multi-site protocols usually receive a large number of reportable adverse events from sites that are not under the supervision of the WRNMMC PI. These reports rarely provide enough information to the WRNMMC IRB to ensure that they conduct a sound ethical and scientific review of the events in regards to the protocol and the subject pool. These reports may be called IND safety reports. It is unusual that these reports truly meet the definition of an unanticipated problem to subjects or others so it is reasonable to presume that reporting of these will be rare instances.

Individual Unanticipated/Unexpected Problems and Adverse Events, involving risk to subjects or others, occurring at "external" sites will not be individually reported to the WRNMMC IRB. Therefore, research teams are requested not to submit these reports individually through IRBNet.

However, a "Summary Report" from the study's safety monitoring board's/committee's last review addressing these issues, with a written statement from the local PI indicating that a review of the report was completed, must be reported at the time of Continuing Review (CR). The local PI is also asked to provide comments if the local study is impacted.

An exception to reporting only at CR would be to submit the same safety board report to the IRB as soon as it is acquired if the report findings have a direct impact on the local study, such as a required change to the protocol or consent form, or a need to stop the study. In no instances will individual external adverse event reports (serious or otherwise) be submitted to the WRNMMC IRB. Only summaries of these reports will be accepted in accordance with the guidelines explained in **IRB Handbook** Chapter 10, accessible in Forms and Templates in the IRBNet WRNMMC Researcher Library.

Research Administration

Jeremy Nelson
Administrator
Directorate of Education, Training, & Research

Research Infrastructure Cell

DRP is pleased to offer researchers the support of our expert Research Infrastructure Cell: An in-house group of Subject Matter Experts who are poised to help with research, development, testing, and evaluation (RDT&E) projects that fall outside the scope of GME; that is, extramurally funded studies.

In last month's issue we featured a group portrait of our "P-6" team; this month we feature a few team member profiles and invite researchers and key research personnel to contact our experts regarding technical writing, biomedical research, statistical modeling, grant management, audits, and business agreements.

June 2014 Profiles

a. b. c. d. e. f. g.

a. Gregory Greer, MA, Technical Editor
Office Number: (301) 319-2813; E-mail: gregory.g.greer.ctr@health.mil
Mr. Greer is a technical editor with over 20 years' experience domestically and overseas working in a variety of scientific and non-scientific organizations covering the spectrum of intellectual disciplines; Mr. Greer will be happy to rewrite your written text and assist you in using DRP's SharePoint-based Intranet site. Mr. Greer is responsible for DRP's monthly newsletter and encourages researchers and key research personnel to email him directly with recommendations, comments, and special requests.

b. Robert Taylor, PhD, Research Scientist
Office Number: (301) 295-8299; E-mail: Robert.B.Taylor.ctr@health.mil
Dr. Robert Taylor is a research scientist. His area of expertise includes immunology and microbiology. Additionally, he can provide assistance in reviewing of scientific protocols and writing of technical reports.

c. Steven D. Ross, BA, Grants Manager
Office Number: (301) 295-8249; E-mail: Steven.D.Ross.civ@health.mil

Mr. Ross reviews and coordinates the approval of all business agreements, including Cooperative Research and Development Agreements (CRADA), Material Transfer Agreements (MTA), Memorandum of Agreement/Understanding (MOA/MOU), and Intra/Intergovernmental Agreements (IA). He provides Principle Investigators and their staff with administrative, mathematical, and content accuracy assistance based on their protocol documentation to ensure that regulatory requirements for legal review are in compliance with the Code of Federal Regulations (CFR). In addition, he oversees a tech transfer review for intellectual property using the Office of Research Technology and Applications (ORTA) procedures. He manages, tracks, and informs investigators on the utilization, acquisition, and expenditures of funds from both intramural and extramural accounts that are provided for payment by means of awards, grants, donations, and contributions whether through foundations, WRNMMC, or other collaborative partnerships.

d. Robert Roogow, BS, MS, CIM, Clinical Research Auditor
Office Number: (301) 319-7736; E-mail: Robert.J.Roogow.ctr@health.mil
Robert Roogow is a Human Subject Protection Scientist with 16 years' experience in clinical research. He can assist you with regulatory review and self-assessment audit checks. He is a subject matter expert in the protection of human subjects.

e. Sumana Mukherjee Dey, PhD, Research Scientist
Office Number: (301) 295-9316; E-mail: Sumana.M.Dey.ctr@health.mil
Dr. Dey is a research scientist in DRP. Her primary research interest is application of advanced molecular profiling and high-throughput technologies for the characterization of molecular alterations in diseased cells using advanced molecular biology techniques and protein biochemistry methodologies. She has been involved in studies identifying molecular biomarkers for treatment and prevention of breast cancer and squamous cell carcinomas, and has expertise in proteomic biomarker profiling, and analysis of microdissected normal and neoplastic tissues and technology/technique development for analyzing tissue-based biomarkers in breast, prostate, and esophageal cancers. She can assist with grant writing, scientific review of proposed research methodologies, formulating grant budgets and also work in execution of the research projects at the Biomedical Research Laboratory.

f. Lisa Potts, BA, Research Agreements Manager/Grants Writer
Office Phone: 301-295-8292; E-mail: Lisa.M.Potts.CTR@health.mil
Ms. Potts is the Grants Writer for DRP and has over 15 years' experience in pre- and post-award grants and cradle-to-grave contracts management in clinical trial research, basic science research, drug and vaccine development and public health informatics. She has managed multi-million dollar grants, cooperative agreements and contracts with numerous federal agencies, including the FDA, CDC, NASA, DoD, ONR, and NIH. She can assist you with managing the pre-award grant and contracts submission processes to include: locating funding opportunities, assisting in the grant writing, researching issues related to submission guidelines, final review of the completed grant submission package to ensure all guidelines and requirements are met prior to submission. Upon grant and contract award, she will conduct award set-up and provide post award oversight of the awarded project. Ms. Potts is also available to initiate, negotiate, and execute required contractual agreements for research programs.

g. Minoo Rouhanian, BS, Chemical and Biomolecular Engineering, MS, Biostatistics, Biostatistician
Office Number: 301-295-8219; E-mail: Minoo.Rouhanian.ctr@health.mil
Ms. Rouhanian is a biostatistician with extensive experience in design of experiment, data analysis, data mining, and statistical modeling in SAS and SPSS. She can support investigators in the design of the experiment, estimating minimum sample size to allow for statistically significant results, writing data analysis plan, generating randomization list, developing methods of data collection and data standardization, data mining, data analysis, statistical modeling, and interpretation, explanation, and presentation of data. She can also provide guidance to ensure data collection is undertaken in a way that the data is usable and can produce valid conclusions without extensive data-cleansing efforts.

Research Protocol Development

LCDR Ruben D. Acosta, MC
Chief, Research Protocol Development

On a bimonthly basis, a statistical contribution is provided by one of our staff biostatisticians. This month's section was provided by Ms. Minoo Rouhanian, MS.

"To call in the statistician after the experiment is done may be no more than asking him to perform a post-mortem examination: he may be able to say what the experiment died of."

-- Ronald Fisher (1938)

Statistics is a distinct mathematical science that refers to the collection, analysis, interpretation or explanation, and presentation of data. The most crucial element of all research and development in clinical trials is the data. It is the end product of every experimental and clinical study and supports clinical conclusions. As a statistician, we can help ensure that data collection is undertaken in a way that it is usable and can produce valid conclusions. Statisticians improve data quality by developing specific experiment designs that allow the experimenter to determine the effect of certain treatment on their subjects.

To promote greater rigor in analysis and meaningful comparison, it is desirable to define standardized data sets that multiple researchers can use for making methodological comparisons, thereby mitigating the risk that some of the differences in the results are an artifact of the use of different input data or biases during data collection. Once you have decided which general measures are important, you can develop specific measurers by determining how you would measure the quantity, quality, timeline, and/or effectiveness of the element. If it can be measured with numbers, clearly define those numbers. If it can only be described, identify a qualified expert to evaluate the work and what factors they would look for. Asking yourself the following questions may help you determine specific measures after you identify your general measure:

- How could it be measured? And what unit to use?
- Is there some number or percent that could be tracked?

If there is no number, and the element can only be judged or described, ask yourself:

- Who could be best qualified to judge or describe the element?
- What factors would the expert look for?

Attention must be paid to standardizing data collection so that data is collected in the same way. Standardizing data collection becomes even more important when data collection takes place over a long period of time, either in large cross-sectional studies or in longitudinal designs, because study personnel may change over the course of the study, and individual data collectors may develop specific idiosyncrasies in their measurements. Key objectives include not only preservation of scientific research data, but making data accessible to verify research findings and support the re-use and re-purposing of data.

"In God we trust; all others must bring data."

-- W. Edwards Deming (n.d.)

Research Oversight and Compliance Office (ROCO)

Mary Kelleher
Chief, ROCO

Looking at Protected Health Information (PHI) Preparatory to Research

WRNMMC (as a covered entity) may permit investigators to review PHI in certain circumstances under the HIPAA provision known as "preparatory to research." There are two common scenarios when this provision is used, as outlined below.

1. **Determining Feasibility**

These reviews allow an investigator to determine, for example, if there are sufficient numbers or type of potential subjects to conduct the research. Importantly, prior to accessing PHI, WRNMMC must receive representations from the investigator that:

- The use or disclosure is sought solely to review PHI as necessary to prepare the research protocol or other similar preparatory purposes;
- No PHI will be removed from the covered entity during the review; and
- The PHI that the investigator seeks to use or access is necessary for the research purposes.

The investigator may not use the PHI for actual research purposes until and unless one of the other conditions governing the use or disclosure of PHI is satisfied (for example, there has been written authorization by the subject or an IRB has waived the authorization requirement).

If investigators are reviewing PHI preparatory to research but do not yet have a written protocol, they must complete the FORM – Preparatory to Research – No Protocol (available in the IRBNet library). If a protocol does develop form this review of PHI, this Preparatory to Research form must also be submitted as part of the package seeking IRB approval or a research determination.

2. **Identifying and Recruiting Research Subjects for a Specific Protocol**

Under the "preparatory to research" provision, WRNMMC may allow an investigator to identify potential study subjects; however, WRNMMC must still receive representations from the investigator (as described above) before permitting this activity. Also, under the "preparatory to research" provision, no PHI may leave WRNMMC property. These "representations" must be included as part of the protocol. Template language about preparatory to research has been added to the WRNMMC protocol template (available in the IRBNet library), so please be sure to review the information or contact DRP prior to submitting a new protocol.

If an investigator is a WRNMMC employee or workforce member (such as a contractor working under a Business Associates Agreement) the investigator may contact potential study subjects, as part of WRNMMC's health care operations or as part of the patient's treatment, for the purposes of discussing a research study and seeking authorization. This recruitment strategy must be outlined in the research protocol and approved by the IRB. The WRNMMC IRB does not usually allow individuals who are not part of the care team to use PHI in order to contact patients for purposes of research recruitment (i.e., cold calling).

Meet the MERF – Education, Training, and Outreach Summer Update

Deborah Murphy, PhD
Academic Research Education Coordinator

Every day, DRP fields great questions from researchers and key research personnel at WRNMMC - and elsewhere - regarding how to ***Meet the MERF***: DoD **M**inimum **E**ducation **R**equirements **F**ramework (and associated CITI training).

As study activity ebbs and flows at WRNMMC so do learners' needs, requirements, and queries. Recent increases in volume have prompted us to resume our ***Meet the MERF*** Campaign at WRNMMC; the Joint Pathology Center (JPC); Fort Belvoir Community Hospital (FBCH); and Uniformed Services University of Health Sciences (USUHS).

Everyone who conducts research at a DoD facility must comply with the DoD **Minimum Education Requirements Framework** by:

1. "Adding an Institutional Affiliation" in ***CITI*** – "Department of Defense National Capital Region Medical Directorate"
2. Identifying what kind of Learner you are – by answering several short questionnaires
3. Indicating what kind of role you play and training you are required to take – by checking boxes 1-4
4. Taking the new modules – one is READ ONLY, no test
5. Integrating your CITI and IRBNet accounts in several easy steps
6. Supporting your team to comply

Starting in June 2014, DRP will support weekly POP-UP events, one-on-one sessions, group classes, and other awareness and training initiatives to answer our Learners' Most Frequently Asked Questions; for example, "Why do I need to affiliate with the Department of Defense National Capital Region Medical Directorate? I am already affiliated with WRAIR and Johns Hopkins." Or, "Why don't my WRAMC credits appear in my CITI user profile?" or, "Do I need to take Good Clinical Practices again?"

Please contact Daniel Rosen (301-295-8231 or daniel.g.rosen.civ@health.mil) to set up an on-demand ***Meet the MERF*** session; and please visit our WRNMMC Research Roundtable (3rd Tuesday of the month), REACH OUT events (3rd Thursday of the month); and ***Meeting the MERF*** class every Thursday 1130-1230. Or contact Daniel to find out when ***Meet the MERF*** sessions will be conducted at JPC, FBCH, and USUHS.

A final note: You can access key documents regarding ***Meeting the MERF*** and Adding an Institutional Affiliation in CITI by looking under: WRNMMC Intranet landing page → Education, Training and Research → Research →Research Investigator Support → CITI; or by contacting Deb Murphy (301-295-8231 and deborah.a.murphy.ctr@health.mil).

Be CITI Savvy 2014 ***MEET THE MERF***: Affiliate with DoD NCR-MD ASK US HOW!

Awards and Thank You

Deborah Kessler Receives Certificate of Appreciation for Exemplary Work

Robin Howard Receives Certificate of Appreciation for Outstanding Customer Service

CPT Casteline Farewell on His New Assignment as Alpha Company Commander, Warrior Transition Unit, Fort Meade

Retirement for Dale Gregory and Audrey Franklin;

Promotion Ceremony to SGT for SPC Martinez

Top left: Ms. Gregory receives retirement flag.

Bottom left: Ms. Gregory/Ms. Franklin farewell.

Bottom right: SPC Martinez promotion to SGT.

Dessert Social for LTC Nayback-Beebe

LTC Nayback-Beebe
and
COL Weina

Mary Kelleher presents farewell present.

The Colonel enjoys her new compass.

Study Advertisement

Have you recently returned from deployment and are having **trouble relaxing?**

Could this inability to relax be affecting your **sleep** or **blood pressure?**

Use an innovative sound technology that helps you relax, while possibly improving your blood pressure.

-Have you returned from deployment in the last **24** months?

-Are you active duty or reservist eligible for military healthcare benefits?

-Can you commit to 4 weeks?

-Are you 18 years and older?

Then participate in our Sound Mind Warrior Study!

In this study, you will use this technology at home for 4 weeks, have your blood pressure measured overnight, your heart rate monitored during a mental task, have your blood drawn and complete several questionnaires.

Participate in our study and receive *2 Exchange gift cards* ($100 value)* as a thank you!

*Federal employees must be off duty to receive any compensation.

Fort Belvoir Community Hospital

If you are interested, contact the Sound Mind Warrior Research Coordinator at 571.231.4016 or FBCHSoundMindWarrior@health.mil

Walter Reed National Military Medical Center, Bethesda
IRBNet#361395-8
IRB Approval Date: October 19, 2013

Study Advertisement

Walter Reed National Military Medical Center
University of Tennessee Health Science Center

Neuromuscular Stimulation (NMES) and Strength Walking for Knee Injuries

A research study designed to strengthen thigh muscles which may lead to increasing movement and decreasing knee pain following a knee injury.

What is the Knee Injury Study?

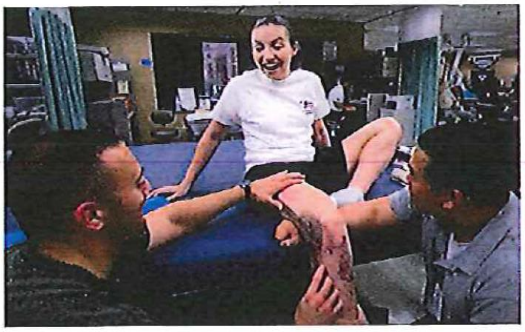
The purpose of this research study is to test four different approaches to knee injury rehabilitation as potential treatments for improving muscle strength, fitness level, movement, injury symptoms/knee pain, and quality of life.

How long will it take?

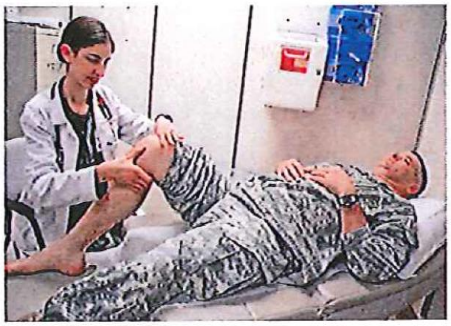
- Once eligibility is determined, participants are randomly assigned into four groups.
- All groups will continue in the WRNMMC Physical Therapy (PT) Rehabilitation Protocol
- In addition, one group will also receive NMES with WRNMMC PT, a 2nd group will receive walking with a weighted vest plus WRNMMC PT, a 3rd group will receive NMES, walking with a weighted vest and WRNMMC PT, a 4th group will receive WRNMMC PT.
- You will be asked to come in for several visits over an 18-week period to Physical Therapy (America Building).
- Each visit will last 20-90 minutes

General Information About This Study

- All testing is provided at no cost to you.
- Your participation is completely voluntary.
- You may refuse to answer any questions or complete any test.
- You may stop your participation at any time.
- This study may increase your thigh muscle strength, movement, and decrease your knee pain.



(U.S. Air Force photo/Steve Thurow)



(U.S. Army photo/Jen Rodriguez)

General Eligibility Requirments

- Military service member at the time of injury (Including active duty, Reserve/ NG in AD status)
- Age between 18 and 50 years
- A diagnosis of knee injury or knee pain

Contact Information

If you are interested in participating in this research or would like more information, please contact:
Caitlin Jones, Project Manager: (301) 400-1237
CDR Michele Kane, On Site Principle Investigator: (301) 400-1242
Dr. Laura Talbot, Lead Investigator: (901) 448-6135

Walter Reed National Military Medical Center, Bethesda
IRBNet# 389313-3
IRB Approval Date: November 22, 2013

April 2014 WRNMMC Publications

WRNMMC authors are in **bold.**

Andersen RC, **Wilson KW**, Bojescul JA, **Mickel TJ**, **Gordon WT**, **Potter BK**. Open, combat-related loss or disruption of the knee extensor mechanism: treatment strategies, classification, and outcomes. *J Orthop Trauma*. 2014 Apr 1. [Epub ahead of print]

Bell JC, **Wolf EJ**, **Schnall BL**, **Tis JE**, **Potter BK**. Transfemoral amputations: Is there an effect of residual limb length and orientation on energy expenditure? *Clin Orthop Relat Res*. 2014 Apr 22. [Epub ahead of print]

Bevevino AJ, **Lehman RA Jr**, **Tintle SM**, **Kang DG**, **Dworak TC**, **Potter BK**. Incidence and morbidity of concomitant spine fractures in combat-related amputees. *Spine J*. 2014 Apr;14:646-50.

Brzezniak C, **Szabo E**. Images in clinical medicine. Sunitinib-associated hair depigmentation. *N Engl J Med*. 2014;370:e27.

Chrisman AK, **Dougherty JG**. Mass trauma: disasters, terrorism, and war . *Child Adolesc Psychiatr Clin N Am*. 2014;23:257-279.

Chun HM, Mesner O, Thio CL, et al. HIV outcomes in hepatitis B virus coinfected individuals on HAART. *J Acquir Immune Defic Syndr*. 2014 Apr 1. [Epub ahead of print]
(WRNMMC authors: **Weintrob AC, Ganesan A**)

Cohen SP. Con: I would not perform another ESI in this patient. *Pain Med*. 2014;15:545-6.
Cozza SJ, Cohen JA, **Dougherty JG**. Disaster and trauma. *Child Adolesc Psychiatr Clin N Am*. 2014;23:xiii-xvi.

Dretsch MN, Johnston D, **Bradley RS**, Macrae H, Deuster PA, Harris WS. Effects of omega-3 fatty acid supplementation on neurocognitive functioning and mood in deployed U.S. soldiers: a pilot study. *Mil Med*. 2014;179:396-403.

Flint JH, Wade AM, **Stocker DJ**, **Pasquina PF**, **Howard RS**, **Potter BK**. Bone mineral density loss after combat-related lower extremity amputation. *J Orthop Trauma*. 2014;28:238-44.

Green MC, **Mitchum MD**, **Marquart JD**, **Bingham J**L. Management considerations for giant congenital melanocytic nevi in adults. *Mil Med*. 2014;179:e463-5.

Hyland PL, Hu N, Rotunno M, et al. Global changes in gene expression of Barrett's esophagus compared to normal squamous esophagus and gastric cardia tissues. *PLoS One*. 2014;9:e93219.
(WRNMMC authors: **Dykes C, Johnson KM, Acosta RD**)

Li R, McNeil MM, Pickering S, et al. Military healthcare providers reporting of adverse events following immunizations to the vaccine adverse event reporting system. *Mil Med*. 2014;179:435-41.
(WRNMMC authors: **Duran LL**, **Collins LC**, **Nelson MR**, **Engler RJ**)

Little DJ, **Nee R**, **Abbott KC**, **Watson MA**, **Yuan CM**. Cost-utility analysis of sodium polystyrene sulfonate vs. potential alternatives for chronic hyperkalemia. *Clin Nephrol*. 2014;81:259-68.

Lucas DJ, Pawlik TM. Quality improvement in gastrointestinal surgical oncology with American College of Surgeons National Surgical Quality Improvement Program. *Surgery*. 2014;155:593-601.

Lucas DJ, **Schexneider KI**, **Weiss M**, et al. Trends and risk factors for transfusion in hepatopancreatobiliary surgery. *J Gastrointest Surg*. 2014;18:719-28.
(Additional WRNMMC authors: **Wolfgang CL, Frank SM, Hirose K, Ahuja N, Makary M, Cameron JL, Pawlik TM**)

Mangalmurti SS, Harold JG, Parikh PD, **Flannery FT**, Oetgen WJ. Characteristics of medical professional liability claims against internists. *JAMA Intern Med*. 2014 Apr 28. [Epub ahead of print]

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