



# Department of RESEARCH PROGRAMS

at Walter Reed National Military Medical Center



VOLUME 1, ISSUE 9

*Excellence in Military Medical Research*

NOVEMBER 2014

Walter Reed National Military Medical Center (WRNMMC) is a unique research nucleus from the perspective that all of our staff are presumed to be full-time clinicians, yet 30% of all research in military medical treatment facilities occurs at this hospital. This is accomplished because of the commitment of this hospital's staff to constantly improve the quality of care provided to our patients. Clinician/researchers devote their own time to the execution of the research that leads to better patient care.

The sheer complexity and constantly evolving requirements to accomplish research when one is a full-time clinician requires the performing of CITI training, finding funding, writing a protocol (with all the format issues, statistics, and version control), drafting an informed consent, complying with HIPAA requirements, establishing and executing a CRADA or Cooperative Research and Development Agreement (since research never is accomplished in a vacuum), clearing the hoops of administrative, scientific, and IRB review. Also, having the right staff available to assist executing the actual research through hiring or other agreements, and then, finally, actually performing the clinical protocol by seeing the patients who have volunteered to become subjects in the study.

When you think of this intricate dance of scientific, administrative, and regulatory requirements that has to be performed, hopefully you can appreciate how remarkable it is that we do the volume and quality of research that we do here at WRNMMC.

We know our researchers are not full-time researchers, and that is why the Department of Research Programs exists. We are the service arm of the organization, here to facilitate and be a champion for our clinician/researchers – customers whom we owe our very best and to whom we are committed.



### The first step is to talk to us.

Reach out and engage in a conversation with our staff here, or better yet, stop by and see us. All of us are here to make you, the clinician/researcher, successful. If you don't get what you need, the buck stops here with me as the Chief, and my door will always be open for complaints and compliments.

Peter J. Weina, PhD, MD, FACP, FIDSA  
COL, MC, USA  
Chief, Department of Research Programs

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**Center for Nursing Science & Clinical Inquiry (CNSCI)**



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

**Investment Beginning to Mature**

On April 1, 2014, the Unit Practice Councils (UPCs) of 4W, 4C and 4E sent nine council members and two Clinical Nurse Specialists for the first Evidence-Based Practice (EBP) 101 course.

This eight-hour course contained the principles of EBP and the differences between PI/QI, EBP & Research, formulation of a PICO (Problem/Population, Intervention, Comparison, Outcome) question, stakeholder identification, team creating, literature searching and evaluation.

The staff of 4C presented their project during the October Department of Nursing Command & Staff meeting. After the team identified an opportunity to enhance our hand-hygiene

performance this research led to greater compliance.

Their search led them to evidence regarding visual cues to improve compliance with this requirement. The project, Visual Cues to Increase Hand Hygiene Compliance,

was executed with precision and knowledge. Over a six-month period the team replaced the signs regarding hand hygiene at least once a month in an effort to not allow staff to “get used” to a sign and begin to subconsciously ignore it. The efforts increased compliance, as determined by the Infection Control Dept (ICD) hand hygiene monitoring program. The

unit’s compliance rate was, as with many civilian hospitals, low at the beginning of the project but improved ~30% over the 6 month intervention. Work remains to be done, but the team continues to change signs to ensure that staff are visual reminded of the need for hand hygiene and compliance rates will continue to improve over time.

This was a great example of starting off with a rational and attainable project in an effort build the UPCs EBP muscles. The team ingeniously picked a problem in which someone else already collects their data for them decreasing the workload of data collection and increasing their ability to focus on the visual cues in relation to the monthly feedback they received from the ICD. This team has made a



(left to right)

- COL Ray Antoine, Director of Nursing Division
- CDR Harry Hamilton, Division Chief, Surgical Nursing
- ENS Kirsten Hausinger, Staff Nurse 4C
- LTJG Lauren Honeycutt, Staff Nurse 4C
- COL Jeffrey Ashley

major impact on patient safety on their unit and as they continue their efforts will undoubtedly continue to increase the compliance rate.

The UPC Team members who received the EBP 101 training and participated in the program included ENS Chandler, ENS Honeycutt, 1LT Heroux, and ENS Kirsten Hausinger.

Their outstanding project will soon be featured on the CNSCI Intranet serving as a model for other UPCs that are directing EBP Projects on their units.



## Research Protocol Development



**LCDR Ruben D. Acosta, MC, USN**  
**Chief, Research Protocol Development**  
**Deputy Chief, DRP**

This month's input is provided by our Technical Editor, Gregory Greer.

### Copyrighted Material

**Gregory Greer, MA**  
**Technical Editor**

This month we'd like to talk about copyrighted material. It has been observed that often researchers might be interested in adding materials from a variety of sources when preparing protocols for submission to DRP. Some of those materials might include perfectly suitable charts, graphs, or tables from science text books and a variety of published resources.

Although perfectly suitable and appropriate for inclusion in a protocol submission, anything found in a textbook or created by someone else is copyrighted material. Let's be careful when drawing directly from other sources, particularly when making copies of material from a text book. The publisher of that book must be contacted and permission must be received (fees may or not be requested) prior to copying material from a text book. Recently, a researcher made such a request, which was approved by the publisher within 24 hours of receiving the request, and the usual fee was waived.



## IRB Operations Office



**Mary Kelleher**  
**Chief, IRB Operations Office**

### NOTICE OF CHANGE IN IRB MEETING DATES – NOVEMBER AND DECEMBER

Please be aware that due to the holidays, IRB meetings will be held on the 2<sup>nd</sup> and 3<sup>rd</sup> Thursdays in November and December. Submission deadlines will also be shifted so please be sure to submit your packages (especially Continuing Reviews) accordingly.

<b>Submission Deadline – 1600</b>	<b>Convened IRB Meeting Date</b>
November 5	November 20
November 24	December 11
December 3	December 18

**Coming Soon**

### NEW FORMS – NEW TEMPLATES

WRNMMC IRB and DRP staff have recently participated in intensive HIPAA and Privacy Act training sponsored by the Defense Health Agency Privacy and Civil Liberties Office. As a result of months of collaboration and great feedback during these training sessions, new and revised forms and templates have been developed for use by the research community and IRB to ensure compliance with the research provisions under HIPAA. Over the next several months, these templates will be rolled out across the DoD, beginning here at WRNMMC.

So what does that mean to you? You will see some new forms and templates introduced sometime in November/early December. While they may look different, the content should be familiar with some additional questions and guidance to ensure data are correctly classified and the use and/or disclosure of those data for research purposes meet all requirements under HIPAA as well as the Common Rule.

Why this is a good thing? DHA has agreed to authorize the WRNMMC IRB as a DHA Privacy Board thus allowing the IRB to review and approve the use/disclosure of DHA-managed data without the requirements for a Data Sharing Agreement or any additional Privacy Review.

Be on the look-out for more information and training sessions over the next several weeks!



## Research Compliance Office



**Debarati Dasgupta, MS, CHRC, CIP**  
Research Compliance Officer

**Diane Beaner**  
Research Compliance Specialist

This month's section was provided by  
Diane Beaner, Research Compliance Specialist



## HOT TOPIC OF THE MONTH

Who's on Your Research Team?  
Better yet...Do you know your  
role and responsibility?



**Principal Investigator (PI):** Must be appropriately credentialed to act as an agent of WRNMMC or a supported unit where the research is to be performed. The PI is the individual who is primarily responsible for conducting and monitoring protocols, ensuring the protection of human subjects, overseeing the informed consent process and the integrity and analysis of research data, including prevention of conflicts of interest by all associate investigators on their protocols. PIs ensure that protocols are followed and that data are collected promptly and accurately. They are responsible for ensuring that necessary approvals are obtained. The PI is ultimately responsible for those acting on her/his behalf even if any of the PI's responsibilities are delegated to members of the research team.

**Associate Investigator(s) (AI):** An individual(s), other than the PI, who makes substantial contributions to the conception and design of the study, or to the acquisition of data, or to the analysis and interpretation of data. There may be several AIs on a protocol.

**Research Coordinator/Nurse:** Oversees and coordinates the daily activities of research studies. They work closely with the clinical teams and investigators to ensure that all protocol-required procedures and visits occur according to protocol-specified guidelines. Research Coordinators/Research Nurses generally manage participant enrollment and ensure compliance with the protocol and other applicable regulations. This includes but is not limited to participant recruitment, obtaining informed consent, educating participants on the details of the research study, assessing participant eligibility, facilitating participant care and follow-up per protocol, creating source documentation, assisting in the assessment of toxicities/adverse events and reporting serious adverse events per IRB and sponsor requirements.

**Data Coordinator:** Is responsible for the overall data management of a research study. Data coordinators ensure accurate and timely data entry in electronic databases, electronic case report forms (eCRFs) or paper case report forms (CRF). They work closely with sponsor monitors and resolve any data queries that may be generated. They also work closely with the research team in the study development process to identify key data points for collection and analysis for investigator-initiated trials.

**Regulatory Coordinator:** Is typically responsible for submitting documents for new protocols, protocol amendments, continuing reviews and safety reports to the IRB for review. They are responsible for maintaining regulatory documents/binders in accordance with sponsor specifications and general industry standards. They often are the keepers of the delegation of authority log for key personnel involved in the study.

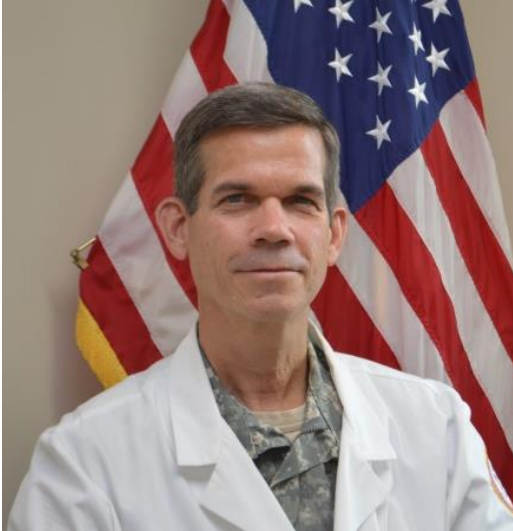
**The most important fact to know: Every study has its own Research Team.**

All members of the research team (AIs, Research Coordinators/Nurses, Data Coordinator, Regulatory Coordinator Collaborators, etc.) are technically competent, have been properly trained, and are appropriately qualified to perform the procedures described in the research, and their roles and responsibilities have been clearly delineated in the research protocol.

**NOTE: An individual may serve in multiple roles on a study.**



## Investigative Research



**COL Craig Shriver, MD, FACS**  
**Director, John P. Murtha**  
**Cancer Center**  
**Walter Reed Bethesda**

I direct Walter Reed's John P. Murtha Cancer Center (MCC) and the Clinical Breast Care Project (CBCP), a Congressionally-mandated breast disease research program. My research includes cancer studies in several MCC departments as well as in

the Breast Care Center, all with a focus on the military population.



The CBCP has been in operation for over twelve years now. The goal of this project is to increase our understanding of the causes and best treatments for breast disease and to decrease the severity and mortality of breast cancer in American women, specifically in the military and beneficiaries. The CBCP conducts molecular and biochemical analysis of human blood and breast tissue to provide insight into the mechanisms that cause normal breast tissue to develop into cancerous breast tissue. To do this, we collect and analyze tissue and blood samples from patients who volunteer to participate in our CBCP research protocols. We've published dozens of articles on the molecular makeup of breast tissue as it transitions from benign to malignant. And we've worked with other governmental agencies including the National Institute of Health/National Cancer Institute (NIH/NCI) to help unlock the sequence of the breast cancer genome.

In addition, our partnership was awarded a \$5 million Komen Foundation grant to analyze the proteomic expression of hundreds of different types of breast cancer. We've also directed research studies to understand more about breast cancer diagnosis and treatment. For example, our Center was involved in the beginnings of a procedure called sentinel lymph node biopsy, now routinely used in breast cancer diagnosis.



Ten years ago, surgery for breast cancer patients often involved removing all of the lymph nodes under the arm to see if they contained cancerous cells. We've since transitioned to taking out just one or two lymph nodes, specifically targeting the nodes most likely to contain cancer.

Now we have a new research protocol underway to evaluate the effectiveness of treating small breast tumors without surgery using what we call "laser ablation" (a Multicenter Ablate and Resect Study of Novilase Interstitial Laser Therapy for the Ablation of Small Breast Cancers). Walter Reed's participation in this international, multisite protocol was recently approved by our Institutional Review Board. Under this procedure, a special catheter is inserted into the breast to destroy the cancerous cells using laser energy. In the future, if this laser ablation treatment proves effective, we hope to be able to avoid surgery altogether for some types of breast cancer.

The Cancer Center at Walter Reed Bethesda was established through the merger of the three military service medical facilities in the National Capital Region. In 2012, our Center was officially named after the late Congressman John P. Murtha, who was dedicated to improving health care for military personnel and their families. With over 330 board-certified oncologists and professional clinical and support staff, the MCC offers the full spectrum of cancer care, from prevention and diagnosis through treatment, rehabilitation and survivorship. The MCC has earned designation by the Assistant Secretary of Defense for Health Affairs as the only Department of Defense Cancer Center of Excellence.

The Center has a strong core of translational research to facilitate access to state-of-the-art clinical practices. MCC provides cancer patients with the opportunity to participate in clinical cancer trials in all stages of cancer treatment. We've enhanced our clinical and research capabilities by partnering with the Uniformed Services University of the Health Sciences and the National Cancer Institute. MCC research protocols span the full range of cancer specialties in our clinical departments, including the Center for Prostate Disease Research (CPDR), Gynecologic Oncology, Hematology Oncology, Orthopedic Oncology, Pediatric Oncology and the Breast Care Center, as I discussed.

CPDR, the first major research program within the Cancer Center, was founded in 1992 by COL (Ret) David McLeod, who continues to lead clinical studies at the Center. The establishment of CPDR led to the creation of research programs in other MCC departments, including the Clinical Breast Care Project. We also have a very strong lung cancer screening and research program directed by CDR Corey Carter. For example, Vietnam Veterans are eligible to participate in a protocol for patients at increased risk for lung cancer after possible exposure to Agent Orange during the Vietnam War. Since its inception, our lung cancer screening program has been shown to reduce lung cancer deaths among our patients by approximately 20 percent, and our lung cancer survival rates exceed the national hospital average.

Some of our recent studies have shown a higher prevalence of breast cancer in the military population, but also a higher cure rate for breast cancer patients treated here at Walter Reed Bethesda compared with national averages. We believe that the integrated clinical and research capabilities that we have developed here contribute to our success. We try to offer all eligible Cancer Center patients the opportunity to participate in appropriate clinical trials or research studies. When Walter Reed breast cancer patients volunteer to participate in a clinical trial, they stand to benefit from the opportunity to receive promising medications or treatments currently under investigation. Our hope is that the best of these new treatments will become tomorrow's standard of care for cancer patients.

In addition to clinical trials, the Murtha Cancer Center has established a bio-banking program that serves as an important resource for researchers at Walter Reed. MCC surgery patients who decide to participate in this program agree to allow a sample of their tissue (leftover after all clinical tests have been completed) to be collected, prepared and stored for current or future cancer research. With this bio-banking program, we hope to be able to contribute to the genetic sequencing of many different types of cancer, as well as to the development of new diagnostic and treatment approaches. Our biobank at Murtha Cancer Center is the only College of American Pathology (CAP) accredited biobank in the entire military healthcare system, and is one of only 26 in the entire United States.



Monthly Research Roundtable – New Date, Time, and Place



On Monday, October 20<sup>th</sup>, the monthly Research Roundtable was held in its new date, time, and place: the third Monday of every month, from noon to 1300, in Bldg 5, Room 4008.

Mr. Gregory Greer, our Technical Editor, hosted this month’s roundtable led by DRP leadership. Mr. Greer fielded questions from those who attended. A large group of Henry Jackson Foundation members were present.

COL Weina arrived in crutches with a swollen foot – a Soldier to the last! – after a weekend fall from a ladder. (Nothing stops COL Weina from carrying out his duties.)

Members were so engrossed in discussion that the meeting went a full half hour beyond its scheduled time, ending well after 1330.

Upon adjournment, COL Weina soldiered back to his office, one crutch step at a time, to Bldg 17. Members of HJF, some of whom have worked with COL Weina in the past, accompanied COL Weina back to his office and enjoyed visiting DRP’s home base.

CDR Danko was present at the roundtable.

We look forward to another lively and robust roundtable next month!



## Behind the Scenes – Keeping the Ball Rolling



**Robert Roogow**  
Research Compliance Specialist

### What role do you play in human subjects' research?

I am a Research Compliance Specialist in the Post-Approval Compliance Monitoring (PACM) Program. I help researchers protect the rights and safety of human subjects. I help the researchers at WRNMMC remain compliant with Institutional policies and applicable regulations. I provide education and training to the research community. This is accomplished in several ways, including the monthly Research Roundtable, quality assurance checks and directed audits for the IRB. It's all connected because if researchers are not compliant with the policies and regulations it can jeopardize the final product.

### What can researchers do to make your role more effective and efficient?

Researchers can help me help them: they can contact me by email or phone with questions they have on conducting proper research. They can welcome the PACM team to come and conduct Quality Assurance Reviews of their studies. We do site-visits, in person, anywhere on the Command. Please contact us!

Researchers can read the Investigator's Guide and the IRB Handbook, which are located on our Intranet site and in IRBNet under Forms and Templates [WRNMMC Department of Research Programs (DRP) – Documents for Researchers Library]. Researchers should frequently visit the Forms and Templates section in IRBNet to ensure the most current versions of forms, protocol templates, and consent form template are being used when making submissions.

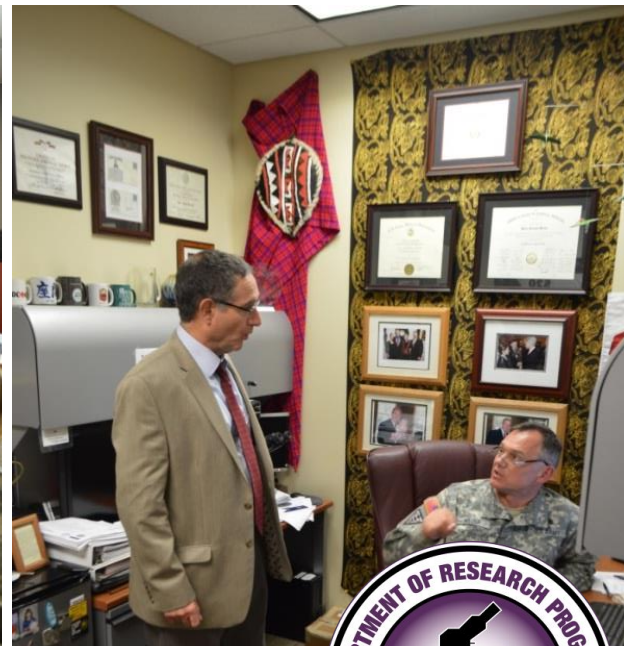
### What tips would you offer researchers to get their protocols approved faster or to improve their research?

Seek guidance from the DRP protocol reviewers. Make sure you are using the current forms and templates. Make sure you are referencing the Investigator's Guide and IRB Handbook for the most up-to-date policies. Frequently check IRBNet for the status of your submissions. If there are any questions about the status, call DRP right away. The point is researchers have prize-winning research topics; we are not looking to delay the research but instead ensure that the research gets the attention it deserves!

## Technology Transfer Training



Bob Charles, JD, LLM, MPH, Army Medical Research and Materiel Command, Fort Detrick, MD, teaches a CRADA workshop to DRP employees.



Mr. Charles and COL Weina discuss CRADAs.





## Monthly Meeting

COL Weina started off the monthly meeting by discussing the business of DRP: facts, figures, stats of the progress we are making. Of note was attention paid to reorganizing our Cooperative Research and Development Agreements.



### SSG Hodges Reenlistment Ceremony

SSG Hodges has signed up for another six years with the United States Army.

All the best, Soldier!

### Employee of the Month

Ms. Lisa Potts, Grants Writer, is awarded Employee of the Month for outstanding service and initiative in revitalizing the business office and agreements review.



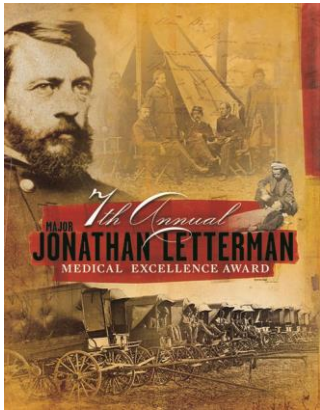
### New Employee

Sheika Brown joins CNSCI as a Clinical Research Coordinator. Ms. Brown will be working under the leadership of CDR McGuire on his Emergence Delirium study. Ms. Brown is a Registered Nurse and holds a Masters in Healthcare Administration and graduated with a Bachelor of Science in Biology from Penn State University. She is a U.S. Army veteran and served in Operation Enduring Freedom in Kosovo. Ms. Brown has worked on the preclinical services side of drug development for over five years. She is excited for this new opportunity to work for the Department of Research Programs.



## Special Feature – 7th Annual Jonathan Letterman Medical Excellence Award

On October 23, 2014, COL Weina was awarded at the **7th Annual Jonathan Letterman Medical Excellence Award**. The Letterman Award was established to celebrate MAJ Jonathan Letterman's work as Medical Director of the Army of the Potomac. In honor of MAJ Letterman's visionary work the National Museum of Civil War Medicine has established the annual Letterman Award to recognize an individual or entity that has made an outstanding contribution to improving medical processes and patient outcomes.



## Feedback on October Newsletter

Comments included the following:

- *This is a very good edition. Particularly helpful were the PACM checklist and the Manuscript/Author table. I was astounded at the number of publications listed, and found the topics interesting. Thanks for a good job.*
- *A very interesting read. I particularly liked the choice of employee of the month – it is nice to see the teamwork spirit and “get on with it” disposition being acknowledged.*

Please send feedback on the newsletter to: [dha.bethesda.ncr-medical.list.wrnm-drp-newsletter-feedback@mail.mil](mailto:dha.bethesda.ncr-medical.list.wrnm-drp-newsletter-feedback@mail.mil)



## CHANGES TO HOW YOU ACCESS IRBNet

**Effective 29 NOV 2014**, all access to IRBNet will require a Common Access Card (CAC) using a computer (office or VPN laptop) on the .mil (DOD) network. This is due to current security mandates.

You will no longer be able to access IRBNet through AKO. All web traffic to IRBNet will be restricted to the Force Health Protection and Readiness (FHP&R) web portal (<http://fhpr.dhhq.health.mil/dmrm.aspx>).

### What Should I Do Now? (Double click icons for embedded guides or forms.)

1. **ALL CURRENT IRBNet USERS:** Log into IRBNet now and update email addresses and other contact information for all active affiliations within your IRBNet User Profile to properly receive all account actions and messages; including the verification email associated with the next step.



Update Profile Info

2. **IF YOU HAVE A CAC BUT ARE NOT REGISTERED IN IRBNet THROUGH THE FHP&R PORTAL**, please do so now; especially, to associate any prior AKO IRBNet work before the AKO access is blocked.



Register at FHP&R

### NO DOD CAC? NO .mil ACCESS? (Act now: Step 4 below takes time, money, and approval.)

3. **WORK WITH SOMEONE WITH IRBNet ACCESS TO YOUR PROJECT:**  
Project teams should have at least one member as their POC with CAC and .mil access with sufficient project rights to continue work within IRBNet. Members without IRBNet access will need to use AMRDEC SAFE (<https://safe.amrdec.army.mil/SAFE/>) for sensitive information, email, or other means to share documents and correspondence with their IRBNet POC.
4. **APPLY FOR A CAC and/or VPN Laptop:** You can request CAC and VPN laptops, which may be sponsored by some department chiefs or another authorized staff.



CAC Request

- a. Apply for a CAC.
- b. For .mil access, take your CAC and approved SAAR obtained in prior step to WRNMMC ITD One-Stop Shop (ITD Helpdesk: 301-295-6300) located in Bldg. 10 to register a computer account in the JMED and to be assigned a .mil email address. If a laptop (GFE) with VPN access is sponsor approved to work off-site and 24 hours has passed for account to become active, visit the One-Stop or an onsite computer to access WRNMMC Intranet (<https://www.wrnmmc.intranet.capmed.mil/SitePages/home.aspx>) In the “Quick Link Icons” column on the right side of the page click "ITD Helpdesk Submit a Ticket"; in the middle of new page under “Can We Help You?” click “Request an Item”; then click “Portable Device Request with VPN Access.” Check VPN agreement, supply your phone #, sponsor’s dept. & location, choose Pick-up; then click “Order Now” button. It takes about 8 days for the request to be processed through approval chain and prepared for pick-up. ITD recommends that VPN laptops are serviced monthly at the One-Stop for updates and as requested.

For additional assistance, please contact DRP at 301-295-8239.

This document “IRBNet Transition to .mil-CAC” can also be obtained (CAC with office or VPN laptop access only) by going to <https://www.wrnmmc.intranet.capmed.mil/EducationTrainingResearch/ResearchProgramsDepartment/Research%20Investigator%20Support/Forms/AllItems.aspx>

Last Updated: 11/23/2014



## October 2014 WRNMMC Publications

(Provided by the Darnall Medical Library)  
WRNMMC authors are in bold.

1. **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;472(10):3055-61.
2. **Bevevino AJ, Kang DG, Lehman RA Jr, Van Blarcum GS, Wagner SC, Gwinn DE**. Systematic review and meta-analysis of minimally invasive transforaminal lumbar interbody fusion rates performed without posterolateral fusion. *J Clin Neurosci*. 2014 Oct;21(10):1686-1690.
3. Bokhari AA, Lee LR, Raboteau D, et al. Progesterone inhibits endometrial cancer invasiveness by inhibiting the TGF $\beta$  pathway. *Cancer Prev Res (Phila)*. 2014;7(10):1045-55.  
(WRNMMC Author: **Hamilton CA**)
4. **Brietzke SE**, Shin JJ, Choi S, et al. Clinical consensus statement: pediatric chronic rhinosinusitis. *Otolaryngol Head Neck Surg*. 2014;151(4):542-53.
5. **Browning RF, Parrish S**, Sarkar S, et al. Bronchoscopic interventions for severe COPD. *J Thorac Dis*. 2014;6(Suppl 4):S407-15.
6. **Brungart DS, Cohen J, Cord M, Zion D**, Kalluri S. Assessment of auditory spatial awareness in complex listening environments. *J Acoust Soc Am*. 2014;136(4):1808.
7. Casey K, **Sabino J, Jessie E, Martin BD, Valerio I**. Flap coverage outcomes following vascular injury and repair: chronicling a decade of severe war-related extremity trauma. *Plast Reconstr Surg*. 2014 Oct 3. [Epub ahead of print]
8. **Cassler NM**, Burriss AM, **Nguyen JC**. Asteatotic eczema in hypoesthetic skin: a case series. *JAMA Dermatol*. 2014 Oct 1;150(10):1088-90.
9. **Contestable JJ, Edhegard KD, Meyerle JH**. Bullous systemic lupus erythematosus: a review and update to diagnosis and treatment. *Am J Clin Dermatol*. 2014 Oct 31. [Epub ahead of print]
10. **Cook GA, Hawley JS**. A review of mild traumatic brain injury diagnostics: current perspectives, limitations, and emerging technology. *Mil Med*. 2014;179(10):1083-9.
11. **Cunningham BK**, Khromykh A, Martinez AF, Carney T, Hadley DW, Solomon BD. Analysis of renal anomalies in VACTERL association. *Birth Defects Res A Clin Mol Teratol*. 2014;100(10):801-5.
12. Huang Y, Huang H, Li Q, et al. Approach of the treatment for pneumothorax. *J Thorac Dis*. 2014;6(Suppl 4):S416-20.  
(WRNMMC Authors: **Browning RF, Parrish S**)
13. Huang Y, Huang H, Li Q, et al. Transbronchial lung biopsy and pneumothorax. *J Thorac Dis*. 2014;6(Suppl 4):S443-7.  
(WRNMMC Authors: **Browning RF, Parrish S**)
14. **Kang DG, Helgeson MD, Britt JD, Tracey RW, Bernstock JD**. Multifocal intraosseous ganglioneuroma. *Am J Orthop (Belle Mead NJ)*. 2014;43(10):E232-6.
15. **Kang DG, Lehman RA Jr, Bevevino AJ**, et al. Pedicle screw "hubbing" in the immature thoracic spine: a biomechanical and micro-computed tomography evaluation. *J Pediatr Orthop*. 2014;34(7):703-9.  
(Additional WRNMMC Authors: **Gaume RE, Purcell RL, Dmitriev AE**)
16. Klonoff DC, **Vigersky RA**, Nichols JH3, Rice MJ4. Timely hospital glucose measurement: here today, gone tomorrow? *Mayo Clin Proc*. 2014;89(10):1331-5.
17. Laiyemo AO, Adebogun AO, Doubeni CA, et al. Influence of provider discussion and specific recommendation on colorectal cancer screening uptake among U.S. adults. *Prev Med*. 2014;67:1-5.  
(WRNMMC Authors: **Young PE, Cash BD**)
18. **Lam ST**. Special considerations in the care of the physician-patient: a lesson for medical education. *Acad Psychiatry*. 2014;38(5):632-7.
19. Malloy, M. & **Cantrell, S**. Face-to-Face Instruction. In: Blevins A. & Inman M, eds. *Curriculum-Based Instruction*. 1st ed. Lanham, MD: Rowman & Littlefield Publishers; 2014.
20. Mikals K, **Masel J, Gleeson T**. Campylobacter fetus bacteremia in an immunocompetent traveler. *Am J Trop Med Hyg*. 2014;91(4):766.
21. Ouellette DR, **Parrish S, Browning RF**, et al. Unusual causes of pneumothorax. *J Thorac Dis*. 2014;6(Suppl 4):S392-403.
22. **Parrish S, Browning RF**, Turner JF Jr. The role for medical thoracoscopy in pneumothorax. *J Thorac Dis*. 2014;6(Suppl 4):S383-91.
23. **Potter BK**. Editorial comment: symposium: recent advances in amputation surgery and rehabilitation. *Clin Orthop Relat Res*. 2014;472(10):2938-41.
24. **Pruziner AL, Werner KM, Copple TJ, Hendershot BD, Wolf EJ**. Does intact limb loading differ in servicemembers with traumatic lower limb loss? *Clin Orthop Relat Res*. 2014;472(10):3068-75.
25. **Rodriguez CJ, Weintrob AC**, Shah J, et al. Risk factors associated with invasive fungal infections in combat trauma. *Surg Infect (Larchmt)*. 2014;15(5):521-526.  
(Additional WRNMMC Authors: **Malone D, Weisbrod AB, Warkentien TE**)
26. Rue JP, **Pickett A**. Meniscal repair and transplantation in the military active-duty population. *Clin Sports Med*. 2014;33(4):641-653.
27. Tang SX, Lim RP, Al-Dahmash S, et al. Bilateral lacrimal gland disease: clinical features of 97 cases. *Ophthalmology*. 2014;121(10):2040-2046.e1.  
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