



Department of RESEARCH PROGRAMS

at Walter Reed National Military Medical Center



VOLUME 2, ISSUE 2

Excellence in Military Medical Research

MARCH 2015

2015 Research and Innovation Month

- 3rd Annual Aware for All
- 7th Annual National Capital Region Research Competitions
- 2015 Spring Research Summit

– Save the Dates

Research plays a significant educational role in the National Capital Region Medical Facilities. To celebrate and recognize researchers for their hard work, the Department of Research Programs will be hosting the **2015 Research and Innovation Month** in May. Numerous events will take place featuring research projects from the National Capital Region.

Please check your calendars for the following events and dates:

3rd Annual Aware for All

06 May 2015 – Showcasing of research projects from the National Capital Region

7th Annual National Capital Region Research Competitions

Poster Display Week – 11-15 May 2015

Featuring research and case reports from the 2015 Research Competitions participants

Poster Competitions – 13 May 2015

Oral presentations from Case Report and Evidence Based Practice-Quality Improvement Research Competition Finalists

Research Symposium I and II – 18-19 May 2015

Featuring formal oral presentations from Bailey K. Ashford and Robert A. Phillips Research Competition Finalists

2015 Spring Research Summit

27 May 2015 – Featuring researchers from different departments of the Walter Reed National Military Medical Center

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Further details will be announced.

Please check the WRNMMC Intranet homepage and your emails for updates.

We look forward to everyone's participation!

Ryan Kim, LT, MC, USN
Department of Research Programs
2015 Research Competitions Coordinator

3rd Annual Aware for All – Call for Participants



The 3rd Annual *Aware for All* will be hosted in the America Building again this year on **6 May 2015**. At this annual event, DRP recognizes and celebrates research study volunteers – without whom we would not be able to conduct research. Your participation makes the advancement of military medicine possible. In addition, *Aware for All* honors WRNMMC researchers and key research personnel, Centers of Excellence, research centers, and the foundations that support them.

At this educational event, members of the WRNMMC research community present their research, hand out brochures, flyers, and takeaways; some even show video presentations and demos.

Presenters wishing to host a booth should RSVP by contacting LT Ryan Kim, 2015 Research Competitions Coordinator, at ryan.m.kim2.mil@mail.mil or (301) 295-8338 no later than **27 March 2015**.



Biomedical Research Laboratory (BRL)

Updated BRL Staff Picture

The Biomedical Research Lab would like to share its current face: all of our staff as of February 2015.

Everyone's names and positions are listed below and the picture follows from left to right.

We are here to provide research services for the WRNMMC staff.



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



PFC Brandon Thompson
Laboratory Technician

Sumana Dey, PhD
Research Scientist

Franz A. Frye, Ph.D.
Captain, U.S. Army, Medical Service Corps
Biochemist
Deputy Director, Biomedical Research Laboratory

Brandi Benford, MS
Chemist

Yaling Zhou, PhD
Supervisor/Scientific Director

Cristina Caplinger, MS
Research Scientist

Brian Reinhardt, MS, MLS (ASCP)
Medical Technologist

Robert Taylor, PhD
Research Scientist

Elena Morris
Medical Technologist

**CDR Janine Danko, MD, MPH,
FACP**
Chief of the Biomedical
Research Laboratory

SGT Robert A. Martinez
Noncommissioned Officer In
Charge



Business Office



Jasleen Shant, PhD
Chief, Business Office

I am excited to join the WRNMMC family and am looking forward to working with you all. The Business Office within the Department of Research Programs is a newly established group. We are here to help researchers apply for grants and establish collaborations with other institutions and entities.

We are working to establish a streamlined process to help you. In this month's newsletter I will discuss how to initiate an agreement through the WRNMMC Business Office.

Background of Technology Transfer: Since 1980, Congress has made it increasingly easier for scientists in federal laboratories to cooperate with their colleagues in non-federal institutions, such as private industry, universities, and state and local governments by utilizing a Cooperative Research and Development Agreement (CRADA). A CRADA is collaborative agreement between one or more federal laboratories and one or more non-federal parties under which the laboratories provide personnel, facilities, equipment, or other resources to conduct specific research or development efforts that are consistent with the laboratory's mission.

How to initiate an agreement request?

The scientist finds a prospective partner and works out a draft statement of work (SOW). Scientists then request a CRADA or Material Transfer Agreement (MTA) from the DRP Business Office via an Agreement Request Form. This form gives us all the information we might need to establish an agreement. You can attach the SOW to this form. If you have questions, please come talk to us/provide us with the information on the collaboration/material transfer/data sharing early on. Please fill out the Agreement Request Form and send it to me at jasleen.shant.civ@mail.mil.

Agreement Request Form – Where to find it?

The Agreement Request Form is available on the IRBNet or the DRP Intranet site. You can get the Agreement Request Form directly from us, too.

What is the Agreement Process?

Once the Business Office has the information that is needed about the collaboration, the information is reviewed by the Agreements Review Committee (ARC), which meets on a weekly basis. Agreements are negotiated and receive legal review. The final negotiated agreement is then executed by both parties. Please keep in mind that signature on WRNMMC's agreements can take some time, but the Business Office will do everything it can to move the agreement along to be signed as quickly as possible.



IRB Operations Office



This month's contribution for IRB Operations Office is from **Wendy Gilbert, IRB Manager.**

Debarati Dasgupta
Acting Director, IRB Operations Office

Informed Consent

Informed consent reflects the basic principle of respect for persons in a research study and is an ongoing educational process that provides potential subjects with explanations to help them make informed decisions about whether to participate in a study. Participation includes the essential criteria of informed consent which includes the subject's knowledge and comprehension of the research requirements; the understanding that consent is freely given; and that he/she has the right to withdraw from the study at any time. It is critical that these essential criteria are clearly communicated to the person who is considering participating.

The informed consent must be free of coercion or fraud. The person giving consent to participate in a research study must have sufficient mental capacity and be provided necessary information in order to give valid and voluntary consent.



Wendy Gilbert, IRB Manager

During the informed consent process (before the consent of the subject is obtained), the potential subject (and his/her support system) is informed of the purpose of the research; the possible risks and benefits from participating in the research; procedures to be followed; identification of procedures that are experimental; the length of time he/she will be involved in the research; alternatives to research participation; provisions for privacy of the subject's identity and maintenance of confidentiality of the subject's data when participating in the research; research-related injury information for research that is greater than minimal risk (e.g., the availability of compensation and medical treatments if an injury occurs; contact information for additional information about the research, the research subject's rights, and research-related injury); reiteration of the voluntary nature of study participation; and the right to stop study participation without penalty or loss of benefits to which the subject is entitled.

The following are additional elements that could be included in a consent document, as appropriate: unforeseeable risks; termination of study participation by the investigator(s); additional costs that may be associated with study participation; instructions if a subject decides to stop study participation; information on significant new findings; approximate number of subjects proposed to participate in the study.

At WRNMMC, before drafting a research consent form, please log onto IRBNet (<http://fhpr.dhhq.health.mil/dmrn.aspx>) – you must have a CAC. Go to “Forms and Templates” then select the library “WRNMMC Department of Research Programs (DRP) – Documents for Researchers.”

This library contains the “Consent Form and HIPAA Authorization” template, as well as other research-related templates, forms, instructions, guidebooks, handbooks (Chapter 5 of the WRNMMC IRB Handbook provides details on the consent form and the informed consent process), and general information.



Research Protocol Development



This month's input is provided by **Gwen Wright, MS, RN, Protocol Development Specialist.**

Preventable Administrative Delay

One of the most common preventable administrative delays that halt IRB advancement is the linking of investigator's credentials, i.e., CV and the appropriate CITI training documents. The linking of documents is required on a package-by-package basis for continuous quality control. The Department of Defense National Capital Region Medical Directorate (NCR-MD) – DoD NCR-MD and/or OUSD P&R CITI training certificates are acceptable affiliations for project submission.

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

To link Documents:

- Use the "link/unlink training records" button in the "Designer" view of menu selection via IRBNet.

How to update Training & Credentials materials:

- Log into IRBNet and click the "User Profile" link in the top right corner of the screen.
- Locate the Training & Credentials section at the bottom of the User Profile page, click "Add New Record" button.
- Select the appropriate training and credential Document Type, enter the Effective Date of the document (e.g., date of training certificate, CV effective date) and any other applicable information, and then select the file from your computer by clicking the browser button.
 - CITI must be within three years and CVs must be within two years.
- Once the correct file is selected, click "Attach."
- From the User Profile page, click the "Submit" link (to the right of the new document listing you have just created).
- Select the **WRNMMC Department of Research Programs** and click the Submit button.

Resource: IRBNet Directions for Researcher's @ WRNMMC

Research Compliance Office



This month's contribution was provided by **Robert Roogow, Auditor.**

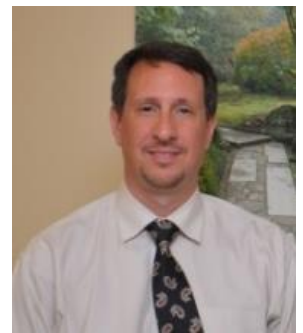
Hot Topic of the Month

Are you following your protocol in regard to reducing the risk of a breach of confidentiality?

Debarati Dasgupta, MS, CHRC, CIP
Research Compliance Officer

You must have adequate safeguards to protect the privacy of subjects and to maintain the confidentiality of data, when appropriate. The IRB will consider the nature of your study, the probability a breach will occur, and the degree of the harm that may result from an unauthorized disclosure of collected information. You must keep in mind this privacy/confidentiality requirement is in addition to similar requirements of the HIPAA Privacy Rule. There may be occasions when the HIPAA privacy/confidentiality requirements do not apply but the research rules do apply.

Consider coding records, statistical techniques, and physical or computerized methods for maintaining the security of stored data. Proper security measures include locked file cabinets in locked offices, password protected electronic files, and encryption.



Robert Roogow, Auditor



The Protocol Template available in IRBNet has valuable standard language; however, you must make sure the template language matches your protocol and your current procedures. If the template does not match your current procedures, you must change the template language to match what you are going to do.

Be specific in the protocol about what documents (e.g., Case Report Forms, Data Capture Forms, Source Documents, copies of medical records, etc.) are going to be collected for research purposes and which of these documents will contain identifiable information. You can always discuss your options with the DRP staff.

Monthly Meeting

Highlights

- Employee of the Month announced
- Mary Kelleher's departure to NIH announced
- New DRP employee Lorna Moore introduced
- SSG Hodges discussed leave policies for Federal Civilian Employees; of note was "Communicating intended leave with your supervisor"
- LCDR Acosta discussed CITI affiliation change from NCR-MD to Under Secretary of Defense (Personnel and Readiness)
- New EIRB system is on the way
- LT Ryan Kim was awarded a Commendation by BG Clark

New Employees/Hail and Farewell



Courtney Pitts (courtney.n.pitts.civ@mail.mil; 301-400-3884) joins us as an **Institutional Review Board (IRB) Manager**. Ms. Pitts was earned her Bachelor of Science in Psychology at the University of Maryland University College and is seeking her Master of Science in Healthcare Administration. Prior to joining us, Ms. Pitts served as the IRB Coordinator for the Department of Veterans Affairs Medical Center in Washington, D.C. She has worked closely with WRNMMC as a Regulatory Affairs Specialist in the Regulatory Affairs & Compliance Department at the Henry M. Jackson Foundation in Rockville, MD.

Ms. Pitts was born and raised in Maryland and maintains that there is no place like home. She is enthusiastic about her new position and is looking forward to contributing a wealth of knowledge to advance research support.



Marcus Morgan passes the baton...

Well, the time has come to say goodbye to everyone who has made me smile here over the last two years. As has been said before, it has been a pleasure to work here in the Department of Research Programs, but more than that, it has been a privilege to have met and been a part of this phenomenal team. You have all, individually, and as a whole, been an inspiration to me. I have learned something from each and every one of you, and I will take with me the fondest of memories of my time within DRP. I have prospered both personally as well as professionally thanks to my experience here. Before I change my mind and decide to stay, I want to wish everyone the best of luck in the future and hope all of you continue to prosper.

Patricia Titi, Administrative Support Specialist, will be taking over my position. She joins us from the Naval Air Terminal in Norfolk, Virginia. She holds a master's in Urban Affairs with a concentration in Gerontology and a BA in Sociology. Ms. Titi worked at the former Walter Reed Army Medical Center in the Department of Surgery. She enjoys helping people and is excited to join DRP. – Marcus Morgan





Lisa Thompson, MHA, MBA, joins us as the **Supervisory Medical Education Specialist** who will be coordinating academic research education within DRP. Ms. Thompson is a native New Yorker who earned her BS in Psychology from Fordham University and her MS in Health Care Administration and MBA from the University of Maryland.

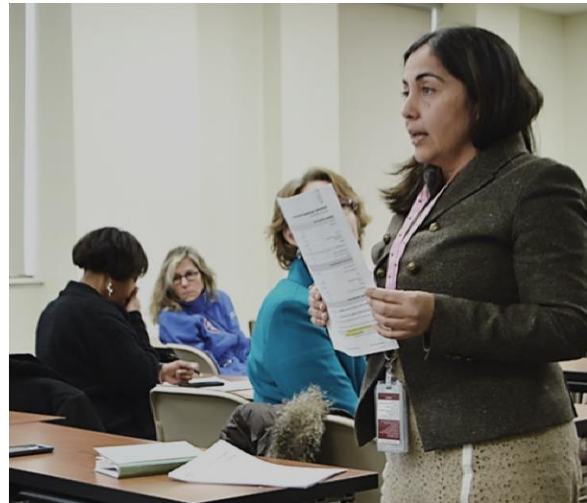
Ms. Thompson brings over 26 years healthcare administration experience, which includes managing Graduate Medical Education programs and managing research protocol reviews. Ms. Thompson looks forward to utilizing her expertise to market DRP services.

Monthly Research Roundtable



COL Weina raised three points of particular note:

1. **Facilitate Research**
2. **Communicate**
3. **Fully Burden Research**
 - DRP is here as a **facilitator** of research, not an obstacle to be overcome. Let us help.
 - Please **communicate** with us and tell us how we can communicate better with you!
 - The distinction between research and patient care funding sources must be understood and respected. WRNMMC must be appropriately reimbursed for research activities per regulation.



Dr. Shant discussed new forms that will be implemented for use to develop collaborative agreements. She also presented the new form (i.e., Agreement Request Form) for PIs to use for any proposed collaborations from here on.



Moving forward, DRP will be inviting participants to offer requests for topics to be included and members from each of DRP's sections will be providing representatives to discuss hot topics related to their sections.

We invite you to join us for our next Roundtable on Tuesday, **March 24, 2015, 1200-1300, in the America Building (Bldg. 19), Room 2301**, Desert Conference Room.

Ms. Lisa Thompson, Supervisory Medical Education Specialist, will be hosting the Research Roundtable. Please RSVP any presentation or topic of discussion you would like to speak about during this meeting so that it will be placed on the agenda.

Speakers will receive an agenda listing their topics of discussion prior to the meeting. An agenda will be provided to all attendees during the Roundtable. Please email Mr. Gregory Greer at gregory.g.greer.ctr@mail.mil with a or lisa.p.thompson5.civ@mail.mil with any topics you would like discussed.

Please note the reserved dates for Room 2301 through September 2015:

Tuesday, **April 21**, 1200-1300
 Tuesday, **May 19**, 1200-1300
 Tuesday, **June 23**, 1200-1300
 Tuesday, **July 21**, 1200-1300
 Tuesday, **August 18**, 1200-1300
 Tuesday, **September 22**, 1200-1300

Behind the Scenes – Keeping the Ball Rolling



What role do you play in human subjects' research?

In human subjects' research I ensure all the doctors have what they need for training: access to the lab; proper space; all the equipment they need. My relationship to research is solely in the Biomedical Research Laboratory. I'm the NCOIC of the BRL. I'm often the safety coordinator in the lab and the go-to person for training.

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

Please give me a call so I can provide you with access to the lab. Please email me or and call letting me know what do you need to get in the lab.

SGT Robert A. Martinez
 Noncommissioned Officer In Charge
 Biomedical Research Laboratory

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

To get your research on the ball and rolling, the most important thing is the date. If you could say, "We start our protocols on this date," I can make sure you have the lab training you need before the protocol starts so when it does start you can get in the lab and start working immediately.

My work serves as a precursor to any lab work related to the protocols. Lab training is mandatory before anyone who enters the lab can start any work: HAZMAT training (disposing of hazardous materials properly); safety training (what to do and not to do in the lab, what type of footwear you have to wear, lab coats, not leaving the lab, etc.).



January 2015 WRNMMC Publications

(Provided by the Darnall Medical Library)

WRNMMC authors are in bold.

1. Baik G, **Brietzke S**. How much does the type of tympanostomy tube matter? A utility-based Markov decision analysis. *Otolaryngol Head Neck Surg*. 2015 Jan 20. [Epub ahead of print]
2. Bittencourt MS, **Hulten EA**, Ghoshhajra B, et al. Incremental prognostic value of kidney function decline over coronary artery disease for cardiovascular event prediction after coronary computed tomography. *Kidney Int*. 2015 Jan 28. [Epub ahead of print]
3. **Bograd BA, Radowsky JS, Vicente DA, Lee EH**, Davis TA, **Elster EA**. An evolving uncontrolled hemorrhage model using cynomolgus macaques. *Shock*. 2015 Jan 6. [Epub ahead of print]
4. Burke HB, Sessums LL, Hoang A, et al. Electronic health records improve clinical note quality. *J Am Med Inform Assoc*. 2015;22(1):199-205.
(WRNMMC Authors: **Baxi NS, Capaldi VF 2nd, Chen JM, Cooper BA, Kane S, Mallory RM, Makary ZR**)
5. Carlozzi NE, Kratz AL, Sander AM, et al. Health-related quality of life in caregivers of individuals with traumatic brain injury: development of a conceptual model. *Arch Phys Med Rehabil*. 2015;96(1):105-13.
(WRNMMC Authors: **Brickell TA, Lange RT**)
6. **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*. 2015;135(1):301-8.
7. Collins JD, Markham A, Service K, Reini S, **Wolf E**, Sessoms P. A systematic literature review of the use and effectiveness of the Computer Assisted Rehabilitation Environment for research and rehabilitation as it relates to the wounded warrior. *Work*. 2015;50(1):121-9.
8. Ebrahim B, Sindhura K, Okoroh J, Sethi R, **Hulten E**, Suemoto C, Bittencourt MS. Meta-analysis of ultrafiltration versus diuretics treatment option for overload volume reduction in patients with acute decompensated heart failure. [Article in English, Portuguese] *Arq Bras Cardiol*. 2015 Jan 27. [Epub ahead of print]
9. **Erbele ID, Bernstein JG, Schuchman GI, Brungart DS, Rivera A**. An initial experience of cochlear implantation for patients with single-sided deafness after prior osseointegrated hearing device. *Otol Neurotol*. 2015;36(1):e24-9.
10. Ewers EC, **Dennison DH, Stagliano DR**. A unique case of adolescent neuroborreliosis presenting with multiple cranial neuritis and cochlear inflammation on magnetic resonance imaging. *Pediatr Neurol*. 2015;52(1):107-9.
11. **Ferguson MA**. Commentary on "protective effect of pulmonary hypertension against right-sided tamponade in pericardial effusion". *South Med J*. 2015;108(1):49-50.
12. Gan RW, Trouw LA, Shi J, et al. Anti-carbamylated protein antibodies are present prior to rheumatoid arthritis and are associated with its future diagnosis. *J Rheumatol*. 2015 Jan 15. [Epub ahead of print]
(WRNMMC Authors: **Edison JD, Gilliland WR**)
13. **Ganesan A**, Mesner O, Agan B. Reply to Yang et al. *Clin Infect Dis*. 2015 Jan 26. [Epub ahead of print]
14. Gill AA, Zahm SH, **Shriver CD, Stojadinovic A, McGlynn KA, Zhu K**. Colon cancer lymph node evaluation among military health system beneficiaries: an analysis by race/ethnicity. *Ann Surg Oncol*. 2015;22(1):195-202.
15. **Grammer GG, Williams-Joseph S, Cesar A**, Adkinson DK, Spevak C. Significant reduction in phantom limb pain after low-frequency repetitive transcranial magnetic stimulation to the primary sensory cortex. *Mil Med*. 2015;180(1):e126-e128.
16. Hauser PJ, VanGordon SB, **Seavey J**, et al. Abnormalities in expression of structural, barrier, and differentiation related proteins and chondroitin sulfate in the urothelium of cats with feline interstitial cystitis mimic those seen in human interstitial cystitis. *J Urol*. 2015 Jan 27. [Epub ahead of print]
17. **Hendeshot BD, Wolf EJ**. Mediolateral joint powers at the low back among persons with unilateral transfemoral amputation. *Arch Phys Med Rehabil*. 2015;96(1):154-7.
18. Hooten WM, **Cohen SP**, Rathmell JP. Introduction to the symposium on pain medicine. *Mayo Clin Proc*. 2015;90(1):4-5.
19. Iida J, Dorchak J, Clancy R, et al. Role for chondroitin sulfate glycosaminoglycan in NEDD9-mediated breast cancer cell growth. *Exp Cell Res*. 2015;330(2):358-70.
(WRNMMC Author: **Shriver CD**)
20. **Kang DG, Holekamp TF, Wagner SC, Lehman RA Jr**. Intracavitary vancomycin powder for the prevention of surgical site infection in spine surgery: a systematic literature review. *Spine J*. 2015 Jan 27. [Epub ahead of print]
21. **Kang DG, Lehman RA Jr, Wagner SC, Bevevino AJ, Tracey RW, Gaume RE, Dmitriev AE**. Effects of rod reduction on pedicle screw fixation strength in the setting of Ponte osteotomies. *Spine J*. 2015;15(1):146-52.
22. **Kimes K, Love T, Bingham J, Marquart J**. Repair of an unwanted navel piercing. *Dermatol Surg*. 2015;41(1):180-1.
23. Krause M, **Byom L**, Meulenbroek P, Richards S, O'Brien K. Supporting the literacy skills of adolescents with traumatic brain injury. *Semin Speech Lang*. 2015;36(1):60-73.
24. **Lamb SV**, Massengill J, Sheridan MJ, Stern LE, von Pechmann W. Safety of combined abdominal sacral colpopexy and sigmoid resection with suture rectopexy: a retrospective cohort study. *Female Pelvic Med Reconstr Surg*. 2015 Jan-Feb;21(1):18-24.
25. Lee RU, **Parrish SC**, Saeed O, Fiedler JP. Combat internist: the internal medicine experience in a combat hospital in Afghanistan. *Mil Med*. 2015;180(1):12-16.
26. **Lehman RA Jr, Kang DG**, Lenke LG, Stallbaumer JJ, Sides BA. Pulmonary function following adult spinal deformity surgery: minimum two-year follow-up. *J Bone Joint Surg Am*. 2015;97(1):32-9.
27. Lin JC, Ettinger RA, Schuman JT, et al. Six amino acid residues in a 1200 Å² interface mediate binding of Factor VIII to an IgG4? inhibitory antibody. *PLoS One*. 2015;10(1):e0116577.
(Walter Reed Author: **Wamiq-Adhami M**)

28. **Lucas DJ, Sabino J, Shriver CD, Pawlik TM, Singh DP, Vertrees AE.** Doing more: trends in breast cancer surgery, 2005 to 2011. *Am Surg.* 2015;81(1):74-80.
29. **Mattingly EO.** Dysfluency in a service member with comorbid diagnoses: a case study. *Mil Med.* 2015;180(1):e157-e159.
30. **McCluskey TC, Stany MP, Hamilton CA.** Pyocolpos presenting as a large pelvic mass after total colpocleisis. *Am J Obstet Gynecol.* 2015;212(1):113.e1-2.
31. Moore AC, **Clausen SS,** Johnson LA. Tuberculosis contact investigation in a military health care setting: case report and evidence review. *Mil Med.* 2015;180(1):38-44.
32. **Mula KN, Cassler NM, Lackey JN.** Granulomatous rosacea manifesting after herpes simplex 2 infection: A case of Wolf's isotopic response. *J Am Acad Dermatol.* 2015 Jan;72(1):e36-7.
33. Okulicz JF, Le TD, Agan BK, et al. Influence of the timing of antiretroviral therapy on the potential for normalization of immune status in human immunodeficiency virus 1-infected individuals. *JAMA Intern Med.* 2015;175(1):88-99.
(WRNMMC Author: **Ganesan A**)
34. **Patel JA, Kaufman AS, Howard RS, Rodriguez CJ, Jessie EM.** Risk factors for urinary retention after laparoscopic inguinal hernia repairs. *Surg Endosc.* 2015 Jan 1. [Epub ahead of print]
35. **Phippen NT,** Leath CA 3rd, Havrilesky LJ, Barnett JC. Bevacizumab in recurrent, persistent, or advanced stage carcinoma of the cervix: Is it cost-effective? *Gynecol Oncol.* 2015;136(1):43-7.
36. **Rymarczuk GN, Dirks MS, Whittaker DR, Neal CJ.** Symptomatic lumbar osteochondroma treated via a multidisciplinary military surgical team: case report and review of the literature. *Mil Med.* 2015;180(1):e129-e133.
37. Schulman-Marcus J, Hartaigh BÓ, Giambone AE, et al. Effects of cardiac medications for patients with obstructive coronary artery disease by coronary computed tomographic angiography: Results from the multicenter CONFIRM registry. *Atherosclerosis.* 2015;238(1):119-25.
(WRNMMC Author: **Villines TC**)
38. **Stacy V.** Posttraumatic stress disorder in the combat veteran. *Prof Case Manag.* 2015;20(1):52-7.
39. **Stagliano DR,** Nylund CM, Eide MB, Eberly MD. Children with Down syndrome are high-risk for severe respiratory syncytial virus disease. *J Pediatr.* 2015 Jan 13.
40. Sullivan KW, **Solomon NP,** Pramuka M, **Quinn JE, Teixeira KA, French LM.** Computer-based cognitive rehabilitation research in a military treatment facility: Recruitment, compliance, and lessons learned. *Work.* 2015;50(1):131-42.
41. Teng P, Bateman NW, Darcy KM, **Hamilton CA,** Maxwell GL, Bakkenist CJ, Conrads TP. Pharmacologic inhibition of ATR and ATM offers clinically important distinctions to enhancing platinum or radiation response in ovarian, endometrial, and cervical cancer cells. *Gynecol Oncol.* 2015 Jan 2. [Epub ahead of print]
42. Thomas A, Rajan A, Berman A, et al. Sunitinib in patients with chemotherapy-refractory thymoma and thymic carcinoma: an open-label phase 2 trial. *Lancet Oncol.* 2015. pii: S1470-2045(14)71181-7.
(WRNMMC Authors: **Brzezniak C, Carter CA**)
43. **Torres DM,** Harrison SA. Nonalcoholic fatty liver disease: Fibrosis portends a worse prognosis. *Hepatology.* 2015 Jan 6. [Epub ahead of print]
44. **Valerio I, Green JM 3rd,** Sacks JM, **Thomas S, Sabino J,** Acarturk TO. Vascularized osseous flaps and assessing their bipartate perfusion pattern via intraoperative fluorescence angiography. *J Reconstr Microsurg.* 2015;31(1):45-53.
45. **Vigersky RA.** The benefits, limitations, and cost-effectiveness of advanced technologies in the management of patients with diabetes mellitus. *J Diabetes Sci Technol.* 2015 Jan 2. pii: 1932296814565661. [Epub ahead of print]
46. Wang J, Zuo Y, Man YG, et al. Pathway and network approaches for identification of cancer signature markers from omics data. *J Cancer.* 2015 1;6(1):54-65.
(WRNMMC Author: **Stojadinovic A**)
47. **Weintrob AC, Weisbrod AB,** Dunne JR, et al. Combat trauma-associated invasive fungal wound infections: epidemiology and clinical classification. *Epidemiol Infect.* 2015;143(1):214-24.
(Additional WRNMMC Authors: **Rodriguez CJ, Malone D, Warkentien TE, Wells J**)
48. Wen T, Dellon ES, **Moawad FJ,** Furuta GT, Aceves SS, Rothenberg ME. Transcriptome analysis of proton pump inhibitor-responsive esophageal eosinophilia reveals proton pump inhibitor-reversible allergic inflammation. *J Allergy Clin Immunol.* 2015;135(1):187-197.e4.
49. **White JM, Golarz SR, White PW, Craig RM, Whittaker DR.** Intraoperative duplex ultrasound criteria for performing interposition bypass in the treatment of popliteal artery entrapment syndrome. *Ann Vasc Surg.* 2015;29(1):124.e7-124.e12.
50. White SF, **Costanzo ME,** Blair JR, **Roy MJ.** PTSD symptom severity is associated with increased recruitment of top-down attentional control in a trauma-exposed sample. *Neuroimage Clin.* 2014;7:19-27.
51. Wippold FJ 2nd, Brown DC, Broderick DF, et al. ACR appropriateness criteria dementia and movement disorders. *J Am Coll Radiol.* 2015;12(1):19-28.
(WRNMMC Author: **Jurgens JS**)
52. Yun HC, **Weintrob AC,** Conger NG, et al. Healthcare-associated pneumonia among U.S. combat casualties, 2009 to 2010. *Mil Med.* 2015;180(1):104-110.

Feedback on the Newsletter

Please send feedback on the newsletter to:

dha.bethesda.ncr-medical.list.wrnm-drp-newsletter-feedback@mail.mil



Appendix 1 – randomiZed EValuation of a Novel preventIon program on vascular function and aTHerosclerosis

WANT TO IMPROVE YOUR HEART HEALTH? CONSIDER JOINING THE ZENITH TRIAL!

The ZENITH Trial: randomiZed Evaluation of a Novel preventIon program on vascular function and aTHerosclerosis

PRINCIPAL INVESTIGATOR:

LTC Todd Villines, MC, USA, Integrated Cardiology Service, WRNMMC Bethesda

In conjunction with the Integrative Cardiac Health Project (ICHP)

Studies have shown that healthy lifestyle behaviors (heart healthy diet, exercise, stress management and improved sleep habits) are associated with a lower risk of developing heart disease if you have high blood pressure, are overweight or smoke.

The purpose of this study is to see how well the practice of heart healthy behaviors as prescribed by the *ICHP Cardiovascular Health Program* can improve risks for heart disease.

ELIGIBILITY:

- * Be 18-50 years old
- * Be willing to participate in a lifestyle program
- * Must have had a cholesterol check during the past year
- * Be otherwise in good health



TIME COMMITMENT: Up to 10 visits (1-4 hours per visit) over one year at WRNMMC Bethesda

For more information, please contact: Elaine Walizer MSN, RN 301-400-1111 /elaine.m.walizer.ctr@health.mil
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