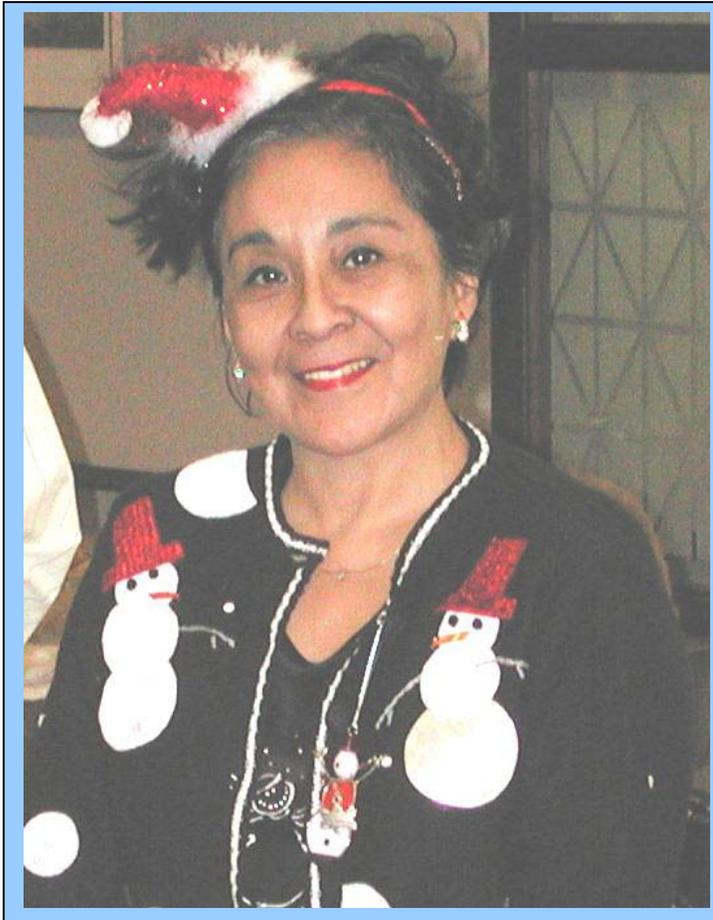


INQUIRING MINDS

News and notes from the Department of Clinical Investigations
Walter Reed Army Medical Center
Washington, D.C.

January 2005



Left: COL Maria Sjogren, Chief, Department of Clinical Investigation, displays her Frosty-the-Snowman attire at the department's holiday gathering.

Right: DCI members engaged in conversation and camaraderie during the luncheon to celebrate the holiday season.

Inside This Issue

Recent WRAMC Publications.....	2
Research Alert List Reminder.....	3
ART training.....	3
Clinical Research Meetings and Conferences.....	4
Research Course Requirement for Proxy PIs.....	4
Statistical Analysis Using SPSS Levels 1, 2, 3, & 4.....	5
IRB Calendar.....	5
Observer Agreement.....	6
Bio Plex™ Protein Array System.....	7
Recommendations Regarding the Submission of the Annual Progress Report.....	8
Retaining Medical Records-How Long is Long Enough?.....	10
Recently Approved WRAMC Protocols.....	12
Hail and Farewell.....	16

Recent WRAMC Publications

Congratulations to the following WRAMC investigators on their recently published papers. This list was compiled from a recent MEDLINE search of the literature. Listed articles have been cleared through DCI and the WRAMC Public Affairs Office. If you have recently published, and we have not included your publication, please let us know so we may list your publication in the next issue of the newsletter.

MOORES, L.K., W.L. Jackson, A.F. Shorr, and J.L. Jackson 2004. Meta-analysis: outcomes in patients with suspected pulmonary embolism managed with computer tomographic pulmonary angiography. *Ann. Intern. Med.* 141: 866-874.

POTTER, B.K. AND T.R. KUKLO. 2004. Symptomatic degenerative disk disease following posterior spinal fusion. *Orthopedics.* 27: 1202-1204.

DINAUER, P.A., K.P. Murphy, and J.F. Carroll. 2004. Sublabral Sulcus at the Posteroinferior Acetabulum: A Potential Pitfall in MD Arthrography Diagnosis of Acetabular Labral Tears. *Am. J. Roentgenol.* 183: 1745-1753.

PAUL, A.Y., N. Creel, and P.M. Benson. 2004. What is your diagnosis? Solitary mastocytoma. *Cutis.* 74: 227, 234-236.

ABBOTT, K.C., K.L. Lentine, J.R. Bucci, L.Y. Agodoa, J.M. Koff, K.C. Holtzmuller and M.A. Schnitzler. 2004. Impact of diabetes and hepatitis after kidney transplantation on patients who are affected by hepatitis C virus. *J. Am. Soc. Nephrol.* 15: 3166-3174.

TAYLOR, A.J., J. Bindeman, S. Bhattarai, I.M. Feuerstein, and P.G. O'Malley. 2004. Subclinical calcified atherosclerosis in men and its association with a family history of premature coronary heart disease in first- and second-degree relatives. *Prev. Cardiol.* 7: 163-167.

TOFFERI, J.K., A.J. Taylor, I.M. Feuerstein, and P.G. O'Malley. 2004. Alcohol intake is not associated with subclinical coronary atherosclerosis. *Am. Heart J.* 148: 803-809.

FILLMORE, G.L. T.P. Ward, K.S. Bower, E.J. Dudenhofer, J.D. Grabenstein, G.K. Berry, and W.P. Madigan Jr. 2004. Ocular complications in the department of defense smallpox vaccination program. *Ophthalmology.* 111: 2086-2093.

DCI is **Sharpp**

Striving to

Help

All

Researchers from

Planning to

Publication

LIN, D.L., K.L. Kirk, K.P. Murphy, K.A. McHale, and W.C. Doukas. 2004. Orthopedic injuries during Operation Enduring Freedom. *Mil. Med.* 169: 807-809.

ABBOTT, K.C., K.L. Lentine, J.R. Bucci, L.Y. Agodoa, T.G. Peters, M.A. Schnitzler. 2004. The impact of transplantation with deceased donor Hepatitis C-positive kidneys on survival in wait-listed long-term dialysis patients. *Am. J. Transplant.* 4: 2032-2037.

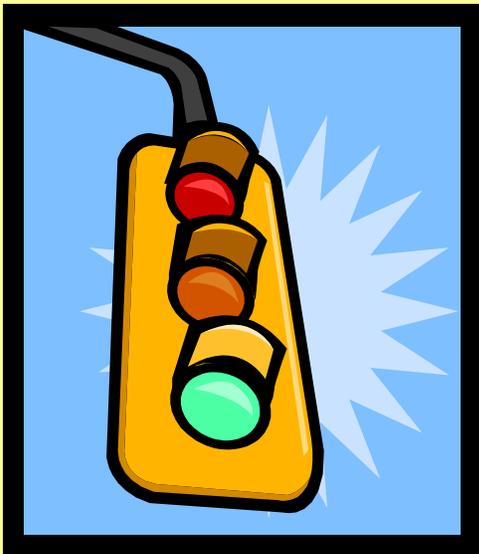
Research Alert List Reminder

In order to provide better service to Walter Reed researchers, DCI has established a Researcher Alert List.

The Researcher Alert List consists of important periodic updates on policy changes, procedures, regulations, etc. that directly impact Walter Reed medical researchers.

If you are a Principal Investigator, Associate Investigator, Research Nurse, or want to be kept informed of key research developments, it is important that you be included on this list.

To be added to the Research Alert List, e-mail Ms. Marty Green at Marty.Green@na.amedd.army.mil, and request to be added to the Research Alert List.



Attention DCI Employees! Don't Forget Your WRAMC Annual Review Training (ART) and Command Orientation.

All DCI personnel must be up to date in their ART training. ART on-line is available at:

www.cmecourses.com/dod

Login is the first four(4) letters of last name and the password is the last five(5) numbers of your SSN. The online ART takes approximately 2-3 hours to complete, with a test at the end to test your knowledge of the covered material. DCI personnel are reminded to print off their evaluation sheets after they complete the training. These sheets certify that you have completed the course. ART is still given didactically. The next didactic versions of ART will be given on 05 & 19 January, 02 & 16 February, and 09 & 23 March. All ART sessions are from 0730-1245 in Joel Auditorium, Bldg 2. The following DCI personnel have birthdays in the months of January, February, and March:

Bader Fileta (10 January)
COL Maria Sjogren (10 January)

Susan Barnes (02 February)
Mario Rivera (03 February)
Kristin Beltz (03 February)
SPC Dawn Hoch (09 February)

Jana Bednarek (08 March)
Lavonne Lewis (23 March)
Jeffrey Anderson (31 March)



Clinical Research Meetings & Conferences

11 February: Protecting Human Subjects in Social, Behavioral and Educational Research.

The forum is open to anyone with an interest involving human subjects and especially individuals who may be serving, or about to serve as a member of an IRB.

Venue: California State University,
Long Beach, Glenn Dumke
Auditorium

City: Long Beach

State: California

Country: USA

[HHS - Office for Human Research Protections](#)

20-22 February: The Future Face of IBCs: Evolving Roles and Responsibilities, Upcoming Challenges and Opportunities.

NIH OBA will be presenting at a workshop on IBC training. Among other topics, the workshop will address the history and evolution of IBCs, overview of the current guidelines, biodefense research, the ethics of preclinical recombinant DNA, and ethical considerations in human gene transfer research.

Venue: Town and Country Resort Hotel

City: San Diego

State: California

Country: USA

[OBA Home Page](#)

24 February: Southern Regional

IRB/OHRP. The Office Human Research Protections is continuing to sponsor a series of Research Community Forums on the responsibilities of principal investigators, researchers, institutional review board (IRB) administrators and members and institutional officials who are involved in protecting human subjects in research. These forums should be of special interest to those persons currently serving or about to begin serving as a member of an IRB.

Venue: Louisiana Tech University,
Student Center

City: Ruston

State: Louisiana

Country: USA

[HHS - Office for Human Research Protections](#)

Research Course Requirement for Proxy PIs

Federal and DoD regulations require that individuals involved in the conduct of human subject research receive periodic training in human subject research protections. At WRAMC, this training is required of all Principal Investigators (PIs) and Medical Monitors via the web-based CITI course accessed at the DCI website.

Occasionally, the individual actually designing and carrying out the research does not meet the WRAMC criteria for serving as a PI and is designated as an Associate Investigator (AI) or a collaborator. The PI guide on the DCI website details the eligibility requirement for PIs, AIs, and collaborators.

It is the responsibility of all investigators who oversee and conduct research to understand and comply with all ethical and regulatory issues related to medical research. Therefore, when the AI or collaborator is responsible for the actual day-to-day conduct of the study, but is not eligible for PI status (sometimes referred to as the 'proxy PI'), the requirements to complete the CITI research course apply.

If you have any questions about the Research Course requirement for investigators, please contact Komanduri Pardasarathy, PhD, IRB Administrator, at 782-7829, or via Outlook.



Statistical Analysis Using SPSS: Levels 1, 2, 3, & 4

The DCI, Research Review Service, will be offering a four-part series of workshops to help the clinical investigator learn SPSS statistical analysis software & concepts.

These courses are for military and civilian clinician researchers (and aspiring researchers) at WRAMC and designed to give 'hands-on' experience in utilizing statistical analysis software. The content of each session is as follows:

Level I: An Overview of Data Coding and Data File Creation

Level II: Statistical Methods for Comparing Differences between Two Groups

Level III: Nonparametric Statistics in Health Care Research

Level IV: Multiple Linear Regression and Multiple Logistic Regression

The course will be limited to 12 participants and is free of charge to WRAMC personnel. Each participant will attend all three courses with Level I a prerequisite for Levels II, III and IV.

The course will meet on 4 consecutive Thursday afternoons (3, 10, 17 and 24 March) from 1330-1530. The courses are held in the DCI Computer Room (Bldg 6, Room 4075).

For further information and future course dates, see www.wramc.amedd.army.mil/departments/dci/statclass.htm.



IRB Calendar

The following institutional Review Board (IRB) meeting will be held in the months of January, February, & March:

CLINICAL INVESTIGATION COMMITTEE (CIC):

05 January	19 January	01 February
15 February	01 March	15 March

HUMAN USE COMMITTEE (HUC)

11 January	08 February	08 March
22 March		

All meetings will begin at 1300, except HUC meetings which start at 1230. Meetings will be held in the DCI conference room, Building 6 (Borden Pavillion), 4th floor.



Observer Agreement

For many years, researchers in medicine, epidemiology, psychiatry, and psychological measurement and testing have been aware of the importance of observer error as a major source of measurement error. In many cases, different observers, or even the same observer at a different time may examine an x-ray or perform a physical examination and reach different conclusions.

Often, the data collected as part of an observer agreement study form a contingency table, where the column levels represent the ratings of one observer and the row levels represent the ratings of the another observer. Each cell represents one possible profile of the observers' ratings. The cells on the diagonal represent the cases where the observers agree.

Consider the table given below. These data come from a study concerning the diagnosis classification of multiple sclerosis patients. The patients were classified into one of four diagnostic categories by two neurologists.

Neurologist A	Neurologist B			
	1	2	3	4
1	38	5	0	1
2	33	11	3	0
3	10	14	5	6
4	3	7	3	10

To what degree observers classify a particular subject into the identical categories can be addressed by a statistic called the **kappa statistic**. All measures of agreement target the diagonal cell of a contingency table in their computations.

Suppose π_{ij} is the probability of a subject being classified in the i th category by the first observer and the j th category by the second observer. Then

$$\Pi_o = \sum \pi_{ii}$$

is the probability that the observers agree. If the ratings are independent, then the probability of agreement is

$$\Pi_e = \sum \pi_{i+} \pi_{+i}$$

So, $\Pi_o - \Pi_e$ is the amount of agreement beyond that expected by chance.

The **kappa statistic** is defined as $\kappa = \frac{\Pi_o - \Pi_e}{1 - \Pi_e}$

Interpretation: $k = 1$, perfect agreement; $k > 0.75$, excellent agreement;
 $0.4 \leq k \leq 0.75$, fair to good agreement; $k < 0.40$, poor agreement.

For the data, $k = 0.208$, therefore poor agreement.

If you have any questions concerning statistical analysis, please contact Robin Howard at 782-7878, or Francois Tuamokumo, Ph.D. at 782-7880.



Bio Plex™ Protein Array System

Recently, the Research Operations Service of DCI has acquired a Bio-Plex™ Suspension Protein Array System from Bio-Rad Laboratories, Inc. It is a flexible, easy-to-use multiplex analysis system that permits the simultaneous detection and quantitation of up to 100 different biomolecules (cytokines, proteins, peptides, or nucleic acids) in a single microplate well.

The system uses a liquid suspension array of 100 sets of 5.5 μm beads, each internally dyed with different ratios of two spectrally distinct fluorophores and conjugated with a different capture molecule, which can include: antibodies, antigens, receptors, enzyme substrates DNA, etc. Some features of the Bio-Plex system are summarized below.

- Use as little as 12 μl of serum or other biological sample per multiplex assay;
- Quantitate cytokines over a broad dynamic range (0 - 32,000 pg/ml) and eliminate the need for repetition or dilution of high-concentration samples;
- Dramatically increase the amount of useful data per sample;
- Directly correlate data from multiple biomolecules to reveal complex relationships among biomolecules such as cytokines involved in disease pathogenesis and immune responses, or proteins involved in cell growth, apoptosis, signal transduction, etc.
- Perform immunoassays, enzyme assays, receptor-ligand assays, DNA hybridization assays, and more.

At present, the most common use of this instrument is for cytokine and phosphoprotein analyses. This is mainly because that the antibody-coupled beads for cytokine and phosphoprotein assays can be conveniently purchased from the manufacturer of this system. Currently, the antibody-coupled beads are available for analysis of human and mouse cytokines: IL-1 β , IL-2, IL-4, IL-5, IL-6, IL-7, IL-8, IL-10, IL-12(p70), IL-13, IL-17, G-CSF, GM-CSF, IFN γ , MCP-1 (MCAF), MIP-1 β , and TNF α . The multiplex assay can be performed for all of these 17 cytokines or in any combination of them in a single well of the 96-well plate. In a typical serum analysis, up to 78 serum samples can be analyzed for all of these cytokines or in any combination of them in one 96-well plate. The available antibody-coupled beads for analysis of phosphoprotein include Akt, ATF-2, EGFR, ERK1, ERK2, ERK1/2, GSK-3 α/β , I κ B- α , JNK, p38-MAPK, and STAT3.

The assays using the Bio-Plex protein array system are not limited to cytokines and phosphoproteins. It can be applied to any soluble factors, such as immunoglobulin epitopes, cardiac markers, hormones, tumor markers, allergy testing, bacterial toxins, and others. Theoretically, any protein or proteins in any combination can be assayed by this system. Researchers can design their own assays other than cytokines and phosphoproteins. In this case, the proteins need to be coupled to the beads. The coupling kit and the beads can be purchased from the manufacturer, but the researchers need to perform their own coupling reaction and the optimization of the coupling reaction.

The system is available for all researchers at WRAMC who have approved research protocols and are interested in using it.

For further information, contact Dr. Yaling Zhou at 202-356-1227 or via outlook.

Recommendations Regarding the Submission of the Annual Progress Report

Submitting an annual progress report is not a mystifying process. If the author keeps in mind the following hints, the process can be streamlined to everyone's benefit.

The Principal Investigator is responsible for getting the paperwork done. Only your name appears in the DCI database. All e-mails initiating the progress report process will first come to the Outlook address for the Principal Investigator. Associate Investigators, Medical Monitors, Service Chiefs, or Department Chiefs are only contacted after multiple attempts have failed to reach you as the Principal Investigator.

If you receive a request for an annual progress report on a study that has NOT received its final DCI approval, you have 2 options... a report or a memo:

1. Report option: You can write up an APR anyway, and submit it...describing your dilemma in the "progress" part of the detail summary sheet.
2. Memo option: You can e-mail or mail a memo to DCI stating that you will not be submitting an APR to DCI this particular year, since your study has not received final approval (hence, no approval letter) yet.

Please keep in mind that the requests for annual progress reports are sent to you 10 months after initial committee approval, and there still exists a 2 month window in which your study may, in fact, get approved, and an APR is still due!

If you think you may be leaving WRAMC, and your study is completed, PLEASE close that study before you leave via an **early** APR. You do not have to wait. Remember to close the study *before* you leave the area. Please do not entrust this task to others.

If you are contemplating whether or not to include information on your APR, please err on the side of full disclosure.

The e-mail that brings you the APR form as an attachment has the due date on it. Please note this due date each year.

REFERENCING YOUR ORIGINAL APPROVAL LETTER HELPS TO WRITE THE PROGRESS REPORT

- The DCI approval letter specifically states the week the annual progress report is due each year. The first "year" is always "short", and not just for you...for everyone. After the first APR, subsequent time periods between APRs will be approximately one year.

The approval letter almost always states the maximum number of samples, enrollees, cadavers, questionnaires, etc. that are allowed in the study. Please keep these upper limits in mind.

It is your responsibility that the upper limits described in the approval letter make sense compared to the upper limits stated in the consent form(s). If there is a difference that has not been addressed by an addendum, please let DCI know. If it has been addressed via an addendum, that information should be provided in the APR, and all APRs to follow.

- “The assigned digital Work Unit Number is to be used for all correspondence with DCI regarding the study”.

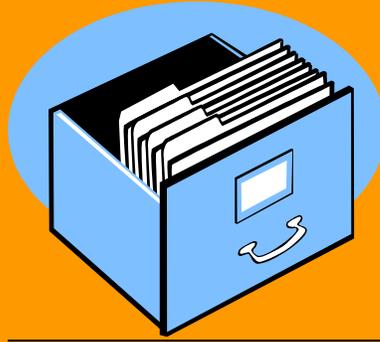
THE APR INSTRUCTIONS - HIGHLIGHTS

- If you want to close the study, the **ONLY** way to close the study is to mark “C” on the detail summary sheet instead of “O”. If you don’t close your own study, the committee may terminate it. Termination reflects poorly on the Principal Investigator and the Service. DCI may be required to report termination to Command. Letting a study be terminated by non-action is not the same as closing the study.
- If your study is now closed to enrollment, please state this fact in the body of the detail summary sheet, even though this issue will be re-addressed later in the APR form. It also helps to state the approximate month that the study closed to enrollment. Please repeat this information in the APR every year the study is in follow-up. Sometimes PIs estimate when the study **MIGHT** close to enrollment, but a definitive statement is preferable.
- If your study had an issue that was raised and resolved during previous years...please include a short synopsis of the problem **AND** its resolution in all the subsequent progress reports, so the issue does not have to be addressed over and over again.
- The review of recent literature is to be done on an at least annually. Make a statement in the APR about the literature review. The literature review is not the same as reporting abstracts, publications, and presentations resulting from the research. (The place for that information is on the last page of the report.)
- Completion of the distribution of enrollment information is optional; please check that the numbers agree with the enrollment reported on the detail summary sheet.
- If your enrollment is broken down into sub-groups, please disclose those figures also.

NEW for Fiscal Year 2005:

- The medical monitor’s signature is now required on the progress report, unless the study does not have a medical monitor.
- The electronic version(s) of the most recent consent form(s) need to be forwarded to DCI with the APR. (If enrollment is to stay open after the anniversary.)

If you have any questions concerning annual progress reports, please contact Kristin Beltz at 782-7848 or via outlook.



Retaining Medical Records-How Long is Long Enough?

As storage space becomes more limited, healthcare providers often wonder when they can begin disposing of old patient records. The recommended time for retaining medical records depends on a number of factors, including:

- State Regulations

- Medicare and third-party payor requirements

- Standards set by accreditation organizations

- The statute of limitations for bringing medical malpractice claims or other legal action against the healthcare provider

The safest approach is to retain medical records for adult patients at least 10 years; longer if the patient was a minor or incompetent at the time of treatment.

State regulations tend to vary widely, and often depend on how the provider is licensed. Physicians are less likely to be subject to state regulations regarding retention of medical records than hospitals and other institutional providers which usually are governed by specific state licensure requirements. State licensing agencies may impose longer retention periods for X-rays and similar documents than for other types of medical records.

Under Medicare, the retention periods range from five to seven years, depending on the particular coverage program or type of document. Other third-party payors generally impose similar requirements, although the contractual terms of the agreement may need to be reviewed. The American Hospital Association and American Health Information Management Association both recommended retaining medical records for at least 10 years after the patient's most recent treatment. Longer periods are recommended if the patient received experimental treatment since the records could be needed for future medical research.

Reference: Kenneth I. Kolpan, Attorney-at-Law <http://articles.corporate.findlaw.com/>



Healthcare providers also need to retain medical records for the full period during which an injured patient can sue. State laws generally impose a specific time limit—the statute of limitations—for bringing a malpractice action against a healthcare provider. Statutes of limitations for adult patients usually range from one to five years following an injury. Sometimes this time period can be extended, however, if the patient was continuing to receive treatment or could not have discovered the injury until later.

Retention times become even more complex if the patient was a minor or was not mentally competent at the time of treatment. In most states, the statute of limitation does not start running while the patient is a minor or is otherwise incapable of suing. Thus, medical records for such patients should be retained for several years after the patient reaches the age of majority; indefinitely if the patient is incompetent.

Fortunately, it is not usually necessary to retain the records in paper form for the entire time. Most states allow the records to be stored either electronically or by microfilm, as long as they are readily retrievable.

Once the healthcare provider is ready to dispose of old medical records, care must be taken to dispose of them so patient confidentiality is not compromised. Some states have specific requirements regarding the appropriate method of disposal, e.g. burning or shredding. Documentation of proper destruction should be maintained.

If an outside firm is hired to dispose of the records, the firm should be required to comply with the confidentiality requirements. Further, the firm should certify that the records have been destroyed properly and agree to indemnify the provider if patient confidentiality has been breached.

Reference: Waller, Lansden, Dortch & Davis, <http://articles.corporate.findlaw.com/>

List of Approved Protocols From 9/21/04 To 12/20/04

Grand Total of 64

<u>Date Approved</u>	<u>WUNO</u>	<u>PI</u>	<u>Title</u>	
<i>Department of Allergy-Immunology</i>				Total 2
				Sub-Total: 2
11/3/2004	05-33014	Engler, Renata J.M., COL MC	Clinical Study to Compare the Immune Response of Half Dose Trivalent Inactivated Influenza Vaccine (TIV) to full dose for the 2004-2005 Season	
11/26/2004	05-33019EX	Klote, Mary M., MAJ MC	Outcomes of the Smallpox Vaccination Program	
<i>Department of Medicine</i>				Total 24
				Sub-Total: 1
10/5/2004	04-12009EX	Woodrow, James, CPT MC	Autopsy - Clinical Diagnosis Discordance in the Medical Intensive Care Unit	
Cardiology Service				Sub-Total: 2
9/23/2004	04-12008EX	Mathew, Salim Benjamin, CPT MC	Drug Eluting Stents: The Water Reed Experience	
11/10/2004	05-12010EX	Cassimatis, Dimitri, CPT MC	Assessment of Vaccinia-Associated Myopericarditis with Cardiac Magnetic Resonance Imaging	
Dermatology Service				Sub-Total: 1
9/28/2004	04-18002	Maggio, Kurt L., LTC MC	The Presence and Role of Skin Cancer Stem Cells in Skin Cancer Development and Progression	
Endocrine Service				Sub-Total: 2
11/24/2004	04-13016	Vigersky, Robert A., COL MC	The Comprehensive Diabetes Management Program (CDMP): Usability and Impact of the Workflow of Diabetes Care Specialists and on Their Process and Quality	
11/10/2004	05-13017	Stocker, Derek J., MAJ MC	A Determination of the Effect of Radioactive Iodine on Serum Calcium and Parathyroid Hormone in Patients with Hyperthyroidism	
Gastroenterology Service				Sub-Total: 3
9/24/2004	04-14026	Piesman, Michael, MAJ MC	Nocturnal Reflux Episodes Following Administration of a Standardized Meal. Does Timing Matter?	
10/29/2004	04-14028	Andrews, Allan Hiroshi, CPT MC	The Value of Diagnostic Testing in Irritable Bowel Syndrome	
11/8/2004	04-14029	Frizzell, Eric, MAJ MC	The Prevalence of Gastroesophageal Reflux in Extra Thoracic Airway Obstruction. A therapeutic Trial of GERD Treatment on Airway Symptoms	
General Medicine Service				Sub-Total: 2
11/5/2004	05-10023EX	Patel, Pranav, CPT MC	Correlation between luminal gastrointestinal findings on Fluorodeoxyglucose PET-CT with endoscopy	
11/16/2004	05-10024EX	Douglas, Kevin M., MAJ MC	Structural Equation Model of the Determinants of Urinary Albumin Excretion: An Analysis of the Coronary Artery Risk Development in Young Adults (Cardia) Study Data	
Hematology-Oncology Service				Sub-Total: 5
10/12/2004	04-15042	Reid, Thomas J. III, COL MC	ECOG E3201: Intergroup Randomized Phase III Study of Postoperative Irinotecan, 5-Fluorouracil and Leucovorin vs. Oxaliplatin, 5-Fluorouracil and Leucovorin vs. 5-Fluorouracil and Leucovorin for Patients with Stage II or III Rectal Cancer Receiving Either Preoperative Radiation and 5-Fluorouracil or Postoperative Radiation and 5-Fluorouracil	
10/21/2004	04-15043	Reid, Thomas J. III, COL MC	CALGB 10201: A Phase III Study of Daunorubicin and Cytarabine ± G3139 (Genasense®, Oblimersen Sodium, NSC #683428, IND #58842), A BCL2 Antisense Oligodeoxynucleotide, In Previously Untreated Patients with Acute Myeloid Leukemia (AML) ≥ 60 Years	

10/14/2004 04-15044 Reid, Thomas J. III, COL MC CALGB 90207: Phase II Trial of PS-341 (Bortezomib) in Patients with Previously Treated Advanced Urothelial Tract Transitional Cell Carcinoma

<u>Date Approved</u>	<u>WUNO</u>	<u>PI</u>	<u>Title</u>
11/16/2004	04-15045	Reid, Thomas J. III, COL MC	CALGB 50206: A Phase II Study of PS-341 (Bortezomib) in Patients with Relapsed or Refractory Hodgkin's Lymphoma
11/10/2004	04-16020	Weiss, Brendan M., MAJ MC	Predicting the duration of therapeutic plasma exchange in the treatment of thrombotic thrombocytopenic purpura-hemolytic uremic syndrome (TTP-HUS) using a mathematical model of serial serum lactate dehydrogenase levels

Infectious Disease Service

Sub-Total: 6

10/28/2004	04-19011	Wortmann, Glenn W., LTC MC	Department of Defense Protocol for the Use of Sodium Stibogluconate (Pentostam®) as a Treatment for Old World Cutaneous Leishmaniasis
10/18/2004	04-19012	Fishbain, Joel, LTC MC	Assessment of the clinical results of the use of fluconazole for the treatment of cutaneous leishmaniasis in soldiers returning from Operation Iraqi Freedom
11/19/2004	05-19013	Sherer, Carmen R., CPT MC	Use of Chlorhexidine Gluconate to Decolonize Hospitalized Patients with Acinetobacter baumannii: A Randomized Prospective Clinical Trial
11/19/2004	05-19015	Wortmann, Glenn W., LTC MC	Tissue Banking of Biopsy Samples for the Validation of Molecular Assays for the Diagnosis of Leishmaniasis
12/9/2004	05-19021	Wortmann, Glenn W., LTC MC	Diagnosis, Surveillance, and Epidemiology of Febrile Respiratory Illness (FRI) in the National Capital Region
10/1/2004	05-88001EX	Aronson, Naomi E., COL MC	Clinical Followup of subjects enrolled in the study "A Phase I Dose Escalation Study of Polyclonal CD4 T Cell EX Vivo Expansion for Immune System Restoration of HIV Infection"

Pulmonary & Critical Care Medicine Service

Sub-Total: 2

11/16/2004		Moores, Lisa K., LTC MC	The Sensitivity, Specificity and Completeness of Medical Student Electronic Logbook Entry
11/16/2004	05-17042EX	Lettieri, Christopher, MAJ MC	Prevalence and Demographics of Sleep Disordered Breathing in a Mixed Military Population

Department of Neurology

Total 2

Sub-Total: 2

9/24/2004	04-71011EX	Riechers, Ronald, CPT MC	Relationship between radiographically detected cerebral microbleeds and occurrences of anticoagulant-associated intracerebral hemorrhage
12/17/2004	05-75012EX	Pazdan, Renee M., CPT MC	Cot Neuropathy: A Series of Compression Neuropathies Upon Awakening in an Army Issued Cot

Department of Nursing

Total 3

Sub-Total: 3

9/24/2004	04-75028	Kenny, Deborah J., LTC AN	Clinical Knowledge Development of Nurses in an Operational Environment
10/19/2004	04-75031	Kenny, Deborah J., LTC AN	Exploration of Ongoing Processes of Evidence to Practice
10/25/2004	05-75032	Custer, Michael, COL AN	Virtual Clinical Practicum™: A Proof of Concept

Department of Obstetrics and Gynecology

Total 2

Sub-Total: 2

10/28/2004	04-43018	Rodriguez, Mildred, LCDR MC	GOG 0209: Randomization Phase III Trial of Doxorubicin/Cisplatin/Paclitaxel and G-CSF Versus Carboplatin/Paclitaxel in Patients with Stage III and Stage IV or Recurrent Endometrial Cancer
11/4/2004	05-44051EX	Elkas, John Christopher, LCDR MC	Effect of Chemotherapy Sequence on Recurrent Epithelial Ovarian Carcinoma

Department of Orthopaedics and Rehabilitation

Total 6

Orthopedics Surgery Service

Sub-Total: 5

<u>Date Approved</u>	<u>WUNO</u>	<u>PI</u>	<u>Title</u>
11/24/2004	04-24034	Kuklo, Timothy R., LTC MC	Bone-Marrow Derived Mesenchymal Progenitor Cells with Potential for Differentiation into Chondrocyte and Chondrocyte Precursors for Tissue
12/6/2004	04-24035	Kuklo, Timothy R., LTC MC	Intervertebral Disc Cell Culture and Expansion In Vitro
11/4/2004	04-24036	Kuklo, Timothy R., LTC MC	The Effect of Pedicle Screw Countersinking on Pullout Strength and Fatigue Load Resistance. An In-Vitro Human Cadaveric Model
10/19/2004	04-24037	Dmitriev, Anton, DAC	Adjacent Segment Intradiscal Pressure Following Two Level Disc Replacement. An In-Vitro Human Cadaveric Model
11/1/2004	05-24038	Kuklo, Timothy R., LTC MC	Adjacent Level Range of Motion Following One, Two and Three Level Simulated Cervical Fusion. An In-Vitro Human Cadaveric Model

Physical Medicine & Rehabilitation Service

Sub-Total: 1

9/23/2004 04-96016EX Goff, Brandon, CPT MC

Low Back Pain in Primary Care: Reviewing the Implementation of the Department of Defense and Veterans Affairs Clinical Practice Guidelines

Department of Pathology and Area Laboratories

Total 1

Sub-Total: 1

11/25/2004	05-44052EX	Elkas, John Christopher, LCDR MC	The Clinical Effect of the Conversion to Liquid-Based Cytology on Cervical Cancer Screening in a Military Population
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Department of Psychiatry

Total 1

Sub-Total: 1

10/6/2004	04-72013EX	Grieger, Thomas, CPT MC	Psychological Effects of Traumatic Injury During Deployment
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Department of Radiology

Total 2

Diagnostic Radiology Service

Sub-Total: 1

11/1/2004	05-47017EX	Feuerstein, Irwin M., MD DAC	Chronologic and biologic behavior of sub-clinical lung nodules
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Radiation Therapy

Sub-Total: 1

11/8/2004	04-46002EX	Brooks, Joseph, CPT MC	A Retrospective Analysis of the Effect of Postoperative Radiation Therapy for Prostate Cancer
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Department of Surgery

Total 15

Army Audiology & Speech Center

Sub-Total: 4

9/28/2004	04-25017	Walden, Brian E., PhD DAC	Acoustic Correlates of Hearing Aid Microphone Preferences
11/30/2004	05-25009EX	Newman, Lisa A., PhD DAC	Impact of Intubation and Tracheostomy on Airway Protection During Swallowing in Casualties
10/27/2004	05-25019	Summers, Walter Van, PhD DAC	Effects of High Presentation Levels and Background Noise on Recognition of Low and High Frequency Filtered Speech
12/1/2004	05-25020	Walden, Therese, DAC	Efficacy and Safety of Self-Selected Hearing Aids

Critical Care Medicine Service

Sub-Total: 1

9/23/2004	04-30004EX	Jackson, William L., MAJ MC	Incidence of Asymptomatic Deep Venous Thrombosis in Soldiers Admitted to the Intensive Care Unit from OIF/OEF Theaters
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General Surgery Service

Sub-Total: 2

10/20/2004	04-20018	Stojadinovic, Alexander, LTC MC	Coexisting Thyroid Disease and Hyperparathyroidism
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11/12/2004	05-20019	Shriver, Craig D., COL	MC	Detection of GP88 circulating level in breast cancer patients	
Neurosurgery Service					Sub-Total: 2
<u>Date Approved</u>	<u>WUNO</u>	<u>PI</u>		<u>Title</u>	
11/4/2004		Rosner, Michael, MAJ	MC	Low Back Retrospective Surgical SF-36 Study	
11/19/2004	03-22002NR	Armonda, Rocco, MAJ	MC	The Clinical Use of Neuroform™ Microdelivery Stent System, A Humanitarian Use Device, Number H020002	
Ophthalmology Service					Sub-Total: 1
11/1/2004	04-23011	Stutzman, Richard D., LTC	MC	A Prospective Comparison of Alcon LADARVision Wavefront-Guided LASIK Enhancement and Conventional LASIK Enhancement for the Correction of Residual Refractive Errors Following LASIK Procedures.	
Organ Transplant Service					Sub-Total: 1
11/3/2004	04-26002	Falta, Edward M., MAJ	MC	Prospective Study of BK Virus Pretransplant Detection, Posttransplant Transmission, and the Development of Nephropathy	
Urology Service					Sub-Total: 4
10/12/2004		Rosner, Inger Lerra, MAJ	MC	Correlation of Clinically Irrelevant Prostate Cancer <0.5cc with Pathologic Stage and PSA Recurrence When Compared to Tumor Volume Greater Than 0.5cc, over an 11 Year Period	
11/2/2004	04-28017b	McLeod, David G., COL	MC	A Comprehensive Program for the Validation of Prostate Cancer Early Detection with Novel Protein Identification Techniques - Phase II: Validation and Refinement of the Predictive Algorithm in a New Clinically Well-Defined Prostate Cancer Case-Control Series	
11/15/2004	04-28036	Schenkman, Noah S., COL	MC	Teleoperation Task Performance with Variable Visual Feedback Delay	
11/10/2004	04-2871-981	McLeod, David G., COL	MC	Analysis of Transcription Factors and Associated Proteins in Transcriptional Regulation of the Prostate Cancer Genome	
Deployment Health Clinical Center					Total 1
11/2/2004	05-89011EX	Engel, Charles C., LTC	MC	Pilot study of a preliminary traumatic event screener survey	
Landstuhl Regional Medical Center					Total 2
9/23/2004		Halliday, III, Robert, LTC	SP	Point of Care Medical Decision Support in the Military Healthcare System Using Artificially Intelligent Assessment Software by Health Care Providers	
11/19/2004	04-85009	Deye, Gregory, MAJ	MC	Treatment of Viral Hemorrhagic Fever (Crimean-Congo Hemorrhagic Fever or Lassa Fever) with Intravenous Ribavirin in Department of Defense (DoD) Associated Medical Treatment Facilities: A Phase 2 Study. IND 16,666, Log A-11135, fy01-09	
Outside					Total 1
9/30/2004	04-85010	McPherson, Hal, MS	DAC	Effect of Methylphenidate on the Anti-Masking Properties of the Olivocochlear Reflex in Children with Attention-Deficit/Hyperactivity Disorder (ADHD)	
Telemedicine Directorate					Total 2
Occupational Therapy Service					Sub-Total: 2
10/5/2004	04-87006	Yancosek, Kathleen E., CPT	SP	The Use of Voice Recognition Technology in the Rehabilitation of Military Upper Extremity Amputee Patients	
11/5/2004	04-87007	Yancosek, Kathleen E., CPT	SP	Rehabilitation of Upper Extremity Casualties Via Firearms Training Simulator (FATS)	



HAIL AND FAREWELL

Arriving DCI Members: Nizar Mukhtar and Sandra Ackerman

Departing DCI Members: Darcy Foertch

Inquiring Minds is published quarterly by the Department of Clinical Investigation, WRAMC, as a service to DCI employees and the WRAMC research community.

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