

CDMRP



Department of Defense



Department of Defense
Congressionally Directed Medical Research Programs

Fiscal Year 2022 Military Burn Research Program Stakeholders Meeting

U.S. Army Medical Research and Development Command



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Agenda

**US ARMY MEDICAL RESEARCH AND DEVELOPMENT COMMAND
CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP)
MILITARY BURN RESEARCH PROGRAM (MBRP)
FISCAL YEAR 2022 VIRTUAL STAKEHOLDERS MEETING
FRIDAY, MAY 13, 2022**

MEETING AGENDA

Meeting URL

<https://www.zoomgov.com/j/1611192939>

Meeting ID: 161 119 2939

Password: 851306

8:45 – 9:00 a.m. ¹	Log in and Registration	All Participants
9:00 – 9:15 a.m.	Welcome and Introductions	Ms. Sandy Snyder
9:15 – 9:20 a.m.	Moment of Silence	Ms. Kristin Jones Maia
9:20 – 9:25 a.m.	Meeting Overview and Objectives	Mr. Scott Wheeler
9:25 – 9:30 a.m.	Leidos Administrative Remarks	Ms. Allison Poore
9:30 – 10:00 a.m.	Overview of the CDMRP and MBRP	Ms. Sandy Snyder
10:00 – 10:10 a.m.	Overview of the Combat Casualty Care Research Program	Dr. Therese West or MAJ Elaine Por
10:10 – 10:20 a.m.	Overview of the U.S. Army Institute of Surgical Research	Dr. Kai Leung and Dr. Leopoldo Cancio
10:20 – 10:30 a.m.	Breakout Session Guidelines and Outcomes	Mr. Scott Wheeler
10:30 – 10:45 a.m.	<i>Break</i>	All Participants

¹All times shown are Eastern Time.

Breakout Session 1: Gaps Identification (1.75 hours)

10:45 a.m. – 12:30 p.m.	Breakout Session 1.1: Emergency/Point of Injury/Field Care	Subgroup 1
	Breakout Session 1.2: Acute/ICU Hospital Care	Subgroup 2
	Breakout Session 1.3: Subacute Burn Care/Rehabilitation	Subgroup 3
	Breakout Session 1.4: Long-Term Challenges	Subgroup 4
12:30 – 1:30 p.m.	<i>Lunch</i>	All Participants

Main Session Discussion of Identified Gaps (1.25 hours)

1:30 – 2:45 p.m.	Discussion	All Participants
2:45 – 3:00 p.m.	<i>Break</i>	All Participants

Breakout Session 2: Gaps Prioritization (1.5 hours)

3:00 – 4:30 p.m.	Breakout Session 2.1: Emergency/Point of Injury/Field Care	Subgroup 1
	Breakout Session 2.2: Acute/ICU Hospital Care	Subgroup 2
	Breakout Session 2.3: Subacute Burn Care/Rehabilitation	Subgroup 3
	Breakout Session 2.4: Long-Term Challenges	Subgroup 4
4:30 – 4:45 p.m.	Out Brief and Next Steps	Ms. Sandy Snyder
4:45 p.m.	Adjourn	All Participants

Meeting Outcomes

Purpose

The Stakeholders Meeting is an opportunity to engage stakeholders in an open-dialogue forum to identify knowledge and capability gaps that will help inform future Military Burn Research Program (MBRP) research investment discussions. MBRP stakeholders include burn researchers, clinicians, military experts, and those who have personally experienced the physical and psychological effects of burn injuries. The meeting also provides the opportunity for stakeholders to share ideas and experiences with one another to further advance opportunities within the burn community.

Stakeholder Participants

Representatives from burn non-profit organizations, academia, government institutions, industry, and the public are invited to share broad perspectives on which initiatives have the greatest potential to propel the science forward, break down potential barriers in research and patient outcomes, address key knowledge or scientific gaps, and identify potential approaches for the treatment of burn injuries.

Key Meeting Activities

- Presentations from federal funding organizations conducting or participating in burn research and care, to include discussion of concurrent management strategies for burn research endeavors.
- Focused breakout sessions to discuss current state of the science, desired future capabilities, and gaps in specific areas of burn research and care.

Outcomes

- Prioritized gaps for burn research and care to inform programmatic direction and future program investment discussions.

Overview: CDMRP History

The Congressionally Directed Medical Research Programs (CDMRP) is a global funding organization within the Department of Defense (DOD) U.S. Army Futures Command and within the U.S. Army Medical Research and Development Command (USAMRDC). The CDMRP responsibly manages research that discovers, develops, and delivers health care solutions for Service Members, Veterans, and the American public. The CDMRP originated in fiscal year 1992 (FY92) when the U.S. Congress first appropriated funds to the DOD for breast cancer research.

Since its first appropriation in FY92, the CDMRP has grown to 37 programs in FY21. The CDMRP implements the investment of congressionally directed dollars provided to fund groundbreaking, high-impact, meritorious research that targets critical gaps in health care. These funds are not requested by the DOD; they are added to the DOD budget by the U.S. Congress with specific research areas and guidance as defined by the congressional language. In addition, the CDMRP provides support as requested for the management of Defense Health Program core dollars directed at both intramural and extramural military medical research portfolio areas.

Program Cycle

To ensure that each program's research portfolio reflects not only the most meritorious science but also the most programmatically relevant research the CDMRP developed a two-tier model based upon recommendations from a 1993 Institute of Medicine (IOM) report.² The IOM (now the National Academy of Medicine) recommended a two-step review procedure for research applications that was composed of a scientific peer review and a separate programmatic review (Figure 1). The scientific peer review is conducted by an external panel that is recruited specifically for each peer review session. Peer review involves the expertise of scientists, clinicians, military members, and consumers (patient advocates). Each application is judged on its own scientific and technical merit with respect to the described criteria in the funding opportunity solicitation. The second tier of review is conducted by a Programmatic Panel and includes discussions by experts in the field. These experts, which include scientists, clinicians, consumers, and members of the military, assess the applications based on the scientific peer review ratings and summaries, a balanced portfolio, programmatic intent, and scientific merit. Scientifically sound applications that best meet the program's interests and goals are recommended for funding by the Programmatic Panel. Once approval is received for the funding recommendations, awards are made and assigned to the program team for full-cycle support of research and outcomes.

²Institute of Medicine (US) Committee to Review the Department of Defense's Breast Cancer Research Program. A Review of the Department of Defense's Program for Breast Cancer Research. Washington (DC): National Academies Press (US); 1997. 1, Introduction. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK233671/>

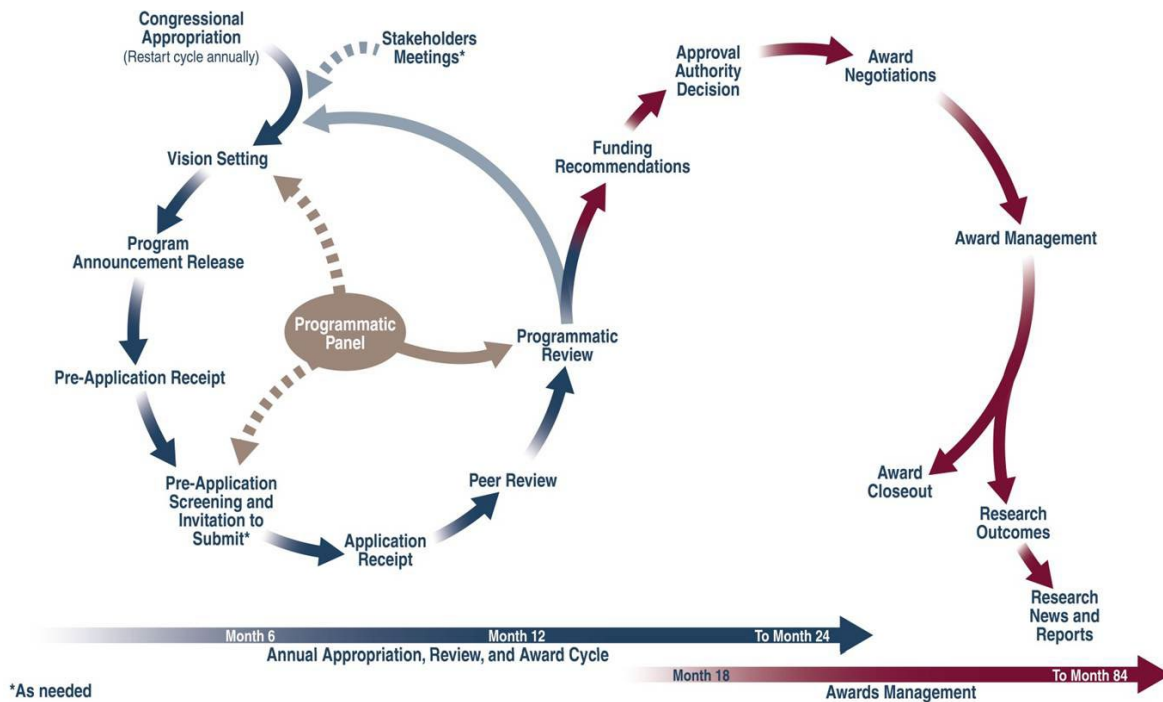


Figure 1. CDMRP Annual Program Cycle.

Consumer Involvement

A unique hallmark of the CDMRP is the inclusion of consumers in our programmatic cycles. Consumers may be patients, survivors, family members, or caregivers of people living with a disease, injury, or condition funded by a CDMRP program. Consumer reviewers participate as full voting members in both peer review and programmatic review. Participation of consumers leads to an expanded perspective by both scientists and consumers. Consumers keep the needs of the consumer community at the forefront of scientific discussions and scientists are reminded of the human dimension of the disease/injury/condition. Consumer reviewers report greater understanding of the benefits and burdens imposed upon patients participating in research studies. They return home with hope for a cure, better treatment, or improved quality of life for those living with their illness, generated by their participation in the review process and understanding of the research that may be funded. This results in increased consumer awareness of the importance of research and a stronger relationship between the scientific community and the consumer community.

CDMRP Spectrum of Research

The CDMRP funds research across a wide spectrum of development, from initial concepts through clinical trials. The CDMRP also allows Principal Investigators (PIs) to be awarded at many stages in their careers, from trainees through established, senior researchers at a variety of institutions. The examples provided in Figure 2 are not prescriptive or exhaustive. Award mechanisms may be customized for a specific research program or created for a specific intent when necessary.

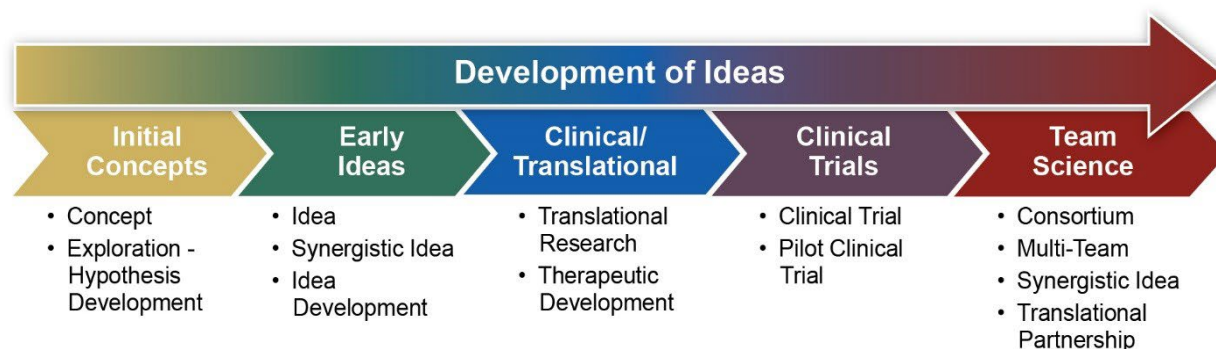


Figure 2. Examples of CDMRP Funding Opportunities and Maturity of Research.

Overview: Military Burn Research Program Background

History

The MBRP was initiated in 2011 to address capability gaps for treating combat burn injuries. The program is focused on improving burn care from the point of injury (POI) to treatment at the stateside Military Burn Centers, including prolonged field care (PFC). Since FY11 through FY22, \$100 million (M) has been appropriated to the program by Congress. Through FY20, MBRP has funded 56 research projects that have provided key research insights in advancing therapies for burn-injured patients and impacting standard practice³. During the FY21 cycle, 10 applications were recommended for funding by the MBRP Programmatic Panel members, stemming from two distinct award mechanisms, encompassing early ideas through clinical trials.⁴

³FY21 MBRP Applications that were recommended for funding can be reviewed at this link <https://cdmrp.army.mil/mbrp/awards/awards>

⁴Final awards for the FY21 MBRP will be finalized no later than September 30th, 2022.

FY22 MBRP Vision and Mission Statements

Vision

Deliver the best burn trauma care to improve health and performance outcomes in support of the Warfighter

Mission

Identify and address gaps in burn trauma care through military focused research

MBRP Congressional Appropriations

The Congressionally Directed Medical Research Programs (CDMRP) are funded through the DOD via annual congressional legislation known as the Defense Appropriations Act. The FY22 Defense Appropriations Act includes \$10M for the Military Burn Research Program. (Figure 3).



Figure 3. Congressional Appropriations to the MBRP by Fiscal Year, FY14-FY22.

MBRP Strategic Direction

In 2018, the MBRP Programmatic Panel members worked collaboratively to identify unanswered research questions in the burn field in order to develop a multi-year strategic investment plan for the program that aligns with the vision, mission, and congressional intent of the MBRP. This strategic plan provides a framework under which the short- and long-term investments will be made contingent upon the availability of future appropriations. The Programmatic Panel members will revisit the plan annually to review the state of the science, military priorities, and clinical needs; ensure that the topic areas and capability gaps are still relevant; and refine the plan as necessary.

The MBRP established four priorities around which it will build its funding efforts in the next 5 years and beyond:

- Development of interventions of therapies that can help, accelerate, or optimize wound healing.
- Development of refinement of interventions of technologies that will enable non-burn specialists, such as field medics/corpsmen/paramedics, to provide good burn care closer to the point of injury allowing for better long-term outcomes.
- Development of therapeutic interventions that can help treat debilitating scars and prevent contractures.
- Advancement of standard of care practices through conduct of high impact clinical trials.

Future priorities of the MBRP include research topics that are contingent on the success of research and interventions being developed by others in and outside of the burn field. The MBRP will continue to monitor outcomes of these related fields to determine the program's role in (1) assessing the epidemiology of burn injuries to better identify the gaps in knowledge and care for burn patients, (2) driving clinically focused research to assess the safety and efficacy of existing burn treatments, and (3) supporting high-impact clinical trials to advance the standard of burn care.

MBRP Research Investment

The MBRP manages awards in numerous burn care topics, with the largest percentage of awards in Inflammation/Infection Control (13.2%), followed by Burn Resuscitation (10.9%). Debridement during PFC is the topic with the smallest percentage of awards (0.7%) (Figure 4).

MBRP INVESTMENT BY TOPIC, FY11-FY20 (PERCENT)

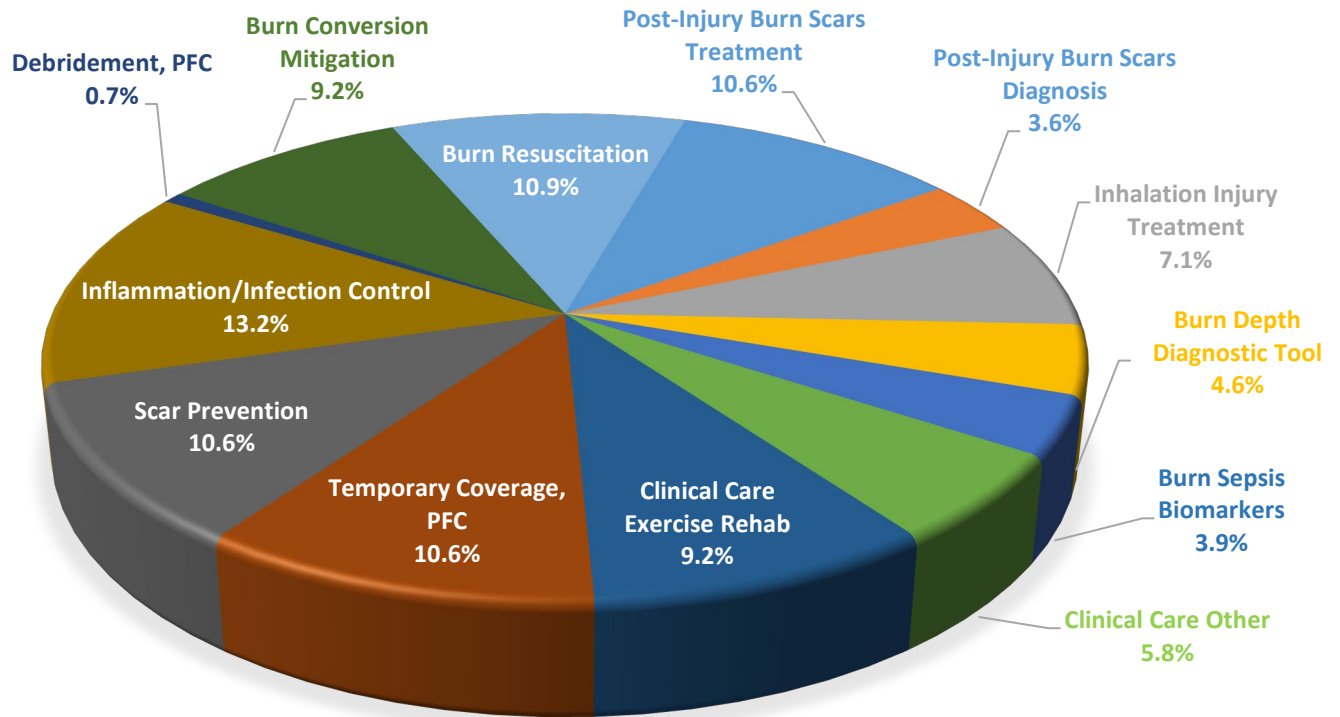


Figure 4. MBRP Portfolio Investment by topic, shown in percent. FY21 Awards will be finalized no later than September 30, 2022.

MBRP FY11-FY22 Focus Areas

Focus Areas are topics recommended by the MBRP Programmatic Panel Members each fiscal year to guide the direction of programmatic funding. Focus Areas for the MBRP from FY11-FY22 are shown in Table 1.

Table 1. Focus Areas for the MBRP from FY11-FY22.

Fiscal Year	Focus Area(s)
FY22	<ul style="list-style-type: none"> • Atypical burns (cold, radiation, directed energy, combat-related electrical) • Burn Injury During Mass Casualty • Burn Injury Related Complications: limited or low volume resuscitation, acute respiratory distress syndrome (ARDS), sepsis, inhalation injuries)
FY21	<ul style="list-style-type: none"> • Complex combat-related burns
FY20	<ul style="list-style-type: none"> • Burn care by non-medical first responders in PFC • Burn care by non-medical first responders in pre-hospital, not PFC
FY19-FY20	<ul style="list-style-type: none"> • Interventions to prevent burn wound conversion • Non-surgical debridement solutions • Temporary coverage products for large, severe bound wounds
FY17-FY18	<ul style="list-style-type: none"> • Clinical research studies on mitigation of burn scars and contractures
FY15-FY16	<ul style="list-style-type: none"> • Fluid resuscitation studies • Organ failure studies • Wound healing solutions • PFC and delayed evacuation • Clinical impact of delayed therapy • Delayed care patient outcomes • Functional outcomes of rehabilitation
FY13-FY14	<ul style="list-style-type: none"> • Fluid resuscitation studies • Accelerated wound healing interventions • Organ support studies • Sepsis and infection prevention • Rehabilitation physiology
FY11-FY12	<ul style="list-style-type: none"> • Checklists for standardization of burn care • Intensive care unit-based rehabilitation outcomes • Device/drug development for inhalation lung injury • Management and prevention of hypertrophic scarring

Guidelines for Stakeholders Meeting Discussion

- Everyone participate; no one dominate
- Listen to understand
- Use “I” statements
- One speaker at a time
- Disagree without being disagreeable
- Share your unique perspective
- Stay open to new ways of doing things
- All ideas are valid
- Critique ideas, not people
- Respect each other’s thinking and value their contributions
- Treat everything you hear as an opportunity to learn and grow
- Staying on schedule is everyone’s responsibility; honor time limits
- State your “headline” first, then the supporting information as necessary
- Be brief and meaningful when voicing your opinion
- Listen with care instead of “building your story”
- Participate 100%
- Seek common ground and understanding (not problems and conflict)
- Stay out of the weeds

Tips for Teleconferences/Virtual Meetings

- Always introduce yourself prior to speaking
- Use mute when not speaking
- Utilize chat for technical support

Fiscal Year 2022 Military Burn Research Program Stakeholders Meeting - Data Collection Instrument

The MBRP was initiated in 2011 to address capability gaps for treating combat burn injuries. MBRP-funded projects explore innovative approaches to accelerate the translation of advances in knowledge into new standards of care for the treatment of injured Service Members and those within the general public who sustain burn injuries.

The Congressionally Directed Medical Research Programs (CDMRP) will hold a virtual Stakeholders Meeting for the MBRP on May 13, 2022. Experts from different subject areas will come together to identify knowledge gaps, outcomes, and product needs for improving care and options for patients who have sustained burns. To expedite the process, the CDMRP is currently soliciting information on the identification of knowledge gaps, outcomes, and product needs in burn research and clinical care:

1. Which of the following areas along the burn care continuum need more research investment and, if funded, could make a significant impact on military/combat-relevant burn injuries and clinical outcomes? (Please choose one):
 - Emergency/point of injury/field care
 - Acute/ICU hospital care
 - Subacute burn care/rehabilitation
 - Long-term challenges (e.g. scarring, contractures, insomnia, chronic pain)
2. What are the top three knowledge or capability gaps, outcomes, or product needs within the burn care continuum category you selected for Question 1? (Please provide up to three responses).
 - Gap 1: _____
 - Gap 2: _____
 - Gap 3: _____
3. What do you perceive to be the biggest challenge in caring for burn patients?

4. What is your primary role in the burn research/or clinical care community?
- Healthcare Provider (MD, DO, NP, PA, RN, etc.)
 - Ancillary Healthcare Provider (e.g. physical therapy, occupational therapy, massage therapy, mental health services, etc.)
 - Burn Researcher
 - Burn Survivor/or Family Member of Burn Survivor/Advocate
 - Military Expert
5. If you would like to be contacted regarding participation at the upcoming virtual MBRP Stakeholders Meeting on May 13, 2022, please provide your name, organization, email address, and phone number. The attendee list will be balanced across disciplines, as appropriate, to facilitate discussion. The CDMRP may not be able to accommodate all interested respondents.

Name: _____

Organization: _____

Email: _____

Phone: _____

Results and Analysis of Stakeholders' Data Collection Instrument

The MBRP data collection instrument was sent via email and communicated to subscribers of MBRP, Joint Warfighter Medical Research Program, Combat Readiness-Medical Research Program, Reconstructive Transplant Research Program, Defense Medical Research and Development Program, Armed Forces Institute of Regenerative Medicine, and Combat Casualty Care Research Program via the electronic Biomedical Research Application portal (eBRAP).

A total of 190 responses were received, tabulated, and categorized; final results are depicted below.

Question 1. Which of the following areas along the burn care continuum need more research investment and, if funded, could make a significant impact on military/combat-relevant burn injuries and clinical outcomes? (Please choose one):

- Emergency/point of injury/field care
- Acute/ICU hospital care
- Subacute burn care/rehabilitation
- Long-term challenges (e.g. scarring, contractures, insomnia, chronic pain)

Summary of data: Emergency/point of injury/field care was the most common response, with 35% of Stakeholders answering that this was the area on the burn care continuum that needed more research investment. This was followed by long-term challenges (e.g., scarring, contractures, insomnia, chronic pain), which was selected by 31% of respondents. Acute and/or Intensive Care Unit (ICU) care was selected by 24% of respondents. Subacute burn care/rehabilitation was the least frequently selected response, with 10% selecting this as the area most in need of investment. These results are summarized in Figure 5.

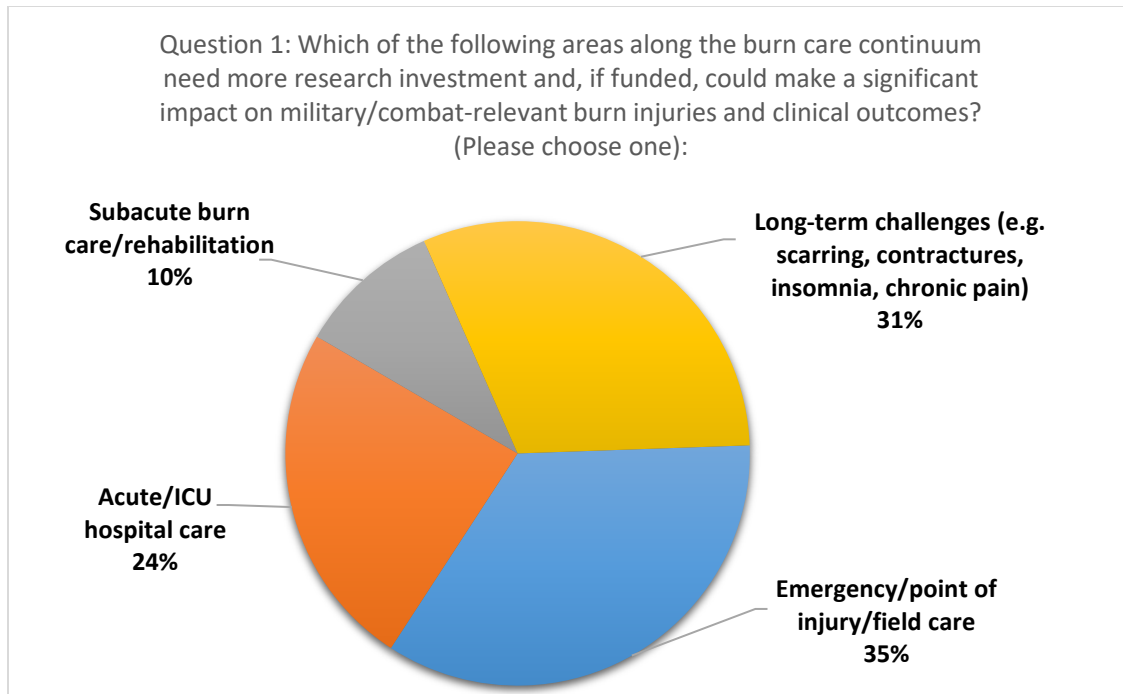


Figure 5. Percentage of respondents who selected the area of the burn care continuum that needs more research investment and could make a significant impact on military/combat-relevant burn injuries.

Question 2. What are the top three knowledge or capability gaps, outcomes, or product needs within the burn care continuum category you selected for Question 1? (Please provide up to three responses).

Summary of data: Responses to this question were manually categorized into topics by MBRP staff. Responses that related to multiple topics were counted in up to two categories. The most prevalent capability gaps, outcomes, or product needs mentioned in response to Question 2 included PFC/POI Care, Infection Control, Resuscitation, Tissue Regeneration/Repair, and Scar Prevention/Treatment. The entire response analysis by topic, in descending order is shown in Table 2.

Table 2. Responses to Question 2*

Capability Gap, Outcome, or Product Need	Number of Responses
PFC/POI Care	56
Infection Control	44
Resuscitation	39
Tissue Regeneration/Repair	35
Scar Prevention/Treatment	34
Clinical Care, Other	31
Burn Wound Conversion	26
Improved/Novel Treatments	22
Inflammation Control	22
Burns and Polytrauma	21
Improved/Novel Dressings	19
Clinical Care, Rehabilitation	17
Atypical Burns	15
Pain	15
Psychological Health	15
Basic Biology of Burns	14
Functional Skin	14
Burn Wound Closure	12
Sepsis	10
Gut Microbiome	7
Inhalation Injuries	7
Nutrition	5
Burn Respiratory Management	4
Quality of Life	4
Burn Complications	3
Contractures	3
Medical Staff Training	3

*Responses were analyzed manually by MBRP program staff and placed in no more than two capability gap topics. The total number of responses that mentioned each capability gap is provided.



Figure 6. The top 10 capability gaps, outcomes, or product needs identified by respondents to the MBRP DCI. Text size is directly proportional to number of mentions, with PFC/POI care receiving the most at 56 responses. Each response could be counted in no more than two categories.

Question 3. What do you perceive to be the biggest challenge in caring for burn patients?

Summary of data: Responses to Question 3 that received 5 or more mentions by respondents are included in a word cloud below, Figure 4. The most mentioned challenge in caring for burn patients was limited PFC/POI treatments, followed by Poor Long-term Health and Functional Outcomes (Table 3).

*Table 3. Responses to Question 3**

Biggest Challenge in Burn Care	Number of Responses
Limited PFC/POI Treatments	33
Poor Long-term Health and Functional Outcomes	25
Infection Control	20
Non-opioid Pain Management	19
Scar Prevention/Treatment	17
Burn Wound Closure	16
Treatment of Burns with Polytrauma	8
Functional Skin	6
Resuscitation	6
Evidence-Based Care/Treatments	5
Need for Multi-Functional Dressings	5
Sepsis	5
Lack of trained medical staff	4
Prevention of Burn Wound Conversion	4
Psychological Health	4
ARDS	3
Psychological Health	3
Treatment of Burns with Polytrauma	3
Atypical Burns	2
Limited Early Interventions for Burn Treatment	2
Tissue Regeneration	2
Treatment of Atypical Burns	2
Burn Mass Casualty Events	1
Contractures	1
Immune System Dysfunction	1
Inflammation Control	1
Inhalation Injuries	1
Long-term Quality of Life	1
Need for Evidence-Based Care/Treatments	1
Polytrauma	1
Skin scaffolding	1
Treatment Cost	1

*Challenges in burn care identified by respondents to the MBRP DCI. Responses were analyzed manually by MBRP program staff and included in no more than two categories.



Figure 7. The biggest challenges in caring for burn patients, as identified by respondents to the MBRP DCI. All challenges with more than 5 responses were included in this word cloud analysis. Text size is directly proportional to the number of responses related to this category. Responses were counted in no more than two categories.

Question 4. What is your primary role in the burn research/or clinical care community?

Summary of data: Over 54% of the respondents to the DCI identified themselves as Burn Researchers. The second largest role of respondents was Healthcare Provider (36.9%).

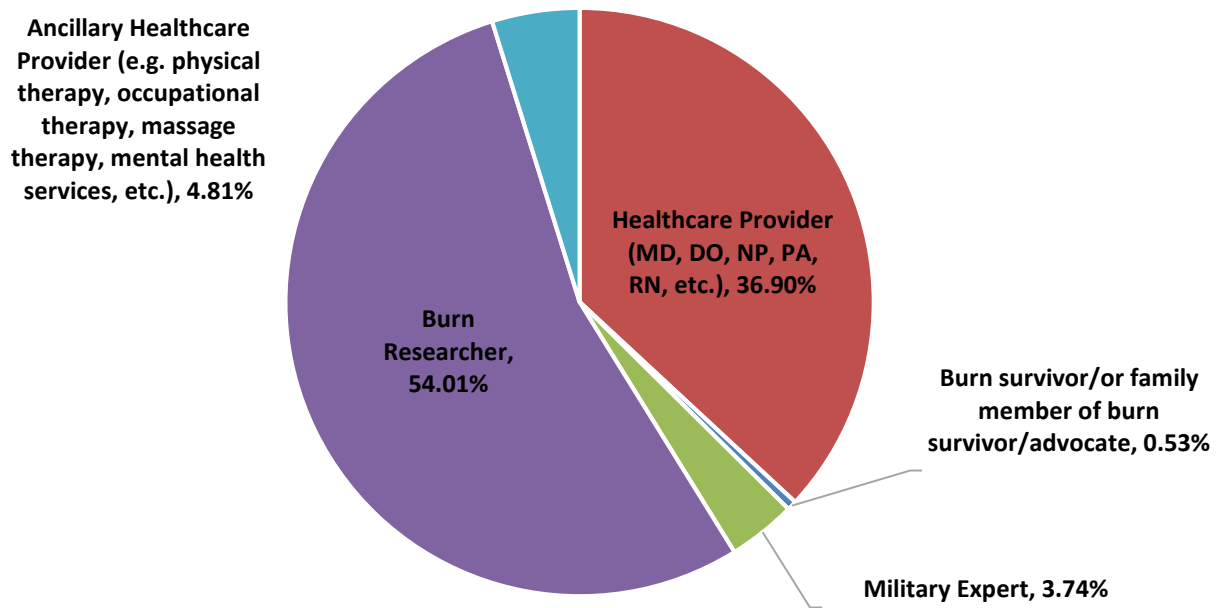


Figure 8. The most common primary role of respondents to the MBRP DCI was Burn Researcher (54.01%), followed by Healthcare Provider (36.9%).

Following analysis by MBRP program staff, the capability gaps, products, and outcomes provided by respondents to Question 2 were assigned to the four breakout subgroup sessions for discussion during the MBRP Stakeholders Meeting. These topics are only a starting point for the live discussion, not an indication of finalized gaps and or an exhaustive list of needs.

Breakout Session 1	Breakout Session 2	Breakout Session 3	Breakout Session 4
Emergency/POI/ Field Care	Acute/ICU Hospital Care	Subacute Burn Care/Rehabilitation	Long-Term Challenges
Atypical Burns	Atypical Burns	Atypical Burns	Atypical Burns
Burn Wound Closure	Burn Wound Closure	Burn Wound Closure	Burn Wound Closure
Burn Wound Conversion	Burn Wound Conversion		
Burns and Polytrauma	Burns and Polytrauma	Burns and Polytrauma	Burns and Polytrauma
		Clinical Care, Rehabilitation	Clinical Care, Rehabilitation
		Contractures	Contractures
	Functional Skin	Functional Skin	Functional Skin
Pain	Pain	Pain	Pain
Improved/Novel Dressings	Improved/Novel Dressings	Improved/Novel Dressings	Improved/Novel Dressings
Infection Control	Infection Control	Infection Control	Infection Control
Inflammation Control	Inflammation Control	Inflammation Control	Inflammation Control
Inhalation Injuries	Inhalation Injuries		
	Nutrition	Nutrition	Nutrition
	Psychological Health	Psychological Health	Psychological Health
		Quality of Life	Quality of Life
Resuscitation	Resuscitation		
Sepsis	Sepsis		
	Tissue Regeneration/ Repair	Tissue Regeneration/ Repair	
Scar Prevention/ Treatment	Scar Prevention/ Treatment	Scar Prevention/ Treatment	Scar Prevention/ Treatment
Mass Burn Casualty Events	Mass Burn Casualty Events		
PFC/POI Care	PFC/POI Care		

Resources

- CDMRP: <https://cdmrp.army.mil/>
- Defense Health Agency (DHA) JPCs: <https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Engineering/Joint-Program-Committees>
- DHA Research and Development (J9): <https://www.health.mil/About-MHS/OASDHA/Defense-Health-Agency/Research-and-Development>
- eBRAP: <https://ebrap.org/eBRAP/public/index.htm>
- Grants.gov: <https://www.grants.gov/>
- U.S. Army Medical Materiel Agency (USAMMA): <https://www.amlc.army.mil/USAMMA/>
- U.S. Army Medical Materiel Development Activity (USAMMDA): <https://www.usammda.army.mil/>
- U.S. Army Medical Research Acquisition Activity (USAMRAA): <https://www.usamraa.army.mil/Pages/Main01.aspx>
- U.S. Army Medical Research and Development Command (USAMRDC): <https://mrdc.amedd.army.mil/>
- Combat Casualty Care Research Program (CCCRP): <https://ccc.amedd.army.mil/Pages/default.aspx#:~:text=The%20Combat%20Casualty%20Care%20Research,%2C%20and%20facility%2Dbased%20care>
- U.S. Army Institute of Surgical Research (USAISR): <https://usaisr.amedd.army.mil/>
- National Institute of General Medical Sciences (NIGMS): <https://www.nigms.nih.gov/>
- American Burn Association (ABA): <https://ameriburn.org/>
- Phoenix Society for Burn Survivors: <https://www.phoenix-society.org/>
- [H.R.4432 - 117th Congress \(2021-2022\): Department of Defense Appropriations Act, 2022 | Congress.gov | Library of Congress](#)
- [Office of Research & Development \(va.gov\)](#)

Presenters

Dr. Therese West or MAJ Elaine Por Presenter
 Combat Casualty Care Research Program

Dr. Kai Leung and Dr. Leopoldo Cancio Presenters
 U.S. Army Institute for Surgical Research

Stakeholders

Dr. Ron Acierno	University Texas Health Sciences
Ms. Amy Acton	Phoenix Society for Burn Survivors
Dr. Aftab Ahmad	University of Alabama at Birmingham
Dr. Bhagwat Alapure	Louisiana State University Health Sciences Center New Orleans
Dr. Luis Alvarez	Theradaptive
Dr. Praveen Arany	University at Buffalo
Dr. Evangelos Badiavas	University of Miami - Aegle Therapeutics
Dr. Omar Bagasra	Clafin University
Dr. Austin Baird	University of Washington
Dr. Julio Barrera-Oro	Biomedical Advanced Research and Development Authority (BARDA)
Dr. Amanda Bettencourt	University of Pennsylvania School of Nursing
Dr. Karen Block	U.S. Department of Veterans Affairs (VA)
Dr. Sigrid Blome-Eberwein	Lehigh Valley Health Network
Dr. Lorena Braid	Aurora BioSolutions Inc. / Simon Fraser University
Dr. Thomas Brett	University of Virginia
Dr. Eric Brown	Synmedix Inc.
Dr. David Burmeister	Uniformed Services University of the Health Sciences (USU)
Dr. Jill M. Cancio	U.S. Army Institute of Surgical Research (USAISR)
Dr. Leopoldo Cancio	USAISR
Dr. Sylvain Cardin	Naval Medical Research Unit (NAMRU)- San Antonio
Dr. Anders Carlsson	USAISR/The Metis Foundation
Dr. Jeffrey Carter	Louisiana State University Health Sciences Center
Dr. Lourdes Castanon	University of Arizona/Banner University Medical Center in Tucson

Dr. Curtis L. Cetrulo	Massachusetts General Hospital/Harvard Medical School
Dr. Donna Chang	Hope Biosciences
Dr. Chris Chao	National Institute of General Medical Sciences (NIGMS)
Ms. Elizabeth Chipriano	Military Infectious Disease Research Program (MIDRP)/JPC-2
Dr. Mashkoor A. Choudhry	Loyola University Chicago Health Sciences Campus
Dr. Richard A. Clark	NeoMatrix Therapeutics, Inc.
Dr. Keith Cook	Carnegie Mellon University
Dr. Herndon David	Joseph M Still Research Foundation
Dr. Ali R. Djalilian	University of Illinois
Dr. Ross Donaldson	Critical Innovations, LLC
Dr. Melanie Doyle-Eisele	Lovelace Biomedical
Dr. Alan Epstein	Radiation Health Effects Portfolio Manager (now under JPC-6)
Dr. Elof Eriksson	Harvard Medical School
Dr. Fateme Fayyazbakhsh	Missouri University of Science and Technology
Dr. Mark Fear	University of Western Australia
Dr. Michael Feldman	Virginia Commonwealth University
Dr. Celeste Finnerty	University of Texas Medical Branch
Dr. Rebecca Fisher	CDMRP
Dr. Alberto Forcella	MBET Health LLC
Dr. Stephen E. Fry	Fry Laboratories, LLC
Dr. Sheldon Garrison	Rogers Behavioral Health
Dr. Luis Garza	Johns Hopkins School of Medicine
Dr. Aarti Gautam	Walter Reed Army Institute of Research
Dr. Giorgio Giatsidis	University of Massachusetts Medical School
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Dr. Mark Hemmila	University of Michigan
Dr. Rhonda Holgate	Houston Methodist Hospital
Dr. James H. Holmes	Wake Forest Baptist Health
Dr. Seok Jong Hong	Northwestern University
Dr. Marc Jeschke	Sunnybrook Health Sciences Centre
Dr. Natasha Jokerst	Phoenix Society for Burn Survivors
Dr. Suresh G. Joshi	Drexel University
Dr. Christian Kastrup	Versiti Blood Research Institute
Dr. Karen Kowalske	University of Texas Southwestern/ Parkland
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Dr. Ingrid Parry	University of California, Davis
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