



VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM

Research Quarterly Newsletter

January 2015

ISSUE 1

Interested in a little competition? See page 8 for details!

VANCHCS Research

What is EBIRE?

The East Bay Institute for Research & Education, "EBIRE," has returned following a 3-year hiatus.

Started in 1990, EBIRE is a CA non-for-profit under the IRS tax code section 509(a)(1), which means it is a medical research organization operated in conjunction with a hospital.

EBIRE is one of 82 VA-affiliated nonprofit research corporations across the US. The reason for its existence is to provide both a funding mechanism and monitoring process for research funds that come from sources outside the VA. Our research investigations provide Veterans with the opportunity to access state-of-the-art care, and to foster an environment for scientific and intellectual exchange.

EBIRE's VA affiliation is with the Veterans Affairs Northern California Health Care System, or "VANCHCS."

Nearly all VA health care systems have a Nonprofit Research & Education Corporation (referred to as an "NPC") and are established in accordance with Title 38, United States Code (U.S.C.).

Key functions of the NPC are:

Flexible Funding Mechanism.

NPCs exist to provide VA medical centers with flexible funding mechanisms for the approved research and education at one or more VA medical centers. NPCs function in affiliation with, but are not an agency of the federal government.

Facilitating Conduct of VA Research or Education & Training. NPCs may facilitate the conduct of VA-approved research, education and training as described in Title 38, U.S.C. To be VA-approved, research and education projects must be approved by either the Research & Development Committee or the Education Committee, respectively, regardless of the source of funding or activity site(s).

Management of Funds. The facilitation of research or education and training referred to in the preceding paragraph includes managing funds for VA-approved research projects and education activities as well as more generally supporting facility research and education programs in conjunction with the applicable medical center.

Expenditure of Funds. NPCs may expend funds on the following VA activities:

1. Research projects that are VA-approved in accordance with the procedures established by the Under Secretary for Health for VA research.

2. Educational activities that are VA-approved in accordance with criteria established in 38 U.S.C. Types of education and training activities that may be approved are patient-related activities and employee-related activities, including activities for VA employees taking part in residency and other training programs designed to prepare them for a profession in health care. NPCs may collaborate with the VA's Employee Education System to support approved education and training activities for the VA medical center(s) or other educational activities permitted by federal law.

EBIRE's Mission

To promote research approved by the VANCHCS by providing resources in which investigators may conduct safe, quality research.

Declaration of Research Principles

The Department of Veterans Affairs ranks as one of the nation's leaders in health research. Through VA Research thousands of studies are conducted at VA medical centers, outpatient clinics, and nursing facilities across the US. This research has significantly contributed to advancements in health care for Veterans and other Americans from every walk of life. In the conduct of research, participants volunteer with a clear understanding that there may not be a direct benefit to their health. They do so, in many cases, with the hope of benefitting others in the future. For its part, VA Research commits to the protection of research participants as the highest priority.

We are grateful to all the Veterans who participate in VA research studies, making important health care advances possible and turning hope into reality. The VA commits that, in the conduct of clinical research, the VA will:

- ✚ Ensure that all members of the research team conduct themselves as professionals, upholding the highest standards of quality and ethics in their work.
- ✚ Undertake clinical research only if it is reviewed, approved, and monitored by appropriate VA committees that ensure the research study is properly designed, does not involve undue risks, and includes safeguards for participants.
- ✚ Clearly explain that participation in a research study is voluntary and only occurs with consent, and that participants have a right to change their mind at any time without affecting their VA health care or benefits.
- ✚ Educate individuals who are considering enrolling in a research study about the study and its possible benefits and risks.
- ✚ Safeguard each participant's information.

Prospective, past and current participants that have questions or feel these Research Principles have not been met are encouraged to contact the Patient Advocates Office, anonymously if necessary. Everyone in the VA Northern California Health Care System is responsible for making sure these Research Principles are followed as a top priority.

EBIRE Board Members

John Johnson, Psy.D., M.S.W.
President and Executive Director

David Stockwell, M.H.A.
Chairperson and Statutory VA Director

William Cahill, M.D., M.B.A.
Statutory VA Director

Anthony Albanese, M.D.
Secretary/Treasurer and Statutory VA Director

Robert O'Donnell, M.D., Ph.D.
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David Siegel, M.D., M.P.H.
Voluntary Director

Harry Moos
Statutory Non-Federal Director

Marc Ettlinger, Ph.D.
Voluntary Director

Amy Swift
Statutory Non-Federal Director

Tonja Ochonma, M.A.
Voluntary Director

Paramita Ghosh, Ph.D.
Voluntary Director

Intramural Research (Research Service)

VANCHCS Martinez: The Center for Aphasia and Related Disorders

The VANCHCS Martinez campus has a renowned "Center for Aphasia and Related Disorders," specializing in understanding the specific speech, language, and cognitive changes that can occur in individuals who have experienced one of the following: Stroke, Traumatic Brain Injury (TBI), or Neurodegenerative Decline.

Center scientists study how these changes relate to areas of the brain that were injured in order to determine the neural mechanisms of speech, language and cognition. Though primarily a research center, for over 30 years these specialists have also been providing:

- Support to patients and their families
 - ✚ with information regarding diagnosis, prognosis and treatment options
- Weekly communication groups
 - ✚ a support group-like venue for patients to both practice their language skills and socialize with their researchers and clinicians

- Two annual holiday parties (July and December), attended by dozens of past and present patients AND their caregivers
 - ✚ staff provide potluck-style food and beverages, at their own expense
 - ✚ social time and holiday songs are sung by all

The Center contains three (3) main laboratories, all studying the effects of brain injury on language and cognition.

Dr. Nina Dronkers oversees the first main laboratory at the Martinez Center for Aphasia and Related Disorders. Her interests lie in determining the brain regions and networks that play critical roles in the processing of speech and language, as well as the structural and functional connections that contribute to language and cognitive processing. By using advanced neuro-imaging techniques and extensive behavioral evaluations, Dr. Dronkers and her colleagues have been able to identify several new

functional brain areas that contribute to speech and language processing. For example, the ability to understand a sentence -- such as the one you are reading now -- requires at least five (5) different brain areas and numerous connecting fiber pathways to achieve an accurate interpretation. The ability to comment on what you just read requires some of the same regions to compile your sentence, but several additional ones to actually produce it. The remarkable thing is that all this happens instantaneously and automatically, without our being aware that multiple brain regions have activated to produce the utterance.

In our next newsletter we will focus more deeply on Dr. Dronkers efforts, as well as share information as to the many other aspects of research occurring at the Martinez campus.

Dr. Juliana Baldo oversees the second main laboratory, with a focus on how changes in speech and language after a brain injury can interact with other areas of cognition, such as memory, problem solving, reading, and writing. For example, many individuals with a history of brain injury find it difficult to rehearse and remember a phone number or a shopping list, so it becomes important to use other strategies to accomplish everyday activities. Her research addresses this type of difficulty and works to identify the brain regions associated with it. The Center has also done considerable research on a particular type of speech disorder known as apraxia of speech, which is difficulty in articulating the words you want to say, especially when the words are long and complex. Currently, Dr. Baldo is researching a particular type of speech treatment for this articulation difficulty to see if improvements can be made with individuals' ability to say the words they want to say and to be more intelligible when they speak. As part of the study, Dr. Baldo will also identify the brain regions associated with a positive treatment outcome.

Dr. And Turken oversees the third laboratory at the Martinez Center for Aphasia and Related Disorders, where he employs advanced neuro-imaging techniques and novel analytical approaches to characterize how neurological injury alters brain network organization. Until recently, the study of brain-behavior relationships in neurological disease has focused primarily on how damage to individual brain regions affects specific cognitive abilities. However, high-level cognition emerges from the coordinated activity networks of brain regions, and injury to a key cortical

association area or the disconnection of a major white matter pathway can produce widespread network disruption. Dr. Turken's ongoing work aims to better characterize structural disconnection in brain injury, changes in brain physiology associated with structural disconnection, and how structural and functional network disruption relate to disorders of high-level cognition. Team member Dr. Krista Parker's work extends this research program to the study of attentional disorders. Another team member, Timothy Herron, develops new analytical techniques and implements software algorithms for integrating neuro-imaging and neurocognitive data. This lab's ultimate goal is to contribute to the diagnosis and treatment of Veteran patients.

A new direction for Dr. Turken and his team's research will be the use of non-invasive brain electrical stimulation techniques to improve brain function and cognition in neurological patients.

Current research protocols at the Martinez Center for Aphasia and Related Disorders are supported through VA merit review grants to the three principal investigators listed above, and a VA Research Career Scientist Award to Dr. Dronkers. For more information, please visit our website at www.ebire.org/aphasia or call Dr. Dronkers at (925) 372-2925.

VANCHCS Current Intramural Research Portfolio:

Principal Investigator Protocol Title

- 1. Juliana V. Baldo, Ph.D.**
Brain Biomarkers of Response to Treatment for Apraxia of Speech
- 2. Sue Bodine, Ph.D.**
Mechanisms Involved in Age-Related Loss of Muscle Mass and Growth Response
- 3. Hongwu Chen, Ph.D.**
Novel Epigenetic Regulators in Cancer Therapeutic Resistance and as New Targets
- 4. Nipavan Chiamvimonat, M.D.**
Functional Roles of Atrial-Specific Ion Channels in the Heart
- 5. Michael Cole, Ph.D.**
Top-Down Executive Control in TBI, PTSD and Combined TBI/PTSD
- 6. Mark D'Esposito, M.D.**
Neural Bases of Cognitive Rehabilitation for Brain Injury

- 7. Nina F. Dronkers, Ph.D.**
Language Disorders Due to Fiber Tract Disconnection in Aphasic Patients
- 8. Marc Ettlinger, Ph.D.**
Auditory Perception and Cognition Following TBI
- 9. Allen Gao, M.D.**
Role of Rho GDP Dissociation Inhibitors in Androgen Signaling in Prostate Cancer
- 10. Allen Gao, M.D.**
The Role of p52 in Prostate Cancer
- 11. Paramita M. Ghosh, Ph.D.**
Loss of Filamin A Nuclear Localization in Prostate Cancer Progression
- 12. Rivkah Isseroff, M.D.**
A Comparative Efficacy Study: Treatments of Non-Healing Diabetic Foot Ulcers
- 13. Andrew S. Kayser, M.D.**
Remediation of Impaired Self-Regulation in Patients with Mild TBI
- 14. Anne A. Knowlton, M.D.**
Estrogen, Aging and Vascular Inflammation
- 15. Joseph W.C. Leung, M.D.**
Comparative Efficacy of Water & Indigo Carmine vs. Water or Air Method
- 16. Maria Mudryj, Ph.D.**
Modeling E2F3 Isoform Specificity in Prostate Cancer
- 17. Robert T. O'Donnell, M.D., Ph.D.**
Immunoliposomal Therapy of non-Hodgkin's Lymphoma
- 18. Chon-Xian Pan, M.D., Ph.D.**
Development of Targeting Nanotherapeutics Against Bladder Cancer
- 19. Diane Swick, Ph.D., B.A.**
Frontal Lobe Injury and Executive Control of Cognition and Emotion
- 20. Natalie Torok, M.D.**
The Role of TNF Alpha Converting Enzyme in Alcoholic Liver Disease
- 21. And Turken, Ph.D.**
White Matter Pathway Disconnection and Cognitive Control Impairments in Stroke
- 22. Joseph Tuscano, M.D.**
CD22-Targeted Therapeutics for the Treatment of Lung Cancer

23. David L. Woods, Ph.D.
Quantitative Automated Lesion Detection (QALD) in Moderate and Severe TBI

24. David L. Woods, Ph.D.
The Effects of Aging and Hearing Loss on Human Auditory Complex

Extramural Research (EBIRE)

Current Extramural Research and Education Portfolio:

Principal Investigator Protocol Title

- 1. Nancy Brown-Conneley, Ph.D.**
VANCHCS Women's Health
- 2. Jared Jagdeo, M.D., M.S.**
Effect of Temperature Modulation on Photodynamic Therapy
- 3. Jared Jagdeo, M.D., M.S.**
Voluma Treatment of HIV Facial Lipatrophy
- 4. Siba Raychaudhuri, M.D.**
Psoriatic Arthritis Education
- 5. Siba Raychaudhuri, M.D.**
Evaluation of a Novel Kv1.3 Inhibitor
- 6. Siba Raychaudhuri, M.D.**
Randomized, Double-Blind, Placebo-Controlled Phase 3 Study to Evaluate the Efficacy, Safety & Effect on Radiographic Progression of Brodalumab in Subjects with Psoriatic Arthritis
- 7. Theodore Wun, M.D.**
A Randomized, Placebo-Controlled, Double-Blind Phase II/III Trial of Oral Isoquercetin to Prevent Venous Thromboembolic Events in Cancer Patients



Research Community Updates

The SRS has many responsibilities:

Research and Development Committee (R&DC)

The VANCHCS Research & Development Committee is responsible for approving ALL VA-engaged research, both intra- and extramural. For the past few months Dr. Daryl Lance has been chairing this committee, following the lengthy leadership of Karen Mayo. Unfortunately for the Committee, Dr. Lance has announced that he is leaving VA employment effective January 29, 2015, resulting in his resignation as the R&DC Chair.

Please join us in congratulating Dr. Lance on his new position at the UC Davis Medical Center starting February 2, 2015. We will miss you, Daryl, but certainly wish you well!

Next R&DC meeting: February 25, 2015

Institutional Review Board (IRB)

The VANCHCS Institutional Review Board (IRB) is responsible for approving VA-engaged research that involves human subjects. This committee is chaired by Dr. Jary Larsen.

While Dr. Larsen officially splits his time between the VANCHCS Martinez campus and UC San Francisco Medical Center, he travels to Mather to facilitate the monthly IRB meetings.

Next IRB meeting: February 3, 2015

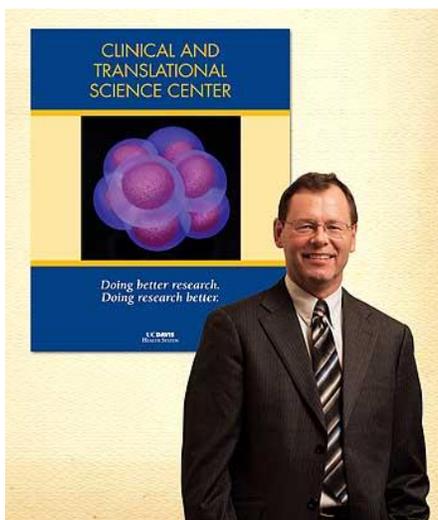
Subcommittee for Research Safety (SRS)

The Subcommittee for Research Safety (SRS), a subcommittee of the R&DC chaired by Dr. Paramita Ghosh, oversees the safety of people who undertake VA research. The SRS is charged by the R&DC with the responsibility to maintain a Research Safety Program that is consistent with VA policies, federal statutes and regulations from the Occupational Safety and Health Administration (OSHA), the Environmental Protection Agency (EPA), the Nuclear Regulatory Commission (NRC), etc., and any applicable state and local requirements. All applicable National Institutes of Health (NIH) and Centers for Disease Control and Prevention (CDC) guidelines must be followed.

- ✓ To approve the safety of individuals engaged in research, as opposed to IRB, which focuses on patient safety.
- ✓ To ensure that lab areas are safe, through inspection reports from both the Facility and Research Service. This includes chemical, biological, and physical safety reports.
- ✓ To review annually certain documents such as the Statement of Purpose and the Biosafety Manual.

As of 2014, the VA has determined that certain VA protocols, especially those that involve only chart review or procedures performed in clinical areas for procedures that are standard-of-care (such as observational studies), will be exempt from SRS review. Of the studies that do go through SRS, the majority are expedited, while a few, especially those that involve an animal facility or bench study, are not. Expedited studies, especially amendments that involve personnel changes, etc., are reviewed and approved the same day, while those that go through full committee take longer. Each non-expedited and non-exempt study is reviewed by a voting member of the SRS. The findings are presented to the full committee that takes place once a month. Some of the protocols reviewed may have minor errors; these are then sent back to the reviewer for correction. Once corrected, they DO NOT go back to the full committee but are approved out-of-committee. Those that have no errors are approved on the day of the meeting.

Next SRS meeting: February 9, 2015



UC Davis Clinical and Translational Science Center (CTSC)

In March 2014, the Clinical and Translational Science Center's new clinical research facility opened in the Cypress Building, a location convenient for investigators as well as the participants in studies. The new facility is generating excitement not only because of its prime location, state-of-the-art equipment, and comprehensive resources and services, but also for the specialized nursing staff who can be deployed for "just-in-time" research protocols at the patient bedside in the hospital.

The new facility has 3,500 square feet of clinic space with equipment and an experienced 16-member staff who focus on conducting protocol-specific clinical research. With four infusion chairs, a procedure room, two phlebotomy stations, two examination rooms, two interview rooms, and a room with a hospital bed, this clinic is designed to meet a variety of outpatient research needs. Additionally there is a laboratory processing room with a centrifuge and -80°C freezer, and an exercise laboratory with a DEXA machine, EKG stress treadmill and bike system, and metabolic cart. Plenty of workspace is available for investigators and coordinators to use during their patients' appointments. The new clinic space consolidates the CTSC Clinical Research Center (CCRC) presence at the Sacramento Veterans Affairs Medical Center and Ticon building locations.

The CTSC continues to support 8 VANCHCS trials (7 oncology and 1 GI) with several new collaborations in discussion. In fact, efforts to further enhance the VA research enterprise have been consistent throughout the long relationship between UCDMC and VANCHCS.

Some specific examples include:

- ✚ EBIRE has been invited to and is participating in the CTSC's monthly Translational Research Integration and Compliance Committee (TRICC).
- ✚ **Dr. Lars Berglund** (pictured left), CTSC Director and dual appointee between UC Davis and the VANCHCS, is participating actively in the exploration of joint protocols that can be engaged between UCDMC and VANCHCS. In late-January he will be traveling to VANCHCS Martinez to meet with PIs.

- ✦ **Dr. Julie A. Freischlag**, Dean and Vice Chancellor of UC Davis School of Medicine and dual appointee between UC Davis and the VANCHCS, has been encouraging her dually-appointed faculty to initiate VA-engaged research.
- ✦ **Dr. Ralph de Vere White**, Associate Dean for cancer programs at UC Davis School of Medicine, Director of the UC Davis Comprehensive Cancer Center and a professor of Urology, met with Director Stockwell, Drs. Cahill, O'Donnell and Johnson to discuss prospects of rekindling clinical research efforts between the VA and UCDMC's Comprehensive Cancer Center. In February, Drs. de Vere White and Ghosh will be submitting a joint application to the NIH through EBIRE.
- ✦ **Dr. Cameron Carter**, Director for both the Imaging Research Center Neuroscience Office of Research and the Behavioral Health Center for Excellence at UC Davis is actively inviting VANCHCS researchers to apply for current and upcoming grants through the UC Davis Grand Challenge Initiative in Brain Science.
- ✦ **Dr. Theodore Wun**, Associate Dean of Research, Chief of Hematology and Oncology at UC Davis and Chief of Hematology Oncology at VANCHCS, has initiated EBIRE's first 'multi-VA health care center' research protocol since EBIRE's 3-year hiatus. This is engaging the local VA research efforts with efforts across the US.
- ✦ **Nicole Hansen**, Associate Director of the CCRC, collaborated with Karen Mayo to co-host an Oncology training event with attendance of approximately 30 nurses from Mather, David Grant, Martinez, and the CCRC.
- ✦ In an ongoing effort to encourage collaboration and consistency in research, the CTSC continues to share their compliance materials with the VANCHCS. Recent key points include:
 - ✓ The NIH is actively enforcing its Public Access Policy. Grants that support research must be cited in resultant scientific papers. Grants that are not acknowledged in publications are subject to delayed funding and are less likely to be renewed or perpetuated, because citations are among the metrics used to evaluate the merit of the award. Several investigators at UC Davis have

reported delayed funding of a noncompetitive grant renewal when peer-reviewed articles were noncompliant with the NIH Public Access Policy (NIHPAP). All investigators that use services by the CTSC, Cancer Center, or any other UC Davis grant-funded program are subject to this requirement. Of note, these concerns extend beyond UC Davis and the CTSC. The peer-reviewed publications of all NIH-funded investigators and their affiliates who cite an NIH grant are subject to the NIHPAP.

- ✓ The CTSC and Blaisdell Medical Library have joined forces to help authors comply with NIH policy. Workshops are announced through the CTSC listserv and posted on the CTSC Event Calendar and library instruction page (see additional resources below.)
- ✓ Authors of scientific papers are encouraged to visit the new NIH Public Access Policy guide on the UC Davis Library website (http://guides.lib.ucdavis.edu/nih_mandate) for a comprehensive combination of local and NIH resource pages.
- ✓ Faculty and staff members who wish to organize training for their department, center, trainees, or fellows are invited to send their questions or requests to NIHPAPhelp@ucdmc.ucdavis.edu.

Additional Resources:

CTSC Guidelines for investigators using CTSC resources

www.ucdmc.ucdavis.edu/ctsc/area/Resource_Library/CTSC_guide_authors.pdf

Checklist for authors of peer-reviewed publications

www.ucdmc.ucdavis.edu/ctsc/area/Resource_Library/NIHPAP_checkList.pdf

Chart summarizing publisher policies about NIHPAP

www.ucdmc.ucdavis.edu/ctsc/area/Resource_Library/nih_submission.pdf

CTSC Event Calendar

<http://ctscapps-old.ucdmc.ucdavis.edu/eventcalendar/calendar.aspx>

Library Instruction Page

<http://lib.ucdavis.edu/dept/hsl/services/classes.php>



Upcoming Events

A list of upcoming events is available on page 7 of the newsletter. Committee meeting dates for the SRS, IRB and R&DC are available. The schedule for the Neuropsychology Brown Bag Lunch (NBBL) held in Martinez is also available.

Research Spotlight

Anthony Chen, M.D.

EBIRE has been working closely with Dr. Anthony Chen of VANCHCS Martinez, along with the Berkeley nonprofit called Civic Assets, to implement a collaborative research protocol targeting both active-duty personnel and Veterans. The target population will be individuals diagnosed with either post-traumatic stress (PTS) or traumatic brain injury (TBI) and the goal will be to assist them with their reintegration into civilian society.

Civic Assets is a start-up whose focus is to provide a comprehensive rehabilitation and transition program with resources for recovering active duty service members and post 9/11 Veterans with a focus on those suffering from TBIs and/or PTS. As a non-profit 501(c)(3) that is collaborating with the VANCHCS, the San Francisco VA, the University of California campuses at Berkeley, San Francisco and Davis, as well as with EBIRE and a multitude of other agencies, Civic Assets has crafted a unique and unprecedented blend of medical and mental healthcare, counseling, internships, education and training, employment, and research that can serve as an effective model for the transition and reintegration of Veterans nationally.

This program blends a variety of both proven and experimental services, skills development, training modalities, and experiential work opportunities that are not addressed in existing programs. This variety of services is envisioned to be 'stepping stones' that every participant can use to cross the societal, behavioral, educational, and vocational bridges to lead independent, healthy lives.

Civic Assets' stepping stones include the following five (5) components:

Neural-behavioral skills development: There is an urgent need for interventions that improve the neuro-behavioral skills vital for allowing active duty service members and Veterans with brain injuries to be successful in achieving both educational and career goals. Newly employed Veterans often complain about difficulty paying attention, keeping information in mind, staying on track, and following through to achieve goals. With these complaints in mind, our VA, the University of California, and Stanford University partners have developed an innovative training system that engages Veterans in developing neuro-behavioral skills using electronic gaming scenarios. These training systems introduce and guide experiential learning through a range of



calibrated, progressive, game-world environments that parallel real-world challenges.

Supported pursuit of education: Education is a major bridge to successful career goals, yet a large number of Veterans are returning to school with very limited success. They often report feeling alienated because they do not fit in with younger students or with people who have not experienced the war theater. Our model will extend neural-behavioral skills development into school settings where these skills are vital for successful learning. In addition, we will help to enroll Veterans through the G.I. Bill in the colleges and universities of their choice in addition to vocational training programs.

Supported civic service work: Our model will use an approach developed by the Civilian Conservation Corps during the Great Depression to reintegrate World War 1 Veterans and by urban conservation corps over the last 30 years with a focus on at-risk young adults — putting men and women to work in teams doing environmental work on public lands in the public interest. Civic Assets will provide supported civic service work opportunities to active duty service members and to Veterans so that they can continue to learn and apply skills in work settings that provide a sense of mission and support feelings of self-worth through contributions to their communities. Work in public service with support for ongoing skills development will provide specific opportunities to heal and has been found to be particularly effective in helping Veterans to successfully transition to permanent employment while they continue to serve their nation.

Transition to work: Our program features transitional employment from civic service to permanent full-time positions with land management agencies, cities, and private companies. As participants progress through training, education, and civic service work, we will work with Civic Assets partners in the public and private sectors to provide extended internships in a career-of-choice as a precursor to full-time employment.

Research and development - The Science of Success:

Structured research methodologies will be applied from the outset of this project in order to test the value of this innovative approach and to further advance the development of interventions to help Veterans with brain injuries successfully transition into successful careers. Improved understanding of the neural mechanisms that support improvements in neural-behavioral bridges will be documented in order to guide

the development of future interventions.

Questions will be addressed through connecting interventions with innovative neural and behavioral measurements such as functional brain imaging biomarkers, developed by our VA and University of California partners. The team will study the effectiveness of the cognitive skills retraining component along with community-focused service in a supported team environment; the education and vocational component; the internship program; and our medical and mental healthcare components. Structured research to evaluate the model's effectiveness will contribute to further development of interventions to help active duty service members and Veterans with brain injuries to successfully transition into rewarding careers. In the process, we hope to demonstrate a correlation between civic service and the regeneration of brain tissue and greater brain resiliency among individuals in the program with TBIs and the improved emotional health of those suffering from PTS. Program organizers are contemplating future expansion of Civic Assets to other Americans who suffer from PTS and/or TBIs and have other brain conditions such as those caused by accidents or who suffer from Multiple Sclerosis or Parkinson's Disease. We also hope to identify opportunities that may prove to be both emotionally and physically therapeutic and that may slow or counter the onset of dementia and Alzheimer's.

The founders of Civic Assets have spent their careers running urban and rural conservation corps and Americorps programs serving young adults, many of whom were at risk for low educational achievement and joblessness. According to numerous studies done by foundations, universities, and the Department of Labor, many of these young adults also suffered from PTS due to the violent circumstances of their lives. These programs led to tangible educational achievement, lower crime rates, successful job placements, and low recidivism among participants. Civic Assets believes that this type of supportive educational and employment program can also benefit today's Veterans.

Co-founder and CEO of Civic Assets, Joanna Lennon, has interviewed more than 2,000 individuals including Veterans, injured active duty and reserves personnel, directors of local and national Veterans' programs, physicians, psychologists, social workers, Veterans' advocacy organizations, members of the intelligence community, and personnel from both the Department of Veterans Affairs and the Department of Defense in the Pentagon. She and her colleagues have endeavored to better understand the individual and systemic problems that active duty service members and Veterans face as they attempt to re-integrate into civilian society.

Next Steps: Pilot Program

Civic Assets and its partners want to launch a 24 month pilot program with a minimum of 20 participants working in teams doing environmental service on public lands. They will need three months of set up and 12 months to run the pilot study. Participants will get expedited medical and mental health care and will enroll in college and/or vocational training programs which will prepare them educationally. The program includes individual internships in a career of their choice with the goal of full-time employment and long-term careers. The pilot will also include a controlled study focused on defining the abilities that a service member leaving the military needs to start a successful career as a civilian.

Upcoming Events

Neuropsychology Brown Bag Lunch "NBBL" Schedule (Martinez, CA)

Jan. 20, 2015 – Stephanie Reiss

Jan. 27, 2015 – Clinical presentation: Nicole Randall

Feb. 3, 2015 – Clinical presentation: Anna Harrison

Feb. 17, 2015 – Clinical presentation: Anneise Radke

Mar. 10, 2015 – Marc Ettlinger

Mar. 17, 2015 – Gerhard Heinrich

Mar. 24, 2015 – Clinical presentation: Kasie Hummel

Subcommittee for Research Safety (SRS) Meetings

| | |
|----------------|--------------|
| Jan. 12, 2015 | 2pm - 4:30pm |
| Feb. 9, 2015 | 2pm - 4:30pm |
| Mar. 9, 2015 | 2pm - 4:30pm |
| Apr. 13, 2015 | 2pm - 4:30pm |
| May 11, 2015 | 2pm - 4:30pm |
| June 8, 2015 | 2pm - 4:30pm |
| July 13, 2015 | 2pm - 4:30pm |
| Aug. 10, 2015 | 2pm - 4:30pm |
| Sept. 14, 2015 | 2pm - 4:30pm |
| Oct. 19, 2015 | 2pm - 4:30pm |
| Nov. 9, 2015 | 2pm - 4:30pm |
| Dec. 14, 2015 | 2pm - 4:30pm |

Institutional Review Board (IRB) Meetings

| | |
|---------------|---------|
| Jan. 13, 2015 | 2pm-5pm |
| Feb. 3, 2015 | 2pm-5pm |
| Mar. 3, 2015 | 2pm-5pm |
| Apr. 7, 2015 | 2pm-5pm |
| May 5, 2015 | 2pm-5pm |
| June 2, 2015 | 2pm-5pm |
| July 7, 2015 | 2pm-5pm |
| Aug. 4, 2015 | 2pm-5pm |
| Sept. 1, 2015 | 2pm-5pm |
| Oct. 6, 2015 | 2pm-5pm |
| Nov. 3, 2015 | 2pm-5pm |
| Dec. 1, 2015 | 2pm-5pm |



Research and Development Committee (R&DC) Meetings

| | |
|----------------|-----------------|
| Jan. 28, 2015 | 2pm - 4:30pm |
| Feb. 25, 2015 | 2pm - 4:30pm |
| Mar. 25, 2015 | 2pm - 4:30pm |
| Apr. 29, 2015 | 2pm - 4:30pm |
| May 27, 2015 | 2pm - 4:30pm |
| June 24, 2015 | 2pm - 4:30pm |
| July 29, 2015 | 2pm - 4:30pm |
| Aug. 26, 2015 | 2pm - 4:30pm |
| Sept. 30, 2015 | 2pm - 4:30pm |
| Oct. 28, 2015 | 2pm - 4:30pm |
| Nov. 18, 2015 | 2:30pm - 4:30pm |
| Dec. 16, 2015 | 2:30pm - 4:30pm |

Look for more announcements on upcoming events in the next quarterly newsletter! Of note will be the National Research Day and EBIRE town hall meetings.

Something Fun

Word (re)Search

A D L L E Q Y P V W C E J W O
 L R A X Q O A R R X T B C B F
 L Z R T F Q E F S O L L W B W
 E L U W M S Q E R A T D S X U
 R G M C E A W V R C U O I J A
 G T A A P K R U S J R L C U E
 A J R C O M M I T T E E M O A
 N C T Y G A M B O R W K G D L
 H M X Z R Q D T M I V D A Y W
 R Q E T S C H C N A V R E T V
 Y K N Q S T S W Q A C K R T Z
 S I C F Z V Q G N U R E I M O
 O O Q G O X X U S Z C G B D J
 M O D L B R T D T M V O E V Q
 Q T P J I B T C W M Q Y Y Q E

Word Bank:

Allergan
 Committee
 CRADA
 EBIRE
 Extramural
 Grant
 Intramural
 Protocol
 Research
 VANCHCS



Prize: The honor and glory of having you and your image featured in the next newsletter!

Only one rule: design an original image that incorporates research in some manner. Be creative!

Please send submissions to dvle@ucdavis.edu.

A winner will be selected based on creativity and how well the research theme has been incorporated. This image will be featured in next quarter's research newsletter. We look forward to your submissions!

Holiday Jokes (Better late than never!)

- ✚ Last Christmas I gave you my heart, but the very next day you gave it away... so we need to put more resources into developing immunosuppressives.
- ✚ Rudolph the red-nosed reindeer... should probably report that as an adverse event.
- ✚ You better watch out, you better not cry. Better not pout, I'm telling you why: Santa's decision on exclusion criteria is final!

Research Quarterly Newsletter

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