

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL
INITIAL REVIEW GROUP
SUMMARY OF MINUTES
April 10-12, 2006

Monday, April 10, 2006

I. PLENARY SESSION (OPEN TO THE PUBLIC)

CALL TO ORDER/WELCOME: Gwendolyn H. Cattledge, Ph.D., M.S.E.H., IRG Executive Secretary, Deputy Associate Director for Science, Scientific Review Administrator, National Center for Injury Prevention and Control (NCIPC), called the meeting of the NCIPC IRG to order at 6:30 p.m. on Monday, April 10, 2006, at the Hilton Atlanta Airport and Towers, Atlanta, Georgia. She introduced the standing members of the FACA committee for the peer review process:

Richard Mullins, M.D., Chair
Michael Bowling, Ph.D.
Randal Ching, Ph.D.
Ann Coker, Ph.D.
Paul Cunningham, Ph.D.
Carolyn Diguiseppi, M.D., Ph.D., M.P.H.
John Fairbanks, Ph.D.
William Halperin, M.D.
Victoria Holt, Ph.D.
Jonathan Howland, Ph.D.
Keith Kaufman, Ph.D.
Ron Maio, D.O.
James Malec, Ph.D.
Corrine Peek-Asa, Ph.D.
Victoria Phillips, D.Phil.
Michael Roberts, Ph.D.
Gary Smith, MD, Dr.PH.
James Smith, Ph.D.
Elizabeth Vera, Ph.D.
Ross Zafonte, D.O.
Kathleen Zavela, Ph.D., M.P.H., C.H.E.S.

Dr. Cattledge acknowledged the new members: Dr. Paul Cunningham, Dr. Halperin, Dr. James Smith, and Dr. Zafonte. She thanked the retiring members; Dr. Ching, Dr. Holt, Dr. Maio, and Dr. Gary Smith.

Dr. Cattledge introduced the Peer Review staff, including

- Extramural Research Team from the Office of the Associate Director for Science;
- Extramural Resource Team, Office of Personnel Management and Operations;
- Division Associate Directors for Science;

- Designated Federal Officials;
- Subject Matter Experts;
- Program Officials;
- Maximum Technologies Corporation; and
- Cambridge Communications.

OVERVIEW OF THE EXTRAMURAL PROGRAM: Richard J. Waxweiler, Ph.D., Associate Director for Extramural Research, NCIPC, offered the group an overview of the Extramural Research Program at the Injury Center.

Dr. Waxweiler described the means by which federal funds are awarded. The Injury Center primarily utilizes grants and cooperative agreements, and, to a lesser extent, contracts. In the past, under the cooperative agreement structure, CDC was involved with the project substantially at the programmatic level. CDC scientists worked with scientists from the applying institution to assemble a program and to complete it. In contrast, in the grant structure, the CDC's role focused on providing assistance and encouragement with the project.

There have been recent shifts in the way that CDC, NIOSH, and the Injury Center treat cooperative agreements. Now, cooperative agreements operate in a manner similar to grants. The applications are subject to an outside review. This approach is relatively new to CDC and aligns with the ideas of an NIH-type system, with a central scientific review mechanism and structure followed by secondary reviews. This approach is becoming more widespread through CDC as the agency places more emphasis on extramural research.

Dr. Waxweiler described the "life cycle" of extramural research. A grant application begins with the release of a Request for Application (RFA) or Program Announcement (PA), which provides for funding at a certain level for a number of years. It is possible to make slight amendments in the RFA or its funding levels once it has been released, but the Center has set the goal to have an RFA "on the street" for 90 days in order to give potential applicants adequate time to respond to it.

Next, applications are received and referred to the scientific peer review process. In the future, it is likely that the Center will not hold all of its panels, all at once, due to logistical issues. They will try to stagger their review panels over the year. Another challenge relates to the Center budget. The Center only recently received confirmation of their budget for the fiscal year, so there was a risk of releasing an announcement for a project and finding that there were no funds available to support it. If this situation were to occur, then the received applications would still be reviewed.

After the scientific peer review, the applications are considered by a secondary review panel. This group is a Federal Advisory Committee comprised of members from CDC outside, as well as members from other federal agencies. Scores from the peer review are presented to the secondary review panel, which considers them from the point of view of overall program balance. This group might encourage that the Center "reach down" and fund proposals out of rank order if this change would benefit the program's mission and ensure that the Center is not solely funding a narrow niche of areas of interest. The secondary review committee's recommendations rely heavily on the comments from the primary peer review.

Next, an award is made. The Center will often generate press releases and other publicity regarding the funded projects. In particular, the Center makes Congress aware of the projects, especially the legislators from districts that include award areas. The "post-award administration" part of the grant cycle includes keeping in touch with the grantees after the award is made. Extramural program officials might make decisions about reprogramming money and work with project investigators in other ways.

Once the funded research is complete, it is important for the Center to revisit its research priorities and to ensure that the research results are released. NIH also places an emphasis on sharing results, because it is important to illustrate how these research projects translate to saving lives. These impact measures also influence decisions about future funding opportunities.

Since 2002, the Extramural Grant Program has been driven by the Injury Center's Research Agenda. This year, a brand-new "chapter" regarding Acute Injury Care will be published. The Center will increase its focus on research related to acute injury care, and the issues raised in the new agenda will likely translate to RFAs in the near future. Another emphasis for the Center will be diffusion studies. Most of the work historically funded by the Injury Center has been foundational or developmental studies. The field needed this kind of work in the 1980's and 1990's. While these studies were still supported in the late 1990's, attention began to shift toward efficacy and effectiveness studies. Now, the focus will increasingly lean toward diffusion; that is, translating research into the field as quickly as possible to demonstrate how the work makes a difference in people's lives. There has been some confusion regarding the interest in dissemination and implementation. Applicants found difficulty in interpreting these objectives at first, and this lack of understanding probably contributed to the high percentage of non-responsive applications that have been received in the recent past.

The Center has many accomplishments to celebrate. Eighty percent of the research funded through the ICRCs and the academic centers of excellence is aligned with the research agenda, and the program is moving toward 100 percent. Over half of the individual research projects that have been funded focus on effectiveness and dissemination research. Applicants have responded to the shifts in the research agenda and the new focus of the Center, which helps the Center describe its niche in the overall federal scheme and to show its value. This communications emphasis extends to Center staff members, who routinely speak at conferences. A slide and brochure have been developed detailing every piece of research funding that comes out of the Center, whether it is an earmark, research project, grant, small business initiative, or other effort. The overall budget for research is \$37 million, which is broken into Cooperative Agreements, grants for research, contracts, and other.

Last year's RFA attracted 284 applications, 66 of which were non-responsive. Dr. Waxweiler reiterated that the Center's marketing efforts have helped to reduce the percentage of non-responsiveness. They hope to keep people from devoting a great deal of time and energy to an application that will not be considered. This year, less than ten percent of the applications were non-responsive. 131 of last year's applications received scores below 120, so they were sent to secondary review, and 46 of them were funded. These numbers indicate to the Director of CDC and others that the Center attracts strong, highly-qualified research proposals. If the Center had a larger budget, more of the projects could have been funded. Their success rates are better

than other federal agencies.

The Center is eager to improve the quality of the applications that are received, and thereby the grants that are funded. To evaluate quality, they examine the number of applications which received scores greater than 200, but were still funded. Last year, only three applications were funded with a score of over 200, and all three were for Centers. Frequently, individual research applications receive lower (that is, better) scores than Center applications because individual applications are for less money and are usually more rigorous than Center applications. Only two individual applications were funded with scores greater than 200, and they were both dissertation applications, which are not expected to be of as high a quality. Few applications were submitted in the Dissertation category, and the Center plans to embark on a "public relations campaign" with Deans of Students at medical schools and through other venues to better publicize the availability of these funds.

Dr. Waxweiler concluded by sharing success stories from past research projects. These successes serve as a measure of the quality of research being conducted under the auspices of the Center. Effective interventions and results have been found in projects that focused on faceguards worn by baseball players; rubber-soled shoes reducing falls among the elderly; the effectiveness of booster seats in reducing injury rates from ATV accidents; and violence prevention programs. They are proud to support these outcomes as well as the foundational research that makes them possible.

REVIEW PROCESS/PANELISTS' RESPONSIBILITIES: Dr. Cattledge described a number of issues for the panelists' consideration, including:

- Conflicts of Interest
- "Confidentiality 101"
Triage Procedure
- Full Scientific Review Process

Regarding confidentiality, Dr. Cattledge reminded the panelists not to discuss any information regarding the applications being reviewed in their panel outside the rooms in which the reviews were taking place. As scientific peer reviewers, panelists share responsibilities related to information disclosure with other Federal employees and are obligated to avoid real or perceived disclosures of confidential information. The *Privacy Act of 1974* requires a federal agency to collect only pertinent personal information and to provide administrative, technical and physical safeguards to protect that information. Further, *18 U.S.C. 1905* stipulates that Federal employees and contractors must not make known, in any manner not authorized by law, information gained during the course of employment or official duties, including trade secrets, income issues, confidential statistical data, or reports to any person except as provided by law.

Information considered to be confidential includes any advance notice of any parts of a program announcement (PA) or a Request for Application (RFA). Peer review information such as critiques, scores, applicant's personal information, and agency funding recommendations are all considered to be confidential as well. The proposals include the intellectual property of the applicants, such as research protocols and general content. The applications will be shredded after the review process to prevent the scientific ideas contained in them from being "leaked out." Finally, information about the outcomes and products from a completed research project

are confidential, as the applicants will release findings of projects when they are ready to do so.

The consequences of breaches of confidentiality can be dire. Not only can disclosure give unfair advantage to some applicants, it can raise questions about the integrity of the NCIPC peer review and cause embarrassment to the agency, jeopardizing relationships with grantees. Disclosure can result in the withdrawal or redesign of a Program Announcement or RFA. A panelist who discloses information may be subject to fines, ethics charges, consequences for his or her institution, and ineligibility to participate in future reviews. They have a responsibility to the public as well as a responsibility to maintain the trustworthiness of their competitions and review processes.

Dr. Cattledge offered examples of "case studies" and appropriate ways for panelists to react to the situations. She then revisited the "life cycle" of extramural research. After applications are received and referred for review, the Scientific Peer Review process evaluates them for their scientific merit. She emphasized that the panels should assess only the science of the applications, not budget issues. Applications that did not qualify for this RFA, whether because of subject matter or incorrect forms and formatting, have already been removed from the process.

The panelists are charged with using their knowledge and expertise to make an independent assessment of the scientific merit of the applications based on information that is included in the application narrative and appendices. Each applicant will receive a summary statement of each reviewer's comments as well as a summary of the panel discussions. The panelists are asked to provide the applicants with positive criticisms that will improve the proposals. After the scientific review panels complete their discussions and priority scoring, a secondary review will consider the applications' relevance to the program's priorities and mission. This step in the overall process provides justification for funding in rank order or for "skipping" a project. Next, the Director of CDC makes funding decisions.

The peer review process evaluates proposals based on the quality and productivity of the applications based on their significance and their contributions to the field; appropriateness of the research approach; innovation; suitability of the research environment; and research capacity, including whether the Principal Investigator and project team have the expertise to carry out the project. Panelists submit their scores on a standard scoring system. If a panelist has a conflict of interest with an application, then the panelist must recuse himself or herself from the room before the application is discussed. Applications should be reviewed on their individual merits and not compared to other applications being considered by the panel.

Dr. Cattledge outlined the applications received under 2006's program announcement. Of the 202 applications received, 21 were deemed non-responsive by the program. The panels will review 181 applications. In 2002, the program only received 113 applications, and in 2005, 283 applications were received and 66 were non-responsive to the program announcement. While 2006 saw fewer total applications, fewer of those received were non-responsive. They expect a higher volume of responsive applications in 2007.

An application can be found to be non-responsive for a number of reasons. Many do not meet the basic eligibility requirements of the RFA. If an applicant does not read the program announcement carefully, then a proposal could include a budget that is over the "ceiling" or a project that does not meet the objectives of the RFA. Some proposals are from research teams that do not have the expertise to carry out the proposed project and/or from Principal Investigators who do not have a record of peer-reviewed publications.

Dr. Cattledge described the agenda for the review. The panels would first meet to take part in the triage process, which is a screening mechanism that considers the competitiveness of each application. Proposals that are not competitive can be "triaged out" because they lack detail in the overall narrative or in the research methodology. For instance, the sample size might be inappropriate, or the analysis plan might be improper. The triage process is crucial because of the number of applications to be approved. The process works well. Of the 297 applications received in 2004, 24 percent were deemed non-responsive, and 29 percent were triaged out, leaving 47 percent of the applications to receive a full review.

Each panel includes several key persons: The Designated Federal Official (DFO), Chairperson, Review Panel Members, Grants Technical Assistant, Technical Writer/Editor, Subject Matter Expert, Program Manager or Project Officer, and Procurement and Grants Office (PGO) Manager. These are the only persons who should be in the room.

The scoring system is as follows:

Adjectival Descriptor	Numeric Range
Outstanding	1.0 - 1.5
Excellent	1.5 - 2.0
Good	2.0 - 3.0
Acceptable	3.0 - 4.0
Marginal	4.0 - 5.0

As the review process progresses, panelists may change their preliminary scores based on the group discussion. Scores are not final until they are submitted on the scoring sheet. However, if a panelist changes a score, then he or she must ensure that the written comments in the review "match" the numerical score.

The "ground rules" for the peer review process are:

1. Review all applications for scientific merit.
2. Judge each application on its own merit.
3. Do not interject any outside knowledge into the process. Applications can only be evaluate on the written information provided.
4. Make sure the written critique reflects the priority score assigned to the application.
5. Do not discuss any information or research ideas that have been presented at the meeting outside of the room. Keep all information pertaining to this review strictly confidential.
6. Sign the attendance sheet each day the panel meets.
7. Conflict of interest forms must be signed before meeting can convene.

Each panel was asked to complete the triage process after the plenary session and to try to complete at least one full review. This approach will allow each group to "calibrate" so that the rest of the review process can move smoothly. Dr. Cattledge emphasized that the triage process is not a full review, but an assessment of each application's overall competitiveness. Each reviewer should give a one- or two-minute statement regarding the application, and assign a score of:

- "A" = Competitive.
- "B" = Possibly competitive.
- "C" = Noncompetitive.

Group discussion should last no more than five minutes. Any application that is triaged out can still receive a full review if a member of the groups wishes. Further, if any panel member has a conflict of interest with a proposal, then that proposal must receive a full review.

The full scientific review begins with tentative scores from all three of the principal reviewers. Reviewer 1 presents a summary of the project and his or her comments regarding each section of the application. This presentation should last approximately ten minutes. Then, Reviewer 2 will present for up to five minutes, adding thoughts or observations. Reviewer 3 has two minutes to add his or her thoughts regarding the application. General group discussion will go on for five to ten minutes, followed by a discussion of issues related to inclusion of women, minorities, and children as well as budget concerns. Budget comments should not be reflected in the scores, but they can help the program office during their negotiations. The reviewers will revisit their initial scores, and then the panel will score each project on an individual scoring sheet. If a panel member decides to score an application outside the range of scores established by the reviewers, then a statement regarding this decision should be included on the score sheet. If two or more panel members elect to score outside the range, then they will create a "minority report," a paragraph regarding why the proposal should be scored outside that range, which will be included in the summary statement that is returned to the applicant. Initial scores can change, she reiterated, but the written critiques must match the final scores.

Dr. Cattledge reviewed the codes for inclusion of genders, minorities, and children. Each panel must come to consensus regarding the assignment of these codes.

GENDER CODE:

First character = G

Second character:

- 1 = Both genders
- 2 = Only women
- 3 = Only men
- 4 = Gender unknown

Third character:

- A = Scientifically acceptable
- U = Scientifically unacceptable

MINORITY CODE:

First character = M

Second character:

- 1 = Minority and non-minority
- 2 = Only minority
- 3 = Only non-minority
- 4 = Minority representation unknown

Third character:

- A = Scientifically acceptable
- U = Scientifically unacceptable

CHILDREN CODE:

First character = C

Second character:

- 1 = Children and adults
- 2 = Only children
- 3 = No children included
- 4 = Representation of children unknown

Third character:

- A = Scientifically acceptable
- U = Scientifically unacceptable

Examples: G1A = Both genders, scientifically acceptable
M3U = Only non-minorities, scientifically unacceptable
C2A = Only children, scientifically acceptable

She then addressed a number of "frequently asked questions" by review panelists.

Can I use previous knowledge of the investigators or their work during this review?

- o No. Each grant is assessed for what is contained in the proposal. If previous work is included in the proposal, then the reviewer can assess the productivity of the investigators.
- What if I know that the investigator has used someone else's work without permission or has other scientific misconduct?
 - o The reviewer should provide that information to the DFO, but the grant should continue to be assessed on its merits. The DFO will bring this allegation to PGO for investigation.

- I like only part A of this proposal, not part B or C. Without parts B or C, this is a great proposal. How should I score this proposal?
 - Reviewers should not rewrite the proposal for the applicant. The proposal should be scored on the merits of the entire proposal, not parts of it.
- The applicant wants three years of support, but I only think it needs two years. Do I have to recommend all three years for support?
 - Reviewers have the option to recommend reducing years of support and monies for each year. If, for example, the applicant requests three years of funding, but the panel believes that the project only needs two years of funding, then this recommendation should be made. Specific comments regarding each section of the proposal are helpful and important.
- didn't bring my computer to the meeting. How should I make changes to my review?
 - If the reviewer brought a disk, a computer is available to make changes. If the reviewer brought only a hard copy of the critique, changes should be made on the hard copy before submitting it to staff.

I don't have expertise in statistics (or other parts of the proposal) to evaluate this proposal completely?

- Review the proposal according to your expertise. We have assigned reviewers with expertise in different components of the proposal. The program employs a multidisciplinary approach to the review process, so if a panelist does not have expertise in a certain content area, then another reviewer will have that expertise and be able to guide the panel's evaluations. The summary of comments and deliberations will make for a complete and thorough review.

didn't receive all the proposals being reviewed. How can I provide informed comments?

- An abstract of each proposal is included in packet you received. A copy of the entire proposal is located in the panel room for your perusal.

There are significant human subjects issues with this proposal. What should I do?

- Make sure you have articulated the major human subjects issues in the body of your critique. If the proposal is in the fundable range, it will not be funded until human subjects issues are addressed. If serious dangers are noted in the human subjects component, then reviewers can reject the proposal.

- The budget is too high. What should I do?
 - Make sure that you spell out in your review how the budget should be reduced.

The budget is too low. What should I do?

- o We cannot provide more monies to the applicant than they requested.

The indirect costs are too high.

- o The indirect costs are set by the government and beyond our control. Do not downgrade the proposal because of this.

The proposal lacks sufficient information at this time. Can we recommend that the proposal be deferred for review or be resubmitted after revision?

- o NCIPC does not re-review proposals due to its one-cycle process and potential changes to RFA in subsequent years. If another RFA for which the project is appropriate is released, then the application can be resubmitted under it.

- Can I look at all my scores at the end of the review to make sure that I have ranked each accurately?

- o PGO stresses that each proposal is ranked on its individual merit and not in comparison with other proposals. There is enough room in the priority scores to ensure that better proposals get better scores. Reviewers often do not want to look at scores by the end of the review. Panelists should "go with their gut" when assigning scores.

Dr. Cattledge shared an example of a summary statement, the final product of this process. She then introduced the peer review panels, chairs, and subject matter experts.

Research Grants for the Care of the Acutely Injured (06005):
Dr. Malec / Dr. Morales & Ms. McCurdy

- Research Grants for Violence-Related Injury Prevention Research (06004A):
Dr. Kaufman / Ms. Coulberson

Research Grants for Violence-Related Injury Prevention Research (06004B):
Dr. Fairbanks / Ms. Conn

- Research Grants to Prevent Unintentional Injuries (06001):
Dr. Smith / Mrs. Cephas

- Dissertation Grant Award of Violence Injury Research In Minority Communities (06002):
Dr. Cunningham / Dr. Rutland-Brown

Evaluation of Community-Based Approaches to Increasing Seat Belt Use Among Adolescent Drivers and Teens (06007):
Dr. Halperin / Ms. Banks-Spain

Research Grants to Describe Traumatic Brain Injury Consequences (06003):
Dr. Ching / Mr. Frazier & Ms. McCurdy

RESOURCES AVAILABLE/REIMBURSEMENT INSTRUCTIONS: Amy Pope of Maximum Technologies Corporation greeted the group and directed their attention to the reimbursement packet.

As there were no comments from the public, Dr. Cattledge adjourned the plenary session at 7:00 p.m., and the panels convened in their individual rooms.

Wednesday, April 12, 2006

II. CLOSED TO THE PUBLIC

The NCIPC IRG Members meeting was called to order by the Executive Secretary, Dr. Gwen Cattledge, at 3:45 p.m. on Wednesday, April 12, 2006, at the Hilton Atlanta Airport and Towers, Atlanta, Georgia. She thanked the group for their participation and described the afternoon's agenda.

ROLL CALL: Faye Floyd, M.A.Ed. took attendance of those members present in the room and on the telephone. She noted that at least eleven members had to be present in order for them to have a quorum.

IRG members present:

- Richard Mullins, M.D., Chair
- Michael Bowling, Ph.D.
- Randal Ching, Ph.D.
- Paul Cunningham, Ph.D.
- Carolyn Diguseppi, M.D., Ph.D., M.P.H.
- John Fairbanks, Ph.D.
- William Halperin, M.D.
- Jonathan Howland, Ph.D.
- Keith Kaufman, Ph.D.
- Ron Maio, D.O.
- James Malec, Ph.D.
- Michael Roberts, Ph.D.
- Gary Smith, MD, Dr.PH.
- James Smith, Ph.D.
- Elizabeth Vera, Ph.D.

IRG members not present:

- Ann Coker, Ph.D.
- Victoria Holt, Ph.D.
- Corrine Peek-Asa, Ph.D.
- Victoria Phillips, D.Phil.
- Ross Zafonte, D.O.
- Kathleen Zavela, Ph.D., M.P.H., C.H.E.S.

UPDATES: Following the roll call, Dr. Cattledge introduced panelists who joined the IRG in June of 2005: Dr. Paul Cunningham, Dr. William Halperin, Dr. James Smith, and Dr. Ross Zafonte. She offered her thanks to the retiring members of IRG: Chair Dr. Richard Mullins, Dr. Randy Ching, Dr. Victoria Holt, Dr. Ron Maio, and Dr. Gary Smith.

Since their last meeting, two amendments have been made to the charter for the group. While they had not been optimistic that they would get approval to increase their size from 21 members, the group was approved to grow to 24 members. Another amendment will enable the group to include federal ad hoc members, which should add flexibility to their work.

The Injury Center has a new Director, Dr. Ileana Arias. In addition to the topics that already receive focus as part of the Center's research agenda, particular attention will be focused on:

- Residential fires;
- Falls among the elderly; and
- Child maltreatment.

A program announcement regarding these areas is likely in the future, as they link to CDC's over-arching agency goals.

Also since the IRG's last meeting, CDC has required the Injury Center to begin evaluating its research to assess the effectiveness of the projects it funds. The Center has undertaken an evaluation of its Youth Violence portfolio. A review of Falls Among the Elderly will be followed by Traumatic Brain Injury and Biomechanics. These reviews can be a "feather in the cap" of the Center during its external reviews and department review. They will be published on the Center website before the end of the year and can be made available to IRG panel members.

REVIEW AND VOTE ON THE RESULTS OF THE PEER REVIEW PANELS: Dr. Cattledge explained that in 2005, 283 applications were received, and 66 of them were non-responsive. 217 went through the peer review process, and after the secondary review and Director's briefing, 46 applications received funding.

Two hundred and two (202) applications were received this year, and 21 were non-responsive. This percentage is lower than recent years, which the program attributes to efforts made to reach out to applicants before the proposals are prepared. These efforts include pre-application outreach efforts to new investigators, conference calls, and staff members speaking at conferences to help applicants as they apply. Many applicants do not read the Program Announcement carefully, resulting in non-responsive applications. Of the 181 applications referred to the peer review process, 141 were scored, and 104 are being referred to secondary review.

Ms. Floyd led the listing of individual panel results, but purposely did not outline results for specific applications, given that some IRG members had applied for funding.

The Committee considered the reports presented by the Chairs of the seven panels. The reports were unanimously accepted by formal motion and vote. The following table presents the data on the applications evaluated at this meeting of the IRG:

PEER REVIEW PANEL	NUMBER RECEIVED	NUMBER TRIAGED	NUMBER FULL REVIEWS	NUMBER REFERRED TO SECONDARY REVIEW
Unintentional Injuries (06001)	25	6	19	17
Dissertations (06002)	10	3	7	6
TBI (06003)	10	2	8	8
Violence A (06004)	34	12	22	22
Violence B (06004)	31	10	21	21
Acute Injury (06005)	36	6	30	27
Seat Belt Use (06007)	6	1	5	5
TOTALS	152	40	112	106

CLOSING REMARKS/ADJOURNMENT: Dr. Cattledge thanked the review panel chairs for their service and work. The reviewers had provided positive feedback about the process. The multidisciplinary approach led to good reviews of the applications, she observed. She reminded the IRG members that all information that had been discussed was to remain confidential.

To keep the IRG members abreast of Center activities beyond their annual meeting, Dr. Cattledge proposed a quarterly newsletter to inform them of activities within CDC and related to the Center and the peer review process. Further, she noted that in the past, IRG Chairs served for four years. This commitment can be overwhelming, so she suggested a system by which the Chair serves for two years. The Vice-Chair will then move to Chair, and a new Vice-Chair will be named to be "in training." This system could be helpful in the upcoming busy year, which will include site visits for the ICRCs.

She opened the floor for comments.

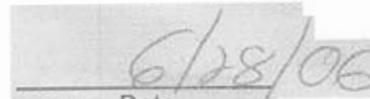
- Dr. Mullins voiced his support for the Chair and Vice-Chair system. This approach will likely help with the transition to the new Chair as well as provide a "backup" in case the Chair is not available.

Dr. Kaufman expressed his appreciation regarding the preparation and support that staff extended to the panelists. Other IRG members concurred.

There being no further business to conduct, Dr. Cattledge adjourned the meeting at 4:16 p.m.

I certify that, to the best of my knowledge, the foregoing summary is accurate and complete.


Richard J. Mullins, M.D.


Date