

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
PUBLIC HEALTH SERVICE  
CENTERS FOR DISEASE CONTROL AND PREVENTION  
NATIONAL CENTER FOR INJURY PREVENTION AND CONTROL (NCIPC)  
INITIAL REVIEW GROUP  
SUMMARY MINUTES OF THE THIRTY-THIRD MEETING  
April 12-14, 2004

I. CALL TO ORDER - PLENARY SESSION (OPEN TO THE PUBLIC)

The, Chairperson, NCIPC Initial Review Group (IRG). Richard Mullins, M.D., Professor of Surgery, Department of Surgery and Chief, Trauma and Critical Care Section, Oregon Health and Science University, Portland, Oregon, called the meeting of the NCIPC IRG to order at 6:30 p.m. on Monday, April 12, 2004, in Ballroom II at the Four Seasons Hotel Atlanta.

A. Attendance

IRG members present\*

Dr. Richard Mullins, Chairperson  
Dr. Judy A. Bean  
Dr. Randal P. Ching  
Dr. Ann L. Coker (by phone)  
Dr. Carolyn G. DiGuseppi (by phone for vote on April 14)  
Dr. Miguel A. Faria  
Dr. Thomas W. Findley  
Dr. Victoria Lynn Holt  
Dr. Julie Horney (by phone for vote on April 14)  
Dr. Jonathan Howland  
Dr. Roland F. Maio  
Ms. Sue Mallonee (by phone for vote on April 14)  
Dr. K. Daniel O'Leary (by phone)  
Dr. Gary A. Smith  
Dr. King H. Yang (by phone for vote on April 14)  
Dr. Margaret A. Zahn (by phone for vote on April 14)  
Dr. Kathleen Jean Zavela (by phone for vote on April 14)

IRG members absent

Dr. Carl V. Granger  
Dr. David B. Hoyt  
Dr. Victoria L. Phillips  
Dr. Stephen B. Thomas

\*See Attachment A for titles, affiliations, and terms of office of NCIPC IRG members present during the meeting.

Consultants to NCIPC IRG

Dr. Terry Adirim  
Dr. Robert Ammerman  
Dr. Kristy Bittenbender Arbogast  
Dr. Lisa Armistead  
Dr. Joan Bechtold  
Dr. Kathy Belton  
Dr. Raymond Bingham  
Dr. Sean Blackwell\*  
Dr. Karen Blasé  
Dr. Renee Irene Boothroyd  
Dr. Joaquin Borrego, Jr.  
Dr. Elisa Braver  
Dr. Jacquelyn Campbell  
Dr. Mark Chaffin  
Dr. Mimi Victoria Chapman  
Dr. Wei William Chen  
Dr. Nicola Cherry  
Dr. Sarah Cook  
Dr. Juergen Dankwort  
Dr. Kurosh Darvish  
Dr. Linda Degutis  
Dr. Walter DeKeseredy  
Dr. Jack Dennerlein  
Dr. Diane Depanfilis  
Dr. Maria dePerzel  
Dr. Sujata Desai  
Dr. Pamela Diamond  
Dr. Bradley Donohue  
Dr. Laura Dugan  
Dr. Jean Dumas  
Dr. Robert DuRant  
Dr. Mary Ann Dutton  
Dr. Beth Ellen Ebel  
Dr. David Eby  
Dr. John Elder  
Dr. Katherine Elliot  
Dr. Anthony Fabio  
Dr. Thomas Farmer  
Mr. James Fell  
Dr. Patricia Findley-Taylor  
Dr. Daniel Flannery  
Dr. Greer Litton Fox  
Dr. Marcus Fuhrer  
Dr. Jean Funk  
Dr. Sandro Galea  
Dr. James Gaudin, Jr.  
Dr. Richard Gelles\*\*  
Dr. Heather Girvin

Dr. Gary Gottfredson  
Dr. Mark Grabiner  
Dr. Melissa Gross  
Mr. Christian Hanna  
Dr. Paul Haridakis  
Dr. Patricia Hashima  
Dr. Mary Elizabeth Haskett  
Dr. Darrell Hawkins  
Dr. Richard Heyman  
Dr. Debra Houry  
Dr. Dan Hoyt  
Dr. John Hsu  
Dr. David Johnson  
Dr. Glenda Kaufman Kantor  
Dr. Keith Kaufman  
Dr. Kenton Richard Kaufman  
Dr. Susan Kelley\*  
Dr. James Kelly  
Dr. Richard Kent  
Dr. Judy Kim  
Dr. Rachel Kimerling  
Dr. Amanda Konradi  
Dr. Marina Krcmar  
Dr. Tyler Kress  
Dr. Srirangam Kumaresan  
Dr. Ian Lau\*  
Dr. Barbara Lee  
Dr. Roberta Lee  
Dr. Scott Lephart  
Dr. Harvey Levin\*  
Dr. Christine Ley  
Dr. Mark Lovell\*\*  
Dr. John Bruce Lowe  
Dr. Christopher Maxwell  
Dr. Roy Mayer  
Dr. Michael McCart  
Dr. Kenneth McElroy  
Dr. Daniel McGee  
Dr. David Meaney\*  
Dr. Michael Mello  
Dr. Shan Miller-Johnson  
Dr. Susan Mortweet Van Scoyoc  
Dr. Linda Myers  
Dr. Gary Nusholtz  
Dr. Elizabeth Orsay  
Dr. Robert Nash Parker  
Dr. Kiernan Phelan  
Dr. Georgine Pion

Dr. Sharon Portwood  
Dr. Lori Post  
Dr. Marizen Ramirez  
Dr. Emily Rothman  
Dr. Dennis Russo  
Dr. Paul Sarvela  
Dr. Richard Saudargas  
Dr. Patricia Schnitzer  
Dr. Jerry Schultz  
Dr. Mark Schultz  
Dr. Mark Sherer  
Dr. Kimberly Shipman  
Dr. Ronald Simons  
Dr. Marilyn Sommers  
Dr. Gary Sorock  
Dr. Murray Straus  
Dr. Amy Street  
Dr. Cynthia Cupit Swenson  
Dr. Erik Takhounts  
Dr. Ralph Taylor  
Dr. Sandra Taylor

Dr. Alan Tencer\*  
Dr. Elaine Thompson  
Dr. Susan Tortolero  
Dr. Edison Trickett  
Dr. Jonathan Tubman  
Dr. Jennifer Unger  
Dr. Anthony Urquiza  
Dr. Jon Vernick  
Dr. Michael Waldo\*\*  
Dr. Daniel Webster  
Dr. Daniel Wedding  
Dr. Pedro Weisleder  
Dr. Harold Weiss  
Dr. Brian Wilcox  
Dr. Barry Stewart Willer  
Dr. Kirk Williams  
Dr. Renee Wilson-Simons  
Dr. Donna-Marie Winn\*\*  
Dr. Robert Woolard  
Dr. Narayan Yoganandan  
Dr. Seunghyun Yoo

\*Mail-in reviewers

\*\*Review conducted by conference call

#### B. Staff and Guests

In addition to IRG members and consultants, those present at the meeting also included CDC staff and other attendees (see Attachment B).

#### C. Open Session

The IRG met in a session that was open to the public to consider several agenda items (see Attachment C).

Dr. Mullins opened the meeting by welcoming IRG members and ad hoc reviewers and thanked all participants for their assistance with the peer review activities of NCIPC. He also commended and thanked each member of the support and program staff for their efficient management of the complicated logistics and arrangements for the meeting.

**PROGRAMMATIC PRESENTATION:** Dr. Sue Binder, Director, NCIPC welcomed and thanked everyone for their assistance with the review process. She provided an overview of NCIPC, whose mission is to work to reduce morbidity, disability, mortality, and costs associated with injury. She also provided the following information. Of the 10 leading causes of death in all age groups in 2001, Unintentional Injury (101,637) ranked fifth after Heart Disease (700,142), Malignant Neoplasms (553,768), Cerebrovascular

Disease (163,538), and Chronic Respiratory Disease (123,013). The cost of injury is indicated in the following table:

	Percent Reporting Injury	Injury Expenditures (Billions)	Percent Expenditures from Injuries
<b>TOTAL</b>	16.3%	\$117.2	10.3%
<b>GENDER</b>			
<b>MALES</b>	17.3%	\$59.8	12.5%
<b>FEMALES</b>	15.4%	\$57.4	9.2%

The NCIPC budget has increased from approximately \$140 million in fiscal year (FY) 2001 to \$148 million in FY 2003. The budget was \$153,591 million in FY 2004 and is estimated to be \$153,879 million in FY 2005. In FY 2003, 87% of the budget was used to support extramural research and 13% intramural research. The 87% or \$127.1 million of extramural funding went to the following recipients:

RECIPIENTS	DOLLARS (millions)	PERCENTAGE
Universities	\$40.1	31.6%
Health Departments	\$56.7	44.7%
Medical Centers/Hospitals	\$3.2	2.5%
Community-Based Organizations	\$7.9	6.2%
National/International Organizations	\$5.0	4.0%
Interagency Agreements	\$4.8	3.8%
Others	\$9.2	7.3%

In FY 2003, the distribution of extramural research dollars by mechanism was \$41.2 million or 32% of the extramural budget.

MECHANISM	DOLLARS (millions)	PERCENTAGE
R01's	\$15.5	37.5%
Research Centers	\$12.1	29.4%
Research Contracts	\$ 3.1	7.6%
Research Cooperative Agreements	\$10.5	25.6%

**CDC INJURY RESEARCH AGENDA:** Dr. Binder provided a brief overview of the *CDC Injury Research Agenda*. It was developed with extensive input from its academic research centers, national nonprofit organizations, and other federal agencies with a stake in injury prevention. This blueprint to prevent injuries and their resulting disabilities, deaths, and costs will guide research in seven key areas of injury prevention and control:

- At home and in the community;
- Sports, recreation, and exercise;
- Transportation;

- Intimate partner violence, sexual violence, and child maltreatment;
- Suicidal behavior;
- Youth violence; and
- Acute care, disability, and rehabilitation—because progress in controlling injuries is inextricably linked to the nation’s ability to treat the injured and help them recover.

The agenda identifies CDC’s highest priorities for each area—those research issues that CDC **must** address to fulfill its public health responsibilities. By defining research needs in a diverse field, CDC expects to maximize efficient and effective use of resources and encourage collaboration among researchers and practitioners.

**FUTURES INITIATIVE:** Since June 2003, CDC has been engaged in a strategic planning process called the Futures Initiative to ensure that CDC will continue to have the capacity to protect and improve the health of the American people in the 21st century. The world has seen dramatic influences on public health in the last few years. These include an aging population, escalating health costs, increasing population diversity, changes in access to health care services, health disparities, global threats, terrorism, and the epidemic effects of chronic diseases such as cardiovascular disease, obesity, and diabetes. CDC’s primary motivator behind all of this strategic thinking is to **improve health impact**. Hundreds of discussions with partners, interviews, focus groups and a large CDC employee survey were conducted to learn about perceptions, expectations and evaluation of CDC. The first round of data identified strong agreement among partners, stakeholders, the public, as well as CDC employees about key strengths and challenges for the future. CDC has developed these into overarching goals and strategic imperatives. As a result of the comprehensive outside-in information gathering process (staff, federal partners, & stakeholders), six strategic imperatives were identified:

- **Health Impact.** CDC will align its priorities and investments to achieve two overarching **health protection goals:** 1) **Preparedness:** People in all communities will be protected from infectious, environmental, and terrorist threats. 2) **Health Promotion and Prevention of Disease, Injury, And Disability:** All people will achieve their optimal lifespan with the best possible quality of health in every stage of life.
- **CDC will be a customer-centric organization.** CDC’s primary customers are the people whose health it is working to protect. It will work with current valued partners, and new partners in health care, education, and business to increase health impact.
- **Public Health Research.** Science will remain the foundation on which all CDC programs, policies, and practices are based.
- **Leadership for the nation’s health system.** CDC will assume greater leadership to strengthen the health impact of the state and local public health systems.
- **Global Health.** CDC will establish clear priorities for its global programs and increase global connectivity to ensure rapid detection and response to emerging health threats.

- **Effectiveness and Accountability.** CDC will modernize its management and business practices to become more efficient, effective, and accountable.

On March 31, internal teams recommended design and specific health goal options to support CDC's overarching goals and implement its new strategic direction. As implementation recommendations emerge in April, input from CDC staff, DHHS colleagues, key partners and stakeholders will be solicited. Dr. Binder indicated there will likely be a focus on injury, and an emphasis on extramural research with four types of award mechanisms: R01 grants, K awards, T32 Institutional Training Grants, and T30 Center Core Grants.

For more information about developments at the NCIPC use the website: [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc); for The Futures Initiative use the website address [www.cdc.gov/futures](http://www.cdc.gov/futures).

**CERTIFICATES OF APPRECIATION:** Dr. Binder and Dr. Mullins distributed Certificates of Appreciation to the following IRG members whose terms of appointment have ended. Recipients recognized and thanked were: Dr. Judy Bean, Dr. Thomas Findley, Dr. Julie Horney, Ms. Sue Mallonee, and Dr. Margaret Zahn.

**NCIPC EXTRAMURAL RESEARCH PROGRAM:** Dr. Rick Waxweiler, Associate Director for Extramural Research, thanked all present for their time and invaluable assistance with the peer review process. Dr. Waxweiler defined extramural research as public assistance provided to the injury prevention and control community to conduct research activities. The NCIPC uses three funding mechanisms: grants, cooperative agreements and contracts. Below is a table which highlights the major differences amongst the three mechanisms.

<b>MECHANISM</b>	<b>NCIPC ROLE</b>
Grant	Patron (assistance, encouragement)
Cooperative Agreement	Partner (assistance but substantial program involvement)
Contract	Purchaser (procurement)

In terms of the Injury Research Agenda for Grant Awards in FY 2002/2003, they were made in the following highest priority areas: Cross Cutting; Home & Community; Sports, Recreation & Exercise; Transportation; Intimate Partner Violence, Sexual Violence, Child Maltreatment; Suicide; Youth Violence; and Acute Care, Disability, Rehabilitation. For FY 2004, the topics of the Grant Program Announcements fell within similar highest priority areas.

In terms of the FY 2004 Program Announcement Requirements for Injury Control Research Centers (ICRC), there are 6 applications under consideration. Awards will be funded at \$905,000 per year. Research is 25% - 75% of the funding and includes research projects > \$25,000/year. Also, at least 80% of research funding must align with the Injury Research Agenda.

In terms of new funding for extramural research grants in FY 2003, the stats are:

<u>Program Area</u>	<u>#Applicants</u>	<u>#Grants Awarded</u>	<u>\$'s Awarded</u>
Acute Care	22	5	\$1,479,353
Biomechanics	24	1	\$ 240,770
Violence	31	4	\$1,145,813
Dissemination	10	2	\$ 447,076
Dissertation	3	2	\$ 30,435
New Investigator	20	6	\$ 594,626
Injury Center	1	1	\$ 899,614
<b>Total</b>	<b>111</b>	<b>21</b>	<b>\$4,837,687</b>

In terms of applications received and funding expectations for FY 2004, the stats are:

<b>PROGRAM AREA</b>	<b>#APPLICATIONS</b>	<b>\$\$ AVAILABLE</b>	<b>#AWARDS</b>
Acute Care	10	496,460	2
Violence	84	2,200,000	7-8
New Investigator	24	397,640	4
Biomechanics	19	994,100	3-4
Dissertation	4	59,646	3
Unintentional Injuries	27	795,280	3
Home Visitation	9	497,050	2
Youth Violence	15	994,100	2
Child Maltreatment	3	497,050	1
Media Violence	4	596,460	2
Efficacy of Fathers	6	497,050	1
Traumatic Brain Injury	11	298,230	2
Injury Control Centers	9	5,400,946	6
<b>TOTAL</b>	<b>220</b>	<b>\$13,824,012</b>	<b>38-40</b>

Note: There were 294 applications received of which 225 (77%) were found to be responsive. For further NCIPC funding information go to: [www.cdc.gov/ncipc](http://www.cdc.gov/ncipc) and register under "what's new."

**OVERVIEW OF THE PEER REVIEW PROCESS:** Gwendolyn H. Cattledge, Ph.D., M.S.E.H., Scientific Review Administrator and Deputy Associate Director for Science expressed her appreciation of NCIPC to all participants for taking time from their busy schedules to participate in the review of grant applications received in response to the program announcements. She presented details of the peer review policies and procedures to be followed by the various panels identified below beginning with a definition of the process. Peer review is a process that includes independent assessment of the scientific merit of research. Applications are reviewed by peers who are scientists with knowledge and expertise of the subject matter. Further, the process provides a written assessment of the application which is free of any real or perceived conflict of interests through the summary statement.

The peer review process is a two-step process: (a) Initial (*primary or scientific*) review at which the application is evaluated for its scientific merit and a summary statement and priority score are produced; (b) Secondary review at which the application is evaluated for its programmatic priorities and recommendations for funding in rank order or a justification for “skipping” a project are produced. More specifically, in the two-tiered peer review process, at the first or primary level, applications are assessed on *quality* and *productivity* based on the following criteria: significance, approach, innovation, environment, and research capacity. At the secondary level, applications are assessed on *relevance* and *priority* in relation to research/ programmatic agendas.

The basics of the peer review process are:

- Program Announcement
- Use of standard scoring system
- Use of the PHS 398 Application Form
- Identify conflict of Interests among Reviewers
- Assure confidentiality
- Review applications individually for scientific merit
- Generate a summary statement

Ground rules to follow (*Peer Review Process*)

1. Sign conflict of interest forms before meeting can convene.
2. Sign the attendance sheet each day you participate in the panel.
3. Turn all cell phones and pagers to silent/vibrate.
4. Review all applications for scientific merit.
5. Judge each application on its own merit.
6. Do not interject any outside knowledge into the process. In other words, only evaluate applications on the written information provided.
7. Make sure written critique reflects the priority score assigned to the application.
8. Do not discuss any information or research ideas that have been presented at the meeting outside the panel room. Keep all information pertaining to the review strictly confidential, and leave all grant review materials in the room when you leave to return home.

**Streamline Review Process (Day 1):** This is a process by which non-competitive applications are initially screened by review panels and not subjected to a complete review. A major benefit is that more meeting time is available for discussion of competitive applications. The distinguishing features of the two types are:

- Competitive: The proposal has sufficient scientific merit to be considered for funding.
- Non-competitive: The proposal has sufficient scientific and technical weaknesses and concerns to preclude consideration for funding.

Reviewers were asked to grade applications and separate them into three groups based on an estimation of overall merit:

- A= competitive (priority score 100-249)
- B= possibly competitive (priority score 250-299)
- C= non-competitive (priority score 300-500)

All applications are subject to a brief review led by the Panel Chair. In this process, the primary reviewer makes a brief presentation (~2 minutes) and indicates a letter grade. The secondary reviewer adds any different but brief comments (~1 minute) and indicates a letter grade. The reader provides any additional relevant information and indicates a letter grade. A motion is made and a vote taken. Those applications judged to be non-competitive are not considered further. Reviewers are asked to insert a NR on the scoring sheet and turn it in along with written comments/disks to the staff. Applications considered competitive will proceed on to a full review. Any member has the privilege of asking that an application be fully reviewed; such requests will be honored. Additionally, reviewers can decide the next day to reverse their decision and conduct a full review on a previously streamlined application. An application is not to be streamlined if a reviewer has to be recused from the discussion. Reviewers will conduct the streamline process this evening to be followed by a comprehensive review of competitive applications beginning tomorrow morning.

**Full Review Process (Day 2):** Applications that are considered competitive are discussed individually. Reviewers should begin their presentation by providing a tentative priority score. The primary reviewer is asked to briefly describe the specific aims and summarize the strengths and weaknesses of the application. This should take approximately 10 minutes. The secondary reviewer should provide approximately a 5-minute summation of any additional, significant issues not previously mentioned. The reader or tertiary reviewer is asked to add any new and relevant factors not already covered. Following these presentations, there will be an interactive panel discussion of the application for approximately 5 to 10 minutes. The Chair will then call for a motion, a second, discussion of the motion and vote. If an application is recommended, the budget is discussed. Budget modifications should be specific to enable recommended amounts to be more easily negotiated by staff. The next step is the assignment of a numerical priority score to each recommended application. As a final step, the panel is asked to agree on an appropriate code for the application. The codes relate to Human Subjects, Inclusion of Gender, Inclusion of Minorities, Inclusion of Children, and Animal Welfare. The coding system is explained in the Reviewer's Handbook. If an application is not recommended, codes and budget are not discussed. Reviewers fill in scoring sheet by inserting NR for Not Recommended. Recommendations and priority scores should be based on merit and not be influenced by the availability of funds. Reviewers are asked to insert an R (Recommended) and a priority score or an NR on the scoring sheet and hand it in along with written comments/disks to the staff.

**Recommendations:** Three recommendations available for this review were provided:

- Recommended for further consideration: Application satisfies published review criteria.
- Not recommended for further consideration: Application does not satisfy the review criteria.
- Application should be streamlined.

**Priority Scores:**

Adjectival Descriptor	Numeric Range
Outstanding	100-150 (1.0-1.5)
Excellent	150-200 (1.5-2.0)
Good	200-300 (2.0-3.0)
Acceptable	300-400 (3.0-4.0)
Marginal	400-500 (4.0-5.0)

Applications that score 3.6 to 5.0 do not go to Secondary Review.

**Minority Opinions:** If two or more panel members dissent from a majority motion, a minority report is required and is included in the summary statement.

**Summary Statements:** Following the review meeting, a summary statement is prepared for each application reviewed, as well as those that are streamlined. It includes the comments prepared by reviewers and any significant new issues raised during panel discussions. Summary statements are sent to applicants after the review process is complete. Reviewers are asked to carefully review their prepared comments, and modify them if needed as a result of the panel discussion, to ensure that accurate information is included in the summary statements. It is important that critical comments are specific to assist the applicant and that the written critique matches the priority score. If there are significant human subjects issues, it is important that they are clearly spelled out in the section related to human subjects issues. If a proposal is in the fundable range, it will not be funded until human subjects issues are addressed and resolved. If serious dangers are noted in the human subjects component, reviewers can reject the proposal.

**Applications Received:** In response to the following Program Announcements (PA), 216 responsive applications were received. These were clustered by subject matter into ten groupings for purposes of review and a panel assigned to each. The violence-related applications (PA 04045) were divided into two panels because of the large numbers of applications received. Only three or four applications were received in response to PA's 04049, PA 04056, and PA 04060; a different teleconference panel reviewed the applications in the case of each of those three PA's.

- Program Announcement 04044: Extramural Grants for Acute Care, Rehabilitation, and Disability Prevention Research
- Program Announcement 04045: Extramural Grants for Youth Violence, Suicidal Behavior, Child Maltreatment, Intimate Partner Violence, and Sexual Violence

- Program Announcement 04046: Extramural Grants for New Investigator Training Awards for Unintentional Injury, Violence-Related Injury, Biomechanics, and Acute Care, Disability and Rehabilitation-Related Research
- Program Announcement 04047: Extramural Grants for Traumatic Injury Biomechanics Research
- Program Announcement 04048: Extramural Grants to Prevent Unintentional injuries
- Program Announcement 04049: Grants for Dissertation Awards for Doctoral Candidates for Violence-Related and Unintentional Injury Prevention Research in Minority Communities
- Program Announcement 04053: Practices to Improve Training Skills of Home Visitors
- Program Announcement 04054: Youth Violence Prevention Through Community-Level Change
- Program Announcement 04055: Efficacy Trials of Parenting Programs for Fathers
- Program Announcement 04056: Sociocultural and Community Risk and Protective Factors for Child Maltreatment and Youth Violence
- Program Announcement 04060: Cooperative Agreement for Research on the Association Between Exposure to Media Violence and Youth Violence
- Program Announcement 04062: Studies to Determine the Prevalence of a History of Traumatic Brain Injury (TBI) in an Institutionalized Population

**Attendance:** Reviewers were reminded to make sure to sign the attendance sheet each day of the meeting in order to receive an honorarium for each day attended.

**Confidentiality:** The importance of maintaining the confidentiality of all facets of the review process was stressed. This includes pre-meeting materials sent to reviewers and all meeting discussions and recommendations. It was pointed out that breaches of confidentiality can cause numerous problems that impact adversely on the credibility of the peer review process and invade the privacy of reviewer participants. The following points were highlighted:

- A statement of confidentiality
- Reviewer cooperation was requested in adhering to the following:
  - No discussion of review proceedings outside the panel room
  - No discussion with colleagues upon return home
  - No discussion with grant applicants after the meeting
  - Applications and other review-related documents are to be left in the meeting rooms at the conclusion of the review or shredded at home.

**Conflict-of-Interest (COI):** Reviewers were reminded of the need to absent (recuse) themselves from the meeting when applications from their own institutions are being discussed or if there are other apparent or real conflicts, such as applications from collaborators and recent former students. In cases of doubt, clarification should be obtained from the staff. The following additional points were highlighted:

- Each reviewer must sign the COI form in the meeting room before review begins.
- Real or perceived COIs may arise during the meeting.
- Reviewers must recuse themselves from the meeting room during discussion of any application where a real or apparent COI exists.

REVIEW PANEL	CHAIRPERSON	DESIGNATED FEDERAL OFFICIAL	SUBJECT MATTER EXPERT NCIPC	RECORDER
Acute Care	Dr. Tom Findley	Dr. Angela Banks	Dr. Paul Smutz	Dr. Morris Faiman
Violence (Panel A)	Dr. Jonathan Howland	Dr. Laurie Beck	Dr. Paul Smutz	Dr. Pat Jarvis Ms. Katie Long
Violence (Panel B)	Dr. Julie Horney	Ms. Sandy Coulberson	Dr. Paul Smutz	Ms. Cindy Kilgore Ms. Bobbi Pegueros
New Investigators	Dr. Judy Bean	Ms. Dionne White	Dr. Paul Smutz	Dr. Morris Faiman
Biomechanics	Dr. Randy Ching	Dr. Michele Lynberg	Dr. Paul Smutz	Ms. Cindy Kilgore
Unintentional Injuries	Dr. Judy Bean	Ms. Jocelyn Wheaton	Dr. Paul Smutz	Dr. Sandy Helman
Home Visitors	Dr. Sue Mallonee	Ms. Phyllis McGuire	Dr. Linda Valle	Ms. Linda Wade
Youth Violence	Dr. Gary Smith	Mr. Thom Blakeney	Dr. Jennifer Wyatt	Dr. Sandy Helman
Efficacy of Fathers	Dr. Kathleen Zavela	Dr. Wes Rutland Brown	Dr. Joanne Klevens	Dr. Sam Schwartz
Traumatic Brain Injury	Dr. Ron Maio	Mr. Eben Ingram	Dr. Bill Ramsey	Ms. Katie Long

#### TELECONFERENCE REVIEWS

Child Maltreatment	Dr. Carolyn DiGuseppi	Dr. Gwendolyn Cattledge	Dr. Rebecca Leeb	Dr. Sam Schwartz
Media Violence	Dr. Margaret Zahn	Ms. Sarah Olson	Dr. Tom Simon	Dr. Sam Schwartz
Dissertations	Dr. Victoria Holt	Dr. Gwendolyn Cattledge	Dr. Paul Smutz	Dr. Sam Schwartz

**Other:** Ms. Angela Fazah reminded reviewers to complete reimbursement forms to cover expenses and honoraria. Reviewers were reminded to sign the COI/confidentiality statement. At the evening's triage/streamlining session, the first order of business for each panel is to separate the competitive applications from the non-competitive ones. The full review of competitive applications begins at 8 a.m. the following morning.

**Comments from the Public:** The Chair solicited comments from members of the public. Hearing none, the session adjourned at 7:05 p.m.

## II. CALL TO ORDER - (CLOSED TO THE PUBLIC) (Day 3)

The closed session of the IRG meeting was called to order by the Chair, Dr. Mullins at 3:55 p.m. on Wednesday, April 14, 2004, in Ballroom Room II at the Four Seasons Hotel in Atlanta.

**REVIEW OF ICRC APPLICATION:** Seven applications were received in response to Program Announcement 04011: Grants for Injury Control Research Centers (ICRCs). After a teleconference on January 16, the IRG recommended six for a full review including a site visit. Each of the following applications was site visited by an NCIPC IRG site visit team made up of IRG members and ad hoc reviewers.

<b>ICRC APPLICATION</b>	<b>SITE VISIT DATE</b>
Harborview (University of Washington)	February 9-10
University of California at Los Angeles	February 24-25
University of North Carolina	March 4-5
UMDNJ New Jersey School of Medicine	March 18-19
Johns Hopkins University	March 24-25
University of Alabama at Birmingham	March 29-30

Each report of the site visit team, along with recommendations, was reviewed by the full committee (members present and connected via teleconference) and an appropriate recommendation adopted by formal motion and majority vote.

**PANEL REPORTS:** The IRG considered the reports presented by the Chairs of the 13 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 NCIPC IRG.

<b>PEER REVIEW PANEL</b>	<b>NUMBER FULL REVIEWS</b>	<b>NUMBER STREAMLINED</b>
Acute Care (PA04044)	5	5
Violence Panel A (PA04045)	18	24
Violence Panel B (PA04045)	30	12
New Investigators (PA04046)	13	11
Biomechanics (PA04047)	13	6
Unintentional Injuries (PA04048)	18	9
Dissertations (PA04049)	4	0
Home Visitors (PA04053)	6	3
Youth Violence (PA04054)	12	3
Efficacy of Fathers (PA04055)	1	5
Child Maltreatment (PA04056)	1	2
Media Violence (PA04060)	2	2
Traumatic Brain Injury (PA04062)	10	1
<b>TOTALS</b>	<b>133</b>	<b>83</b>

During the meeting, IRG members recused themselves from the discussion of any application in which they or their institution had a vested interest in accordance with Department of Health and Human Services conflict of interest policies related to the research grant programs.

There being no further business to conduct, the meeting was adjourned at 5:05 p.m.

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

          /s/ copy on file            
Richard J. Mullins, M.D.

          8/8/04            
Date