



VA Intramural Research Award Program Panel Discussions

Investigators, Scientific Review and Management (ISRM)

*Chris Bever, MD, MBA: Deputy to the DCRADO, ISRM; Amy Kilbourne, PhD: Acting DCRADO for ISRM;
Joseph Constans, PhD: Suicide Prevention; Stuart Hoffman, PhD: Traumatic Brain Injury;
Carol Fowler, PhD/Cathie Plouzek, PhD, PMP: Pain & Opioid Use Disorder*

In 2025 ORD will celebrate its 100-year anniversary!



Preparing for the next 100 years!

- New organizational structure built around Veteran needs and designed to improve health system performance.
- New processes to accelerate innovation, speed implementation and rapidly respond to changing requirements.

ISRM Organization

DRCADO ISRM, Amy Kilbourne

Special Assistant to DRCADO ISRM, Pauline Cilladi-Rehrer

ISRM Leadership Council

Broad Portfolio (BP) Directors, Actively Managed Portfolio (AMP) Directors, Program Directors, DCRADO of ISRM, Research Integration Director, Operations Director

Actively Managed Portfolio (AMP) Directors

Military Exposure (MER), Rudy Johnson

Pain & Opioid Use (POU), Jayanthi Sankar¹

Precision Oncology (POP), Ken Myrie

Suicide Prevention (SPR), Joe Constans

Traumatic Brain Injury (TBI), Stu Hoffman

Program Directors

Epidemiology & Public Health, Vickey Davey

Gulf War Illnesses (GWI), Karen Block

Clinical Genomics, Ron Przygodzki

Director of Research Integration (Vacant)

RIGs:

Aging, Clinical Genomics, Clinical Trial Research, DEI, Precision Oncology, Women's Health, Scientific Impacts

IPTs:

CDA, Center Award, Data Science, Multi-Site Planning Award, Non-Clinical Trial Research, Pandemic, Pilot Research, Pre-application, Project Modification, RCS, Shared Equipment, Translational

Broad Portfolio (BP) Directors

Brain, Behavioral, and Mental Health (BMH), Miriam Smyth

Health Systems Research (HSR), Kristina Cordasco

Medical Health (MED), Holly Krull

Rehabilitation Research & Development (RDT), Patricia Dorn

Director of Operations, Michael Burgio

Business Management Team

Budget, HR, Project Mgmt

Information & Process Management Team

Data Analytics, Records, Quality

Program Analysis & Review Teams (I, II)

RFA, App Review, Pre Award, SOP

Clinical Trials Operations

Investigator Workforce Development



1. POU ownership is shared: Audrey Kusiak, Carol Fowler, Jayanthi Sankar, Cathie B. Plouzek

Major Changes to the ISRM Intramural Process

- **ISRM research and application process**
 - Services converted to Portfolios, accepting applications across translational spectrum
 - Investigators have up to 4 opportunities to submit per year and not limited by Service
- **Application submission process: Pre-applications required**
 - Select notice of special interest (NOSI), note opportunities beyond a single Portfolio
 - Identify scientific review group (SRG)
 - Select cross-portfolio RFA (e.g., clinical trial, non-clinical trial, pilot)
- **Actively Managed Portfolios have their own dedicated NOSIs**

New Application Process: Key Steps

Go to: <https://vaww.research.va.gov/funding/rfa.cfm>

(VA network access only)

1. Identify the NOSI the application is most responsive to
2. Choose the appropriate RFA (e.g., IIR, CDA) the NOSI accepts
3. Select study section/SRG:
<https://vaww.research.va.gov/funding/docs/ISRM-SRG-Purviews-and-Review-Cycles.pdf>
4. Determine your due dates and ID appropriate RFA pre-application
5. Contact SRG point of contact with any questions

Cross-Portfolio RFAs

RFAs

Corresponding Pre-applications

**RD-01-MRA: ISRM Parent Merit Review Award
(Non-Clinical Trials/I01)**

RD-01-PREM: Pre-Application – Merit Clinical Trial (I01)

RD-01-MRCT: ISRM Parent Merit Review Award (Clinical Trials/I01)

RD-01-PRET: Pre-Application – Merit Non-Clinical Trials (I01)

RD-01-PILT: ISRM Pilot Project Award (I21)

RD-01-PREP: Pre-Application – Pilot (I21)

RD-01-CDA1: ISRM Career Development Award (CDA-1) (IK1)

**RD-01-PREC: Pre-Application – Career Development Award
(IK1/IK2)**

RD-01-CDA2: ISRM Career Development Award (CDA-2) (IK2)

RD-01-PRER: Pre-Application – Research Career Scientist (IK6)

RD-01-RCS ISRM Research Career Scientist Award (IK6)

RD-01-CTRO: ISRM COnsortia of REsearch (CORE) Award (I50)

RD-01-PRCO: Pre-Application – HSR CORE Awards (I50)



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Portfolio Notices of Special Interest

On the Pre-App, indicate the NOSI that best matches the proposal topic

Based upon Portfolio purviews

Brain, Behavior, and Mental Health Broad Portfolio

Health Systems Broad Portfolio*

Medical Health Broad Portfolio

Rehabilitation Broad Portfolio

Military Exposure Actively Managed Portfolio

Pain / Opioid Use Actively Managed Portfolio

Precision Oncology Actively Managed Portfolio

Suicide Prevention Actively Managed Portfolio

Traumatic Brain Injury Actively Managed Portfolio

Critical Research Areas/Cross Portfolio

Women's Health and Healthcare

Durability of Rehabilitation Interventions for Veterans

Chronic Effects of Neurotrauma

Studies on Lethal Means Safety Approaches to
Suicide Prevention

***HSR Broad Portfolio NOSI full name:**

“Optimizing Veteran Health through Evidence-based
Learning Health Systems Science Broad Portfolio:”

<https://vaww.research.va.gov/funding/docs/broad/NOT-RD-01-HSR-BP.pdf>

Winter Review Cycle SRGs and Application Timeline

Scientific Review Group (SRG) Purviews and Scientific Review Officers (SROs) can be found at: [ISRM-SRG-Purviews](#)

Health Systems Research Portfolio:

- HSR1:** Health Care & Clinical Management
- HSR2:** Behavioral, Social & Cultural Determinants of Health
- HSR3:** Health Care Informatics
- HSR4:** Mental and Behavioral Health*
- HSR5:** Health Care System Organization & Delivery and Women's Health
- HSR6:** Aging, Recovery, & Workforce
- HSR7:** Special Emphasis Topics
- HSR8 HQ5, HQ8:** Quality Enhancement Research Initiative (QUERI)

*Panel assigned to BBMH Portfolio for priority alignment but still meets Winter/Summer

Rehabilitation Research, Development, Translation:

- RRDA:** Spinal Cord Injuries/Disorders & Neuropathic Pain
- RRD0:** Regenerative Rehabilitation Medicine
- RRD1/B:** Brain Health*
- RRD2:** Musculoskeletal Health & Injury
- RRD3:** Sensory Systems & Communications Disorders
- RRD4:** Behavioral Health & Social Reintegration*
- RRD5:** Rehabilitation Engineering & Prosthetics/Orthotics
- RRD6:** Chronic Medical Conditions & Aging
- RRD7:** Research Career Scientist
- RRD8:** Career Development Program- Panel 1
- RRD9:** Career Development Program – Panel 2
- RRDC:** Centers/Research Enhancement Award Programs (REAPS)

	Deadlines
Million Veteran Program (MVP) Data Use¹ Request:	
CT, CDA, TT:	July 1
All Other:	October 1
¹ not for screening/enrollment	
Pre-Application:	
CT, CDA, TT:	August 1
All Other:	November 1
eRA closes to full apps	December 10
Review Panels Meet	Late February/ Early March

CT = Clinical Trial application
 CDA = Career Development Award
 TT = Technology Development application

Forms and Instructions for each Deadline can be found at: [NOSIs and RFAs](#), [Submission Guidance and Templates](#)

Spring Review Cycle SRGs and Application Timeline

Scientific Review Group (SRG) Purviews and Scientific Review Officers (SROs) can be found at: [ISRM-SRG-Purviews](#)

Brain, Behavior Mental Health Portfolio:

MHBA: Preclinical Mental Health

MHBC: Clinical Mental Health

MHBP: PTSD

NURA: Substance Abuse

NURB: Peripheral Neuropathy & Epilepsy, Multiple Sclerosis

NURC: SCI & TBI

NURD: Alzheimer's Disease, Dementia, Aging Brain, Neurodegeneration and Cognitive Dysfunction

NURM: Movement Disorders, Parkinson's, Huntington's, ALS, Dystonia, Neurodegeneration

NURF: Sensory Dysfunction

NURR: Sleep

NURP: Pain

Medical Health Portfolio:

CARA/B: Cardiology

CAMM: Cellular & Molecular Medicine, Geroscience

ENDA: Endocrinology,

ENDB: Frailty, musculoskeletal health

GAST: Gastroenterology

HEMA: Hematology

IMMA: Immunology

INFA/B: Infectious Diseases

NEPH: Nephrology

ONCA/B/C/D/E: Oncology

PULM: Pulmonology

SPLD: Gulf War

SURG: Surgery

	Deadlines
Million Veteran Program (MVP) Data Use¹ Request: CT, CDA, TT: All Other: ¹ not for screening/enrollment	October 1 January 2
Non-Clinician Eligibility Packet	November 1
Pre-Application: CT, CDA, TT Pre-Application: All Other	November 1 February 1
eRA Closes to Full Apps	March 10
Review Panels Meet	Late May/ Early June

CT = Clinical Trial application

CDA = Career Development Award

TT = Technology Development application

Forms and Instructions for each Deadline can be found at: [NOSIs and RFAs](#), [Submission Guidance and Templates](#)

Summer Review Cycle SRGs and Application Timeline

Scientific Review Group (SRG) Purviews and Scientific Review Officers (SROs) can be found at: [ISRM-SRG-Purviews](#)

Health Systems Research Portfolio:

- HSR1:** Health Care & Clinical Management
- HSR2:** Behavioral, Social & Cultural Determinants of Health
- HSR3:** Health Care Informatics
- HSR4:** Mental and Behavioral Health*
- HSR5:** Health Care System Organization & Delivery and Women's Health
- HSR6:** Aging, Recovery, & Workforce
- HSR7:** Special Emphasis Topics
- HSR8 HQ5, HQ8:** Quality Enhancement Research Initiative (QUERI)

*Panel assigned to BBMH Portfolio for priority alignment but still meets Winter/Summer

Rehabilitation Research, Development, Translation:

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- RRD0:** Regenerative Rehabilitation Medicine
- RRD1/B:** Brain Health*
- RRD2:** Musculoskeletal Health & Injury
- RRD3:** Sensory Systems & Communications Disorders
- RRD4:** Behavioral Health & Social Reintegration*
- RRD5:** Rehabilitation Engineering & Prosthetics/Orthotics
- RRD6:** Chronic Medical Conditions & Aging
- RRD7:** Research Career Scientist
- RRD8:** Career Development Program- Panel 1
- RRD9:** Career Development Program – Panel 2
- RRDC:** Centers/Research Enhancement Award Programs (REAPS)

Deadlines	
Million Veteran Program (MVP) Data Use¹ Request:	
CT, CDA, TT:	January 2
All Other:	April 1
¹ not for screening/enrollment	
Pre-Application:	
CT, CDA, TT	February 1
All Other	May 1
eRA closes to full apps	June 10
Review Panels Meet	Late July/ Early August

CT = Clinical Trial application
 CDA = Career Development Award
 TT = Technology Development application

Forms and Instructions for each Deadline can be found at: [NOSIs and RFAs](#), [Submission Guidance and Templates](#)

Fall Review Cycle SRGs and Application Timeline

Scientific Review Group (SRG) Purviews and Scientific Review Officers (SROs) can be found at: [ISRM-SRG-Purviews](#)

MHBA: Preclinical Mental Health

MHBC: Clinical Mental Health

MHBP: PTSD

NURA: Substance Abuse

NURB: Peripheral Neuropathy & Epilepsy, Multiple Sclerosis

NURC: SCI & TBI

NURD: Alzheimer's Disease, Dementia, Aging Brain, Neurodegeneration and Cognitive Dysfunction

NURM: Movement Disorders, Parkinson's, Huntington's, ALS, Dystonia, Neurodegeneration

NURF: Sensory Dysfunction

NURR: Sleep

NURP: Pain

CARA/B: Cardiology

CAMM: Cellular & Molecular Medicine, Geroscience

ENDA: Endocrinology,

ENDB: Frailty, musculoskeletal health

GAST: Gastroenterology

HEMA: Hematology

IMMA: Immunology

INFA/B: Infectious Diseases

NEPH: Nephrology

ONCA/B/C/D/E: Oncology

PULM: Pulmonology

SPLD: Gulf War

SURG: Surgery

	Deadlines
Million Veteran Program (MVP) Data Use¹ Request: CT, CDA, TT: All Other: ¹ not for screening/enrollment	April 1 July 1
Non Clinician Eligibility Packet	May 1
Pre Application: CT, CDA, TT Pre Application: All Other	May 1 August 1
eRA Closes to Full Apps	September 10
Review Panels Meet	Late November/ Early December

CT = Clinical Trial application
 CDA = Career Development Award
 TT = Technology Development application

Forms and Instructions for each Deadline can be found at: [NOSIs and RFAs](#), [Submission Guidance and Templates](#)

ISRM Portfolio Points of Contact

Broad Portfolios (BPs)

POC

Medical Health (MED)

Holly Krull

Brain, Behavioral, and Mental Health (BMH)

Miriam Smyth

Rehabilitation (RDT)

Tricia Dorn

Health Systems (HSR)

Amy Kilbourne, Kristina Cordasco (effective Jan 2025)

Actively Managed Portfolios (AMPs)

POC

Pain/Opioid Use (POU)

Audrey Kusiak, Carol Fowler, Jayanthi Sankar, Cathie B. Plouzek

Precision Oncology (POP)

Ken Myrie

Suicide Prevention (SPR)

Joseph Constans

Traumatic Brain Injury (TBI)

Stuart Hoffman

Military Exposure (MER)

Rudy Johnson

Special Program¹

POC

Gulf War Illness (GWI)

Karen Block

Suicide Prevention Actively Managed Portfolio (SP AMP): FY25 Research Opportunities and Next Steps

Suicide Prevention Actively Managed Portfolio



Office of Research and Development
Investigators, Scientific Review and Management (ISRM)

Notice of Special Interest:
Studies on Suicide Prevention Actively Managed Portfolio
NOT-RD-01-SPR

Release Date: September 3, 2024

For Research Application Submissions: All Cycles

Expiration Date: Not applicable.

Applications will be accepted through this Notice of Special Interest (NOSI) to the following RFAs:

- RD-01-MRA ISRM Parent Merit Review Award (Non-Clinical Trials/I01)
- RD-01-MRCT ISRM Parent Merit Review Award (Clinical Trials/I01)
- RD-01-PILT ISRM Pilot Project Award (I21)

Participating VA-ORD Research Portfolio: Suicide Prevention Actively Managed Portfolio (AMP), Portfolio Identifier = SPR

Purpose: The Veterans Health Administration (VHA) Office of Research and Development (VA-ORD), through the Suicide Prevention AMP, releases this Notice of Special Interest (NOSI) for **studies that seek to improve the understanding of suicide and prevent suicidal behavior**. This NOSI supports the full spectrum of research methods including preclinical, translational, clinical, and health services/implementation studies.



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Suicide Prevention Actively Managed Portfolio: PURVIEW STATEMENT

The Suicide Prevention Actively Managed Portfolio (AMP) will include research involving preclinical, translational, clinical, and health services/implementation studies that seek to improve the understanding of suicide and prevent suicidal behavior.

Contained within this portfolio will be research using a wide variety of methods and approaches including, but not limited to, studies involving animal models, human tissues and genetic samples, clinical trials of pharmacological and non-pharmacological treatments, application of new technologies, implementation studies (including hybrid studies), observational and epidemiological studies, development of assessment measures, studies concerning risk identification, and studies that seek to understand or address the influence of community on suicidality including investigations on family, caregiver, and peer support, as well as investigations on education, public service announcements, recreation, housing, geospatial location, and employment.

Where we are for funding priorities



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Approach to Identifying Priorities

Phase I: Understanding Existing Suicide Prevention Priorities in Federal Research

Collected and categorized 186 priorities set by 10 organizations invested in Suicide Prevention.

Expert raters reduced to 18 domains

Phase II: Collecting Feedback from Key VA Partners

- Veteran Engagement Council
- VISN Suicide Prevention Coordinator Leads
- Chief Mental Health Officers
- VA Suicide Prevention Investigators

5 domains considered by Executive Steering Committee

Phase III: Executive Committee Finalizes the SP AMP Critical Research Priorities

Establishment
of Priorities



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SP AMP Collaboration Partners: Determining Priorities & Establishing a Strategic Roadmap

SP AMP Executive Steering Committee

Name	Role	ESC Function
Department of Veterans Affairs – Office of Research & Development		Constituency
Wendy Tenhula	Deputy Chief Research and Development Officer (CRADO), ORD, Dept. of Veterans Affairs	Voting Member
David Atkins	Former Director, HSR&D, Dept. of Veterans Affairs, VA WOC employee	Voting Member
Kara Beck	QUERI Representative, ORD, Dept. of Veterans Affairs	Voting Member
Joseph Constans	SP AMP Lead, ORD, Dept. of Veterans Affairs	Non-Voting, Ex Officio
Robert O'Brien	SPM, HSR&D, ORD, Dept. of Veterans Affairs	Non-Voting, Ex Officio
Vetisha McClair	SPM, CSR&D, ORD, Dept. of Veterans Affairs	Non-Voting, Ex Officio
Peter Hunt	SPM, RR&D, ORD, Dept. of Veterans Affairs	Non-Voting, Ex Officio
Department of Veterans Affairs – ORD funded Suicide Prevention Research Centers		Constituency
Steven Dobscha	Co-Director, Suicide Prevention Research Impact NeTwork (SPRINT)	Non-Voting Member
Brian Marx	Co-Director, Suicide Prevention Research Impact NeTwork (SPRINT)	Non-Voting Member
Department of Veterans Affairs – Office of Mental Health and Suicide Prevention		Constituency
Matt Miller	Director, Suicide Prevention, Office of Mental Health and Suicide Prevention	Voting Member
Susan Strickland	Director of Research Coordination, Office of Mental Health and Suicide Prevention	Voting Member
Edgar Villareal	National Clinical Director, Office of Mental Health and Suicide Prevention	Voting Member
VHA Stakeholders		Constituency
Jodi Trafton	Director, VA Program Evaluation and Resource Center	Member
Bradley Watts	Research Director, VHA Office of Rural Health	Member
Lisa Brenner	Director, Rocky Mountain MIRECC	Non-Voting Member
Stephanie Gamble	Director, CoE for Suicide Prevention	Non-Voting Member
Veteran Representative (Federal Employee) from Veteran Engagement Council		
External Federal Funding Agency		Constituency
Stephen O'Connor	NIH Representative	Voting Member
Melissa Mehalick	DoD Representative	Voting Member



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Office of Research & Development

Notice of Special Interest (NOSI):

Studies on Lethal Means Safety approaches to Suicide Prevention

Specific NOSI:

Release Date: August 1, 2024

First Available Due Date: October 1, 2024

Expiration Date: September 30, 2026

Participating ORD Research Services:

Suicide Prevention Actively Managed Portfolio (AMP)

Lethal Means Safety

Purpose. The Veterans Health Administration (VHA) Office of Research and Development (ORD), through the Suicide Prevention AMP, releases this focused NOSI for studies that seek to improve the state of the science for lethal means interventions to prevent suicide, including lethal means safety (LMS) counseling, LMS messaging, and other strategies that limit access to lethal means during periods of suicidality. This focused NOSI supports translational, clinical, health systems, implementation, and hybrid studies.

Background: Veteran suicide deaths disproportionately involve firearms, and Veteran firearm suicide rates exceed those of non-Veterans. Veterans are more likely than civilian counterparts to own firearms, and many Veteran firearm owners acknowledge storage of unloaded and unlocked firearms. As highlighted in the 2024 VA / DoD Suicide Prevention Clinical Practice Guidelines, ready availability of a firearm confers additional suicide risk and divestment of firearms can decrease suicide. However, there is limited evidence concerning the best approaches to promote voluntary firearm safety in Veterans, and there is limited efficacy and effectiveness data on existing approaches including LMS counseling and LMS messaging. This NOSI is intended to support research that will ultimately lead to evidence-based interventions that will reduce suicide in the Veteran population.



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Where we are going



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Input from Various Stakeholders

- ***Priority Questionnaire Distribution to Field***
 - A survey was sent out to investigators within the SPRINT database. We collected responses from 54 respondents, each listing ranked research priorities. These priorities were coded into the categories developed in Phase 1.
- ***Veteran's Engagement Council Discussion***
 - Our team met with a Veteran's Engagement Council in December to hold a discussion and gather research topics of interest to veterans.
- ***VISN Suicide Prevention Lead – Open Discussion***
 - Understanding Research Priorities from the perspective of VISN Leads for Suicide Prevention Coordinators.
- ***Discussion with VA Investigators***
 - Discussion of qualitative data obtained and solicitations of recommendations for quantitative survey.
- ***Discussion with CMHO***
 - Discussion of survey data, differences in between respondent groups.

Phase 2: VISN Suicide Prevention Lead / VISN CMHOS – Open Discussion

Key Questions for Audience:

1. What areas in suicide prevention do you think needs more research to support your clinical decision-making?
2. How does your program implement current research evidence or data regarding assessing suicide risk? What would make risk assessment processes or resulting risk information more useful or actionable?
3. How do you use the information you have now regarding effectiveness of suicide prevention interventions and treatments? What new information would help your program make evidence-informed treatment planning decisions?
4. Are there certain patient characteristics that are important to study or to include in VA research?

Research Priorities Discussed during Meeting

- Risk Identification Process*
 - Needs modification
 - Clinician burden too high
- Clinical Trial Feasibility*
 - Psychotherapy
 - Small trials will not advance practice
- Community Interventions
- Education, Training, and Messaging
- Firearms, Lethal Means Safety
- Safety Planning
- Older Veterans
- Female Veterans

* - priority areas

22

Phase 2: Veteran's Engagement Council Discussion

Key Questions for Audience:

1. What suicide prevention research topics come to mind as most important for Veterans from your perspective?
2. Are there specific patient populations it would be important to study (if this has not come up)?
3. Are there any research topics you don't think are as high a priority?
4. Are there particular topics within this area that come to mind that would be important for VA researchers to work on?

Research Priorities Discussed during Meeting

- Hard to Reach Veterans (Isolating Veterans/ Veterans not in VA care/ Rural Veterans / Transitioning to civilian)
- Continuity of Care*
- Community Research (including family)
- Developing Novel Treatments (including provider perspective)
- Moral Injury/Spiritual
- Lethal Means Safety
- Messaging
- Peer Support
- Messaging
- Data Studies
- Racial/Ethnic/Sexual Minorities
- Brain/TBI/Genomics

* - category not identified through investigator survey

23

TBI Actively Managed Portfolio



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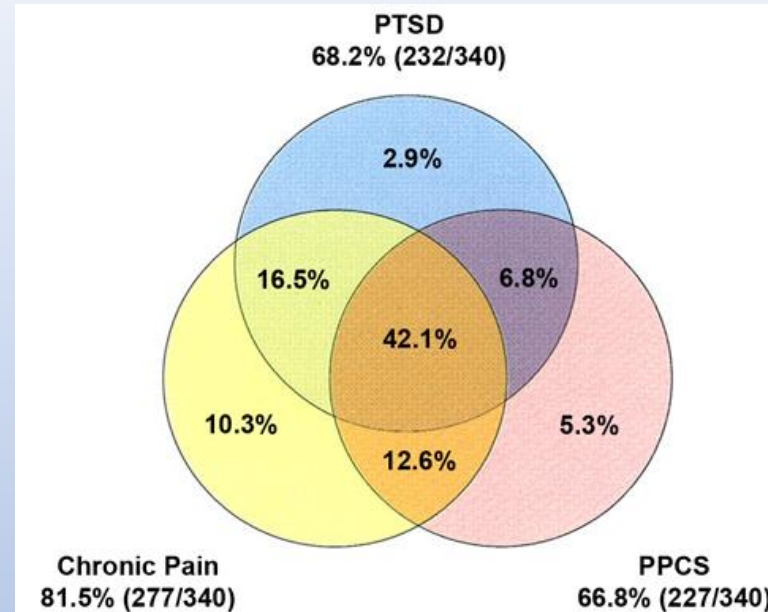
The impact of TBI on Brain Health and Function is complex

TBI can stem from a Veterans life-long history of injury or exposure, and can present itself in mild to severe forms

- Concussions are an example of mild TBI (mTBI) that can occur repetitively, leading multiple co-morbidities
- At least 1/3 that report mTBI have a first occurrence < 18 years old
- Long-term effects of injury can promote chronic inflammation and neurodegeneration

TBI has many co-occurring conditions

- Sensory
- Mental Health (PTSD, depression, SUD, suicide)
- Chronic Pain
- Mobility
- Cognitive
- Executive Function
- Effortful Control
- Endocrine
- Epilepsy



The complexity of TBI was demonstrated in 2009 and treatment of combined brain and mental conditions remains today

Lew et al., JRRD, Volume 46, Number 6, 2009

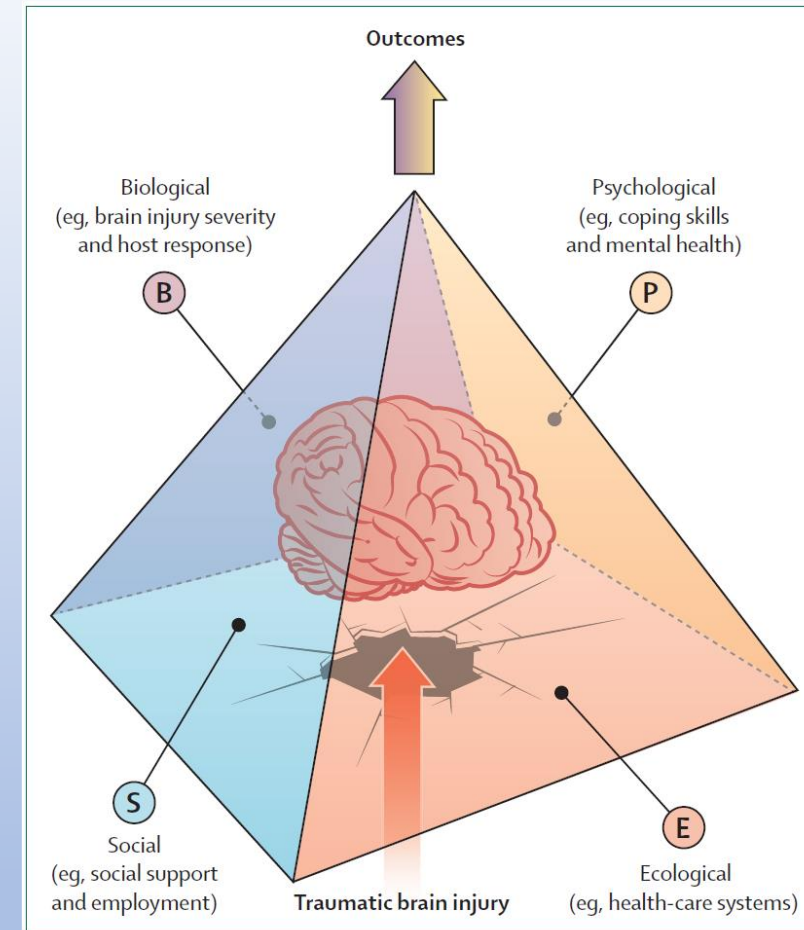


Figure 8: Outcomes after a traumatic brain injury: the bio-psycho-socio-ecological model
Lancet Neurol 2022; 21: 1004–60

What is the Traumatic Brain Injury AMP?



Purview

The purview of the Traumatic Brain Injury Actively Managed Portfolio (TBI AMP) includes preclinical, translational, clinical, epidemiological, and health services/implementation research where the focus is on the consequences of TBI exposure(s) across the lifespan and where TBI is the precipitating condition for the development of brain and mental health disorders.



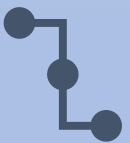
Purpose

Strategically identify and fund research that seeks to answer specific, real-world questions that are important to Veterans, providers, and/or the healthcare system that results in the improvement of health, care and well-being of Veterans with TBI and ensure that scientific research discoveries within the portfolio translate into clinical practice and inform healthcare decision making



People

- TBI AMP Lead: Dr. Stuart Hoffman (35+ years of TBI and behavioral neuroscience research experience)
- 3 core SPMs, with 5 consulting SPMs representing AMPs and existing portfolios of reintegration, mental health, suicide prevention, pain/opioid use, SUD, and neurodegeneration/dementia.

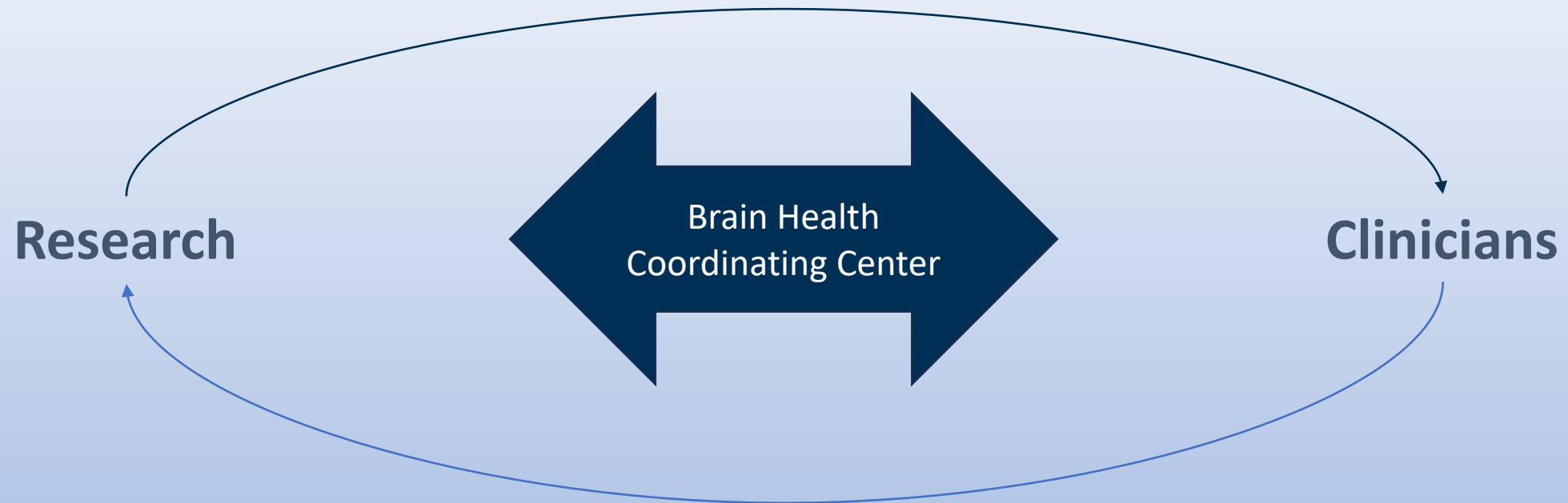


Current Project Examples

- Characterization, Evaluation, and Implementation of Innovative TBI Intensive Evaluation and Treatment Programs (IETP)
- Open Field Based TBI Blast Core Facility
- Total Brain Diagnostics (TBD)
- Brain Health Coordinating Center



Investment in Communication to Support Research and Clinical Collaboration



For TBI AMP, building a better **Communication Infrastructure** will **Improve Translation** and **Identify Gaps** in clinical knowledge for **Future Research Initiatives** that will **Improve TBI Care** in Veterans.

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Pain and Opioid AMP

POU AMP FEATURES



Pain and Opioid Use AMP



Team-Led AMP

Proactively interact with:

- **VA clinical/operations such as Pain Management Opioid Safety and Prescription Drug Monitoring (PMOP)**
- **NIH/DoD/ & other funder contacts**

Proactive management of the portfolio community, including bringing together researchers and/or other stakeholders to accomplish goals

The ability to stand up agile funding mechanisms when required

CONTACTS



RR&T

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BBMH

Jayanthi Sankar

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Please reach out early and often!



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- **Primary outcome measure must be pain and/or opioid use**
- **Study has to fall under the Pain Opioid Use AMP purview**

[*https://www.research.va.gov/services/amp/pain_opiod.cfm*](https://www.research.va.gov/services/amp/pain_opiod.cfm)



WHAT PAIN OUTCOMES SHOULD BE MEASURED?

Domain	Measure	# of Items
Subjective Health Status	Self-Rated Health (SRH)	1
Pain Intensity/Interference	<u>P</u> ain Intensity, Interference with <u>E</u> njoyment, Interference with <u>G</u> eneral Activity	3
Self-Efficacy	Pain Self-Efficacy Questionnaire, 2 Item (PSEQ-2)	2
Unhelpful Pain Thoughts (catastrophizing)	UW Concerns About Pain, 2 Item (CAP-2)	2
Sleep	Sleep Quality Scale (SQS)	1
Depression	Pain Health Questionnaire, 2 Item (PHQ-2)	2
Anxiety	Generalized Anxiety Disorder, 2 Item (GAD-2)	2
General Well-Being	Well-Being Signs Tool (WBS)	3
	TOTAL	16
Perceived Treatment Impact	Patient Global Impression of Change (PGIC Scale) – FOLLOW-UP ONLY	1
	TOTAL	17

01-POU NOSI PRIORITIES



- Clinical studies of the genetic, anatomical, and behavioral basis of pain, opioid tolerance, opioid dependence or addiction, opioid metabolism
- Implementation of treatments, approaches, and methods to enhance pain services, and evaluation of quality and safety of pain care, opioid use disorder care, and tapering of opioid medication.
- Preclinical development and translation of non-opioid therapies
- Clinical trials and observational studies for painful conditions or identifying mechanisms and modifiable targets related to opioid tolerance, withdrawal, or other harmful physiological adaptations to opioid use.
- Clinical trials and observational research of interventions to improve outcomes in opioid use disorder

01-POU NOSI PRIORITIES – CONT.



- Pragmatic clinical trials for treatment of painful conditions using non-pharmacological approaches including Whole Health, complementary and integrative health, and biobehavioral approaches
- Development and validation of predictive analytics and biomarkers to identify Veterans with high impact chronic pain, or who are at risk of developing chronic pain or opioid use disorder (OUD. Studies of interest are limited to data mining and analysis of Million Veteran Program (MVP) and/or EHR, and clinical studies involving human subjects.
- Studies of fentanyl adulterated with xylazine. ([FENTANYL-ADULTERATED-OR-ASSOCIATED-WITH-XYLAZINE-EMERGING-THREAT-RESPONSE-PLAN-Report-July-2023.pdf](#) (whitehouse.gov)).
- Harm reduction services and treatment programs that reduce pain medication usage but not complete abstinence