

Annual Report 2020

Advocating for
Funding.

Coordinating
Research
Efforts.

Strengthening
Infrastructure.



CNTR's MISSION

Advocating

FOR SUSTAINABLE RESEARCH FUNDING
COMMENSURATE WITH THE BURDEN OF DISEASE.

Coordinating

RESEARCH EFFORTS ACROSS PROFESSIONAL ORGANIZATIONS
SPANNING THE CONTINUUM OF INJURY CARE.

Strengthening

THE NATIONAL INFRASTRUCTURE FOR MULTICENTER INVESTIGATION.



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INFO@NATTRAUMA.ORG

A MESSAGE FROM OUR CHAIR

Traumatic injury results in more than 5 million deaths per year worldwide and has a dramatic impact on our communities, with many survivors suffering life-long disability.

While people of all ages are impacted by traumatic injury, this is the most important public health problem facing our children and young people, resulting in a tremendous impact on their families and years of productive life lost to society.

Despite this impact, there has been a consistent lack of research funding at the federal level to support injury research—a fact that has been highlighted in every national report since the pivotal *Accidental Death and Disability: the Neglected Disease of Modern Society* in 1966.^[1] Fifty years later, the 2016 National Academies of Sciences, Engineering and Medicine report, *A National Trauma Care System—Integrating Military and Civilian Trauma Systems to Achieve Zero Preventable Deaths After Injury*, noted, “Investment in trauma research is not commensurate with the burden of traumatic injury. To address critical gaps in knowledge of optimal trauma care practices and delivery systems, the United States needs a coordinated trauma research program with defined objectives, a focus on high priority needs and adequate resources from both the military and civilian sectors.”^[2]

Since its founding in 2014, the Coalition for National Trauma Research (CNTR) has brought the trauma community together with a unified focus to address the critical need to coordinate our efforts to achieve federal research funding commensurate with the burden of

disease and to enhance the infrastructure supporting high-impact, multidisciplinary clinical trials.

Building on the legacy of the National Trauma Institute, the American Association for the Surgery of Trauma, the American College of Surgeons Committee on Trauma, the American Burn Association, the Eastern Association for the Surgery of Trauma and the Western Trauma Association have committed substantial support to this effort as CNTR core members to create a sustainable coalition continuing to advance this mission. This commitment allowed for the restructuring of CNTR in 2020 and the opportunity to engage an ever-growing community of trauma-related scholarly societies and non-profit organizations to strengthen the coalition. In addition, we have established the infrastructure to support a wide variety of successful federal grant applications and offer mentorship to the next generation of clinical trauma researchers.

This report outlines our growing list of accomplishments, which speaks to the salience of this mission, the formidable commitment of our member organizations, countless volunteer hours from our senior investigators, and the expertise of our seasoned staff. We will forever be indebted to the leadership and vision of our founding executive committee, who provided the sturdy foundation upon which we continue to build.

We are grateful for the financial commitment of our Core and Stakeholder members, and the support of our Affiliates, as we work toward greater recognition of the public health impact of traumatic injury and sustainable federal funding and coordination to support this research.

EILEEN BULGER, MD, FACS

CHAIR Coalition for National Trauma Research
CHAIR American College of Surgeons Committee on Trauma
PROFESSOR OF SURGERY University of Washington
CHIEF OF TRAUMA Harborview Medical Center





WE BELIEVE THAT TRAUMA RESEARCH CAN SAVE LIVES AND PREVENT DISABILITY.

Membership in CNTR isn't transactional. While our member organizations and their constituents do see direct benefits from their involvement, as outlined below, organizations join CNTR because they believe in our mission. We know that research funding commensurate with the burden of traumatic injury in our society, coordinated through a federal institute for trauma research, is necessary to achieve the ultimate goal to eliminate preventable death and disability from injury across the globe.

If we are going to realize our mission, we must work in unison. Only together can we achieve an increased federal commitment to trauma research and support the multidisciplinary coordination to conduct multicenter studies across the continuum of trauma care.

JOIN US.

While advancing toward our sizable goals, members of participating organizations also reap these benefits:

- Opportunities and support for participation in trauma research—since CNTR's founding, hundreds of trauma investigators and stakeholders have engaged in our studies, infrastructure projects, committee work, and advocacy activities
- Research mentorship, especially for junior investigators and those from underrepresented groups—including collaboration with senior investigators, guidance through the grant application process, administrative support, technical expertise and national networking. Support is also targeted to mid-career investigators who seek to transition from K awards to R01 awards, from bench to bedside research, or from single-center to multicenter projects
- Representation on CNTR's Scientific Advisory Committee, supporting the evaluation of new proposals and innovative projects and opportunities for participation
- Access to the National Trauma Research Repository (NTRR) for data sharing and secondary analysis
- Access to the American College of Surgeons - Committee on Trauma (ACS-COT) Trauma Quality Improvement Program (TQIP) platform as a framework for data collection for funded projects
- Participation in research development and advocacy training seminars
- Assistance with knowledge translation and amplification of research publications and presentations on the CNTR blog and across social media accounts

CNTR NUMBERS See detailed member list on page 13.

5 Core Members



4 Stakeholder Members



8 Affiliate Members



3

New Projects in 2020 Totaling \$4.5 Million in Awarded Funding

7

Total Active Projects in 2020

14

Proposals submitted in 2020

16

Publications & Presentations in 2020

58

Total Active Subawards

600+

Investigators & Members of the Trauma Community Currently Engaged in CNTR Projects

156,728

Stakeholder Total Reach (Aggregate Membership)



CNTR PROJECTS

“CNTR staff members are relentless in their adherence to deadlines and pursuit of study objectives. The National Trauma Research Repository launched right on schedule and with impeccable timing—the month before new rules for data sharing were adopted by international medical journals.”

DONALD JENKINS, MD, FACS

Professor of Surgery

UNIFORMED SERVICES UNIVERSITY

Professor/Clinical Division, Trauma and Emergency Surgery

Vice Chair for Quality, Department of Surgery

Betty and Bob Kelso Distinguished Chair in Burn and Trauma Surgery

Associate Deputy Director, Military Health Institute

UT HEALTH SAN ANTONIO

1 National Trauma Research Repository (NTRR)

FUNDING: \$1.6 million, Department of Defense

PI: Donald Jenkins, MD, FACS

The NTRR is a cloud-based central repository for clinical data resulting from both military and civilian federally funded trauma research, encompassing the continuum of care. Use of the NTRR enables investigators to replicate findings through secondary analyses of pooled data files, facilitates publication of new research using existing data, and expands the return on investments made in clinical trials. The repository also optimizes research participant contributions and data through the use of common data elements and harmonization across studies. Now built, with several legacy studies contributed, CNTR is seeking sustainment funding.

www.NTRR-NTI.org



CNTR PROJECTS

“Our study relies on the analytical power of advanced Geographic Information Systems (GIS). CNTR’s use of this technology introduces a whole universe of data related to demographics and spatial relationships, allowing for unique project designs to improve public health and safety through the advancement of trauma systems.”

COL BRIAN EASTRIDGE, MD, FACS

Professor, Department of Surgery

Division Chief, Trauma and Emergency General Surgery

Jocelyn and Joe Straus Endowed Chair Trauma Research

UT HEALTH SAN ANTONIO

2 Multi-Institutional Multidisciplinary Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC)

FUNDING: \$4 million, Department of Defense

PI: Brian Eastridge, MD, FACS

MIMIC is a review of approximately 3,000 pre-hospital deaths in six areas of the country. Through the project, we are creating a framework and methodology for evaluating the causes and pathophysiologic mechanisms of pre-hospital deaths and determining the appropriateness of EMS response and care delivered and the potential for survivability under optimal clinical circumstances and within the context of each individual injury event. We aim to develop a more comprehensive understanding of the epidemiology of pre-hospital deaths, identify liabilities in the current trauma system, and improve survival overall.



3 National Trauma Research Action Plan (NTRAP)

FUNDING: \$2.7 million, Department of Defense

PI: Eileen Bulger, MD, FACS

The NTRAP project is a response to the 2016 National Academies of Sciences, Engineering, and Medicine (NASEM) Report on a National Trauma Care System, which called for development of a National Trauma Research plan to include a national research agenda. Engaging more than 400 experts across the continuum of trauma care, this project seeks to perform a gap analysis of military and civilian trauma research to identify research priorities and establish a comprehensive research agenda. Additional project aims include defining the optimal metrics to assess long-term functional outcomes in injured patients, to identify trauma regulatory barriers to research, to develop best practices for clinical investigators, and to collaborate with federal entities to define optimal endpoints for clinical trauma research.



“The NTRAP project highlights the many gaps that currently exist in the evidence base to support the care we provide. This project will provide a roadmap for future investigators and guide the investment of resources to support this critical work.”

EILEEN BULGER, MD, FACS

Chair

COALITION FOR NATIONAL TRAUMA RESEARCH

Chair

AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA

Professor of Surgery

UNIVERSITY OF WASHINGTON

Chief of Trauma

HARBORVIEW MEDICAL CENTER

“The CLOTT study involves 17 sites and two different protocols and requires a great deal of coordination, including management of HRPO and IRB compliance across multiple sites. It would be nearly impossible for me to manage such a large-scale project without the help of CNTR’s experienced research team.”

MARY MARGARET KNUDSON, MD, FACS

Professor of Surgery

UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Medical Director

MILITARY HEALTH SYSTEM STRATEGIC PARTNERSHIP
AMERICAN COLLEGE OF SURGEONS

“CNTR has been an amazing group to work with—they helped us obtain more than 100 letters of support, and throughout the entire challenging process of applying for this contract with PCORI. The programmatic support has been incredible: contracting with all the trauma centers, working with their data use teams and more.”

ELLIOTT HAUT, MD, PHD, FACS

*Vice Chair of Quality, Safety & Service,
Department of Surgery*

*Associate Professor of Surgery Anesthesiology
and Critical Care Medicine (ACCM), Emergency
Medicine, and Health Policy & Management*

THE JOHNS HOPKINS SCHOOL OF MEDICINE AND
THE BLOOMBERG SCHOOL OF PUBLIC HEALTH

4 Pathogenesis of Post-Traumatic Pulmonary Embolism: A Prospective Multicenter Investigation by the CLOTT Study Group

(Consortium of Leaders in the Study of Post-Traumatic Thromboembolism)

(CLOTT Parts 1 & 2)

FUNDING: \$4.2 million, Department of Defense

PI: Mary Margaret Knudson, MD, FACS

CLOTT Part 1 examines the significance of incidentally discovered pulmonary thrombi after injury as well as the role of fibrinogen breakdown in the development of post-traumatic Pulmonary Embolism. CLOTT Part 2 investigates the role of platelet biology in post-traumatic pulmonary embolism—specifically, whether there are biologic phenotypes of how platelets behave after injury that are associated with bad outcomes.



5 Implementing Best Practice, Patient-Centered Venous Thromboembolism Prevention in Trauma Centers (CLOTT Part 3)

FUNDING: \$1.4 million, Patient-Centered Outcomes Research Institute (PCORI)

PI: Elliott Haut, MD, PhD, FACS

The CLOTT Part 3 project focuses on implementing findings of a completed PCORI study that showed that a single, web-based nurse education module can have a dramatic effect on missed doses of VTE prophylaxis administration (blood clot prevention) in hospitalized patients. It also showed that a patient-centered education bundle delivered to hospitalized patients reduces missed doses by nearly 50%. These modules will be implemented in 10 trauma centers, with the primary objective to help nurses and patients make informed decisions regarding VTE prevention and reduce the occurrence of blood clots in injured patients.



“The CNTR staff are true professionals and have made invaluable contributions to our project. I would not have been able to navigate the enrollment of multiple sites in such an organized, efficient manner without their partnership.”

TODD COSTANTINI, MD, FACS

*Associate Professor of Surgery and Trauma
Medical Director*

UC SAN DIEGO HEALTH

“I have received superb support from CNTR throughout this process. Our study is a partnership among CNTR, myself, and our co-investigators. It would be impossible to coordinate a multicenter study of this complexity without the expertise that CNTR brings to the table.”

LEOPOLDO CANCIO, MD, FACS

Director

U.S. ARMY BURN CENTER, INSTITUTE
FOR SURGICAL RESEARCH

6 PROspective Observational Vascular Injury Trial -2 (PROOVIT-2)

FUNDING: \$0.7 million, Medical Technology Enterprise Consortium (MTEC)

PI: Todd Costantini, MD, FACS, and Joseph DuBose, MD, FACS, FCCM, FSVS

Working with tissue-engineering firm, Humacyte, CNTR is managing this multi-site study of vascular trauma using the PROOVIT (PROspective Observational Vascular Injury Treatment) registry. Investigators are reviewing the medical records of patients who suffered life- or limb-threatening vascular trauma requiring surgical repair and evaluate for evidence of infection, thrombosis, re-intervention, or limb loss. The study demonstrates the utility of PROOVIT as a means to compare two approaches to traumatic vascular injury repair—arterial reconstruction with autologous vein and, conversely, with Humacyte’s Human Acellular Vessel (HAV).



7 Plasma Resuscitation without Lung Injury (PROpOLIs)

FUNDING: \$2.5 million, Department of Defense

PI: Leopoldo Cancio, MD, FACS

Coordinated by CNTR, PROpOLIs evaluates pathogen-reduced plasma for the resuscitation of patients with shock secondary to extensive burns. The study is a prospective, randomized, controlled, multicenter trial of pathogen-reduced plasma vs. a standard-of-care therapy based on lactated Ringer’s solution, for the resuscitation of patients with acute burns > 20% of the total body surface area.



In order to strengthen the pipeline of prolific and effective researchers, CNTR prioritizes support for young investigators. The idea is to propel them to the next level in their careers by partnering with them on high impact, interdisciplinary, multicenter research projects.

To do this, CNTR combines the strengths and resources of its member organizations including a network of established investigators from a variety of disciplines, access to expertise in trauma system evaluation and geo-spatial mapping, and connections to trauma centers and trauma survivor communities.

Our member network includes nearly 157,000 medical professionals in diverse medical fields including trauma, burn, orthopedic and neurological surgeons; emergency physicians, trauma nurses and EMS providers; geriatric and rehabilitation specialists; and survivor and patient support communities. Drawing on this vast trauma stakeholder group, CNTR develops comprehensive, multidisciplinary, patient-centered clinical and translational study proposals that are attractive to funding agencies and deliver valuable insights.

CNTR's newly seated Equity, Diversity & Inclusion (EDI) Committee will ensure that all aspects of EDI are considered in the development of research proposals and grant applications. The EDI Committee is collaborating with the board to develop a mentorship program for underrepresented minority investigators interested in clinical trauma research.



Publications

Price MA, Kozar RA, Bulger EM, Jurkovich JG, and The Coalition for National Trauma Research Scientific Advisory Committee. Building the future for national trauma research.

Trauma Surgery and Acute Care Open. Feb 2020; 5: e000421. DOI:10.1136/tsaco-2019-000421.

Harvin J, Zarzaur B, Nirula R, King B, Malhotra A, and The Coalition for National Trauma Research Scientific Advisory Committee. Alternative Clinical Trials Designs.

Trauma Surgery and Acute Care Open. Feb 2020; 5: e000420. DOI:10.1136/tsaco-2019-000420.

Ho VA, Dicker RA, Haut ER and The Coalition for National Trauma Research Scientific Advisory Committee. Dissemination, Implementation, and De-Implementation: The Trauma Perspective.

Trauma Surgery and Acute Care Open. Feb 2020; 5:e000423. DOI:10.1136/tsaco-2019-000423.

Godat LN, Jensen AR, Stein DM and The Coalition for National Trauma Research Scientific Advisory Committee. Patient centered outcomes research and the injured patient: A summary of application.

Trauma Surgery and Acute Care Open. Feb 2020; 5:e000422. DOI:10.1136/tsaco-2019-000422.

Herrera-Escobar JP, Castillo-Angeles M, Osman SY, Orlas CP, Janjua MB, Abdullah Arain M, Reidy E, Jarman MP, Price MA, Bulger EM, Nehra D, Haider AH, and the National Trauma Research Action Plan (NTRAP) Investigators Group. Long-term Patient-Reported Outcomes Measures after Injury: The National Trauma Research Action Plan (NTRAP) Scoping Review Protocol.

Trauma Surg Acute Care Open. 2020;5(1):E000512. DOI:10.1136/tsaco-2020-000512.

King B, Milling TJ, Gajewski B, Costantini T, Wick Jo, Price MA, Mudarantakam D, Stein D, Connolly S, Valadka A, Warach, S. Restarting and timing of oral anticoagulation after traumatic intracranial hemorrhage: A review and summary of ongoing and planned prospective randomized clinical trials.

Trauma Surgery and Acute Care Open. 2020; 5:e000605. DOI:10.1136/tsaco-2020-000605.

Presentations

Eastridge, BJ, Nolte KB, MacKenzie EM, Stewart RM, Villarreal CL, Medrano NW, Price MA, Davis G, Maxson RT, Mazuchowski E, and The MIMIC Study Group. Preliminary Analysis of the Multi-institutional Multidisciplinary Injury Mortality Investigation in the Civilian Pre-Hospital Environment (MIMIC).

Presentation at the *2020 Western Trauma Association Annual Meeting*.

Villarreal CL, Medrano NW, Remenapp CM, Wang Z, MacKenzie EJ, Nolte KB, Price MA, Eastridge BJ, and The MIMIC Study Group. Evaluating Inter-rater Reliability When Determining Pre-hospital Injury Survivability.

Presentation at the *2020 U.S. Military Health System Research Symposium*.

Villarreal CL, Medrano NW, Remenapp CM, Wang Z, MacKenzie EJ, Nolte KB, Price MA, Eastridge BJ, and The MIMIC Study Group. Examining Differences In Injury Survivability Determinations Between Medical Examiners and Trauma Surgeons Evaluating Pre-hospital Trauma Deaths.

Presentation at the *2020 National Association of Medical Examiner Conference*.

Medrano NW, Villarreal CL, Price MA, Eastridge BJ, and The MIMIC Study Group. Statewide system-based geographic approach to trauma care access.

Presentation at the *2020 American Association for the Surgery of Trauma Annual Meeting*.

Medrano NW, Villarreal CL, Price MA, Eastridge BJ, and The MIMIC Study Group. Statewide system-based geographic approach to trauma care access.

Presentation at the *Esri Geospatial Information Systems 2020 Users Conference*.

CNTR GRANTSMANSHIP

The CNTR staff, who formerly managed the National Trauma Institute, have nearly two decades of experience securing and managing large, multicenter grants—from proposal writing to knowledge translation, and every step in between.

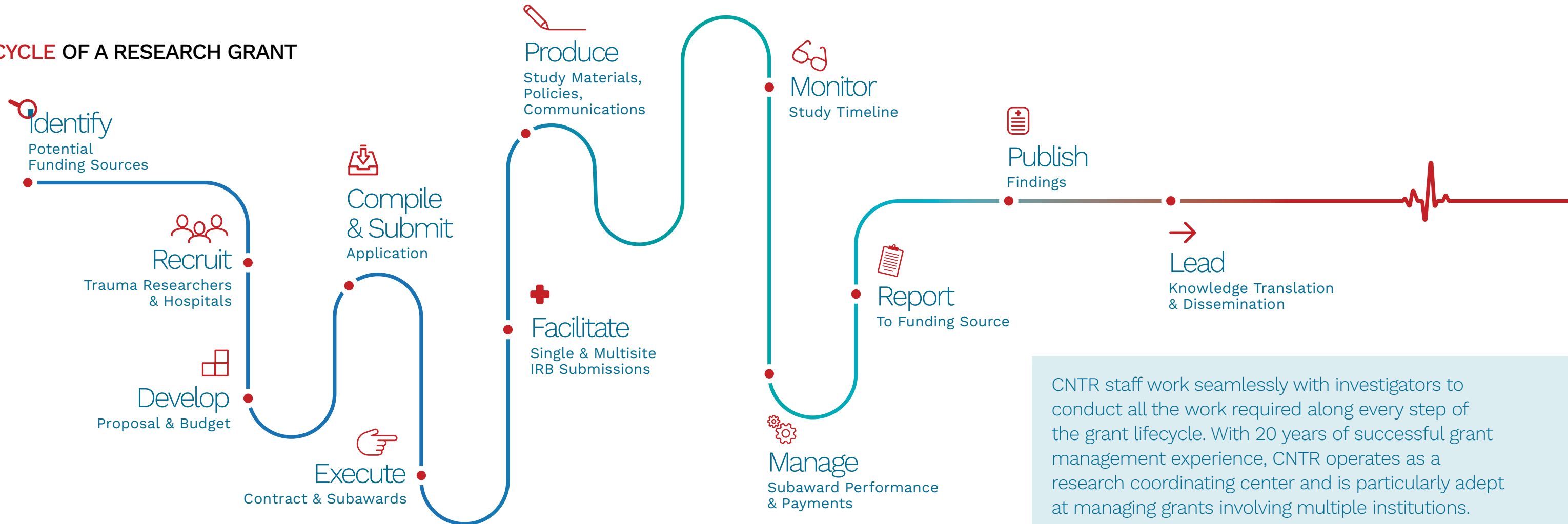
The investigators in our projects are all members of CNTR core, stakeholder and affiliate organizations, which means that the results of their work are showcased at the annual meetings and in the peer-reviewed scientific journals that are critical to advancing the entire trauma community. Uniquely, CNTR's diverse member group fosters collaboration across disciplines and the entire spectrum of injury care, strengthening our proposals and propagating fruitful relationships among linked trauma care providers and patients.



LEFT: Members of the CNTR staff include Michelle Price, Executive Director; Lizette Villarreal, Program Manager; Nick Medrano, GIS Specialist; and Pam Bixby, Deputy Director - pictured here exhibiting at the 2019 AAST Annual Scientific Assembly.

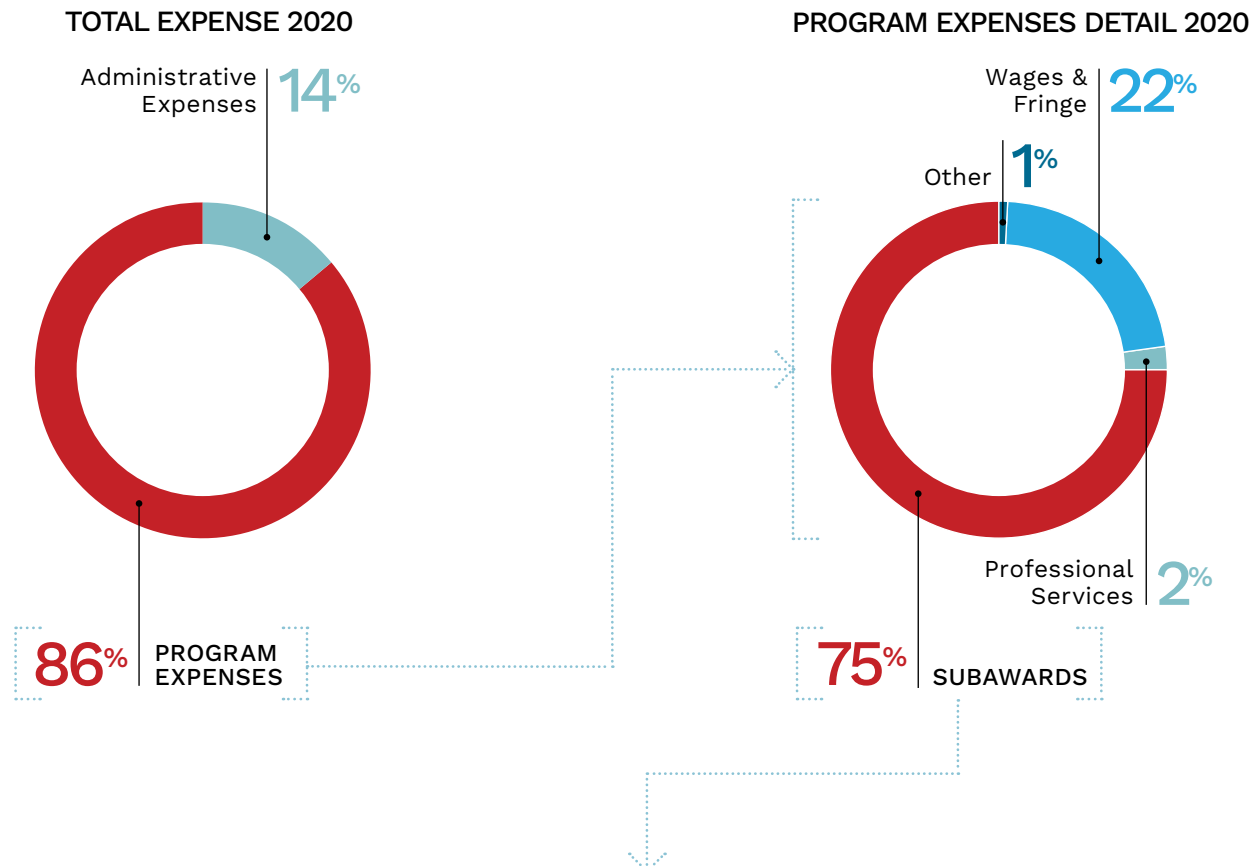


LIFECYCLE OF A RESEARCH GRANT



CNTR staff work seamlessly with investigators to conduct all the work required along every step of the grant lifecycle. With 20 years of successful grant management experience, CNTR operates as a research coordinating center and is particularly adept at managing grants involving multiple institutions.

For every 2020 membership dollar, CNTR generated \$31 that went to the trauma research community in new research awards.



SUBAWARDS *Subaward amounts are 2020 disbursements and do not include new awards issued in Quarter 4.*

Brigham Women's University	\$175,756	Stanford University	\$42,586
Christiana Care Health Services	\$44,024	University of Arizona	\$28,266
Denver Health and Hospital Authority	\$169,613	University of California, San Diego	\$55,836
Johns Hopkins University	\$330,455	University of California, San Francisco	\$199,134
Lancaster General Hospital	\$13,826	University of Florida, Gainesville	\$65
Maryland Medical Examiner	\$6,160	University of Florida, Jacksonville	\$40,988
Massachusetts General Hospital	\$4,761	University of Maryland, Baltimore	\$42,763
Medical College of Wisconsin	\$48,003	University of New Mexico	\$96,594
Medical University of South Carolina	\$10,172	University of Pennsylvania	\$824
Nationwide Children's Hospital	\$1,437	University of Texas Health Science Center at Houston	\$220,496
Oregon Health & Science University	\$229,374	University of Texas Health Science Center at San Antonio	\$184,246
Sapient Governmental Services	\$110,345	University of Washington	\$95,663
Scripps Health	\$31,255		
TOTAL		TOTAL	\$2,182,640

COALITION FOR NATIONAL TRAUMA RESEARCH
STATEMENTS OF ACTIVITIES
 FOR THE YEAR ENDED DECEMBER 31, 2020
(With Comparative Totals for the Year Ended December 31, 2019)

	CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS	
	TOTALS 2020	TOTALS 2019
OPERATING ACTIVITIES		
REVENUES AND OTHER SUPPORT:		
Government Grants	\$3,102,863	\$4,541,609
Nongovernment Grants - PCORI	\$121,076	\$0
Other Income	\$338,684	\$26,372
TOTAL REVENUES AND OTHER SUPPORT	\$3,562,623	\$4,567,981
EXPENSES:		
Program Services	\$2,987,436	\$4,148,034
Management and General	\$487,883	\$404,101
TOTAL EXPENSES	\$3,475,319	\$4,552,135
CHANGE IN NET ASSETS (PROFIT)	\$87,304	\$15,846
PAYMENT TO LINE OF CREDIT	(\$60,000)	-
ADJUSTED CHANGE IN NET ASSETS (PROFIT)	\$27,304	\$15,846

CNTR MEMBERS - 2020

CORE MEMBERS (\$35,000 annual investment)

American Association for the Surgery of Trauma	AAST
American Burn Association	ABA
American College of Surgeons Committee on Trauma	ACS-COT
Eastern Association for the Surgery of Trauma	EAST
Western Trauma Association	WTA

STAKEHOLDER MEMBERS (\$5,000 annual investment)

American Trauma Society	ATS
Military Health System Strategic Partnership with the American College of Surgeons	MHSSPACS
Orthopaedic Trauma Association	OTA
Society of Trauma Nurses	STN

AFFILIATE MEMBERS (no financial commitment)

American Association of Neurological Surgeons/Congress of Neurological Surgeons	AANS/CNS
American College of Emergency Physicians	ACEP
American Geriatrics Society	AGS
National Association of Emergency Medical Technicians	NAEMT
National Blood Clot Alliance	NBCA
North American Thrombosis Foundation	NATF
Society of Critical Care Medicine	SCCM
Trauma Center Association of America	TCAA
Society of Trauma Nurses	STN



FOUNDING EXECUTIVE COMMITTEE

- William Cioffi, MD
- Christine Cocanour, MD
- Kimberly Davis, MD, MBA
- Timothy Fabian, MD
- Donald Jenkins, MD
- Gregory Jurkovich, MD
- Rosemary Kozar, MD, PhD
- Thomas Scalea, MD
- Ronald Stewart, MD

Founding executive committee members were presented with this keystone award, noting their foundational leadership in the coalition since 2014.

2020 BOARD OF DIRECTORS & OFFICERS

- | | |
|---|--|
| Eileen Bulger, MD, FACS
CHAIR
ACS-COT | James Holmes, MD, FACS
ABA |
| Ben Zarzaur, MD, MPH, FACS
VICE-CHAIR
EAST | Bellal Joseph, MD, FACS
WTA |
| Rachael Callcut, MD, FACS
SECRETARY/TREASURER
AAST | Peggy Knudson, MD
MHSSPACS |
| Angela Gibson, MD, PhD, FACS
ABA | Raminder Nirula, MD, MPH, FACS
AAST |
| Elliott Haut, MD, PhD, FACS
EAST | Ronald M. Stewart, MD, FACS
ACS-COT |

STAKEHOLDER ADVISORY COUNCIL

- Anna Newcomb, PhD
ATS
- Alice Gervasini, PhD, RN, NE-BC
STN
- Peggy Knudson, MD
MHSSPACS
- Saam Morshed, MD
OTA

SCIENTIFIC ADVISORY COMMITTEE

- | | | |
|---|---|------------------------------------|
| Rosemary Kozar, MD, PhD, FACS
CHAIR
CNTR | Tina Palmieri, MD, FACS
ABA | Jason Smith, MD, MBA, FACS
EAST |
| Todd Costantini, MD, FACS
AAST | Carl Schulman, MD, FACS
ABA | Ben Zarzaur, MD, MPH, FACS
EAST |
| Raminder Nirula, MD, MPH, FACS
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ACS-COT | Michelle Price, PhD
CNTR |
| Marie Crandall, MD, FACS
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ACS-COT | Mitchell Cohen, MD, FACS
WTA |
| Ajai Malhotra, MD, FACS
AAST | Avery Nathens, FACS
ACS-COT | Rochelle Dicker, MD, FACS
WTA |
| James Holmes, IV, MD, FACS
ABA | Elliott Haut, MD, PhD, FACS
EAST | Bellal Joseph, MD, FACS
WTA |



TOP LEFT: Tom Scalea, MD, and Deb Stein, MD, collaborate during a break at the Scientific Advisory Committee's Research Methodology Conference, held in July, 2019.
BOTTOM LEFT: At the Research Methodology Conference, ACS Trauma Quality Programs Medical Director Avery Nathens, MD, discussed how researchers can better utilize the TQIP platform.



ABOVE: Orthopedic surgeon Dr. Jim Ficke serves as a panel leader for the National Trauma Research Action Plan, a multi-disciplinary CNTR project.



ABOVE: Surgeons and trauma survivors meet with their legislators each year for Trauma Research Advocacy Day. In 2018, Boston Marathon bombing survivor Patrick Downes joined the group to request appropriations for a Trauma Clinical Research Program in the Department of Defense.

CNTR STAFF

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