

AMERICAN BURN ASSOCIATION MULTICENTER TRIALS GROUP

UPDATE- WINTER, 2010

Upcoming Meetings and Announcements:

1. The Multicenter Trials Group will hold its annual "TOWN HALL MEETING" during the ABA in Boston, on WEDNESDAY, MARCH 10 at 16:00. We will review ongoing projects and hold elections for steering committee members.
2. This year we will be electing at least one NEW MEMBER OF THE STEERING COMMITTEE. Dr. Dan Caruso has decided not to continue on the committee, so his position will need to be filled. In addition, the term of Dr. Linda Edelman will expire, and she will face re-election. As always, we welcome nominations from the floor. Voting will be held on the ABA Website, as it was last year.

The Multicenter Trials Group is now busier than ever, with several ongoing grants to help administer and get started. The ABA's lobbying efforts have been spectacularly successful, and we have a number of ongoing funded projects, and the potential for more! Status of all projects will be reviewed at the Town Hall Meeting in March. However, a brief synopsis of these projects is included in the following table. In addition, the ABA is now lobbying to have funding for clinical burn research made a line item in the federal budget, meaning that annual funding will be assured. This could open up a host of new opportunities for members to conduct and/or participate in clinical research!

I urge all ABA members with an interest in high-quality, multicenter clinical trials to attend the Town Hall meeting, or to contact one of the steering committee members. You are ALL members of the MCTG! Please come and participate!

Jeffrey Saffle, MD
Chair, Multicenter Trials Group Steering Committee

ABA/Multicenter Trials Group: Currently funded projects

Title/Principal Investigator	Active Dates	Synopsis, status	Participants
<p>Evaluation of Military and Civilian Outcomes after burn injury (“Boxer I”)</p> <p>Tina Palmieri, MD Univ California, Davis</p>	Oct 1, 2009- Sept 30, 2012	Retrospective review to: 1. develop a system for data validation and analysis for outcomes, non-changeable factors, and changeable factors from the National Burn Repository. 2. Identify a profile of burn care for outcomes, changeable and non-changeable burn factors for the database as a whole and trends over time. 3. Describe the extent of variability in changeable factors and non-changeable factors on outcomes. Develop a predictive model adjusted over time that will permit accurate estimation of mortality, length of stay, and resource utilization. 4. Create a resource for design of future clinical and database studies designed to optimize burn patient outcomes. ONGOING	Retrospective using NBR
<p>Blood Transfusion Trigger in Adult burn Patients</p> <p>Tina Palmieri, MD Univ California, Davis</p>	Jan 1, 2009 – Dec 31, 2011	Prospective Randomized Multicenter clinical trial to determine the safety and efficacy of a transfusion threshold hemoglobin level of 8 gm/dL vs 10 gm/dL in adult burn patients. READY TO BEGIN PATIENT ENROLLMENT	13 centers
<p>Burn Patient Acuity Demographics, Scar Contractures, and Rehabilitation Treatment time Related to Patient Outcomes (“ACT Trial”)</p> <p>Reg Richards, PhD Ft. Sam Houston, TX</p>	Sept 1, 2008 – Aug 31, 2011	Prospective Multicenter clinical trial to determine the effect of various rehabilitation interventions on long term functional outcomes READY TO BEGIN PATIENT ENROLLMENT	16 sites
<p>Multicenter Trials to Improve Combat Casualties (the “Army Grant”)</p> <p>Jeffrey Saffle, MD Five Project PI’s</p>	October 1, 2009 – Sept 31, 2012	<p>Five Component Projects:</p> <ol style="list-style-type: none"> The ABA Rescue Trial: multicenter randomized controlled trial comparing early high-volume hemofiltration (HVHF) versus ‘contemporary’ care alone in critically ill adult burn patients who develop septic shock with mild acute kidney injury (AKI); Kevin Chung, MD, Brooke Army Medical Center Rapid, Quantitative, PCR-based detection of Staph aureus in burn sepsis patients: Nam Tram, MD, University of California, Davis <p>Prospective, interventional, randomized, controlled trial using the</p>	<p>10 Centers</p> <p>3 Centers</p>

		<p>only United States Food and Drug Administration (FDA)-approved near-patient nucleic acid recognition (NAR) device for the detection of methicillin sensitive and methicillin resistant <i>Staphylococcus aureus</i> (MRSA).</p> <p>3. Effects of a Community-Based Exercise Program in Adults with severe burns: Oscar Suman, MD, UTMB, Galveston, TX. assess the efficacy of implementing a 12-week structured and supervised community-based exercise program (COMBEX) at hospital discharge.</p> <p>4. Effects of enteral glutamine supplementation on mortality and infectious morbidity in severely burned patients. Paul Wischmeyer, MD, University of Colorado. multi-center, blinded, randomized trial of 1014 patients randomized to enteral glutamine versus control to evaluate the if glutamine can reduce infectious morbidity in patients with > 20% TBSA burn injury.</p> <p>5. Development of an inhalation injury scoring system to predict severity of inhalation injury. Kevin Foster, MD, Arizona Burn Center, Phoenix, AZ. Purpose: To developing an accurate and predictive scoring system for burn subjects with inhalation injury:</p>	<p>2 Centers</p> <p>20 Centers US and Canada</p> <p>15 Centers</p>
Evaluation of Military and Civilian Outcomes after Burn Injury II ("Boxer II") Tina Palmieri, MD, Univ California Davis		Funding is Pending.	