



DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

30 MAR 2016

MEMORANDUM FOR 959 CSPS
ATTN: CAPT AUSTIN BALTENSBERGER

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

1. Your paper, entitled **Evaluating In-House HSV PCR Capabilities, A Cost-Benefit Analysis** presented at **PAS Baltimore, MD 30 April – 3 May 2016** with MDWI 41-108, and has been assigned local file #**16141**.
2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are 59 MDW staff member, we can forward your request for funds to the designated wing POC.
4. Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.


LINDA STEEL-GOODWIN, Col, USAF, BSC
Director, Clinical Investigations & Research Support

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1. TO: CLINICAL RESEARCH	2. FROM: (Author's Name, Rank, Grade, Office Symbol) Austin Baltensperger, Capt, 0-3, 959 CSPS	3. GME/GHSE STUDENT: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. PROTOCOL NUMBER: N/A
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5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)
N/A

6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:
Evaluating in-house HSV PCR capabilities, a cost-benefit analysis

7. FUNDING RECEIVED FOR THIS STUDY? YES NO FUNDING SOURCE:

8. DO YOU NEED FUNDING SUPPORT FOR PUBLICATION PURPOSES: YES NO

9. IS THIS MATERIAL CLASSIFIED? YES NO

10. IS THIS MATERIAL SUBJECT TO ANY LEGAL RESTRICTIONS FOR PUBLICATION OR PRESENTATION THROUGH A COLLABORATIVE RESEARCH AND DEVELOPMENT AGREEMENT (CRADA), MATERIAL TRANSFER AGREEMENT (MTA), INTELLECTUAL PROPERTY RIGHTS AGREEMENT ETC.? YES NO NOTE: If the answer is YES then attach a copy of the Agreement to the Publications/Presentations Request Form.

11. MATERIAL IS FOR: DOMESTIC RELEASE FOREIGN RELEASE
CHECK APPROPRIATE BOX OR BOXES FOR APPROVAL WITH THIS REQUEST. ATTACH COPY OF MATERIAL TO BE PUBLISHED/PRESENTED.

11a. PUBLICATION/JOURNAL (List intended publication/journal.)

11b. PUBLISHED ABSTRACT (List intended journal.)

11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)
PAS Baltimore, MD 30APR - 03MAY 2016

11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meeting.)

11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)

12. EXPECTED DATE WHEN YOU WILL NEED THE CRD TO SUBMIT YOUR CLEARED PRESENTATION/PUBLICATION TO DTIC
NOTE: All publications/presentations are required to be placed in the Defense Technical Information Center (DTIC).

DATE
March 31, 2016

13. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email) Baltensperger, Austin, R, austin.baltensperger@gmail.com	14. DUTY PHONE/PAGER NUMBER 210-916-9928
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15. AUTHORSHIP AND CO-AUTHOR(S) List in the order they will appear in the manuscript.

LAST NAME, FIRST NAME AND M.I.	GRADE/RANK	SQUADRON/GROUP/OFFICE SYMBOL	INSTITUTION (If not 59 MDW)
a. Primary/Corresponding Author Baltensperger, Austin R	0-3 / Capt	959 CSPS	
b.			
c.			
d.			
e.			
f.			

I CERTIFY ANY HUMAN OR ANIMAL RESEARCH RELATED STUDIES WERE APPROVED AND PERFORMED IN STRICT ACCORDANCE WITH 32 CFR 219, AFMAN 40-401_IP, AND 59 MDWI 41-108. I HAVE READ THE FINAL VERSION OF THE ATTACHED MATERIAL AND CERTIFY THAT IT IS AN ACCURATE MANUSCRIPT FOR PUBLICATION AND/OR PRESENTATION.

16. AUTHOR'S PRINTED NAME, RANK, GRADE Austin Baltensperger, Capt, 0-3	17. AUTHOR'S SIGNATURE <i>Austin Baltensperger</i>	18. DATE March 22, 2016
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19. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE Brian Faux, LTCOL, Program Director	20. APPROVING AUTHORITY'S SIGNATURE <i>Brian Faux</i>	21. DATE March 22, 2016
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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

1st ENDORSEMENT (59 MDW/SGVU Use Only)

TO: Clinical Research Division 59 MDW/CRD Contact 292-7141 for email instructions.	22. DATE RECEIVED 3/23/2016	23. ASSIGNED PROCESSING REQUEST FILE NUMBER 16141
24. DATE REVIEWED 23 MAR 2016		25. DATE FORWARDED TO 502 ISG/JAC

26. AUTHOR CONTACTED FOR RECOMMENDED OR NECESSARY CHANGES: NO YES If yes, give date. _____ N/A

27. COMMENTS APPROVED DISAPPROVED

The article is approved.

28. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Rocky CALCOTE, PhD CLINICAL RESEARCH ADMINISTRATOR	29. REVIEWER SIGNATURE Rocky Calcote	30. DATE 23 MAR 2016
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2nd ENDORSEMENT (502 ISG/JAC Use Only)

31. DATE RECEIVED	32. DATE FORWARDED TO 59 MDW/WPA
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33. COMMENTS APPROVED (In compliance with security and policy review directives.) DISAPPROVED

34. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	35. REVIEWER SIGNATURE	36. DATE
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3rd ENDORSEMENT (59 MDW/WPA Use Only)

37. DATE RECEIVED 25 March 2016	38. DATE FORWARDED TO 59 MDW/SGVU 29 March 2016
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39. COMMENTS APPROVED (In compliance with security and policy review directives.) DISAPPROVED

40. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER Christopher Carwile, TSgt/E-6, NCOIC, PA	41. REVIEWER SIGNATURE CARWILE CHRISTOPHE R.STEWART.1280477229 <small>DIGITALLY SIGNED BY CARWILE CHRISTOPHER STEWART 1280477229 CN = US, OU = 8, O = DEPARTMENT OF DEFENSE, OU = AF, OU = AF C = CARWILE CHRISTOPHER STEWART 1280477229 Date: 2016.03.29 15:18:33 -0500</small>	42. DATE 29 March 2016
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4th ENDORSEMENT (59 MDW/SGVU Use Only)

43. DATE RECEIVED	44. SENIOR AUTHOR NOTIFIED BY PHONE OF APPROVAL OR DISAPPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> COULD NOT BE REACHED <input type="checkbox"/> LEFT MESSAGE
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45. COMMENTS APPROVED DISAPPROVED

46. PRINTED NAME, RANK/GRADE, TITLE OF REVIEWER	47. REVIEWER SIGNATURE	48. DATE
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Title: Evaluating in-house HSV PCR capabilities, a cost-benefit analysis

Background: Neonatal HSV occurs in approximately 1 out of 3,200 to 10,000 live births, with 1500 cases reported annually and accounting for 0.2% of neonatal hospitalizations and 0.6% of in-hospital neonatal deaths in the US. HSV disease carries not only significant medical and financial costs, but considerable diagnostic challenges. The advent of the HSV PCR modality offers alleviation to the associated costs and diagnostic dilemma. Previous studies have cited relative decrease in median lab turnaround time when implementing real-time PCR capabilities, resulting in quantifiable decreased hospital LOS for pediatric patients and institutional lab cost savings. In addition, significant iatrogenic complications are associated with parenteral Acyclovir therapy including nausea and vomiting, hepatic and renal injury, and local inflammation to injection sites.

Hypothesis: We hypothesize that non-local HSV PCR processing prolongs hospitalization, extends acyclovir duration, and incurs considerable financial and medical costs upon the ordering institution to justify acquisition of in-house PCR capabilities.

Methods: We conducted a single center retrospective chart review analysis of patients aged <24 years who were admitted between 2010 and 2015 who had HSV PCR laboratory evaluation performed due to clinical suspicion of active disease. Exclusion criteria included patient transfer during inpatient stay, and patients with lost samples (n=2). Total study population comprised 98 patients, including 61 neonatal (<28 days), 9 infantile (29 days - 12 months), 5 pediatric (13 months - 17 years), and 23 adult (18 – 23 years) patients. The primary outcome measured was cost differential between prolonged hospitalizations and local processing. Secondary outcomes included duration measurements of hospitalization and Acyclovir administration.

Results: 8% of patients had hospital stay extension associated with empiric antiviral treatment while awaiting PCR result. This extended length of stay accounted for an additional 1 hospital day for each 6.1 patients in our study. Average duration of Acyclovir therapy was 3.45 days/patient with 3.8 days/neonatal patient. In addition, there were an annual 33% increase in the number of neonatal screens between 2011 and 2014. Estimated average extended length of stay costs across screening populations rendered additional costs of \$80/patient screened.

Disclosure: The authors have no conflict of interest to disclose, and there was no financial support. The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Air Force, Army, Department of Defense, nor the US Government. We certify that all individuals who qualify as authors have been listed; each has participated in the conception and design of this work, the analysis of data (when applicable), the writing of the document, and the approval of the submission of this version; that the document represents valid work; that if we used information derived from another source, we obtained all necessary approvals to use it and made appropriate acknowledgements in the document and that each takes public responsibility for it.



DEPARTMENT OF THE AIR FORCE
59TH MEDICAL WING (AETC)
JOINT BASE SAN ANTONIO - LACKLAND TEXAS

22 Mar 2016

MEMORANDUM FOR DIRECTOR, GRADUATE MEDICAL EDUCATION

FROM: LT COL BRIAN M. FAUX

SUBJECT: Conference Approval for Speakers

1. Capt Austin Baltensperger will be presenting research at the Pediatric Academic Societies meeting to be held 30Apr2016 – 03May2016.
2. In complying with current AF speaker policy, the following advanced approvals were obtained:
 - a. Speaker engagement review by the servicing ethics office (59th CRD – Clinical Research Division).
 - b. Public Affairs (PA) review of proposed remarks IAW AFI 35-102.
3. This memorandum will accompany the package forwarded for conference attendance review.



Handwritten signature of Brian M. Faux in black ink.

LT COL BRIAN M. FAUX

Pediatric Residency Program Director



DEPARTMENT OF THE AIR FORCE
AIR EDUCATION AND TRAINING COMMAND

24 March 2016

MEMORANDUM FOR 59 MDW/CRD

FROM: 502 ISG/JA

SUBJECT: Ethics Review for Presentation Approval Request

1. The abstract titled "Evaluating in-house HSV PCR capabilities, a cost-benefit analysis" was submitted for legal review. There are no apparent conflicts of interests and the abstract includes the required disclaimer. This abstract may be submitted for symposium consideration.
2. **FACTS:** The abstract titled "Evaluating in-house HSV PCR capabilities, a cost-benefit analysis" was submitted by Capt Austin Baltensperger. Capt Baltensperger is a member of 959 MDW/CSPS. Capt Baltensperger plans to present this research at the PAS in Baltimore, MD on 30 Apr 16 to 03 May 16.
3. **LAWS AND REGULATIONS:** DoD 5500.07-R, Joint Ethics Regulation (JER), section 3-305 lays out rules governing "Teaching, Speaking and Writing." If the abstract will include the service member's rank or title and "deal in significant part with any ongoing or announced policy, program or operation" of the Air Force, the presenter is required to include a disclaimer that states the "views presented are those of the speaker or author and do not necessarily represent the views of DoD or its Components."
4. **ANALYSIS:** The abstract deals with the "hypothesis that non-local HSV-PCR processing prolongs hospitalization, extends acyclovir duration, and incurs considerable financial and medical costs upon the ordering institution to justify acquisition of in-house PCR capabilities." The author's affiliation and/or rank will be included in the abstract, and the case study information was obtained as part of military medical practice. Capt Baltensperger properly includes the required disclaimer that the views presented are those of the author and do not necessarily represent the views of DoD or its Components on the abstract. Any resultant poster, slide or oral presentation must also include the required disclaimer. A Public Affairs review will be needed if it has not already been obtained. There are no apparent conflicts of interest that would prohibit presentation of this research at this professional meeting.
5. **CONCLUSION:** The abstract presented for review included the disclaimer required by the JER. There do not appear to be any conflicts of interest. Any poster, slide or verbal presentation must also include disclaimer language. If you have any questions, please call the undersigned at 671-3362.

AUSTIN D. BLACK, Capt, USAF
Assistant Staff Judge Advocate

I concur.

MARK E. COON, Maj, USAF
Acting Chief, Civil Law