

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



25 APR 2017

MEMORANDUM FOR SGVT

ATTN: CAPT MATTHEW JENSEN HUBBARD

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>Knee Pain In A Renal Transplant Patient</u> presented at/published to <u>North American Young Rheumatology Investigator Forum, Destin, FL, 26 April 2017</u> in accordance with MDWI 41-108, has been approved and assigned local file #<u>17211</u>.
- 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 a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- 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

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PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

INSTRUCTIONS

USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

- 1. The author must complete page two of this form:
 - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants; etc.]
 - b. In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication. Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
- 3. Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
- 5. Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
- 6. On page 2, have either your unit commander, program director or immediate supervisor:
 - a. Print their name, rank/grade, title; sign and date the form in the approving authority's signature block or use an electronic signature.
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- 10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.
- 11. The Joint Ethics Regulation (JER) DoD 5500.07-R, Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:

"The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"

NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:

"The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02_AFI 40-402."

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"The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

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21. APPROVING AUTHORITY'S PRINTED NAME, RANK, TITLE Daniel F. Battafarano, DO, GP15						23. DATE 28 March 2017

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Title: Knee Pain in a Renal Transplant Patient

Authors: Matthew Hubbard, DO. Liem Mansfield, MD. Daniel Battafarano, DO.

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Submitting author classification: Fellow

Disclosures: none

Introduction:

Musculoskeletal symptoms are common in patients with chronic kidney disease. They often develop soft tissue rheumatic syndromes, crystalline arthropathy, and metabolic bone disease. We describe a renal transplant patient with progressive posterior knee pain secondary to amyloidosis.

Case:

A 57 year-old black-male presented with 6 months of posterior knee pain. The pain was exacerbated by prolonged standing or walking. The patient had end stage renal disease secondary to glomerulonephritis of idiopathic causes, for which he had received hemodialysis for 20 years followed by cadaveric renal transplant four years prior to development of the knee pain. He was taking tacrolimus and low dose prednisone. The patient underwent bilateral carpal tunnel release 2 years prior. Physical exam revealed a fixed, soft and tender palpable mass of the posterior knee. Knee flexion was limited to 90 degrees and extension to 120 degrees. MRI demonstrated multiple intra-articular masses (largest 3.2 x 2.4 cm). Gradient and enhanced T1 MRI sequences demonstrated peripheral enhancement and blooming artifact most consistent with gout or amyloidosis. The mass was monitored with serial MRIs for a year, and then pain worsened with degeneration of the knee. The mass was excised, and a biopsy revealed eosinophilic material that was stained with Congo red and demonstrated apple green birefringence under polarizing light, characteristic of amyloid.

Discussion:

Primary amyloidosis (AL) is the most common amyloid protein and may be associated with plasma cell dyscrasias with deposition in various tissues and organs. Amyloidosis A Protein (AA) is associated with chronic inflammatory diseases. In beta-2 microglobulin amyloidosis (AB2M), the common areas of involvement include the synovial membrane, cartilage, and bone. We present the case of a patient requiring long-term hemodialysis complicated by the development of AB2M amyloidosis of the joint. AB2M amyloidosis may present with rheumatologic manifestations including carpal tunnel syndrome, joint effusions, spondyloarthropathy, and cystic bone lesions. Fifty percent of patients on dialysis for more than 12 years have joint effusions that are non-inflammatory and beta2-microglobulin can be observed if stained with Congo red. For AB2M amyloidosis, copper free dialysis membranes seem to reduce the disease incidence as does the use of peritoneal dialysis over hemodialysis. Furthermore, patients who undergo kidney transplant report improvement of symptoms.

Disclaimer:

The views expressed are those of the author(s)/presenter(s) and do not reflect the official views or policy of the Department of Defense or its Components.