

60th Medical Group (AMC), Travis AFB, CA

INSTITUTIONAL ANIMAL CARE AND USE COMMITTEE (IACUC)

FINAL REPORT SUMMARY

(Please **type** all information. Use additional pages if necessary.)

PROTOCOL #: FDG20180020A

DATE: 28 Apr 2021

PROTOCOL TITLE. : General Surgery Training in Animal Models (Pig, *Sus scrofa*; and Sheep, *Ovis aries*), Including Advanced Laparoscopic Procedures and Cardiovascular Interventions

PRINCIPAL INVESTIGATOR (PI) / TRAINING COORDINATOR (TC): Maj Jason Babcock

DEPARTMENT: Surgery

PHONE #: 423-5188

INITIAL APPROVAL DATE: 24 May 2018

LAST TRIENNIAL REVISION DATE: 21 May 2020

FUNDING SOURCE: AF Surgeon General O & M Funds

1. RECORD OF ANIMAL USAGE:

Animal Species:	Total # Approved	# Used this FY	Total # Used to Date
<i>Sus scrofa domestica</i>	270	30	88
<i>Ovis aries</i>	60	0	0

2. PROTOCOL TYPE / CHARACTERISTICS: (Check all applicable terms in **EACH** column)

- Training: Live Animal Medical Readiness Prolonged Restraint
 Training: non-Live Animal Health Promotion Multiple Survival Surgery
 Research: Survival (chronic) Prevention Behavioral Study
 Research: non-Survival (acute) Utilization Mgt. Adjuvant Use
 Other () Other (Treatment) Biohazard

3. PROTOCOL PAIN CATEGORY (USDA): (Check applicable) C D E

4. PROTOCOL STATUS:

***Request Protocol Closure:**

- Inactive, protocol never initiated
 Inactive, protocol initiated but has not/will not be completed
 Completed, all approved procedures/animal uses have been completed

5. Previous Amendments:

List all amendments made to the protocol. **IF none occurred, state NONE. Do not use N/A.**

For the Entire Study Chronologically

Amendment Number	Date of Approval	Summary of the Change
1	10 Sep 2018	Personnel
2	16 Aug 2018	Personnel
3	21 May 2019	Personnel

4	21 May 2019	Personnel
5	9 Oct 2019	Personnel
6	16 Sep 2020	Personnel

6. **FUNDING STATUS:** Funding allocated: \$ 95,025.00 Funds remaining: \$ 0.00

7. **PROTOCOL PERSONNEL CHANGES:**

Have there been any personnel/staffing changes (PI/CI/AI/TC/Instructor) since the last IACUC approval of protocol, or annual review? Yes No

If yes, complete the following sections (Additions/Deletions). For additions, indicate whether or not the IACUC has approved this addition.

ADDITIONS: (Include Name, Protocol function - PI/CI/AI/TC/Instructor, IACUC approval - Yes/No)

<u>NAME</u>	<u>PROTOCOL FUNCTION</u>	<u>IACUC APPROVAL</u>
Maj Rachel Russo	Instructor	Yes, 16 Sep 2020
Capt Ashly Ruf	Instructor	Yes, 16 Sep 2020

DELETIONS: (Include Name, Protocol function - PI/CI/AI/TC/Instructor, Effective date of deletion)

<u>NAME</u>	<u>PROTOCOL FUNCTION</u>	<u>DATE OF DELETION</u>

8. **PROBLEMS / ADVERSE EVENTS:** Identify any problems or adverse events that have affected study progress. Itemize adverse events that have led to unanticipated animal illness, distress, injury, or death; and indicate whether or not these events were reported to the IACUC.

None.

9. **REDUCTION, REFINEMENT, OR REPLACEMENT OF ANIMAL USE:**

REPLACEMENT (ALTERNATIVES): Since the last IACUC approval, have alternatives to animal use become available that could be substituted in this protocol without adversely affecting study or training objectives?

No.

REFINEMENT: Since the last IACUC approval, have any study refinements been implemented to reduce the degree of pain or distress experienced by study animals, or have animals of lower phylogenetic status or sentience been identified as potential study/training models in this protocol?

No.

REDUCTION: Since the last IACUC approval, have any methods been identified to reduce the number of live animals used in this protocol?

No.

10. **PUBLICATIONS / PRESENTATIONS:** (List any scientific publications and/or presentations that have resulted from this protocol. Include pending/scheduled publications or presentations).

None.

11. **PROTOCOL OBJECTIVES:** (Were the protocol objectives met, and how will the outcome or training benefit the DoD/USAF?)

Yes, the objectives were met. The surgery residents were well educated regarding open trauma and laparoscopic general surgery procedures. This further trained USAF general surgery residents and UC Davis civilian partnership

residents. The protocol added great strength to the residency training program and to the medical center medical readiness mission.

2. PROTOCOL OUTCOME SUMMARY: (Please provide, in "ABSTRACT" format, a summary of the protocol objectives, materials and methods, results - include tables/figures, and conclusions/applications.)

Objectives: To provide surgery residents education platform for open trauma procedure and laparoscopic general surgery procedures.

Methods: Live animal pig models were used for resident education training labs for open trauma procedure and laparoscopic general surgery procedures.

Results: Maximum resident education benefit was achieved utilizing the live animal lab model. There were 82 labs conducted over three years, with 371 residents or medical students and 429 pararescuers or medical technicians trained.

Conclusion: This protocol trained USAF general surgery residents and UC Davis civilian partnership residents to fulfill the graduate medical education mission of the lab. It also provided medical readiness training to front line medics. The protocol added great strength to the David Grant USAF Medical Center mission.

4 May 2021

(PI / TC Signature)

(Date)

Attachment 1

Defense Technical Information Center (DTIC) Abstract Submission

This abstract requires a brief (no more than 200 words) factual summary of the most significant information in the following format: Objectives, Methods, Results, and Conclusion.

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Methods: Live animal pig models were used for resident education training labs for open trauma procedure and laparoscopic general surgery procedures.

Results: Maximum resident education benefit was achieved utilizing the live animal lab model.

Conclusion: This study trained USAF general surgery residents and UC Davis civilian partnership residents. The protocol added great strength to the residency training program.

Grant Number: _____

From: _____

****If you utilized an external grant, please provide Grant # and where the grant came from. Thank you.**