

If PCORI prioritizes specific disease areas or conditions, I advise strong consideration for the area of trauma and burn research which has traditionally received considerably less funding than other conditions with a similar impact on public health. As PCORI moves forward, I ask that you remember that trauma and burns are the leading cause of death and disability among children and young adults, and requires serious attention. Overall, injury is the 4th leading cause of death in the U.S. Trauma and burn injury are responsible for almost 50% of the deaths of Americans between the ages of 1 and 44 each year, more than all forms of cancer, heart disease, HIV, liver disease, stroke and diabetes combined. An American dies every three minutes due to trauma or burns - 179,000 deaths in addition to 29.6 million injuries every year. Lifetime societal costs exceed \$400 billion. Trauma and burns are also the second most expensive public health problem facing the United States, costing \$72 billion per year, second only to heart conditions at \$76 billion, and ahead of cancer, mental disorders, asthma and COPD, and diabetes. The National Safety Council estimates the true economic burden to be more than \$690 billion per year, since trauma and burns are the leading cause of years of productive life lost and has a colossal ongoing cost to society due to the considerable measure of disability resulting from it. Attention to the priorities of comparative clinical effectiveness that PCORI has proposed are critical in reducing this burden.

The gap in funding for trauma and burn research has been studied and documented for decades. Four significant reports by the National Research Council (1966), the NIH (1994), and the Institute of Medicine (1999 and 2007) have recommended more funding for trauma and burn research, and called for the formation of a National Institute for Trauma, but little funding has been appropriated, and no such federal institute has been established. In spite of the enormity of the crisis, in fiscal year 2011 only about 3% of NIH funding was estimated to be for trauma or burn-related research. This is nowhere near commensurate with the magnitude of the problem.

Trauma and burns knows no bounds of race, age, gender, or socioeconomic status. It can happen to anyone at any time. Trauma and burns are the quintessential example of a patient-centered event and large gaps in the evidence base impact many patients.

I urge the Patient Centered Outcomes Research Institute to fund trauma and burn research to help save lives and reduce disability.

Tina L. Palmieri, MD, FACS
Associate Professor and Director
University of California Davis Regional Burn Center
Phone: 916-453-2050
Fax: 916-453-2373