2017 Annual Report
The Geneva Foundation is a 501(c)3 non-profit organization that advances military medicine through innovative scientific research and a dedication to U.S. service members and veterans, their families, and the global community.

Geneva is proud to have 25 years of experience in delivering full spectrum scientific, technical, and program management expertise in the areas of federal grants, federal contracts, industry sponsored clinical trials, and educational services.
2017 was a momentous year for The Geneva Foundation as our accomplished researchers, engaged employees, and committed collaborators continued in their pursuit of groundbreaking research across the globe.

In 2017, Geneva supported over 545 research programs in areas including Infectious Diseases, Oncology, Orthopedics, and Neurology. The organization continued to pursue innovative treatments for the Ebola virus, hantavirus, and malaria, working with researchers at federal laboratories and our collaborators in industry and academia. Geneva’s oncology portfolio has remained robust and diverse, supporting a variety of indications nationwide in both federal research programs and clinical trials. We have also remained committed to supporting the health of our wounded warriors, in areas including TBI, PTSD, and combat casualty care.

In addition, several new collaborations and programs were established, to include the 4D Biofabrication, Bioprinting, and Biomanufacturing Laboratory (4D Bio³) as part of Geneva’s expanding relationship with the Uniformed Services University (USU). We are honored to recognize the 2017 Researcher of the Year, Dr. Vincent Ho, and acknowledge his leadership efforts within this program, among others.

None of this would be possible without our exceptional Executive Team: Elise Huszar, Jane Taylor, and David Blanford. Their leadership is the central reason for Geneva’s continued success and accomplishment in furthering military medical research, and has paved the way for a culture that embodies an entrepreneurial spirit and empowers employees in a manner that allows for significant personal and professional growth.

As we embrace 2018, Geneva is poised to celebrate 25 years of service. What started as a two-person venture has evolved into a full-scale effort with close to 500 employees supporting the advancement of military medical research and global health at sites around the world. It has been an absolute pleasure serving and collaborating with such impressive teams during my nine years as Chairman of the Board, and Geneva looks forward to continuing this effort at a higher level than ever moving forward.

Michael Hansch

Michael W. Hansch
Chairman, Board of Directors

Letter from the Chairman

Board of Directors

Geneva’s Board of Directors ensures the organization achieves its mission to support the advancement of military medicine and creates a vision to attain greater potential in the years to come. Geneva gratefully acknowledges the dedication and contributions of the Board of Directors, whose leadership continues to ensure lasting success:

MICHAEL W. HANSCH
Chair
13 Years of Service

ELISE W. HUSZAR, MBA
Secretary
22 Years of Service

DAVID BLANFORD, CPA
Treasurer
6 Years of Service

JANE S. TAYLOR, BSN
Founder and Chief Strategy Officer
24 Years of Service

C. W. HERCHOLD, MBA
4 Years of Service

LIEUTENANT GENERAL (Ret.) STEPHEN LANZA
1 Year of Service

DAVID A. LITTLE, JD
6 Years of Service

LINDA NGUYEN
6 Years of Service

SCOTT O’HALLORAN, JD
8 Years of Service

CLIFF ROBERTSON, MD, MBA
11 Years of Service

MAJOR GENERAL (Ret.) FRANK SCOOGINS
7 Years of Service

DAVID SHOULTZ, PhD, MBA
8 Years of Service

COLONEL (Ret.) PATRICK STEEL
8 Years of Service

JANINE TERRANO
1 Year of Service

Geneva’s Executive Team has demonstrated expertise in supporting and leading military medical research collaborations on an international scale. Their strategic governance ensures Geneva remains a robust, compliant, and fiscally responsible leader in providing program support to researchers and partners worldwide.

ELISE W. HUSZAR, MBA
President

DAVID BLANFORD, CPA
Founder and Chief Strategy Officer

JANE S. TAYLOR, BSN
Founder and Chief Strategy Officer

Michael W. Hansch
Chairman, Board of Directors

Geneva’s Executive Team

Executive Team

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ELISE W. HUSZAR, MBA
President

DAVID BLANFORD, CPA
Founder and Chief Strategy Officer

JANE S. TAYLOR, BSN
Founder and Chief Strategy Officer

Dr. Ho manages 37 research programs in collaboration with over 25 principal investigators across the National Capital Region. Additionally, Dr. Ho is involved with 14 active industry-funded clinical trials, and provides various radiological assessments in areas including oncology, gastroenterology, and hepatology. Dr. Ho has co-authored over 85 peer-reviewed publications, 140 scientific abstracts and four books, and holds 18 U.S. patents. He has served on four journal editorial boards and is a reviewer for over 20 scientific journals. Additionally, he has served on numerous national committees, including: Advisory Boards for NIBIB and NHLBI, American Heart Association, Radiological Society of North America, and Cardiovascular Imaging Chair. He is the Director of the Clinical Core for the CHIRP Program, serves as the Co-Leader of the Human Imaging Core for CNRM, the Scientific Director of the Translating Technology to the Warfighter Initiative, the Program PI of The Brain Heart Initiative, and is the head of imaging for the entire NCR and OHA. Certainly not last, he serves as the Radiology Consultant to the White House.

One of Dr. Ho’s current Geneva-supported research programs, the 4-Dimensional Bio-printing, Biofabrication, and Biomanufacturing Program (4D Bio3), focuses on promoting the development and application of advanced bio-printing, biofabrication, and biomanufacturing technologies for research pursuant to Department of Defense (DoD) priorities and, ultimately, for translation to clinical medical defense care and training solutions. A collaboration between Geneva, Uniformed Services University, the Naval Research Laboratory, and Walter Reed National Military Medical Center, and funded by the Defense Health Program, 4D Bio3 is the only intramurally funded biofabrication suite in the DoD. This first-of-its-kind global bio-applications facility will advance new opportunities for enhanced diagnostics, better treatment options, and improved patient outcomes for the treatment of the warfighter and global health community.

Geneva is honored to continue its support of Dr. Ho, which began in the mid-1990s, during his service as a founding faculty member of Madigan Army Medical Center’s diagnostic radiology residency program, a program that continues to this day.

“Dr. Ho has an accomplished history with Geneva, and is propelling the organization forward with his innovative and collaborative research efforts.”

On behalf of Geneva’s Scientific Advisory Board, I’d like to extend my appreciation and gratitude to Dr. Ho and his numerous contributions to military medical research. Dr. Ho has an accomplished history with Geneva, and is propelling the organization forward with his innovative and collaborative research efforts,” said Dr. Neil Vining, Chairman of Geneva’s Scientific Advisory Board.
Join the Conversation

In 2017, Geneva hosted two Join the Conversation events, bringing together community, military, and medical leaders around Geneva’s mission.

TAMAR U. RODNEY, MSN, RN, PMHNP-BC
PH.D. CANDIDATE
Johns Hopkins School of Nursing

Geneva’s Join the Conversation in May 2017 featured Johns Hopkins School of Nursing Ph.D. candidate and board-certified Family Psychiatric Mental Health Nurse Practitioner Tamar U. Rodney, MSN, RN, PMHNP-BC, a scholarship recipient from Geneva’s collaboration with the Jonas Philanthropies. Ms. Rodney provided an inspiring presentation on her doctoral research, which is focused on transforming the screening process for Post-Traumatic Stress Disorder (PTSD) through identifying biomarkers in veterans with traumatic brain injury (TBI). Ms. Rodney also addressed the meaningful impact that the Geneva-Jonas Philanthropies scholarship made in enhancing her research goals and continuing her professional development.

JOHN M. DYE, JR., PHD
CHIEF OF VIRAL IMMUNOLOGY, VIROLOGY DIVISION
United States Army Medical Research Institute of Infectious Diseases (USAMRIID)

Geneva’s Join the Conversation in October 2017 featured 2016 Researcher of the Year Recipient John M. Dye, Jr., PhD, Chief of Viral Immunology within the Virology Division at the United States Army Medical Research Institute of Infectious Diseases (USAMRIID). Dr. Dye offered a powerful presentation on his groundbreaking research to counteract the Ebola virus and other high-risk pathogens. Dr. Dye shared a personal view of the benefits of working throughout the year at both a Biosafety Level (BSL-4) Facility at USAMRIID and at the Uganda Virus Research Institute in Africa. He spoke with an impassioned perspective on the Ebola epidemic survivors and his hope to develop future protections against the devastating infectious diseases.

Performance Sites
Geneva proudly supports medical research at over 55 federal laboratories and military treatment facilities worldwide.
Year in Review

MARCH Geneva hosts the 24th Annual San Antonio Ophthalmology Course, an instructural course in clinical ophthalmology.

MAY Geneva supports the Aerospace Medical Association’s Annual Scientific Meeting in Denver.

MAY Geneva hosts Join the Conversation featuring Johns Hopkins University School of Nursing Ph.D. candidate Tamar U. Rodney, MSN, RN, PMHNP-BC, a scholarhip recipient of Geneva's collaboration with Jonas Philanthropies.

MAY Geneva researcher MAJ Dan Rhon, Director of Physical Therapy at the Center for the Intrepid in San Antonio, presents his research to the Corporate team.

MAY Geneva supports Womack Army Medical Center Research Symposium, the U.S. Navy Luncheon at the Aerospace Medical Association Scientific Meeting, and Services to Armed Forces Annual Volunteer Recognition.

JUNE Geneva’s Scientific Advisory Board Chairman Dr. Neil Vining and President Elise Huszar present John M. Dye, Jr., PhD with the 2016 Researcher of the Year award at the U.S. Army Medical Research Institute of Infectious Diseases’ monthly awards ceremony.

JUNE Geneva supports the Alan Magill Malaria Symposium at Walter Reed Army Institute of Research.

AUGUST The Uniformed Services University (USU) issues a cooperative agreement to Geneva to facilitate the execution of the 4D Biofabrication, Bioprinting, and Biomannufacturing Program (4D BIO³).

SEPTEMBER Geneva participates in Race for a Soldier in Washington state in support of the Permission to Start Dreaming (PTSD) Foundation, and also participates in the Navy-Air Force Half Marathon in Washington DC.

SEPTEMBER Geneva is awarded 8 TriService Nursing Research Program awards, to be conducted at Lackland Air Force Base, Madigan Army Medical Center, Naval Trauma Center, U.S. Army Graduate Program in Anesthesia Nursing, Uniformed Services Institute of Surgical Research, and Womack Army Medical Center.

SEPTEMBER Geneva hosts the National Liver Conference (NLC) in San Antonio.

SEPTEMBER Geneva participates in the DAV (Disabled American Veterans) 5K in San Antonio, TX.

NOVEMBER Geneva participates in Giving Tuesday, a global day of giving following the Thanksgiving holiday.

NOVEMBER Exxell BIO, Inc. joins a consortium in collaboration with Geneva, Thomas Jefferson University, USAAMRID, IDT Biologika, and the Infectious Disease Research Institute, for preparation and vaccine formulation testing against the Ebola, Sudan, Marburg, and Lassa fever viruses.


OCTOBER Geneva hosts Join the Conversation, featuring John M. Dye Jr., PhD, Geneva’s 2016 Researcher of the Year award recipient.

OCTOBER Geneva’s Scientific Advisory Board hosts its annual meeting in the National Capital Region, with visits to the Defense Health Agency and Fort Belvoir Community Hospital.
Research Portfolio

Geneva has specialized capabilities in supporting federally funded and industry sponsored research, including researcher-initiated programs, sponsor-initiated programs, and FDA-regulated, multi-center clinical trials. Geneva’s top 15 research areas, by number of programs, are listed below.

OVER 35 RESEARCH AREAS

- Behavioral & Mental Health
- Cardiology/Cardiovascular
- Chemical, Biological, Radiological, and Nuclear Defense (CBRN)
- Critical Care
- Dermatology
- Emergency Medicine
- Endocrinology
- Evidence Based Practice (EBP)
- Family Medicine
- Gastroenterology
- General Surgery
- Genomics
- Health Informatics
- Hematology
- Hepatology
- Holistic Medicine
- Immunology
- Infectious Diseases
- Neurology
- Nursing Research
- Nutrition
- Oncology
- Ophthalmology
- Orthopedics
- Otolaryngology (ENT)
- Pain Management
- Pathology
- Pediatrics
- Pharmacology
- Podiatry
- Pulmonology
- Radiology
- Regenerative Medicine
- Rehabilitation Medicine
- Rheumatology
- Urology
- Women’s Health
- Pain Management

WITHIN A WIDE RANGE OF INDICATIONS

- Blast Injuries • Bone Health • Breast Cancer • Burn Injuries • Cellular & Tissue Regeneration • Combat Casualty Care • En Route Care • Hepatitis C • Major Limb Amputation • Pandemic & Epidemic Diseases • Physical Therapy • Post-Traumatic Stress Disorder (PTSD) • Prostate Cancer • Sleep Disorders • Telemedicine/Telehealth • Tinnitus • Traumatic Brain Injury (TBI) • Tropical Diseases • Vaccine Development • Wound Healing

Geneva recognizes excellence in employees who perform above and beyond the normal scope of their work, demonstrate Geneva’s values, and strengthen Geneva’s mission of promoting and supporting the advancement of military medicine.

Wave the Flag

Q1 RECIPIENT
NICOLE LACKEMEYER
Research Scientist
U.S. Army Medical Research Institute of Infectious Diseases

Q2 RECIPIENT
ERIC WILKINSON
Research Associate
U.S. Army Medical Research Institute of Infectious Diseases

Q3 RECIPIENT
DR. KEVIN KOBYLINSKI
Lead Researcher
Armed Forces Research Institute of Medical Sciences

Q4 RECIPIENT
JUSTINE BERRY
Procurement Specialist
Corporate office
Identifying Biomarkers Following Acute Traumatic Knee Joint Injury

During Operations Enduring Freedom and Iraqi Freedom, acute traumatic knee joint injuries unrelated to combat activities were a leading cause for medical evacuation among service members. The majority of those who experience such injuries will develop post-traumatic osteoarthritis (PTOA), and service members find themselves at a significantly increased risk for PTOA in comparison to the general population.

The problems caused by PTOA in military populations are well-documented and significantly impact combat readiness and deployability. However, the inability to detect early degenerative changes following an injury severely limits the clinician’s ability to provide effective prevention and treatment options. With that in mind, the identification and understanding of the acute metabolic changes immediately following a traumatic joint injury is a crucial first step in understanding the pathobiology associated with PTOA.

In 2017, Dr. Kenneth Cameron, Director of Orthopedic and Sports Medicine Research at Keller Army Community Hospital at the United States Military Academy, and his research team partnered with researchers at the University of Washington to define the metabolite profile for young, active military service members with ruptured anterior cruciate ligaments (ACLs). To address gaps in research literature, this study carefully evaluated changes in metabolite profiles following traumatic knee joint injury in approximately 30 young and active military service members in comparison to uninjured controls matched for sex, age, height, and weight. Existing plasma samples from the time of injury, time of ACL reconstruction surgery, and six months post-surgery were examined. The study examined metabolite levels in these samples in combination with two-dimensional gas chromatography with fast scanning time-of-flight mass spectrometry to identify potential metabolites relevant to the initiation and progression of PTOA.

This study expands on previous findings that exhibited notable differences between injured ACL cases and uninjured controls upon examination of serum concentrations for biomarkers of cartilage collagen turnover. It was hypothesized that notable differences would exist between the ACL injured cases and the uninjured control group at the metabolite and small molecule level at all time points. The outcome of this study will provide unique insight to medical professionals and aid in the development of diagnostics and early intervention options for PTOA, and may eventually reduce disability discharge rates among service members.
Five Largest Awards

1. **FOUR DIMENSIONAL BIOPRINTING, BIOFABRICATION AND BIOMANUFACTURING (4DBIO³)**
   - **ADVANCEMENT OF BIO-PRINTING/FABRICATION TECHNOLOGY: GUIDING MILITARY MEDICINE AND TECHNOLOGY INTO THE FUTURE**
   - **PI:** Vincent Ho, MD, MBA
   - **SITE:** Uniformed Services University, Walter Reed National Military Medical Center, Armed Forces Radiobiology Research Institute, Naval Research Laboratory
   - Funded by the Naval Research Laboratory under Award No. N00173-16-2-C012.

2. **NIRS TO REDUCE THE PROPHYLACTIC FASCIOTOMIES FOR AND MISSED CASES OF ACUTE COMPARTMENT SYNDROME IN SOLDIERS INJURED IN OEF/OIF:**
   - **PI:** Brett Freedman, MD, LTC, MC, USAR
   - **SITE:** Mayo Clinic, San Antonio Military Medical Center, Emory University/Grady Memorial Hospital, Piedmont Athens Regional Medical Center
   - Funded by the United States Army Medical Material Agency under Contract No. W81XWH-17-C-0029

3. **ADVANCED DEVELOPMENT OF MULTIVALENT VACCINE CANDIDATES FOR FILOVIRUS AND LASA FEVER**
   - **PI:** Amy Shurtleff, PhD
   - **SITE:** U.S. Army Medical Research Institute of Infectious Diseases
   - Funded by Thomas Jefferson University and supported by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health under Award Number HHSN272201700082C

4. **ADVANCING A CANDIDATE POLYCLONAL ANTIBODY THERAPY FOR HANTAVIRUS DISEASE**
   - **PI:** Jay Harper, PhD
   - **SITE:** U.S. Army Medical Research Institute of Infectious Diseases
   - Supported by the National Institute of Allergy and Infectious Diseases of the National Institutes of Health under Award Number R01AI123213.

5. **MASSED COGNITIVE PROCESSING THERAPY FOR COMBAT-RELATED PTSD**
   - **PI:** Jennifer Weaver, MD
   - **SITE:** Fort Belvoir Community Hospital
   - Funded by the Office of the Assistant Secretary of Defense for Health Affairs, through the Psychological Health and Traumatic Brain Injury Research Program under Award No. W81XWH-17-2-0067.

Transportable Life Support for the Treatment of Acute Lung Failure

Acute Lung Injury (ALI) and its most significant manifestation, Acute Respiratory Distress Syndrome (ARDS) represent major issues in combat casualty care as well as in civilian medical care. At the height of Operation Enduring Freedom and Operation Iraqi Freedom, ALI caused by blast, burns, trauma, and massive transfusions of blood and blood products was a significant cause of early death and delayed complications among service members. Among civilians, ALI and ARDS affect 200,000 patients in the U.S. annually, with a mortality rate of 30%-40%.

In addition, chronic lung diseases such as pulmonary fibrosis and chronic obstructive pulmonary disease (COPD) caused 3,000,000 deaths worldwide in 2016. COPD is the third highest cause of death in the US, with 11 million patients currently diagnosed (CDC, Access date 21 Jun 2018).

Mechanical ventilation (MV) is the current standard of therapy for failing lungs. While highly effective in most patients with mild-to-moderate injury, it prolonged and superimposed on severely injured lungs, MV leads to ventilator-induced lung injury. This results from high positive pressure ventilation of the lungs which normally operate under negative pressure conditions. The forceful instillation of air by the ventilators exacerbates lung injury, causing additional damage to the lungs and leading to kidney and heart failure.

Geneva researcher and employee Dr. Andriy Batchinsky has set out to introduce modern lung support and replacement technology in an effort to develop minimally invasive interventions to support the lungs, reduce MV injury, and prevent organ failure. Working with his colleagues at the U.S. Army Institute of Surgical Research, where one of his laboratories is located, Dr. Batchinsky is testing the effectiveness of devices that can replace lung function with a low level of invasiveness, similar to dialysis. Dr. Batchinsky has opened a second laboratory at Brooks City-Base, where he carries out the evaluation of the transportability of mobile lung support systems for use in combat casualties with lung injury. These devices are called minimally invasive Extracorporeal Life Support (ECLS) devices.

An ECLS device creates a closed loop circuit through a series of catheters and plastic tubing inserted into the jugular vein and femoral artery. Over the years, ECLS technology has seen significant changes. Where standard devices were previously large and difficult to manage, ECLS circuitry has since seen a shift to portable versions with improved efficiency. These devices easily fit on ground evacuation vehicles and in aircrafts, making ECLS therapy available during critical care ground and air evacuation. In his research, Dr. Batchinsky places a major emphasis on using these ECLS capabilities close to the time of injury. This early intervention allows the lungs to rest while not being used for gas exchange as extensively as they would be if a ventilator was used. As a result, the approach that Dr. Batchinsky’s group developed could save lives by applying much needed lung support at a time when it is most needed.

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Despite these devices performing as hypothesized and removing the need for MV, a significant problem remained. Modern ECLS devices require systemic heparinization, a therapeutic practice necessary to prevent blood clotting when passing through the ECLS circuitry. Heparin administration is problematic, as it can lead to severe bleeding episodes in trauma patients, many of whom are already bleeding. Dr. Batchinsky recently teamed with several academic and industry partners to examine potential solutions to this issue. One solution involves applying an experimental coating to medical devices to create a “slippery surface” that can prevent the formation of blood clots or cause the blood to bypass and not adhere to the plastic catheters. Results to this point show promise, as tests using these coatings have demonstrated positive results in reducing and preventing clot deposition and formation in contrast to control study samples. Dr. Batchinsky believes that these results will significantly change standards of care for the critically ill by allowing earlier intervention options in military and civilian populations, ultimately saving many lives.

[Adapted from (1) Epidemiology of acute lung injury, Crit Care Med. 2003;31(11 Suppl):1274-1284]
Novel Treatments for Non-Hodgkin Lymphoma

Non-Hodgkin Lymphoma (NHL) is the seventh most common form of cancer in the U.S. with 65,653 cases of individuals living with the disease.\(^6\) In 2018, there were an estimated 74,680 new cases and 19,910 deaths from NHL.\(^7\) Non-Hodgkin Lymphoma subtypes are broadly classified into aggressive and indolent malignancies.\(^7\) The indolent NHLs (iNHLs) are a group of incurable slow growing lymphomas which include follicular lymphoma (FL) and marginal zone lymphoma (MZL).\(^7\) Although patients with FL and MZL often respond to systemic chemotherapeutic agents, most eventually relapse or become refractory to treatment. In the previously treated setting, patients who were refractory to rituximab, refractory to rituximab and an alkylating agent (double-refractory), refractory to last prior therapy (triple-refractory), refractory to rituximab and an alkylating agent (double-refractory), refractory to last prior therapy (triple-refractory), refractory to rituximab, and Marginal Zone Lymphoma (MZL).\(^7\) Therefore, the development of novel chemotherapy free regimens which can provide prolonged progression-free periods without added toxicity represents a high unmet medical need.

Dr. Pramvir Verma, a hematologist specialist at Fort Belvoir Community Hospital, is a principal investigator in the Celgene-sponsored study TTNLT, and overall survival (OS).\(^6\) The study primary endpoint is progression-free survival (PFS) and secondary endpoints include overall response rate (ORR), complete response (CR), improvement of response (IOR), duration of response (DOR), time to next lymphoma treatment (TTNLT), and overall survival (OS).


- AbbVie, Inc.
- Air Force Office of Scientific Research
- Air Force Research Lab
- Allergan plc
- U.S. Army Research Laboratory’s Army Research Office
- Auburn University
- Baruch S. Blumberg Institute
- BioCytex Pharmaceuticals, Inc.
- BioFutura
- Bioventures LLC
- Boehringer Ingelheim GmbH
- Boston Biomedical
- Boston University
- Boston VA Research Institute, Inc.
- Brain State Technologies
- Bristol-Myers Squibb
- Buffalo Institute for Medical Research, Inc.
- Castle Biosciences
- Celgene Corporation
- Celltrion LLC
- Centers for Disease Control and Prevention
- CFD Research Corporation
- Chen Zuckerbergh Biohub
- Children’s Hospital of Philadelphia
- Children’s Oncology Group (COG)
- Chiltern International Limited
- Citrus Therapeutics
- Columbia University
- Coulomb Casualty Care Research Program
- Conatus Pharmaceuticals
- Congressionally Directed Medical Research Programs
- Creen LLC
- Defense Threat Reduction Agency
- Duke Clinical Research Institute
- Eastman Chemical Company
- Exelera Bioscience Ltd.
- Fraunhofer USA, Inc.
- Galderma Therapeutics, Inc.
- Galmed Pharmaceuticals Ltd.
- George Mason University
- Gilead Sciences, Inc.
- Histogenics Corporation
- Ichay Medical Systems, Inc.
- Infinia Pharmaceutica, Inc.
- Integrated BioTherapeutics, Inc.
- Johns Hopkins University
- Keasler Foundation
- Kinetix, Inc.
- Kinik, Inc.
- Leibler Institute for Brain Development
- Lavelace Respiratory Research Institute
- Mahidol University
- Malaeveu Technologies
- Mayo Clinic
- MDX Research & Informatics, LLC
- Mdcare, Inc.
- Merck & Co., Inc.
- Microbipls, Inc.
- Military Operational Medicine Research Program
- Military Suicide Research Consortium
- Natick Contracting Division
- National Institute of Allergy & Infectious Diseases
- National Institute on Ageing and Other Communication Disorders
- National Institutes of Health
- National Strategic Research Institute
- Naval Medical Logistics Command
- Naval Research Laboratory
- New York University School of Medicine
- Newlink Genetics Corporation
- Northwestern University
- Novartis International AG
- Novo Nordisk A/S
- Novocure
- NuVasive, Inc.
- Old Dominion University’s Virginia Modeling Analysis And Simulation Center on the Suffolk, Virginia campus
- Orbital Biosystems, Inc.
- Oregon Health and Science University
- OnoScience Labs, LLC
- Palo Alto Veterans Institute for Research (PAVIR)
- PAREXEL International Corporation
- Portland State University
- PRA Health Sciences
- Princeton University
- Roche Holding AG
- RTI Surgical, Inc.
- SAB Biotherapeutics, Inc.
- Spectrum Pharmaceuticals, Inc.
- SPR Therapeutics, Inc.
- Squire Sleep Systems
- St. Jude Children’s Research Hospital
- Stanford University
- Stephenson and Stephenson Research and Consulting, LLC
- Takeda Pharmaceuticals Co., Ltd.
- Texas A&M University
- Texas Tech University Health Sciences Center
- TG Therapeutics, Inc.
- The Mind Research Network
- The Research Foundation for The State University of New York at Stony Brook University
- Thomas Jefferson University
- Tobira Therapeutics, Inc.
- TriService Nursing Research Program
- Tufts University
- U.S. Army Medical Material Development Activity
- U.S. Army Medical Research and Materiel Command
- U.S. Army Medical Research Institute of Chemical Defense
- U.S. Army Medical Research Institute of Neurological Surgery
- University of British Columbia
- University of California, San Francisco
- University of Colorado, Denver
- University of Delaware
- University of Florida
- University of Illinois
- University of Miami, Miller School of Medicine
- University of North Carolina - Chapel Hill
- University of Pennsylvania
- University of Pittsburgh
- University of Texas at San Antonio
- University of Texas Health Science Center at Houston
- University of Texas Southwest Medical Center at Dallas
- University of Utah
- Venoco, LLC
- Vermont Nurses In Partnership, Inc.
- Virginia Commonwealth University
- Western Michigan University
- Zozre Business Solutions, Inc.

Geneva is honored to partner with a variety of federal government agencies, corporations, foundations, universities, and other organizations in pursuit of innovative research programs within the military medical community. Thank you to Geneva’s 2017 sponsors and collaborating partners, including:
In 2017, Geneva employees traveled across the globe to connect with current and potential customers, support our partners, meet with potential employees, support our local communities and advance our understanding of medical research. We are honored to exhibit at premier medical conferences, attend site visits at military treatment facilities and federal laboratories, participate in research symposiums, and support mission-specific events.
Research Programs by Revenue

In 2017, Geneva managed over $53.4 million of research in a wide range of research areas and indications. Geneva’s top 15 research areas, by revenue, are listed below.

**Primary Research Area**

- Infectious Diseases: 30%
- Behavioral & Mental Health: 10%
- Oncology: 7%
- Orthopedics: 7%
- Neurology: 6%
- Hepatology: 6%
- Regenerative Medicine: 5%
- Critical Care: 5%
- Emergency Medicine: 5%
- Federal Contract Services: 5%
- Evidence Based Practice (EBP): 3%
- Rehabilitative Medicine: 3%
- Otolaryngology (ENT): 3%
- Gastroenterology: 2%
- Cardiology/Cardiovascular: 2%

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**Financials**

**Statement of Revenue & Expenditures**

| Total Grant, Contract, and Award Revenue | $53,421,000 |
| Program Expenses | |
| Research & Education Expenses | $40,622,000 |
| Payments to Subcontractors | $4,463,000 |
| Total Program Expenses | $45,085,000 |
| Net Income from Grants, Contracts, and Awards | $8,336,000 |

**Support Services**

| General & Administrative | $9,031,000 |
| Fund Development | $144,000 |
| Total Support Services | $9,177,000 |

**Operating Income (loss)**

| Operating Income (loss) | ($841,000) |

**Total Other Income**

| Total Other Income | $120,000 |

**Increase (decrease) in Net Assets**

| Increase (decrease) in Net Assets | ($721,000) |

**Unrestricted Net Assets**

| Beginning of Year | $4,632,000 |
| End of Year | $3,911,000 |

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**Total Grant, Contract, & Award Revenue**

- 2010: $10M
- 2011: $20M
- 2012: $30M
- 2013: $40M
- 2014: $50M
- 2015: $60M
- 2016: $70M
- 2017: $80M

**Total Revenue to Costs**

- 2010: $10M
- 2011: $20M
- 2012: $30M
- 2013: $40M
- 2014: $50M
- 2015: $60M
- 2016: $70M
- 2017: $80M

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**Primary Investigators**

- 240 Principal Investigators