Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advanced Research Projects Agency

R-1 ITEM NOMENCLATURE

0400: Research, Development, Test & Evaluation, Defense-Wide

PE 0602115E: BIOMEDICAL TECHNOLOGY

DATE: April 2013

BA 2: Applied Research

APPROPRIATION/BUDGET ACTIVITY

COST (\$ in Millions)	All Prior Years	FY 2012	FY 2013 [#]	FY 2014 Base	FY 2014 OCO ##	FY 2014 Total	FY 2015	FY 2016	FY 2017	FY 2018	Cost To Complete	Total Cost
Total Program Element	-	95.661	110.900	114.790	-	114.790	123.742	129.603	133.309	133.000	Continuing	Continuing
BT-01: BIOMEDICAL TECHNOLOGY	-	95.661	110.900	114.790	-	114.790	123.742	129.603	133.309	133.000	Continuing	Continuing

FY 2013 Program is from the FY 2013 President's Budget, submitted February 2012

A. Mission Description and Budget Item Justification

This Program Element is budgeted in the applied research budget activity because it focuses on medical related technology, information, processes, materials, systems, and devices encompassing a broad spectrum of DoD challenges. Biowarfare defense includes the capability to predict and deflect pathogen evolution of natural and engineered emerging threats and therapeutics that increase survivability within days of receipt of an unknown pathogen. Continued understanding of infection biomarkers will lead to developing a detection device that can be self-administered and provide a faster ability to diagnose and prevent widespread infection in-theater. Other battlefield technologies includes a soldier-portable hemostatic wound treatment system, capability to manufacture field-relevant pharmaceuticals in theater, and a rapid after-action review of field events as a diagnostic tool for improving the delivery of medical care and medical personnel protection. Improved medical imaging will be approached through new physical properties of cellular metabolic activities. New neural interface technologies will reliably extract information from the nervous system to enable control of the best robotic prosthetic-limb technology. To allow medical practitioners the capability to visualize and comprehend the complex relationships across patient data in the electronic medical record systems, technologies will be developed to assimilate and analyze the large amount of data and provide tools to make better informed decisions for patient care. In the area of medical training, new simulation-based tools will rapidly teach increased techniques will be developed to supplement warfighter healthcare and the diagnosis of post-traumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI). This project will also pursue the applied research efforts for dialysis-like therapeutics.

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^{##} The FY 2014 OCO Request will be submitted at a later date

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B. Program Change Summary (\$ in Millions)	FY 2012	FY 2013	FY 2014 Base	FY 2014 OCO	FY 2014 Total
Previous President's Budget	95.000	110.900	97.069	-	97.069
Current President's Budget	95.661	110.900	114.790	-	114.790
Total Adjustments	0.661	0.000	17.721	-	17.721
 Congressional General Reductions 	0.000	0.000			
 Congressional Directed Reductions 	0.000	0.000			
 Congressional Rescissions 	0.000	0.000			
 Congressional Adds 	0.000	0.000			
 Congressional Directed Transfers 	0.000	0.000			
 Reprogrammings 	3.250	0.000			
 SBIR/STTR Transfer 	-2.589	0.000			
 TotalOtherAdjustments 	-	-	17.721	-	17.721

Change Summary Explanation

FY 2012: Increase reflects an internal below threshold reprogramming offset by the SBIR/STTR transfer.

FY 2014: Increase reflects planned expansion of the Dialysis-like Therapeutics and ADEPT programs.

C. Accomplishments/Planned Programs (\$ in Millions)	FY 2012	FY 2013	FY 2014
Title: Pathogen Defeat	19.000	15.000	14.617
Description: Pathogens are well known for the high rate of mutation that enables them to escape drug therapies and primary or secondary immune responses. The Pathogen Defeat thrust area will provide capabilities to predict and deflect future threats. Pathogen Defeat focuses not on the threats that are already known but rather on the threats of newly emerging pathogens and future mutations, allowing pre-emptive preparation of vaccine and therapy countermeasures.			
 FY 2012 Accomplishments: Developed platforms to investigate evolutionary pathways of a virus under selective pressures. Developed algorithms to predict effects of selective pressures on viral evolutionary pathways. Used algorithm to investigate virus mitigation and frequency globally to predict the timing and geographic location of reassortment events. Modeled processes to accurately predict the drift and shift of virus in pre-human, animal reservoirs. Began development of a system for anticipating evolution of clinical drug resistance through the use of an in vitro viral-cell bioreactor. Demonstrated novel sequencing technologies that reduce the error rate. Demonstrated viral replication in cells encapsulated in microdroplets in a cell-viral infection system. 			
FY 2013 Plans:			

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C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
 Develop a platform to reproducibly demonstrate the evolutionary pathwas Validate algorithms' abilities to predict viral evolution in the presence of a predict timing, location(s) and nature of genetic mutation(s) responsible model. Predict number of viral generations necessary for the acquisition of antional predict location of genetic mutation(s) responsible for failure of a monocontrol control of the predict influenza vaccine failure in syngeneic/specific pathogen-free profices in vitro evolution reactors to predict emergence of novel, variant influence of the predict emergence of dengue virus mutations in a region where dengue has a Demonstrate that the in vitro evolution platform accelerates evolution of 	one or multiple pressures. for antiviral failure in an infected viral host (animal) viral resistance in an infected viral host (animal) model. clonal antibody to neutralize a virus. coultry with pathogen evolution in the natural ecologies luenza strains from within-reservoir species, and to as recently appeared.			
FY 2014 Plans: - Demonstrate that the in vitro bioreactor can be used to predict alteration - Validate viral evolution platforms and predictive platforms with a live fire - Transition predictive algorithms and in vitro evolution platforms to the Ce government agencies to increase preparedness for seasonal influenza as - Transition predictive algorithms and in vitro evolution platforms to the ph drug-resistant strains of commercially relevant viruses.	test. enter for Disease Control (CDC) and other interested well as other emerging pathogens.			
Title: Autonomous Diagnostics to Enable Prevention and Therapeutics (A	DEPT)	11.169	15.000	29.852
Description: The overarching goal of the Autonomous Diagnostics to Enato increase our ability to rapidly respond to a disease or threat and improve by providing centralized laboratory capabilities at non-tertiary care settings Acid (RNA)-based vaccines, potentially eliminating the time and labor requisame time improving efficacy. ADEPT will also focus on advanced developments. A companion basic research effort is budgeted in PE 0601117E,	e individual readiness and total force health protection s. ADEPT will focus on the development of Ribonucleic uired for traditional manufacture of a vaccine while at the opment of key elements for simple-to-operate diagnostic			
FY 2012 Accomplishments: - Increased stability of RNA-based vaccines. - Demonstrated efficacy of RNA-based vaccines in a small animal model. - Demonstrated sample preparation methods designed for integration in reusable diagnostics that can be used at the point-of-care.				

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advanced Research Projects Agency DATE: April 2013 APPROPRIATION/BUDGET ACTIVITY **R-1 ITEM NOMENCLATURE** 0400: Research, Development, Test & Evaluation, Defense-Wide PE 0602115E: BIOMEDICAL TECHNOLOGY BA 2: Applied Research C. Accomplishments/Planned Programs (\$ in Millions) FY 2012 FY 2013 FY 2014 - Developed high sensitivity colorimetric and electrical detection approaches of advanced instrumentation approaches for autonomous diagnostics that will be deployed as either on-person devices, or used at the point-of-care. FY 2013 Plans: Demonstrate increased humoral and cellular responses with RNA-based vaccines as compared to benchmark vaccines in vivo. - Demonstrate increased efficacy of RNA-based vaccines in vivo in small and large animal models. Demonstrate quantitative performance metrics for device components (sample preparation/reagent delivery/detection components) to enable diagnostic device capabilities in the remote-clinic and low resourced settings. FY 2014 Plans: Demonstrate quantitative performance metrics for integrated components developed to demonstrate capability toward a complete diagnostic device prototype. Demonstrate ability to manipulate type of immune response induced by RNA-based vaccines. Demonstrate ability to target delivery of RNA-based vaccines to specific cell types. - Develop novel methodologies to deliver nucleic acid constructs encoding one or hundreds of antibodies identified from immunized or convalescent patients. - Demonstrate immediate broad spectrum transient immune prophylaxis in host via delivery of nucleic acids that transiently produce multiple antibodies. Title: Tactical Biomedical Technologies 18.223 15.500 13.321 Description: The Tactical Biomedical Technologies thrust will develop new approaches to deliver life-saving medical care on the battlefield. Uncontrolled blood loss is the leading cause of preventable death for soldiers on the battlefield. While immediate control of hemorrhage is the most effective strategy for treating combat casualties and saving lives, currently no method other than surgical intervention can effectively treat intracavitary bleeding. A focus in this thrust is the co-development of a materials-based agent(s) and delivery mechanism capable of damaged tissue-targeted hemostasis and wound control. This system will effectively treat compressible and non-compressible wounds regardless of geometry or location. Additionally, rapid response to emerging biological threats on the battlefield is impacted by logistical delays of delivering the necessary therapeutics. Creating a "pharmacy on demand" will enable far-forward medical providers to manufacture and produce small molecule drugs and biologics in order to ensure that the therapeutics are available when they need them. Another effort will develop assessment tools to identify soldiers in real time who represent depression and suicide risk by identifying speech biomarkers. This project will also develop new algorithms, protocols, and methods to allow registration and comparison of disparate sources of data in biology (across species, experimental systems, hierarchies and populations). FY 2012 Accomplishments: - Demonstrated hemostasis agent stability consistent with operational requirements.

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advanced Research Projects Agency DATE: April 2013 APPROPRIATION/BUDGET ACTIVITY **R-1 ITEM NOMENCLATURE** 0400: Research, Development, Test & Evaluation, Defense-Wide PE 0602115E: BIOMEDICAL TECHNOLOGY BA 2: Applied Research C. Accomplishments/Planned Programs (\$ in Millions) FY 2012 FY 2013 FY 2014 Demonstrated hemostasis in less than four minutes on a non-compressible injury model. Demonstrated that hemostatic material does not induce intracavitary fibrosis within 28 days when left at the wound site. Designed scale-up for large-volume hemostasis agent synthesis. Initiated discussions for wound stasis system FDA approval. - On laboratory scale, completely synthesized the following active pharmaceutical ingredients (APIs) in continuous flow: Diphenhydramine, Diazepam, Ibuprofen, and Lidocaine. - On laboratory scale, developed crystallization process for seven APIs (Diphenhydramine, Diazepam, Ibuprofen, Lidocaine, Atropine, Fluoxetine, and Doxycycline), and liquid formulations for six and injection/tablet formulation for the seventh API (Atropine). Designed and developed benchtop modular reactor and spiral reactor. Conducted mixing and heat transfer simulations for modular reactor design and heat transfer simulations for spiral reactor desian. Developed integrated liquid-liquid separation technique using porous diaphragm membrane as feedback-based back pressure regulator. - Modeled end-to-end process (continuous flow chemistry and downstream processing) for Lidocaine and Diazepam. Developed methods to improve efficiency of transcranial photon energy deposition. FY 2013 Plans: - Demonstrate a combined hemostasis agent and delivery mechanism that achieves hemostasis in less than four minutes, and does not interfere with standards of care. Finalize a plan for wound stasis system FDA approval. - Assess manufacturing costs and processes required for pilot-scale production. On laboratory scale, synthesize in continuous flow all seven APIs. Demonstrate continuous flow synthesis of all seven APIs using integrated manufacturing platform. Design and test drug product crystallization and formulation for the seven APIs in integrated manufacturing platform. Engage the FDA for input on process analytical technologies (PAT) and current good manufacturing practice (cGMP) for the seven APIs. - Develop breadboard prototype device for treatment of intracranial hemorrhage using laser energy through the skull and tissues. - In vivo demonstration of transcranial photocoagulation of intracranial vessels. - In vivo demonstration of photo-induced vasospasm in intracranial vessels. - Develop advanced techniques to extract and evaluate both lexical and prosodic features from speech data collected from individuals linked to suicide risk in previous studies, and begin developing predictive models for depression and suicide assessment using speech biomarkers. FY 2014 Plans:

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C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
 On laboratory scale, demonstrate continuous flow synthesis of an addin Azithromycin, Benzylbenzoate, Methylrosanilium chloride, Ipratropium, a Demonstrate continuous flow synthesis of additional seven APIs in hair and a Engage the FDA for input on PAT and cGMP for handheld manufacture. Test prototype device for treatment of intracranial hemorrhage using la FDA on GMP. 	nd Neostigmine). ndheld manufacturing platform. ing platform.			
Title: Military Medical Imaging		7.144	6.400	2.000
Description: The Military Medical Imaging thrust will develop medical imoperations. The emergence of advanced medical imaging includes new metabolic pathway, or physiological function in order to map it into an imwill examine the capability for new, portable spectroscopic techniques than analysis of traumatic brain injury) that is superior to that provided by an I scientists seek to better understand anatomical, functional and cellular leto improve the delivery of medical care and medical personnel protection action review of field events generated from current military systems. Fi of microscopic and functional alterations within tissues and organs of a lidevelopment of these tools will provide a formidable arsenal of diagnostic	ly recognized physical properties of biological tissue, or age of diagnostic utility and performance. This thrust at can provide information for military medical use (e.g., MRI. This need is ever increasing as researchers and evel interactions. This thrust will also address how by building a simulated environment for rapid afternally, this thrust will allow safe, non-invasive detection ving organism at early stages of injury. The advanced			
FY 2012 Accomplishments: - Developed software to convert disparate data formats into a common processing queries. - Demonstrated ability to automatically detect, track, and analyze similar. - Conducted experiments to investigate the use of orbital angular mome the theory describing photon OAM - molecule interaction theory. - Initiated the design of high efficiency X-ray optics appropriate for broad. - Began experimenting with arrays of OAM photon beams and modeled signal-to-noise ratio and to hyperpolarize a larger volume. FY 2013 Plans: - Demonstrate, using a model of skin and bone, that X-rays focused with	revents and incidents in temporal and physical space. Intum (OAM) in Terahertz (THz) spectroscopy and verify aband, bench top X-ray sources. I new signal detection approaches in order to increase the			

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C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
- Investigate options for broadband nuclear magnetic resonance detection species.	n for the simultaneous acquisition of multiple nuclear			
 FY 2014 Plans: Design a compact prototype device for performing novel MRI-like imagin spectroscopy (QORS) in military medical environments. Obtain neurochemical spectra using QORS technique. 	ng and spectroscopy using quantum orbital resonance			
Title: Dialysis-Like Therapeutics		5.000	10.000	20.000
Description: Sepsis, a bacterial infection of the blood stream, is a significal soldiers. The goal of this program is to develop a portable device capable volume on clinically relevant time scales. Reaching this goal is expected to biologic fluids, complex fluid manipulation, separation of components from of providing predictive control over the closed loop process. The envisione patients each year by effectively treating sepsis and associated complication. Applied research under this program further develops and applies existing	e of controlling relevant components in the blood to require significant advances in sensing in complex in these fluids, and mathematical descriptions capable and device would save the lives of thousands of military ions.			
to create a complete blood purification system for use in the treatment of sintegration and demonstration of non-fouling, continuous sensors for compmicrofluidic structures that do not require the use of anticoagulation; application of require pathogen specific molecular labels or binding chemistries; and (mathematical formalism) with sufficient fidelity to enable agile adaptive claprogram is budgeted in PE 0601117E, Project MED-01.	sepsis. Included in this effort will be development, plex biological fluids; implementation of high-flow cation of intrinsic separation technologies that do refinement of predictive modeling and control			
FY 2012 Accomplishments: - Evaluated existing sensing, microfluidic flow, and intrinsic separation compurification system and initiated research plan to achieve significant improversity. - Initiated integration plan for component technologies developed in the base of the component integrated devices.	ovements in line with the overall program goals. asic research aspect of this program.			
 FY 2013 Plans: Refine integration strategy, develop a bread-board system, and demons Develop appropriate animal models, confirm regulatory plan, and begin 				
FY 2014 Plans:				

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C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
 Integrate continuous sensing, biocompatible high-flow fluid manipulation modeling and control in a prototype device for the treatment of sepsis. Use feedback from initial animal model testing to inform the developmentatudies in a large animal model. Continue regulatory approval process and initiate plan for investigation <i>Title:</i> Warrior Web 	ent of a prototype device for additional safety and efficacy	0.000	10.750	12.000
Description: Musculoskeletal injury and fatigue to the warfighter caused immediate mission readiness, but also can have a deleterious effect on the program will mitigate that impact by developing an adaptive, quasi-active current soldier systems. Because this sub-system will be compliant and sustained by warfighters while allowing them to maintain performance. of component technologies in areas such as regenerative kinetic energy performance, system, and component modeling; novel materials and dynand power distribution/energy storage. The final suit is planned to weigh external power. Allowing the warfighter to perform their missions with remission readiness, soldier survivability, mission performance and the long funded in the Maintaining Combat Performance Thrust in PE 0602715E,	the warfighter throughout his/her life. The Warrior Web e, joint support sub-system that can be integrated into be transparent to the user, it will reduce the injuries Success in this program will require the integration harvesting to offset power/energy demands; human namic stiffness; actuation; controls and human interface; no more than 9kg and require no more than 100W of duced risk for injuries will have immediate effects on ig-term health of our veterans. This effort was previously	0.000	10.700	12.000
FY 2013 Plans: - Complete injury assessment and component technology integration into Complete initial verification and validation of component technologies in Conduct Preliminary Design Review to demonstrate that individual continued integrated to meet Warrior Web performance requirements.	n military environments.			
FY 2014 Plans: - Leverage open source biomechanical model to iterate design. - Complete component technology based on results of Preliminary Designation in the current solice of the conduct Critical Design Review of full Warrior Web solider system conducts.	der system.			
<i>Title:</i> Revolutionizing Prosthetics* <i>Description:</i> *Previously funded in PE 0602715E, Project MBT-02.		0.000	17.000	10.000
 Initiate design of full Warrior Web including integration into current soli Conduct Critical Design Review of full Warrior Web solider system con Title: Revolutionizing Prosthetics* 	der system.	0.000	17.000	

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Accomplishments/Planned Programs (\$ in Millions) Develop a platform prototype computational model of neural activity that integrates neural activity of brain structures at numerous scales and across anatomically distributed regions. Develop a platform prototype computational model of neural activity that integrates neural activity of brain structures at numerous scales and across anatomically distributed regions. Develop approaches to detect and model the structural and molecular changes produced in the human brain during explosive plast. Title: Translational Understanding of Blast Effects (Translations) Description: The TransBlast program is a prospective longitudinal study designed to rapidly advance understanding of blast-induced neurotrauma by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional exams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed poperations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through letalled 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex elationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blasts exposures and development and recovery of physiologic and clinic changes in an active duty population exposed to repetitive sub-clinical blast exposures and at an increased isk of involvement in clinically significant blast even		UNCLASSIFIED			
Accomplishments/Planned Programs (\$ in Millions) Develop a platform prototype computational model of neural activity that integrates neural activity of brain structures at numerous scales and across anatomically distributed regions. Develop a platform prototype computational model of neural activity that integrates neural activity of brain structures at numerous scales and across anatomically distributed regions. Develop approaches to detect and model the structural and molecular changes produced in the human brain during explosive plast. Title: Translational Understanding of Blast Effects (Translations) Description: The TransBlast program is a prospective longitudinal study designed to rapidly advance understanding of blast-induced neurotrauma by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional exams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed poperations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through letalled 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex elationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blasts exposures and development and recovery of physiologic and clinic changes in an active duty population exposed to repetitive sub-clinical blast exposures and at an increased isk of involvement in clinically significant blast even	Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advan	ced Research Projects Agency	DATE: /	April 2013	
Develop a platform prototype computational model of neural activity that integrates neural activity of brain structures at numerous scales and across anatomically distributed regions. Develop approaches to detect and model the structural and molecular changes produced in the human brain during explosive blast. Title: TransBlatonal Understanding of Blast Effects (TransBlast) Description: The TransBlast program is a prospective longitudinal study designed to rapidly advance understanding of blast-induced neurotrauma by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional exams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed operations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through stellated 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex relationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of objective properties of the properties of the properties of the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of objective properties of the proper	APPROPRIATION/BUDGET ACTIVITY 0400: Research, Development, Test & Evaluation, Defense-Wide BA 2: Applied Research				
Develop approaches to detect and model the structural and molecular changes produced in the human brain during explosive plast. **Title:** Translational Understanding of Blast Effects (TransBlast)** **Description:** The TransBlast program is a prospective longitudinal study designed to rapidly advance understanding of blast-induced neurotrauma by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional sexams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed operations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through detailed 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex eletationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of physiologic and clinic changes in an active duty population exposed to repetitive sub-clinical blast exposures and at an increased risk of involvement in clinically significant blast events. **PY 2014 Plans:** **Complete program protocols and gain Institutional Review Board approval.** **Work with military units to complete population selections with emphasis on service members that are at high-risk for blast exposures beaded on: their military role, the unit in which they operate, their anticipated deployments, and their probable availability or 4 years. **Complete baseline testing of	C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
Description: The TransBlast program is a prospective longitudinal study designed to rapidly advance understanding of blast- nduced neurotrauma by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional exams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed poperations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through detailed 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex elationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of obspisologic and clinic changes in an active duty population exposed to repetitive sub-clinical blast exposures and at an increased six of involvement in clinically significant blast events. FY 2014 Plans: Complete program protocols and gain Institutional Review Board approval. Work with military units to complete population selections with emphasis on service members that are at high-risk for blast exposure based on: their military role, the unit in which they operate, their anticipated deployments, and their probable availability for 4 years. Complete baseline testing of selected populations. Test regiment will be constructed to balance gaining structural and unctional information on each service against the need to minimize impact on the training regiment. Complete traini	numerous scales and across anatomically distributed regions.	·			
and under deurotraum by closely coupling the biomechanical, medical, blast physics, and event measurement components into an integrated effort. The program will follow high-risk populations of service members to elucidate injury from both isolated and repeated events. Service members in the program are tested with a combination of imaging and neurocognitive functional exams prior to training, after training workup-but before deployment, and again after deployment. During training and deployed operations the service members wear blast dosimetry systems to document any exposures. All exposures are analyzed through idetailed 3-dimensional reconstructions, combined with medical evaluations and testing records to determine the complex relationships between mechanical properties of blasts and the initiation of pathophysiologic responses. This effort builds on the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of other program are constructed to possible to the successful deployment of the Blast Gauge measurement system in association with clinical indices of neurologic and psychiatric status to define a quantifiable relationship between timing and intensity of blast exposures and development and recovery of other program are covered to the program protocols and gain Institutional Review Board approval. **FY 2014 Plans:** **Complete program protocols and gain Institutional Review Board approval.** **Work with military units to complete population selections with emphasis on service members that are at high-risk for blast exposure based on: their military role, the unit in which they operate, their anticipated deployments, and their probable availability or 4 years. **Complete baseline testing of selected populations.** Test regiment will be constructed to balance gaining structural and functional information on each	Title: Translational Understanding of Blast Effects (TransBlast)		0.000	0.000	5.000
Complete program protocols and gain Institutional Review Board approval. Work with military units to complete population selections with emphasis on service members that are at high-risk for blast exposure based on: their military role, the unit in which they operate, their anticipated deployments, and their probable availability for 4 years. Complete baseline testing of selected populations. Test regiment will be constructed to balance gaining structural and functional information on each service against the need to minimize impact on the training regiment. Outfit all service members in the program with blast dosimetry system (Blast Gauge) to ensure that events in training and combat operations are recorded. Complete training of all medical support teams in units and areas of operation on how to use Blast Gauges and recover data from them. Deploy support personal at training locations and forward locations to match the training and deployed requirements of the service members.	induced neurotrauma by closely coupling the biomechanical, medical, blas an integrated effort. The program will follow high-risk populations of service and repeated events. Service members in the program are tested with a cexams prior to training, after training workup-but before deployment, and a operations the service members wear blast dosimetry systems to documer detailed 3-dimensional reconstructions, combined with medical evaluations relationships between mechanical properties of blasts and the initiation of processful deployment of the Blast Gauge measurement system in associations to define a quantifiable relationship between timing and intensity of the statement of the system in associations.	the physics, and event measurement components into be members to elucidate injury from both isolated combination of imaging and neurocognitive functional gain after deployment. During training and deployed into any exposures. All exposures are analyzed through and testing records to determine the complex pathophysiologic responses. This effort builds on the action with clinical indices of neurologic and psychiatric blast exposures and development and recovery of			
	 Work with military units to complete population selections with emphasis exposure based on: their military role, the unit in which they operate, their after 4 years. Complete baseline testing of selected populations. Test regiment will be functional information on each service against the need to minimize impact. Outfit all service members in the program with blast dosimetry system (B combat operations are recorded. Complete training of all medical support teams in units and areas of oper from them. Deploy support personal at training locations and forward locations to many contents. 	on service members that are at high-risk for blast anticipated deployments, and their probable availability constructed to balance gaining structural and ton the training regiment. Blast Gauge) to ensure that events in training and ration on how to use Blast Gauges and recover data			
		APS) - Medical*	0.000	8.100	0.000

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advan	ced Research Projects Agency	DATE:	April 2013	
APPROPRIATION/BUDGET ACTIVITY 0400: Research, Development, Test & Evaluation, Defense-Wide BA 2: Applied Research	R-1 ITEM NOMENCLATURE PE 0602115E: BIOMEDICAL TECHNOLOGY			
C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
Description: *Funded in PE 0602304E, Project COG-03 in FY 2012				
The Detection and Computational Analysis of Psychological Signals (DCAI systems that identify group and individual trends indicative of post-traumati (TBI) and anomaly detection algorithms that identify emerging physical and commercial offerings that have not focused on issues specific to the warfig are critical to user acceptance and Health Insurance Portability and Accour authentication and other security mechanisms as needed to protect patient with key DoD organizations working in this area, including the Defense Cer Traumatic Brain Injury, the Defense Medical Research and Development F Technologies Research Center, and the National Center for TeleHealth an FY 2013 Plans: - Operationalize/harden system software and obtain approvals to conduct	ic stress disorder (PTSD) and traumatic brain injury dipsychological crises. These will complement hter. DCAPS recognizes that security and privacy intability Act compliance and so incorporates strong that. The program is also developing partnerships inters of Excellence for Psychological Health and Program, the Army Telemedicine & Advanced di Technology.			
 Perform user trials of mobile psychological health and telehealth applicate Modify and optimize mobile psychological health and telehealth applicate Obtain final certifications and accreditation and deliver technology to mili 	ions in coordination with transition partners. ons based on the results of user trials.			
Description: This thrust is developing unique and unconventional approact variety of naturally occurring, indigenous or engineered threats. This progroup or man-made pathogen within one week. This includes development of coof the pathogen and are broadly applicable to multiple unrelated bacterial a academic research programs with pharmaceutical development efforts will cycle timeframe.	ram will develop approaches to counter any natural untermeasures that do not require prior knowledge and/or viral infectious agents. The integration of	7.359	3.000	0.000
FY 2012 Accomplishments: - Demonstrated various technologies that can increase the median infection model compared to the untreated control in order to prevent infection. - Demonstrated a 4-fold increase in survival time after a lethal dose challe administered technology. - Demonstrated 95% survival against a first lethal dose challenge of a give developed within 7 days of receipt of an unknown pathogen.	nge of a given pathogen in an animal model due to			

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Ac	dvanced Research Projects Agency	DATE: A	April 2013	
APPROPRIATION/BUDGET ACTIVITY 0400: Research, Development, Test & Evaluation, Defense-Wide BA 2: Applied Research	R-1 ITEM NOMENCLATURE PE 0602115E: BIOMEDICAL TECHNOLOGY	·		
C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
 Demonstrated 95% three week survival after three lethal dose challe week apart. 	inges of a given pathogen in an animal model spaced 1			
FY 2013 Plans: - Demonstrate 95% survival after three lethal dose challenges of an uransition good laboratory practice approved technology to U.S. pha				
Title: Reliable Neural-Interface Technology (RE-NET)		24.000	10.150	0.000
Description: Wounded warriors with amputated limbs cannot exploit rough the interfaces used to extract limb-control information are low-performation Technology (RE-NET) program is to develop the technology and syste the scale and rate necessary to control state-of-the-art high-performan program is developing methods to quantitatively assess and model the Through this focus on reliability, the RE-NET program will enable clinic warriors.	ms needed to reliably extract motor-control information at ce prosthetic limbs. In support of this goal, the RE-NET leading causes of neural interface degradation and failure.			
FY 2012 Accomplishments: - Developed peripheral nerve recording interfaces and control algorithmerves in amputees, a relatively non-invasive surgical technique that description - Developed a flexible clinical-grade electromyography-lead technologia very small single-channel wireless telemetry system, ready for clinical - Developed and preliminarily demonstrated a living peripheral-nerve in that forms a long-term and reliable connection between single motor faindividual muscle fiber transplants. - Developed and preliminarily demonstrated high-channel-count flat in individual peripheral nerves, can be used to record motor-control informed be peripheral nerves, can be used to record motor-control informed be peripheral nerves. (TMR) patients, and for the first time, professed muscle reinnervation (TMR) patients, and for the first time, professed muscle reinnervation to the first time, professed muscle reinnervation to the sused by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees with Telebronary and the prosthetic limbs used by existing DoD amputees	irectly acquires nervous system activity. It is integrated with an implantable myoelectric sensor (IMES), all translation toward use by DoD amputees. Interface (micro targeted muscle reinnervation [microTMR]), ascicles from a peripheral nerve that are implanted into terface nerve electrodes (FINE), which when placed around mation. It can process motor-control information extracted from ovide simultaneous control of two or more degrees of MR. Interface nerve activity through electrodes placed in the			

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advan-	ced Research Projects Agency	DATE:	April 2013	
APPROPRIATION/BUDGET ACTIVITY 0400: Research, Development, Test & Evaluation, Defense-Wide BA 2: Applied Research	R-1 ITEM NOMENCLATURE PE 0602115E: BIOMEDICAL TECHNOLOGY			
C. Accomplishments/Planned Programs (\$ in Millions)		FY 2012	FY 2013	FY 2014
 Developed sophisticated real-time classification algorithms designed to of neuroprosthetic using EEG and non-biological signals captured entirely from surgical risks associated with neural implants. Identified significant microprobe degradation following chronic invasive in 	m non-invasive, non-penetrating, sources without the			
 FY 2013 Plans: Demonstrate human amputee use of clinical-grade DARPA RE-NET-dev motor-control intent from endogenous nerves and muscle tissue. Complete safety and efficacy testing of a flexible clinical-grade electromy myoelectric sensor (IMES), is a very small single-channel wireless telemetre. Submit and receive investigational-device-exemption (IDE) approval from leaded IMES in human amputees. Complete safety and efficacy testing of implanted thin-film longitudinal intended muscle-reinnervation (microTMR) interfaces and plan experiments to demonstrate and demonstrate an implantable, reliable, and biocompatible exprocessing motor-control signals detected by high-channel-count flat interfacefficacy testing of implanted high-channel-count FINE interfaces. Prepare Demonstrate a small implantable RF-powered electronics package capal transmitting electromyography-based motor-control signals, such as those Demonstrate an EEG-based fully non-invasive, non-penetrating, neural-incontrol for unconstrained human users. Develop and demonstrate real-time control of a 28 degree-of-freedom avcortex of the brain. 	vography-lead technology integrated with an implantable ry system. In the Food and Drug Administration (FDA) for testing trafascicular electrodes (tfLIFE) and micro-targeted-onstrate the ability to control prosthetic limbs. electronics package capable of amplifying and acce nerve electrodes (FINE). Perform safety and FDA IDE application submission. ble of amplifying, processing, and wirelessly involved with TMR and microTMR. Interface system capable of providing prosthetic limb			
Title: Preventing Violent Explosive Neurologic Trauma (PREVENT)		3.766	0.000	0.000
Description: The Preventing Violent Explosive Neurologic Trauma (PREV induced traumatic brain injury (TBI), an injury that while previously describe as a potential "hidden epidemic" in the current conflict. PREVENT used a conditions to assess potential TBI caused by blast in the absence of penetral a model that can be directly correlated to the epidemiology and etiology of determine the physical and physiological underpinnings and causes of the gauges, along with medical and event reports to form a comprehensive and candidate therapeutics were tested in order to alleviate inflammation from the FY 2012 Accomplishments:	ed in the warfighter population, has been referred to variety of modeling techniques based on in-theater rating injury or concussion. Research worked to create injury seen in returning warfighters, and attempted to injury. Raw data was collected from in-theater blast alysis. As part of the mitigation and treatment strategy,			

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Exhibit R-2, RDT&E Budget Item Justification: PB 2014 Defense Advanced Research Projects Agency

APPROPRIATION/BUDGET ACTIVITY

0400: Research, Development, Test & Evaluation, Defense-Wide
BA 2: Applied Research

DATE: April 2013

R-1 ITEM NOMENCLATURE
PE 0602115E: BIOMEDICAL TECHNOLOGY

C. Accomplishments/Planned Programs (\$ in Millions)	FY 2012	FY 2013	FY 2014
 Continued study on blast-exposed warfighters using magnetic resonance spectroscopy (MRS) imaging post-deployment showed, for the first time, injury to the hippocampus, the part of the brain associated with learning and memory, and correlated with memory deficits. Studied animal models to evaluate the impact of blast pressure on the brain, which showed structural neuropathological and molecular changes along with neurobehavioral changes, and confirmed that pure blast pressure can injure the brain. Replicated some of the changes seen in the blast exposed warfighters in the animal model, such as injury to the hippocampus. Developed potential therapeutic agents for treating blast TBI in warfighters. 			
Accomplishments/Planned Programs Subtotals	95.661	110.900	114.790

D. Other Program Funding Summary (\$ in Millions)

N/A

Remarks

E. Acquisition Strategy

N/A

F. Performance Metrics

Specific programmatic performance metrics are listed above in the program accomplishments and plans section.

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