

NIH Gordon Lecturer Highlights Enormous Waste In Epidemiologic and Biomedical Research And Suggests 7 Preventive Measures

The topic is not a new one and has been tracked for some time by Michael Bracken, professor of epidemiology at the Yale School of Public Health. Speaking as the Robert S Gordon Jr Lecturer on “Inefficiency and Waste in Biomedical Research: How Prevalent Is It, What Are Its Causes, and How Is It Prevented?” Bracken described ways in which research work is wasted. For example, 50% of research is never published, another 50% is flawed, and a final 50% may be redundant or

unnecessary, according to one estimate. Thus, only 12.5% is not wasted.

The Gordon Lecture at NIH has been given for over 20 years as a tribute to Robert S Gordon for his outstanding contributions to epidemiology and his distinguished service to NIH. A list of previous lecturers is provided in an accompanying article in this issue.

- Gordon continues on next page

Metaanalysis Concludes “It’s Time To Stop Demonizing Butter”

With US butter consumption at the highest levels in 40 years, understanding the specific contribution of butter, high in saturated fat, to chronic disease risk is more important than ever. Scientists have long agreed that not all dietary fats should be considered equal.

Research dating back to the 1970’s has suggested that increased intake of saturated fats in particular may contribute to cardiovascular disease and current nutritional guidelines

recommend reducing saturated fat intake.

However, a number of studies have found no link between saturated fat consumption and cardiovascular disease, leading many within the field to question this simplistic view of dietary fats. More recently, many in the scientific community have begun to argue for a more nuanced approach, shifting the emphasis

- Butter continues on page 7

In This Issue

-3-
*US Motor Vehicle
Crash Fatalities*

-5-
Epi News Briefs

-6-
*20+ Years of
Gordon Lectures*

-11-
*People in the
News*

-13-
*Haiku Contest
Update*

-16-
Marketplace

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-Gordon continued from page 1

False Positives

One important finding about research waste relates to false positives. Early research in an area is often later found to be wrong or exaggerated. "Repeat studies tend to no effect," Bracken told the NIH audience, "and the risk of being misled is very high."

Bracken discussed the topic of false positive results in many observational studies whose results were overturned in clinical trials, and said that implementing larger studies did not automatically remove bias. He reflected on the angst these false positives have created in the epidemiology community and even offered the opinion that the much discussed and criticized article several years ago by Gary Taubes in Science entitled "Epidemiology Faces Its Limits" actually rendered a service to the profession.

Wasteful Replication

An important contributor to the waste in research is the work done to replicate previous findings. According to Bracken, such replication reaches a point at which the replication is no longer necessary because the evidence is in. Yet investigators continue to repeat studies unnecessarily. One potential solution to this problem is to track research prospectively so that the accumulating body of evidence in any area becomes more apparent.

SIDS Example

A striking example of the potential public health impact of excessive research and the delay it causes

is the one related to sudden infant death syndrome. By some estimates, many follow up studies about the baby sleeping position were redundant and delayed public health recommendations. Had the evidence been properly tallied, an estimated 10,000 babies in the United Kingdom, and another 50,000 in Europe, Australia, and the US could have been saved.

Preventive Measures

Among the measures advocated by Bracken to help prevent wasted research are the following:

1. Reduce the play of chance by designing studies with more stringent alpha and beta values in much larger studies. Bracken recommends using alpha errors of 0.01 or 0.005 rather than 0.05 and a beta error of 0.10 not 0.20
2. Pay more attention to threats from multiple comparisons. Bracken reminded the audience that when Bradford Hill was describing standards for relying on research findings, there was often only one hypothesis per study being tested. Today, it is not uncommon for 200 associations to be examined. "A different world" said Bracken.
3. Strive harder to avoid bias, which subverts all research.
4. Comply with appropriate standards and guidelines.
5. Systematically review extant evidence in a published protocol before starting new research.

- Gordon continues on page 8

US Lags Behind in Reducing Motor Vehicle Crash Fatalities

Since the early 1970s, deaths due to motor vehicle crashes have been on the decline in the United States, yet these crashes still kill more than 32,000 people annually and injure more than 2 million. The most recent CDC VitalSigns report dives into the data on motor vehicle crash deaths in 20 high-income countries* and takes a look at proven measures countries have employed to reduce fatalities. The report clearly demonstrates room for improvement: the US rate of motor vehicle crash deaths ranks among the highest in the comparison group (see graphic). According to the report, “over 18,000 lives could be saved each year if US crash deaths equaled the average rate of 19 other high-income

countries.” So, why are we lagging behind our peers in reducing motor vehicle crash deaths?

There are three major risk factors for motor vehicle crash deaths in the US.

Risk Factor 1: Not using or improperly using seat belts, car seats, and booster seats. About half of fatalities in US crashes in 2013 weren’t buckled up. Compared to our high-income peers, front seat belt use is only 87% in the US compared to 94% on average. In France, where front seat belts are in use 99% of the time, it is compulsory to wear a seat belt. According to the CDC

- Crash continues on next page

“...these crashes still kill more than 32,000 people annually and injure more than 2 million.”

Motor vehicle crash deaths in 10 comparison high-income countries, 2013



Deaths per 100,000 people

SOURCE: WHO Global Status Report on Road Safety, 2015.

“...over 18,000 lives could be saved each year if US crash deaths equaled the average rate of 19 other high-income countries.”

Prevention Status Report on Motor Vehicle Injuries, as of 2015, only 19 states had primary enforcement laws on the books covering all seating positions in a vehicle. The best performing countries also require car seats and booster seats for child passengers through the age of 8. Again, America falls short here with only 2 states issuing the same requirement.

Risk Factor 2: Drunk driving. Thirty-one percent of motor vehicle crash deaths in the US involve alcohol. Only five of the other 19 high-income countries have similar rates. Additionally, the US, along with Canada and the UK, has the highest blood alcohol concentration (BAC) limit (0.08%) to define drunk driving. All other comparison countries use lower levels (0.02-0.05%). Lower BAC limits certainly disincentivize impaired driving. Alcohol related crash deaths can also be reduced by implementing ignition interlocks for people convicted of drunk driving to keep them off the road when they are inebriated. According to the CDC, as of 2015, only 26 states require ignition interlocks for all drunk driving offenders and 20 require them for repeat offenders.

Risk Factor 3: Speeding. Of the fifteen countries reporting on deaths due to speeding, the US ranked 8th. Speeding contributed to more than 9,500 US motor vehicle crash deaths in 2013. Automated enforcement along with targeted media campaigns and increased police presence are proven measures to decrease speeding. Similar approaches can also be used to increase seat belt use and decrease impaired driving.

While the US is currently falling short of their peers, other countries successes suggest the US can make more progress in reducing motor vehicle crash deaths. Ultimately the path forward requires buy-in from all levels. The federal government must continue to track progress and encourage the right programs and policies, states must be willing to implement those programs and policies, and drivers and passengers must follow the laws set forth by those policies. Interestingly, in this report, the use of cell phones while driving was not indicated as one of the major risk factors for motor vehicle related death. However, according to a report last Spring from the National Highway Traffic Safety Administration, distraction contributed to almost as many deaths as drunk driving in the year 2013. At present, only 14 states have primary enforcement laws prohibiting the use of handheld cellular devices while driving. This certainly seems like a risk factor worth considering in the future.

*Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Israel, Japan, Netherlands, New Zealand, Norway, Slovenia, Spain, Sweden, Switzerland, the United Kingdom, and the United States.

<https://tinyurl.com/hmrftu7>

<https://tinyurl.com/jzu4o6e>

<https://tinyurl.com/j8wz78n>

■

" Lower BAC limits certainly disincentivize impaired driving."

"... distraction contributed to almost as many deaths as drunk driving in the year 2013."

Coffee: Carcinogenic or Not?

We've entered a somewhat surprising new chapter in the debate about whether or not coffee is carcinogenic. The most recent report from the WHO's International Agency for Research on Cancer (IARC) published in *The Lancet Oncology* concludes that "there is 'inadequate evidence' to suggest that coffee consumption increases the risk of cancer." In fact, drinking one cup a day may reduce the risk of liver, uterine and endometrial cancers. The last time the IARC tackled this topic was 25 years ago in 1991 when they originally labeled coffee carcinogenic due to what would turn out to be a tenuous link with bladder cancer. Despite the reversal, coffee is not quite off the hook yet since the current report now finds that drinking any beverage at a temperature greater than 149°F (65°C) may increase the risk of esophageal cancer. These conclusions were drawn from the review of more than 1,000 studies on how the consumption of hot beverages influences cancer risk and might explain high rates of esophageal cancer in South American countries where it is customary to consume yerba maté at temperatures in excess of 150°F. The take-home message issued by IARC working group member María Stern, Associate Professor of Preventive Medicine and Urology at the University of Southern California, "Enjoy your coffee or maté, but make sure it's not very hot."

<https://tinyurl.com/zgtx7zb>

<http://monographs.iarc.fr/>

The Next Pandemic

Ali Kahn, former director of the CDC's Office of Public Health Preparedness and Response (PHPR), has recently released an autobiographical account of his career as a public health first responder. "Tracking down disease outbreaks is an exciting and intimate mix of science and art," Dr. Khan said. "I am thankful for the opportunity to share a behind the scenes look at the work of disease detectives to protect their communities and how to get ready for the next pandemic." Kahn's book describes his experience on the frontlines of disasters like ebola, anthrax and bird flu and what can be done to help prevent them in the future. "Infectious diseases are inevitable, but the next pandemic is not with better foresight, science and preparedness to protect the health in our communities," Dr. Khan said. Dr. Kahn is currently Dean of the UNMC College of Public Health.

Call For A National Birth Cohort Study

The National Academy of Medicine has published a two part perspectives series this month outlining the need for a US national birth cohort study and describing the methodology that could be utilized to make such a study successful. The US fares worse than other high income countries in terms of life expectancy and a wide variety of other health outcomes including infant mortality, injuries and homicides, HIV and AIDS, obesity and

"Enjoy your coffee or maté, but make sure it's not very hot."

"Tracking down disease outbreaks is an exciting and intimate mix of science and art,"

"...to truly understand the complex reasons underlying the relatively poor health of the US population a new longitudinal national cohort study is required,"

diabetes, heart disease, chronic lung disease and drug related deaths. The report argues that to truly understand the complex reasons underlying the relatively poor health of the US population a new longitudinal national cohort study is required, as currently ongoing studies are either not appropriately representative of the national population or are not sufficiently comprehensive.

According to the report, such a study would meet the following three criteria: it would be nationally representative; it would begin before birth and continue through adulthood; it would examine a wide range of environmental influences on health. The authors believe that such a study could provide answers to the following three questions enabling effective policy decisions aimed at addressing US health problems:

1. What explains the disparities in health and well-being in the United States?
2. What are the drivers of health and well-being from the prenatal, infancy and early childhood periods of development through adolescence and early adulthood?
3. How do the social, family, physical, nutritional, chemical and digital environments together influence health and well-being across the life course?

The second paper of the series discusses in detail methodological recommendations that would allow for the successful execution of a study of this magnitude and scope, much of which have come from lessons learned from the failures of the National Children's Study (NCS), the last attempt at a longitudinal national cohort study. The authors discuss in detail the physical, social, chemical and nutritional measures to be included as well as the importance of balancing scientific goals with feasibility and cost considerations. In addition, they offer recommendations for data collection, study management, and oversight and highlight the need to engage stakeholders both early in the process and continually as findings are released to demonstrate the benefits of the research. ■

"What explains the disparities in health and well-being in the United States?"

VOTE
in our Epi Haiku
Contest on page 15

Voters are eligible for
randomly awarded
\$25 Amazon gift cards

Contest winner earns \$300

away from studies and recommendations based on macronutrients such as saturated fat to a more food-based approach that can account for the complex nutrient composition of whole foods such as meat or dairy products.

A recent PLOS One study, a meta-analysis conducted by researchers from Tufts University, Stanford and the University of Sydney, takes exactly such an approach to address the contribution of butter consumption to chronic disease.

Study Design

The authors - Laura Pimpin, Liana del Gobbo, Dariush Mozaffarin from Tufts University and Jason H.Y. Wu and Hilda Haskelberg from The University of Sydney, systematically reviewed the literature for prospective observational studies or clinical trials that examined butter consumption and total mortality, cardiovascular disease including coronary heart disease and stroke, and type 2 diabetes. Only long duration studies with follow ups that were able to isolate butter consumption specifically from other dairy fats were included in the meta-analysis. The authors selected and reviewed 9 publications containing data from over 636,000 people in 15 different countries with a total of 6.5 million person-years of follow-up during which there were 28,271 total deaths, 9,783 cases of incident cardiovascular disease and 23,954 cases of incident diabetes. Median butter consumption among cohorts ranged from 4.5 grams/day (0.3 servings) to 46 grams/day (3.2 servings). Only observational cohort

studies were considered as they were not able to identify any randomized clinical trials that could be included in their review.

Butter and Disease

Their analysis found that butter intake was not significantly associated with cardiovascular disease or stroke. They did find a slight link between butter consumption and all-cause mortality, with each extra tablespoon consumed daily associated with a 1% increase in overall mortality. The authors suggest that this effect on total mortality may be due to the fact that people who consume more butter tend to have less healthy diets and lifestyles in general.

Interestingly, they found that butter consumption was associated with a significantly lower risk of type 2 diabetes. In this case, each extra tablespoon of daily consumption decreased the risk of developing diabetes by 4%. While intriguing, this finding is not entirely surprising as other recent studies have found decreased diabetes risk associated with consumption of other dairy foods, such as cheese and yogurt.

Conclusions

Overall, the study concludes that butter consumption has relatively small or neutral associations with long-term health and argue that these findings “do not support a need for major emphasis in dietary guidelines on butter consumption, in comparison to other better established dietary priorities.” Butter may not be as bad for our health as previously thought,

"...butter intake was not significantly associated with cardiovascular disease or stroke."

"...butter consumption was associated with a significantly lower risk of type 2 diabetes."

-Butter continued from page 7

and it may be time to stop demonizing butter, according to the authors. They also point out that we should certainly not consider butter a health food. They argue that the health effects of butter should always be considered against the alternative. As they put it, "butter may be a more healthful choice than the white bread or potato on which it is commonly spread. In contrast, margarines, spreads, and cooking oils rich in healthful oils, such as soybean, canola, flaxseed, and extra-virgin olive oil, appear to be healthier choices than either butter or refined grains, starches, and sugars." Though more research will be needed to fully understand the complex effects of butter and other dairy foods on health and disease, this study demonstrates

"...we should certainly not consider butter a health food."

"...this study demonstrates the utility of a food-based approach to determining dietary guidelines."

the utility of a food-based approach to determining dietary guidelines.

1. <https://tinyurl.com/zos5cbh> ■

-Gordon continued from page 2

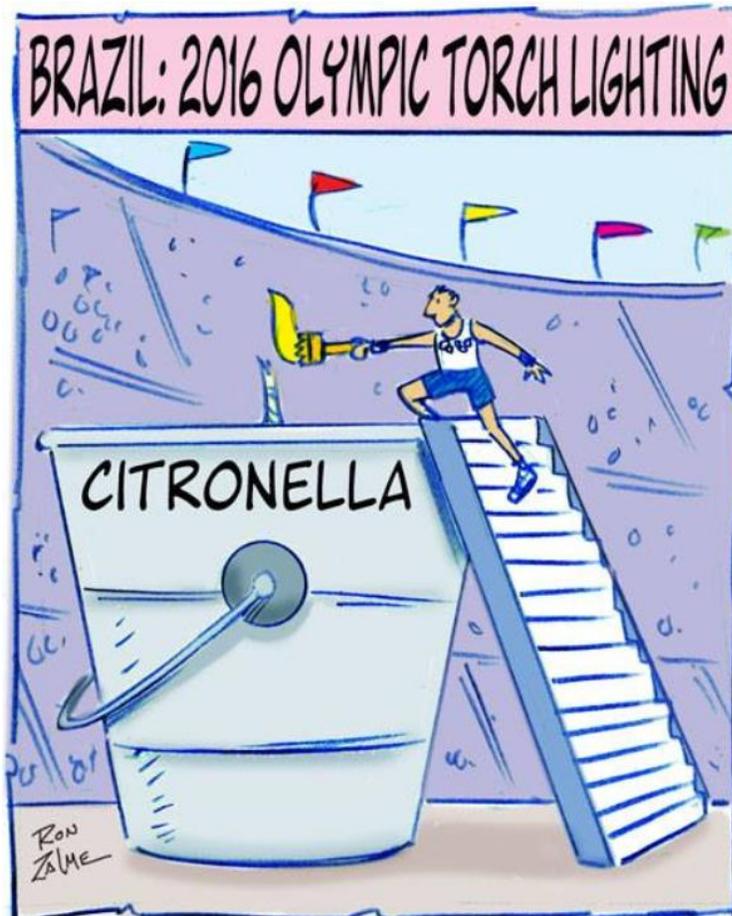
6. Follow the protocol outcomes when reporting findings or declare the differences.

7. Systematically update new findings in the context of all available research

To listen to the videocast of the Gordon Lecture, visit:

- <https://tinyurl.com/gnfssar> ■

An index of the last 20 years of Gordon lectures follows on the next page.



Cartoon courtesy of Ron Zalme - [A Partial Glimpse](#)

20+ Years Of Gordon Lecturers At NIH

Below is a list of Gordon Lectures which began in 1999. Most of these lectures can be viewed as videocasts by clicking on the links below.

Year Speaker and Lecture Details

- 2015 [Shiriki K. Kumanyika, Ph.D., M.P.H.](#)  Perelman School of Medicine
[Research Directions for Solving the Obesity Epidemic in High-Risk Populations](#)
- 2014 [Moyses Szklo, M.D., Dr.P.H., M.P.H.](#)  Johns Hopkins University
[Epidemiology: Back to Translation \(PDF - 370 KB\)](#) [Watch an NIH videocast of this seminar.](#)
- 2013 [Mitchell Gail, M.D., Ph.D.](#) National Cancer Institute [Using Risk Models for Breast Cancer Prevention \(PDF - 476KB\)](#)
[Watch an NIH videocast of this seminar](#)
- 2012 Lewis H. Kuller, M.D., Dr.P.H., University of Pittsburgh [The Obesity Epidemic: Why Have We Failed? \(PDF - 234KB\)](#)
[Watch an NIH videocast of this seminar](#)
- 2011 Jonathan Samet, M.D., Johns Hopkins University [Big Epidemiology for Big Problems](#)
- 2010 Julie E. Buring, Sc.D., Harvard Medical School [What Do We Do When Studies Disagree?](#)
- 2009 Leon Gordis, M.D., Dr.P.H., M.P.H., Johns Hopkins University
[Epidemiology at the Interface of Science, Policy, and Politics: Are New Directions Needed for Epidemiology Training Today?](#)
- 2008 Alice S. Whittemore, Ph.D., Stanford University School of Medicine [Personalizing Cancer Prevention](#)
- 2007 Robert N. Hoover, M.D., Sc.D., The National Cancer Institute [Hormones & Breast Cancer: Etiology vs. Ideology](#)
- 2006 Steven N. Blair, P.E.D., The Cooper Institute [Physical Inactivity: The Biggest Public Health Problem in the 21st Century](#)
- 2005 Jo Ann Manson, M.D., Dr.P.H., Harvard Medical School, Boston
[Post-Menopausal: Can Divergent Findings from Clinical Trials and Observational Studies Be Reconciled?](#)
- 2004 Elizabeth Barrett-Connor, M.D., University of California [Diversity, Body Size and Diabetes: Genetics Without Genotyping](#)
- 2003 Jeremiah Stamler, M.D., Northwestern University [Nutrition, Blood Pressure, Cholesterol and Low Risk](#)
- 2002 Sir Richard Peto, F.R.S., University of Oxford, UK [Halving Premature Death](#)

Year Speaker and Lecture Details

2001 David L. DeMets, Ph.D., University of Wisconsin
[*Managing and Monitoring Multicenter Clinical Trials: Who Is in Charge of What?*](#)

2000 Steven R. Cummings, M.D., FACP, University of California
[*New Technology and a Two-Edged Sword: How Bone Densitometry Has Revolutionized and Impeded the Understanding and Prevention of Osteoporotic Fractures*](#)

1999 Walter C. Willett, M.D., Dr.P.H., Harvard Medical School
[*Diet and Coronary Heart Disease: Have We Misled the Nation?*](#)

1998 Alfred Sommer, M.D., M.H.S., Johns Hopkins University [*Epidemiology in the Cause of Vitamin A: Science to Practice*](#)

1997 Jean W. MacCluer, Ph.D., University of Texas Health Science Center
From Epidemiology to Gene Discovery: Finding Genes for Complex Diseases

1996 Joseph F. Fraumeni, Jr., M.D., Sc.M., National Cancer Institute
Epidemiology of Cancer: An Interdisciplinary Approach

1995 Charles H. Hennekens, M.D., Dr.P.H., Harvard Medical School
Aspirin in the Secondary and Primary Prevention of Cardiovascular Disease

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Notes on People



Died: Philip Brachman, Professor of Global Health and Epidemiology at Emory University on June 6, 2016. Dr Brachman had formerly served as Director of the CDC's Epidemic Intelligence Service (EIS) for more than a decade in the 1970's before undertaking his second career at Emory. There he developed new courses and taught public health practitioners from around the world. He also was an instrumental leader of the summer sessions in epidemiology first in Minnesota and then in Michigan. After his passing, CDC colleagues said "We lost a true hero in epidemiology this week...In a career spanning 62 years as a medical epidemiologist, [he] played a truly seminal role in the formation of the EIS program as we know it today, and indeed the training of epidemiologists globally."



Appointed: Karin Michels, as Professor of Epidemiology and new Chair of the Department of Epidemiology at UCLA's Fielding School of Public Health. Dr Michels is currently an associate professor in obstetrics, gynecology, and reproductive biology in the Harvard Medical School and in the Department of Epidemiology in the Harvard Chan School of Public Health. "She is a great leader in both academics and research and will lead our department to the next level," said Zuo-Feng Zhang, interim chair of epidemiology.



Married: Helene Gayle, aged 60, epidemiologist and pediatrician, former head of HIV/AIDS at CDC and at the Gates Foundation on June 4, 2016 to Stephen Keith, culminating a relationship that was decades in the making. The couple had a unique history leading up to the marriage proposal described in a NY Times feature story entitled "Sharing ideals, friendship and, after 37 years, a wedding day."



Appointed: Albert Hofman, as the new Chair of the Department of Epidemiology at the Harvard Chan School of Public Health. Dr Hofman was formerly Chair of Epidemiology at the Erasmus Medical Center in Rotterdam, the Netherlands. According to Harvard, Dr Hofman is an internationally recognized scientific leader in the epidemiology of common neurologic and vascular diseases, in particular dementia and stroke. The School described his record of investigation as extraordinary in both quantity and quality.

- Notes on People continues on page 13



Honored: John Jackson and Sonja Swanson with the Rothman Prize for the best paper published in *Epidemiology* in 2015. The paper was entitled “Toward a Clearer Portrayal of Confounding Bias in Instrumental Variable Applications.” The co-authors worked together at the Harvard Chan School of Public Health where Jackson is a postdoctoral fellow and Swanson is an adjunct assistant professor and an assistant professor at Erasmus.



Married: Jessica Paulus, Assistant Professor of Medicine and Associate Director of the graduate program in clinical and translational science at Tufts on July 9 to Todd Wesley Thompson, a research fellow at Beth Israel Deaconess Medical Center and Harvard Medical School. The couple were introduced through Ok Cupid in 2013, according to the NY Times.

Do you have news about yourself, a colleague, or a student?

Please help The Epidemiology Monitor keep the community informed by sending relevant news to us at the address below for inclusion in our next issue.

people@epimonitor.net

Haiku Contest Update

More Poems Shared

Readers have responded enthusiastically to our invitation to vote for their favorite poems in our Epi Monitor Haiku contest. We selected 25 finalists and asked readers to vote for three of their favorite poems and to rank them.

Readers who have not yet voted may do so by sending an email to epimon@aol.com and listing their favorite poems by number. Amazon \$25 gift cards will be given away free to a group of randomly selected readers who vote in the contest by July 31, 2016. The top 25 poems chosen as finalists were published last month and can be viewed below.

We received many positive comments about the contest and readers clearly enjoyed the poems. Given the interests, we are publishing below a list of a few other poems which were not selected as finalists but deserve "honorable mention" and are fun to read.

Vote for 3 favorite poems now among these 25 finalists at epimon@aol.com

1. "Association" Be sure not to confuse this Word with "causation"	2. Preventable deaths- Epi curves will save the world If funding follows
3. What study design To determine risk factors For chance to be excluded	4. Public health heroes Tirelessly log cases Each outbreak anew
5. Statistician no Population steward yes Soul of public health	6. Germs or miasma Disease incidence patterns Will solve the outbreak
7. Confounded no more Perhaps association Reveals causation	8. Access to data Like a Y chromosome, you've Got or you don't
9. Disease shed data Epidemiology Spreads understanding	10. Across disciplines Epidemiologist Sleuth of diseases

*"These are
clever, funny,
and
insightful."*

*"This was
tough. The
poems are all
great."*

*"Thanks for the
laugh this
morning."*

"Cool contest"

*"Fantastic
idea"*

*"Awesome as
always"*

On The Light Side - *continued from page 15*

11. Disease within few Provides us with the insight To prevent in more	12. If it isn't fun You know it can't be epi- demiology	13. With Snow in pursuit Of pump handle causation A science is born
14. Big data is rage Dud correlation is sin Enter epi sage	15. The symphony of Epidemiology Brings music to life	16. It's foundational Epidemiology For public health
17. No kisses tonight Winter period of the flu Between the lovers	18. Genies grant wishes But poor epi researchers Wish for grants instead	19. Snow steps into save City plagued by cholera Water way to go
20. John Snow at Broad Street- Epidemiology Really at its best	21. Propensity score Trimming tails off, to become Comparative groups	22. Death is those we love Gives pain of understanding To save many more
23. Egg salad, stuffed ham Hot sun, cool shade, eat and play Outbreak tomorrow	24. Silent fall of tears Wasted grant and squandered youth P of point o six	25. Disease detective Searching for a cause and cure Alas, no funding

Vote for your 3 favorite poems now at epimon@aol.com

See the Honorable Mentions on the next page

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“Honorable Mentions”

1. Wine, sweets, meat and dough - Your well-being's friend or foe? Observe and follow	2. Disease detective Searching for a cause and cure Alas, no funding
3. No kisses tonight Winter period of the flu Between the lovers	4. Studying epi We strive to contribute to Human well-being
5. No words can describe How less than point zero five Epi is for life	6. Epidemics abound Epidemiology controls, prevents Succor arrives
7. Never forget to mention Wash you melons! e coli Rises on the knife blade	8. Public health heroes Tirelessly log cases Each outbreak anew
9. Preventable deaths Epi curves will save the world If funding follows	10. Access to data Like a Y chromosome, you've Got it or you don't
11. Confound no more Perhaps association Reveals causation	12. Germs or miasma Disease incidence patterns Will solve the outbreak
13. Short cough - a hand grasps The bus railing. Tomorrow We all wake up sick.	14. Pounding feet, heart beat Thumps in my ears. Thirteen miles Done! I am alive!

**VOTE
in our
Epi Haiku
Contest**

Voters are
eligible for
randomly
awarded
\$25 Amazon
gift cards

Contest
winner
earns \$300



Cancer Epidemiology Faculty – Section Chief Department of Epidemiology and Biostatistics

We seek a Cancer Epidemiology Faculty – Section Chief for the Department of Epidemiology and Biostatistics in the School of Medicine at The University of Texas Health Science Center at San Antonio (UTHSCSA). We encourage applications from candidates who have demonstrated skills in cancer epidemiological research from cancer control to community intervention trials to molecular and genetic studies, a strong record of extramural funding, robust interpersonal skills, an interest in leading teams of faculty researchers, and dedication to positioning the Department at the pinnacle of the profession while advancing the missions of our thriving academic institution and cancer center.

The Department of Epidemiology and Biostatistics is located on UTHSCSA's main campus near its medical, dental, and nursing schools in the heart of South Texas Medical Center, 900 acres of medical-related institutions in San Antonio that employ 28,000 people with a \$3.3 billion budget. The Department has 20 full-time faculty (with additional affiliate faculty and 46 support staff) with expertise in translational scientific discovery, clinical- and population-based investigation, applying epidemiological and biostatistical principles to clinical problem-solving and health services organizational management, formulation of health policy, and developing epidemiological and biostatistical research methods. The mission of the Department is to: develop and enhance population-based, clinical and translational research in clinical and community settings; develop epidemiologic, biostatistical and medical informatics resources to enhance UTHSCSA researchers' ability to conduct novel research, promote health, deliver quality health care, and inform health policy decisions; and promote epidemiology and biostatistical education for all UTHSCSA medical students and staff.

The Department has close research and education collaborations with the San Antonio Campus of The UT School of Public Health and the Cancer Therapy & Research Center (CTRC) at UTHSCSA, the only NCI-designated center in South Texas, serving a multiethnic population of 4 million people in a 45,970-square-mile region. The CTRC is bulding on its strong reputation as a leader in population research, integrated multidisciplinary science and care, and translation of research findings into the diagnosis, treatment, and prevention of cancer while improving the quality of life of cancer survivors. CTRC's 77 researchers have more than \$29 million in extramural research funding and have a broad range of basic, clinical, and population science expertise in three research programs (Cancer Prevention and Population Sciences, Cancer Development and Progression, and Experimental and Developmental Therapeutics) that utilize eight shared resource facilities to reduce the cancer burden in our area.

The successful applicant must have an MD, PhD, MD/PhD, or equivalent degree and a demonstrated track record of research productivity in epidemiological and population studies, potential for successful extramural funding as evidenced by peer-reviewed funding and publications, and effective leadership skills. We expect that the appointment will be at the level of Associate or Full Professor, tenure track. The successful candidate will have opportunities to apply for additional support funds from a number of funding mechanisms administered by Cancer Prevention and Research Institute of Texas (CPRIT).

Review of applications will begin immediately and continue until the position is filled. Salary will be commensurate with qualifications. All faculty appointments are designated as security sensitive positions. The University of Texas Health Science Center at San Antonio is an Equal Employment Opportunity/Affirmative Action Employer including protected veterans and persons with disabilities. Information about the Department is available here: <http://ceb.uthscsa.edu/>. For full consideration please email a cover letter detailing qualifications, a curriculum vitae, an overview of current and future research plans (1-2 pages), and contact information for three references to Dr. Amelie G. Ramirez, Professor and Chair Ad Interim of the Department of Epidemiology and Biostatistics, Director of the Institute for Health Promotion Research at UTHSCSA, and Associate Director for Cancer Preventio and Health Disparities at CTRC at rolling@uthscsa.edu.



Tulane University Translational Sciences Institute and Department of Epidemiology
Tulane University School of Public Health and Tropical Medicine

Multiple Tenure Track Faculty Positions in Genomic Epidemiology in Cardiometabolic Disease, and Clinical Research in Obesity and Nutrition Epidemiology

The Department of Epidemiology at the Tulane University School of Public Health and Tropical Medicine and the Tulane University Translational Sciences Institute are seeking applications for tenure-track faculty positions in the above research areas. Candidates with experience in any of these areas of research will be considered. We offer a supportive environment for faculty to participate in these funded studies or develop new projects.

The Tulane University Translational Sciences Institute has been funded by the NIH to provide 50% salary support and substantial research funds to promising junior faculty investigators in the genomic and metabolomic research of cardiometabolic diseases. Qualifications for Assistant Professor candidates include a doctoral degree in epidemiology/genetic epidemiology, or MD with epidemiology/genetic training.

The Tulane University Obesity Research Center seeks candidates at the Assistant Professor level with training and research experience in nutrition, obesity and/or clinical trials. Qualifications include a doctoral degree in epidemiology, or MD or PhD in nutrition with a master's degree in epidemiology.

Successful applicants should have post-doctoral experience, demonstrated potential to establish independent research programs, evidence of excellence in teaching, and interest in collaborative research. Review of applications will begin as soon as possible and applications will be accepted and reviewed until the positions are filled. Applicants should send a cover letter, complete resume, and at least three letters of recommendation to: Jiang He, MD, PhD, Tulane University School of Public Health and Tropical Medicine, 1440 Canal St., New Orleans, LA 70112. E-mail: jhe@tulane.edu.

TULANE UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. WOMEN AND MINORITIES ARE ENCOURAGED TO APPLY.



Division of Epidemiology, Associate/Full Professor

The Division of Epidemiology in the Department of Family Medicine and Population Health at Virginia Commonwealth University (VCU) invites applications for a tenure-eligible Associate or Full Professor.

Candidates must have a doctoral degree in epidemiology or related field and be eligible to work in the United States. The successful candidate will have a well-developed scholarly/research portfolio with clear evidence of multi-disciplinary applications and external funding appropriate to complement and expand existing expertise in the Division as well as accomplishments in graduate-level teaching and other professional activities. All candidates should have demonstrated experience working in and fostering a diverse faculty, staff, and student environment or a commitment to do so as a faculty member at VCU. For a full job description, please visit www.vcujobs.com, Position #F33350.

Virginia Commonwealth University is an equal opportunity, affirmative action university providing access to education and employment without regard to race, color, religion, national origin, age, sex, political affiliation, veteran status, genetic information, sexual orientation, gender identity, gender expression, or disability.

For Additional Information: Please contact Carolyn Lee at 804-828-9829 or via email at carolyn.lee@vcuhealth.org.



Epidemiology Director National Coordinating Center Breast Cancer Policy Research

The Cancer Control Program of the Georgetown-Lombardi Comprehensive Cancer Center is seeking an individual with strong epidemiology and biostatistics skills to direct the Coordinating Center for a national multi-investigator project using population simulation modeling for breast cancer comparative effectiveness policy research (CISNET). The incumbent will coordinate national teams to integrate multi-level data on cancer biology, cancer progression, cancer rates and risk factors, diagnostic accuracy of early detection modalities and impact of modern therapy on specific sub-types of breast cancer. Supervisory position.

For full job description see <https://jobs.georgetown.edu/PD.php?posNo=20160537>



UNIVERSITY of ALASKA ANCHORAGE

The UAA Institute for Circumpolar Health Studies (ICHS) provides support and coordination for health research, information, and training. ICHS is seeking to fill a non-teaching, tenure-track faculty positions.

Director, Center for Alcohol and Addiction Studies

Research focus will include the determinants of substance abuse behaviors including alcohol, tobacco, and other harmful substances, protective factors associated with resilience in the face of such effect and practical interventions to mitigate or treat such behaviors.

- MD, Ph.D, Dr.PH in alcohol and addiction studies or a related field
- Experience in managing research programs and raising funds (preferably NIH)

Successful candidates will have experience or interest in building collaborative translational health research relationships in a cross-cultural context.

To apply, visit <http://careers.alaska.edu/cw/en-us/listing/>

Contact Kelsie Sullivan, kalance@uaa.alaska.edu or 907.786.6460 for more information

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