

## Research Reforms Urgently Needed Say Commentators In The Journal of Clinical Epidemiology

### Today's Flaws In Evidence-Based Medicine Called "A Public Health Problem"

The Journal of Clinical Epidemiology currently includes a series of seven papers about promoting transparency and accountability in clinical and behavioral research. According to editorialists [Daniel Kotz](#), [Peter Tugwell](#), and [Andre Knottnerus](#) writing in the same issue, the seven papers have a "common storyline", namely an urgent need to revise the way research is currently carried out, and with no quick or easy solution in sight.

#### So what's the problem?

Basically, it's an erosion of trust in research. The contributors to the series assert that the current incentive system facilitates bias, inefficiency, and scientific misconduct. These are serious charges and echo some of the concerns reported in The Lancet in 2014. "All actors decide how best to proceed in their circumstances, which too often increase waste and reduce value in biomedical research. The

*- Reforms continues on next page*

*Please Answer Our Reader Poll on Page 12*

## Latest Journal Impact Factors Released for 2014

The journal impact factors covering approximately 12,000 journals for 2014 have been released by Thompson Reuters. The impact factor (IF) is a measure of how frequently the average article in a journal is cited in a particular year. The highest impact factor – 115.840 was achieved by *Ca – A Cancer Journal for Physicians* on the basis of 18,594 total cites. The second highest impact factor was

for the *New England Journal of Medicine* which earned a 55.873 based on 268,652 cites. The most cites were earned by *Nature* at 617,363 which garnered an IF of 41.456

The *International Journal of Epidemiology* retained its lead position with the highest IF of all the

*- Impact continues on page 6*

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July  
2015

Volume  
Thirty Six

Number  
Seven

*The Epidemiology Monitor*  
ISSN (0744-0898) is  
published monthly  
(except August) by  
Roger Bernier, Ph.D.,  
MPH at 33 Indigo  
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scientific process needs to be  
reinvigorated and its guiding  
principles promulgated...By  
ensuring that efforts are infused with  
rigour from start to finish, the  
research community might protect  
itself from the sophistry of  
politicians, disentangle the conflicted  
motivations of capital and science,  
and secure real value for money for  
charitable givers and taxpayers  
through increased value and reduced  
waste."

**Other Views**

Ben Goldacre, an epidemiologist at  
the London School of Hygiene and  
Tropical Medicine, and his colleague  
Tracey Brown from Sense About  
Science express their views in the  
Journal in an article entitled "Fixing  
Flaws in Science Must Be  
Professionalized".

According to these observers,  
"Science currently faces multiple  
challenges to its credibility. There is  
an ongoing lack of public trust in  
science and medicine...there is clear  
evidence that we have failed to  
competently implement the scientific  
principles we espouse."

The examples Goldacre and Brown  
describe reflect many shortcomings  
in the conduct and reporting of  
clinical trial data, including  
incomplete reporting and  
manipulation of data.

**Questions for Epidemiology**

They state, "For epidemiology, all  
this raises important questions. It is  
clear that there are discretionary  
decisions made by researchers that  
can affect the outcomes of research,  
whether observational studies or

randomized trials."

"...the flaws we see today, in the  
structures of evidence based  
medicine, are a significant public  
health problem. It is remarkable that  
we should have identified such  
widespread problems, with a  
demonstrable impact on patient care,  
documented them meticulously, and  
then left matters to fix themselves. It  
is as if we had researched the causes  
of cholera, and then sat proudly on  
our publications, doing nothing  
about cleaning the water or saving  
lives. Yet all too often efforts to  
improve scientific integrity, and fix  
the flaws in our implementation of  
the principles of evidence based  
medicine, are viewed as a hobby, a  
side project, subordinate to the more  
important business of publishing  
academic papers."

Goldacre and Brown argue that to fix  
these problems we must  
professionalize the work associated  
with fixing the flaws in a way that  
earns investigators grants, salaries,  
and priority attention.

**Must Do Activities**

Included in their list of professional  
activities to help assure the integrity  
of research are 1) extensive lobbying  
of policy makers and professional  
bodies, 2) close analysis of evidence  
on flaws and opportunities, 3)  
engaging the public to exert pressure  
back on professionals, 4) creating  
digital infrastructure to support  
transparency, and 5) open, public  
audit of best and worst practice.  
Some of the titles for other papers in  
the series are included below. All of  
these articles are In Press at the  
Journal.

**- Reforms continues on page 7**

## “A Gun Is Not A Disease”—Ban On Gun Violence Research Extended By Congress

An amendment that would have allowed the CDC to study the relationship between gun ownership and gun violence has been defeated in the House of Representatives Appropriations Committee, according to a report by Public Radio International. At a recent press conference, House Speaker John Boehner was quoted saying “The CDC is there to look at diseases that need to be dealt with to protect public health. I’m sorry, but a gun is not a disease. Guns don’t kill people—people do. And when people use weapons in a horrible way, we should condemn the actions of the individual and not blame the action on some weapon.”

Fred Rivara, a professor of pediatrics and epidemiology at the University of Washington at Seattle Children’s Hospital whose research on

guns in the 1990’s helped trigger the original ban of gun research funded by CDC told PRI it was chilling for gun researchers to see studies dry up. He added, “Congressional prohibition, which was extended in this very vote that we’re talking about with that appropriations bill, prevents the CDC from advocating for any form of gun control.” President Obama lifted the ban on funding gun research after the school shooting in Newtown Connecticut, but Congress has not earmarked any money for such research and has not made funds available to CDC.

David Hemenway, Director of the Harvard Injury Control Research Center, told LiveScience “One of the bad things the gun lobby has done is they’ve said ‘it’s us or them, and you’ve got to choose sides.’ That makes it so people choose sides, and then they look for confirmatory data instead of trying to see what the world is really like.”

*- News continues on page 4*



## **Multiple Causes Thought To Explain Spread Of MERS Co-V Outbreak In Korea**

According to WHO, the MERS-CoV outbreak in Korea is the largest outbreak outside of the Middle East with 166 lab-confirmed cases and 24 deaths. The index case had travelled to the Middle East but was not sick during his trip and no contact with camels or health care facilities has been identified. His source is unknown. All cases reported so far include healthcare workers caring for confirmed cases, patients who were being cared for at the same healthcare facilities as confirmed patients, and family members of confirmed patients or of patients.

The investigations into the outbreak which had extremely rapid and extensive spread have now identified the following factors as contributing to the extensive spread.

- ▶ The appearance of MERS-CoV was unexpected and unfamiliar to most physicians.
- ▶ Infection prevention and control measures in hospitals were not optimal.
- ▶ Extremely crowded Emergency Rooms and multi-bed rooms contributed significantly to nosocomial infection in some hospitals.
- ▶ The practice of seeking care at a number of medical facilities (“doctor shopping”) may have been a contributing factor.
- ▶ The custom of having many friends and family members accompanying or visiting patients may have contributed to secondary spread of infection among contacts

- ▶ There is no strong evidence at present to suggest that the virus has changed to make the virus more transmissible.
- ▶ Thus far, the epidemiological pattern of this outbreak appears similar to hospital-associated MERS-CoV outbreaks that have occurred in the Middle East. To date, investigations have not been able to determine whether environmental contamination, inadequate ventilation, or other factors have had a role in transmission of the virus in this outbreak. There is a compelling need for further investigation, says WHO.



## **Dutch Study Further Clarifies Reported Benefits Of Nut Consumption**

A Dutch study published in the International Journal of Epidemiology made the news over the last month. According to the authors, “interest in the health effects of nut intake is growing rapidly”, and the investigators sought to examine the benefits separately for total intake as well as tree nut, peanut, and peanut butter consumption.

A cohort of over 120,000 men and women aged 55-69 years old and followed for 10 years showed a non-linear reduction in cause-specific and overall mortality associated with consumption of nuts – both tree nuts and peanuts, but not peanut butter. Study subjects were divided into three categories of nut consumption ranging from 0.1-- <5grams per day, 5--<10, and 10+. Hazard ratios for overall mortality were 0.88, 0.74, and 0.77. Meta-analyses of published cohort studies showed that when highest levels of nut consumption were compared to lowest levels of nut consumption, summary hazard ratios were 0.85 for cancer and 0.71 for respiratory mortality.

*- News continues on page 5*

## **Lancet Commission Says Climate Change Efforts Have Potential To Yield Greater Health Payoffs Than Any Other Actions This Century**

A special Lancet Commission has concluded that actions to mitigate and adapt to climate change could make the greatest contributions to population health in the 21<sup>st</sup> century. This is so because countries are and will be constrained by climate change and relieving these constraints would allow countries to avoid diverting resources away from activities that can achieve better population health. Many of the desired interventions would directly reduce health burden, enhance community resilience, alleviate poverty, and decrease inequities, according to Lancet. It called the desired actions “no-regret” options because the health benefits would be built-in.

The Commission made a set of 10 recommendations. Epidemiologists would have perhaps the greatest role in helping to implement the first recommendation to develop better understanding of the needs and benefits associated with climate change and climate change interventions.

The 10 recommended actions include:

1. Invest in public health research, monitoring, and surveillance
2. Increase funding to make health systems in low and middle income countries more resilient
3. Phase out coal from the global energy mix
4. Encourage cities to support and promote healthy lifestyles

5. Establish framework for stronger carbon pricing mechanism
6. Expand access to renewable energy in low and middle income countries
7. Document health and economic benefits of mitigation
8. Facilitate collaboration between Ministries of health and other government departments
9. Agree to support countries transitioning to a low carbon economy
10. Provide expertise that supports implementation of mitigation policies and monitor progress



## **Proven Effective HIV Interventions Are Proving Not So Easy To Implement In The Real World**

A shift in thinking about how best to prevent or treat HIV is taking place, according to Nature. Rather than holding out for a “magic bullet” such as a vaccine or cure, “the growing consensus...is that the tools needed to stamp out HIV already exist if they could just be used in the right way,” according to the article.

Tweaking the interventions adequately after trials showing they are effective under “ideal conditions” has proven challenging in the real world. In some cases, the obstacles are that the health care delivery system is not user-friendly enough and discourages patients from coming for treatment or complying with treatment over the long term. In other instances, programs are unable to attract high risk persons for screening to begin with because testing is not convenient for the risk populations or persons do not want to be identified as HIV positive.

*- News continues on page 7*

epidemiology journals in the public health category. Below are the impact factors for epidemiology and public health journals as well as a few well-known general medical journals. These IF results were achieved by only 4,000 of the approximately 12,000 journals covered. All remaining 8,000 journals had impact factors below 1.870.

Journal Category	Journal Name	2014 IF	Total Cites
<b>General Medical</b>	Ca – A Cancer Journal for Physicians	115.840	18,594
	New England Journal of Medicine	55.873	268,652
	Lancet	45.217	185,361
	Nature	41.456	617,363
	Journal of the American Medical Association	35.289	126,479
	Science	33.611	557,558
	British Medical Journal	17.445	89,031
<b>Epi &amp; Public Health</b>	International Journal of Epidemiology	9.176	16,999
	Environmental Health Perspectives	7.977	34,489
	Emerging Infectious Disease	6.751	24,477
	Epidemiologic Reviews	6.667	3,063
	Annual Review of Public Health	6.469	4,090
	Epidemiology	6.196	10,623
	European Journal of Epidemiology	5.339	5,316
	American Journal of Epidemiology	5.230	35,307
	Bulletin of WHO	5.089	12,342
	American Journal of Public Health	4.552	29,771
	Infection Control and Hospital Epidemiology	4.175	10,112
	Epidemiology and Psychiatric Science	3.907	339
	Journal of Epidemiology & Community Health	3.501	11,539
	Environmental Health	3.372	2,681
	Paediatric and Perinatal Epidemiology	3.131	2,650
	Journal of Epidemiology	3.022	1,698
	Cancer Epidemiology	2.711	1,567
	International Journal of Public Health	2.701	1,422
	Genetic Epidemiology	2.597	2,943
	European Journal of Public Health	2.591	3,982
	Neuroepidemiology	2.558	2,562
	Social Psychiatry and Psychiatric Epidemiology	2.537	5,948
	Epidemiology and Infection	2.535	7,241
	Preventing Chronic Disease	2.123	2,633
	Journal of Public Health	2.039	1,555
	Community Dentistry and Oral Epidemiology	2.025	3,709
	Annals of Epidemiology	2.000	5,522
	Australian and New Zealand Journal of Public Health	1.980	2,613
	Journal of the American Statistical Association	1.979	25,196
	Injury Prevention	1.891	2,407
	Epidemics	1.870	341

## Article Titles

- ▶ Promoting greater transparency and accountability in clinical and behavioural research by routinely disclosing data and statistical commands
- ▶ The end of scientific papers as we know them?
- ▶ How do we make it easy and rewarding for researchers to share their data? – a publisher’s perspective
- ▶ Research data as a global public good
- ▶ Navigating an Open Road
- ▶ Disclosure of data and statistical commands should accompany completely reported studies
- ▶ Anticipating consequences of sharing raw data and code and of awarding badges for sharing
- ▶ Promoting transparency and accountability in clinical and behavioural research
- ▶ Fixing flaws in science must be professionalised ■

## *-News continued from page 6*

Farley Cleghorn, an epidemiologist with the Futures Group in Washington DC told Nature, “A lot of my university colleagues are very good at doing the studies and coming up with a finding, but are clueless about how to get that finding into actual practice. The challenge for implementation science is to diminish that reduction in impact that happens when you move from a controlled environment to the general population.”



### **Source Of New Ebola Cluster In “Disease Free” Liberia Unlikely To Be Imported**

After declaring itself disease free following a 42 day waiting period in May, Liberia has recently reported a new case. The case was found through heightened surveillance activities underway in the country. Five additional spread cases have now been linked to the first new case. Genetic testing from these individual makes it “highly unlikely” that the origin comes

from outside of Liberia, according to a July 10 statement from WHO. While the origin remains a mystery, the most plausible explanation may be that Ebola transmission has been ongoing and undetected in the Liberian population. This may require changes in the criteria to be met before countries are declared truly free of Ebola. The chains of transmission have not yet been broken in Sierra Leone and Guinea which reported at total of 27 cases last week. ■

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## Notes on People



**Honored:** Steven Macdonald, clinical associate professor of epidemiology at the University of Washington School of Public Health, with the Pumphandle Award from the Council of State and Territorial Epidemiologists (CSTE) for “extraordinary contributions to and outstanding achievements in the field of applied epidemiology”. According to CSTE, the prestigious **award** honors a State, Local, Territorial or Federal Epidemiologist who exemplifies these achievements.



**Died:** Frederick Pei Li, professor at Harvard Medical and Public Health Schools, on June 12 at age 75. Tracking patterns of cancer in children with colleague Joseph Fraumeni at NCI in the 1960's, they uncovered a rare cancer with a genetic basis now called Li-Fraumeni syndrome. Li went on to do important work on genetics and cancer and on cancer prevention strategies.



**Honored:** Louise Brinton, Chief of the Hormonal and Reproductive Epidemiology Branch at NCI, with the Career Accomplishment Award from the Society for Epidemiologic Research at its June 2015 meeting. Career accomplishment and leadership impact on the field are core criteria used in selecting the awardee, according to SER.



**Honored:** Joseph Lyon, Professor Emeritus at the University of Utah School of Medicine, with the Distinguished Service to SER award. The award is given to recognize individuals who have multiple years of outstanding contributions to the organization. Award winners are selected by the leadership of the organization.



**Honored:** Enrique Schisterman, Senior Investigator and Chief of the Epidemiology Branch at the Eunice Shriver National Institute of Child Health and Human Development with the Excellence in Education award from the SER at its June 2015 meeting. The award is given annually to an individual who has made substantial contributions to the field of epidemiology through one or more of mentoring, training, and/or teaching.

*- Notes on People continues on page 9*



**Honored:** Sunni Mumford, Investigator at the Eunice Shriver National Institute of Child Health and Human Development with the Brian MacMahon Early Career Epidemiologist award from the Society for Epidemiologic Research at its June 2015 meeting. The award is made for substantial contributions to the field and likelihood of becoming a future leader in epidemiology.



**Honored:** Ashley Naimi, Assistant Professor at McGill University, with the Lilienfeld Postdoctoral Prize Paper award from the Society for Epidemiologic Research at its June 2015 meeting. The award is given to recognize outstanding postdoctoral epidemiologic research.



**Honored:** Hailey Banack, doctoral student at McGill, with the Tyroler Student Prize Paper award from the Society for Epidemiologic Research at its June 2015 meeting. It is given to recognize the best submitted paper by a student in a doctoral program with a concentration in epidemiology.



**Appointed:** Ann Aschengrau, professor of epidemiology at Boston University School of Public Health, as an associate editor of the journal Environmental Health, an Open Journal with an impact factor of 3.372 in 2014.



**Honored:** Mollie Wood, University of Massachusetts, with the Student Prize Paper Award from the Society for Pediatric and Perinatal Epidemiologic Research at its June 2015 meeting. Her paper was entitled "Prenatal triptan exposure increases externalizing behaviors at three years: results from the Norwegian Mother and Child Cohort Study"

*- Notes on People continues on page 10*

## Notes on People continued from page 9



**Honored:** Edwina Yeung, Epidemiology Branch, Division of Intramural Population Health Research, Eunice Kennedy Shriver National Institute of Child Health and Human Development, with the Rising Star award given by the Society for Pediatric and Perinatal Epidemiologic Research at its June 2015 meeting. This award is to recognize early to mid-career investigators whose achievements and potential set them on a trajectory to become research leaders in the field of reproductive, perinatal and pediatric epidemiology.



**Honored:** Allen J. Wilcox, National Institute of Environmental Health Sciences, with the Mentoring award given by the Society for Pediatric and Perinatal Epidemiologic Research at its June 2015 meeting.



**Honored:** Pauline Mendola, Eunice Kennedy Shriver National Institute of Child Health and Human Development with the President's award given by the Society for Pediatric and Perinatal Epidemiologic Research at its June 2015 meeting.



**Profiled:** David Van Sickle, CEO and co-founder of Propeller Health, called an “up and comer” company in the health care information technology field by the publication Healthcare Informatics. Trained as an anthropologist and then as an Epidemic Intelligence Service officer at CDC, Van Sickle created “Asthmapolis” which attaches to inhalers and syncs wirelessly with smartphones and can track triggers and symptoms. The company is discovering multiple other applications that can improve individual and public health.

**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](mailto:people@epimonitor.net)

## 2014 Authors Recognized

Multiple authors, for the best papers of the year 2014 by the American Journal of Epidemiology. A list of the authors and article titles follows:

- ▶ Ailshire J and Crimmins E. [Fine Particulate Matter Air Pollution and Cognitive Function Among Older US Adults](#). *Am. J. Epidemiol.* (2014) 180 (4): 359-366
- ▶ Baglietto L et al. [Associations of Mammographic Dense and Nondense Areas and Body Mass Index With Risk of Breast Cancer](#). *Am. J. Epidemiol.* (2014) 179 (4): 475-483
- ▶ Chiolero A, Paradis G and Kaufman J. [Assessing the Possible Direct Effect of Birth Weight on Childhood Blood Pressure: A Sensitivity Analysis](#). *Am. J. Epidemiol.* (2014) 179 (1): 4-11
- ▶ Engel S et al. [Neonatal Genome-Wide Methylation Patterns in Relation to Birth Weight in the Norwegian Mother and Child Cohort](#). *Am. J. Epidemiol.* (2014) 179 (7): 834-842
- ▶ Gurley E et al. [Indoor Exposure to Particulate Matter and Age at First Acute Lower Respiratory Infection in a Low-Income Urban Community in Bangladesh](#). *Am. J. Epidemiol.* (2014) 179 (8): 967-973
- ▶ Jokela M. [Are Neighborhood Health Associations Causal? A 10-Year Prospective Cohort Study With Repeated Measurements](#). *Am. J. Epidemiol.* (2014) 180 (8): 776-784
- ▶ Karim M et al. [Marginal Structural Cox Models for Estimating the Association Between  \$\beta\$ -Interferon Exposure and Disease Progression in a Multiple Sclerosis Cohort](#). *Am. J. Epidemiol.* (2014) 180 (2): 160-171
- ▶ Keyes K and Galea S. [Current Practices in Teaching Introductory Epidemiology: How We Got Here, Where to Go](#). *Am. J. Epidemiol.* (2014) 180 (7): 661-668
- ▶ Kimlin M et al. [The Contributions of Solar Ultraviolet Radiation Exposure and Other Determinants to Serum 25-Hydroxyvitamin D Concentrations in Australian Adults: The AusD Study](#). *Am. J. Epidemiol.* (2014) 179 (7): 864-874
- ▶ Richardson D et al. [Assessment and Indirect Adjustment for Confounding by Smoking in Cohort Studies Using Relative Hazards Models](#). *Am. J. Epidemiol.* (2014) 180 (9): 933-940

## Reader Poll

Please help us by answering the question below. Clicking the link will take you to the poll platform where your response will automatically be tallied.

A recent PEW survey asked 3,748 scientists if they agreed with the following statements. We seek to obtain information more directly relevant for readers of the Epidemiology Monitor. Please answer the following question:

Which of these statements comes closer to your own view, even if neither is exactly right?

- Scientists should take an active role in public policy debates about issues related to science and technology
- Scientists should focus on establishing sound scientific facts and stay out of public policy debates
- No answer

**Respond:** <https://tinyurl.com/onhun72>

Thank you. We will report the results in an upcoming issue.

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## Professor and Chair to Transform the Department of Biomathematics

The University of California Los Angeles invites applicants to lead a new initiative in biomedical informatics and computational medicine. As Professor and Chair, the candidate will lead a transformation and renaming of the Department of Biomathematics, housed in the David Geffen School of Medicine (DGSOM), in the areas of Clinical Informatics, Bioinformatics, and Mathematical Biology. Reporting to the Dean of the DGSOM, the Chair will provide vision, leadership, and strategic direction in meeting the research, education, and service missions of the transformed Department. Responsibilities include overall management, academic planning, budget, personnel, resource allocation, and program development.

This recruitment is based on the comprehensive work of a multidisciplinary task force convened to create a vision for the future of biomedical informatics in the DGSOM. The principal recommendations include the following: (1) Establish a new department that builds upon the current Department of Biomathematics and includes three divisions (Clinical Informatics, Bioinformatics, and Mathematical Biology); (2) Foster a coherent Departmental culture and leverage strengths of departments and institutes outside DGSOM on the main UCLA campus; (3) Catalyze translational informatics research and training; (4) Ensure active collaboration between informatics leadership in the Health System with faculty in the new Department.

The current Department of Biomathematics has a rich and long history in mathematical and computational biology. Research interests include mathematical and statistical genetics, mathematical physiology, theoretical biophysics, evolutionary and systems biology, molecular and medical imaging, oncology, and clinical pharmacology. The educational mission includes training of undergraduate, masters, graduate, and postdoctoral students. The Department's Statistical Biomath Consulting Clinic provides assistance to biotech companies, physicians conducting clinical trials and operations research, and students working on theses and post-doctoral research.

Candidates must have an M.D. and/or Ph.D. degree, an outstanding record of leadership and research excellence, and a demonstrated commitment to education. It is also highly desired that the candidate have a proven track record of management in academia, national leadership in professional organizations, national recognition for scholarship, ability to recruit the new faculty that will be needed for this Department, and documented experience and expertise in mentoring junior faculty.

Confidential review of applications, nominations and expressions of interest will begin immediately and continue until an appointment is made. Compensation for the position is highly competitive. The DGSOM has a strong commitment to the achievement of excellence and diversity among its faculty and staff. *The University of California is an Equal Opportunity/Affirmative Action Employer.*

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- An understanding of univariate and multivariate statistical procedures, including generalized linear modeling and survival analysis
- Proficiency in the use of statistical analysis software (e.g., SPSS, SQL, Stata, R)
- Experience designing databases, working with large databases (>100,000,000 records), or using data in a variety of formats
- Experience using geographic information systems (GIS) and working with surveillance data

### FOR FURTHER INFORMATION CONTACT

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Professor and Chair

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# UNIVERSITY OF MINNESOTA

## Research Fellowship in Translational Pediatric Cancer Epidemiology NIH T32 CA099936

The University of Minnesota Department of Pediatrics and Masonic Cancer Center seeks applicants for its highly successful training program in translational pediatric cancer epidemiology research, for 1 predoctoral and 3 postdoctoral students. Trainees work in a variety of research settings including classical epidemiology, statistical genetics/computational biology, laboratory bench science, and clinical investigations. Along with coursework specific to pediatric cancer, strong graduate school degree programs at the University of Minnesota in Epidemiology (PhD) and in Clinical Research (MS) offer opportunities for courses in epidemiology, cancer epidemiology, biostatistics, cancer biology, statistical genetics, immunology, clinical trials/methods, and field research. Further, students have several unparalleled opportunities for supervised translational research projects in stem cell biology, human and animal research, study design and development, statistical analysis approaches, and individual and team grant writing. The one predoctoral student must be formally admitted to the graduate school PhD program in Epidemiology. The postdoctoral trainees are drawn from the medical, basic and applied sciences, and medical fellows who have completed advanced clinical training in pediatric oncology and are embarking on the research component of their training. Special attention is given to recruitment of individuals from under-represented minorities. We anticipate that two of our postdoctoral trainees will choose to obtain an MS in Clinical Research. Each trainee is guided by at least two senior mentors from complementary disciplines in their research projects. All trainees participate in courses in pediatric cancer topics and readings in pediatric cancer epidemiology, weekly pediatric cancer seminar meetings and pediatric tumor conferences. Trainees who graduate from this program will have the capacity to undertake high impact pediatric cancer research across a spectrum of disciplines.

Applicants must be United States citizens or permanent residents. Criteria for selection of all trainees include academic performance and a career orientation toward independent research in an academic, clinical, or public health setting. For further information, go to the website: <http://www.peds.umn.edu/epidemiology/education/index.htm>.



## Cancer Control / Population Scientist

The University of New Mexico School of Medicine, Division of Epidemiology, Biostatistics and Preventive Medicine in the Department of Internal Medicine, and the UNM Cancer Center are seeking behavioral scientists, epidemiologists and health services researchers, and invite applications for tenure track positions at all academic ranks. Senior candidates will be considered for a leadership role in the Cancer Control and Disparities Research Program. Minimum qualifications are: 1) PhD in the behavioral or public health sciences or a related field, and 2) Must be eligible to work in the United States as this is not a J-1 visa opportunity. Preferred qualifications are: 1) expertise in any of the following substantive areas: community intervention research that addresses cancer disparities, genetics/genomics/epigenetic issues or mechanisms, molecular epidemiology; and interventions aimed at reducing cancer risk in healthy populations and improving outcomes in cancer survivors and their families or 2) expertise in energy balance and genomics-related interventions in underserved populations.

For best consideration apply by 7/12/15. The position will remain open until filled. For a complete description and to apply please access Posting #0830697 at: <https://unmjobs.unm.edu/> Complete applications should include a cover letter, curriculum vitae, a statement of research interests and the names of three references with mailing address, phone numbers and email address. Inquiries should be directed to Dr. Anita Kinney: [aykinney@salud.unm.edu](mailto:aykinney@salud.unm.edu). EEO/AA



## Faculty Position in Environmental Health (EH) Department of Civil and Environmental Engineering

The Department of Civil and Environmental Engineering (<http://engineering.tufts.edu/cee>) at Tufts University (<http://www.tufts.edu/>) seeks candidates for a tenure-track faculty position in Environmental Health at the level of Associate or Full Professor, with rank determined by experience and accomplishments. Exceptional candidates at the level of Assistant Professor will be considered. Candidates must possess a doctoral degree in public health engineering, environmental engineering, public health, biostatistics, or a related field. See: <http://ase.tufts.edu/faculty/searches/positions/descriptionsFullTime.htm#cee>.

We seek applicants capable of conceptualizing and conducting research and teaching across the widening spectrum of environmental health challenges present in the world today. The successful candidate will be able to design and assess environmental health interventions, through demonstrated expertise in such areas as trial design, data analysis, water-borne diseases, epidemiology, and public health engineering. Preference will be given to candidates who have international experience, particularly in the developing world. Principal responsibilities will include the establishment of an externally-funded research program, graduate and undergraduate instruction, and University and professional service.

Tufts' School of Engineering (SOE) is located on Tufts' Medford/Somerville campus, only six miles from historic downtown Boston and distinguishes itself by the interdisciplinary focus and integrative nature of its engineering education and research programs, within the intellectually rich environment of both a "Research Class 1" university and a top-ranked undergraduate institution.

Questions about the position should be addressed to Dr. David M. Gute, search committee chair, [david.gute@tufts.edu](mailto:david.gute@tufts.edu). Candidates should submit their application, including a cover letter, curriculum vitae, statement of research and teaching objectives, and contact information for three references to Academic Jobs Online (<https://academicjobsonline.org/ajo/jobs/5576>) Review of applications will begin on September 15, 2015 and will continue until the position is filled. Tufts University is an Affirmative Action/Equal Opportunity Employer. We are committed to increasing the diversity of our faculty, and thus, women and members of underrepresented groups are strongly encouraged to apply.

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