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THE EPIDEMIOLOGY MONITOR

A monthly update covering people, events, research and key developments

Conference At University of Connecticut Will Examine Challenges Facing Science and Society Trying To Make Sense and Good Use Of Data

Epidemiologists are only too familiar with the criticism that their research can prove confusing to the public and policy makers when new findings are reported about the possible role of specific risk factors and health. Perhaps the most widely-circulated cartoon in epidemiology circles is the one from a 1997 issue of the Cincinnati Enquirer. It depicts a newscaster on a TV program called "Today's Random Medical News (from the New England Journal of Panic Inducing Gobbledygook) showing how the newsman reports from the New England Journal by

spinning roulette wheels depicting different exposure factors, disease outcomes, and target groups to obtain different combinations of findings. Because they vary so randomly, or so it would appear, the results seem to be nonsensical. When subsequent findings conflict with earlier ones, the situation can become even more confusing.

Other Challenges

But confusing or conflicting findings are only one sort of communication

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Large \$14M Grant For Epidemiologists To Identify Modifiable Risk Factors For Breast Cancer In Women Younger Than Fifty

Etiology Of Breast Cancer Has Become Very Complex Over The Years

The more we learn, the more we need to know. This paradox would appear to apply only too well to breast cancer where much has been learned about the disease, its risk factors, and treatments over the years, yet new knowledge has brought a host of new questions. News reports of a \$14 million grant to a team of researchers led by Michigan State University epidemiologist Ellen Velie have accentuated the fact that the etiology of the disease remains unclear despite years of research and the successful identification of numerous risk factors.

The grant is to carry out a population-based case-control study (The Young Women's Health History Study, YWHHS) of 2,000 breast cancer cases to be diagnosed during the next five years. The co-principal investigators are Kendra Schwartz from Wayne State University and the Karmanos Cancer Institute in Detroit and Katherine Henderson from the City of Hope National Medical Center in Duarte California near Los Angeles.

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“Minds can get made up too quickly in response to newly reported risks...”

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challenge. According to Lawrence Silbart, Professor at the University of Connecticut and lead organizer of an upcoming conference on communication in public health, public reaction and resulting public policy following early reports of new potential risks can often get too far ahead of the science. He cited the recent book by Albert Einstein College of Medicine's epidemiologist Geoffrey Kabat on "Hyping Health Risks" to buttress his point.

Part of the reason for this according to Silbart is that the risk from initial reports often gets exaggerated, or at least the interpretations of that risk get exaggerated because people have a natural tendency to fear the worst case scenario. The situation is made all the more challenging because the larger body of data needed to approach a scientific consensus on the topic often only comes years after the initial reports of potential risk, he added. "Minds can get made up too quickly in response to newly reported risks," according to Silbart, and he wonders if there might not be a better way for scientists and society to address and communicate about findings.

The Conference

Researchers at the University of Connecticut are planning a one-day conference in October 2010 to provide further examples of the challenges in communicating about and making policy around research findings related to risk factors. Entitled "Mixed Messages in Public Health—'It's No Wonder Folks Are Confused'", the conference will seek to raise awareness about the challenges of dealing with risk information. The stakes for society to meet this challenge more effectively are very high as in the case of climate

change, childhood vaccine programs, and other science policy areas.

Conference Speakers

To kick off the conference, Silbart's group has invited Kabat as keynote speaker on "Cell Phones, Science, and Fear: How Our Society Manufactures Hazards". Other speakers will be on hazard assessment as it relates to Bisphenol A (BPA) in plastic, mercury and fish consumption, and nanotechnology and potential toxic effects.

A challenge of a different sort is communicating effectively about findings even when the findings are consistent and appear to point to a course of action. Getting through to the public and policy makers in the Internet age when society faces a glut of information is more challenging than ever before. Doing so in highly polarized societies where trust is low adds another layer of difficulty. If ever it was true that the facts speak for themselves, that era has disappeared, and a better approach to making use of data is needed.

At least one such new approach will likely be presented at the conference because the featured speaker at lunchtime will be Randy Olson, the author of the recent book entitled "Don't Be Such A Scientist". Olson, formerly a marine biology professor turned filmmaker, has argued for scientists to pay attention to style as well as substance in communicating with the public, and to lead with the heart, not the head. His book admonishes scientists not to be so cerebral, literal-minded, and unlikeable. He calls for scientists to become better storytellers.

- *University Conference, continues on page 7*

National Research Council's Report Proposes New Framework For Making Risk-Based Public Policy Decisions

Concerns about the inability to translate data into action or into sound public policy are widespread in the scientific community. Gridlock or stalemate on climate change, stem cell research, and vaccines and autism have become the "standard set" of examples used to illustrate this new reality of failure to move forward in articulating public policies.

The Report

A recent report by the National Research Council entitled "Science and Decisions – Advancing Risk Assessment" has noted that the Environmental Protection Agency (EPA) regulatory risk assessment and decision-making on risk assessment more generally are "bogged down" with some assessments taking up to 10 years to complete. Among the causes of this gridlock cited by the NRC are uncertainty of scientific data, lack of participation by community groups, environmental organizations, industry, and consumers in the decision-making process, and finally disconnects between the available data and the information needs of decision makers. These causes may operate at the broader level of science policy making on non-environmental issues as well.

In order to help break these stalemates, the NRC has recommended a new framework for risk-based decision making. It is grounded on the earlier risk assessment framework created by the NRC in its well known "Redbook" report in 1983, but it extends the framework on both the front end and back end of the technical assessment at the core of the model.

New Model

The new model describes risk-based decision making as taking place in three phases. Phase I is about problem formulation and scoping, phase II is centered on planning and conducting the technical risk assessment, and phase III is about risk management.

The new emphasis on the front end of the risk-based decision making process emphasizes the importance of getting agreement on the front end of the process on what the important and relevant questions are. Otherwise, a risk assessment may turn out to be technically sound, but actually will be irrelevant to decision makers who may have a different question in mind or have different options to choose from which were not specifically addressed by the technical assessment.

Public Participation

The solution to this deficit, according to the NRC, is to involve a wider group of stakeholders in the formulation of the problem and of the options that are possible or of interest in addressing this problem. Once these parameters of the decision making have been agreed to, the model then proceeds to the second phase in which technical assessments of risk can then be carried out for each of the agreed upon options. The model also calls for participants to agree on the front end that the planned for technical assessments are appropriate for answering the questions that are being posed. This up front work is designed to make the ultimate scientific results of the assessment more useful and acceptable to decision makers.

"...regulatory risk assessment and decision-making on risk assessment more generally are 'bogged down...'"

"...up front work is designed to make the ultimate scientific results of the assessment more useful and acceptable to decision makers."

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Proven Risk Factors

The news about the grant provides an opportunity to get an update on our understanding about the etiology and prevention of breast cancer. For example, the list of proven risk factors for breast cancer (1) is long and now includes family history in a first-degree relative or genetic predisposition (BRCA1), height, benign breast disease, mammographically dense breasts, parity, age at first birth greater than 30 years compared to less than 20 years, lactation of long duration, menopause at greater than 54 years versus less than 45 years, high endogenous estrogen levels, postmenopausal hormone use, ionizing radiation exposure in childhood, menarche at less than 12 years compared to greater than 14 years, high postmenopausal body mass index, high premenopausal body mass index, and alcohol use of one or more drinks per day.

“Creating a single causal model which integrates all of these risk factors is challenging...”

Other Risk Factors

The list of risk factors unconfirmed but based on substantial data includes current oral contraceptive use, and physical activity level. Limited evidence suggests that high prolactin levels, high premenopausal insulin-like growth factor I levels, in utero exposures, and non-steroidal anti-inflammatory drug use also influence the risk of breast cancer.

All of these risk factors have been found to increase breast cancer risk except parity, lactation, premenopausal body mass index, and physical activity which have been associated with decreases in risk.

“Breast cancer is no longer seen as a single disease entity...”

Creating a single causal model which integrates all of these risk factors is challenging, and the broad conceptual framework for how the known risk factors for breast cancer may be operating to cause disease has been changing over the years.

Paradigm Shift

Perhaps the most notable change in thinking about the mechanisms for breast cancer is the concept that breast cancer risk might originate in utero and in early life especially during the growth period of early life and during the prenatal period in premenopausal years. It is clear that the timing of exposure in a woman's life is important since the effects of a single factor (e.g., radiation exposure) can vary if experienced in early life versus later life (1).

More Than One Disease

Another critical change in how breast cancer is viewed comes from the fact that risk factors vary for breast cancer cases according to their estrogen receptor status and progesterone receptor status. Breast cancer is no longer seen as a single disease entity but rather as multiple diseases.

Michigan Study

In planning the YWHHS, researchers have used a conceptual framework for breast cancer which envisages exposures over a woman's life forming a chain with earlier life factors such as childhood growth and age at menarche working to modify other more current risk factors in adult life such as body size.

Controversy Over Breast Cancer Screening Heightened By Two Additional Studies

How Many Women Should Be Hurt To Save One Life Is The Key Question At The Heart Of The Controversy

Two new studies from Sweden and Norway showing benefits from screening women over 50 and benefits ranging from a 10-26% reduction in the risk of death from breast cancer among women 40-49 have added to the confusion of women and the medical and public health communities about what screening to do, if any, for women, particularly those in the 40-49 age group. The controversy began last year when the US Preventive Services Task Force did not recommend routine mammography for women under 50 years of age. Public reaction against the recommendation was widespread to the point where politicians got involved. Also, the standing recommendations of the American Cancer Society and the National Institutes of Health continue to recommend mammography for women forty years of age and older.

Swedish Study

The Swedish studies compared two counties with and without voluntary mammography screening for women 40-49 starting in 1986. Women were followed for an average of 14 years. There was a total of 803 breast cancer deaths for 7.3 million person years in the county with screening compared to 1,238 deaths for 8.8 million person years in the county without screening. There was a 26-29% percent reduction in deaths depending on whether all women invited to screening or only screened women were included in the denominator.

Norwegian Study

The Norwegian study was focused primarily on screening benefits for

women 50-69. The study included both concurrent and historical controls. The study showed a reduction in deaths of 7.2 per 100,000 for the screened group and 4.8 for the unscreened group, showing a benefit of screening but also a downward trend in breast cancer deaths independent of screening. The overall difference attributable to screening was 2.4 deaths per 100,000 which was estimated to be only a 10% decline overall in breast cancer deaths due to screening.

Source of the Problem

These studies are contributing to the controversy because they suggest that breast cancer screening works, albeit perhaps less effectively than previously thought because of improving death rates over time, and suggested a 26-29% reduction for women 40-49. Since it has been shown before that screening is more worthwhile for women over 50, the contrary evidence in favor of a larger effect for younger women will stir further debate.

The controversy involves differences of opinion about whether the benefits of screening are worth more than the harms. As one University of Michigan observer stated, "It's not enough just to know how many women were saved, we have to know how many were hurt to save them." Or as another commentator put it, "One thing is certain. Mammography has been shown in study after study to reduce the risk of breast cancer in women 40-49. What we're talking about is the debate about how many women need to be screened to save one life." ■

"It's not enough just to know how many women were saved, we have to know how many were hurt to save them."

"What we're talking about is the debate about how many women need to be screened to save one life."

- Grant for Epi, con't from page 3

This broad outline about the possible causes of breast cancer and the mechanisms that may be involved have been used to help select the questions to be answered and the design of the newly funded YWHHS.

"African-American women under <40 have a higher incidence rate than white women"

According to Velie, the disease is less common in women under 50 and less well-studied and understood despite being more deadly. Thus, interest in younger women is high. In that category, African-American women under <40 have a higher incidence rate than white women, and an understanding the reasons for the differences by race could improve overall understanding of the disease, says Velie.

Also, several energy balance factors in adult life such as fatness and physical activity and genetic variants of these, as well as energy balance factors in early life such as growth and age at menses increase risk, and the investigators are keen to examine these since many are potentially modifiable. Evidence that breast cancer may be related to socioeconomic status also suggests that breast cancer incidence can be altered after birth.

"...breast cancer incidence can be altered after birth."

Since the information about varying lethality by tumor type is relatively recent, and tumor characteristics have not always been taken into consideration in earlier studies, the YWHHS will collect and analyze data by tumor subtype.

Largest Study

According to Velie, investigators are planning to conduct what will amount to the largest study of breast cancer in younger African-American women and this is why they chose to collect cases from populations in LA and Detroit

which produce the largest number of such cases. Researchers will obtain questionnaire data, anthropometric measurements, photographs, blood, and tumor tissue. The objectives of the study are to investigate--in a socioeconomically diverse population of black and white women--whether life course energy balance factors or polymorphic variation in candidate genes in energy balance pathways are associated with breast cancer risk overall and by molecular tumor subtypes. ■

1. Hankinson SE, Colditz GA, and Willett WC. The Lifelong Interplay of Genes, Lifestyle, and Hormones. Breast Cancer Res 2004, 6:213-218

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Technical Assessments

The NRC also proposed changes in the phase II technical assessments which involve characterizing and communicating about the uncertainty and variability in all the key computational steps of the risk assessment, being more explicit about the default assumptions used in the assessment, using a unified dose-response approach for both cancer and non-cancer effects, and considering a wider range of potential influences on risk such as those coming from multiple sources or aggregated exposure over a longer time period to one source of risk.

Risk Management

In phase III, risk management, the risks and benefits of the different options are evaluated and a choice made in the preferred course of action to manage the risk. During this phase, both risk and non-risk related information must be integrated in making the actual choice about a preferred option. Some of these non-risk related considerations include

- NRC Report, continues on page 7

those related to economic feasibility, and compatibility with legal requirements and stakeholder and decision maker preferences. The NRC is careful to point out the potential for manipulation of the results by preferences of the risk managers and urges that safeguards be taken to avoid such an outcome.

The NRC recognizes that risk assessments cannot continue to be handled as they have in the past and that their recommendations for EPA are "tantamount to 'change-the-culture' transformations in risk assessment and decision making in the agency." These culture changing practices in seeking to use data for action may also apply at the broader level of science policy making in society where epidemiologic data on a wide variety of both environmental as well as non-environmental exposures are often brought to the fore. ■

Another Prescription

As evidenced by a review of Olson's book in Science in January 2010, the topic of the relationship between science and society is a timely one with scientists bemoaning popular misunderstandings of science regarding global warming, stem cell research, and childhood vaccination programs and the public becoming increasingly aware that science is not free from personal values. The reviewer of Olson's book has his own prescription which involves listening to and respecting your audience. He claims that scientists are poor communicators because they do not know how to listen and can be stunningly dumb when it comes to dealing with people. He adds, "...to win people's minds you must first get them to listen, and people will listen only if they feel that they are respected."

"...their recommendations for EPA are 'change-the-culture' transformations in risk assessment and decision making in the agency."

Another group which has recently reported on how best to address risk information and achieve greater utility of scientific data is the National Research Council which has recommended tying risk assessments more closely to the questions to be answered and doing so by involving a wider group of participants in all stages of the risk-based decision making process. (See related story in this issue)

"...to win people's minds you must first get them to listen, and people will listen only if they feel that they are respected."

Information and registration for the conference can be found at www.cag.uconn.edu/ahs/mixedmessages The total list of sponsors includes the College of Agriculture and Natural Resources, the Department of Allied Health Sciences, or the Center for Environmental Health and Health Promotion at the University of Connecticut. The contact person is Nancy Madrak at 860-486-2834 or by email at nancy.madrak@uconn.edu ■

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2011 To Be The Year Of Congresses

Meetings in Canada And Scotland On The Drawing Boards

The new year 2011 promises to be more interesting than usual for epidemiology meetings. Plans are underway to organize two separate Congresses next summer. The first to take place will be the 3rd North American Congress of Epidemiology to be held in Montreal Canada on Tuesday thru Friday June 21-24, 2011, and the second will be the 19th World Congress of Epidemiology sponsored by the International Epidemiological Association (IEA) to be held in Edinburgh Scotland on Sunday thru Thursday August 7-11, 2011. (See Table for Key Facts about each Congress).

Themes

The theme of the IEA World Congress will be "Changing populations, changing diseases: Epidemiology for Tomorrow's World". The North American Congress will have no theme other than epidemiology, according to its organizers. The idea behind having no specific theme is to "showcase and promote the diversity of study, practice and policy within Epidemiology and to identify areas of commonality across different substantive areas of the field."

Types of Sessions

A common denominator of the Congresses is that they will showcase the key research and other issues in epidemiology today through the use of three modes of presentation – invited plenary session speakers, symposia sessions of 2-5 speakers on a topic proposed by epidemiologists and selected for the meeting, oral presentations submitted by abstracts from epidemiologists and selected for presentation, and poster presentations

submitted by participants and accepted by the organizers. The North American Congress will in addition sponsor pre-conference workshops on topic ideas submitted by the epidemiology community. The deadline for submitting these items are listed on the accompanying table in this issue.

Distinctiveness

The North American Congress occurs every five years and is distinctive because of the large number of professional epidemiology and epidemiology related professional societies which sponsor or co-sponsor the meeting. The IEA Congress occurs every three years and stands out for the international perspective it brings to the field of epidemiology. The organizers of the IEA Congress are aiming to have representatives from every country in the world at the Scotland meeting. Among the topics to be presented at the IEA Congress are addresses on global problems such as economic inequality, climate change, food supply, and population changes and talks on neglected conditions such as tropical diseases.

Other Features

Highlights of the Congresses will include specially featured plenary session speakers and invited lectures honoring former epidemiologists. The IEA stands out for having three such invited lectures in honor of John Snow, Richard Cruickshank, and Richard Doll. The North American Congress has not listed any honorary lectures on its program; however, the Congress will make awards to honor the contributions of selected epidemiologists. ■

Key Facts On Upcoming Epidemiology Congresses

Key Features	Meetings	
Location	Montreal, Canada	Edinburgh, Scotland
Date	June 21 - 24, 2011	August 7 - 11, 2011
Sponsor(s)	ACE, APHA, SER, CSEB and co-sponsors	IEA
Theme	None	<i>Changing populations, Changing Disease: Epidemiology For Tomorrow's World</i>
Types of Sessions	<ul style="list-style-type: none"> •Invited Plenary Speakers •Symposia •Oral Presentations •Poster Sessions •Pre-Congress Workshops 	<ul style="list-style-type: none"> •Invited Plenary Speakers •Symposia •Oral Presentations •Poster Sessions
URL	http://www.epicongress2011.org	http://www.epidemiology2011.com
Deadlines	Abstracts: January 5, 2011 Symposia: October 31, 2010	Abstracts: January 21, 2011 Symposia: October 22, 2010 Early Registration: April 29, 2011
Meetings in Conjunction	SPER • June 20 - 21 CPHA • June 19 - 22	None
Registration Fees	Not listed but to be reduced for members of the four sponsoring societies.	IEA £ 300 - Early £ 375 - Late £ 425 - Onsite Non-IEA £ 340 - Early £ 415 - Late £ 465 - Onsite
Honorary Lectures	Not Listed	<ul style="list-style-type: none"> •Richard Doll Lecture •John Snow Lecture •Robert Cruickshank Lecture
Awards	Multiple	Not Listed

EPI Job Bank

No of jobs: 100+

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MD	Baltimore	Johns Hopkins University	PD Trainee, Cardio Dis Epi	n/a	Lauren Camarata	*410/955-0476	lcamarata@jhu.edu	oao 09/09/10
MD	Bethesda	NICHD	Postdoc Fellow	MD/PHD	Cuilin Zhang	*309/402-2084	zhangcu@mail.nih.gov	oao 09/23/10
MD	Bethesda	NIH	PD Fellow	PHD,MD+MPH	Jack Guralnik	309/496-1176	jack.guralnik@nih.gov	oao 09/26/10
•MD	Bethesda	USUHS	Postdoc-Neuro Epi	PHD	Ann Scher	309/295-3615	ascher@usuhs.mil	oao 09/27/10
MD	College Park	Univ. of Maryland	Professor Positions	PHD	Sue Anne Swartz	*309/405-2542	sswartz@umd.edu	oao 09/23/10
•MD	Hyattsville	NCHS	Health Policy Fellow	PHD Candidate	Beth Johnson	*209/292-6800	nchs@academyhealth.org	oao 09/27/10
MD	Rockville	FDA	PH Analyst	adv. epi train	Cheryl Reynolds		cheryl.reynolds@fda.hhs.gov	oao 09/09/10
MD	Rockville	FDA	Branch Chief	MD/MPH	Robert Wise	*309/827-5218	robert.wise@fda.hhs.gov	oao 09/27/10
MD	Rockville	FDA Center for Biologics	Epidemiologists	MDD/MPH,equiv	Robert Wise	*309/827-5218	robert.wise@fda.hhs.gov	oao 09/27/10
MD	Rockville	FDA-CBER	Medical Epi	Doctoral Degree	Robert Wise	309/827-6089	robert.wise@fda.hhs.gov	oao 09/27/10
MD	Rockville	Westat	Biostatistician	PHD	R. Carow	*309/294-2092	hrhs@westat.com	oao 09/09/10
MD	Rockville	Westat	Sr. Epi/Int'l Stud	MD/PHD	R. Carow	*309/294-2092	hrhs@westat.com	oao 09/09/10
MD	Rockville	Westat	Study Mgr	Masters	R. Carow	*309/294-2092	hrhs@westat.com	oao 09/09/10
MD	Rockville	Westat	Epidemiologist	PHD	R. Carow	*309/294-2092	hrhs@westat.com	oao 09/09/10
ME	Augusta	ME DHHS	Infections Epi	MPH	Virginia Roussel	209/287-1873	virginia.roussel@maine.gov	oao 09/09/10
•ME	Augusta	ME DHHS	Epidemiologist	MPH	Virginia Roussel	209/287-1873	virginia.roussel@maine.gov	oao 09/27/10
MI	Okemos	MPHI	Epidemiologist	Master's	Tracy Thompson	*517/381-0260	hr@mphi.org	oao 09/27/10
MN	Minneapolis	Univ. of Minn	Pre/Post Epi	MS/PHD	Julie Ross		rossx014@umn.edu	oao 09/27/10
•MN	Missoula	Univ. of MN	Molecular Epidemiologist	MD/PHD	Andrij Holian	*409/243-2807	andrij.holian@umontana.edu	oao 09/27/10

State	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
•MT	Helena	MT DPHHS	Sr. PH Epi	Doc/Master's	Tina Berkshire	409/444-4450	tberkshire#mt.gov	oao 09/27/10
•NC	Chapel Hill	UNC	Post-doc	PHD in PH,epi	Rachel Larsen		reclarsen@gmail.com	oao 09/27/10
•NC	Chapel Hill	UNC	Proj Coordinator	MPH, epi	Jennifer Smith	919/966-7450	jsssmith@email.unc.edu	oao 09/27/10
NC	RTP	RTI Int'l	Genetic Epi	PHD	Eric O. Johnson	919/990-8347	ejohnson@rti.org	oao 09/23/10
NC	RTP	RTI Int'l	Research Epi II	PHD	L Andrusyszyn	919/541-6765	landrus@rti.org	oao 09/23/10
NC	RTP	RTI Int'l	Sr. Enviro Epi	PHD/MD	Ellen Benzine	919/571-2716	ebenzine/contractor@rti.org	oao 09/27/10
NJ	Springfield	ClinForce, LLC	Epi Specialist	MPH	Cathy Zeier	*919/941-0071	czeier@clinforce.com	oao 09/09/10
NY	Bronx	Albert Einstein	Cancer Epidemiologist	PhD in epi or MD	Thomas Rohan		rohan@aecom.yu.edu	oao 09/27/10
NY	New York	Albert Einstein	PD Fellow	PHD epi/biostat	Robert Kaplan	*718/430-3588	rkaplan@aecom.yu.edu	oao 09/09/10
•NY	New York	Mt. Sinai SOM	Genetic Epi	PHD/MD MS/MPH	Paolo Boffetta	*212/996-0407	paolao.boffetta@mssm.edu	oao 09/27/10
•NY	New York	Mt. Sinai SOM	Ad/dementia Epi	Phd/MD MS/MPH	Paolo Boffetta	*212/996-0407	paolo.boffetta@mssm.edu	oao 09/27/10
•NY	New York	NYC DHMH	PH Res/Advisor	MD,PHD,ScD,DrPH	H Debbie Lew		dlew@health.nyc.gov	10/30/2010
NY	Rochester	Univ of Rochester	Infectious Dis Epi	PhD-epi or related	Susan Fisher	*585/461-4532	Susan_Fisher@URMC.Rochester.edu	oao 09/27/10
NY	Rochester	Univ. of Rochester	Epidemiologist	PHD	Lois B. Travis		lois_travis@urmc.rochester.edu	oao 09/27/10
OH	Columbus	OH State Uni	Ass't/Assoc Prof	PHD/MD	Eric Lutz	614/292-2590	elutz@cph.osu.edu	oao 09/26/10
•OH	Columbus	OSU	Ass't/Assoc/Full Prof	PHD/MD	Kat Marriott	614/688-5746	phpid@osu.edu	oao 09/27/10
OH	Kent	KSU	Sr. Fac. Positions Epi	PHD	Shelley Sullivan	*850/650-2272	shelleysullivan@greenwoodsearch.com	oao 09/27/10
•OH	Kent	KSU	Sr. Fac in Epi	PHD	Shelley Sullivan	*850/650-2272	shelleysullivan@greenwoodsearch.com	oao 09/27/10
•OR	Portland	OSU	Faculty Ass't - Epi	BS	Jessina McGregor	509/494-4722	mcgregoj@ohsu.edu	oao 09/27/10
•OR	Portland	OSU	Postdoc Scholar	PhD,MD	Jessina McGregor	*509/494-8797	mcgregoj@ohsu.edu	oao 09/27/10
PA	Horsham	Johnson & Johnson	Sr. Safety Scientist	MSc, MPH in epi	Ray Barber	609/730-3302	rbarber@its.jnj.com	oao 09/23/10
PA	Philadelphia	Drexel University	PHD epidemiology	PHD in epi	Craig J. Newschaffer	*215/762-1174	cnewscha@drexel.edu	oao 09/09/10
•PA	Philadelphia	Temple University	Tenure Track	doctoral degree	Deborah Nelson	*215/204-1854	dnelson@temple.edu	oao 09/27/10
PA	Philadelphia	Westat	Biostatistician	PHD	R. Carow	*309/294-2092	hrhs@westat.com	oao 09/09/10
PA	Philadelphia	U of Pennsylvania	Clin Epi/Hlth Srv Res Fell	Adv degree	Jennifer Kuklinski	215/898-0861	jkuklins@mail.med.upenn.edu	oao 09/27/10
TN	Nashville	Meharry College	Jr. Epidemiologist	MPH or related	Roger Zoorob	*615/327-5634	rzoorob@mmc.edu	oao 09/26/10
TN	Nashville	Vanderbilt Univ	Post-doc Fell Cancer Epi	PhD,Dr.PH or MD	MPH Wei Zheng	615/936-0682	Wei.zheng@vanderbilt.edu	oao 09/27/10
TN	Nashville	Vanderbilt Univ	Post Doc Fellow	PhD	Wei Zheng	*615/936-1269	wei.zheng@vanderbilt.edu	oao 09/27/10
VA	Arlington	Degge Group	Epi Project Mgr	DPH/PhD;MD;MPH	Robert Keelin	709/276-0069	apply_to_hr@yahoo.com	oao 09/27/10
•VA	Arlington	Degge Group	Epi Proj Manager	DPH/PHD	Robert Keelin	709/276-0069	apply_to_hr@yahoo.com	oao 09/27/10
VA	Arlington	Degge Group	Epi Project Mgr	DPH/PHD/MD/MPH	Robert Klein	709/276-0069	apply_to_hr@yahoo.com	oao 09/27/10
VA	Richmond	VA Comm. Univ	Pdoc Fellow pharmacoepi	doctoral in epi	Kate Lapane		klapane@vcu.edu	oao 09/23/10
VA	Richmond	VCU	PD Fellow	PHD, MPHw/MD	Yi Ning	*809/828-9773	yning2@vcu.edu	oao 09/23/10
VT	Burlington	VT DOH	PH Analyst	PHD	Laurel Decher	*809/652-4157	ldecher@vdh.state.vt.us	oao 09/27/10
•VT	Burlington	VT DOH	PH Analyst III	PHD	Jennifer Hicks	809/863-7264	jennifer.hicks@ahs.state.vt.us	oao 09/27/10
WA	Seattle	Fred Hutchinson	PD Fellow	PhD	Scott Canavera	*209/667-4051	scanavera@fhcrc.org	oao 09/27/10
WA	Seattle	GHR Institute	Postdoc Fellow	PHD/MD	Lacey Greene	*209/287-2871	t32womenshealth@ghc.org	oao 09/27/10

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EPI Job Bank Foreign Listings

Country	City	Institution	Description	Degree	Contact	Phone/*Fax	Email/Fax	oao/cd
Brazil	Rio de Janeiro	GlaxoSmithKline	Dir. of Epi	MD/PHD	Sholeh Dadressan	215/751-3660	sholeh.2.dadressan@gsk.com	oao 07/10/10
CA	Calgary	Alberta CR Brd	Post D in Epi	PHD in epi	Sue Robinson	*403/476-2416	careers@cancerboard.ab.ca	oao 09/23/10
CA	Quebec City	Universite Laval	Post Doc Fellowship	PHD	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 09/23/10
CA	Quebec City	Universite Laval	Research Assistant	MSc	Marc Brisson	*418/682-7949	marc.brisson@uresp.ulaval.ca	oao 09/15/10
CA	Calgary	Alberta Cancer	Res. Stat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/24/10
CA	Edmonton	CNHWG	PD - Epi Res	PHD	Karen Goodman	*780/492-6153	karen_j_goodman@yahoo.ca	oao 09/23/10
CA	Edmonton	Univ of Alberta	PD Fellow	PHD	Karen Goodman	*780/492-6153	karen.goodman@ualberta.ca	oao 03/11/10
CA	Montreal	McGill University	Cancer Epi	PHD	Armen Aprikian	514/934-8353	lina.maglieri@muhc.mcgill.ca	oao 09/23/10
CA	Toronto	OAHPP	Epi - Hos Infection	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/23/10
CA	Toronto	OAHPP	Epi - Chronic Dis	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/23/10
CA	Toronto	OAHPP	Senior Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/23/10
CA	Toronto	OAHPP	PH Epi	MPH	Ami Au-Yeung	647/260-7132	careers@oahpp.ca	oao 09/23/10
CA	Montreal	McGill University	Postdoctoral Pos.	PHD/equiv	Eduardo Franco	*514/398-5002	eduardo.franco@mcgill.ca	oao 04/10/10
Canada	Alberta	Alberta Cancer Board	Statistical Associate	Masters-biostat,stat	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 09/24/10
Canada	Alberta	Alberta Cancer Board	Research Associate	Masters-epi,ph,com	HR	*403/270-3898	careers@cancerboard.ab.ca	oao 09/24/10
Canada	Alberta	Alberta Cancer Board	Research Associate	MSc Epidemiology	Theresa Radwell	*403/270-8003	tradwell@cancerboard.ab.ca	oao 09/24/10
Canada	Fredericton	New Brunswick Cancer Net	Senior Epidemiologist	PHD in Epi w/ 4 yr	s. Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp	oao 09/24/10
Canada	Fredericton	New Brunswick Cancer Center	Biostatistician	Masters in Biostat	Amanda Carroll	506/444-2360	www.gnb.ca/0163/employ-e.asp	oao 09/24/10
Canada	Calgary	Alberta Cancer Brd	Res. Biostat. Sci	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/24/10
*Canada	Calgary	Alberta Cancer Brd	PD Fell-Epi	PHD	Sue Robinson	403/521-3713	suerobin@cancerboard.ab.ca	oao 09/24/10
Canada	Montreal	Univ. de Montreal	Postdoc Cancer Epi	PHD	Anita Koushik	*514/890-8000	anita.koushik@umontreal.ca	oao 05/10/10
Canada	Montreal	McGill University	Professorship	Doctorate	Holly Nazar	514/398-4501	admincoord.pot@mcgill.ca	oao 08/13/10
*Canada	Toronto	Mt. Sinai	Res Coordinator	MS in epi	James Wickham	*416/586-8404	wickham@lunenfeld.ca	oao 09/27/10
*Canada	Toronto	Mt. Sinai	Res. Coordinator	MS in epi	Rayjean Hung	*416/586-8404	rayjean.hung@lunenfeld.ca	oao 09/27/10
*Canada	Halifax	Capital District	Director	MSc/PHD	Hala Finians	902/ 473-3203	hala.finians@cdha.nshealth.ca	oao 09/27/10
*FR	Lyon	IARC/WHO	Postdoc Fellow	Phd/MD	Eve El Akroud	*330472738080	fel@iarc.froao	09/27/10
*France	Lyon	IARC	Scientist	MD/PHD in epi	HR	33472738457	www.who.int/employment	oao 09/27/10
Greece	Athens	Univ. of Athens	Biostatistician	PHD/MSc w/pub	Elena Riza	*+30/2107462058	eriza@med.uoa.gr	oao 09/23/10
Peru	Lima	Int'l Potato Center	Leader of Agriculture	PHD in Epi	Rosario Marcovich	+51 1 349 6017	CIP-Recruitment@cgiar.org	oao 09/23/10
PR	Ponce	Ponce SOM	Director (PH)	Doctoral	R. Ivan Iriarte	787/840-2575	iiriarte@psm.edu	oao 04/23/10
Spain	Barcelona	CREAL	Research Position-Biostat	solid biostat backg	Josep-Maria Anto		jmanto@imim.es	oao 09/23/10
Switzerland	Land	Fearn Associates	Molecular Epidemiologist	PhD-biostat or epi	Information		info@fearn-associates.com	oao 04/23/10
*UK	London	LA-SER	Pharmacoepi	Masters in epi	A Hammon	00442031375800	ahammond@la-ser.com	oao 09/27/10
*UK	London	LA-SER	Director	PhD in epi or PH	A Hammon	00442031375805	ahammond@la-ser.com	oao 09/27/10

Faculty Position in Clinical Epidemiology Department of Epidemiology

The Department of Epidemiology at the Johns Hopkins Bloomberg School of Public Health invites applications for a position at the rank of Assistant Scientist in the Clinical Epidemiology area of concentration.

Applicants should hold a Masters Degree in Epidemiology, Biostatistics or related health field with at least three years of experience in research project management, supervision, and grant preparation. Proficiency in technical writing and knowledge of biostatistics is preferred. The successful candidate will direct the Coordinating Unit in the Childhood Development after Cochlear Implantation (CDaCI) study. This multi-center, prospective project is funded by the NIDCD and is a landmark study of deaf children who utilize modern sensory implants for hearing restoration. The study provides a whole-child developmental assessment of enrolled children. Responsibilities are outlined below:

- Act independently to oversee conduct of multicenter cohort study
- Oversee data entry and management processes at the field centers and coordinating center
- Direct quality assurance and control activities at the field centers and coordinating center
- Monitor study activities to assure their timely completion
- Coordinate and participate in investigator calls and meetings
- Prepare reports as needed for the IRB and sponsor
- Prepare competing continuation
- Monitor publication process
- Assist in drafting and advancing papers
- Supervise staff
- Monitor study database
- Report to the chair of the Steering Committee, Dr. John Niparko
- Monitor budget and allocate resources as needed

The candidate appointed to this position will also assist the Director of the Welch Center in monitoring his research studies, including: 1) assisting in grant preparation activities; 2) monitoring budgets; and 3) preparing reports as needed for the Institutional Review Board and sponsors. The candidate will participate in teaching activities by assisting the Welch Center Director in leading the Clinical Epidemiology area of concentration, participating in and potentially leading classes related to implementation of research, and serving as a resource for Welch Center faculty and trainees on practical issues related to design and conduct of epidemiology and clinical research.

The search will remain open until the position is filled. However, applications received by September 30, 2010 will be included in the initial review. Interested applicants should send their Curriculum Vitae and the names of three references to:

David Celentano, ScD, MHS
Charles Armstrong Professor and Chair
Department of Epidemiology
Johns Hopkins Bloomberg School of Public Health
615 N. Wolfe Street, Room W6041
Baltimore, Maryland 21205
or online to rbgray@jhsph.edu

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The University promotes affirmative action for minorities, women, disabled persons, and veterans.

The Johns Hopkins University is a smoke-free environment and as such, prohibits smoking in all facilities. The Johns Hopkins University is a drug-free workplace.

Department of Health and Human Services
National Institutes of Health
National Institute on Alcohol Abuse and Alcoholism



Staff Scientist Positions Available

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a major research component of the National Institutes of Health (NIH) and the Department of Health and Human Services (DHHS), is seeking two exceptional candidates for Staff Scientist positions within the Laboratory of Epidemiology and Biometry, Division of Intramural Clinical and Biological Research, NIAAA. Successful candidates will be part of a multidisciplinary research laboratory involved in designing, planning and analyzing cutting-edge human genome epidemiological studies. The current focus of the Laboratory is the planning of a large (N=50,000) nation-wide genetic epidemiologic study that will include whole genome sequencing.

Candidates are sought from two different backgrounds:

Epidemiologists/Survey Statisticians: Experience in the analysis and interpretation of health data; development of statistical methods for analyzing large in-house and public use data files; statistical analysis using SAS, SUDAAN and other software packages; planning and monitoring national studies and preparation of survey instruments and documentation.

Genetic Epidemiologists: Experience in the design and statistical analysis of whole genome data to identify genetic variants associated with alcohol, drug and related psychiatric disorders and to elucidate gene-gene and gene-environment interactions; experience using statistical programs and packages like R, SAS, PHASE and PLINK to analyze whole genome data within the context of large datasets.

Candidates must have a Ph.D. or equivalent doctoral degree in epidemiology, genetics, statistics, biostatistics, molecular epidemiology, statistical genetics, behavior genetics or related field and at least 3 years of postdoctoral expertise. Criteria for selection include demonstrated expertise and experience in the design and analysis of epidemiologic or whole genome data and contributions to complex genetic or epidemiological research programs.

Application Process: Salary is competitive and commensurate with experience and a full package of Civil Service benefits is available including retirement, health and life insurance, long term care insurance, leave and savings plan (401K equivalent). To be considered for this position, please submit a curriculum vitae, bibliography, the names, addresses, contact numbers (phone and fax) and e-mail address of at least three references and a brief statement of research experience, interests and goals (via pdf or Microsoft word format only – paper applications will not be accepted) by the closing date to **the following e-mail account**:

E-mail: LEBStaffSciRecruit@mail.nih.gov

The closing date for receipt of applications is December 30, 2010

The NIH encourages the application and nomination of qualified women, minorities and individuals with disabilities. This position is subject to background investigation.



The HHS and NIH are Equal Opportunity Employers



Postdoctoral Research Fellowship in Prostate Cancer Genetic Epidemiology
Seattle, Washington

The Epidemiology Program at Fred Hutchinson Cancer Research Center invites applications for a Postdoctoral Research Fellowship in prostate cancer genetic epidemiology.

Job Description: The successful candidate will work with a multidisciplinary team of investigators focused on prostate cancer research. A major focus of the studies is on genetic susceptibility, environmental exposures, and gene-environment relationships in the development and progression of prostate cancer. S/he will assume responsibility for analyses of epidemiological and genetic data from population-based case-control studies and from a large study of high-risk prostate cancer families. In addition to analyses of existing data, the candidate will assist in the development of new grants, perform literature reviews, summarize research findings, and prepare manuscripts for publication.

Qualifications: The candidate should have a doctorate in epidemiology with an interest in genetics/cancer etiology/molecular biology and experience in the conduct of epidemiological studies. Strong organizational and analytical skills, good writing and communications skills, and knowledge of SAS/STATA are necessary.

This is not a bench-research position.

Job Type: Full-time position

Job Category: Scientific Staff

Compensation: Salary based on NIH scale + excellent benefits

OPENING DATE: Immediately

CLOSING DATE: Open until filled

To apply for this position, send cover letter, curriculum vitae, and three letters of reference to:

Scott Canavera, HR Specialist

Fred Hutchinson Cancer Research Center

P.O. Box 19024, J1-105

Seattle, WA 98109-1024

Email: scanaver@fhcrc.org

Fax: 206-667-4051

Web Site: www.fhcrc.org

The Fred Hutchinson Cancer Research Center and the Seattle Cancer Care Alliance are equal opportunity employers, committed to workforce diversity.

The National Birth Defects Network (NBDPN) is pleased to announce the launch of its new and improved website, <http://www.nbdpn.org>.

The website offers many of the same great features as the previous site; however, our new site has made a more user-friendly layout as well as an updated look and expanded resources to benefit its membership and the general public. This includes:

- * Birth defects surveillance guidelines:
http://www.nbdpn.org/birth_defects_surveillance_gui.php?navtitle=idxpubs
- * Searchable articles of potential interest (API):
http://mms.nbdpn.org/news_search.php?org_id=NBDP&vm=1273&submit=Search+Articles
- * Highlighted state profiles, starting with the Utah Birth Defect Network: <http://www.nbdpn.org/ubdn.php>
- * Birth defects education materials:
http://www.nbdpn.org/national_birth_defects_prevent.php
- * Multi-state collaborative projects:
http://www.nbdpn.org/multi-state_collaborative_proj.php

This new site reflects the dedication of the NBDPN constituency to continually advance its efforts to: improve access and application of information about the prevalence and trends of birth defects, increase collaboration between members within the birth defects community and advance science through birth defects surveillance and its application to public health efforts and resource allocation.

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**Contact: Cynthia Wright,
Director of Operations**

**The Epidemiology Monitor
2560 Whisper Wind Court
Roswell, GA 30350**

**Tel: 770/594-1613
Fax: 770/594-0997**

**email: epimon@aol.com
web: www.epimonitor.com**



**EMPLOYMENT OPPORTUNITY
 PROGRAM EVALUATOR
 (EPIDEMIOLOGY SPECIALIST II)**

Multiple vacancies

***Covered, Limited, Uncovered**

Division of Public Health Services/Tobacco Education & Prevention/Chronic Disease/Women’s & Children’s’ Health

Location: 150 N. 18th Avenue, Phoenix, AZ
Grade: 20
Class Code: ACV38582, AUN04687
Requisition #:
Salary Range: \$36,814-49,753
Issue Date: September 2010
Apply By: Open Continuous

The Position: The incumbent will provide technical assistance to staff, contractors and subcontractors on issues related to the evaluation process, and conduct data analysis and evaluation studies. This position will collect and analyze data; maintain secure databases in Access; report results of analysis to project director, evaluator and federal sponsors on an ongoing basis; and will help in writing evaluation reports. The Position: Works under the general supervision of an Epidemiology Program Supervisor, Chief or Director of Research/Assessment and Evaluation, or Epidemiology Program Manager, depending on area of assignment, exercising some independent judgment within established program parameters, policies and procedures. Has the authority to determine appropriate methods of data analysis, evaluation, and surveillance. Designs and conducts special epidemiological and program evaluation studies; analyzes statistical data and identifies trends and characteristics; prepares reports which include recommendations for program improvement; may act as project leader for designated studies; provides technical advice and assistance to entry level staff. Responsible for timely and accurate completion of epidemiological and evaluation studies on various public health topics.

Knowledge, Skills and Abilities (KSAs): Are generally required by attaining a Bachelor's degree in public health, psychology, microbiology, sociology, or related social science field with an emphasis on health and/or epidemiology, program evaluation, statistics, analysis and experience in database management and manipulation, technical writing, public presentations, and coordination, or experience that provides the applicant with the necessary knowledge, skills and abilities to successfully perform in the position. Prefer an Masters degree in Public Health, Psychology, Sociology, or Social Work and three years relevant experience. Ability to translate research findings into prevention products and established data quality assurance process.

- ***Limited** position means a position in state service that is established for at least six months but not more than a 36 months based on the duration of funding.
- ***Uncovered** position means you will serve at the pleasure of the State of Arizona and have no recourse under the State Personnel Rules.
- ***Covered** position means this position is subject to the provisions of the state personnel rules.

NOTE: Actual vacancies do not exist at all times in all this classification, but openings either occur frequently or in some cases qualified applicants are in short supply. This announcement will be used exclusively to fill permanent, limited and temporary, uncovered internal or external vacancies statewide. In most cases, specific vacancies in this classification are not announced. If there is a need to announce a position separately from this announcement, you must self-nominate to be considered.

To Apply on-line, go to www.azstatejobs.gov, click “Search for Jobs”. Type DHS in the search field, press enter and self-nominate for the position(s) of interest. If you have any questions, please call the Human Resources office at 602.542.1085 or State Hospital Human Resources at 602.220.6462

The Department of Health Services is an Equal Opportunity Employer and Provides a Tobacco-Free Campus.

Positions in this classification participate in the Arizona State Retirement System (ASRS).

Comprehensive benefits package includes sick leave, vacation, and 10 holidays per year; health and dental insurance; retirement plan; life insurance; and long-term disability insurance. Optional employee benefits include short-term disability, deferred compensation, and supplemental life insurance.

State employees are subject to mandatory furlough days scheduled for FY 2011 (6 days) and in FY 2012 (6 days). A furlough is time off without pay and equals 8 hours per day for full-time employees and is pro-rated for part-time employees.

All newly-hired employees are subject to the E-Verify Employment Eligibility Verification Program.

Persons with a disability may request a reasonable accommodation such as a sign language interpreter or an alternative format by contacting the Employment Unit Manager at (602) 542-1085. Requests should be made as early as possible to allow time to arrange the accommodation. Arizona State Government is an AA/EOE/ADA Reasonable Accommodation Employer.



Harvard School of Public Health
The Yerby Postdoctoral Fellowship Program

Applications are now being accepted for the Yerby Postdoctoral Fellowship Program. Applicants to the Yerby program should advance the goal of increasing the diversity of young scholars pursuing university-based careers in public health. Each Yerby fellow works closely with a senior mentor with compatible research interests and receives additional training in all the domains critical to academic success.

The appointment is for one year, beginning September 1, 2011, and is renewable for a second year. The salary is \$62,000 plus benefits, with a \$3,500 supplemental budget for travel expenses and research. **The application deadline is November 1, 2010.**

For more information about eligibility and application requirements, please visit www.hsph.harvard.edu/yerby.

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CAREER MARKETPLACE

MICHIGAN STATE
UNIVERSITY

CHAIR

DEPARTMENT OF EPIDEMIOLOGY

The Department of Epidemiology in the College of Human Medicine at Michigan State University is seeking a Chair to provide strategic and academic leadership. Michigan State University, the nation's original land-grant university, has annual research expenditures of more than \$300 million. The Department's research is well funded by NIH and other sources.

The Department's research mission is to conduct epidemiologic investigations of local, national, and international public health importance. The department has 17 epidemiologists and biostatisticians with expertise in cancer, cardiovascular diseases, communicable diseases, neuroepidemiology, social epidemiology, psychiatric and substance use disorders, and reproductive and perinatal epidemiology. Methodological interests include survival analysis, health services research, statistical genetics, longitudinal data analyses, comparative effectiveness research, and cost-effectiveness analysis. International epidemiologic collaborations include Africa, Latin America, South Asia and other locations. The Department offers MS and PhD degrees in epidemiology, and teaches epidemiology to medical students, as well as undergraduates.

Michigan State University provides a unique environment and wealth of resources including four health colleges (Human, Osteopathic, Veterinary Medicine, and Nursing), a research-oriented state health department, an established network of community-based clinical partnerships, and collaborations with the Metropolitan Detroit NCI SEER registry. The Department is the lead unit for the Michigan Alliance for the National Children's Study, and has research collaborations with many other universities and institutions, including the Van Andel Research Institute in Grand Rapids.

The Chair will be responsible for further advancing the quality and scope of the research, teaching and service activities of the Department by providing strong leadership. He/she should foster a productive team-based approach to research and education within the Department and across the College and University. Other key characteristics being sought are outstanding mentoring abilities, substantial experience with program or unit administration, the ability to promote an atmosphere of inclusiveness, and ethical and financial accountability.

The candidate must have a doctoral degree and recognition as a scholar in epidemiology, as usually defined by a solid track record of extramural research funding. The position includes a tenure system faculty appointment in the Department at the level of Full Professor.

The Search Committee is committed to respecting confidentiality. Applicants should submit a letter of application with a statement of research and teaching interests. The letter should be accompanied by a curriculum vitae and the names of three referees (who will not be contacted without the permission of the applicant). Application deadline is November 30, 2010; late submissions will be considered if a suitable applicant pool is not identified by the deadline. Application can be made via mail to the search committee chair, Gregory Fink, PhD, Professor of Pharmacology and Toxicology, A108 E. Fee Hall, East Lansing, MI 48824, or by e-mail to bakera@msu.edu.

Michigan State University is committed to achieving excellence through cultural diversity. The University actively encourages applications and/or nominations of women, persons of color, veterans and persons with disabilities.

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For more information and to apply, visit our website:

<http://dceg.cancer.gov/> (click on "Fellowships")

Additional inquiries: ncidceged-r@mail.nih.gov
Phone: 301-402-7186



Assistant/Associate/Full Professor CANCER EPIDEMIOLOGY

Department of Epidemiology and Population Health Albert Einstein College of Medicine

Applications are invited for a full-time Assistant/Associate/Full Professor of cancer epidemiology in the Department of Epidemiology and Population Health (DEPH) at the Albert Einstein College of Medicine, a leading research institution with a strong commitment to excellence in research. The DEPH is well recognized for its multi-disciplinary programs in epidemiologic, prevention, and health services research and is currently undergoing considerable expansion of its faculty base.

The epidemiologist who occupies this position will be expected to develop an independent program of research in cancer epidemiology, focusing on one or more of the following areas: molecular epidemiology, nutritional epidemiology, and/or chemoprevention; and to teach medical and graduate students. The position, which comes with a generous start-up package including 3 years of full salary support plus research funds, will provide opportunities for diverse research experiences in a highly collegial environment with potential for growth.

The successful candidate will have either a PhD in epidemiology or an MD with advanced training in epidemiology, strong verbal and written communication skills, relevant research and teaching experience, and a record of peer-reviewed publications. Rank will be commensurate with experience.

Interested candidates should submit a cover letter describing their research and teaching experience and listing three references, together with their curriculum vitae, to:

Tom Rohan, M.D., Ph.D. (Ref: AECOM-CE), Chairman, Department of Epidemiology and Population Health
Albert Einstein College of Medicine, Jack & Pearl Resnick Campus, 1300 Morris Park Avenue, Bronx, New York 10461
Phone: (718) 430 3355, Fax: (718) 430 8653, E-mail: thomas.rohan@einstein.yu.edu, Website: <http://eph.aecom.yu.edu>

Applications will be accepted on a continuing basis until the position is filled. Albert Einstein College of Medicine is an equal opportunity employer.



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

EPIDEMIOLOGY FACULTY POSITION AVAILABLE Nova Southeastern University College of Osteopathic Medicine Master of Public Health Program

The Master of Public Health Program, a CEPH-accredited generalist program, at Nova Southeastern University College of Osteopathic Medicine in Fort Lauderdale, Florida, is accepting applications for a full-time epidemiology faculty position.

The selected candidate will be able to qualify for initial ranking as an assistant/associate professor. The candidate must possess a Ph.D. or equivalent terminal degree in the field of epidemiology with further evidence of teaching experience and research productivity that includes publications and externally funded projects.

Duties will include teaching both onsite and online courses in the field of epidemiology, advising graduate students, conducting research, and providing service to the program, college, university, and external communities.

Salary and rank will be commensurate with qualifications. An excellent benefit program is offered. The applicant should forward his/her curriculum vitae with cover letter and the names of three

professional references to: Lawrence E. Jacobson, D.O., Vice Dean, NSU College of Osteopathic Medicine, Suite 1401/Terry Building, 3200 South University Drive, Fort Lauderdale, FL 33328-2018.

Phone: (954) 262-1772

Email: ljacobos@nova.edu • Fax: (954) 262-2250

NSU is the nation's seventh largest not-for-profit independent university, with more than 28,000 students and 103,000 alumni, a sprawling, 300-acre Fort Lauderdale-Davie campus, and a presence in nine countries around the world. Through five decades of explosive growth, our reputation for academic excellence and innovation continues to flourish.

For more information about NSU's Master of Public Health Program, please visit <http://www.nova.edu/ph>.

NSU is an Equal Opportunity/Affirmative Action Employer.



Senior Health Services Researcher

Kaiser Permanente Southern California

The Department of Research and Evaluation at Kaiser Permanente Southern California (KPSC) is recruiting candidates for a Senior Health Services Researcher (Professor equivalent). This is a position for an established, academic track faculty in health service research. The Senior Health Services Researcher is expected to lead the health service research program at KPSC and address a wide range of research questions related to improving quality of health care, such as the comparative effectiveness of delivery systems; patient education; patient-centered care; health care for ethnic minorities, children, elderly, and other special populations; as well as health care access, utilization, and cost of care. The research program should be geared towards translation of results directly to patient care. The Senior Health Services Researcher may also serve as the Associate Director, who will assist the Director of Research at the Department of Research and Evaluation in overseeing department operation, supervision/mentoring, and the development of the research programs.

Qualifications: Doctoral Degree (Ph.D., Dr. PH, MD, Sc.D) in health service research, epidemiology, health economics or related fields or equivalent training and mastery. Competent in advanced research methods, including statistical techniques and study design commonly used in health services research, epidemiologic, behavioral, economics or related fields. At least 10 years of experience in health services research are required. Proven success in the academic environment with an established track record in extramural grant funding, scientific publications and mentoring junior investigators required.

Must be able to consistently demonstrate the knowledge, skills, abilities, and behaviors necessary to provide superior and culturally sensitive service to each other and to our members.

Duties: The Senior Health Services Researcher has primary responsibility for the planning and directing health services research activities as well as dissemination and translation of results. Reports to the Director of Research. Prepares internal reports and peer-reviewed publications, independently and collaboratively. Presents at national scientific meetings. Teaches and/or reviews papers for national and international journals. Evaluates and consults on research proposals. Supervises the activities of junior research scientists or postdocs. Serves as mentor and collaborator on grant proposals of junior research scientists and postdocs. Designs, develops, and directs well defined research. Provides service to the scientific community through membership in peer-review groups and national boards. May consult with local, state and national voluntary and governmental agencies. Provides consultation and direction to programmers and biostatisticians with regard to data management and analysis strategies. Maintains awareness of scientific developments within his/her area of expertise, both in terms of new methodology, new research activities and in terms of identification of competent, potential investigators. Consistently supports compliance and the Principles of Responsibility (Kaiser Permanente's Code of Conduct) by maintaining the privacy and confidentiality of information, protecting the assets of the organization, acting with ethics and integrity, reporting non-compliance, and adhering to applicable federal, state, and local laws and regulations, accreditation and licenser requirements (if applicable), and Kaiser Permanente's policies and procedures. In addition to defined technical requirements, accountable for consistently demonstrating service behavior and principles defined by the Kaiser Permanente Service Quality Credo, the KP mission as well as the specific departmental/organizational initiatives.

This hard-money funded position will include a core support package for the successful applicant that can be used to conduct pilot studies that leverage existing infrastructure to facilitate the development of an extramurally funded research program. This support includes staffing for administrative tasks, programming and analysis, and research support as well as modest funding for non-personnel-related costs. A description of the Department of Research & Evaluation is available on the web (<http://kp.org/research>). It is the home to 18 doctorally-prepared investigators and over 150 support staff. The Department is located in Pasadena, a community of 134,000 residents and the home of the California Institute of Technology, the Rose Bowl, the Jet Propulsion Lab, and other historical and cultural sites. Information about the community can be found on-line at www.pasadenacal.com/visitors.htm. Pasadena is in the San Gabriel Valley 15 minutes north of downtown Los Angeles in sunny southern California.

Kaiser Permanente Southern California is an Equal Opportunity/Affirmative Action Employer and offers competitive salary and comprehensive benefit packages.

Interested candidates should submit their letter of interest, CV and references to Dr. Steven J. Jacobsen (c/o Jennifer.X.Wong@kp.org). Principals only.

PHYSICIAN RESEARCHER
TENURE-TRACK POSITION

The Department of Preventive Medicine at the University of Tennessee Health Science Center is seeking a physician researcher for a full-time tenure-track position. This position will provide an excellent opportunity to continue or develop a research program in clinical trials/epidemiologic research and to teach in the epidemiology degree program at the University.

Requirements for the position include an M.D. degree, with a license to practice medicine in the United States, preferably with training in Preventive Medicine or training in a primary care specialty such as Internal Medicine with a graduate degree in epidemiology, biostatistics, or public health. The candidate will be expected to obtain a license to practice medicine in the State of Tennessee. Rank will be commensurate with training and experience. Depending upon qualifications, opportunities for a joint appointment in an appropriate clinical department are available.

Interested applicants should submit a curriculum vitae, a cover letter describing research interests and experience, and names and addresses of three references to Suzanne Satterfield, M.D., Dr.P.H., Chair, Physician Researcher Search Committee, University of Tennessee Health Science Center, Department of Preventive Medicine, 66 N. Pauline, Suite 633, Memphis, TN 38163. Phone: 901-448-5900; Fax: 901-448-7041; email address: ssatterfield@uthsc.edu.

The University of Tennessee Health Science Center is an equal opportunity/affirmative action employer.

CANCER EPIDEMIOLOGIST

The Department of Oncology of the McGill University Health Centre (MUHC), the Research Institute of the MUHC and the McGill University Departments of Medicine (Division of Clinical Epidemiology) and Oncology (Division of Cancer Epidemiology) invite applications for the position of full-time cancer epidemiologist and Medical Scientist.

The MUHC Department of Oncology is comprised of 18 tumour site or program-based interdisciplinary clinical teams coupled with strong basic and clinical research programs. The successful candidate will lead a program in cancer epidemiology which will link basic research with clinical and epidemiologic investigations to address etiology, screening, and prognosis of cancer. In addition, as an independent researcher, she/he will conduct high-quality clinical and population multidisciplinary research studies in cancer. The candidate must have strong training in Epidemiology, preferably at the doctoral level, a record of scholarly publication, and success in obtaining external research funding.

The candidate will be given a McGill University appointment as a non-tenure track Assistant or Associate Professor. Salary will be commensurate with experience. Application materials should be received by December 31, 2010.

McGill University is committed to equity in employment and diversity. It welcomes applications from indigenous peoples, visible minorities, ethnic minorities, persons with disabilities, women, persons of minority sexual orientations and gender identities and others who may contribute to further diversification. All qualified applicants are encouraged to apply; however, in accordance with Canadian immigration requirements, priority will be given to Canadian citizens and permanent residents of Canada.

Interested individuals should submit curriculum vitae and the names of three references to:

Armen Aprikian, MD.
Chief, Department of Oncology
McGill University Health Centre
Montreal General Hospital
1650 Cedar Avenue
Room T7.404
Montreal, Quebec H3G 1A4
Email: lina.maglieri@muhc.mcgill.ca

**Health and Human Services - National Institutes of Health
Eunice Kennedy Shriver National Institute of Child Health and Human Development
Staff Scientist, Epidemiology Branch**

The Epidemiology Branch of the Division of Epidemiology, Statistics & Prevention Research (DESPR) at the Eunice Kennedy Shriver National Institute of Child Health & Human Development (NICHD), National Institutes of Health (NIH), is conducting a national search for a qualified candidate to serve as a Staff Scientist for intramural epidemiologic research projects focusing on human reproduction and development. The successful applicant will be expected to assist in the development of relevant etiological hypotheses, study protocols, and analytical plans necessary for successful study initiation and completion as well as preparation of scientific papers and other related work, as required. The ideal candidate will have strong etiological and quantitative epidemiologic training and related research experience in reproductive and/or perinatal epidemiology.

Intramural Staff Scientists at the National Institutes of Health are expected to have sophisticated research knowledge and skills to function independently under the general direction of a senior investigator and as a part of a research team. Qualifications include an earned doctorate in epidemiology from an accredited university, and additional years of postdoctoral experience relevant for the position. Preference will be given to applicants with demonstrated expertise in reproductive and perinatal epidemiology with secondary emphasis on related epidemiologic methods as evidenced by publications in peer reviewed journals. Salary will be commensurate with training and experience.

Applications received by November 1, 2010, will be considered for a first round of interviews, but applications will be accepted until the position is filled. For additional information regarding substantive aspects of the position, please contact Dr. Enrique Schisterman (301-435-6893; schistee@mail.nih.gov).

Full Federal benefits including salary, leave, health and life insurance, long-term care insurance, retirement, and savings plan (401k equivalent) will be provided.

Interested individuals should email a cover letter describing current and future research interests and professional accomplishments along with a curriculum vitae and the names and contact information for three references to:

Adrienne Lonaberger
Program Analyst, DESPR, NICHD
6100 Executive Blvd, Room 7B05, Rockville, MD 20852
email: alonaberger@mail.nih.gov

The HHS and NIH are Equal Opportunity Employers.

Assistant Professor

The University of Nevada, Reno, School of Community Health Sciences is seeking candidates for a full-time faculty position in Epidemiology. Research and teaching interests in environmental epidemiology are preferred. Duties include: teaching, advising graduate and undergraduate students, developing an independent program of scholarship, engaging in community and professional service appropriate to a university faculty member.

For complete position description and requirements, contact Wei Yang, weiyang@unr.edu; Bonnie Coker, sph@unr.edu or view at <http://hhs.unr.edu/schs/> and <http://jobs.unr.edu>.

Application reviews will begin December 15, 2010. For full consideration, please complete your application prior to December 15, 2010.



UNC
LINEBERGER COMPREHENSIVE
CANCER CENTER
NC CANCER HOSPITAL

Postdoctoral Fellowships in Cancer Prevention and Control and Cancer Care Quality

The UNC Lineberger Comprehensive Cancer Center and Gillings School of Global Public Health seek candidates for two to three year postdoctoral fellowships in our Cancer Control Education Program and our Cancer Care Quality Training Program, two NCI-funded R25T multidisciplinary research training programs. Qualified individuals must have completed a Ph.D., M.D., or equivalent degree and must be a U.S. citizen or have permanent resident status. Applications should include a statement of research interest/proposed work, a curriculum vitae, and three letters of recommendation. Send applications to:

Michael O'Malley, Ph.D.
UNC Lineberger Comprehensive Cancer Center
CB# 7295
University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7295
(clover@med.unc.edu)

Applications are due December 6, 2010. Interviews will be in January, 2011. Fellowships begin in summer 2011. For more information about the Cancer Control Education Program, visit: <http://cancer.unc.edu/training/ccep>. For more information about the Cancer Care Quality Training Program, visit: <http://www.sph.unc.edu/hpm/ccqtp>.

The University of North Carolina at Chapel Hill is an Equal Opportunity Employer. Women and minorities are strongly encouraged to apply and self identify on their application.

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**Contact: Cynthia Wright,
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Columbia University MAILMAN SCHOOL OF PUBLIC HEALTH

Assistant/Associate/Professor of Epidemiology

Description:

The only accredited school of public health in New York City and among the first in the nation, Columbia University Mailman School of Public Health pursues an agenda of research, education, and service to address the critical and complex public health issues affecting millions of people locally and globally. Its more than 1000 graduate students pursue master's and doctoral degrees, and the School's 300 multi-disciplinary faculty members work in more than 100 countries around the world.

The epidemiology department at the Mailman School, founded in 1947, approaches public health from a global perspective, with a particular focus on understanding and improving the health of urban populations worldwide. Our faculty are leaders in innovative interdisciplinary research that brings a broad cells-to-society approach to questions about population health. We place a strong emphasis on implementation science to assure that our findings can be translated to clinical and public health policy and practice. We are committed to adopting novel cutting-edge approaches to epidemiologic science and to teaching students who will be lifelong learners and leaders in academic research and public health practice. Our core areas of strength include psychiatric and neuro-epidemiology, chronic disease epidemiology, infectious disease epidemiology, innovative epidemiologic methods, social epidemiology, and lifecourse epidemiology, including aging.

The department is recruiting one or more faculty members at the level of Assistant Professor, Associate Professor, and/or Professor. We seek accomplished investigators with an established peer-reviewed funding record who will complement our existing strengths. We are looking for faculty who can be leaders in one or more of our areas of interest, who can develop new approaches in these areas, and who are comfortable with team-based interdisciplinary science. We are particularly interested in faculty with a focus on biologic (including genetic) epidemiology, or on innovative methodologic work related to our areas of strength. Incumbents will engage in multidisciplinary collaborations in research, training, and service with faculty and students across the Columbia University Medical Center and the University at large.

Minimum Qualifications:

Doctoral degree in a public health or related field (PhD, ScD, DrPH, MD, or equivalent) with substantial postdoctoral training and experience in epidemiology required. Exceptional skills and experience in biologic (including genetic) epidemiology or in epidemiologic methods are a must for applicants at any level. Very strong publication record and demonstrated excellence in teaching and mentoring are required. An established record of obtaining peer-reviewed funding for independent research is essential, as is demonstrated success working with multidisciplinary, multi-institutional teams.

Interested candidates are asked to submit a cover letter and CV. To apply, please visit <https://academicjobs.columbia.edu/applicants/Central?quickFind=53073>

For additional information, please direct inquiries to the Department of Epidemiology at the Mailman School of Public Health:

Sandro Galea, MD, DrPH
Gelman Professor and Chair
c/o Brian Van Buren
Department of Epidemiology
Mailman School of Public Health
722 West 168th Street, Room 1510
New York, NY 10032
E-mail: bv2104@columbia.edu

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