

CCEB Newsletter



Our feature article focuses on the important role that health care professionals can play in the healing process for the victims of sexual assault.

A Quarterly Newsletter

Vol. 1, No. 2 — Spring 2006

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Partnering with Practitioners: Rape Care and Health Care

June Kiesel, EdD (Sexual Assault Program Coordinator, Coalition Against Rape & Abuse, Inc., Cape May County, NJ)

Many people are often surprised to hear the term “epidemic” used to describe sexual violence. But the 700,000 women in our nation over the age of 18 who are victims of sexual assault each year represent an epidemic, according to the Centers for Disease Control and Prevention (CDC). Available data underestimate the true magnitude of the problem. Rape continues to be the most underreported crime, with only 39% of rapes and sexual assaults reported to law enforcement in 2002, according to the Department of Justice. In a report to the nation, the National Victim

Crime Center in 1992 found that not being believed or feeling that at some level she may have been to blame prevents more than half of all victims from seeking prosecution.

In 8 out of 10 rape cases, the victim knows the perpetrator and of people who reported sexual violence, 64% of women and 16% of men were raped, physically assaulted, or stalked by an intimate partner. This includes a current or former spouse, cohabitating partner, boyfriend/girlfriend, or date, reported Tjaden and Thoennes in a National Violence Against Women survey in 2000.

With such a prevalence of victims being assaulted by someone known to them, victims are often reluctant to identify that a rape has occurred. Embarrassment, shame, fear, feelings of discomfort and mistrust about the official to whom an assault is reported all add to the victim's reluctance to report. Rape by a stranger (“stranger rape”) does not carry the level of stigma as does rape

by a known perpetrator.

Victims must have the opportunity to reveal the assault. This becomes the first, most important step toward recovery, particularly regaining the ability to trust others and feel a sense of control over their own lives. Some may choose to report to law enforcement; others confide in friends, family, a trusted co-worker, or seek spiritual guidance from someone of their particular religious background.

Of those who decide to report, many more choose to remain silent. It is the silence that is the greatest obstacle impeding the healing process. In her book, *Trauma and Recovery*, J. Herman states, “The conflict between the will to deny horrible events and the will to proclaim them out loud is the central dialectic of trauma.”

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Faculty Profile:

Mahlet Tadesse, ScD, develops tools to analyze genomic data



Mahlet Tadesse, ScD, Assistant Professor of Biostatistics and Senior Scholar in the CCEB

After following a science track both in high school in Ethiopia and her freshman year of college in France, Mahlet chose to major in mathematics when she moved to the US to continue her studies. She learned about the field of biostatistics at the end of her junior year of college, while participating in a summer internship at Harvard University. This academic area seemed to be an ideal way to combine her interests in mathematics and biology. After earning a BS in mathematics from the University of the District of Columbia in 1998, Mahlet went to Harvard University, where she obtained an ScM in biostatistics in 2000, followed by an ScD in 2002. During this period, DNA microarray data and high-throughput technologies that provide simultaneous measurements on thousands of genes were gaining interest in the biomedical community. Mahlet was especially interested in the challenges the analysis of these high-dimensional data presented to standard statistical methods. She focused her doctoral research on developing novel Bayesian statistical models for analyzing DNA microarray data. While at Harvard, Mahlet was a Howard Hughes Medical Institute (HHMI) pre-doctoral fellow. She was also honored to be among the International Biometrics Society – Eastern North American Region (ENAR) Distinguished Student Paper Award winners for her dissertation work.

Upon earning her doctorate, Dr. Tadesse spent two years as a Research Assistant Professor in the Department of Statistics at Texas A&M University, where she completed post-doctoral training in Bioinformatics directed by Dr. Raymond Carroll, formerly at the CCEB. She was attracted by the interdisciplinary nature of the program with strong collaborations between statisticians, biologists and electrical engineers. During her post-doc, Dr. Tadesse continued working on Bayesian statistical methodologies for the analysis of genomic data. In particular, she developed methods to identify biologically relevant genes and to uncover disease subtypes in a unified manner, for which she received the Byar Young Investigator Award from the American Statistical Association.

Dr. Tadesse joined the Department of Biostatistics and Epidemiology on August 1, 2004 as Assistant Professor

of Biostatistics and Senior Scholar in the CCEB. She is a member of the Statistical Genetics and Genomics Research Program led by Dr. Hongzhe Lee. She is also a member of the Genomics and Computational Biology (GCB) graduate group, and the Penn Center for Bioinformatics (PCBi). Dr. Tadesse's methodological research continues to focus on the development of statistical and computational tools for the analysis of genomic data. She is currently exploring ways to extend some of the methods she developed in the context of DNA microarray data to the analysis of genome-wide single nucleotide polymorphism (SNP) association studies. She is also interested in developing methods to integrate various genomic data sources. She has proposed a novel application of Bayesian variable selection techniques, integrating gene expression and genome sequence data, to refine the search for DNA regulatory motifs. Currently, she is working on procedures to incorporate pathway information into the evaluation of gene expression data. In addition to conducting her independent research, Dr. Tadesse is eager to interact and collaborate with investigators exploring genomic problems.

Dr. Tadesse's research is supported by several grants. She is a co-investigator on an NIH R01 grant that aims to develop improved Bayesian variable selection methods for the analysis of genomic data. She has also received a Pilot Award from the McCabe Advisory Committee, which supports Penn SOM junior faculty with limited external funding, to develop statistical methods to identify heterogeneities in acute allograft rejection and detect their molecular signatures. In addition, Dr. Tadesse is involved in funded collaborative research on genomic studies of cardiovascular diseases with Dr. Daniel Rader and Dr. Muredach Reilly.

Dr. Tadesse is the primary author of articles that have appeared in *Bioinformatics*, *Biometrics*, and the *Journal of the American Statistical Association*. She is also the first author of a chapter in *Applications of Bioinformatics in Cancer Detection* as well as a chapter in the forthcoming *Bayesian Inference for Gene Expression and Proteomics*. Dr. Tadesse is a frequent invited speaker at national meetings. She also serves as appointed member of the National Research Council Committee on Emerging Issues and Data on Environmental Contaminants. Dr. Tadesse is a grant reviewer for the Medical Research Council, UK and an elected member of the International Statistical Institute. She is an editorial board member for *Cancer Informatics* and a regular reviewer for several bioinformatics, computational biology, and statistics journals.

Dr. Tadesse is looking forward to building collaboration with researchers around Penn who have interest in genomic problems calling for novel statistical methods.

Faculty Profile:

Douglas J. Wiebe, PhD, studies environmental effects on injury risk, focusing on new ways to measure risk and hard-to-detect outcomes

Douglas J. Wiebe joined the Department of Biostatistics and Epidemiology and the CCEB as an Instructor of Epidemiology in 2002. Born in the US to Canadian parents and raised in Edmonton, Alberta, he earned a BA in psychology at the University of Calgary in Alberta and, after helping his team win a national collegiate volleyball championship in 1990, looked forward to competing in the 1996 Atlanta Olympics. Those athletic dreams were dashed by a career-ending illness, which prompted Doug to look back at the academic portion of undergraduate experience before deciding on his future academic course.

His individualized psychology track had brought him into contact with child victims of abuse, including those who had been removed from their homes and were living in institutional settings. Concerned about the violence that such kids had experienced and the fact that so many had become perpetrators themselves, he pursued a master's degree in criminology. Finding research to be a place that he could channel the energy that had once gone into volleyball, he enrolled in doctoral studies at the School of Social Ecology at the University of California, Irvine, where he received a PhD in 2000. There he took advantage of an interdisciplinary program, and re-framed his research interests on violence and injury to consider how these

occur as a function of the way people interact within the constraints of a given environment.

His dissertation work involved



Douglas J. Wiebe, PhD, Assistant Professor of Epidemiology, and Senior Scholar in the CCEB

a national case-control study of the role of the environment in violence, and found a gun in the home to be a primary risk factor for homicide.

The homicide risk associated with in-home guns is especially high for women,

which Dr. Wiebe attributes to the “singular danger faced by women in abusive relationships.” He published his results in the *Annals of Emergency Medicine*, given the clinical relevance of the Emergency Department (ED) as one of the few places in which domestic violence victims have contact with the healthcare system. Viewed from a public health perspective, visits to the ED provide an opportunity to identify individuals at risk as well as modifiable risk factors such as a gun in the home. This finding garnered national attention with coverage by *The New York Times*, and won student paper awards from both the American Public Health Association and the American Society of Criminology. Dr. Wiebe then pursued additional training in epidemiology and public health in a post-doctoral fellowship in violence prevention at the UCLA School of Public Health.

Since joining Penn from UCLA, Dr. Wiebe has been appointed as a Senior Fellow at the Leonard Davis Institute of Health Economics, the Scholar in Residence and Epidemiologist at the Firearm & Injury Center at Penn (FICAP) in the Division of Traumatology and Surgical Critical Care at the Hospital of the University of Pennsylvania, as well as a Faculty Associate at Penn's Institute for Urban Research. Just recently, he was named Assistant Professor of Epidemiology and Senior Scholar in the CCEB.

FICAP has enabled Dr. Wiebe to connect with an interdisciplinary team of researchers and clinicians in an environment affording him mentorship and the resources conducive to establishing an independent line of research in the epidemiology of gunshot injury. For example, Dr. Wiebe was awarded pilot funding from FICAP, as well as from the Robert Wood Johnson Health & Society Program at Penn, and went on to obtain an R01 to assemble a multidisciplinary team to study what he describes as “the etiologically relevant induction period for gunshot injury.” This is a case-control study that brings the expertise of faculty from six Penn schools (SOM, Nursing, Engineering and Applied Science, Arts and Sciences, the School of Social Policy and Practice, and the School of Design) and CHOP. The goal of the study is to measure the extent to which adolescents are exposed to risk and protective factors over the course of their daily activities, and to investigate the impact of exposure on the

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CCEB's Clinical Research Services

The CCEB serves as an interdisciplinary resource for clinical research throughout the School of Medicine and offers a range of services, primarily to faculty, residents, and fellows within the University of Pennsylvania Health System. Some of these services are also available to clinicians and scientists throughout the Delaware Valley with interests in such services. The CCEB's services will be identified and described as a regular feature of this newsletter.

The clinical research services provided by CCEB faculty and staff includes biostatistical support provided by the Biostatistics Analysis Center (BAC), study design and biostatistical consultation and advice provided by the Biostatistics and Epidemiology Consulting Center (BECC), and project management, data management, and research technology services provided by the Clinical Research Computing Unit (CRCU). Each operates as a service center and is directed by faculty leaders within the CCEB.

The BAC provides professional MS- and PhD-level

biostatistical support, specializing in: statistical programming and analysis using various commercially-certified statistical software packages such as SAS, S-Plus, STATA, StatXact and SUDAAN for data analysis support; statistical data management support of analytic activities at any stage of a research project, specifically the preparation of analysis files for statistical software packages; and technical report preparation, including the summarization of results and interpretations of statistical analysis of research data. Thomas Ten Have, PhD, MPH, is the Faculty Director for the BAC; John Farrar, MD, PhD, is the

Associate Faculty Director. Rachel Weinstein, PhD, is the Managing Director and Senior Biostatistician and provides day-to-day operational direction for the BAC. Those interested in additional information about the BAC, including details about support services and the fee structure for these services should review the website (<http://www.cceb.med.upenn.edu/services/bac/>). An online request form should be submitted to request services provided by the BAC (<http://www.cceb.upenn.edu/pages/apps/ProjectCollab/registerContact.html>). Dr. Weinstein should be contacted directly for additional questions (215-BAC; John Farrar, MD, PhD, is the

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From the Director:



Brian L. Strom, MD, MPH

Welcome to this issue of the Center for Clinical Epidemiology and Biostatistics (CCEB) Newsletter, which serves as a forum for us to keep you informed of activities within the CCEB. Each issue highlights a few members of our faculty, some of the services we provide to those external to the CCEB, and current activities and events likely to be of interest. Feature articles occasionally are included also.

This column gives me an opportunity to bring to your attention our new website, which went live just a few weeks ago. Please visit our new site (<http://www.cceb.med.upenn.edu/>), reorganized to improve navigation

and structure, and featuring our faculty (<http://www.cceb.med.upenn.edu/faculty/>), clinical research training programs (<http://www.cceb.med.upenn.edu/education/>), and clinical research services (<http://www.cceb.med.upenn.edu/services/>). The new site also includes a dynamic news and announcement section, available on the home page, updated constantly to keep all informed of current events and recently published research. I hope you visit our site regularly.

In this issue of the Newsletter, we include articles on two faculty members: Mahlet Tadesse, a biostatistician with research interests in statistical genetics, and Douglas Wiebe, an epidemiologist whose research interests include environmental risk factors for injury, intimate partner violence, and the impact of daily routines on health-related behavior. We also include in this issue a feature article on sexual assault.

The CCEB Newsletter is published by the Center for Clinical Epidemiology and Biostatistics, University of Pennsylvania School of Medicine, for the dissemination of information and as a reference for its constituents. The CCEB Newsletter is published periodically free of charge, and distributed to the Medical Center community. If you are interested in receiving hyperlinks to the newsletter, please contact us at the address below.

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But in much of the available literature on sexual violence, very little is mentioned about a crucial partner on the road to healing: the health care professional. The trauma inflicted on the sexual assault victim often manifests in various physical, emotional, or psychological complaints that lead her to a health care facility. Research by Plichta and Falik in 2001 revealed that women who experienced sexual violence were more likely than other women to have had 8 or more doctor visits during the past year.

A visit to a health care provider is an appropriate time and opportunity for an assessment for violence. An American Medical Association study found that 87% of victimized women said it was their health care provider they wanted to tell about the violence in their lives.

Multiple studies conducted in 1996, 2000, and 2002 by Holmes et al., Wingood et al., and Jewkes et al., respectively, found that consequences of sexual violence can and do have very harmful, lasting consequences for victims and their families. Over 32,000 pregnancies result from rape each year. Other life-altering, physical issues resulting from sexual violence include sexually transmitted diseases, chronic back pain, migraines, gastrointestinal disorders, and disability preventing work.

The American Medical Association reported in 1995 that approximately 80% of victims suffer a wide range of psychological disorders including fear, confusion, anxiety, nervousness, distrust of others, shock, symptoms of Post-Traumatic Stress Disorder, depression, attempted or completed suicide, or unhealthy eating behaviors.

Asking women patients who present with such disorders about past or present violence can clarify to providers the underlying reason for the patient's symptoms. It would save time, multiple office visits, money for unnecessary testing, and visits to specialists. Knowledge about the sequelae of sexual violence can alert providers to the possibility that a patient fits the profile of a survivor of a sexual assault.

In order to provide health care workers with the information needed to determine if, when, and how a patient may have been a victim of sexual violence, the Florida Council Against Sexual Violence (FCASV), in 2002, developed a guide for health care professionals (originally authored by Lynne Stevens, CSW, BDC) that can be used to assess patients.

The FCASV subsequently released their copyright allowing the New Jersey Coalition Against Sexual Assault (NJCASA) to adapt the materials for training purposes. The New Jersey project

was made possible by a generous grant from The Healthcare Foundation of New Jersey, founded by the Jewish Community.

Edie Camel, Director of Public Education and Research for NJCASA offered, "There is now a movement in the sexual assault field to make health care professionals more aware of the issue of sexual violence in the lives of their patients; and we can give them the tools and the guidance to do just that." To date, professionals in 16 of New Jersey's 21 counties have received training from both NJCASA and their local rape crisis centers in order to make providers more comfortable in broaching the subject with patients and helping to make a difference in the lives of thousands of women.

Disclosure of sexual violence may take awhile since victims first need to develop trust in others. While the above summary is just that, much more can be done during an office visit to assist patients. A provider's attention to patients' disclosures and caring referrals to further help can make a profound difference in the well-being of each survivor.

States all around the country need to become more proactive in identifying victims of sexual assault. Already, many states are beginning to follow Florida's lead in order to bring the health care community onboard as a partner in working with people whose lives have been touched by sexual violence.

All local rape crisis centers around the country are equipped to provide information to anyone seeking assistance with sexual assault survivors, including the health care community. All members of that community can improve services to all patients by becoming part of the solution. Development and use of procedures and protocols will allow practitioners to feel comfortable asking the questions and allow patients to address their concerns, issues, and feelings with dignity. It should be noted that while the majority of the work in this field pertains to women as victims, sexual violence is also committed against men (Tjaden and Thoennes found that 78% of the victims of rape and sexual assault are women, 22% are men), and this warrants additional study as well as attention from clinicians.

For additional information, contact NJCASA at www.njcasa.org or the Pennsylvania Coalition Against Rape at www.pcar.org.

The NJCASA screening protocol used to assess patients is simple. The acronym S-A-V-E is an easy way to remember the steps used. The information is summarized for purposes of this article.

- S - SCREEN all your patients for sexual violence.** Patients need to be asked before they will tell. Conduct the interview in a private setting, assuring confidentiality prior to asking questions.
- A - ASK direct questions in a non-judgmental way.** Practitioners need to remain calm, never blaming the patient or dismissing what she is sharing. Reminding the patient that many conditions can be a result of an assault, that many women are hurt in many ways due to an assault, and asking the patient to share anything in their past that they feel may be contributing to their condition or illness will put the woman at ease and develop trust.
- V - VALIDATE the patient.** If the patient discloses abuse, gently remind her that she is believed, that there is help available, that she was brave to discuss the issues, and the information will greatly improve the ability of the health care professional to provide the very best treatment. Offer empathy and understanding.
- E - EVALUATE, educate, and refer.** You need not hear the whole story to effectively treat the patient. But the provider needs to know how the patient is now feeling, and whether she is abusing drugs or alcohol or thinking of suicide. If the patient answers no to any of the initial questions, that does not always mean she is not a victim. Use it as an opportunity to provide information about sexual violence. Provide all patients with appropriate phone contacts, literature, and available support services.

likelihood of being assaulted. This represents only the fourth-ever study of gunshot injury to be funded by the National Institutes of Health (NIH). The third such NIH-funded study, on which Dr. Wiebe serves as a co-investigator, is run by CCEB Asst. Professor Charles Branas, PhD.

In addition to Dr. Wiebe's research interests in environmental risk factors for injury and the impact of daily routines on health-related behavior, other aspects of his work focus on intimate partner violence. Relevant to all areas of his work, the overarching themes or goals of his research are to identify innovative ways to measure environmental exposures and innovative ways to measure hard-to-detect outcomes, such as incidents of domestic violence. Regarding this topic, Dr. Wiebe led a team that just completed a pilot study to learn about what happens to victims of domestic violence after they receive treatment in the ED and are discharged from the hospital. The study tested an innovative protocol for the prospective follow-up of patients after treatment, and found that fully three-quarters of patients were retained and participated in follow-up surveys over the month following discharge from the ED. This study was funded by the Leonard Davis Institute of Health Economics at Penn and, similar to much of Dr. Wiebe's other work, brought together an interdisciplinary team of investigators from the School of Nursing, the Department of Emergency Medicine, and the Division of Trauma. Dr. Wiebe also leads a study funded by the Center for Health Care Equity Research of the Veteran's Administration to examine suicide among American military veterans.

Dr. Wiebe is a member of the American College of Epidemiology, the Society for Epidemiologic Research, the International Society of Exposure Analysis, and the American Public Health Association, and serves on the Board of the Philadelphia chapter of Physicians for Social Responsibility. In addition, he serves as a reviewer for the *American Journal of Epidemiology*, the *American Journal of Public Health*, *Annals of Emergency Medicine*, *Injury Prevention*, the *Journal of the American Medical Women's Association*, the *Journal of Clinical Epidemiology*, the *Journal of Epidemiology and Community Health*, the *Journal of Quantitative Criminology*, *The Journal of Trauma*, *Pediatrics*, and *Social Science & Medicine*. During the last few years, Dr. Wiebe has spoken as an invited lecturer on firearm injury epidemiology and domestic violence at the University of Chicago, University of California-Irvine, University of North Carolina-Chapel Hill, and Harvard University, as well as at the National Institute of Justice. He is the primary author of articles published in the journals *Annals of Emergency Medicine*, *Injury Prevention*, and *Accident Analysis & Prevention*.

573-4859, rweinste@cceb.med.upenn.edu).

The BECC provides study design and biostatistical consultation and advice to researchers within UPHS on project and grant proposal development. The BECC specializes in: design and analysis strategies for research proposals, including sample size calculations involving observational, experimental, and survey research studies; and data analysis on a limited basis for qualifying faculty and fellows who do not have access to financial resources. Long-term collaborations with CCEB faculty are encouraged. Thomas Ten Have, PhD, MPH, is the Faculty Director for the BECC; John Farrar, MD, PhD, is the Associate Faculty Director. Rachel Weinstein, PhD, is the Managing Director and generally is the first contact for investigators submitting requests. Those interested in additional information about the BECC should review the website (<http://www.cceb.med.upenn.edu/services/becc/>). An online request form should be submitted to request services provided by the BECC (<http://www.cceb.upenn.edu/pages/apps/ProjectCollab/registerContact.html>). Dr. Weinstein should be contacted directly for additional questions (215-573-4859, rweinste@cceb.med.upenn.edu).

The CRCU provides clinical data management and research computing support for a wide range of clinical research projects throughout the SOM. The CRCU is staffed with project management, clinical data management, and research computing professionals who support the development and implementation of large-scale, multicenter clinical trials, collaborative clinical and patient-oriented research, and multi-institutional health services research projects for researchers within Penn and other academic institutions. The development and support activities of the CRCU involve application development, database administration, project management, clinical data management, research computing, and technology support services. Harold I. Feldman, MD, MSCE, and J. Richard Landis, PhD, are the Faculty Co-Directors. Those interested in additional information about the array of technical and non-technical services provided by the CRCU, as well as information about the rates and fee structure for these services, should review the website (<http://www.cceb.med.upenn.edu/services/crcu/>). An online request form should be submitted to request services provided by the CRCU (<http://www.cceb.upenn.edu/pages/apps/ProjectCollab/registerContact.html>). Questions should be directed to Conley Heaberlin (215-573-4789) or Florence Speiser (215-573-5765) or via email (propdev@cceb.med.upenn.edu).

Faculty News and Notes

Several CCEB faculty have appeared in the news in recent months. A brief summary dating from January follows in alphabetical order.

On February 16, 2006, **Susan Ellenberg, PhD**, Associate Dean for Clinical Research, University of Pennsylvania SOM, Professor of Biostatistics at HUP, and Senior Scholar in the CCEB, was quoted by *The New York Times* in a story also carried by the *Los Angeles Daily News*. Dr. Ellenberg commented on the results of the conclusion of a large seven-year study within the Women's Health Initiative that revealed little or no benefit of calcium and vitamin D supplementation to prevent broken bones in healthy women over 50.

§

Sean Hennessy, PharmD, PhD, MSCE, Assistant Professor of Epidemiology, Department of Biostatistics and Epidemiology, Assistant Professor of Pharmacology; Department of Pharmacology, and Senior Scholar, CCEB, was quoted in an Associated Press February 10, 2006 story run on the CBS News Healthwatch online column, among other sites. The report focused on the FDA Drug Safety and Risk Management Advisory Committee vote for "black box" warnings on attention deficit hyperactivity disorder drugs (i.e., methylphenidates, such as Ritalin) in the wake of 25 deaths, including 19 children.

Dr. Hennessy was also quoted in the *The Philadelphia Inquirer* on March 5, 2006 in an article examining the danger of patch medications combined with heat, written in response to the FDA's announcement of an exhaustive review of transdermal drugs. He noted that the use of patch medications is associated with increased compliance.

§

Shiriki Kumanyika, PhD, MPH, and **Nicolas Stettler, MD, MSCE** (also with CHOP), were among the authors of "Trends in the Association of Poverty With Overweight Among US Adolescents, 1971-2004," which appeared in the May issue of *JAMA* (<http://jama.ama-assn.org/cgi/content/full/295/20/2385>). The article reports on trends in adolescent overweight by family poverty status as well as potentially related dietary and physical activity patterns over more than three decades. Dr. Kumanyika was interviewed in the May 24, 2006 edition of *The Baltimore Sun* in the story "Poorer teens more apt to be fat: several decades of medical studies show gap widening," in response to the study publication (<http://www.baltimoresun.com/news/health/bal-te.overweight24may24.1.6206652.story>). Earlier in the month, Dr. Kumanyika was quoted in *The Baltimore Sun* regarding approaches to change public policy in the battle against obesity.

On January 19, 2006, **David Margolis, MD, PhD, MSCE**, was interviewed for NPR's *Morning Edition*. As lead author for a study on the rate of upper respiratory tract infection in a set of acne patients (<http://archderm.ama-assn.org/cgi/content/full/141/9/1132>), Dr. Margolis was asked to comment in a report about the potential side effects of antibiotic treatment for acne.

§

In the February 9, 2006 edition of *The Baltimore Sun*, **Timothy Rebbeck, PhD**, was interviewed in response to the announcement by federal researchers that more than \$60M will be invested in new programs intended to enhance the understanding of the roles that genetics and the environment play with the expectation that more personalized treatments for major diseases will be in the offing. Dr. Rebbeck suggested that these new initiatives will have the advantage of relying on our current understanding of the human genome and will be conducted on a much larger scale than previous studies.

§

On January 24th, **Kathryn Schmitz, PhD, MPH**, Assistant Professor of Epidemiology, Department of Biostatistics and Epidemiology, appeared on local TV Channel 3 to discuss her Physical Activity and Lymphedema trial.

She also appeared on NBC's *The Today Show* on Monday, March 13, 2006 to discuss her recent study on weight training and "middle-aged spread," which she presented on March 3rd at the American Heart Association's 46th Annual Conference on Cardiovascular Disease Epidemiology and Prevention. In response to this presentation, Dr. Schmitz has been quoted or interviewed by various media, including The Pat Miles Show (WCCO Radio Minneapolis, MN on Tuesday March 7th), the AP News Service, Yahoo News, Reuters Health News Service, WebMD, ABC National News, the Canadian Medical Post, News Journal of Delaware, and CNN News Radio.

On March 27th, Dr. Schmitz was quoted in an AP news wire story following publication of her study "Effects of weight training on quality of life in recent breast cancer survivors: the Weight Training for Breast Cancer Survivors (WTBS) study" in the journal *Cancer* (<http://www3.interscience.wiley.com/cgi-bin/abstract/112550029/ABSTRACT?CRETRY=1&SRETRY=0>).

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CCEB Photo Gallery: Graduation May 2006



Pictured (back row, left to right), are Biostatistics graduates P. Wahl (MS), J. M. Donovan (PhD), and V. Teal (MS), and Dr. Strom. Pictured in the front row is Biostatistics graduate R. Hammond (MS).

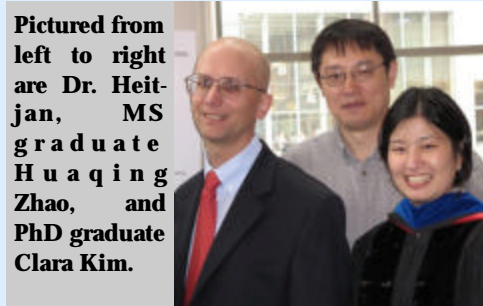
Pictured from left to right are A. Mason, J. Mao, D. Linkin, L. Kruper, C. Guerra, J. Givens, J.M. Burnham with daughter, Dr. Farrar, and Dr. Strom.



Pictured left to right are Drs. Mason, Linkin, Farrar, Strom, Mao, and Burnham.



Pictured from left to right are Dr. Putt, V. Teal, R. Hammond, P. Wahl with precious cargo, H. Zhao, Dr. Heitjan, and Dr. Strom.



Pictured from left to right are Dr. Heitjan, MS graduate Huaqing Zhao, and PhD graduate Clara Kim.

Congratulations and best wishes to the following May 2006 graduates!

MSCE Degree Recipients

Dorothy Cimino Brown, DVM
 Jon Michael Burnham, Jr., MD
 Samantha F. Butts, MD
 Andrea L. Cheville, MD
 Leanne Beers Gasink, MD
 Jane L. Givens, MD
 Carmen Estela Guerra, MD
 Kenneth Andrew Katz, MD
 Darren R. Linkin, MD
 Jun James Mao, MD
 Thornton Beverley Alexander Mason II, MD

MS in Biostatistics Degree Recipients

Rachel Hammond, MS
 Roger Mansson, MS
 Valerie Teal, MS
 Peter Wahl, MLA
 Huaqing Zhao, MA

Doctorate in Biostatistics Degree Recipient

J. Mark Donovan, MS

ENAR Distinguished Student Paper Awards for 2006

The Graduate Group in Epidemiology and Biostatistics is pleased to announce that three of its PhD students in Biostatistics, **Robert Krafty**, **Benjamin Leiby**, and **Tao Liu**, were among the International Biometric Society – Eastern North American Region (ENAR) 20 Distinguished Student Paper Award winners this year. These highly competitive awards are presented on an annual basis at the spring meeting to a select group of the best biostatistics students and recent graduates in eastern North America.

Award winners receive a certificate, reimbursement for travel up to \$500, free tuition for a short course of their choice at the meeting, complimentary issues of the *Journal of Agricultural, Biological, and Environmental Statistics (JABES)* published during the previous year, and an invitation to the President's Reception during the spring meeting in Tampa, FL. The winner of the John Van Ryzin Award, and an additional \$500, for best student manuscript is selected from the Distinguished Student Paper honorees. Previous award winners include Dr. Mahlet Tadesse, Assistant Professor of Biostatistics, who is profiled in this issue.

On May 10th and 12th, Dr. Schmitz was quoted respectively by the websites for News 8 in Austin, TX and News 14 in Charlotte, NC regarding the second phase of her study on weight training and breast cancer survivors, which is being conducted with the support of a \$2M grant from the National Cancer Institute. She is studying the safety of a slowly progressive strength-training program on breast cancer survivors with and without lymphedema symptoms.

On May 18th, *The New York Times* quoted Dr. Schmitz on her findings that contradict long-held beliefs that upper-body exercise increases the risk of lymphedema development among breast cancer survivors. Her findings were published in the *Journal of Clinical Oncology* (<http://www.jco.org/cgi/reprint/JCO.2005.03.6749v1>).

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In the Monday, January 23, 2006 edition of *The Philadelphia Inquirer*, **Brian Strom, MD, MPH**, Director of the CCEB, Associate Vice Dean, Penn SOM, was quoted for the article “FDA Gives New Form to Inserts.” Dr. Strom suggested that these changes could be a “very big contribution” if the package insert becomes more of a medical document as opposed to its current status as “mostly a legal document.”

Dr. Strom was quoted in the February 2006 issue of *SELF* magazine on the subject of preparedness for avian flu for the article “How Scared Should You Be? Avian flu is deadly, wily and heading our way” (http://www.self.com/magazine/articles/2006/05/15/0206birdflu_1_of_8). He was also quoted in the February 15, 2006 edition of *Newsday* in the article, “Safety Mission in a Haze: FDA board, created to monitor drug problems, wrestles over public need vs. company secrets.”

In the April 30, 2006 edition of the *Los Angeles Times* and the May 3 edition of *The Seattle Times*, Dr. Strom cited the Bush administration’s lack of interest in science, particularly scientific results it doesn’t like, in an article on recent political problems in the FDA (“The FDA Awaits a Cure for Its Malaise: Problems pile up in the absence of a permanent chief and political disputes over ideology”).

In his commentary “How the US Drug Safety System Should Be Changed,” published by JAMA on the 3rd of May (<http://jama.ama-assn.org/cgi/content/full/295/17/2072>), Dr. Strom discusses the current state of drug safety monitoring and offers a legislative solution.

On May 5th, Dr. Strom was interviewed by local TV

Channel 3 to discuss the effects of sleeping medications in the wake of Congressman Patrick Kennedy’s automotive accident, which the Rhode Island Democrat attributed to the influence of Ambien (as well as Phenergan).

In the May 23 and 27, 2006 editions of *The Washington Post*, Dr. Strom offers the final words in the respective articles “Off Label, Off Base?” and “Drugs: Going “off-label.”

Notes

Susan Ellenberg, PhD, (see above) is also one of 17 scientists selected as members of the first class of “Fellows of the Society for Clinical Trials.” This recently established fellowship recognizes past and current Society members who have made significant contributions to the advancement of clinical trials. Dr. Ellenberg was honored on May 21, 2006, at the Annual Meeting of the Society for Clinical Trials held in Orlando, Florida.

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Katrina Armstrong, MD, MSCE, Associate Professor of Epidemiology, Department of Biostatistics and Epidemiology, Associate Professor Medicine, Division of General Internal Medicine, University of Pennsylvania SOM, and Senior Scholar in the CCEB, was elected to membership of the **American Society of Clinical Investigation (ASCI)** at an award ceremony on April 29, 2006 at the joint ASCI and **American Association of Physicians (AAP)** meeting held in Chicago. The ASCI comprises more than 2,800 physician-scientists from all medical specialties elected for their outstanding records of scholarly achievement in biomedical research.

At another award ceremony held at the ASCI/AAP meeting, **Harold Feldman, MD, MSCE**, Director, Clinical Epidemiology Unit/Division of Epidemiology (CCEB/DEB), Professor of Epidemiology, Department of Biostatistics and Epidemiology, Professor Medicine, Renal Electrolyte and Hypertension Division, University of Pennsylvania SOM, and Senior Scholar in the CCEB, was elected to the AAP, a nonprofit, professional organization founded in 1885 for “the advancement of scientific and practical medicine.” The organization is now composed of about 1000 active members and 550 emeritus and honorary members. On an annual basis, 55 individuals are recognized by nomination for membership by the Council of the Association. New members are given the opportunity to share their scientific discoveries and contributions at the annual meeting.