



Society for Pediatric and Perinatal Epidemiologic Research

October 2004

President's Corner

David A. Savitz, PhD

As you know, we held our annual meeting in Salt Lake City this past June 14-15. Although you cannot expect me to provide an unbiased view of the proceedings, I can say with confidence that my predecessors who formed the Society and planned the annual meetings came up with a great model. The duration of the meeting (1 ½ days), the number of attendees (approximately 150), the breadth and depth of content area (focused but not overly narrow), and particularly the ability to count on spending time with senior scholars, rising stars, and new graduate students has proven to be a formula for success. That's not to suggest we should be complacent, and we do try to tweak the schedule each year to improve it (and we welcome suggestions for doing so), but there is a sound formula in place that should serve us well for some time to come.

Mike O'Shea, our outgoing President, did a great job of leading the Executive Committee's effort to develop cohesive themes, including Preterm Birth and Infant Mortality, Social Factors and Innate Immunity, Fetal and Childhood Growth, and Methods. The keynote speaker, Matt Gillman of Harvard, and assigned and spontaneous discussants, delved into the area of fetal origins of disease. The emergence of this theme may well be the single most important development affecting reproductive, perinatal, and pediatric epidemiology, whatever the relevance to the etiology of chronic diseases ultimately turns out to be. While we all appreciate that issues of fecundability, pregnancy loss, complications of pregnancy, preterm birth,

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2005 SPER Meeting

We will hold our 17th annual meeting on **June 26-27, 2005**, at the Westin Harbour Castle in Toronto, Ontario, Canada. The meeting will include a poster session and opening reception on the evening of the 26th, and a full day of plenary sessions with a poster session on the 27th.

For information about abstract submission, see SPER's website in December (www.sper.org) or contact Dawn Misra, PhD, SPER Secretary at 734.647.7944 (phone), 734.763.7379 (fax), or email dmisra@umich.edu.



Future SPER Meeting Dates

June 20-21, 2006
The Westin Seattle
Seattle, Washington

2005 SPER Meeting Abstract Deadline: February 18, 2005

Please note: in response to members' concerns, there will be **no abstract submission fee** this year! More details to come in early December.

2nd International Symposium on Successive Pregnancy Outcomes: A Decade of Progress

Cande V. Ananth, PhD, MPH & Allen J. Wilcox, MD, PhD
Symposium Organizers

It is the nature of most diseases that they occur only once – at most – in a given individual. One consequence is that epidemiologists have paid little attention to the subtleties of studying repeated risk. A notable area where recurring events occur is with pregnancy. Most women are at risk several times in their reproductive span for pregnancy-related problems (e.g., pre-eclampsia, preterm birth, malformed fetus). Repeated opportunity for assessing risk can reveal new aspects of disease etiology, and also allow study of the underlying natural variability in human reproduction.

The Symposium will be held on **August 19 and 20, 2005** at the Hyatt Regency Hotel in New Brunswick, NJ. The symposium will address two broad themes:

I. The basis for recurrent pregnancy outcomes (within women as well as across generations)

- Biologic and pathophysiologic processes that underlie recurrent events of pregnancy, as well as the recurrence of pregnancy-related events across generations.
- Specific factors that influence recurrent events, including genetic factors, environmental influences, gene-environment, gene-gene interactions, and maternal constitutional factors.
- Biases, confounders, and natural distortions that might affect recurrence risk (e.g., variations in fecundability, voluntary fertility control, self-selection based on the outcome of previous pregnancy, and determinants and effects of birth interval).

II. Methodological issues

- Methods and algorithms for linking data, and their inherent biases.
- Analytic approaches and models for assessing recurrent events.

The Symposium is being sponsored by the Centers for Disease Control and Prevention and the March of Dimes Foundation. There will be no registration fee, although registration will be limited to 100 attendees (first-come, first-served). Participants, especially doctoral students and post-doctoral fellows, are strongly encouraged to submit abstracts for presentation at the Symposium. Proceedings of the Symposium will be published in the journal *EPIDEMIOLOGY*.

For further information, please contact:

Cande V Ananth, PhD, MPH

Section of Epidemiology and Biostatistics

Department of Obstetrics, Gynecology, and Reproductive Sciences

UMDNJ-Robert Wood Johnson Medical School

125 Paterson Street, New Brunswick NJ 08901-1977

Tel: (732) 235-7940 / Fax: (732) 235-6627

Email: cande.ananth@umdnj.edu

Summary: SPER-Sponsored Discussion of the Development of a Program Announcement for Training Grants in Reproductive, Perinatal, and Pediatric Epidemiology - June 22, 2004

A discussion was organized by the Society for Pediatric and Perinatal Epidemiologic Research to consider the development of a Program Announcement by the National Institute of Child Health and Human Development for training programs in reproductive, perinatal, and pediatric epidemiology. Anne Willoughby and Mark Klebanoff, (NICHD), Pierre Buekens (Tulane University), and David Savitz (University of North Carolina) attended in person. They were joined on the telephone by Claudia Holzman (Michigan State University), Roberta Ness (University of Pittsburgh), Nigel Paneth (Michigan State University), Martha Werler (Boston University), and Michelle Williams (University of Washington).

Dr. Willoughby indicated that this discussion was to help her to learn more about the needs and opportunities in the field and report back to Dr. Alexander, Director of NICHD, regarding the efforts to develop a Program Announcement for T32 Training Grants in reproductive, perinatal, and pediatric epidemiology. We first clarified that this discussion was only one of many ways in which NICHD staff could receive suggestions and advice from those working in the field, in no way precluding additional input to Dr. Willoughby by others not involved in this discussion and through other means. It is important that those involved in this forum have no special advantage or disadvantage in competing for training programs relative to those not involved in the discussion, and Dr. Willoughby provided that assurance. Concerns were expressed regarding the ability to obtain an informed but fair review for proposed training support in epidemiology, given the predominance of basic and/or clinical scientists on the standing committees and past experiences in submitting applications. Dr. Willoughby indicated her recognition that in initiating a new program, there would be special efforts to ensure that applicants would be reviewed by those who have the needed expertise and she would work with the Division of Scientific Review to that end.

The need for such a training initiative derives from the importance of the health issues involved, and the lack of success thus far in developing epidemiologic understanding and effective approaches to prevention of health problems in this area. Taking nothing away from the work in basic and clinical areas, epidemiology is needed to integrate and seek applications for knowledge that has been developed, and to consider the territory of reproductive, perinatal, and pediatric epidemiology more holistically than is typically pursued through other approaches. In contrast to the important work supported by the Maternal and Child Health Bureau, which provides training mainly for use of vital records in public health surveillance, the goals of this effort would be much more comprehensive and inclusive. There is believed to be an unhealthy balance between investigator-initiated research involving primary data collection, including biological specimens and targeted self-reports, relative

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SAVE THE DATE:

2005 SPER MEETING

WESTIN HARBOUR CASTLE, TORONTO, ONTARIO,
CANADA

JUNE 26-27, 2005

DEADLINE FOR 2005 SPER-MEETING ABSTRACT

FEBRUARY 18, 2005

2006 SPER MEETING

THE WESTIN SEATTLE, SEATTLE, WASHINGTON

JUNE 20-21, 2006

to the analysis of public use data sets, primarily vital records. While much has been accomplished with such secondary analyses, many of the cutting edge issues that integrate advanced biological, psychological, and sociological elements require original data collection and thus the training of investigators who can identify such needs and pursue the research to address them. At present, despite many talented candidates for doctoral and post-doctoral training being drawn to these exciting and important issues, there is not a well-defined mechanism to support training or career development more generally, and as a result, they often migrate to other areas that have such programs in place. In particular, predoctoral training support is needed, with some opportunities for postdoctoral training of interest as well. An indication of the shortage of suitably trained researchers in the area is the severe scarcity of well-qualified applicants for faculty and other positions for independent researchers.

In considering the scope of training programs, there was a consensus that they not be overly constrained, clearly encompassing health outcomes associated with pregnancy and child health directly, but might also include sexually transmitted infections, perinatal influences on adult health, and the full spectrum of behavioral, environmental, and social factors that influence these processes, as well as efforts at disease prevention and health promotion. Health disparities among ethnic minorities and international health issues are also quite prominent in this field and might well be incorporated into the training activity. It was noted that the focus on reproductive processes as opposed to diseases of reproductive organs (e.g., breast cancer) needs to be clear.

The content of training would include a firm grounding in epidemiologic methods, combined with special training needed to address health issues affecting pregnancy and children. Relevant coursework specifically in reproductive, perinatal, and pediatric epidemiology would be essential, including some means of learning pertinent aspects of statistical methods, physiology, social science, and other disciplines. Those who are trained should be capable of initiating and conducting new data collection efforts as well as analyzing available data resources, requiring access to a sufficient base of field research opportunities in the training program. Candidates might come from a variety of backgrounds, including biological and social sciences, public health, and clinical specialties, but it should be noted that this is not designed primarily as a mechanism for research training of obstetricians and pediatricians, though such individuals would be a valued part of the mix of trainees. Whatever the unique strengths and emphases of individual programs might be, there would be the expectations that graduates of any of them would be conversant with the major health issues of concern with regard to both determinants (social, behavioral, biological) and outcomes (fertility, pregnancy, child development, etc.). Within the diversity of programs, there is nonetheless a need for assuring some commonality of basic knowledge among those who are trained in such programs.

congenital defects, and problems in neurodevelopment are profoundly important in their own right, and defensible on medical, ethical, and financial grounds as well as public health criteria, the funding priorities, at least in the United States, have not necessarily reflected that appreciation. With the increasingly explicit recognition that some of the roots of obesity, diabetes, hypertension, and breast cancer seem to be planted in utero, our stock has risen considerably. The keynote talk was outstanding in succinctly summarizing the state of knowledge and raising key questions for future research on this topic, and would venture to guess that the link of early development and adult health will continue to be prominent in future meetings.

I will deviate from past years and not try to summarize the scope of the meeting (which can be found on the website, www.sper.org), but will instead try to describe the flavor of the poster sessions and platform presentations. The key to both, in my view, is the combination of capable, conscientious presenters and engaged, knowledgeable expert discussion. The evening poster session, highlighted by a discussion led by Anna Maria Siega-Riz on nutritional factors, was well attended and enthusiastically received. Unlike many meetings that either involve only senior leaders in the field or only the more junior investigators, SPER continues to be the meeting ground for the two and informal discussions around a poster or around the food are vital for exchange of wisdom and providing energy to both the senior

and junior researchers involved. I visited with colleagues I've known for 15 years and met a number of people for the very first time. The platform presentations are entirely parallel in having a mix of presenters from graduate students to the most prominent individuals working in the field, and the same mix participating in the discussion of the papers. At certain moments, I'd look back to see the line-up of those with questions or comments on a paper and find a virtual "who's who" in the field. I hope that daunting set of interrogators is viewed as favorably by the graduate student presenter at the podium who has to field those questions!

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Dawn Misra, PhD, MHS
University of Michigan School of Public Health
1420 Washington Heights, M5015
Ann Arbor, MI 48109-1209

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