

Robert S. Gordon, Jr., M.D.

Epidemiology has a long, prominent history at NIH and is considered by many to be the “basic science” for prevention and clinical trials research. Much of this tradition can be attributed to Dr. Robert S. Gordon, Jr. who dedicated much of his professional career to epidemiology. For the last ten years of his life as special assistant to the director of the NIH, Dr. Gordon made significant contributions to inter-institute policy and management issues regarding epidemiology, clinical trials, and health effects of environmental hazards. His interest and commitment motivated him to originate and oversee the Public Health Service (PHS) Epidemiology Training Program.

Dr. Robert Sirkosky Gordon, Jr. (1926-1985) came to NIH in 1953 as a National Heart Institute (now NHLBI) clinical associate. Subsequently, he served in several NIH posts including clinical director of the National Institute of Arthritis and Metabolic Diseases (now NIAMS and NIDDK), director of the Clinical Center and PHS assistant surgeon general, and, ultimately, special assistant to the director of the NIH. His breadth of knowledge in clinical sciences led to his appointment as the chief advisor in this area to two NIH directors. He was also an early organizer of efforts to address the emerging problem of AIDS. He organized the NIH Working Group on AIDS in 1982, was a member of the PHS Executive Task Force on AIDS, and became the key NIH Coordinator for AIDS Research and liaison to other PHS agencies such as the Centers for Disease Control and Prevention and the Food and Drug Administration.

During his clinical career, Dr. Gordon made major contributions toward understanding fat transport and metabolism related to premature arteriosclerosis. Additionally, in the early 1960s, he helped develop a cholera research program in East Pakistan (now Bangladesh) and instituted a new therapy for cholera, drastically reducing the mortality rate from the disease.

The Robert S. Gordon, Jr. Lecture

The Robert S. Gordon, Jr. Lectureship was established in 1995 in tribute to Dr. Gordon for his outstanding contributions to the field of epidemiology and for his distinguished service to the National Institutes of Health. The award is made annually to a scientist who has contributed significantly to research in the field of epidemiology or clinical trials. The Lectureship is awarded by the NIH on the advice of the Office of Disease Prevention in the Office of the Director and on the recommendation of the NIH inter-institute Epidemiology and Clinical Trials Interest Group.

Previous Award Recipients

1995
Charles H. Hennekens, M.D., Dr. P.H.
Harvard Medical School, Boston

1996
Joseph F. Fraumeni, Jr., M.D., Sc.M.
National Cancer Institute, NIH

1997
Jean W. MacCluer, Ph.D.
University of Texas Health Science Center, San Antonio

1998
Alfred Sommer, M.D., M.H.S.
Johns Hopkins University SPH, Baltimore

1999
Walter C. Willett, M.D., Dr. P.H.
Harvard Medical School, Boston

2000
Steven R. Cummings, M.D., FACP
University of California, San Francisco

2001
David L. DeMets, Ph.D.
University of Wisconsin, Madison

2002
Sir Richard Peto, FRS
University of Oxford, UK

2003
Jeremiah Stamler, M.D.
Northwestern University

2004
Elizabeth Barrett-Conner, M.D.
University of California, San Diego

2005
JoAnn Manson, M.D., Dr. P.H.
Harvard Medical School, Boston

2006
Steven N. Blair, P.E.D.
The Cooper Institute, Dallas, TX

2007
Robert N. Hoover, M.D., Sc.D.
National Cancer Institute, NIH

2008
Alice S. Whittemore, Ph.D.
Stanford University School of Medicine

2009
Leon Gordis, M.D., Dr.P.H., M.P.H.
Johns Hopkins University

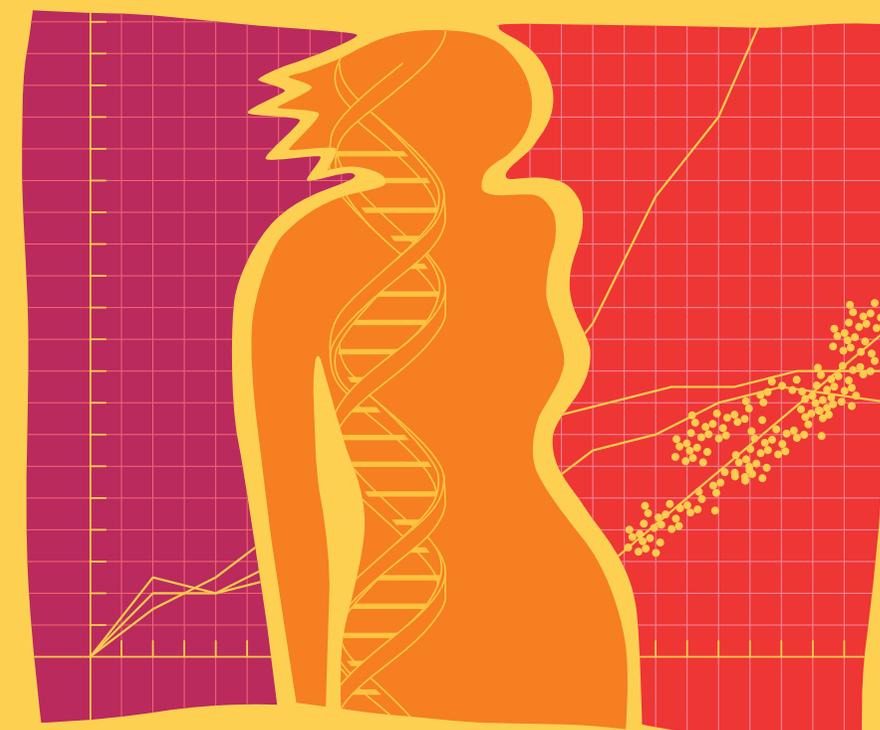
2010
Julie Buring, Sc.D.
Harvard Medical School

2011
Jonathan M. Samet, M.D., M.S.
University of Southern California

2012
Lewis H. Kuller, M.D., Dr.P.H.
University of Pittsburgh

U.S. Department of Health & Human Services, National Institutes of Health

An NIH Director's Wednesday Afternoon Lecture Series
THE 2013 ROBERT S. GORDON, JR. LECTURE



Using Risk Models for Breast Cancer Prevention

Mitchell H. Gail, M.D., Ph.D.

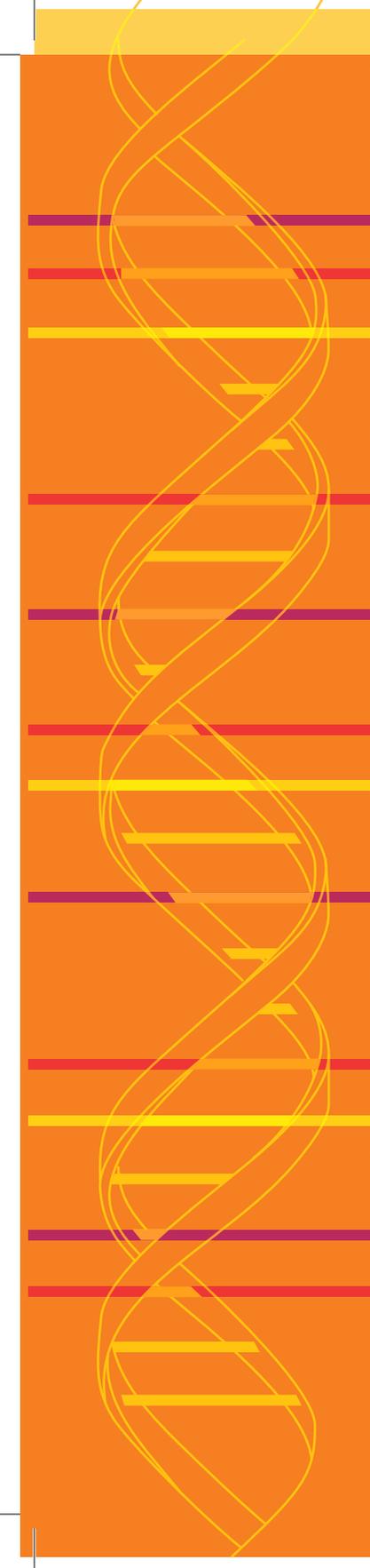
Division of Cancer Epidemiology & Genetics, National Cancer Institute

February 27, 2013

3-4 p.m. Masur Auditorium

Warren Grant Magnuson Clinical Center
National Institutes of Health
Bethesda, Maryland

Hosted by the NIH Office of Disease Prevention and the Epidemiology and Clinical Trials Interest Group



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Members of the audience who wish to meet with the speaker are invited to a reception immediately following the lecture.

Mitchell H. Gail, M.D., Ph.D.

In 1989, Dr. Mitchell H. Gail described an elegant statistical model in the *Journal of the National Cancer Institute* that estimated the absolute risk of a Caucasian woman of a specific age with specific risk factors to develop breast cancer in a specified period of time. Known as the "Gail" model, it was the first cancer risk prediction model applicable in a generalized population setting, not just to those with a family history of cancer, and has been used by physicians to counsel and educate women about their individual risk of developing breast cancer.

For over two decades, Dr. Gail's pioneering contributions have continued to make a tremendous impact on clinical, epidemiologic, and public health applications. An adapted version of the Gail model has been incorporated into the National Cancer Institute's Breast Cancer Risk Assessment Tool (BCRAT) that is widely used in clinical settings. The U.S. Food and Drug Administration used the model to determine a single 5-year breast cancer risk cutoff for approval of the chemopreventive use of tamoxifen among women aged 35 years or older. Dr. Gail extended his work on NCI's BCRAT to develop a new model that would more accurately assess an African-American woman's chance of developing breast cancer. Known as the CARE model, the improved accuracy of the new tool allows physicians to ensure that African-American women receive appropriate counseling about actions they could take to reduce their risk of developing breast cancer. The original Gail model also provided the methodological foundation for the subsequent development of similar models for a variety of cancers, including colorectal, prostate, lung, ovarian, and melanoma- as well as for various populations, including minorities.

Dr. Gail received an M.D. from Harvard Medical School in 1968 and a Ph.D. in statistics from George Washington University in 1977. He joined NCI in 1969, and is now a senior investigator in the Division of Cancer Epidemiology and Genetics Biostatistics Branch. He is a Fellow and former President of the American Statistical Association, a Fellow of the American Association for the Advancement of Science, an elected member of the American Society for Clinical Investigation, and an elected member of the Institute of Medicine of the National Academy of Sciences. He has received the Spiegelman Gold Medal for Health Statistics, the Snedecor Award for applied statistical research, the Howard Temin Award for AIDS Research, the NIH Director's Award, and the Public Health Service Distinguished Service Medal. In 2011, Dr. Gail received the prestigious Nathan Mantel Lifetime Achievement Award for achievement in developing statistical methods for epidemiology.

Dr. Gail's original article on risk prediction models has been cited more than 950 times to date, and is one of the top ten most cited papers in the *JNCI*. His work will continue to have a profound impact in the coming era of personalized medicine where individualized risk calculations will play an important role.

Accreditation Statement:

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Johns Hopkins University School of Medicine and the National Institutes of Health. The Johns Hopkins University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide medical education for physicians.

Credit Designation Statement:

The Johns Hopkins University School of Medicine designates this educational activity for a maximum of 40.00 AMA PRA Category 1 Credit(s).™ Physicians should only claim credit commensurate with the extent of their participation in the activity.