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THE CANADIAN SOCIETY FOR EPIDEMIOLOGY AND BIOSTATISTICS | LA SOCIÉTÉ CANADIENNE D'ÉPIDÉMIOLOGIE ET DE BIOSTATISTIQUE

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NEWSLETTER | BULLETIN

# Celebrating 25 Years of the CSEB

**Interview with Robert Spasoff**

Written by My-An Auprix, University of Ottawa

The original CSEB logo (above) designed by Dr. Robert Spasoff in 1989

**Please take us back to the beginning - how did the CSEB come to be?**

There was the Canadian Public Health Association which attracted some epidemiologists, mainly the medical ones and those who had become public health or mental health officers. But especially during that period, there was a tendency for public health associations to have been very much influenced by public health nurses, and it didn't seem to meet the needs of academic epidemiologists. There was also the Canadian Association of Teachers of Social and Preventative Medicine (CATSPM, which was a very awkward name) for academic members of departments like [the Department of Epidemiology and Community Medicine of the University of Ottawa] but it was only for the academics.

**How have you seen the CSEB evolve?**

It has grown quite a lot. I think it has been quite a successful organization for a country with a small and thinly scattered population. One of the things that I have always liked about it is that it has always had a strong emphasis on the needs of students (i.e. student sections, student conferences). It has always tied together both academic epidemiologists and to some extent what I'll call practicing epidemiologists, people who are working in public health units, government, and health authorities. So it brought together that group quite nicely and it has held its meetings in various centres across the country so it has spread its influence (if you will). I think it has been good effort.

Continued on page 8...

The CSEB Bulletin publishes in both English and French articles and notices on topics of interest to Canadian epidemiologists and biostatisticians. The CSEB Bulletin is posted on the website of the Canadian Society for Epidemiology and Biostatistics.

Le Bulletin de la SCEB publie en français et en anglais, des articles et des annonces sur des sujets d'intérêt pour les epidemiologists et les biostatisticiens canadiens. Le Bulletin est affiché au site Internet de la Société canadienne d'épidémiologie et de biostatistique.

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# Message from the President

What an exciting time it is for the CSEB! Coming into the 25th year of the society's existence has provided us with the great opportunity to connect with past and present members of the CSEB to better understand how CSEB came to be, how it has changed over time, and where it's headed. In this issue of the CSEB newsletter we have a fantastic interview with Dr. Robert Spasoff who was there when the CSEB first started.

The CSEB 2015 Conference to be held on June 1 - 4 in Toronto will be another fantastic opportunity for us to showcase some highlights of CSEB's long tenure. The conference theme "Paradigms to Pragmatism: Epidemiology and Biostatistics for the Changing World" captures one way in which epidemiology and biostatistics have evolved over the years not only in Canada, but internationally.

The CSEB is a success story – starting with humble beginnings and, despite some setbacks, we've been able to roll with the punches and transform into a stronger and more effective society. Although we've come a long way, we still have a long way to go. Our plans for the coming years include strengthening the educational and professional development programs to better respond to members' needs. In addition, we hope to further develop relationships with our international counterparts and our ex-officio partners including APHEO, SEA, CAVEPM, and the SSC. What is also exciting is that we have started to expand the number of CSEB student chapters. We now have a student chapter at Western University in London, Ontario, in addition to the chapter at the University of Ottawa which started in 2009.

As always, the CSEB Board welcomes feedback and ideas from the members so please feel free to let us know – we'd love to hear from you! You can email us at secretariat@cseb.ca, tweet us @csebsceb, or talk to a CSEB Board member at the 2015 conference in Toronto.

Sincerely,

Thy Dinh, PhD
CSEB President

# Message de la Présidente

Quelle période excitante pour la SCEB! L'arrivée de la 25e année d'existence de la société nous a permis de connecter avec les membres actuels et anciens de la SCEB, et de mieux comprendre sa création, les changements à travers lesquels elle a passé, et vers où elle se dirige. Dans ce numéro du bulletin de la SCEB, nous vous présentons une merveilleuse entrevue avec Dr. Rober Spasoff, qui était présent au commencement de la SCEB.

Le congrès 2015 de la SCEB aura lieu du 1 au 4 juin à Toronto, et constituera une autre occasion formidable de vous faire part de certains exploits clés de la SCEB depuis ses débuts. Le thème du congrès, « Paradigmes à Paradigmes : Épidémiologie et Biostatistiques pour un Monde Changeant », capture l'une des manières que l'épidémiologie et les biostatistiques ont évolué à travers les années, au Canada ainsi qu'à l'international.

La SCEB est une histoire à succès – depuis ses modestes débuts, et malgré les défis rencontré, nous avons su affronter les épreuves mis sur notre chemin et se transformer en une société plus forte et efficiente que jamais. Bien que nous sommes partis de loin, nous avons encore du chemin à faire. Nos plans pour la prochaine année comprennent le renforcement de nos programmes éducatifs et de développement professionnel afin de mieux répondre aux besoins des membres. De plus, nous espérons renforcir nos liens avec nos homologues à l'international et nos partenaires nommés d'office, incluant l'APHEO, SEA, CAVEPM et la SSC. Une autre nouvelle excitante est que nous avons commencé à augmenter le nombre de chapitres étudiants de la SCEB. Il existe maintenant un chapitre étudiant à Western University à Londres, Ontario, en plus du chapitre à l'Université d'Ottawa qui a débuté en 2009.

Comme toujours, le Comité de Direction de la SCEB accueille avec grand plaisir les idées de nos membres, donc n'hésitez pas à nous en faire part! Vous pouvez nous envoyer un courriel à secretariat@cseb.ca, un tweet à @csebsceb, ou parler à un membre du Comité de Direction lors du congrès 2015 à Toronto.

Sincèrement,

Thy Dinh, PhD
Présidente, SCEB

# Careers in Epidemiology

**Interview with Dr. David Fisman, physician epidemiologist**

Written by Fakhriyeh Abachi Nejad Asl, University of Ottawa

Dr. Fisman is an Associate Professor of Infectious Disease Epidemiology at the Dalla Lana School of Public Health and Health Policy, Management and Evaluation at the University of Toronto. He received his MD degree from the University of Western Ontario, and an MPH from Harvard School of Public Health; he also completed fellowships in clinical infectious diseases and health policy within the Harvard system. Dr. Fisman's research interests involve application of novel epidemiologic methods to the study of infectious diseases of public health importance, including vaccine-preventable diseases, sexually transmitted infections, and viral and bacterial respiratory pathogens.

**Could you tell me what you're working on these days?**

For me infectious disease epidemiology is mostly a tool box. Once you understand how communicable diseases work as systems, you can use the same basic principles for lots of diseases. Take the MERS corona virus emergence in Saudi Arabia for instance. There has not been a lot of information publicly available to characterize that outbreak. Right now we are trying to characterize the epidemiology of that disease using publicly available data sources. The epidemiology of the MERS outbreak looks a lot like SARS.

I also work in other areas and they all have disease dynamics as a common thread. Communicable diseases are characterized by "feedback loops": the more cases you have, the more you get. That applies whether we're working on syphilis, pertussis, or Clostridium difficile infection.

**What sort of training did you complete to get to where you are today?**

I took a very indirect route. I have worked as a public heath physician and I continue to work as an infectious disease doctor in Toronto Western Hospital, but my main job is in the university setting where I focus on teaching and research. I sort of got into that by accident. I did medical school and was doing a clinical training, and then an opportunity came across to me to do a master's in public health in Boston. And that kind of opened my eyes to this whole world of population health. But I really did not know much about health in medicine or disease outside the world of hospital. I got more training in mathematical modeling and health policy, and was in the U.S. until 2001. Subsequently I've worked mostly in academia but was epidemiologist for the Ontario Public Health Lab for a few years.

> "Network, network, network. As early career epidemiologists, you have to do things that are exciting to you but it is really important to network"

**What is one of the greatest challenges you've encountered in your career as an epidemiologist?**

The hardest thing about being totally focused on research is that it is hard to always know what is going on in the real world and the hardest thing about being fulltime clinician in public health is to write and be reflective and think of it and analyze. I like a job where I have both a research and a clinical focus. I regard really good public health surveillance as knowledge generation or, really, research. There are a lot of people who would say surveillance is not research, but if you are evaluating a population and looking at trends, and thinking about what determines those trends, you've really crossed over epidemiological research.

**What gets you most excited about working in [infectious disease] epidemiology?**

A. I'm not stuck with one particular subject area because there are these methodological commonalities. Stuff that we are doing with MERS coronavirus right now is more or less the same stuff that we were doing with H1N1 back in 2009. The same math applies for both. A lot of people knock on your door and say we really have an issue when a new infectious disease emerges, or an old one re-emerges. We've had that happen repeatedly, with syphilis, H1N1, and now MERS and Ebola. Data drop to your lap when people are freaked out and they want infectious diseases epidemiologist to help them and that's actually a lot of fun to do the work, even if some of the issues themselves are quite sad.

**Do you have any advice for an early-career epidemiologist?**

*Network, network, network*. As early career epidemiologists, you have to do things that are exciting to you but it is really important to network. Some of our students complain that this professor uses SPSS and the other professor use SAS. My answer is "roll with it", because the more skillsm(more in your tool box) the better. The flip side of that is also to relax. Some students think they'll do a one or 2 year Master's degree and come out fully formed, but you're always learning and you need to keep learning.

The courses that I took during my MPH were just an entrée to this world. But an MPH program is also where you interact with lots of people; you can learn lots of things and pick up new skills. At the end of the day the networking with professors and other students may be more important than the actual content of courses, because those are going to be your colleagues and teachers throughout your career.

# Biostats Corner:

**Machine learning: a brief, brief overview for epidemiologists and biostatisticians.**

Written by Marc Parsons, University of Alberta

As biostatisticians and epidemiologists, we have a fairly longstanding tradition of using practical statistical methods to solve the myriad problems we encounter during our research: we are often found using 2x2 tables, t-tests, regression (logistic, linear, or otherwise), ANOVA/ANCOVA... and the list goes on. In short, we don't especially tend towards overly sophisticated or complex methods (well, I don't tend to, at least). Pure statistics departments across the country, on the other hand, are involved in cutting edge research on novel methods that are often directly applicable for us health sciences researchers and I would argue that it's important for us to keep up to date on these developments. However, there is another field working on truly mind-boggling new methods of data analysis that many biostatisticians and epidemiologists seem to be not taking notice of.

Now, there are several overlapping terms for this emerging field: machine learning (probably the most common name and the one I'll be using), data mining, statistical learning, and pattern recognition. Basically, machine learning is a sort of merger between computing science and theoretical statistics. It generally eschews the mathematical rigour of pure statistics and focuses on practical, non-parametric solutions to data analysis problems. Now, this is not to say that machine learning is irresponsible in its more relaxed attitude to mathematical proofs: I would say it takes a more applied, data-oriented approach to solving problems that were traditionally solved using parametric models and assumptions on the data.

Take the problem of classifying patients into two groups (say, diseased and not diseased) based on some set of covariates or attributes (say, blood pressure and age). Depending on a couple of factors we could use such traditional methods as logistic regression or ANCOVA to solve this problem. Here, one of our motivations might be to identify which of the covariates might be risk factors for the disease while controlling for some possible confounders while another may be to build a diagnostic or predictive rule to aid in the diagnosis of the disease. This last motivation provides a fundamental pillar of machine learning and often goes by the name "classification". These problems are solved by building a system that can devise a decision rule that maps patients to one of the diseased or not diseased categories (in machine learning we call these "labels") by looking at the data. This rule, after its performance is judged as adequate, can then be used on future patients to assess their risk of disease. And here, as opposed to most traditional analysis methods, the ways in which machine learning solves these are generally non-parametric – that is they require no assumptions on the underlying distribution of the data.

There are two very general sub-fields within machine learning: supervised and unsupervised learning. Supervised learning involves providing a list of labels to the computer (the "machine") who will then go through the data and, based on the attributes of the subjects involved, classify each subject to one of the given labels. Common supervised learning methods include nearest neighbour, neural networks, and decision trees/forests (see "Statistical Learning for Biomedical Data" by James D. Malley for a great practical overview of these methods). Unsupervised learning gives the machine more leeway in allowing it to devise general groups on its own based on clustering in the data. Methods of unsupervised learning include clustering (k-means, k-medioids, etc.) and hidden Markov methods.

In the health sciences there are plenty of opportunities for the application of machine learning methods. The non-parametric nature of machine learning tools really offers a certain flexibility that I feel may appeal to epidemiologists and biostatisticians alike. While many purists may not be too keen on machine learning, I would encourage any readers who are interested to check out the text mentioned above or to do a quick Google search to get a better glimpse into this relatively new field of data analysis.

## UPCOMING WEBINARS | WEBINAIRES À VENIR

**Infectious Disease Modeling – A Practical Introduction (2-Day Short Online Course)**

The online course "Infectious Disease Modeling – A Practical Introduction" held on February 9 and 10, 2015 was well attended and well-received. The recording and course materials will be available for those who did not register for the live course by March 1st, 2015 for a nominal charge. Registrants of the live course have waived access to the recordings.

Recording Access Fees:

CSEB member, Student : $25 + HST
CSEB member, Regular: $50 +HST
Non-member, Student: $50 + HST
Non-Member, Regular: $100 + HST

For more information contact secretariat@cseb.ca.

## CONFERENCE REPORT: Cochrane Colloquium, Hyderabad

Yan Xu,
Queen's University

What comes to your mind when you think of Cochrane? Authoritative protocol, unbiased review, or perhaps lengthy forest plots? Since first encountering the term, I have long viewed the Cochrane Collaboration as the gold standard of evidence synthesis and an invaluable source for evidence-informed medical practice. It was thus with great pleasure that I attended the 22nd Cochrane Colloquium held in Hyderabad, India.

The emphasis this year was on evidence-informed public health, the urgency for which is greater than ever regardless of geography, including our host city where we were advised to consume only bottled water for hygiene and safety. Over the 5-day session, several eminent speakers spoke of the context, challenges and opportunities in integrating evidence into policy-making: Dr. Lisa Bero of the Cochrane Effective Professional Practice and Organization of Care (EPOC) Review Group and Member of the World Health Organization (WHO) Essential Medicines Committee presented programs aimed at improving the use of evidence in WHO guideline recommendations. She illustrated with an example of integration of Cochrane reviews into the agency's evaluation for new drug applications to the WHO Essential Medicines list. Dr. Srinath Reddy, president of the Public Health Foundation of India and the World Heart Federation, situated evidence within the range of broader influences that guide decision-making at the policy level, emphasizing that scientific credibility is only one of policy drivers that also needs to consider financial feasibility, operational sustainability and political viability. He outlined areas of disconnect between research and decision-making, and proposed strategies to bridge these gaps.

In a thought-provoking discussion on research capacity-building, Dr. Mary Ann Lansang of the University of Philippines Manila challenged delegates to change the mind frame that those in resource-limited settings should stand on the shoulders of giants, but rather develop capabilities to "work shoulder to shoulder with the giants." Drs. Taryn Young and David Sinclair illustrated examples of successful collaborations that led to improved knowledge of evidence synthesis and critical appraisal. Another highlight was the Second Annual Cochrane Lecture delivered by Canadian Dr. Gordon Guyatt of McMaster University, who provided an oral history of the key individuals based at McMaster involved with the evidence-based medicine movement and his vision for the future.

One aspect of the Colloquium that stood out was its interactiveness. In the afternoon workshop sessions, I have had the chance to understand and practice current thinking on research priority setting, development of shared decision-making tools, as well as best practices in communication of research results. And of course, it was not all about learning – the Colloquium was filled with evening social events, spontaneous hallway discussions and networking, as well as a tour of Hyderabad city to iconic landmarks such as the Chowmahalla Palace and Golkonda Fort.

I am grateful for the opportunity to attend such a wonderful and welcoming conference, and encourage trainees like myself to consider attending whether you're an expert of systematic review and evidence-based medicine, beginning to foray into the area, or somewhere in between!

# Celebrating 25 Years of the CSEB

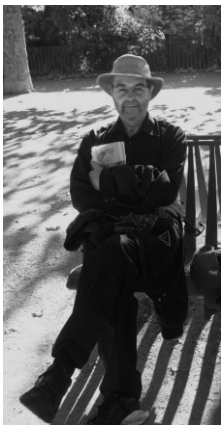
**Interview with Robert Spasoff**
(Continued from page 1)

**How did you get into the field of epidemiology?**

I grew up in rural Saskatchewan and I had never heard of epidemiology. I found myself in medical school, and in first year, there was a poster on the wall advertising that the Department of Social and Preventative Medicine was looking for a medical student with expertise in statistics to be a summer research assistant. I had no statistics expertise at all, but I like math and most of my colleagues hated math. So I applied and got the job. I worked for one of the professors that summer and continued to work for him for the next two summers of medical school. I practiced [as a general practitioner] in the Saskatoon community clinic for two years but realized that I had the epidemiology bug and that I was more interested and better in that than in clinical practice. So I went to the University of Toronto and did a Master's in Epidemiology there and I've been an academic ever since. But it started with a poster on the wall in first year.

**How do you see careers in epidemiology and biostatistics evolving?**

It's probably following the trajectory that very many disciplines follow - the PhD is becoming quite important. The other thing that is happening is that chronic disease is the dominant problem in North America and we have a rapidly aging population. There's a big need for more knowledge of the causation of diseases as well as their natural histories. Epidemiology can contribute very much to that. Another development that has been important is social epidemiology. It's growing already but I think it is one of the ones that will grow very much.



Robert (Bob) Spasoff, retired in 2003, is a Professor Emeritus of Epidemiology and Community Medicine at the University of Ottawa. He helped plan the first Canadian Epidemiology Research Conference (progenitor to the CSEB) in 1989 and designed the first logo of the CSEB (the 2 x 2 table).

**What accomplishment or experience from your personal or professional life are you most proud of?**

I would say my teaching. I was quite a good teacher and I enjoyed that very much. And to some extent, I helped to create a field that we might call policy epidemiology or epidemiological methods for health policy, for which I wrote the textbook (which badly needs a revision by someone who is more up to date and more energetic than I).

**What advice would you give to students or early career epidemiologists and biostatisticians?**

I'd try to get practical experience, work as a research assistant, get into a research group, and get really strong on methods. I'm personally only interested in quantitative methods but there's a movement to introduce qualitative as well. And, depending on what you want to do, probably get that PhD. The academics need a PhD now. I managed, but just barely.

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# How-tos

**Strategies for writing successful scholarship applications**

Written by
Hilary K. Brown,
Postdoctoral Fellow at
Women's College
Research Institute

Having recently completed the last of six years of graduate school, I have spent countless hours writing applications for various provincial and national graduate scholarship competitions. We all know that reviewers expect high grades, evidence of research productivity, and strong reference letters. However, when you are sitting in front of your computer with a blank Word document and 3,500 characters to convince the world of the brilliance of your research, scholarship applications can be daunting. Over the years, I have been fortunate to have had mentors who shared with me their application-writing advice, and I have picked up a few strategies of my own along the way. I wrote the following points with the research proposal portion in mind, but many are relevant to the application as a whole:

**Start early.** Begin familiarizing yourself with application requirements 2 to 3 months in advance of the deadline. Being proactive gives you ample time to proofread and to get feedback. An early start also gives you the opportunity to contact references well in advance and to offer them a copy of your research proposal, should they wish to see it when writing letters for you. Some of my own references have told me that this helps them to highlight specific strengths which support my research plans; ultimately, this leads to a stronger letter.

**Tailor your application.** Application instructions can provide valuable hints regarding what you need to write in your research proposal. I often break instructions down into keywords that I use as headings in my draft outline. It then becomes easier to add content in a concise and organized manner. More often than not, these keywords make it into the final copy of my application, either as headings or as bolded words within a sentence. Remember, your reviewers are likely evaluating you on these components; directing their attention toward the relevant text will make their job easier. Similarly, spend time reading about the goals of the institute or agency to which you are applying; you may be able to work some of these specifics into rationale or significance sections, thereby convincing your reviewers that your application is relevant and worth funding.

**Show the significance of your work.** Reviewers are presented with many strong applications on interesting topics; your application needs to stand out. Lead with a strong statement that establishes a gap in the literature or shows the population impact of the issue you are studying. Your reviewers should be convinced of the need for your study by the time they get to your objectives. Usually, you should also close your research proposal by showing the applicability of your research to clinical programming or public health policy.

**Maximize clarity.** Use bolded or underlined font (in moderation) to emphasize words or phrases of importance. Your reviewers are likely reading several applications; help them out by making the most important parts of your application stand out. Be consistent in the terminology you use throughout your application; using variations on labels for your exposure, outcome, or methods can cause confusion. I find it helpful to make a list of my research proposal's major concepts and refer back to it as I am writing so I can be sure I am being consistent.

**Be specific.** Even if your thesis is in development, be as specific as possible regarding both previous literature and methods. Avoid vague statements and unnecessary words. If you only have one page to convince your reviewers of the importance of your work, every word counts. After I have finished a strong draft, I go through it and highlight unnecessary words or phrases that can be shortened. Once these are deleted or revised, I have space to add more valuable details.

**Know your audience.** Do not assume that your reviewer has expertise in your area. It is usually appropriate to write applications in general scientific language. Keep jargon, abbreviations, and acronyms to a minimum.

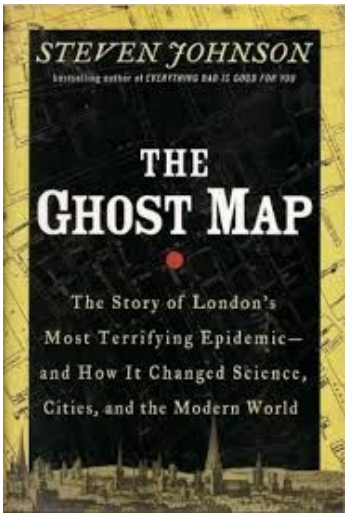
**Read it through. Again.** If you have been up to your eyeballs in applications, you will likely miss typos and ambiguities. After finishing a strong draft, I usually set my application aside for a week or two. I almost always catch more inconsistencies and mistakes after I have had some distance. Ask a trusted mentor (e.g., a senior student or faculty member who is not your supervisor) to read through your research proposal and point out areas that lack clarity. Remember that you and your supervisor are "insiders" to the project; an "outsider" should also be able to understand and see the significance of your research.

Finally, be encouraged. While not all of your applications will be successful, the communication skills that you learn during the preparation process are immensely valuable and will be applied to your thesis, conference abstracts, papers, cover letters for jobs, and beyond… Good luck!

# Book Reviews

**The ghost map (Steven Johnson)**

Reviewed by Fadumo Rirarsh, London Health Sciences Centre




Author: Steven Johnson
Publication year: 2006
Category: nonfiction, medical mystery

The Ghost Map: The story of London's most terrifying epidemic-and how it changed science, cities, and the modern world

The Ghost map: The story of London's most terrifying epidemic-and how it changed science, cities, and the modern world is a scientific thriller written by bestselling author, Steven Johnson. The story of the cholera epidemic is a classic epidemiology story well known to Epidemiologist and many others in the scientific community. By all accounts, this story is a historical narrative of London's 1854 Cholera epidemic but what is new is the fashion Steven Johnson chose to re -tell it. The story begins late August, 1854, just days before the cholera epidemic started, to paint a picture of London, England. At the time, London was the most populous city on earth with a population of 2.4 million. Johnson begins the story by describing all that being the most populous city on the planet entailed. London was, for the most part, a well-functioning city and much more advanced than any other city at the time. It had a booming economy and a vastly growing population. Many people were leaving small cities and country farms to claim their piece of the dream in this vastly expanding metropolis. But the city had problems brewing too.

According to Johnson, the cholera epidemic was inevitable as this vastly sprawling metropolis remained an expensive place to live while lacking well-functioning sewer systems. In some quarters of the city, most houses averaged five individuals per room, he reports. Cesspools where people dumped their waste excrement were made worse by advances in engineering leading to the first flushable toilets or water closets as they were called back then. These water closet s were flushed into already overflowing cesspools running through the city and emptying into the Thames River, where people obtained drinking water. It remained inevitable that the overcrowding coupled with these cesspools would not only make London an unpleasant place to live but would eventually cause disease in large numbers of the population. This over populated city remained highly vulnerable to a disease like Cholera that could quickly wipe out an entire population.

Having set up the living conditions of the world's most populous city at the time, the rest of the book reads like a fast paced thriller. The mysterious epidemic begins with the infection and death of a local Policeman's infant baby girl and quickly spreads to the surrounding neighborhoods evoking panic and fear. The agony the victims must have felt and the fear among the population is felt through the book as Johnson paints a picture of the rush to the get out of the city by those with the means to do so while the poor are left behind awaiting their fate. Enter, John Snow, a local physician who maps out the spread of the disease and whose correct identification of the cause of the epidemic fell on the deaf ears of the city administrators. Other characters central to the story are brought to life in this spelling binding story. They include among others, Henry Whitehead, the affable young clergyman who consoled infected individuals and their families while curating data from the epidemic; the city of London (and the conditions that enabled the epidemic); the broad street pump where people obtained contaminated water; the cholera bacteria itself; and the unfortunate victims of the epidemic.

This book is a quick, easy and interesting read for anyone who appreciates a well told thriller. The book is also educational; Johnson provides details on cholera, its mechanisms of infection, identification and treatment. Most importantly, the book is not just a passive read but engages the reader's critical thinking on several issues related to the story and their importance today. All in all, a fascinating read on shoe leather epidemiology, case-building, and the factors that help or hinder the growth of cities and our response to epidemics.

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Details to be posted on the CSEB website. |

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Détails à venir sur le site web de la SCEB.

## THE 2015 CSEB CONFERENCE - JUNE 1 TO 4, CHESTNUT CENTRE,TORONTO

Dr. Eduardo Franco, 2015 CSEB Conference Scientific Chair Director, Division of Cancer Epidemiology, Department of Oncology, Faculty of Medicine, McGill University

Please mark your calendars: the 2015 CSEB Conference is almost six months away. Canadian epidemiologists, biostatisticians, and their students will come to Toronto June 1-4 for an exciting scientific program that is likely to please everyone. The theme for 2015 could not be more timely: "Paradigms to Pragmatism: Epidemiology and Biostatistics for the Changing World". To set the keynote for the discussions during the 4 days of plenary and concurrent sessions we will have Professor Alfredo Morabia, from Columbia University in New York, to speak about the history of epidemiology. He will use a moving timeline that will reveal fascinating facts and trivia about how our profession evolved. In addition to his wealth of knowledge about the history of epidemiology and public health (he wrote 8 books on the topic). The polyglot (English, French, Spanish, Portuguese, and Italian) Professor Morabia is well known for his numerous contributions as an epidemiologist and as journal editor. He served as Editor-in-Chief of Preventive Medicine and is a member of the editorial board of the American Journal of Epidemiology.

The 2015 CSEB conference will also be the first to place students as equals among early-career and seasoned epidemiologists and biostatisticians as planners of the scientific program. Unlike previous CSEB conferences, there will not be an initial student-only conference followed by the main event for professional delegates. All sessions will include student co-chairs and selection of the conference content will be based on the eclectic array of substantive topics and methodological toolboxes that we see across Canada. Students will benefit from being exposed to constructive advice given by established professionals to their work and will enjoy the opportunity to see how their mentors present to a public audience of their peers. Our Executive Committee and Local Organizing Committee have strong representation from students and professionals of all career stages and have worked closely with the CSEB leadership in designing the program.

On the first day of the conference there will be training workshops for students and early career epidemiologists on topics of great interest to delegates. Two workshops have already been confirmed: one on best practices in publishing epidemiologic and public health research and another on grant writing. More topics of timely interest will be added soon.

I cannot overemphasize my excitement for how the program is evolving. I feel privileged for having been chosen by the CSEB organizers to be the Scientific Chair of the Executive Committee for the 2015 Conference. Being in Toronto, the conference is likely to attract records of attendance, which will further enhance the event's critical mass of expertise in all substantive and methodological areas of epidemiology and biostatistics. I see it as a great opportunity to attract my colleagues from across Canada to join their society's main event and partake in the cutting edge science of epidemiology and biostatistics of this brave new world that our above conference motto characterizes so well.

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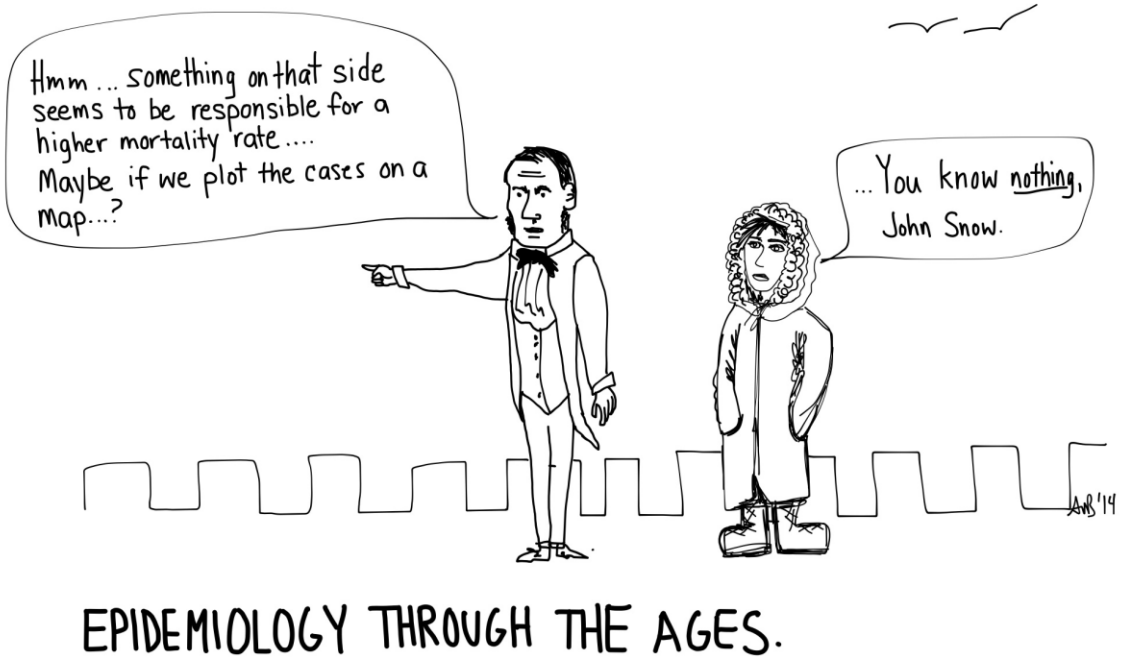
# Reflections on 25 Years of the CSEB

Sketch by Amanda van Beinum, Ottawa Hospital Research Institute




EPIDEMIOLOGY THROUGH THE AGES.

## LE CONGRÈS 2015 DE LA SCEB: 1 À 4 JUIN, CHESTNUT CENTRE, TORONTO

Dr. Eduardo Franco,
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Veuillez prendre note : le Congrès 2015 de la SCEB est dans presque 6 mois. Des épidémiologues, biostatisticiens et leurs étudiants seront à Toronto du 1 au 4 juin afin de participer à un programme scientifique qui plaira sûrement à tous et à toutes. Le thème pour 2015 ne pourrait être plus à point : « Paradigmes à paradigmes : Épidémiologie et Biostatistiques pour un Monde Changeant ». Le professeur Alfredo Morabia du Columbia University à New York ouvrira les sessions concurrentes et 4 journées de plénières avec une conférence sur l'histoire de l'épidémiologie. Il utilisera une chronologie mouvante qui révélera des faits fascinants et intéressants de l'évolution de notre profession. En plus de ses connaissances étendues en matière d'histoire de l'épidémiologie et de la santé publique (il a rédigé 8 livres sur le sujet), le polyglotte (Anglais, Français, Espagnol, Portugais, et Italien) Professeur Morabia est connu pour ses nombreuses contributions en tant qu'épidémiologue et éditeur de publications. Il a agi en tant qu'Éditeur en Chef de Preventive Medicine et est membre du comité éditorial du American Journal of Epidemiology.

Le Congrès 2015 de la SCEB sera également premier à placer les étudiants en tant qu'égaux aux épidémiologues et biostatisticiens en début de carrière et chevronnés au sein du comité de planification scientifique. Comparativement aux congrès précédents de la SCEB, il n'y aura pas de congrès étudiant suivi de l'événement principal pour les délégués professionnels. Toutes les sessions incluront des co-directeurs étudiants, et le contenu du congrès sera sélectionné parmi la variété éclectique des sujets et outils méthodologiques retrouvé à la grandeur du pays. Les étudiants bénéficieront de l'exposition à des conseils constructifs sur leur travail offerts par des professionnels chevronnés, et apprécieront l'opportunité de voir leurs mentors présenter à un public composé de leurs pairs. Notre Comité exécutif et Comité local d'organisation est fortement représenté d'étudiants et professionnels qui en sont à divers stages de leur carrière, et la création du programme se fait en étroite collaboration avec le leadership de la SCEB.

Le premier jour du congrès comprendra des ateliers de formation pour les étudiants et épidémiologues en début de carrière, portant sur divers sujets pertinents aux délégués. Deux ateliers ont déjà été confirmés, l'un porte sur les meilleures pratiques de publication en épidémiologie et santé publique, et l'autre sur la rédaction de demandes de subventions. D'autres sujets d'intérêt actuel seront s'ajouteront bientôt à la liste.

Je ne peux contenir mon enthousiasme face à l'évolution du programme. Je me compte chanceux d'avoir été sélectionné par la SCEB comme Directeur scientifique du Comité exécutif du Congrès 2015. Ayant lieu à Toronto, le Congrès va sûrement battre ses records de participation, ce qui augmentera davantage la masse critique d'expertise de l'événement dans tous les domaines clés et méthodologiques de l'épidémiologie et biostatistiques. J'entrevois l'événement comme une opportunité en or d'attirer mes collègues de partout au Canada vers l'événement central de leur société, et d'être au premier plan des développements scientifiques en épidémiologie et biostatistiques de ce nouveau monde brave, que notre moto ici-haut caractérise si bien.