

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

POLICE BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK, INC., on behalf of its members, PATRICK J. LYNCH, as President of the Police Benevolent Association of the City of New York, Inc.,

Plaintiffs-Petitioners,

-against-

CITY OF NEW YORK, ASHWIN VASAN, in his official capacity as Health Commissioner of the City of New York, KEECHANT SEWELL, in her official capacity as Police Commissioner of the City of New York, NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE, NEW YORK CITY BOARD OF HEALTH, NEW YORK CITY POLICE DEPARTMENT, NEW YORK CITY DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES, and DAWN PINNOCK, in her official capacity as Commissioner of the Department of Citywide Administrative Services,

Defendants-Respondents.

Index. No. 151531/2022

Affidavit of Dr. Harvey A. Risch In Support of Petitioners

I, Dr. Harvey A. Risch, state the following:

1. I am an adult of sound mind and present this Affidavit voluntarily, based upon my own personal and professional knowledge, education, and experience.
2. I am competent to testify to the facts and matters set forth herein. A true and accurate copy of my curriculum vitae is attached.

Experience and Credentials

3. I am a practicing academic epidemiologist with more than 40 years of experience in epidemiologic methods, both in research and teaching. Over this career, I have taught introductory, intermediate and advanced epidemiologic research methods to MPH and PhD students, postdoctoral fellows, hospital residents and junior faculty members.

4. My 40 years of scientific research has primarily concerned the etiology of cancer according to various types of exposures including infectious, genetic, hormonal, pharmacologic, occupational, behavioral, dietary and other factors. I have been a member of the Society for Epidemiologic Research since 1982, the American Society of Preventive Oncology since 1984, and elected Fellow of the American College of Epidemiology since 1991. I received the Bachelor of Science degree in mathematics and biology from the California Institute of Technology in 1972 and completed medical training at UC San Diego School of Medicine in 1976. I then completed a PhD in biomathematics in 1980 at the University of Chicago, where my dissertation work involved mathematical solutions for the general stochastic epidemic model, on which I have published in the peer-reviewed scientific literature. During 1980-1983, I held a postdoctoral fellowship in the Department of Epidemiology at the University of Washington School of Public Health. In 1983, I moved to the University of Toronto, where I was Assistant and then Associate Professor, before moving in 1991 to Yale School of Public Health, becoming Professor of Epidemiology in 2001 and Professor Emeritus of Epidemiology in 2022.

5. I have published more than 400 peer-reviewed original research papers in very well-regarded scientific journals and have an h-index of **102**, with more than 46,000 publication citations to-date. I have served as grant reviewer or chair on some two dozen grant review panels including many at NIH, as well as peer reviewer for more than 50 scientific and medical journals. I have been Associate Editor of the *Journal of the National Cancer Institute* since 2000, Member of the Board of Editors of the *American Journal of Epidemiology* from 2014-2020, and Editor of the *International Journal of Cancer* since 2008.

6. In May 2020, I published the seminal paper on early treatment of high-risk COVID-19 outpatients in the *American Journal of Epidemiology* (<https://doi.org/10.1093/aje/kwaa093>). This paper has been downloaded more than 90,000 times and viewed by more than 150,000. I was senior author on the COVID-19 outpatient treatment clinical trial study in Brazil (<https://doi.org/10.1016/j.tmaid.2020.101906>), and have co-authored with Dr. Peter McCullough two papers that form the now-standard understanding of early outpatient COVID-19 management (<https://doi.org/10.1016/j.amjmed.2020.07.003> and <https://rcm.imrpress.com/EN/10.31083/j.rcm.2020.04.264>).

7. In 2018, I received two prestigious awards for my research: the “Best of the AACR Journals” award for “Aspirin Use and Reduced Risk of Pancreatic Cancer,” one of the most highly cited Cancer Epidemiology, Biomarkers & Prevention articles published in 2016 (April 2018) (<http://aacrjournals.org/h-a-risch-bio>), and the international Ruth Leff Siegel Award for Excellence in

Pancreatic Cancer Research, (<http://columbiasurgery.org/pancreas/ruth-leff-siegel-award>), \$50,000 cash stipend prize.

8. I am an elected member of the Connecticut Academy of Science and Engineering, and based on my strong epidemiologic methods experience and PhD work in infectious epidemic models, was selected to be a member of the Academy committee that was organized in 2020 to formulate plans for the reopening of the state of Connecticut after its lockdown ended.

9. I began researching COVID-19 epidemiology, prevention, treatment and vaccination with my participation in the Connecticut Academy of Science and Engineering COVID-19 State Reopening Committee. Thereafter, I have extensively studied medical and epidemiologic factors related to the virus, the genetic vaccines, and the disease in the US and internationally.

10. I have not had and have agreed not to receive any financial or other compensation for the preparation of this Affidavit or for testifying in this case. My participation in this case has been motivated solely by what I believe professionally to be in the interests of public health and safety.

11. I have been asked to provide my professional opinion, pursuant to existing medical and scientific knowledge, research, and experience, on issues related to the City of New York's continued imposition of a mandatory COVID-19 vaccine requirement for all police officers in the New York City Police Department (NYPD), and in particular with respect to the issues discussed below.

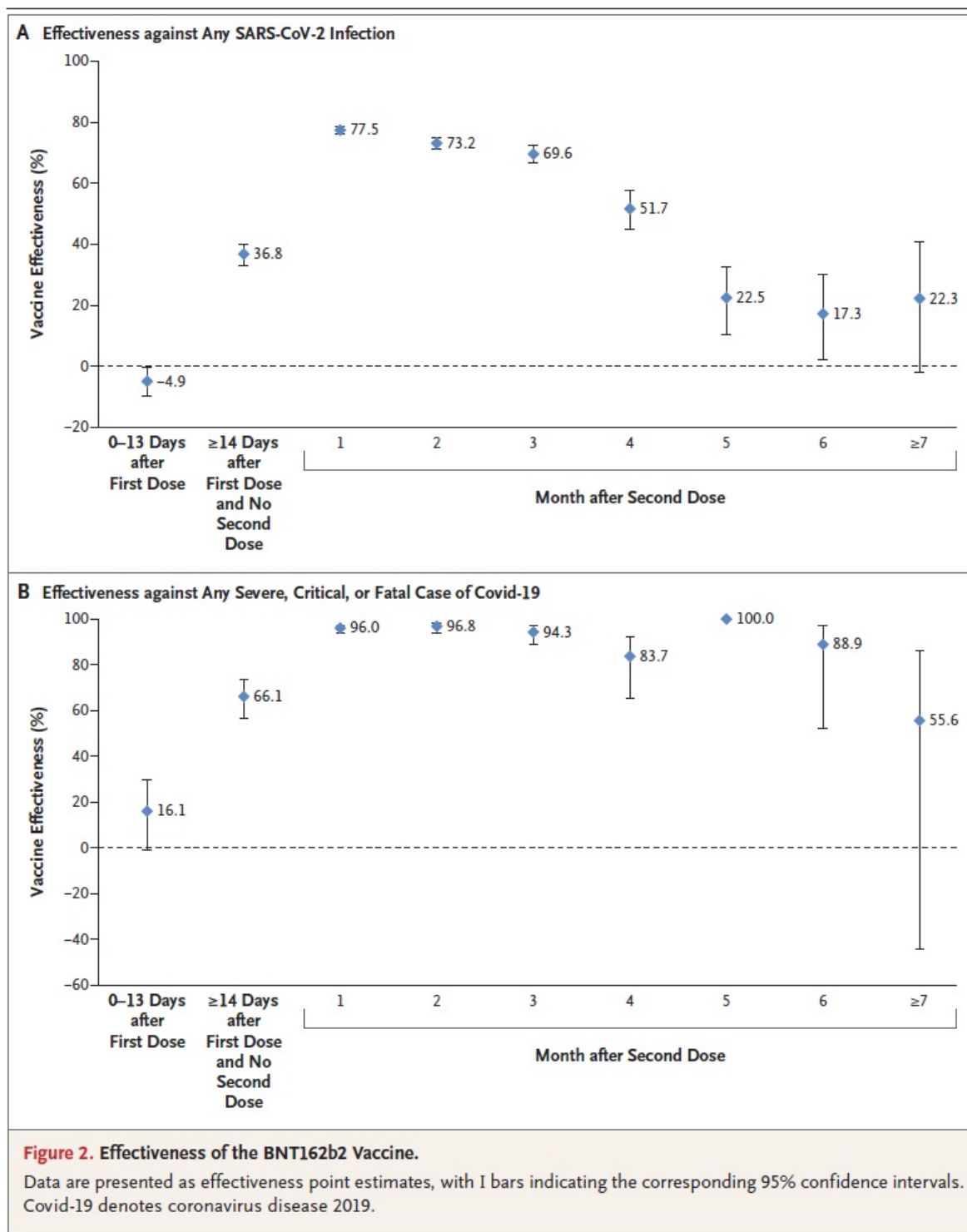
Opinions

I. Individuals Who Receive the COVID-19 Vaccines have Breakthrough Infections and Transmit the Virus to Others

1. It is scientifically well-established that individuals who receive the COVID-19 vaccines have breakthrough infections and transmit the virus to others. This is because vaccine effectiveness against infection wanes relatively quickly.

2. For example, a large study from Qatar followed 891,481 individuals who had received two doses of the Pfizer-BioNTech vaccine (Chemaitelly et al., 2021¹). Subjects were followed for more than six months after the second dose, through August 15, 2021. During this time, 8,935 SARS-CoV-2 breakthrough infections were detected, 26% because of symptoms. Panels on the next page show the time course of these breakthrough infections, both all infections (Panel A) as well as serious, critical or fatal infections (Panel B) according to time period after first and second vaccine doses. It is apparent that vaccine effectiveness against infection has started to wane by 2 months after the second dose, is about 50% by 4 months, and is about 20% and not significantly different from zero at 5-7 months and after that. Effectiveness against serious infection seems to be better, lasting up to perhaps 6 months, but not significantly different from zero after that point.

¹ Chemaitelly H, Tang P, Hasan MR, AlMukdad S, Yassine HM, Benslimane FM, Al Khatib HA, Coyle P, Ayoub HH, Al Kanaani Z, Al Kuwari E, Jeremijenko A, Kaleeckal AH, Latif AN, Shaik RM, Abdul Rahim HF, Nasrallah GK, Al Kuwari MG, Al Romaihi HE, Butt AA, Al-Thani MH, Al Khal A, Bertollini R, Abu-Raddad LJ. Waning of BNT162b2 Vaccine Protection against SARS-CoV-2 Infection in Qatar. N Engl J Med. 2021;NEJMoa2114114. doi: 10.1056/NEJMoa2114114.



3. Similar reductions in vaccine efficacy have been seen over 3-4 months post-vaccination in a study in England (Eyre et al., 2021²). In Sweden, vaccine efficacy has been observed to become negative (increasing risk of infection) after eight months (Nordström et al., 2022³).

4. Studies of the Omicron variant have found that the vaccine's effectiveness against infection wanes more rapidly than with prior variants.⁴ In Qatar, vaccine efficacy against Omicron became significantly negative after seven months (Chemaitelly et al., 2022⁵). Vaccine benefit waning after booster doses is also seen (Chemaitelly et al., 2022⁶) but not enough follow-up time has yet accrued to compare these declines to those after the second dose.

5. The takeaway from these studies is that vaccines protect against infection but only for a few months after the second and subsequent doses, and thus that they only protect against transmission for a few months as well.

6. The waning effectiveness of the COVID-19 vaccines and the fact that vaccinated individuals experience breakthrough infections, and thus can transmit the virus to others, has been confirmed by the CDC, including with respect to the recent Omicron variants.⁷

7. The CDC states: "People who get vaccine breakthrough infections can spread COVID-19 to other people. When a community reports more COVID-19 infections, that means more virus is circulating. When more virus is circulating, more breakthrough infections will occur even when vaccination rates are high."⁸

² Eyre DW, Taylor D, Purver M, Chapman D, Fowler T, Pouwels KB, Walker AS, Peto TEA. The impact of SARS-CoV-2 vaccination on Alpha & Delta variant transmission. medRxiv preprint October 15, 2021.

<https://doi.org/10.1101/2021.09.28.21264260>.

³ Peter Norström, et al., *Risk of Infection, Hospitalization, and Death up to 9 Months after a Second Dose of COVID-19 Vaccine: A Retrospective, Total Population Cohort Study in Sweden*, The Lancet (Feb. 4, 2022)

<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2822%2900089-7>.

⁴ See Nick Andrews, et al., *COVID-19 Vaccine Effectiveness against the Omicron (B.1.1.529) Variant*, N. Engl. J. Med. (Apr. 21, 2022) <https://www.nejm.org/doi/full/10.1056/NEJMoa2119451>; see also Melissa M. Higdon, et al., *Duration of Effectiveness of Vaccination against COVID-19 Caused by the Omicron Variant*, The Lancet (June 22, 2022) ("Vaccine effectiveness against symptomatic disease decreased faster for omicron than pre-omicron variants, with protection from primary series vaccination nearly eroded by 4-6 months.")

[https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(22\)00409-1/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(22)00409-1/fulltext).

⁵ Hiam Chemaitelly, et al., *Duration of mRNA Vaccine Protection against SARS-CoV-2 Omicron BA.1 and BA.2 Subvariants in Qatar*, Nature Communications (June 2, 2022) <https://www.nature.com/articles/s41467-022-30895-3>.

⁶ See note 5 *supra*.

⁷ See, e.g., CDC, *Waning 2-Dose and 3-Dose Effectiveness of the mRNA Vaccines Against COVID-19 - Associated Emergency Department and Urgent Care Encounters and Hospitalizations among Adults During Periods of Delta and Omicron Variant Predominance - VISION Network, 10 States, August 2021-January 2022* (Feb. 18, 2022)

<https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e2.htm>.

⁸ CDC, *COVID-19 after Vaccination: Possible Breakthrough Infection* (June 23, 2022)

<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>.

8. In summary, the evidence shows that vaccines provide relatively short-lived protection against infection and disease transmission.

9. Based on my review of the Affirmation of Michelle E. Morse, MD, MPH, dated July 29, 2022, I do not see anything inconsistent with the foregoing points. The assertion in Dr. Morse's Affirmation that "it is possible for an individual to be exposed, test negative the next day, and begin spreading the virus the following day" (§18) as a basis to mandate the COVID-19 vaccine is illogical, because vaccinated individuals are also capable of becoming infected and transmitting the virus.

II. It Is Not Accurate to State that Unvaccinated Individuals Are More Likely to Be Infected with or Transmit COVID-19 than Vaccinated Individuals

10. It is not accurate to state that unvaccinated individuals are more likely to become infected with COVID-19 than vaccinated individuals. For reasons discussed below, with respect to the New York City vaccine mandate for police officers that required vaccination by November 1, 2021, at this point in time there would not be a meaningful difference in the risk of infection (and subsequent transmission) between an individual that complied with the mandate and an unvaccinated individual.

11. As discussed above, the effectiveness of the COVID-19 vaccines at reducing the risk of infection depends on the time since vaccination, and the protection against infection is relatively short-lived. As the vaccine effectiveness wanes, the risk of infection between a vaccinated individual and an unvaccinated individual becomes not meaningfully different. As the Qatar study discussed above showed, the vaccine's effectiveness against infection was not significantly different from zero at 5-7 months and thereafter.

12. This waning effectiveness of the COVID-19 vaccines against infection is important with respect to New York City's vaccine mandate for police officers. The mandate required vaccination by November 1, 2021, and it does not impose any further vaccination requirement. For individuals who complied with the mandate by that date (or earlier), at least nine months or more have now passed. Their immunity has waned, and their risk of becoming infected with COVID-19 and transmitting it to others is not meaningfully different from an unvaccinated individual.

13. The UK Health Security Agency, based on its study of vaccine effectiveness in the UK, reported data earlier this year showing that, among all adult age groups, even for individuals that received *three* vaccine doses, they had much *higher* infection rates than the unvaccinated.⁹ And it found rapid waning of vaccine effectiveness against symptomatic disease with the Omicron variant.

14. Dr. Morse's Affirmation does not address the relevant issue here of the relative risk of infection at this point in time between an individual who was vaccinated in November 2021 or earlier and an unvaccinated individual. Instead, she cites data that is entirely unhelpful to this issue, asserting

⁹ UK Health Security Agency, *COVID-19 Vaccine Surveillance Report, Week 13* (Mar. 31, 2022) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1066759/Vaccine-surveillance-report-week-13.pdf.

that “[t]he weekly rate of COVID infections among unvaccinated individuals in NYC was 2.6 to 4.4 times higher than the rate of COVID infections among individuals who were vaccinated or vaccinated and boosted, during June 2022.”¹⁰ (¶21) A snapshot of one month of data is not an appropriate basis from which to draw any conclusions, but this data is also skewed because the “vaccinated” group includes boosted individuals, as well as individuals who were vaccinated recently. But the New York City vaccine mandate at issue requires only that an individual was vaccinated by November 1, 2021, without any further vaccination requirement.

15. In summary, it is not accurate to assert that unvaccinated individuals are more likely to become infected with, or transmit, COVID-19 than vaccinated individuals, as the vaccine’s effectiveness against infection wanes relatively rapidly, to the point of no meaningful difference from an unvaccinated person. It is not rational to rely on the relative infection risk of unvaccinated individuals against vaccinated individuals to continue a COVID-19 vaccine mandate, particularly a mandate that required vaccination by November 2021 or earlier, because individuals who complied are in no different position from the unvaccinated with respect to their risk of becoming infected and transmitting the virus to others.

III. Natural Immunity Provides Longer-Lasting and Wider-Spectrum Protection Against SARS-CoV-2 Infection than the Available COVID-19 Vaccines

16. There is no public health justification for treating an individual who has recovered from COVID-19 and therefore has natural immunity differently from a vaccinated individual for purposes of whether they should be terminated from their jobs.

17. There is no systematic evidence to suggest that vaccine immunity conveys a greater degree of protection than natural immunity (Alexander et al., 2021¹¹). Numerous, thorough peer-reviewed published studies have compared natural to vaccine immunity. These studies overwhelmingly demonstrate that natural immunity conveys at least as much and generally more protection against infection and severe infection than vaccine immunity (Alexander et al., 2021).

18. In a large ministry-of-health study in Israel comprising more than 6 million individuals, previous Covid-19 infection reduced the risk of reinfection by 94.8%; reduced the risk of hospitalization by 94.1%; and reduced the risk of severe illness by 96.4% (Goldberg et al., 2021¹²). Only one death

¹⁰ The source that Dr. Morse cites for this proposition (<https://www1.nyc.gov/site/doh/covid/covid-19-data.page#daily>) does not appear to contain data isolated to June 2022 as she suggests. The table showing metrics based on vaccination status states that it “shows data by vaccination status since January 17, 2021, when the first New Yorkers were fully vaccinated.” This table is unhelpful because it conflates all of the various waves of the virus, and does not account for the waning effectiveness of the vaccine over time.

¹¹ Alexander PE, McCullough P, Oskoui R, Risch H, Tenenbaum H. Natural immunity vs. COVID-19 vaccine-induced immunity: evidence as of October 2021. Downloaded October 23, 2021. <https://earlycovidcare.org/natural-immunity/>

¹² Goldberg Y, Mandel M, Woodbridge Y, Fluss R, Novikov I, Yaari R, Ziv A, Freedman L, Huppert A. Protection of previous SARS-CoV-2 infection is similar to that of BNT162b2 vaccine protection: A three-month nationwide experience from Israel. medRxiv preprint April 24, 2021; <https://doi.org/10.1101/2021.04.20.21255670>; Goldberg

occurred among the 894 individuals with previous infection. Contrast this with the vaccinated individuals, who had over the same 3-month time period 92.8% reduced risk of infection; 94.2% reduced risk of hospitalization; 94.4% reduced risk of severe illness; and 93.7% reduced risk of death. Over the three months of the study, the vaccines provided substantial benefit, but previous infection provided as great or greater benefit.

19. Another study, from Italy, observed over 12 months follow-up, that only 5 reinfections occurred in a cohort of 1579 positive patients (0.32%), even though the delta variant strain was in wide circulation during the time (Vitale et al., 2021¹³). Additionally, a study of employees of the Cleveland Clinic Health Care System showed significantly lower infection risk among previously infected than vaccinated out to one full year (Shrestha et al., 2022¹⁴).

20. In January 2022, the CDC released data from New York and California, which demonstrated that natural immunity was 2.8 times as effective in preventing hospitalization and 3.3 to 4.7 times as effective in preventing COVID-19 infection compared with vaccination.¹⁵

21. Overall, the clear conclusion of the relevant scientific literature is that post-infection natural immunity is in general every bit as effective if not more so against Covid-19 infection and severe disease than the best that the vaccines can provide.

22. Additionally, post-infection immunity against SARS-CoV-2 lasts at least as long if not longer than vaccine-based immunity. While antibody levels can wane over 6-12 months after infection, memory T and B cells can remain longer in circulation and even for years and decades as stored in lymph nodes, spleen and bone marrow and other immunologic tissues (Palm and Henry, 2019¹⁶). Influenza is another rapidly mutating RNA virus like SARS-CoV-2; a 2008 study that examined 32 people born in 1915 and exposed to the 1918 flu strain found some degree of immunity 90 years later (Yu et al., 2008¹⁷).

Y, Mandel M, Woodbridge Y, Fluss R, Novikov I, Yaari R, Ziv A, Freedman L, Huppert A., Similarity of Protection Conferred by Previous SARS-CoV-2 Infection and by BNT162b2 Vaccine: A 3-Month Nationwide Experience from Israel, *Am. J. of Epidemiology* (Mar. 30, 2022) <https://doi.org/10.1093/aje/kwac060>.

¹³ Vitale J, Mumoli N, Clerici P, De Paschale M, Evangelista I, Cei M, Mazzone A. Assessment of SARS-CoV-2 Reinfection 1 Year After Primary Infection in a Population in Lombardy, Italy. *JAMA Intern Med.* 2021;181(10):1407-1408. doi: 10.1001/jamainternmed.2021.2959.

¹⁴ Shrestha NK, Burke PC, Nowacki AS, Terpeluk P, Gordon SM. Necessity of Coronavirus Disease 2019 (COVID-19) Vaccination in Persons Who Have Already Had COVID-19. *Clinical Infectious Diseases* (Jan. 13, 2022); <https://doi.org/10.1093/cid/ciac022>.

¹⁵ CDC, *COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis - California and New York, May-November 2021* (Jan. 28, 2022) <https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm>.

¹⁶ Palm A-KE, Henry C. Remembrance of Things Past: Long-Term B Cell Memory After Infection and Vaccination. *Front Immunol.* 2019; <https://doi.org/10.3389/fimmu.2019.01787>.

¹⁷ Yu X, Tsibane T, McGraw PA, House FS, Keefer CJ, Hicar MD, Tumpey TM, Pappas C, Perrone LA, Martinez O, Stevens J, Wilson IA, Aguilar PV, Altschuler EL, Basler CF, Crowe JE Jr. Neutralizing antibodies derived from the B cells of 1918 influenza pandemic survivors. *Nature.* 2008;455(7212):532-6. doi: 10.1038/nature07231. Erratum in: *Nature.* 2012;490(7421):570.

Additionally, a recent study that examined 23 patients who had recovered from infection by SARS-CoV-1 in 2003, found that they still had CD4+ and CD8+ T-cells, 17 years later (Le Bert et al., 2020¹⁸).

23. As opposed to post-infection immunity, vaccine-based immunity is shorter-lasting. A study in Israel matched 16,215 test-positive asymptomatic or recovered individuals to the same number of tested-negative vaccinated individuals (Gazit et al., 2021¹⁹). Subjects were followed over six months, and analysis models were adjusted for age groups, sex, SES and multiple comorbidities. Over the follow-up, compared to natural immunity, vaccinated individuals were 13 times as likely to test positive for Covid-19, 27 times as likely to develop symptomatic Covid-19, and 8 times as likely to be hospitalized from the infection. This implies that these outcomes were happening sooner and more frequently in the vaccinated subjects than the naturally immune individuals.

24. It is irrational to treat vaccinated individuals and naturally immune individuals differently based on Dr. Morse's assertion that "[a]lthough reinfection is less likely in the months after an infection, immunity from natural infection wanes over time." (¶24). The same thing can be said about vaccine-induced immunity – it wanes, and does so more rapidly than natural immunity. Because natural immunity provides at least as strong and long-lasting and certainly wider-spectrum immunity as vaccination, it satisfies the same standard as vaccination of infection-naïve individuals.

25. The study that Dr. Morse cites is entirely unhelpful. She cites a single CDC study published in October 2021 to state that "[s]tudies show that people who are unvaccinated have higher rates of reinfection compared to people who are vaccinated, suggesting that vaccines provide better protection than natural immunity." (¶25) In my opinion, these assertions are not supportable by the CDC study that Dr. Morse relies upon and are contradicted by the overwhelming weight of the current scientific evidence, and thus no rational public health policy decisions could be based on these assertions.

26. The cited CDC study was not designed to answer, and does not answer, the question of whether vaccine immunity or natural immunity is superior for decreasing infection or hospitalization risk, nor does it address which provides better protection against variants. Rather, the study was very limited in that it analyzed only hospitalized patients with COVID-19-like symptoms, i.e., serious respiratory infections. Among this population of already-hospitalized patients with respiratory infections, the study compared unvaccinated patients with previous COVID-19 infection (the "exposed") to fully vaccinated patients without documented previous infection (the "unexposed"), on the basis of positive COVID-19 test result ("cases") versus negative test ("controls"). This is not a proper comparison

¹⁸ Le Bert N, Tan AT, Kunasegaran K, Tham CYL, Hafezi M, Chia A, Chng MHY, Lin M, Tan N, Linster M, Chia WN, Chen MI, Wang LF, Ooi EE, Kalimuddin S, Tambyah PA, Low JG, Tan YJ, Bertoletti A. SARS-CoV-2-specific T cell immunity in cases of COVID-19 and SARS, and uninfected controls. *Nature*. 2020;584(7821):457-462. doi: 10.1038/s41586-020-2550-z.

¹⁹ Gazit S, Shlezinger R, Perez G, Lotan R, Perets A, Ben-Tov A, Cohen D, Muhsen K, Chodick G, Patalon T. Comparing SARS-CoV-2 natural immunity to vaccine-induced immunity: reinfections versus breakthrough infections. medRxiv preprint August 25, 2021. <https://doi.org/10.1101/2021.08.24.21262415>.

because the controls are hospitalized individuals with other respiratory diseases. The results of the CDC study are not relevant for judging the immunity benefits of vaccination vs prior COVID infection.

27. Moreover, the CDC study on which Dr. Morse relies is extremely limited because the participants do not represent the general population. The study analyzed only people who are hospitalized. People hospitalized for non-COVID respiratory diseases are in no way generalizable to the population at large. The results of the study cannot be extrapolated to the general population.

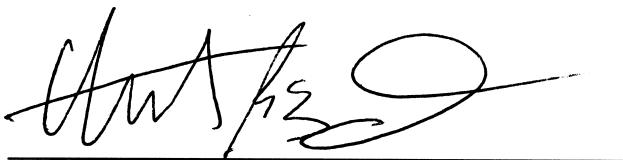
28. In summary, the evidence shows that the COVID-19 vaccines provide relatively short-lived protection against infection and disease transmission, whereas natural immunity provides durable, longer-lived and wider-spectrum protection against existing and future virus strains. Natural immunity also better protects public health from resurgence of new waves of infection.

Conclusion

29. In my opinion, based on existing medical and scientific knowledge, research, and experience, there is no rational public health reason to condition the salaries, jobs or benefits of NYPD police officers on receiving a COVID-19 vaccine, particularly where vaccination was required by November 1, 2021. Due to the waning effectiveness of the COVID-19 vaccine against infection, there is no meaningful difference in the risk of infection or transmission between an officer who complied with the vaccine requirement and an unvaccinated officer. Additionally, natural immunity provides more durable, longer-lived and wider-spectrum protection against existing and future COVID-19 virus strains than vaccine immunity, and therefore there is no rational public health reason for a vaccine mandate that deems individuals who were vaccinated to be compliant but that requires the termination of employment of individuals with prior COVID-19 infection. Dr. Morse's Affirmation does not provide any medical or scientific basis to refute these conclusions.

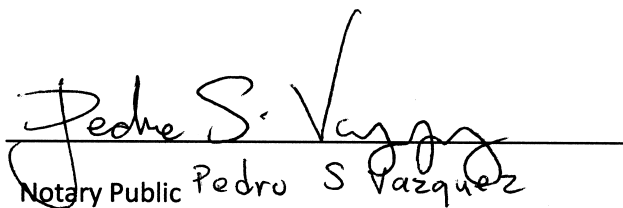
I declare under penalty of perjury under the laws of the United States of America that, to the best of my knowledge, the foregoing is true and correct, this 10 day of August, 2022, at Fairfield, Connecticut.

Respectfully submitted,



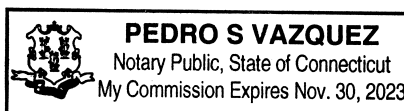
Harvey A. Risch, MD, PhD
Professor Emeritus of Epidemiology
Yale School of Public Health

Affirmed before me this 10th day of August, 2022,
at Fairfield, Connecticut



Notary Public Pedro S Vazquez

State of Connecticut
County of Fairfield



Curriculum Vitae for: HARVEY A. RISCH, M.D., PH.D.

Professor Emeritus of Epidemiology and Senior Research Scientist
Yale School of Public Health, Yale School of Medicine

Business Address: Yale School of Public Health
60 College Street
P.O. Box 208034, New Haven, CT 06520-8034
E-mail: harvey.risch@yale.edu

Education:

<i>Date</i>	<i>School</i>	<i>Degree, Major</i>
9/80-12/82	University of Washington	Postdoctoral Fellow, Epidemiology
9/76-8/80	University of Chicago	Ph.D., Biomathematics
9/72-6/76	UC San Diego School of Medicine	M.D., Medicine
9/67-6/72	California Institute of Technology	B.S. (Honors), Biology; Mathematics

Professional Appointments:

7/22-	Professor Emeritus of Epidemiology and Senior Research Scientist, Department of Chronic Disease Epidemiology, Yale School of Public Health, Yale School of Medicine, New Haven, CT.
7/01-6/22	Professor of Epidemiology, Department of Chronic Disease Epidemiology, Yale School of Public Health, Yale School of Medicine, New Haven, CT.
1/12-	Director, Molecular Cancer Epidemiology Laboratory and Shared Resource, Yale Comprehensive Cancer Center and Yale School of Public Health
9/06-8/07	Lady Davis Visiting Professor, Department of Community Medicine and Epidemiology, Faculty of Medicine, Technion-Israel Institute of Technology, Haifa, Israel
1/91-6/01	Associate Professor of Epidemiology, Department of Epidemiology and Public Health, Yale University School of Medicine.
1/83-12/90	Epidemiologist-Biostatistician, Epidemiology Unit, National Cancer Institute of Canada, Toronto, Ontario.
7/90-12/90	Associate Professor, Department of Preventive Medicine and Biostatistics, University of Toronto, Toronto, Ontario (Concurrent Appointment).
1/83-6/90	Assistant Professor, Department of Preventive Medicine and Biostatistics, University of Toronto, Toronto, Ontario (Concurrent Appointment).
9/80-12/82	Postdoctoral Fellow, Department of Epidemiology, School of Public Health and Community Medicine, University of Washington, Seattle, Washington.
7/79-8/80	Postdoctoral Fellow, Department of Pathology, University of Chicago, Chicago, Illinois.

h-Index: 102. Publication citations: more than 46,300 research citations as of August 1, 2022.

Awards, Memberships, etc.:

NSF Undergraduate Research Fellowship, Department of Mathematics, California Institute of Technology, Pasadena (6/70-9/70)
 General Medicine Stipended Externship, UC San Diego School of Medicine, La Jolla (6-9/73)
 Theoretical Biology Predoctoral Traineeship, University of Chicago (9/76-6/79)
 Pathobiology Postdoctoral Traineeship (GM 7190), University of Chicago (7/79-8/80)
 Cancer Epidemiology Postdoctoral Traineeship (CA 9168), University of Washington (9/80-12/82)
 Member, Society for Epidemiologic Research (1982-)
 Member, American Society of Preventive Oncology (1984-)
 Full Member, Sigma Xi (1986-)
 Fellow, American College of Epidemiology (1991-); Member (1984-91)
 Member, Yale Cancer Center (1992-), Sections: Cancer Prevention and Control; Gynecologic Oncology; Cancer Genetics
 "Best of the AACR Journals" for "Aspirin Use and Reduced Risk of Pancreatic Cancer," one of the most highly cited *Cancer Epidemiology, Biomarkers & Prevention (CEBP)* articles published in 2016 (April 2018) (<http://aacrjournals.org/h-a-risch-bio>)
 The Ruth Leff Siegel Award for Excellence in Pancreatic Cancer Research (2018), \$50,000 (<http://columbiasurgery.org/pancreas/ruth-leff-siegel-award>)
 Member, [Connecticut Academy of Science and Engineering](#) (2019-)
 Highest attention paper ever published in the American Journal of Epidemiology (2020) (<https://oxfordjournals.altmetric.com/details/82900954>)

Consortia:

BEACON: Barrett's Esophagus and Esophageal Adenocarcinoma Consortium (2005-)
 OCAC: Ovarian Cancer Association Consortium (International Consortium of Case-Control Studies of Ovarian Cancer) (2005-)
 PanC4: Pancreatic Cancer Case-Control Consortium (2006-); Elected Steering Committee Member (2008-2013, 2014-2017, 2018-2021)
 Panscan: Pancreas Cancer Genome-wide Association Study Consortium (2008-)
 CIMBA: Consortium of Investigators of Modifiers of BRCA1/2 (2017-)

Research Interests:

Cancer epidemiology and etiology—Pancreas, Ovary, Lung, Breast, Stomach, Bladder, etc.
 Cancer genetic epidemiology: polymorphisms, major genes; Hormonal factors and cancer; Occupational/environmental exposures and cancer; Diet and cancer; *Helicobacter pylori* and cancer
 Epidemiologic methods; Causal inference; Cancer registration, control and prevention

Teaching Experience:

Advanced Epidemiologic Research Methods (Yale University CDE 619a) (Course developer)
 Litigational Epidemiology (Yale University CDE 550) (Course developer)
 Fundamentals of Epidemiology (Yale University CDE/EMD 508) (Course co-developer)
 Principles of Epidemiology II (Yale University CDE 516) (Course co-developer)
 Research Methods in Epidemiology I (University of Toronto CHL 4102f) (Course co-developer)
 Research Methods in Epidemiology II (University of Toronto CHL 4105s) (Course developer)
 Cancer Epidemiology (University of Toronto CHL 4103f; Yale University CDE 532b)

Trainees

PhD: Advisor to five students; dissertation committee member for 11 students.
 MPH or MSc: Advisor to 36 students.

Postdoctoral Fellows: Advisor to 16 fellows.

Visiting Faculty: Host to four visiting professors.

Service Activity:

Grant Review Panels:

Health Canada, National Health Research and Development Program: Epidemiology,
Occupational Health and Chronic Disease Panel (1987-91)

NIH External Site Reviewer (1995)

NIH Study Section Regular Member: Epidemiology and Disease Control (EDC2) (1997)

US Army MRCM Ovarian Cancer Research Program Integration Panel Member (1997-2002)

American Cancer Society Extramural Grant Reviewer (1998)

Chair, Epidemiology Grant Review Panel, National Cancer Institute of Canada (2000-2)

Dutch Cancer Society Extramural Research Grant Reviewer (2000, 2001, 2008)

Cancer Council Australia Extramural Research Grant Reviewer (2004)

Pancreatic Cancer Action Network-AACR Career Development Awards Scientific Review
Committee (2016-8)

NIH Study Section Member: Epidemiology and Disease Control (EDC2) (2000)

NIH Study Section Member: Epidemiology Special Emphasis Panel (ZRG4, 1998; ZRG1, 2001-3)

NIH Study Section Member: Pancreas SPORE Panel (ZCA1 GRB-V, 2002-3)

NIH Study Section Member: Small Grants Program for Cancer Epidemiology Panel (ZCA1
SRRB-Q, 2003)

NIH Study Section Member: Cancer Genetics Panel (CG) (2004, 2006)

NIH Study Section Member: Cancer Epidemiology, Prevention and Control (NCI-E X1) (2005)

NIH Study Section Member: Breast and Ovarian Cancer Genetics (ZRG1 ONC-U 03M) (2005)

NIH Study Section Member: Gene-Environment Interactions (ZHL1 CSR-D S1 R) (2007)

NIH Study Section Member: Epidemiology of Cancer Member Conflicts (ZRG1 HOP-Q, 2009;
ZRG1 PSE-B, 2010)

NIH Study Section Member: Barrett's Esophagus Translational Research Network (ZCA1 SRLB-1
(O1) R, 2011)

NIH Study Section Member: Core Infrastructure and Methodological Research for Cancer
Epidemiology Cohorts (ZCA1 SRLB-9 (M2) B, 2013; ZCA1 TCRB-9 (J2) R, 2014; ZCA1
SRBJ (O2) S, 2015)

NIH Study Section Member: Cancer Management, Epidemiology, and Health Behavior (ZCA1
SRLB-B (J1) S, 2013)

NIH Study Section Member: Population Science (U01) (ZCA1 RTRB-Z M1 R, 2016)

Medical Research Council UK External Reviewer (2019)

Journal Editor:

Associate Editor, *American Journal of Epidemiology* (1997-2014)

Editor pro tem, *American Journal of Epidemiology* (2002-2014)

Member, Board of Editors, *American Journal of Epidemiology* (2014-2020)

Associate Editor, *Journal of the National Cancer Institute* (2000-)

Editor, *International Journal of Cancer* (2008-)

Journal Referee:

Alimentary Pharmacology & Therapeutics (2015-)

American Journal of Epidemiology (1986-)

American Journal of Medical Genetics (2004-)

American Journal of Obstetrics and Gynecology (2015-)

American Journal of Preventive Medicine (1988-)
Annals of Epidemiology (1992-)
Annals of Oncology (2001-)
Annals of Surgical Oncology (2011-)
Biodemography and Social Biology (2018-)
Biometrics (1990-)
Blood Transfusion (2015-)
BMC Cancer (2007-)
BMC Public Health (2007-)
British Journal of Cancer (2003-)
Canadian Journal of Public Health (1987-)
Canadian Medical Association Journal (1983-)
Cancer (1996-)
Cancer Causes and Control (1992-)
Cancer Detection and Prevention (2003-2009)
Cancer Epidemiology (2009-)
Cancer Epidemiology, Biomarkers and Prevention (1995-)
Cancer Genetics (2012-)
Cancer Research (1988-)
Carcinogenesis (2008-)
Clinical Cancer Research (2015-)
Clinical Gastroenterology and Hepatology (2007-)
Current Pharmacogenomics (2007-)
DNA and Cell Biology (2019-)
Environmental Pollution (2018-)
Epidemiology (1989-)
European Journal of Cancer (2001-)
European Journal of Epidemiology (1995-)
European Journal of Human Genetics (2008-)
European Journal of Internal Medicine (2021-)
Gastroenterology (2007-)
Gynecologic Oncology (1997-)
International Journal of Cancer (1995-)
International Journal of Epidemiology (1995-)
JAMA (1990-)
Journal for Nurse Practitioners (2018-)
Journal of Clinical Epidemiology (2006-)
Journal of Clinical Gastroenterology (2010-)
Journal of Clinical Medicine (2019-)
Journal of Epidemiology (2016-)
Journal of Infectious Diseases (2002-)
Journal of Medical Virology (2022-)
Journal of the National Cancer Institute (1992-)
Menopause (2011-)
Molecular Carcinogenesis (2009-)
Nature Clinical Practice Oncology (2005-)
Nature Scientific Reports (2016-)
New England Journal of Medicine (2017-)

Oncology Research (2001-)
Oncotarget (2017-)
Preventive Medicine (1994-)
Reproductive Sciences (2008-)
Science (2004-)
Treatments in Endocrinology (2003-)
Tumor Biology (2015-)
World Journal of Gastroenterology (2013-)

Other Review and Service:

Society for Epidemiologic Research Student Prize Paper Review Committee (1987, 1994)
American Society for Clinical Oncology Cancer Prevention Curriculum (2006)
External Advisory Board Member, Multiple Myeloma Prevention Program Project, Washington University (2014-2015)
Mayo Clinic SPORC in Pancreatic Cancer External Advisory Committee (2018-2023)
Connecticut Academy of Science and Engineering (CASE) Advisory Committee on Covid-19 for Reopening Connecticut (2020)

Academic and Professional Standing Committees:

Yale School of Public Health:

Doctoral (Admissions and Progress; 1991-1999)
MPH (Academic Progress; 1991-1995)
Computer (1999-2001)
Medical Studies (2000-2005)
Chair, Genetics and Public Health Interest Group (2003-2006)
Chair, C.E.A. Winslow Medal Committee (2007-2010)
Chair, Hildreth Memorial Fund Committee (2007-2012)
The Honorable Tina Brozman Foundation Small Grant Proposal Review Committee (2010)
Chair, MPH Thesis Dean's Prize Committee (2010-2022)
Chair, Department of Chronic Disease Epidemiology, Epidemiology Competencies Committee (2015-2022)
Committee for Academic and Professional Integrity (2018-2022)
Education Committee (2019-)

Yale School of Medicine:

Program in Investigative Medicine Doctoral Committee (1999-2007)
Mentored Clinical Research Scholar Program Advisory Board (2003-2008)

Yale Cancer Center:

Rapid Case Ascertainment System Shared Resource (1995-2022)
American Cancer Society Institutional Research Award Review Committee (1996-2001)

American College of Epidemiology:

Education Committee (1996-2002)
Policy Committee (1997-2003)

Peer-Reviewed Research Publications:

Accepted for Publication or In-Press

Wang X, Gharahkhani P, Levine DM, Fitzgerald RC, Gockel I, Corley DA, **Risch HA**, Bernstein L, Chow W-H, Onstad L, Shaheen NJ, Lagergren J, Hardie LJ, Wu AH, Pharoah PD, Liu G,

Anderson LA, Iyer PG, Gammon MD, Caldas C, Ye W, Barr H, Moayyedi P, Harrison R, Watson P, Attwood S, Chegwidan L, Love SB, MacDonald D, deCaestecker J, Prenen H, Ott K, Moebus S, Venerito M, Lang H, Mayershofer R, Knapp M, Veits L, Gerges C, Weismüller J, Reeh M, Nöthen MM, Izbicki JR, Manner H, Neuhaus H, Rösch T, Böhmer AC, Hölscher AH, Anders M, Pech O, Schumacher B, Schmidt C, Schmidt T, Noder T, Lorenz D, Vieth M, May A, Hess T, Kreuser N, Becker J, Ell C, Tomlinson I, Palles C, Jankowski J, Whiteman DC, MacGregor S, Schumacher J, Vaughan TL, Buas MF, Dai JY. eQTL set-based association analysis identifies novel susceptibility loci for Barrett's Esophagus and esophageal adenocarcinoma. Accepted for publication, *Cancer Epidemiol Biomarkers Prev*.

Yuan C, Kim J, Wang QL, Lee AA, Babic A, PanScan/PanC4 I-III Consortium, Amundadottir LT, Klein AP, Li D, McCullough ML, Petersen GM, **Risch HA**, Stolzenberg-Solomon RZ, Perez K, Ng K, Giovannucci EL, Stampfer MJ, Kraft P, Wolpin BM. The age-dependent association of risk factors with pancreatic cancer. *Ann Oncol* 2022 (in press).

Kotsopoulos J, Zamani N, Rosen B, McLaughlin J, **Risch HA**, Kim S, Sun S, Akbari MR, Narod S. Impact of germline mutations in cancer predisposing genes on long-term survival in patients with epithelial ovarian cancer. Accepted for publication, *Br J Cancer*.

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Brieger KK, Phung MT, Mukherjee B, Bakulski KM, Anton-Culver H, Bandera EV, Bowtell DDL, Cramer DW, DeFazio A, Doherty JA, Fereday S, Fortner RT, Gentry-Maharaj A, Goode EL, Goodman MT, Harris HR, Matsuo K, Menon U, Modugno F, Moysich KB, Qin B, Ramus SJ, **Risch HA**, Rossing MA, Schildkraut JM, Trabert B, Vierkant RA, Winham SJ, Wentzensen N, Wu AH, Ziogas A, Khoja L, Cho KR, McLean K, Richardson J, Grout B, Chase A, Deurloo CM, Odunsi K, Nelson BH, Brenton JD, Terry KL, Pharoah PDP, Berchuck A, Hanley GE, Webb PM, Pike MC, Pearce CL; Ovarian Cancer Association Consortium. High Prediagnosis Inflammation-Related Risk Score Associated with Decreased Ovarian Cancer Survival. *Cancer Epidemiol Biomarkers Prev*. 2022;31(2):443-452. doi: 10.1158/1055-9965.EPI-21-0977. PMID: 34789471. Online ahead of print

Phung MT, Alimujiang A, Berchuck A, Anton-Culver H, Schildkraut JM, Bandera EV, Chang-Claude J, Chase A, Doherty JA, Grout B, Goodman MT, Hanley GE, Lee AW, McKinnon Deurloo C, Menon U, Modugno F, Pharoah PDP, Pike MC, Richardson J, **Risch HA**, Sieh W, Terry KL, Webb PM, Wentzensen N, Wu AH, Pearce CL. Reproductive factors do not influence survival with ovarian cancer. *Cancer Epidemiol Biomarkers Prev*. 2022;cebp.1091.2021. doi: 10.1158/1055-9965.EPI-21-1091. PMID: 35064059. Online ahead of print.

Khoja L, Weber RP; Australian Ovarian Cancer Study Group, Webb PM, Jordan SJ, Muthukumar A, Chang-Claude J, Fortner RT, Jensen A, Kjaer SK, **Risch H**, Doherty JA, Harris HR, Goodman MT, Modugno F, Moysich K, Berchuck A, Schildkraut JM, Cramer D, Terry KL, Anton-Culver H, Ziogas A, Phung MT, Hanley GE, Wu AH, Mukherjee B, McLean K, Cho K, Pike MC, Pearce CL, Lee AW. Endometriosis and menopausal hormone therapy impact the hysterectomy-ovarian cancer association. *Gynecol Oncol*. 2022;164(1):195-201. doi: 10.1016/j.ygyno.2021.10.088. PMID: 34776242. Online ahead of print

Jeon CY, Kim S, Lin YC, Risch HA, Goodarzi MO, Nuckols TK, Freedland SJ, Pandol SJ, Pisegna JR. Prediction of Pancreatic Cancer in Diabetes Patients with Worsening Glycemic Control. *Cancer Epidemiol Biomarkers Prev*. 2022;31(1):242-253. doi: 10.1158/1055-9965.EPI-21-0712. PMID: 34776242. Online ahead of print

Hernandez BY, Zhu X, **Risch HA**, Lu L, Ma X, Irwin ML, Lim JK, Taddei TH, Pawlish KS, Stroup AM, Brown R, Wang Z, Wong LL, Yu H. Oral Cyanobacteria and Hepatocellular Carcinoma. *Cancer Epidemiol Biomarkers Prev.* 2022;31(1):221-229. doi: 10.1158/1055-9965.EPI-21-0804. PMCID: PMC8755591

Dareng EO, Tyrer JP, Barnes DR, Jones MR, Yang X, Aben KKH, Adank MA, Agata S, Andrulis IL, Anton-Culver H, Antonenkova NN, Aravantinos G, Arun BK, Augustinsson A, Balmaña J, Bandera EV, Barkardottir RB, Barrowdale D, Beckmann MW, Beeghly-Fadiel A, Benitez J, Bermisheva M, Bernardini MQ, Bjorge L, Black A, Bogdanova NV, Bonanni B, Borg A, Brenton JD, Budzilowska A, Butzow R, Buys SS, Cai H, Caligo MA, Campbell I, Cannioto R, Cassingham H, Chang-Claude J, Chanock SJ, Chen K, Chiew YE, Chung WK, Claes KBM, Colonna S; GEMO Study Collaborators; GC-HBOC Study Collaborators; EMBRACE Collaborators, Cook LS, Couch FJ, Daly MB, Dao F, Davies E, de la Hoya M, de Putter R, Dennis J, DePersia A, Devilee P, Diez O, Ding YC, Doherty JA, Domchek SM, Dörk T, du Bois A, Dürst M, Eccles DM, Eliassen HA, Engel C, Evans GD, Fasching PA, Flanagan JM, Fortner RT, Machackova E, Friedman E, Ganz PA, Garber J, Gensini F, Giles GG, Glendon G, Godwin AK, Goodman MT, Greene MH, Gronwald J; OPAL Study Group; AOCs Group, Hahnen E, Haiman CA, Håkansson N, Hamann U, Hansen TVO, Harris HR, Hartman M, Heitz F, Hildebrandt MAT, Høgdall E, Høgdall CK, Hopper JL, Huang RY, Huff C, Hulick PJ, Huntsman DG, Ilyanov EN; KConFab Investigators; HEBON Investigators, Isaacs C, Jakubowska A, James PA, Janavicius R, Jensen A, Johannsson OT, John EM, Jones ME, Kang D, Karlan BY, Karnezis A, Kelemen LE, Khusnutdinova E, Kiemenev LA, Kim BG, Kjaer SK, Komenaka I, Kupryjanczyk J, Kurian AW, Kwong A, Lambrechts D, Larson MC, Lazaro C, Le ND, Leslie G, Lester J, Lesueur F, Levine DA, Li L, Li J, Loud JT, Lu KH, Lubinski J, Mai PL, Manoukian S, Marks JR, Matsuno RK, Matsuo K, May T, McGuffog L, McLaughlin JR, McNeish IA, Mebirouk N, Menon U, Miller A, Milne RL, Minlikeeva A, Modugno F, Montagna M, Moysich KB, Munro E, Nathanson KL, Neuhausen SL, Nevanlinna H, Yie JNY, Nielsen HR, Nielsen FC, Nikitina-Zake L, Odunsi K, Offit K, Olah E, Olbrecht S, Olopade OI, Olson SH, Olsson H, Osorio A, Papi L, Park SK, Parsons MT, Pathak H, Pedersen IS, Peixoto A, Pejovic T, Perez-Segura P, Permuth JB, Peshkin B, Peterlongo P, Piskorz A, Prokofyeva D, Radice P, Rantala J, Riggan MJ, **Risch HA**, Rodriguez-Antona C, Ross E, Rossing MA, Runnebaum I, Sandler DP, Santamariña M, Soucy P, Schmutzler RK, Setiawan VW, Shan K, Sieh W, Simard J, Singer CF, Sokolenko AP, Song H, Southey MC, Steed H, Stoppa-Lyonnet D, Sutphen R, Swerdlow AJ, Tan YY, Teixeira MR, Teo SH, Terry KL, Terry MB; OCAC Consortium; CIMBA Consortium, Thomassen M, Thompson PJ, Thomsen LCV, Thull DL, Tischkowitz M, Titus L, Toland AE, Torres D, Trabert B, Travis R, Tung N, Tworoger SS, Valen E, van Altena AM, van der Hout AH, Van Nieuwenhuysen E, van Rensburg EJ, Vega A, Edwards DV, Vierkant RA, Wang F, Wappenschmidt B, Webb PM, Weinberg CR, Weitzel JN, Wentzensen N, White E, Whittemore AS, Winham SJ, Wolk A, Woo YL, Wu AH, Yan L, Yannoukakos D, Zavaglia KM, Zheng W, Ziogas A, Zorn KK, Kleibl Z, Easton D, Lawrenson K, DeFazio A, Sellers TA, Ramus SJ, Pearce CL, Monteiro AN, Cunningham J, Goode EL, Schildkraut JM, Berchuck A, Chenevix-Trench G, Gayther SA, Antoniou AC, Pharoah PDP. Polygenic risk modeling for prediction of epithelial ovarian cancer risk. *Eur J Hum Genet.* 2022;30(3):349-362. doi: 10.1038/s41431-021-00987-7. PMCID: PMC8904525. Correction: *Eur J Hum Genet.* 2022. doi: 10.1038/s41431-022-01085-y. Online ahead of print

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Corlin L, Ruan M, Tsilidis KK, Bouras E, Yu YH, Stolzenberg-Solomon R, Klein AP, **Risch HA**, Amos CI, Sakoda LC, Vodicka P, Rish PK, Beck J, Platz EA, Michaud DS. Two-Sample

- Mendelian Randomization Analysis of Associations Between Periodontal Disease and Risk of Cancer. *JNCI Cancer Spectr.* 2021;5(3):pkab037. doi: 10.1093/jncics/pkab037. PMID: PMC8242136
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- Alexander PE, Armstrong R, Fareed G, Lotus J, Oskoui R, Prodromos C, **Risch HA**, Tenenbaum HC, Wax CM, Dara P, McCullough PA, Gill KK. Early multidrug treatment of SARS-CoV-2 infection (COVID-19) and reduced mortality among nursing home (or outpatient/ambulatory) residents. *Med Hypotheses.* 2021;153:110622. doi: 10.1016/j.mehy.2021.110622. PMID: PMC8178530

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Other Papers:

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Risch HA. Risch Responds to "How to Consider Low Reported Death Rates in COVID-19". Am J Epidemiol 2020;189(11):1230-1231. doi: 10.1093/aje/kwaa156. PMCID: PMC7454272 (letter)

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Bertuccio P, La Vecchia C, Silverman DT, Petersen GM, Bracci PM, Negri E, Li D, **Risch HA**, Olson SH, Gallinger S, Miller AB, Bueno-de-Mesquita HB, Talamini R, Polesel J, Ghadirian P, Baghurst PA, Zatonski W, Fontham E, Bamlet WR, Holly EA, Lucenteforte E, Hassan M, Yu H, Kurtz RC, Cotterchio M, Su J, Maisonneuve P, Duell EJ, Bosetti C, Boffetta P. Reply to: Are cohort data on smokeless tobacco use and pancreatic cancer confounded by alcohol use? Ann Oncol 2011;22:1931-2. (letter).

Risch HA. Cyclin E Overexpression Relates to Ovarian Cancer Histology but Not to Risk Factors. Cancer Epidemiol Biomarkers Prev 2008;17:1841 (letter).

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Research Grants Held:

- 2021-2023 H Zhou (Principal Investigator), J Gelernter, B-Z Yang, V Vasiliou, **HA Risch**. *Genetic Causality of Alcohol Intake and Alcohol Use Disorder on Cancer Risk*. (National Cancer Institute, \$257,125 total direct costs over 24 months)
- 2020-2025 AP Klein (Principal Investigator), G Petersen, D Li, **HA Risch**, P Bracci, S Gallinger, R Hung, M Meng, E Jacobs, J Manjer, M Sund, V Katzke, A Arslan, L Le Marchand, R Milne, R Stolzenberg-Solomon, C Kooperberg, S van den Eeden, J Genkinger, A Schwartz, J Brody, S Lynch, A Tjønneland, X-O Shu, L Amundadottir, K Visvanathan, B Wolpin. *Multi-Ancestry Mapping of Pancreatic Cancer Susceptibility Loci*. (National Cancer Institute, \$112,843 total direct costs to Yale subcontract over 60 months)
- 2018-2020 CY Jeon (Principal Investigator), S Freedland, S Kim, NY Kyeong, TK Nuckols, SJ Pandol, **HA Risch**, B Spiegel. *Predicting the Diagnosis of Pancreatic Cancer by Leveraging Big Data*. (National Cancer Institute, \$235,000 total direct costs over 24 months)
- 2018-2018 ML Irwin (Principal Investigator), L Lu, **H Risch**. *Impact of exercise and diet-induced weight loss on immunosuppression in breast cancer survivors*. (Cynthia Barnett Breast Cancer Foundation, \$25,000 total costs over 12 months)
- 2017-2018 **HA Risch** (Principal Investigator), L Lu. *Feasibility of circulating exosomal proteins in ovarian cancer diagnosis*. (Brozman Ovarian Cancer Foundation, \$25,000 total costs over 12 months)
- 2016-2021 AP Klein (Principal Investigator), P Bracci, S Cleary, S Gallinger, R Hung, D Li, R Neale, S Olson, G Petersen, **HA Risch**, G Scelo. *Validation and Fine-scale Mapping of Pancreatic Cancer Susceptibility Loci*. (National Cancer Institute, \$220,000 total direct costs to Yale subcontract over 60 months)
- 2013-2017 Y Guan, X Ma (Principal Investigators), D Zimmerman, P Diggle, T Holford, **H Risch**,

- L Mueller, Y Zhang. *New Statistical Methods to Handle Spatial Uncertainty in Cancer Risk Estimation*. (National Cancer Institute, \$1,100,000 total direct costs over 48 months)
- 2011-2016 R Kurman (Principal Investigator), H Berman, L Cope, T Diaz-Montes, M Gauthier, D Huso, D Levine, E Matloff, S Narod, V Parkash, **H Risch**, G Rosner, P Shaw, I-M Shih, R Soslow, R Vang, K Visvanathan, T-L Wang, et al. *Prevention of Ovarian High-Grade Serous Carcinoma by Elucidating Its Early Changes*. (Department of Defense USMRMC, \$9,166,162 total direct costs, of which \$199,000 total direct to Yale epidemiology subcontract, over 60 months).
- 2011-2015 AP Klein (Principal Investigator), P Bracci, P Brennan, E Duell, S Gallinger, D Li, R Neale, S Olson, G Petersen, **HA Risch**. *Validation and Fine-scale Mapping of Pancreatic Cancer Susceptibility Loci*. (National Cancer Institute, \$197,000 total direct costs to Yale subcontract over 48 months)
- 2011-2013 AP Klein, **HA Risch** (Co-Principal Investigators). *Validation and Fine-Scale Mapping of Pancreatic Cancer Susceptibility Loci*. (National Human Genome Research Institute, covers costs of large-scale high-throughput genotyping of collaborative multi-center pancreatic cancer study (see previous grant) at the Center for Inherited Disease Research (CIDR)).
- 2010-2016 H Yu (Principal Investigator), M Irwin, X Ma, S Mayne, **H Risch**, H Zhao, J Lim. *Epidemiologic Study of Hepatocellular Carcinoma in the US*. (National Cancer Institute, \$5,385,000 total direct costs over 60 months)
- 2010-2014 T Sellers (Principal Investigator), A Berchuck, G Bloom, M Clyde, D Fenstermacher, B Fridley, S Gayther, W Ge, E Goode, E Iversen, H-Y Lin, S Mears, A Monteiro, T Moorman, L Pearce, P Pharoah, C Phelan, **H Risch**, MA Rossing, J Schildkraut, G Trench, Y-Y Tsai. *Follow-up of Ovarian Cancer Genetic Association and Interaction Studies (FOCI)*. (National Cancer Institute, \$108,926 total direct costs to Yale subcontract 2012-2014)
- 2010-2013 CL Pearce (Principal Investigator), JA Doherty, S Gayther, VM McGuire, **H Risch**, MA Rossing, J Schildkraut, TA Sellers, W Sieh, D Stram, G Trench, P Webb, A Whittemore, A Wu. *Identifying Ovarian Cancer Susceptibility Alleles Using Genome-Wide Scan Data*. (National Cancer Institute, \$22,500 total direct costs to Yale subcontract)
- 2009-2014 M Irwin (Principal Investigator), J Dziura, R McCorkle, G Mor, **H Risch**, P Schwartz, H Yu. *Impact of Exercise on Ovarian Cancer Prognosis*. (National Cancer Institute, \$2,045,493 total direct costs over 59 months)
- 2009-2012 T Vaughan, D Whiteman (Principal Investigators), L Bernstein, D Corley, MD Gammon, L Hardie, N Hayward, G Liu, L Murray, O Nyrén, U Peters, B Reid, **HA Risch**, Y Romero, N Shaheen, D Stram, D Van Den Berg, B Weir, A Wu. *Barrett's and Esophageal Adenocarcinoma Consortium Genetic Susceptibility Study*. (National Cancer Institute, \$3,750,000 total direct costs over 36 months)
- 2009-2010 M Goodman (Principal Investigator), A Berchuck, J Chang-Claude, D Cramer, CM Garcia, E Goode, S Krueger Kjaer, R Ness, P Pharoah, **HA Risch**, M Rossing, R Sutphen, K Terry, G Trench, A Whittemore. *Collaborative Genetic Study of Ovarian Cancer Risk*. (National Cancer Institute, \$17,419 total direct costs over 12 months, to Yale subcontract)

- 2007-2014 **HA Risch** (Principal Investigator), Y-T Gao, MS Kidd, H Yu. *Case-Control Study of Pancreas Cancer in Shanghai, China*. (National Cancer Institute, \$1,858,377 total direct costs over 75 months)
- 2007-2012 P Salovey (Principal Investigator), M Irwin, ST Mayne, **HA Risch**. *Promoting Cancer Prevention/Control with Message Framing: III. Extending Tailored Cancer Information Service-Delivered Messages Across the Cancer Continuum*. (National Cancer Institute: \$1,525,215 total direct costs over 58 months)
- 2007-2012 R Neale (Principal Investigator), D Whiteman, J Young, L Fritschi, J Fawcett, P Webb, **H Risch**. *Case-Control Study of Genetic and Environmental Risk Factors for Pancreatic Carcinoma*. (National Health and Medical Research Council (Australia): AU\$946,475 total nonacademic direct costs over 60 months)
- 2007-2011 T Sellers (Principal Investigator), D Ballinger, J Barnholtz-Sloan, ME Colter, Y Huang, E Iversen, J Lancaster, J McLaughlin, S Narod, VS Pankratz, **H Risch**, J Schildkraut, R Sutphen. *Haplotype-Based Genome Screen for Ovarian Cancer Loci*. (National Cancer Institute, \$5,726,016 total direct costs over 60 months)
- 2006-2007 R Neale (Principal Investigator), D Whiteman, L Fritschi, J Young, J Fawcett, P Webb, **H Risch**. *A Case-Control Study of the Environmental and Genetic Causes of Pancreatic Carcinoma*. (Queensland Cancer Fund: AU\$258,339 total nonacademic direct costs over 16 months)
- 2003-2012 **HA Risch** (Principal Investigator), FS Gorelick, D Jain, MS Kidd, ST Mayne, MD Topazian, H Yu. *Case-Control Study of Pancreas Cancer Etiologic Factors*. (National Cancer Institute: \$2,578,672 total direct costs over 80 months, in NCE)
- 2003-2010 H Yu (Principal Investigator), **HA Risch**, ST Mayne, M Irwin, B Cartmel. *Role of Genetic and Lifestyle Interplay in Uterus Cancer*. (National Cancer Institute: \$2,185,432 total direct costs over 60 months, in NCE)
- 2003-2006 SA Narod (Principal Investigator), B Rosen, JR McLaughlin, P Shaw, **HA Risch**. *The contribution of BRCA2 to ovarian cancer*. (National Cancer Institute of Canada: \$375,000 total nonacademic direct costs over 36 months)
- 2002-2005 H Yu (Principal Investigator), **HA Risch**. *DNA Methylation, Aging, and Prostate Cancer Risk*. (National Cancer Institute: \$600,000 total direct costs over 48 months)
- 2002-2006 JP Concato (Principal Investigator), W Li, P Peduzzi, **HA Risch**, D Jain. *Risk of Mortality in Prostate Cancer*. (USVA: \$424,000 total direct costs over 48 months)
- 2001-2007 P Salovey (Principal Investigator), **HA Risch**, ST Mayne, M Morra. *Promoting Cancer Prevention/Control with Message Framing. II*. (National Cancer Institute: \$1,324,481 total direct costs over 72 months)
- 1999-2005 **HA Risch** (Principal Investigator), AE Bale. *DNA Polymorphisms in Ovarian Cancer: Case-Control Study*. (National Cancer Institute: \$325,168 total direct costs over 58 months)
- 1998-2002 JP Concato (Principal Investigator), W Li, P Peduzzi, S Flynn, C Howe, **HA Risch**, D Esrig. *Risk of Mortality in Prostate Cancer*. (USVA: \$425,245 total direct costs over 48 months)
- 1997-2003 **HA Risch** (Principal Investigator), L DiPietro, AF Saftlas, A Duleba, ML Carcangiu. *Case-Control Study of Ovarian Cancer Hormonal Etiology*. (National Cancer Institute: \$1,445,806 total direct costs over 70 months)

- 1997-2000 SA Narod (Principal Investigator), **HA Risch**. *Risk-Factor Analysis of BRCA1 and BRCA2 Carriers*. (National Cancer Institute: \$1,228,000 total direct costs over 36 months)
- 1997-2001 P Salovey (Principal Investigator), **HA Risch**, M Morra. *Promoting Cancer Prevention/Control with Message Framing*. (National Cancer Institute: \$498,295 total direct costs over 48 months)
- 1996-1999 P Salovey (Principal Investigator), **HA Risch**, M Morra. *Message Framing, Persuasion, and Cancer Prevention/Detection*. (American Cancer Society: \$198,000 total direct costs over 24 months)
- 1994-2000 **HA Risch** (Principal Investigator), JR McLaughlin, SA Narod, NJ Risch, EJ Holowaty, BP Rosen, DEC Cole. *Genetic-Epidemiology Study of Epithelial Ovarian Tumors*. (National Cancer Institute: \$799,551 total direct costs over 69 months)
- 1994-1997 SA Narod (Principal Investigator), HT Lynch, **HA Risch**, DE Goldgar. *The Prevention of Hereditary Breast and Ovarian Cancer*. (National Cancer Institute: \$356,875 total direct costs over 34 months)
- 1992-1996 **HA Risch** (Principal Investigator), ST Mayne, R Dubrow, AB West. *Epidemiologic Study of Esophageal/Gastric Adenocarcinoma*. (National Cancer Institute: \$536,163 total direct costs over 43 months)
- 1991-1992 **HA Risch** (Principal Investigator). *Latency-Temporality Analysis in Case-Control Studies of Chronic Exposures*. (National Institutes of Health (BSRG): \$19,000 total direct costs over 12 months)
- 1990-1991 **HA Risch** (Principal Investigator), GR Howe, R West, LM Strand. *A Record-Linkage Cohort Study of Menopausal Hormone Usage and Endometrial Cancer in Saskatchewan*. (National Health Research and Development Program, Health and Welfare Canada: \$50,476 total nonacademic direct costs over 8 months)
- 1990-1994 JAJ Stolwijk (Principal Investigator), **HA Risch**, ST Mayne, R Dubrow, T Holford. *Cancer Prevention Research Unit for Connecticut at Yale*. (National Cancer Institute: \$3,865,000 total direct costs over 60 months)
- 1989-1993 **HA Risch** (Principal Investigator), LD Marrett, GR Howe, M Jain. *A Case-Control Study of Dietary Factors and Epithelial Ovarian Cancer*. (National Health Research and Development Program, Health and Welfare Canada: \$343,766 total nonacademic direct costs over 41 months)
- 1986-1990 GR Howe (Principal Investigator), **HA Risch**, M Jain, JD Burch, C Wall. *Research Project Support of the NCIC Epidemiology Unit*. (National Cancer Institute of Canada: total nonacademic direct costs \$228,093 in 1986-7; \$440,454 in 1987-8; \$205,617 in 1988-9, etc.)

Selected Scholarly Presentations and Workshops:

- 3/22 “Legal Considerations for the State of the Covid Emergency, and Why that Emergency No Longer Exists.” Zoom seminar, IHU – Méditerranée Infection, Marseilles, France.
- 3/22 “Early Treatments for Covid-19 and the Trials to Suppress Them.” Zoom seminar, PECC – The Israeli Public Emergency Council for the Covid19 Crisis, Tel Aviv, Israel.
- 1/22 “The War Against Early Covid Treatment.” Testimony, US Senate, Washington, DC.

- 11/21 “Title: Hydroxychloroquine and Other Outpatient Treatments for Covid-19, with Critique of Epidemiologic Methods.” Zoom seminar, SIAM Texas-Louisiana Section, UTRGV, South Padre Island, TX
- 6/21 “Hydroxychloroquine and its Friends.” Zoom seminar, IHU – Méditerranée Infection, Marseilles, France.
- 11/20 “Randomized Controlled Trials, Hydroxychloroquine and Risk of Hospitalization and Mortality in Patients with Covid-19.” Testimony, US Senate Committee on Homeland Security & Governmental Affairs, Washington, DC.
- 5/19 “Pancreatic Cancer and Diet.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.
- 3/19 “Reducing Mortality of What Will Be the #3 Cause of Cancer Death Two Years from Now.” Virus and Other Infection-associated Cancers Research Seminar, Yale School of Medicine, New Haven, CT.
- 5/18 “New Concepts in Causation.” Keynote speaker, Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.
- 2/18 “Risk Factors for Pancreatic Cancer.” Yale Pancreas Symposium 2018: Multidisciplinary Management of Pancreatic Cancer. New Haven, CT.
- 4/17 “Reducing Mortality of what will be the #2 Cause of Cancer Death Four Years from Now.” Gastroenterologic Oncology Service, Yale Cancer Center, New Haven, CT.
- 3/17 “Genomewide Association Study of Pancreatic Cancer in American Jews.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.
- 3/17 “New Markers and Approaches in Predicting Risk of Pancreatic Cancer.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.
- 12/16 “Genomewide Association Study of Pancreatic Cancer in American Jews.” Pancreatic Cancer Case-Control Consortium (PanC4) GWAS Study Annual Meeting, Bethesda, MD.
- 10/16 “Reducing Mortality of Pancreatic Cancer in the International Context.” Inaugural Global Oncology Seminar Series speaker, Yale Cancer Center, New Haven, CT.
- 6/16 “Prevention of Pancreatic Cancer.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Milan, Italy.
- 1/16 “Reducing Mortality of what will be the #2 Cause of Cancer Death Five Years from Now.” Department of Therapeutic Radiation, Yale School of Medicine, New Haven, CT.
- 10/15 “Reducing Mortality of what will be the #2 Cause of Cancer Death Five Years from Now.” Division of Cancer Epidemiology and Genetics, National Cancer Institute, NIH, Rockville, MD.
- 3/15 “Absolute Risk Models for Pancreatic Cancer.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.
- 12/12 Keynote Speaker, “From Cancer Registration to Cancer Etiology to Cancer Prevention.” Cancer Registrars Association of New England Annual Meeting, Norwich, CT.
- 3/12 “Pancreatic Cancer Risk Models.” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Baltimore, MD.

- 3/12 Cancer Center Grand Rounds: “*Helicobacter pylori*, ABO Blood Group and the Etiology of Pancreatic Cancer in China and the US.” Yale University School of Medicine, New Haven, CT.
- 9/11 “Etiology of Pancreatic Cancer: Theory and Evidence.” Seminar, Division of Chronic Disease Epidemiology, Yale University School of Public Health, New Haven, CT.
- 3/11 “Genetic Effects and Modifiers of Radiotherapy and Chemotherapy on Survival in Pancreatic Cancer,” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, New York, NY.
- 1/11 Keynote Speaker, “Why is Pancreatic Cancer Less Frequent in Asia than in the US, in Spite of the Higher Prevalence of Risk Factors in Asia? Observations on the Etiology of Pancreatic Cancer.” Japan Epidemiology Association National Meetings, Sapporo, Japan.
- 1/11 Department Seminar: “*BRCA1* and *BRCA2* Mutations: Population Frequencies and Associations with a Variety of Cancers.” Division of Epidemiology and Prevention, Aichi Cancer Center Research Institute, Nagoya, Japan.
- 1/11 Cancer Center Grand Rounds, “Why is Pancreatic Cancer Less Frequent in Asia than in the US, in Spite of the Higher Prevalence of Risk Factors in Asia? Observations on the Etiology of Pancreatic Cancer.” Japan National Cancer Center, Tokyo, Japan.
- 11/10 Educational Session Seminar, “Gene, environment, and risk-factor interaction in pancreatic cancer.” AACR Frontiers in Cancer Prevention Annual International Meeting, Philadelphia PA.
- 11/10 Workshop Presentation: “*KRAS* variation and risk of ovarian cancer.” Biennial meeting of the Ovarian Cancer Association Consortium (OCAC), Bethesda, MD.
- 5/10 Cancer Center Retreat Seminar, “ABO blood group, *Helicobacter pylori* colonization and pancreatic cancer.” Yale University School of Medicine, New Haven, CT.
- 3/10 “*Helicobacter pylori* colonization, ABO blood group and risk of pancreatic cancer,” Pancreatic Cancer Case-Control Consortium (PanC4) Annual Meeting, Bethesda, MD.
- 7/09 Epidemiology Grand Rounds: “Pancreas Cancer and *Helicobacter pylori* in the U.S. and China.” Department of Epidemiology, Shanghai Cancer Institute, Shanghai, China.
- 3/09 Cancer Center Grand Rounds: “Inconsistencies in Pancreas-Cancer Risk Factors and Disease Incidence Between the U.S. and China: Observations on the Etiology of Pancreas Cancer.” Yale University School of Medicine, New Haven, CT.
- 11/08 Workshop Participant, Defining the Public Health Research Agenda for Ovarian Cancer, Centers for Disease Control, Atlanta, GA.
- 7/08 Workshop Presentation: “*Helicobacter pylori* and pancreas cancer.” Biological and Clinical Risks and Potential Benefits of *Helicobacter pylori* Colonization, Division of Microbiology and Infectious Diseases, NIAID, NIH, Bethesda, MD.
- 1/08 Research Seminar: “Smoking and lung cancer in women—yet again.” Program in Cancer Prevention and Control, Yale Cancer Center, New Haven, CT.
- 11/07 Workshop Presentation: “*BRCA1* and *BRCA2* Mutations: Frequencies in the General Population of North America and Associations with Breast, Ovary, Stomach, Pancreas and Other Cancers.” Nanjing International Symposium of New Frontiers in Cancer

- Research and Advanced Training Workshop of Cancer Molecular Epidemiology, Nanjing Medical University, Nanjing, China.
- 10/07 Workshop Presentation: "Why have epidemiology data and outcomes of clinical trials not correlated?" Third Haifa Cancer Prevention Workshop. CHS National Cancer Control Center, Faculty of Medicine, Technion Israel Institute of Technology, Haifa, Israel.
- 6/07 Workshop: "Advanced Statistical Methods for Epidemiologic Studies". Department of Community Medicine and Epidemiology, Technion Israel Institute of Technology Faculty of Medicine, Haifa, Israel.
- 3/07 Ruth and Bruce Rappaport Seminar: "Why Pancreas Cancer is Less Frequent in China than the US, in Spite of the Generally Higher Chinese Prevalence of Risk Factors: Insights on the Etiology of Pancreas Cancer." Faculty of Medicine, Technion Israel Institute of Technology, Haifa, Israel.
- 2/07 Seminar: "Smoking and lung cancer in women—yet again." Department of Community Medicine and Epidemiology, Technion Israel Institute of Technology Faculty of Medicine, Haifa, Israel.
- 1/07 Seminar: "Etiologic theories for epithelial ovarian cancer." Department of Community Medicine and Epidemiology, Technion Israel Institute of Technology Faculty of Medicine, Haifa, Israel.
- 11/06 Seminar: "*BRCA1* and *BRCA2* Mutations: Frequencies in the General Population and Associations with Breast, Ovary, Stomach, Pancreas and Other Cancers." New York University Cancer Center, New York, NY.
- 2/06 Cancer Center Grand Rounds: "*BRCA1* and *BRCA2* Mutations: Their Frequencies in the General Population and Their Associations with Breast, Ovary, Stomach, Pancreas and Other Cancers," Yale University School of Medicine, New Haven, CT.
- 11/05 Symposium: "Why Pancreas Cancer is Less Frequent in China than the US, in spite of the Generally Higher Chinese Prevalence of Risk Factors: Insights on the Etiology of Pancreas Cancer." Clinical Oncological Society of Australia annual scientific meeting, Brisbane, Australia (Sponsored by the Queensland Cancer Fund).
- 11/05 Symposium: "Risks and penetrances of germline *BRCA1* and *BRCA2* mutations for ovarian, breast, stomach, pancreas and other cancers: updated results from the Ontario (Canada) ovarian cancer kin-cohort study." Clinical Oncological Society of Australia annual scientific meeting, Brisbane, Australia (Sponsored by the Queensland Cancer Fund).
- 6/05 Seminar: "Why Pancreas Cancer is Less Frequent in China than the US, in spite of the Generally Higher Chinese Prevalence of Risk Factors: Insights on the Etiology of Pancreas Cancer." Tumor Registrars Association of Connecticut Quarterly Meeting, Yale-New Haven Hospital, New Haven, CT.
- 5/05 Seminar: "Why Pancreas Cancer is Less Frequent in China than the US, in spite of the Higher Prevalence of Risk Factors There: Insights on the Etiology of Pancreas Cancer." Sylvester Comprehensive Cancer Center, University of Miami, Miami, FL.
- 5/02 Symposium: "Genetic Epidemiology of Ovarian Cancer." Ovarian Cancer and High-Risk Women: Implications of Prevention, Screening and Early Detection. University of Pittsburgh, Pittsburgh, PA.

- 12/01 Seminar: "Prevalence and Penetrance of Germline *BRCA1* and *BRCA2* Mutations in Unselected Ovarian Cancer." Kaplan Cancer Center, NYU School of Medicine, New York, NY.
- 10/01 Research Seminar: "Prevalence and Penetrance of Germline *BRCA1* and *BRCA2* Mutations in Unselected Ovarian Cancer." Memorial Sloan Kettering Cancer Center, New York, NY.
- 6/01 Combined Monthly Research Seminar: "Prevalence and Penetrance of Germline *BRCA1* and *BRCA2* Mutations in Unselected Ovarian Cancer." Programs in Ovarian Cancer, Cancer Genetics and Cancer Prevention, Yale Cancer Center, New Haven, CT.
- 10/00 Departmental Seminar: "Etiology of Epithelial Ovarian Cancer." Department of Public Health Sciences, Fox Chase Cancer Center, Philadelphia, PA.
- 9/98 "Etiologic Mechanisms in Epithelial Ovarian Cancer," Third International Symposium on Hormonal Carcinogenesis, Seattle, WA.
- 5/98 Departmental Grand Rounds: "BRCA1 and BRCA2 Mutations in Unselected Ovarian Cancer," Department of Gynecologic Oncology, Yale University School of Medicine, New Haven, CT.
- 9/97 Departmental Seminar: "Etiologic Mechanisms in Epithelial Ovarian Cancer." Division of Epidemiology, Columbia University School of Public Health, New York, NY.
- 9/97 "Use of aspirin and other non-steroidal anti-inflammatory drugs and risk of esophageal and gastric cancer." American College of Epidemiology Annual Meetings, Cambridge, MA.
- 3/97 "Risk Factors for Familial and Hereditary Ovarian Cancer." American Cancer Society Science Writers Seminar, Reston, VA.
- 2/97 Departmental Grand Rounds: "Etiologic and Histologic Considerations in the Occurrence of Ovarian Cancer." Department of Pathology, Yale School of Medicine, New Haven, CT.
- 1/97 Departmental Seminar: "Ovarian Cancer Pathophysiology: Etiologic and Methodologic Issues." Department of Epidemiology, University of North Carolina School of Public Health, Chapel Hill, NC.
- 6/96 "Risk factors for BRCA1-associated ovarian cancer." NCI Extramural Genetic Epidemiology PIs Second Biennial Meetings, Frederick, MD.
- 6/96 "Estrogen replacement therapy and the risk of epithelial ovarian cancer." Society for Epidemiologic Research Annual Meetings, Boston, MA.
- 6/95 "Pelvic inflammatory disease and the risk of epithelial ovarian cancer." Society for Epidemiologic Research Annual Meetings, Snowbird, UT.
- 6/94 "Dietary fat intake and the risk of epithelial ovarian cancer." Society for Epidemiologic Research Annual Meetings, Miami, FL.
- 6/93 "A cohort study of menopausal hormone usage and breast cancer in Saskatchewan." Society for Epidemiologic Research Annual Meetings, Keystone, CO.
- 2/93 "A cohort study of menopausal hormone usage and breast cancer in the province of Saskatchewan, Canada." International Epidemiology Association Regional European Meeting, Jerusalem.

- 9/92 "A record-linkage cohort study of menopausal hormone usage and breast cancer in Saskatchewan." American College of Epidemiology Annual Meetings, Bethesda, MD.
- 9/92 "Record-linkage cohort study of menopausal hormone usage and breast cancer." Yale/Dana Farber Conference on Cancer Prevention and Control, Department of Epidemiology and Public Health, Yale University, New Haven, CT.
- 6/92 "Are female smokers at higher risk for lung cancer than male smokers? A case-control analysis by histologic type." Society for Epidemiologic Research Annual Meetings, Minneapolis, MN.
- 12/91 Departmental Seminar: "Some interesting results on lung cancer in women." Department of Epidemiology and Public Health, Yale University, New Haven, CT.
- 11/89 Departmental Seminar: "Occupational and dietary associations with bladder-cancer incidence." Department of Epidemiology and Public Health, Yale University, New Haven, CT.
- 8/89 "A demonstration of the GLIMP computer program for epidemiologic analysis." Canadian Epidemiology Research Conference Meetings, Ottawa.
- 4/89 "Nonlinear dose-response models with standard logistic regression." Upstate New York and Southern Ontario Epidemiology Group Meetings, Toronto.
- 6/88 "A unified framework for meta-analysis by maximum likelihood." Society for Epidemiologic Research Annual Meetings, Vancouver.
- 4/88 Departmental Seminar: "Occupational and dietary factors in the study of cancer of the bladder." Division of Epidemiology and Biostatistics, Graduate School of Public Health, San Diego State University, San Diego, CA.
- 3/88 Seminar: "Diet and occupation in the causation of bladder cancer." School of Public Health, New York State Department of Health, SUNY, Albany, NY.
- 12/87 Departmental Seminar: "Dietary and occupation factors in a case-control study of bladder cancer." Department of Epidemiology, Harvard School of Public Health, Boston, MA.
- 12/87 Departmental Seminar: "Risk factors for spontaneous abortion and its recurrence, and habitual abortion." Department of Medical Genetics, Hospital for Sick Children, Toronto.
- 11/87 Departmental Seminar: "Occupational and dietary factors in the causation of bladder cancer." Department of Social and Preventive Medicine, SUNY School of Medicine, Buffalo, NY.
- 11/87 Departmental Seminar: "Dietary and occupational factors in the study of bladder cancer." Department of Epidemiology and Biostatistics, University of Western Ontario, London.
- 9/87 Departmental Seminar: "Dietary and occupational factors in a case-control study of bladder cancer." Department of Epidemiology and Community Medicine, University of Ottawa.
- 11/86 Departmental Seminar: "Application of linear structural hypotheses in observational epidemiologic studies." Department of Environmental and Occupational Medicine, Mount Sinai School of Medicine, New York, NY.
- 9/86 Departmental Seminar: "Application of linear structural equations in observational

epidemiologic studies." Department of Epidemiology and Public Health, Yale University, New Haven, CT.

6/86 "Measuring tumor induction period in case-control studies of chronic exposures." Society for Epidemiologic Research Annual Meetings, Pittsburgh, PA.

8/84 "Nitrate and ascorbate in a study of gastric cancer." International Epidemiology Association Meetings, Vancouver.

5/84 "An improved method for obtaining confidence intervals of the odds ratio in logistic regression." Epidemiologic Methods Workshop, Upstate New York and Southern Ontario Epidemiology Group Meetings, Toronto.