

**Memorial Sloan Kettering Cancer Center (MSK)
and Weill Cornell Medicine (WCM) Curriculum Vitae**

Name: Andrew J. Vickers

Date of Preparation: January 20th, 2023

A. EDUCATION

Academic Degree(s) (*Bachelor's and higher*)

Degree (include field of study)	Institution name & Location	Dates attended (<i>mm/yy - mm/yy</i>)	Year Awarded
BA	University of Cambridge, UK	10/86 – 06/89	1989
D.Phil (doctorate)	University of Oxford, UK	09/96 – 10/99	1999

Other Education Experiences

Description	Institution Name & Location	Dates attended (<i>mm/yy - mm/yy</i>)

B. POSTDOCTORAL TRAINING (*Include residency/fellowships*)

Title (include area of training)	Institution name & Location	Dates (<i>mm/yy - mm/yy</i>)
n/a		

C. PROFESSIONAL POSITIONS & EMPLOYMENT

Academic Appointments (*Teaching and research, for MSK faculty, this includes appointments at MSK—i.e. with the word “Member” and WCM—i.e. Instructor and appointments with the word “Professor”*).

Title	Institution, city and state	Dates (mm/yy - mm/yy)
Assistant Member	Memorial Sloan Kettering Cancer Center Department of Epidemiology and Biostatistics Department of Medicine New York, NY	12/99-11/06
Assistant Professor of Public Health	Weill Cornell Medical College Department of Public Health New York, NY	01/04-10/07
Associate Member	Memorial Sloan Kettering Cancer Center Department of Epidemiology and Biostatistics Department of Medicine New York, NY	11/06-05/12
Associate Professor of Public Health	Weill Cornell Medical College Department of Public Health New York, NY	10/07-06/13
Professor of Healthcare Policy and Research	Weill Cornell Medical College Department of Healthcare Policy and Research New York, NY	07/13-present
Member	Memorial Sloan Kettering Cancer Center Department of Epidemiology and Biostatistics Department of Medicine New York, NY	05/12-present

Hospital Appointments (*This includes appointments at Memorial Hospital for Cancer and Allied Diseases including Instructor and those with the word “Attending” as well as other current or prior hospital appointments*)

Title	Institution, city and state	Dates (mm/yy - mm/yy)
Assistant Attending Research Methodologist	Memorial Hospital for Cancer and Allied Diseases Department of Epidemiology and Biostatistics, Department of Medicine New York, NY	12/99-11/06
Associate Attending Research Methodologist	Memorial Hospital for Cancer and Allied Diseases Department of Epidemiology and Biostatistics, Department of Medicine New York, NY	11/06-05/12
Attending Research Methodologist	Memorial Hospital for Cancer and Allied Diseases Department of Epidemiology and Biostatistics, Department of Medicine New York, NY	05/12-present

Other Professional Positions & Employment (*Industry, private practice, gaps in work history, etc.*)

Title	Institution, city and state	Dates (mm/yy - mm/yy)
Care attendant	Crossroads Disability Scheme, London, UK	10/90-01/91
Database assistant	Good Practices in Mental Health, London, UK	02/91-01/93
Researcher, then Director of Research	Research Council for Complementary Medicine, London, UK	02/93-07/99

D. LICENSURE, BOARD CERTIFICATION**Licensure:**

State	Number	Date of issue (mm/dd/yyyy)	Date of Expiration (mm/dd/yyyy)
New York	n/a		
New Jersey			
DEA number: (optional)			
NPI number: (optional)			

Board Certification

Full Name of Board	Certificate # (indicate if board eligible)	Dates of Certification (mm/dd/yyyy) – (mm/dd/yyyy)
n/a		

E. INSTITUTIONAL/HOSPITAL AFFILIATION

Primary Hospital Affiliation:	Memorial Hospital for Cancer & Allied Diseases
Other Hospital Affiliations:	Weill Medical College of Cornell University
Other Institutional Affiliations:	

F. EMPLOYMENT STATUS

Name of Current Employer(s):	Memorial Sloan Kettering Cancer Center
Current Employment Status:	Full-time salaried by MSK

G. HONORS, AWARDS

Name of award	Organization	Date awarded (yyyy)
Raenaker's Prize for academic achievement	University of Cambridge	1989
CaPCure award for prostate cancer research.	Prostate Cancer Foundation	2007
MSKCC Award for Excellence in Mentoring	MSKCC	2016
John K. Lattimer Award.	American Urological Association	2017

H. PROFESSIONAL ORGANIZATIONS AND SOCIETY MEMBERSHIPS*(Please include medical and scientific societies.)*

Organization	Date (yyyy-yyyy)
Chair, Acupuncture Trialists' Collaboration	2007-present
Member, American Urological Association	2010 – present

I. PERCENT EFFORT AND INSTITUTIONAL RESPONSIBILITIES

(Anticipated for appointments; current for promotions)

MSK Activity	Percent Effort (%)	Does the activity involve MSK students/trainees? (Yes/No)	Does the activity involve WCM students/research trainees? (Yes/No)
Teaching	25%	No	Yes
Clinical	N/A	N/A	N/A
Administrative	10%	No	Yes
Research	65%	No	Yes
Total	100%		

J. EDUCATIONAL CONTRIBUTIONS

Teaching *Please include title/audience/dates as applicable for each prompt below. Please list only teaching activities at MSK and WCM, your currently employed institution and previously employed institutions here.*

Didactic teaching *(lectures, seminars, tutorials, professional development programs)*

<i>Title</i>	<i>Audience</i>	<i>Dates</i>
Statistics course	WMC medical undergraduates	2000-2012
MSKCC Biostatistics course	Graduate students	2001-present
K30 grant in Clinical Research Methodology	Graduate students	2001-present

Clinical teaching *(bedside teaching, teaching rounds, teaching in operating room, precepting in clinic, morning report, etc.)*

<i>Title</i>	<i>Audience</i>	<i>Dates</i>

Administrative teaching *(leadership role as residency or fellowship director, course director)*

<i>Title</i>	<i>Audience</i>	<i>Dates</i>

Continuing education and professional education as teacher *(role and scope of activity)*

<i>Title</i>	<i>Audience</i>	<i>Dates</i>

Community education or patient outreach *(through MSK or WCM, e.g. Cancer Smart Lecture)*

<i>Title</i>	<i>Audience</i>	<i>Dates</i>

K. CLINICAL PRACTICE, INNOVATION, and LEADERSHIP

Clinical Practice

Please include duration, i.e., year(s) of practice, name and location of practice, type of activity, level of activity (e.g., sessions, days or hours per week or month). Examples include attending on inpatient units, ambulatory practice, performing procedures.

<i>Duration (Dates)</i>	<i>Name/Location of Practice</i>	<i>Type of Activity</i>	<i>Level of Activity</i>
n/a			

Clinical Innovations

Please include date innovation launched, title/location of innovation, role and short description of the influence on clinical care or practice management. Examples include development of innovative approaches to diagnosis, treatment or prevention of disease, applications of technologies, and/or models of care delivery.

<i>Date Innovation Launched</i>	<i>Title/Location of Innovation</i>	<i>Role</i>	<i>Short Description of the influence on clinical care or practice management</i>
n/a			

Clinical Leadership

Include year(s), leadership role, and description of activity/program, i.e. director/head of service/clinic or procedure area.

<i>Years</i>	<i>Leadership Role</i>	<i>Short Description of activity/program</i>
n/a		

L. RESEARCH

Brief paragraph explaining research focus. Refer to Career Statement for more information about research interests and activities.

Biostatistician and research methodologist for numerous clinical trials and cohort studies in the Departments of Medicine, Surgery and Pediatrics as well as original methodological research for the Department of Epidemiology and Biostatistics, 1999 – present.
 Director, Web Survey Core Facility, 2013- 2018
 Co-director, PRO-CEL core facility

Research Activities:

<i>List IRB protocols (both active and inactive: IRB #, title, dates start-end or start- if ongoing, PI, and your role)</i>
09-051, A Randomized Trial of Modifications to Radical Prostatectomy: Feasibility Study, PI: Vickers, Closed 5/4/2018
11-096, A Randomized Trial of Modifications to Radical Prostatectomy, PI: Vickers, Open for accrual 7/26/2011
14-113, Acupuncture Trialists' Collaboration: Meta-Analysis of Chronic Pain Trials, PI: Vickers, Closed for accrual 6/26/2015
16-828, Prostate Biopsy Collaborative Group, PI: Vickers, Open for accrual 6/8/2020
17-628, Use of Existing Data from the Randomized Trial of Modifications to Radical Prostatectomy, PI: Vickers, Closed for accrual 12/12/2018

List IRB protocols (both active and inactive: IRB #, title, dates start-end or start- if ongoing, PI, and your role)

18-062, MSK Participation in TrueNTH Global Registry - Prostate Cancer Outcomes, PI: Vickers, Open for accrual 1/24/2020

Research Support:

Current Research Funding

Duplicate table below as needed. For each funding vehicle, please include the following:

Award Source: <i>(funding agency – federal, foundation, industry; type of grant)*</i>	PCORI ME-2018C2-13253
Project title:	Comparing “just in time” to conventional consent for randomized trials with usual care controls
Annual direct costs:	\$243,419
Duration of support: <i>(mm/yyyy-mm/yyyy)</i>	6/1/2019 – 8/31/2022
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	20%
The major goals of this project are:	We will compare results between patients undergoing standard consent and those undergoing the new two stage consent. We will also compare participation rates, that is, whether more patients approached for consent joint the trial if the consent is two stage or one stage. Finally, we will determine whether differences between groups depend on the type of trial, specifically whether stakes are low or high.

Award Source: <i>(funding agency – federal, foundation, industry; type of grant)*</i>	Emerson Collective
Project title:	Life-expectancy prediction for cancer treatment decision-making
Annual direct costs:	\$169,373
Duration of support: <i>(mm/yyyy-mm/yyyy)</i>	1/1/2022 - 12/31/2024
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	10%
The major goals of this project are:	Aim 1. Create an end-to-end prostate cancer application, integrated into the MSKCC EMR, to provide the risk of cancer death, taking into account the risk of death from other causes, for use during the initial consultation, using prostate cancer as a test case. Aim 2. Evaluate the effects of the application on treatment decision-making. We can compare decisions for curative vs. conservative management of localized prostate cancer before and after implementation of the application in each clinic. We hypothesize that implementation of the application will lead to a larger difference (“delta”) in the risk of prostate cancer death (taking into account risk of death from other causes) comparing patients recommended for curative vs. conservative management. Analysis will be by mixed effects linear regression with account for clustering within surgeon. The delta is the dependent variable; age, stage, grade and PSA are covariates; before or after implementation as the predictor. On the grounds that life expectancy prediction is

	<p>unlikely to affect decision-making in extreme circumstances (such as older men with low risk disease), we will conduct a subgroup analysis excluding patients aged over 75 and those with high or very low prostate cancer as defined by the NCCN(15). As a secondary endpoint, we will compare the proportion of prostate patients who continue their care at MSKCC. We estimate that program evaluation will take place over two years, with approximately 1000 new patient visits per year. This gives us 80% to detect a small effect size of 0.125 standard deviations assuming that the cluster effect and the predictive effect of covariates approximately cancel out.</p> <p>Aim 3. Evaluate the effects of the application on patient satisfaction with decision-making. We will administer the validated Shared Decision Making (SDM-Q-9) (16) and the Satisfaction with Decision (SWD) questionnaires (17) to assess the effects of application on patient satisfaction. The selected patient group and statistical methods will be as described in Aim 2. We plan to include 500 patients in this aim, providing 80% power to detect a small effect size of 0.25 standard deviations.</p>
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<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	NCI 5 P50 CA092629-18
<u>Project title:</u>	SPORE in Prostate Cancer (RP-5: Risk Stratification in Localized Prostate Cancer using Biomarkers in Blood and Core 2: Biostatistics Core)
<u>Annual direct costs:</u>	\$332,230
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	9/1/2016 - 8/31/2022
<u>Name of Principal Investigator:</u>	Scher
<u>Your role:</u>	Project Co-Leader (RP-5); Co-Investigator (Core 2)
<u>Your percent (%) effort:</u>	3.8%
<u>The major goals of this project are:</u>	As a public health concern, prostate cancer is the second deadliest cancer in men. The translational research projects in this program aim to use knowledge of animal and human prostate cancer biology to develop and test interventions related to the prevention, early detection, diagnosis, prognosis, and treatment of prostate cancer in men.

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	NCATS 5 KL2 TR002385-12
<u>Project title:</u>	K30/Education Core
<u>Annual direct costs:</u>	\$201,889
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	7/1/2018 - 6/30/2022
<u>Name of Principal Investigator:</u>	Zhu/Bajorin
<u>Your role:</u>	Faculty
<u>Your percent (%) effort:</u>	13.3%
<u>The major goals of this project are:</u>	In the area of medical education, personnel in the MSKCC Graduate Medical Education facility contribute to the CTSC in the leadership of the CTSC certificate program training future investigators in human subject experimentation.

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	Congressionally Directed Medical Research PC190633
<u>Project title:</u>	Impact of Germline Genetic Testing for Men with Prostate Cancer on Active Surveillance
<u>Annual direct costs:</u>	\$388,397
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	4/1/2020 – 3/31/2024
<u>Name of Principal Investigator:</u>	Carlo
<u>Your role:</u>	Co-Investigator
<u>Your percent (%) effort:</u>	4%
<u>The major goals of this project are:</u>	This project aims to describe the prevalence of pathogenic and likely pathogenic (P/LP) germline variants in DNA damage repair (DDR) genes in patients with prostate cancer on active surveillance and to identify risk factors for P/LP variant carriers.

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	NCI R01 CA244948-01A1
<u>Project title:</u>	Genetic Predictors of Prostate Cancer Survival
<u>Annual direct costs:</u>	\$90,877
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	1/15/2021 – 12/31/2025
<u>Name of Principal Investigator:</u>	Klein/Lilja
<u>Your role:</u>	Co-Investigator
<u>Your percent (%) effort:</u>	2%
<u>The major goals of this project are:</u>	While prostate cancer screening reduces death from prostate cancer, it does so at the cost of unnecessary treatment of men with nonaggressive disease. To address this, we propose to identify inherited genetic changes that influence survival time after a diagnosis of prostate cancer and incorporating such genetic information into prostate cancer screening tools. If successful, this will enable more precise prostate cancer screening, reducing both death from prostate cancer and unnecessary treatment.

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	NCI 2 P30 CA008748-53
<u>Project title:</u>	Cancer Center Support Grant (The Patient Reported Outcomes, Community Engagement and Language (PRO CEL) Core
<u>Annual direct costs:</u>	\$229,482
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	2/1/2019 - 12/31/2023
<u>Name of Principal Investigator:</u>	Thompson
<u>Your role:</u>	Core Co-Director
<u>Your percent (%) effort:</u>	15%
<u>The major goals of this project are:</u>	Memorial Sloan Kettering Cancer Center (MSK) is a free standing institution dedicated to the control of cancer through

	inpatient and outpatient care, clinical and research training programs, and a broad spectrum of research activities. Through these activities, MSK seeks to reduce the burden of cancer throughout our catchment area and the nation.
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<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	NCI R01CA241758-01A1
<u>Project title:</u>	Evaluation of Transperineal Biopsy under Local Anesthesia, a Novel approach to Decrease Post Biopsy Infections and Improve Cancer Detection
<u>Annual direct costs:</u>	\$33,056
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	9/11/2020 - 6/30/2025
<u>Name of Principal Investigator:</u>	Hu
<u>Your role:</u>	Co-Investigator, MSK Site PI
<u>Your percent (%) effort:</u>	11.5%
<u>The major goals of this project are:</u>	Dr Vickers will work with Dr Hu to finalize study design and protocol, conduct interim analyses, attend required meetings, have primary responsibility for statistical analysis of study results and collaborate and assist in all study publications and presentations

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	PCORI 193452
<u>Project title:</u>	Prostate Cancer Comparative Outcomes of New Conceptual Paradigms for Treatment (PC CONCEPT)
<u>Annual direct costs:</u>	\$33,035
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	11/1/2020 - 10/31/2023
<u>Name of Principal Investigator:</u>	Hu
<u>Your role:</u>	Co-Investigator and MSK site PI
<u>Your percent (%) effort:</u>	5%
<u>The major goals of this project are:</u>	Dr Vickers will work on study design from a statistical perspective, monitor accrual, conduct interim analyses per the DSMB requirements, and participate in monthly teleconference with the study team. He will have primary responsibility for statistical analysis of the study results, and will collaborate with the rest of the study team to interpret those results and prepare manuscripts for publication.

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	PCORI CER-2019C2-17372
<u>Project title:</u>	Randomized Trial Comparing MRI-Targeted Transperineal vs. Transrectal Prostate Biopsy
<u>Annual direct costs:</u>	\$55,672
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	4/1/2021 - 7/31/2024
<u>Name of Principal Investigator:</u>	Hu
<u>Your role:</u>	Co-Investigator, MSK Site PI
<u>Your percent (%) effort:</u>	9%

<u>The major goals of this project are:</u>	Dr. Vickers will lead study design efforts and statistical analysis using de-identified data and oversee the efforts of a Research Biostatistician who will conduct the statistical analysis.
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<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	Prevent Cancer Foundation
<u>Project title:</u>	Improving prostate cancer screening using innovative technology
<u>Annual direct costs:</u>	\$50,000
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	1/15/2021 – 1/14/2023
<u>Name of Principal Investigator:</u>	Carlsson
<u>Your role:</u>	Co-Investigator
<u>Your percent (%) effort:</u>	1%
<u>The major goals of this project are:</u>	Aim 1. Study physicians' adherence to the electronic decision support tool (health informatics outcomes). Aim 2. Study the effectiveness of the intervention in improving physician compliance with guideline concordant care. Aim 2. Collect preliminary data on the effectiveness of the intervention on cancer detection rates. Aim 3. Collect preliminary data on the effectiveness of the intervention on cancer detection rates

<u>Award Source:</u> <i>(funding agency – federal, foundation, industry; type of grant)*</i>	Projects in Patient & Family Centered Care
<u>Project title:</u>	Enhancing Electronic Patient Self Reporting for Better Clinical Care During Hospitalization
<u>Annual direct costs:</u>	\$42,549
<u>Duration of support: (mm/yyyy-mm/yyyy)</u>	9/1/2021 8/31/2023
<u>Name of Principal Investigator:</u>	Cracchiolo
<u>Your role:</u>	Collaborator
<u>Your percent (%) effort:</u>	0%
<u>The major goals of this project are:</u>	The goal of this proposal is to develop and evaluate inpatient PGHD questionnaire items. We will focus on 2 oncology patient populations: short stay surgical oncology patients and long stay bone marrow transplant patients.

Past (Completed) Funding

<u>Award Source:</u>	R21 AG060275-01 NIA
<u>Project title:</u>	Feasibility and Effectiveness of Automated Geriatric Co-Management Program on Improving the Perioperative Care of Older Lung Cancer Patients
<u>Annual direct costs:</u>	\$150,000
<u>Duration of support:</u>	09/30/2018 – 05/31/2020

Name of Principal Investigator:	Shahrokni
Your role:	Collaborator
Your percent (%) effort:	5%
The major goals of this project are:	Older, frail patients with lung cancer are at the highest risk for adverse surgical events and slow functional recovery. Our scalable solution may provide better perioperative care for older, frail patients with lung cancer and improve their surgical outcomes and functional recovery.

Award Source:	Patty Brisben Foundation for Women's Sexual Health
Project title:	"It's not like we're a car engine" A qualitative interview study to improve patient-reported outcomes questionnaires in women's health
Annual direct costs:	\$78,789
Duration of support:	06/01/2019 – 05/31/2020
Name of Principal Investigator:	Carlsson
Your role:	Co-Investigator
Your percent (%) effort:	5%
The major goals of this project are:	Our central hypothesis of this research project is that current methods for asking questions about a woman's sexual health originates from a fundamentally flawed understanding of the woman's own view of her sexual function.

Award Source:	Patient Centered Outcomes Research Institute
Project title:	Ambulatory Cancer Care Electronic Symptom Self-Reporting for Surgical Patients
Annual direct costs:	\$489,553
Duration of support:	04/01/2017 – 11/30/2020
Name of Principal Investigator:	Simon
Your role:	Co-Investigator
Your percent (%) effort:	5%
The major goals of this project are:	Goal is to identify an optimal method of integrating a symptom self-reporting system into healthcare systems.

Award Source:	NCI T32 CA082088
Project title:	Urologic Oncology Research Training Grant
Annual direct costs:	\$313,658
Duration of support:	08/01/2015 – 07/31/2020
Name of Principal Investigator:	Carver
Your role:	Mentor
Your percent (%) effort:	No effort commitment or salary support
The major goals of this project are:	To train select urologists for productive careers in translational research in urologic oncology.

Award Source:	NIH/NCI R01 CA179115
Project title:	Dynamic, multi-cohort prediction modeling of prostate biopsy outcome
Annual direct costs:	\$368,725
Duration of support:	08/01/2014 – 07/31/2020
Name of Principal Investigator:	Vickers
Your role:	Co-PI
Your percent (%) effort:	18%

The major goals of this project are:	Close to 1 million US men are subject to unnecessary biopsy for prostate cancer each year. We propose to create a statistical model to predict prostate cancer risk. This model will be based on a large and diverse cohort of patients from multiple centers in North America and Europe.
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Award Source:	Livestrong Foundation
Project title:	A Survivorship Action Plan
Annual direct costs:	\$252,947
Duration of support:	03/01/2015 – 02/28/2020
Name of Principal Investigator:	Vickers
Your role:	Co-PI
Your percent (%) effort:	5%
The major goals of this project are:	Participation in the Livestrong Foundation's US Survivorship Action Plan

Award Source:	Patty Brisben Foundation for Women's Sexual Health
Project title:	Improving Questions in Women's Sexual Health
Annual direct costs:	\$ 63,554
Duration of support:	06/01/2018 – 05/31/2019
Name of Principal Investigator:	Calrsson
Your role:	Co-Investigator
Your percent (%) effort:	5%
The major goals of this project are:	The objective of this proposal is thus to evaluate patient comprehension of wordings in commonly used questionnaires regarding women's sexual health. The study team will interview female cancer patients regarding their comprehension of wordings used in standard questionnaires that are commonly used in clinical practice to assess female sexual function, where after we will make appropriate changes in light of the patients' feedback.

Award Source:	NIH/NCI R01 CA175491
Project title:	Improving prostate cancer screening by integration of SNPs with blood biomarkers
Annual direct costs:	\$ 188,365
Duration of support:	03/01/2015 – 02/28/2019
Name of Principal Investigator:	Klein
Your role:	Co-Investigator
Your percent (%) effort:	7.5%
The major goals of this project are:	To reduce the number of unnecessary biopsies conducted, a method of integrating genetic information with blood levels of PSA and related proteins will be developed under this grant. This method will enable early prostate cancer to still be detected while reducing the number of men without cancer who undergo needless biopsies.

Award Source:	Movember
Project title:	Prostate Cancer Outcomes--Bi-Directional Scoring Crosswalk
Annual direct costs:	\$25,000
Duration of support:	04/01/2017 – 06/30/2018
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	No salary support or effort commitment.

The major goals of this project are:	To develop a bidirectional scoring crosswalk between MSK PROMs and EPIC-26.
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Award Source:	K30 UL1TR000457 Education Core
Project title:	MSK Clinical Research Methodology Curriculum
Annual direct costs:	\$203,589
Duration of support:	06/27/2012 – 05/31/2018
Name of Principal Investigator:	Imperato-McGinley
Your role:	Leader of Biostatistics Course
Your percent (%) effort:	13%
The major goals of this project are:	In the area of medical education, personnel in the MSKCC Graduate Medical Education facility contribute to the CTSC in the leadership of the CTSC certificate program training future investigators in human subject experimentation.

Award Source:	NIH/NCI R01 CA160816
Project title:	Prospective validation of a multi-marker prostate cancer prediction model
Annual direct costs:	\$ 180,656
Duration of support:	08/08/2012 – 05/31/2017
Name of Principal Investigator:	Vickers/Lilja
Your role:	Co-PI
Your percent (%) effort:	10%
The major goals of this project are:	We have developed a statistical model to predict the outcome of prostate biopsy based on a panel of four molecular markers. Using retrospective data from European cohorts, we have shown that this model is a highly accurate predictor of prostate biopsy outcome in men with elevated PSA. We now aim to demonstrate that this model applies to U.S. men, determine the capacity of independent sites to measure the markers in question, and evaluate how implementation of the model in clinical practice would affect biopsy and cancer detection rates.

Award Source:	NCAAM R01 AT006794
Project title:	Acupuncture Trialists' Collaboration: meta-analyses of chronic pain trials
Annual direct costs:	\$180,656
Duration of support:	08/01/2011 – 05/31/2017
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	10%
The major goals of this project are:	Both the assessment of the clinical value of acupuncture, & research design of acupuncture studies, depend critically on the careful synthesis of prior research data. We plan to combine raw data from all large, high-quality randomized trials of acupuncture for chronic pain into a single data set to enable individual patient data metaanalysis.

Award Source:	NCI U01CA157224
Project title:	Modeling Prostate Cancer Control: Prevention, screening, treatment, follow-up care
Annual direct costs:	\$ 20,401
Duration of support:	09/01/2010 – 07/31/2015
Name of Principal Investigator:	Etzioni

Your role:	Co-Investigator
Your percent (%) effort:	5%
The major goals of this project are:	This study aims to use models of disease progression informed by observational and trial datasets to learn about the likely outcomes of different prostate cancer management strategies.

Award Source:	NCI U24 CA126485
Project title:	Proteomics development grant
Annual direct costs:	\$1,250,000
Duration of support:	01/01/2007 – 12/31/2012
Name of Principal Investigator:	Tempst
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	To develop a reproducible proteomics platform.

Award Source:	NIH R33 CA127768
Project title:	Long-term prediction of prostate cancer
Annual direct costs:	\$225,000 direct per year
Duration of support:	08/01/2010– 07/31/2012
Name of Principal Investigator:	Lilja
Your role:	Biostatistician
Your percent (%) effort:	15%
The major goals of this project are:	Predicting prostate cancer death on the basis of a single kallikrein measurement at age 45 – 50.

Award Source:	NIH K30
Project title:	Cornell Clinical Research Methodology Curriculum
Annual direct costs:	Consortium funding
Duration of support:	07/01/2007 – 06/30/2012
Name of Principal Investigator:	Imperato-McGinley
Your role:	Leader of Biostatistics Course.
Your percent (%) effort:	10%
The major goals of this project are:	Training fellows in clinical research methodology

Award Source:	NIH K30 NL04160
Project title:	MSKCC Clinical Research Methodology Curriculum
Annual direct costs:	\$256,000 direct per year
Duration of support:	07/01/2007 – 06/30/2012
Name of Principal Investigator:	Bajorin
Your role:	Leader of Biostatistics Course.
Your percent (%) effort:	10%
The major goals of this project are:	Training fellows in clinical research methodology

Award Source:	NCI P01
Project title:	Role and Regulation of p53
Annual direct costs:	\$2,010,128
Duration of support:	04/01/2006 – 03/31/2011
Name of Principal Investigator:	Cordon-Cardo
Your role:	Biostatistician
Your percent (%) effort:	10%

The major goals of this project are:	The purpose of Dr Vickers' project is to determine whether addition of p53 to existing prognostic model helps predict outcome for bladder cancer
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Award Source:	NCI R33 CA118845
Project title:	A novel set of molecular markers to measure metastatic neuroblastoma
Annual direct costs:	\$75,000 direct per year
Duration of support:	04/01/2006 – 03/31/2011
Name of Principal Investigator:	Cheung
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	To determine whether molecular markers can predict children at risk for relapse after treatment for neuroblastoma.

Award Source:	NCCAM R21 AT004189
Project title:	Acupuncture Trialists' Collaboration: meta-analyses of chronic pain trials
Annual direct costs:	\$123,750
Duration of support:	03/01/2008 – 02/28/2011
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	15%
The major goals of this project are:	Both the assessment of the clinical value of acupuncture, & research design of acupuncture studies, depend critically on the careful synthesis of prior research data. We plan to combine raw data from all large, high-quality randomized trials of acupuncture for chronic pain into a single data set to enable individual patient data metaanalysis.

Award Source:	NCI R21 CA133869
Project title:	Clinically integrated trial of modifications to radical prostatectomy
Annual direct costs:	\$135,000
Duration of support:	07/01/2008 – 06/30/2010
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	15%
The major goals of this project are:	The goal of this project was to develop a methodology to allow low cost randomized trials of surgery

Award Source:	NIH P50 AT002779
Project title:	MSKCC Research Center for Botanical Immunomodulators
Annual direct costs:	\$1,050,000 direct per year
Duration of support:	04/05/2005 – 03/31/2010
Name of Principal Investigator:	Cassileth
Your role:	Biostatistician
Your percent (%) effort:	10%
The major goals of this project are:	To identify botanicals that have immune activity relevant for cancer control

Award Source:	NCI R21
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Project title:	Randomized Phase II trial of acupuncture for post-operative ileus
Annual direct costs:	\$100,000 direct per year
Duration of support:	01/01/2007 – 12/31/2009
Name of Principal Investigator:	Deng
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	To determine whether acupuncture is of sufficient promise for the treatment of ileus to warrant a fully powered trial

Award Source:	FDA R01 FD003089
Project title:	Phase I trial of 3F8 in Leptomeningeal Cancers
Annual direct costs:	\$430,247 direct for 3 years
Duration of support:	02/15/2006 – 02/14/2009
Name of Principal Investigator:	Kramer
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	To determine safety and optimal dose of 3F8

Award Source:	NCI R21 AT002989
Project title:	Randomized Phase II trial of acupuncture for post-thoracotomy pain
Annual direct costs:	\$100,000
Duration of support:	01/01/2007 – 12/31/2008
Name of Principal Investigator:	Cassileth
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	To determine whether acupuncture is of sufficient promise for the treatment of post-thoracotomy pain to warrant a fully powered trial

Award Source:	MSKCC Experimental Therapeutics Committee
Project title:	Tetravalent vaccine for neuroblastoma
Annual direct costs:	
Duration of support:	08/01/2006–07/31/2007
Name of Principal Investigator:	Kushner
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NIH R21
Project title:	Treating CNS Malignancies with 131-I-8H9
Annual direct costs:	
Duration of support:	08/01/2005–07/31/2007
Name of Principal Investigator:	Kramer
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	Department of Defense Concept Award
Project title:	Phase I and II trials of a huanglian, a botanical, with or without Taxol, in breast cancer

Annual direct costs:	
Duration of support:	07/01/2002 – 06/30/2005
Name of Principal Investigator:	Schwartz
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NIH R21
Project title:	Methodology of Phase I and II trials of anticancer CAM
Annual direct costs:	
Duration of support:	07/01/2003 – 06/30/2005
Name of Principal Investigator:	Vickers
Your role:	PI
Your percent (%) effort:	25%
The major goals of this project are:	

Award Source:	NIH R21
Project title:	Pilot randomized trial of acupuncture for shoulder pain after neck dissection
Annual direct costs:	
Duration of support:	01/01/2003 – 12/31/2004
Name of Principal Investigator:	Pfister
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NIH R21
Project title:	Pilot randomized trial of acupuncture for hot flashes in cancer patients
Annual direct costs:	
Duration of support:	01/01/2003 – 12/31/2004
Name of Principal Investigator:	Cassileth
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NIH R21
Project title:	Phase I study of oral β -glucan and intravenous anti-GD2 monoclonal antibody 3F8 among patients with metastatic neuroblastoma
Annual direct costs:	
Duration of support:	07/01/2002 – 06/30/2004
Name of Principal Investigator:	Cheung
Your role:	Biostatistician
Your percent (%) effort:	10%
The major goals of this project are:	

Award Source:	NIH K30
Project title:	MSKCC Clinical Research Methodology Curriculum
Annual direct costs:	
Duration of support:	07/01/1999 – 06/30/2004
Name of Principal Investigator:	Bajorin

Your role:	Course Leader of Biostatistics Course
Your percent (%) effort:	20%
The major goals of this project are:	

Award Source:	Department of Defense Concept award
Project title:	D-Fraction Maitake for Breast Cancer: Preliminary research to determine viability for eventual
Annual direct costs:	
Duration of support:	03/01/2001 – 02/29/2004
Name of Principal Investigator:	Cassileth
Your role:	Biostatistician
Your percent (%) effort:	10%
The major goals of this project are:	

Award Source:	NCI/ NCCAM R21
Project title:	Acupuncture for shortness of breath in cancer patients
Annual direct costs:	
Duration of support:	10/01/2001 – 09/30/2003
Name of Principal Investigator:	Feinstein
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NCI/NCCAM R21
Project title:	Massage for treatment of pain in advanced cancer
Annual direct costs:	
Duration of support:	10/01/2001 – 09/30/2003
Name of Principal Investigator:	Cassileth
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Award Source:	NCI/NCCAM R21
Project title:	Acupuncture treatment of chronic pain in pancreatic cancer
Annual direct costs:	
Duration of support:	10/01/2001 – 09/30/2003
Name of Principal Investigator:	O'Reilly
Your role:	Biostatistician
Your percent (%) effort:	5%
The major goals of this project are:	

Pending Funding

None at this time.

Patents & Inventions

Please include inventors, title of invention and patent number.

<i>Inventors</i>	<i>Title of Invention</i>	<i>Patent Number</i>
Andrew Vickers (co-inventor)	4kscore	#: 9,672,329

M. MENTORING

Mentorship is a longitudinal, collaborative learning relationship to help the mentee or protégé succeed. Mentoring can be provided within many formats, including one-to-one, small groups, or large group workshops or lectures, which cover any topic directly related to the mentee's career development.

Please list trainees and faculty that you have formally supervised. Individuals listed in this section should be those supervised in a research, teaching or clinical setting. List only those on whose careers you have had a substantial impact. Do not indicate those for whom you have provided general career advice. This section may be annotated to provide more information. If this is the candidate's first faculty appointment at MSK, please list mentoring contributions at institutions where the candidate previously held a faculty position.

Current Mentees

Duplicate table below as needed. For each mentee, please include the following:

<u>Name</u>	Scuderi, Simone
<u>Site/Position</u>	MSK/Research Fellow
<u>Expected Period (mm/yyyy-mm/yyyy)</u>	01/2021 – 12/2022
<u>Project/Accomplishments**</u>	Urology research fellow
<u>Goals/expected Outcomes</u>	Learn good practice for data management, statistical analysis and statistical coding
<u>Type of Supervision (Research, clinical, teaching, leadership)</u>	Research

Past Mentees:

Duplicate table below as needed. For each mentee, please include the following:

<u>Name</u>	Pellegrino, Francesco
<u>Site/Position</u>	MSK/Research Fellow
<u>Expected Period (mm/yyyy-mm/yyyy)</u>	01/2021 – 12/2022
<u>Project/Accomplishments**</u>	Urology research fellow
<u>Goals/expected Outcomes</u>	Learn good practice for data management, statistical analysis and statistical coding
<u>Type of Supervision (Research, clinical, teaching, leadership)</u>	Research

<u>Name</u>	Beech, Benjamin
<u>Site/Position</u>	MSK/Fellow
<u>Expected Period (mm/yyyy-mm/yyyy)</u>	01/2021 – 12/2022
<u>Project/Accomplishments**</u>	Urology research fellow
<u>Goals/expected Outcomes</u>	Learn good practice for data management and statistical analysis and statistical coding
<u>Type of Supervision (Research, clinical, teaching, leadership)</u>	Research

<u>Name</u>	Bravi, Carlo
<u>Site/Position</u>	MSK
<u>Mentoring Period (mm/yyyy-mm/yyyy)</u>	2018 – 2019
<u>Project/Accomplishments**</u> ,	Urology research fellow. First author of the first paper to comprehensively report the association between sexual function, bother and libido after radical prostatectomy
<u>Current Position</u>	Urologist, University Ospedale San Raffaele, Milan

Type of Supervision (Research, clinical, teaching, leadership)	Research
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Name	Capograsso, Paolo
Site/Position	MSK
Mentoring Period (mm/yyyy-mm/yyyy)	2017-2018
Project/Accomplishments**,	Urology research fellow. Now Urologist, University Ospedale San Raffaele, Milan
Current Position	Urologist, University Ospedale San Raffaele, Milan
Type of Supervision (Research, clinical, teaching, leadership)	Research

Name	Marzouk, Karim
Site/Position	MSK
Mentoring Period (mm/yyyy-mm/yyyy)	2016-2017
Project/Accomplishments**,	First author of first study to investigate cancer-specific anxiety in prostate cancer patients being managed conservatively
Current Position	Urologist, Memorial University of Newfoundland
Type of Supervision (Research, clinical, teaching, leadership)	Research

Name	Lee, Justin
Site/Position	
Mentoring Period (mm/yyyy-mm/yyyy)	2015 – 2016
Project/Accomplishments**,	
Current Position	Attending Urologist, University of British Columbia
Type of Supervision (Research, clinical, teaching, leadership)	Research

Name	Fossati, Nicola
Site/Position	
Mentoring Period (mm/yyyy-mm/yyyy)	2013–2014
Project/Accomplishments**,	
Current Position	Urologist, University Ospedale San Raffaele, Milan
Type of Supervision (Research, clinical, teaching, leadership)	Research

Name	Imnadze, Mariam
Site/Position	Urology research fellow
Mentoring Period (mm/yyyy-mm/yyyy)	2013–2014
Project/Accomplishments**,	First author of a key study demonstrating that upgrading confers limited additional risk.
Current Position	Private Practice, Alaska
Type of Supervision (Research, clinical, teaching, leadership)	Research

Name	Carlsson, Sigrid
Site/Position	MSK
Mentoring Period (mm/yyyy-mm/yyyy)	2012–2015
Project/Accomplishments**,	
Current Position	Assistant Attending, Department of Surgery, MSKCC
Type of Supervision (Research, clinical, teaching, leadership)	Research

<i>Name</i>	Passoni, Nicolo
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2012–2013
<i>Project/Accomplishments**</i> ,	
<i>Current Position</i>	Research Fellow, Department of Urology, Duke University
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

<i>Name</i>	Silberstein, Jonathan L.
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2010–2013
<i>Project/Accomplishments**</i> ,	
<i>Current Position</i>	Chief, Section of Urologic Oncology, Assistant Professor, Department of Urology, Tulane University School of Medicine, New Orleans, LA
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

<i>Name</i>	Lowrance, William T.
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2008–2011
<i>Project/Accomplishments**</i> ,	Now Assistant Professor of Surgery (Urology), Huntsman Cancer Institute, University of Utah, Salt lake City, UT
<i>Current Position</i>	Assistant Professor of Surgery (Urology), Huntsman Cancer Institute, University of Utah, Salt lake City, UT
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

<i>Name</i>	Shariat, Shahrokh
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2008–2010
<i>Project/Accomplishments**</i> ,	
<i>Current Position</i>	Chair and Professor, Department of Urology, Medical University of Vienna, Vienna, Austria; Adjunct Professor of Urology and Medical Oncology, Weill Cornell Medical College, New York, NY
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

<i>Name</i>	Secin, Fernando P.
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2003–2006
<i>Project/Accomplishments**</i> ,	Now Faculty at Urologic Oncologist, Centro de Educación Médica e Investigaciones Clínicas (CEMIC), Buenos Aires, Argentina
<i>Current Position</i>	Urologic Oncologist, Centro de Educación Médica e Investigaciones Clínicas (CEMIC), Buenos Aires, Argentina
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

<i>Name</i>	Bianco, Fernando J.
<i>Site/Position</i>	Urology research fellow
<i>Mentoring Period (mm/yyyy-mm/yyyy)</i>	2003–2006

<i>Project/Accomplishments**</i> ,	Joint first author on a seminal study of the surgical learning curve published in the JNCI.
<i>Current Position</i>	Urological Surgeon, The Surgery Center at Doral, Hialeah, FL
<i>Type of Supervision (Research, clinical, teaching, leadership)</i>	Research

***Please list publications, awards, grants, development of new clinical programs or course, and other scholarly products arising directly from the mentoring activity (if applicable); indicate shared publications by numbered entries in this CV.*

Institutional Training Grants and Mentored Trainee Grants *Duplicate table below as needed. Examples include serving as Mentor on T32, K01, K08, K23 or other mentored grants; if you are a mentor for a K award, indicate who is the PI (Mentee).*

Award Source: <i>(funding agency, type of grant)</i>	
Project title:	
Duration of support: <i>(mm/yyyy-mm/yyyy)</i>	
Mentee (if applicable):	

Other mentoring activities *Describe activity; indicate dates.*

<i>Activity</i>	<i>Dates</i>

N. INSTITUTIONAL LEADERSHIP ACTIVITIES

Please list activities at MSK, and previously employed institutions, including service, division or department positions, chairmanships/service on major committees.

<i>Role(s)/Position</i>	<i>Institution/Location</i>	<i>Dates (yyyy-yyyy)</i>

O. INSTITUTIONAL ADMINISTRATIVE ACTIVITIES

List administrative activities/service to MSK and previously employed institutions, such as service on Departmental/Divisional committees or membership on institutional committees.

<i>Name of Committee</i>	<i>Role (i.e. member, secretary, chair, etc.)</i>	<i>Dates (yyyy-yyyy)</i>
Pain and Psychosocial Task Force	Member	2002-2003
Psycho-Oncology Work-in-Progress Research Colloquia	Member	2004-2006
Molecular Pathology Clinical Testing Advisory Group	Member	2007-2013
eForms Committee	Member	2018-present

P. EXTRAMURAL PROFESSIONAL RESPONSIBILITIES

Leadership in Extramural Organizations

<i>Organization</i>	<i>Role (i.e. member, secretary, chair, etc.)</i>	<i>Dates (yyyy-yyyy)</i>

Service on Boards and/or Committees

Regional

<i>Name of Committee</i>	<i>Role (i.e. member, secretary, chair, etc.)</i>	<i>Organization Institution/Location</i>	<i>Dates (yyyy-yyyy)</i>
New York Governor's Panel on Prostate Cancer Awareness	Member	New York	2010

National

<i>Name of Committee</i>	<i>Role</i>	<i>Organization Institution/Location</i>	<i>Dates (yyyy-yyyy)</i>
Expert panel on complementary and alternative medicine research methodology	Member	National Cancer Institute	2001-2003
Editorial Advisory Board, Complementary and Alternative Medicine PDQ	Member	National Cancer Institute	2004
DSMB Kang Laite studies	Member	DSMB	2010-2012
NCCN guidelines: Prostate cancer early detection	Member	NCCN	2011-2016
ASCO guidelines on PSA screening	Member	ASCO	2012-present
DSMB chair: Statin discontinuation trial	Member	DSMB	2012-2013
ACS Prostate Cancer Disparities panel	Member	American Cancer Society	2021

International

<i>Name of Committee</i>	<i>Role</i>	<i>Organization Institution/Location</i>	<i>Dates (yyyy-yyyy)</i>
Randomized trials	Coordinator	Cochrane Collaboration, London, UK	1995-1999

Grant Reviewing/Study Sections

<i>Role(s)</i>	<i>Organization Name</i>	<i>Dates (yyyy-yyyy)</i>
Reviewer	NIH Study Section, NCCAM Special Emphasis Panel: Cancer	2002-2004
Reviewer	NIH study section: NCI Special Emphasis Panel: cancer training programs	2004
Reviewer	NIH study section: NCI Special Emphasis Panel: Phase I trials of botanicals and supplements	2004
Reviewer	NIH study section: NCI Special Emphasis Panel: cancer education	2007
Reviewer	NIH study section: Biostatistical Methods and Research Design	2010-2012

Editorial Activities

Journal Reviewing/ad hoc reviewing

<i>Journal / Organization Name</i>	<i>Dates (yyyy-yyyy)</i>
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Editor/Co-Editor

<i>Books / Textbooks / Journals / Organization Name</i>	<i>Dates (yyyy-yyyy)</i>
<i>Complementary Therapies in Medicine.</i>	1997-1999
<i>CA: a Cancer Journal for Clinicians</i>	2002-present
<i>Trials</i>	2007-2018
<i>European Urology</i>	2013-present

Editorial Board Membership

<i>Board / Organization Name</i>	<i>Dates (yyyy-yyyy)</i>
<i>Complementary Therapies in Medicine</i>	1995-2015
<i>Biomed Central Cancer, Biomed Central Medical Research Methodology, Biomed Central Complementary and Alternative Medicine</i>	2001-present
<i>Medical Decision Making</i>	2013-present
<i>BMC Diagnostic and Prognostic Research</i>	2016-present

INVITED AND/OR PEER-SELECTED PRESENTATIONS

Please list extramural invited activities such as presentations, grand rounds, research seminars, and lectures at meetings of professional organizations.

<i>Title</i>	<i>Institution/Location</i>	<i>Dates (yyyy)</i>
Acupuncture.	Food and Drug Administration, USA.	April 1994
Examining Research Assumptions in Alternative Medical Systems.	Office of Alternative Medicine of the National Institutes of Health, USA.	July 1994
Research Methodology in Alternative and Complementary Medicine.	Office of Alternative Medicine, National Institutes for Health, USA.	April 1995
Placebo and Nocebo Effects.	Office of Alternative Medicine, National Institutes of Health, USA.	December 1996
Methodology of Cancer Research	Center for Mind-Body Medicine	May 2000
Alternative Medicine? Complementary Medicine? Integrative Medicine?	Maurer Foundation for Breast Health Education	October 2000
Botanical treatments for cancer: the possibilities and problems of polypharmacy.	Weill Medical College of Cornell University	November 2000
Scientific lore versus folklore: alternative medicine.	New School, New York	October 2001
Expert panel on complementary and alternative medicine research methodology.	National Cancer Institute	November 2001
Complementary and alternative medicine for cancer.	Columbia-Presbyterian Medical Center.	March 2002
Controversial aspects of clinical trials.	American Society of Hypertension.	May 2002

Complementary and alternative medicine: Emerging trends in adjuvant therapy of breast cancer.	Baylor-Charles A. Sammons Cancer Center.	October 2002
Development and funding of complementary and alternative medicine research.	National Cancer Institute.	March 2003
Complementary and alternative medicine for cancer.	Columbia-Presbyterian Medical Center.	March 2003
Complementary and Alternative Medicine.	National Breast Cancer Coalition.	May 2003
A clinical trialist's approach to statistics: Why the rules don't matter.	Weill Medical College of Cornell University	May 2003
Integrative oncology	Beth Israel, New York.	June 2003
Statistical analysis of clinical trials with baseline assessment.	Albert Einstein Healthcare, Philadelphia.	July 2003
Complementary and Alternative Medicine.	Adelphi New York Statewide Breast Cancer Hotline and Support Group, New York.	September 2003
Lessons learned from a large randomized trial with a quality of life endpoint.	Weill Medical College of Cornell University.	December 2003
Complementary and alternative medicine.	New York SHARE.	February 2004
Sharing of data: scientific, ethical and regulatory concerns.	International Biometric Society, ENAR.	March 2004
Research methodology for acupuncture research.	Society for Integrative Oncology annual meeting, New York.	November 2004
Grand rounds: Integrative Oncology.	Johns Hopkins CAM Center, Baltimore.	November 2004
Should we ban paper journals?	Weill Medical College of Cornell University.	November 2004
Open Access: a researcher's view.	Medical Librarians Association, San Antonio.	May 2005
Methodology for Phase I and II trials of novel therapies.	Hematology and Oncology Pharmacists Association, San Diego.	June 2005
How to write a grant in complementary and alternative medicine.	National Cancer Institute.	June 2005
Clinical trial design for research in cancer symptom control.	Symptom Management, Palliative Care and Survivorship Program, University of California, San Francisco.	August 2005
Methodology of integrative medicine research.	Osher Center for Integrative Medicine, University of California, San Francisco.	August 2005
Complementary and alternative medicine for cancer.	Breast Examination Center of Harlem, New York.	September 2005
Methodology of Integrative Oncology Research.	Society for Integrative Oncology annual meeting, San Diego.	November 2005
Integrative Oncology.	CAM Expo East, New York.	March 2006
Experience counts: the surgeon as a variable in cancer control.	Clinical Society of Genitourinary Surgeons, New York.	October 2006
How to write a grant in complementary and alternative medicine.	National Cancer Institute.	November 2006
A learning curve for radical prostatectomy.	Society for Urologic Oncology, Bethesda.	December 2006
Prediction and prostate cancer.	Malecare, New York.	March 2007
Improving clinical trial design	The Center for Biomedical Continuing Education, Los Angeles.	June 2007

The surgical learning curve: radical prostatectomy as a model.	Southern Illinois University, Springfield.	September 2007
Acupuncture in the care of the cancer patient.	Society for Acupuncture Research, Baltimore, Maryland.	November 2007
The surgical learning curve: radical prostatectomy as a model.	University of California San Francisco.	December 2007
Decision curve analysis.	University of California San Francisco.	December 2007
Clinical utility of PSA velocity and PSA dynamics in localized prostate cancer,	American Urologic Association Plenary Presentation, Orlando, Florida.	May 2008
Clinical trials, data sharing and supplemental materials.	Society for Scholarly Publishing, Boston, Massachusetts.	May 2008
Decision curve analysis.	Cleveland Clinic, Cleveland, Ohio.	September 2008
New prognostic markers: pitfalls in the path from research to clinical practice.	Plenary session of American Society of Clinical Oncology Genitourinary Meeting.	February 2009
Decision curve analysis.	International Biometric Society, ENAR.	March 2009
Long term prediction of prostate cancer:	Special invited debate at the American Urologic Association.	May 2009
How do we know whether a predictive model is of value?	Drug Information Alliance, Bethesda.	October 2009
Decision curve analysis.	Fred Hutchinson Cancer Research Center, Seattle, Washington.	November 2009
Decision curve analysis.	University of South Florida, Tampa, Florida.	April 2010
Statistical evaluation of active surveillance.	American Urologic Association invited educational session, San Francisco, California.	May 2010
Clinically-integrated randomized trials.	Society for Clinical Trials annual meeting, Baltimore, Maryland.	May 2010
The surgical learning curve.	University of California, Los Angeles. California.	July 2010
Active surveillance.	Prostate Cancer Foundation, Washington, DC.	September 2010
Statistical modelling of prostate cancer.	CISNET, Washington, DC.	December 2010
Acupuncture Trialists' Collaboration.	National Institutes of Health, Washington DC	February 2011
Traditional statistical evaluations of prediction models are uninformative.	European School of Oncology, New York.	April 2011
The volume outcome relationship in urologic oncology.	International Prostate Cancer Symposium, New York.	May 2011
Patient reported outcomes and surgeon feedback.	Society of Urologic Oncology, Washington DC.	May 2011
Statistical evaluation of active surveillance.	American Urologic Association invited educational session, Washington, DC.	May 2011
Clinically-integrated randomized trials.	National Heart, Lung and Blood Institute, Washington, DC.	June 2011
Prostate cancer screening	American Association of Clinical Chemistry (webinar)	June 2011
Randomized trials of surgical modifications.	Society of Urologic Oncology. Washington DC.	November 2011

Decision-analytic evaluation of markers. Post-GWAS plenary meeting.	Washington DC.	January 2012
Prostate cancer screening.	Columbia University, New York, New York.	May 2012
Surgical databases.	Society of Urologic Robotic Surgery, Atlanta, Georgia.	May 2012
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Cancer Institute of New Jersey, New Brunswick, New Jersey	June 2012
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	University of California at Irvine, Irvine, California	August 2012
Clinical research data sharing practices and attitudes.	Institute of Medicine, Washington DC	September 2012
Developing guidelines on PSA screening.	CISNET, Bethesda, Maryland	November 2012
Surgeon variability and what to do about it.	Cornell University, New York, New York.	November 2012
You can't ignore your outcomes any longer.	Excellence in Urology, Intermountain Health, Utah.	February 2013
PSA screening has been a public health disaster. Let's keep doing it.	University of Utah, Salt Lake City, Utah.	February 2013
PSA screening has been a public health disaster. Let's keep doing it.	University of South Florida, Tampa, Florida.	February 2013
Surgeon variability, what to do about it and how this can transform clinical trials.	Tufts University, Boston.	April 2013
Strategy for detection of prostate cancer based on relation between prostate specific antigen at age 40-55 and long term risk of metastasis: case-control study.	Prostate Cancer Foundation, Santa Monica, California.	June 2013
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Western Section of the American Urological Association, Monterey, California.	November 2013
The four-kallikrein marker panel.	Society of Urologic Oncology, Washington, DC	December 2013
Early Detection of Prostate Cancer – Do the Benefits Outweigh the Consequences?	NCCN Annual Conference, Hollywood, Florida	March 2014
AMPLIO: Implementing surgeon performance feedback at MSKCC. Why a "bottom up" approach has been key.	Michigan Urologic Surgery Improvement Collaborative, Ann Arbor, Michigan	May 2014
Six statistical slip ups (and how to avoid them).	St. Barnabas Hospital, Livingston, New Jersey	June 2014
Serum markers for prostate cancer.	International Symposium of Focal Therapy and Imaging of Prostate and Kidney Cancer. Pasadena, California.	August 2014
PSA and prostate cancer screening.	Hospital Sirio-Libanes, Sao Paulo, Brazil.	August 2014
PSA and prostate cancer screening.	JO Metcalfe Lectureship, University of Alberta, Canada.	October 2014
The Acupuncture Trialists' Collaboration	MD Anderson, Houston, Texas.	November 2014
Implementation of patient-reported outcomes in routine clinical practice.	American College of Surgeons, Washington, DC.	January 2015
MSKCC web survey core and clinical research.	Columbia University, New York.	February 2015
Use of PSA.	Intermountain Health, Park City, Utah.	February 2015
Decision analytic approaches to the evaluation of markers, models and tests	University of Pennsylvania, Philadelphia.	September 2015

PSA screening: an update on current approaches.	University of California at Irvine.	October 2015
Information technology and prostate cancer care.	US TOO, New York, New York.	October 2015
PSA and Kallikrein for screening, early detection and prognosis.	MSK Centennial Conference, New York, New York.	October 2015
How do we know whether a marker or a model is any good?	Biogen, Boston, Massachusetts.	October 2015
What every man (and his spouse) should know about PSA screening.	November patient outreach, New York, New York.	November 2015
Three lessons from cancer clinical trials: simplify, simplify, simplify.	ALS clinical trials workshop, Warrenton, Virginia.	March 2016
Visiting lectureship, Epidemiology and Translational Science	University of California San Francisco, San Francisco.	March 2016
PSA screening	Department of Urology, University of California San Francisco, San Francisco.	March 2016
PSA: how to turn a great marker into a public health fiasco (and how to turn it back).	Massachusetts Prostate Cancer Coalition, Newton, Massachusetts.	May 2016
Lecturer in Epidemiology for Global Public Health	NYU College of Global Public Health.	May 2016
A statistician's perspective on acupuncture clinical trials.	NIH, Bethesda, Maryland	June 2016
Does PSA screening do more good than harm?	Winthrop University Hospital, Mineola, NY	September 2016
Surgeon variation, and why it matters.	Intermountain Health, Park City, Utah.	February 2017
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Winthrop Hospital, New York	March 2017
Decision curve analysis: where are we 10 years on?	ENAR, Washington DC.	March 2017
Measuring surgical quality.	Columbia University, New York.	April 2017
PSA screening	Massachusetts Prostate Cancer Coalition, Newton, Massachusetts.	May 2017
Net benefit and clinical decision making in urology.	John K. Lattimer Lecture. American Urological Association, Boston, Massachusetts.	May 2017
Six statistical slip ups (and how to avoid them).	University of California, San Diego.	September 2017
PSA screening.	American Cancer Society, Atlanta, Georgia	October 2017
Six statistical slip ups (and how to avoid them).	University Brasil Oncologica (Webcast).	October 2017
A harm reduction approach to PSA screening	National Cancer Institute, Gaithersburg, Maryland.	November 2017
How do we know whether a predictive model is of value?	Pennsylvania State University, Hershey, Pennsylvania.	December 2017
PSA screening.	Vanderbilt University, Nashville, TN	July 2018
Prediction models: why much of what you've been told is wrong or irrelevant.	American Association of Physicists in Medicine, Nashville, TN	July 2018
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	New York Medical College, Valhalla, New York	January 2019
Update on Prostate-Specific Antigen Screening: Lessons from the automobile	GU ASCO, San Francisco	February 2019

industry: it isn't about personal preference, it is improving safety.		
Six statistical slip-ups (and how to avoid them).	University of California, San Francisco	February 2019
What you need to know to have a successful academic career (but no-one will ever tell you),	Tufts University, Boston	March 2019
How to evaluate models used to individualize results of randomized trials?	Society for Clinical Trials, New Orleans	May 2019
State of the Art and Emerging Directions in Screening.	AdMe Tech foundation, Boston	October 2019
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	University of North Carolina.	November 2019
Implementation of PROs in routine clinical practice: it ain't what you do it's the way that you do it.	Beyond Quantec, Baltimore, MD	February 2020
Racial disparities in prostate cancer,	American Cancer Society, Atlanta, Georgia	April 2020
Pro-tips for a successful academic career	Hackensack Meridian, Hackensack, NJ	October 2020
Statistical rigor and reproducibility	Memorial Sloan Kettering Cancer Center (external conference), New York, NY	December 2020
Use of MRI-targeting increases overdiagnosis and overtreatment	CISNET, National Cancer Institute, Bethesda, MD	June 2021
How do you know your model is not harming patients? The case for measures of clinical utility	Michigan Integrated Center for Health Analytics, Ann Arbor, MI	June 2021
How to design a trial so that it doesn't fail: practical considerations you won't find in the textbooks	American Urologic Association, Linthicum, MD.	July 2021
Use of MRI-targeting increases overdiagnosis and overtreatment	AdMeTech Foundation, Boston, MA	August 2021
Pro-tips for a successful academic career	Weill Cornell Medical College, New York, NY	September 2021
MRI is incredibly good at finding prostate cancer. But is that actually a good thing?	USTOO, New York, NY	October 2021
Patient-reported outcomes in point-of-care trials	Duke University, Raleigh, NC	October 2021
Informed Consent for Clinical Trials	Society for Urological Oncology, New Orleans, LA	May 2022
If calibration, discrimination, lift gain, precision, recall, F1, Youden, Brier, AUC, and 27 other accuracy metrics can't tell you if a prediction model is of clinical value, what should you use instead?	Cleveland Clinic, Cleveland, OH	June 2022
Meta-analysis is more than just typing data into a stats package: key statistical concepts you need to understand	MSK Library (external event), New York, NY	June 2022
How to integrate patient-reported outcomes into routine clinical care (and how this allows you to run large randomized trials at low cost): a true story from Memorial Sloan Kettering Cancer Center	Stanford University, Stanford, CA	August 2022
Risk-stratified screening and early detection of prostate cancer in 2022	AdMe Tech Foundation, Boston, MA	September 2022

Adjusting for multiplicity in clinical trials and observational studies is critical and absolutely must be done: (but only if you plan on turning off your brain and blindly following a dichotomized p value)	National Cancer Institute, Bethesda, MD	October 2022
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International

<i>Title</i>	<i>Institution/Location</i>	<i>Dates (yyyy)</i>
Quality in Complementary Medicine	British Medical Association.	March 1994
Documentation as a Basis for Research in Integrated Medicine.	Wiener Internationale Akademie für Ganzheitsmedizin, Austria.	June 1994
National Staff Nurses Conference	Bath, UK.	July 1994
Complementary Medicine in the NHS.	British Holistic Medical Association / Guy's Hospital/ University of Westminster.	October 1994
Evidence Based Purchasing	Oxford and Anglia RHA.	May 1995
Commissioning Complementary Medicine.	East London & City Health Authority	February 1996
Pain Society Annual Conference.	Pain Society, London.	April 1996
Medicine for Managers: Complementary Medicine.	Institute of Health Services Management, London.	May 1996
Complementary Medicine Research and Development Workshop	Royal College of Physicians of London.	June 1996
Multiple Sclerosis Society National Conference,	Birmingham, UK	November 1996
The Placebo Response.	University of Westminster.	November 1996
Science-Based Complementary Medicine	Royal College of Physicians.	January 1997
Natural Therapies: Safe and Effective?	Royal Pharmaceutical Society.	March 1997
Evidence Base of Complementary Medicine	Society of Pharmaceutical Medicine.	June 1997
Complementary Medicine Research.	University of Bologna, Italy.	December 1997
Practicalities of Research in Complementary Medicine.	Oxford University.	February 1998
Critical Appraisal.	Oxford Spine Research Group.	May 1998
Why Use Placebos in Clinical Trials?	Oxford University.	May 1998
Suitable Controls for use in Acupuncture Trials.	Royal Marsden Hospital.	June 1998
Evidence Base of Complementary Medicine.	Association for Quality in Healthcare / Royal Society of Medicine.	June 1998
Integration of Complementary Therapies.	Royal Free Hospital and University College London Ethics Group	February 1999
Evidence-based Traditional Chinese Medicine: Acupuncture.	Chinese University of Hong Kong (telemedicine conference)	April 1999
Cross-cultural issues in medicine.	Royal College of Physicians.	July 1999
Complementary therapies on the National Health Service.	Royal Society of Medicine.	September 1999
Integrative Oncology.	British Medical Acupuncture Society, London, UK.	October 2003
The surgical learning curve: radical prostatectomy as a model	University Health Network, Toronto, Canada.	February 2008
Should PSA screening be risk stratified? National Prostate Cancer Symposium,	Melbourne, Australia.	August 2008
PSA velocity.	National Prostate Cancer Symposium, Melbourne, Australia.	August 2008
Experience Counts – The effect of surgical experience on outcome of radical prostatectomy.	National Prostate Cancer Symposium, Melbourne, Australia.	August 2008

Prediction and prostate cancer	US TOO prostate cancer support group, New York.	September 2008
Kallikreins to predict prostate cancer.	P Mark, Turku, Finland.	October 2008
Should prostate cancer screening be risk stratified?	Should prostate cancer screening be risk stratified? St Thomas's Hospital, London, UK.	June 2009
Evaluating molecular markers for cancer.	Cancer Epidemiology Group, King's College, London, UK.	July 2009
Evaluating complementary therapies for cancer.	National Cancer Research Institute, UK.	October 2009
Decision curve analysis.	Center for Statistics in Medicine, Oxford University, UK.	October 2009
Surgeon influences on outcome.	British Association of Urologic Surgeons, London, UK.	October 2010
Acupuncture Trialists' Collaboration.	International Congress on Complementary Medicine Research, Chengdu, China.	May 2011
PSA velocity.	Interactive Genitourinary Cancer Conference. Budapest, Hungary.	May 2011
Predicting the outcomes of the initial treatment of prostate cancer.	PcBaSE, Sigtuna, Sweden.	September 2011
Biomarkers everywhere. How would we know if they are any good?	Salerno University, Salerno, Italy.	September 2011
PSA: how an excellent marker turned into a public health fiasco (and how to turn it back).	Universita' Vita Salute San Raffaele, Milan, Italy.	September 2011
The surgical learning curve (and what to do about it).	Urological Research Society, Oxford, UK	September 2011
Risk-stratifying screening for prostate cancer.	Issues and Controversies in Prostate Care, Whistler, Canada	February 2012
Are nomograms useful for clinical practice?	Interactive Genitourinary Cancer Conference. Prague, Czech Republic.	March 2012
How would we know whether a marker or model for prostate cancer were any good?	Rajiv Ghandi Cancer Institute and Research Center, New Delhi, India	April 2012
Development of biomarkers into clinical practice	University of Turku, Turku, Finland	November 2012
The Acupuncture Trialists' Collaboration	University of Bristol, Bristol, UK	March 2013
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	University of Bristol, Bristol, UK.	March 2013
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	McGill University, Montreal, Canada.	September 2013
Decision curve analysis.	McGill University, Montreal, Canada.	September 2013
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Royal Melbourne Hospital, Melbourne, Australia.	October 2013
The Acupuncture Trialists' Collaboration.	Australian Physiotherapists' Association, Melbourne, Australia.	October 2013
PSA kinetics is a valuable prognostic tool in localised prostate cancer: Against.	Interactive Genitourinary Cancer Conference. Rome, Italy.	April 2013
Statistics in scientific papers.	European Association of Urology Annual Conference, Stockholm, Sweden	April 2014
North American perspective on PSA screening.	European Association of Urology, Madrid, Spain.	March 2015.

Should we screen? If so, how?	Urologic Society of Australia and New Zealand, Adelaide, Australia.	April 2015
Publishing surgeon outcomes.	Urologic Society of Australia and New Zealand, Adelaide, Australia.	April 2015
Three lessons from MSKCC surgical quality assurance.	New Zealand Prostate Registry, Auckland, New Zealand.	April 2015
The single patient's needs: life expectancy and comorbidities.	European School of Oncology, Barcelona, Spain.	November 2015
Biomarkers at a young age: PSA and beyond.	European Multidisciplinary meeting on Urologic Cancers, Barcelona, Spain.	November 2015
Differences in surgical outcomes and how to ensure good quality surgery.	Chinese Urological Association, Shanghai, China	July 2016
PSA: how a great marker became a public health debacle in the US (and how to stop that happening in Ireland).	National Cancer Control Programme, Dublin, Ireland.	November 2016
Patient-reported outcomes in routine care.	Trials within Cohorts Conference, London, UK.	November 2016
Clinical trials in localized prostate cancer.	Cutting Edge Conference, Copenhagen, Denmark.	December 2016
Surgical quality assurance in urology.	University of Vienna, Austria	October 2017
How do we know whether a predictive model is of value?	University of Vienna	October 2017
Decision curve analysis.	McGill University, Montreal, Canada.	January 2018
Measuring surgical quality	University of Montreal, Canada.	January 2018
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Martini Klinik, Hamburg, Germany	February 2018
Prediction models why much of what you've been told is wrong or irrelevant	European Society for Medical Decision Making, Leiden, Netherlands.	June 2018
PSA: how a great marker turned into a public health fiasco (and how to turn it back).	Alberta Prostate Cancer Research Initiative, Banff, Canada	October 2019
Predicting incidence versus mortality for cancers associated with overdiagnosis: an overlooked issue for polygenic risk scores and cancer screening.	Institute of Cancer Research, London UK	November 2021
Acupuncture for Chronic Pain: Results of the Acupuncture Trialists' Collaboration	British Medical Acupuncture Society/London, UK	May 2022
If calibration, discrimination, lift gain, precision, recall, F1, Youden, Brier, AUC, and 27 other accuracy metrics can't tell you if a prediction model is of clinical value, what should you use instead?	University of Copenhagen/Copenhagen, Denmark	September 2022
Implementing patient-reported outcomes in routine clinical practice	European Cancer Survivorship and Rehabilitation Symposium/Copenhagen, Denmark	September 2022
If calibration, discrimination, lift gain, precision, recall, F1, Youden, Brier, AUC, and 27 other accuracy metrics can't tell you if a prediction model is of clinical value, what should you use instead?	University of Manchester/ Manchester, UK	October 2022
Use of MRI-targeting leads to excessive overdiagnosis and overtreatment	Fourm Oncol-Urol de Sud/ Toulouse, France	October 2022

If calibration, discrimination, lift gain, precision, recall, F1, Youden, Brier, AUC, and 27 other accuracy metrics can't tell you if a prediction model is of clinical value, what should you use instead?	Victorian Center for Biostatistics/Melbourne, Australia	November 2022
If calibration, discrimination, lift gain, precision, recall, F1, Youden, Brier, AUC, and 27 other accuracy metrics can't tell you if a prediction model is of clinical value, what should you use instead?	Royal Statistical Society/ Bradford, UK	December 2022

Q. **BIBLIOGRAPHY**

Entries should follow standard journal format, listing all authors, complete titles and inclusive pagination. Please also include PMID: PMC number (or DOI number).

Bold your name wherever it appears in the author list. Key publications may be annotated in the Significant Publications to indicate the role of the candidate, where appropriate. Indicate if you are a co-first-author or co-senior author with an asterisk.

Number the entries. The listings must be organized by category, in **chronological** order (most recent last). Use the following categories:

1. Peer-reviewed Research Articles:

1. **Vickers AJ.** Complementary medicine, intermediate medicine and the degree of intervention. *Complementary Therapies in Medicine* 1994;2(3):123-7.
2. **Vickers AJ.** Complementary therapies on the NHS: the NAHAT survey. *Complementary Therapies in Medicine* 1994;2:48-50.
3. **Vickers AJ.** Use of complementary therapies. *British Medical Journal* 1994 ;309:1161. PubMed PMID: 7987132; PubMed Central PMCID: PMC2541897.
4. **Vickers AJ.** Methodological issues in complementary and alternative medicine research. *Journal of Alternative and Complementary Medicine* 1996;2:515-24.
5. **Vickers AJ.** Regulating complementary medicine Researchers into complementary therapy do not have to "sacrifice their therapeutic integrity". *British Medical Journal* 1996;313:881-2. PubMed PMID: 8870592; PubMed Central PMCID: PMC2359079.
6. **Vickers AJ.** Complementary therapies in palliative care: the research evidence. *European Journal of Palliative Care* 1996;3:150-3.
7. **Vickers AJ.** Research, uncertainty and alternative medicine. *Cancer Prevention International* 1996;2:179-80.
8. **Vickers AJ.** Can acupuncture have specific effects on health? A systematic review of acupuncture antiemesis trials. *Journal of the Royal Society of Medicine* 1996;89:303-11. PubMed PMID: 8758186; PubMed Central PMCID: PMC1295813.
9. **Vickers AJ.** A proposal for teaching critical thinking to students and practitioners of complementary medicine. *Alternative Therapies in Health and Medicine* 1997;3:57-62.
10. **Vickers AJ, Smith C.** Analysis of the evidence profile of the effectiveness of complementary therapies in asthma: a qualitative survey and systematic review. *Complementary Therapies in Medicine* 1997;5:202-9.
11. **Vickers AJ.** Yes, but how do we know it's true? Knowledge claims in massage and aromatherapy. *Complementary Therapies in Nursing and Midwifery* 1997;3:63-5.
12. Jawara N, Lewith G, Mullee M, **Vickers AJ, Smith C.** Homoeopathy for delayed onset muscle soreness: a randomised, double-blind, placebo-controlled trial. *British Journal Sports Med.* 1997;31(4):304-7.
13. **Vickers AJ, Cassileth B, Ernst E, Fisher P, Goldman P, Jonas W, Kang S, Lewith G, Schulz K, Silagy C.** How should we research unconventional therapies? A panel report from the conference on

- Complementary and Alternative Medicine Research Methodology, National Institutes of Health. *International Journal of Technology Assessment in Health Care* 1997;13:111-21.
14. **Vickers AJ**, Fisher P, Smith C, Wyllie SE, Lewith GT. Homoeopathy for delayed-onset muscle soreness: a randomised, double-blind, placebo-controlled trial. *British Journal of Sports Medicine* 1997;31:304-7. PubMed PMID: 9429007; PubMed Central PMCID: PMC1332564.
 15. **Vickers AJ**, Harland R, Goyal N, Rees R. Do certain countries produce only positive results? A systematic review of controlled trials. *Controlled Clinical Trials* 1998;19:159-66.
 16. Jenkins M, **Vickers AJ**. Poor reliability of IgE / IgG4 antibody testing as a diagnostic tool in food intolerance. *Clinical and Experimental Allergy* 1998;28:1526-9.
 17. **Vickers AJ**. Bibliometric analysis of randomised controlled trials in complementary medicine. *Complementary Therapies in Medicine* 1998;6:185-9.
 18. **Vickers AJ**, Fisher P, Smith C, Wyllie SE, Rees RW. Arnica 30x is ineffective for muscle soreness after long-distance running: a randomised, double-blind, placebo-controlled trial. *Clinical Journal of Pain* 1998;14:227-31.
 19. **Vickers AJ**. Against individualistic medicine. *Complementary Therapies in Medicine* 1998;6:61-3.
 20. de Craen AJM, **Vickers AJ**, Tijssen JGP, Kleijnen J. The number-needed-to-treat and placebo-controlled trials. *Lancet* 1998;351:310.
 21. **Vickers AJ**. Against mind-body medicine. *Complementary Therapies in Medicine* 1998;6:111-4.
 22. **Vickers AJ**, Ohlsson A, Lacy JB, Horsley A. Massage therapy for premature and/or low birth-weight infants to improve weight gain and/or to decrease hospital length of stay. (Cochrane Review) In: *The Cochrane Library, Issue 3*. Oxford: Update Software; 1998.
 23. **Vickers AJ**, Rees RW, Robin A. Advice given by health food shops: is it clinically safe? *Journal of the Royal College of Physicians of London* 1998;32:426-8.
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 26. **Vickers AJ**. Independent replication of pre-clinical research in homoeopathy: a systematic review. *Forschende Komplementärmedizin* 1999;6:311-20.
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