

CURRICULUM VITAE**Elizabeth Bernier Lamont, MD, MS**

Office Address: Department of Health Care Policy
Harvard Medical School
180A Longwood Ave
Boston, MA 02115

Work Phone: (617) 432-4465

Work E-Mail: lamont@hcp.med.harvard.edu

Work FAX: (617) 432-0173

Place of Birth: Cleveland, Ohio

Education

1989	B.A. Honors	English	Boston College
1993	M.D. Honors	Medicine	Dartmouth Medical School
2000	M.S.	Health Studies	University of Chicago

Postdoctoral Training

06/1993-06/1996	Resident	Medicine	Brigham and Women's Hospital
01/1996-06/1996	Fellow	Medical Ethics	University of Chicago
07/1996-06/1998	Fellow	Medical Oncology	University of Chicago
07/1998-06/2000	Clinical Scholar	Health Outcomes	Robert Wood Johnson Clinical Scholars Program University of Chicago

Faculty Academic Appointments

2000-2001	Instructor	Medicine	University of Chicago
2001-2003	Assistant Professor	Medicine	University of Chicago
2003-	Assistant Professor	Medicine	Harvard Medical School
2005-	Assistant Professor	Health Care Policy	Harvard Medical School

Appointments at Hospital/ Affiliated Institution Appointments

2000-2003	Admitting Physician	Medicine Service	University of Chicago Hospitals
2003-	Assistant Physician	Medicine Service	Massachusetts General Hospital

Other Professional Positions

2000-2003	Core Faculty	Robert Wood Johnson Clinical Scholars' Program	University of Chicago
2004-	Senior Scientist	Institute of Technology Assessment	Massachusetts General Hospital

Major Leadership Positions**National**

2004-	Chair, Health Services Subcommittee	Cancer and Leukemia Group B Cooperative Trial Group
-------	-------------------------------------	---

Committee Service**Local and Affiliated Institutions**

2003-	Steering Committee, Palliative Care and Psychosocial Oncology Program, Member	Dana Farber/Harvard Cancer Center
2004-	Outcomes Research Program, Member	Dana Farber/Harvard Cancer Center
2004-	Cancer Disparities Program, Member	Dana Farber/Harvard Cancer Center
2005-2007	Clinical Research Council, Member	Massachusetts General Hospital
2006-2008	Cancer Collaboration Committee, Member	Dana-Farber/Harvard Cancer Center and the Cancer Research Network
2007-	Institutional Review Board D, Member	Dana-Farber/Harvard Cancer Center
2007-	Program on the Global Demography of Aging, Member	Harvard University

National

2002-2004	Clinical Economics Subcommittee, Member	Cancer and Leukemia Group B Cooperative Trial Group
2004-	Health Services Subcommittee, Member	Cancer and Leukemia Group B Cooperative Trial Group
2004-	Cancer Control and Health Outcomes Steering Committee, Member	Cancer and Leukemia Group B Cooperative Trial Group
2005-	Data Safety and Monitoring Board, Member	Ohio State University Center for Cancer Disparities
2005-2008	Task Force for Behavioral Science and Cancer, Member	American Association for Cancer Research
2006-2007	Ad Hoc HIPAA Subcommittee, Member	American Society of Clinical Oncology
2008-	Health Services Track Cancer Education Committee, Member	American Society of Clinical Oncology
2009	Conflict of Interest Auditor for Metastatic Lung Cancer Oral Session	American Society of Clinical Oncology

Professional Societies

1992-	Member	Alpha Omega Alpha
1998-	Member	American Society of Clinical Oncology
2000-	Member	Cancer and Leukemia Group B Cooperative Trial Group
2002	Member	Society for General Internal Medicine

Grant Review Activities**National**

2001	SNEM-3 Integrated Review Group, Temporary Member	National Institutes of Health
2003	SNEM-3 Integrated Review Group, Temporary Member	National Institutes of Health
2003	Social Sciences and Population Studies Integrated Review Group, Temporary Member	National Institutes of Health
2004	Social Sciences and Population Studies Integrated Review Group, Temporary Member	National Institutes of Health
2004-	Ad-Hoc Scientific Review Committee for Junior Faculty and Fellow Awards, Member	Cancer and Leukemia Group B Foundation
2004	ZRG1 HOP-M 07 M, Special Emphasis Panel, Member	National Institutes of Health
2006	ZRG1 HOP B 90 S Special Emphasis Panel, Member	National Institutes of Health
2008-	Komen Research Initiative Grant Review Subcommittee	Komen for the Cure/ American Society of Clinical Oncology
2009	ZRG1 EPS H 02 M Special Emphasis Panel (Study Section), Member	National Institutes of Health

International

2005	Ad Hoc Grant Reviewer	Canadian Institutes of Health Research
2008	Centre for Health Economics, Services, Policy, and Ethics (HESPE) Review Panel Member	National Cancer Institute Canada

Editorial Activities**Ad Hoc Reviewer**

1992	Norton Publishing Company
2000-	Cancer
2000-	JAMA
2000-	Journal of General Internal Medicine
2000-	Annals of Internal Medicine
2001-	Critical Reviews in Hematology-Oncology

2001	Oxford University Press
2001-	Medical Care
2001-	American Journal of Managed Care
2002-	Archives of Internal Medicine
2002-	Journal of the National Cancer Institute
2003-	Social Science in Medicine
2003-	Journal of Clinical Oncology
2004-	Pediatric Blood and Cancer
2005-	Head and Neck
2005-	Drugs and Aging
2005-	Annals of Oncology
2005-	American Journal of Epidemiology
2005-	Supportive Care in Cancer
2005-	Annals of Epidemiology
2006-	Cancer Control: Journal of the Moffitt Cancer Center
2007-	Pediatrics
2008-	Journal of the American Geriatrics Society

Other Editorial Roles

1993-	Editorial Board Member	Pharos, Journal of the AOA
2002-	Editorial Board Member	Palliative Medicine

Awards and Honors

1989	Bishop Kelleher Award	Boston College	Best Poem in <i>Stylus</i> Literary Magazine 1988-89
1990	Hartford Foundation Student Scholar	Harvard Medical School	Funding for Summer Research in Aging
1992	Alpha Omega Alpha	Dartmouth Medical School	Medical Honor Society
1993	Janet M. Glasgow Memorial Citation	Dartmouth Medical School	First Woman in Graduating Class (2 nd Overall)
1993	Upjohn Award	Dartmouth Medical School	Excellence in Internal Medicine
1998	Merit Award	Meeting, American Society of Clinical Oncology	Among Highest Ranked Fellow Abstracts
2000	Merit Award	Meeting, American Society of Clinical Oncology	Among Highest Ranked Fellow Abstracts

Report of Funded and Unfunded Projects

Funding Information

Past Funded Projects

1998-2000	Clinical Scholar	Robert Wood Johnson Foundation Career Development	N/A not Principle Investigator (PI)
<i>Robert Wood Johnson Clinical Scholars Program</i>			
The major goal of this program was to train physicians in social science methods in order to undertake clinical outcomes research.			
2000-2001	Investigator	NIA/NIH, P30AG12857-06	N/A not PI
<i>Does Postmenopausal Breast Cancer Improve Cardiac Risk and Mortality?</i>			
The major goal of this study was to compare rates of myocardial infarction in elderly breast cancer survivors to those of elderly patients without histories of breast cancer.			
2000-2002	Investigator	NIA/NIH, K12AG 0048-09	N/A not PI
<i>Geriatric Academic Program Award</i>			
The major goal of this study was to provide salary support for junior faculty beginning careers in aging-related research			
2001-2002	Investigator	Hartford Foundation (Pilot Project)	N/A not PI
<i>Effectiveness of 5-Fluorouracil for Adjuvant treatment of Stage III Colon Cancer in the Elderly</i>			
The major goal of this study was to compare the survival of elderly Medicare beneficiaries with resected stage III colon cancer according to whether or not they received adjuvant 5-fluorouracil to establish the effectiveness of adjuvant 5-fluorouracil using an administrative database.			
2002-2003	Investigator	University of Chicago/American Cancer Society (Pilot Project)	N/A not PI
<i>Do Medicare Claims Measure Chemotherapy Use and Outcome?</i>			
The major goal of this study was to evaluate the accuracy of Medicare claims for chemotherapy infusion, disease-free survival, and toxicity. The study was an external validation study that compared CMS diagnostic and procedure codes to a gold-standard source of this information, CALGB clinical trial data.			
2002-2003	Investigator	Hartford Foundation (Pilot Project)	N/A not PI
<i>What is the Cardiac Risk of Elderly Patients with Breast Cancer?</i>			
The major goal of this study was to observe myocardial infarctions in breast cancer patients compared to controls from diagnosis to death or fixed right censoring.			
2002-2003	Core Faculty Member	Robert Wood Johnson Foundation	N/A not PI
<i>Clinical Scholars Program, Core 3</i>			
The major goal of this role was to provide mentoring to the Clinical Scholars as well as programmatic input for the University of Chicago Robert Wood Johnson Clinical Scholars Program.			
2002-2007	P.I.	NCI/NIH, K07CA9389204	\$593,492
<i>Do Medicare Claims Measure Chemotherapy Use and Outcome?</i>			
The major goal of this study was to evaluate the accuracy of Medicare claims for measuring chemotherapy infusion, chemotherapy-related disease-free survival, and chemotherapy toxicity. The study was an external validation study that compared CMS diagnostic and procedure codes related to the above measures to a gold-standard source of information on each measure using CALGB clinical trial data.			
2004-2009	Sub-Committee Chair	NCI/NIH, U10CA31946 24	N/A not PI
<i>Cancer and Leukemia Group B</i>			
The major goals of this role is to oversee and help to cultivate the Subcommittee's research agenda			

and encourage and assist in mentoring junior investigators who are members of or interested in the Subcommittee mission, studying economic, health policy, public health, and clinical issues that arise when therapies developed in the clinical trials are exported to the usual care setting (i.e., community practice).

Current Funded Projects

2005-2009	Co-Investigator	VA, RFQ#101-35-04	N/A not PI
<i>Program Evaluation of Oncology Programs in the Veterans Health Administration</i>			
The major goal of this study is to evaluate the quality of cancer care delivered to Veterans throughout the VA system by comparing documented VA cancer care to well-established standards of cancer care to establish rates of compliance. Additionally, to gain further insight, risk adjusted rates of compliance in <i>elderly</i> Veterans with cancer in the VA system are compared to risk adjusted rates of compliance in <i>elderly</i> Medicare patients with cancer in fee-for-service Medicare.			
2006-2009	P.I.	Clafin Distinguished Scholar Award, MGH Career Development	\$100,000
<i>Individual and Supra-Individual Effects in Lung Cancer Clinical Trial Outcomes: A Secondary Analysis of CALGB Data</i>			
The major goal of this study was to evaluate whether the clinical settings where clinical trial therapies are delivered (i.e., academic center, community oncology program, Veterans Administration hospital) confound patients' clinical trial outcomes.			
2007-2009	P.I.	NIA/NIH, R21AG030607	\$294,820
<i>Development of Hierarchical Neighborhood Data Regarding Cancer in the Elderly</i>			
The major goal of this study is to create a novel linked data set composed of disparate sources to examine associations between area social factors and area health care availability in cancer patients using administrative data.			
2008-2013	P.I.	NCI/NIH, R01CA132900	\$1,326,658.32 (estimate)
<i>Population-Based Assessment of Cancer Trial Generalizability in the Elderly</i>			
This study is motivated by the fact that while Medicare spent nearly a billion dollars in 2002 on chemotherapy for newly diagnosed breast, colorectal, and lung cancer patients alone, surprisingly little is known about the extent to which cancer chemotherapies help or harm such elderly patients. Through this project, we study two cohorts of elderly Medicare beneficiaries, those treated on clinical trials and those treated in the usual care setting, with nominally identical therapies. We will be able to estimate survival differences between these two groups to provide much needed information for treating oncologists as well as to better understand selection bias into clinical trials. We will integrate clinical trial, cancer registry, and administrative data to accomplish this.			
2009-2013	R-01 Director	NIA/NIH, P01AG031093	\$616,843 (estimate)
<i>The Role of Geographic Context on the Presentation, Treatment, and Mortality of Cancer in the Elderly: A Population-level Study</i>			
Today in the United States, there are enormous differences in the cancer care individuals receive, which to date have been shown to be associated with individual factors like race, poverty, and age. Here, we seek to understand the mechanism behind this individual patient variation in cancer care through examining the simultaneous effect of two environments that surround patients, their area social resources and their area health care availability. We will use extant data sources to study inception cohort of 550,000 elderly Medicare beneficiaries diagnosed with cancer in 11 U.S. regions during 1998-2002. We will link these data to information on area social resources and area health care availability to create a three-level hierarchical model through which we intend to better understand the extent to which patient factors, residential factors and/or health care availability effect individual types of cancer			

patients' outcomes. This work is policy-relevant since it will: help localize the level at which deficiencies arise; help explain racial and economic disparities in health outcomes; and address the problem of cancer, which is a leading cause of death in the elderly.

Current Unfunded Projects

2007- Mentor *Identifying Sites of Metastatic Cancer Relapse Using Administrative Billing Data*

I am supervising an MGH junior faculty member in the Department of Neuro-Oncology, April Eichler, MD, MPH, in a study evaluating the accuracy of ICD-9 diagnostic codes in billing claims to measure anatomic site of cancer relapse

2008- Mentor *Is Inclusion in Chemotherapy Consent Forms of a Section Regarding "Treatment Intent" Associated with Improved Cancer Patient Understanding of the Goals of Treatment?*

I am supervising a Partners/Dana-Farber medical oncology fellow, Inga Lennes, MD, in a study which evaluates whether the content of chemotherapy consent forms related expected treatment benefits leads to greater patient and physician agreement on the goals of treatment.

Report of Local Teaching and Training

Teaching of Students in Courses

Medical School Courses

1998-2003	Physical Diagnosis II, University of Chicago Year 2 Students (3/year)	Instructor/Preceptor	<i>contact time</i> 3 hours/week for 17 week(s)	<i>prep time</i> 3 hours/week for 17 week(s)
2000-2002	Core Internal Medicine Clerkship University of Chicago		<i>contact time</i>	<i>prep time</i>
	Year 3 Students (2-3) Interns (3) Resident (1)	Attending	70 hours/week for 2 week(s)	7/hours/week for 2 weeks
2001-2003	Pathophysiology, University of Chicago Year 2 Students (150/year)	Laboratory Tutor	<i>contact time</i> 4 hours/year for 1 year(s)	<i>prep time</i> 1 hours/year for 1 year(s)
2001	Independent Research Elective (T. Iwashyna) University of Chicago Year 4 Student (1)	Mentor	<i>contact time</i> 4 hours/week for 8 week(s)	<i>prep time</i> none
2002	Independent Study Elective (J. Lamb) University of Chicago Year 4 Student (1)	Mentor	<i>contact time</i> 1 hours/week for 8 week(s)	<i>prep time</i> none
2002-2003	Humanism in Medicine Course University of Chicago Year 4 Students (6)	Small Group Facilitator	<i>contact time</i> 4 hours/year for 1 year(s)	<i>prep time</i> 1 hours/year for 1 year(s)

2004-	ME600M.3 - Core Medicine Clerkship I Harvard Medical School/MGH Year 3 Students (2-3) Teaching Attending Interns (3) Resident (1) Ellison Team 3	<i>contact time</i> 3hours/ 2 days/ week x 4 weeks	<i>prep time</i> 2 hours/ 2 days/ week x 4 weeks
2004-2007	IN709M.3b – Patient-Doctor Year II Harvard Medical School/MGH Year 2 Students (2) Preceptor	<i>contact time</i> 4 hours/week for 4- 5 weeks	<i>prep time</i> 4 hours/week for 4-5 weeks
2004-	ME600M.3 - Core Medicine Clerkship I Harvard Medical School/MGH Year 3 Students (2-3) Visit, Bigelow Service Interns (3) Resident (1)	<i>contact time</i> 28 hours/week for 2 week(s)	<i>prep time</i> 14 hours/week for 2 week(s)
2004-	ME550M.3 - Sub Internship Medicine Clerkship II Harvard Medical School/MGH Year 4 Student (1<u>≤</u>) Visit, Bigelow Service	<i>contact time</i> 28 hours/week for 2 week(s)	<i>prep time</i> 14 hours/week for 2 week(s)
2005	ME600M.3 - Core Medicine Clerkship I Harvard Medical School/MGH Year 3 Students (2-3) Teaching Attending, Interns (3) Resident (1) Ellison Team 2	<i>contact time</i> 3 hours/week for 4 weeks	<i>prep time</i> 2-3 hours/week
2008-	HC750.0 – Health Care Policy Harvard Medical School Year 1 and 2 Small Group Leader Students (10/section)	<i>contact time</i> 3 hours/week 8-12 weeks/ year	<i>prep time</i> 2 hours/week 8-12 weeks/ year

Formal Teaching of Residents, Clinical Fellows, and Research Fellows

2003	Intensive Summer Ethics Program University of Chicago Ethic Fellows (6) Lecturer	<i>contact time</i> 2 hours/year for 1 year	<i>prep time</i> 3 hours/year for 1 year
2007	Research Round Table, MGH Medicine Residents Research Reviewer (1-2)	<i>contact time</i> 2 hours/year for 1 year	<i>prep time</i> 0 hours/year for 1 year
2007-	Design and Conduct of Clinical Trials, MGH MGH Residents, Research Reviewer Fellows, Junior faculty (6-8)	<i>contact time</i> 2 hours/year for 2 years	<i>prep time</i> 0 hours/year for 2 years

Clinical Supervisory and Training Responsibility

2000-2002	University of Chicago Hospitals Year 3 Students (2-3) Inpatient Medicine Interns (3) Resident (1) Attending	<i>contact time</i> 70 hours/week for 2 week(s)	<i>prep time</i> 7/hours/week for 2 weeks
2004-	Harvard Medical School/MGH	<i>contact time</i>	<i>prep time</i>

	Year 3 Students (2-3) Teaching Attending Interns (3) Resident (1) Ellison Team 3	3hours/ 2 days/ week x 4 weeks	2 hours/ 2 days/ week x 4 weeks
2004-	Harvard Medical School/MGH Bigelow Medicine Service	<i>contact time</i> 28 hours/week for 2 week(s)	<i>prep time</i> 14 hours/week for 2 week(s)
	Year 3 Students (2-3) Visit Interns (3) Resident (1)		
2005	Harvard Medical School/MGH Year 3 Students (2-3) Teaching Attending Interns (3) Resident (1) Ellison Team 2	<i>contact time</i> 3 hours/week for 4 weeks	<i>prep time</i> 2-3 hours/week

Formally Supervised Trainees

Years	Name and degrees	Current Position
2001-2002	Theodore Iwashyna, MD, PhD	Assistant Professor of Medicine, Section of Pulmonary and Critical Care University of Michigan
We collaborated to design, execute, and publish a project which used observational data to estimate the effectiveness of adjuvant 5FU chemotherapy in elderly colon cancer patients.		
2001-2003	Supriya G. Mohile, MD, MS	Assistant Professor of Medicine, Sections of Hematology/Oncology and Geriatrics University of Rochester
We collaborated to design, execute, and publish a project which used observational data to estimate the effect of co-morbid dementia on course of colorectal cancer in elderly patients, from diagnosis through to death. Dr. Mohile was also awarded a 2003 American Society of Clinical Oncology Merit Award for this project.		
2001-2003	Blase Polite, MD, MPP	Instructor in Medicine Section of Hematology/Oncology University of Chicago
We collaborated to design, execute, and publish a project related to the risk of subsequent cancer diagnosis following venous thromboembolic disease.		
2004-2006	Lauren Dias, MD	Practicing Oncologist MGH Cancer Center, North Shore
We collaborated to design, execute, and publish two projects: one evaluating the association between osteoarthritis and colorectal cancer and one evaluating secular trends in population level non-steroidal anti-inflammatory use and colorectal cancer incidence. We also collaborated to design and execute a survey of academic oncologists regarding hospice use; results were published in abstract form at the 2006 American Society of Clinical Oncology meeting. Dr. Dias was offered a position in the prestigious Dana-Farber/Harvard Cancer Center Program in Cancer Outcomes Research Training Fellowship in 2006, but ultimately declined it to pursue full-time clinical oncology at an affiliated center.		
2006-	William Pirl, MD, MPH	Assistant Professor of Psychiatry MGH Cancer Center
We collaborated to design a methodologic project to develop a metric for physicians to use to estimate survival in newly diagnosed advanced stage non-small cell lung cancer patients who have not yet been referred to palliative care settings. This project was submitted as an R-21 to the National Cancer Institute and is currently under revision. Additionally, I have introduced him to CALBG, arranging for him to attend meetings and helped him to develop a project secondary analysis project of CALGB trial data which identifies patient factors related to trial patients' adherence to trial chemotherapy regimen.		

- 2007- April Eichler, MD, MPH Assistant Professor of Neuro-Oncology
MGH Cancer Center
- We collaborated to design, execute, publish project evaluating whether Medicare claims measure brain metastases; Dr. Eichler presented this manuscript as a podium presentation at the 2008 Society for Neuro-Oncology Annual Meeting. The manuscript is currently in press at the Journal of Neuro-Oncology. Dr. Eichler is also a part of my R-21 and is beginning to estimate the incidence of brain metastases in elderly Medicare patients from diagnosis to death (or fixed right censoring) according to tumor type using SEER-Medicare data.
- 2008- Inga Lennes, MD Fellow in Hematology-Oncology
Dana-Farber/Partners
- We collaborated to design and begin de novo data collection for a project evaluating whether the content of chemotherapy consent forms effect patient and physician agreement on the goals of treatment; this project is still underway. We are currently applying for a Dana-Farber/HCC nodal grant and a Harvard University catalyst grant to fund the second wave of data collection.
- 2009- Waddah Al-Refaie, MD Assistant Professor of Surgery
University of Minnesota and
Minneapolis VAMC
- Dr. Al-Refaie, an oncologic surgeon and I met through the CALGB sub-committee that I chair and are now collaborating on a project to estimate the patterns of multimodality anticancer treatment in elderly cancer patients through study of the surgical National Cancer Database, the California Cancer Registry, and the National Inpatient Sample. We have submitted a Challenge Grant to the NCI entitled "Variations in Cancer Care in the Elderly" with Dr. Al-Refaie as the PI.

Formal Teaching of Peers

- 2001 "Prediction and Prognosis in Elderly Patients with Cancer" University of Chicago
Geriatric Oncology 2001: A New Approach to the Older Cancer Patient (CME course), Chicago, IL 2 hour presentation, 38 hours prep, 100 Participants
- 2005 "Outcomes Research In Head and Neck Cancer" Harvard Medical School
Current and New Concepts in the Biology and Treatment of Head and Neck Cancer (CME course), Boston, MA 1 hour presentation, 10 hours prep, 100 Participants
- 2009- "Communication: Skills Building and Training" American Society of Clinical
Oncology
Interactive Training Module On-Line (CME) *Currently in Content Development Phase*

Local Invited Presentations

- 2001 "Prognostic disclosure to patients with cancer near the end of life" Grand Rounds
Department of Medicine, University of Chicago None
- 2003 "Are VTE associated with breast and colon cancer diagnoses in the elderly?" Seminar
Cancer Outcomes Program, Dana-Farber/Harvard Cancer Center None
- 2004 "Prognosis in terminal illness: physicians' accuracy and preferences for disclosure" Grand Rounds
Palliative Care Program, Massachusetts General Hospital None
- 2004 "Neighborhood effects on the detection, treatment, and course of cancer: a population-level study of LA County" Seminar
Cancer Outcomes Program, Dana-Farber/Harvard Cancer Center None

2004	“Criterion validity of Medicare claims for chemotherapy administration” Cancer Outcomes Program, Dana-Farber/Harvard Cancer Center	Seminar None
2006	“NSAIDs, osteoarthritis, and CRC: can administrative data provide a window into the effectiveness of a cancer prevention?” Massachusetts General Hospital Cancer Center	Grand Rounds None
2007	“Can Medicare data help to improve the care of elderly cancer patients?” Massachusetts General Hospital Cancer Center	Grand Rounds None
2007	“Extent and determinants of survival after standard chemotherapy in Medicare beneficiaries and clinical trial enrollees” Cancer Outcomes Program, Dana-Farber/Harvard Cancer Center	Seminar None
2009	“Clinical Case of the Month”, Discussant Department of Medicine, Brigham and Women’s Hospital	Grand Rounds None
2009	“Population-based assessment of cancer trial generalizability in the elderly” Program on the Global Demography of Aging, Harvard University	Seminar None
2009	“Differences in clinical trial patients attributes and outcomes according to enrollment setting” Cancer Outcomes Program, Dana-Farber/Harvard Cancer Center	Seminar None
2009	“Population-based assessment of cancer trial generalizability in the elderly” Massachusetts General Hospital Cancer Center	Grand Rounds None

Report of Regional, National, and International Invited Teaching and Presentations

Regional

1997	“Patient reactions to a proposed policy of physician offering of advanced directive discussions at the time of hospital admission” Annual Meeting of the Central Society for Clinical Research	Oral Abstract Presentation None
2001	“Prognosis in terminal illness: physicians' accuracy and preferences for disclosure” A Taste of Education in Palliative Care and End-of-Life Care (EPEC)	Plenary Presentation Horizon Hospice and Northwestern U.
2002	“Favorable cardiac risk in elderly breast cancer survivors” Annual Meeting of the Central Society for Clinical Research	Oral Abstract Presentation None

National

1998	“With whom do oncology patients discuss advanced care planning and why?” American Society of Clinical Oncology Annual Meeting	Oral Abstract Presentation None
1999	“The extent and determinants of error in physicians' prognoses for terminally ill patients” Robert Wood Johnson Clinical Scholars Program Meeting	Oral Abstract Presentation None
2000	“Physicians' preferences for prognostic disclosure to cancer patients near the end of life”	Oral Abstract Presentation

McLean Center for Clinical Medical Ethics Annual Meeting University of Chicago	None
2000 "Physicians' preferences for prognostic disclosure to cancer patients near the end of life" Robert Wood Johnson Clinical Scholars Program Meeting	Oral Abstract Presentation None
2000 "Prognosis in terminal illness: physicians' accuracy and preferences for disclosure" Department of Medicine, Yale University	Invited Lecture None
2000 "Prognosis in terminal illness: physicians' accuracy and preferences for disclosure" Department of Biostatistics, Memorial Sloan Kettering Cancer Center	Invited Lecture None
2000 "Physicians' preferences for prognostic disclosure to cancer patients near the end of life" American Society of Clinical Oncology Annual Meeting	Oral Abstract Presentation None
2001 "Examining chemotherapy utilization and outcome in elderly cancer patients using Medicare claims" Department of Health Care Policy, Harvard Medical School	Invited Lecture None
2002 "Is distance traveled for cancer care associated with treatment outcomes?" McLean Center for Clinical Medical Ethics University of Chicago	Oral Abstract Presentation None
2002 "Examining chemotherapy utilization and outcome in elderly cancer patients using Medicare claims" Section of Hematology-Oncology, University of Michigan	Invited Lecture None
2002 "Prognosis in terminal illness: physicians' accuracy and preferences for disclosure" Department of Medicine, University of Pittsburgh	Grand Rounds and Visiting Professorship None
2003 "Examining chemotherapy utilization and outcomes in elderly cancer patients using Medicare claims" Center for Evaluative Sciences, Dartmouth Medical School	Invited Lecture None
2003 "Is distance traveled for cancer care associated with treatment outcomes?" American Society of Clinical Oncology Annual Meeting	Oral Abstract Presentation None
2004 "Variation in cancer care: the role of context and composition" Health Services Research Session American Society of Clinical Oncology Annual Meeting	Oral Abstract Discussant None
2004 "A demographic and prognostic approach to defining the end of life" State of the Science Conference on End-of-Life Care National Institutes of Health	Expert Speaker None
2005 "Criterion validity of Medicare chemotherapy claims in breast and lung cancer patients from CALGB studies 9344 and 9730"	Invited Lecture

Cancer Control and Health Outcomes Committee Cancer and Leukemia Group B Group Meeting	None
2007 “An overview of the design of the program evaluation of oncology programs in the Veterans Health Administration” Annual Meeting, the Association of VA Hematology-Oncology (AVAHO)	Key Note Speaker AVAHO

International

2008 “Population-based assessment of cancer trial generalizability in the elderly” International Society of Geriatric Oncology	Invited Lecture None
--	-------------------------

Report of Clinical Activities**Current Licensure and Certification**

1996	Internal Medicine Certification, Re-Certified 2006	American Board of Internal Medicine
1999	Medical Oncology Certification	American Board of Internal Medicine
2003	Licensed Physician	Commonwealth of Massachusetts

Practice Activities

2000-2003	Head and Neck Oncology	Outpatient (1/2 day/week)	University of Chicago Hospitals
2000-2003	Internal Medicine	Inpatient (1 mos/year)	University of Chicago Hospitals
2003-2005	Head and Neck Oncology	Outpatient (1/2 day/week)	Cancer Center Massachusetts General Hospital
2004-	Medical Oncology	Inpatient (5 weekends/year and as needed for my clinic patients)	Ellison Service Massachusetts General Hospital
2004-	Internal Medicine	Inpatient (2 weeks/year)	Bigelow Service Massachusetts General Hospital
2005-	Head and Neck Oncology	Outpatient (<1/2 day/week)	Cancer Center Massachusetts General Hospital
2007-	Thoracic Oncology	Outpatient (<1/2 day/week)	Cancer Center Massachusetts General Hospital

Report of Scholarship

Publications

Peer Reviewed Publications in Print or Other Media

Research Investigations

1. **Lamont EB**, Siegler M. Paradoxes in cancer patients' advance care planning. *J Palliat Med.* 2000;3(1):27-35.
2. Christakis NA, **Lamont EB**. Extent and determinants of error in doctors' prognoses in terminally ill patients: prospective cohort study. *BMJ.* 2000;320(7233):469-72.
3. **Lamont EB**, Christakis NA. Prognostic disclosure to patients with cancer near the end of life. *Ann Intern Med.* 2001;134(12):1096-105.
4. **Lamont EB**, Lauderdale DS, Schilsky RL, Christakis NA. Construct validity of Medicare chemotherapy claims: the case of 5FU. *Med Care.* 2002;40(3):201-11.
5. **Lamont EB**, Christakis NA. Physician factors in the timing of cancer patient referral to hospice palliative care. *Cancer.* 2002;94(10):2733-7.
6. Iwashyna TJ, **Lamont EB**. Effectiveness of adjuvant fluorouracil in clinical practice: a population-based cohort study of elderly patients with stage III colon cancer. *J Clin Oncol.*2002;20(19):3992-8.
7. **Lamont EB**, Christakis NA, Lauderdale DS. Favorable cardiac risk among elderly breast carcinoma survivors. *Cancer.* 2003;98(1):2-10.
8. **Lamont EB**, Hayreh D, Pickett KE, Dignam JJ, List MA, Stenson KM, Haraf DJ, Brockstein BE, Sellergren SA, Vokes EE. Is patient travel distance associated with survival on phase II clinical trials in oncology? *J Natl Cancer Inst.* 2003;95(18):1370-5.
9. **Lamont EB**, Lauderdale DS. Low risk of hip fracture among elderly breast cancer survivors. *Ann Epidemiol.* 2003;13(10):698-703.
10. Gupta SK, **Lamont EB**. Patterns of presentation, diagnosis, and treatment in older patients with colon cancer and comorbid dementia. *J Am Geriatr Soc.* 2004;52(10):1681-7.
11. Hotte SJ, Winqvist EW, **Lamont EB**, MacKenzie M, Vokes E, Chen EX, Brown S, Pond GR, Murgu A, Siu LL. Imatinib mesylate in patients with C-Kit expressing adenoid cystic cancer of the salivary glands: a Princess Margaret Hospital phase II consortium study. *Journal of Clinical Oncology.* 2005;23 :585-590.
12. **Lamont EB**, Herndon JE, Weeks JC, Henderson IC, Lilenbaum R, Schilsky RL, Christakis NA. Criterion validity of Medicare chemotherapy claims in Cancer and Leukemia Group B breast and lung cancer trial participants. *J Natl Cancer Inst.* 2005;97(14):1080-3.
13. Polite BN, **Lamont EB**. Are venous thromboembolic events associated with subsequent breast and colorectal carcinoma diagnoses in the elderly?: a case-control study of Medicare beneficiaries. *Cancer.* 2006;106(4):923-30.
14. **Lamont EB**, Herndon JE, Weeks JC, Henderson IC, Earle CC, Schilsky RL, Christakis NA. Measuring disease-free survival and cancer relapse using Medicare claims from CALGB breast cancer trial participants (companion to 9344). *J Natl Cancer Inst.* 2006;98(18):1335-8.
15. Yabroff KR, Davis W, **Lamont EB**, Fahey A, Topor M, Brown ML, Warren JL. Patient time costs associated with cancer care. *J Natl Cancer Inst.* 2007;99(1):14-23.
16. **Lamont EB**, Dias LE, Lauderdale DS. NSAIDs and colorectal cancer risk: do administrative data support a chemopreventive effect? *Journal of General Internal Medicine.* 2007;22(8):1166-71.
17. **Lamont EB**, Herndon JE, Weeks JC, Henderson IC, Lilenbaum R, Schilsky RL, Christakis NA. Measuring clinically significant chemotherapy-related toxicities using Medicare claims from CALGB trial participants. *Medical Care.* 2008;46(3):303-308.
18. Yabroff RK, **Lamont EB**, Mariotto A, Warren JL, Toper M, Meekins A, Brown ML. Cost of care for elderly cancer patients in the United States. *J Natl Cancer Inst.* 2008;100:1-12.

19. Warren JL, Yabroff KR, Meekins A, Topor M, **Lamont EB**, Brown ML. Evaluation of trends in the cost of initial cancer treatment. *J Natl Cancer Inst.* 2008;100(12):888-97.
20. **Lamont EB**, Dias LE. Secular changes in NSAID use and invasive colorectal cancer incidence: an ecological study. *The Cancer Journal.* 2008;14(4):276-7.
21. Eichler AF, **Lamont EB**. Utility of administrative claims data for the study of brain metastases: a validation study. *In press, Journal of Neuro-Oncology.*
22. **Lamont EB**, Landrum MB, Keating NL, et al. Differences in clinical trial patients attributes and outcomes according to enrollment setting. *Under revision, Journal of Clinical Oncology.*

Other Peer-Reviewed Publications

23. **Lamont EB**, Sayah A. An occult cause of persistent nausea and vomiting. *J Emerg Med.* 1997;15(5):633-5.
24. **Lamont EB**, Christakis NA. Some elements of prognosis in terminal cancer. *Oncology (Huntingt).* 1999;13(8):1165-70; discussion 1172-4, 11.
25. **Lamont EB**, Cavaghan MK, Brockstein BE. Oncogenic osteomalacia as a harbinger of recurrent osteosarcoma. *Sarcoma.* 1999;3(2/3):95-99.
26. **Lamont EB**, Schilsky RL. The oral fluoropyrimidines in cancer chemotherapy. *Clin Cancer Res.* 1999;5(9):2289-96.
27. **Lamont EB**, Vokes EE. Chemotherapy in the management of squamous-cell carcinoma of the head and neck. *Lancet Oncol.* 2001;2(5):261-9.
28. **Lamont EB**, Christakis NA. Complexities in prognostication in advanced cancer: "to help them live their lives the way they want to". *JAMA.* 2003;290(1):98-104.
29. **Lamont EB**. A demographic and prognostic approach to defining the end of life. *Journal of Palliative Medicine.* 2005;8(S1):S12-S21.
30. Paskett ED, Schrag D, Kornblith A, **Lamont EB**, Weeks JC, Marshall JR, Shapiro C, Holland J. Cancer and leukemia group B cancer control and health outcomes committee: origins and accomplishments. *Clin Cancer Res.* 2006;12(11 Pt 2):3601s-5s.

Research Publications Without Named Authorship

31. Improving End-of-Life Care. NIH Consens State Sci Statements. 2004;21(3):1-28.

Non-Peer Reviewed Scientific or Medical Publications/Materials in Print or Other Media

Chapters

32. **Lamont EB**, Hoffman PC. The diagnosis and management of oncologic emergencies. In: *Oncologic Therapies*, Golomb HG, Vokes EE (eds). New York, NY: Springer-Verlag;1998. p. 211-127.
33. **Lamont EB**, Schilsky RL. Gonadal toxicity and teratogenicity after cytotoxic chemotherapy. In: *Anticancer Drug Toxicity*, Lipp HP (ed). New York, NY: Marcel Dekker Inc;1999.
34. **Lamont EB**, Vokes EE. Chemotherapy in the management of squamous-cell carcinoma of the head and neck. *Lancet Oncol.* 2001;2(5):261-9.
35. **Lamont EB**, Christakis NA. Prognostication in advanced disease. In: *Principles and Practice of Palliative Care and Supportive Oncology*, Berger A, Portenoy RK, Weissman DE (eds). Philadelphia, PA: Lippincott Williams and Wilkins;2002.
36. **Lamont EB**, Rudin CM, Hoffman PH. The diagnosis and management of oncologic emergencies. In: *Oncologic Therapies*, Golomb HG, Vokes EE (eds). New York, NY: Springer-Verlag;2002.

37. **Lamont EB**, Hoffman PH. The oncologic emergencies. In: Principles of Critical Care, Hall JB, Schmidt GA, Wood LH (eds). New York, NY: McGraw-Hill;2005.
38. **Lamont, EB**, Christakis NA. Epidemiology and Prognostication in Advanced Cancer. In: Principle and Practice of Palliative Care and Supportive Oncology, Berger A, Von Roenn J, and Shuster J (eds). Philadelphia, PA: Lippincott Williams and Wilkins;2006.
39. **Lamont EB**. Foreseeing: Formulating An Accurate Prognosis. In: Prognosis in Advanced Cancer, Glare PA, and Christakis NA (eds). Oxford, UK: Oxford University Press;2008.
40. **Lamont EB**. Physician Estimates of Prognosis. In Encyclopedia of Medical Decision Making, Kattan MW (ed.) Thousand Oaks, CA: Sage Publications, 2009.

Professional Educational Materials

41. **Lamont EB**, Christakis NA. Survival estimates in advanced cancer. In: UpToDate (versions 10.2-17.1), Rose BD (ed). Wellesley, MA: UpToDate; 2002-present.
42. **Lamont EB**. Poor prognosis. ;2004.AHRQ WebM&M [serial online].Available at: <http://webmm.ahrq.gov/spotlightcases.aspx?ic=72>. Accessed 9/16/04.
43. **Lamont EB**. How to prognosticate in patients with advanced cancer: On-line CME module for End of Life Curriculum Project, Palo Alto VA. 2005.

Clinical Guidelines and Reports

Through the *Program Evaluation of Oncology Programs in the Veterans Health Administration*, the Veterans Health Administration (VHA) contracted with Abt Associates and Harvard Medical School to evaluate the provision of oncology care in the VHA "in order to effectively assess program outcomes and to comply with the requirements of the Government Performance and Results Act of 1993 (GPRA). The program evaluation is intended to provide information that will help measure the achievement of two of the department's strategic goals:" 1) restoring "the capability of veterans with disabilities to the greatest extent possible and improving the quality of their lives and that of their families" and 2) contributing "to the public health, emergency management, socio-economic well being, and history of the Nation." A VHA committee comprised of VHA investigators, physicians, and administrators operationalized these broad goals into 12 distinct research questions, which were articulated in a statement of work which focused on five tumor sites: breast, colorectal, hematologic, lung, and prostate. A team of investigators at Abt Associates and Harvard Medical School lead by Dr. Barbara McNeil were awarded the competitive contract and began work on this large ongoing project in January 2005.

The Harvard team of investigators consists of the following individuals, listed alphabetically: Keating NL, **Lamont, EB**, Landrum MB, and McNeil BJ. Jointly, these investigators conceived, planned, executed and have already communicated, in report form, to the VAH the results of several of the planned analyses evaluating the quality of the VA cancer program nationally. Currently, these reports are available on-line for review by VAH administrators only. However, once the project is complete (i.e., the remainder of the analyses completed, interpreted and summarized in report form), reports of VA program evaluations are expected to be published and made available to the general public as per the Freedom of Information Act.

44. Survey of Department of Veterans Affairs Medical Centers.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, March 2006.
45. Interim Report.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, June 2007.

46. Case Ascertainment Agreement Report:
VA Cancer Registry vs. Administrative Data for Resected Colorectal Cancer Cases.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, December 2007.
47. How does enrollment of Veteran's Affairs (VA) oncology patients in clinical trials compare to the private sector?
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, September 2008.
48. Report on Colorectal Cancer - Comparative Analyses.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, September 2008.
49. Report on Prostate Cancer.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, December 2008.
50. Report on Colorectal Cancer – Within VA Analyses.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, January 2009.
51. Report on End-of-Life Care and Symptom Management.
Program Evaluation of Oncology Programs in the Veterans Health Administration.
Report Submitted to the Department of Veterans Affairs, Office of Policy, Planning, and Preparedness, March 2009.

The importance of this work to the nation is two-fold. First, results of our findings may directly affect cancer policies within the VA to improve cancer care for veterans. Secondly, and more broadly, our research relies on a disease course perspective and has the potential to dramatically increase the understanding the delivery of quality cancer care across the cancer continuum, from screening for a disease until death. In so doing, our approach may yield important serial quality of care measures and methods of measuring them which will have relevance beyond the VA system to all those across the country who participate in and seek to improve the delivery of care to patients with cancer. The importance of this work to Harvard is also two-fold. First, it allows Harvard to meaningful support our Country on issues of national importance, including those related to healthcare. Secondly, it provides a novel venue for both applied and methodologic scholarship in health care, both of which advance knowledge, a central goal of our University.

Abstracts, Poster Presentations and Exhibits Presented at Professional Meetings (Not Yet Published as Full-Length Manuscripts)

52. LE Dias, **EB Lamont**. Academic oncologists' attitudes and practices regarding the care of cancer patients at the end of life. *Journal of Clinical Oncology*, ASCO Annual Meeting Proceedings Part I. Vol 24, No. 18S (June 20 Supplement), 2006: 8572
53. **EB Lamont**, ME Landrum, NL Keating, L Archer, L Lan, GM Strauss, R Lilenbaum, HB Niell, LH Maurer, MP Kosty, AA Miller, GH Clamon, AD Elias, EF McClay, EE Vokes, and BJ McNeil, for the Cancer and Leukemia Group B. Differences in Clinical Trial Patients Attributes and Outcomes According to Enrollment Setting. ASCO Annual Meeting; *J Clin Oncol* 26: 2008 (May 20 Supplement).
54. NL Keating, MB Landrum, **EB Lamont**, CC Earle, BJ McNeil. Aggressiveness of end of life care for older cancer patients in the VA versus the private sector. SGIM Annual Meeting; *JGIM* 24 (17-18): 2009 (May 13 Supplement).

Narrative report of Research, Teaching, and Clinical Contributions

I am a medical oncologist whose main academic focus is epidemiology and outcomes research. I study how non-malignant factors affect the development, diagnosis, and treatment of cancer. Within this focus, I have particular interest in the use of large administrative data sets to examine the role of patient demographic factors (including age, race and poverty), patient clinical factors (including medical comorbidity), and geographic factors including area-level social attributes and health care availability) in affecting patient care and clinical outcomes. Particular areas of inquiry include cancer care of the elderly and cancer care at the end of life. I employ methodologies relevant to both primary data collection (i.e., patient and physician surveys) and secondary data analysis including Medicare claims, and clinical trial data. In early work supported by an NCI K-07 Career Award, MY group established a methodology to measure chemotherapy administration and disease-free survival, with a high degree of accuracy, in administrative claims data. We are currently applying these methods (which other groups are now using as well) to four distinct cross-Harvard collaborative projects which include evaluating administrative claims to estimate chemotherapy use and outcome. One project is a large, NCI-funded R-01 study of the comparative effectiveness of multiple standard chemotherapy regimens commonly used in outpatient settings. The project integrates clinical trial data with multiple sources of observational data (e.g., Medicare, cancer registry, American Medical Association, and US Census). This work is uncommon in its linkage of trial data (with rich clinical information regarding a group of highly select patients) and administrative data (with comprehensive coverage of both the highly selected trial patients and unselected patients treated in the usual care setting). Other projects, including two NIA funded investigating (an R-01 and an R-21) measure the effect of local social milieu and health care availability on individual elderly patients' cancer outcomes across the full course of their illness (i.e., from diagnosis to death)). Finally, we have a Veteran's Administration contract evaluating the quality of oncology care of care delivered to Veterans with cancer. It is our contention that much of the variance in the care given to cancer patients, and the outcomes they experience, may be ascribed to non-oncologic factors, factors that may be very amenable to policy interventions.

My teaching activities fall into three domains: 1) clinical teaching of medical students and post-graduate trainees (i.e., internal medicine residents and medical oncology fellows) in the clinical settings of the oncology inpatient service and the Bigelow general internal medicine inpatient service; 2) curriculum-guided teaching of second year HMS students in the patient-doctor II course and first and second year HMS students in the Health Care Policy course; and 3) research teaching of post-graduate trainees in my health services research laboratory in the Department of Health Care Policy at Harvard Medical School.

My clinical activities consist of seeing established patients in follow up in the Head and Neck Oncology Clinic as often as one half-day per week and seeing new patients, primarily as second opinions/consultations, in the Thoracic Oncology Clinic at MGH as often as one half day per week. Additionally, I provide inpatient care for these patients if needed. In this clinical work, I work closely with radiation oncologists and surgeons at MGH and Massachusetts Eye and Ear Infirmary.