

Klinisk Epidemiologisk Afdeling

-De første fem år



Århus Universitetshospital

|————— 2 —————|



Indholdsfortegnelse

Forord	side 5
Grundlaget for Klinisk Epidemiologisk Afdeling	side 6
Følgegruppen	side 8
Anvendt klinisk epidemiologi	side 9
Biostatistik og klinisk epidemiologi	side 12
Biostatistisk konsulentjeneste	side 14
Ph.d.-studiet	side 15
Sproglig formidling af klinisk-epidemiologiske resultater	side 17
Det Faglige Råd	side 19
Clinical epidemiological research in the future	side 21
Forskningsårsstuderende	side 24
Aktuelle ph.d.-studerende	side 25
Ph.d.-afhandlinger	side 27
Gæsteforskere	side 28
Internationale samarbejdspartnere	side 30
Internationale forskerkurser	side 31
Acceptede artikler 2005	side 32

Publikationer 2000-2005

2005	side 36
2004	side 44
2003	side 49
2002	side 54
2001	side 56
2000	side 59



Forord

Status for fem år med klinisk epidemiologi

*Professor, ledende overlæge, dr.med., ph.d. Henrik Toft Sørensen
Klinisk Epidemiologisk Afdeling*

Klinisk Epidemiologisk Afdeling har rod i en klinisk epidemiologisk forskningsgruppe, som så dagens lys for mere end 15 år siden ved Medicinsk Gastroenterologisk Afdeling på Aalborg Sygehus, hvor man oprettede nogle af de første kliniske databaser og begyndte at udnytte potentialet i anvendelsen af eksisterende registre i klinisk forskning. I 1991 knyttede gruppen uformelle kontakter til Boston University. Afdelingen blev forankret ved Aarhus Universitet og Aarhus Universitetshospital fra omkring 1994, og siden har aktiviteterne været støt stigende.

I erkendelse af den voksende betydning af klinisk epidemiologi som en forskningsdisciplin, blev der i 1997 oprettet et tidsbegrænset klinisk lektorat og en forskningsoverlægestilling ved medicinsk afdeling V, Århus Kommunehospital via en samarbejdsaftale mellem Århus Amt, Nordjyllands Amt, Center for Epidemiologisk Grundforskning og det Sundhedsvidenskabelige Fakultet ved Aarhus Universitet. I 2000 blev der etableret en fælles forskningsafdeling mellem Aarhus Universitet, Århus Universitetshospital og Aalborg Sygehus. Afdelingen blev permanentgjort i september 2004.

Konceptet omkring Klinisk Epidemiologisk Afdeling har vist sig effektivt til at skabe klinisk epide-miologisk forskning på højt internationalt niveau og sikre faglig rådgivning, herunder f.eks.:

- design, analyser og drift af kliniske databaser,
- supervision af den klinisk epidemiologiske forskning på kliniske afdelinger i form af ekspertise inden for epidemiologi, biostatistik, IT og databaseopbygning samt adgang til databaser,
- en fælles struktur ved regionens sygehuse med en betydelig synergieffekt.

Afdelingen er i stadig udvikling og har pt. cirka 10 forskere på post.doc.-niveau og i alt 40 ansatte fordelt på de to sektioner, Ole Worms Allé 1150 på universitetscampus i Århus og Forskningens Hus, Aalborg Sygehus.

Afdelingen har nu rundet sin fem års fødselsdag. Dette har vi ønsket at markere med denne publikation, som giver et overblik over forskningen og afdelingens øvrige aktiviteter igennem de seneste fem år.

Jeg vil benytte lejligheden til at takke alle som har støttet op omkring afdelingen.



Grundlaget for Klinisk Epidemiologisk Afdeling

Otte paradigmer er værdifulde rettesnøre for videnskabeligt arbejde

*Professor, overlæge, dr.med. Hendrik Vilstrup
Medicinsk Afdeling V, Århus Sygehus
Medlem af Følgegruppen, repræsentant for Klinisk Institut, Aar-
hus Universitet*

Fra midten af 1990'erne var arbejdet med at etablere den kliniske epidemiologi efterhånden så lo-vende, blevet så omfangsrigt og havde så stor kvalitet, at der var brug for fremtidssikring i en selv-stændig forskningsenhed. Det var en vanskelighed, at begrebet 'klinisk epidemiologi' blev opfattet og brugt meget forskelligt i forskellige kredse. Det var vigtigt at nå til en entydig definition af disciplinen for at specificere opgaven. Det blev derfor markeret i Ugeskrift for Læger (1997;159:6238-9), hvad klinisk epidemiologi er, nemlig:

Definition af klinisk epidemiologi

Moderne epidemiologiske metoder anvendt til undersøgelse
af patient-populationers prognose i bred forstand.

Denne definition har vist sig operationel og holdbar og i overensstemmelse med internationale opfat-telser af faget.

Herudover skulle der formuleres et grundlag for strukturering af en forskningsenhed. Vi undersøgte, hvordan faget er organiseret på succesrige institutioner i udlandet. Vi overvejede, hvad der havde været effektivt i den hidtidige proces – og vi vurderede strukturen med hensyn til universitet, syge-husvæsen og det politisk-administrative system. Vi nåede herefter frem til en række grundlæggende forhold, som skulle være retningsvisende for det fremtidige arbejde og som skulle være opfyldt i den kommende forskningsafdeling, nemlig:

Klinisk Epidemiologisk Afdelings paradigmer og forskningsstrategiske grundlag:

- Regional græsrodsbasering
- International elitær kvalitet
- Klinisk forankring
- Samarbejde med det politisk-administrative system
- Brug af synergimuligheder
- Uafhængighed
- Fri forskning
- Karrieremuligheder

Baggrunden for hvert af paradigmerne er:

Græsrodsbasering: Forskningsafdelingen skal have samarbejdspartnere fra en bred vifte af hospital-safdelinger og andre institutioner uden for universitetsmiljøet. Formålet er dels at sikre loyal sam-arbejde om kliniske databaser, dels at sikre faget klinisk epidemiologis udbredelse, levedygtighed og rekrutteringsgrundlag.

International elitær kvalitet: Selve eksistensberettigelsen ligger i, at der leveres forskning af højeste kvalitet. Dette omfatter samtlige afdelingens ydelser, hvad enten de udspringer af afdelingens egne forskningsprogrammer eller er bestilt udefra. Det skal bemærkes, at kvalitetskravet ikke er i modstrid med græsrodsbaseringen.

Klinisk forankring: Det er et helt basalt element i konceptet, at klinisk epidemiologi er holdnings-, begrebs- og personalemæssigt forankret i den kliniske verden og virkelighed. Dette er afgørende for, at faget kan fungere som 'klinikkens epidemiologi'. Den kliniske forankring sikrer:

- at kommunikationen med klinikerne foregår meningsfuldt for begge parter,
- at forskningsområderne er betinget af konkrete kliniske problemer,
- og at det er muligt at have tæt samarbejde med klinisk uddannede læger, gerne med kortrevarende eller varige ansættelser i forskningsafdelingen.

I overensstemmelse med dette er afdelingen en del af Klinisk Institut ved Det Sundhedsvidenskabelige Fakultet, Aarhus Universitet

Samarbejde med det politisk-administrative system: Mulighederne for at etablere en institution beror på tæt samarbejde med det politisk-administrative system. Der er i dette system et stort, udækket og delvist uerkendt behov for klinisk epidemiologisk ekspertise på højt niveau, og finansiering af afdelingens drift kan i høj grad ske som betaling for at dække dette behov. Samtidig styrkes adgangen til administrative databaser.

Brug af synergimuligheder: I skæringsfladerne imellem de kliniske, akademiske og politisk-administrative opgaver eksisterer og opstår særlige synergier mellem opgaveløsninger og forskningsmuligheder og resultater, idet behov, ressourcer og kompetencer mødes. Forudsætningen for at opnå synergieffekterne for alle parter er, at det fastholdes, at arbejdet altid er af videnskabelig kvalitet.

Uafhængighed: For at sikre dette er det vigtigt, at afdelingen er organiseret på en måde, der er synligt uafhængig af det politisk-administrative system, nemlig som en forskningsafdeling, der akademisk er en del af Aarhus Universitet.

Fri forskning: Det akademiske personale skal have tilstrækkelig tid at løfte forpligtelsen til at udøve og udvikle selvstændig forskning inden for afdelingens programmer. Dette skal sikre den nødvendige videnskabelige kvalitet i afdelingens ydelser, heriblandt løsninger til opgavestillere.

Karrieremuligheder: Det skal være muligt at arbejde for en karriere i klinisk epidemiologi og at opnå slutstilling. Dette er en forudsætning for ansvarlighed i rekruttering og uddannelse til tilstrækkeligt højt kompetenceniveau i faget.

De opstillede paradigmer var nyttige under etableringen af klinisk epidemiologisk afdeling, idet de angav overordnede retningslinjer for, hvordan strukturen og driften skulle indrettes undervejs. Således afspejler afdelingen, som den fremtræder i dag, i høj grad udmøntning af paradigmerne.

Det har, efter at afdelingen er etableret, vist sig, at paradigmerne i uændret udformning fortsat er værdifulde rettesnore for planlægningen af driften – og ikke mindst af det videnskabelige arbejde. Paradigmerne har således gradvist ændret mening i retning af at udgøre afdelingens forsknings-strategiske grundlag. De er under løbende vurdering, men de har indtil videre vist sig nyttige og robuste.



Følgegruppen

Sikrer balance og koordinering og hjælper ledelsen med prioritering

Cheflæge, dr.med. Tove Nilsson
Aalborg Sygehus
Medlem af Følgegruppen

Klinisk Epidemiologisk Afdeling er i dag en internationalt anerkendt afdeling. I den indledende fase har der næppe været formuleret noget egentligt virksomhedsgrundlag med en mission, vision og strategi. Formentlig har kun ildsjæles entusiasme og flid tjent som den sammenhængende røde tråd i afdelingens første 'opvækst'.

I 2000 udformedes den første samarbejdsaftale og sideløbende med det første virksomhedsgrundlag. Afdelingens mission med henholdsvis forskningsforpligtigelse og rådgivnings- og driftsopgaver blev beskrevet, og der blev etableret en Følgegruppe med denne portefølje:

- skal påse, at intentionerne med afdelingen efterleves og efter behov bistå ledelsen med prioriteringen blandt de pålagte opgaver,
- skal sikre en balance mellem driftsopgaver og budget,
- skal sikre koordineringen mellem Klinisk Epidemiologisk Afdeling og Aarhus Universitets øvrige epidemiologiske institutioner.

Følgegruppen består af fem medlemmer udpeget af samarbejdspartnerne bag Klinisk Epidemiologisk Afdeling (Aarhus Universitet, Århus Amt og Nordjyllands Amt) og har denne sammensætning:

- Dekan, professor, dr.med. Søren Mogensen (formand),
- Professor, overlæge, dr.med. Hendrik Vilstrup (repræsentant for Klinisk Institut, Aarhus Universitet),
- Cheflæge Hans Peder Graversen, Århus Sygehus,
- Cheflæge, ph.d. Kristjar Skajaa, Skejby Sygehus,
- Cheflæge, dr.med. Tove Nilsson, Aalborg Sygehus.

Følgegruppen holder møde to gange årligt. Fra ledelsen for Klinisk Epidemiologisk Afdeling udarbejdes en sagsfremstilling, som Følgegruppens medlemmer skal tage stilling til. Følgegruppen kan beslutte at henvise spørgsmål af principiel karakter til Aarhus Universitets kontaktudvalg.

Udover konkret sagsbehandling tjener Følgegruppens møder til videreudvikling og styrkelse af et godt samarbejde mellem de tre partnere.

Én gang årligt holdes der møde mellem afdelingsledelsen for Klinisk Epidemiologisk Afdeling, Følgegruppen og Det Faglige Råd, som skal bistå og rådgive med særligt henblik på styrkelse af afdelingens udvikling og samarbejdsrelationer. Ledelsen for Klinisk Epidemiologisk Afdeling beslutter i samråd med Følgegruppen, hvilke repræsentanter der indgår i Det Faglige Råd og indkalder til møderne.



Anvendt klinisk epidemiologi

En integreret og central del af den kliniske hverdag

Overlæge, ph.d. Mette Nørgård, overlæge, ph.d. Bente Nørgård, 1. reservalæge, ph.d..Reimar Werlich Thomsen og forskningsleder, ph.d. Søren Paaske Johnsen samt reservalæge Peter Jepsen
Klinisk Epidemiologisk Afdeling

Klinisk Epidemiologisk Afdeling

Klinisk epidemiologi har blandt andet sit udspring i udredningen og behandlingen af patienter. Disciplinen bør derfor være en integreret og central del af den kliniske hverdag. Herved kan man sikre, at beslutninger i sundhedsvæsenet tages på et rationelt og evidensbaseret grundlag – og at ydelserne har den nødvendige kvalitet.

Det har fra begyndelsen været en essentiel del af grundlaget for Klinisk Epidemiologisk Afdeling, at afdelingen skal fungere som brobygger mellem epidemiologien og den kliniske sektor. Afdelingen varetager derfor en række funktioner, på nationalt og regionalt plan, som alle vedrører integrationen mellem sundhedsvæsenets kerneydelser og den kliniske epidemiologi.

Kompetencecenter for landsdækkende kliniske databaser

Klinisk Epidemiologisk Afdeling har siden 2002 fungeret som et af tre nationale kompetencecentre for landsdækkende kliniske kvalitetsdatabaser. Arbejdsopgaverne for centret omfatter:

- Klinisk epidemiologisk rådgivning vedrørende opbygning og revision af kliniske kvalitets-databaser,
- Analyse, fortolkning og afrapportering af data i samarbejde med de involverede fagpersoner,
- Rådgivning i it-spørgsmål.

Hensigten er at imødekomme de problemer, der hidtil har været for mange kliniske databaser med at få indsamlet og efterfølgende analyseret, fortolket og offentliggjort data vedrørende kvaliteten af de sundhedsfaglige ydelser. Centret fungerer således som samarbejdspartner for styregrupperne for de enkelte databaser og sikrer, at databasernes etablering og drift sker på et professionelt niveau.

Finansieringen af driften af de kliniske kvalitetsdatabaser og kompetencecentrets aktiviteter er dækket af midler fra sygehusejernes fælles databasepulje.

Af de databaser, som har opnået støtte fra amternes fælles databasepulje, er disse aktuelt tilknyttet Kompetencecenter Nord ved Klinisk Epidemiologisk Afdeling:

- Den Ortopædiske Fællesdatabase (omfatter Dansk Hoftealloplastik Register, Dansk Knæ-alloplastik Register, Dansk Skulderalloplastik Register, Dansk Korsbåndsrekonstruktionsregister og Ganz Databasen),
- Danish Breast Cancer Cooperative Group,
- Dansk Transfusionsdatabase,
- Prosdatabasen,
- Dansk Esophagus-, Cardia- og Ventrikelcancer Database.

Det Nationale Indikatorprojekt

Det Nationale Indikatorprojekt (NIP) omhandler udvikling, afprøvning og implementering af indikatorer og standarder for kvaliteten af sundhedsvæsenets kerneydelser på udvalgte sygdomsområder. Standarder og indikatorer er beregnet til internt brug i de enkelte sundhedsinstitutioner med henblik på kvalitetsudvikling samt til ekstern brug i offentligheden.

NIP er et samarbejdsprojekt mellem sygehusejerne, Den Almindelige Danske Lægeforening, Dansk Medicinsk Selskab, Dansk Sygeplejeråd, de faglige sammenslutninger på sygeplejeområdet, Danske Fysioterapeuter, Ergoterapeutforeningen, Indenrigs- og Sundhedsministeriet, Sundhedsstyrelsen og Center for Evaluering og Medicinsk Teknologivurdering. Projektet har været i rutinemæssig drift siden 2003.

Projektet dækker aktuelt syv sygdomsområder: akut mave-tarm kirurgi, apopleksi, hoftenære frakturer, diabetes, hjerteinsufficiens, lungecancer og skizofreni. Klinisk Epidemiologisk Afdeling leverer klinisk epidemiologisk og biostatistisk bistand til de førstnævnte tre sygdomsområder. Denne bistand omfatter blandt andet identifikation og udvikling af indikatorer og standarder, udarbejdelse af standardrapporter med løbende tilbagemelding til det sundhedsfaglige personale samt årsrapporter med kommentering og faglig stillingtagen til de opnåede resultater.

Regional kræftovervågning

I Danmark lever godt 200.000 personer med en kræftsygdom, og der er cirka 30.000 nye kræfttilfælde om året. Overordnet set har danskerne en dårligere kræftoverlevelse end de øvrige nordiske lande, og der har på den baggrund gennem adskillige år været en offentlig debat om kvaliteten og resultaterne af den danske kræftbehandling. I februar 2000 udkom Den Nationale Kræftplan samt en statusrapport over initiativer i relation til kræftbehandling. Som led i en styrkelse af den regionale kvalitetssikring af kræftbehandling har Nordjyllands, Viborg, Ringkøbing og Århus amter ønsket løbende at overvåge indsatsen på kræftområdet, så de behandelnde læger kan få adgang til opdaterede behandlingsresultater på egne patienter og følge udviklingen i disse resultater. Denne opgave varetages af Klinisk Epidemiologisk Afdeling.

Opgaven har resulteret i, at der er udgivet tre rapporter om kort- og langtidsoverlevelse efter indlæggelse for udvalgte kræftsygdomme i Nordjyllands, Viborg, Ringkøbing og Århus amter. Data indhentes fra de regionale Patient Administrative Systemer (PAS). Den første rapport beskrev udviklingen i perioden 1985-2003 i overlevelse og dødelighed for tyktarmskræft, endetarmskræft, kræft i blærehalskirtelen, blærekærft og kræft i æggestokkene. Rapporten dækkede Nordjyllands, Viborg og Århus amter. Den anden rapport beskrev udviklingen i årene 1985-2004 i overlevelse og dødelighed for nyrekærft, kræft i bugspytkirtlen og leverkræft. Rapporten dækkede Nordjyllands, Viborg, Ringkøbing og Århus amter. Den tredje rapport er en opdatering af den første frem til 2004, hvor tillige Ringkøbing Amt indgår i undersøgelsen.

Regional overvågning af aktivitet og kvalitet i kirurgien

I august 2005 indledtes et projekt om overvågning af aktiviteten og kvaliteten i kirurgien i Nordjyllands, Viborg, Ringkøbing, Vejle og Århus amter. I første omgang vil man se på blindtarmsbetændelse, og Klinisk Epidemiologisk Afdeling leverer de faktiske tal for antallet af operationer, hvor, hvornår og hvordan patienterne opereres, indlæggelseslængde og komplikationer. De kirurgiske overlæger i de deltagende amter, under ledelse af professor Søren Laurberg, Afd. L, Århus Sygehus, skal efterfølgende drage konklusioner og konsekvenser.

I januar 2006 skal der foreligge en samlet rapport for hele regionen, og hver afdeling skal have sine egne resultater. Klinisk Epidemiologisk Afdeling udsender derefter afdelingsspecifikke resultater med få måneders mellemrum, så afdelingerne kan følge deres egen udvikling. Det er målet, at projektet vil bidrage til at højne og ensarte kvaliteten af kirurgien.



Biostatistik og klinisk epidemiologi

Stigende grad af samarbejde mellem læger, statistikere og dataloger

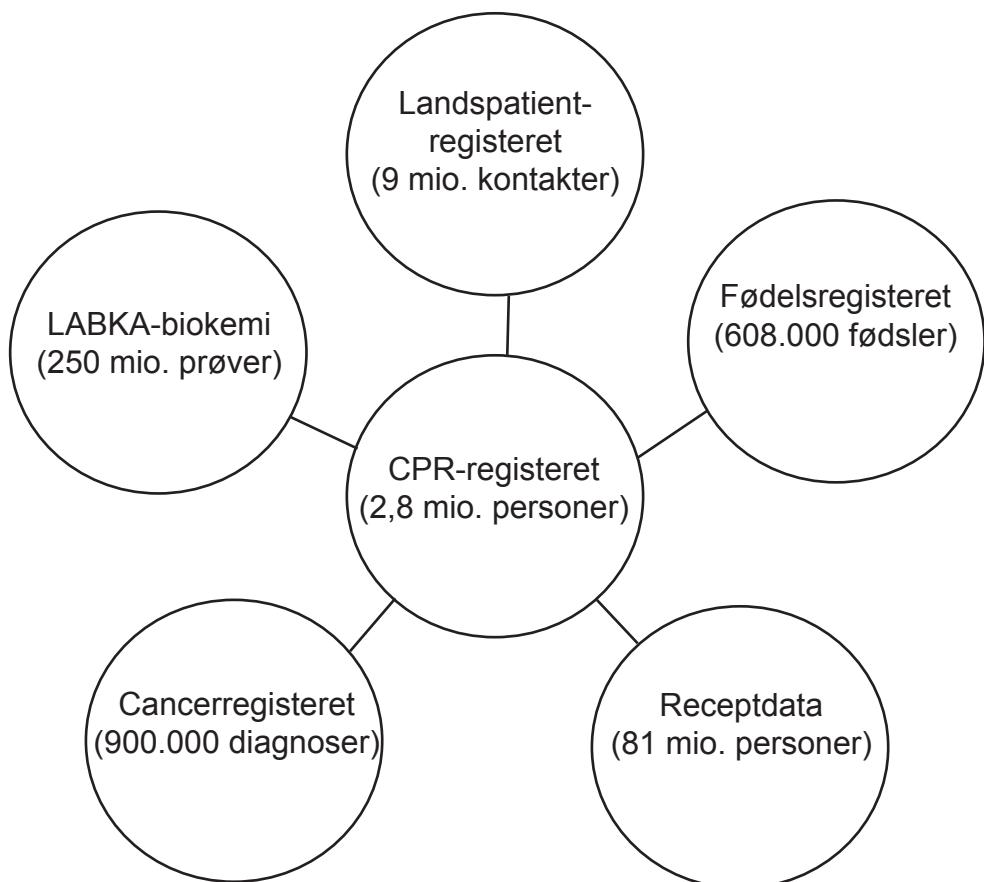
*Chefstatistiker Lars Pedersen, biostatistiker Jacob Jacobsen og reservelæge Peter Jepsen
Klinisk Epidemiologisk Afdeling*

Klinisk epidemiologi er en disciplin, som belyser kliniske problemstillinger med epidemiologisk metode. Klinisk epidemiologi er ikke et selvstændigt medicinsk speciale, men Klinisk Epidemiologisk Afdelings læger har en særlig interesse for klinisk epidemiologi, og de taler desuden klinikernes sprog og kender de kliniske problemstillinger.

Da Klinisk Epidemiologisk Afdeling blev grundlagt, bestod det videnskabelige personale af to læger, en statistiker og en sekretær. Lægerne forestod selv hele forskningsprocessen fra studiedesign over biostatistiske analyser til tolkning af analyseresultaterne. Afdelingen er imidlertid vokset betragteligt siden, så den nu tæller 14 læger og en biostatistisk sektion med seks statistikere. Desuden er der to fastansatte programmører. Dette visner om, at Klinisk Epidemiologisk Afdeling har et stigende antal forsknings- og monitoreringsopgaver, og om at den klinisk epidemiologiske metode er blevet mere raffineret, så de biostatistiske analyser nu hovedsageligt varetages af uddannede statistikere. Den kliniske epidemiologi foregår således i stigende grad i et samarbejde mellem læger, statistikere og dataloger.

Danmark er som bekendt et epidemiologisk slaraffenland på grund af den mangeårige tradition for at registrere alt og – ikke mindst – grundet muligheden for at koble oplysninger fra de mange registre sammen via CPR-nummer. Figuren nedenfor viser de registre, som Klinisk Epidemiologisk Afdeling har adgang til i forbindelse med forsknings- og monitoreringsopgaver. Håndteringen af de voksende datamængder bliver en mere og mere krævende opgave, hvorfor den nu i stigende grad varetages af programmører.

Klinisk Epidemiologisk Afdeling søger konstant at forbedre de anvendte biostatistiske analysemetoder. Her står biostatistikkerne også over for en pædagogisk udfordring, når de avancerede analysemetoder skal forklares for og forstås af læger. For også at bedre kommunikationen den anden vej har Klinisk Epidemiologisk Afdeling intern undervisning i medicin og kirurgi rettet mod statistikere og andre ikke-lægelige faggrupper.



Én af Klinisk Epidemiologisk Afdelings hovedfunktioner er at hjælpe læger og andre, som ønsker at gå i gang med et forskningsprojekt. Afdelingen kan hjælpe med at oversætte en klinisk problemstilling til en klinisk epidemiologisk problemstilling ved at definere studiedesign og eksponeringsgrupper og afgrænse, hvad der er muligt med de forhåndenværende datakilder. Det opleves meget ofte, at læger bliver meget positivt overraskede over de mange statistiske muligheder.

Et typisk eksempel på samarbejdet med klinikere uden for Klinisk Epidemiologisk Afdeling er som følger: en erfaren kirurg henvender sig sammen med en medicinstuderende og fortæller, at den studerende planlægger et forskningsår og gerne vil undersøge, hvordan det går colitis ulcerosa-patienter, som har fået lavet en tarmoperation med anlæggelse af pouch (reservoir) i forbindelse med fjernelse af tyktarmen. Sammen søger man så at præcisere, hvilket udfald forskningsopgaven skal omhandle. Det kunne for eksempel være overlevelsestid, genindlæggelser, reoperationer, pouchitis, graviditetsudfalder eller medicinforbrug. Desuden diskuteses sammenligningsgrundlaget: 'skal colitis ulcerosa-patienterne sammenlignes indbyrdes, med andre patientgrupper som har fået lavet en tilsvarende tarmoperation, med raske personer eller med en helt anden gruppe?' Dette leder frem til fastlæggelsen af et klinisk epidemiologisk design, som dataindsamlingen baseres på. De indsamlede data analyseres efterfølgende i samarbejde med Klinisk Epidemiologisk Afdelings statistikere. Når analyseresultaterne foreligger, mødes læger og statistikere igen for at tolke fundene, som sidenhen publiceres med de implicerede parter som forfattere.

Klinisk Epidemiologisk Afdeling er altså i stigende grad afhængig af både læger, statistikere og programmører. Vi søger at forbedre samarbejdet via intern undervisning og en meget flad organisation, men samtidig søger hver gruppe at specialisere sig for at højne kvaliteten af arbejdet i Klinisk Epidemiologisk Afdeling.



Biostatistisk konsulentjeneste

Konsulentbistand til forskere

*Biostatistiker, ph.d. Henrik F. Thomsen
Klinisk Epidemiologisk Afdeling*

I forbindelse med 'Samarbejdsaftale vedrørende Klinisk Epidemiologisk Afdeling af 25. august 2004' blev det vedtaget, at Klinisk Epidemiologisk Afdeling som en af sine rådgivningsopgaver skal have en biostatistisk konsulentfunktion ved Klinisk Institut i samarbejde med Institut for Biostatistik.

Udover den statistiske rådgivning og vejledning der, via Afdelingen for Biostatistik, ydes af Det Sundhedsvidenskabelige Fakultet, oprettedes denne funktion for at stille yderligere konsulentbistand til rådighed for forskere i instituttets regi.

Ordningen med konsulentbistand, der begyndte 1. januar 2005, kan omfatte:

- Telefonisk rådgivning om små helt konkrete problemstillinger,
- Drøftelse af gennemførighed/rimelighed af en planlagt undersøgelse, vurdering af behov for statistisk analyse m.v.,
- Hjælp til selvhjælp i et omfang der muliggør, at forskeren selv kan udføre analyser,
- I begrænset omfang mindre statistiske analyser, hvis disse efter statistikerens skøn ikke kan udføres af forskeren selv,
- Undtagelsesvis egentlig statistisk analyse, hvis det sker efter statistikerens skøn – dette kan for eksempel forekomme, hvis analyserne er ganske små, særligt komplekse og af speciel forskningsmæssig interesse for biostatistikeren.

Ordningen er en betalingsordning, som omfatter alle forskere ansat ved Klinisk Institut.

Biostatistiker Henrik F. Thomsen er ansat ved Klinisk Epidemiologisk Afdeling med kontor både på Ole Worms Allé 1150 i Århus og i Forskningens Hus, Søndre Skovvej 15 i Aalborg. Træffetid kan arrangeres efter aftale. Hvis man har et ønske om biostatistisk konsulentbistand er man velkommen til at ringe til sekretær Susanne Møllerstrøm på tlf. 8942 4808 og aftale tid.



Ph.d.-studiet

Succes afhænger af højt motiverede og talentfulde yngre forskere

1. reservelæge, ph.d Reimar Wernich Thomsen
Klinisk Epidemiologisk Afdeling

Klinisk Epidemiologisk Afdelings succes hænger nøje sammen med dens evne til at rekruttere og fastholde højt motiverede og talentfulde yngre forskere. Afdelingen skal derfor være et attraktivt sted at tage sin forskeruddannelse. Klinisk Epidemiologisk Afdeling skal til enhver tid kunne sikre yngre forskere en kompetent vejledning og forskeruddannelse på højt internationalt niveau.

Ph.d.-forløb ved Klinisk Epidemiologisk Afdeling er generelt baseret på forskning af høj international kvalitet. I praksis vil alle ph.d.-studerende ved Klinisk Epidemiologisk Afdeling nu og i fremtiden publicere i internationale peer-reviewede tidsskrifter, heraf en betydelig andel med høj impact factor.

Som en forskningsafdeling inden for klinisk epidemiologi har Klinisk Epidemiologisk Afdeling en særlig forpligtelse til og interesse i, at den ph.d.-studerende tilegner sig et solidt forskningsmetodologisk fundament, som kan danne udgangspunkt for en fremtidig selvstændig forskningsindsats. Målsætningen er, at den ph.d.-studerende ved uafslutningen af studieperioden har fået en grundig indføring i de centrale elementer af forskningsprocessen og evner selvstændigt at operationalisere denne viden. Den ph.d.-studerende forventes i løbet af studieperioden at erhverve en række veldefinerede kompetencer inden for planlægning og administration, studiedesign, datakilder og dataindsamling, dataanalyse, fortolkning og afrapportering.

Afdelingen råder p.t. over cirka 10 vejledere på post.doc.-niveau. Den ph.d.-studerende kan af disse forvente hyppig, regelmæssig og kompetent projektvejledning i alle projektets faser samt statistisk vejledning og bistand fra afdelingens veludbyggede biostatistiske sektion.

Klinisk epidemiologisk forskning på højt niveau fordrer i stadigt stigende omfang nationalt og internationalt samarbejde mellem enkeltpersoner, faggrupper og forskningsmiljøer. Det er derfor en vigtig målsætning, at den ph.d.-studerende i løbet af studieperioden får etableret et nationalt og internationalt netværk af samarbejdspartnere. Dette understøttes på Klinisk Epidemiologisk Afdeling af et inspirerende internationalt fagligt miljø med mange udenlandske kontakter og samarbejdsprojekter, blandt andet i USA, Thailand og en række europæiske lande. Afdelingen sender i stigende grad ph.d.-studerende på forskeruddannelse i udlandet: i alt har syv af afdelingens forskere siden 2000 været på udlandsophold af mere end to ugers varighed ved specielt amerikanske universiteter, herunder Boston University (Boston, Massachusetts), Vanderbilt University Medical Center (Nashville, Tennessee) og Dartmouth-Hitchcock Medical Center (Lebanon, New Hampshire).

Klinisk Epidemiologisk Afdeling deltager i betydelig grad i ph.d.-undervisningen ved Aarhus Universitet. Herudover har afdelingen sit eget internationale forskerkursusprogram, som gennemføres i Danmark med førende internationale lærerkræfter fra specielt amerikanske universiteter – blandt andre Kenneth Rothman, John A. Baron, Suzanne og Robert Fletcher, Matthew Gillman, David Hosmer og Stanley Lemeshow – og som afdelingens ph.d.-studerende naturligvis deltager i.

Internt holdes der jævnligt afdelingsundervisning i klinisk epidemiologi, biostatistik og sygdomslære, ugentlige møder hvor epidemiologiske problemstillinger tages op samt månedlige Journal Clubs. To gange årligt holder vi et eksternt afdelingsseminar med præsentation af yngre forskeres projekter, undervisning i epidemiologiske emner samt inviterede gæsteforelæsere.

En dynamisk, interaktiv arbejdsplads kræver gode fysiske rammer og velfungerende kommunikationsmidler. Inden for det seneste år har Klinisk Epidemiologisk Afdeling overtaget nyindrettede lokaler i både Århus (Ole Worms Allé 1150 i Universitetsparken) og Aalborg (Forskningens Hus ved Aalborg Sygehus Syd). Den ph.d.-studerende kan som en selvfølge forvente egen arbejdsplads med adgang til relevant hardware og software samt it-support.

Siden 2000 har 14 personer gennemført ph.d.-uddannelsen ved Klinisk Epidemiologisk Afdeling. Der er p.t. indskrevet 22 ph.d.-studerende med relation til Klinisk Epidemiologisk Afdeling, og herudover har afdelingen et antal forskningsårsstuderende tilknyttet. Klinisk Epidemiologisk Afdeling er en arbejdsplads, hvor der lægges vægt på åbenhed, kollegialitet, kommunikation, uddeling af ansvar og individuel karriere- og kompetenceudvikling. Det kan være en svær beslutning for den ph.d.-studerende, hvor hun eller han skal investere sin energi, sin uddannelse og sit talent. På Klinisk Epidemiologisk Afdeling ønsker vi at investere i vores ph.d.-studerendes personlige vækst og faglige udvikling, og afdelingen skal således være et attraktivt sted at indlede en videnskabelig karriere.



Sproglig formidling af klinisk-epidemiologiske resultater

Forskning på fagsprog og dagligsprog

*Professor, dr.med., dr.med. h.c., FRCP Povl Riis
Medlem af Det Faglige Råd*

Socialepidemiologi og folkesundhedsvidenskab afspejler – ligesom de to termers sproglige oprindelse – en meget stor spændvidde, når resultaterne skal formidles, og har yderligere et dobbelt sæt modtagere. Formidlingen skal således på den ene side nå fra de resultatproducerende forskere til andre og sekundært formidlende forskere, og på den anden side fra de resultatproducerende forskere direkte til befolkningen med dennes viden og holdninger, livsvaner og -uvaner.

Denne dobbelthed bør ideelt medføre, at klinisk-epidemiologisk forskning distribueres sprogligt ad to ligestillede kanaler, dels via *professiolekten* (fagsproget) til forskere inden for det faglige felt, og dels via en spændvidde af *sociolekters* fællesnævnere (det vil sige den fælles sum af dagligsproget i en befolkning) til den befolkningsgruppe, som er epidemiologiprojektets idé- og vækstlag.

Disse to-sporedede og 'to-sprogede' krav til formidling forbliver imidlertid ofte uopfyldte, både i et nationalt og et internationalt univers.

Årsagerne hertil skal findes såvel i uafklarede holdninger til modtagegruppernes nødvendighed og betydning og i et manglende kendskab til sociolekternes sproglige spændvidde. Og sommetider er den nødvendige, positive holdning nok til stede, men medfører alligevel et svækket eller helt invalideret slutresultat, fordi den skrivende eller talende forskers sprog ikke er renset tilstrækkeligt for vanebrugerens indforståede bestanddele fra fagsproget.

Sådanne sproglige klumper i formidlingssproget fører til læsernes forsøg på at anvende 'isbryder-teknikken' – det vil sige at standse læsningen, 'slå bak til maskinrummet', altså opmærksomheden, og derefter kommandere 'Fuld fart frem' én eller flere gange i et forsøg på at forcere de sproglige skosser, som, når flere forsøg er forgæves, fører til, at sejladsen helt opgives.

Eksempler på sådanne sproglige skosser i en tekst, der tilstræbes anvendt som formidling til ikke-fagfolk, er 'Det fandtes der ikke indikation for', 'Evidensen var utilstrækkelig' eller 'Prævalansen fandtes således overraskende høj'.

Hvordan forbedres formidlingen af klinisk-epidemiologiske resultater?

- Ved først at stille spørgsmålene: 'Hvem er målgruppen?', 'Er det fagfæller eller den befolkningsgruppe, resultaterne er indhentet i, og den større gruppe resultaterne sigter mod?'
- Ved at vælge, og konsekvent anvende, den professiolekt eller de sociolekter, som svarer til målgruppen (-erne).
- Ved at undgå at søge både faggruppe og befolkningsgrupper næst sprogligt inden for samme tekst. En sådan ambitiøs udfordring vil ofte føre til tab af modtagere, selv om de sproglige skosser er søgt fjernet. Og sådanne forståelsestab eller en resulterende stilløshed undgås ikke ved den hyppigt anvendte besværgelse: at det i forordet nævnes, at 'Denne rapport henvender

sig til en bred læserkreds, inkl. borgere, politikere og administratorer', når det alligevel fremgår af teksten, at den er skrevet, efter at forfatteren havde slået den sproglige automatpilot til.

- Ved at bruge en eller flere tekstlæsere uden for faggruppen, når første tekstversion er klar.
- Ved at bruge professiolekt- og sociolektversioner af indholdsmæssigt identiske tekster til intern sproglig træning i institutter og afdelinger.

Den molekulære metafor om signalstoffer og receptorer lader sig således umiddelbart overføre til formidlingssprogets verden.



Det Faglige Råd

Tænketank skal rådgive om udvikling og samarbejdsrelationer

*Forskningschef, dr.med. Erik Juhl
Formand for Det Faglige Råd*

Som international forskningsafdeling skal man kunne tilpasse sig en foranderlig verden og følge med i udviklingen. Én af de nye udfordringer for Klinisk Epidemiologisk Afdeling er tilpasningen til den nye regionsstruktur. Som et led i den nye struktur er nedsat Det Faglige Råd, som skal fungere som en tænketank, der skal bistå og rådgive afdelingen med henblik på at styrke afdelingens udvikling og samarbejdsrelationer.

Det Faglige Råd består af repræsentanter for forskningsmiljøet, det private erhvervsliv, organisationer, offentlige institutioner og medier. Repræsentanterne er udvalgt efter, at de besidder nogle kompetencer, som ikke allerede eksisterer i Klinisk Epidemiologisk Afdeling, og som derfor kan styrke afdelingen. Det Faglige Råd består af:

- Forskningschef, dr.med. Erik Juhl, Lundbeckfonden (formand)
Kompetencer: ekstern funding, faglig kvalitet, ledelse og klinisk forskning
- Professor, overlæge, dr.med. Povl Riis (næstformand)
Kompetencer: klinisk forskning, medicinsk etik, ældreforskning
- Professor, overlæge, dr.med. Torsten Toftegaard Nielsen, formand for Hjerteforeningen
Kompetencer: samarbejde med patientorganisationer, klinisk forskning
- Journalist Birgit Meister
Kompetencer: kommunikation
- Vicedirektør, ph.d. Lars Dahl Pedersen, Viborg Amt
Kompetencer: regionalt forskningssamarbejde
- Medicinsk direktør Stig Waldorff, AstraZeneca, Danmark
Kompetencer: samarbejde med medicinalindustrien
- Professor, med.dr. Anders Larsson, Aalborg Sygehus
Kompetencer: skandinavisk forskning, klinisk forskning, intensiv terapi.

Sekretær for Det Faglige Råd er Hanne Kjeldahl Schlosser, Klinisk Epidemiologisk Afdeling.

Det Faglige Råd holdt sit første møde i december 2004 og et efterfølgende møde i august 2005, og er dermed en relativt ny størrelse for Klinisk Epidemiologisk Afdeling. Ikke desto mindre har man allerede diskuteret og talt om mange spændende tiltag i forhold til at udvikle afdelingen i positiv retning.

Det drejer sig blandt andet om:

- Hvorfor det er vigtigt med forskningsafdelinger som Klinisk Epidemiologisk Afdeling, der kan fokusere på og samle forskningen, så den bliver patientrelateret og nærværende,
- Hvordan epidemiologien kan bidrage i ældreforskningen,
- Hvordan man bruger medierne til at kommunikere sine resultater til den almene befolkning med respekt for de videnskabelige resultater,
- Hvordan Klinisk Epidemiologisk Afdelings satsområder ser ud – 5-års plan for forskning og strategi,
- Hvordan man får etableret en 'trial unit' ved Århus Universitetshospital,
- Hvordan afdelingens placering er – metode- eller frontlinjeafdeling,
- Hvordan man kan evaluere forskerne i afdelingen – første-/sidste forfatter, impact factor, citations,
- Hvordan en forskningsstrategi kunne se ud.

Ved møderne inviteres ph.d.-studerende og eksterne gæster til at komme og fortælle om relevante projekter og visioner. Blandt andet præsenterede professor Robert Horsburgh, leder af Epidemiologisk afdeling ved Boston University ved mødet 17. august 2005 sin afdeling i USA. Afdelingen fokuserer på metodologi og biostatistiske analyser og vil fremover være en central samarbejdspartner for Klinisk Epidemiologisk Afdeling, både inden for forskning og undervisning.



Clinical epidemiological research in the future

Future directions for clinical epidemiology

*Tim Lash, Associate Professor, MPH, DSc
Boston University, Massachusetts, USA*

I am pleased to have been asked to contemplate the likely future directions for the field of clinical epidemiology, particularly since the occasion for my contemplation is the celebration of five years of successful and productive research by the members of the Department of Clinical Epidemiology at the University of Aarhus. I am a recent collaborator – and long-term admirer – of the department, and look forward to our joint endeavors in the coming years.

Clinical epidemiology includes research conducted by randomized design, as well as by the observational analog of randomized clinical trials. In addition, clinical epidemiologists can examine questions beyond those that can be addressed by trials. Randomized clinical trials seek to measure the efficacy of a new therapy compared with the current therapy. When treatment choices are assigned by randomization, the ultimate choice of therapy for a patient in the trial (new versus standard) is independent of the usual collaborative patient-physician treatment decision-making. This independence provides the theoretical grounding for the statistical methods that aid in drawing conclusions from the study about differences in the efficacy of the two treatments.

When treatment choices are made in the usual setting and observed by clinical epidemiologists, differences in the outcomes of the treatment groups may be due to the difference in the efficacy of the treatments, but might also be due to differences between the patients that influence treatment decision-making, but that have not been, or cannot be, observed by the clinical epidemiologist. Why, then, would one ever study treatments using an observational design, rather than a randomized design? The answers to this key question guide my view of the future directions for clinical epidemiology.

The first answer is that not all important treatment questions can be answered ethically by randomized designs. For example, existing guidelines suggest that after completing breast cancer therapy, women ought to undergo regular examinations to detect local breast cancer recurrences before they are symptomatic and while they can be more effectively treated. No randomized trial supports the guidelines, but with the guidelines in place and with their long-standing implementation, it would be unethical to assign breast cancer patients to a treatment group that received no examinations after completing their therapy. Clinical epidemiology can use observational designs to study whether the examinations reduce the risk of dying from breast cancer by comparing the mortality rate among women who get the examinations to the mortality rate among women who do not.

Clinical epidemiology studies in these settings will continue to provide valuable evidence to support existing standards of care, and may sometimes call into question standards for care that might ultimately be discarded if they are, in fact, ineffective.

The second answer is that not all patients are equally likely to be enrolled in randomized trials. Many trials exclude patients who are older or who have other diseases that complicate their treatment. In addition, patients ordinarily must consent to participate in a trial, and patients who are older, sicker, less well educated, or less socioeconomically advantaged are less likely to participate than their younger, healthier, better educated, or socioeconomically advantaged counterparts. Trial results

may exaggerate the difference between the new and standard therapy because they enroll primarily patients who are healthier and otherwise more advantaged. These patients may, for example, be more likely to adhere to the new treatment than disadvantaged patients. Observational studies conducted by clinical epidemiologists will continue to assess whether treatment effectiveness is modified by these enrollment characteristics.

The third answer is that randomized trials are not always efficient enough to answer a clinically relevant question. For example, tamoxifen has long been recognized as a very effective hormonal therapy for breast cancer patients whose tumors express the estrogen receptor. More recently, aromatase inhibitors have been shown to be slightly more effective in preventing breast cancer recurrences among the subset of these patients who are post-menopausal. The long-term adverse effects of aromatase inhibitors have not been nearly so well characterized as the long-term adverse effects of tamoxifen. Trials of aromatase inhibitors against tamoxifen have been stopped early because of the difference in recurrence risk, but well before differences in adverse events have been satisfactorily understood. Nonetheless, new guidelines consistently recommend aromatase inhibitors instead of, or in addition to, tamoxifen therapy. Clinical epidemiologists will use observational designs to characterize the adverse events that arise with the shift to aromatase inhibitors in the place of tamoxifen.

It is possible that the slightly lower recurrence risk for women on aromatase inhibitors compared with tamoxifen arises because some women do not effectively metabolize tamoxifen to its active species. These women could be identified by genetic tests at the time that therapy begins. One can imagine a randomized trial that includes only women whose genetic profile shows that they effectively metabolize tamoxifen. The recurrence risks for the two treatments might be equivalent, since only women who are good candidates for tamoxifen would be included. Such a trial would require a very large number of patients and a long follow-up time to establish the equivalency of the two drugs. In the alternative, a clinical epidemiologist could conduct an observational study of recurrence risk in women treated with tamoxifen whose genetic profile shows that they should effectively metabolize tamoxifen compared with those whose genetic profile shows that they should not effectively metabolize tamoxifen. Such a study could be conducted using a clinical database and archived biologic specimens, so much more quickly and at much lower cost. If the recurrence risk was higher in the women who do not effectively metabolize tamoxifen, the study would also provide evidence that the difference in aromatase inhibitors and tamoxifen is due, at least in part, to the fact that not all women are good candidates for tamoxifen. Identifying subsets of women in whom therapy is expected to be more or less effective, especially on the basis of genotype or gene expression assays, is an important future direction for clinical epidemiology.

All of the foregoing answers rely, in part, on the ability of clinical epidemiologists to control for non-treatment differences between patients in the study. One critical difference is the potential for differences in underlying health, aside from the disease that is being studied. Persons in poor health may receive different care than persons in good health, and the differences in health may also be related to the outcomes of interest (mortality, for example). Control for differences in underlying health has been a long-standing challenge for clinical epidemiologists, and one that will carry forward since it is far from resolved. Existing scales to measure comorbidity frequently treat all comorbid conditions as if they were equivalent in their relation to the treatment or outcome. In addition, they often ignore physical and mental function, which may be more strongly related to treatment or outcome than the diseases that are included in the scale. Clinical epidemiologists will need to continue to develop valid measures of underlying health, either in general or to apply to a particular problem.

Finally, there is an aspect of clinical epidemiology that is not amenable to study by randomized trial. That aspect is the investigation of quality of care. Clinical epidemiologists investigate the proportions of patient populations that receive guideline care. These proportions provide a benchmark for the health care system, with the usual goal of ever-increasing proportions. In addition, clinical epidemiologists can examine whether the proportion is different in different subgroups of the patient population. For example, our research group has consistently observed that the proportion of breast cancer patients who receive definitive care decreases as age increases. While part of this decrease

may be appropriate, since older women have more comorbid disease, adjustment for comorbidity leaves a substantial proportion of the variance unexplained. A related aspect of clinical epidemiology is examination of patient satisfaction with care, including their satisfaction with medical interactions, quality of care, and their role in treatment-decision making. As patients become more educated about medicine, clinical epidemiologists will be called upon to study not only the proportion receiving guideline care, but also the proportion satisfied with their care.

Clinical epidemiologists provide valuable research that sometimes complements randomized trials, sometimes extends trial results, and is sometimes more efficient than a randomized trial. Not all of clinical epidemiology is analogous to randomized trial research, though. Studies of quality of care, in particular, cannot be accomplished by randomized design, but must be undertaken to monitor what every society hopes will be the continuous improvement in health care quality. It is a pleasure to congratulate the members of the Department of Clinical Epidemiology at the University of Aarhus for their contributions in all of these fields to date, and to wish them the best as they continue to meet the challenges of their research discipline.

Forskningsårsstuderende

Agnetha Vale Nielsen, Børneafdelingen, Skejby Sygehus

Titel på projekt: Epidemiologi og overlevelse efter cancer i barnealderen i Danmark 1985-2002.
Igangværende.

Kaare Dyre Palnum, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på projekt: Kvalitet af behandling og pleje og overlevelse hos ældre patienter med akut apopleksi i Danmark: et nationalt follow-up studie. Igangværende.

Gitte Linderøth, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på projekt: Korttidsprognosene for samfundserhvervet bakteriæmi hos patienter med levercirrose eller alkoholisme – et populationsbaseret cohortestudie. Afsluttet 2004.

Peter Jepsen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på projekt: Den prognostiske betydning af spontan bakteriel peritonitis hos cirrosepatienter med ascites. Afsluttet 2001.

Aktuelle ph.d.-studerende

Albert Marni Joensen, Kardiologisk Afdeling, Lipidklinikken, Aalborg Sygehus

Titel på ph.d.-projekt: Fisk, n-3 polyumættede fedtsyrer og akut koronar syndrom.

Alma B. Pedersen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Studier i Dansk Hoftealloplastikregister: Datavaliditet samt incidens og prognose efter total hoftealloplastik

Anders Husted Madsen, Kirurgisk Afdeling L, Århus Universitetshospital

Titel på ph.d.-projekt: Sentinel node og mammacancer – aspekter af metodens konsekvenser ved indførelsen i Danmark.

Anette Østergaard Jensen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Non melanom hudcancer (NMSC) i Danmark: Sygdomsassociationer og langtidsprognose.

Ann-Britt Eg Hansen, Infektionsmedicinsk Afd., Odense Universitetshospital

Titel på ph.d.-projekt: Langtidseffekter af HAART hos HIV-positive – virologisk og immunologisk effekt, metaboliske bivirkninger og mortalitet.

Cynthia de Luise, New Jersey Medical Schools & School of Public Health, USA

Titel på ph.d.-projekt: COPD and hip fracture.

Ellen M Mikkelsen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Sundhedsadfærd og psykosociale reaktioner som følge af genetisk rådgivning hos kvinder med familiær disposition for bryst- og/eller æggestokkræft.

Estrid Muff Munk, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Prognose hos patienter med funktionelle lidelser i øvre gastrointestinalkanal.

Henriette Thisted, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Brug af sulfonylurinstoffer og andre antidiabetika og prognosen ved myokardieinfarkt og apopleksi i Danmark.

Ilze Strumfa, Patologisk Institut, Århus Universitetshospital

Titel på ph.d.-projekt: Cyclooxygenase-2 in gastric and oesophageal carcinogenesis.

Lars Riber Zebis, Hjerte-Lunge-Karkirurgisk Afd. T, Århus Universitetshospital

Titel på ph.d.-projekt: Amiodaron som profylakse med atrielflimren hos koronar bypass opererede patienter.

Majken K. Jensen, Klinisk Epidemiologisk Afdeling, Aalborg Sygehus

Titel på ph.d.-projekt: Kolesterolmetabolisme og akut koronar syndrom – genetisk variation af betydning for revers kolesterol transport og interaktion med miljøfaktorer.

Mette Søgaard, Klinisk Epidemiologisk Afdeling, Aalborg Sygehus

Titel på ph.d.-projekt: Prognosen for community-acquired bakteriæmi hos medicinske patienter i Nordjyllands Amt.

Mette Tetsche, Klinisk Epidemiologisk Afdeling, Aalborg Sygehus

Titel på ph.d.-projekt: Prognose for invasiv ovariecancer og borderline tumorer i Danmark siden 1977: Studier af sundhedsvæsenets kirurgiske organisation og komorbiditets betydning for kort og langtidsprognosen.

Nicolai Lohse, Infektionsmedicinsk Afd., Odense Universitetshospital

Titel på ph.d.-projekt: Effekten af moderne antiretroviral behandling hos danske HIV-patienter – et database-baseret studie.

Niels Christian Bjerregaard, Kirurgisk Afdeling L, Århus Universitetshospital

Titel på ph.d.-projekt: Diagnostik ved kolorektal cancer. Oversete cancere.

Ole Eschen, Kardiologisk Afd., Aalborg Sygehus

Titel på ph.d.-projekt: Serum adhæsionsmolekyler og n-3 langkædede flerumættede fedtsyrer hos raske og hos patienter med iskæmisk hjertesygdom.

Peter Jepsen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Galactoseeliminationskapacitet som prædiktor for død og komplikationer hos patienter med cirrose.

Steffen Christensen, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Akut nyreinsufficiens og kontinuerlig hæmodialyse ved intensiv terapi. Forekomst og prognose.

Vera Ehrenstein, Boston University, USA

Titel på ph.d.-projekt: Apgar score and neurologic morbidity: a follow-up of historic cohorts in Denmark.

Vivian Langagergaard, Klinisk Epidemiologisk Afdeling, Århus Universitetshospital

Titel på ph.d.-projekt: Fødselsudfald og udvalgte graviditetskomplikationer hos kvinder med tidlige kræftsygdom eller kræft under graviditeten.

Ph.d.-afhandlinger

2005

- **Mette Nørgaard:** Malign hæmatologisk sygdom og bakteriæmi. Risikofaktorer og prognose. Antaget til forsvar.
- **Marianne Korsgaard:** Sammenhæng mellem debut symptomer, diagnostisk delay og stadie ved colorectal cancer.

2004

- **Andrea Floyd:** Drug-associated acute pancreatitis. Clinical epidemiological studies of selected drugs.
- **Pia Wogelius:** Aspects of dental health in children with asthma. Epidemiological studies of dental anxiety and caries among children in North Jutland County, Denmark.
- **Reimar W. Thomsen:** Diabetes mellitus and community-acquired bacteremia: risk and prognosis.

2003

- **Elise Snitker Jensen:** Seasonal variation of meningococcal disease and factors associated with its outcome.

2002

- **Bente Nørgård:** Colitis ulcerosa, coeliaki og graviditet; en oversigt med speciel reference til forløb og sikkerhed af medicinsk behandling.
- **Henrik Gregersen:** The prognosis of Danish patients with monoclonal gammopathy of undetermined significance: register-based studies.
- **Søren Paaske Johnsen:** Risk factors for stroke with special reference to diet, Chlamydia pneumoniae, infection, and use of non-steroidal anti-inflammatory drugs.

2001

- **Charlotte Olesen:** Use of the North Jutland Prescription Database in epidemiological studies of drug use and drug safety during pregnancy.
- **Charlotte Søndergaard.** Follow-up studies of prenatal, perinatal and postnatal risk factors in infantile colic.
- **Gitte Pedersen:** Bacteremia: treatment and prognosis.
- **Yuan Wei:** The impact of fetal growth on the subsequent risk of infectious disease and asthma in childhood.

2000

- **Ane Marie Thulstrup:** Mortality, infections and operative risk in patients with liver cirrhosis in Denmark. Clinical epidemiological studies.
- **Nana Thrane:** Prescription of systemic antibiotics for Danish children.

Gæsteforskere

2005

- **MPH student Paul Dluzniwesky**, Boston University School of Public Health, Boston, MA, USA.
- **Doctoral student, MSc Vera Ehrenstein**, Boston University School of Public Health, Boston, MA, USA.
- **Research adjunct, pharmacologist Christiane Gasse**, Department of Internal MedicineVI, Clinical Pharmacology and Pharmacoepidemiology, University of Heidelberg, Tyskland.
- **Professor C. Robert Horsburgh**, Boston University School of Public Health, Boston, MA, USA.
- **Associate professor Silum Jamullitrat**, Prince of Songkla University, Hat Yai, Thailand.
- **Ph.D.-student Nongyao Kasatpibal**, Prince of Songkla University, Hat Yai, Thailand.
- **Associate professor Tim Lash**, Boston University School of Public Health, Boston, MA, USA.
- **Ph.D.-student Cynthia de Luise**, New Jersey Medical School of Medicine, Boston, MA, USA.
- **Biostatistician Erzsebet Puho**, Department of Human Genetics and Teratology, National Center for Epidemiology, Budapest, Ungarn.
- **D.Sc. Jemma B. Wilk**, Boston University School of Medicine, Boston, MA, USA.

2004

- **Professor John A. Baron**, Department of Medicine and Community and Family Medicine, Dartmouth Medical School, Hanover, NH, USA.
- **Doctoral student, MSc Vera Ehrenstein**, Boston University School of Public Health, Boston, MA, USA.
- **Research adjunct, pharmacologist Christiane Gasse**, Department of Internal MedicineVI, Clinical Pharmacology and Pharmacoepidemiology, University of Heidelberg, Tyskland.
- **Associate professor Matthew Gillman**, Harvard Medical School, Boston, Massachusetts, USA.
- **Post doc Taco Monster**, Groningen University Institute for Drug Exploration, University of Groningen, Groningen, Holland.
- **Biostatistician Erzsebet Puho**, Department of Human Genetics and Teratology, National Center for Epidemiology, Budapest, Ungarn.
- **Ph.D.-student Chaweevan Ratanajamit**, Prince of Songkla University, Hat Yai, Thailand.

2003

- ***Post doc Taco Monster***, Groningen University Institute for Drug Exploration, University of Groningen, Groningen, Holland.
- ***Biostatistician Erzsebet Puho***, Department of Human Genetics and Teratology, National Center for Epidemiology, Budapest, Ungarn.
- ***Professor Kenneth J. Rothman***, Boston University, Boston, USA.

2002

- ***Professor John A. Baron***, Department of Medicine and Community and Family Medicine, Dartmouth Medical School, Hanover, NH, USA.
- ***Associate professor Matthew Gillman***, Harvard Medical School, Boston, Massachusetts, USA.
- ***MPharmSc Eric Schirm***, Groningen University Institute for Drug Exploration, University of Groningen, Groningen, Holland.

2001

- ***Professor John A. Baron***, Department of Medicine and Community and Family Medicine, Dartmouth Medical School, Hanover, NH, USA.
- ***Professors Suzanne and Robert Fletcher***, Harvard Medical School, Boston, Massachusetts, USA.
- ***Associate professor Matthew Gillman***, Harvard Medical School, Boston, Massachusetts, USA.

2000

- ***Professor John A. Baron***, Department of Medicine and Community and Family Medicine, Dartmouth Medical School, Hanover, NH, USA.
- ***Professor Virasakdi Chongsuvivatwong***, Prince of Songkla University, Epidemiology Unit, Faculty of Medicine, Thailand.
- ***Professor David Hosmer***, University of Massachusetts, Amherst, USA.
- ***Professor Stanley Lemeshow***, Ohio State University, Columbus, USA.
- ***Ph.d.-student Petchewan Pungrassami***, Prince of Songkla University, Epidemiology Unit, Faculty of Medicine, Thailand.
- ***Ph.D.-student Yuan Wei***, The Shanghai Institute of Planned Parenthood Research, Shanghai, China.

Internationale samarbejdspartnere

Klinisk Epidemiologisk Afdeling har et omfattende internationalt netværk. Afdelingen samarbejder med en række udenlandske forskningsinstitutioner, hvoraf de vigtigste er:

- **Dartmouth-Hitchcock Medical Center**, Lebanon, New Hampshire, USA
- **Department of Ambulatory Care and Prevention, Harvard Medical School**, Boston, USA
- **Department of Epidemiology and Public Health, Faculty of Medicine, Imperial College**, London, Storbritannien
- **Department of Epidemiology, Boston University**, Boston, USA
- **Department of Medical and Surgical Sciences, University of Padua**, Padua, Italien
- **Department of Medical Epidemiology, Karolinska Institute**, Stockholm, Sverige
- **Department of Nutrition, Harvard School of Public Health**, Boston, USA
- **Department of Pharmacoepidemiology, University of Groningen**, Holland
- **Department of Preventive Medicine, Vanderbilt University Medical Center**, Nashville, Tennessee, USA
- **EuroMedClen (INCLEN), Université Claude Bernard Lyon**, Lyon, Frankrig
- **Foundation for Community Control of Hereditary Diseases**, Budapest, Ungarn
- **Indiana University**, Indianapolis, Indiana, USA
- **International Clinical Epidemiology Network (INCLEN)**, Head Office: Manila, Filippinerne
- **New Jersey Medical Schools & School of Public Health**, New Jersey, USA
- **Prince of Songkla University**, Hat Yai, Thailand
- **School of Biomedical and Molecular Sciences, University of Surrey**, Guildford, Storbritannien
- **Section of Preventive Medicine & Epidemiology, Boston University School of Medicine**, Boston, USA
- **Shanghai Institute of Planned Parenthood Research**, Shanghai, Kina
- **The Diet and Cancer Group of the Medical Research Council Dunn Human Nutrition Unit in Cambridge**, Storbritannien
- **Unit of Nutrition and Cancer at the International Agency for Research on Cancer (IARC) in Lyon**, Frankrig
- **University of Heidelberg**, Tyskland
- **Vanderbilt University Medical Center and the Vanderbilt-Ingram Cancer Center**, Nashville, Tennessee, USA.

Internationale forskerkurser

Fremtid

- **Logistic Regression and Survival Analysis in Epidemiologic Research.** Undervisere: David Hosmer University of Massachusetts, Amherst og Stanley Lemeshow, Ohio State University, Columbo, USA. Oktober 2006.

2004

- **Clinical Research.** Undervisere: John A. Baron, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, USA, Matthew Gillman, Harvard Medical School, Boston, Massachusetts, USA.. September 2004.

2003

- **Principles and Methods of Epidemiologic Research.** Underviser: Kenneth J. Rothman, Boston University, Boston, USA. Juni 2003.

2001

- **Workshop in Clinical Epidemiology.** Undervisere: Suzanne og Robert Fletcher samt Matthew Gillman, Harvard Medical School, Boston, Massachusetts, USA. August 2001.

2000

- **Logistic Regression and Survival Analysis in Epidemiologic Research.** Undervisere: David Hosmer University of Massachusetts, Amherst og Stanley Lemeshow, Ohio State University, Columbo, USA. November 2000.
- **Clinical Trials.** Underviser: Professor John A. Baron, Dartmouth-Hitchcock Medical Center, Lebanon, New Hampshire, USA. Maj 2000.

Accepterede artikler 2005

Andersen ES, Knudsen Aa, Svarrer T, Lund B, Nielsen K, Grove A, Tetsche MS. **The results of treatment of epithelial ovarian cancer after centralization of primary surgery. Results from North Jutland, Denmark.** *Gynecol Oncol.* Antaget til publikation.

Bügel S, Larsen EH, Sloth JJ, Flytting K, Overvad K, Steenberg LC, Moesgaard S. **Absorption, excretion, and retention of selenium from a high Se yeast using stable isotope methodology in men with a high intake of selenium.** *J Trace Elem Med Biol.* Antaget til publikation.

Christensen S, Riis A, Nørgaard M, Thomsen RW, Sørensen HT. **Perforated peptic ulcer: use of preadmission oral glucocorticoids and 30 day mortality.** *Aliment Pharmacol Ther.* Antaget til publikation.

Christensen S, Riis A, Nørgaard M, Thomsen RW, Tønnesen EM, Larsson A, Sørensen HT. **Perforated peptic ulcer: Use of preadmission oral glucocorticoids and 30-day mortality.** *Aliment Pharmacol Ther.* Antaget til publikation.

Christensen TD, Hasenkam M, Maegard M, Hjortdal VE, Sørensen HT. **Self-management versus conventional management of oral anticoagulant therapy: a randomized controlled trial European Journal of Internal Medicine.** *Eur J Intern Med.* Antaget til publikation.

Dalton SO, Sørensen HT, Johansen C. **SSRIs and Upper Gastrointestinal Bleeding: What is Known and How Should it Influence Prescribing?** *CNS Drugs.* Antaget til publikation.

Ehrenstein V, Sørensen HT, Pedersen L, Larsen H, Holsteen V, Rothman KJ. **Apgar score and hospitalization for epilepsy in childhood.** *BMC Public Health.* Antaget til publikation.

González CA, Jakobsen P, Pera G, Agudo A, Palli D, Boeing H, del Giudice G, Plebani M, Carneiro F, Nesi G, Berrino F, Sacerdote C, Tumino R, Panico S, Berglund G, Simán J, Nyrén O, Hallmans G, Martínez C, Dorronsoro M, Barricarte A, Navarro C, Quirós JR, Allen N, Key TJ, Bingham S, Day NE, Linseisen J, Nagel G, Overvad K, Jensen MK, Tjønneland A, Olsen A, Bueno-de-Mesquita HB, Büchner FL, Peeters PHM, Numans ME, Clavel-Chapelon F, Boutron-Ruault M-C, Trichopoulou A, Psaltopoulou T, Roukos D, Lund E, Hemon B, Kaaks R, Norat T, Riboli E. **Meat intake and the risk of stomach and oesophagus adenocarcinoma in the EPIC-EURGAST study.** *J Natl Cancer Inst.* Antaget til publikation.

González C, Pera G, Agudo A, Bueno-de-Mesquita HB, Palli D, Boeing H, Del Giudice G, Plebani M, Carneiro F, Berrino F, Vineis P, Tumino R, Panico S, Berglund G, Simán H, Nyrén O, Hallmans G, Martínez C, Dorronsoro M, Barricarte A, Navarro C, Quiros JR, Allen N, Key T, Bingham S, Day N, Linseisen J, Nagel G, Overvad K, Tjønneland A, Büchner FL, Peeters P, Numans M, Clavel-Chapelon F, Trichopoulou A, Lund E, Jenab M, Riboli E. **Fruit and vegetables intake and the risk of stomach and oesophagus adenocarcinoma in the European prospective investigation into cancer and nutrition (EPIC-EURGAST).** *Int J Cancer.* Antaget til publikation.

Gradel KO, Schønheyder HC, Pedersen L, Thomsen RW, Nørgaard M, Nielsen H. **Incidence and prognosis of non-typhoid *Salmonella* bacteraemia in Denmark: a 10-year county-based follow-up study.** *Eur J Clin Microbiol Infect Dis.* Antaget til publikation.

Hansen AK, Thomsen RW, Hundborg HH, Knudsen LL, Schønheyder HC. **Diabetes and use of topical ocular antibiotics: A population-based case-control study.** *Diabetic Medicine.* Antaget til publikation.

Jensen AB, Larsen M, Gislum M, Skriver MV, Jepsen P, Nørgård B, Sørensen HT. **Survival after colorectal cancer in patients with ulcerative colitis. A nationwide population based Danish study.** *Am J Gastroenterol.* Antaget til publikation.

Jensen LS, Puho E, Pedersen L, Mortensen FV, Sørensen HT. **Long-term survival after colorectal surgery associated with buffy-coat-poor and leucocyte-depleted blood transfusion: A post-trial follow-up study.** *Lancet.* 2005; 365: 681-2 -Parallel publikation »Overlevelse efter leukocytdepleteret og buffy-coat-depleteret blod ved kolorektal kirurgi. Et otte års post trial opfølgningsstudie". *Ugeskr Laeger.* Antaget til publikation.

Johnsen SP, Jacobsen J, Monster TBM, Friis S, McLaughlin JK, Sørensen HT. **Risk of first-time hospitalisation for angioedema among users of angiotensin-converting enzyme inhibitors and angiotensin receptor antagonists.** *Am J Med.* Antaget til publikation.

Johnsen SP, Monster TBM, Olsen ML, Thisted H, McLaughlin JK, Sørensen HT, Lervang HH, Rungby J. **Risk and short-term prognosis of myocardial infarction among users of antidiabetic drugs.** *Am J Ther.* Antaget til publikation.

Kasatpibal N, Jamulitrat S, Chongsuvivatwong V, Nørgaard M, Sørensen HT. **The impact of surgeon-specific feedback on surgical site infection rates: A before-after study in Thailand.** *J Hospital Infect.* Antaget til publikation.

Linderoth G, Jepsen P, Schønheyder HC, Johnsen SP, Sørensen HT. **Short-term prognosis of community-acquired bacteremia in patients with liver cirrhosis or alcoholism: A population-based cohort study.** *Alcohol Clin Exp Res.* Antaget til publikation.

Linseisen J, Rohrmann S, Norat T, Iraeta MD, Gómez PM, Janzon L, Palmqvist R, McTaggart A, Spencer EA, Overvad K, Tjønneland A, Clavel-Chapelon F, Kesse E, Miller AB, Boeing H, Vasiliopoulou E, Belos G, Pala V, Masala G, Bueno-de-Mesquita HBB, Peeters PHM, Engeset D, Skeie G, Slimani N, Riboli E. **Dietary intake of different types and characteristics of processed meat which might be associated with cancer risk – results from the 24-hour diet recalls in the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Public Health Nutrition.* Antaget til publikation.

Lohse N, Kronborg G, Gerstoft J, Larsen CS, Pedersen G, Pedersen C, Sørensen HT, Obel N. **Virological control during the first 6-18 months after initiating highly active antiretroviral therapy as a predictor for outcome in HIV-infected patients: A Danish population-based 6 years follow-up study.** *Clin Infect Dis.* Antaget til publikation.

Nørgaard M, Jacobsen J, Ratanajamit C, Jepsen P, McLaughlin JK, Pedersen L, Sørensen HT. **Valproic acid and risk of acute pancreatitis: A population-based case-control study.** *Am J Therapeut.* Antaget til publikation.

Nørgaard M, Larsson H, Pedersen G, Schønheyder HC, Sørensen HT. **Haematological malignancies - a predictor of a poor outcome in patients with bacteraemia.** *J Infect.* Antaget til publikation.

Nørgaard M, Larsson H, Pedersen G, Schønheyder HC, Sørensen HT. **Hematological malignancies and bacteraemia. Risk of bacteraemia and mortality in patients with haematological malignancies.** *Clin Microbiol Infect.* Antaget til publikation.

Nørgaard M, Larsson H, Pedersen G, Schønheyder HC, Rothman KJ, Sørensen HT. **Short-term mortality of bacteraemia in elderly patients with haematological malignancies.** *Br J Haematol.* Antaget til publikation.

Pedersen AB, SP Johnsen, K Søballe, S Overgård, HT Sørensen og U Lucht. **Regional variation in incidence of primary total hip arthroplasties and revisions in Denmark, 1996-2002.** *Acta Orthopedica.* Antaget til publikation.

Pedersen G, Nørgaard M, Kiiveri M, Schønheyder HC, Larsson H, Stolberg E, Andersen PW, Sørensen HT. **Risk of bacteremia in patients with hematological and other malignancies after initial placement of a central venous catheter.** *Scand J Infect Dis.* Antaget til publikation.

Pedersen L, Nørgaard M, Skriver MV, Olsen J, Sørensen HT. **Prenatal exposure to loratadine in children with hypospadias. A nested case-control study within the Danish National Birth Cohort.** *Am J Ther.* Antaget til publikation.

Reeves GK, Kan S-W, Key T, Tjønneland A, Olsen A, Overvad K, Peeters P, Clavel-Chapelon F, Paoletti X, Berrino F, Krogh V, Palli d, Tumino R, Panico S, Vineis P, Gonzalez CA, Ardanaz E, Martinez C, Amiano P, Quiros JR, Tormo M-J, Khaw K-T, Trichopoulou A, Psaltopoulou T, Kalapothaki V, Nagel G, Chang-Claude J, Boeing H, Lahmann PH, Wirkfält E, Kaaks R, Riboli E. **Breast cancer risk in relation to abortion: results from the epic study.** *Int J Cancer.* Antaget til publikation.

Sørensen HT. **Cancer and subsequent risk of venous thromboembolism.** *J Thromb Haemost.* Antaget til publikation.

Sørensen HT, Pedersen L, Skriver MV, Nørgaard M, Nørgård B, Hatch EE. **Use of clomifene during early pregnancy and risk of hypospadias.** *BMJ.* 2005;330:126-127. -Parallel publikation »Brug af clomifen tidligt i graviditeten og risiko for hypospadi: En populationsbaseret case-kontrol undersøgelse«. *Ugeskr Laeger.* Antaget til publikation.

Tetsche MS, Nørgaard M, Jacobsen J, Andersen ES, Lundorff P, Blaakær J, Sørensen HT. **Improved survival of patients with ovarian cancer in Northern Denmark, 1985-2004.** *Eur J Gynaecol Oncol.* Antaget til publikation.

Thisted H, Jacobsen J, Munk EM, Nørgaard B, Friis S, McLaughlin JK, Sørensen HT, Johnsen SP. **Statins and the risk of acute pancreatitis: a population-based case-control study.** *Aliment Pharmacol Ther.* Antaget til publikation.

Thisted H, Johnsen SP, Rungby J. **Sulphonylureas and the risk of myocardial infarction. Metabolism.** Antaget til publikation.

Thomsen RW, Hundborg HH, Johnsen SP, Pedersen L, Sørensen HT, Schønheyder HC, Lervang HH. **Statin use and mortality within 180 days after bacteremia: A population-based cohort study.** *Crit Care Med.* Antaget til publikation.

Thomsen RW, Riis A, Christensen S, Nørgaard M, Sørensen HT. **Diabetes mellitus and 30-day Mortality from Peptic Ulcer Bleeding and Perforation: A Danish Population-based Cohort Study.** *Diabetes Care.* Antaget til publikation.

Thomsen RW, Riis A, Nørgaard M, Jacobsen J, Christensen S, McDonald C, Sørensen HT. **Rising incidence and persistently high mortality of hospitalized pneumonia: 10-year population-based study in Denmark.** *J Intern Med.* Antaget til publikation.

Tolstrup J, Jensen MK, Tjønneland A, Overvad K, Mukamal KJ, Grønbæk M. **A prospective study of alcohol drinking pattern and coronary heart disease in women and men.** *BMJ.* Antaget til publikation.

Vogel U, Nexø BA, Wallin H, Overvad K, Tjønneland a, Raaschou-Nielsen O. **No association between base excision repair gene polymorphisms and risk of lung cancer.** *Biomedic Genet.* Antaget til publikation.

Vogel U, Olsen A, Wallin H, Overvad K, Tjønneland A, Nexø BA. **No association between OGG1 Ser326Cys and risk of basal cell carcinoma.** *Cancer Epidemiol Biomarkers and Prev.* Antaget til publikation.

Publikationer 2000-2005

2005

Airoldi L, Vineis P, Colombi A, Olgiati L, Dell'Osta C, Fanelli R, Manzi L, Veglia F, Autrup H, Dunning A, Garte S, Hainaut P, Hoek G, Krzyzanowski M, Malaveille C, Matullo G, Overvad K, Tjønneland A, Clavel-Chapelon F, Linseisen J, Boeing H, Trichopoulou A, Palli D, Peluso M, Krogh V, Tumino R, Panico S, Bueno-DeMesquita HB, Peeters PH, Lund E, Agudo A, Martinez C, Dorronsoro M, Barricarte A, Chirlaque MD, Quiros JR, Berglund G, Jarvholm B, Hallmans G, Day NE, Allen N, Saracci R, Kaaks R, Riboli E. **4-Aminobiphenyl-hemoglobin adducts and risk of smoking-related disease in never smokers and former smokers in the European Prospective Investigation into Cancer and Nutrition prospective study.** *Cancer Epidemiol Biomarkers Prev.* 2005; 14: 2118-24.

Al-Delaimy WK, Slimani N, Ferrari P, Key T, Spencer E, Johansson I, Johansson G, Mattisson I, Wifalt E, Sieri S, Agudo A, Celentano E, Palli D, Sacerdote C, Tumino R, Dorronsoro M, Ocke MC, Bueno-De-Mesquita HB, Overvad K, Chirlaque MD, Trichopoulou A, Naska A, Tjønneland A, Olsen A, Lund E, Skeie G, Ardanaz E, Kesse E, Boutron-Ruault MC, Clavel-Chapelon F, Bingham S, Welch AA, Martinez-Garcia C, Nagel G, Linseisen J, Quiros JR, Peeters PH, van Gils CH, Boeing H, van Kappel AL, Steghens JP, Riboli E. **Plasma carotenoids as biomarkers of intake of fruits and vegetables: ecological-level correlations in the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Eur J Clin Nutr.* 2005 Sep 14; [Epub ahead of print]

Andersen B, Østergaard L, Puho E, Skriver MV, Schønheyder HC. **Ectopic pregnancies and reproductive capacity after Chlamydia trachomatis positive and negative test results: a historical follow-up study.** *Sex Transm Dis.* 2005; 32: 377-81.

Andersen K, Bregendahl M, Kaestel H, Skriver M, Ravkilde J. **Haematoma after coronary angiography and percutaneous coronary intervention via the femoral artery frequency and risk factors.** *Eur J Cardiovasc Nurs.* 2005; 4: 123-7.

Bak H, Autrup H, Thomsen BL, Tjønneland A, Overvad K, Loft S. **Bulky DNA adducts as risk indicator of lung cancer in a Danish case-cohort study.** *Int J Cancer.* 2005 Oct 10; [Epub ahead of print]

Bak H, Christensen J, Thomsen BL, Tjønneland A, Overvad K, Loft S, Raaschou-Nielsen O. **Physical activity and risk for lung cancer in a Danish cohort.** *Int J Cancer.* 2005; 116: 439-444.

Bamia C, Orfanos P, Ferrari P, Overvad K, Hundborg HH, Tjønneland A, Olsen A, Kesse E, Boutron-Ruault MC, Clavel-Chapelon F, Nagel G, Boffetta P, Boeing H, Hoffmann K, Trichopoulos D, Baibas N, Psaltopoulou T, Norat T, Slimani N, Palli D, Krogh V, Panico S, Tumino R, Sacerdote C, Bueno-de-Mesquita HB, Ocke MC, Peeters PH, van Rossum CT, Quiros JR, Sanchez MJ, Navarro C, Barricarte A, Dorronsoro M, Berglund G, Wifalt E, Hallmans G, Johansson I, Bingham S, Khaw KT, Spencer EA, Roddam AW, Riboli E, Trichopoulou A. **Dietary patterns among older Europeans: the EPIC-elderly study.** *Br J Nutr.* 2005; 94: 100-13.

Barfod TS, Gerstoft J, Rodkjær L, Pedersen C, Nielsen H, Møller A, Kristensen LH, Sørensen HT, Obel N. **Patients' answers to simple questions about treatment satisfaction and adherence and depression are associated with failure of HAART: a cross-sectional survey.** *AIDS Patient Care STDS.* 2005; 19: 317-25.

Bezemer ID, Rinaldi S, Dossus L, van Gils CH, Peeters PHM, van Noord PAH, Bueno-de-Mesquita HB, Agudo H, Allen N, Roddam A, Ardanaz E, Berrino F, Pala V, Boeing H, Lahmann PH, Linseisen J, Nagel G, Johnsen SP, Overvad K, Olsen A, Tjønneland A, Panico S, Vineis P, Kesse E, Tehard B, Clavel-Chapelon F, Trichopoulou A, Baibas N, Zilis D, Bingham S, Khaw K-T, Hemon B, Norat T, Riboli E, Kaaks R. **C-peptide, IGF-I, sex-steroid hormones and adiposity: a cross-sectional study in healthy women within the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Cancer Causes Control.* 2005; 16: 561-72.

Bigaard J, Frederiksen K, Tjønneland A, Thomsen BL, Overvad K, Heitmann BL, Sørensen TI. **Waist circumference and body composition in relation to all-cause mortality in middle-aged men and women.** *Int J Obes Relat Metab Disord.* 2005; 29: 778-84.

Bigaard J, Spanggaard J, Thomsen BL, Overvad K, Tjønneland A. **Self-reported and technician-measured waist circumferences differ in middle-aged men and women.** *J Nutr.* 2005; 135: 2263-70.

Bingham SA, Norat T, Moskal A, Ferrari P, Slimani N, Clavel-Chapelon F, Kesse E, Nieters A, Boeing H, Tjønneland A, Overvad K, Martinez C, Dorronsoro M, Gonzalez CA, Ardanaz E, Navarro C, Quiros JR, Key TJ, Day NE, Trichopoulou A, Naska A, Krogh V, Tumino R, Palli D, Panico S, Vineis P, Bueno-de-Mesquita HB, Ocke MC, Peeters PH, Berglund G, Hallmans G, Lund E, Skeie G, Kaaks R, Riboli E. **Is the association with fiber from foods in colorectal cancer confounded by folate intake?** *Cancer Epidemiol Biomarkers Prev.* 2005; 14: 1552-6.

Ewertz M, Mellemkjær L, Poulsen AH, Friis S, Sørensen HT, Pedersen L, McLaughlin JK, Olsen JH. **Hormone use for menopausal symptoms and risk of breast cancer. A Danish cohort study.** *Br J Cancer.* 2005; 92: 1293-7.

Ferrari P, Al-Delaimy WK, Slimani N, Boshuizen HC, Roddam A, Orfanos P, Skeie G, Rodriguez-Barranco M, Thiebaut A, Johansson G, Palli D, Boeing H, Overvad K, Riboli E. **An approach to estimate between and within group correlation coefficients in multicenter studies: plasma carotenoids as biomarkers of intake of fruits and vegetables.** *Am J Epidemiol.* 2005; 162: 591-8.

Fischer T, Johnsen SP, Pedersen L, Gaist D, Sørensen HT, Rothman KJ. **Seasonal variation in hospitalization and case fatality of subarachnoid hemorrhage - A nationwide Danish study on 9,367 patients.** *Neuroepidemiology.* 2005; 24: 32-37.

Friis S, Poulsen AH, Johnsen SP, McLaughlin JK, Sørensen HT, Dalton SO, Fryzek JP, Olsen JH. **Cancer risk among statin users: a population-based cohort study.** *Int J Cancer.* 2005; 114: 643-7.

Fryzek JP, Poulsen AH, Johnsen SP, McLaughlin JK, Sørensen HT, Friis S. **A cohort study of anti-hypertensive treatments and risk of renal cell cancer.** *Br J Cancer.* 2005; 92: 1302-6.

Gaist D, Pedersen L, Madsen C, Tsipopoulos I, Bak S, Sindrup S, McGue M, Rasmussen BK, Christensen K. **Long-term effects of migraine on cognitive function: a population-based study of Danish twins.** *Neurology.* 2005; 65: 600-7.

Iversen LH, Pedersen L, Riis A, Friis F, Laurberg S, Sørensen HT. **Age and colorectal cancer with focus on the elderly: Trends in relative survival and initial treatment from a Danish population-based study.** *Dis Colon Rectum.* Jun 6; [Epub ahead of print]

Iversen LH, Pedersen L, Riis A, Friis S, Laurberg S, Sørensen HT. **Population-based study of short- and long-term survival from colorectal cancer in Denmark, 1977-1999.** *Br J Surg.* 2005; 92: 873-80.

Jakobsen MU, Bysted A, Andersen NL, Heitmann BL, Hartkopp HB, Leth T, Overvad K, Dyerberg J. **Intake of ruminant trans fatty acids in the Danish population aged 1-80 years.** *Eur J Clin Nutr.* 2005 Oct 19; [Epub ahead of print]

Jensen LS, Puho E, Pedersen L, Mortensen FV, Sørensen HT. **Long-term survival after colorectal surgery associated with buffy-coat-poor and leucocyte-depleted blood transfusion: A post-trial follow-up study.** *Lancet.* 2005; 365: 681-2.

Jepsen P, Qin P, Nørgård B, Agerbo E, Mortensen PB, Vilstrup H, Sørensen HT. **The association between admission for poisoning with paracetamol or other weak analgesics and subsequent admission for psychiatric disorder: a Danish nationwide case-control study.** *Aliment Pharmacol Ther.* 2005; 22: 645-51.

Jepsen P, Vilstrup H, Schønheyder HC, Sørensen HT. **A nationwide study of the incidence and 30-day mortality rate of pyogenic liver abscess in Denmark, 1977-2002.** *Aliment Pharmacol Ther.* 2005; 21: 1185-8.

Johansen D, Gronbaek M, Overvad K, Schnohr P, Andersen PK. **Generalized additive models applied to analysis of the relation between amount and type of alcohol and all-cause mortality.** *Eur J Epidemiol.* 2005; 20: 29-36.

Johnsen SP, Hundborg HH, Sørensen HT, Ørskov H, Tjønneland A, Overvad K, Jørgensen JO. **Insulin-like Growth Factor (IGF), I, -II, and IGF Binding Protein-3 and Risk of Ischemic Stroke.** *J Clin Endocrinol Metab.* 2005; 90: 5937-41.

Johnsen SP, Larsson H, Tarone RE, McLaughlin JK, Nørgård B, Friis S, Sørensen HT. **Risk of hospitalization for myocardial infarction among users of rofecoxib, celecoxib, and other NSAIDs: a population-based case-control study.** *Arch Intern Med.* 2005; 165: 978-84.

Johnsen SP, Overvad K, Østergård L, Tjønneland A, Husted SE, Sørensen HT. **Chlamydia pneumoniae seropositivity and risk of ischemic stroke: a nested case-control study.** *Eur J Epidemiol.* 2005; 20: 59-65.

Johnsen SP, Videbæk J, Pedersen L, Steffensen R, Videbæk R, Niemann T, Nielsen TT, Sørensen HT. **Survival trends among Danish patients undergoing coronary angiography for known or suspected ischaemic heart disease: a population-based follow-up study, 1992-2000.** *Heart.* 2005 Apr 6; [Epub ahead of print]

Kaaks R, Berrino F, Key T, Rinaldi S, Dossus L, Biessy C, Secreto G, Amiano P, Bingham S, Boeing H, Bueno de Mesquita HB, Chang-Claude J, Clavel-Chapelon F, Fournier A, van Gils CH, Gonzalez CA, Gurea AB, Critselis E, Khaw KT, Krogh V, Lahmann PH, Nagel G, Olsen A, Onland-Moret NC, Overvad K, Palli D, Panico S, Peeters P, Quiros JR, Roddam A, Thiebaut A, Tjønneland A, Chirlaque MD, Trichopoulou A, Trichopoulos D, Tumino R, Vineis P, Norat T, Ferrari P, Slimani N, Riboli E. **Serum sex steroids in premenopausal women and breast cancer risk within the European Prospective Investigation into Cancer and Nutrition (EPIC).** *J Natl Cancer Inst.* 2005; 97: 755-65.

Kraft P, Pharoah P, Chanock SJ, Albanes D, Kolonel LN, Hayes RB, Altshuler D, Andriole G, Berg C, Boeing H, Burtt NP, Bueno-de-Mesquita B, Calle EE, Cann H, Canzian F, Chen Y-C, Crawford DE, Dunning AM, Feigelson HS, Freedman ML, Gaziano JM, Giovannucci E, Gonzalez CA, Haiman CA, Hallmans G, Henderson BE, Hirschhorn JN, Hunter DJ, Kaaks R, Key T, Le Marchand L, Ma J, Overvad K, Palli D, Pike MC, Riboli E, Rodriguez C, Setiawan WV, Stampfer MJ, Stram DO, Thomas G, Thun MJ, Travis R, Trichopoulou A, Virtamo J, Wacholder S. **Genetic Variation in the HSD17B1 Gene and Risk of Prostate Cancer.** *PLoS Genet.* 2005 Nov 25;1(5):e68 [Epub ahead of print]

Lahmann PH, Schulz M, Hoffmann K, Boeing H, Tjønneland A, Olsen A, Overvad K, Key TJ, Allen NE, Khaw KT, Bingham S, Berglund G, Wirfalt E, Berrino F, Krogh V, Trichopoulou A, Lagiou P, Trichopoulou D, Kaaks R, Riboli E. **Long-term weight change and breast cancer risk: the European prospective Investigation into cancer and nutrition (EPIC).** *Br J Cancer.* 2005; 93: 582-9.

Langagergaard V, Gislum M, Skriver MV, Nørgård B, Lash TL, Rothman KJ, Sørensen HT. **Birth outcome in women with breast cancer.** *Br J Cancer.* 2005 Nov 22; [Epub ahead of print]

Larsen SH, Pedersen J, Jacobsen J, Johnsen SP, Hansen OK, Hjortdal V. **The RACHS-1 risk categories reflect mortality and length of stay in a Danish population of children operated for congenital heart disease.** *Eur J Cardiothorac Surg.* 2005 Oct 18; [Epub ahead of print]

Larsen TB, Johnsen SP, Gislum M, Møller CI, Larsen H, Sørensen HT. ABO blood groups and risk of venous thromboembolism in pregnancy and puerperium. **A population-based, nested case-control study.** *J Thromb Haemost.* 2005; 3: 300-04.

Lohse N, Hansen AB, Jensen-Fangel S, Kronborg G, Kvinesdal B, Pedersen C, Larsen CS, Møller A, Willumsen L, Obel N. **Demographics of HIV-1 infection in Denmark: Results from The Danish HIV Cohort Study.** *Scand J Infect Dis.* 2005; 37: 338-43.

Lohse N, Obel N, Kronborg G, Laursen A, Pedersen C, Larsen CS, Kvinesdal B, Sørensen HT, Gerstoft J. **Declining risk of triple-class antiretroviral drug failure in Danish HIV infected individuals.** *AIDS.* 2005; 19: 815-22.

Matullo G , Dunning AM, Guarnera S, Baynes C, Polidoro S, Garte S, Autrup H, Malaveille C, Peiluso M, Airoldi L, Veglia F, Gormally E, Hoek G, M Krzyzanowski M, Overvad K, Raaschou-Nielsen O, Clavel-Chapelon F, Linseisen J, Boeing H, Trichopoulou A, Palli D, Krogh V, Tumino R, Panico S, Bueno-De-Mesquita HB, Peeters PH, Lund E, Pera G, Martinez C, Dorronsoro M, Barricarte A, Tormo MJ, Quiros JR, Day NE, Key TJ, Saracci R, Kaaks R, Riboli E, Vineis P. **DNA repair polymorphisms and cancer risk in non-smokers in a cohort study.** *Carcinogenesis.* 2005 Nov 23; [Epub ahead of print]

Monster TB, Johnsen SP, Olsen ML, Østergård L, Friis S, McLaughlin JK, Sørensen HT. **Antibiotics and risk of first-time hospitalization for myocardial infarction: A population-based case-control study.** *Am J Ther.* 2005; 12: 226-32.

Nielsen GL, Nørgård B, Puho E, Rothman KJ, Sørensen HT, Czeizel A. **Risk of specific congenital abnormalities in offspring of women with pre-gestational insulin treated diabetes; a population based case-control study.** *Diabet Med.* 2005; 22: 693-6.

Nielsen GL, Tage-Jensen U, Toftegaard T og Sørensen HT. **Hvorledes afferteres risiko.** *Ugeskr Laeger.* 2005; 167: 375-9.

Nielsen NR, Truelsen T, Barefoot JC, Johnsen SP, Overvad K, Boysen G, Schnohr P, Grønbæk M. **Is the effect of alcohol on risk of stroke confined to highly stressed persons?** *Neuroepidemiol.* 2005; 25: 105-113.

Nielsen TG, Olsen A, Christensen J, Overvad K, Tjønneland A. **Dietary carbohydrate intake is not associated with the breast cancer incidence rate ratio in postmenopausal Danish women.** *J Nutr.* 2005; 135: 124-8.

Norat T, Bingham S, Ferrari P, Slimani N, Jenab M, Mazuir M, Overvad K, Olsen A, Tjønneland A, Clavel F, Boutron-Ruault MC, Kesse E, Boeing H, Bergmann MM, Nieters A, Linseisen J, Trichopoulou A, Trichopoulos D, Tountas Y, Berrino F, Palli D, Panico S, Tumino R, Vineis P, Bueno-de-Mesquita HB, Peeters PH, Engeset D, Lund E, Skeie G, Ardanaz E, Gonzalez C, Navarro C, Quiros JR, Sanchez MJ, Berglund G, Mattisson I, Hallmans G, Palmqvist R, Day NE, Khaw KT, Key TJ, San Joaquin M, Hemon B, Saracci R, Kaaks R, Riboli E. **Meat, fish, and colorectal cancer risk: the European Prospective Investigation into cancer and nutrition.** *J Natl Cancer Inst.* 2005; 97: 906-16.

Nørgaard M, Iversen LH, Sørensen HT. **Colorectal cancer. Incidence and risk factors.** *Ugeskr Laeger.* 2005; 31: 4157-9.

Nørgaard M, Ratanajamit C, Jacobsen J, Skriver MV, Pedersen L, Sørensen HT. **Metronidazole and risk of acute pancreatitis: a population-based case-control study.** *Aliment Pharmacol Ther.* 2005; 21: 415-20.

Nørgaard M, Skriver MV, Gregersen H, Pedersen G, Schønheyder HC, Sørensen HT. **The data quality of haematological malignancy ICD-10 diagnoses in a population-based Hospital Discharge Registry.** *Eur J Cancer Prev.* 2005; 14: 201-6.

Nørgård B, Puhó E, Czeizel AE, Skriver MV, Sørensen HT. **Aspirin use during early pregnancy and the risk of congenital abnormalities: a population-based case-control study.** *Am J Obstet Gynecol.* 2005; 192: 922-3.

Olesen AV, Johnsen SP, Mortensen JT, Bøggild H, Olsen J, Sørensen HT. **Socioeconomic status and use of postmenopausal hormone replacement therapy among Danish women.** *Acta Obstet Gynecol Scand.* 2005; 84: 639-644.

Olsen A, Stripp C, Christensen J, Thomsen BL, Overvad K, Tjønneland A. **Re: Fruit and vegetable intake and risk of major chronic disease.** *J Natl Cancer Inst.* 2005; 97: 1307-8.

Onland-Moret NC, Peeters PH, van Gils CH, Clavel-Chapelon F, Key T, Tjønneland A, Trichopoulou A, Kaaks R, Manjer J, Panico S, Palli D, Tehard B, Stoikidou M, Bueno-de-Mesquita HB, Boeing H, Overvad K, Lenner P, Quiros JR, Chirlaque MD, Miller AB, Khaw KT, Riboli E. **Age at menarche in relation to adult height: the EPIC study.** *Am J Epidemiol.* 2005; 162: 623-32.

Pedersen AB, Johnsen SP, Overgaard S, Søballe K, Sørensen HT, Lucht U. **Total hip arthroplasty in Denmark: incidence of primary operations and revisions during 1996-2002 and estimated future demands.** *Acta Orthop.* 2005; 76: 182-9.

Peluso M, Munnia A, Hoek G, Krzyzanowski M, Veglia F, Airoldi L, Autrup H, Dunning A, Garte S, Hainaut P, Malaveille C, Gormally E, Matullo G, Overvad K, Raaschou-Nielsen O, Clavel-Chapelon F, Linseisen J, Boeing H, Trichopoulou A, Trichopoulos D, Kaladidi A, Palli D, Krogh V, Tumino R, Panico S, Bueno-De-Mesquita HB, Peeters PH, Kumle M, Gonzalez CA, Martinez C, Dorronsoro M, Barricarte A, Navarro C, Quiros JR, Berglund G, Janzon L, Jarvholm B, Day NE, Key TJ, Saracci R, Kaaks R, Riboli E, Vineis P. **DNA adducts and lung cancer risk: a prospective study.** *Cancer Res.* 2005; 65: 8042-8.

Pischon T, Lahmann PH, Boeing H, Tjønneland A, Halkjær J, Overvad K, Klipstein-Grobusch K, Linseisen J, Becker N, Trichopoulou A, Benetou V, Trichopoulos D, Sieri S, Palli D, Tumino R, Vineis P, Panico S, Monninkhof E, Peeters PH, Bueno-de-Mesquita HB, Buchner FL, Ljungberg B, Hallmans G, Berglund G, Gonzalez CA, Dorronsoro M, Gurrea AB, Navarro C, Martinez C, Quiros JR, Roddam A, Allen N, Bingham S, Khaw KT, Kaaks R, Norat T, Slimani N, Riboli E. **Body size and risk of renal cell carcinoma in the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Int J Cancer.* 2005 Aug 10; [Epub ahead of print]

Poulsen S, Wogelius P. **Oral helse, tandsundhed og tandsygdomme hos danske børn.** Tandlægebladet. 2005; 6: 452-7.

Raaschou-Nielsen O, Pavuk M, Leblanc A, Dumas P, Philippe Weber J, Olsen A, Tjønneland A, Overvad K, Olsen JH. **Adipose organochlorine concentrations and risk of breast cancer among postmenopausal Danish women.** *Cancer Epidemiol Biomarkers Prev.* 2005; 14: 67-74.

Rasmussen C, Nielsen GL, Hansen VK, Jensen OK, Schioettz-Christensen B. **Rates of lumbar disc surgery before and after implementation of multidisciplinary nonsurgical spine clinics.** *Spine.* 2005; 30: 2469-73.

Rasmussen HH, Nørgård B, Olsen ML, Fonager K, Sørensen HT. **Non-calculus suppurative cholangitis in Danish patients with inflammatory bowel disease.** *Hepatogastroenterology.* 2005; 52: 115-8.

Ravn-Haren G, Olsen A, Tjønneland A, Dragsted LO, Nexø BA, Wallin H, Overvad K, Raaschou-Nielsen O, Vogel U. **Associations between GPX1 Pro198Leu polymorphism, erythrocyte GPX activity, alcohol consumption and breast cancer risk in a prospective cohort study.** *Carcinogenesis.* 2005 Nov 14; [Epub ahead of print]

Schulz M, Lahmann PH, Boeing H, Hoffmann K, Allen N, Key TJ, Bingham S, Wrifalt E, Berglund G, Lundin E, Hallmans G, Lukanova A, Martinez Garcia C, Gonzalez CA, Tormo MJ, Quiros JR, Ardanaz E, Larranaga N, Lund E, Gram IT, Skeie G, Peeters PH, van Gils CH, Bueno-de-Mesquita HB, Buchner FL, Pasanisi P, Galasso R, Palli D, Tumino R, Vineis P, Trichopoulou A, Kalapothaki V, Trichopoulos D, Chang-Claude J, Linseisen J, Boutron-Ruault MC, Touillaud M, Clavel-Chapelon F, Olsen A, Tjønneland A, Overvad K, Tetsche M, Jenab M, Norat T, Kaaks R, Riboli E. **Fruit and vegetable consumption and risk of epithelial ovarian cancer: the European prospective investigation into cancer and nutrition.** *Cancer Epidemiol Biomarkers Prev.* 2005; 14: 2531-5.

Smerup M, Hjertholm T, Johnsen SP, Pedersen AK, Hansen PS, Mortensen PT, Hansen OK, Hjortdal V. **Pacemaker implantation after congenital heart surgery: risk and prognosis in a population-based follow-up study.** *Eur J Cardiothorac Surg.* 2005; 28: 61-68.

Skriver MV, Nørgaard M, Poulsen AH, Friis S, Harving H, Fryzek J, McLaughlin JK, Blot WJ, Olsen JH, Sørensen HT. **Use of nonaspirin NSAIDs and risk of lung cancer.** *Int J Cancer.* 2005; 117: 873-6.

Skuladottir H, Autrup H, Autrup J, Tjoenneland A, Overvad K, Ryberg D, Haugen A, Olsen JH. **Polymorphisms in genes involved in xenobiotic metabolism and lung cancer risk under the age of 60 years. A pooled study of lung cancer patients in Denmark and Norway.** *Lung Cancer.* 2005; 48: 187-99.

Søgaard Andersen E, Knudsen A, Svarrer T, Lund B, Nielsen K, Grove A, Tetsche M. **The results of treatment of epithelial ovarian cancer after centralisation of primary surgery. Results from North Jutland, Denmark.** *Gynecol Oncol.* 2005 Sep 6; [Epub ahead of print]

Sørensen HT, Baron JA. **Hypercoagulability preceding cancer. Venous thromboembolism and subsequent cancer risk.** *J Thromb Hemost.* 2005; 3: 583-4.

Sørensen HT, Mellemkjær L, Skriver MV, Johnsen SP, Nørgård B, Olsen JH, Baron JA. **Fever of unknown origin and cancer: a population-based study.** *Lancet Oncol.* 2005; 6: 851-5.

Sørensen HT, Mellemkjær L, Skriver MV, Lash TL, Olsen JH, Baron JA. **No excess risk of breast cancer among female users of systemic glucocorticoids.** *Cancer Epidemiol Biomarkers Prev.* 2005; 14: 1022-3.

Sørensen HT, Olsen ML, Mellemkjær L, Lagiou P, Olsen JH, Olsen J. **The intrauterine origin of male breast cancer: a birth order study in Denmark.** *Eur J Cancer Prev.* 2005; 14: 185-6.

Sørensen HT, Pedersen L, Mellemkjær L, Johnsen SP, Skriver MV, Olsen JH, Baron JA. **The risk of a second cancer after hospitalisation for venous thromboembolism.** *Br J Cancer.* 2005; 93: 838-41.

Sørensen HT, Pedersen L, Nørgaard M, Wogelius P, Rothman KJ. **Maternal asthma, preeclampsia and risk of hypospadias.** *Epidemiology.* 2005; 16: 806-7.

Sørensen HT, Pedersen L, Skriver MV, Nørgaard M, Nørgård B, Hatch EE. **Use of clomifene during early pregnancy and risk of hypospadias: population-based case-control study.** *BMJ.* 2005; 330: 126-7.

Sørensen HT, Skriver MV, Friis S, McLaughlin JK, Blot WJ, Baron JA. **Use of antibiotics and risk of breast cancer. A population-based case-control study.** *Br J Cancer.* 2005; 92: 594-6.

Sørensen M, Autrup H, Tjønneland A, Overvad K, Raaschou-Nielsen O. **A genetic polymorphism in prostaglandin synthase 2 (8473, T->C) and the risk of lung cancer.** *Cancer Lett.* 2005 May 6; [Epub ahead of print]

Sørensen M, Autrup H, Tjønneland A, Overvad K, Raaschou-Nielsen O. **Genetic polymorphisms in CYP1B1, GSTA1, NQO1 and NAT2 and the risk of lung cancer.** *Cancer Lett.* 2005; 221: 185-90.

Tetsche MS, Nørgaard M, Skriver MV, Andersen ES, Lash TL, Sørensen HT. **Accuracy of ovarian cancer ICD-10 diagnosis in a Danish population-based hospital discharge registry.** *Eur J Gynaecol Oncol.* 2005; 26: 266-70.

Thomsen RW, Hundborg HH, Lervang HH, Johnsen SP, Schønheyder HC, Sørensen HT. **Diabetes Mellitus as a Risk and Prognostic Factor for Community-Acquired Bacteremia Due to Enterobacteria: A 10-Year, Population-Based Study among Adults.** *Clin Infect Dis* 2005; 40: 628-631.

Thomsen RW, Johnsen SP, Olesen AV, Mortensen JT, Bøggild H, Olsen J, Sørensen HT. **Socioeconomic gradient in use of statins among Danish patients: population-based cross-sectional study.** *Br J Clin Pharmacol.* 2005; 60: 534-42.

Thrane N, Søndergaard C, Schønheyder HC, Sørensen HT. **Socioeconomic factors and risk of hospitalization with infectious diseases in 0- to 2-year-old Danish children.** *Eur J Epidemiol.* 2005; 20: 467-74.

Tjønneland A, Christensen J, Olsen A, Stripp C, Nissen SB, Overvad K, Thomsen BL. **Folate intake, alcohol and risk of breast cancer among postmenopausal women in Denmark.** *Eur J Clin Nutr.* 2005 Oct 19; [Epub ahead of print]

Tolstrup JS, Heitmann BL, Tjønneland AM, Overvad OK, Sørensen TI, Grønbæk MN. **The relation between drinking pattern and body mass index and waist and hip circumference.** *Int J Obes.* 2005; 29: 490-7.

Trichopoulou A, Orfanos P, Norat T, Bueno-de-Mesquita B, Ocke MC, Peeters PH, van der Schouw YT, Boeing H, Hoffmann K, Boffetta P, Nagel G, Masala G, Krogh V, Panico S, Tumino R, Vineis P, Bamia C, Naska A, Benetou V, Ferrari P, Slimani N, Pera G, Martinez-Garcia C, Navarro C, Rodriguez-Barranco M, Dorronsoro M, Spencer EA, Key TJ, Bingham S, Khaw KT, Kesse E, Clavel-Chapelon F, Boutron-Ruault MC, Berglund G, Wurfalt E, Hallmans G, Johansson I, Tjønneland A, Olsen A, Overvad K, Hundborg HH, Riboli E, Trichopoulos D. **Modified Mediterranean diet and survival: EPIC-elderly prospective cohort study.** *BMJ*. 2005; 330: 991.

Urth T, Juul G, Skov R, Schønheyder HC. **Spread of a methicillin-resistant *Staphylococcus aureus* ST80-IV clone in a Danish community.** *Infect Control Hosp Epidemiol*. 2005; 26: 144-9.

Vaclavik E, Tjønneland A, Stripp C, Overvad K, Philippe Weber J, Raaschou-Nielsen O. **Organochlorines in Danish women: Predictors of adipose tissue concentrations.** *Environ Res*. 2005 Aug 25; [Epub ahead of print]

Van Gils CH, Peeters PH, Bueno-de-Mesquita HB, Boshuizen HC, Lahmann PH, Clavel-Chapelon F, Thiebaut A, Kesse E, Sieri S, Palli D, Tumino R, Panico S, Vineis P, Gonzalez CA, Ardanaz E, Sanchez MJ, Amiano P, Navarro C, Quiros JR, Key TJ, Allen N, Khaw KT, Bingham SA, Psaltopoulou T, Koliva M, Trichopoulou A, Nagel G, Linseisen J, Boeing H, Berglund G, Wurfalt E, Hallmans G, Lenner P, Overvad K, Tjønneland A, Olsen A, Lund E, Engeset D, Alsaker E, Norat T, Kaaks R, Slimani N, Riboli E. **Consumption of vegetables and fruits and risk of breast cancer.** *JAMA*. 2005; 293: 183-93.

Vineis P, Airolidi L, Veglia P, Olgiati L, Pastorelli R, Autrup H, Dunning A, Garte S, Gormally E, Hainaut P, Malaveille C, Matullo G, Peluso M, Overvad K, Tjønneland A, Clavel-Chapelon F, Boeing H, Krogh V, Palli D, Panico S, Tumino R, Bueno-De-Mesquita B, Peeters P, Berglund G, Hallmans G, Saracci R, Riboli E. **Environmental tobacco smoke and risk of respiratory cancer and chronic obstructive pulmonary disease in former smokers and never smokers in the EPIC prospective study.** *BMJ*. 2005; 330: 277.

Vogel U, Olsen A, Wallin H, Overvad K, Tjønneland A, Nexø BA. **Effect of polymorphisms in XPD, RAI, ASE-1 and ERCC1 on the risk of basal cell carcinoma among Caucasians after age 50.** *Cancer Detect Prev*. 2005; 29: 209-14.

Vogel U, Overvad K, Wallin H, Tjønneland A, Nexø BA, Raaschou-Nielsen O. **Combinations of polymorphisms in XPD, XPC and XPA in relation to risk of lung cancer.** *Cancer Lett*. 2005; 222: 67-74.

Wellejus A, Olsen A, Tjønneland A, Thomsen BL, Overvad K, Loft S. **Urinary hydroxyestrogens and breast cancer risk among postmenopausal women: a prospective study.** *Cancer Epidemiol Biomarkers Prev*. 2005; 14: 2137-42.

Wogelius P, Nørgaard M, Gislum , Pedersen L, Schønheyder HC, Sørensen HT. **Further analysis of the risk of adverse birth outcome after maternal use of fluoroquinolones.** *Int J Antimicrob Agents*. 2005; 26: 323-6.

Wogelius P, Poulsen S. **Associations between dental anxiety, dental treatment due to toothache, and missed dental appointments among six to eight-year-old Danish children: a cross-sectional study.** *Acta Odontol Scand*. 2005; 63: 179-82.

Wogelius P, Poulsen S, Sørensen HT. **Validity of parental-reported questionnaire data on Danish children's use of asthma-drugs: a comparison with a population-based prescription database.** *Eur J Epidemiol*. 2005; 20: 17-22.

2004

Al-Delaimy WK, Van Kappel AL, Ferrari P, Slimani N, Steghens JP, Bingham S, Johansson I, Wallstrom P, Overvad K, Tjønneland A, Key TJ, Welch AA, Bas Bueno-De-Mesquita H, Peeters PH, Boeing H, Linseisen J, Clavel-Chapelon F, Guibout C, Navarro C, Quiros JR, Palli D, Celentano E, Trichopoulou A, Benetou V, Kaaks R, Riboli E. **Plasma levels of six carotenoids in nine European countries: report from the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Public Health Nutr.* 2004; 7: 713-722.

Bigaard J, Frederiksen K, Tjønneland A, Thomsen BL, Overvad K, Heitmann BL, Sørensen TI. **Body fat and fat-free mass and all-cause mortality.** *Obes Res.* 2004; 12: 1042-9.

Bigaard J, Frederiksen K, Tjønneland A, Thomsen BL, Overvad K, Heitmann BL, Sørensen TI. **Waist and hip circumferences and all-cause mortality: usefulness of the waist-to-hip ratio?** *Int J Obes Relat Metab Disord.* 2004; 28: 741-7.

Blot WJ, Fischer T, Nielsen GL, Friis S, Mumma M, Lipworth L, DuBois R, McLaughlin JK, Sørensen HT. **Outcome of upper gastro-intestinal bleeding and use of ibuprofen vs paracetamol.** *Pharm World Sci.* 2004; 26: 319-323.

Bügel S, Larsen EH, Sloth JJ, Flytlie K, Overvad K, Steenberg LC, Moesgaard S. **Selenium from a high Se yeast supplement is well absorbed and retained in humans.** *Metal Ions in Biology and Medicine*, Vol 8, Eds. Laszlo S, et al., John Libbey 2004: 206-9.

Christensen MB, Christensen B, Mortensen JT, Olesen F. **Intervention among frequent attenders of the out-of-hours service: a stratified cluster randomized controlled trial.** *Scand J Prim Health Care.* 2004; 22: 180-6.

Czeizel AE, Puho E, Sørensen HT, Olsen J. **Possible association between different congenital abnormalities and use of different sulfonamides during pregnancy.** *Congenit Anom (Kyoto).* 2004; 44: 79-86.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **A population-based case-control study of oral chlordiazepoxide use during pregnancy and risk of congenital abnormalities.** *Neurotoxicol Teratol.* 2004; 26: 593-8.

Deutch S, Labouriau R, Schønheyeder HC, Østergaard L, Nørgard B, Sørensen HT. **Crowding as a risk factor of meningococcal disease in Danish preschool children: a nationwide population-based case-control study.** *Scand J Infect Dis.* 2004; 36: 20-3.

Fischer T, Lundbye-Christensen S, Johnsen SP, Schønheyder HC, Sørensen HT. **Secular trends and seasonality in first-time hospitalization for acute myocardial infarction—a Danish population-based study.** *Int J Cardiol.* 2004; 97: 425-31.

Fischer T, Johnsen SP, Pedersen L, Gaist D, Sørensen HT, Rothman KJ. **Seasonal variation in hospitalization and case fatality of subarachnoid hemorrhage - a nationwide Danish study on 9,367 patients.** *Neuroepidemiol* 2004; 24: 32-7.

Floyd A, Pedersen L, Nielsen GL, Thorlacius-Ussing O, Sørensen HT. **Risk of acute pancreatitis in users of finasteride. A population-based case-control study.** *J Clin Gastroenterol.* 2004; 38: 276-8.

Gaist D, Pedersen L, Cnattingius S, Sørensen HT. **Parity and risk of subarachnoid hemorrhage in women: a nested case-control study based on national Swedish registries.** *Stroke.* 2004; 35: 28-32.

Gormally E, Hainaut P, Caboux E, Airoldi L, Autrup H, Malaveille C, Dunning A, Garte S, Matullo G, Overvad K, Tjønneland A, Clavel-Chapelon F, Boffetta P, Boeing H, Trichopoulou A, Palli D, Krogh V, Tumino R, Panico S, Bueno-De-Mesquita HB, Peeters PH, Lund E, Gonzalez CA, Martinez C, Dorronsoro M, Barricarte A, Tormo MJ, Quiros JR, Berglund G, Hallmans G, Day NE, Key TJ, Veglia F, Peluso M, Norat T, Saracci R, Kaaks R, Riboli E, Vineis P. **Amount of DNA in plasma and cancer risk: A prospective study.** *Int J Cancer.* 2004; 111: 746-9.

Grønbæk H, Flyvbjerg A, Mellemkær L, Tjønneland A, Christensen J, Sørensen HT, Overvad K. **Serum insulin-like growth factors, insulin-like growth factor binding proteins, and breast cancer risk in postmenopausal women.** *Cancer Epidemiol Biomarkers Prev.* 2004; 13: 1759-64.

Hallas J, Gaist D, Sørensen HT. **Does appendectomy reduce the risk of ulcerative colitis?** *Epidemiology.* 2004; 15: 173-8.

Hallas J, Gaist D, Vach W, Sørensen HT. **Appendectomy has no beneficial effect on admission rates in patients with ulcerative colitis.** *Gut.* 2004; 53: 351-4.

Hundborg HH, Skriver MV. **Biostatistik: Hvad og Hvorfor?** *Tidsskrift for Sygepleje-forskning* 2004; 3: 4-11.

Jacobsen NR, Raaschou-Nielsen O, Nexo B, Wallin H, Overvad K, Tjønneland A, Vogel U. **XRCC3 polymorphisms and risk of lung cancer.** *Cancer Lett.* 2004; 213: 67-72.

Jakobsen MU, Overvad K, Dyerberg J, Schroll M, Heitmann BL. **Dietary fat and risk of coronary heart disease: possible effect modification by gender and age.** *Am J Epidemiol.* 2004; 160: 141-9.

Jenab M, Ferrari P, Slimani N, Norat T, Casagrande C, Overvad K, Olsen A, Stripp C, Tjønneland A, Boutron-Ruault MC, Clavel-Chapelon F, Kesse E, Nieters A, Bergmann M, Boeing H, Naska A, Trichopoulou A, Palli D, Krogh V, Celentano E, Tumino R, Sacerdote C, Bueno-de-Mesquita HB, Ocke MC, Peeters PH, Engeset D, Quiros JR, Gonzalez CA, Martinez C, Chirlaque MD, Ardanaz E, Dorronsoro M, Wallstrom P, Palmqvist R, Van Guelpen B, Bingham S, San Joaquin MA, Saracci R, Kaaks R, Riboli E. **Association of nut and seed intake with colorectal cancer risk in the European Prospective Investigation into Cancer and Nutrition.** *Cancer Epidemiol Biomarkers Prev.* 2004; 13: 1595-603.

Jensen ES, Lundbye-Christensen S, Samuelsson S, Sørensen HT, Schønheyder HC. **A 20-year ecological study of the temporal association between influenza and meningococcal disease.** *Eur J Epidemiol.* 2004; 19: 181-7.

Jensen-Fangel S, Mohey R, Johnsen SP, Andersen PL, Sørensen HT, Ostergaard L. **Gender differences in hospitalization rates for respiratory tract infections in Danish youth.** *Scand J Infect Dis.* 2004; 36: 31-6.

Jensen-Fangel S, Pedersen L, Pedersen C, Larsen CS, Tauris P, Møller A, Sørensen HT, Obel N. **Low mortality in HIV-infected patients starting highly active antiretroviral therapy: a comparison with the general population.** *AIDS.* 2004; 18: 89-97.

Jepsen P, Johnsen SP, Gillman MW, Sørensen HT. **Interpretation of observational studies.** *Heart.* 2004; 90: 956-60.

Jepsen P, Olsen ML, Mellemkjær L, Olsen JH, Sørensen HT. **A registry-based study of gender, fetal growth, and risk of Wilms tumor.** *Pediatr Hematol Oncol.* 2004; 21: 435-9.

Johnsen NF, Hausner H, Olsen A, Tetens I, Christensen J, Knudsen KE, Overvad K, Tjønneland A. **Intake of whole grains and vegetables determines the plasma enterolactone concentration of Danish women.** *J Nutr.* 2004; 134: 2691-7.

Johnsen SP. **Intake of fruit and vegetables and risk of stroke: an overview.** *Curr Opin Clin Nutr Metab Care.* 2004; 7: 665-70.

Johnsen SP, Sørensen HT, Thomsen JL, Grønbæk H, Flyvbjerg A, Engberg M, Lauritzen T. **Markers of fetal growth and serum levels of insulin-like growth factor (IGF) I, -II and IGF binding protein 3 in adults.** *Eur J Epidemiol.* 2004; 19: 41-7.

Key TJ, Allen N, Appleby P, Overvad K, Tjønneland A, Miller A, Boeing H, Karalis D, Psaltopoulou T, Berrino F, Palli D, Panico S, Tumino R, Vineis P, Bueno-De-Mesquita HB, Kiemeney L, Peeters PH, Martinez C, Dorronsoro M, Gonzalez CA, Chirlaque MD, Quiros JR, Ardanaz E, Berglund G, Egevad L, Hallmans G, Stattin P, Bingham S, Day N, Gann P, Kaaks R, Ferrari P, Riboli E. **European Prospective Investigation into Cancer and Nutrition (EPIC). Fruits and vegetables and prostate cancer: no association among 1104 cases in a prospective study of 130544 men in the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Int J Cancer.* 2004; 109: 119-24.

Lahmann PH, Hoffmann K, Allen N, Van Gils CH, Khaw KT, Tehard B, Berrino F, Tjønneland A, Bigaard J, Olsen A, Overvad K, Clavel-Chapelon F, Nagel G, Boeing H, Trichopoulos D, Economou G, Bellos G, Palli D, Tumino R, Panico S, Sacerdote C, Krogh V, Peeters PH, Bueno-De-Mesquita HB, Lund E, Ardanaz E, Amiano P, Pera G, Quiros JR, Martinez C, Tormo MJ, Wifalt E, Berglund G, Hallmans G, Key TJ, Reeves G, Bingham S, Norat T, Biessy C, Kaaks R, Riboli E. **Body size and breast cancer risk: Findings from the European prospective investigation into cancer and nutrition (EPIC).** *Int J Cancer.* 2004; 111: 762-71.

Li J, Nørgård B, Precht DH, Olsen J. **Psychological stress and inflammatory bowel disease: a follow-up study in parents who lost a child in Denmark.** *Am J Gastroenterol.* 2004; 99: 1129-33.

Lipworth L, Friis S, Blot WJ, McLaughlin JK, Mellemkjær L, Johnsen SP, Norgard B, Olsen JH. **A population-based cohort study of mortality among users of ibuprofen in Denmark.** *Am J Ther.* 2004; 11: 156-63.

Lohse N, Ladefoged K, Pedersen L, Jensen-Fangel S, Sørensen HT, Obel N. **Low effectiveness of highly active antiretroviral therapy and high mortality in the Greenland HIV-infected population.** *Scand J Infect Dis* 2004; 36: 738-42.

Løkkegaard EL, Johnsen SP, Heitmann BL, Stahlberg C, Pedersen AT, Obel EB, Hundrup YA, Hal-las J, Sørensen HT. **The validity of self-reported use of hormone replacement therapy among Danish nurses.** *Acta Obstet Gynecol Scand.* 2004; 83: 476-81.

Miller AB, Altenburg HP, Bueno-de-Mesquita B, Boshuizen HC, Agudo A, Berrino F, Gram IT, Janson L, Linseisen J, Overvad K, Rasmussen T, Vineis P, Lukanova A, Allen N, Amiano P, Barricarte A, Berglund G, Boeing H, Clavel-Chapelon F, Day NE, Hallmans G, Lund E, Martinez C, Navarro C, Palli D, Panico S, Peeters PH, Quiros JR, Tjønneland A, Tumino R, Trichopoulou A, Trichopoulos D, Slimani N, Riboli E. **Fruits and vegetables and lung cancer: Findings from the European Prospective Investigation into Cancer and Nutrition.** *Int J Cancer.* 2004; 108: 269-76.

Monster TBM, Johnsen SP, Olsen ML, McLaughlin JK, Sørensen HT. **Antidepressants and risk of first-time hospitalization for myocardial infarction: A population-based case-control study.** *Am J Med.* 2004; 117: 732-7.

Munk EM, Pedersen L, Floyd A, Norgard B, Rasmussen HH, Sørensen HT. **Inflammatory bowel diseases, 5-aminosalicylic acid and sulfasalazine treatment and risk of acute pancreatitis: a population-based case-control study.** *Am J Gastroenterol.* 2004; 99: 884-8.

Møller LR, Nielsen GL, Olsen ML, Thulstrup AM, Mortensen JT, Sørensen HT. **Hospital discharges and 30-day case fatality for drug poisoning: a Danish population-based study from 1979 to 2002 with special emphasis on paracetamol.** *Eur J Clin Pharmacol.* 2004; 59: 911-5.

Nielsen FE, Sørensen HT, Skagen K. **A prospective study found impaired left ventricular function predicted job retirement after acute myocardial infarction.** *J Clin Epidemiol.* 2004; 57: 837-42.

Nielsen GL, Skriver MV, Pedersen L, Sørensen HT. **Danish group reanalyses miscarriage in NSAID users.** *BMJ.* 2004; 328: 109.

Niemann T, Labouriau R, Sørensen HT, Thorsgaard N, Nielsen TT. **Five-year cardiovascular and all-cause mortality, and myocardial infarction in all subjects referred for exercise testing in two Danish counties.** *Scand Cardiovasc J.* 2004; 38: 137-42.

Niemann T, Labouriau R, Sørensen HT, Thorsgaard N, Nielsen TT. **Prognostic impact of different regional referral practices for interventional investigation and coronary treatment after exercise testing: a population-based 5-year follow-up study.** *J Intern Med.* 2004; 255: 478-85.

Nørgård B, Pedersen L, Jacobsen J, Rasmussen SN, Sørensen HT. **The risk of congenital abnormalities in children fathered by men treated with azathioprine or mercaptopurine before conception.** *Aliment Pharmacol Ther.* 2004; 19: 679-85.

Nørgård B, Pedersen L, Johnsen SP, Tarone RE, McLaughlin JK, Friis S, Sørensen HT. **COX-2-selective inhibitors and the risk of upper gastrointestinal bleeding in high-risk patients with previous gastrointestinal diseases: a population-based case-control study.** *Aliment Pharmacol Ther.* 2004; 19: 817-25.

Olsen A, Knudsen KE, Thomsen BL, Loft S, Stripp C, Overvad K, Møller S, Tjønneland A. **Plasma enterolactone and breast cancer incidence by estrogen receptor status.** *Cancer Epidemiol Biomarker Prev.* 2004; 13: 2084-9.

Pedersen AB, Johnsen SP, Overgaard S, Søballe K, Sørensen HT, Lucht U. **Registration in the Danish hip arthroplasty registry: completeness of total hip arthroplasties and positive predictive value of registered diagnosis and postoperative.** *Acta Orthopaed Scand.* 2004; 75: 434-41.

Rejnmark L, Olsen ML, Johnsen SP, Vestergaard P, Sørensen HT, Mosekilde L. **Hip fracture risk in statin users-a population-based Danish case-control study.** *Osteoporos Int.* 2004; 15: 452-8.

Schirm E, Pedersen L, Tobi H, Nielsen GL, Sørensen HT, De Jong-Van Den Berg LT. **Drug use among fathers around time of conception: two register based surveys from Denmark and The Netherlands.** *Pharmacoepidemiol Drug Saf.* 2004; 13: 609-13.

Schönheyder HC, Freundlich M, Pedersen G, West H, Thomsen RW. **Aminoglykosider til kritisk syge patienter: altera pars et audiatur.** *Ugeskr Laeger.* 2004; 166: 4494-6.

Skriver MV, Nørgaard M, Pedersen L, Schønheyder HC, Sørensen HT. **Pivmecillinam and adverse birth and neonatal outcomes: a population-based cohort study.** *Scand J Infect Dis.* 2004; 36: 733-7.

Skriver MV, Pedersen L, Stang P, Rothman KJ, Sørensen HT. **The month of birth does not affect the risk of hypospadias.** *Eur J Epidemiol.* 2004; 19: 1135-6.

Skuladottir H, Tjønneland A, Overvad K, Stripp C, Christensen J, Raaschou-Nielsen O, Olsen JH. **Does insufficient adjustment for smoking explain the preventive effects of fruit and vegetables on lung cancer?** *Lung Cancer.* 2004; 45: 1-10.

Sørensen M, Autrup H, Tjønneland A, Overvad K, Raaschou-Nielsen O. **Glutathione S-transferase T1 null-genotype is associated with an increased risk of lung cancer.** *Int J Cancer.* 2004; 110: 219-24.

Sørensen HT, Labouriau R, Jensen ES, Mortensen PB, Schønheyder HC. **Fetal growth, maternal prenatal smoking, and risk of invasive meningococcal disease: a nationwide case-control study.** *Int J Epidemiology.* 2004; 33: 816-20.

Sørensen HT, Mellemkjær L, Nielsen GL, Baron JA, Olsen JH, Karagas MR. **Skin cancers and non-Hodgkin lymphoma among users of systemic glucocorticoids: a population-based cohort study.** *J Natl Cancer Inst.* 2004; 96: 709-11.

Sørensen HT, Nørgård B, Pedersen L, Larsen H, Johnsen SP. **Maternal smoking and risk of hypertrophic infantile pyloric stenosis. 10 year population based cohort study.** *Ugeskr Laeger.* 2004; 166: 909-10.

Sørensen HT, Olsen JH, Johnsen SP, Schønheyder HC, Mellemkjær L. **The risk and prognosis of cancer after hospitalisation for herpes zoster: a population-based follow-up study.** *Br J Cancer.* 2004; 91: 1275-79.

Thomsen RW, Freundlich M, Sørensen HT, Schønheyder HC. **Sepsisepidemiologi i Norge og Danmark - en kommentar.** *Ugeskr Laeger* 2004; 166: 4173-4.

Thomsen RW, Hundborg HH, Lervang HH, Johnsen SP, Sørensen HT, Schønheyder HC. **Diabetes and outcome of community-acquired pneumococcal bacteremia: a 10-year population-based cohort study.** *Diabetes Care.* 2004; 27: 70-6.

Thomsen RW, Hundborg HH, Lervang HH, Johnsen SP, Schønheyder HC, Sørensen HT. **Risk of community-acquired pneumococcal bacteremia in patients with diabetes: a population-based case-control study.** *Diabetes Care.* 2004; 27: 1143-7.

Tjønneland A, Christensen J, Thomsen BL, Olsen A, Overvad K, Ewertz M, Mellemkjær L. **Hormone replacement therapy in relation to breast carcinoma incidence rate ratios: a prospective Danish cohort study.** *Cancer.* 2004; 100: 2328-37.

Tjønneland A, Christensen J, Thomsen BL, Olsen A, Stripp C, Overvad K, Olsen JH. **Lifetime alcohol consumption and postmenopausal breast cancer rate in Denmark: a prospective cohort study.** *J Nutr.* 2004; 134: 173-8.

Tjønneland A, Overvad K, Bingham SA, Day NE, Luben R, Ferrari P, Slimani N, Norat T, Clavel-Chapelon F, Kesse E, Nieters A, Boeing H, Martinez C, Dorronsoro M, Gonzalez CA, Key TJ, Trichopoulou A, Naska A, Vineis P, Tumino R, Krogh V, Bueno-de-Mesquita HB, Peeters PH, Berglund G, Hallmans G, Lund E, Skeie G, Kaaks R, Riboli E. **Dietary fibers in food and protection against**

colorectal cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. *Ugeskr Laeger.* 2004; 166: 2458-60.

Tolstrup JS, Jensen MK, Tjønneland A, Overvad K, Grønbæk M. **Drinking pattern and mortality in middle-aged men and women.** *Addiction.* 2004; 99: 323-30.

Vedsted P, Sørensen HT, Mortensen JT. **Drug prescription for adult frequent attenders in Danish general practice: a population-based study.** *Pharmacoepidemiol Drug Saf.* 2004; 13: 717-24.

Vedsted P, Fink P, Sørensen HT, Olesen F. **Physical, mental and social factors associated with frequent attendance in Danish general practice. A population-based cross-sectional study.** *Soc Sci Med.* 2004; 59: 813-23.

Vedsted P, Sørensen HT, Nielsen JN, Olesen F. **Variation in proportion of frequent attenders between Danish general practitioners.** *Scand J Pub Health.* 2004; 32: 188-93.

Vogel U, Laros I, Jacobsen NR, Thomsen BL, Bak H, Olsen A, Bukowy Z, Wallin H, Overvad K, Tjønneland A, Nexø BA, Raaschou-Nielsen O. **Two regions in chromosome 19q13.2-3 are associated with risk of lung cancer.** *Mutat Res.* 2004; 546: 65-74.

Vogel U, Olsen A, Wallin H, Overvad K, Tjønneland A, Nexø BA. **No association between OGG1 Ser-326Cys and risk of basal cell carcinoma.** *Cancer Epidemiol Biomarkers Prev.* 2004; 13: 1680-1.

Vogel U, Olsen A, Wallin H, Overvad K, Tjønneland A, Nexø BA. **No association between GPX Pro 198Leu and risk of basal cell carcinoma.** *Cancer Epidemiol Biomarkers Prev.* 2004; 13: 1412-3.

Wogelius P, Poulsen S, Sørensen HT. **Use of asthma-drugs and risk of dental caries among 5 to 7 year old Danish children: a cohort study.** *Community Dent Health.* 2004; 21: 207-11.

Wogelius P, Skriver MV, Sørensen HT. **Predictive value of childhood cancer diagnoses in the Danish Cancer Registry.** *J Pediatr Hematol Oncol.* 2004; 26: 701-2.

Woolley IJ, Larsen M, Jones S, Gahan ME, Jasenko I, Johnsen SP, Wesselingh S, Fuller A, Østergaard L. **Chlamydia pneumoniae in HIV infected patients and controls assessed by a novel blood Interferon-gamma assay, serology, and PCR.** *Clin Microbiol Infect.* 2004; 10: 820-5.

Yuan W, Sørensen HT, Basso O, Olsen J. **Prenatal maternal alcohol consumption and hospitalization with asthma in childhood: a population-based follow-up study.** *Alcohol Clin Exp Res.* 2004; 28: 765-8.

2003

Bigaard J, Tjønneland A, Thomsen BL, Overvad K, Heitmann BL, Sørensen TIA. **Waist circumference, BMI, smoking and mortality in middle-aged men and women.** *Obesity Research.* 2003; 11: 895-903.

Bingham SA, Day NE, Luben R, Ferrari P, Slimani N, Norat T, Clavel-Chapelon F, Kesse E, Nieters A, Boeing H, Tjønneland A, Overvad K, Martinez C, Dorronsoro M, Gonzalez CA, Key TJ, Trichopoulou A, Naska A, Vineis P, Tumino R, Krogh V, Bueno-de-Mesquita HB, Peeters PH, Berglund G, Hallmans G, Lund E, Skeie G, Kaaks R, Riboli E; European Prospective Investigation into Cancer and Nutrition. **Dietary fibre in food and protection against colorectal cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC): an observational study.** *Lancet.* 2003; 361: 1496-501.

Christensen EF, Lastrup TK, Hoyer CCS, Hougaard K, Spangsberg NLM. **Dødelighed efter alvorlig tilskadekomst før og efter etablering af et traumesystem i Århus.** *Ugeskr Laeger.* 2003; 45: 4296-99.

Dalton SO, Johansen C, Mellemkær L, Nørgård B, Sørensen HT, Olsen JH. **Use of selective serotonin reuptake inhibitors and risk of upper gastrointestinal bleeding – population-based cohort study.** *Arch Intern Med.* 2003; 163: 59-64.

Floyd A, Pedersen L, Nielsen GL, Thorlacius-Ussing O, Sørensen HT. **Risk of acute pancreatitis in users of azathioprine: a population-based case-control study.** *Am J Gastroenterol.* 2003; 98: 1305-1308.

Fonager K, Lindberg J, Thulstrup AM, Pedersen L, Schønheyder HC, Sørensen HT. **Incidence and short-term prognosis of infective endocarditis in Denmark 1980-1997.** *Scand J Infect Dis.* 2003; 35: 27-30.

Friis S, Sørensen HT, McLaughlin JK, Johnsen SP, Blot WJ, Olsen JH. **A population-based cohort study of the risk of colorectal and other cancers among users of low-dose aspirin.** *Br J Cancer.* 2003; 88: 684-8.

Gonzales C, Pera G, Agude A, Palli D, Krogh D, Vineis P, Tumino R, Panico S, Berglund G, Siman H, Nyren O, Agren A, Martinez C, Dorronsoro M, Barricarte A, Tormo MJ, Quiros JR, Allen N, Bingham S, Day N, Miller AB, Nagel G, Boing H, Overvad K, Tjønneland A, Bueno-de-Mesquita HB, Boshuizen HC, Peeters P, Numans M, Clavel-Chapelon F, Helen I, Agapitos E, Lund E, Fahey M, Saracci R, Kaaks R, Riboli E. **Smoking and the risk of gastric cancer in the European Prospective Investigation into Cancer and Nutrition (EPIC).** *Int J Cancer.* 2003; 107: 629-34.

Jacobsen NR, Nexø BA, Olsen A, Overvad K, Wallin H, Tjønneland A, Vogel U. **No association between the DNA repair gene XRCC3 T241M polymorphism and risk of skin cancer and breast cancer.** *Cancer Epidemiol Biomarkers Prev.* 2003; 12: 584-85.

Jensen ES, Lundbye-Christensen S, Pedersen L, Sørensen HT, Schønheyder HC. **Seasonal variation in meningococcal disease in Denmark: relation to age and meningococcal phenotype.** *Scand J Infect Disease.* 2003; 35: 226-9.

Jensen ES, Schønheyer HC, Lind I, Berthelsen L, Nørgård B, Sørensen HT. **Neisseria meningitidis phenotypic markers and septicaemia, disease progress and case-fatality rate of meningococcal disease: a 20-year population-based historical follow-up study in a Danish county.** *J Med Microbiol.* 2003; 52:173-9.

Jensen-Fangel S, Pedersen C, Nielsen H, Tauris P, Møller A, Sørensen HT, Obel N. **Use of the saquinavir hard gel as protease inhibitor in HIV-infected patients in the early HAART-period: does it affect long-term treatment outcome?** *Scand J Infect Dis.* 2003; 35: 743-9.

Jepsen P, Johnsen SP, Sørensen HT. **Risk of Suicide in Users of Cardiovascular Drugs – A Review of the Epidemiological Evidence.** *Am J Cardiovasc Drugs.* 2003; 3: 163-167.

Jepsen P, Skriver MV, Floyd A, Lipworth L, Schønheyder HC, Sørensen HT. **A population-based study of maternal use of amoxicillin and pregnancy outcome in Denmark.** *Br J Clin Pharmacol.* 2003; 55: 216-21.

Jepsen P, Vilstrup H, Mellemkjaer L, Thulstrup AM, Olsen JH, Baron JA, Sørensen HT. **Prognosis of patients with a diagnosis of fatty liver--a registry-based cohort study.** *Hepatogastroenterology.* 2003; 50: 2101-4.

Jepsen P, Vilstrup H, Møller JK, Sørensen HT. **Prognosis of patients with liver cirrhosis and spontaneous bacterial peritonitis.** *Hepatogastroenterology.* 2003; 50: 2133-6.

Johansen D, Andersen PK, Overvad K, Jensen G, Schnohr P, Sørensen TIA, Grønbæk M. **Energy adjustment methods applied to alcohol analyses.** *Alcohol.* 2003; 31: 11-7.

Johnsen SP, Pedersen L, Friis S, Blot WJ, McLaughlin JK, Olsen JH, Sørensen HT. **Nonaspirin non-steroidal anti-inflammatory drugs and risk of hospitalisation for intracerebral hemorrhage: a population-based case-control study.** *Stroke.* 2003; 34: 287-91.

Johnsen SP, Overvad K, Stripp C, Tjønneland A, Husted SE, Sørensen HT. **Intake of fruit and vegetables and the risk of ischemic stroke in a cohort of Danish men and women.** *Am J Clin Nutr.* 2003; 78: 57-64.

Juvela S, Gaist D, Bak S, Johnsen SP, Pedersen L, Sørensen HT, Friis S, Olsen JH, Blot WJ, McLaughlin JK. **Nonsteroidal anti-inflammatory drugs as risk factors for spontaneous intracerebral hemorrhage and aneurismal subarachnoid hemorrhage response.** *Stroke.* 2003; 34: E34-6.

Langagergaard V, Nørgård B, Mellemkjær L, Pedersen L, Rothman KJ, Sørensen HT. **Seasonal variation in month of birth and diagnosis in children and adolescents with Hodgkin disease and non-Hodgkin lymphoma.** *J Pediatr Hemato Oncol.* 2003; 25: 534-8.

Larsen TB, Sørensen HT, Skytthe A, Johnsen SP, Vaupel JW, Christensen K. **Major genetic susceptibility for venous thromboembolism in men: a study of Danish twins.** *Epidemiology.* 2003; 14: 328-32.

Larsen H, Nielsen GL, Bendsen J, Flint C, Olsen J, Sørensen HT. **Predictive value and completeness of the registration of congenital abnormalities in three Danish population-based registries.** *Scand J Public Health.* 2003; 31: 12-6.

Li J, Johnsen SP, Olsen J. **Stroke in parents who lost a child: a nationwide follow-up study in Denmark.** *Neuroepidemiology.* 2003; 22: 211-6.

Lipworth L, Friis S, Mellemkjær L, Signorello LB, Johnsen SP, Nielsen GL, McLaughlin JK, Blot WJ, Olsen JH. **A population-based cohort study of mortality among adults prescribed paracetamol in Denmark.** *J Clin Epidemiol.* 2003; 56: 796-801.

Lund L, Jepsen P, Vilstrup H, Sørensen HT. **Thirty-day case fatality after nephrectomy in patients with liver cirrhosis--a Danish population-based cohort study.** *Scand J Urol Nephrol.* 2003; 37: 433-6.

Mellemkjær L, Olsen ML, Sørensen HT, Thulstrup AM, Olsen J, Olsen JH. **Birth weight and risk of early-onset breast cancer (Denmark).** *Cancer Causes Control.* 2003; 14: 61-4.

Mortensen T, Olsen J, Larsen H, Bendsen J, Obel C, Sørensen HT. **Psychomotor development in children exposed in utero to benzodiazepines, antidepressants, neuroleptics, and anti-epileptics.** *Eur J Epidemiol.* 2003; 18: 769-71.

Nexø BA, Vogel U, Olsen A, Ketelsen T, Bukowy Z, Thomsen BL, Wallin H, Overvad K, Tjønneland A. **A specific haplotype of single nucleotide polymorphisms on chromosome 19q13.2-3 encompassing the gene RAI is indicative of post-menopausal breast cancer before age 55.** *Carcinogenesis.* 2003; 24: 899-904.

Nielsen GL. **DANAMI-2**. *Ugeskr Laeger*. 2003; 165: 1147.

Nissen SB, Tjønneland A, Stripp C, Olsen A, Christensen J, Overvad K, Dragsted LO, Thomsen B. **Intake of vitamins A, C, and E from diet and supplements and breast cancer in postmenopausal women: A prospective study**. *Cancer Causes Control*. 2003; 14: 695-704.

Nørgård B, Pedersen L, Fonager K, Rasmussen SN, Sørensen HT. **Azathioprine, mercaptopurine and birth outcome: a population-based cohort study**. *Aliment Pharmacol Ther*. 2003; 17: 827-34.

Nørgård B, Fonager K, Pedersen L, Jacobsen BA, Sørensen HT. **Birth outcome in women exposed to 5-aminosalicylic acid during pregnancy: a Danish cohort study**. *GUT*. 2003; 52: 243-7.

Nørgård B, Puho E, Pedersen L, Czeizel AE, Sørensen HT. **The risk of congenital abnormalities in children born by women with ulcerative colitis: a population-based case control study**. *Am J Gastroenterol*. 2003; 98: 2006-10.

Nørgård M, Gudmundsdottir G, Larsen CS, Schønheyder HC. **Staphylococcus aureus Meningitis: Experience with Cefuroxime Treatment During a 16 Year Period in a Danish Region**. *Scand J Infect Dis*. 2003; 35: 311-314.

Olsen A, Tjønneland A, Thomsen BL, Loft S, Stripp C, Overvad K, Møller S. **Fruits and vegetables intake differentially affects estrogen receptor negative and positive breast cancer incidence rates**. *J Nutr*. 2003; 133: 2342-7.

Pedersen G, Schønheyder HC, Sørensen HT. **Source of infection and other factors associated with case fatality in community-acquired bacteremia – a Danish population-based cohort study from 1992 to 1997**. *Clin Microbiol Infect*. 2003; 9: 793-802.

Rasmussen L, Husted SE, Johnsen SP. **Severe intoxication after an intentional overdose of amlodipine**. *Acta Anaesthesiol Scand*. 2003; 47: 1038-40.

Ratanajamit C, Vinther Skriver M, Jepsen P, Chongsuvivatwong V, Olsen J, Sørensen HT. **Adverse pregnancy outcome in women exposed to acyclovir during pregnancy: a population-based observational study**. *Scand J Infect Dis*. 2003; 35: 255-59.

Ratanajamit C, Skriver MV, Nørgaard M, Jepsen P, Schønheyder HC, Sørensen HT. **Adverse pregnancy outcome in users of sulfamethizole during pregnancy: a population-based observational study**. *J Antimicrob Chemother*. 2003; 52: 837-41.

Stripp C, Overvad K, Christensen J, Thomsen BL, Olsen A, Møller S, Tjønneland A. **Fish intake is positively associated with breast cancer incidence rate**. *J Nutr*. 2003; 133: 3664-9.

Svendsen KB, Jensen TS, Overvad K, Hansen HJ, Koch-Henriksen N, Bach FW. **Pain in patients with multiple sclerosis; a population-based study**. *Arch Neurol*. 2003; 60: 1089-94.

Søndergaard C, Olsen J, Friis-Hasche E, Dirdal M, Thrane N, Sørensen HT. **Psychosocial distress during pregnancy and the risk of infantile colic: a follow-up study**. *Acta Paediatr*. 2003; 92: 811-6.

Sørensen HT, Friis S, Nørgård B, Mellemkjær L, Blot WJ, McLaughlin JK, Ekbom A, Baron JA. **Risk of cancer in a large cohort of nonaspirin NSAID users: a population-based study**. *Br J Cancer*. 2003; 88: 1687-1692.

Sørensen HT, Nørgård B, Friis S, Laurberg S, Olsen JH, Kronberg O. **Non-steroid anti-inflammatory drugs and prevention of colorectal cancer and other forms of cancer**. *Ugeskr Laeger*. 2003; 165: 1260-1.

Sørensen HT, Skriver MV, Pedersen L, Larsen H, Ebbesen F, Schønheyder HC. **Risk of infantile hypertrophic pyloric stenosis after maternal postnatal use of macrolides.** *Scand J Infect Dis.* 2003; 35: 104-6.

Sørensen HT, Mellemkjær L, Jepsen P, Thulstrup AM, Baron J, Olsen JH, Vilstrup H. **Risk of cancer in patients hospitalized with fatty liver: a Danish cohort study.** *J Clin Gastroenterol.* 2003; 36: 356-9.

Sørensen HT, Thulstrup AM, Mellemkjær L, Jepsen P, Christensen E, Olsen JH, Vilstrup H. **Long-term survival and cause-specific mortality in patients with cirrhosis of the liver: a nationwide cohort study in Denmark.** *J Clin Epidemiol.* 2003; 56: 88-93.

Sørensen HT. Commentary. **Aspirin in early pregnancy is not associated with an increased risk of congenital anomalies – meta-analysis.** *Evidence-based Obstetrics and Gynecology.* 2003; 5: 113-14.

Sørensen HT, Johnsen SP, Nørgård B, Zacharski LR, Baron JA. **Cancer and venous thromboembolism: a multidisciplinary approach.** *Clin Lab.* 2003; 49: 615-23.

Tankisi H, Johnsen B, Fuglsang-Frederiksen A, de Carvalho M, Fawcett PR, Labarre-Vila A, Liguori R, Nix W, Olsen M, Schofield I. **Variation in the classification of polyneuropathies among European physicians.** *Clinical Neurophysiol.* 2003; 114: 496-503.

Thrane N, Olesen C, Schønheyder HC, Sørensen HT. **Socioeconomic factors and prescription of antibiotics in 0- to 2-year-old Danish children.** *J Antimicrob Chemother.* 2003; 51: 683-9.

Tjønneland A, Thomsen BL, Stripp C, Christensen J, Overvad K, Mellemkjær L, Grønbæk M, Olsen JH. **Alcohol intake, drinking patterns and risk of postmenopausal breast cancer in Denmark: a prospective cohort study.** *Cancer Causes Control.* 2003; 14: 277-84.

Vestergaard P, Olsen ML, Johnsen SP, Rejnmark L, Sørensen HT, Mosekilde L. **Corticosteroid use and risk of hip fracture - A population-based case-control study in Denmark.** *J Intern Med.* 2003; 254: 486-93.

Vogel U, Nexø BA, Olsen A, Thomsen B, Jacobsen N, Wallin H, Overvad K, Tjønneland A. **No association between OGG1 Ser326Cys polymorphism and breast cancer risk.** *Cancer Epidemiol Biomarkers Prev.* 2003; 12: 170-1.

Wogelius P, Poulsen S, Sørensen HT. **Prevalence of dental anxiety and behaviour management problems among six to eight years old Danish children.** *Acta Odontol Scand.* 2003; 61: 178-83.

Wogelius P, Poulsen S, Sørensen HT. **Asthma, ear problems, and dental anxiety among 6- to 8-yr-olds in Denmark: a population-based cross-sectional study.** *Eur J Oral Sci.* 2003; 111: 472-6.

Yuan W, Fonager K, Olsen J, Sørensen HT. **Prenatal factors and use of anti-asthma medications in early childhood: a population-based Danish birth cohort study.** *Eur J Epidemiol.* 2003; 18: 763-8.

Zita C, Mortensen SA, Overvad K, Sindberg CD, Moesgaard S. **Serum Coenzyme Q10 concentration in healthy men supplemented with 30 mg or 100 mg coenzyme Q10 for two months in a randomised controlled study.** *Biofactors.* 2003; 18: 185-93.

2002

Autrup JL, Hokland P, Pedersen L, Autrup A. **Effect of glutathione S-transferases on survival of patients with acute myeloid leukemia.** *Eur J Pharmacol.* 2002; 8: 15-8.

Dencker BB, Larsen H, Jensen ES, Schønheyder HC, Nielsen GL, Sørensen HT. **Birth outcome of 1886 pregnancies after exposure to phenoxymethypenicillin in utero.** *J Clin Microbiol Infec.* 2002; 8: 198-201.

Eros E, Czeizel AE, Sørensen HT, Olsen J. **A population-based case-control teratologic study of nitrazepam, medazepam, tofisopam, alprazolam and clonazepam treatment during pregnancy.** *Eur J Obstet Gynecol Reprod Biol.* 2002; 101: 147-54.

Flint C, Larsen H, Nielsen GL, Olsen J, Sørensen HT. **Pregnancy outcome after suicide attempt by drug use: A Danish population-based study.** *Acta Obstet Gynecol Scand.* 2002; 81: 516-22.

Floyd A, Pedersen L, Nielsen GL, Thorlacius-Ussing O, Sørensen HT. **Secular trends in incidence and 30-day case fatality of acute pancreatitis in North Jutland County, Denmark: a register-based study from 1981-2000.** *Scand J Gastroenterol.* 2002; 37: 1461-5.

Friis S, Nielsen GL, Mellemkjær L, McLaughlin JK, Thulstrup SM, Blot WJ, Lipworth L, Vilstrup H, Olsen JH. **Cancer risk in persons receiving prescriptions for paracetamol: A Danish cohort study.** *Int J Cancer.* 2002; 97: 96-101.

Frost L, Johnsen SP, Pedersen L, Husted S, Engholm G, Sørensen HT, Rothman KJ. **Seasonal variation in hospital discharge diagnosis of atrial fibrillation: A population-based study.** *Epidemiology.* 2002; 13: 211-5.

Frost L, Johnsen SP, Pedersen L, Thulstrup AM, Toft E, Husted S, Sørensen HT. **Atrial fibrillation or flutter and stroke: a Danish population-based study of the effectiveness of oral anticoagulation in clinical practice.** *J Intern Med.* 2002; 252: 64-9.

Hansen JB, Thulstrup AM, Vilstrup H, Sørensen HT. **Danish nationwide cohort study of postoperative death in patients with liver cirrhosis undergoing hernia repair.** *Br J Surg.* 2002; 89: 805-6.

Hansen JG, Vestbo J. **Diagnostik og behandling af nedre luftvejsinfektioner hos voksne.** *Ugeskr Laeger.* 2002; 164: 4052-5.

Jensen ES, Berthelsen L, Lind I, Fussing V, Sørensen HT, Schønheyder HC. **Period prevalence and case-fatality rate associated with distinctive clone complexes of Neisseria meningitidis serogroups B and C.** *Eur J Clin Microbiol Infect Dis.* 2002; 21: 503-12.

Jensen OK, Rasmussen C, Mollerup F, Christensen PB, Hansen H, Ekelund S, Thulstrup AM. **Hyperhomocysteinaemia in rheumatoid arthritis; influence of methotrexate treatment and folic acid supplementation.** *J Rheumatol.* 2002; 29: 1615-8.

Jensen-Fangel S, Pedersen L, Pedersen C, Larsen Schade C, Tauris P, Møller A, Sørensen HT, Obel N. **The Effect of Race/Ethnicity on the Outcome of Highly Active Antiretroviral Therapy for Human Immunodeficiency Virus Type 1-Infected Patients.** *Clin Infect Dis.* 2002; 35: 1541-48.

Johnsen SP, Overvad K, Sørensen HT, Tjønneland A, Husted SE. **Predictive value of stroke and transient ischemic attack discharge diagnoses in The Danish National Registry of Patients.** *J Clin Epidemiol.* 2002; 55: 602-7.

Larsen TB, Fredholm L, Brandslund I, Munkholm P, Hey H. **Hyperhomocysteinaemia, coagulation pathway activation and thrombophilia in patients with inflammatory bowel disease.** *Scand J Gastroenterol.* 2002; 37: 62-7.

Larsen TB, Laursen B. **D-dimer tests and the diagnosis of deep vein thrombosis - Reply.** *J Intern Med.* 2002; 252: 576.

Larsen TB, Nielsen JN, Fredholm L, Brandslund I, Munkholm P, Hey H. **Platelets and Anticoagulant Capacity in Patients with Inflammatory Bowel Disease.** *Pathophysiol Haemost Thrombosis.* 2002; 32: 92-6.

Larsen TB, Stoffersen E, Christensen CS, Laursen B. **Validity of D-dimer tests in the diagnosis of deep vein thrombosis: a prospective comparative study of three quantitative assays.** *J Intern Med.* 2002; 252: 36-40.

Mellemkjær L, Blot WJ, Sørensen HT, Thomassen L, McLaughlin JK, Nielsen GL, Olsen JH. **Upper gastrointestinal bleedings among users of NSAIDs: a population-based cohort study in Denmark.** *Br J Clin Pharmacol.* 2002; 53: 173-81.

Mygind H, Thulstrup AM, Pedersen L, Larsen H. **Risk of intrauterine growth retardation, malformations and other birth outcomes in children after topical use of corticosteroid in pregnancy.** *Acta Obstet Gynecol Scand.* 2002; 81: 234-9.

Nielsen IL, Thulstrup AM, Nielsen GL, Larsen H, Vilstrup H, Sørensen HT. **Thirty-day postoperative mortality after hysterectomy in women with liver cirrhosis: a Danish population-based cohort study.** *European J Obstet Gynecol Reprod Biol.* 2002; 102: 202-5.

Nørgård B, Sørensen HT, Jensen ES, Faber T, Schønheyder H, Nielsen GL. **Pre-hospital parenteral antibiotic treatment of meningococcal disease and case fatality: a Danish population-based cohort study.** *J Infect* 2002; 45: 144-51.

Olsen J, Czeizel A, Sørensen HT, Nielsen GL, de Jong van den Berg LTW, Irgens LM, Olesen C, Pedersen L, Larsen H, Lie RT, de Vries CS, Bergman U. **How do we best detect toxic effects of drugs taken during pregnancy?** *Drug Safety.* 2002; 25: 21-32.

Poulsen LO, Thulstrup AM, Mellemkjær L, Vilstrup H, Sørensen HT. **Mortality and causes of death in patients with 'lupoid hepatitis'. A long-term follow-up study in Denmark.** *Dan Med Bull.* 2002; 49: 263-5.

Pungrassami P, Johnsen SP, Chongsuvivatwong V, Olsen J. **Has directly observed treatment improved outcomes for patients with tuberculosis in southern Thailand?** *Trop Med Int Health.* 2002; 7: 271-9.

Pungrassami P, Johnsen SP, Chongsuvivatwong V, Olsen J, Sørensen HT. **Practice of directly observed treatment (DOT) for tuberculosis in southern Thailand: comparison between different types of DOT observers.** *Int J Tuberc Lung Dis.* 2002; 6: 389-95.

Schønheyder CS, Thrane N, Sørensen HT. **Indløsning af en ny antibiotikumrecept efter behandling med sulfonamid eller pivmecillinam. En receptundersøgelse blandt 15-50-årige kvinder i Nordjyllands Amt.** *Ugeskr Laeger.* 2002; 164: 43-6.

Signorello LB, McLaughlin JK, Lipworth L, Friis S, Sørensen HT, Blot WJ. **Confounding by indication in epidemiologic studies of commonly used analgesics.** *Am J Ther.* 2002; 9: 199-205.

Sørensen HT, Johnsen SP, Nørgård B. **Lægemidler og sikkerhed under graviditet.** *Rationel Farmakoterapi.* 2002; 1-2.

Sørensen HT, Mellemkjær L, Friis S, Olsen JH. **Use of systemic corticosteroids and risk of esophageal cancer.** *Epidemiology.* 2002; 13: 240-1.

Sørensen HT, Nørgård B, Pedersen L, Larsen H, Johnsen SP. **Maternal smoking and risk of hypertrophic infantile pyloric stenosis: 10 year population based cohort study.** *BMJ.* 2002; 325: 1011-2.

Sørensen HT, Videbæk J, Nielsen TT. **Oppbygningen af en forskningsprotokol.** Hjerteforeningens Biomedicinske Forskningsudvalg. *Cardiologisk Forum.* 2002; 8-12.

Vedsted P, Christensen MB, Sørensen HT, Fink P, Olesen F. **Special status consultation for frequent attenders. Who are the candidates?** *J Public Health Med.* 2002; 24: 53-7.

Yuan W, Basso O, Sørensen HT, Olsen J. **Fetal growth and hospitalization with asthma during early childhood: a follow-up study in Denmark.** *Int J Epidemiol.* 2002; 31: 1240-5.

Zhou W, Nielsen GL, Møller M, Olsen J. **Short-term complications after surgically induced abortions: a register-based study of 56 117 abortions.** *Acta Obstet Gynecol Scand.* 2002; 81: 331-6.

2001

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **A population-based case-control teratologic study of ampicillin treatment during pregnancy.** *Am Obstet Gynecol.* 2001; 185: 140-7.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **Augmentin treatment during pregnancy and the prevalence of congenital abnormalities: a population-based case-control teratologic study.** *Eur J Obstet Gynecol Reprod Biol.* 2001; 97: 188-92.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **Nitrofurantoin and congenital abnormalities.** *Eur J Obstet Gynecol Reprod Biol.* 2001; 95: 119-26.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **The teratogenic risk of trimethoprim-sulfonamides: A population based case-control study.** *Reprod Toxicol.* 2001; 15: 637-46.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **Use of cephalosporins during pregnancy and in the presence of congenital abnormalities.** *Am J Obstet Gynecol.* 2001; 184: 1289-96.

Czeizel AE, Sørensen HT, Rockenbauer M, Olsen J. **A population-based case-control teratologic study of nalidixic acid.** *Int J Gynecol Obstet.* 2001; 73: 221-8.

Czeizel AE, Rockenbauer M, Olsen J, Sørensen HT. **A population-based case-control study of the safety of oral anti-tuberculosis drug treatment during pregnancy.** *Int J Tuberc Lung Dis.* 2001; 5: 564-8.

Fonager K, Larsen H, Pedersen L, Sørensen HT. **Anti-epileptic drugs and intrauterine growth.** *Acta Neurol Scand.* 2001; 104: 323-4.

Fonager KM, Larsen H, Pedersen L, Sørensen HT. **Medfødte misdannelser og intrauterin vækst hos børn eksponeret for antiepileptika in utero.** *Ugeskr Laeger.* 2001; 163: 6279-83.

Friis S, Sørensen HT, Mellemkjær L, McLaughlin JK, Nielsen GL, Blot WJ, Olsen JH. **Angiotensin-converting enzyme inhibitors and risk of cancer - A population-based cohort study in Denmark.** *Cancer.* 2001; 92: 2462-70.

Frost L, Johnsen SP, Engholm G, Henneberg E, Husted S. **Incident thromboembolism in the aorta, renal, mesenteric, pelvic or extremity arteries after discharge from the hospital with a diagnosis of atrial fibrillation.** *Arch Intern Med.* 2001; 161: 272-6.

Gregersen H, Ibsen JS, Mellemkjær L, Dahlerup JF, Olsen JH, Sørensen HT. **Mortality and causes of death in patients with monoclonal gammopathy of undetermined significance.** *Br J Haematol.* 2001; 112: 353-7.

Gregersen H, Mellemkjær L, Ibsen JS, Dahlerup JF, Thomassen L, Sørensen HT. **The impact of M-component type and immunoglobulin concentration on the risk of malignant transformation in patients with monoclonal gammopathy of undetermined significance.** *Haematologica.* 2001; 86: 1172-9.

Gregersen H, Pedersen G, Svendsen N, Thulstrup AM, Sørensen HT, Schønheyder HC. **Multiple myeloma following an episode of community-acquired pneumococcal bacteremia or meningitis.** *APMIS.* 2001; 109: 797-800.

Jensen OK, Thulstrup AM. **Kønsforskelle ved post-traumatisk hovedpine og andre post-comotionelle symptomer. Et 9-12 måneders follow-up studie.** *Ugeskr Laeger.* 2001; 163: 5029-33.

Johnsen SP, Sørensen HT, Mellemkjær L, Blot WJ, Nielsen GL, McLaughlin JK, Olsen JH. **Hospitalisation for upper gastrointestinal bleeding associated with use of oral anticoagulants.** *Thromb Haemost.* 2001; 86: 263-8.

Johnsen SP, Sørensen HT, Thulstrup AM, Nørgård B, Engberg M, Lauritzen T. **Fetal growth data and urinary albumin excretion among middle-aged Danes.** *Scand J Urol Nephrol.* 2001; 35: 314-18.

Larsen H, Nielsen GL, Møller M, Ebbesen F, Schønheyder HC, Sørensen HT. **Birth outcome and risk of neonatal hypoglycaemia following in utero exposure to pivmecillinam: a population-based cohort study with 414 exposed pregnancies.** *Scand J Infect Dis.* 2001; 33: 439-44.

Larsen H, Nielsen GL, Schønheyder HC, Olesen C, Sørensen HT. **Birth outcome following maternal use of fluoroquinolones.** *International J Antimicrob Agents.* 2001; 18: 259-62.

Mainz J, Bartels P, Laustsen S, Jørgensen T, Thulstrup AM, Linneberg A, Thomsen T. **Det Nationale Indikatorprojekt til overvågning og forbedring af de faglige kerneydelser.** *Ugeskr Laeger.* 2001; 163: 6401-6.

Mortensen JT, Thulstrup AM, Larsen H, Møller M, Sørensen HT. **Smoking, sex of the offspring, and risk of placental abruption, placenta previa, and preeclampsia: a population-based cohort study.** *Acta Obstet Gynecol Scand.* 2001; 80: 894-8.

Mølle I, Thulstrup AM, Jepsen P, Sørensen HT, Vilstrup, H. **Liver cirrhosis is risk factor for pyogenic liver abscesses.** *BMJ.* 2001; 323: 52.

Mølle I, Thulstrup AM, Vilstrup H, Sørensen HT. **Increased risk and case fatality rate of pyogenic liver abscess in patients with liver cirrhosis: a nationwide study in Denmark.** *Gut.* 2001; 48: 260-3.

Nielsen GL, Sørensen HT, Larsen H, Pedersen L. **Risk of adverse birth outcome and miscarriage in pregnant users of non-steroidal anti-inflammatory drugs: population based observational study and case control study.** *BMJ.* 2001; 322: 266-70.

Nielsen GL, Sørensen HT, Mellemkjær L, Blot WJ, McLaughlin JK, Tage-Jensen U, Olsen JH. **Risk of hospitalization resulting from upper gastrointestinal bleeding among patients taking corticosteroids: A register-based cohort study.** *Am J Med.* 2001; 111: 541-5.

Nielsen SS, Thulstrup AM, Lund L, Vilstrup H, Sørensen HT. **Postoperative mortality in patients with liver cirrhosis undergoing transurethral resection of the prostate: a Danish nationwide cohort study.** *Br J Urol.* 2001; 87: 183-6.

Nørgård B, Czeizel AE, Rockenbauer M, Olsen J, Sørensen HT. **Population-based case control study of the safety of sulfasalazine use during pregnancy.** *Aliment Pharmacol Ther.* 2001; 15: 483-6.

Olesen C, Thrane N, Nielsen GL, Sørensen HT, Olsen J, and the EuroMAP Group. **A population-based prescription study of asthma drugs during pregnancy. Changing intensity of asthma therapy and perinatal outcomes.** *Respiration.* 2001; 80: 256-61.

Olesen C, de Vries CS, Thrane N, MacDonald TM, Larsen H, Sørensen HT. **Effect of diuretics on fetal growth: A drug effect or confounding by indication? Pooled Danish and Scottish cohort data.** *Br J Clin Pharmacol.* 2001; 51: 153-7.

Olsen J, Melbye M, Olsen SF, Sørensen TIA, Aaby P, Andersen AMN, Taxbøl D, Hansen KD, Juul M, Schow TB, Sørensen HT, Andresen J, Mortensen EL, Olesen AW, Søndergaard C. **The Danish National Birth Cohort – its background, structure and aim.** *Scand J Public Health.* 2001; 29: 300-7.

Olsen J, Sørensen HT, Steffensen FH, Sabroe S, Gillman MW, Fischer P, Rothman KJ. **The association of indicators of fetal growth with visual acuity and hearing among conscripts.** *Epidemiology.* 2001; 12: 235-8.

Riahi S, Fonager K, Hvilsted-Rasmussen L, Bendsen J, Johnsen SP, Sørensen HT. **Use of lipid-lowering drugs during 1991-98 in Northern Jutland; Denmark.** *Br J Clin Pharmacol.* 2001; 52: 307-11.

Rockenbauer M, Olsen J, Czeizel AE, Pedersen L, Sørensen HT, and the EuroMap Group. **Recall bias in a case-control surveillance system on the use of medicine during pregnancy.** *Epidemiology.* 2001; 12: 461-6.

Søndergaard C, Olsen J, Dirdal M, Friis-Hasché E, Sørensen HT. **Tre månederskolik - en vurdering af mulige risikofaktorer.** *Ugeskr Laeger.* 2001; 163: 6265-70.

Sørensen HT. **Cancer and venous thromboembolism: A summary of risk and prognosis.** *Thromb Oncol.* 2001; 4: 5-8.

Sørensen HT. **Screening for cancer in patients with venous thromboembolism.** *Haemostasis.* 2001; 31: 34-36.

Sørensen HT, Czeizel AE, Rockenbauer M, Steffensen FH, Olsen J. **The risk of limb deficiencies and other congenital abnormalities in children exposed in utero to calcium channel blockers.** *Acta Obstet Gynecol Scand.* 2001; 80: 397-401.

Sørensen HT, Johnsen, SP, Nørgård B. **Methodological issues in using prescription and other databases in pharmacoepidemiology.** *Norwegian J Epidemiol.* 2001; 11: 13-18.

Sørensen HT, Mellemkjær L, Olsen JH. **Risk of suicide in users of beta-adrenoceptor blockers; calcium channel blockers; and angiotensin converting enzyme inhibitors.** *Br J Clin Pharmacol.* 2001; 52: 313-18.

Sørensen HT, Pedersen L, Nørgård B, Fonager K, Rothman JK. **Does month of birth affect risk of Crohn's disease in childhood and adolescence?** *BMJ.* 2001; 323: 907.

Sørensen HT, Pedersen L, Olsen JH, Rothman KJ. **Seasonal variation in month of birth and diagnosis of early childhood acute lymphoblastic leukemia.** *J Am Med Assoc.* 2001; 285: 168-69.

Thrane N, Olesen C, Mortensen JT, Søndergaard C, Schønheyder HC, Sørensen HT. **Influence of day care attendance on the use of systemic antibiotics in 0- to 2-year-old children.** *Pediatrics.* 2001; 107: 256-61.

Thrane N, Olesen C, Schønheyder HC, Sørensen HT. **Individual use of antibiotics and prevalence of beta-lactamase resistance among bacterial pathogens from middle ear fluid.** *J Antimicrobial Chemother.* 2001; 47: 211-4.

Thulstrup AM, Sørensen HT, Vilstrup H. **Perioperative mortality associated with open cholecystectomy in patients with cirrhosis of the liver. A population based study in Denmark.** *Eur J Surg.* 2001; 167: 679-83.

Vedsted P, Sørensen HT, Nielsen JN, Olesen F. **The association between daytime attendance and out-of-hours frequent attendance among adult patients in general practice.** *Br J Gen Pract.* 2001; 51: 121-4.

Yuan W, Basso O, Sørensen HT, Olsen J. **Maternal prenatal lifestyle factors and infectious disease in early childhood. A follow-up study of hospitalization within a Danish birth cohort.** *Pediatrics.* 2001; 107: 357-62.

Østergaard L, Sørensen HT, Lindholt J, Sørensen TE, Pedersen L, Eriksen T, Andersen PL. **Risk of hospitalization for cardiovascular disease after use of macrolides and penicillins: A comparative prospective cohort study.** *J Infect Dis.* 2001; 183: 1625-30.

2000

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **A population-based case-control teratologic study of furazidine, a nitrofuran-derivative treatment during pregnancy.** *Clin Nephrol.* 2000; 53: 257-63.

Czeizel AE, Rockenbauer M, Olsen J, Sørensen HT. **Oral phenoxymethypenicillin treatment during pregnancy. Results of a population-based Hungarian case-control study.** *Arch Gynecol Obstet.* 2000; 263: 178-81.

Czeizel AE, Rockenbauer M, Olsen J, Sørensen HT. **A teratological study of aminoglycoside antibiotic treatment during pregnancy.** *Scand J Infect Dis.* 2000; 32: 309-11.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **A population-based case-control teratologic study of oral chloramphenicol treatment during pregnancy.** *Eur J Epidemiol.* 2000; 16: 323-7.

Czeizel AE, Rockenbauer M, Olsen J, Sørensen HT. **A case-control teratological study of spiramycin, roxithromycin, oleanomycin and josamycin.** *Acta Obstet Gynecol Scand.* 2000; 79: 234-7.

Czeizel AE, Rockenbauer M, Sørensen HT, Olsen J. **A teratological study of lincosamides.** *Scand J Infect Dis.* 2000; 5: 579-80.

Dalton SO, Johansen C, Mellemkjær L, Sørensen HT, McLaughlin JK, Olsen J, Olsen J.H. **Antidepressant medications and risk for cancer.** *Epidemiology.* 2000; 11: 171-6.

Ejstrud P, Kristensen B, Hansen JB, Madsen KM, Schønheyder HC, Sørensen HT. **Risk and patterns of bacteraemia after splenectomy: a population-based study.** *Scand J Infect Dis.* 2000; 32: 521-5.

Fonager K, Larsen H, Pedersen L, Sørensen HT. **Birth outcomes in women exposed to anticonvulsant drugs.** *Acta Neurol Scand.* 2000; 101: 289-94.

Gaist D, Christensen K, Væth M, Tsioropoulos I, Olsen J, Sørensen HT. **Incidence of hospital admission does not equal incidence of disease.** *BMJ.* 2000; 320: 1277.

Gaist D, Væth M, Tsioropoulos I, Christensen K, Corder E, Olsen J, Sørensen HT. **Risk of subarachnoid hemorrhage in first degree relatives of patients with subarachnoid hemorrhage: follow up study based on national registries in Denmark.** *BMJ.* 2000; 320: 141-145.

Gregersen H, Mellemkjær L, Ibsen JS, Sørensen HT, Olsen JH, Pedersen J.O, Dahlerup JF. **Cancer risk in patients with monoclonal gammopathy of undetermined significance.** *Am J Hematol.* 2000; 63: 1-6.

Larsen H, Nielsen GL, Sørensen HT, Møller M, Olsen J, Schønheyder HC. **A follow-up study of birth outcome in users of pivampicillin during pregnancy.** *Acta Obstet Gynecol Scand.* 2000; 5: 379-83.

Lund L, Roebuck D, Lee K, Sørensen HT, Yeung C. **Clinical assessment after varicocelectomy.** *Scand J Urol Nephrol.* 2000; 34: 119-122.

Mølle I, Thulstrup AM, Svendsen N, Schønheyder HC, Sørensen HT. **Risk and case-fatality rate of meningitis in patients with liver cirrhosis.** *Scand J Infect Dis.* 2000; 32: 407-10.

Nørgård B, Fonager K, Sørensen HT, Olsen J. **Birth Outcomes of women with ulcerative colitis: A Nationwide Danish Cohort Study.** *Am J Gastroenterol.* 2000; 95: 3165-3170.

Olesen C, Steffensen FH, Sørensen HT, Nielsen GL, Olsen J. **Pregnancy outcome following pre-scription of sumatriptan.** *Headache.* 2000; 40: 20-24.

Olsen J, Bonde JP, Basso O, Hjøllund NH, Sørensen HT, Abell A. **Birthweight and semen characteristics.** *Int J Andrology.* 2000; 23: 230-35.

Pedersen G, Schønheyder HC, Kristensen B, Sørensen HT. **Community-acquired bacteraemia and antibiotic resistance. Trends during a 17-year period in a Danish county.** *Dan Med Bull.* 2000; 47: 296-300.

Poulsen L, Thulstrup AM, Sørensen HT, Vilstrup H. **Appendectomy and perioperative mortality in patients with liver cirrhosis.** *Br J Surg.* 2000; 87: 1664-65.

Schønheyder HC, Sanden AK, Sørensen HT. **The prevalence of gentamicin-resistance among clinical isolates of enterobacteria in a Danish region.** *AMP/S.* 2000; 108: 145-52.

Steffensen FH, Sørensen HT, Gillman MW, Rothman KJ, Sabroe S, Fischer P, Olsen J. **Low birth weight and preterm delivery as risk factors for asthma and atopic dermatitis in young adult males.** *Epidemiology.* 2000; 11: 1845-8.

Sørensen HT, Nielsen GL, Schønheyder HC, Steffensen FH, Hansen I, Sabroe S, Dahlerup JF, Hamburger H, Olsen J. **Antibiotisk behandling for indlæggelse af forløbet af meningokok-sygdom.** *Ugeskr Laeger.* 2000; 162: 2882-5.

Sørensen HT, Nielsen GL, Christensen K, Tage-Jensen U, Ekbom A, Baron J. **Birth outcome following maternal use of metoclopramide. The Euromap study group.** *Br J Clin Pharmacol.* 2000; 49: 264-268.

Sørensen HT, Johnsen SP, Larsen H, Pedersen L, Nielsen GL, Møller M. **Birth outcomes in pregnant women treated with low-molecular-weight heparin.** *Acta Obstet Gynecol Scand.* 2000; 8: 655-9.

Sørensen HT, Mellemkjær L, Blot W, Nielsen GL, Steffensen FH, McLaughlin J, Olsen J.H. **Risk of upper gastrointestinal bleeding associated with use of low-dose aspirin.** *Am J Gastroenterol.* 2000; 95: 2218-24.

Sørensen HT, Thulstrup AM, Mortensen JT, Larsen H, Pedersen L. **Hyperemesis gravidarum and sex of child.** *Lancet.* 2000; 355: 407.

Sørensen HT, Mellemkjær L, Steffensen FH, Olsen JH, Nielsen GL. **Incidens af cancer efter påvist primær dyb venetrombose eller lungeemboli.** *Lakartidningen.* 2000; 97: 1961-4.

Sørensen HT, Olsen JH, Mellemkjær L, Thulstrup AM, Steffensen F.H, McLaughlin J.K, Baron JA. **Cancer risk and mortality in users of calcium channel blockers: A cohort study.** *Cancer.* 2000; 89: 165-70.

Sørensen HT, Mellemkjær L, Olsen JH, Baron JA. **Prognosis in patients with cancer associated with primary venous thromboembolism.** *N Engl J Med.* 2000; 25: 1846-1850.

Sørensen HT, Thulstrup AM, Nørgård B, Engberg M, Madsen KM, Johnsen SP, Olsen J, Lauritzen T. **Fetal growth and blood pressure in a Danish population aged 31-51 years.** *Scand Cardiovasc J.* 2000; 34: 390-395.

Sørensen HT, Steffensen FH, Rothman KJ, Gillman MW, Fischer P, Sabroe S, Olsen J. **Effect of home and hospital delivery on longterm cognitive function.** *Epidemiology.* 2000; 11: 706-8.

Thulstrup AM, Sørensen HT, Schønheyder HC, Møller JK, Tage-Jensen UA. **Population-based study of the risk and short-term prognosis for bacteremia in patients with liver cirrhosis.** *Clin Infect Dis.* 2000; 31: 1357-61.

Thulstrup AM, Mølle I, Svendsen N, Sørensen HT. **Incidence and prognosis of tuberculosis in patients with cirrhosis of the liver. A Danish nationwide population based study.** *Epidemiol Infect.* 2000; 124: 221-5.

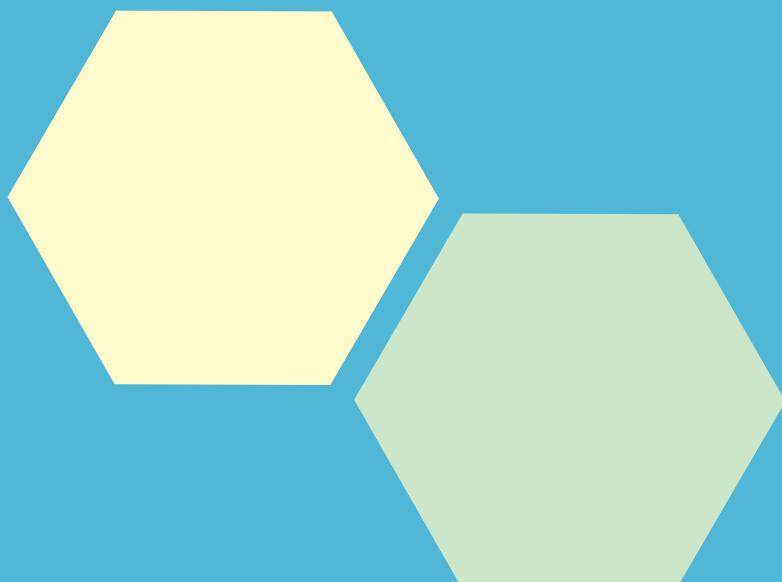
Wei Y, Steffensen FH, Nielsen GL, Møller M, Olsen J, Sørensen HT. **A population-based cohort study of birth and neonatal outcome in older primipara.** *Int J Gynaecol Obstet.* 2000; 68: 113-8.

Weijin Z, Sørensen HT, Olsen J. **Induced abortion and low birth weight in the following pregnancy.** *Int J Epidemiol.* 2000; 29: 100-6.

Weijin Z, Olsen J, Nielsen GL, Sabroe S. **Risk of spontaneous abortion following induced abortion is only increased with short interpregnancy interval.** *Obstet Gynaecol.* 2000; 20: 49-54.

|————— 62 —————|

|————— 63 —————|



Klinisk Epidemiologisk Afdeling
Forskningens Hus
Sdr. Skovvej 15
9000 Aalborg

AALBORG SYGEHUS
Århus Universitetshospital



Klinisk Epidemiologisk Afdeling
Ole Worms Allé 1150
8000 Århus C

 **Aarhus** Universitetshospital

