

Exhibit 144

Rebuttal Report on Methodological Considerations in Epidemiological Studies: Evaluating Random Error and Statistical Significance Testing

Prepared by:

David A. Savitz, Ph. D

March 17, 2025

I. INTRODUCTION

I have been asked to share my opinions on the topics of random error and statistical significance testing in epidemiological studies. Below is a summary of my qualifications pertinent to this report. My full curriculum vitae, which details my publications and other professional achievements and documentation of my experience with trial and deposition testimony over the last four years is provided in Appendix A. Should I be called upon as a witness, I am prepared and qualified to testify competently on the matters discussed in this report. Additionally, I reserve the right to revise my opinions if new information emerges. Upon request, I may also provide further supplemental opinions related to this case.

The opinions presented in this report are based on my education, training, and professional experience as a scientist and epidemiologist, and are asserted with a reasonable degree of scientific certainty. The methodologies I have applied in forming my opinions are consistent with those I use in other professional engagements, including teaching graduate students, interpreting results from epidemiologic studies I have conducted and studies conducted by others, assessing evidence as a member of expert committees, and providing information from epidemiologic studies for recommending policy.

II. BACKGROUND

I am currently a Professor of Epidemiology at the Brown University School of Public Health, with joint appointments in the Departments of Obstetrics and Gynecology, and Pediatrics. I also hold Adjunct Professor appointments at Dartmouth University, Boston University, and the University of Pittsburgh. I am trained in the field of epidemiology, having received my PhD from the University of Pittsburgh Graduate School of Public Health. Prior to my appointment at Brown University in 2010, I was a faculty member and held leadership positions at the University of North Carolina, Chapel Hill, and Mount Sinai School of Medicine.

My research interests and achievements are in the areas of reproductive and environmental epidemiology. I have led multiple research projects, published several hundred papers in the peer-reviewed literature, contributed as an editor for major journals in epidemiology, and served in leadership positions in professional societies. I am an elected member of the National Academy of Medicine.

Over the course of my career, I have frequently served on panels and committees for the National Research Council and the Institute of Medicine, providing guidance on a wide range of environmental and reproductive health issues. I have published several papers in the peer-reviewed literature specific to this topic (Savitz et al., 1994; Savitz & Olshan, 1995; Savitz, 2013; Savitz et al., 2024) as well as two books that directly address the topics of random error and statistical significance testing (Savitz & Wellenius, 2016; Savitz & Schwarz, 2024). In this rebuttal report, I have been asked to address two topics: random error and statistical testing and my opinions in this case are limited to these two topics.

III. RANDOM ERROR AND STATISTICAL SIGNIFICANCE TESTING

A. Impact of Random Error in Epidemiologic Studies

Epidemiologic studies are often focused on assessing causal relationships between exposures and health outcomes. The way that this is done is to collect data to assess the *statistical association* between exposures and health outcomes, but the intended inference is the *causal effect* of exposure on health outcomes (Savitz & Wellenius, 2016). For example, we may identify a relative risk of 2.0 comparing those with higher versus lower exposure, but what we really want to know is whether the agent under investigation has *caused* more highly exposed individuals to have double the risk compared to those with lower exposure.

Having measured the association between exposure and disease, it is necessary to ask whether it is causal, and that can only be done by examining possible reasons for a spurious association. In other words, scientists generate evidence that supports a causal interpretation by considering and eliminating, to the extent possible, non-causal associations as the basis for the associations that were found.

Among the reasons for the measure of association to deviate from the causal effect, familiar concepts like confounding, exposure or disease measurement error, and selection bias tend to be most influential, and that is the context in which random error is considered. The relative importance of these considerations varies across studies, with random error especially important in small studies (i.e., those with few participants) or those that address rare diseases. However, random error is certainly not the only consideration nor is it necessarily the most important concern in the interpretation of study results, but it is among the ways in which a non-causal factor may cause the measure of association to deviate from the causal effect. Because there are statistical approaches to addressing random error, it is often given more attention than it deserves relative to other methodological considerations such as measurement error or confounding. As discussed in detail below, the assessment of statistical significance as the most important or often only consideration in evaluating a study's results is not a valid method to assess the extent to which the study suggests a causal effect.

The conceptual basis for random error is not always clear, but there is always some degree of random error in any study -- even just as flipping a balanced coin does not always result in exactly 50 percent heads and 50 percent tails. The statistical "noise" in study data can cause deviations in either direction, making the relative risk estimate appear larger or smaller than the true causal effect. The impact of random error is decreased as the study size increases.

We can quantify the potential random error through statistical calculations, determining a range that is likely to contain the true value, referred to as a "confidence interval," discussed in more detail below. If the relative risk is 2.0, for example, a 95% confidence interval might extend from 1.5 to 2.7 or from 0.8 to 3.5, depending on the size of the study. Larger studies generate narrower confidence intervals, which makes sense intuitively. If we flip the unbiased coin enough times, we're likely to get closer and closer to the balance of heads and tails and the range of deviation from a 50/50 balance is likely to get smaller. When examining a confidence interval, the range of

possible values around the point estimate (the exact observed value) is shown, with values closer to the middle being more likely and those further away being increasingly unlikely, taking on the shape of a bell curve (see the figure below). The interval is symmetrical (on a log scale) indicating that the true value is equally likely to be larger or smaller than what was measured.

B. Statistical Testing

In contrast to describing how precise the results are, statistical tests have historically been used to dichotomize results, declaring that an association is or is not present based on a calculated probability of less than 0.05 or 0.05 or greater. An examination of the underlying logic for statistical testing reveals that it is an arbitrary and ultimately inadvisable basis for assessing evidence. First, it assumes that there is no association – it does not determine whether there is an association or not but starts with the assumption that no association exists, an arbitrary benchmark that is inherent in the conventional approach to statistical significance testing. Next, the actual study results are considered, and the question is posed as to whether such results have a low probability of having been found based on our assumption that there really is no association. Finally, we ask whether, if the study were repeated an infinite number of times, what proportion of the times would the results be as or more extreme than those that were obtained. The problems with this framework are clear – we do not start with knowledge that no association is present and we do not repeat the study over and over. What we really want to know is simply what the measured association is and how “noisy” it may be as a result of random error; that is, how plausible it is that the correct value is much higher or lower than what we measured. We may also want to know how likely it is that a positive association is present at all. Statistical significance testing does not answer either of those important questions.

C. Guidance on Statistical Testing in Epidemiology

There is a sizable literature explaining how and why statistical significance testing is not only unhelpful but actually harmful to the accurate interpretation of data since it is widely used and misunderstood. The problem has been recognized for decades and generated an extensive array of publications addressing various aspects of the problem (Rozeboom et al., 1960; Rothman, 1978, 2014; Greenland, 1990, 2023; Sterne & Davey-Smith, 2001; Greenland et al., 2016; Goodman, 1999; 2008; Lash et al., 2017; Savitz et al., 2024). Over the last decade there have been increasingly explicit and authoritative arguments against reliance on statistical significance testing to dichotomize results from the American Statistical Association (Wasserstein & Lazar, 2016) and the International Committee of Medical Journal Editors (2024). The leading text in epidemiologic methods is consistent with the recommendations of the American Statistical Association (Lash et al. 2021) and epidemiologists are increasingly persuaded by the recommendations that have been put forward. The argument against reliance on statistical significance testing was documented in a publication in *Nature* (one of the world’s leading scientific journals) with over 800 signatories from a wide range of scientific disciplines endorsing the message that statistical significance testing should not be used to dichotomize study results (Arnheim et al., 2019).

The leading journals in epidemiology offer clear guidance to authors regarding the issue. The *International Journal of Epidemiology* states the following: “In the *IJE*, we actively discourage the

use of the term ‘statistically significant’ or just ‘significant’ and such statements in method sections as ‘findings at $P < 0.05$ were considered significant’. Please provide effect estimates with confidence intervals and exact P values, and refrain from using the term ‘significant’ in either the results or discussion sections of papers.” The journal Epidemiology states: “For estimates of causal effects, we strongly discourage the use of categorized P-values and language referring to statistical significance (see discussion of this [topic](#)). We prefer instead interval estimation, which conveys the precision of the estimate with respect to sampling variability.”

The dichotomizing of results is counter to a comprehensive, informed assessment of the evidence. There is no need to make a declaration regarding each study individually since no decisions should be made regarding a causal effect from isolated findings. The effort to put studies into “bins,” e.g., positive or negative, discards important attributes of the study methods and findings. Assessment of a body of research to evaluate a possible causal effect cannot be reduced to binning and counting studies. The methods of those studies are critical to interpreting the results, including the size of the study and the precision of estimated associations.

Those who are most knowledgeable about the methods of statistical significance testing and its meaning are universally opposed to its use, while reliance on testing remains common in the lay public, most notably and unfortunately in legal settings. The most concerning problem is when studies that generate meaningful evidence in support of an association, but with estimates that fall short of statistical significance, are dismissed or worse, misinterpreted as providing evidence against an association. In the study of rare diseases, it is particularly problematic to ignore studies for which the results do not reach statistical significance or even more egregious, to interpret such studies as providing evidence *against* an association because individual studies of rare diseases often have relatively small numbers of cases available for inclusion. Studies that suggest an association is present but do so imprecisely should be interpreted in exactly that way – providing evidence supportive of an association being present but may do so with limited precision. The relative risk estimates from all studies contribute information and an accurate evaluation and sound methodology for causation requires making use of all, not just some, of the informative studies. Moreover, studies that generate elevated relative risks (>1.0) provide some degree of support for an association and should not be misinterpreted as negative studies because the relative risk is not statistically significant.

D. Confidence Intervals

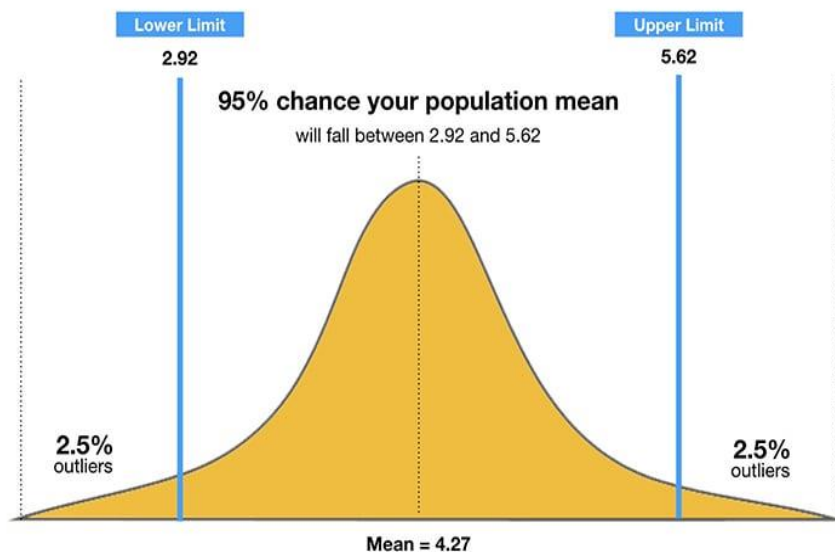
The use of confidence intervals to characterize precision is far more informative than reliance on statistical significance testing. But to realize the benefits of this approach, it is essential to consider the full array of information that it conveys and not to degrade it into a statistical test based on whether the null value (e.g., relative risk of 1.0) is within or outside the boundaries. By tradition, confidence intervals are usually designed to provide a range of possibilities such that 95% of such intervals would (if truth were known) contain the true value. Although not quite technically correct, it is a reasonable interpretation of a 95% confidence interval to argue that it is 95% certain to bracket the true value. But rather than focusing on the upper and lower boundaries of the interval, which are in the range of “very unlikely” to be correct, attention should be given to the middle parts of the interval where the correct value is likely to be. Several aspects of confidence

intervals are particularly helpful to consider. The figure below illustrates a simple confidence interval, in this case around a mean but the exact same figure would apply to measures of association such as odds ratios or relative risks.

The range of likely values is symmetrical, a reminder that the estimate from the study may be a bit too high or a bit too low as a function of random error. The direction of the deviation is not predictable so in cases where it is plausible that there is no association at all, the confidence interval reminds us that it is equally plausible that the association could be strong. Rather than simply asking if the lower boundary crosses the null value (i.e., a relative risk or odds ratio of 1.0), scientists should look at and consider the full range of plausible values.

The most likely values are near the middle of the interval. It would be incorrect to infer that all values within the interval are equally likely and concentrate only on the tails or extreme values since the true value is unlikely to be anywhere near the upper or lower boundaries.

The figure also provides a visual sense of what happens as the study size gets larger or smaller. The larger the study, the more peaked the curve becomes with the center getting higher and the tails pulling in. And of course, as the study size gets smaller, the curve flattens out with a lower peak and wider base. A useful and methodically sound way to use the confidence interval to quantify precision is to calculate the ratio of the upper bound to the lower bound. If the point estimate of the relative risk were 1.8 with an upper bound of 2.6 and a lower bound of 1.3, for example, the confidence limit ratio would be $2.6/1.3 = 2$. In a much smaller study with the same point estimate of 1.8 but with a lower bound of 0.8 and an upper bound of 4.0, the confidence limit ratio would be $4.0/0.8 = 5$. Keeping the shape of the figure in mind is a scientifically sound method to help interpret the meaning of statistical uncertainty due to random error in epidemiologic studies.



E. Interpretation of Study Results Without Reliance on Statistical Testing

Not relying on statistical significance testing does not mean abandoning rigor and caution in the interpretation of study results. In fact, a more informed, complete evaluation of evidence may lead to identifying some results that are not statistically significant as clearly supportive of a causal effect, as well as downgrading some results that are statistically significant but based on methodologically flawed studies and thus not providing clear support for a causal effect. The judgment of validity of a study is based on a comprehensive look at the methods, which includes both consideration of susceptibility to the biases described earlier and recognition of the role of random error. Assessment of bias is based on methodically evaluating each of the sources of error that may arise, and the depiction of random error is based on the confidence interval. As noted previously, there is a bell-shaped curve that describes the range of possible values for a measured association with the point estimate in the middle and tails off to the right and left. The confidence interval gives a sense of how peaked or flat it is, with bigger studies yielding a more peaked curve and smaller studies yielding a flatter one.

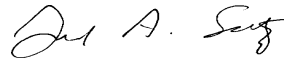
To evaluate the degree to which a study suggests a causal effect, scientists first examine the methods to judge the susceptibility to bias and then look at the overall pattern of results. The size of the association, the precision of the estimated association, and the presence of dose-response gradients are among the important features that need to be considered (Savitz et al., 2024). Thus, under the modern, methodologically accepted approach to applying statistical analyses to studies, rather than dichotomizing the results and arbitrarily declaring an association to be “present” or “absent” as statistical significance testing would do, scientists examine the degree to which the study supports or does not support a causal inference using the methods described above. It does not provide a “yes” or “no” answer but rather, properly interpreted, provides information that falls along a continuum. We do not make a dichotomous judgment based on one study but rather need to examine an array of studies to reach a conclusion. Thus, to ignore the details of the studies and blindly put them into bins based on statistical significance testing ignores critical information that bears on the judgment of whether a causal effect is likely to be present.

IV. CONCLUSIONS

The information value of a given study is a function of the quality of the methods and the results that the study generates. Random error influences the certainty or confidence in the estimated association and should be considered as part of the overall evaluation of what the study contributes to an assessment of whether there is a causal effect between exposure and disease. But the other potential sources of bias from measurement error, confounding, and selection bias are also important to account for. Using a confidence interval accurately conveys the potential impact of random error and is useful in an overall assessment such that a small study will generate less precise results and a large study will generate more precise measures of association. The result of an informed, objective assessment of a single study is not a dichotomy to declare the study as “positive” or “negative” based on statistical significance, but rather consideration of which

direction it seems to be pointing, towards or away from a possible causal effect, and how much weight to give the study in an integrated evaluation of all the relevant evidence.

Substituting a statistical test and declaration of “statistically significant” or “not statistically significant” to the study rather than an informed, nuanced assessment of the study methods, results, and implications degrades and ultimately misinterprets what the study shows and contributes to a methodologically inappropriate weighing of evidence. Assessing the extent to which the body of research supports a causal association, we need to consider the full array of information, all the relevant studies, critically examine their results, and carefully integrate the information to reach a conclusion. While it may seem appealing to invent a decision rule that does not require any effort or expertise to make inferences, ensuring that all experts (and non-experts) will agree, such a process for assessing causality is simply not correct. That alternative, current statistical method of determining causal relationship widely endorsed by the scientific community is based on a demand for informed, unbiased, and careful assessment of the totality of relevant evidence.



David A. Savitz, Ph. D

V. REFERENCES

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Savitz DA, Wellenius GA. Interpreting Epidemiologic Evidence: Connecting Research to Applications. Oxford University Press, 2016.

Savitz DA, Wise LA, Bond JC, Hatch EE, Ncube CN, Wesselink AK, Willis MD, Yland JJ, Rothman KJ. Responding to Reviewers and Editors About Statistical Significance Testing. Ann Intern Med. 2024 Feb 20. doi: 10.7326/M23-2430. Epub ahead of print. PMID: 38373303.

Sterne JA, Davey Smith G. Sifting the evidence-what's wrong with significance tests? BMJ. 2001 Jan 27;322(7280):226-31. doi: 10.1136/bmj.322.7280.226. PMID: 11159626; PMCID: PMC1119478.

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Exhibit 1

CURRICULUM VITAE

January 2025

David A. Savitz, Ph.D.

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EDUCATION

BA, Brandeis University, Waltham, Massachusetts - 1971-1975

Ohio State University College of Medicine, Columbus, Ohio
(Passed Part I, National Boards) - 1975-1976

MS, Ohio State University, Department of Preventive Medicine
Columbus, Ohio - 1976-1978

PhD, University of Pittsburgh, Department of Epidemiology
Graduate School of Public Health
Pittsburgh, Pennsylvania - 1979-1982

HONORS/AWARDS

- 1975 - Highest Honors in Psychology
Brandeis University
B.A., summa cum laude
Brandeis University
- 1983 - Excellence in Teaching Award, Second Year Medical
Students, University of Colorado School of Medicine
- 1999 - Elected to American Epidemiological Society

William R. Gemma Award, Outstanding Alumnus,
Department of Preventive Award, Ohio State University
- 2003 - Slone Memorial Lecturer, Slone Epidemiology Center at
Boston University
- 2004 - Advancing Knowledge Award, Coalition for Excellence in
Maternal and Child Health Epidemiology

Distinguished Graduate Award, University of Pittsburgh
Graduate School of Public Health
- 2007 - Elected Member, National Academy of Medicine (formerly Institute of
Medicine)
- 2011 - Distinguished Lecturer, Occupational and Environmental
Epidemiology Branch, National Cancer Institute
- 2019 – David Rall Medal for Distinguished Leadership as Chair of Study Committee,
National Academy of Medicine

2019 – John Snow Award, Epidemiology Section, American Public Health Association

2023 – Honorary Fellow, Barcelona Institute for Global Health (ISGlobal)

ACADEMIC APPOINTMENTS

2010–Present	Professor of Epidemiology School of Public Health Professor of Obstetrics and Gynecology Professor of Pediatrics The Warren Alpert Medical School Brown University Providence, Rhode Island
2024–Present	Adjunct Professor of Epidemiology University of Pittsburgh School of Public Health Pittsburgh, Pennsylvania
2023–Present	Adjunct Professor of Epidemiology Dartmouth Geisel School of Medicine Hanover, New Hampshire
2022–Present	Adjunct Professor of Epidemiology Boston University School of Public Health Boston, Massachusetts
2020 (July-Aug)	Interim Dean for the School of Public Health School of Public Health Brown University Providence, Rhode Island
2018-2019	Associate Dean for Research School of Public Health Brown University Providence, Rhode Island
2013-2017	Vice President for Research Brown University Providence, Rhode Island
2006-2010	Charles W. Bluhdorn Professor of Preventive Medicine Director, Disease Prevention and Public Health Institute Mount Sinai School of Medicine New York, New York
2003-2005	Cary C. Boshamer Distinguished Professor Department of Epidemiology School of Public Health University of North Carolina Chapel Hill, North Carolina
1999-2005	Associate Director, Center for Infectious Diseases

1996-2005	Professor and Chair
1993-1996	Professor
1992-2005	Member, Lineberger Comprehensive Cancer Center
1989-1992	Associate Professor
1986-2005	Fellow, Carolina Population Center
1985-1989	Assistant Professor
1981-1985	Assistant Professor Department of Preventive Medicine and Biometrics University of Colorado School of Medicine Denver, Colorado
1979-1981	Public Health Service Trainee in Psychiatric Epidemiology Department of Epidemiology Graduate School of Public Health University of Pittsburgh Pittsburgh, Pennsylvania
1977-1979	Researcher (Epidemiology) Ecology and Ecosystems Analysis Section Battelle-Columbus Laboratories Columbus, Ohio

OTHER PROFESSIONAL APPOINTMENTS

Elected Positions in Professional Societies

Society for Epidemiologic Research	
1987-1991	Secretary-Treasurer
1994-1997	Executive Committee Member
1999-2000	President-Elect
2000-2001	President
2001-2002	Past President
International Epidemiological Association	
1996-2001	North American Regional Councilor
Society for Pediatric and Perinatal Epidemiologic Research	
2003-2004	President-Elect
2004-2005	President
International Society for Environmental Epidemiology	
2012-2014	Executive Council Member
National Council on Radiation Protection	
2022- Present	Council Member

Appointed Membership to Editorial Boards

1988-1990, 2010-Present	Associate Editor, American Journal of Epidemiology
1990-1998	Editor, American Journal of Epidemiology
1989-1990	Editorial Board, Bioelectromagnetics
1993-1997, 2009-2023	Editorial Board, Environmental Health Perspectives
1996-2001	Editorial Board, Japanese Journal of Epidemiology

1998-2005	Editorial Board, Pediatric and Perinatal Epidemiology
2001-2013	Editor, Epidemiology
2005	Editorial Board, Annual Reviews in Public Health
2008-2012	Editorial Board, Journal of Neurodevelopmental Disorders

Intramural/Extramural Committees

University of Colorado

1982-1983	Member, Faculty Senate
1982-1985	Member, Admissions Committee
1983-1985	Department of Preventive Medicine and Biometrics Chairperson, Comprehensive Examination Committee
1983-1985	Department of Preventive Medicine and Biometrics Member, Appointments and Promotions Committee
1984-1985	Department of Preventive Medicine and Biometrics Director, Epidemiology Program Community Health Section Department of Preventive Medicine and Biometrics

University of North Carolina

1986-1992	Chair, Seminar Committee Department of Epidemiology
1986-1989	Member, Institutional Review Board on Research Involving Human Subjects School of Public Health
1986-1991, 1994-1996	Member, Admissions Committee Department of Epidemiology
1987-1996	Member, Training Committee Carolina Population Center
1987-1990	Co-Chairperson, Low Birth Weight Prevention Task Force, Center for Health Promotion and Disease Prevention
1988-1990	Member, Seminar Committee Carolina Population Center
1989-1990	Alternate Member, University Faculty Council
1989-1994	Advisory Council, Carolina Population Center
1989	Member, Search Committee, Nutrition Department Chair
1990	Member, Strategic Planning Task Force School of Public Health
1991-1993	Member, Academic Programs Committee School of Public Health
1993-1996	Member, Appointments and Promotions Committee School of Public Health
1994-1996	Member, Advisory Committee for the Center for Environmental Medicine and Lung Biology
1996- 2004	Member Advisory Board, Sheps Center for Health Services Research
1996-1997	Member, Search Committee, Director of Lineberger Cancer Center
1997-1998	Chair, Search Committee, Department of

2002-2003	Biostatistics Chair Chair, Search Committee, Department of Maternal and Child Health Chair
2004-2005	Chair, Advisory Board, Sheps Center for Health Services Research
2005	Chair, Search Committee, Department of Nutrition Chair

Brown University

2010-2011	Member, Admissions Committee
2010-2012	Chair, Search Committee, Environmental Epidemiology Faculty Recruitment
2012	Chair, Methods Curriculum Review Committee
2018-2023	Associate Director, Center for the Study of Children at Risk
2018-2023	Chair, Internal Advisory Committee, Advance-CTR
2020	Chair, Search Committee for the Chair of Epidemiology, School of Public Health

Grant Review

1983	Grant Review, American Cancer Society New York, New York
1983-1989	Grant Review, National Science Foundation Washington, D.C.
1984, 1986	Grant Review, March of Dimes
1985, 1988, 1991, 1993	Member, Special NIH Study Section
1986-1987	Grant Review, Electric Power Research Institute
1989	Grant Review, National Institute of Environmental Health Sciences
1989	Grant Review, Health Effects Institute
1989-1992	Member, March of Dimes Research Advisory Committee on Reproductive Hazards in the Workplace, Home, Community and Environment
1990, 1992, 1994	Grant Review, Health and Welfare Canada
1990	Grant Review, U.S. Department of Energy
1991-1993	Special Reviewer, Epidemiology and Disease Control I Study Section, National Institutes of Health
1994-1998	Charter Member, Epidemiology and Disease Control I Study Section, National Institutes of Health
1994	Grant Review, Dutch Cancer Society
1998	Special Reviewer, Radiation Epidemiology Branch National Cancer Institute
1999	Special Reviewer, Occupational Epidemiology Branch National Cancer Institute, Johnson Foundation
1989-1992	Member, March of Dimes Research Advisory Committee on Reproductive Hazards in the Workplace, Home, Community and Environment
1994-1998	Charter Member, Epidemiology and Disease Control I Study Section, National Institutes of Health
2005	March of Dimes Birth Defects Foundation, Social and Behavioral Sciences Review Committee
2005	Young Epidemiology Scholars Program, Robert Ward
2012	Reviewer, Autism Networks and Center Programs Study Section, National Institutes of Health

2012	Ad Hoc Member, Infectious, Reproductive, Asthma, and Pulmonary Conditions Study Section, National Institutes of Health
2012	Reviewer, Core Infrastructure and Methodological Research for Cancer Epidemiology Cohorts Study Section
2012	Chair, Contract Review, Exposure to Contaminants in the Generation R Study, National Institute of Environmental Health Sciences
2014-2019	Member, National Institutes of Health Grant Review, Conflict/Special Study Sections (multiple)
2016, 2017	Chair, GULF Synthesis Grants Review Committee, GULF Research Program, National Academies of Sciences, Engineering, and Medicine

Other Scientific Review Committees, Congressional Testimony, and Related Professional Activities

1982-1983	Member, Planning Committee Cancer Prevention Conference AMC Cancer Center and Penrose Hospital
1983	Member, Governor's Advisory Group on Rocky Flats, Colorado State Government
1984	Member, Extremely Low Frequency Electromagnetic Fields Bioeffects Review Committee American Institute for Biological Sciences
1985-1986	Expert Witness, Benzene Regulation Hearings U.S. Occupational Safety and Health Administration
1986-1988	Member, Family Health International Protection of Human Subjects Committee
1986	Member, Electric Power Research Institute Program Review on Non-Ionizing Radiation
1986-1991	Member, National Council on Radiation Protection and Measurements Scientific Committee 79 Extremely Low Frequency Electric and Magnetic Fields
1987	Testimony, U.S. House of Representatives Subcommittee on Water and Power Resources and Human Development Planning Conference
1988	Participant, National Institute for Child Health on the Reproductive Effects of Video Display Terminal Use
1988	Member, Ad Hoc Committee on Reproductive and Developmental Epidemiology U.S. Environmental Protection Agency
1989-1992	Member, Peer Review Committee Woburn Environment and Birth Study
1989-1992	Chair, Working Group on Electromagnetic Fields Environmental Epidemiology Planning Project Health Effects Institute
1990	Member, Planning Committee for International Symposium on Birth Defects Epidemiology March of Dimes Birth Defects Foundation
1993-1996	Vice Chairman, Committee on Possible Effects of Electromagnetic Fields on Biologic Systems

	National Research Council, National Academy of Sciences
1994-1996	Member, Committee to Review the Health Consequences of Service during the Persian Gulf War, Institute of Medicine, National Academy of Sciences
1997-2001	Member, Maternal and Fetal Medicine Network Advisory Committee, National Institute of Child Health and Human Development
1999	Member, Panel of Court Appointed Scientific Experts (CASE) for the American Association for the Advancement of Science (AAAS)
1999-2004	Member, Board of Scientific Counselors, National Cancer Institute
1999	Co-Chair, Scientific Organizing Committee, NIEHS Conference on Epidemiology in the Twenty-First Century
1999-2000	Member, External Advisory Board, The University of Iowa College of Public Health
2000-2002	Member, American Cancer Society Breast Cancer Prevention Forum
2000-2013	Member, Standing Committee on Epidemiology, International Commission on Non-Ionizing Radiation Protection
2001	Witness, Senate Cancer Coalition, Hearing on Cancer Clusters
2001-2005	Member, Advisory Committee for the Trucking Industry Particle Study, Harvard University
2002	Panel Member, Joint Science, Technology, and Law Program and American Law Institute, National Academy of Sciences
2002	Panelist, Health Canada Workshop Held to Identify Critical End Points for Assessment of the Health Risks Related to Trihalomethanes in Drinking Water
2002-2003	Member, Expert Panel on Risks and Benefits of Policies to Reduce Human Methyl Mercury Exposure through Fish Consumption, Harvard Center for Risk Analysis
2002-2003	Member, Advisory Panel on Health Effects of Blood Lead Levels <10µg/dl in Children, Centers for Disease Control and Prevention, National Center for Environmental Health
	Consultant, Case-Control Study of Gynecologic Cancers in Northern Vietnam, Family Health International
2002 – 2012	Member, Agricultural Health Study Advisory Committee
2004 - 2005	Armed Forces Epidemiologic Board
2004	Chair, National Children's Study Sampling Design Workshop
2004-2005	Member, Committee on EPA's Exposure and Human Health Reassessment of TCDD and Related Compounds,
2004-2006	Board on Environmental Studies and Toxicology, National Academy of Sciences
2005-2006	Member, Committee on Preterm Birth: Causes,

	Consequences, and Prevention, Institute of Medicine, National Academy of Sciences
2006—2009	Member, Advisory Panel on Research, Association of American Medical Colleges
2006 – 2010	Member, University of North Carolina School of Public Health External Advisory Board
2006– 2008	Chair, Committee on Making the Best Use of the Agent Orange Exposure Reconstruction Model, Institute of Medicine, National Academy of Sciences
2007 – 2009	Chair, Committee on Contaminated Drinking Water at Camp Lejeune, National Research Council, National Academy of Sciences
2008 – 2009	Member, Committee on Reexamination of IOM Pregnancy Weight Guidelines, Institute of Medicine, National Academy of Sciences
2009	Member, International Agency for International Research on Cancer, Monograph 100 Working Group
2010 – 2011	Member, Committee on Obesity Prevention Policies for Young Children, Institute of Medicine, National Academy of Sciences
2010	Member, Planning Committee for Institute of Medicine Workshop on Assessing the Effects of the Gulf of Mexico Oil Spill on Human Health
2012 – 2014	Member, Centre for Research in Environmental Epidemiology Scientific Advisory Committee
2015 – 2023	Co-Chair, External Advisory Committee, Barcelona Institute for Global Health (ISGlobal)
2013-2014	Chair, Committee to Review of EPA’s Draft Paper on State of the Science on Nonmonotonic Dose Response, National Research Council
2013	Member, Advisory Council, Population Sciences and Epidemiology Integrated Review Group Evaluation, Center for Scientific Review, National Institutes of Health
2014-2016	Member, Board on the Health of Selected Populations, Institute of Medicine, National Academy of Sciences
2015	Chair, World Health Organization Workshop on the Effect of Maternal Influenza and Influenza Vaccination on the Developing Fetus, Montreal, Canada
2015-2017	Chair, Committee to Assess the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry, National Academy of Medicine
2017-2018	Member, Committee on the Review of the Health Effects of Electronic Nicotine Delivery Systems (ENDS), National Academy of Medicine
2017-2020	Academic Advisor, Michigan PFAS Action Response Team
2018-Present	Chair, Research Committee, Health Effects Institute
2019-2020	Chair, Committee to Review the Long-Term Effects of Antimalarial Drugs, National Academy of Medicine
2019-2020	Committee to Review NTP Monograph on the Systematic Review of Fluoride Exposure and Neurodevelopmental and Cognitive Health Effects

2020-2022	Chair, Committee to Reassess the Department of Veterans Affairs Airborne Hazards and Open Burn Pit Registry, National Academy of Medicine
2022-Present	Chair, Scientific Committee 8-1, NCRP Informational Webpages on Health Effects of Wireless Technology, National Council on Radiation Protection
2022-Present	Chair, Program Area Committee 8, Nonionizing Radiation, National Council on Radiation Protection
2022-2023	Chair, Committee on Complementary Feeding Interventions for Infants and Young Children under Age 2.
2023-2024	International Joint Commission Health Professional Advisory Board, Canada and the US

TRAINING RECORD AS PRIMARY ADVISOR TO MASTERS AND DOCTORAL STUDENTS

Masters

University of North Carolina

1988	Lisa Feingold, MSPH
	Peter S. Kapernick, MPH
1989	Sally S. Harris, MPH
1990	Michael T. O'Shea, MPH
	Sara M. Sarasua, MSPH
1991	Kathryn M. Menard, MPH
1992	Josephine A. Evans, MPH
1996	Kurtis Andrews, MSPH
	Michael Gallagher, MSPH
	Gayle Shimokura, MSPH
1997	Valerie King, MPH
2004	Nora Franceschini, MPH
	Yevgeniy Sheyn, MPH
2005	Cherrie Heller, MPH
2010	Michele La Merrill, MPH

Brown University

2012	Paul Davis, MPH
	Hannah Shamjii, MPH

Doctoral

University of North Carolina

1987	Hillary Klonoff-Cohen, PhD
1989	Debora Barnes, PhD
1990	Ester John, PhD
1991	Katherine M. Brett, PhD
	Martha Ann Keels, PhD

	Howard Morrison, PhD
	Shao Lin, PhD
1992	Cheryl Blackmore, PhD
	Debra E. Irwin, PhD
1993	Elizabeth M. Barnett, PhD
1994	Tye E. Arbuckle, PhD
	Laurie Elam Evans, PhD
	Kristine-Anne ToloPhD
	Suzanne L. West, PhD
	Jun Zhang, PhD
1996	Cande Ananth, PhD
	Kathryn Curtis, PhD
	Linda, Kaste, PhD
1997	Linda Pastore, PhD
1998	Amy Sayle, PhD
1999	Katherine E. Hartmann, PhD
2001	Nancy Dole, PhD
	Rukmini Bagchee Balu, PhD
2002	Juan Yang, PhD
	Lisa Pompeii, PhD
2004	Sherry Farr, PhD
2005	Emily Harville, PhD

Brown University

2014	Valery Danilack
2017	Kimberly Glazer
2023	Julie Skarha

TEACHING ACTIVITIES

University Courses

University of Colorado

1981-1985	Discussion group leader, Epidemiology course for Medical Students – 12 contact hours each year
1983	Excellence in Teaching Award, Second Year Medical Students, University of Colorado School of Medicine
1982-1984	Introduction to Occupational and Environmental Health – 30 contact hours
1984-1985	Advanced Epidemiologic Methods – 30 contact hours

University of North Carolina

1985-1996, 1998-2005	Epidemiologic Research Methods – 35 contact hours
1986-1994	Reproductive Epidemiology – 26 contact hours
1997	Advanced Epidemiologic Methods – 30 contact hours

Brown University

2011-2012	Environmental and Occupational Epidemiology – 40 contact hours
2011	Critical Epidemiology – 40 contact hours
2013, 2016-2017, 2019-2021	Interpretation and Application of Epidemiology – 40 contact hours
2018-2019	Reproductive Epidemiology – 40 contact hours

Other Teaching

1988	New England Epidemiology Institute Summer Program Course on Occupational and Environmental Epidemiology
1991	University of Michigan Summer Program in Epidemiology Course on Environmental Epidemiology
1997	Faculty for the Society for Epidemiologic Research Student Workshop

GRANT AND CONTRACT SUPPORT

Completed

Reproductive Hazard Surveillance Among Oil, Chemical, and Atomic Workers Union Members (M. Orleans, Principal Investigator, D. Savitz, Co-Investigator) March of Dimes, \$32,000, January 1, 1981-August 31, 1984.

Case-Control Study of Invasive Cervical Cancer (R.F. Hamman, Principal Investigator, D. Savitz, Project Director), National Cancer Institute through Westat Subcontract, \$140,961, June 1, 1982-July 31, 1984.

Oil Shale Technology Health and Environmental Effects Risk Analysis (W. Marine, Principal Investigator, D. Savitz, Co-Investigator), U.S. Department of Energy, \$20,723, September 1, 1982-August 31, 1983; \$25,000, December 1, 1983-September 30, 1984.

Ethnicity and Cancer Risk in Colorado Hispanics (D. Savitz, Principal Investigator), Biomedical Research Assistance Committee, University of Colorado, \$5,670, September 1, 1982-February 28, 1983.

Cancer Risk among Oil, Chemical, and Atomic Workers Exposed to Halogenated Hydrocarbons (D. Savitz, Principal Investigator), American Cancer Society Institutional Research Grant, \$5,000, October 1, 1982-December 31, 1983.

Childhood Cancer and Electromagnetic Field Exposure (D. Savitz, Principal Investigator), Health Research, Incorporated, New York State Department of Health, \$391,000, December 1, 1983-August 31, 1987.

Association of Parental Occupation with Late Fetal Mortality and Low Birth Weight (D. Savitz, Principal Investigator), March of Dimes, \$50,000, January 1, 1986-November 30, 1987.

Low Birth Weight among Offspring of Smokeless Tobacco Users: A Feasibility Study (D. Savitz, Principal Investigator), University of North Carolina Research Program, \$1,500, January 1, 1987 - December 31, 1987.

Epidemiologic Study of Utility Workers Exposed to Electric and Magnetic Fields (D. Savitz, Principal Investigator), Electric Power Research Institute, \$5,381,303, July 1, 1987 - December 31, 1997.

Adverse Pregnancy Outcomes among Cosmetologists. (D. Savitz, Principal Investigator with doctoral student, E. John), National Institute for Occupational Safety and Health, \$30,000, October 1, 1987-May 31, 1990.

Adverse Pregnancy Outcomes among Cosmetologists. (D. Savitz, Principal Investigator with doctoral student, E. John), March of Dimes, \$53,000, December 1, 1987-March 31, 1990.

Development of Capabilities for Microcomputer Data Analyses of Epidemiologic Data (D. Savitz, Principal Investigator), University of North Carolina Junior Faculty Development Award, \$3,000, January 1, 1988-December 31, 1988.

Epidemiology of Pregnancy Outcome in a Textile Community (D. Savitz, Principal Investigator), National Institutes of Health, National Institute of Child Health and Development, \$350,000, March 1, 1988-February 28, 1993.

Menstrual Cycle Patterns and Risk of Breast Cancer (D. Savitz, Principal Investigator with doctoral student, E. Whelan), National Institutes of Health, National Cancer Institute, \$25,000, August 1, 1988-December 31, 1989.

The Effect of Exposure to Mercury Vapor and Nitrous Oxide on the Risk of Spontaneous Abortion among Female Dental Assistants (D. Savitz, Principal Investigator with doctoral student, A. Rowland), March of Dimes, \$50,000, January 1, 1989-December 31, 1990.

Phenoxy Herbicides and Spontaneous Abortions in Ontario (D. Savitz, Principal Investigator with doctoral student, T. Arbuckle), National Institutes of Health, National Institute of Environmental Health Sciences, \$404,982, May 15, 1991 - April 30, 1995.

Lead in Pregnancy, Hypertension, and Neonatal Health (I. Hertz-Picciotto, Principal Investigator, D. Savitz, Co-Investigator), National Institutes of Health, National Institute of Environmental Health Sciences, \$855,694, August 1, 1991 - July 31, 1994.

Case-Control Study of Risk Factors in Neuroblastoma (A. Olshan, Principal Investigator, D. Savitz, Co-Investigator), National Institutes of Health, National Cancer Institute, \$1,211,736, September 30, 1991 - August 31, 1997.

Genetic susceptibility and dietary factors in ovarian dysfunction: galactose consumption, metabolism, and reproductive impairment (D. Savitz, Principal Investigator with doctoral student, Glinda Cooper), March of Dimes Birth Defects Foundation, \$39,216, January 1, 1992 - July 31, 1995.

Mercury and Reproductive Health in Women Dentists (D. Savitz, Principal Investigator, L. Kaste, Co-Investigator), National Institutes of Health, National Institute of Dental Research, \$34,245, May 1, 1992 - April 30, 1993.

Parental Occupation and Pregnancy Outcome: Analysis of the National Maternal and Infant Health Survey (D. Savitz, Principal Investigator), March of Dimes Birth Defects Foundation, \$54,285, April 1, 1993 - March 31, 1995.

Parents' Drinking, Toxicant Interactions, and Pregnancy (D. Savitz, Principal Investigator), National Institute of Alcoholism and Alcohol Abuse, \$50,000, July 1, 1993 - June 30, 1995.

Psychosocial Risks and Preterm in African-American Women, (D. Savitz, Principal Investigator), Centers for Disease Control, \$122,222 October 1, 1996 - September 30, 1998.

Cancer Mortality in Minority Workers (D. Loomis, Principal Investigator, D. Savitz, Co-Investigator), National Institute of Occupational and Statistical Health, \$243,895, September 30, 1995 - September 29, 1997.

Epidemiology of Preterm Premature Rupture of Membranes (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, \$1,182,246, January 1, 1995 - December 31, 1998.

Pesticides and Breast Cancer in North Carolina (D. Savitz, Principal Investigator), National Institute of Environmental Health Sciences, \$883,813, January 1, 1995 - December 31, 1998.

Predictors of Urinary Tract Infection during Pregnancy, (L. Pastore, Principal Investigator, D. Savitz, Co-Investigator), Agency for Health Care and Policy Research, \$20,000, September 1, 1995 - December 31, 1996.

Environment and Breast Cancer (D. Savitz, Principal Investigator), National Cancer Institute, \$201,793, September 30, 1994 - September 29, 1998.

Supplement to Epidemiology of Preterm Premature Rupture of the Membranes on Cocaine and Preterm Delivery, (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, \$492,914, September 9, 1996 - December 31, 1998.

Research to Advance Environmental Epidemiology: Improving the Use of Human Data in Risk Assessment (D. Savitz, Principal Investigator), US Environmental Protection Agency, \$1,584,928, July 1, 1992 - June 30, 1999.

Nutritional Biochemistry and Epidemiology of Cancer Training Grant (L. Kohlmeier, Principal Investigator), National Institute of Environmental Health Sciences, \$423,297, July 1, 1997 – June 30, 2002.

Pfiesteria-Related Illness Surveillance and Prevention (C. Moe, Principal Investigator), North Carolina Department of Health and Human Services, \$1,362,821, April 1, 1998 – March 31, 2001.

Influence of Iron, Zinc and Folate on Preterm Delivery (D. Savitz, Principal Investigator), National Institute of Child Health and Human Development, \$1,405,542, January 1, 1999 – December 31, 2001.

Occupational Exertion and Preterm Delivery (D. Savitz, Principal Investigator), March of Dimes Birth Defects Foundation, \$94,877, June 1, 1999 – May 31, 2000.

Psychosocial Factors in African-American and Preterm Birth, (D. Savitz, Principal Investigator), Association of Schools of Public Health/Centers for Disease Control and Prevention, \$170,952, September 9, 1999 – September 8, 2002.

Community-Level Social Influences on Preterm Birth, (D. Savitz, Principal Investigator), Association of Schools of Public Health/Centers for Disease Control and Prevention, \$196,791, October 1, 1999 – September 30, 2002.

ANCA Glomerulonephritis: From Molecules to Man (R. Falk, Principal Investigator, D. Savitz, Co-Investigator) National Institute of Diabetes and Digestive and Kidney Diseases \$1,070,474, September 1, 2000 – August 31, 2005

Drinking Water Disinfection By-Products and Spontaneous Abortion (D. Savitz, Principal Investigator) American Water Works Association Foundation \$3,500,000, November 1, 1999 – September 30, 2005

Reliability, Validity, and Variability in Behavioral Determinants of Drinking Water Disinfection By-Products Exposure (D. Savitz, Principal Investigator) US Environmental Protection Agency \$471,000, September 15, 2001 – September 14, 2005

Drinking Water Disinfection By-Products and Male Reproductive Health: Semen Quality and Sperm Biomarkers (A. Olshan, Principal Investigator; D. Savitz, Co-Investigator) US Environmental Protection Agency \$557,340, October 1, 2001 – September 30, 2005

Environmental Epidemiology and Exposure Assessment Training Grant Project (L. Kupper, Principal Investigator; D. Savitz, Co-Principal Investigator) National Institute of Environmental Health Sciences \$5,642,423, July 1, 2002 – June 30, 2007

Epidemiology of Exertion, Stress, and Preterm Delivery Project (D. Savitz, Principal Investigator) National Institute of Child Health and Human Development \$2,154,340, February 1, 2000 – January 31, 2006

Placental Vascular Compromise and Preterm Delivery (J. Thorp, Principal Investigator, D. Savitz, Co-Principal Investigator) National Institute of Child Health and Human Development \$2,281,788, September 1, 2001 – August 31, 2006

National Children's Study Duplin County Vanguard Center (B. Entwisle, Principal Investigator; D. Savitz, Original Principal Investigator, consultant). National Institute of Child Health and Human Development \$1,091,825, September 30, 2005 – September 29, 2008

Ethnicity and Birth Outcome in New York City (D. Savitz, Principal Investigator) National Institute of Child Health and Human Development, \$275,000, January 1, 2006 – December 31, 2008

Risk Factors for Onset and Persistence of TMD (W. Maixner, Principal Investigator; D. Savitz, Co-Investigator through July 2009) National Institute of Dental and Craniofacial Research, \$17,216,202, October 1, 2005 – July 31, 2012

National Children's Study Queens County Vanguard Center (P. Landrigan, Principal Investigator; D. Savitz, Co-Investigator). National Institute of Child Health and Human Development \$1,091,825, September 30, 2005 – September 29, 2008

C8 and Reproductive and Neurodevelopmental Outcomes (D. Savitz, Principal Investigator, Garden City Group, Inc., \$605,693 September 1, 2010 – August 31, 2013

The Epidemiology of Hospitalized Postpartum Depression (D. Savitz, Principal Investigator, NIH 5R21HD058811-02, \$116,629, September 1, 2010 – March 31, 2014

The National Standard for Normal Fetal Growth (E. Chien, Principal Investigator, D. Savitz, Co-Investigator). National Institute of Child Health and Human Development \$8,815. September 30, 2010 – December 31, 2011

Metals in Hair and Child Neurobehavioral Development (C. Stein, Principal Investigator; D. Savitz, Subcontract Principal Investigator), Mount Sinai/NIEHS, \$41,517, September 1, 2011 – August 31, 2013

Air Pollution and Pregnancy Outcome in New York City (D. Savitz, Principal Investigator), NIH 1-R01 - ES019955, \$339,071, April 1, 2011 – March 31, 2015

The Epidemiology of Postpartum Depression and Associated Childhood Outcomes (M. Silverman, Principal Investigator; D. Savitz, Co-Investigator) NIH 1R21HD073010, \$24,308, August 1/13- July 31, 2015

Residential Air Pollution and Preeclampsia (D. Savitz, Co-Investigator), NIEHS 1R21ES023073, \$204,778, July 1, 2013 – June 30, 2016

Marcellus Shale Development, Respiratory & Reproductive Outcomes in Pennsylvania (B. Schwartz, Principal Investigator; D. Savitz, Co-Investigator) NIH 1R21ES023675, \$11,748, December 1, 2013 – November 30, 2015

Residential Air Pollution and Preeclampsia (G. Wellenius, Principal Investigator, D. Savitz, Co-Investigator) R21ES023073-01, \$160,035, August 9, 2013 – July 31, 2017.

Effect of Iatrogenic Delivery at 34-38 Weeks' Gestation on Pregnancy Outcome (D. Savitz, Principal Investigator) 1R01HD077592-01A1, \$345,602, May 15, 2014 – April 30, 2019

Children's Health Exposure Analysis Resource (CHEAR): Coordinating Center (U24) (B. O'Brien, Principal Investigator, D. Savitz, Co-Investigator) 1U24ES026539-01, \$2,650,342, September 30, 2015 – August 31, 2019

Multi-Site Study of Health Implications of Exposure of PFAS-Contaminated Drinking Water – PA PFAS Study (L. Brown, Principal Investigator, D. Savitz, Co-Investigator) CDC ATSDR \$41,186 10/01/2019 - 09/30/2020

The Prenatal and Childhood Mechanisms of Health Disparities: Protocol Development and Initial Recruitment and Attention (Disparities) (K. Batts, PI, D. Savitz, Co-Investigator) NICHD \$119,803 10/01/2019 – 02/02/2021

Human Health Exposure Analysis Resource (HHEAR): Coordinating Center (B. O'Brien, PI, D. Savitz, Co-Investigator), NIEHS \$817,221 September 5, 2019 – May 31, 2020

Neonatal Cry Acoustics and Neurobehavioral Characteristics as Early Markers of Risk for Autism Spectrum Disorder (S. Sheinkopf, PI, D. Savitz, Co-Investigator) NICHD \$753,899 September 9, 2019 – June 30, 2024

Clinical Markers of Neonatal Opioid Withdrawal Syndrome: Onset severity and Longitudinal neurodevelopmental outcome (B. Lester, E. Conratt, Co-PIs, D. Savitz Co-Investigator) NICHD \$801,638 April 1, 2020 – February 28, 2025

Impact of Open Burn Pit Exposure on Respiratory and Cardiovascular Health among Military Veterans (D. Savitz, PI, A. Trevidi, G. Wellenius, S. Woskie, Co-I). Department of Defense \$1,472,383. September 15, 2019 – September 14, 2024

PUBLICATIONS:

Published Peer-Reviewed Articles including Research with Original Data, Reviews, and Commentaries

1980

1. Rogers SE, Savitz DA. Toxic substances from coal: Some policy implications for the future. Journal of Environmental Management 1980; 11:165-82.

1984

2. Savitz DA, Harley B, Krekel S, Marshall J, Bondy J, Orleans M. Survey of reproductive hazards among Oil, Chemical, and Atomic Workers exposed to halogenated hydrocarbons. *American Journal of Industrial Medicine* 1984; 6:253-64.
3. Savitz DA, Moure R. Review of epidemiologic studies of cancer risk among oil refinery workers. *Journal of Occupational Medicine* 1984; 26:662-70.

1985

4. Savitz DA, Grace C. Determinants of medical record access for an epidemiologic study. *American Journal of Public Health* 1985; 75:1425-6.
5. Savitz DA, Redmond CK. Screening for geographic heterogeneity of disease rates: Application to cancer incidence in Allegheny County, Pennsylvania, 1969-71. *Journal of Chronic Diseases* 1985; 38:145-56.

1986

6. Brinton LA, Huggins GR, Lehman HF, Mallin K, Savitz DA, Trapido E, Rosenthal J, Hoover R. Long-term use of oral contraceptives and risk of invasive cervical cancer. *International Journal of Cancer* 1986; 38:339-44.
7. Brinton LA, Schairer C, Haenszel W, Stolley P, Lehman HF, Levine R, Savitz DA. Smoking and invasive cervical cancer. *Journal of the American Medical Association* 1986; 255:3265-69.
8. Savitz DA. Changes in Spanish surname cancer rates relative to other Whites in the Denver area. *American Journal of Public Health* 1986; 76:1210-15.
9. Savitz DA, Hamman RF, Grace C, Stroo K. Respondents' attitudes regarding participation in an epidemiologic study. *American Journal of Epidemiology* 1986; 123:362-6.

1987

10. Alderman BA, Baron AE, Savitz DA. Maternal exposure to neighborhood carbon monoxide and risk of low infant birth weight. *Public Health Reports* 1987; 102:410-4.
11. Brinton LA, Tashima KT, Lehman HF, Levin RS, Mallin, Savitz DA, Stolley PD, Fraumeni JF Jr. Epidemiology of cervical cancer by cell type. *Cancer Research* 1987; 47:1706-11.
12. Savitz DA, Calle EE. Leukemia and occupational exposure to electromagnetic fields. Review of epidemiologic surveys. *Journal of Occupational Medicine* 1987; 29:47-51.
13. Savitz DA, Zuckerman DL. Childhood cancer in the Denver metropolitan area, 1976-83. *Cancer* 1987; 59:1539-42.

1988

14. Davis MD, Savitz DA, Graubard BI. Infant feeding and childhood cancer. *Lancet* 1988; 2:365-8.
15. Mayer EJ, Hamman RF, Gay EC, Lezotte DC, Savitz DA, Klingensmith GJ. Reduced risk of insulin dependent diabetes mellitus among breast-fed children. The Colorado IDDM Registry. *Diabetes* 1988; 37:1625-32.

16. Savitz DA. Human studies of human health hazards - comparison of epidemiology and toxicology. *Statistical Science* 1988; 3:306-13.
17. Savitz DA, Pierce NE. Control selection with incomplete case ascertainment. *American Journal of Epidemiology* 1988; 127:1109-17.
18. Savitz DA, Wachtel H, Barnes FA, John EM, Tvrdik JG. Case-control study of childhood cancer and exposure to 60-Hz magnetic fields. *American Journal of Epidemiology* 1988; 128:21-38.

1989

19. Barnes F, Wachtel H, Savitz D, Fuller J. The use of wiring configurations and wire codes for estimating externally-generated electric and magnetic fields. *Bioelectromagnetics* 1989; 10:13-21.
20. Klonoff-Cohen HS, Savitz DA, Cefalo RC, McCann MF. An epidemiologic study of contraception and pre-eclampsia. *Journal of the American Medical Association* 1989; 262:3143-7 (Also published in French, Indian, and Japanese JAMA).
21. Narendrenathan M, Sandler RS, Suchindran CM, Savitz DA. Male infertility in inflammatory bowel disease. *Journal of Clinical Gastroenterology* 1989; 11:403-6.
22. Savitz DA, Baron AE. Estimating and correcting for confounder misclassification. *American Journal of Epidemiology* 1989; 129:1062-71.
23. Savitz DA, Feingold L. Association of childhood cancer with residential traffic density. *Scandinavian Journal of Work, Environment and Health* 1989; 15:360-3.
24. Savitz DA, Pearce NE, Poole C. Methodological issues in the epidemiology of electromagnetic fields and cancer. *Epidemiologic Reviews* 1989; 11:59-78.
25. Savitz DA, Whelan EA, Kleckner RC. Effect of parents' occupational exposures on risk of stillbirth, preterm delivery, and small-for-gestational-age infants. *American Journal of Epidemiology* 1989; 129:1201-18.
26. Savitz DA, Whelan EA, Kleckner RC. Self-reported exposure to pesticides and radiation in relation to pregnancy outcome: Results from the National Natality and Fetal Mortality surveys. *Public Health Reports* 1989; 104:473-7.

1990

27. Ad Hoc Working Group, International Agency for Research on Cancer. Extremely low-frequency electric and magnetic fields and risk of human cancer. *Bioelectromagnetics* 1990; 11:91-9.
28. Brenner H, Savitz DA. The effects of sensitivity and specificity of case selection on validity, sample size, precision, and power in hospital-based case-control studies. *American Journal of Epidemiology* 1990; 132:181-92.
29. Dole N, Gleiter K, Savitz DA, Chimpira THK, Mbizvo MT. Birth weight patterns in Harare, Zimbabwe. *International Journal of Epidemiology* 1990; 19:98-100.

30. Hildesheim A, Brinton LA, Mallin K, Lehman HF, Stolley P, Savitz D, Levine R. Barrier and spermicidal contraceptive methods and risk of invasive cervical cancer. *Epidemiology* 1990; 1:266-72.
31. Loomis DP, Savitz DA. Brain cancer and leukemia among electrical workers. *British Journal of Industrial Medicine* 1990; 47:633-8.
32. Savitz DA, Chen J. Parental occupation and childhood cancer: Review of epidemiologic studies. *Environmental Health Perspectives* 1990; 88:325-37.
33. Savitz DA, Greenland S, Stolley PD, Kelsey JL. Scientific standards of criticism: A reaction to "Scientific standards in epidemiologic studies of the menace of daily life" by A.R. Feinstein. *Epidemiology* 1990; 1:78-83.
34. Savitz DA, John EM, Kleckner RC. Magnetic field exposure from electric appliances and childhood cancer. *American Journal of Epidemiology* 1990; 131:763-73.
35. Savitz DA, Whelan EA, Rowland AS, Kleckner RC. Maternal employment and reproductive risk factors. *American Journal of Epidemiology* 1990; 132:933-45.

1991

36. Albers LL, Savitz DA. Hospital setting and fetal death during labor among low-risk women. *American Journal of Obstetrics and Gynecology* 1991; 164:868-73.
37. Albers LL, Savitz DA. Hospital setting for birth and use of medical procedures in low-risk women. *Journal of Nurse-Midwifery* 1991; 36:327-33.
38. Checkoway H, Savitz DA, Heyer NJ. Assessing the effects of nondifferential misclassification of exposures in occupational studies. *Applied Occupational and Environmental Hygiene* 1991; 6:528-33.
39. Chestnut LG, Schwartz J, Savitz DA, Burchfiel CM. Pulmonary function and ambient particulate matter: Epidemiological evidence from NHANES I. *Archives of Environmental Health* 1991; 46:135-44.
40. Flynn MR, West S, Kaune WT, Savitz DA, Chen C-C, Loomis DP. Validation of expert judgment in assessing occupational exposure to magnetic fields in the utility industry. *Applied Industrial Hygiene* 1991; 6:141-5.
41. John EM, Savitz DA, Sandler DP. Prenatal exposure to parents' smoking and childhood cancer. *American Journal of Epidemiology* 1991; 133:123-32.
42. Lasisse DL, Savitz DA, Hamman RF, Baron AE, Brinton LA, Levine RS. Invasive cervical cancer and intrauterine device use. *International Journal of Epidemiology* 1991; 20:865-70.
43. Leeper E, Wertheimer N, Savitz D, Barnes F, Wachtel H. Modification of the 1979 "Denver wire code" for different wire or plumbing types. *Bioelectromagnetics* 1991; 12:315-8.
44. Loomis DP, Savitz DA. Occupation and leukemia mortality among men in 16 states. *American Journal of Industrial Medicine* 1991; 19:509-21.
45. Savitz DA, Blackmore CA, Thorp JM. Epidemiology of preterm delivery: etiologic heterogeneity. *American Journal of Obstetrics and Gynecology* 1991; 164:467-71.

46. Savitz DA, Harlow SD. Selection of reproductive health endpoints for environmental risk assessment. *Environmental Health Perspectives* 1991; 90:159-64.
47. Savitz DA, Schwingl PJ, Keels MA. Influence of paternal age, smoking, and alcohol consumption on congenital anomalies. *Teratology* 1991; 44:429-40.

1992

48. Brenner H, Greenland S, Savitz DA. The effects of nondifferential confounder misclassification in ecologic studies. *Epidemiology* 1992; 5:456-9.
49. Brenner H, Savitz DA, Jockel KH, Greenland S. Effects of nondifferential exposure misclassification in ecologic studies. *American Journal of Epidemiology* 1992; 135:85-95.
50. Feingold L, Savitz DA, John EM. Use of a job-exposure matrix to evaluate parental occupation and childhood cancer. *Cancer Causes and Control* 1992; 3:161-9.
51. O'Shea M, Savitz DA, Hage ML, Feinstein KA. Perinatal events and the risk of subependymal/intraventricular hemorrhage in very low birth weight neonates. *Paediatric and Perinatal Epidemiology* 1992; 6:352-62.
52. Savitz DA, Zhang J. Pregnancy-induced hypertension in North Carolina, 1988-1989. *American Journal of Public Health* 1992; 82:675-9.
53. Savitz DA, Zhang J, Schwingl P, John EM. Association of paternal alcohol use with gestational age and birth weight. *Teratology* 1992; 46:465-71.
54. Zhang J, Savitz DA. Preterm birth subtypes among blacks and whites in North Carolina. *Epidemiology* 1992; 5:428-33.
55. Zhang J, Savitz DA, Schwingl PJ. Case-control study of paternal smoking and birth defects. *International Journal of Epidemiology* 1992; 21:273-8.

1993

56. Alderman BW, Baron AE, Savitz DA. Cautions in the use of antecedents as surrogates for confounders. *American Journal of Epidemiology* 1993; 137:1259-72.
57. Brenner H, Savitz DA, Gefeller O. The effects of joint misclassification of exposure and disease on epidemiologic measures of association. *Journal of Clinical Epidemiology* 1993; 46:1195-1202.
58. Dovan T, Kaune WT, Savitz DA. Repeatability of measurements of residential magnetic fields and wire codes. *Bioelectromagnetics* 1993; 14:145-59.
59. Evans JA, Savitz DA, Kanal E, Gillen J. Infertility and pregnancy outcome among MRI workers. *Journal of Occupational Medicine* 1993; 35:1191-5.
60. Kanal E, Gillen J, Evans JA, Savitz DA, Shellock FG. Survey of reproductive health among female MR workers. *Radiology* 1993; 187:395-9.
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Savitz DA, Olshan AF. Re: "Multiple comparisons and related issues in the interpretation of epidemiologic data." *American Journal of Epidemiology* 1997; 145:84-5.

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BOOK REVIEWS

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Savitz DA, McMahon MJ, Olshan AF. Review of "Occupational and Environmental Reproductive Hazards: A Guide for Clinicians" edited by Maureen Paul. *New England Journal of Medicine* 1993; 329:1588-9.

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Savitz DA. Hyping Health Risks: Environmental Hazards in Daily Life and the Science of Epidemiology: By Geoffrey C. Kabat. *American Journal of Epidemiology* 2009; 169:1039-41.

INVITED LECTURES/PRESENTATIONS (Selected, 1985-Present)

Invited Presentations in the United States

Universities

Baylor College of Medicine
Boston University
Brown University
Dartmouth University
Drexel University
Eastern Virginia Medical School
Emory University
Harvard University
Johns Hopkins University
Memorial Sloan Kettering Cancer Center
Mount Sinai School of Medicine
Michigan State University
New York State Department of Health
Ohio State University
Oregon State University
Robert Wood Johnson Medical School
State University of New York School of Public Health
Texas A & M
University of Alabama at Birmingham
University of California, San Francisco
University of Buffalo
University of Chicago
University of Cincinnati
University of Connecticut
University of Michigan
University of Minnesota
University of Pittsburgh
University of Texas
Vanderbilt University

Other Organizations/Research Meetings

American College of Epidemiology
American Conference of Governmental and Industrial Hygienists
Center for Urban Epidemiologic Studies
Health Effects Institute Annual Conference
International Society for Environmental Epidemiology
National Academy of Sciences
National Cancer Center
National Institute of Child Health and Human Development
National Institute of Occupational Safety and Health
Norwegian Epidemiological Society
Population Association of America
Society for Epidemiologic Research SERTalks
Teratology Society

Invited International Presentations

Electromagnetic Fields and Childhood Cancer. Department of Environmental Epidemiology Seminar, Karolinska Institute, Stockholm, 1987

Epidemiologic Studies of Electromagnetic Fields and Cancer. Plenary Presentation, International Society for Environmental Epidemiology, Stockholm, Sweden 1993

Epidemiology of Childhood Cancer, Central Pediatric Hospital, Mexico City, Mexico, 1995

Epidemiologic Research on Health Effects of Electric and Magnetic Fields. Benelux Conference on Electromagnetic Fields, Brussels, Belgium, January 1997.

Methodologic Issues in Reproductive Epidemiology. Department of Community Health, University of Newcastle School of Medicine, Newcastle-Upon-Tyne, England, September 1997

Epidemiologic Research on Health Effects of Electric and Magnetic Fields. Workshop on Power Lines and Cancer, London, England, 1999

Health Effects of Electromagnetic Fields. World Health Organization Conference, Florence, Italy, August 1999.

Paternal Exposure to Known Mutagens and Health of the Offspring: Ionizing Radiation and Tobacco Smoke. Second International Conference on Male Mediated Developmental Toxicity, Montreal, Quebec, Canada, June 2001

Strengths and Limitations in Ecological Exposure Measures in Environmental Epidemiology. International Conference on Spatial Epidemiology, London, England, May 2006

Air Pollution and Preterm Birth, Seminar, Statens Serum Institut, Copenhagen, Denmark, December 2010

Does Influenza Vaccination Prevent Preterm Birth? Methodological Issues and Research Needs. World Health Organization, March 2015

Influenza Vaccine: Observational Studies Assessing Birth Outcome. Montreal, Canada, September 2015

Interpreting Epidemiologic Evidence: The Art of Using Research Wisely. Norwegian Epidemiology Society Annual Meeting, Bergen, Norway, September 2016

When Is Epidemiologic Research a Helpful Response to Environmental Pollution and When Is It Not? First International Training School on Environmental Health in Industrially Contaminated Sites COST Action IS1408 Industrially Contaminated Sites and Health Network, February 2017

Exhibit 2

Testimony in Previous 4 Years

April 22, 2022 (PFAS)

Nix v. The Chemours Co. FC, et al.

Civil Action No. 7:17-CV-00189-D

US District Court, Eastern District of North Carolina, Southern Division

Expert on behalf of the plaintiffs

Morton v. The Chemours Co. FC, et al.

Civil Action No. 7:17-cv-00197-D

US District Court, Eastern District of North Carolina, Southern Division

Expert on behalf of the plaintiffs

Carey v. The Chemours Co. FC, et al.

Civil Action No. 7:17-CV-00201-D

US District Court, Eastern District of North Carolina, Southern Division

Expert on behalf of the plaintiffs

May 20, 2022

In Re: Willowbrook Ethylene Oxide Litigation

Case No. 2018-L-010475

Circuit Court of Cook County, Illinois, County Department - Law Division

Expert on behalf of the defendants, Griffith Foods

August 21, 2022

Grayson, et al v. Lockheed Martin

Case No. 6:20-cv-1770

United States District Court, Middle District of Florida

Expert on behalf of the plaintiffs

Henderson, et al v. Lockheed Martin, et al.

Case No. 6:21-cv-1363

United States District Court, Middle District of Florida

Expert on behalf of the plaintiffs

Davis v. Lockheed Martin, et al.

Case No. 6:22-cv-81

United States District Court, Middle District of Florida

Expert on behalf of the plaintiffs

June 23, 2023

Williford et al. v. Syngenta Crop Protection LLC, et al.

Case No. 21-CA-006219

Expert on behalf of the defendant, Syngenta

November 3, 2023

Food & Water Watch et al. vs. U.S. Environmental Protection Agency, et al.

Civ. No. 17-CV-02162-EMC

United States District Court for the Northern District of California at San Francisco

Deposed as expert on behalf of the Defendants, U.S. Environmental Protection Agency

February 9 & 12, 2024

Food & Water Watch et al. vs. U.S. Environmental Protection Agency, et al.

Civ. No. 17-CV-02162-EMC

United States District Court for the Northern District of California at San Francisco

Testified on behalf of the Defendants, U.S. Environmental Protection Agency

June 10, 2024

Camp Lejeune Water Litigation vs. United States of America

Civil Action No. 7:34-cv-897

United States District Court for the Eastern District of North Carolina

Deposed as fact witness on behalf of the plaintiffs

September 18, 2024

Boggs vs. BP Exploration and Production Inc, BP America Production Company, & BP PLC

Civil Action No. 16-13476

United States District Court Eastern District of Louisiana

Deposed as expert on behalf of the plaintiffs.

Exhibit 3

Fee Schedule

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Epidemiologist

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- My consulting rate is \$500 per hour for all activities, preparing reports, deposition, and testimony in court