BIOGRAPHICAL SKETCH

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NAME: GOLDBERG, ROBERT

eRA COMMONS USER NAME (agency login): GOLDBERG24

POSITION TITLE: Professor and Chief, Division of Epidemiology of Chronic Diseases and Vulnerable Populations, Department of Quantitative Health Sciences

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
University of Massachusetts, Amherst, MA	BS	1972	Microbiology
Tufts University, Medford, MA	MPH	1973	Public Health
Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD	PHD	1978	Epidemiology

A. PERSONAL STATEMENT

I presently serve, or have recently served, as the Principal Investigator (PI) or Co-PI of several NHLBI funded population-based chronic disease surveillance studies that either have been, or are presently being carried out, in the metropolitan Worcester population of central Massachusetts. These large observational studies include the Worcester Heart Attack Study, the Worcester Heart Failure Study, and the Worcester Venous Thromboembolism Study. These studies have collected and analyzed data from the review of hospital and ambulatory care records of residents of central Massachusetts who have been hospitalized for these conditions at all greater Worcester medical centers or treated on an outpatient basis during varying study years. I served as one of the key co-investigators on the NHLBI funded multi-site project that described the natural history and transitions of post-discharge care in a cohort of 2,200 black, hispanic, and white patients hospitalized with an acute coronary syndrome at medical centers in Massachusetts and Georgia (TRACE-CORE). I am presently participating on a federally funded longitudinal study (SAGE-AF) that is examining the role of anticoagulant therapy and other patient related factors in older men and women with atrial fibrillation for purposes of enhancing treatment decision making in these patients. I teach a course in scientific writing to graduate students enrolled in our program in Clinical and Population Health Research and have served as the Director of the Master of Science in Clinical Investigation program at the University of Massachusetts Medical School since its inception more than a decade ago. I sit on the TRAC committees of several graduate students in our MSCI and PhD program in Clinical and Population Health and have mentored several hundred graduate and medical students, fellows, and junior faculty during my academic career.

B. POSITIONS AND HONORS

Positions and Employment

1978 - 1979	Post-Doctoral Fellow in Cardiovascular Epidemiology, Johns Hopkins University School of Hygiene and Public Health, Baltimore, MD
1979 - 1981	Assistant Professor, Department of Preventive Medicine, Ohio State University School of Medicine, Columbus, OH
1981 - 1985	Assistant Professor of Medicine and Epidemiology, Department of Medicine, University of Massachusetts Medical School, Worcester, MA
1985 - 1991	Associate Professor of Medicine and Epidemiology, Department of Medicine, University of Massachusetts Medical School, Worcester, MA
1991 - 1994	Professor of Medicine and Epidemiology, Department of Medicine, University of Massachusetts Medical School, Worcester, MA

1991 - 1995	Member - Epidemiology and Disease Control - 1 Study Section, National Institutes of Health, Bethesda, MD
1992 - 1992	Visiting NIH Scientist, Honolulu Heart Program, Honolulu, HI
1994 - 1995	Professor, Department of Community Health, Tufts University School of Medicine, Boston, MA
1995 - 2005	Professor of Medicine and Epidemiology, Department of Medicine, University of Massachusetts Medical School, Worcester, MA
2006 - 2007	Professor, Department of Community Health, Brown University Medical School, Providence, RI
2007 -	Professor, Department of Medicine, University of Massachusetts Medical School, Worcester, MA
2008 -	Director, Masters of Science in Clinical Investigation Program, University of Massachusetts Medical School, Worcester, MA
2009 -	Professor and Chief, Division of Epidemiology of Chronic Diseases and Vulnerable Populations, Department of Quantitative Health Sciences, University of Massachusetts Medical School, Worcester, MA

Other Experience and Professional Memberships

Honors

C. Contribution to Science

1. Surveillance of Chronic Diseases. I have been extensively involved in the design, development, and conduct of several chronic disease surveillance studies in residents of central MA and have served on a national panel sponsored by the Institute of Medicine which was charged by the NIH to develop recommendations for the national surveillance of cardiovascular and chronic lung disease. We have carried out hospital surveillance for acute decompensated heart failure and acute myocardial infarction in the 11 medical centers that serve residents of central Massachusetts and the in and outpatient surveillance of acute venous thromboembolic disease among residents of this large central New England metropolitan area. I have also served as the senior epidemiologist for the GRACE (Global Registry of Acute Coronary Events Study) project that has published more than 100 peer reviewed articles on the descriptive epidemiology, in-hospital and long-term outcomes, and acute care management practices of more than 60,000 patients hospitalized with an acute coronary syndrome in 14 countries.
   a. Spencer FA, Emery C, Lessard D, Anderson F, Emani S, Aragam J, Becker RC, Goldberg RJ. The Worcester Venous Thromboembolism study: a population-based study of the clinical epidemiology of venous thromboembolism. J Gen Intern Med. 2006 Jul;21(7):722-7. PubMed PMID: 16808773; PubMed Central PMCID: PMC1924694.
   b. Floyd KC, Yarzebski J, Spencer FA, Lessard D, Dalen JE, Alpert JS, Gore JM, Goldberg RJ. A 30-year perspective (1975-2005) into the changing landscape of patients hospitalized with initial acute myocardial infarction: Worcester Heart Attack Study. Circ Cardiovasc Qual Outcomes. 2009 Mar;2(2):88-95. PubMed PMID: 20031820; PubMed Central PMCID: PMC2776766.
   c. Goldberg RJ, Darling C, Joseph B, Saczynski J, Chinali M, Lessard D, Pezzella S, Spencer FA. Epidemiology of decompensated heart failure in a single community in the northeastern United States. Am J Cardiol. 2009 Aug 1;104(3):377-82. PubMed PMID: 19616671; PubMed Central PMCID: PMC2730824.
   d. A Nationwide Framework for Surveillance of Cardiovascular and Chronic Lung Diseases. Washington (DC): National Academies Press (US); 2011.
2. Participation in Randomized Controlled Trials. I have been previously involved in three NIH funded randomized controlled trials of varying size, duration, and scope. The first of these trials evaluated the effects of various passive dietary interventions delivered throughout the school year by the alteration of foods served in the dining halls to boarding high school students on the blood pressure and serum cholesterol values of adolescent boys and girls. The second trial involved the training of medical residents and fellows in the delivery of smoking cessation and/or reduction advice and techniques to their patients who smoke. The most recent of these trials, the Rapid Early Action for Coronary Treatment (REACT) trial, which was, in part, based on the results of several prior publications from the Worcester Heart Attack

Study, involved the development and delivery of a multi-pronged patient and community-based intervention in 10 pair-matched communities throughout the U.S. on the medical care seeking behavior of persons with signs and symptoms of acute coronary disease.

a. Ellison RC, Capper AL, Stephenson WP, Goldberg RJ, Hosmer DW Jr, Humphrey KF, Ockene JK, Gamble WJ, Witschi JC, Stare FJ. Effects on blood pressure of a decrease in sodium use in institutional food preparation: the Exeter-Andover Project. J Clin Epidemiol. 1989;42(3):201-8. PubMed PMID: 2709080.
b. Ockene JK, Kristeller J, Goldberg R, Amick TL, Pekow PS, Hosmer D, Quirk M, Kalan K. Increasing the efficacy of physician-delivered smoking interventions: a randomized clinical trial. J Gen Intern Med. 1991 Jan-Feb;6(1):1-8. PubMed PMID: 1999742.
c. Luepker RV, Raczynski JM, Osganian S, Goldberg RJ, Finnegan JR Jr, Hedges JR, Goff DC Jr, Eisenberg MS, Zapka JG, Feldman HA, Labarthe DR, McGovern PG, Cornell CE, Proschan MA, Simons-Morton DG. Effect of a community intervention on patient delay and emergency medical service use in acute coronary heart disease: The Rapid Early Action for Coronary Treatment (REACT) Trial. JAMA. 2000 Jul 5;284(1):60-7. PubMed PMID: 10872014.
d. Osganian SK, Zapka JG, Feldman HA, Goldberg RJ, Hedges JR, Eisenberg MS, Raczynski JM, McGovern PG, Cooper LS, Pandey DK, Linares AC, Luepker RV. Use of emergency medical services for suspected acute cardiac ischemia among demographic and clinical patient subgroups: the REACT trial. Rapid Early Action for Coronary Treatment. Prehosp Emerg Care. 2002 Apr-Jun;6(2):175-85. PubMed PMID: 11962564.

3. Epidemiologic Methods. I have been involved in the development of new design and analytic approaches to the study of possible precipitating factors involved in the onset of acute myocardial infarction and sudden cardiac death, but also in the publication of several manuscripts, primarily for student trainees, junior faculty, and clinicians interested in learning more about clinical research, about the use and application of different epidemiologic study designs, data collection approaches, and in the analysis, presentation, and interpretation of study findings.
   a. Willich SN, Goldberg RJ, Maclure M, Perriello L, Muller JE. Increased onset of sudden cardiac death in the first three hours after awakening. Am J Cardiol. 1992 Jul 1;70(1):65-8. PubMed PMID: 1615872.
   b. Goldberg RJ, McManus DD, Allison J. Greater knowledge and appreciation of commonly-used research study designs. Am J Med. 2013 Feb;126(2):169.e1-8. PubMed PMID: 23331447; PubMed Central PMCID: PMC3553494.
   c. Saczynski JS, McManus DD, Goldberg RJ. Commonly used data-collection approaches in clinical research. Am J Med. 2013 Nov;126(11):946-50. PubMed PMID: 24050485; PubMed Central PMCID: PMC3827694.
   d. Goldberg R, Gore JM, Barton B, Gurwitz J. Individual and composite study endpoints: separating the wheat from the chaff. Am J Med. 2014 May;127(5):379-84. PubMed PMID: 24486289; PubMed Central PMCID: PMC4019929.

D. RESEARCH SUPPORT

Ongoing Research Support

2016/12/15-2020/11/30
5R01HL135219-04, NIH/NHLBI
Goldberg/Yu (PIs)
Community Surveillance of Coronary Heart Disease
The major goals of this community-based project are to develop near real time surveillance of acute coronary disease, using data from existing electronic medical records and innovative natural language technologies, for purposes of monitoring the contemporary, and changing, clinical epidemiology of acute myocardial infarction.
Role: Multi-PI

2016/02/17-2020/01/31
5R01HL126911-04, NIH/NHLBI
MCMANUS, DAVID (PI)
Systematic Assessment of Geriatric Elements in Atrial Fibrillation (SAGE-AF)

The overall objective of this longitudinal study is to enhance anticoagulant decision-making in older patients with AF by assessing previously neglected information that is part of a geriatric assessment (e.g., cognitive function, fall risk) and identifying key elements amenable to administration in the clinic and associated with important anticoagulant related outcomes (e.g., bleeding, time in therapeutic range).
Role: Co-Investigator

2017/09/01-2022/05/31
3U01HL138631-03, HSPI/NIH/NHLBI
ALLISON, JEROAN (PI)
Conquering Hypertension in Vietnam: Solutions at Grassroots Level
This randomized controlled clinical trial, which is carried out with investigators from the Vietnamese Health Strategy and Policy Institute in Hanoi, Vietnam, is designed to assess the effects of a novel community-based intervention using the storytelling method to promote hypertension control among adults with hypertension residing in several rural communities in Northern Vietnam.
Role: Co-Investigator

2019/09/01-2024/08/31
1D43TW011394-01
Thi Minh An, Dao / Allison, Jeroan / Nguyen, Hoa
Hanoi Medical University / NIH
Training Program for Strengthening Research Capacity in Non-Communicable Diseases in Vietnam (TSORC-NCDs-VN)
This proposed training program will develop a research and training program in NCDs that fits Vietnam's needs and resources as articulated by the Vietnam Ministry of Health and establish a Center of Excellence in NCDs Research at Hanoi Medical University in collaboration with the University of Massachusetts Medical School.
Role: Co-Investigator

2018/08/15-2020/04/30
2R21TW010462-02 Baylor Univ/NIH-Fogarty
NGUYEN, HOA (PI)
The Northern and Central Vietnam Heart Attack Study
We are proposing a pilot study to develop a population-based registry of residents from 2 large urban/rural provinces in northern and central Vietnam hospitalized with acute myocardial infarction at both area provincial hospitals during 2016 as well as identify out-of-hospital deaths due to CHD in 2016 among community residents. This pilot study, which would be the first population-based surveillance project of CHD in Vietnam, represents a ground breaking endeavor that would provide data that would be used to create the necessary infrastructure for developing and eventually sustaining long-term surveillance of CHD in the Vietnamese population.
Role: Co-Investigator

2019/09/01-2023/08/31
1R01AG062630-01 NIH/NIA
TISMINETZKY, MAYRA (PI)
Multimorbidity and Treatment-Related Outcomes in Older Heart Failure Patients
In our study, we will examine treatment patterns and the net benefits versus harms of selected therapies in patients with heart failure and multimorbidity. The results of our research will be highly generalizable to the broad spectrum of older adults with HF managed in "real-world" practice settings.
Role: Investigator

Completed Research Support

2014/12/01-2019/11/30
R01HL125089
Yu, Hong (PI)

UMass-Lowell / NIH / NHLBI
EHR Anticoagulants Pharmacovigilance
In this study, we will focus on the national priority area of anticoagulant ADE detection. Since patients with cardiovascular disease (CVD) on anticoagulant therapy (e.g., atrial fibrillation and venous thromboembolism) have a high risk for developing ADEs, we will focus our analyses on these patients, although our approaches and systems can be extended to other drug classes and diseases.
Role: Co-Investigator

2015/09/08-2017/08/31
R56 HL035434, NHLBI
GOLDBERG, ROBERT (PI)
Worcester Heart Attack Study
This project has examined multi-decade long trends in the incidence rates, hospital and long-term case-fatality rates, and hospital management practices in multiple cohorts of residents of central Massachusetts hospitalized at all central Massachusetts medical centers with independently confirmed acute myocardial infarction.
Role: PI

2014/09/01-2016/08/31
1R21TW009740, NIH
Allison, Jeroan (PI)
We Talk About Hypertension
This project was designed to develop a relatively novel hypertension control intervention, using the storytelling method, and evaluate the feasibility and acceptability of the intervention through the conduct of a pilot randomized trial among adults with hypertension residing in several rural communities in the Red River Delta region of Vietnam.
Role: Co-Investigator

2010/09/30-2015/07/31
5 U01 HL05268
Kiefe, Catarina (PI)
NIH TRACE-CORE
The major goals of this project were to establish and follow over a two-year follow-up period a large cohort of patients hospitalized with an acute coronary syndrome at selected sites in MA and GA.
Role: Co-Investigator

1986/12/01-2016/06/30
R01 HL035434
Goldberg, Robert (PI)
NHLBI Worcester Heart Attack Study
This project has examined multi-decade long trends in the incidence rates, hospital and long-term case-fatality rates, and hospital management practices in multiple cohorts of residents of central Massachusetts hospitalized at all central Massachusetts medical centers with an independently confirmed acute myocardial infarction.
Role: PI