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REBUTTAL TESTIMONY OF
DR. EDWARD P. GELMANN, WITNESS FOR
ONCOR ELECTRIC DELIVERY COMPANY LLC

I.	POSITION AND QUALIFICATIONS.....	2
II.	PURPOSE OF REBUTTAL TESTIMONY	4
III.	REVIEW AND ANALYSIS OF INTERVENOR TESTIMONY	5
IV.	CONCLUSION REGARDING HEALTH RISKS ASSOCIATED WITH EXPOSURE TO EMF.....	12
	DECLARATION.....	13
	EXHIBIT EPG-R-1 – Curriculum Vitae	
	EXHIBIT EPG-R-2 – Reference List	

1 **REBUTTAL TESTIMONY OF DR. EDWARD P. GELMANN**

2 **I. POSITION AND QUALIFICATIONS**

3 Q. PLEASE STATE YOUR NAME AND BUSINESS ADDRESS.

4 A. My name is Edward P. Gelmann, M.D. My business address is 1515
5 North Campbell Ave., 1969K, Tucson, Arizona 85724.

6 Q. PLEASE DESCRIBE YOUR PROFESSIONAL QUALIFICATIONS AND
7 BACKGROUND.

8 A. I am a Professor of Medicine and the John Norton Endowed Chair for
9 Prostate Cancer Research at the Arizona Cancer Center at the University
10 of Arizona. I treat cancer patients, conduct research on the causes and
11 prevention of cancer, and teach medical and graduate students, and
12 physicians in training. I have treated cancer patients and conducted
13 cancer research for over 35 years. I also supervise a cancer research
14 laboratory at the University of Arizona, where I conduct research on the
15 molecular and genetic basis for cancer development. In the course of my
16 research, I have supervised graduate and postgraduate students. I also
17 teach medicine to medical and graduate students, medical oncology
18 fellows, and internal medicine house staff. I am licensed to practice
19 medicine in Arizona, New York, Maryland, and the District of Columbia.

20 I graduated from Yale University in 1972 with a B.S. *magna cum*
21 *laude*, and from Stanford University School of Medicine in 1976 with an
22 M.D. I trained in Internal Medicine at the University of Chicago Hospitals
23 and Clinics, and I trained in Medical Oncology at the National Cancer
24 Institute. I am board certified in Internal Medicine and in Medical
25 Oncology. I have practiced medical oncology, conducted research, and
26 taught for more than 35 years. I have conducted research on the
27 processes by which cells become cancerous. I have published over 170
28 scientific papers and case reports, principally on cancer. I also have co-
29 authored several book chapters on cancer and cancer causation, and I am

1 the senior editor of a textbook on molecular oncology that was released in
2 2014.

3 I frequently review literature and materials on the subject of cancer
4 that are not directly related to my own research activities. In my capacity
5 as a cancer researcher, I have frequently assisted the National Institutes
6 of Health ("NIH") by reviewing research proposals submitted to NIH by
7 other researchers. In addition, I regularly serve as a peer reviewer of
8 articles submitted for publication in scientific journals. These include
9 leading scientific journals such as *The New England Journal of Medicine*,
10 *Cancer Research*, *Journal of the National Cancer Institute*, *Journal of*
11 *Clinical Oncology*, and *International Journal of Cancer*. I served as as a
12 member of the Editorial Board for the journal *Cancer Research*, the
13 primary journal of the American Association of Cancer Research. I also
14 recently served as the editor-in-chief of the journal *Endocrine Oncology*. I
15 am a member of the American Association for Cancer Research, the
16 American Society of Clinical Investigation, the American Society of Clinical
17 Oncology, and the American College of Physicians. I previously served
18 on both the Board of Directors and the Executive Committee of the
19 Cancer and Leukemia Group B, one of the four national cooperative
20 clinical cancer research groups. I also served for ten years as a liaison
21 between the American Society of Clinical Oncology and the National
22 Cancer Advisory Board, which is a committee of scientists, physicians,
23 and lay people appointed by the President of the United States to oversee
24 cancer research in the United States.

25 My professional qualifications are more fully set forth in my
26 curriculum vitae attached as Exhibit EPG-R-1 to my testimony.

1 Q. HAVE YOU EVER SUBMITTED TESTIMONY BEFORE THE PUBLIC
2 UTILITY COMMISSION OF TEXAS ("COMMISSION")?

3 A. Yes, I have submitted testimony before the Commission several times on
4 behalf of LCRA Transmission Services Corporation, Cross Texas
5 Transmission, LLC, and Oncor Electric Delivery Company LLC ("Oncor")
6 in Docket Nos. 29065, 29833, 33978, 37530, 38354, 38597, 40684, and
7 44649. On October 9, 2012, I also presented to the Texas Legislature
8 Senate Committee on Business on matters similar to those discussed in
9 my various testimonies filed with the Commission, namely issues relating
10 to alleged potential health effects of electric and magnetic fields ("EMF")
11 and extremely low frequency fields ("ELF") for persons who reside near
12 345 kilovolt ("kV") electric transmission lines.

13 **II. PURPOSE OF REBUTTAL TESTIMONY**

14 Q. WHAT IS THE PURPOSE OF YOUR REBUTTAL TESTIMONY?

15 A. I have been retained by Oncor for the purpose of reviewing the direct
16 testimony of certain intervenors in this proceeding and to offer my
17 independent expert opinion regarding the content of some of that direct
18 testimony.

19 In Section I, I set forth my professional qualifications to render the
20 expert opinions. I will further offer my expert opinions as to certain aspects
21 of intervenor testimony in this proceeding, specifically, intervenor
22 testimony relating to alleged potential health effects of EMF for persons or
23 animals living near 345 kV electric transmission lines.

24 I have conducted an independent evaluation of scientific research
25 on EMF in my areas of expertise. I have assessed whether this research
26 provides a reliable scientific basis to conclude that power frequency EMF
27 causes any adverse health effects or biological changes that could lead to
28 cancer or other illnesses. My evaluation of the scientific research on
29 power frequency EMF focuses principally on studies that have been

1 published in peer-reviewed scientific journals. I have conducted standard
2 searches of the scientific and medical literature to identify these studies
3 and I have assessed them in the same manner as I evaluate scientific
4 studies in the course of my regular professional responsibilities. My
5 testimony summarizes my review and evaluation of many hundreds of
6 EMF studies and reports that have been published over the past three
7 decades. The studies and reports specifically mentioned in my testimony
8 are examples of well-designed research that I consider useful for
9 understanding this large body of research.

10 I am testifying in my individual capacity as a medical doctor and as
11 a scientific researcher. The views expressed in my testimony are not
12 necessarily those of the University of Arizona or any other scientific or
13 medical organization with which I am affiliated.

14 **III. REVIEW AND ANALYSIS OF INTERVENOR TESTIMONY**

15 Q. IN THEIR DIRECT TESTIMONIES, SEVERAL INTERVENORS HAVE
16 EXPRESSED CONCERNS REGARDING THE HEALTH EFFECTS
17 ARISING FROM EMF EXPOSURE (E.G., VIKTOR & ANZHELA
18 CHOPOVENKO; JOANNA & JEREMY GIRARD; JEREMY & KATIE
19 YOUNG AT P. 12; MELISSA DENNIS AT PP. 3 & 15-17; ROSS ARTHUR
20 BREWER AT P. 3, LINES 9-15; CHARLES DEE & GRETCHEN BROWN
21 AT PP. 2-3; RAYMOND LOUSTAUNAU AT PP. 1-2; AND MARTIN
22 ROJAS AT P. 8, LINES 5-7). ARE YOU FAMILIAR WITH STUDIES THAT
23 HAVE BEEN PERFORMED REGARDING THE HEALTH EFFECTS OF
24 EXPOSURE TO EMF?

25 A. Yes. There have been many studies conducted on EMF over the past 35
26 years. My review of this large body of research has included studies that
27 are considered most critical for evaluating cancer causation. Among other
28 studies, I examined laboratory studies that considered the effects of EMF
29 on DNA and chromosomes as well as on living cells. I also examined

1 long-term studies in which animals were exposed to power frequency EMF
2 for one or more generations. Throughout this testimony, I refer to several
3 studies that are listed in the Reference List attached to my testimony as
4 Exhibit EPG-R-2. When referring to those studies, I indicate the
5 respective numerical reference in parentheses that corresponds to a full
6 citation that appears in the Reference List.

7 It is important to understand that permanent change in the DNA is
8 necessary to transform a normal cell into a cancer cell. DNA contains the
9 genetic information that provides a blueprint for all cells and organisms
10 and determines a cell's characteristics. DNA and chromosome studies
11 are tests that examine whether a permanent change has occurred in the
12 structure of the DNA that could predispose cells to become cancerous.
13 DNA change is essential for a normal cell to become cancerous, and
14 cancer will not occur without permanent change to the DNA.

15 The DNA and chromosome studies on EMF indicate that exposure
16 to power frequency fields does not cause damage to DNA or
17 chromosomes and, therefore, is not capable of causing a normal cell to
18 transition to a cancer cell. For example, Kikuchi examined whether
19 continuous exposure to power frequency fields of 5,000 mG or 50,000 mG
20 would cause damage to chromosomes (1). The study found no increase
21 in damage due to EMF exposures. Similarly, McNamee found no
22 increase in DNA damage in mice brain cells exposed to 10,000 mG EMF
23 (2). Stronati exposed human blood cells to EMF of up to 10,000 mG and
24 found no increased damage to DNA or chromosomes in the exposed cells
25 (3). Other researchers, such as Heredia-Rojas (4), Hone (5), Luceri (6),
26 McNamee (7), Reese (8), Rosenthal and Obe (9), Scarfi (10;11), and
27 Testa (12) have found similar results with other types of cells using
28 electric, magnetic, or combined electric and magnetic fields. These
29 results have been confirmed and expanded by more recent studies that

1 examined the effects of a broad range of EMF using sensitive assays of
2 DNA damage and cell stress. There was no evidence from these studies
3 that EMF caused mutations or in any way stressed cells such that they
4 could be predisposed to cancerous changes (13). Similarly, Korr (34)
5 exposed mice on a continuous basis for 8 weeks to power frequency EMF
6 of 1,000 mG or 10,000 mG. No increase in DNA breaks was found in the
7 mice exposed to EMF compared to non-exposed animals.

8 Long-term animal studies look for effects on the whole, living
9 organism, and take into account its biological complexity. Large
10 populations of laboratory animals can be exposed to different levels of an
11 agent for long periods of time, often through an entire life span and even
12 through more than one generation. If exposure to EMF could cause
13 effects that lead to cancer, whole animal studies would reveal the effects.

14 There are a number of well-designed, large-scale, long-term
15 laboratory studies involving animals exposed to EMF. The results of
16 these studies have added significantly to our understanding of whether
17 power frequency EMF causes or contributes to the development of cancer
18 or other adverse health effects. The results of these studies consistently
19 show no increased incidence of cancer or other health effects that can be
20 attributed to the long-term exposure of animals to power frequency EMF
21 (14-20). These studies were conducted by researchers in Canada, Japan,
22 Australia, Europe, and the United States.

23 The studies in the United States by Boorman and McCormick were
24 conducted by the U.S. National Toxicology Program (NTP). They used
25 the standard NTP protocols for evaluating whether any agent is toxic or a
26 cause of cancer. The Boorman study was a two-year study in which
27 different large groups of laboratory animals were exposed to power
28 frequency EMF at 20 mG, 2,000 mG, or 10,000 mG for most of their lives
29 (19). The researchers found no significant differences in mortality

1 patterns or cancer incidence, including leukemia, breast cancer, or brain
2 cancer. The McCormick study reported the results of a similar two-year
3 exposure study of mice (20). The researchers found no increase in
4 leukemia, breast cancer, brain cancer or other cancers in the exposed
5 animals. They found a decreased incidence of lymphoma and lung
6 cancer in some of the exposed animals. Taken as a group, these careful,
7 extensive studies using accepted NTP protocols show no increased risk of
8 cancer or leukemia in animals with long-term exposures to power
9 frequency magnetic fields.

10 Similarly, a review of studies on the effects of EMF on cancer
11 promotion and tumor growth showed no consistent adverse effects.
12 Cancer promotion is a stage in the development of cancer when cellular
13 growth is stimulated and additional damage to the DNA occurs. Tumor
14 growth studies examine whether cancerous cells will form tumors when
15 transplanted into animals. Cancer promoters must stimulate cell growth
16 and proliferation; that is, to cause cells to grow faster than they normally
17 would or induce certain kinds of chronic inflammation. The studies of
18 power frequency EMF have not shown the effects associated with cancer
19 promotion. For example, Cridland exposed human cells to EMF ranging
20 from 200 mG up to 200,000 mG and found no increase in cell proliferation
21 (21). Miyakoshi exposed animal cells to 5,000 mG and did not find any
22 significant increase in cell proliferation (22). In whole animal studies,
23 Anderson and also Boorman examined cancer promotion in laboratory
24 animals exposed to EMF for 18.5 hours a day, seven days a week
25 throughout the studies (23, 24). No significant increases in cancer
26 incidence were seen in the exposed animals. Similarly, Mandeville found
27 no cancer promotion in laboratory rats exposed to EMF for up to 65 weeks
28 (25). McLean found no cancer promotion effects in animals exposed to
29 20,000 mG of EMF for up to 52 weeks (26). Sommer exposed animals to

1 10,000 mG for 24 hours per day, seven days a week, for 32 weeks and
2 observed no cancer promotion effects (27). Similarly, Negishi did not find
3 increased rates of leukemia or lymphoma among animals that had been
4 treated with a carcinogen and then were exposed to EMF for 22 hours a
5 day for 30 weeks (28). Moreover, in a more recent study EMF was shown
6 not to affect the development of leukemia in a rat model of that disease
7 (29).

8 Tumor growth studies examine the ability of cancerous cells to form
9 tumors when transplanted into animals. Investigators have asked whether
10 EMF could stimulate the growth of preexisting tumors. To test the effect of
11 EMF, researchers either exposed cells to EMF and then transplanted
12 those cells into an animal or they transplanted cancer cells in the animal
13 host and then exposed the animals to EMF. By comparing exposed and
14 unexposed conditions scientists can determine whether EMF affected the
15 growth of cancer in the animals. For example, Sasser transplanted
16 leukemia cells into laboratory animals and then exposed a portion of the
17 animals to EMF of 10,000 mG. He found that the EMF exposure did not
18 significantly alter the progression of leukemia in the animals (30). Studies
19 by Devevey (31) and Galloni (32) and others have also found no
20 significant differences in tumor incidence or animal survival.

21 Other laboratory studies have examined EMF and a wide range of
22 biological end points, such as gene expression, hormone levels, immune
23 function, and cellular calcium levels, among others. This body of research
24 includes a large number of studies and, as is frequently the case with an
25 extensive body of research, some of the studies have reported effects on
26 biological endpoints, while many other studies have not found such
27 effects. Some of this earlier inconsistent research is now being tested
28 using sophisticated technologies. For example, when modern high-
29 throughput gene array technology was used to examine potential effects

1 on gene expression in human cells exposed to high levels of EMF (up to
2 7,000 mG), no reproducible effects were found (33). This is a single
3 example of a broad range of studies. In aggregate, the body of work
4 provides no scientific basis to conclude that power frequency EMF cause
5 or contribute to adverse health effects.

6 In 1999, the U.S. National Institute of Environmental Health
7 Sciences ("NIEHS"), one of the U.S. National Institutes of Health,
8 completed a national research program on EMF, known as the EMF-
9 RAPID Program. At the conclusion of the \$46 million EMF-RAPID
10 Program, the NIEHS Director's report to the U.S. Congress concluded that
11 "[v]irtually all of the laboratory evidence in animals and humans and most
12 of the mechanistic work done in cells fail to support a causal relationship
13 between exposure to ELF-EMF at environmental levels and changes in
14 biological function or disease status." The report also emphasized that
15 NIEHS would not include power frequency EMF on its list of exposures
16 "reasonably anticipated" to cause cancer in humans.

17 The National Academy of Sciences stated that: "[I]n view of the
18 negative outcomes of EMF-RAPID replication studies, it now appears
19 even less likely that MFs [magnetic fields] in the normal domestic or
20 occupational environment produce important health effects, including
21 cancer.... The results of the EMF-RAPID program do not support the
22 contention that the use of electricity poses a major unrecognized public-
23 health danger." Lastly, in 2007, a World Health Organization review of
24 EMF research concluded that "[o]verall there is no evidence that ELF
25 exposure alone causes tumours [in laboratory animals.]"

26 Q. CAN YOU TELL US ABOUT THE EPIDEMIOLOGY STUDIES THAT
27 EXAMINED THE RELATIONSHIP OF EMF EXPOSURE TO CANCER?

28 A. As a medical doctor, cancer researcher, and geneticist I am generally
29 familiar with epidemiology studies and examine them in the course of my

1 regular professional activities. My perspective is that the results of
2 epidemiology studies typically must be viewed with caution, as these
3 studies do not involve laboratory experiments in which exposures and
4 outcomes can be controlled, tested, and replicated in a rigorous manner.
5 Rather, epidemiology studies often have to rely on estimates of exposure
6 and frequently have serious limitations in terms of being able to control for
7 uncertain variables.

8 For these and other reasons, epidemiology studies are principally
9 useful to generate hypotheses that then can be tested in laboratory
10 studies on cells and animals. There have been a number of epidemiology
11 studies on EMF and a variety of conditions in adults and children. These
12 studies provide no basis to conclude that EMF from power lines pose a
13 health risk. This is not just my conclusion, but is consistent with the
14 conclusions of many independent expert scientific panels that have
15 examined the issues as described in my previous answer.

16 Q. DID YOU REVIEW EMF STUDIES CITED BY SOME OF THE
17 INTERVENORS IN THIS CASE?

18 A. Yes, to the extent I could find them in the scientific literature. The study by
19 Draper et al. (2005) cited by some intervenors suggested an association
20 solely of childhood leukemia, among all childhood cancers, with proximity
21 to high-voltage power lines. The report analyzed composite data that had
22 been published between 1962 and 1995. Reports like this suffer from
23 information about field measurements, shielding, duration of proximity to
24 the lines, and lack of information about confounding factors. Draper
25 himself stated, "There is no accepted biological mechanism to explain the
26 epidemiological study results, indeed, the relation may be due to chance
27 or confounding."

28 Numerous studies cited by Viktor and Anzhela Chopovenko could
29 not be located. For example, the McBride et al. (2014) article purportedly

1 from *Occupational and Environmental Medicine* does not appear to exist.
2 Similarly, the Li et al. (2019) article purportedly from *Environmental*
3 *Research* likewise does not appear to exist. Others, such as article 10 in
4 their source list, did not undergo peer review.

5 **IV. CONCLUSION REGARDING HEALTH RISKS ASSOCIATED WITH**
6 **EXPOSURE TO EMF**

7 Q. HAVE YOU FORMED AN OPINION REGARDING THE HEALTH
8 EFFECTS OF EXPOSURE TO EMF?

9 A. Yes. The results of many important, well-designed studies do not provide
10 a scientific basis to conclude that power frequency EMF cause or
11 contribute to cancer or other adverse health effects. Based on my
12 education, training, and experience as a medical doctor and scientific
13 researcher, and on my review of the scientific research, I find no scientific
14 basis to conclude that exposure to power frequency EMF from the
15 Ramhorn Hill – Dunham 345 kV transmission line that is the subject of this
16 case will cause or contribute to cancer or other adverse health effects.

17 Q. DOES THIS CONCLUDE YOUR REBUTTAL TESTIMONY?

18 A. Yes, it does.

DECLARATION

"My name is Edward P. Gelmann, M.D., my date of birth is May 31, 1950, and my professional address is 1515 North Campbell Ave., 1969K, Tucson, Arizona 85724, United States of America. I declare under penalty of perjury that the foregoing is true and correct."

Executed in Pima County, State of Arizona, on the 21st day of August, 2023.

A handwritten signature in black ink, appearing to be 'E. Gelmann', with a large loop on the right side and a horizontal line extending to the right.

Edward P. Gelmann, MD Declarant

(July, 2023)

CURRICULUM VITAE
(University of Arizona Format)

NAME Edward Paul Gelmann

PLACE OF BIRTH New York, New York

CITIZENSHIP U.S.A.

CHRONOLOGY OF EDUCATION

09/1968-06/1972 Yale University, New Haven, Connecticut. Scholar of the House, B.S., 1972, magna cum laude.
08/1972-06/1976 Stanford University School of Medicine, Stanford, California, Medical Scientist Training Program. M.D., 1976.
07/1976-06/1978 University of Chicago Hospitals and Clinics, Chicago, Illinois. Intern and Junior Assistant Resident, Department of Internal Medicine. Chairman, Alvin Tarlov, MD.
07/1978-06/1980 Medicine Branch, National Cancer Institute, National Institutes of Health, Bethesda, Maryland, Clinical Associate. Clinical fellowship in medical oncology. Chief, Robert C. Young, MD.
07/1979-06/1983 Medical Staff Fellow, Laboratory of Tumor Cell Biology, National Cancer Institute, Bethesda, MD.

BOARD CERTIFICATION and LICENSURE

1977 Diplomat, National Board of Medical Examiners
1980 Diplomat in Internal Medicine, American Board of Internal Medicine
No. 070149
1982 Subspecialty Certification in Medical Oncology
1977 Illinois State License No. 36-55120 (expired)
1978 California State License No. G 38939 (inactive)
1978 Maryland State License No. D 22807
1988 District of Columbia No. 17431
2007 New York State 243717
2018 Arizona 57252

UNIFORMED SERVICE

07/1978-10/1988 USPHS; Senior Surgeon (0-5)

ACADEMIC APPOINTMENTS

07/1983-09/1988	Senior Investigator, Medicine Branch, National Cancer Institute, Bethesda, Maryland.
07/1986-10/1988	Adjunct Associate Professor of Microbiology, Georgetown University School of Medicine and Dentistry, Washington, D.C.
10/1988-01/2007	Professor of Medicine, Professor of Cell Biology, Georgetown University School of Medicine
10/1988-06/1994	Chief, Division of Medical Oncology, Georgetown University School of Medicine.
07/1994-12/1995	Chief, Division of Hematology/Oncology, Georgetown University School of Medicine.
07/1997-06/1998	Vice Chair for Research and Academic Affairs, Department of Medicine, Georgetown University School of Medicine.
07/1999-01/2007	Chief, Division of Clinical Sciences, Department of Oncology, Georgetown University
02/2007-6/2009	Adjunct Professor Medicine and Oncology, Georgetown University.
02/2007-08/2013	Professor of Medicine and Pathology, Chief of the Division of Hematology/Oncology, Columbia University and New York Presbyterian Hospital. Deputy Director, Herbert Irving Comprehensive Cancer Center.
09/2013-09/2016	Professor of Medicine and of Pathology and Cell Biology, Columbia University and New York Presbyterian Hospital. Deputy Director, Herbert Irving Comprehensive Cancer Center.
09/2016-04/2019	Professor of Medicine and of Pathology and Cell Biology, Columbia University and New York Presbyterian Hospital.
02/2009-05/2019	Adjunct Professor of Medicine, Weill Cornell Medical College
05/1/2019-	Professor of Medicine and John Norton Endowed Chair for Prostate Cancer Research, University of Arizona, Tucson, AZ.

HOSPITAL APPOINTMENTS

10/1988-06/2007	Georgetown University Hospital, Washington, DC
07/1996-06/1997	Shady Grove Adventist Hospital, Rockville, MD
04/2007-04/2019	New York Presbyterian Hospital, New York, NY
01/2019-present	Banner University Medical Center, Tucson, AZ

HONORS AND AWARDS

1970	Phi Beta Kappa
1988	Unit Commendation, United States Public Health Service
1991	American Society for Clinical Investigation
1992	Outstanding Visit Award, Department of Medicine, Georgetown University School of Medicine
01/2002-01/2007	William M. Scholl Chair in Medical Oncology, Georgetown University School of Medicine
02/2007-06/2015	Clyde Wu Professor of Oncology, Columbia University (Chair designated for Division Chief by donor)
05/2019-	John Norton Endowed Chair for Prostate Cancer Research, University of Arizona

SERVICE/OUTREACH
NATIONAL/INTERNATIONAL OUTREACH

1984-1986	National Cancer Institute Clinical Research Subpanel
1985-1987	National Cancer Institute Technical Review Committee for Contracts
1988-1989	Program Committee - American Society of Clinical Oncology
1989-2004	American Society of Clinical Oncology Liaison to National Cancer Advisory Board
1989-1993	Study section member: Microbiology and Infectious Diseases Research Committee, NIAID, NIH
1991-1994	Study section ad hoc reviewer: for Metabolic Pathology Study Section, NCI
1991	Chair, NCI site visit for program project grant (P01), University of Arizona, Tucson, AZ.
1992-2007	Prostate, Lung, Colon and Ovarian (PLCO) Cancer Screening Trial Steering Committee
1992	Chair, NCI Special Study Section for program project grant (P01), University of Arizona, Tucson, AZ.
1993	Special review committee for program project grant supplement, NCI.
1994-1997	Study section member: Metabolic Pathology Study Section
1994	Special review committee for R01 grant
1993-1999	Scientific Advisory Board, CaPCure Foundation
1996-2007	Chair, Ancillary Studies Committee, Prostate, Lung, Colon and Ovarian Cancer Screening Trial
1998	Correlative Sciences Subcommittee, Cancer and Leukemia Group B
1999	National Advisory Council, Horace Mann School, Riverdale, NY.
2000	Study Section member, Cancer Center Support Grant, Robert H. Lurie Cancer Center, Northwestern University, Chicago, IL.
2003	Study Section member, NIDDK, George O'Brien Centers for Urologic Research.
2003	Review committee member for quadriennial evaluation - Laboratory of Molecular Biology, National Cancer Institute
2004-05	American Society of Clinical Oncology 2004, 05 Annual Meeting Program Committee
2003	Contributing author <i>Medical Oncology- Medical Knowledge Self-Assessment Program (MKSAP)</i>
2004-06	Organizer and Chair Course in Molecular Oncology, American Society of Clinical Oncology Annual Meeting, New Orleans, LA.
2003-07	Chair, Biomolecular Studies Committee, Prostate, Lung, Colon, and Ovarian Cancer Screening Trial.
2014-present	Medical Director, Falconwood Foundation, New York, NY.
2016	Study Section review of R03 applications, National Cancer Institute, NIH.
2017	Study Section review of R03 applications (ZCA1 TCRB-D 3 S), National Cancer Institute, NIH.
2018	Study Section review of UG1 applications for NCI National Clinical Trials Network - Network Lead Academic Participating Sites (RFA-CA-17-059), National Cancer Institute, NIH.
2021	Study Section review of R21 and R03 National Cancer Institute, NIH.SEP-3: NCI Clinical and Translational R21 and Omnibus R03, PAR20-052

DEPARTMENTAL COMMITTEES

1989-1995	Research Committee
1989-1992	Pharmacy Committee, Georgetown University Hospital

1989-1994	Committee on Faculty, Georgetown University Medical Center
1989-1995	Bone Marrow Transplantation Committee
1989-1995	Executive Committee, Lombardi Cancer Research Center
1990-1993	Cancer Committee, Georgetown University Hospital
1991-1992	Task Force for Clinical Research, Chairman, Subcommittee for Clinical/Basic Science Department Interactions
1992-1993	Committee on Appointments and Promotions, Department of Medicine
1993-1995	Chairman, Department of Medicine Committee on Appointments and Promotions
1994	Subcommittee on Research Space, Research Committee
1995-1997	Department of Medicine Committee on Appointments and Promotions
1996-1997	Lombardi Cancer Center Clinical Research Committee
1996-1997	Medical Director, Lombardi Cancer Center satellite at Shady Grove.
1996	Chair, Faculty Content Task Force, Department of Medicine
1997-2005	Research Committee
1999-2006	Lombardi Cancer Center Clinical Research Committee
1998-2006	Lombardi Cancer Center Executive Committee
2009-2016	Chair, Protocol Review and Monitoring Committee, Herbert Irving Comprehensive Cancer Center, Columbia University
2020-2023	Chair, Data and Safety Monitoring Committee, Arizona Cancer Center
2020-	Clinical Research Oversight Committee, Arizona Cancer Center
2023-	Chair, Scientific Review Committee (Protocol Review and Monitoring Committee), Arizona Cancer Center

UNIVERSITY COMMITTEES

1996-2002	Chemotherapy Oversight Committee, Georgetown University Hospital
1996-1998	Committee on Admissions and Mentorship for MD-PhD Program
1997-2005	Committee on Faculty, Georgetown University Medical Center
1998-2003	GCRC Advisory Committee
2002-2005	Chair, Committee on Appointments and Promotions, Georgetown University School of Medicine (Promotion and Tenure Committee)
2008	Chair, Committee to Review Research Pharmacy, Columbia University
2008-2009	Chair, Research Pharmacy Oversight Committee, Columbia University

OTHER COMMITTEES (INTERNAL OR EXTERNAL)

1981-1983	Institutional Review Board, Clinical Oncology Program/DCT/NCI
1985-1990	Editorial Board, <i>Blood</i>
1983-present	Ad hoc reviewer: <i>Annals of Internal Medicine</i> <i>Cancer Research</i> <i>Journal of Clinical Oncology</i> <i>Journal of the National Cancer Institute</i> <i>Molecular Endocrinology</i> <i>International Journal of Cancer</i> <i>New England Journal of Medicine</i> <i>The Prostate</i>
1990-1993	Director, Lombardi Cancer Research Center Urologic Oncology Program
1993-1999	Director, Lombardi Cancer Center Prostate Cancer Program
1997-2000	Editorial Board, <i>The Prostate Journal</i>

1997-1999	Editorial Board, <i>Cancer Therapeutics</i>
2004-2012	Editorial Board, <i>Cancer Research</i>
2005-08	American Society of Clinical Oncology, Cancer Education Committee
2005	Ad Hoc Review Committee for NCI
2005	Chair, CDMRP Review Panel for Prostate Cancer Clinical Research Centers.
2005	Program Committee, American Association for Cancer Research 2006 Annual Meeting
2005-2006	American Society of Clinical Oncology Education Committee – Compendium Editorial Board
2005-2015	External Advisory Board, SPORE in Prostate Cancer, Dana Farber Cancer Institute.
2006	Member, Study Section for site visit of program project grant, Vancouver General Hospital, Vancouver, BC for NCI Canada.
2006-2007	External Advisory Board, application for SPORE in Prostate Cancer, New Jersey Cancer Institute
2006	Study Section member, P30 Cancer Center application, Case Western Reserve University, Cleveland, OH.
2008	Study Section for George M. O'Brien Urologic Research Centers, NIDDK, NIH.
2008	Chair, CDMRP Review Panel for Prostate Cancer Research Grants.
2008-13	Editorial Board, <i>Journal of Clinical Oncology</i>
2012-2015	Principal Investigator, Columbia University membership in the Southwest Oncology Group.
2013-2015	Editorial Board, <i>Cancer Research</i>
2016-18	Editorial Board, <i>Cancer Research</i>
2020-2022	Editor-in-Chief, <i>Endocrine Oncology</i>

PROFESSIONAL SOCIETIES

American Society for Clinical Investigation
Fellow, American College of Physicians
American Association for the Advancement of Science
American Association for Cancer Research
American Society of Clinical Oncology

TEACHING ACTIVITIES

1988-1995	Director, Subspecialty Training Program in Medical Oncology, Department of Medicine, Georgetown University School of Medicine.
2008	Lectures in Pathophysiology, Columbia University College of Physicians and Surgeons
2008	Lectures in Advanced Pathophysiology, Columbia University College of Physicians and Surgeons
2017, 18	Preceptor, Foundations of Clinical Medicine Tutorial, Columbia University College of Physicians and Surgeons.

PhD Thesis Committees

1993	Department of Cell Biology. Stephen Seslar. The role of HGF in the growth of breast cancer cells.
1994	Department of Biochemistry and Molecular Biology. Ronit Yarden. Bimodal regulation of EGF receptor by estrogen in breast cancer cells.
1997	Department of Cell Biology. Beth Pflug. Role of NGF and NGF receptor in the

- growth of prostate cancer cell lines.
- 1997 Department of Biochemistry and Molecular Biology. Jainming Liu. Interaction of androgen receptor with SV40 T antigen.
- 1998 Department of Biochemistry and Molecular Biology. Kevin McGaffin. Vitamin D control of EGF receptor expression in breast cancer.
- 1998 Department of Cell Biology. Keith Orford. Degradation and Processing of β -Catenin.
- 2000 Department of Cell Biology. Christine Jarret. The Roles of APC2 and IKK in the Regulation of β -catenin Signaling.
- 2000 Department of Oncology. Jen-Kang Wang. Apoptosis in transgenic breast cancer cells expressing *MYC*.
- 2001 Department of Oncology. Roger Herold. Interaction of β -catenin and retinoic acid receptor.
- 2002 Thesis examiner, Paul Hollington, Flinders University, Adelaide, S. Australia.
- 2003 Thesis examiner, Lisa Horvath, University of New South Wales, NSW, Australia
- 2004 Department of Oncology. Jamie Holloway. The regulation of the estrogen receptor and its coactivator, AIB1, by growth factor signaling.
- 2006 Department of Oncology. Lynn Nielson. The role of prolactin in breast cancer cell invasion.
- 2006 Department of Oncology. Aparna Mani. Ubiquitination of the Steroid Hormone Coactivator AIB1.

PhD Thesis Advisor

- Mark Markowski (MD, PhD) – Inflammatory Cytokines Induce Ubiquitination and Loss of The Prostate Suppressor Protein NKX3.1, Georgetown University, 2008
- Erin Muhlbradt (PhD) – The role of IGFBP-3 in Mediating NKX3.1 Tumor Suppression, Georgetown University, 2009

Lectures in courses of the Tumor Biology Training Program.

BIBLIOGRAPHY

<https://orcid.org/0000-0003-1482-3334>

*indicates senior author publication

Original, Peer Reviewed Articles

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2. Cronan, J.E., and Gelmann, E.P.: An estimate of the minimum amount of unsaturated fatty acid required for the growth of *Escherichia coli*. *J Biol Chem.* 248:1181-1195, 1973.
3. Declève, A., Niwa, O., Gelmann, E.P., and Kaplan, H.S.: Kinetics of propagation of B-tropic murine leukemia virus on Fv-1b cell lines: requirement for multiple cycles of cell replication for transformation and viral antigen expression. *Virology* 65:320-332, 1975.
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5. Gelmann, E.P., and Steward, J.P.: Faculty and students as admissions interviewers: results of a questionnaire given to applicants. *J Med Educ.* 50:626-628, 1975.

6. Cronan, J.E., and Gelmann, E.P.: Physical properties of membrane lipids: biological relevance and regulation. *Bacteriol Rev.* 39:232-256, 1975.
7. Gelmann, E.P., and Steward, J.P.: Admissions interviews. (Letter to the Editor) *J Med Educ.* 50:1078-1079, 1975.
8. Gelmann, E.P., Niwa, O., Decleve, A., and Kaplan, H.S.: X-ray potentiation of MuLV infection in vitro. *Virology* 69:561-569, 1976.
9. Gelmann, E.P., Decleve, A., and Kaplan, H.S.: Biological and biochemical differences among ecotropic C-type RNA viral isolates chemically induced from C57Bl/Ka mouse embryo cells in vitro. *Virol.* 85:198-210, 1978.
10. Gelmann, E.P., Wong-Staal, F., Kramer, R.A., and Gallo, R.C.: Molecular cloning and comparative analyses of the genomes of simian sarcoma virus (SSV) and its associated helper virus (SSAV). *Proc Nat Acad Sci, USA.* 78:3373-3377, 1981.
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Reviews, Chapters and Editorials

1. Decleve, A., Niwa, O., Gelmann, E.P., and Kaplan, H.S.: Radiation activation of endogenous leukemia viruses in cell culture: Acute X-ray irradiation . Yuhas, J.M., Tennant, R.W., and Regan, J.D. (Eds.): *Biology of Radiation Carcinogenesis*. New York, Raven Press, 1976, pp. 217-225.
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Patents

None

Abstracts

I did not record my published abstracts.

Audiovisual/Media

None

FELLOWSHIP AND GRANT SUPPORT

GRANTS: pending

GRANTS: current

2023-4	National Cancer Institute R03-TR004465-01 DYRK1B Inhibition for Prostate Cancer. RFA-RM-22-024: Pilot Projects Investigating Underserved G Protein-Coupled Receptors, Ion Channels, and Protein Kinases PI: Edward Gelmann Annual Direct Costs: \$100,000
2021	Regeneron Corp A Phase 1/2 Study of REGN5678 (Anti-PSMAxCD28) with Cemiplimab (Anti-PD-1) in Patients with Metastatic Castration-Resistant Prostate Cancer
3/26/2020-	Pharmacyclics Corp. A Phase 1b/2 study of ibrutinib combination therapy in selected advanced gastrointestinal and genitourinary tumors Institutional PI – Edward Gelmann, MD Total Costs: \$465,992
2020	BioNTech Corp First-in-human, dose titration and expansion trial to evaluate safety, immunogenicity and preliminary efficacy of W-pro1 in patients with metastatic castration resistant prostate cancer and W-pro1 in combination with cemiplimab and/or goserelin acetate in patients with high-risk, localized prostate cancer (PRO-MERIT)
2020	F. Hoffmann-La Roche Ltd A Phase III, Multicenter, Randomized, Open-Label Study of Atezolizumab in

Combination with Cabozantinib in Patients with Renal Cell Carcinoma who Experienced Disease Progression During or After Check Point Inhibitor Treatment

GRANTS: expired

1/1/15- 4/30/19

Falconwood Foundation
Targeted Therapy in Prostate Cancer
PI – Edward Gelmann
Total Annual Costs - \$300,000

8/1/2017-4/30/2019

Syndax Corporation
A Phase 2 Single-Arm Multi-Center Study of Enitinostat in Patients with Relapsed or Refractory Abdominal Neuroendocrine Tumors
PI – Edward Gelmann
Total Annual Costs - \$1,000,000

11/1/15 - 10/31/17

New York State - Department of Health (NYSDOH)
DOH01-C30316GG-3450000
16% effort
Title: Prostate Cancer Research
Direct Cost per year 195,652 (two years)

11/1/2011-2016

National Cancer Institute
P01 CA154293
Molecular Mechanism of Prostate Cancer Initiation
PI - Michael Shen
Project 3, Role of the DNA Damage Response Prostate Carcinogenesis, Core A - E Gelmann,
Total Costs for Project - \$1,475,000; Core - \$629,000

1/1/2011-2013

Department of Defense - PC100082
Targeting Kinases in Prostate Cancer
PI- Edward Gelmann
Total Costs - \$ 730,000

12/1/2006-10

Department of Defense - PC061532
NKX3.1 Genotype and IGF-1 Interact in Prostate Cancer Risk, PI- Edward Gelmann
Total Costs - \$ 582,000

09/1/03-8/31/08

National Institute of Environmental Health Sciences, R01 ES09888 Genetic Polymorphism in Prostate Cancer (Years 05-09 of R01)
PI - Edward Gelmann, Total Costs \$900,000

10/1/05-9/30/08

Department of Defense
The Role of Inflammatory Cytokines in Prostate Cancer Initiation, PI – Mark Markowski
Predoctoral training grant, Mentor – Edward Gelmann

3/1/2006-2/28/2007

Prostate Cancer Foundation
Interaction of Prostate Cancer Risk Factors
PI – Edward Gelmann
Total Costs - \$100,000.

07/1/02-6/30/06

National Cancer Institute, R01 CA96854

	β-Catenin in Prostate Cancer PI - Edward Gelmann, Total Costs \$884,640
4/1/90 - 3/31/93	National Cancer Institute Molecular Mechanisms for Prostate Cancer Cell Growth, R01-CA50355, PI - Edward Gelmann, 10% effort. Total direct costs: \$567,056.
7/1/90 - 6/30/93	American Cancer Society Clinical Oncology Fellowship. PI - Edward Gelmann. Total direct costs: \$10,000.
10/1/92 - 9/30/95	National Cancer Institute SPORC in Prostate Cancer. Developmental Grant 1-P20-CA58189. PI - Edward Gelmann, 5% effort. Total costs: \$ 225,000.
7/1/93 - 6/30/95	National Cancer Institute Inhibition of Heparin-Binding Growth Factors, R01-CA57406. PI - Anton Wellstein, Co-PI Edward Gelmann, 5% effort. Total direct costs: \$835,989.
1993-1995	Janssen Corporation, Randomized trial of lirozole versus prednisone for metastatic prostate cancer. 5% effort. Total costs: \$72,000.
7/1/92 - 6/30/97	National Cancer Institute Markers for Malignant Progression in Prostate Cancer, U01-CA57178, PI - Edward Gelmann, 10% effort. Total direct costs: \$498,808.
7/1/93 - 6/30/97	National Cancer Institute Cancer Center Support Grant, P30 - CA51008, PI - Marc Lippman. 10% effort. Director, Prostate Cancer Program, Total direct costs: \$2,408,218.
12/1/93-11/30/94	CaP CURE Foundation Research in Prostate Cancer, PI - Edward Gelmann. Total Costs: \$200,000.
1/1/97-1/98	Janssen Pharmaceuticals Phase II trial of lirozole and prednisone in hormone-refractory prostate cancer. PI- Edward Gelmann. Total Costs \$50,000.
1/1/97-1/98	Janssen Pharmaceuticals Phase II trial of lirozole in newly relapse local prostate cancer. PI - Edward Gelmann. Total Costs \$50,000.
12/1/94-11/30/95	CaP CURE Foundation Research in Prostate Cancer, PI - Edward Gelmann. Total Costs \$100,000.
12/1/95-11/30/96	CaP CURE Foundation Research in Prostate Cancer, PI - Edward Gelmann. Total Costs \$100,000.
12/1/96-11/30/97	CaP CURE Foundation Research in Prostate Cancer, PI - Edward Gelmann. Total Costs \$50,000.
07/1/98-9/1/98	Glaxo-Wellcome Phase II Evaluation of Humanized Monoclonal Antiepithelial Antibody in Patients with Early Relapse of Prostate Cancer. PI - Edward Gelmann.
06/1/98-5/30/00	National Cancer Institute NKX3.1 in Prostate Cancer, R21CA78327 PI - Edward Gelmann, Total Costs, \$313,000
07/1/98-12/31/00	Agouron Corporation Randomized Trial to Assess AG3340 in Patients with Hormone-Refractory

10/1/98-3/31/01	Prostate Cancer. PI - Edward Gelmann, Total Costs - \$80,000. DOD - Prostate Cancer Research Program - PC000016 NKX3.1 in Prostate Cancer, PI - Edward Gelmann Total Costs - \$393,750
1/1/98-12/31/01	National Cancer Institute, R01 CA79912 Apoptosis in Prostate Cancer Cells, PI - Edward Gelmann Total Costs - \$640,83
06/01/00-05/31/02	National Cancer Institute, R21-CA87855 β -Catenin in Prostate Cancer, PI - Edward Gelmann Total Costs - \$312,000
4/01/01-3/31/03	Department of Defense - PC 000016 phase II NKX3.1 in Prostate Cancer, PI - Edward Gelmann Total Costs - \$738,559
7/01/01-6/30/03	National Cancer Institute, R21 CA87855 β -Catenin in Prostate Cancer, PI - Edward Gelmann Total Costs - \$312,000
11/1/01-10/31/04	Department of Defense PC-010281 Genetic Risk Factor for Prostate Cancer, PI Edward Gelmann Annual Direct Costs - \$114,220
7/1/03-6/30/07	National Cancer Institute, R01 CA100743-01 Molecular Epidemiology of Fatal Prostate Cancer, PI - Shiela Weinmann, PhD; Edward Gelmann PI of subcontract, Total Costs \$500,000 (13.3%ile, awaiting funding).
10/1/93-9/30/08	National Cancer Institute Prostate, Lung, Colon, and Ovarian Cancer Screening Trial. 1-N-01-CN25522- 00, PI - Edward Gelmann. 35% Effort. Total costs \$21,040,000.
4/1/02-3/30/07	National Cancer Institute Cancer Center Support Grant PI - Anatoly Dritschilo Director of Cancer Center Core Facility - Clinical Research Management Office. Director - Program in Growth Regulation of Cancer
4/1/03-03/31/09	Cancer and Acute Leukemia Group B (CALGB) Institutional Grant 1U10 CA77597, PI - Edward Gelmann Annual Direct Costs - \$107,873

LIST OF COLLABORATORS (LAST FIVE YEARS)

Abate-Shen, Cory	Professor, Department of Urology, Columbia University, New York, NY
Banerjee, Jaideep	George Washington University, Washington, D.C., United States of America
Bera, Alakesh	Department of Anatomy, Physiology and Genetics, and Institute for Molecular Medicine, Uniformed Services University School of Medicine (USUHS), Bethesda, MD, United States of America
Bowen, Cai	Research Associate Scientist, Columbia University, New York, NY
Bubendorf, Lukas	Professor, Institute for Pathology, University Hospital Basel, Basel, Switzerland
Chen, Emily I.	Assistant Professor, Department of Pharmacology, Columbia University, New York, NY

Chua, C.W.	Postdoctoral Fellow, Department of Medicine, Columbia University, New York, NY
Eidelman, Ofer	Department of Anatomy, Physiology and Genetics, and Institute for Molecular Medicine, Uniformed Services University School of Medicine (USUHS), Bethesda, MD, United States of America
Koller, Antonius	Associate Research Scientist, Columbia University, New York, NY
Leighton, Ximena	Department of Anatomy, Physiology and Genetics, and Institute for Molecular Medicine, Uniformed Services University School of Medicine (USUHS), Bethesda, MD, United States of America
Neugut, Alfred	Professor of Medicine, Columbia University, New York, NY
Pollard, Harvey B.	Affiliation Department of Anatomy, Physiology and Genetics, and Institute for Molecular Medicine, Uniformed Services University School of Medicine (USUHS), Bethesda, MD, United States of America
Rebbeck, Timothy R.	Professor of Epidemiology, Dana-Farber Cancer Institute
Rosenthal, Andrew	Staff Scientist, NIH Chemical Genomics Center, Bethesda, MD
Shen, Michael	Professor of Medicine, Columbia University, New York, NY
Silva, Jose	Associate Professor of Oncologic Sciences, Icahn School of Medicine, New York, NY
Song, Liang-Nian	Research Associate Scientist, Columbia University, New York, NY
Srivastava, Meera	Affiliation Department of Anatomy, Physiology and Genetics, and Institute for Molecular Medicine, Uniformed Services University School of Medicine (USUHS), Bethesda, MD, United States of America
Zellweger, Tobias	Professor, Division of Urology, St. Clara Hospital, Basel, Switzerland
Zhang, Hailan	Research Associate Scientist, Columbia University, New York, NY
Zheng, Tian	Professor, Department of Statistics, Columbia University, New York, NY

This is a true and accurate statement of my activities and accomplishments. I understand that misrepresentation in security continuing tenure and promotion may lead to dismissal or suspension under ABOR Policy 6-201 J.
Edward P. Gelmann, MD

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- (2) McNamee JP, Bellier PV, McLean JRN, Marro L, Gajda GB, Thansandote A. DNA damage and apoptosis in the immature mouse cerebellum after acute exposure to a 1 mT, 60 Hz magnetic field. *Mutation Research/Genetic Toxicology and Environmental Mutagenesis* 2002 Jan 15;513(1-2):121-33.
- (3) Stronati L, Testa A, Villani P, Marino C, Lovisolo GA, Conti D, et al. Absence of genotoxicity in human blood cells exposed to 50 Hz magnetic fields as assessed by comet assay, chromosome aberration, micronucleus, and sister chromatid exchange analyses. *Bioelectromagnetics* 2004 Jan;25(1):41-8.
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- (7) McNamee JP, Bellier PV, Chauhan V, Gajda GB, Lemay E, Thansandote A. Evaluating DNA damage in rodent brain after acute 60 Hz magnetic-field exposure. *Radiat Res* 2005 Dec;164(6):791-7.
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- (13) Burdak-Rothkamm S, Rothkamm K, Folkard M, Patel G, Hone P, Lloyd D, et al. DNA and chromosomal damage in response to intermittent extremely low-frequency magnetic fields. *Mutat Res* 2009 Jan 31;672(2):82-9.
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