

Bob Hoover, Pioneering DES Researcher, Retires

After devoting nearly half a century to public health research at the National Cancer Institute (NCI), Robert Hoover, MD, ScD, began his well-earned retirement in June. During his 48 years at the NCI, Hoover was part of the team that turned the Division of Cancer Epidemiology and Genetics (DCEG) from a relatively small part of the NCI into one of the most important cancer epidemiology research programs in the world.

A vital part of his work has been ensuring that research into DES has never fallen between the cracks at the federal institution.

“Bob has had a commitment to the DES problem and the consequences of DES for decades, and he has single-handedly kept alive the capacity to do the studies,” said Stephen Chanock, MD, the director of the DCEG. “DES study is truly one of those issues that Bob has a very, very passionate, personal as well as a professional and public health commitment to.”

A focus on the relationship between hormones and cancer has been a cornerstone of Hoover's research since his doctoral work. Hoover was among the first researchers to connect menopausal hormone therapy to breast cancer and to identify the increased risk of cancer from combinations of estrogen and progestin rather than from estrogen alone.

But for the DES community,



Robert Hoover, MD, ScD

Hoover's most lasting contribution is his pioneering research into the long-term effects of prenatal DES exposure—and his refusal to let the research dwindle into obscurity.

By the 1980s, fewer and fewer researchers were studying DES, and Hoover recognized the danger that research might subside altogether. He contacted investigators at different study centers who had been following various cohorts of DES Daughters and Sons and in 1992 he pulled them all together into the DES Follow-up Study.

With at least three dozen published medical studies, Hoover's team has found 12 major negative health effects of prenatal DES exposure besides clear cell adenocarcinoma, and he has continued research into DES Grandchildren.

Without Hoover, there almost certainly would not be an ongoing long-term DES cohort study in the United States and likely no federal DES research at all.

Hoover graduated from Notre Dame before earning his MD at the Loyola University of Chicago and his ScD at the Harvard School of Public Health. His list of accolades is long and includes the Distinguished Service Medal from the U.S. Public Health Service and the John Snow Award from the American Public Health Association.

According to Chanock, his friend as well as his colleague for 20 years, there are just “a few things Bob is loyal to—his family, his close friends, public health and Notre Dame, and not necessarily in that order.” While Hoover is known best outside of the NCI for his research, his colleagues appreciated the personal attributes that make him a good person in addition to being an excellent scientist.

“What I miss most is his wry and sardonic sense of humor,” Chanock said. “He's brilliant, but you always know that he's listening, and his comments are always insightful, often with an element of irony or humor with them.”

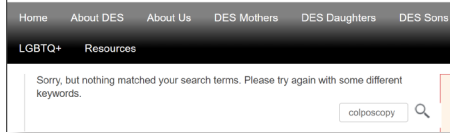
Even when the research or the task at hand was of the utmost importance, Hoover had a “wonderful sense of ‘let's not get too serious,’” Chanock said. “If you don't have a lit-

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New Feature for Members Only

We've added new functionality to our site search, but only for logged-in members. Now when you do a search on desaction.org, you will get answers that include articles from all past DES Action VOICE issues.

Here's an example of the difference: If you are not logged in as a member and you search "colposcopy," no results come up:



But if you log in and do the same search, the results are quite different (see image at right). Note that the top article in the list is from the very first issue of VOICE: Winter 1979. Yup, 41 years ago.

Try it yourself: Go to—www.desaction.org— and log in, then use the search box at the top.



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Thank you for supporting DES Action USA with your membership.



MISSION STATEMENT

The mission of DES Action USA is to identify, educate, empower and advocate for DES-exposed individuals.

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Q&A: Lydia Wilkie, DES Daughter

Though Lydia Wilkie found out about her DES exposure as a teenager, it wasn't until decades later that she discovered DES Action. After talking with former Community Manager Karen Calechman, Lydia joined and learned just how much an impact DES has had on her life.

How did you first learn of your DES exposure?

I found out when I was 17. I had been having a lot of difficulty with menstrual problems and a rupturing cyst. When my GP performed my first gynecological exam, he mentioned that I “looked” like someone who had been exposed to DES, then he explained that my cervix was a third of the length it should be and that I had a cervical hood.

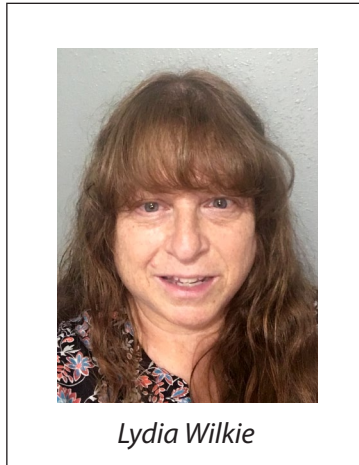
He asked if my mom had difficult pregnancies or premature births, and when I told him six of seven children were born premature, he asked if my mom ever took medications while she was pregnant.

At the time, she was in the waiting room. The doctor spoke with her, and she stated she only took vitamins while pregnant. He recommended we try to research her records to determine if she had taken DES. We were able to get her records, and she had taken DES. I remember Lilly was in the name and assume it is the Eli Lilly company.

I really don't remember feeling anything specific. The doctor told me I could have difficult pregnancies and to make sure when the time came to notify my doctors. At the time, I didn't really realize the impact it would have on my life.

So how has your DES exposure impacted your life?

Through the years, the various gynecologic issues I had caused severe pain. At times I could barely function. I had multiple surgeries, and eventually a hysterectomy



at 41. Having cervical issues and a T-shaped uterus was emotionally draining. It was also emotionally difficult dealing with miscarriages, three extremely difficult pregnancies, two premature births and the years dealing with sick kids from premature-birth issues.

The hysterectomy brought very much needed relief, and I was mostly pain-free for 14 years, with some occasional episodes of pain. Then one year ago, I began to experience severe pelvic and vaginal pain, partially due to adhesions from multiple gynecological surgeries and endometriosis. A few months prior to the pain starting, I had found the DES Action site.

When I read the different conditions linked to DES exposure, I was really surprised and worried. I had multiple linked conditions. Even though I knew of my exposure when I was young, I never knew anything more than that it could affect my pregnancies. It helped to put the pieces together of possibly why I was the only one in my family to deal with the different gynecological issues, miscarriages and premature births.

How has DES Action helped you?

The education it provides and the support from others is invaluable.

Everyone is understanding and

wants to help and lend a kind word or share their experience. It is nice to share with those who really understand, and it makes me feel truly cared for and understood. Friendships are being made with those all over the country.

Most importantly, the information on the DES Action website helped me realize the importance of continuing to have regular exams. After my hysterectomy, I pretty much thought I didn't have to worry about anything anymore. I am grateful for the information and education that DES Action provides. Without it, I wouldn't have realized the continued risk and the importance of continued care.

What is your hope for the future based on your experience as a DES Daughter?

I have seen three doctors in the past year and none was open to being educated. One of their solutions was to prescribe a bunch of medications—one was a hormone. Trying to discuss my medical history with doctors and educate them, bringing them information from DES Action and the CDC, seems to be worthless.

I'm lucky that not knowing I should have continued to have full exams hasn't caused me harm. But the problem I now face is that doctors seem to either have little to no knowledge of the effects of DES exposure or they tell me they don't do Paps in women after a total hysterectomy. They brush off my concerns and requests, tell me it's no longer an issue and tell me that I am too old now, that it was only a concern when I was young.

My hope is to find a better way for the medical community to be educated so that those exposed to DES, including Granddaughters and Grandsons, can receive the care they deserve.



Bob Hoover Retires

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the levity, you've lost your perspective. He would just very gently be able to keep people at ease in talking about very tense or difficult situations, like King Solomon in the Bible."

Hoover also understood that rest and play were just as important as work.

"Readers may not know that Bob is proud of his Irish heritage and hosted an annual St. Patrick's Day party in our division for which he dressed up as a leprechaun," said Rebecca Troisi, ScD, his co-investigator on the DES Follow-up Study. "He has a wonderful sense of play and humor!"

Chanock also fondly remembers those parties. "It was one of the highlights of the social calendar in the life of DCEG," he said. And Hoover was just as famous for his preferred choice of beverage at the event: "He would sit back and drink his special coffee... lots of coffee."

In honor of Hoover's retirement, the VOICE reached out to Hoover's colleagues and others he has interacted with so they could share their comments about him.

Kari Christianson

DES Daughter, member NCI DES Steering Committee

From first meeting Bob in 1992 at the NIH Workshop "Long-Term Effects of Exposure to Diethylstilbestrol (DES)" in Falls Church, Virginia, I recognized the quiet, respectful manner that he brings to every situation.



Bob with DES Action's former Executive Director Fran Howell (left) and Program Director Kari Christianson (right).

There's no hint of ego with Bob; it's all about the DES research findings to be shared—and never forgotten. Those first impressions have only been reinforced in working with Bob since 2002 as the DES Action advocate member of the NCI DES Steering Committee for the DES Follow-up Study.

While Dr. Hoover's collaborative leadership and support have been part of every published research study of the DES Follow-up Study, to me the most memorable was the 2011 NEJM article "Adverse Health Outcomes in Women Exposed in Utero to Diethylstilbestrol."

Dr. Hoover—for the first time, really—in one article brought together the research for all the increased negative health and reproductive events associated with prenatal DES exposure in women. The increased hazard ratio for 12 adverse health outcomes was documented. This article remains the most complete review of the adverse health problems found and followed by DES Follow-up Study research of women prenatally exposed to DES.

While I'll miss knowing that Bob is "on the job," I know that the outstanding leadership of the NCI DES Follow-up Study will continue with Rebecca Troisi, ScD. The lifetime work of Dr. Hoover and his DES Follow-up Study colleagues has added immeasurably to the understanding of how endocrine disruptors like DES affect human disease and reproductive outcomes.

As Dr. Hoover told DES Action in a Spring 2014 VOICE interview, "We are part of a revolution in science that combines epidemiological and biological research at a molecular level. Results will help us all make smarter decisions regarding hormone exposures. The work on DES exposure is leading the way!" For his DES research leadership throughout these decades, I offer a heartfelt "Thank you!"

Rebecca Troisi

ScD, DCEG staff scientist and principal investigator of the DES Follow-up Study

Bob is brilliant, and what's interesting about his intellect is that he will explain something and afterwards one thinks, "Why didn't I see that?" He has an incredible ability to simplify very complicated systems.

His other striking quality is that he takes nothing for granted and questions everything. He doesn't "follow the stream." Thus, when the medical community was promoting menopausal hormones for long-term chronic disease risk reduction, Bob was raising the red flag on the adverse effects on breast cancer risk.

Another example regarding breast cancer: There are several orthodoxies for explaining the biological effects of some early-life established risk factors, such as age at menarche [first menstrual period]. Bob spent his career reminding the epidemiologic community that while we had some theories, the data supporting them were lacking and we needed to keep an open mind.

It was an absolute honor to work with Bob. He is one of the cleverest epidemiologists in the field, and I learned so much over the 25 years we worked together. He and I spoke by phone every Friday to review our work, and when I visited NCI each month, we discussed a wide range of issues.

Bob had a unique take on all topics, a view or perspective I hadn't thought of. Despite having years of experience, I would consult him for his thoughts on my routine work, including articles I was reviewing and collaborations with other investigators.

I've described his academic excellence, but the other major thing that I learned working with Bob was more interpersonal. His communication was thoughtful and respectful, and he was an adherent of solutions

where everyone gained. He saw the merit of and practiced “team science” before it became popular.

Bob advocated for decades for the DES Cohort Study not only because of the contributions of the research to the understanding of very early life exposures on later health and disease but because he felt that the Mothers, Daughters and Sons who were exposed deserved no less than a comprehensive review of their experience.

Stephen Chanock, MD, DCEG Director

Bob is truly a remarkable scientist and humanist. The thing that really personifies him is his commitment to science and doing it in the U.S. government, and addressing difficult questions, the kinds of things people don’t want to necessarily know about or know the details about.

DES is a very good example: People want to sweep it under the rug and not talk about it anymore, and he would always say, until he retired, “Don’t forget, you’re doing the people’s epidemiology, on behalf of the American people.”

He had this very noble view that there has to be a part of public funding that’s going to ensure that the right questions are investigated to their scientific conclusion or to the scientific point that they need to and to not let vested interests or personal or private interests or ambitions get in the way. That was the solid, steady position that he took at all times.

Bob had very good vision. He didn’t always know how to do it, but he had a sense of what was scalable and timely. He was always about sharing [findings].

“Get it out in the world, get other people to look at it. You’re not getting paid a special bonus by a company for having discovered or done something. The more people know about it, the more successful

your work is,” Bob would say.

He had this very strong sense that the public good is the greatest good. I think Bob lived that through and through. There is no greater good than the public good.

When there are these very unfortunate and terrible things that arise, like DES, we have to continue to understand what they’re about. Our program also oversees studies of the survivors of Chernobyl and Hiroshima. Bob has singularly ensured that these long-term studies are going to continue and give us the insights and understanding that we need to understand the biologic questions, but also the exemplification of things that we never want to repeat again.

Elizabeth Hatch, PhD Professor of Epidemiology at Boston University School of Public Health

Bob was a delight to work with. I was lucky to be able to work with him early on when the NCI DES Follow-up Study began by combining several cohorts under one unified study. He is a kind person and a dedicated scientist who really cares about the DES-exposed population. I will miss his sense of humor and his great laugh.

Bob was a wonderful mentor and had such deep knowledge about cancer and hormonal carcinogenesis. He also taught me a lot about how to work with a diverse group of investigators from different professional backgrounds.

He had a knack for being able to cut through the fog of data and pick out the most important and interesting findings in any data analysis and then propose a beautiful mechanistic insight to make sense of it all.

This is not so surprising, but he was very focused on the research and science and not so interested in process or his own career advancement. He was quite adept at figuring out how to circumvent occasional bureaucratic hurdles.



Bob with Pat Cody, co-founder of DES Action.

Bill Strohsnitter, DSc Associate Research Professor at the University of Massachusetts Medical School

Bob Hoover played a large role in the success that the DES Study has enjoyed over the course of the past 26 years. During his tenure, the study produced more than 40 publications. Bob could also be very persuasive, as evidenced by the continued stream of funding that the study enjoyed over its course.

Bob regularly led a team of seasoned investigators in their own right through a few, but not many, opinion differences that are destined to arise among such an accomplished group. He did so in a calm and “Solomonesque” manner.

Recollection of my personal experiences with Bob brings a smile to my face. I was the “new guy” when I joined the study in 1997, and Bob was immediately supportive. When I came on board, I was charged with coalescing the data that was collected on the cancer experience among the men who were exposed to DES before birth.

Bob informed a conference of DES consumer advocates that the study of cancer among the Sons’ cohort members was progressing swimmingly and that I was doing yeoman’s work heading up the study. I had to look up “swimmingly” and “yeoman.” Bob was erudite as well. I have been very fortunate to work with Bob over almost the past three decades, and his leadership

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Revisiting the Risks of Breast Implants

Following the Winter 2016 article that included a feature story about the potential risks of breast implants, the VOICE received the following letter from Claire Cagney of Massachusetts:

I read the article on breast implants after mastectomy with great interest. I would love to give my comments as a long-term member.

I believe that without the opinions of doctors and other medical staff who may favor reconstruction, many women would think of the mastectomy as a life-saving operation and that the pain from recovery was enough to deal with.

In addition, a friend of mine who is a surgical tech explained to me that implants can interfere with finding and diagnosing cancerous lesions and tumors that may occur along the chest wall postmastectomy. Because of this, the woman's prognosis may not be as favorable as otherwise.

As for a woman's feelings about her body postmastectomy, several ideas occur to me.

If the major emphasis was placed on recovery, health and survival, I believe it would be more likely for her to consider an option other than reconstruction. Alternatives like the mastectomy bra with a prosthesis can look natural and, with an experienced person to help, can fit a woman very well.

Another idea: If a woman's family and friends reassure her that she is loved, that she will be helped as she recovers and that she's beautiful inside and out, I think the option of reconstruction would come up less often. I ask members to consider these ideas. Thank you.

We appreciated hearing from Cagney, and we've kept looking for an opportunity to include her thoughts in an issue of the VOICE. The FDA recently published new draft guidance on breast implant risks, and that provided the perfect opportunity to share Cagney's comments.

The potential negative health effects of breast implants have been a concern for decades. Every medical intervention involves risks that must be weighed against the benefits, but it's often the case that the risks are not fully understood until additional research—which can take years—uncovers it.

When the VOICE first discussed the risks of breast implants in the Winter 2016 issue, and still today, not enough research had been done to explore the concerns of women who experience problems after receiving breast implants.

However, new actions from the FDA in the past two years mean that women's and doctors' concerns about breast implant risks are finally receiving more attention. The FDA released guidance in September 2020 requiring that a black boxed warning be added to breast implant label materials to inform women and healthcare professionals of risks linked to implants.

The FDA is also recommending an extensive Patient Decision Checklist with a long list of possible side effects and adverse events caused by breast implants. (See "New FDA Warnings on Breast Implants" on MedShadow.org, our sister site.)

Much of the concern about breast implants surrounds "breast implant illness," a term used to describe a wide range of symptoms that women have reported after breast implant surgery for reconstructive, corrective or cosmetic reasons. Breast implant illness is not currently recognized as a medical condition in the medical community broadly and does not have a diagnostic billing code.

This summer, however, the FDA recognized breast implant illness as a condition deserving investigation for the first time. In August the agency reported that it had received nearly 2,500 reports of

breast implant illness between November 2018 and October 2019.

The most commonly reported symptom was fatigue, which is included in 49% of the reports. The other most commonly reported symptoms were brain fog (25%), joint pain (25%), anxiety (24%), hair loss (21%), depression (19%), rash (18%), autoimmune diseases (18%), inflammation (18%) and/or weight problems (18%).

A wide range of other symptoms have also been reported, though, including very serious, painful and debilitating ones, such as severe headaches, skin lesions and loss of bone density. In fact, multiple studies have found that women who get breast implants have a higher risk of dying by suicide—up to three times higher than similar women who don't get implants. Yet too little research has been done to determine the extent to which any of these symptoms or outcomes have been caused by the implants.

Most symptoms can occur due to other conditions: aging, or from cancer treatment. But that does not mean that breast implants do not cause any of these symptoms either. Right now, not enough evidence exists either to support a connection or to completely rule it out. The FDA has called for more research into breast implants and these symptoms.

"While the FDA doesn't have definitive evidence demonstrating breast implants cause these symptoms, the current evidence supports that some patients experience systemic symptoms that may resolve when their breast implants are removed," the agency states on its website.

Aside from these concerns, breast implants involve other risks already confirmed in medical research that women should be aware of.

Other Breast Implant Risks

The most serious condition that can occur from breast implants is Breast Implant–Associated Anaplastic Large Cell Lymphoma (BIA-ALCL), according to the FDA. This is a rare form of non-Hodgkin's lymphoma, a cancer of the immune system, that the FDA announced was linked to breast implants in 2011.

As the VOICE reported previously, developing this cancer from breast implants is rare, but it can cause death if it is not identified and treated. The cancer can often go undetected because so few doctors and women are aware of the risk. As not many cases have been reported, it's not clear how often the cancer develops from breast implants.

"Part of the lack of awareness among doctors is due to their refusal to consider that breast implants are anything but safe," said DES Daughter Joanna Katzen, who contributed to the first article in the VOICE about breast implants. "Unfortunately, many doctors still do not see women as credible, not even regarding their own bodies."

The FDA has reported 160 new cases of the cancer since July 2019, bringing the total number reported to the agency to 733 cases as of January 2020. So far 36 women have died from this cancer.

According to the FDA, symptoms of BIA-ALCL include "persistent swelling, presence of a mass or pain in the area of the breast implant," which can occur even years after the surgery.

Most of the reported BIA-ALCL cases (620) occurred in women who had implants made by Allergan, now a part of AbbVie. Nearly 500 of the total cases occurred with textured implants. With most other cases, the type of implant is unknown. The manufacturer of the implants was only known in 16 cases of women's deaths, and 15 of those were Allergan.

Other complications that can

occur from breast implants include scar tissue that squeezes the implant, breast pain, infection or a need for additional surgeries. The longer a woman has implants, the higher the risk that a complication will eventually occur.

It's also possible for implants to rupture. If a saline-filled implant ruptures, a visible deflation in breast size can be seen. With silicone gel-filled implants, however, the rupture is most often "silent," which means visible symptoms do not occur, according to the FDA. Women who suspect they have a rupture may only receive a referral for an ultrasound, but ultrasounds are not always reliable in detecting ruptures.

Again, however, this information is based on limited research that needs to be expanded. To better track symptoms and adverse events with breast implants, the FDA certified a new tool called the BREAST-Q Reconstruction Module, a scientifically validated questionnaire to assess breast implants.

Women's Experiences

Other DES Daughters have also weighed in with their thoughts on and experiences with implants.

"Unfortunately, many doctors still do not inform patients of this risk or the risk of breast implant illness," said Katzen. "As we all know too well, we must do our own research and be our own advocates. If you or someone you know has to have a mastectomy and is considering reconstruction, here's my advice: Don't do it," Katzen added. "It's not worth it. It's difficult to lose a breast or, as in my case, both breasts, but over time, you learn to love your new body as it is."

Katzen added that she doesn't have to deal with sagging or sweat under her breasts, and she can get a new pair of prosthetic breasts every year. She said that her implants nearly killed her.

"They certainly stole years of my life, and, like with DES, the

ignorance and denial in the medical community was astounding and damaging," she said. "I'm very lucky in that I did finally land with a knowledgeable and caring doctor who literally saved my life."

A few other DES Daughters said they felt breasts were too important to them to lose permanently. Mona, who is still waiting to find out if she has breast cancer, said she would choose a flap surgery if she ends up needing a double mastectomy.

Flap surgery is a type of breast reconstruction that uses tissue from another part of the body, usually the abdomen, to form a new breast. Flap surgery does not carry the same risks as breast implants, but it does involve its own risks, including infection, pain and other risks associated with any surgery.

"My own tissue would certainly be a healthier choice," Mona said. "I hope I never have to go down that road. I am sorry, but I wouldn't feel like a woman without my breasts."

Sharon agreed that having breasts was important to her after she had a double mastectomy at 29 years old. She got saline implants then and is now 58.

"I do not regret my decision for one minute," she said. "I had one replaced after a year, it deflated. I had both replaced another ten years later, and I know I'm on borrowed time now on these. If I deflate now, I may not get them replaced, but it's nice to look down and have boobs."

All the women who commented noted how personal a decision it is to decide whether to undergo breast reconstruction. Katzen also recommended that women who lose their breasts first try to learn to love their new body.

"Take some time to learn to love yourself as you are. Even to love your scars, the ones you can see and the ones you cannot," she said. "Society overemphasizes the importance of breasts when really, being sexy and beautiful is so much deeper and so much more than breasts."



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Bob Hoover Retires
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will be sorely missed.

Julie Palmer, ScD
**Professor of Epidemiology at
Boston University School of
Public Health**

Bob is one of the smartest people I've ever met. The phrase "pearls of wisdom" is foremost in my mind when I look back on my years of working with him.

In group meetings, Bob tended to speak softly and infrequently; I learned early on to listen carefully because his comments were usually unique and uniquely important.

Dr. Hoover was fully committed to exploring the impact of DES use in pregnancy on the health of the women who took the drug, their Sons and Daughters, and their Grandchildren.

For almost three decades, he was instrumental in persuading the NIH



to fund active research on the populations affected. As NIH funding became tighter, he never wavered in his commitment to continuation of the research.

Linda Titus, PhD
**Professor of Epidemiology and
Pediatrics at Dartmouth Geisel
School of Medicine**

Working with Bob was sometimes an exercise in humility—his intellect could be intimidating! He had a firm grasp on the big picture and the technical details of epi-

miological studies.

He was committed to the DES project and was a major force in keeping the DES study funded. Beyond a shadow of a doubt, he authored the most comprehensive report of health outcomes in prenatally exposed women.

He was a great teacher and mentor. I still chuckle remembering an early-career phone conversation with Bob during which he kindly and subtly attempted to explain a mistake I'd made while preparing a manuscript.

I knew he was trying to tell me something, but I couldn't figure out what it was. I finally said something to this effect: "Bob, don't be subtle with me. If you want me to understand what I did wrong, hit me over the head with it!"

We both had a good laugh over that. Bob is a mensch. He is a truly decent and kind person with an impressive intellect.

