

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
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NAME Gramling, Robert Eugene		POSITION TITLE Assistant Professor of Family Medicine and Community and Preventive Medicine	
eRA COMMONS USER NAME (credential, e.g., agency login) Robert_Gramling			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY
Colby College (ME)	B.A.	1992	Spanish, Biology
Dartmouth Medical School (NH)	M.D.	1997	Medicine
Boston University School of Public Health (MA)	D.Sc.	2008	Epidemiology

A. Positions

1997-2000 Family Practice Residency, Maine-Dartmouth Family Practice Residency Program
 1999-2000 Chief Resident, Maine-Dartmouth Family Practice Residency Program
 2000-2002 Research Fellow, NRSA (T32 PE10028) Department of Family Practice, Boston University
 2002-2005 Fellow, NCI Transdisciplinary Cancer Prevention and Control Research (R25 CA87972)
 Brown University Centers for Behavioral and Preventive Medicine
 2002-2008 Assistant Professor of Family Medicine, Brown Medical School, Providence, RI
 2004-2008 Assistant Director of Research, Department of Family Medicine, Brown Medical School
 2007-2008 Assistant Professor of Community Health, Brown Medical School, Providence, RI
 2008-present Assistant Professor of Family Medicine and Community & Preventive Medicine,
 University of Rochester School of Medicine and Dentistry, Rochester, NY

B. Selected Publications (Original research only)

Brown RL, Gramling R, Bert RJ, Karpen JW. Identification of photoaffinity labeling of peptide regions within retinal rod cGMP-activated channel subunits involved in cGMP binding. *Invest Ophthalmol Vis Sci Suppl* 1994; 35:1473.

Karpen JW, Gramling R, Bert RJ, Brown RL. Cyclic-GMP binding sites within two different subunits of the retinal rod cGMP-gated channel. *Biophys J* 1995; 68:A253.

Brown RL, Gramling R, Bert RJ, Karpen JW. Cyclic-GMP binding sites within the 63-kDa subunit and a 240 k-Da associated protein of retinal rod cGMP activated channels. *Biochemistry*. 1995; 34:8365-8370.

Westfall J, Gramling R, O'Brian-Gonzales A, Barley G. Health-Related Knowledge And Preparedness Of High-Altitude Wilderness Hikers In Colorado. *International Journal of Wilderness*. 1999; 5(3):27-33.

Gramling R, Nash J, Siren K, Culpepper L. Predictive genetics in primary care: Expectations for the motivational impact of genetic testing affects the importance family physicians place on screening for familial cancer risk. *Genetics in Medicine*. 2003; 5(3):172-175.

Wiecha JM, Gramling R, Joachim P, Vanderschmidt H. Collaborative e-learning using streaming video and synchronous discussion boards to teach the cognitive foundation of medical interviewing: a case study. *Journal of Medical Internet Research*. 2003; 5(2):e13.

Gramling R, Nash J, Siren K, Eaton C, Culpepper L. Family physician self-efficacy with genetic cancer screening. *Annals of Family Medicine*. 2004; 2(2):130-133.

Sciamanna C, Novak SP, Marcus BH, Gramling R, Goldstein M. Satisfaction with tailored health communications in primary care. *American Journal of Preventive Medicine*. 2004; 26(5):426-30.

Fine L, Philogene GS, Gramling R, Coups E, Sinha S. Prevalence of multiple behavioral chronic disease risk factors in the United States: results from the 2001 National Health Interview Survey. *American Journal of Preventive Medicine*. 2004; 27(2 suppl):18-24.

Gramling R, David SP, Duffy C. Does providing hereditary breast cancer risk assessment support to practicing physicians decrease the likelihood that they will discuss such risk with their patients? *Genetics in Medicine*. 2004; 6(6):542.

Gramling R, Irvin J, Sciamanna C, Nash J, Culpepper L. Numeracy and medicine: key family physician attitudes about communicating probability with their patients. *Journal of the American Board of Family Medicine*. 2004; 17(6):473.

Gramling R, Trask P, Nash J, Culpepper L. Family physicians' beliefs about genetic testing. *Family Medicine*. 2004; 36(10):691-2.

Gramling R, Goldman R, Parker D, Ahern D, McMurray J, Vancura J, Borkan J, Eaton C. HeartAge: a meaningful method for communicating cardiovascular risk. *Annals of Behavioral Medicine*. 2004;27(suppl).

Gramling R, Anthony D, Lowery J, Leighton N, Ballinger L, Ma D, Habbal R, Bowen D. Association between screening family medical history in general medical care and lower burden of cancer worry among women with a close family history of breast cancer. *Genetics in Medicine*. 2005; 36 (9):1-6.

Goldman RE, Parker DR, Eaton CB, Borkan JM, Gramling R, Cover RT, Ahern DK. Patients' perceptions of cholesterol, cardiovascular disease risk, and risk communication strategies *Ann Fam Med*. 2006; 4:205-212. PMID: PMC1479442

Gramling R, Anthony D, Simmons E, Bowen D. Self-rated breast cancer risk among women reporting a 1st degree family history of breast cancer on office screening questionnaires in routine medical care: the role of physician-delivered risk feedback. *Genetics in Medicine*. 2006;8(9):1-5.

Gramling R, Anthony D, Frierson G, Bowen D. The Cancer Worry Chart: a single-item screening measure for worry about developing breast cancer. *Psycho-Oncology*. 2007; 16(6):593-7.

Parker DR, Gramling R, Goldman RE, Eaton CB, Ahern DA, Cover R, Borkan J. Physicians' perceptions of barriers and facilitators regarding adoption of the National Cholesterol Education Program guidelines. *Preventive Cardiology*. 2008; 11:29-35.

Burke M, Gramling R, Lavalley L, Chandran R. Family medicine resident confidence with screening for, and communicating about, genomic susceptibility to breast cancer. *Family Medicine*. 2008; 40(3):161.

Farrell T, Chandran C, Gramling R. Shame and the process of screening for low health literacy in primary care. *Family Medicine*. 2008; Apr; 40 (4):235.

Eaton CB, Gramling R, Parker DR, Roberts MB, Lu B, Ridker PM. Prospective association of vascular endothelial growth factor-A (VEGF-A) with coronary heart disease mortality in Southeastern New England. *Atherosclerosis*. 2008; 200(1):221-7.

Gramling R, Klein W, Roberts M, Waring M, Gramling D, Eaton CB. Self-rated cardiovascular risk and 15-year cardiovascular mortality. *Annals of Family Medicine*. 2008; 6(4):302-306. PMID: PMC2478507

Gramling R, Clark J, Simmons E. Racial distribution of patient population and family physician endorsed importance of screening patients for inherited predisposition to cancer *Journal of Health Care for the Poor and Underserved*. 2009;20(1):50-54

Wang C, O'Neill S, Rothrock N, Gramling R, Sen A, Acheson LS, Rubinstein WS, Nease DE, Jr, Ruffin MT,IV. Comparison of risk perceptions and beliefs across common chronic diseases. *Preventive Medicine*. 2009; 48(2):197-202

Eaton CB, Roberts M, Gramling R, Lue BH. Prospective association of selenium and CHD, stroke, CVD and all-cause mortality: NHANES III mortality follow-up study. *Circulation*. 2009; *in press*

Gramling R, Eaton CB, Rothman KJ, Cabral HJ, Silliman R, Lash TL. Hormone replacement therapy, family history and incident invasive breast cancer among postmenopausal women in the Women's Health Initiative. *Epidemiology*. 2009; *in press*

C. Research Support

Active

CVD risk perception, behavioral support and 25-year survival 2007-2009
1R03NR010409-01, National Institute for Nursing Research
Gramling (PI)

The goal of this project is to conduct a 25-year survival follow-up to examine whether the introduction of resources for behavior change interact with pre-existing health risk beliefs to promote survival, and to examine the degree to which interval change in smoking, diet, exercise and weight management explain the influence on survival among a subset of participants.

Population impact of raising perceptions of heritable CHD risk 2007-2009
1R03HG004158-01, National Human Genome Research Institute
Gramling (PI)

The goal of this project is to evaluate whether social awareness of family history as a major risk factor for common diseases in adulthood translates into long-term health benefits for individuals have strong genomic predisposition to coronary heart disease.

Completed

eMedonline® Medication Management System 2007-2008
NIH/National Cancer Institute (SBIR Phase II)
Rapchak (PI)

The goal of this small business grant is to examine whether the Leap of Faith company's smart phone-based invention can assist patients with adherence to medications.
Role: epidemiology consultant

eMedonline[®] Medication Management System 2007-2008
NIH/National Institute on Aging (SBIR Phase II)
Rapchak (PI)

The goal of this small business grant is to examine whether the Leap of Faith company's smart phone-based invention can assist patients with adherence to medications.

Role: epidemiology consultant

Integrating Family History and Electronic Health Records 2007-2008
1R41NR010163-01A2, National Institute for Nursing Research
McClain (PI)

The goal of this grant is to develop and pilot test software designed to screen family histories for concern about Hereditary Breast and Ovarian Cancer in order to prompt discussion about referral for genetic counseling.

Role: epidemiology and screening consultant

Family History Tool in Primary Care 2003-2007
Center for Disease Control, Office of Genetics and Genomics
Cooperative Agreement
Acheson (PI)

The goal of this cooperative agreement is to test the behavioral impact of the CDC's Family Healthware[™] tool for assessing familial predisposition to four common adult-onset diseases of public health significance.

Role: epidemiology and risk perception consultant

Family History, Inflammatory Status and CHD Mortality 2006-2007
Brown University Salomon Award
Gramling (PI)

The goal of this grant was to assess the degree to which inflammatory biomarkers explained or modified the relation between family history and the occurrence of fatal coronary heart disease events.

Family History, Inflammatory Status and CHD Mortality 2006-2007
Rhode Island Foundation
Gramling (PI)

The goal of this grant was to assess the degree to which inflammatory biomarkers explained or modified the relation between family history and the occurrence of fatal coronary heart disease events.