

Mikkel Zöllner Ankarfeldt

CV

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Short Biography

Mikkel is currently working with pharmacoepidemiology at Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospital. With a strong interest and experience in pharmacoepidemiology, quantitative methods and causal inference Mikkel is part of the Copenhagen Phase IV Unit (Phase4CPH). Mikkel plays a central role both in strategical decisions as well as hands-on data modeling and analyzing data.

Beside Mikkel's experience with academia, Mikkel also has work in the pharmaceutical industry in a department under both Research&Development and under Marketing.

Mikkel has been part of the research consortium Get Real (under the EU Innovative Medicines Initiative [IMI]. <http://www.imi-getreal.eu/>). Get Real was a pan-European public-private partnership, and from this Mikkel got a network of stakeholders around drug development, real world evidence, pharmacoepidemiology and drug safety.

Mikkel's primary research area relates to methodological challenges around pharmacoepidemiology and drug-development, and include:

- randomized, controlled trials versus observational studies
- reconciling conflicting evidence from randomized, controlled trials and observational studies;
- mimicking trials in observational data;
- utility of the respective study designs

Degrees

2014	PhD, University of Copenhagen
2011	Master of Science in Public Health, University of Copenhagen
2008	Bachelor of Science in Public Health, University of Copenhagen

Work experience

- 2018 – Pharmacoepidemiologist. Center for Clinical Research and Prevention, Bispebjerg and Frederiksberg Hospital
- 2017 – 2018 Part-time lecture (Danish: Ekstern lektor). Aarhus University
- 2016 – 2018 Clinical epidemiologist. Clinical Research Center, Hvidovre Hospital
- 2014 – 2016 Post Doc. Novo Nordisk A/S
- Project: *“The GetReal Project – real world data in drug development”*
- Collaboration across industry, academia, health authorities in Europe
- 2011 – 2014 PhD, Institute of preventive Medicine, Bispebjerg Hospital
- Title: *“Reconciling conflicting evidence from observational studies and randomized, controlled trials - Exemplified by dietary protein and weight change”*
- 2009 Trainee at The Lancet, Editorial Department, London
- 2009 Trainee at The National Board of Health (Danish: Sundhedsstyrelsen), Copenhagen
- 2008 Trainee at The Nordic Cochrane Center, Copenhagen

Teaching

Several lectures as guest-lecture since 2012, including master and PhD courses at University of Copenhagen.

Exercises in Epidemiology course at Cand.cur at Aarhus University

Supervision

Previously 2 master students. Currently 1 PhD student.

Publications

1 commentary

6 publications as first-author

4 publications as co-author

1. Differences in Kidney Function Estimates Based on Creatinine and/or Cystatin C in Non-Traumatic Amputation Patients and Their Impact on Drug Prescribing. Aakjær M, Houliind MB, Tredal C, **Ankarfeldt MZ**, S Jensen P, Andersen O, Iversen E, Christrup LL, Petersen J. *J Clin Med*. 2019 Jan 14;8(1). pii: E89.
2. The "RCT augmentation": a novel simulation method to add patient heterogeneity into phase III trials. Karcher H, Fu S, Meng J, **Ankarfeldt MZ**, Efthimiou O, Belger M, Haro JM, Abenhaim L, Nordon C; GetReal Consortium Work Package 2. *BMC Med Res Methodol*. 2018 Jul 6;18(1):75.
3. A systematic literature review on the efficacy-effectiveness gap: comparison of randomized controlled trials and observational studies of glucose-lowering drugs. **Ankarfeldt MZ**, Adalsteinsson E, Groenwold RH, Ali MS, Klungel OH. *Clin Epidemiol*. 2017 Jan 23;9:41-51.
4. Assessment of channeling bias among initiators of glucose-lowering drugs: A UK cohort study. **Ankarfeldt MZ**, Thorsted BL, Groenwold RH, Adalsteinsson E, Ali MS, Klungel OH. *Clin Epidemiol*. 2017 Jan 18;9:19-30.
5. Lean body mass change over 6 years is associated with dietary leucine intake in an older Danish population. McDonald CK, **Ankarfeldt MZ**, Capra S, Bauer J, Raymond K, Heitmann BL. *Br J Nutr*. 2016 May;115(9):1556-62.
6. The "Efficacy-Effectiveness Gap": Historical Background and Current Conceptualization. Nordon C, Karcher H, Groenwold RH, **Ankarfeldt MZ**, Pichler F, Chevrou-Severac H, Rossignol M, Abbe A, Abenhaim L; GetReal consortium. *Value Health*. 2016 Jan;19(1):75-81.
7. Interaction between genetic predisposition to adiposity and dietary protein in relation to subsequent change in body weight and waist circumference. **Ankarfeldt MZ**, Larsen SC, Ängquist L, Husemoen LL, Roswall N, Overvad K, Jakobsen MU, Halkjær J, Tjønneland A, Linneberg A, Toft U, Hansen T, Pedersen O, Heitmann BL, Astrup A, Sørensen TI. *PLoS One*. 2014 Oct 28;9(10):e110890.
8. Body characteristics, [corrected] dietary protein and body weight regulation. Reconciling conflicting results from intervention and observational studies? **Ankarfeldt MZ**, Ängquist L, Stocks T, Jakobsen MU, Overvad K, Halkjær J, Saris WH, Astrup A, Sørensen TI. *PLoS One*. 2014 Jul 3;9(7):e101134.
9. Interactions of dietary protein and adiposity measures in relation to subsequent changes in body weight and waist circumference. **Ankarfeldt MZ**, Angquist L, Jakobsen MU, Overvad K, Tjønneland A, Halkjaer J, Astrup A, Sørensen TI. *Obesity (Silver Spring)*. 2014 Sep;22(9):2097-103.
10. Dietary protein and urinary nitrogen in relation to 6-year changes in fat mass and fat-free mass. **Ankarfeldt MZ**, Gottlieb K, Ängquist L, Astrup A, Heitmann BL, Sørensen TI. *Int J Obes (Lond)*. 2015 Jan;39(1):162-8.
11. Comment on "Limitations of observational evidence: implications for evidence-based dietary recommendations". **Ankarfeldt MZ**. *Adv Nutr*. 2014 May 14;5(3):293.