

Obituary – Anders Ekblom

Jonas F Ludvigsson¹, Johan Askling¹, Sven Cnattingius¹, Per Hall¹, Lars Klareskog¹, Olof Nyren¹, John A Baron², Henrik Toft Sørensen³

¹Karolinska Institutet, Solna, Sweden; ²University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; ³Aarhus University, Aarhus, Denmark

Correspondence: Jonas F Ludvigsson, Email jonasludvigsson@yahoo.com



Anders Ekblom (1947–2024), surgeon and Professor of Epidemiology, died on 29 July 2024 at the age of 76 years. During his almost 50 years as a clinician and investigator, he made substantial contributions to international science and clinical practice.

Ekblom began studying medicine in Lund, in southern Sweden. Initially, he also studied theology, law, economics and engineering. He later graduated from Uppsala University Medical School and soon embarked on a surgical career, which led him to the Department of Surgery at Uppsala University Hospital. He qualified as a general surgeon in 1984. His clinical interests mainly concerned gastrointestinal surgery, particularly for inflammatory bowel disease and colorectal cancer, but also for diseases of the pancreas and biliary tract. He became a highly proficient endoscopist and performed numerous endoscopic retrograde cholangiopancreatographies. Ekblom also had an interest in coeliac disease. He liked to mention a lecture he gave to Swedish gastroenterologists in the 1980s: “Upper endoscopy, why stop at the pylorus?”, in which he argued that patients with abdominal symptoms should be examined for coeliac disease.

It was only in the late 1980s that Ekblom began his scientific (and epidemiological) career under professor Hans-Olof Adami’s supervision. When Adami’s research group moved from Uppsala to Karolinska Institutet in 1997, Ekblom followed. Two years later he was appointed full professor there, and he soon established his own research group, the Clinical Epidemiology Unit, known by its Swedish acronym “KEP”. The unit belonged to both Karolinska Institutet and to the nearby Karolinska University Hospital, a unique feature that reflected Ekblom’s conviction that research must be anchored in clinical practice. Ekblom was Head of the Department of Medicine for a number of years and was later asked to join the Karolinska Institutet leadership.

Although he left clinical practice in the 1990s, Ekblom continued to engage in clinical questions and was often asked by the media to comment on healthcare issues. He served as an expert on the Swedish Corona Commission, and in 2006 led the scientific misconduct committee examining the research fraud of Jon Sudbø in Norway.¹ Ekblom later became the Chair of the Karolinska Institutet Ethics Council and became Karolinska’s first “ombudsman”, tasked to provide

mentorship in research ethics. He was also engaged in international research collaboration and participated in several major Nordic studies²⁻⁴ and evaluation tasks for several universities.

When at the end of his career asked of his proudest moments in research, he mentioned four:

His early papers on colorectal cancer risk in inflammatory bowel disease, published in the *New England Journal of Medicine*⁵ and the *Lancet*,⁶ in which he used nationwide registers to calculate relative risks of cancer and to identify risk groups for colorectal cancer that potentially require extra surveillance. Ekblom later became an appreciated member of IOIBD-International Organization for the Study of Inflammatory Bowel Disease.

Ten years later, with his then PhD student, now Professor, Johan Askling, Ekblom explored the role of heredity for colorectal cancer risk in patients with inflammatory bowel disease.^{7,8} In a paper published in *Gastroenterology*,⁷ he suggested that having a first-degree relative with colorectal cancer diagnosed before the age of 50 years was a particularly strong risk factor. This finding has since been incorporated into clinical guidelines and patient information resources.⁹

In collaboration with Professor Lars Klareskog, Ekblom studied the role of inflammation in carcinogenesis. Together with Assoc. Professor Eva Baecklund et al,^{10,11} they demonstrated that the risk of lymphoma in patients with rheumatoid arthritis was intimately connected to the degree of inflammation.

This last finding was a natural starting point for the study of anti-inflammatory treatment in chronic diseases, beginning with anti-tumour necrosis factor (TNF)-alpha therapy.¹² At the dawn of biologics, there was a widespread fear that their side-effects would be so severe as to hinder their use. Ekblom et al used Swedish health care registers to establish an internationally unique safety surveillance system that has helped new therapies to be safely and broadly implemented.

Ekblom also contributed to science more broadly. He emphasized the importance of involving junior physicians in medical research and founded the Stockholm Research School in Epidemiology for Clinicians. This has fostered many excellent physician-scientists at Karolinska Institutet. He also played an instrumental role in the development and scientific use of Swedish clinical research infrastructure,^{13,14} and was very proud of his work on the Multigeneration Register.¹⁵ He strongly encouraged Nordic epidemiologists to take advantage of these resources. In all, Ekblom published more than 600 papers.

Scientifically, Anders Ekblom targeted unanswered, clinically relevant questions, at the same time, emphasizing that conducting research should be an enjoyable journey. Starting with intense and open discussions in which ideas floated freely before landing on an aim worth pursuing and practical to investigate. Ekblom had no problems helping researchers outside his own group or getting involved in projects outside his own main focus. He was a problem-solving guru.

Anders Ekblom was a proud member of the Nobel Assembly, but perhaps even more proud of his membership in the Association for the Promotion of the Poet Stagnelius from the island of Öland in southeast Sweden. He spent his summer vacations on that island, in an old lighthouse keeper's residence. It was his place for contemplation and reading, keeping up with world affairs through books and *TIME* magazine. His favourite author was the American stream-of-consciousness novelist William Faulkner. It was here that Ekblom felt happiest, relaxing with his wife Annika, his and her children and their grandchildren.

Anders Ekblom was a unique, open-minded researcher who has had a profound impact on Swedish and international epidemiology. He was a popular colleague for his animated discussions and thoughtful insights and will be deeply missed by his family, colleagues and friends.

Disclosure

Henrik Toft Sørensen is the Editor-in-Chief for the *Clinical Epidemiology* journal. The authors report no conflicts of interest in this work.

References

1. Nylenna M. [Ten years after the Sudbo-affair]. Ti ar etter Sudbo-saken. *Tidsskr nor Laegeforen*. 2016;136(17):1420. doi:10.4045/tidsskr.16.0705
2. Stephansson O, Larsson H, Pedersen L, et al. Crohn's disease is a risk factor for preterm birth. *Clin Gastroenterol Hepatol*. 2010;8(6):509-515. doi:10.1016/j.cgh.2010.02.014

3. Olén O, Erichsen R, Sachs MC, et al. Colorectal cancer in ulcerative colitis: a Scandinavian population-based cohort study. *Lancet*. 2020;395(10218):123–131. doi:10.1016/s0140-6736(19)32545-0
4. Daltveit DS, Klungsoyr K, Engeland A, et al. Cancer risk in individuals with major birth defects: large Nordic population based case-control study among children, adolescents, and adults. *BMJ*. 2020;371:m4060. doi:10.1136/bmj.m4060
5. Ekobom A, Helmick C, Zack M, Adami HO. Ulcerative colitis and colorectal cancer. A population-based study. *N Engl J Med*. 1990;323(18):1228–1233. doi:10.1056/NEJM199011013231802
6. Ekobom A, Helmick C, Zack M, Adami HO. Increased risk of large-bowel cancer in Crohn's disease with colonic involvement. *Lancet*. 1990;336(8711):357–359. doi:10.1016/0140-6736(90)91889-1
7. Askling J, Dickman PW, Karlen P, et al. Family history as a risk factor for colorectal cancer in inflammatory bowel disease. *Gastroenterology*. 2001;120(6):1356–1362. doi:10.1053/gast.2001.24052
8. Askling J, Dickman PW, Karlen P, et al. Colorectal cancer rates among first-degree relatives of patients with inflammatory bowel disease: a population-based cohort study. *Lancet*. 2001;357(9252):262–266. doi:10.1016/S0140-6736(00)03612-6
9. Crohn's and Colitis Foundation. Colorectal Cancer Risk in IBD. Available from: <https://www.crohnscolitisfoundation.org/science-and-professionals/education-resources/colorectal-cancer-risk-ibd>. Accessed August 4, 2024.
10. Baecklund E, Ekobom A, Sparen P, Feltelius N, Klareskog L. Disease activity and risk of lymphoma in patients with rheumatoid arthritis: nested case-control study. *BMJ*. 1998;317(7152):180–181. doi:10.1136/bmj.317.7152.180
11. Baecklund E, Iliadou A, Askling J, et al. Association of chronic inflammation, not its treatment, with increased lymphoma risk in rheumatoid arthritis. *Arthritis Rheum*. 2006;54(3):692–701. doi:10.1002/art.21675
12. Askling J, Fored CM, Baecklund E, et al. Haematopoietic malignancies in rheumatoid arthritis: lymphoma risk and characteristics after exposure to tumour necrosis factor antagonists. *Ann Rheum Dis*. 2005;64(10):1414–1420. doi:10.1136/ard.2004.033241
13. Ludvigsson JF, Otterblad-Olausson P, Pettersson BU, Ekobom A. The Swedish personal identity number: possibilities and pitfalls in healthcare and medical research. *Eur J Epidemiol*. 2009;24(11):659–667. doi:10.1007/s10654-009-9350-y
14. Ludvigsson JF, Andersson E, Ekobom A, et al. External review and validation of the Swedish national inpatient register. *BMC Public Health*. 2011;11(1):450. doi:10.1186/1471-2458-11-450
15. Ekobom A. The Swedish Multi-generation Register. *Methods Mol Biol*. 2011;675:215–220. doi:10.1007/978-1-59745-423-0_10

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