

# THE NOVO NORDISK PRIZE

PROFESSOR  
CHRISTIAN TORP-PEDERSEN

2016



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# NOMINATION OF CHRISTIAN TORP-PEDERSEN

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The Novo Nordisk Foundation is awarding the 2016 Novo Nordisk Prize to Christian Torp-Pedersen for his pioneering studies in clinical cardiology and epidemiology.

Christian Torp-Pedersen graduated from the Faculty of Health and Medical Sciences at the University of Copenhagen in 1976. After four years of employment as Research Associate at the Department of Physiology of the University of Copenhagen, he obtained the degree of doctor of medical sciences in 1981 based on a thesis dealing with calcium and nucleotides in neurohypophysial secretion. Following clinical duties, he specialized in clinical cardiology. From 1994 to 2002, Christian Torp-Pedersen was Senior Consultant at the Department of Cardiology at Gentofte Hospital, and in 2002 he moved to Bispebjerg Hospital and became Professor of Medicine. In 2007, he returned to Gentofte Hospital as Professor of Cardiology and Senior Consultant, and in 2011 his research group at Gentofte Hospital received the Global Excellence Award from the Capital Region of Denmark. Since 2013, Christian Torp-Pedersen has been Professor of Cardiology and Clinical Epidemiology at Aalborg University.

More than 450,000 people in Denmark are living with cardiovascular disease, and a quarter of the population dies from heart disease, the second most frequent cause of death after cancer. The rate of mortality has, however, been halved since 1995 by better prophylaxis and treatment.

Christian Torp-Pedersen has 30 years of experience with scientific studies in cardiology, with particular focus on clinical epidemiology and large-scale trials for evaluating new medical therapies in cardiology.

The first landmark achievement was a multicentre, large-scale clinical trial aiming to address unanswered questions on the use of angiotensin-converting enzyme inhibitors among patients with pump dysfunction after myocardial infarction. This frequently cited study published in *The New England Journal of Medicine* in 1995 documented the benefits of angiotensin-converting enzyme inhibitors and greatly influenced clinical practice. This successful study led to further interventional studies, most notably a series of studies showing the beneficial effects of beta-blockers in heart failure.

Other interventional studies evaluated the efficacy of antiarrhythmic drugs and showed no effect on all-cause mortality but some efficacy in restoring or maintaining sinus rhythm and reducing the risk of heart failure exacerbations. One study demonstrated that a



newer antiarrhythmic drug, dronedarone, increased mortality among patients with permanent atrial fibrillation. The identification of this harmful effect led to dronedarone having a black-box warning issued by the United States Food and Drug Administration stating that the risk of death or adverse outcome was doubled for these patients.

Besides clinical trials with cardioactive drugs, Christian Torp-Pedersen also performed clinical trials in metabolic interventions, including contribution to the evaluation of intensive metabolic control by means of insulin among diabetics after myocardial infarction. In recent years, strong continued output predominantly from nationwide cohort studies has been published addressing a variety of questions such as the risk associated with obesity, antiplatelet and anticoagulation therapies and aspects of atrial fibrillation.

During the past decade, Christian Torp-Pedersen has somewhat shifted focus to using clinical epidemiology analysis of registry data to evaluate risk factors and predictors of prognosis and to advise on several practical, clinical issues. A frequently cited article in *The British Medical Journal* deals with the benefits and hazards of anticoagulation drugs in atrial fibrillation using a Danish nationwide registry to compare prevailing prediction risk models. This and other related publications indicate that Christian Torp-Pedersen is one of the top authorities worldwide in this field.

Christian Torp-Pedersen has carried out large comprehensive clinical trials of high quality, which has led him to becoming one of the leading clinical trialists internationally in cardiology. Many of his findings have had great impact on cardiology and changed its practice and guidelines. In addition, he is an effective epidemiologist using population data and refined methods to describe outcomes among patients with a variety of diseases and he is one of the leading authorities worldwide in this particular area. The design and conduct of the trials using the nationwide registries are demonstrably original, and he has clear ownership of the registry and the cohort epidemiology studies.

Christian Torp-Pedersen is thus one of the world's leading and most esteemed clinical cardiologists regarding new therapy and epidemiology. He has an impressive scientific output of 500 articles published in highly renowned journals such as *The New England Journal of Medicine* and *The Lancet*. Many of his articles are frequently cited, and he is one of the most cited researchers in Denmark in clinical medicine. He has worked effectively with a wide range of collaborators, both in Denmark and internationally over three decades. Further, Christian Torp-Pedersen has built up a large and well-founded infrastructure and has trained a cohort of excellent investigators. He has shown great leadership and mentored more than 30 PhD students. Christian Torp-Pedersen gives several lectures annually, many as an invited speaker at scientific conferences and symposia. He is also a member of the editorial board of several cardiovascular journals.

In summary, the Novo Nordisk Prize Committee finds that Christian Torp-Pedersen is a worthy recipient of the 2016 Novo Nordisk Prize based on his significant contribution of original, comprehensive, systematic and highly esteemed international research in clinical cardiology and epidemiology.



## CURRICULUM VITAE

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### CHRISTIAN TORP-PEDERSEN

PROFESSOR,  
BORN 6 NOVEMBER 1950, COPENHAGEN, DENMARK

- 2011 Obel Professor of Cardiology and Clinical Epidemiology,  
Aalborg University
- 2011 Global Excellence Award,  
Capital Region of Denmark
- 2007 Professor of Cardiology,  
Gentofte Hospital
- 2002 Professor of Medicine,  
Bispebjerg Hospital
- 1994 Senior Consultant, Department of Cardiology,  
Gentofte Hospital
- 1981 Doctor of medical sciences (MD).  
Thesis "Calcium and nucleotides in neurohypophysial secretion"
- 1976 Master of Science in Medicine,  
Faculty of Health and Medical Sciences, University of Copenhagen

Professor Christian Torp-Pedersen has 500 peer reviewed publications and an h-index of 76; >22000 citations

Christian Torp-Pedersen has placed his remarkable footprint on international cardiovascular research for three decades. He makes a virtue of keeping fit – personally and scientifically. By continually moving the frontiers in treating and preventing cardiovascular disease, his research has contributed to saving thousands of people from premature death.

## MOVING TO STAY FIT

BY MORTEN BUSCH

One out of two people older than 55 years in Denmark have cardiovascular disease: more than 450,000 people. Even though the figure is rising substantially and will increase further because of increases in stress, unhealthy diet and sedentary lifestyles, the number of deaths caused by cardiovascular disease has been almost halved in the past 20 years. Christian Torp-Pedersen, Professor and Head of the Public Health and Epidemiology Group at the Department of Health Science and Technology of Aalborg University, has an important role in this.

“In particular, our trial on ACE inhibitors for treating people who have had a heart attack has had an enormous impact. Ours is one of the three trials of coronary thromboses and ACE inhibitors that form the basis of routine treatment today.”

The trial showed that ACE (angiotensin-converting enzyme) inhibitors reduce the strain on the heart, ensuring that the scar tissue after a thrombosis heals better. This also assured Christian Torp-Pedersen a career as an expert in studies of new treatment methods for cardiovascular disease in Denmark. It also set him on a definite career path on which he has continually sought new challenges.

“Research and life have similarities: If you don’t move, you die.”

### THE LONELY LIFE OF A RESEARCHER

Although Christian Torp-Pedersen has always had clear focus in his career, he admits experiencing major impediments along the way, even though he knew what he wanted to do from an early age. He always wanted to be a researcher as far back as he could remember.



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“I knew from the day that I graduated from upper-secondary school that I wanted to do science. My father was a MD and subscribed to Scientific American. I thought it was fun to read and was inspired to pursue a career in science. Not because I wanted to save the world, but if you are going to spend so much of your life doing science, it must be meaningful. So even though I conduct research for egoistic reasons, I find it so exciting, and justify all the time and money we use on research because it actually helps people.”

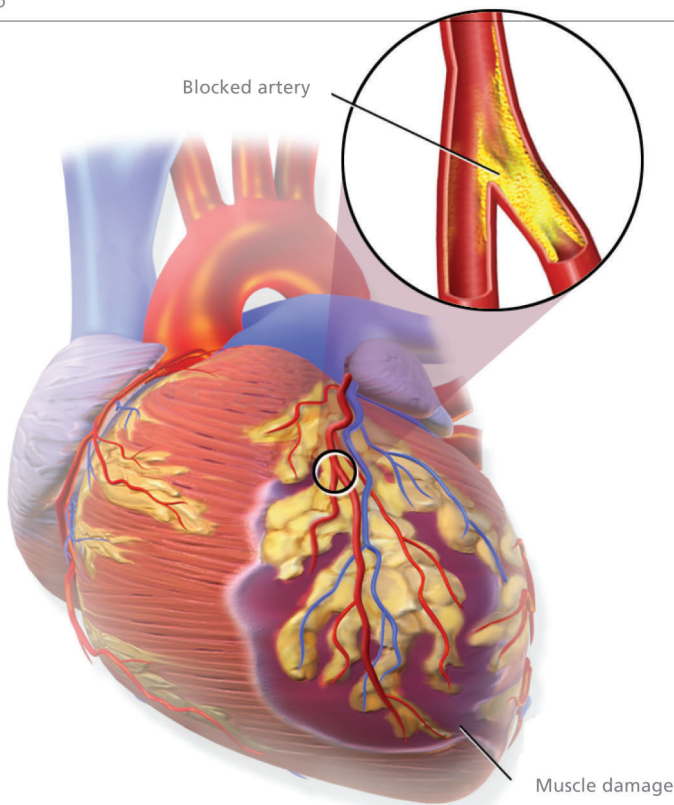
Christian Torp-Pedersen therefore also very quickly realized early in his career that he did not want to specialize in just any branch of science. He started as a graduate scholar and wrote his dissertation at the Department of Physiology of the University of Copenhagen, where he worked in the niche field of neurobiochemistry. Although the science was exciting, he thought it lacked relevance.

“It was such a narrow scientific milieu – also internationally. There were only about 20 researchers worldwide. I was very lonely. I therefore did not continue and branched out and started some clinical training. I rattled around there for a couple of years to find out what I wanted to do.”

In his search for a new direction, he decided to specialize in cardiology, which he describes as a fresh start.

“When I think about this new beginning, I recall a photo from nearly 30 years ago in which I was standing with my two colleagues, Lars Køber and Jan Carlsen. Three young doctors from the same





## HEART ATTACK

Acute myocardial infarction or heart attack occurs when blood flow stops to a part of the heart. This can cause damage to the heart muscle. Most heart attacks occur due to coronary artery disease. Risk factors include smoking, lack of exercise, poor diet, high blood pressure, obesity and excessive alcohol. By combining data from a registry with patient with cardiovascular diseases with other data registries, Christian Torp-Pedersen and colleagues have been able to analyse the safety of pharmaceutical drugs.

Illustration: Blausen Medical Communications, Inc.

department at Glostrup Hospital with virtually no experience in what we would soon be delving into.”

The three doctors leaped into a very large trial of a new drug. Jan Carlsen had just successfully completed a project for a pharmaceutical company headquartered in Switzerland, which was very impressed with the results. The three doctors were now tasked with carrying out a large trial in compliance with all the prevailing regulations.

“We discussed the project and decided that we would try to help people who had had a major heart attack to live longer. Suddenly we were flying to the United States to get our trial approved by the United States Food and Drug Administration (FDA).”

### A LUCKY ENDING

The three colleagues developed a research protocol and got FDA approval for a large randomized trial of the new drug. Everything was planned and patients were contacted, but something unexpected happened.

“The trial started one morning. By the afternoon the trial had been cancelled. The people from the Swiss pharmaceutical company who had organized the trial had forgotten to tell senior management how much it would cost. It was stopped immediately.”

Instead of giving up, the three doctors decided on an alternative. They took the approved research protocol and searched and replaced using the primitive word processor of the time.

“We changed the company’s name to ‘the sponsor’, the name of the drug to ‘the ACE inhibitor’ and thereby made an anonymous protocol. We then sent it to the pharmaceutical companies we knew. One of them forwarded it to Roussel Uclaf S.A. in France. We hadn’t even contacted them ourselves, but suddenly a woman from the company



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arrived at our door, and before the year ended, we had started the trial. That was pure luck.”

Even though the three doctors had never carried out such a large trial before and met resistance from the medical establishment, the trial of the ACE inhibitor was launched. According to Christian Torp-Pedersen, this did not happen because the protocol was ingenious. The brilliance lay elsewhere.

“What was really fantastic was that the FDA had already approved the protocol and this endorsement ensured that the trial could go ahead. The trial aroused considerable interest because it was so obvious that we would be able to save people’s lives. The results were published in major scientific journals, and suddenly we were no longer unknowledgeable. Now we had shown that we could actually manage the process, and this meant that people began to approach us, and we therefore carried out many more of these types of trials over the years.”

### THE MAJOR TRIALS

ACE inhibitors prevent the conversion of angiotensin I to angiotensin II. Without the presence of the inhibitors, angiotensin II affects the cardiovascular system by narrowing the blood vessels, releasing hormones that raise blood pressure and force the heart to work harder. ACE-inhibitors thus reduce the blood pressure and the strain on the heart, improving the healing of the scar tissue after a thrombosis.

“We screened nearly 7000 patients. Of every 100 patients in the control group, 42 died during the follow-up period versus 35 of every 100 patients prescribed the ACE inhibitor trandolapril. We had therefore saved 7 of 100 lives.”

Treatment with ACE inhibitors is now standard treatment following a large myocardial infarction. For the next 10 years, Christian Torp-Pedersen carried out many pioneering trials of other drugs that can prolong the lives of people with heart disease, including beta-blockers that inhibit the effects of adrenaline, thereby reducing the strain on the heart.

“We were invited to attend a discussion on the function of beta-blockers to determine the mechanism of effect for these drugs, which were new then. Beta-blockers reduce deaths among people with chronic heart failure. The trial therefore simply tested the efficacy of two types, carvedilol and metoprolol, and we assumed that both worked equally well but that they should always be tested just in case.”

The trial revealed, however, that 60% of the trial participants treated with metoprolol survived, but the survival rate of those treated with carvedilol was 66%. Once again, people’s lives could be saved, but this time the results caused controversy, with many suggesting that Christian Torp-Pedersen was under the influence of part of the pharmaceutical industry.

“That’s how it is when you collaborate with the pharmaceutical industry. Some people suspect you, but such accusations have the opposite effect on me. Vast numbers of scientific articles are produced, and most just flow on downstream, but when articles finally spark debate, I think this is very exciting. Naturally, this is not great if I can see that I made a mistake, but if the discussion is scientific, I consider it fun. It is professionally challenging and it is a genuine discussion.”

### MOVEMENT REQUIRES FRESH INPUT

Scientific debate is a strong driving force in Christian Torp-Pedersen's activity. He therefore spends much of his time on lectures and on scientific conferences and symposia. Further, he has supervised and mentored many young researchers – including more than 30 PhD students.

“It's rather sad if scientists have no one to discuss with. In fact, I would say that you have to create a scientific environment. Researchers need that. Many of the PhD students naturally leave after they graduate, but some stay and become senior researchers. In any case, the numerous students infuse new ideas and energy. So I have very actively chosen to continually recruit students and educate them.”

Christian Torp-Pedersen is convinced that new ideas keep his research alive and create the necessary change. Nevertheless, supervising students was initially a considerable challenge because large pharmaceutical trials can easily take 10 years, whereas students have very different time and production needs.

“A PhD student is expected to write three articles in 3 years. We therefore had to make several meaningful subprojects as part of the major trials.”

Christian Torp-Pedersen therefore increasingly began to develop major epidemiological studies based on this database with 7000 patients. Linking these data with Denmark's unique civil registration system provided unique opportunities for asking many new questions.

“The civil registration system enables researchers to determine who becomes ill and who survives. Linking it with the Danish Medical Birth Registry and our database of people with cardiovascular conditions enable questions on, for example, the impact of smoking and diabetes to be answered relatively easy.”

### DEAD VULTURES AND HOLY COWS

The Danish National Prescription Registry, which was established in 1994 and opened to research in 2003, provided Christian Torp-Pedersen with a new opportunity to investigate how prescription drugs affect patients. With data on more than 900 million prescriptions, the Registry is invaluable for researchers. The launch of the Registry also marked a significant shift in Christian Torp-Pedersen's career from major trials of drugs to epidemiological analysis of registry data.

“New data continually arrives on our server. These data enable us to see new trends so we can better assess the effects and risk factors associated with drugs and thereby advise on many practical and clinical challenges. Linking our databases with the national registries enables us to develop ideas for new research and answer questions if there are any doubts about medicines.”

One example arose in 2003, when the researchers happened to read an article about vultures that were on the verge of extinction in India. From 1993 to 2002, 99.7% of the population of Bengal vultures had disappeared, and 90% of the vulture species were threatened with extinction. However, the threat to the birds came from a very unexpected quarter.

“It was actually the result of cows being holy in India. This was why especially older cows with arthritis and rheumatism were being



Photo: Shutterstock

treated with diclofenac, a nonsteroidal anti-inflammatory drug that alleviates the pain. The problem is that the vultures ate the cows when they died, and diclofenac causes vultures to die from kidney failure. This got us thinking about how this drug must affect people.”

Diclofenac, an over-the-counter drug to relieve muscle pain, is especially known under its proprietary name Voltaren®. Hundreds of thousands of people in Denmark are prescribed it annually to alleviate the pain from arthritis and rheumatism. The researchers therefore decided to examine the Danish National Prescription Registry to see how being prescribed Voltaren® was associated with mortality.

“Diclofenac more than doubles the risk of coronary thrombosis or stroke. Thirty other international studies had come to the same conclusion, meaning that Voltaren® caused more deaths in Denmark than road crashes.”

#### **DARING TO SAY NO**

The Voltaren® case was not the first or only time Christian Torp-Pedersen’s research had disavowed a drug. In 2011, a similar study cast doubt on Cipramil® (citalopram hydrobromide), a drug very widely used in treating people with depression and obesity. The study showed that 1500 of the 30,000 people who died from sudden cardiac arrest while not in hospital in 2001–2007 were being treated with Cipramil®.

The population of Indian vultures declined by 97–99% between 2000 and 2007.

Diclofenac is an anti-inflammatory drug given to cows to reduce joint pain. However, it caused kidney failure in many species of vultures which ingested the drug when eating the dead cows. In 2006, the Indian Government announced a ban on the veterinary use of diclofenac.



““ Diclofenac more than doubles the risk of coronary thrombosis or stroke. Thirty other international studies had come to the same conclusion, meaning that Voltaren® caused more deaths in Denmark than road crashes.”

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“Of the 1500 deaths, 200 were attributed to excessive doses of Cipramil®. Users of the drug had a clearly elevated risk of sudden cardiac arrest, probably because of an increased risk of arrhythmia at high doses. Studies outside Denmark had already shown an increased risk of sudden cardiac arrest associated with high doses of Cipramil®.”

The warnings have led to reduced use of the drug. Today, the maximum daily dose of Cipramil® is normally 40 mg. The drug dronadone met an even worse fate a couple of years previously. The drug was marketed for treating people with arrhythmia, but Christian Torp-Pedersen and Lars Køber tested it and found no beneficial effects and considerable excess mortality from sudden cardiac arrest.

“Such a trial costs between DKK 2 million and DKK 4 million, so it can be very difficult to get funding for a trial that could end up demonstrating that the drug on which companies have already used vast development funds should be withdrawn or marketed with warnings. A deal is therefore often made in which companies can market pharmaceutical products when reasonable evidence shows that they are safe.”

In this way, a company can start to market a drug, although epidemiological studies might later show increased risk of negative effects. Nevertheless, Christian Torp-Pedersen does not consider himself as either being hated or threatened, even though his research can potentially cost companies substantial money.

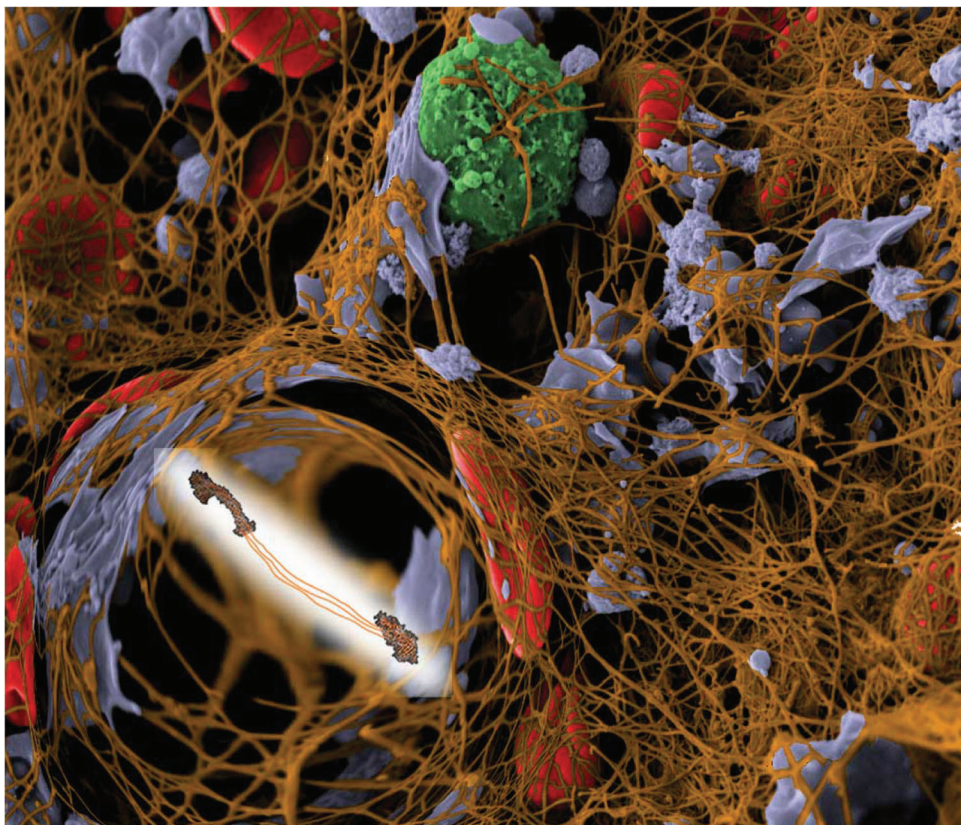
“My experience is that companies don’t want to be suspected of foul play. So they naturally want to optimize their return on investment, but they do not want anything swept under the carpet so that they could be suspected or sued later.”

### **MOVE AND LIVE LONGER**

If Christian Torp-Pedersen’s theory that moving enables you to live longer is correct, then he still has a long career ahead of him. In 2013, after nearly 20 years at Gentofte Hospital with a brief detour to Bispebjerg Hospital (both in Copenhagen), Christian Torp-Pedersen took a major leap when he was offered a professorship in cardiology and clinical epidemiology at Aalborg University at the other end of Denmark. This move surprised most people except Christian.

“I experienced that sources of funding for clinical trials gradually vanished. So when I received a fantastic offer from Aalborg University to head the Public Health and Epidemiology Group of the Department of Health Science and Technology, it didn’t take long to jump at the chance.”

Christian Torp-Pedersen also spent several years considering the next major change in his research. He decided to focus on genetics. “We will link our registries with genetic data. We even received a grant



Brown, Science, 2009

from the Danish Medical Research Council to establish a biobank that has registered 70,000 people in Denmark with cardiovascular disease.”

“This is organized such that each person admitted with cardiovascular disease to any of the seven hospitals in Copenhagen has a blood test taken. This adds up to 1000 tests every month; although we cannot keep up with the volume of data, we have already analysed the first 5000 blood samples.”

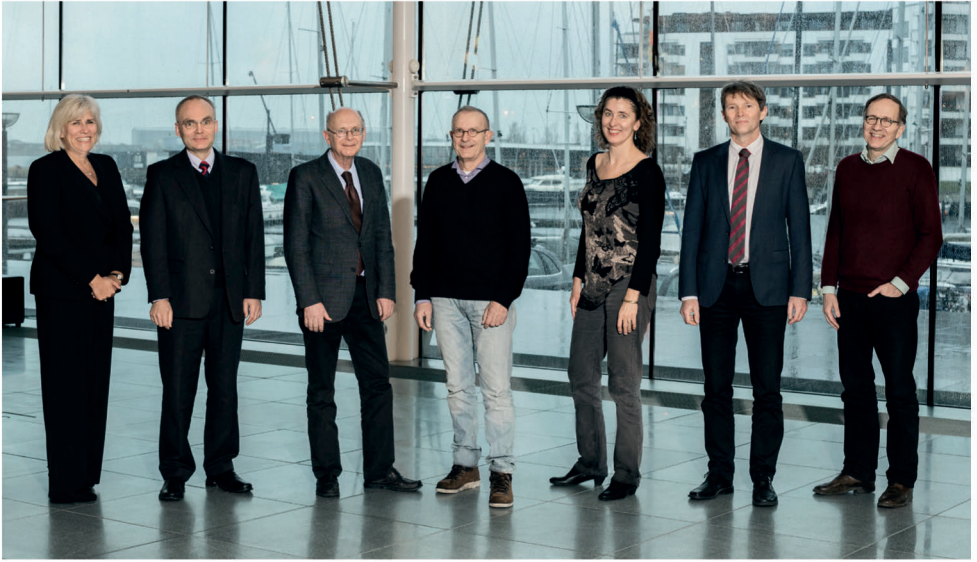
Christian Torp-Pedersen hopes that the new tools will enable him to launch many different studies and not only the ones focusing on the risks and benefits of pharmaceuticals. Increasingly, he wants to focus his research on mapping the risk and lifestyle factors that lead to cardiovascular problems, such as obesity.

“Every woman giving birth will have their weight registered. Everyone undergoing anaesthesia will also be weighed. Linking these data with the Danish Registry of Causes of Death will enable us to find new associations, hopefully including some we had not noticed previously.”

Nevertheless, Christian Torp-Pedersen knows perfectly well from previous studies what really works.

“Previous studies revealed that the combination of lifestyle changes and pharmaceutical treatment reduces the death rate substantially. Nonetheless, the participants still did not lose weight, and they did not stop smoking or become more physically active. But they took their medicine, and although they were not physically active, the medicine enabled them to live slightly longer.”

Colorized scanning electron micrograph of a thrombus taken from a patient with acute myocardial infarction. The thrombus is made up of a fibrin meshwork (brown) together with platelets (light purple). Erythrocytes (red) and leukocytes (green) are trapped in the network



## THE NOVO NORDISK PRIZE COMMITTEE

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The Novo Nordisk Prize, which was first conferred in 1963, is awarded to recognize unique medical research or other research contributions that benefit medical science. The Prize is awarded for a predominantly Danish contribution.

The Prize is awarded annually and is of DKK 3 million – of which DKK 500,000 is a personal award, with the remaining amount as an allowance for research purposes within the Prize recipient's field of expertise. The Prize may not be awarded to members of the Board of the Novo Nordisk Foundation or members of committees or to members of boards, directors or employees of the Novo Group. The Novo Nordisk Prize Committee awards the Prize based on suggestions from past Prize winners or members of the Prize Committee.

The members of the Novo Nordisk Prize Committee are appointed by the Novo Nordisk Foundation's Board of Directors, and presently the committee consists of 7 members:

- ▶ Jan Fahrenkrug, professor, chairman
- ▶ Bo Ahrén, professor
- ▶ Lars Fugger, professor
- ▶ Marja Jäättelä, professor
- ▶ Mads Melbye, professor
- ▶ Thue W. Schwartz, professor
- ▶ Birgitte Nauntofte, CEO

At the committee meetings the nominated candidates are thoroughly discussed with regard to their research contribution and impact, and a comprehensive bibliometric report is produced. A limited number of candidates are then selected for a thorough international peer review. On the basis of the international peer reviews the committee reaches a decision about the year's prize winner.

The Foundation's collaborating partners and the winner's guests attend the award ceremony in the spring, where the prize winner introduces his or her research for 15–20 minutes. In addition, in celebration of the award, the winner gives a 1-hour lecture at his or her workplace. Before the end of the year, the recipient and the Foundation arrange an international symposium within the scientific field of the prize winner.



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<b>1963</b>	Professor, dr.med. Erik Warburg
<b>1964</b>	Chief physician, dr.med. Claus Brun
<b>1965</b>	Professor, dr.med. J. C. Skou
<b>1966</b>	Professor, dr.med. Jørn Hess Thaysen
<b>1967</b>	Professor, dr.med. Knud Lundbæk
<b>1968</b>	Chief physician, dr.med. Niels A. Lassen
<b>1969</b>	Professor, dr.phil. Erik Zeuthen
<b>1970</b>	Professor, dr.med. Poul Astrup
<b>1971</b>	Professor, dr.med. Mogens Schou
<b>1972</b>	Chief Physician, dr.med. J. Chr. Siim
<b>1973</b>	Professor, mag.scient. K. A. Marcker
<b>1974</b>	Professor, dr.med. Michael Schwartz
<b>1975</b>	Director, dr.phil. Georg Mandahl-Barth
<b>1976</b>	Professor, dr.med. Niels Tygstrup
<b>1977</b>	Professor, dr.med. Erik Amdrup
<b>1978</b>	Chief physician, dr.med. Margareta Mikkelsen and Professor, dr.med. Villy Posborg Petersen
<b>1979</b>	Chief physician, dr.med. Gerhard Salomon
<b>1980</b>	Professor, dr.med. Bent FriisHansen
<b>1981</b>	Professor, dr.med. Flemming Kissmeyer-Nielsen and chief physician, dr.med. Arne Svejgaard
<b>1982</b>	Professor, dr.med. Jens F. Rehfeld
<b>1983</b>	Professor, dr.med. Christian Crone
<b>1984</b>	Head of Department, med.dr. Staffan Magnusson
<b>1985</b>	Professor, dr.phil. Hans Klenow
<b>1986</b>	Chief Physician, dr.med. Hans Henrik Holm
<b>1987</b>	Professor, dr.phil. Hans H. Ussing
<b>1988</b>	Professor, dr.med. Gunnar Bendixen
<b>1989</b>	Associate professor, med.dr. Ove B. Norén and Associate professor, med.dr. Hans G. Sjöström
<b>1990</b>	Professor, dr.med. Morten Simonsen
<b>1991</b>	Professor, dr.med. Peter Leth Jørgensen and Professor, med.dr. Arvid Maunsbach
<b>1992</b>	Chief physician, dr.med. Jan Fahrenkrug and Professor, dr.med. Jens Juul Holst
<b>1993</b>	Professor, dr.med. Niels E. Skakkebæk
<b>1994</b>	Professor, dr.med. Hans Jørgen G. Gundersen
<b>1995</b>	Research professor, dr.med. Niels Borregaard
<b>1996</b>	Professor, chief physician, dr.med. Henrik Kehlet
<b>1997</b>	Research professor, dr.scient. Peter E. Nielsen
<b>1998</b>	Professor, dr.med. Michael J. Mulvany and Professor, dr.med. Christian Aalkjær
<b>1999</b>	Professor, med.dr. Bengt Saltin
<b>2000</b>	Research professor, dr.med. Peter Aaby
<b>2001</b>	Professor, dr.med. Thue W. Schwartz
<b>2002</b>	Professor, dr.med. Jørgen Gliemann
<b>2003</b>	Professor, PhD Jiri Bartek and Senior researcher Jiri Lukas
<b>2004</b>	Professor, PhD Matthias Mann and Professor Peter Roepstorff
<b>2005</b>	Professor, dr.med. Mads Melbye
<b>2006</b>	Professor, dr.med. Henning Beck-Nielsen
<b>2007</b>	Professor, med.dr. Marja Jäätelä
<b>2008</b>	Professor, director, PhD Kristian Helin
<b>2009</b>	Managing director, professor, dr.med. Søren Nielsen
<b>2010</b>	Professor, dr.odont. Henrik Clausen
<b>2011</b>	Professor, dr.med Peter Lawætz Andersen
<b>2012</b>	Professor, dr.med. Erik A. Richter
<b>2013</b>	Professor, dr.med. Søren Kragh Moestrup
<b>2014</b>	Professor, PhD Søren Molin
<b>2015</b>	Professor, Jens Bukh

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