ZAVOD ZA ZAŠTITU ZDRAVLJA SR HRVATSKE

RB/C

18 February,

Institut of Public Health of SR Croatia Institut de Santé Publique de la RS de Croatie Rockefellerova 7, ZAGREB — Yugoslavia 1980

Dr. Henry Blackburn
Director, Laboratory of Physiological Hygiene
School of Public Health
University of Minnesota
Stadium, Gate 27
611 Beacon Street S.E.
Minneapolis, Minnesota 55455
U.S.A.

Current 7 ambrés correspondence.

Dear Henry,

It was a sad news hearing about John's illness. I am so sorry about that, but I hope that the treatment he has undergone will improve his condition and help him to get the courage to fight for his health.

Regarding your letter of 31 January with the proposal to continue the 7-country follow-up study, of course I am very much interested in taking part in it. However, I am not in the position to plan any operational cost estimates as I do not know what work exactly is supposed to be done. I would therefore appreciate receiving more details about the type of examinations, techniques and population samples to be studied.

As I had already informed you last year there is still some PL-480 money in the country, but it can only be used if the program is accepted by the joint US-Yugoslav scientific board. That board in turn would allocate the US funds to the projects which are of particular interest to a US institution. However, the NIH at present is not too cooperative. Maybe a push from your side could help.

I hope to hear from you soon.

With warmest regards,

Yours sincerely,

Dr. Ratko Buzina

ISTITUTO SUPERIORE DI SANITA'

LABORATORIO DI EPIDEMIOLOGIA E BIOSTATISTICA VIALE REGINA ELENA, 299 00161 ROMA-NOMENTANO TELEFONO 4990

ROMA, March 18, 1980

Prof. Henry Blackburn

Director Laboratory of Physiological Hygiene University of Minnesota Stadium Gate 27 Minneapolis Minn. 55455 USA KR - Home we a new folder on current of Countries proposal?

Places cursult.

Dear Henry,

you shall find enclosed here the information required for the application for the new Seven Countries. Only the biographies are missing but they will be shipped next week.

The amount of money requested is high but I have anyhow underestimated the cost of the biochemical measurements which hopefully could be at least partially covered by this Institute.

The overall cost much depends also from the number of measurements and by the lenght of the several questionnaires.

I feel that a minimum common set of data should be forseen for all, everybody being free to add something else.

In the meanwhile I hope that Dr Keys has had the opportunity to talk with you about the several problems we have discussed with him in Pioppi. I am looking forward to hear soon from you.

Best personal wishes.

Yours sincerely

Alessandro Menotti

Enclosure

"EVANGELISMOS,, HOSPITAL MEDICAL CENTER, ATHENS

Founded 1884

1st DEPARTMENT OF CARDIOLOGY TEL. 718025 CHRIST ARAVANIS, M.D., DIRECTOR

M.D.

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application.

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Prof. Henry Blackburn, M.D. Stadium, Gate 27 University of Minnesota Minneapolis, Minne.

Dear Henry:

I have to apologize for my delay in answering your letter of January 31st.

I enclose our objectives for the new studies in Crete only. These can be, according to your own objectives, broadened or shortened.

I believe, inspite of my tremendous overloading, that I have to stay as the responsible investigator, at least for the time being, for the benefit of the studies. It is a fortunate coincidence that I will have, starting June, as my coworker Dr. C. Petrovas who is very familiar with similar works. A telegraphic curriculum is enclosed. Dr. P. Ioanides is leaving as an Assoc. Professor in the new University of Patras, but he will continue his affiliation with my department.

Regarding the budget, I have tried to do my best estimate on bases of the local conditions, inspite of the economical uncertainties of the future.

We hope that John's health is stable and Tula and I always are thinking about this misfortune and pray for the best.

With kindest regards,

Cordially,

Christ Aravanis, M.D.

Professor.

CA/re

would mean appr. 35.000 US\$ per year. There would be the costs also for the following years, plus in 1982 the field work would need as salaries of field assistants appr. 40.000 US\$ and travel costs appr. 20.000 US\$.

This is a preliminary note. I hope to discuss all this with you in April in Minneapolis (April 17th).

With best personal regards,

Yours sincerely,

Pelle Proche

Pekka Puska, prof.

Director of the Epid. Research Unit

Public Health Laboratory

copy to

Dr. S. Punsar

Pohjois-Karjala projekti North Karelia Project

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Prof. Henry Blackburn University of Minnesota School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455 U.S.A. March 3, 1980

March

Dear Henry,

Thank you for your encouraging comments on our North Karelia project report.

I write you, however, referring to your letter of February 1, 1980 concerning possible continuation of the Seven Countries Study. I discussed today the matter with Dr. S. Punsar and we agreed that we would be interested to participate here in Finland as a joint activity of our research group and Dr. Punsar under the administrative facilities of the epidemiological research unit of the Finnish Public Health Laboratory. We need, however, to develop clear and practical plans and ensure the financial resources.

As far as the plans are concerned we thought that two specific lines would be useful

- (1) follow-up of the old cohort: majority of them would be dead, and the focus could be on identifying the "risk factors" of health and longevity
- (2) cross-sectional study of men aged 40-59 in the areas using methods comparative to those in the study in 1959: this would show the changes in risk factors during the last 20 years.

Both those surveys would take place in spring 1982. I want to inform you that as part of our other activities we have from Ilomantsi data on the risk factors of 13-15 years old children. We also do have community-based register data on AMI and stroke incidence in Ilomantsi since 1972 and hopefully long in the future we also plan to establish similar register in the West area.

As far as the financial resources are concerned, we would need help in personnel costs. Laboratory etc. facilities are pretty good. For the first 12 month period we would especially need money to employ an investigator and secretary for planning the work. This



Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 Minneapolis, Minnesota 55455

MEMORANDUM

TO: Henry Blackburn

FROM: David Jacobs

DATE: April 25, 1980

Swen Continue

General remarks about the future of the Seven Countries Study

- 1. We could and probably should further the Seven Countries Study but with few or no operational responsibilities on present staff.
- 2. Our main efforts have to be with the MMMP and MCPP.
- 3. The various suggestions for the Seven Countries Study seem reasonable in various different contexts. Menotti here this summer can probably sort these out with us into an application.
- 4. The Farchi papers are his. I would be interested in duplicating in the USRR his analyses of risk factor changes. Our names could be added to his authorship if that seems politically appropriate. I am little interested in his paper about risk factor levels.

Remarks about papers

"Risk Factor Changes and CHD Incidence..." by Farchi et al.

Rather a nice paper. Tables 1, 2, and 3 are of most interest. In Table 1 ΔSBP and perhaps ΔSBP are shown to add significantly to prediction. Smoke, however, is treated with full faith in reductions, as opposed to cessation. A more reliable variable might be 1=never smoked or ex-smoker both exams; 2=stopped or started smoking; 3=consistently smoked. In Table 2, BMI changes are quite small. Cholesterol changes are rarely downward; in high risk, average cholesterol for the two examinations is close to identical. Within person standard deviation for cholesterol in Seven Countries Study is probably 25 mg/d1, which could explain much of the observed changes as random. Yet there was a general shift towards higher cholesterol levels, and those who did not change ought not to have experienced such great rates of CHD. So this is a question.

Table 3, interpreted at face value, would have the interpretation that risk reduction doesn't work if applied too late; this would suggest a faulty assumption in the statistical trick of reducing sample size by working with a high risk group with its attendant higher rate and supposed greater potential for reduction.

Henry Blackburn April 25, 1980 Page 2

"Major Risk Factors..." by Farchi et al.

- 1. Inappropriate to use size of χ^2 for measure of importance. Shows neither magnitude nor direction (discussion preceding Table 5).
- 2. Cases are apparently in ten years.
- 3. Pooling analysis is not clearly presented.
- 4. Not clear what is meant after discussion of Table 4b by "not useful to consider importance of factors 1 by 1."
- 5. Otherwise the paper seems to be rather benign and not particularly important.

DJ/bc