C. A. CACERES, M.D.

April 15, 1976

Henry Blackburn, M.D.
University of Minnesota
Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27
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Dear Henry:

First, let me tell you that any official commentary I write is official only in regards to myself and that doesn't make it very official. Although I highly respect Dr. Klimt and Dr. Stamler and the CDP, in actual fact, the only person that could actually answer my questions is you, hence they were directed to you. Certainly I would not "officially" quote you but I was trying to get a grasp of some of the items which did not come through clearly to me probably because of the character of the long term study and the need to be aware of many details which frankly can easier be understood by going directly to someone who knows and just simply asking for "unofficial" guidance. So hence, I hope you consider my requests in that fashion.

I now more correctly understand from your letter that participants in the CDP were accepted by 1) usual clinical criteria and 2) Minnesota Code Q wave of criteria of 1.1 or 1.2. Were these Minnesota Code Q wave criteria met by interpretations at the clinical sites only and were subjects and or diagnosis rejected if they did not have the Q wave criteria at your laboratory when the ECGs were overread? This point is still not clear to me and I think would be helpful to my understanding the publication.

Based on your third paragraph my initial impression would be that the answer would be that it was Minneosta Code Q wave criteria as read by the 53 clinical centers not by your laboratory and that overreading ECG data was not used to reject candidates or data from them for the study. That would substantiate the impression that I now have from you that the ECGs read by your laboratory were read "as a blinded objective independent reference for what was going on in the study". That is something that I find perfectly acceptable but I just wanted to understand that that was the case. I have looked over the various reports and still think the figures I gave are correct. So there seems to be some of a disparity which I can not yet understand. If you can clarify it I would appreciate.

My understanding based on your post script is that 83% of the subjects had Class 1 or 2 Minnesota Code Q waves when read by the clinical centers. Thirteen of those would not have qualified had the ECGs been read at the Minnesota Center. There are then these two differences that must be considered in reference to the validity of the electrocardiograms in the interpretation of myocardial infarction. Am I wrong in so thinking?

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I will be awaiting your details and will be rereading the monographs and papers as you suggest.

You are correct I do have some pet topics but please be assured that I am really solely interested in trying to relate them to correct interpretations of available CDP data. I understand of course that any inaccuracy of my interpretation would not take away from the accuracy of the original report.

I just got back from Paris a couple of weeks ago and stolled around Versailles and recalled conversations that we had there with Bob Grant, also in reference to electrocardiography. He always stimulated me to ask questions and I hope you understand then based on that sort of stimulus.

I was very pleased that you had been able to accept the invitation to visit Spain for the Fundacion General. I visited shortly after your visit and all were highly pleased you had been there. Visiting Barcelona I saw some of the efforts to emulate your work in their studies. I have been stressing that they follow the guide lines you and Dr. Rose made for such studies.

Best personal regards.

Sincerely yours,

C. A. Caceres, M.D.

CAC:jv

Baseline (Central)
Table 6A

Major 1899
Mod 1662
Minor 1458
5019

Qualifying (Clinic)

Table 7, A
Class 1 4072

Table 7, A
Class 2 2807

6879

Qualifying (Central)

Table 7, B
Q/Q/S 5600

Q/QS baseline + Qualifying
Table 7c

6478 ?

Does this mean that 678 baseline (central) ecgs had Q's not present on (central) qualifying ecgs ?! I can't explain it any other way but that does not make sense to me. any other way.

Can

pc + attach #
D.C. note:
file corrup.

Dear Cesar:

BL Central readings for all
Q items 1.1-1.3 inclusive
Qualifying ECGs, if you will examine entry criteria, involved necessity for only 1.1 or 1.2.
678 Central BL readings
Then are explained by
Class 1.3 Q waves, not
Q wave criteria for including in CDS.