November 23, 1965 Dr. Joseph T. Doyle, Director Cardiovascular Health Center Albany Medical College Albany 8, New York Dear Joe:

Henry Taylor tells me you are interested, as we are, in our pooling material on post-exercise S-T ECG findings and "new events".

After a rough period and the past weekend of meetings and travel, Henry and I feel we'd better cancel our plans to come to Albany. Perhaps we can outline our thinking and have a few calls, then meeting to discuss the details at the Chicago meeting in January.

With your considerable experience handling longitudinal data, and in pooling, we hope you can outline in writing what should be involved.

You will undoubtedly wish to treat your material in a life table or growth curve fashion, with which our railroad data are largely incompatible. We, however, have 140 cases classified initially as having a postexercise S-T finding in the absence of significant resting ECG abnormalities, with a 5 year anniversary examination and mortality follow-up. The 5 year death rate is around 35 per thousand among those with ischemic S-T depression compared with 75 per thousand for those initially with heart disease and 32 per thousand among all others in the railway population. But the coronary heart disease mortality in the S-T group was 35 per thousand compared with 5 per thousand in the "normal" cohort. The coronary morbidity data gave 5 year rates of 126 per thousand for the S-T group compared with 19 per thousand for the "normal" cohort.

We would presumably use the "new event" information as classified for the Ann Arbor pooling. We might code here all ECGs you've labelled positive and borderline exercise responses, and perhaps a sample of those called negative. We might attempt to measure these in more detail, a la Lepeschkin, a la Joe Reeves, etc. to see if there is any advantage in their attempts at a quantitative approach.

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We might separately consider follow-up of a cohort defined as free of heart disease and another having symptoms or signs. I think we'll need to make consideration for at least three influences on post-exercise S-T frequency; age, blood pressure, and obesity.

Best regards,

Henry Blackburn, M.D.

HB:mj

CC: Dr. Taylor