

Laboratory of Physiological Hygiene School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455

gar ? 180

Disum c RP, RFG.

Dear Colleague:

Most of you have heard that I had to leave Crete for my son's medical emergency early in the morning following our meeting. For this reason, I was unable to get back to you for more leisurely discussions of how and why you would have particular interests in continuing Seven Countries follow-up in your area.

Nevertheless, there was sufficient expression of interest on the part of the group as a whole that our plans should move forward. There was generally a positive response to getting risk factor data in reconstituted samples of the same and younger ages of men and new samples of women and possibly children. We needed more opportunity to discuss details with those of you who are already making such plans and carrying out such activities to see where money and coordination might help.

We should seriously be concerned about organization, quality control and financial support for us to make valid comparisons of important on-going trends. We should be concerned to have a tight organization, good methodology, active intellectual communication, clear assignments of responsibility and writing topics. I am anxious that everyone get significant parts of the credit. I am also anxious that clear responsibilities be given and felt for tasks carried out efficiently.

In the five months since my emergency departure from Crete, I have been involved almost daily with concerns associated with John's cerebellar malignancy. His palliative surgery was followed by freedom from residual disability. Intensive cobalt radiation was completed in December. After a period of convalescence, John has last week returned to part-time work and activities in San Francisco. Though we are in frequent touch, I am able, during this current period, to turn my attention to the issues we were talking about in Crete.

I am sorry that I was not able to move things along on a timetable for a February 1st NIH deadline. I'm sure you can understand why. I am now hoping to move ahead with thinking and planning and circulation of suggestions, and am grateful to several of you who have provided estimates of your objectives and needs. I invite those of you who have not, or who have supplied unfinished estimates, to send them to me for incorporation into a rough draft, which I will then return. I am enclosing a suggested guideline for our submissions.

Finally, as I indicated in Crete, I am optimistic in the long term that our ideas should bear fruit and receive support. However, I must indicate to you that I am not optimistic that this will succeed on first try because of the tremendous budget pressures on the National Heart, Lung and Blood Institute at this particular moment, which has reduced the awards for new grant submissions from 50% to 25% of those requested and approved.

In consequence, those of you who are planning for spring and fall surveys in 1980 certainly must make plans on your own for those activities. Correspond please with me concerning what we can do here with regard to standardization of clinical methods through Dr. Menotti and perhaps of chemical methods through this Laboratory.

I anticipate that I will be able to provide you by the 1st of May an indication of whether I will be able to proceed in coordinating and initiating this effort or not. If I am able, I will provide you with a draft which you should edit and return for a June 1st deadline here and a July 1st deadline in Bethesda.

Sincerely,

Henry Blackburn, M.D. Professor and Director

EB/rc

pc: A. Keys

M. Karvonen

/L. Dalderup

B. Djordjevic

A. Buzina

/F. Pidanza

A. Taylor

D. Jacobs

R. Hilk

N. Kimura

M. Toshima

A. Menotti

🔊. Punsar

C. Aravanis

∕P. Puska

A. Dontas

✗. Nedeljkovic

. Kromhout

P. Niebling