UNIVERSITY OF MINNESOTA
TWIN CITIES

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

May 24, 1982

TO: Dave Jacobs

FROM: Henry Blackburn

SUBJECT: Serum Cholesterol CVD Relationship

I hope I've gotten through to Ancel to think in "population" terms. He has gotten through to me that our 1979 discussion on the nature of the serum cholesterol CVD relationship needs more thought. Will you go back to the enclosed (and any other data you have) and to our discussion on the Optimal Lipid manuscript page--and help me on this again--addressing these tough questions:

1) Is there probably greater risk in QI?
2) Is the relationship probably flat to 240 mg. %?

If "yes" to both:

1) Are the multivariate risk tables nonsense?
2) What does this mean in terms of optimal TC distributions?
3) Do we have to reconsider thresholds (I can't yet conceive of nature acting this way)?
4) Does A.K.'s multivariate analysis throw out all our concepts that moderate levels are undesirable in the presence of high other risk factors?
5) Can we do attributable risk calculations from his data to get a better idea whether most of excess cases are above 262, in contrast to G. Rose's computation (now assuming the relative risk logistic curve is "invalid")?

/kr

Attach.

cc· Stamler sent/kr