

December 7, 1970

Dr. Henry Blackburn
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Dear Henry:

Thank you for advice about events at Rome, etc. Obviously you are in the midst of lots of international goings-on.

Also, thank you for the letter to Friedberg which was very well expressed. He won't volunteer to reconsider, I am sure, and I would not propose to ask him. So I have revised the ms. slightly to conform to the format of the ARCHIVES of INTERNAL MEDICINE and sent off to Chicago the required three copies. We shall see.

Enclosed is a photocopy of our abstract I prepared in response to your urging. I do not propose to attend the meeting but Henry Taylor could present the material if it is selected for the program.

I presume you have received copies of various memos I have put together lately. The multiple logistic is fruitful. I am much interested to see what we get for print-out in the next days and weeks. We are almost ready with the final analysis decks for Albany, Framingham, Chicago Stamler and Chicago Paul. Exact comparison with the railroad men and the international cohorts may not be possible but relative rates and risk predictions should be possible. Chicago Stamler seems to have an unduly high rate of "hard" incidence.

I enclose a photocopy of a letter from George Lamm. Can you respond to him re dates? I can manage to be in at the end of the field work, say arriving in Hungary about February 20.

We have now received all materials from Crete as well as from Montegiorgio and Crevalcore for the 10-year period. I say "all" though I believe there remains a bit of work checking to make sure that no one has been lost. Alessandro has been busy on that score at Montegiorgio lately. I still have no final 10-year mortality records from Croatia or Finland.

You will be glad to learn that I have finally received word that my renewal application for the international program will be awarded, perhaps with some slight downward revisions from the requested budget sums. And I gather that the award will be for three rather than the requested five years. Still, that will

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do almost all the job now that the PL 480 money for Serbia has been granted.

Ivan Frantz and others are rushing to get an application in for a joint endeavor on CHD. I gather that a part of your salary will be in the budget, though it is still not clear to me just what the application is to cover. It is agreed that the focus should be on men at high risk of CHD and that the serum lipids should be attacked first with diet, adding drugs where indicated, and finally giving Buchwald the failures. I favor including treatment of B.P. in the range of 140-159 systolic. But I also hope it is clear that I cannot have any more than an advisory role in the proposed program.

In any case, it is suggested that a site visit may be in the offing, perhaps in March and that you should be on hand. I fear your sabbatical will include more commuting than I would prescribe. Doubtless Henry Taylor and/or Ivan will be in touch with you long in advance.

Good wishes to you and Nellie.

Sincerely,

Ancel Keys, Director

AK:mh
enclosures
cc: Dr. Taylor

P.S. Your handwritten letter just came in. I cannot comment on the calories matter without seeing what is offered as evidence. Tremolieres is perhaps the best-known nutritionist in France but to my knowledge has never had contact with either epidemiological studies or the CHD problem.

We do not have any systematic coverage of triglycerides for any of the follow-up studies. The only materials of that sort that I know about are:

- 1) David Brown's Albany data which failed to show any significance for serum triglycerides independent of cholesterol (1965 New England J. Med. 273, 947).
- 2) Framingham data (Kannel et al. 1964 Ann. Int. Med. 61, 688) which dealt with cholesterol, phospholipids and four classes of lipoproteins and failed to show that incidence had relationships with other lipids not explained by cholesterol.
- 3) The report of Rosenman et al. (1970 J. Chronic Dis. 23, 173) on the Western Collaborative Study from which I enclose photocopies of two pages. The analysis of the data is very poor but the suggestion is that triglyceride level independent of cholesterol is unimportant for entry ages under 50 but it is important at older ages.

As to sucrose, by now you should have received my memo which will be published in NUTRITION TODAY. I enclose another copy for your convenience.

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As to diet for prevention, here opinion is solid against high poly-unsaturated fatty acid levels in the diet. We advocate sharp restriction on saturates with such replacement with corn, sunflower or other oil (not palm or coconut) as is useful for cooking and flavor. If on that diet there is a sharp rise in serum triglycerides, add more oil and reduce carbohydrates. The obese should be reduced, of course, especially if they have high serum lipids. Commonly the triglycerides fall sharply with weight reduction.

A.K.