SCHOOL OF PUBLIC HEALTH • LABORATORY OF PHYSIOLOGICAL HYGIENE STADIUM GATE 27 • MINNEAPOLIS, MINNESOTA 55455

January 27, 1971

Ancel Keys Lab of Physiological Hygiene University of Minnesota

UNIVERSITY OF Minnesota

File Blackburn

Dear Ancel:

Many thanks for the excellent slides on sucrose which I'm pleased you were able to put in this form. I would hope you would submit them soon with a short editorial, in a trifle less of a polemic form than your recent "sugar" letter, to a clinical journal, e.g. Archives, Annals, JAMA, or Am. J. Cardiology.

Now we really need the editorial on the typing of hyperlipidemias and the degree of independent prediction from triglycerides. I would very much like for it to be a joint effort of you, Stamler and me, but will be happy to see it in any form. It could dissect the prevalence data, Albrian, etc., then give the data on population distributions, including possibly good CDP material, then prediction (see Kannel's paper to appear in this months (January) Annals of Int. Medicine), then possibly the lack of effect independent of cholesterol in the CDP data, plus Jerry's feeding experiment in which all but one hypertriglyceridemic patient responded to a prudent diet and weight reduction, etc.

The impact would be that it appears from clinical types of hyperlipidemia and from epidemiological evidence that triglyceride-rich lipoproteins are far less powerful "agents" than cholesterol-rich, that "typing" can be done simply for the usual high risk man and coronary case, that the prudent diet plus weight reduction takes care of almost all except severe intrinsic problems, and that only these require special diets and drugs, etc. Finally, that the bugaboo of L-P typing and tailored diets has little to do with the population burden or with the overall prevention of CHD, despite its contribution to understanding of anomalous lipid metabolism.

Regards, burn, M.D.

HB/rs

Dr. Keyr - - Confidential

MULTIPLE CORRELATION COEFFICIENTS OF MORTALITY ON VARIOUS ECG, CLINICAL AND LABORATORY FACTORS, ()P PLACEBO GROUP ONLY. 10-1-70

7						
		(1)	(2)	(3)	(4)	(5)
		Crude r	t-value	Multiple r		x100
		betw.death	adjusted by	of death on	(3)X(3)	(4)/r d. 123 24
		and each	24 other	123n	sugare 4	u
		factor	factors	factors	miltigele ,	. %
<u>n</u>	Factor	r _{death.n}	-	rdeath.123n	could coup	
د ۱	ST depression	0 181	4.25	0.181	0.0328	35.7
2	Vent cond def	0.064	3 30	0.200	0.0400	43.6
2	0/05 abnor	0.102	2.50	0.212	0.0446	48.6
5	Q/QS abilor.	0.102	2.02	0.212	0.0440	53 2
. 5	Heart rate	0.068	-1.35*	0.226	0.0510	55.6
	om 1	0.076	0.00	0.001	0.0533	F0 1
6	ST elevation	0.076	2.32	0.231	0.0533	58.1
/	High amplt.R	0.070	0.55	0.232	0.0537	58.5
8	A-V cond.def.	-0.010	-1.33	0.233	0.0543	59.2
9	T wave abnorm.	0.129	0.59	0.2335	0.0544	59.3
- 10	Diuretics	0.139	2.45	0.253	0.0640	69.7
11	Interm.claud.	0.109	3.96	0.268	0.0718	78.2
12	Physical activ.	-0.100	-3.02	0.275	0.0755	82.2
13	Cholesterol	0.063	3.68	0.281	0.0790	86.1
14	Anti-arrhyth.	0.071	2.30	0.285	0.0812	88.5
15	Anti-hunort	. 0.083) 36	0 287	0 0817	89 0
16	Digitalia	0.003	2.30	0.207	0.08/13	91 8
10	Oral hungalu	0.142	2.07	0.2905	0.0858	93 5
10	Anging postoria	0.004	2.00	0.295	0.0867	9/1 /1
19	(Heart rate) ²	0.074	1.62	0.2945	0.0876	95.4
20	Triglyceride	0.018	1.69	0.2975	0.0885	96.4
21	No.of MI	0.094	1.38	0.2985	0.0891	97.1
22	Uric acid	0.065	1.18	0.299	0.0893	97.3
23	Diastolic B.P.	0.007	-2.38	0.300	0.0900	98.0
24	Systolic B.P.	0.056	2.19	0.303	0.0918	100.0

* t-value for the linear element in the quadratic model

Note: Other factors which were included in the multiple stepwise regression

analysis are; X Age K Risk group V NYHA Race Cigarette

(01)

in the

RBW² Pulse ' CHF Fasting glucose

RBW

V Nitroglycerine

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to merroristication mailing to conclusion coefficients.

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