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SCHOOL OF PUBLIC HEALTH
LABORATORY OF PHYSIOLOGICAL HYGIENE
STADIUM GATE 27 • MINNEAPOLIS, MINNESOTA 55455
Minneapolis, 16 Sept. 1975

Dr. Henry Blackburn
Stadium, Gate 27, U. of M.
Minneapolis, 55455

Dear Henry:

I suppose you are in Ireland or Finland at the moment and before long you should be off to Jerusalem. Anyway, I send you a copy of my response to the Hungarians about the 10-year re-examinations in the last two of the three Hungarian villages.

Gyarfas reports that all of the 1970-71 5-year follow-up data for the three villages should be in Minnesota as well as the 10-year cholesterol spots and ECGs from Gyulavari. Shortly he will send to Menotti the 10-year death record forms for Gyulavari.

From our talk a few weeks ago I gathered that you were unenthusiastic about data from the thousand men in Hungary but I think it would be a pity to ignore what we have and could get so easily to wind it up.

Good wishes,



16 September 1975

Dr. Ivan Gyarfas
Hungarian Institute of Cardiology
Budapest IX. P.O. 88 Hungary

Dear Ivan:

Thank you for your letter received here September 3rd. I am glad to learn about the plan for 10-year re-examinations at Szekutas and Martely in January. However, I regret that I have no research funds to help with the costs. Moreover, Alessandro Menotti's appointment ends with the year 1975 and any help he might provide would be without stipend. There are several reasons for this sudden shortage of money but there is no escape from the facts.

I am sending a copy of this letter to my successor as Director of L.P.H., Dr. Henry Blackburn, but I know that he, administering several new and large research programs, now has problems with the budget of L.P.H. Everything is much more costly lately.

Still, I want to help and currently I can only offer advice and assurance that in due course I shall work on the data from Hungary. The first point is consideration of the things to do in January to cover the most important questions with the least cost. So here is my advice re priorities.

A. First Priority (absolutely essential)

1. Ascertain the status, dead or alive, of every man who started in the study 10 years ago. For the dead, get all possible diagnostic details.

2. From all survivors get interim medical history with emphasis on cardiovascular disease -- angina, myocardial infarction, stroke, etc. (Rose questionnaire)

3. On all survivors record 12-lead ECG in rest.

B. Second Priority (Interesting and easy to record)

1. Body weight

2. Resting blood pressure

3. Current smoking habits.

C. Low Priority

1. Blood sample for serum cholesterol. That measurement is not needed for diagnosis nor is there any plan to use it for prognosis after these ten years. But a statistical sub-sample would be interesting to indicate the time trend for the cohort. One out of 4 men

would be enough for this..

2. Respiratory function. Comment as in C 1, above.

3. Exercise test. Interesting but expensive in time, ECG paper and reading the ECG.

If some money becomes available, I'll advise promptly, but I am not optimistic. I shall be here at Minnelea until mid-November save for the period October 20 - November 2.

Good wishes,

Ancel Keys

cc:G. Lamm, H. Blackburn