



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20014

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

MAY 18 1977

Henry Blackburn, M.D.
Professor and Director
Laboratory of Physiological Hygiene
Chairman, Division of Health and
Human Behaviour
University of Minnesota
Stadium Gate 27
Minneapolis, Minnesota 55455

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MAY 19 1977

**LAB OF PHYSIOLOGICAL
HYGIENE**

Dear Henry:

There is little doubt regarding the desirability of an electrocardiographic center such as you describe. There is, however, a strong feeling amongst my senior staff that there is need for further development of coding programs and their diagnostic accuracy before such a center is established. Future clinical trials would surely be well served by a center whose coding program and accuracy had been validated.

As you know, a sensitivity of about 50 percent is the near maximum to be expected from most codes in the diagnosis of myocardial infarction. Disagreement continues between investigators regarding diagnosis of certain conduction disturbances. Thus, there appears to be a real need for research aimed at diagnostic accuracy, coding and its validation. Such research is of interest to the Institute.

The American College of Cardiology Bethesda Conference on "Optimal Electrocardiography" is to be published in September and will contain recommendations which address the research needs in this area.

If diagnostic accuracy and sensitivity can be improved, if methods of quality control in use of a code can be developed, if standardization of measurement procedures and definitions can be achieved, such a center could be of immense value.

It will be important, of course, to recognize that such a code and center would have to maintain enough flexibility to update and validate as new electrophysiologic information is developed and other non-invasive techniques are validated for more precise definitions of conduction system abnormalities and myocardial injury.

We do not underestimate the contribution which your unit is making in terms of service to the community, and we certainly encourage your activities in that sphere. Is it possible that these activities could be self-supporting?

Whether the current state of knowledge is such that a central ECG quality control laboratory should be established is a moot question.

We would be happy to discuss with you our concerns regarding this question and receive your advice as to programs which might address these concerns.

Sincerely,



Robert I. Levy, M.D.
Director

cc:

Ronald J. Prineas, MMBS, Ph.D.
Associate Professor
Director of ECG Laboratory
Laboratory of Physiological Hygiene
University of Minnesota
Stadium Gate 27
Minneapolis, Minnesota 55455