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Dear Bernies

Thnaks for your Conner Lecture and other recant works which put things into very good focus. I have only a couple of comments for the future. I think the results of population studies are not conclusive, but not necessarily because of the short-term sample of the resting ECG. They are not conclusive 1) because of inadequate numbers and 2) because of failure to control other variables. It distresses me a bit that friends in Ann Arbor and those that quote them infer a causal effect of ectopics on sudden death--when there was no control for age, heart size or failure, angina, other ECG abnormalities or a host of other factors related to or influencing risk, and possibly also associated with ectopic beats. The same is true of Framingham, I imagine. We are this week getting our first output from the CDP in which these factors are accounted for.

Moreover, though the number of deaths is limited (8) our five-year experience in 12,000 healthy men in the International Study is the only published study in which other risk factors are contolled (age, lipids, weight, blood pressure, activity and smoking) (Circulation Supplement Vol 41-42, April 1970, p.155).

I agree that longterm monitoring studies are needed, but you have appreciated the problem that the occurrence and frequency of VPBs depend entirely on the length of monitoring. Thus a longer monitoring period will be more sensitive, but perhaps less specific, in predicting risk of death. Standard test conditions, including perhaps standard exercise, would probably be the most practical way to identify ectopic activity in patients and in normal subjects. I agree that pairs and runs are the most powerful predictors.

The CDP experience, so far, largely bears out your findings in acute cases, and is wonsistent with your theses. We will eventually get the material to you through Jerry and hope to publish it under the title: The Natural History of Coronary Heart Disease. The Prognostic Significance of Ectopic Beats. The CDP Research Group. I personally feel that no individual's name should be used in the indexing or references to the CDP papers.

Cordially,

Henry Blackburn, M.D.

HB/rs