UNIVERSITY OF MINNESOTA
TWIN CITIES

Laboratory of Physiological Hygiene
School of Public Health
Stadium Gate 27
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November 15, 1974

Dr. George V. Mann
Vanderbilt University
School of Medicine, Div. of Nutr.
Nashville, Tennessee 37203

Dear George:

Your "trumpeter toward the rear" slap cues my annoyance with your superior attitude as the custodian of truth and your self-assurance that physical activity is "it". I still can't decide whether it is your self-deception or inadequacy in evaluating the data on this question or whether you simply evaluate the situation differently than I do, and others. I am asking for your basic evaluation of what I consider to be:

1) the apparent weakness of contribution of activity class to prediction of coronary risk in populations or individuals,

2) the consequent infeasibility (relative) of studying this contribution in a randomized trial in the free-living population over and above the contribution of the "stronger" risk elements.

Have you considered the sample size estimates for such a preventive effort? Have you considered that conditioning exercise would have to be examined in a subgroup (huge!) of a multiple risk factor trial because of the infeasibility of a "pure" single factor trial?

I do wish, maybe at Tampa next February, you would give me some evidence that you consider these design questions as well as you consider the mechanism questions.

Then we can better judge whether your comments are reasoned or otherwise. In other words, could you please answer for me these simple questions about your activity hypothesis?

1) What is the nature of the population group or groups you believe should be submitted to the definitive exercise trial which you say I am "obstructing" (age, sex, risk class, primary, secondary, etc.)?

2) What is the degree of risk reduction (for what endpoints of disease or death) you wish the trial to be designed to demonstrate and that you think is a reasonable estimate?

3) What do you estimate as a reasonable lag time for reaching optimal treatment effect (months or in years, etc.)?

4) What is a reasonable estimate of drop-outs or poor adherance in a trial of how many years duration?

5) What statistical confidence do you want to have in any difference found (alpha)?

6) What statistical power do you want to have to be sure to detect the difference you postulate in (2) above (beta)?

And I do wish you would stop imputing political and vested interests or "obstructionism" to those who simply evaluate evidence in ways differently from yourself.

I think my questions are fair and I challenge you to respond to them in a straightforward manner.

Regards,

Henry Blackburn, M.D.

HB/kn

JB Katie

3/30/17 ~~check whether in time.~~

Then scan JB