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Dear Sven:

Martti tells me you are busy with a detailed ST analysis with 10 year data.
It seems a short time ago we were discussing this (1958? in Minneapolis)
and saying how nice it would be to break ST down in great detail in regard
to risk. Now its 12 years later!

I would like to propose that we write as definitive an article as possible on
the subject, with yourself as senior author, and involving ECGs from all
the areas.

As you know, I enjoyed but always have been a little uncomfortable about
your earlier work, due to the few numbers and the impossibility of controlling
the confounding variables.

We now have functioning programs using the Walker-Duncan multiple logistic,
and could control for: 1) age 2) leads or lead groups (I would suggest maybe
I, L, V6; II, III, F; V1-3; V4-5) 3) R amplitude 4) other ECG coded
items 5) cohort 6) standard variables related to ST and to CHD including
ΣSF, S. Chol., BP, activity and smoking.

We would be able to identify all but one of your classes by sorting out 11.1-4
and 4.1-4. If your classification shows something for the 1 mm J, slowly
rising segment then we would go back to the originals; if not we could forget
the 0.5 mm class.

As we discussed in '58, we could also compare other measures, QX/QT, ST
amplitude at the half-time vector, ST area, etc.

I frankly would much rather see if this is possible with the individual and pooled
data, rather than base it again on inadequate numbers. What do you think?

Regards,

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