

*Dr Blackburn gave copy to Dr. Doherty*

# St. Mary's Hospital Medical School

(University of London)

London, W.2.

EPIDEMIOLOGY DEPARTMENT

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5th March, 1974

Dr. E. L. Wynder  
American Health Foundation  
1370 Avenue of the Americas  
New York  
NY 10019  
USA

*File*  
*Should contact*  
*concerning*  
*for information.*  
*Phyads.*  
*[Signature]*

Dear Dr. Wynder,

Thanks for your letter of February 28th about colon cancer and CHD. I have taken the liberty of sending copies to the other co-authors as I am sure that, like me, they will read it with much interest.

I am sorry that until seeing your letter I had been quite unaware that your papers on this fascinating subject had included study of within-population correlations between blood cholesterol concentration and presence of colon cancer. I am afraid that I am a very ill-read person, and not infrequently I find myself setting forth opinions which others have been stating for years. I offer my apologies to you and your co-authors.

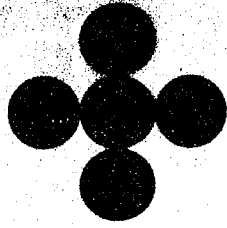
I am sure that you are right in suggesting that Lancet readers (many of whom may be as ill-informed as me) would also be interested in your findings. Surely the best plan would be for you and your colleagues to write a letter drawing attention to these results: that would be the normal practice (and you would make a much better job than I should of summarising your work).

With regard to your forthcoming visit to London, it would indeed be very nice if there were an opportunity for us to meet and discuss these and other matters of mutual interest. I shall be out of town at a conference from April 5 onwards. Would you be free to have lunch with me on Thursday, April 4? Alternatively, I could be free on either the morning of that day, or between 2.30 and 5 on April 3.

Kind regards,

Yours sincerely,

Professor Geoffrey Rose



# AMERICAN HEALTH FOUNDATION

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February 28, 1974

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Dr. Geoffrey Rose  
Epidemiology Department  
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London W2, England

Dear Dr. Rose:

I read with interest the article by you and your collaborators on colon cancer and blood cholesterol which appeared in a recent issue of LANCET. I was pleased to see this attempt to contribute to the question of whether serum cholesterol levels are related to colon cancer on the basis of prospective studies and to find that your results confirm two retrospective analyses of this problem which were presented as part of our retrospective investigations on large bowel cancer which were published in the September 1967 and the May 1969 issues of CANCER. (Environmental factors of cancer of the colon and rectum. Wynder, E.L. and Shigematsu, T. Cancer 20: 1520-1561, Sept. 1967; and Environmental factors of cancer of the colon and rectum. II. Japanese epidemiological data. Wynder, E.L., Kajitani, T., Ishikawa, S., Dodo, H., and Takano, A. Cancer 23: 1210-1220, May 1969.)

As in your Figure 1, we showed (in Figure 19 of the 1967 paper) a correlation between colon cancer and arteriosclerotic heart disease and raised the question of whether there was a correlation between serum cholesterol levels and colon cancer. Although many of the records did not contain serum cholesterol levels, we obtained such information on 98 cases which were itemized in Table 24. On page 1543 we noted that "there appears no trend for increased serum cholesterol levels..." and concluded that further data on this issue were in order. We also concluded that,

because of the difficulties in studying this problem retrospectively, "this factor" (i.e. serum cholesterol) "can be studied best by a prospective investigation".

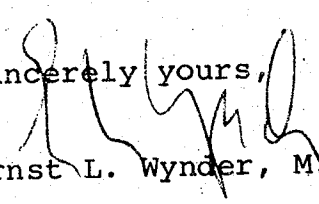
In the May 1969 issue of CANCER we presented the serum cholesterol levels of 74 male patients with cancers of the colon and rectum and 67 females (Table 8). We stated at that time that their serum cholesterol levels were no different than those of the control group, although in fact they were somewhat higher. This difference, we believe, was due to the fact that the controls were taken from a study based largely on rural Japanese population groups.

When we contrast the colon with the rectum cases, no differences in cholesterol levels are found even though the colon cases tended to come from higher income groups and had a greater intake of milk than the rectum cases. This is of particular interest since the major differences in large bowel cancer between the United States and Japan relate to colon cancer. The available data on serum cholesterol in Japan also indicated, therefore, that serum cholesterol levels, which in both Japan and the United States have been shown to relate to arteriosclerotic heart disease, seemingly do not relate to cancer of the colon.

I am sending you this information for two reasons. First, because retrospective and prospective studies seem to be in agreement on this interesting epidemiological point, a finding which obviously requires further study. Obviously some of the explanations which you offered in your article are quite pertinent. The second reason for bringing this to your attention is to note our feeling that the link between retrospective and prospective results should have been included in your presentation.

I would like to think that the readers of LANCET might be interested in seeing a letter by you with respect to this matter.

Sincerely yours,

  
Ernst L. Wynder, M.D.

ELW/jv

P.S. I will be in London April 3-7 and hope to see you at that time to review points of mutual interest. I would appreciate it, however, if I could hear from you on the above at your earliest convenience.