

January 2, 1971

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Chicago Civic Center, Room LL 139  
Chicago, Illinois 60602

Dear Jerry:

You, and to some extent Ancel, are the only people I know who are speaking out actively on the confusion, caused by the lipid classifications, in the minds of most clinicians. I think it is appropriate that our Council (AHA and/or International) issue a statement to help resolve the confusion. Admittedly we don't have all the data needed, but we have enough for a start.

The statement should describe:

- 1) The bootstraplifting problem of the classification when poor independent referem es are used, and the particular problems in the F-Lees classes.
- 2) What is known of distributions in CDP and other groups of infarct patients, in the general population and in specified groups with non-palpebral xanthomata, and in natural populations outside the U. S.
- 3) The known and apparent risk of atherosclerosis associated with each lipid type
- 4) The proportaion of infarct cases arising from each group and from "no group" at all if lower cholesterol criteria are used,
- 5) The results of the Chicago diet experiamant on cholesterol and triglycerides
- 6) The independent contribution of triglycerides or pre-beta to risk.
- 7) The duration of hypertriglyceridemic responses to low fat diets, etd.
- 8) The degree of association of glucose tolerance and CHD in general populations.

If an official statement cannot be gotten through AHA, at least an editorial should be considered. The attempts to carry over the important but often irrelevant knowledge of these "types" to the general p~~ro~~blem of treating infarct cases, and to prevention in the population as a whole, is of serious concern.

Best regards,

Henry Blackburn, M.D.