

UNIVERSITY OF MINNESOTA

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May 24, 1982

Jeremiah Stamler, M.D.
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Dept. of Community Health
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Dear Jerry:

Enclosed are the latest output of Ancel. For all deaths, the univariate cholesterol, comparing the upper four against the lower six deciles, is significant, but the risk ratio is only 1.14. Adjusted for smoking and blood pressure, it is barely significant. The difference between the upper and middle part of the distribution is borderline, univariate or multivariate, insignificant multivariate for all deaths. Table 2 for the North European men indicates the same relationship to coronary disease and no relationship to deaths from all cause.

For CHD, the results are much more significant, but the highest risk ratio is again only 1.4. The absence of differences between the first three and second three deciles with significance appearing only between the middle three and the upper three, with a cutpoint of 262 mg. % is the basis for Ancel's latest flat statement, "Which I will state because it is a fact and which you will not supress, is that serum cholesterol has no important univariate or multivariate relationship to first coronary events until levels of 262 and above and it has no significant relationship at all to overall mortality."

The bald, unqualified statement that there is no relationship between cholesterol and coronary disease except for cholesterol values over 262, of course, will do irreparable damage to the individual and population strategy for risk factor reduction. Ancel, I get the impression, wants to take on the whole logistic model as nonsense, and the most complete nonsense is the American Heart Association Risk Factor Tables.

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He has a council on smoking, environment and maybe one on hypertension, and I am suggesting one on nutrition. It would be very useful if you could give him a buzz when you feel like it (see the attached address and telephone number).

It was marvelous to hear of your pain-free and rapid recovery.

Regards,

Henry Blackburn, M.D. Professor and Director

HB/kr

Attach.