

Policy Shift!

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December 22, 1971

MEMO TO: Drs. Taylor, Keys and Stauffer

FROM: Henry Blackburn

SUBJECT: Summary of Dr. T. Cooper's Duff Lecture, American Heart Association Meeting, November, 1971.

Dr. Cooper's national policy and NHLI Program for atherosclerosis provides important new direction to research in cardiovascular disease prevention. His program preserves his and others opinions that the eventual solutions will come from "basic" researches. He is also personally inclined to consider a preventive approach based on conflict with accepted "norms" of behavior as problematical, when the public considers the cure worse than the disease. But he is now convinced that the public expects the disease to be conquered and he is sold that it's "the way to go." The time has come for a national policy on arteriosclerosis.

For the first time since the early days at NIH, Dr. Cooper's policy provides central importance, acceptance and appropriate priorities to prevention. He has been successful in overriding NIH internal and external resistance to parts of the program and in getting congressional and Bureau of the Budget support.

The following points outline Dr. Cooper's proposed program:

- 1) Prevention is the prime objective.

In qualification he believes that a potential 25% reduction in CHD incidence should not lead to any reduction in "basic" research. Further, sociological research is needed to meet the social responsibility of reducing early CHD mortality.

- 2) The basic research program, in which the ultimate solution of arteriosclerosis will be found, will be assured.

- 3) There will be coordination of groups with common goals, as in the SCOR centers.

- 4) The lipid hypothesis must be definitively tested, and this will be carried out, especially in Lipid Research Centers.

- 5) Lipid trials will seek maximal lowering of lipids by diet, drugs and surgery. A diet approach is not an adequate test and no recommendations will be made for a diet-heart study.

6) The natural history of high risk patients, especially type II, will be studied using non-invasive techniques including exercise stress tests.

7) A trial is underway to study the effect of blood pressure control on preventing CHD.

8) A Multifactor Trial is recommended as an obvious, sensible and prudent approach to primary prevention of arteriosclerosis by simultaneous intervention on serum lipids, blood pressure and smoking habits. This should provide a good test of the primary prevention concept and the trouble is justified.

Dr. Cooper estimates that an additional \$112 million, above current NHLI funding will be needed for this program in the next 7 years. The Bureau of the Budget has apparently festored the full \$232 million NHLI appropriation for this fiscal year. This will provide funds for new programs to include the Lipid Research Centers, the Hypertension Trial, the Diet Education program, and a Multifactor Trial (MFT). RFP are expected by mid-January for the MFT and its coordinating center.

HB/rs