blind c.c. H. Burchell

January 16, 1971

Dr. Jack Titus
Mayo Clinic
Rochester, Minnesota

Dear Dr. Titus:

Your work on the prognostic significante of the ECG in Angina interests me very much. I would much like to see a preprint of the paper, when available. One of our attempts in the Coronary Drug Project is to control interactions between the ECG and other clinical risk factors in order to assess the independent predictive power of the ECG.

When we look at extreme left axis (beyond -30°) in this post-infarct group of 2,788 men we find left axis is a relatively weak predictor, as in the enclosed table. In angina patients, axis deviation, of course, may mean infarction, etc.

In the same table you can see that LVH (by amplitude criteria alone) is an important predictor. But the adjusted t value, with standardization for clinical status including angina, heart failure, etc., shows that there is no independent prognostic value in the ECG finding. On the contrary, ST segment deviations remain powerful prognostically, even after correction for clinical risk characteristics.

Cordially,

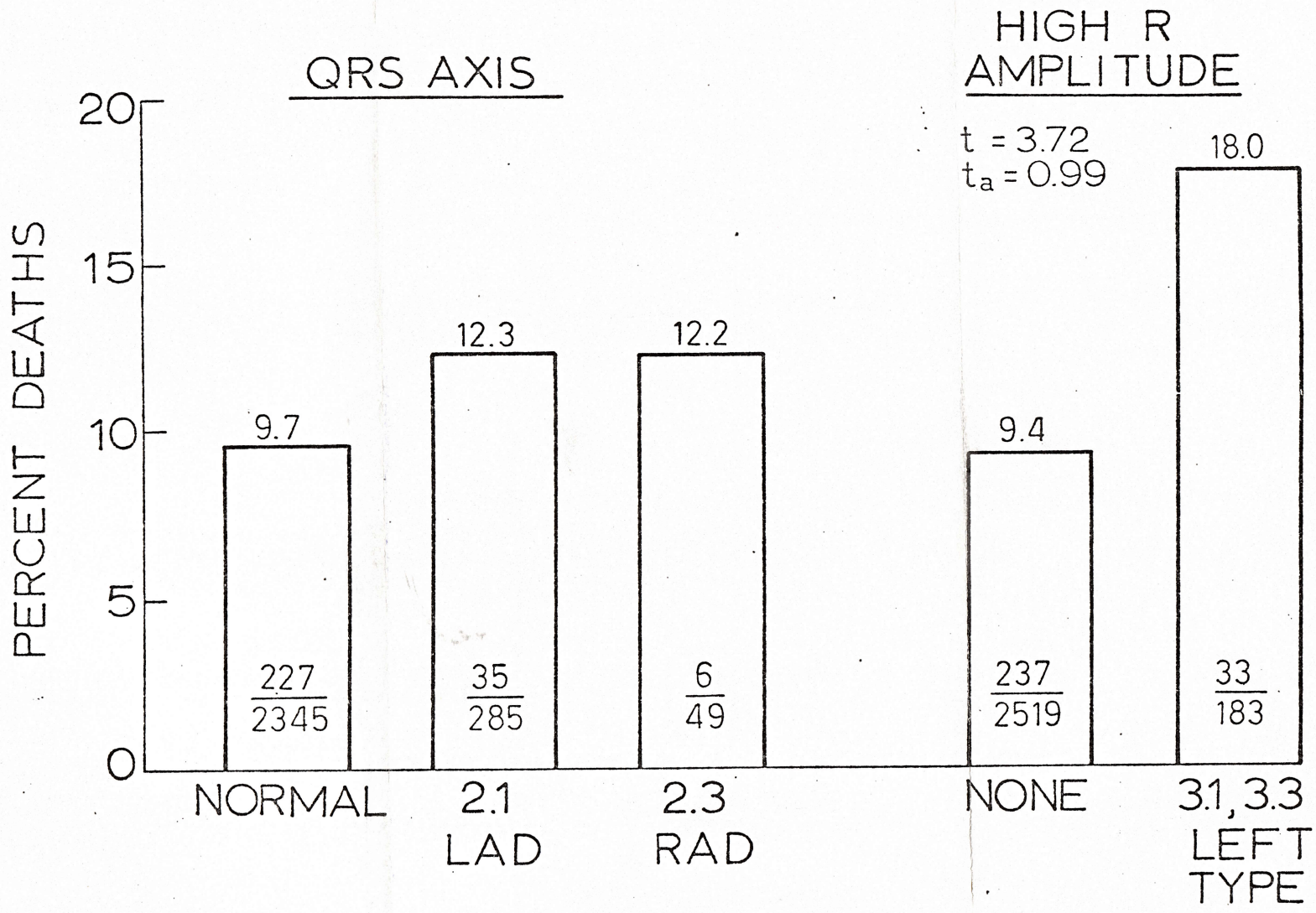
Henry Blackburn, M.D.

Dictated from Geneva

HB/rs

SLIDE 7

ECG PROGNOSIS POST-INFARCTION



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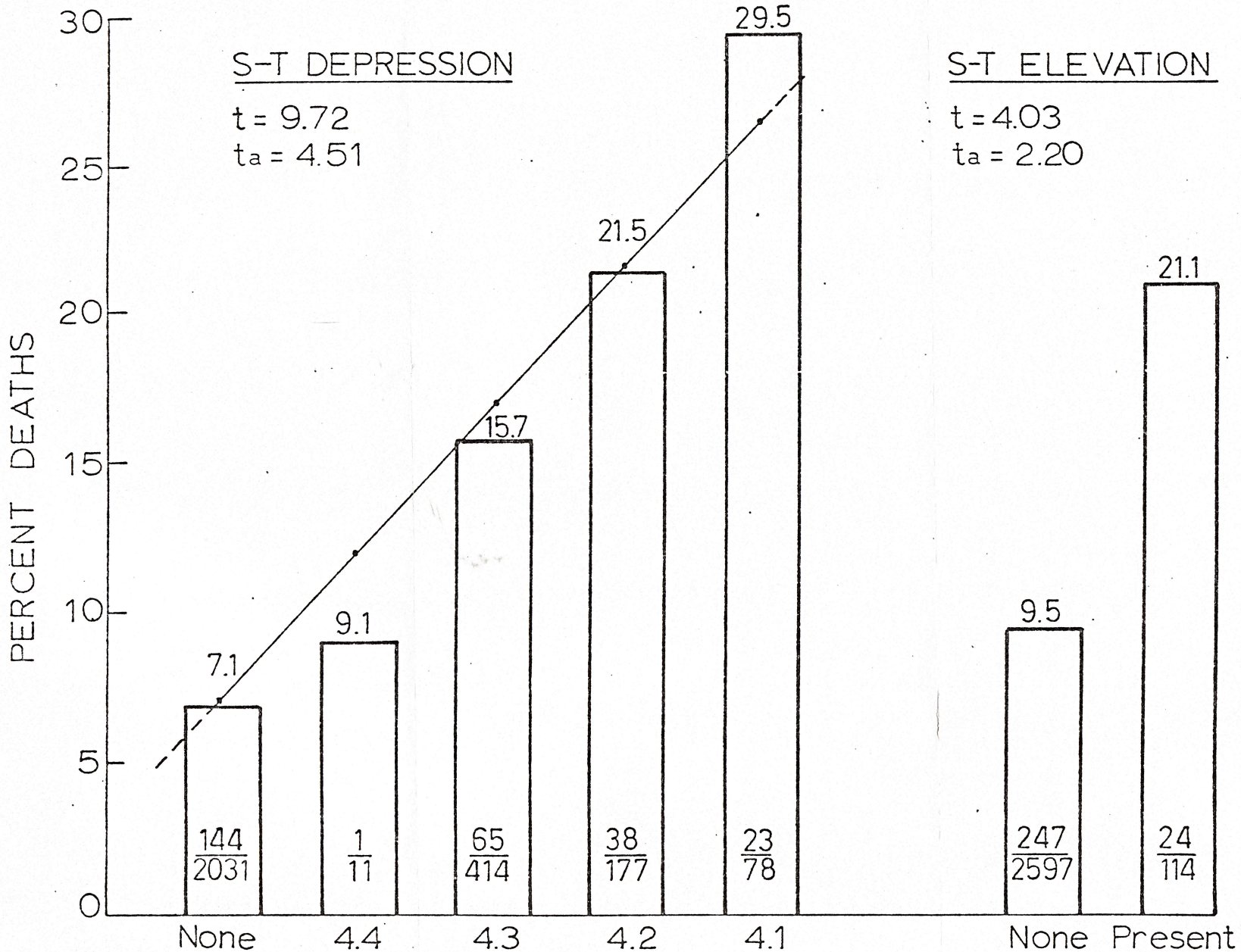
SLIDE 4

ECG PROGNOSIS POST-INFARCTION



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