UNIVERSITY OF *Minnesota*

SCHOOL OF PUBLIC HEALTH • LABORATORY OF PHYSIOLOGICAL HYGIENE
STADIUM GATE 27 • MINNEAPOLIS, MINNESOTA 55455

February 1, 1971

Dr. Suketami Tominaga
University of Maryland School of Medicine
Institute of International Medicine
Division of Epidemiology and Biostatistics
660 West Redwood Street, Howard Hall
Baltimore, Maryland 21201

Dear Tomi:

Thanks for your good letters of 20 and 22 January. I was horrified that answering my letters is involving 50% of your time! But, my CDP productivity is cyclic and there will now probably be a trough for a while.

I am delighted to hear of the good progress in the Ectopic Beat Study and of your plans to present some of the data to the next monitoring committee. This should be interesting and useful. I trust you don't find any more highly lethal combinations in subgroups!

I totally agree with your stopping the Ectopic Beat coding at the one year follow-up, since this provides a sound base for measuring change. I simply suggest the obvious, that we get as complete coverage of FV3 as gives a reasonable or optimal yield. The longer term trend in Ectopics might eventually be of interest, toward the close of the study, but I concur that you stop now. The only thing you might want to do is look at a picture of the regularly coded ectopics (excess of 10% of beats) beyond the first year. If there were remarkable differences in frequency over time, or between treatment groups, we might want to reconsider.

I have finally taken a look at Robin's three separate tests of repeat readings involving the majority rule versus a specified beat and will write you and Curt about it shortly.

I fully concur with your setting up a comparison of our serial change criteria with clinical diagnosis.

Did we ever determine the proportion of qualifying records which truly represent acute infarction documents?

I earnestly hope that the chances are now far better than 50:50 that you will remain in the U.S. longer, and that you find yourself in a productive and stimulating ambiance in this country. I now have reasonable assurances that we will be able to afford the support of a colleague to work with you on these problems and do hope that this matter is progressing satisfactorily.

Regards,

Henry Blackburn, M.D.