

April 29, 1968

I think that if Dr. DeNicola or an assistant is to work at Makarska, we should also plan for the same work to be done in Finland in 1969. I could allocate about \$1,000 for that purpose in 1969. So I suggest you talk to Dr. DeNicola in those terms, making it contingent for his participation in the work at Makarska this fall is contingent upon: 1) His acceptance of the limitation of the amount of blood that can be given to his purposes, 2) His agreement that arrangements at Makarska prove to be technically satisfactory, 3) His agreement to carry out the same procedures in Finland in 1969, at least in Rome, Italy. This means at least some three weeks of work in September, 1969.

Dear Alessandro: I feel that more of value may come from the suggested collaboration of Professor Basteniz on the thyroid. I wrote a few days ago to Professor Basteniz. I trust the enclosed statement will serve your purpose. Thank you for the summary of death rates. These will be revised to cover only the ages 40-59 at the start of the five years and the mortality ratios, O/E, will be calculated, the "expected" rates being those for U.S. white men matched for age in 5-year age groups. For this purpose, we shall use the death data you have sent to Dr. Blackburn.

Sincerely,

The 10-year re-examinations at Tanushimaru went very well and when we finished the field work on April 14, around 95 per cent of all survivors had been re-examined. Almost all of the remaining men will be re-examined, at least for the essential items, in their homes (or in hospital where a few of them are at present). Only 5 men have refused full re-examination but the minimum of needed information will be obtained on them also. Coronary heart disease continues to be very uncommon in the Tanushimaru cohort.

cc: Dr. Blackburn
When we returned from Japan (April 20) I found that U.S.P.H.S. had given final approval to the allocation of funds for my coordination of the cooperative program through 1970. Though the budget has been reduced from the amount approved previously, it will allow us to proceed with no difficulty on the basic program of follow-up and data analysis. Your own place in the program is assured at least through 1970.

I am confident that the program support will be extended through 1972 or 1973 if I can provide a good report, including morbidity and mortality rates through 1968 and the relationship of the incidence of coronary heart disease to pre-disease characteristics. That report must be finished by the end of this year, 1968, so I shall put pressure on Dr. Blackburn and the data-processing group here to get the data in shape as soon as possible.

While I would be pleased to cooperate with Dr. DeNicola, I agree that we cannot give his interests high priority. I believe coagulation and Fibrinolysis data would be valuable and that DeNicola is expert in that field, but we must realize that it is uncertain how much of epidemiological value might result from his work at Makarska. It would be essential to be able to compare his findings at Makarska with data on other well-defined population samples. Accordingly,

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UNIVERSITY OF

Minnesota

I think that if Dr. DeNicola or an assistant is to work at Makarska, we should also plan for the same work to be done in Finland in September-October, 1969. I could allocate about \$1,000 for that purpose in 1969. So I suggest you talk to Dr. DeNicola in those terms, making it clear that agreement for his participation in the work at Makarska this fall is contingent upon: 1) His acceptance of the limitation of the amount of blood that can be given to his purposes, 2) His agreement that, if his measurements at Makarska prove to be technically satisfactory, he will arrange to carry out the same procedures in Finland in 1969, at least in East Finland. This means at least some three weeks of work in September, 1969.

Dear Alessandro, Personally, I feel that more of value may come from the suggested collaboration of Professor Bastenie on the thyroid. I wrote a few days ago to Professor Bastenie indicating some details that might be suitable for his participation at Makarska and will advise you when he replies. Anyway, I think it would be useful for you to spend a day at Brussels as you propose to do in the latter part of May.

Regards to you and your family.

Sincerely,

The 10-year re-examinations at Tanushimaru went very well and when we finished the field work on April 14, around 95 per cent of all survivors had been re-examined. Almost all of the remaining men will be re-examined, at least for the essential items, in their homes (or in hospital where a few of them are at present). Only 5 men have refused full re-examination but the minimum of needed information will be obtained on them also. Coronary heart disease continues to be very uncommon in the Tanushimaru cohort.

Ansel Keys, Director

AK:mh

cc: Dr. Blackburn ✓

enclosure

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