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SCHOOL OF PUBLIC HEALTH

September 21, 1987

Henry Blackburn, M.D.
Division of Epidemiology
School of Public Health
Stadium Gate 27
611 Beacon Street S.E.
Minneapolis, MN 55455

*file NRC/MS
correct.*

Dear Henry:

Your presentation of the evidence and of the conclusions that can be drawn from that evidence regarding dietary fats and cardiovascular diseases is really superb. I wish I could do it that well. I certainly have nothing to add to your fine summary of the evidence from randomized control trials. I also found the tables and figures quite helpful, and think they may be very useful in countering possible claims that the committee was biased in its assessment of the evidence. I suggest adding to Table 1 the mean concentration of serum cholesterol in each study group at the end of the respective trials. I think that would be helpful when comparing the outcomes of the trials.

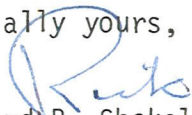
I agree wholeheartedly with the views expressed in your letter regarding the two papers on mono-unsaturated fatty acids by Grundy and Mattson. In addition to the points that you raised, I would add the point that the results were so imprecise that they did not rule out any alternate hypothesis. Grundy made the point in the paper in NEJM that the results were consistent with the hypothesis that mono-fats lower serum cholesterol; he failed to point out that when the 95% confidence intervals are considered, the results are also consistent with the hypothesis that mono-fats increase the serum cholesterol concentration as well as the hypothesis that they have no effect. In other words, the study is noninformative. I am amazed that it was published and that it has been taken seriously.

I also agree with your views regarding consumption of fish and risk of CHD. The data are very weak. In both the Zutphen Study and the Western Electric Study, the major portion of the association is in the contrast between men who rarely or never ate fish and those who sometimes ate fish. There is very little in the way of a graded response after that. Incidentally, the results from the Honolulu Heart Program also show this pattern, although the number of men who rarely or never ate fish was so small that the difference was not statistically significant. I find that pattern difficult to square with the hypothesis that the effect is due to

consumption of fish oils. It seems more likely that it is some other factor that characterizes the people who rarely and never eat fish.

With warm regards,

Cordially yours,

A handwritten signature in blue ink, appearing to read 'R. Shekelle', written over the printed name.

Richard B. Shekelle, Ph.D.
Professor of Epidemiology

RBS/fw

cc: Dr. Christopher Howson
Dr. DeWitt Goodman