



*Grundy
Reply on tape-*

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February 17, 1986

Dr. Henry Blackburn
Lab. of Physiological Hygiene
Beacon University of Minnesota
611 Beacon St., S.E.
Minneapolis, Minnesota 55455

Dear ~~Dr. Blackburn~~ *Henry*:

I have been asked to chair a session at a symposium to be held in Algrave, Portugal, October 20-22, 1986 entitled "Diet and Health: Concepts and Principles". This symposium is sponsored by the International Life Sciences Institute (ILSI). The title of my session is on "Fat and Cholesterol". A general outline of the meeting is attached.

I am writing to ask whether you are willing to attend this meeting and to participate in the session on "Fat and Cholesterol". I am asking four people to participate in the discussion. I would like to suggest that the session proceed by the following format. First, we will discuss the relative merits of the different types of diets in the prevention of coronary heart disease, and this would be followed by a panel discussion of the best approach to prevention of CHD by diet--the high risk approach vs. the public health approach. I recognize that the latter separation may be artificial and the two approaches are not mutually exclusive, but I believe there would be value in discussing the question. I would like to suggest the following format for the discussion.

Introduction	-	Dr. Scott M. Grundy
Very low fat (high-carbohydrate) diets	-	Dr. Henry Blackburn
Polyunsaturated fatty acids (n-3, n-6)	-	Dr. Paul Nestel
Monounsaturated fatty acids	-	Dr. Scott M. Grundy
Low cholesterol diets	-	Dr. Kalevi Pyorala
High-risk vs. public health strategy	-	Dr. Uri Goldbourt
Dr. Uri Goldbourt	-	Introduction (Panel Chairman)
Panel Discussion	-	Drs. Grundy, Blackburn, Nestel, Pyorala

I would greatly appreciate your answering this letter by either wire or telephone so that we can quickly finalize the program.

The plan is to publish the proceedings of the conference. In an effort to ensure that the panel discussions will be as effective as possible, we would like the individual papers to be circulated among the panel members prior to the meeting. For this reason, you are being asked to submit your paper for distribution to the other panel members by August 1, 1986. You should also send a copy of each paper to the ILSI office at that time.

I look forward to having your response at the earliest possible time.

Sincerely yours,

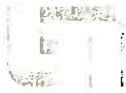


Scott M. Grundy, M.D., Ph.D.
Professor of Internal Medicine
and Biochemistry

SMG/gw

ATTACHMENT

P.S. Henry, I hope you can attend. If so, I would like for you to discuss possible unique advantages of diets very low in fat. I will try to describe the possible advantages of diets high in monounsaturates, such as those of the Mediterranean region. I personally would be interested in your view on this question. I asked Ancel Keys, and he favored the Mediterranean diet to the Japanese diet.



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Grundy

done

→ March 11, 1986

Scott M. Grundy, M.D., Ph.D.
Director
Center for Human Nutrition
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Dallas, TX 75235

Dear Scott:

I am going to let you down on yet another conference that I would dearly love to attend. I am sad to have missed the monounsaturate conference where you made such an important contribution. I look forward to receiving that report.

You have an excellent panel to discuss high risk versus public health strategy in Portugal. I have no trouble with the topic assigned to me of the low fat, high carbohydrate diets. But I believe Seven Countries data are the best evidence that a wide range of fat intake is compatible with cardiovascular health, low cancer risk and general health as long as saturated fat content is low.

I also might suggest that we have to get beyond our issues of the relationship between diet and coronary disease and consider the relationships to cancer and overall survival simultaneously if we're going to be concerned with effective public health recommendations and public health strategies.

As you may know, DeWitt Goodman and I are now engaged in a terribly time consuming participation in a new NAS/NRC panel on diet and health that will consider all these issues. Your meeting will contribute significantly to those deliberations and I'm sure he will want you to come and report on the outcome as consultant.

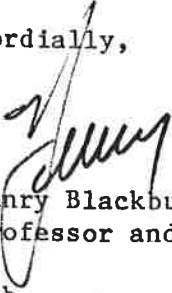
Stewart Truswell can do a good job on both the topics assigned to me. Of course Jerry Stamler might welcome an opportunity.

March 11, 1986

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My major conflict here is a site visit review of our major research programs scheduled for the end of October and will be in the throes of major preparations for that. I simply cannot leave. You have assembled an impressive group so you should have an awfully good time together for three days in Portugal. I am sorry not to be a part of it.

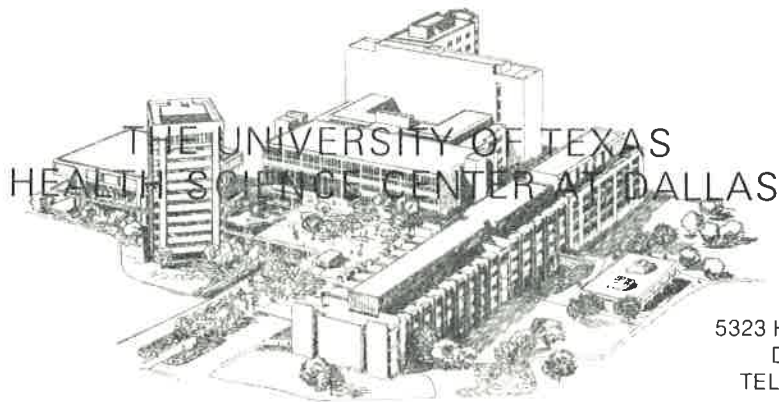
Cordially,



Henry Blackburn, M.D.
Professor and Director

/gb

cc: Arno Motulsky
DeWitt Goodman
Chris Howson
Stewart Jusswell
Kalevi ~~to~~ Pyorala



THE UNIVERSITY OF TEXAS
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April 25, 1986

Professor Henry Blackburn
Lab. Of Physiological Hygiene
Beacon University Of Minnesota
611 Beacon St., S.E.
Minneapolis Minnesota 55455

*Reply on
tape.*

*pull my ANA Nutri.
Committee Folder
1982-83?
5/12/86 attached*

Dear Henry Dr. Blackburn:

I am writing to get your opinion on the role of polyunsaturated fatty acids for the diet. The American Heart Association has recommended that the American public should consume up to 10% of total calories as polyunsaturated fatty acids, presumably as linoleic acid. However, over the past few years, there has been increasing concern about polyunsaturated fatty acids. In laboratory animals they tend to suppress the immune system and to increase the development of tumors after chemical carcinogens. Furthermore, large populations have never consumed large quantities of linoleic acid for long periods with proven safety. Finally, I have heard many senior people, who are active in the Heart Association, express some concern about incorporating 10% of calories as linoleic acid. For this reason, I am writing to get the opinion of a group of experts such as yourself on this question.

If you are willing, I would appreciate your expressing an opinion to me whether it is appropriate to recommend to everyone an intake of linoleic acid of 10% of total calories. If not, exactly what percentage of total calories do you feel would be desirable or ideal-- 8%, 6%, 4%, or another? I believe the current American intake of linoleic acid is about 5 or 6%. Do you feel this should be increased, decreased, or left the same.

H/B

From the responses I receive I would like to submit a short report to the AHA's Nutrition Committee that would summarize the overall result of this question. I would appreciate hearing from you in the near future.

Sincerely yours,

Scott

Scott M. Grundy, M.D, Ph.D.
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and Biochemistry

SMG/blm



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done
5/21/86
May 20, 1986

Scott M. Grundy, M.D., Ph.D.
Director
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University of Texas
Health Science Center
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Dallas, TX 75235

*bpc: Abbott Goodman
Mary Winston
D. Snowdon
K. Mullis
D. Jacobs*

Dear Scott:

Thank you for your note and your Delphic survey of opinion on polyunsaturated fatty acids. I have delayed replying because I was looking in my correspondence for summations I made before the Nutrition Committee of American Heart a few years back on this issue. Our group has been one that has stood firm over the ages that 10:10:10 was not a diet that existed, to our knowledge, in nature, though it seemed reasonable then for our culture. We did not fail to support the American Heart Association Prudent Diet but have always spoken about the primacy, in terms of cause of population or mass diseases, of the saturated fat content of diet. My suggestions, which should be in the minutes of the American Heart Nutrition Committee, were that we move forward in this area. The Seven Countries Study is still the classic study indicating that the crucial factor in mass hyperlipidemia, atherosclerosis and coronary disease is the saturated fat content. If that is below 10%, there can be a wide range of total fat intake compatible with good cardiovascular and general health. You are also aware that none of those populations had more than 7% polys in their diets and there was no correlation between their poly intake and disease.

Thus, since you ask, my opinion on the matter, based on population observations, is that 4% polyunsaturates would be adequate (this corresponds with other laboratory estimates of needs for essential fatty acids) that 6% might be ideal and 8% is permissible. I believe that the best public health emphasis and message and recommendation would be to leave the American intake of polys the same as now, but to be more specific in reduction of saturated fats to under 10%, and allow more flexibility, giving a range of total fats and monounsaturates compatible with good health.

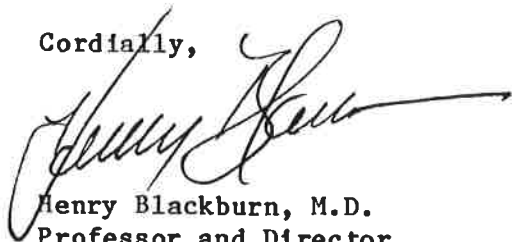
May 20, 1986

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I think this message is congruent with the needs for diet change in Japan, where they can afford to eat a little more fat but not much more saturated fat and in West Germany where they probably need to eat less total fat, less saturated fat, and perhaps a bit more polyunsaturates, etc.

The Prudent Diet should be reexamined from this standpoint. 10:10:10 has served us well; now is time to move forward and talk about what: maybe 10:15:5?

Cordially,

A handwritten signature in cursive script, appearing to read "Henry Blackburn", with a long horizontal flourish extending to the right.

Henry Blackburn, M.D.
Professor and Director

/gb



Loganby

The University of Texas
Health Science Center
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August 11, 1986

Henry Blackburn, M.D.
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file answer

Dear Henry:

I am writing to thank you for writing a letter on your opinion on the proper content of polyunsaturated fatty acids in the diet. I have submitted all of the responses to the Nutrition Committee of the American Heart Association. The responses were all interesting, and although a variety of issues were raised on the question, in general, most people felt that we should consume between six and ten percent of total calories as polyunsaturated fatty acids. Those who were more concerned about the unknown consequences of long term ingestion of polyunsaturates were inclined towards the lower value, while others who are convinced of their benefit favored the higher value. However, almost no one was in favor of going to very high intakes, and likewise, no one wanted to go much below six percent.

Although this is not the final word on the subject, I believe that there was general agreement on the range of desirable intakes, even though there was not agreement on the exact percentage. I believe that your comments will be useful to the Nutrition Committee, and they certainly were interesting to me. If you should ever desire to obtain all of the responses, I would be glad to copy them and send them to you.

Sincerely yours,

Scott

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SMG/gw