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December 4, 1989

Curtis Meinert, PhD
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Dear Curt:

It was very thoughtful of you to send me the supplement on the Hypertension Prevention Trial. I do indeed recall that weekend 'phone call to you and am delighted that you went ahead with it. As is common in so many of the things I have helped start, I have heard very little more about it since. They seem to have developed their own momentum very effectively without me!

We have a thriving and busy Division here, with considerable breadth and depth and so I think it is a good time for me to move on. I was recently awarded the Mayo Chair and have now announced my intent to step down from the Division Chair and be a professor again. As usual, I have no real idea what I am going to "do when I grow up", but am looking forward to several new opportunities. I come under the new law which says that I never have to retire so we will see what develops.

Thus, we have a very fine Division Head position, and a very fine Deanship open at the University of Minnesota. If you have any administratively ambitious colleagues, please put us onto them. Ron Prineas was just up this week for the TOMHS I Site Visit rehearsal and seems to be thriving in his new leadership role in Miami.

From my new vantage point on the NHLBI Advisory Council it looks as if we are going to have to come up with innovative, inexpensive approaches to studying some of theses issues rather than with major trials. I wonder if you and Chalmers will be editorializing on that in the Journal. I was pleased to run into him briefly in New Orleans and learn that he is supporting the idea, that we have talked about here, to get pragmatic trials under the aegis, and under a separate budget at HICFA rather than competing with the NIH establishment. I feel pretty isolated on the Council as the sole and token representative of Cardiovascular Disease Epidemiology, Clinical Trials, Preventive Trials, Prevention Research, Public Health Trials, Demonstrations, and Health Behavior, whereas Blood Branch studies alone have 4 hematologists on the Council to respond.

Again, thanks for the excellent summary. The trial's effectiveness I am sure was in important part due to your role. I cannot find a neat, interesting section on conclusion, interpretation, history and fate of the "definitive" trial.

Cordially,

Henry Blackburn, MD Professor and Director

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THE JOHNS HOPKINS CENTER FOR CLINICAL TRIALS

Department of Biostatistics Department of Ophthalmology

Department of Epidemiology

December 28, 1989

Henry Blackburn, MD
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Dear Henry:

Thanks for your note of December 4 and the news "at the school and in your division". I wish you well in your new endeavors and let's hope that we continue to be uncertain about what we are going to do "when we grow up".

I agree with your observation from a vantage point of the NHLBI council that the nature and complexion of trials is changing. I fear, that we have hit the high water mark with regard to large scale trials and that we are going to be taking steps backwards in the decade ahead, gravitating again towards small scale, short term, one horse trials. The concerns with regard to money coupled with the myth, in my opinion, that can now through meta-analysis make a silk purse out of a sows ear pushes us on the summit.

I can sympathize with your "loneliness" on the council, not only because you are the sole representative of cardiovascular disease, but I suspect you are also the only epidemiologist, and probably have to do double duty of us.

I accept with grace the needle included in the last sentence of your letter charging us for the absence of statement on the history or fate of the "definitive" trial. Perhaps I will reserve that history for the subject for an editorial, after the "effects" of my recent one on the endangered species has worn off.

Merry Christmas and a Happy New Year.

Sincerely,

Curt/BJC

Curtis L. Meinert, PhD Professor

Distribution Curtis Meinert Henry Blackburn File Chronologic File