

March 20, 1974

Dr. Ancel Keys  
"Minnelea"  
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ITALY

Dear Ancel:

The MRFIT project has finally reached the stage where real work is going on resulting in less talk and more attention to getting the job done. We have had as you know, field interviewers working house to house in the census tracts since January 23. The first subjects are reporting for the last visit to the laboratory before randomization tomorrow. Eligibility rate at the screening level is a low 6 % but participation rates have been higher than in most U.S. programs. On the other hand, we have yet to see what proportion of men qualifying in all respects will actually volunteer. If volunteer rates are high >80% it is possible that we may be able to complete the recruitment earlier than either H.B. or myself had thought possible.

The recruitment of the population for the LRC Prevalence Study will be completed by 1 May. The attendance at the first screening visit is going to be close to 80 percent of the enumerated population and I continue to be impressed by the effectiveness of interviewers with census experience.

Dr. Jay Cohn has accepted the job of Chief of Cardiology at Minnesota. NIH announced a competition for Specialized Centers in Research in Ischaemic Heart Disease with a deadline of 11 March. This resulted in a very sweaty 2 weeks putting a proposal together so that Dr. Cohn could start life with full scale research support. The emergency was followed by a big push getting the recruitment group in the field and clinic one set up in the Greek Orthodox Church. A site visit to L.A. which I had agreed to 3 months ago followed closely by 2 lectures kept me rather breathless until some time last week.

Evidence continues to accumulate that H.B. has the ear of the NIH leadership and is well accepted as a spokesman on the epidemiology of CHD in clinical circles. It is increasingly clear that he will be able to maintain the Laboratory in its position of leadership in Cardiovascular affairs.

Studies of cardiovascular disease death rate trends in New York by the State Health Department and a smaller study in Los Angeles have been announced (in the paper of course) in the last few days. The New York data are said to indicate a downward trend amounting to 10% since 1963. Dr. Peter Frommer, the Associate Director of Cardiology NIH took the trouble to be in Albany for the announcement giving the release a certain aroma of authority. If this conclusion is confirmed by studies of National Statistics of deaths attributed to CHD, it is of some interest since MRFIT screening is going to show a real change downward in CHD risk from the data collected in the 1950's. Sample variability, hypertension treatment, coronary bypass, intensive coronary care units etc. will all claim a share. No doubt a lot of controversy will result.

However, it will be possible for those who have been saying that the current data are adequate to justify a public health policy without conducting large trials to make a few more suggestions.

I am rather curious as to what has transpired in Minnelea. I imagine that by this time the entrance road must be in place. Has work started on Karonen's house? And how are the contractors performing in the presence of the rapidly changing financial scene?

With best wishes I am

Sincerely yours,

Henry L. Taylor

HLT:dj