

A/19 mg corresp-Tuckermanty

Division of Epidemiology School of Public Health Stadium Gate 27 611 Beacon Street S.E. Minneapolis, Minnesota 55455 (612) 624-5400

April 18, 1989

Elizabeth Tuckermanty, RD, PhD Director Nutrition Education Program National Cancer Institute Building 31, Room 4B43 Bethesda, MD 20892

Dear Dr. Tuckermanty:

I am sorry that I was unable to review the Clinical Opportunities for Diet Modification in a thoroughgoing manner. Your request arrived last month prior to a site visit deadline. I like the introductory material. The summary of the evidence on cardiovascular disease and cancer is a masterpiece of accuracy, appropriateness and succinctness, as is the information on obesity and diabetes. Your diet recommendations generally start out with things to emphasize in a positive way, rather than things to deprive and this is excellent. The procedural steps to the practitioner are useful and I am pleased to see how far experience, behavioral theory and analysis of the barriers to preventive practice have been considered in this presentation.

In my cursory perusal, I did not find an explanation of how to handle serum total cholesterol values. This is a source of much confusion and demotivation of patients. I would provide arguments for using dietary progress assessment over cholesterol values. If cholesterol values are used, doctors should be given some evidence of the confidence intervals or precision around the values and instructions on how to use repeat values to determine baseline levels and trends in cholesterol.

An earlier attempt to do this on my part is enclosed as an illustration. I

think that the NCEP recommendation of "repeat measurements where the average used to guide clinical decisions" is insufficient advice and certainly doesn't provide adequate understanding of cholesterol variability. Appendix D on personal advice is excellent as are the other appendices. I look forward to reading in more detail Dr. Block's dietary screen.

In summary, the information is appropriate and well supported. The guidebook will clearly be useful to clinicians. We have found that usefulness is improved by having one page or one card summaries of guidelines and criteria suitable for desk-top or wall mounting. I am sure that collaboration with Michael White and the National Cholesterol Education Program would be the most fruitful approach to high visibility and distribution. Obviously a systematic test of the guidebook in the hands of a few experienced groups (Tom Kottke at the Mayo Clinic, Don Hunninghake, University of Minnesota, John LaRosa in Washington, etc.) would be helpful.

Cordially,

Henry Blackburn (nf)
Henry Blackburn, MD

Professor and Director

/nmf

Enclosure

pc:

David Jacobs
Rebecca Mullis
Don Hunninghake
John Potter

(dictated but not read)

po: R. Luepker 4/27