

Yale University *New Haven, Connecticut 06510*

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SCHOOL OF MEDICINE

*Department of Epidemiology  
and Public Health*

*60 College Street*

February 21, 1972


Robert I. Levy, M.D.  
Chief, Lipid Metabolism Branch  
Bldg. 31, Room 4A-19  
National Heart and Lung Institute  
Bethesda, Maryland 20014

Dear Bob:

At its most recent meeting on February 14th, the Prevalence Committee asked me to communicate an issue involving the Lipid Research Program to you.

As you know, at least three (perhaps more) of the first six lipid research clinic investigators are also involved in other major cardiovascular research programs such as the SCOR program or multi center intervention trials. Certainly, some of the next six LRC investigators will be similarly involved. While in some cases the investigators will have the time, energy and ability to participate successfully in more than one of these programs, such is not always the case. At least one, and probably two, of the first six LRC groups of investigators appear to the Prevalence Committee to be jeopardizing the success of their LRC Program by participating in another large scale investigative effort. Clearly, policy about this issue is not the concern of the Prevalence Committee. However, our uneasiness about the matter has prompted me to write you of our apprehensions. I would be pleased to communicate further with you in this matter should you believe it useful.

Sincerely yours,



Adrian M. Ostfeld, M.D.

AMO:lgb



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE  
NATIONAL INSTITUTES OF HEALTH  
BETHESDA, MARYLAND 20014

March 10, 1972

Henry Blackburn, M. D.  
University of Minnesota  
School of Public Health  
Laboratory of Physiological Hygiene  
Stadium Gate 27  
Minneapolis, Minnesota 55455

HLT

*He misread me badly,  
but reflects his  
problems herein.*

H3.

Dear Henry:

Thank you for your note of February 18th and the enclosed preprint. I am sure that you know I have tremendous respect and admiration for the work that you and your group have performed over the last several years. I hope you also know that I feel that a major strength in Ivan Franze's proposal for a Lipid Research Clinic, is the association with, and cooperation of your group in the Laboratory of Physiological Hygiene. A token sign of my respect and esteem is obviously our attempt to add your expertise to our small Epidemiology and Prevalence Committee for the Lipid Research Clinics program.

I make this preamble just to say that I have no quarrels with you or your capability. As stated in Minnesota, and as recently stated to me by Adrian Ostfeld, the Chairman of our Prevalence Committee, the multifactor trial and other trials that have apparently been introduced recently via the Heart and Lung Institute, threaten at least in part some of the sanctity and success of the Lipid Research Clinic goals. I would hope that most of these problems can be taken care of with pre-planning and perhaps proper staging or timing, but I do have to admit that this competition for available expertise and clinical facilities, as well as for available patient population, is somewhat unsettling to me. I hope that communication lines in the future can be more open so that all of us will not only be

Henry Blackburn, M.D.

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able to see our plans and goals fulfilled but will be able to interact in a positive way adding our own expertise for the greater good.

As to your coming to Bethesda, I would love to have you as an available and accessible colleague and consultant. I must say, however, that I pause and wonder whether the Laboratory of Physiological Hygiene could successfully interact and do the "super human" job that will be necessary to be involved in the hypertensive trial, lipid research clinic and its clinical trial, and the multifactor trial, at the same time without a Henry Blackburn on the premises!.

If and when you come to Washington for a visit or a meeting, or if you feel so motivated even from Minnesota, please give me a call, and we can discuss these issues further. I think that the problems alluded to in your note, and again in my letter, are not totally of our making. What we must be sure of at all times is that the two of us understand each other and keep our line of communication open, understanding that we are both interested and committed to making further in-roads into the successful diagnosis, prevention and management of coronary vessel disease.

With best personal regards.

Sincerely,



Robert I. Levy, M. D.  
Head, Section on Lipoproteins  
Chief, Clinical Service  
Molecular Disease Branch  
National Heart and Lung Institute

RIL:is

Enclosure: Copy of letter from Dr. Adrian Ostfeld