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April 28, 1990

Henry Blackburn, M.D. Director and Professor Division of Epidemiology, School of Public Health University of Minnesota, 611 beacon Street SE Minneapolis MN 55455 fle Iso.

## Dear Henry:

I have looked for references and personal citrations on (i) time trends in average cholesterol and lipoprotein levels of Japanese school age youth and (ii) feasibility, safety and cholesterol-lowering effects of deit trials or community programs to lower blood cholesterol level in Japanese youth.

As far as I know, there are no studies on time trends in cholesterol levels in Japanese children although there were several cross-sectional studies on serum cholesterol (1-4). I will send reprints of references 3 (English abstract) and 4 (English manuscript).

These cross-sectional studies showed that there was no difference in mean serum total choelsterol between Japanese (1-4) and Caucasian children (5,6). In Komachi's collaborative study (3,4), quality control of serum cholesterol measurement was successfully conducted under the lipid standardidation program by CDC. Thus, serum cholesterol values were comparable with those in Bogalusa Sudy (5) and Princeton School District Study (6).

The proportion of fat enery intake to total energy was 25-30% in Japanese youth (3,4) and about 40% in Caucasian youth (5,6) although the total energy was identical. Dietary polyunstaturated fatty acid and saturated fatty acid ratio (P/S ratio) was 1.1 to 1.2 (3,4) while the U.S. studies (5,6) indicated that P/S ratio was about 0.4. It is worthwhile to note a large difference in fat intake between Japanese and Cacasian youth.

There is an argument whether we need to conduct cholesterol lowering program in Japanese youth. Dr. Okuni, a leading Preiatiricain in Japan, address "yes" because serum cholseterol level is similar between Japanese and Caucasian children and he thinks that lifestyle of Japanese children have beeen westernized (7). Komachi and his colleagues did not agree with him. Their nutritical study (3,4) showed the proportion of fat energy intake was much lower in Japanese children than in Caucasian children. They thinks that as far as diet, lifestlye is not yet so westernized as Dr. Okuni addressed. To examine this issue, we need the data on time trends in serum cholesterol. To examine time trends, we should conduct another cross-sectional study in the same geographical areas as the previous study (3,4). Successful long-term quality control for serum cholesterol measurement in Osaka lab assures this study.

If you have any references on time trends for serum cholesterol in Caucasian children, please let me know. This information may be useful for us to make a proposal of our new cross-sectional study for grants of Ministry of Health and Welfare or other organizations.

About feasibility, safety and cholesterol-lowering effects of diet trials for Japanese youth, Dr. Okuni may have some opinions and citations. However, I suspect that the epidemiologic and clinical data for Japanese children is not enough for public recommendation. Dr. Masahiko Okuni's address is Department of Pediatrics, Nihon University School of Medicine, 30 Oyaguchi Kamimachi, Itabashi-ku, Tokyo 173, Japan.

Sincerely,

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## References

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