

Corresp - Singer

Richard B. Singer, M.D.
P.O. Box 646
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March 5, 1990

Henry W. Blackburn, Jr., M.D.
Chief Medical Consultant
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Attach MHS latest
pub. list +
put all in
Japan folder.

Dear Henry:

It is with some trepidation that I write to you now after digging out several articles from a file that I keep of mortality follow-up articles that might be used for the preparation of mortality abstracts. One such article is from the Minnesota Heart Survey: A. Gomez-Marin, A. Folsom,....and H. Blackburn, "Improvement in Long-Term Survival among Patients Hospitalized with Acute Myocardial Infarction, 1970 to 1980;" NEJM, 316:1353-1359 (1987). Related articles in my file from the Minnesota Heart Survey are one in the 1983 NEJM, "Sudden Death and Acute Myocardial Infarction in a Metropolitan Area, 1970 to 1980," and another in the 1984 AJPH, "Coronary Heart Disease Mortality Trends in Minnesota, 1970 to 1980." Some of the other studies of secular trends in CHD will appear soon in the new *Medical Risks* volume, but these results will not, because we cut off work on abstract preparation in 1986. Because of the high quality of the study and the relevance of the topic to medical directors I would still like to see a mortality abstract or review to appear in the *Journal of Insurance Medicine*.

I use the word "still" because I did write to you in 1987 requesting your help in procuring some additional data from the first-cited article, but I never had a reply. To this date I do not know if a letter went astray, or the request got lost on someones desk, or what might have happened. At any rate, I am bold enough to renew my request by enclosing a copy of my letter. During the winter we are on tropical Plantation Key, and my phone number, if you should wish to call in order to discuss, is 305-852-5547. We should be back in York about mid-April.

Now that ALIMDA has a "Research Center" Harold Kost and I are trying to set up, in conjunction with Dave Artzerounian, the new chairman of the Mortality and Morbidity Committee, some sort of production method for mortality abstracts to be sponsored by ALIMDA. We have been recruiting reviewers and abstract preparers. Accordingly, I am emboldened to inquire if you would be interested in making an abstract yourself. Or, if not a formal abstract, how about an updated review summarizing the Minnesota Heart Survey results for the *Journal of Insurance Medicine*. I am sure John Elder would be delighted to have an abstract or article from you, and I would be glad to lend a hand if you wanted me to. How does this suggestion appeal to you?

With my congratulations to you and your colleagues for the Minnesota Heart Survey, and my best wishes to you,

sincerely
Dick Singer
(Consultant to ALIMDA)



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March 22, 1990

Richard Singer, MD v 3/22
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Dear Dick:

I was mortified to get your letter of March 5 calling attention to an unanswered letter of July 25, 1987! In July, 1987 I was in Finland in the course of a 6 month sabbatical and your letter is probably lying somewhere in a series of incompleted files. I am chagrined not to have responded to your kind and thoughtful notes and am anxious to respond to your request. I am also very much in admiration of what you are doing with your life and perhaps more than a little envious, as Florida is my home state and true love.

On the other hand, I don't want to promise you something I am not going to deliver on in the next days. I have an awfully hectic Spring ahead. In addition, my young co-PI, Gregory Burke, who has directed the Minnesota Heart Survey the last four years, has taken a better offer (financially) at another University. I would dearly like to get the Minnesota Heart Survey results before the industry but I guess it's unlikely that I am going to be able to review them in any cogent fashion right away. I enclose an extensive publication list. There is also the view that someone "from the outside" would have a more objective interpretation of our concepts, methods and conclusions than we might ourselves.

As background much of the current work on CVD surveillance was summarized in a supplement to the International Journal of Epidemiology. (Report of a Conference on Trends and Determinants of Coronary Heart Disease Mortality: International Comparisons. Int J Epidemiol 18: (Suppl

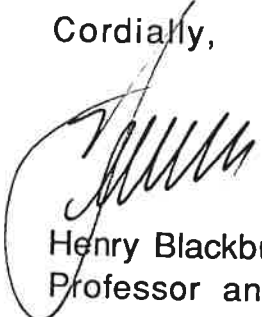
1), 1989) This may be a rich source of material.

I would like to hear more about the ALIMDA Research Center and about your activities.

For myself, I am looking forward to being replaced as Division Head sometime during this calendar year though the national search process seems to be moving rather slowly. In conjunction with this I am turning my attention a bit more to underwriting and negotiating with local companies whether I can be of any use to them. A year or two from now I hope to have a different view of life and to be a little more responsive to letters and special requests from thoughtful colleagues.

Finally, to try to do a little better, I have sent your July 25, 1987 letter to Dr. Gomez-Marin who is now in the Department of Epidemiology at the University of Miami, with the hopes that he might respond in detail:

Cordially,



Henry Blackburn, MD
Professor and Director

Enclosure

Corresp - Singer

Richard B. Singer, M.D.
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*Attach his earlier
1987 + 90 letters
+ return.*

April 1, 1990

Henry Blackburn, M.D.
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Dear Henry:

Many thanks for your letter of March 22 and the enclosed bibliography of articles dealing with the Minnesota Heart Survey. You certainly have a slew of articles in publication or about to be submitted, in addition to the 46 on the publication list - an impressive output! I have two or three of these at hand, and ref. #5 does seem to have age/sex distribution, together with data on case fatality rates, which may be equivalent to the mortality rates at one month, although I am not quite sure yet. At any rate, I will await word from Dr. Gomez-Marín to see if he might be able to provide any of the requested results. Since he has moved to the University of Miami he might have to refer back to the keeper of the Minnesota Heart Survey database and files, but we'll see.

The article in the May 28, 1987 issue of the NEJM, about which I wrote to you, does contain some survival rates in the text, to supplement the graphs of the survival curves. Unfortunately the P values are given only to two places, not sufficient accuracy to get annual or annualized mortality rates that are commensurate with the numbers of deaths - your cohorts are of substantial size. I need to separate out the early deaths (within one month), in order to compare the long-term experience from 1 month to 5 years, the 1979 and 1980 cohorts against one another, and both cohorts against population rates. But for the most accurate derivation of expected rates I need the life table data for the individual age/sex cohorts, as I am sure you are well aware.

Harold Kost and I have not been in touch a great deal during the winter, but I expect to see him and Wendy Urciuoli at the Research Center soon after our return in mid-April. In 1989 I did prepare a database system for follow-up articles, which I turned over to Harold to test and develop further on the Center's fancy IBM computer. Dave Artzerounian, the new Chairman of the Mortality and Morbidity Committee will be doing a good job in the coming months, I feel sure. We hope to get mortality abstract production operating on a steady basis. These are all exciting developments for ALIMDA and its revitalized research program. With my very best wishes,

sincerely

Dick

Richard B. Singer, M.D.
Consultant to ALIMDA

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York, ME 03909

✓ 3/22
pc G-Marin -
Order: would you
be willing &
able to respond?
Henry
NF file Singer

25 July, 1987

Henry W. Blackburn, Jr., M.D.
Chief Medical Consultant
Mutual Service Life Insurance Co.
P.O. Box 64035
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re: Minnesota Heart Survey

Dear Henry:

I have read with great interest the article from this survey appearing in the May 28 number of the NEJM (Gomez-Marin et al., "Improvement in Long-Term Survival Among Patients Hospitalized with Acute Myocardial Infarction, 1970 to 1980," NEJM 316:1353-1359). There are some additional data I would like to obtain, if feasible and if the authors are willing, in order to prepare a mortality abstract for the Journal of Insurance Medicine that would be as complete and accurate as possible. Since you are my only "contact" among the authors, I am hoping that you will be good enough to refer this request favorably to Dr. Gomez-Marin or the appropriate Keeper of the data. If there should be any need to phone, my number is 207-363-3463.

First, would it be possible to provide me with the life table data that formed the basis for the four survival curves shown in Figures 1 and 2, the 1970 and 1980 male and female cohorts, all ages combined? Such survival curves can be used to work backwards and derive interval mortality rates (0-2 days, 2-30 days, 1-12 months, and 1-2, 2-3, and 3-4 years), as I have done in the enclosed worksheet. The cumulative survival rates used are those given to two decimal places in the text. However, such rates should be available to at least three decimal places for observed rates (and four places for expected rates) in order to obtain customary accuracy in calculating mortality ratios and annual excess death rates. In the worksheets I have also estimated mean annual mortality rates as a geometric mean, 1 month - 4 years, and 1-4 years.

Second, it is always much more accurate for the calculation of expected rates (U.S., regional or state) to have the life table data by both age and sex. The text on page 1356 indicates that you did have life table data in four age groups, 30 to 44, 45 to 54, 55 to 64, and 65-74, in each of the male and female cohorts for 1970 and 1980. Would it be possible to provide me with photos of these extensive data? These would automatically provide me with the age/sex distributions needed at hospitalization, and the early follow-up points (48 hours and 1 month), as well as the later survival. Accurate values of expected deaths can then be derived in each age/sex group, and in the total, all ages combined, so the mortality ratios will have corresponding accuracy. With the life table exposure data values of the annual excess death rates are very easy to derive. In the mortality abstract I would organize these Heart Survey data with acute and long-term mortality separate, and with results by the four age groups and total for each sex, and for 1970 and 1980.

Although I have made an extensive analysis of the first-year mean expected mortality rate in relation to mean age, and the progression of q' by duration, in post-MI patients, comparative mortality results for the total cohorts would

be greatly enhanced if I had the life table data for each age group. In many of the abstracts for Volume 2 dealing with post-MI and bypass surgery patients we were unable to secure an initial age-sex distribution and life table data by age group had not been done. It was therefore helpful to utilize the empirical relationships that had been established between mean q' , entry mean age, and duration. But these are approximations, and the data from actual life tables by age group are much to be preferred when they have been obtained. I expect to attend the ALIMDA meeting in Minneapolis in October, and it would be a pleasure to chat with you about such matters if you will be there and will have some time to spare.

This report from the Minnesota Heart Survey is of special interest because it does indicate a reduction in long-term post-MI mortality, which was not evident in the previous studies attempting to detect a trend in such mortality. I am getting a photo of the Swedish study, which I have not seen. However, results of the HIP study, and the one from the Rochester Epidemiological Project will appear in abstracts in Volume 2. Dr. Elveback supplied me with the life table data in the latter study. My congratulations to you and your co-authors for carrying out your follow-up study from the Minnesota Heart Survey data base, and for the clarity of the presentation. A truly superior article!

With my best wishes,

sincerely

Richard B. Singer, M.D.
Consultant to ALIMDA