

UNIVERSITY OF MINNESOTA

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Twin Cities Campus

Division of Epidemiology  
School of Public Health

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July 21, 1998

Elmer Martinson, MD  
President  
Martinson Clinic Foundation  
317 E Wayzata Boulevard  
Wayzata, MN 55391

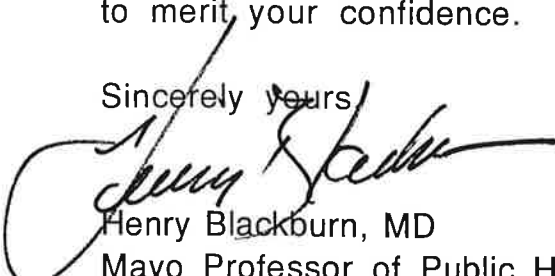
Dear Dr. Martinson:


We are pleased to acknowledge receipt of the three-year grant to the Minnesota Medical Foundation for completion of the Seven Countries Study. Your support should assure a useful mining of the rich data on some 12,000 men, originally aged 40 to 59, now followed more than thirty years. We look forward to the opportunity this provides us to cap this productive study with analyses of the truly longterm effects of diet and lifestyle differences and their changes with time.

Our central group listed below bears responsibility for the work and for reporting its results to you annually.

Many thanks from us all. You have been so firmly yet quietly supportive over the years. We are grateful and trust that our work here will continue to merit your confidence.

Sincerely yours

  
Henry Blackburn, MD  
Mayo Professor of Public Health  
(Emeritus)

  
Russell Luepker, MD  
Professor and Head

cc: Ancel Keys  
Alessandro Menotti  
David Jacobs  
Daan Kromhout

Dear Dr. Martinson:

I am sorry to have missed your visit to the School of Public Health Holiday Reception. I was attending the twenty-fifth anniversary of the North Karelia Project, a community-wide program we helped begin years ago to lower coronary risk in that area where the Seven Countries Study had demonstrated such high risk. They have a magnificent pioneer experience, still on-going, that you might even like to visit. There is a remarkable, almost model, collaboration between the program and local people, medicine, industry, and agriculture.

Ms. Guzman mentioned that you needed more detail to respond to my recent letter of proposal for Seven Countries analyses. I hope you will let me know by voice or mail the detail needed. Meanwhile, I send along two recent publications from the study, more of a review than original data, one of which I believe we sent earlier. Please let me know how I can be more responsive.

Cordially,

Henry Blackburn MD  
Mayo Professor Emeritus

Martinson Foundation

Dear Colleagues:

We are admiring and grateful for your support of disease prevention and health promotion undertakings, including our work here in epidemiology. You have followed closely the contributions of the Seven Countries Study, which, along with the SDA population studies of Loma Linda, have made up the pioneering efforts that demonstrated the central importance of a healthy eating pattern and lifestyle for the health and risk of individuals and whole cultures.

You may not be aware of the lack of support for analyses of new questions in the Seven Countries material, now involving 30 years follow up of men originally in good health. On grounds of politically correct rules excluding

older studies and male-only populations, and due to current trends that favor molecular biology questions over lifestyle issues, government funding has not been available to continue important analyses in these data.

We are now able for the first time to look at the importance of changes in lifestyle and risk factor levels, for example, during the first ten years of the study, to the subsequent 20-year-risk of disease and death in men ages 40 to 60 on entry in seven countries. And we would like to add detailed analyses of the resting and exercise electrocardiogram in prediction of cardiac events, and whether the ECG provides prediction independently of blood pressure and other risk factor levels.

We have opportunities among Yugoslavian groups to explore effects of unfavorable trends in lifestyle, which we would like to examine for lag times between change and new risk levels. And we have examples to study in the opposite direction, with favorable changes in lifestyle among populations in Northern Europe, especially the Netherlands and Finland. We have a unique opportunity to correlate changed behavior with changed risk among contrasting individuals and whole communities. This greatly extends our ability to generalize from Minnesota Heart Survey findings, and has direct practical applications to preventive practice and public policy.

Because we have the people on hand with the analytical skills, and the data and the facilities, we can accomplish much with minimal support. Unfortunately, even minimal support is unavailable from government sources. Something in the neighborhood of \$10,000 yearly for three years would allow us to carry out these activities while Professor Keys and I are still around to ask questions and synthesize the findings. This sum would allow the annual visit of Alessandro Menotti to direct the analyses day-by-day, and would support computing and statistical contributions from Rose Hilk and Peter Hannan, the staff with greatest experience of handling these data.

We would welcome your interest in these pursuits and would be happy to provide details in further correspondence and meetings.

Cordially yours,

Henry Blackburn, MD  
Mayo Professor Emeritus