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Minutes
Executive Committee of the Council on Epidemiology
of the
American Heart Association

Fairmont Hotel

Sunday

Crown Room

Nov. 19, 1972

Dallas, Texas

8:50 A.M.

PRESENT

Members: Nemat O. Borhani, MD; Vice-Chairman; George W. Comstock, MD; Joseph T. Doyle, MD; Frederick H. Epstein, MD; Manning Feinleb, MD; William B. Kannel, MD; Richard D. Remington, Ph.D.; Park W. Willis III, MD

NALI Liaison: ^HWilliam J. ^KZufel, MD

ISC Liaison: Jeremiah Stamler, MD

Guests: Thomas R. Dawber, M.D.; Shelia Mitchell, M.D.

Staff: Mr. Samuel ^JX. Castranova; Mr. Leonard P. Cook

ABSENT

Chairman

Members: Henry W. Blackburn, MD; Mr. Jerome Cornfield; Charles W. Frank, MD; William R. Harlan, MD; Professor Felix E. Moore; S. Leonard Syme, Ph.D. ✓

Ex-Officio: J. Willis Hurst, MD; William W. L. Glenn, MD; Paul N. Yar, MD. ✓
✓

A.M.

Dr. Borhani called the meeting to order at 8:55 AM. He expressed Dr. Blackburn's regrets that he could not be present. Dr. Borhani said that Dr. Blackburn contracted a severe case of the flu while in Dallas and was confined to his hotel room. ✓

Dr. Borhani welcomed guests Dr. Sheila Mitchell who serves as the Council's liaison representative to the Committee on Atherosclerosis and Hypertension in Childhood of the Council in ^o ~~RE~~ ^{Congenital Disease} and ^{Rheumatic Fever} ~~consult~~ Heart Resumé and Dr. Dawber who was substituting for Dr. Frank. ✓

I. Minutes of Executive Committee Meeting, Feb. 27, 1972

The minutes were approved as written. (See Exhibit A of agenda booklet.)

II. Chairman's Report

Dr. Borhani reported:

- 1) That at the June meeting of the Board of Directors ^{was} it [^]voted that the AHA Headquarters would move to Dallas and that the move must be completed by September 1975.

- 2) That as a point of information there is the thinking in some quarters of the Heart Association that Scientific Councils should be self-supporting. He said that there was no action requested at this time but he did want to alert the Executive Committee to this school of thought.

In the course of the discussion that followed ~~this item~~, it was pointed out that Drs. Bennett & Hurley ^{were} ~~are~~ preparing a white paper on ^{the cost of Council} ~~this topic~~.
activities.

The paper will differentiate between the activities of councils as scientific societies and as scientific arms of the AHA. ~~The results of a budget analysis also will be included in the paper to show the cost of these activities.~~

Dr. Zukel noted that according to the Council's budget, Exhibit D in the agenda booklet, about \$1500 is needed to make the Annual Conference on [^]CVD Epidemiology self-supporting. Since this meeting has always been labelled as a joint meeting with the NHLI, he said that he thought it would be appropriate for the Institute to help support it.

The Executive Committee took no action on Dr. Zukel's suggestion but requested that ^{at its meeting on March 11, 1973} ~~this item be placed on the agenda of the March 12, 1973 meeting with ample time~~ ^{be} allotted to discuss the merits of making councils self-supporting.

III. Staff Report

Mr. Cook reported that the National Research Council of the National Academy of Sciences and the Council on Foods and Nutrition of the American Medical Association have issued a joint statement on diet and coronary heart disease which is essentially the position of the AHA. He distributed copies of the statement as it appeared in the October 1972 issue of the Journal of the American Dietetic Association. He also distributed, for the Committee's information, copies of the National Heart, Blood Vessel, Lung and Blood Act of 1972 along with a two-page summary prepared by ^{AAA} staff containing the highlights of the Act.

IV. Committee Reports

A. Research Committee

Dr. Remington reviewed briefly the research program of the AHA pointing out that it consists of two major components -- the people programs and the grant programs. In the people program

area, he said there is an Established Investigatorship Program, a Career Investigatorship Program, a British-American Fellowship Program and a series of other smaller programs some of which are being phased out. He reminded the Committee that last winter the Research Committee changed the stipend policy for EI's now making it possible to pay up to \$27,000 annually to support 3/4 time, minimum devotion, to research. He said the idea is to get young promising investigators with a track record in research into a position where they can be somewhat independent of administrative and teaching demands within their centers and develop a strong position in research during the first few years of their careers.

This year, he said, a record number of 111 EI applications was received, but only one of them came from the field of epidemiology and it was among the first group of 20 to be eliminated in the review process. He said that this was a poor showing for epidemiology but we are just not identifying young investigators for the program and our record of competition, particularly with our basic science colleagues, is simply not good. He stated that he regards this situation as a very serious one indeed. In fact, he said he thinks that the position of epidemiology as a research force in the Association may be at stake here and suggested that this Executive Committee might want to set aside a block of time at the New Orleans

meeting to discuss this subject in greater detail. In preparation for such a discussion he thought it would be helpful if some descriptive material on the EI Program was distributed to the members of this Executive Committee before the New Orleans meeting so that everyone could refresh their memories concerning the guidelines of the program and what its detailed features are.

Dr. Borhani requested Dr. Remington to prepare a brief statement of two or three paragraphs summarizing his thoughts on the EI Program along with some specific recommendations that the Executive Committee ought to seriously consider. He suggested that this statement be sent to Mr. Cook for distribution to the members of the Executive Committee prior to the New Orleans meeting.

Dr. Feinleib was also asked to summarize the training programs available through NIH that relate in one way or another from the medical school years on up.

B. Ad Hoc Committee on Pooling Studies

In the absence of Professor Moyre^o, Dr. Epstein read from a statement prepared by Professor Moore. It read as follows:

November 14, 1972

REPORT OF THE AD HOC COMMITTEE ON POOLING STUDIES,

1971-72

"The activity of the Committee in the past year was concerned with the production of a Phase I monograph on the most solidly documented set of endpoints, namely, myocardial infarction and coronary death (including sudden death). A substantial portion of a draft of this monograph has been completed. A meeting of the full committee was held in Tampa, Florida last February, and there have been two subsequent meetings of the editorial committee. A meeting of the full committee has been scheduled in conjunction with the annual meeting of the Council in New Orleans in March 1973. At that time the completed draft of the Phase I monograph will be reviewed, and plans will be formulated for the Phase II program. Phase II will include mainly the study of other endpoints plus additional methodological studies.

"Data tapes have been provided to each of the collaborating groups so that independent investigations can be carried out. Thus, for example, analyses by two quite different life table methods have been completed

and have shown essentially the same results. Similarly, two different methods for estimating the multiple logistic have been used (Truett-Cornfield and Duncan-Walker) and again have shown essentially the same results.

"Early this fall, as the result of the analysis of some special runs requested by Dr. Stamler, a serious inconsistency in classification was discovered which necessitates the re-run of certain tabulations. Because of the delay which this involved, we have requested an extension of the grant year (normally ending on December 31) by two months, so that the funds budgeted for computer usage will not be lost. We have informal assurance from the National Heart and Lung Institute that the extension will be approved. If approved, this means that the project is assured of funding through February 1975 at about \$35,000 annually.

"As in the past, the activities of the Committee were supported also by the American Heart Association. In 1971-72 the AHA appropriated \$7,000; \$3,800 for meetings of the Committee and \$3,200 for data processing."

In the ensuing discussion, it was mentioned that the Pooling Study has been the butt of a lot of criticism because of difficulties and delays in getting data processed and, therefore, one cannot emphasize too strongly the central position it has played in designing this next generation of major trials in this country. Without the estimates from the Pooling Study, the hypertension program, for example, would have been flying very, very blind. This was the only set of data that could say anything about mortality in different quantities of diastolic pressure on a follow-up basis.

There was general agreement that the value and usefulness of these data needs to be publicized, but should first be discussed by the members of the Ad Hoc Committee, perhaps at its March 197³ meeting.

It was also suggested that consideration be given to the preparation of an article aimed at the practitioner which summarizes the results of the Pooling Study in three or four pages.

C. Credentials Committee

Dr. Dawber, substituting for Dr. Frank, Chairman of the Credentials Committee, reported that the full Committee met by telephone on November 14. He said that the qualifications of the seven nominees for Fellowship (see Exhibit B of the agenda booklet) were reviewed and all were recommended for Fellowship.

They are: Herbert G. Langford, M.D.; James E. Grizzle, Ph.D.;
David Howard Spodick, M.D.; Marshall E. Groover, Jr., M.D.;
Stephen H. Zinner, M.D.; William P. Castelli, M.D.; and
Rosalie A. Dunn, Ph.D. It was then M/S/C:

THAT the Executive Committee of the Council on Epidemiology
hereby confers Fellowship on all of the above named
nominees.

The reason for Dr. Frank's absence was announced and it was
M/S/C:

THAT a letter be sent to Dr. Charles W. Frank on behalf
of the members of this Executive Committee stating their
regrets about Mrs. Frank's illness, and that they look
forward to her rehabilitation under his very capable
direction and to his continued interest and active par-
ticipation in the affairs of this Council and Executive
Committee.

D. Committee on Criteria and Methods

Dr. Feinleib reported that the ^{Committee} Council on Criteria and Methods
met on Thursday evening, November 15. Each Committee member
submitted a written report.

In response to a request from Dr. Insull, he said that a Subcommittee has been appointed to look into methods of evaluating blood pressure devices in order to assist affiliate and chapter heart associations in selecting equipment that will yield valid results in a screening situation. He also reported that the Committee plans to survey local heart associations to find out how many are using computerized E/C/G devices and to obtain some idea of what their experience has been with these devices in terms of false negatives and false positives readings. The Subcommittee will then hopefully be in a position to prepare some recommendations that could be used by heart associations in considering the use or purchase of such devices.

He mentioned only briefly the Coronary Risk Handbook because ~~he said~~ Dr. Kannel would be saying more about it in his report. He did say that the Committee on Reduction of Risk of Heart Attack and Stroke accepted just about all of the recommendations made by the Committee on Criteria & Methods.

He stated that Dr. Marcus Kielbaso heads the Subcommittee on Methods for Assessing the Degree of Adherence in Intervention Studies in conjunction with his role in a similar position with the multiple risk factor trial. He said that a meeting of the Subcommittee is tentatively planned for the spring.

He reported that Drs. Harlan, Oberman and Sheffield have prepared a document on endpoints and criteria for congestive heart failure in epidemiological studies. He said that the document will be reproduced and distributed to the members of this Executive Committee as well as to other experts for their comments. Each reviewer will be asked to see whether the criteria applies to his own program so that we might develop some recommendations on how these criteria might be used in other epidemiological studies.

Lastly, Dr. Feinleib reported that Mr. Herb ^SLauer has identified several articles in the scientific literature that in his judgment have used inappropriate statistical methods in handling mortality and population data and ^ahis prepared a report on these. He said that Mr. ^SLauer has submitted this report to the Committee on Criteria and Methods for review and comments and would like to have it published as a report of the Committee. Dr. Feinleib said that hopefully a final draft will be completed and circulated to this Executive Committee prior to the March meeting. ✓

In discussions that followed Dr. Feinleib's report, it was suggested in reference to the evaluation of medical devices that the Committee on Criteria and Methods might want to consider the possibility of collaborating with some independent

testing firm such as Consumer's Union or ^{the firm mentioned by Pack Willis*} The opinion was expressed that performance and validation studies conducted by the manufacturer were totally unacceptable. ✓

Dr. Feinleib also mentioned that he had a letter from Dr. Walter Kirkendall via Dr. Epstein requesting any needed revisions in the booklet "Recommendations for Human Blood Pressure Determination by Sphygmomanometers". Dr. Epstein stated that he wrote the section on epidemiological uses in this booklet ^{over 5 years ago} and thought that it should be reviewed carefully including the references. Others pointed out that the booklet contains nothing on the training of nurses and technicians in the taking of blood pressure and no mention of such simple things as taking a test of ^{the auditory acuity} the function. In the interest of time, Dr. Borhani asked Dr. Epstein to write a letter to Dr. Feinleib containing his suggestions for reviewing the booklet. ✓

E. Program Committee

Dr. Kannel reported that the epidemiology session held yesterday attracted 400 to 500 people. He reiterated a number of his concerns about the AHA Scientific Sessions Program which are already a matter of record ^{other} in minutes of this Executive Committee. ✓

* Len Cook has requested this information from Pack Willis

Dr. Kannel also reported that he is calling for a reexamination by the Program Committee of what we should be trying to achieve at our own meeting in the spring. He said that some are concerned that it is losing some of its informal flavor of earlier years while others point out that this is a natural phenomenon of growth. Others questioned the need for the radical change in the abstracts pointing out that in the earlier years they request^{ed} the freshest possible information including work-in-progress reports and now they request factual data based on finished work.

Dr. Borhani requested Dr. Kannel to have his Committee consider these issues at their next meeting and report back at the ~~the~~ ^{Hsme} next ~~March~~ meeting of this Executive Committee.

I Reports by Liaison Representatives

A. Committee on Community Program

In the interest of time, Dr. Borhani curtailed his report and commented ^{only} on briefly on the reports of the joint-council and Committee task force reports. He stated that these were distributed to the members of this Executive Committee for information at this time and that they were a subject of an Assembly Panel tomorrow, Monday, November 20.

B. Committee on Medical Education

Unexpectedly Dr. Harlan could not be present and, therefore, there was no report.

C. Committee on Reduction of Risk of Heart Attack and Stroke

Dr. Kannel reported that the Committee developed a Handbook on Coronary Risk Probability and has an exhibit based on ^{this} Booklet at the auditorium. He said ^{he and other members of the Committee} they obtained comments from physicians as they visited the exhibit on the problems they encountered in trying to use it. Dr. Kannel said ^{that} they ^{an} will attempt ^{will be made} to correct these problems before the final version is issued. He said it will also be tested by the Indiana Academy of Family ^{Physicians} Practice.

D. Council on Thrombosis

Dr. Willis had no directed communication but reported on some informational items that he thought would be of interest to this Executive Committee. They were as follows:

- 1) Council on Thrombosis has had an aggressive membership program and is now the second largest Council.

- 2) The Council has approved in principal^{le} the concept of establishing regional and local chapters of the Council.
- 3) The Council has encouraged the AHA to take appropriate steps to urge the release of iodine 125^{S-} labelled fibrinogen^{fibrinogen} as the agent to use for the detection of pre-clinical intravascular thrombosis. (As a technique it has a great potential value in epidemiological studies.)
- 4) They have protested disproportionate cuts of council members on the AHA Board and Assembly.
- 5) The Council, in an ambitious educational effort, has assigned various topics to experts on thrombosis throughout the country to prepare appropriate articles that can be used as educational brief summary articles, as editorials and as guidelines for diagnosis and treatment by clinicians with the hope that these expert statements might serve in the development of guidelines for peer review and evaluation of the adequacy of the treatment of various conditions.
- 6) The Council plans to place emphasis on encouragement of continued and increasing research support for specialized centers presumably in the particular area of Thrombosis.

Dr. Willis also referred to a letter sent to the Council on Thrombosis by Dr. Krehl, Chairman of ^{the} Committee for Programming in Low Income and Minority Communities in which he asked for suggestion^s for reducing the excessive incidence of cardiovascular disease in ~~the~~ low income groups. ^{Dr. Willis asked} ~~and questioned~~ if this Council ^{had} received a similar communication. No one present was aware of this letter, but Dr. Blackburn ^{might} ~~may~~ have received a copy. Dr. Borhani agreed to follow up on this and to send a copy of the letter referred to to the members of the Executive Committee prior to the March meeting.

E. NHLI

^K Dr. Zuhel reported that ^I NHLI has been elevated to bureau status which is a level above the previous division status. He said that the President signed the *National Heart, Blood Vessel, Lung and Blood Act* of 1972 in September which increases the mandate of the Institute substantially. It said that it includes specific reference to further epidemiological studies so the future implications for epidemiology and clinical trials appear favorable. He went on to say, however, that ^{re} they are no new monies to go along with this new status or expanded authority.

Dr. ^{u.k} Zuhel also reported that a new ^r round of invitations to apply for participation in the multiple risk factor trial were

mailed within the week to selected investigators. He said that a total of 20 centers are being sought, i.e., 12 in addition to the 8 already selected. Each center must recruit a minimum of 600 individuals who fall into the upper decile of the Framingham risk function for blood pressure, cholesterol and cigarette smoking. A randomized selection of 300 will be subjected to intensive management and the other 300 will serve as controls, but they too will ~~have to~~ be brought back for a standard annual assessment of their cardiovascular status.

under "usual" medical care referral to their physicians. F.

ISC Council on Epidemiology and Prevention

Dr. Stanley^m reported that the 1972 International Teaching Seminar on Cardiovascular Disease Epidemiology was successfully held in Singapore. The Singapore hosts raised all the money to pay for the room and board for all fellows and faculty. For the first time no funds were forthcoming from the ISC because of its financial crisis. He said that 70 individuals applied for the seminar and 34 were selected and six of these were unable to participate at the last moment for various reasons.

near W. of Paris at ORSAY

Dr. Stanley^m stated that the 1973 seminar is planned for ~~Orly~~ ^{Orsay} near Paris. The site of the 1974 seminar is not yet decided,

but several countries in Latin and South America have extended invitation^s for around the time of the 1974 World Congress of Cardiology in Buenos Aires. He said that Poland also had^{sent} an invitation for 1974. ✓

Dr. Stamler said that the Council continues to distribute the AHA Council on Epidemiology ^Nnewsletter and was particularly grateful to Len Cook for managing to have a quantity of the newsletters sent to Singapore in time for the seminar and the Asian-Pacific Congress. He said that the Asian-Pacific Congress was a milestone because for the first time in the history of the international cardiology movement the theme and main thrust of the whole congress was prevention. ✓

Dr. Remington informed the Committee that a number of the seminar faculty are interested in evaluating its impact on the area of epidemiology within the countries of those fellows who have attended. He said that the Seminar Committee will be discussing ways of contacting graduates and people in their countries to try to determine whether, in addition to having a local influence at the time of the seminar on the people who are there, there is any ^{ac}impact that extends beyond the seminar. ✓

It was M/S/C:

THAT this Executive Committee endorses the concept that appropriate efforts to evaluate the impact of the Ten-Day International Teaching Seminar on Cardiovascular Disease Epidemiology be initiated.

Members of the Committee were invited to send any suggestions on this matter to Dr. Remington.

G. Committee on Atherosclerosis in Childhood ^{and Hypertension}

Dr. Mitchell called the Committees' attention to the Task Force Report on Pediatric Cardiology as a point of information. She said that the basic tenet of the report is to present what the Task Force thought affiliates and chapters can do, should do and should not do and has ^{tried} ~~to try~~ to offer them enough opportunities ^{so} that they ^{can} could select the specific programs best suited to their own needs and resources. She then reported on certain selected activities of the Committee on Arteriosclerosis and Hypertension in Childhood and ^{asked} ~~said~~ the Executive Committee if it had any knowledge of aids in training paramedical personnel in taking blood pressure. Audio tapes of ^{o o} Karatkoff ^{sounds} ~~minds~~ by Geoffrey Rose, a film by Jean Wilcox available from the CDC Audio-Visual Center ^{and} of the Merck-

Sharpe and Dohme teaching cassette tape were the only ones the Committee was aware of.

Dr. Mitchell stated that ^{as} his Committee would appreciate the professional opinion of this Committee as to the content of these aids. It was suggested that the Committee on Criteria and Methods review these materials by inviting Dr. Darwin Labarthe, who has been working with some of these aids in relation to the hypertension field trials, to its next meeting and then formulate an opinion, bring it to the Executive Committee with a letter to follow to Dr. Mitchell's Committee on *Atherosclerosis* and *Hypertension in Childhood*. ~~Atherosclerosis and Hypertension in Childhood~~. It was also M/S/C: ✓

THAT the Committee on Medical Education be urged to develop teaching aids for measuring blood pressure in both children and adults.

In an effort to inform the membership of the Council on Epidemiology about the research effort and community effort in the area of atherosclerosis in childhood it was suggested that Dr. Mitchell be invited to make a brief presentation at the time of the ^{Business} ~~Business~~ Meeting in New Orleans. ✓

VI CVD Epidemiology Newsletter

Dr. Borhani urged the members of the Executive Committee to get their contributions in for the Newsletter. The deadline is December 15 .

VII COFARS' Progress Report #2

Dr. Borhani referred the Committee to a copy of COFARS' Progress Report #2 dated October 22, 1972 under Exhibit C of the agenda booklet and also to Mr. Cook's memorandum of November 10 containing two attachments: a memorandum from Dr. Blackburn to the members of this Executive Committee of the same date and a copy of a resolution passed by the Stroke Council on October 13, 1972 on the composition of the AHA Board of Directors and its Executive Committee.

After considerable discussion of the COFARS' Report the Executive Committee of the ~~Council~~ ^{Council Epidemiology} on ~~Epid~~ wished to go on record in support of the COFARS' recommendation to reduce the size of the AHA Board of Directors, but at the same time saw no good alternative to reducing the number of representatives from each council from two to one and, therefore, it was

M/S/C:

THAT the Executive Committee of the ~~Council~~ ^{Council} on ~~Epid~~ ^{Epidemiology} recommends to the Committee on Functions and Resources that each Council have at least one

representative on the AHA Board of Directors with the privilege of designating a voting alternate when necessary.

The Executive Committee of the Council on Epidemiology also wished to go on record to state that in view of the thrust of the AHA in the direction of effective community programs for the prevention of the cardiovascular diseases, it is the considered opinion of this Executive Committee that the at-large members on the Executive Committee of the AHA Board of Directors should be selected from among those individuals who have the interest, background or experience in community preventive medicine, ^{cardiovascular} disease epidemiology or preventive cardiology. Therefore, it was M/S/C:

THAT the Executive Committee of the ^{Council} ~~Council~~ on Epidemiology considers it imperative in view of the expertise among its members that it recommends to the Committee on ^F Functions and Resources that the Council ^C on Epidemiology have at least one representative on the Executive Committee of the Board of Directors ^{or} ~~and~~ be given the opportunity to participate in the selection of its at-Large members.

Discussion then turned to the section of the report having to do with the impact of the AHA on government but since it was already 12 noon Dr. Borhani suggested that anyone having thoughts on this matter should send them to Dr. Blackburn as soon as possible but ^{not later than} ~~no~~ the end of December. ✓

VIII Goals and Objectives ✓

Deferred to the March 1973 meeting.

IX Budget ✓

Mr. Cook reminded the members to submit any budget requests for programs to Dr. Blackburn or to him by early January. It was moved by Dr. Zujel^K, seconded and carried: ✓

THAT this Executive Committee of the ^{council} ~~Col.~~ on Epidemiology requests that the American Heart Association support in the amount ^{of} \$2000 the travel of 2 or 3 North American fellows to attend the ISC Teaching Seminar on Cardio-vascular ^{Disease} ~~Urine~~ Epidemiology to be held in France in 1973. ✓

X Next Meeting ✓

The next meeting will be held in New Orleans on Sunday, March ^{11,} ~~12,~~ 1973. ✓

XI

Adjournment

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The meeting was adjourned at 12:10 P.M.