

MINUTES
EXECUTIVE COMMITTEE OF THE COUNCIL ON EPIDEMIOLOGY
OF THE
AMERICAN HEART ASSOCIATION

Room 3
Jung Hotel
New Orleans, Louisiana

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AHA*

Council on Epid

Sunday
March 2, 1969
10:00 A. M.

PRESENT

Members: Frederick H. Epstein, M. D., Chairman; Henry W. Blackburn, M. D., Vice Chairman; Thomas R. Dawber, M. D.; Nemat O. Borhani, M. D.; Alex M. Burgess, Jr., M. D.; Ralph S. Paffenbarger, Jr., M. D.; Mr. Sam Shapiro; Gary D. Friedman, M. D.; Warren Winkelstein, Jr., M. D.

NHI Liaison: William J. Zukel, M. D.

ISC Liaison: Jeremiah Stamler, M. D.; Ancel Keys, Ph.D.

HD-SCP Liaison: Samuel M. Fox, III, M. D.

By Invitation: Gardner McMillan, M. D.; Albert Damon, M. D.

Staff: Mr. Leonard P. Cook; Miss Carmen Valentin

ABSENT

Members: John C. Cassel, M. D.; Oglesby Paul, M. D.; William E. Connor, M. D.

Ex-Officio: Jesse B. Edwards, M. D.; Lewis E. January, M. D.; Walter B. Frommeyer, Jr., M. D.

Dr. Epstein called the meeting to order at 10:00 A. M. He welcomed Dr. Gardner McMillan, representing the Council on Arteriosclerosis, and Dr. Gary Friedman, newly appointed Chairman of the Committee on Criteria and Methods.

I. Minutes of Executive Committee Meeting of November 22, 1968

The minutes were approved as written.

II. Committee on Criteria and Methods

Dr. Friedman outlined his plans for a varied program on criteria and methods. He said that his newly appointed Committee will bring a wide variety of interests to bear upon the program and would meet for the first time this evening. He also said that he planned to do everything possible to assure continuity with the work of the previous Committee.

It was suggested by the Executive Committee that Dr. Friedman's Committee have a look at the present state of knowledge in the field of ballistography both at

home and abroad. Dr. Fox agreed to share with Dr. Friedman a list of investigators presently active in the field in this country. Communication with Dr. Fejfar and Dr. Glazunov was also suggested.

Dr. Fox mentioned that the HD-SCP was planning a meeting in May on automated recording of blood pressure and would be inviting representation from Dr. Friedman's Committee. He said that the HD-SCP has drawn up a plan of action in the area of community control of hypertension. It is a plan for information gathering so that a more intelligent approach can be taken to community action.

Dr. Winkelstein reported that a Subcommittee of the Epidemiology Section of the APHA was working on criteria for evaluation of all multi-phasic screening programs and obviously will be looking into the problems of cardiovascular disease. He suggested that it might be worthwhile for Dr. Friedman to write to Dr. David Sackett who is chairing that committee and perhaps arrange to have a member of his Committee sit with Dr. Sackett's group.

Drs. McMillan and Zukel stated that the Committee should also be aware of a committee set up at the request of the National Heart Advisory Council to look into criteria and definitions of endpoints in arteriosclerotic coronary disease. A report from this group is expected at the June Heart Advisory Council meeting. Drs. McMillan and Zukel offered to send Dr. Friedman a copy of this report as soon as it is available.

At the conclusion of Dr. Friedman's report, it was m/s/c:

THAT the Executive Committee accept the report of the Committee on Criteria and Methods.

III. Ad Hoc Committee on Pooling Project

Dr. Epstein reported that the Committee will meet on March 5. The issues to be discussed will include what further analysis beyond those now being done should be undertaken, whether to add further years of experience from presently enrolled studies or from studies not yet enrolled or both.

Following a considerable amount of discussion on the pros and cons of adding new studies to the "pool", it was agreed that perhaps the Committee should draw up criteria, prior to the next meeting of the Executive Committee, which would serve as guidelines for investigators in deciding for themselves whether they would like to request participation.

It was also suggested that consideration be given to having the Pooling Project report at length to the Executive Committee at its next meeting.

At the conclusion of Dr. Epstein's report, it was m/s/c:

THAT the Executive Committee accept the report of the Ad Hoc Committee on Pooling Project.

IV. Program Committee

Dr. Dawber reported that the Council's scientific program in Miami went off quite well. He said that the Council will have prime time at this year's meeting in Dallas---Friday morning and Friday afternoon, November 14. One-half day will be devoted to population studies carried out in various parts of the world that have not been reported in the past; the other half day will be open to original papers.

He said that there has been some criticism of the Council's program being almost solely concerned with the epidemiology of atherosclerosis. He said that he agreed with the criticism but the Program Committee just does not receive abstracts covering other areas of the cardiovascular diseases.

It was suggested that the Committee take more initiative to broaden its scope. It was pointed out for example that there has been some interesting work done on the relationship of rubella and congenital disease, on the glomerulonephritis problem, and on the preparation of a strep vaccine. There are also some people in the pulmonary field concerned with pulmonary heart disease and its epidemiology.

The lead time for submission of abstracts for the Conference on Cardiovascular Disease Epidemiology was discussed at length and it was m/s/c:

THAT every effort be made to shorten the lead time between submission of abstracts and the distribution of the printed program.

The calendar of meetings for 1970 was then reviewed and it was m/s/c:

THAT next year's Conference on Cardiovascular Disease Epidemiology be held on March 2 and 3, 1970, in New Orleans, if hotel accommodations are available.

Dr. Winkelstein expressed concern that there is a mounting trend to curtail travel funds of investigators to attend scientific meetings. After much discussion, it was m/s/c:

THAT whereas, in order for research to be useful its results must be communicated, and,

WHEREAS, much research is communicated by means of conferences and meetings of scientists, not just by published articles, and,

WHEREAS, early communication of information obtained through research at conferences and meetings frequently prevents needless duplication thereby resulting in substantial economies of funds and effort, and,

WHEREAS, the communication of scientific knowledge at conferences and meetings need to involve a wide representation of working scientists, not just the senior workers, and,

WHEREAS, early communication of research information at conferences and meetings frequently facilitates the prompt application of new knowledge to the solution of problems;

THEREFORE, be it resolved that:

The American Heart Association places a high priority on the financial support of attendance at conferences and meetings of scientists and urges that both voluntary and official research-supporting agencies when faced with shortages of funds do not curtail this phase of the scientific process disproportionately.

At the conclusion of Dr. Dawber's report, it was m/s/c:

THAT the Executive Committee accept the report of the Program Committee.

V. Credentials Committee

Dr. Paffenbarger reported that his Committee has four new Fellowship applications to review---those of Drs. Glen Earl Garrison, Manning Feinleib, Albert Roberts and William Insull---plus one holdover from the previous meeting of the Executive Committee--that of Dr. Alan Bartel. Since the recommendations of the Credentials Committee are subject to the approval of the Executive Committee, Dr. Paffenbarger asked the Committee how it would like his Committee to proceed since it will not meet until tomorrow to review these applications. In view of the circumstances, it was m/s/c:

THAT the Executive Committee waive its prerogative for this one meeting and abide by the decisions of the Credentials Committee on the above Fellowship applications.

The Executive Committee requested Dr. Paffenbarger's Committee to review the procedures followed by the other Councils of the American Heart Association with respect to foreign fellowships and to bring back a recommendation to the Executive Committee at its meeting.

Dr. Paffenbarger then referred to the handout on Uniform Council Fellowship (Exhibit A to these minutes). The proposal was drawn up by staff with some revisions by Dr. Edwards. It was tabled at the February meeting of the Central Committee until the Executive Committees of the various Councils had an opportunity to review it. The proposal will be considered again at the May meeting of the Central Committee.

It was pointed out that there were those in the AHA who think that an AHA Fellowship along with a certificate would carry more prestige than a Fellowship of the Council of the AHA and also bolster the image of the AHA. In addition, it was pointed out that inasmuch as we are dealing politically with a federation---nine scientific councils---it would be generally advisable that the groups making up the federation correspond to one another roughly in their organization and design.

The Committee appreciated the fact that a Council which is perhaps competing with another group outside of the AHA for members might be more receptive to the proposal than Councils that are not confronted with such competition. However, it also was felt that the AHA must become more and more an organization to include non-medical people such as social scientists, biostatisticians and others and that the proposal as presented would only make it more difficult to involve these people in the affairs of the AHA. Therefore, it was m/s/c:

THAT the Executive Committee of the Council on Epidemiology go on record as being opposed to the provisions that are being suggested for Uniform Council Fellowship dated February 28, 1969, but wished to leave open the possibility that future proposals might be acceptable.

After considerable further discussion of the above, it was further moved that the following motion of instruction accompany it:

1. That consideration should be given to calling all "peer groups" in the Scientific Councils by the same name, i.e., fellows.
2. That people should have the right and privilege to be fellows of more than one Council.
3. That there should be an opportunity for uniform Council dues with an option to subscribe to a journal at extra cost.
4. That dues should be equitably set, balanced by the desire to attract people from all fields of science and medicine and the need to meet the costs of servicing the members.

At the conclusion of Dr. Paffenbarger's report, it was m/s/c:

THAT the Executive Committee accept the report of the Credentials Committee.

VI. Nominating Committee

Dr. Paffenbarger reported that the Nominating Committee would be meeting this evening to prepare a slate of candidates for the Fellows to vote upon at tomorrow's Business Meeting. The slate will include nominations for Chairman, Vice-Chairman, two members-at-large, five Assembly Delegates and five alternates. No action is required by the Executive Committee.

At the conclusion of Dr. Paffenbarger's report, it was m/s/c:

THAT the Executive Committee accept the report of the Nominating Committee.

VII. Research Study Committees

Dr. Winkelstein referred to Exhibit D in the agenda booklet containing a proposed revision in the Rules and Regulations of the Council with respect to the appointment and composition of the Research Study Committees of the AHA. He pointed out that this revision requires approval by this Committee as well as the approval by the Fellows of the Council at the Business Meeting tomorrow. He said that the revision was included with the Business Meeting agenda that was mailed to the membership of the Council in accordance with the Article X of the Rules and Regulations governing amendments. He reminded the Committee that the Councils have been operating under the system being proposed on a trial basis for the past few years and it seems to be working well.

Considerable discussion ensued on the multi-disciplinary make-up of the Research Study Committees as well as the apparent lack of representation from the Council on Epidemiology on certain of them. It was mentioned that Dr. Epstein wrote to Dr. Schneckloth just recently expressing the Council's concern on this matter. The general consensus was that the Council Chairman should continue his efforts in this regard. It was then m/s/c:

THAT the Executive Committee recommend to the Membership at its Business Meeting on March 3, 1969, the adoption of the change in Article VII of the Council Rules & Regulations as contained in Exhibit D of the agenda booklet.

It was requested that Dr. Winkelstein prepare a report covering the last 3-5 years on the number of research applications submitted to the AHA, the number that were epidemiological, the number approved and the number funded.

VIII. CVD Epidemiology Newsletter

Dr. Borhani reported that the January issue of the Newsletter has gone out but noted that a number of people had not yet received it. He regretted omitting the verbatim report of a meeting held in Makarska last September on "Causality in Medicine" submitted by Dr. Blackburn, but indicated that it was too long and time was too short to summarize it properly and obtain clearance from Dr. Blackburn.

Drs. Stamler and Keys suggested that certain notices should appear on the front page of the Newsletter and be boxed for emphasis.

IX. AHA Scientific Achievement Award

Dr. Epstein referred to Exhibit E in the agenda booklet consisting of a letter from Dr. Milton Hurwitz outlining a proposal by Dr. William Glenn that the AHA establish a new award to honor individuals working in the physical sciences who have made outstanding contributions to the advancement of cardiovascular medicine. He said that the Central Committee discussed this proposal at its last meeting and suggested that the Executive Committees of all the Councils as well as the Research Committee review it and report back to the Central Committee at its May meeting. Following a brief discussion, it was m/s/c:

THAT the Research Achievement Award be revised to allow for recognition of scientific achievement of physical as well as biological scientists if it does not already do so.

X. Council's Statement on Priorities

Dr. Epstein referred to Exhibit F in the agenda booklet and to Dr. Stamler's letter of February 8 which was mailed separately to all members of the Executive Committee. He said that he and Dr. Stamler have a difference of emphasis on the purpose of the Statement and to whom it should be addressed. He said he had been aiming the Statement primarily at the Council membership to let them know where we thought the field stood, what the priorities for research were, and what we need to do to fill the gaps in both research and community programs. Dr. Stamler is making the point that the Statement should be directed primarily to the major policy-making bodies of the nation and that it should be limited to current priorities for epidemiological research in the cardiovascular field. Dr. Epstein thought that one of the exciting aspects of epidemiology is the lack of any sharp line of demarcation between research and its application to community action, and that many community programs lend themselves without much extra effort to the collection of epidemiological data. He agreed, however, that concentrating on the research

aspect would carry a greater impact and invited comment from other members of the Committee.

In the subsequent discussion, the following points emerged:

1. The target group should be the AHA, the National Heart Advisory Council and the U. S. Congress.
2. Confine statement to research priorities and needs.
3. If time allows, it would be preferable to write a statement that is sufficiently detailed to generate a broad base of communication. Communication by a few knowledgeable and important people is not going to be effective as it used to be and it is important, therefore, to prepare a statement that will interest and involve the entire Council membership to elicit their active role. A more brief and succinct statement could then be distilled for passing up the line to the policy-makers.
4. Consideration should be given to making use of a grid to illustrate and assist in the selection of priorities in epidemiological research. Diseases or problems could be correlated with knowledge and application (research, evaluation and development of findings, and innovation), contributions to the discipline of epidemiology, social benefit and feasibility of doing the research.
5. A high priority should be placed on maintaining a viable discipline of epidemiology.

XI. Request from Dr. Braunwald

Dr. Epstein read a letter that he had received from Dr. Braunwald who had recently become editor of the "Bulletin of the International Society of Cardiology." Dr. Braunwald was requesting on behalf of the editorial board a summary of 2,000-3,000 words or less of the Conference on Cardiovascular Disease Epidemiology to be held in New Orleans on March 3 and 4, 1969. Dr. Epstein stressed that the article had to be of an excellent editorial style. Dr. Winkelstein agreed to the suggestion that he undertake this assignment.

XII. International Meeting on Mass Field Trials

Dr. Stamler stated that the report of the proceedings is nearing completion. He said he already has approval on about 2/3 of the appendix. It was m/s/c:

THAT the Executive Committee endorse the body of the report in principle and vote by mail ballot on acceptance of the final report as soon as it is circulated to the members of this Committee.

XIII. VI World Congress on Cardiology

Dr. Keys reported that the World Congress would convene in London on September 6-12, 1970. He said that each morning will be devoted to a plenary session on recent advances in cardiology. He said that although it was agreed at an earlier program meeting that epidemiology and prevention would be fully re-

presented at the January meeting in London, he understood from Professor J. N. Morris that they did not fare very well---one 20-minute presentation. Several contacts have been made since the meeting but he said that he could not guarantee that there will be a good program.

XIV. Flu Vaccine for Cardiacs

Dr. Stamler stated that he thinks it is important for the AHA to take a position on the use of flu vaccine when an epidemic threatens. He feels there should be a national policy governing the distribution to cardiacs and older people first, which did not happen this year.

XV. Next Meeting

The date of the next meeting was set for November 14, in Dallas.

XVI. Adjournment

The meeting adjourned at 6:00 P. M.

Recommendations have been made that:

- A. A uniform Fellowship of the AHA should be established for individuals who have achieved competence equivalent to a specialist in a particular field.
 - 1. Each Council would determine its own criteria for awarding the AHA Fellowship.
 - 2. Council members who presently belong to the special sections of Councils would automatically become an AHA Fellow. Each Council will have the authority to confer Fellowship on scientists who are not physicians.
 - 3. Fellows could still belong to several Councils, but a Fellowship would be awarded only by one Council.
 - 4. A uniform "Fellow of the American Heart Association" certificate will be established. This will include the name of the Council awarding the Fellowship and will be signed by the Council Chairman and the AHA President.

- B. A general membership to each of the Councils should be maintained under the existing rules.

- C. Uniform dues for Councils should be established.
 - 1. Fellowship dues would be \$35. If an individual is awarded a Fellowship by more than one Council, the dues would only be \$35.

Fellowship dues would include a subscription to CIRCULATION, CIRCULATION RESEARCH, or STROKE, the choice to be indicated by each individual.
 - 2. General membership dues should be \$15 per year, regardless of the number of Councils that an individual belongs to.

- D. Benefits:
 - 1. AHA Fellowship or Council membership cards
 - 2. Bulletin of the Scientific Councils
 - 3. Reports and Minutes of meetings and advance notice of special meetings, as applicable.
 - 4. Selected AHA publications
 - 5. Admission to Annual Scientific Sessions without payment of registration fee
 - 6. Reduced registration fee to Postgraduate courses held prior to AHA Annual Meetings
 - 7. Complimentary copy of abstracts of Annual Scientific Sessions (Physician and medical-scientist members receive this routinely. Other members may have a copy on request)
 - 8. Reduced registration fee for Postgraduate courses planned by the Councils.

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more time in committee meetings for the purpose of "discourse", to use a word which has become so fashionable. We must give much and deliberate thought to these matters.

Also, we should not only be a "talking" but, in addition, a working Council. Our Committee on Criteria and Methods, through its survey which served a useful purpose and its "Pooling Project" which will certainly make its mark, has established a precedent for active research under the aegis of the Council. We should give much and deliberate thought to other such activities. These need not necessarily be on the level of research but might well involve some of our members in community programs where our expertise and willingness may give forceful aid to the Council Coordinating Committee for Community Program. In this way, we may start to serve as a resource on the regional level which has been designated as a Council responsibility.

6. SUMMARY OF RECOMMENDATIONS

TO BE COMPLETED AFTER AGREEMENT ON THE STATEMENT AS A WHOLE HAS BEEN REACHED.