

## VANDERBILT UNIVERSITY



INTER-OFFICE CORRESPONDENCE

Date: March 9, 1976

To: Gary D. Friedman, M.D.

cc: Wm. Kannell

From: George V. Mann, M.D.

Mr. Leonard Cook

Dr. Terrence Anderson

Subject: PROGRAM-EPIDEMIOLOGY COUNCIL MEETING-  
AMERICAN HEART ASSOCIATION

I thought the selection of papers for presentation at the meeting in New Orleans showed conspicuous evidence of bias. The Evans County studies were vastly over-programmed. Indeed it appeared to me that you programmed the weakest part of the abstracts.

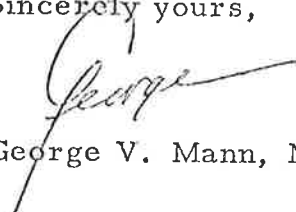
This Council has long been dominated by a few people and organizations. In my opinion the meeting is dying a slow death because of the behavior of this ruling oligarchy.

Would it not be useful and refreshing to devote one half day of each meeting to a discussion of some speculations about a relevant cardiovascular problem. For this I suggest we might wish to bring in a resource person. Here are some possible topics:

	<u>Resource Person</u>
1. The diet-fiber hypothesis	Burkitt
2. Cardiomyopathy	?
3. Endocrinology of HBP	Laragh
4. Compliance with Treatment	Sackett
5. Alcohol and Health	Terris
6. Fitness and Heart Disease	Fox
7. Regulatory Mechanisms for Lipidemia	Goldstein

Whatever you do-- do something-- because the present system is disastrous.

Sincerely yours,



George V. Mann, M.D.

GVM:bb

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March 24, 1976

George V. Mann, M.D.  
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Nashville, Tennessee 37203

Dear George:

I appreciate the forthrightness of your March 9 memo and your telling me about your feelings in person at the meeting.

The multiplicity of papers on the program from Evans County and other organizations or data-sets with which some Program Committee members are associated may give the appearance of bias but as far as I know there was none. Abstracts are independently graded by the five committee members (with members not grading papers from their own institutions). Papers with widely divergent scores are discussed and sometimes votes are changed as a result. We try to have committee members with a variety of backgrounds and geographic locations. One thing we should probably do to lessen the possibility of bias or the appearance thereof is to have the committee member leave the room when an abstract from his institution is being discussed.

I don't think the meeting is "dying a slow death" or that the present system is "disastrous". We received many favorable comments about this program and the previous one even from persons whose abstracts have been turned down regularly.

The Program Committee receives a variety of requests and suggestions and we shall certainly consider yours at our next meeting in July. I have already summarized my views about devoting part of the meeting to new areas of discussion in a letter to Professor Terence Anderson of two years ago in reply to some suggestions that he made at that time. Since I note that you have sent him a copy of your letter, I am enclosing a copy of my letter to him. Perhaps the paper by Gent on aspirin trials was a step in the direction that some of us want, i.e., including some new ideas and discussion at the meeting.

Dr. George V. Mann

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With regard to the question of "domination by a few people and organizations" I must say that the Program Committee has considered and rejected suggestions from persons whom you would probably regard as the "dominators", as well as rejecting suggestions from the "dominated".

I would like to bring up one other issue in relation to papers from institutions or data-sets connected with members of the Program Committee -- that is, the problem of recruitment. If we had to indicate to a potential Program Committee member that for a three-year period, his or her colleagues or remotely-connected associates could not get their papers on our program or could only get one on it, even if several excellent abstracts were submitted, I suspect that many active and well-qualified people would not be willing to join the Committee. I agree with Bill Kannel's advice that Program Committee members try to "keep a low profile" but if this is carried too far it could create a whole new set of problems.

Sincerely,

GDF/al  
Encl.

Gary D. Friedman, M.D.  
Senior Epidemiologist

cc: Professor Anderson  
Mr. Cook  
Dr. Kannel  
Program Committee members