File AHA corresp.

November 12, 1973

Mr. Ben Petrusky
American Heart Association, Inc.
44 East 23rd Street
New York, New York 10010

Dear Ben:

I think I got your point; a news conference must have news! And my point is that I thought this would be much more than a news conference; it is, in a sense, a seminar in which I would think leaders in the A.H.A. would exchange views with leaders in science reporting. As such it could be on a higher plane of communication and turn on these people to more than just fresh news. If I have misread the goals fine, but as I see it, reporters get the news about hot developments directly from the hot shots at the annual scientific sessions. You have a far greater challenge and opportunity in the January seminar, to put it all in perspective, and I would think you'd want the "faculty" to meet early and outline the pitch. The pitch would surely include public policy as well as research and program development and it must certainly embrace prevention.

So you see, I find the absence of the top priorities of A.H.A., for prevention, on the program as a real problem. Because some may consider there is no earthshaking new hypothesis for the news is not, in my view, a reason for not presenting what _is_ real news, and for facing the many questions these intelligent journalists will surely have about prevention and A.H.A. Indeed, one real issue is how dramatic surgery and technology have obscured and misdirected many efforts in cardiology.

Now, for what _is_ newsworthy in prevention and epidemiology you are surely aware that some of the most important mass trials in history are underway; fully as newsworthy and more significant to the nation's health than the Polio Trials , are the NHLI cardiovascular prevention trials. The "big one" is MRFIT, which tests the most urgent hypothesis, i.e., whether infarcts and CHD can be significantly reduced at all in men 35-54. It approaches the question in probably the most efficient way by optimal simultaneous intervention efforts on the "big three" risk factors. It is difficult for me to see how any current major news

opinion conference could fail to have the leadership and concept of that study represented. (T. Cooper and W. Zukel NHLI, O. Paul, Chairman and H. Blackburn, Vice-chairman, Steering Committee, and many articulate investigators.) The Hypertension Detection and Follow-up Program is equally as important, probably an essential step between the VA hypertension treatment trial and an effective national community program in hypertension (Herb Langford, Chairman, Richard Remington, J. Stamler and other well grounded, attractive exponents). The Lipid Research Centers and their projects on Lipid Type Prevalence and a Type 2 trial clearly should be represented (R. Levy, NHLI). Overseas multifactor preventive efforts are important in this general field, especially in London and Gothenburg.

Descriptive population studies and the rich data still pouring out from them really should be involved. I personally could not understand A.H.A. failing to consider in a status report on heart disease for science writers, the Framingham Study, the HIP Study, the Seven Countries Study, the Chicago Studies, Tecumseh, etc.? Fascinating things continue to come out of them on risk elements for different cardiovascular disease manifestations (glucose intolerance related to congestive heart failure, risk factors for sudden death, premature beats and risk, the ECG and risk, coffee as a risk factor, water hardness, stress and behavior, etc., the universality of ranking risk and the important X factors not yet found to help explain the US-European differences) Bill Kannel, Charles Frank, Ancel Keys, O. Paul, J. Stamler and others are involved in those studies.

Then, Ben, there are the critically important social issues of prevention which the reporters will push us on. How will you handle such issues as changes in the health professions, in the agro-economy and in tobacco industry, etc. without people who have a grasp of these problems. The ICHD Report is the most straightforward statement ever devised on these issues. The current status of its implementation, attacks on it, etc. are very current news issues and you are close by to Don Fredericksen. There are myriad sources of criticism of those reports, and of A.H.A. policy on nutrition, on risk factor reduction, etc., etc. from uninformed physicians, from quacks, and from strong vested interests. These are negative, effete academic attitudes in the profession, including A.H.A. Councils, which regard preventive efforts only in the context of more 'basic research." How will you handle reporters who want to know about these negative aspects about preventive cardiology unless you have preventive cardiologists to talk to them?

Related matters include a whole variety of issues fraught with controversy, claims and counterclaims, some valid, some on the fringes of fanaticism, but all hot public issues: coffee, vitamin E, poly-unsaturate "toxicity," challenges of the cholesterol story and the smoking story, misunderstanding the failure of Framingham to find a

relationship between individual diet and CHD risk, the sugar story, physical activity, lipid phenotyping and prevention, clofibrate trials, both good and bad ones, and confusion about obesity as a risk factor.

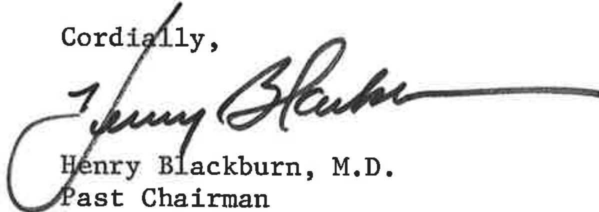
One of the hottest issues in cardiology is prevention of atherosclerosis in childhood. There are directly conflicting viewpoints within A.H.A. policy on whether to intervene in the young. I would not be comfortable for A.H.A. without there being people to handle this tricky one (Forrest Adams and Bill Weidman represent the opposite poles on this, among Pediatric Cardiologists).

I could go on at the risk of boring you. Instead I enclose as confidential to you only, source imaterial from a free-ranging chatty presentation I've recently had the opportunity to put together on these issues. Please don't circulate it to anyone as I don't want any pre-releases or pressures on me to modify my statements until it sees print (the usual nine months ±). It presents some of these more and less serious questions about prevention.

It was good to visit with you briefly. I am most impressed with and appreciative of the way you are getting wide coverage for A.H.A. and with what you've done with my materials, for example.

Let me know if I can help. Nemat Borhani is the new chairman, Bill Kannel, the chairman ~~alert,~~ elect! and Gary Friedman, the program chairman for the Council on Epidemiology and are all responsive to A.H.A. needs.

Cordially,



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Enclosure - progress ms. 11-13-73