The next to last paragraph of the introduction states rightly that a program is effective only "if it can be demonstrated that effective reduction of risk status occurs . . . ." Only in the appendix is advice given on sampling and retesting etc. necessary for such a demonstration.

A strong recommendation for counsel with your committee, before undertaking such a program, should be included in the introduction.

Your fact gathering committee section might also indicate the question of joining up, and not conflicting, with controlled prevention trials. Evaluation is not mentioned in this section.

In the implementing section I wonder if the blood pressure might precede the blood sample. There is no mention of technician classification of ECGs which is as available as computer readings and cheaper, supervised, of course, by an electrocardiographer. What to do with results when no private M.D. is named by the screenee?

In the evaluation section, the "most difficult problem" should be attacked. It is quite possible and not all that difficult to build in a sample for rescreening on risk factor reduction and to recommend methods for following mortality patterns in the target and comparison populations. The wording and technology is probably inadequate here, and the proportion of successful referrals cannot longer be considered an adequate evaluation of such programs. The recommendations should include these methods, and indicate that a one-shot-ballyhoo approach is undesirable.

The ECG Section should probably be revised by someone not selling a particular product, with an overall view of needs and possibilities. Mention could be made of the adequately tested electronic screening machines. Mention could also be made of the alternative of training ECG coding technicians to classify ECGs according to defined screening criteria. This is very widely and successfully used in the Chicago program and in many other screening and population studies.

More detail should be given on the cost, yield, safety and acceptability of exercise electrocardiography.

Mention should be made of the possible desirability (not in the ~~animal~~ spinoma/ screen) of a longer monitoring period 1 to 3 minutes for ectopics, etc.

The entire section on computer analysis of ECGs is largely irrelevant to the needs of affiliates and is essentially an advertisement of one of many available systems and criteria. The list of suggested criteria, Table V, is good and sufficient.