

Corresp - Stamler



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September 14, 1988

*MS
✓ all 15 w/pap. 54-86 from chpt. 28*

Dr Jeremiah Stamler
Room 1-615
303 East Chicago Avenue
Chicago, IL 60611

Dear Jerry:

I submit the enclosed with hopes that you'll have time to peruse it - concerning the potential adverse consequences of NAS/NRC dietary recommendations. We think this should be an answer to the fringe groups that will picket the report. I've written this chapter for the National Academy Report. I would dearly love to send you the whole chapter but it's 120 pages long and I dare not impose it.

I would be grateful for your comments and for your filling in areas in which you think I have not treated sufficiently, or have not made appropriate interpretations.

Cordially,

Henry Blackburn, MD
Professor and Director

/tmw
Enclosure

Northwestern University Medical School

*Conesp -
Stamler*

J. Blackburn



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Jeremiah Stamler, MD
Dingman Professor of Cardiology

26 September, 1988

Prof. Barry Lewis
Division of Chemical Pathology and Metabolic Disorders
United Medical Schools of Guy's and St. Thomas's Hospital
London SE1 7EH, England

Dear Barry,

Yours of 17 August was forwarded to us in Pioppi, and this is being dictated on our last day in Italy -- in fact, in the car en route to the Naples Airport, where we have a luncheon date with Mario Mancini, prior to driving to Rome to fly then to Amsterdam and from Amsterdam to Chicago.

Let me first respond to your second paragraph on the matter of risk reduction and life expectation. Let me say first that I have done additional work on that matter, in part because of my concern for its importance, also out of sheer intellectual curiosity. Enclosed is a typescript of a paper prepared for our Finnish colleagues, in connection with the Proceedings (to be published) of the meeting last June in Ilomantsi, Finland celebrating Professor Martti Karvonen's 70th birthday. As you will note, there are estimates in this paper of the effects of reducing dietary lipid intake, both univariate estimates and bivariate estimates, the former taking into consideration the independent effect of dietary lipid on risk of mortality, the latter taking into consideration as well the effect on serum total cholesterol. As you will note, based on the 19-year experience of the Western Electric Study, the effects of the kinds of dietary recommendations we have all been making are indeed substantial, in terms of longevity. As you also see, there are similar calculations for the effects of change in dietary cholesterol per se, as distinct from the combined dietary lipid score of Keys and colleagues. Again, the estimates of improved longevity indicate substantial potentials for middle-aged men. I would of course be grateful for your comments.

*Allomantsi
Call Pekka.*

Since these data will appear in a paper in a Finnish journal that is not widely read, I plan to get these data into print in other publications as well.

As to a meeting of some kind on all of this in relation to the Second International Conference on Preventive Cardiology, I would be pleased to cooperate with any initiatives by others -- including possibly by the Task Force -- to organize a satellite session on this matter. We certainly can discuss this further when we see each other in Rome in a few weeks.

(continued on page 2)

As promised, I talked with Dr. Willem (Pim) Stiggelbout, the chief executive officer of The Netherlands Heart Foundation, when we were in The Netherlands last month for our 21st Ten-Day International Teaching Seminar on Cardiovascular Epidemiology and Prevention. It was clear to me in our initial conversations that up to that point Dr. Stiggelbout had heard nothing about the Task Force, statements by others to the contrary notwithstanding. From the point of view of the Task Force, let me hasten to add, this was unfortunate. I briefed him, and indicated the desire of the Task Force initiators to work cooperatively and synergistically with the Heart Foundations and others in Europe concerned with the preventive effort. In our discussions, we were joined by Ms. Clementine Bolsius of the staff of the Dutch Heart Foundation, who is the coordinator of their efforts to work cooperatively with other western European heart foundations in the prevention area. She is the editor of the newsletter they publish in this regard, and it involves the U.K. Coronary Prevention Group. Dr. Stiggelbout went from the Seminar to the European Cardiological Congress in Vienna, and then was back with us at the Seminar on its final evening. We talked again there. He told me that Dr. Richard Hurley had talked with him for about 40 minutes about the Task Force "problem". Dr. Stiggelbout is obviously concerned about problems of overlap, duplication, competitive fund raising, etc. On the other hand, my reading is that he is prepared to proceed cooperatively, if there is clear indication from the Task Force people of a like approach. It seems to me essential that all this be clarified and worked out, otherwise the Task Force project can be under a cloud from the beginning, and the result can be very stultifying.

I transmitted all this to Mario when I saw him at the Naples Airport on our arrival there at the beginning of September, just after the Seminar. He told me that Dr. Hurley had also talked with him at length. My understanding is that Mario has now been in touch with Dr. Stiggelbout and that arrangements are being made (as Dr. Stiggelbout urged) for a meeting in Rome with him, involving the leadership of the Task Force, and prior to the Task Force meeting.

Mario showed me a copy of the draft Constitution for the Task Force, written in French; it would indeed be valuable to have a valid English translation available for all of us in Rome. I do not know what the stipulations are in the draft Constitution, but I remain concerned -- whether it be for the Constitution or By-Laws -- with the stipulated approaches to relationships with key international organizations in our field, if the proposal remains for an international (and not a European) organization. As I wrote previously, I deem it wise to maintain flexibility in regard to these two alternate possibilities.

Your letter of 17 August speaks of Tony Gotto's attendance in Vienna and discussions he was planning to have there on the Task Force. Have you any word from him on these?

(Continued on page 3)

Once all these matters are clarified to everyone's satisfaction (hopefully!), careful thought must be given to the matter of fund raising for the Task Force, so that this proceeds in a way that incurs minimal resentment from the other organizations in the field relying on similar sources. The same applies in regard to Task Force activities.

Rose and I are sorry to hear about the burden Evi is carrying in relation to her mother's terminal illness.

Looking forward to seeing you in Rome. If there is any urgent need, please do not hesitate to be in touch before then by phone. I go to meetings in Minneapolis on Sunday, October 2nd, and then from there to Italy for the pre-Rome satellite symposium in Florence. Thus, I can be reached in Chicago at the office through Friday, September 30; in Florence at the Hotel Baglione.

All the best to Evi and yourself from Rose and me.

Cordially,

Jeremiah Stamler, M.D.

JS:lt
Enc. Ilomantsi paper.

Corresp - Stamler



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November 18, 1988

✓ 11/21/88

Jeremiah Stamler, MD
303 East Chicago Avenue
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Chicago, IL 60611

Dear Jerry:

Sorry I didn't talk with you after your excellent talk at the Preventive Cardiology meeting. Please let me know if your modeling of the effect of risk factor change on survival and longevity is in press somewhere. It should be a good answer to the Taylor article.

Cordially,

Henry Blackburn, MD
Professor and Director

/tmw

*Corresp -
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Jeremiah Stamler, MD
Dingman Professor of Cardiology

JS
~~*Attach my letter
please*~~

Henry Blackburn, M.D.
University of Minnesota
Division of Epidemiology
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Stadium Gate 27
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Minneapolis, MN 55455

January 12, 1989

Dear Henry:

Now that we are settled in Pioppi, I hasten to reply to yours of November 18. Attached is a copy of our paper in the Festschrift number honoring Bob Wissler. As you will see it has initial data on the longevity issue. There is also material in our Ilomantsi paper. Here I plan to go further with this work, I will keep you posted. My abstract for the Second International Conference on Preventive Cardiology is in fact on this matter.

Let me take the opportunity to wish you and yours all the best for the Holidays and the New Year.

Cordially,

Jeremiah Stamler, M.D.

Jeremiah Stamler, M.D.

JS:mj
Dictated but not read.
Enclosure



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Corresp - Shekelle

*Separate Rick. & asked (confidentially)
to look at part
of Ch 28 + this is in result.
12/13/88
JH
Regard, H3*

December 8, 1988

Jeremiah Stamler, MD
303 East Chicago Avenue
Room 1-615
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Dear Jerry:

I am grateful belatedly for your 20 November detailed critique of our summary chapter for the Diet-Health Report.

Your first suggestion on longevity is highly appropriate and I have added the point strongly though they wouldn't let me insert a new table at this stage.

On your second point I have decided to eliminate most of the specific references on diet, serum cholesterol and cancer and simply refer back to the parent chapter in which all the references you indicate, including the International Collaborative Group, MRFIT study and so forth are cited and discussed. I have decided to remove the tables of studies that only went up to 1983 and to leave that whole section in the parent chapter.

Concerning dietary cholesterol effects, Rick Shekelle has successfully managed to interject substantial sections in the parent chapter on this topic, with which I'm sure you will be pleased. I have tried to shore up my summary section to indicate this as well.

I am grateful for your pointing out an erroneous reference to the relationship between a CHD risk profile and future risk of stroke in the Seven Countries. The correct reference is Farchi, et al 1987, a paper with which you are familiar, I'm sure.

I have modified the statements in regard to your comments about

neoplastic diseases, trauma and so forth as found in cholesterol lowering trials. I have added a little note about your very appropriate point that coronary disease and most cancers are going down along with the decrease in saturated and increase in polyunsaturated fat intake in the U.S.

With respect to your point on the consistency of findings about low serum cholesterol level and cerebral hemorrhage I think the Japanese Mainland Studies, and David Jacobs has collected several of their data-bases, plus the Honolulu, Framingham and MRFIT data probably warrant use of the word consistent.

I think you're right about the combination in a traditional Japanese diet of high salt and low protein. I've never been very comfortable with the Japanese idea that their relatively low serum protein is of dietary origin. But, your point is well taken and I have added it. I think that point is also considered in the editorial that Dave Jacobs and I have sent to Circulation to accompany the latest Japanese article on this and related issues. For your interest I enclose that editorial.

With regard to dietary cholesterol, I admire the effectiveness with which you and Rick Shekelle have analyzed these data. They are important and are affecting all of our thinking on this. But, to deny the fact that saturated fat intake is the major dietary determinant of cholesterol levels in populations is going further than I can go. I think maybe we're pushing the whole issue too far when we should be talking about an eating pattern and lifestyle rather than etiologic mechanisms. I can't think of any situation where cholesterol intake is high in a population and saturated fat intake is low and who also have high serum cholesterol values. I believe some of your own data show that the reverse is true, that the Finns have a relatively low dietary cholesterol intake, relative to their saturated fat intake, and yet high serum cholesterol levels. I don't mind using the terms together in one breath as the "offending nutrients", but $2s-p+$ the square root of cholesterol intake still makes saturated fatty acid intake a major influence on population total cholesterol levels. I am more than puzzled that you consider it "a sudden intellectual tendency" to make the pivotal dietary constituent saturated fatty acids. Dietary cholesterol has come and gone and come back again, but that doesn't mean that there haven't been many syntheses in the past, that you have seen and not commented on, that identify saturated fatty acids as a major determinant. At any rate, I agree that there is no reason to go

overboard on the matter.

Your earlier study on dietary cholesterol, fiber and cancer is cited in the parent chapter 7. It would be marvelous for you to read that whole chapter too, but it's too big and too complex to impose on you at this stage. At any rate, it's been an interesting compromise between me, Shekelle, DeWitt Goodman and Henry McGill and I think it will come out very decent and not revolutionary.

Your point about the cruciferous vegetables is well discussed in the parent chapter 7. I believe that's beginning to fall away even in new analyses by Saxon Graham who invented it in the first place. Our new cancer prevention unit under John Potter is vigorously exploring the issue, however.

I think that the association of diet with each of the major cancer types is pretty well developed in the parent chapters. It is not the purpose of this chapter to be all-inclusive, only to deal with issues that others have raised concerning the possible adverse effects. That is why we isolated the one study showing an unusual relationship of beta-carotene to prostatic cancer whereas all other studies find a consistent association with high fat intake. It is a minor point, culminating in a recommendation against carotene supplements.

I'm sorry we didn't have the MRFIT nutrition monograph available. It would have been most valuable at an earlier stage.

Translation of the recommendations into food choices and policy is done in a separate part of the document and in a separate Implementation Committee document.

This particular document was anxious to avoid the RDA issue. You were quite correct to point out 30% of protein from nut seeds and legumes is inaccurate. We'd already caught that. It's actually only 3% compared to 4% of protein from eggs.

I think, perhaps, we have not sufficiently capitalized on a positive recommendation for egg whites and I will take that idea back to the Committee. I'm not sure, however, that egg whites are an economic way for people to get their protein. It might be useful to have somebody work

on that issue.

I think you need to appreciate that your exciting recent excursions, and so far largely unpublished excursions into the risk of diet independent of blood lipoproteins, is not a part of the "established evidence". An Academy report must deal with established evidence and not with the latest evidence or the latest interpretation of older evidence. I repeat that I think you'll be pleased at the incorporations of these ideas into the parent chapter. The fact that they don't appear in my summary of overall impact and potential adverse effects probably isn't critical. Nevertheless, I've put in a few modifications that I hope may strengthen the necessarily brief survey.

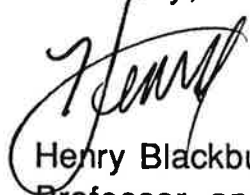
You questioned the figure on lives saved due to lowering cholesterol in the report by Amler and Dull. I am sure you are familiar with that in another form, the Report of the Carter Center. I'm sure you probably have it, it's a purple, loose leaf volume called Closing the Gap, The Burden of Unnecessary Illness. The analyses are very straightforward along the lines that you have done for years. As I recall it was our old friend, Susy Haines, that made the analyses for the Carter Foundation.

I agree it would be appropriate to point to the national goals for 1990 and that is done in an earlier chapter.

In respect to your important points about the rise in relative body weight in the country, I think that's quite adequately dealt with in the parent chapter on obesity and overweight.

Many many thanks for your time and excellent comments. The report will be released in February.

Cordially,



Henry Blackburn, MD
Professor and Director

enclosure
/ t w

(Japanese editorial)