

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

MINUTES OF MEETING¹

May 14-15, 1992

The 166th meeting of the National Heart, Lung, and Blood Advisory Council (NHLBAC), was convened on Thursday, May 14, 1992, in Conference Room 10, Building 31, National Institutes of Health (NIH), Bethesda, Maryland. Dr. Claude Lenfant, Director of the National Heart, Lung, and Blood Institute (NHLBI), presided as chairman.

In accordance with the provisions of Public Law 92-463, the meeting was opened to the public from 9:00 a.m., to 4:30 p.m., on May 14, and followed by the closed session on May 15 from 8:30 a.m., until adjournment at 12:15 p.m., for consideration of grant applications. Notice of the meeting had been published in the Federal Register.

Council members present:

Dr. William C. Bailey	Dr. Francis J. Klocke
Dr. Henry W. Blackburn, Jr.	Ms. Barbara H. Layman
Dr. A. Sonia Buist	Dr. Donald J. Massaro
Dr. John A. Clements	Dr. Thalia Papayannopoulou
Dr. Charles K. Francis	Dr. Samuel I. Rapaport
Dr. Robert L. Frye	Dr. Elijah Saunders (Friday only)
Dr. Marcellus Grace	Dr. Doris L. Wethers
Dr. James R. Hickman, Jr. (ex officio)	Mr. Phillip L. Williams

Council members absent:

Dr. Janice E.G. Douglas
Dr. Ross D. Fletcher (ex officio)
Ms. Jacqueline C. Flowers
Dr. Zachariah P. Zachariah

Federal attendees from other than NHLBI:

Ms. Carol M. Brown, NCRR
Dr. Jerrold Fried, DRG
Dr. Scott J. Osborne, DRG
Dr. Asher A. Hyatt, DRG
Dr. Richard A. Peabody, Sr., DRG

Public attendees:

Ms. Merriam Brown
 R.O.W. Sciences
 Ms. Barbara C. Calkins
 American Psychological Association
 Ms. Claudia Louis
 American Heart Association
 Ms. Jill Meyer
 Prospect Associates
 Ms. Jessica Meyerson
The Blue Sheet

Ms. Pamela Moore
 Capitol Publications
 Mr. Nathaniel Polster
HLB Newsletter
 Ms. Amy Stern
 American College of Cardiology
 Dr. Jennifer Sutton
 Association of American Medical
 Colleges

I. CALL TO ORDER AND OPENING REMARKS -- Dr. Claude Lenfant

Dr. Lenfant welcomed all present to the 166th meeting of the National Heart, Lung, and Blood Advisory Council. He noted that May is High Blood Pressure month and that this year marks the 20th anniversary of the National High Blood Pressure Education Program (NHBPEP). This program has been highly successful in the United States as well as in other countries. Currently, this program is targeting high risk populations through its "Strike Out Stroke" program, aimed at the southeastern states which have very high adjusted stroke mortality rate. In addition, the NHBPEP has served as the model for several other education programs on cholesterol, blood resources, asthma, smoking and heart attack.

Dr. Lenfant announced that the September meeting of the Council will include a continuation of the program project discussion that began at the February Council meeting, and a discussion of funding guidelines on epidemiologic studies, originally scheduled for this meeting (May).

Dr. Garrison replied to the concern indicated above by pointing out that two reports are in preparation regarding calcification. He added that Council did not have a detailed description of studies that have been completed, and studies that are planned. Dr. Garrison explained that the contract provides basic support for bringing in the subjects for data analysis, and for determining outcome. Many other projects are supported by the NHLBI and other Institutes that utilize the Framingham cohort and offspring.

RFP: The Cardiovascular Health Study (CHS) -- Dr. Teri Manolio

The objective of the proposed contract renewal is to extend this epidemiologic study of risk factors for coronary disease and stroke in older adults in four U.S. communities. This proposal would renew all current CHS contracts: the Coordinating Center; four Field Centers; Echocardiography Reading Center; Ultrasound Reading Center; Cerebral Magnetic Resonance Imaging Reading Center; and Central Blood Analysis Laboratory. Specific objectives for the renewal period are to:

1. Identify risk associations with clinical disease by accumulation of events;
 - A. Compare risk estimates in subgroups of participants, such as women vs. men, African-American vs. Caucasian, those older vs. younger than 75 years, or those with vs. without prevalent clinical or subclinical disease;
 - B. Compare risk estimates in subtypes of disease, such as fatal vs. non-fatal myocardial infarction, symptomatic vs. silent myocardial ischemia, or fatal vs. non-fatal stroke;

- C. Compare estimates of longer-term (5-10 years) vs. short-term (1-3 years) CVD risk.
2. Determine whether presence or progression of subclinical disease (abnormalities detected non-invasively without signs or symptoms) are better predictors of clinical disease than traditional risk factors;
3. Identify determinants of change in subclinical disease;
4. Identify characteristics of subgroups at low risk for developing CVD.

Discussion:

The Council expressed a high degree of enthusiasm for the continuation of this initiative. They were particularly impressed with the progress made in recruiting subjects into the study; in fact the investigators exceeded the goals that were originally set. Council members were also impressed with the investigators' ability to adjust the protocol as the scientific circumstances dictated.

RFA: Effectiveness of Public Health Education Interventions to Decrease Delay Time in Seeking Treatment for the Symptoms and Signs of Acute Myocardial Infarction -- Dr. Jeffrey Cutler

The primary objective of this initiative is to evaluate the impact of public health education interventions for early recognition and decreased delay time in individuals seeking treatment in response to the symptoms and signs of an acute myocardial infarction. Other related research objectives are to study the impact of these public educational interventions on the use of emergency medical services and emergency department systems by these individuals.

Discussion:

The Council expressed strong support for this initiative.