

predominantly upon the opinions of a few dissenters and by a limited presentation of the majority view, the article does not convey the extent of the consensus that was actually reached.

The NIH Consensus Development process is designed to carefully examine important medical questions by providing a forum in which various, even conflicting, points of view can be expressed. The cholesterol conference was no exception to this. Expert and comprehensive testimony was presented to the consensus panel by a series of speakers who represented the many scientific areas

and viewpoints that relate to the questions under consideration. On the basis of these presentations and the resulting open discussion, members of the broad-based panel were able to reach a series of unanimous recommendations. As is the case for all consensus conferences, time was allotted for public discussion of the recommendations, which appeared to be well received by the great majority of those who participated in these discussions. It is noteworthy that there was virtually complete agreement that about one-quarter of all adult Americans have cholesterol levels that put them at espe-

cially high risk of CHD and that such people should be identified and treated. The panel's recommendations that Americans moderately reduce their dietary fat intake also drew few dissenting voices.

In questioning the panel's conclusions, the article casts doubt on the results of the Coronary Primary Prevention Trial (CPPT) through a limited review of its finding. The results for the primary end point are strongly supported by similar and significant changes in the secondary CHD end points and by various analyses within each of the treatment groups. Consistency was displayed by the similarity of the observed cholesterol-change to CHD-risk relationship to those seen in observational studies and in other clinical trials of cholesterol-lowering. These points have been published and were reported in several presentations at the conference. It has also been emphasized that the CPPT was not designed with a sample size sufficient to address the impact of cholesterol-lowering on cardiovascular or all-cause mortality.

This wide array of evidence from the CPPT for the efficacy of cholesterol-lowering in preventing clinical manifestations of CHD is impressively consistent, requires careful consideration, and cannot be lightly dismissed. It also should be noted that the panel took into account much other new information in reaching its conclusions.

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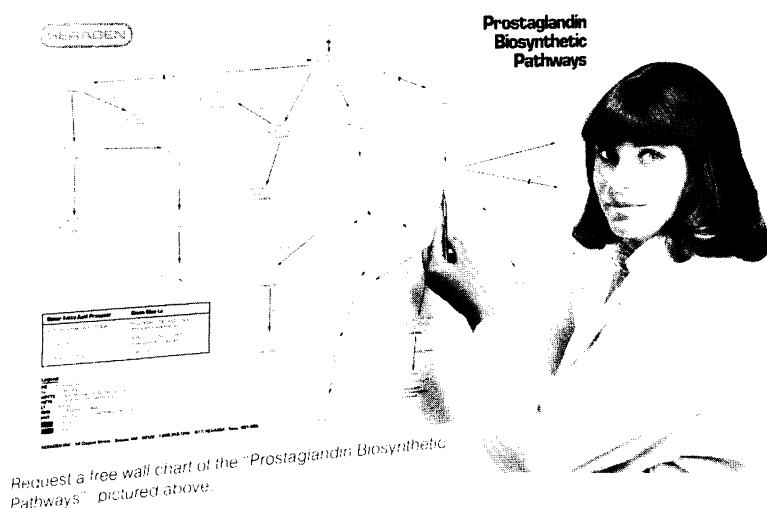
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Erratum: Two statements in the article "Heart panel's conclusions questioned" by Gina Kolata (Research News, 4 Jan., p. 40) were not accurate. The first, in the third paragraph on page 40, should have read, "But these trials failed to show that cholesterol-lowering saves lives," instead of, "But these trials failed to show that cholesterol-lowering prevents deaths from heart disease." A second statement, in the ninth paragraph on page 41, should have read, "The incidences of angina, bypass surgery, and abnormal exercise electrocardiograms all came down in the cholestyramine group. All but bypass surgery were statistically significant."

Correction

Due to a printer's error, a recent meeting of the Planetary Society in Washington, D.C., was incorrectly identified as a "Planetary Soviet" meeting in the News and Comment article by R. Jeffrey Smith, "A fresh start for arms control" (25 Jan., p. 389).