

Mr Smith:

Mr Stevens forwarded an article to me which I believe you have published or are planning to publish. In some areas, it seemed fairly representative of areas in this admittedly controversial field, but I would like to add to your perspective.

There are data which are not mentioned in your article which would better inform your readers of the global experience and knowledge of this topic:

A study in the Netherlands showed that SCD killed more youth aged 1-21 than did accidents

Two Department of Defense (United States) articles showed that SCD in service personnel killed more individuals age 18-35 than did action from enemy combatants from 1990-2008.

Adding ECG screening to "usual History and Physical" in Harvard athletics tripled the number of athletes found to be at risk

Similar screening in Italy reduced SCD in athletes by 90%

Dr Drezner found almost 1/3800 of NCAA athletes had conditions placing them at risk of SCD

Regarding our program, Cypress ECG Project, we have found nearly 100 individuals with significant heart problems, some extremely high risk, resulting in 2 heart transplants, 11 operations, 8 ICD placements, and over 40 electrophysiologic procedures.

Regarding conflict of interest, you would have learned, if you had asked, that Mr Stevens has spent 10's of thousands of his own dollars in his efforts to "barnstorm" Texas. He is a very big-hearted man who will stop at nothing to keep another parent from experiencing his personal tragedy. If you had asked Pat Shuff, he would have told you that he resigned a \$200,000 position with Oracle to get our project underway. If you had asked me, I would have told you that I have already spent over \$500,000 of my personal funds to support this project, and Mary, Pat, and I have logged many hours and miles for the love of the work we are doing. This is not my business, I am a regular cardiologist, but it is a family project we all love and work together.

On the other hand, if you had similarly explored conflict of interest with Dr Feinrich, you might have discussed the \$500,000 grant he received to screen 4,000 kids. He actually screened about 2,000, reviewed the studies on only 10% of those personally, and only obtained complete information on 1/3 of those. It is easy to see why he wants more funding to study than to screen. The project he references is a national CDC study which has been under way for over 5 years and lots of people have already contributed data. The CDC released the first 2 year study of SCD in 7 medium sized states in the first two years and found over 6,000 cases. The data which Dr Feinrich uses to convince the UIL board that action isn't necessary references very unscientific data at about 1/10,000 this rate.

We all agree that the exact risk and benefit situation is something still yet to be clearly defined, all honest and unbiased workers in the field acknowledge a risk of at least 1/30,000/yr making a \$10 test a real bargain. Compare to mammography which saves one woman's life per 73,000 tests at \$100/each.

I assume that you are an ethical and well-meaning journalist and would like an opportunity to broaden your perspective further, and thereby perform the most accurate education of your readers. Hopefully, your work in this area has just begun, and the product I read is not yet your best work,

Thomas L DeBauche MD FACC

Cypress Cardiology PA