In 1971 a Task Force on Atherosclerosis appointed by the National Heart and Lung Institute recommended the development and support of a preventive trial in men with multiple coronary heart disease risk factors. Previous studies in the United States and abroad have shown that elevated serum cholesterol, hypertension and cigarette smoking are clearly associated with a high incidence of coronary disease. The Multiple Risk Factor Intervention Trial (MRFIT) was therefore initiated to test the hypothesis that significant reduction of these three key variables through an intervention program would be associated with decreased morbidity and mortality from coronary heart disease. From 1972 to
1974, 20 clinical centers were selected to participate. The Dade County Department of Public Health in Miami was one of these centers and the only county health department to be included in the national program. In 1976 the Miami MRFIT also became associated with the Nutrition Division of the Department of Epidemiology and Public Health at the University of Miami School of Medicine.

The program office for MRFIT is at the National Heart, Lung and Blood Institute (NHLBI) in Bethesda, Maryland. The Coordinating Center is located at the University of Minnesota. This Center collects data and periodically distributes reports concerning changes in risk factor status of the participants of all clinics. Clinical end points of myocardial infarction, angina, intermittent claudication and disability or death from any cause are not published. The Central Laboratory, monitored by the Center for Disease Control in Atlanta, is at the Institute for Medical Sciences in San Francisco. Cassette tapes of electrocardiograms of all MRFIT participants are read by computer at Dalhousie University in Nova Scotia. The electrocardiograms are also received by physicians at the University of Minnesota.

The administration of national MRFIT includes a Steering Committee composed of one or more investigators from each center and representatives from NHLBI. There are a number of special committees which report to the Steering Committee. They are Design and Analysis, Quality Control, Publication and Presentation, Intervention, and the Executive Committees. A Policy Advisory Board of prominent biomedical scientists monitors the scientific and operational aspects of study. The MRFIT includes a truly multidisciplinary staff of physicians, psychologists, epidemiologists, biochemists, nutritionists, nurses, health counselors, technicians, and administrative and clerical personnel. All are working together closely to meet the research objectives of the six year intervention effort. Periodic regional and national meetings are held for all staff involved in the intervention program to enhance these efforts.

**MRFIT SCREENING AND ADMISSION CRITERIA**

By November 1, 1975, 370,599 men aged 35 to 57 across the country had participated in the first screening visit and from these 12,866 were ultimately selected.

Eligibility for second screen was based on a combination of risk factors placing the candidate in the upper 10–15% of coronary heart disease risk according to criteria established from experience in the Framingham Study. Individuals with a diastolic blood pressure level in excess of 114 mm Hg, serum cholesterol over 349 mg/dl, history of heart disease or