The full committee met on six occasions over a 2-year period and has completed a report which will be published on February 10 in the Journal of the American Medical Association.

The work of the UGDP is still in progress and I think it is fair to say that diabetologists in general await with interest the findings on the treatment by insulin. There has never been a study of comparable scope and thoroughness on the long-term effects of this agent in subjects with maturity-onset diabetes. In the meanwhile, however, controversy has arisen about the data concerning tolbutamide.

The committee saw as its main task the investigation of the reported excess cardiovascular mortality in the subjects receiving this drug. It is interesting to note that the UGDP presented results on phenformin which are quite comparable to those on tolbutamide: the death rate from cardiovascular causes was approximately the same in the two cases. The findings on phenformin, if one can judge from the absence of criticism, appear to have been accepted by medical scientists, even if they have not so far been translated effectively into medical practice. Yet these findings also were made by the UGDP using the methods that have come under heavy criticism when applied to tolbutamide.

Because of the many factors which influence survivorship in a chronic disease such as maturity-onset diabetes, careful methods of investigation are needed, and, in particular, control groups are essential. Consequently we reviewed only such trials as were controlled. It then became clear that the major study to consider, other than the UGDP, was the study in Bedford England, organized by Dr. H. Abby Keen and Dr. R. J. Jarrett. It should be said at once, however, that the Bedford study, based on 125 patients in each of the two treatment groups was not comparable in size or in detail to the UGDP in which approximately 200 patients were followed on each of five treatments.

The work of the committee appointed by the Biometric Society fell into four sections:

One: Visits were made to the UGDP coordinating center and to two of the cooperating clinical centers to study methods used in the trial. Two: The methods and findings of the UGDP study were discussed with several authors who had written about them, and the Bedford study was discussed with Dr. Keen and Dr. Jarrett. Three: The published criticisms of the UGDP were reviewed in detail. Comparable criticisms of the Bedford study do not exist, though several of the major criticisms made about the UGDP would apply a fortiori to the Bedford study. Four: New analyses were made of the data from the UGDP and Bedford studies, the data being kindly made available by the directors concerned.

Critics have pointed out that in the UGDP study the total mortality was not significantly higher in the tolbutamide group than in the placebo group, even though there was a significant difference in the case of deaths from cardiovascular causes. We consider that this criticism has some weight but is not convincing. Criticisms that have been commonly made but which, in our view, are not correct, are: