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From: Jureidini, Jon (Health)  
Sent: Thursday, 21 May 2015 6:36 PM  
To: [eloder@bmj.com](mailto:eloder@bmj.com)  
Cc: [pdoshi@bmj.com](mailto:pdoshi@bmj.com)  
Subject: 329

Dr Loder

I know that you have been working hard to find a way to publish our paper, and that you plan to talk to Peter Doshi again today or tomorrow.

I enclose a revised efficacy analysis that now includes multiple imputation. I hope this will help ease your mind about publishing our paper.

As discussed with Peter, our adverse event reporting is integral to our analysis of Study 329, and while we are open to some refinements, we are committed to publishing the MedDRA coding and our analysis of it roughly as it currently stands (with statistical analysis in the tables if you insist). Our policy has been to defer to your judgement whenever we can, because your advice is largely sound, and because we want our important paper in the BMJ. But we've run out of leeway on AEs. We are unwilling to use the original AE coding that scores suicidality as 'emotional lability' or to hire an external rating team for AE coding, and we lack the resources to invest thousands of hours to examine all of the CRFs.

We understand your concerns about perceived COI in relation to David Healy's potential expert witness status, but we remind you that this issue has been present and public throughout the process of proposing the RIAT initiative, our writing this paper, and our dealing with the BMJ. Also, as you know, our MedDRA rater was unconflicted and blinded, and the adverse event source data will be available for anyone to examine.

If these conditions are unacceptable, we request that you reject our paper now, so that we can move on with publishing it elsewhere.

Regards

Jon Jureidini