

6 July 2015

Dr Fiona Godlee
Editor
BMJ

Dear Dr Godlee

Re: "Restoring Study 329: A randomised, controlled trial of the efficacy and harms of paroxetine and imipramine in the treatment of adolescent major depression"

I understand that you have now become directly involved in editorial management of our paper, and given how drawn out and difficult the process has been, I am taking the liberty of writing directly to you with a copy to Dr Elizabeth Loder .

Throughout the ten month review process, we have responded promptly to BMJ's requests and been at pains to explain our analysis and other actions. It has now been three weeks since the most recent provisional acceptance from Dr Loder, and we understand that there are no substantive issues with the content of the paper and that BMJ's concern about the perceived conflicts of interest of some of the authors has been resolved.

However we understand from Dr Peter Doshi that you now want to check some of our data transcription and analysis prior to publication. The option of checking these aspects has been there for ten months and we do not understand why BMJ has raised it now. We suspect that this level of checking is unprecedented. It seems to us that each time we satisfy a requirement, a new one emerges, and we have no confidence that this 'last step' will be the end of the matter.

In fact, it is not clear what BMJ hopes to achieve by further checking our work, unless you suspect deliberate dishonesty on our part. GSK have a copy of the March version of the paper that was provisionally accepted and they have direct non-periscope access to their data. If you want to make a quick check, why not ask GSK for any disagreements that they have about our data? This is the only way we can see to do what you suggest within an acceptable timeframe (given that they have had the article for 3 months, we would expect they should be able to meet a requirement to respond within a few days). You would find events that can be quibbled about – there are events that we have some uncertainties about. It is unclear how you would propose to resolve such differences.

But none of this will change the paroxetine specific conclusions in our paper, which do not differ substantially from those that have already been laid out by us elsewhere¹ and by others². In fact, finding differences will bolster our general conclusion about authorship – that in the presence of data it is necessarily provisional rather than definitive.

¹ Eg, <http://1boringoldman.com/index.php/2012/08/27/the-lesson-of-study-329-clues-and-adversities/>

² US Department of Justice www.justice.gov/sites/default/files/opa/legacy/2012/07/02/plea-ex-b.pdf

We therefore strongly argue against any further checking of our paper, and we request that BMJ make a decision to either accept or reject the paper in its current form (apart from editing for errors and clarity).

Whatever approach you decide to take with checking our work, we request that you respond to this letter by July 7 and that the response lays out a timeline for the completion of all actions needed to enable you to provide us with a definitive acceptance or rejection by July 15.

We very much want to see the paper published in BMJ. Nevertheless, we have reluctantly concluded that unless we can work within a mutually agreed timeframe, we would ask that you reject our paper so that we can submit it to another journal.

I look forward to hearing from you soon

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Jon Jureidini', with a long horizontal line extending to the right.

Jon Jureidini
on behalf of the RIAT 329 group

cc Dr Elizabeth Loder; Dr Peter Doshi