Dear Dr. Enstrom,

I am sorry to say that the decision to decline your letter applied to both print and online publication.

Thank you for the opportunity to consider it.

Sincerely,

Caren Solomon, M.D., M.P.H.
Deputy Editor
New England Journal of Medicine

From: JAMES ENSTROM <jenstrom@ucla.edu>
Date: Tuesday, September 8, 2020 at 6:32 PM
To: "Solomon, Caren, M.D." <csolomon@nejm.org>
Subject: Fwd: New England Journal of Medicine 20-28968

September 8, 2020

Dear Deputy Editor Solomon,

I understand from the NEJM Author Center that "Letters accepted for publication will appear in print, on the Journal’s website at NEJM.org, or both." Thus, please let me know if my letter to the editor was given consideration for publication only on the NEJM.org website, where there is no lack of space. In the interest of objectivity, NEJM should find a way to publish the strong evidence contained in my letter.

Thank you very much for your clarification regarding my letter.

Sincerely yours,

James E. Enstrom, PhD, MPH
genstrom@ucla.edu
(310) 472-4274
Dear Dr. Enstrom,

I am sorry that we will not be able to publish your recent letter to the editor regarding the Frey article of 13-Aug-2020. The space available for correspondence is very limited, and we must use our judgment to present a representative selection of the material received. Many worthwhile communications must be declined for lack of space.

Thank you for your interest in the Journal.

Sincerely,

Caren G. Solomon, M.D.
Deputy Editor

New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115
(617) 734-9800
Fax: (617) 739-9864
http://www.nejm.org

The note, “This email message is a private communication. . . .”, has been ignored and deleted in order to make public a factual error in the above rejection email. The space for NEJM correspondence is NOT ‘very limited’ if only the online version of my letter is published.
Dear Dr. Enstrom and co-authors,


Your manuscript has been forwarded to members of our editorial staff, who will make an initial evaluation and decide whether it merits further consideration. You will be notified of the decision as soon as possible.

Your manuscript ID is 20-28968.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at https://mc05.manuscriptcentral.com/nejm and edit your user information as appropriate. You may also view the status of your manuscript at any time by checking For Authors section of the site.

We are undertaking evaluation of your manuscript with the understanding that neither the substance of the article nor the figures or tables have been published or will be submitted for publication elsewhere during the period of review.

Please provide the editors with copies of other manuscripts by you or your coauthors addressing similar or related research questions that are in preparation or under consideration at other journals. This does not apply to abstracts published in connection with scientific meetings or to news reports based on presentations at such meetings.

The Journal's policy is explained more fully at https://www.nejm.org/about-nejm/editorial-policies.

Please call us at 617-734-9800 if you have any questions.

Sincerely,

New England Journal of Medicine
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The August 13 Sounding Board by the Independent Particulate Matter Review Panel (IPMRP) incorrectly claims that fine particulate matter (PM$_{2.5}$) causes premature deaths in the United States and inappropriately criticizes the latest EPA CASAC assessment of PM$_{2.5}$ health effects. There is no established etiologic means by which PM$_{2.5}$ causes deaths. Furthermore, objective meta-analysis of key results from the nine primary US cohorts finds NO relationship between PM$_{2.5}$ and total mortality (Table). The original positive relationships used for establishing the 1997 PM$_{2.5}$ NAAQS have been invalidated by my independent reanalysis of the American Cancer Society Cancer Prevention Study and the Harvard Six Cities Study. The null findings of my reanalysis demonstrate the need for study data assess as per the proposed EPA rule “Transparency in Regulatory Science.” This rule is opposed by the IPMRP, the NEJM Editor-in-Chief, eight Harvard professors who promote PM$_{2.5}$ deaths, and 86 other Harvard professors. Extensive null epidemiological and toxicological evidence supports retaining the current PM$_{2.5}$ NAAQS. In fairness, the NEJM needs to publish a Sounding Board with this null evidence.

I report no potential conflict of interest relevant to this letter.

References


### Table: Random Effects Meta-Analysis of Nine US Cohorts That Analyzed Fine Particulate Matter (PM2.5) and Total (All-cause) Mortality

#### Relative Risk (RR and 95% CI) of Total Mortality Associated with Increase of 10 μg/m³ in PM2.5

<table>
<thead>
<tr>
<th>US Cohort Studies</th>
<th>Author Year</th>
<th>RR Table</th>
<th>F-U Years</th>
<th>RR</th>
<th>95%CI(L)</th>
<th>95%CI(U)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans Study</td>
<td>Lipfert 2000</td>
<td>T6</td>
<td>1986-1996</td>
<td>0.890</td>
<td>0.850</td>
<td>0.950</td>
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<tr>
<td>Medicare (MCAPS) Western US</td>
<td>Zeger 2008</td>
<td>T3</td>
<td>2000-2005</td>
<td>0.989</td>
<td>0.970</td>
<td>1.008</td>
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<tr>
<td>ACS Cancer Prevention Study (CPS II)</td>
<td>HEI RR140</td>
<td>T34</td>
<td>1982-2000</td>
<td>1.028</td>
<td>1.014</td>
<td>1.043</td>
</tr>
<tr>
<td>Health Professionals FU Study</td>
<td>Puett 2011</td>
<td>T2</td>
<td>1989-2002</td>
<td>0.860</td>
<td>0.720</td>
<td>1.020</td>
</tr>
<tr>
<td>Agricultural Health Study</td>
<td>Weichenthal 2015</td>
<td>T2</td>
<td>1993-2009</td>
<td>0.950</td>
<td>0.760</td>
<td>1.200</td>
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<tr>
<td>NIH-AAPR Diet and Health Study</td>
<td>Thurston 2016</td>
<td>T2 F3</td>
<td>2000-2009</td>
<td>1.025</td>
<td>1.000</td>
<td>1.049</td>
</tr>
<tr>
<td>National Health Interview Survey</td>
<td>Parker 2018</td>
<td>T3corr</td>
<td>1997-2011</td>
<td>1.016</td>
<td>0.979</td>
<td>1.054</td>
</tr>
</tbody>
</table>

**Intrepid Insight Random Effects Meta-Analysis**  
Summary RR = 1.031 (0.997-1.066), which is statistically consistent with 1.000 (NO relationship)

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Q Test Statistic = 109.5100704  
I^2 90.87%

Cochrane's Q Test for Homogeneity of Studies (Null Hypothesis: Studies are Homogenous)  
P-Value = 6.69843E-19 → Since Studies fail Test for Homogeneity, Random Effects Meta-Analysis  
Yields Summary RR = 1.031 (0.997-1.066), which is statistically consistent with 1.000 (NO relationship)