Editors-in-Chief
Journal of Clinical Psychopharmacology
Richard I. Shader, MD
David J. Greenblatt, MD
Tufts University School of Medicine
Department of Pharmacology and Experimental Therapeutics
136 Harrison Ave
Boston, MA 02111

Dear Drs. Shader and Greenblatt,

Thank you for your prompt and considered response to my April 5th letter requesting that you investigate the McClintock et al. article and consider retracting it from your journal.

I will certainly follow through on each of your suggestions. I particularly appreciate your suggestions for me to address my concerns to NIH and Dr. McClintock's department chair. However, I strongly believe that the scientific errors identified in my letter do not merely "fall in the realm of commentary on scientific content," but rather that if proven true, these factual misrepresentations document the fabrication of scientific content that is harmful to patient care.

I would also point out that both STAR*D's Clinical Procedures Manual and the 2004 Controlled Clinical Trials article, a copy of which I included in my email to you that proves McClintock et al's misrepresentations, are both in the public domain and easily accessible by you. My letter cites both of these primary source documents with page # references, so confirming what my letter documents is something quite simple for you or an assistant to do.

I have also attached STAR*D's steps 1-4 and summary articles; seven in total that are each in the public domain. A simple search of these articles' PDF files using the terms *telephone*, *interactive*, *voice*, *IVR*, etc. provides further confirmation that the few times that the QIDS's IVR-version is referenced, it is specifying how the IVR-version of the QIDS was administered at entry and exit from each step, @ 6 weeks during each step, &/or monthly during follow-up; *but never* "within 72 hours of each clinic visit" as McClintock et al. falsely claim.

As my letter, all primary source documents, and now, a simple 5-minute search of these seven articles describing STAR*D's methodology in detail confirms, there was no administration of the IVR-version of the QIDS-SR "within 72 hours of each clinic visit." This is one of the many scientific errors in the McClintock et al. article that renders it as little more than fabricated science that reaches false and dangerous conclusions that harm patient care.

Furthermore, if your journal is not in the business of such simple fact-checking as detailed above, may I ask what business is your journal in? I would also like for you to

state what the journal's criteria are that need to be proved for you to retract McClintock et al. or any other article? In my simplistic mind, the criteria for retraction should be quite clear; that is, would your peer-reviewers and you yourselves have published the McClintock et al. paper as written if the scientific errors that I have documented are proven true? Are there additional criteria that must be met?

Finally, will my letter to you be limited to "6 doubled-spaced pages including references" as stated on the journal's website? I should be able to compose this letter within one week after getting clarification on the above points.

Again, I want to thank you both for your prompt and considered response to my concerns as well as the course of action that you have so kindly suggested I take. I look forward to writing my letter and am eager to allow McClintock et al. to respond to the serious charges raised therein in a rigorous, refereed, peer-reviewed format.

Given the risks that I believe McClintock et al's article potentiates, I have recently posted a blog on it and because of these risks, I am also posting all of my correspondence seeking the retraction of this, and all other STAR*D articles which I believe have fabricated scientific content that harms patient care. These postings are not meant to be disrespectful to you or the journal, but rather reflect the seriousness of the issues raised.

Sincerely,

H. Edmund Pigott, Ph.D.

References:

Rush et al., Sequenced Treatment Alternatives to Relieve Depression (STAR * D): rationale and design. Controlled Clinical Trials 2004; 25: 119–142.

Trivedi et al. *STAR* * *D clinical procedures manual*. July 31, 2002. Retrieved from www.edc.pitt.edu/stard/public/study_manuals.html.