

From: **Letter** <letter@nejm.org>
Date: Thu, Sep 10, 2020 at 7:24 AM
Subject: RE: New England Journal of Medicine 20-28968
To: jenstrom@ucla.edu <jenstrom@ucla.edu>

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
jenstrom@ucla.edu
(310) 472-4274

----- Forwarded message -----

From: **NEJM Letter** <onbehalf@manuscriptcentral.com>

Date: Tue, Sep 8, 2020 at 10:51 AM

Subject: New England Journal of Medicine 20-28968

To: <jenstrom@ucla.edu>

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.

From: **New England Journal of Medicine** <onbehalf@manuscriptcentral.com>
Date: Wed, Sep 2, 2020 at 12:06 AM
Subject: New England Journal of Medicine - 20-28968
To: <jenstrom@ucla.edu>

Dear Dr. Enstrom and co-authors,

Thank you for submitting your manuscript, "Retain the Current Particulate-Matter Air-Quality Standard" to the New England Journal of Medicine.

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
10 Shattuck Street
Boston, MA 02115
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Fax: (617) 739-9864
<http://www.nejm.org>

September 2, 2020

Letter to the Editor

New England Journal of Medicine

Retain the Current Particulate-Matter Air-Quality Standard

James E. Enstrom, PhD, MPH
University of California, Los Angeles
jenstrom@ucla.edu

The August 13 Sounding Board by the Independent Particulate Matter Review Panel (IPMRP)¹ 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.² 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).³ 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 Study⁴ and the Harvard Six Cities Study.³ 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.⁵ 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

1. Independent Particulate Matter Review Panel. The Need for a Tighter Particulate-Matter Air-Quality Standard. *N Engl J Med* 2020;383:680-683. August 13, 2020 DOI: 10.1056/NEJMSb2011009
2. Cox LA. CASAC review of EPA’s policy assessment for the review of the National Ambient Air Quality Standards for particulate matter (external review draft—September 2019): EPACASAC-20-001. Washington, DC: Clean Air Scientific Advisory Committee, Environmental Protection Agency, December 16, 2019 (<https://beta.regulations.gov/document/EPA-HQ-OAR-2015-0072-0260>) or ([https://yosemite.epa.gov/sab/sabproduct.nsf/E2F6C71737201612852584D20069DFB1/\\$File/EPA-CASAC-20-001.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/E2F6C71737201612852584D20069DFB1/$File/EPA-CASAC-20-001.pdf))
3. Enstrom JE. October 17, 2019 Comment Criticizing the 2018 Draft EPA Particulate Matter Integrated Science Assessment and the 2019 Draft EPA Particulate Matter Policy Assessment. ([https://yosemite.epa.gov/sab/sabproduct.nsf/F729E7D8E248A2C5852584970009565A/\\$File/Enstrom+Comment+to+CASAC+re+090519+EPA+PM+PA+101719.pdf](https://yosemite.epa.gov/sab/sabproduct.nsf/F729E7D8E248A2C5852584970009565A/$File/Enstrom+Comment+to+CASAC+re+090519+EPA+PM+PA+101719.pdf))
4. Enstrom JE. Fine particulate matter and total mortality in cancer prevention study cohort reanalysis. *Dose-Response*. 2017;15(1):1–12. March 28, 2017 DOI: 10.1177/1559325817693345
5. Jacobs WB, Goho SA. COMMENTS ON PROPOSED RULE, STRENGTHENING TRANSPARENCY IN REGULATORY SCIENCE, 83 FED. REG. 18,768 Harvard Law School August 7, 2018 (<https://www.regulations.gov/document?D=EPA-HQ-OA-2018-0259-6111>)

Table: Random Effects Meta-Analysis of Nine US Cohorts That Analyzed Fine Particulate Matter (PM2.5) and Total (All-cause) Mortality³

Relative Risk (RR and 95% CI) of Total Mortality Associated with Increase of 10 µg/m³ in PM_{2.5}

US Cohort Studies	Author	Year	RR Table	F-U Years	RR	95%CI(L)	95%CI(U)
Veterans Study	Lipfert	2000	T6	1986-1996	0.890	0.850	0.950
Medicare (MCAPS) Eastern US	Zeger	2008	T3	2000-2005	1.068	1.049	1.087
Medicare (MCAPS) Central US	Zeger	2008	T3	2000-2005	1.132	1.095	1.169
Medicare (MCAPS) Western US	Zeger	2008	T3	2000-2005	0.989	0.970	1.008
ACS Cancer Prevention Study (CPS II)	HEI RR140	2009	T34	1982-2000	1.028	1.014	1.043
Nurses Health Study	Puett	2009	T3	1992-2002	1.260	1.020	1.540
Health Professionals FU Study	Puett	2011	T2	1989-2002	0.860	0.720	1.020
Harvard Six Cities Study (H6CS)	Lepeule	2012	T2	1974-2009	1.140	1.070	1.220
Agricultural Health Study	Weichenthal	2015	T2	1993-2009	0.950	0.760	1.200
NIH-AAPR Diet and Health Study	Thurston	2016	T2 F3	2000-2009	1.025	1.000	1.049
National Health Interview Survey	Parker	2018	T3corr	1997-2011	1.016	0.979	1.054
Intrepid Insight Random Effects Meta-Analysis Summary RR					1.031	0.997	1.066

Q Test Statistic = 109.5100704 I² 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)