

## SP9 – Pre-publication history for Malhotra et al

From: **aseem malhotra**  
Date: Friday, September 27, 2013  
Subject: Re: Request to peer review a column for the BMJ  
To: Rebecca Coombes <[rcoombes@bmj.com](mailto:rcoombes@bmj.com)>

Hi Rebecca,

I am in the final stages of a potentially game changing and much needed piece busting the myth of saturated fat and heart disease. It is well referenced including a strong evidence base for why all calories are not the same and I also briefly question statins in primary prevention and provide an explanation why the evidence is weak for benefit here. This is something I have conceived and looked into for over a year now. I can and was planning to do it for the Observations column but it's close to 1600 words and thought it may be more suitable as a feature? But I don't know what your requirements/usual process is for feature pieces? I have a heads up that the WHO is going to announce a revision on dietary guidelines on sugar at the end of October and the Scientific advisory committee on nutrition is currently reviewing dietary guidelines on carbs. But I am not confident that they will be totally impartial as one of their lead scientists has recently been exposed as being on the pay roll of Coca Cola! I therefore ideally want to publish this in the next few weeks but if it is not something you see as viable for features then I would shorten it down and do it for Observations but just thought it was worth asking you first!

Best

AseemAseem

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From: **Rebecca Coombes** <[rcoombes@bmj.com](mailto:rcoombes@bmj.com)>  
Date: 27 September 2013 17:37  
Subject: Fwd: Request to peer review a column for the BMJ  
To: Trevor Jackson <[TJackson@bmj.com](mailto:TJackson@bmj.com)>

Trevor, I haven't replied to this yet but it strikes me as more of an analysis than a feature. Or perhaps an Observations in need of a haircut! Let's discuss on Monday.  
Beccs

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 30 September 2013 19:26  
Subject: Next Observations Piece:  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

I also wanted to give you a heads up and check that it's ok that I'll be submitting an Observations piece in the next couple of days that I've been putting together for some time. I am just editing it down from 1600 words.

It essentially busts the myth of saturated fat and heart disease, why all calories are not the same and also seriously questions statins for primary prevention. It's provocative and timely with the SACN currently reviewing their advice on carbs but as Sarah Bosely has recently exposed a leading scientist on the board has been co-opted by Coca Cola. Don't worry there's nothing potentially libelous this time! I believe it will definitely trigger a debate..

I know this is very short notice but do you think there's possibly space time for next week's October 12th issue? It's partly because I think we'll be ahead of the game before the WHO make an announcement on sugar at the end of October but also I happen to be off next week in case the press are interested.

If not, no worries, it can wait a bit longer as you may well have filled the space for that issue. I believe the arguments I present are important for public health. "Low fat and cholesterol lowering" foods need to stop being marketed as healthy because they're not.

Best

Aseem

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

From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 2 October 2013 16:15  
Subject: RE: Next Observations Piece:  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Thanks Trevor,

I'll have the piece for you first thing tomorrow morning!

Best

Aseem

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 3 October 2013 09:10  
Subject: Busting the myth of saturated fat's role in heart disease  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

I have desperately endeavoured to cut the piece down to approx 1300 words and may need more help from you. Having said that I know the added sugar piece was 1300 words online and given the subject matter which I believe may generate some interest you may feel there's room for this many words but you are the best judge.

I hope you like it. Essentially it's putting all the pieces of the jigsaw together around saturated fat, cholesterol and statins and most importantly winding back the harms of too much medicine! It's a debate that is very much needed!!

Let me know if you think it's a viable option for next week's issue.

I will also have supportive quotes from ■■■■■■■■, ■■■■■■, and ■■■■■■.  
I know that you prefer the press release to go out on Friday, but even if it went out with less than 24 hours notice next week I am very confident it will still be picked up widely.

Best

Aseem

There is universal scientific acceptance that *trans*-fats, found in many fast foods, bakery products, and margarines increase the risk of CVD (the number one killer claiming 17.3 million deaths worldwide)<sup>1</sup> through inflammatory processes.<sup>2</sup> But "saturated fat" is another story. The mantra of removing saturated fat to reduce risk for CVD has dominated

dietary advice and guidelines for almost four decades. Yet scientific evidence argues that this advice has paradoxically increased our risk for CVD. Furthermore, government's obsession with levels of total cholesterol, which has resulted in the overmedication of millions of people with statins, has diverted our attention from the more egregious risk factor of atherogenic dyslipidaemia.

Saturated fat has been demonised ever since Ancel Keys landmark Seven Countries Study paper in 1970.<sup>3</sup> It concluded that the incidence of coronary heart disease was correlated with total cholesterol, which then correlated with the percent of calories provided by saturated fat. But correlation is not causation. And this type of "transitive" correlation cannot yield causation. Nevertheless, we were remanded to "reduce fat intake to 30% of total energy and a fall in saturated fat intake to 10%" in the USA and UK in 1977 and 1984 respectively.<sup>4</sup> The effect of dietary saturated fat that is believed to have the greatest influence on CVD risk is elevated LDL-cholesterol concentrations; yet the reduction in LDL from reducing saturated fat intake appears to be specific to large buoyant (Type A) particles, when in fact it is the small dense (Type B) LDL particles (responsive to carbohydrate intake) that is implicated in CVD.<sup>5</sup> Indeed, recent prospective cohort studies have not supported any significant association between saturated fat intake and risk of CVD<sup>6</sup>; and has actually been found to be protective. In Europe there is an inverse relationship between saturated fat consumption and heart disease.<sup>7,8</sup> Where the saturated fat comes from might be important. Dairy foods are exemplary providers of vitamins A and D. As well as Vitamin D deficiency being linked to a significantly increased risk of cardiovascular mortality, calcium and phosphorus found commonly in dairy foods may have antihypertensive effects that may contribute to inverse associations with CVD risk.<sup>9,10,11</sup> The cardiovascular health study revealed that higher concentrations of plasma trans-palmitoleic acid, a fatty acid mainly found in dairy foods was associated with higher HDL, lower triglycerides, lower CRP, reduced insulin resistance and lower incident of diabetes in adults.<sup>12</sup> Red meat and dairy products are the two major sources of saturated fat in the USA. Consumption of processed meats but not red meat has been associated with CHD and diabetes mellitus which may be explained by nitrates and sodium as preservatives in the former.<sup>13</sup>

In relation weight gain fat has received notoriety based on its higher calorie content per gram in comparison to protein and carbohydrate. However work by biochemist Richard Feinman and nuclear physicist Eugene Fine on thermodynamics and the metabolic advantage of different diet compositions demonstrated that the body does not metabolise different macronutrients in the same way.<sup>14</sup> One of the earliest obesity experiments was carried out by Kekwick and Pawan, published in the Lancet in 1956. They compared groups consuming diets of 90% fat vs 90% protein vs 90% carbohydrate and revealed the greatest weight loss in the fat consuming group.<sup>15</sup> The authors concluded that the "composition of the diet appeared to outweigh in importance the intake of calories." Most recently the calorie is not a calorie theory has been further substantiated by a recent study published in JAMA revealed a "low fat" diet showed the greatest decrease in energy expenditure, an unhealthy lipid pattern and increased insulin resistance in comparison to a low carbohydrate and low glycaemic index diet.<sup>16</sup> In the United States, percent calorie consumption from fat declined from 40 to 30% in the past 30 years (although absolute fat consumption remained the same), yet obesity has rocketed. One reason: when you take the fat out, the food tastes awful. The food industry compensated by replacing saturated fat with added sugar. Scientific evidence is mounting which implicates sugar as a possible independent risk factor for the metabolic syndrome (the cluster of hypertension, dysglycaemia, raised triglycerides, low HDL, and increased waist circumference).

For the previous generation, CVD existed in isolation. Now, two-thirds of those admitted to hospital with a diagnosis of acute myocardial infarction really have metabolic syndrome — but 75% of these patients have a completely normal total cholesterol.<sup>17</sup> Maybe because total cholesterol isn't really the problem?

The Framingham Study sanctified total cholesterol as a risk factor for coronary artery disease, making statin drugs the second most prescribed medication in the United States, and driving a multi-billion dollar global industry. In the UK 8 million people take statins on a regular basis, up from 5 million ten years ago. With 60 million prescriptions per year, is it not strange that there has been no demonstrable effect on heart disease trends during this period?<sup>18</sup> Despite the mantra that high cholesterol is a significant risk factor for coronary artery disease, several independent population studies in healthy adults have revealed that low total cholesterol is associated with both cardiovascular and non-cardiac mortality, suggesting that high total cholesterol is not a risk factor in a healthy population.<sup>19,20,21</sup> Obesity researcher Zoe Harcombe found an inverse relationship between total cholesterol on both CVD on overall mortality analysing WHO data across all countries.<sup>22</sup> But of course correlation does not imply causation.

Recently, concern over data publication bias has been argued — the “herd” mentality. There is no reason to believe that research into statins, now 20 years old, is immune to such bias. A recent “real world” study of 150,000 patients prescribed statins published in *Annals of Internal Medicine* revealed “unacceptable” side-effects including myalgia, gastrointestinal upset, sleep and memory disturbance, and erectile dysfunction in 20% resulting in discontinuation of the drug.<sup>23</sup> This is massively at odds with the major statin trials that only report significant side effects of myopathy or muscle pain in 1 in 10,000. And with the exposure that 75% of guideline boards having financial ties to industry it certainly begs the question of how much of modern medical practice is eminence based and corporate influenced? In 2004 it was revealed that considerable bias contributed to new guidelines that expanded the treatment of cholesterol when independent scientists exposed that 8 of the 9 guideline authors had direct financial ties to the industry.<sup>24</sup>

In addition to the increased risk of developing type 2 diabetes statins have also been recently linked to a significantly increased risk of developing cataracts.<sup>25</sup> A meta-analysis of predominantly industry-sponsored data reveals that in a low-risk group over 60 taking statins, the number needed to treat (NNT) to prevent cardiovascular events in one year is 450.<sup>26</sup> The strongest evidence base for statins are in secondary prevention where all patients post-myocardial infarction are prescribed maximum-dose therapy irrespective of total cholesterol based upon statin's anti-inflammatory or pleiotropic (coronary plaque stabilising) effects. In this group the NNT is 83 for mortality over a 5 year period. That doesn't mean each patient benefits a little; rather 82 will receive no benefit.<sup>27</sup> The fact that no other cholesterol lowering drug has demonstrated mortality benefit supports the hypothesis that the benefits of statins are independent its effects on cholesterol.

A better understanding of the concept of NNT amongst front line medical professionals along with an honest an open discussion with patients can help mitigate the harms of “too much medicine”. For instance, adopting a Mediterranean diet after a heart attack is almost three times more powerful in reducing mortality than is taking a statin. The recently published Predimed RCT was stopped early after showing that the Mediterranean diet achieved a 30% improvement in cardiovascular events in high-risk individuals compared with a “low-fat” diet.<sup>28</sup>

Pharmacotherapy can assuage the symptoms, but can't alter the pathophysiology. Physicians need to embrace prevention as well as treatment. The medical profession also needs to temper unrealistic expectations by the lay public, who are pelted with media reports and drug advertisements. And lastly, the greatest improvements in morbidity and

mortality has been due not to personal responsibility, but rather to public health. It is time to bust the myth of saturated fat's role in heart disease.

1. Cardiovascular disease. WHO. Available at [http://www.who.int/cardiovascular\\_diseases/en/](http://www.who.int/cardiovascular_diseases/en/)
2. Wallace S, Mozaffarian D. Trans-fatty acids and non lipid risk factors. *Curr.Atheroscler. Rep.* 2009;11:423.
3. Keys A (ed). Coronary heart disease in seven countries. *Circulation*1970: 41(Supp): 1-211.
4. Committee on Medical Aspects of Food Policy. Diet and Cardiovascular Disease: Report of the Panel on Diet in Relation to Cardiovascular Disease. 1984
5. Musunuru K, Atherogenic Dyslipidaemia: Cardiovascular Risk and Dietary Intervention. *Lipids.* 2010 October; 45(10): 907–914.
6. Siri-Tarino PW, Sun Q, Hu FB, Krauss RM. Meta-analysis of prospective cohort studies evaluating the association of saturated fat with cardiovascular disease. *Am J Clin Nutr.* 2010;91:535–46
7. European cardiovascular disease statistics (2008 edition). British Heart Foundation Health Promotion Research Group Department of Public Health, University of Oxford and Health Economics Research Centre, Department of Public Health, University of Oxford
8. <http://www.drbriffa.com/2012/10/02/the-french-paradox-is-not-a-paradox/>
9. Alonso A, Nettleton JA, Ix JH, de Boer IH, Folsom AR, Bidulescu A, Kestenbaum BR, Chambless LE, Jacobs DR Jr. Dietary phosphorus, blood pressure and incidence of hypertension in the atherosclerosis risk in communities study and the multi-ethnic study of atherosclerosis. *Hypertension* 2010; 55:776-84.
10. Sacks FM, Willett WC, Smith A, Brown LE, Rosner B, Moore TJ. Effect on blood pressure of potassium, calcium, and magnesium in women with low habitual intake: *Hypertension* 1998;31:131-8.
11. Geleijnse JM, Kok FJ, Grobee DE. Blood pressure response to changes in sodium and potassium intake: A metaregression analysis of randomised trials. *J Hum Hypertens.* 2003;17:471-80.
12. Mozaffarian D, Cao H, King IB, Lemaitre RN, Song X, Siscovick DS, Hotamisligil GS. Trans- – palmitoleic acid, metabolic risk factors, and new-onset diabetes in U.S adults: A cohort study. *Ann Intern. Med.* 2010;153:790-9.
13. Micha R, Wallace SK, Mozaffarian D. Red and processed meat consumption and risk of incident coronary heart disease, stroke and diabetes mellitus: a systematic review and meta analysis. *Circulation* 2010;121:2271-83.
14. Richard Feinman and Eugene Fine. A calorie is a calorie violates the second law of thermodynamics. *Nutr J.* 2004;3:9

15. Kekwick A, Pawan GL **Calorie intake in relation to body-weight changes in the obese.** *Lancet* 1956 Jul 28;271(6935):155-61.
  16. Cara B. Ebbeling, Janis F. Swain, Henry A. Feldman, William W. Wong, David L.Hachey, Erica Garcia-Lago, David S. Ludwig, Effects of Dietary Composition on Energy Expenditure During Weight-Loss Maintenance *JAMA*. 2012;307(24):2627-2634
  17. <http://newsroom.ucla.edu/portal/ucla/majority-of-hospitalized-heart-75668.aspx>
  18. *British Heart Foundation. Trends in coronary heart disease, 1961-2011. BHF, 2011.*  
[www.bhf.org.uk/publications/view-publication.aspx?ps=1001933](http://www.bhf.org.uk/publications/view-publication.aspx?ps=1001933)
  19. Nago N, Ishikawa S, Goto T, Kayaba K. Low cholesterol is associated with mortality from stroke, heart disease, and cancer: the Jichi Medical School Cohort Study. *J Epidemiol*. 2011;21:67-74.
  20. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3247776/>
  21. Simes RJ. Low cholesterol and risk of non-coronary mortality. *Aust N Z J Med*. 1994;24:113-119.
  22. <http://www.zoeharcombe.com/2010/11/cholesterol-heart-disease-%E2%80%93-there-is-a-relationship-but-it%E2%80%99s-not-what-you-think/>
  23. Zhang H, Plutzky J, Skentzos S, Morrison F, Mar P, Shubina M, et al. Discontinuation of statins in routine care settings. *Ann Intern Med* 2013;158:526-34.
  24. Abramson JE, Barnard RJ, Barry HC, Bezruchka S, Brody H, Brown DL, et al. E.petition to the National Institutes of Health seeking and independent review panel to re-evaluate the national cholesterol education project guidelines. 2004. <http://cspinet.org/new/pdf/>
  25. <http://archopht.jamanetwork.com/article.aspx?articleid=1739520>
  26. Cholesterol Treatment Trialists' (CTT) Collaborators, Mihaylova B, Emberson J, Blackwell L, Keech A, Simes J, et al. The effects of lowering LDL cholesterol with statin therapy in people at low risk of vascular disease: meta-analysis of individual data from 27 randomised trials. *Lancet* 2012;380:581-90
  27. <http://www.thennt.com/nnt/statins-for-heart-disease-prevention-with-known-heart-disease/>
  28. Estruch R, Ros E, Salas-Salvadó J, Covas MI, Corella D, Arós F, et al. Primary prevention of cardiovascular disease with a Mediterranean diet. *N Engl J Med* 2013;368:1279-90.
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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 3 October 2013 16:41  
Subject: Re: Busting the myth of saturated fat's role in heart disease  
To: aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Thanks, Aseem. I regret I just haven't had a chance to get to this today, and we are already awash with copy for next week. It would really make sense for us to consider this for issue of October 19. I would rather not rush it. I will get back to you tomorrow with a more considered view.

Best wishes

Trevor

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 4 October 2013 16:53  
Subject: Re:  
To: aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Hi Aseem

I really like the new column, and Fiona is very pleased to have something on this. But I haven't had a chance to do any detailed work on it yet, and probably won't until Monday afternoon. Perhaps we can discuss some of the detail when we meet on Tuesday.

Have a nice weekend

Trevor

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 8 October 2013 13:00  
Subject: Re: Busting the myth of saturated fat's role in heart disease  
To: aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Hi Aseem

I have made some cuts to your article, marked in track changes on the attached. I am confident your main argument remains intact. It is now down to about 1,150 words, exc references which we will leave only in the online version. So we may still need to cut further on page, but we can worry about that later.

I still need Fiona to look at this (she is particularly interested in this subject) and to get it peer reviewed. But let's discuss later.

Trevor

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 8 October 2013 13:37  
Subject: RE: Busting the myth of saturated fat's role in heart disease  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Thanks Trevor,

Your editing is fantastic as always! Yes, let's chat later.

Best

Aseem

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**From:** Trevor Jackson [mailto:[tjackson@bmj.com](mailto:tjackson@bmj.com)]  
**Sent:** 08 October 2013 14:42  
**To:** ■■■■■■  
**Subject:** Request to peer review a short column on saturated fat and heart disease

Dear ■■■■

I wonder if I could ask you to peer review another piece for me. It is not a long one. It is a column by Aseem Malhotra, an interventional cardiologist who has started writing for us recently. This latest piece attempts to debunk the myth of a link between saturated fat consumption and heart disease.

Please bear in mind that, as a column, this is meant to be a provocative piece, but we want to make sure that it is sound, which is why we would welcome your view.

If possible, do you think you might be able to get back to me about this by the end of the week?

Best wishes

Trevor

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**From:** aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
**Date:** 9 October 2013 08:55  
**Subject:** Statins and heart disease trends  
**To:** Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

In reference to the line about coronary heart disease trends it's written in Des's column in reference to an analysis paper in the same issue about QOF in general

<http://www.bmj.com/content/346/bmj.f1498?ijkey=XLYFAyYPSRJiOT8&keytype=ref>

It's mentioned and referenced in the middle of the second paragraph but you're right that trends in cvd have gradually decreased but this has been mainly attributed to decline in smoking so difficult to more specifically determine that statins have had an effect. If you want to re-word the sentence to something like " there are an extra 3 million statin users but it's difficult to prove whether this has had any demonstrable impact" or you think better to remove it altogether?

Aseem

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**From:** Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
**Date:** 9 October 2013 15:35  
**Subject:** Re: Statins and heart disease trends  
**To:** aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Hi Aseem



Thanks for clarifying that bit - I'll either rephrase it, as you say, or take it out. I'll ask the tech ed to send you a copy of the edited version.

I'll update you on when Emma thinks it is best to press release (and therefore publish) as soon as I can. She has a better idea than I do of what else is coming up.

Best wishes

Trevor

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From: Trevor Jackson[SMTP:TJACKSON@BMJ.COM]  
Sent: Friday, October 11, 2013 11:14:05 AM  
To: Abramson, John David  
Subject: Request to peer review a short column on saturated fat and heart disease for the BMJ  
Auto forwarded by a Rule

Dear John

I wonder if I could ask you to peer review a short article for the BMJ (my colleague Helen Macdonald said you might be a good person to ask, as we are shortly to publish your Analysis article on a slightly related topic). It is a column by Aseem Malhotra, an interventional cardiologist who has started writing for us recently. This latest piece attempts to debunk the myth of a link between saturated fat consumption and heart disease, and we think it might go well in the same print issue as your forthcoming Analysis paper.

Please bear in mind that, as a column, this is meant to be a provocative piece, but we want to make sure that it is sound, which is why we would welcome your view.

If possible, do you think you might be able to get back to me about this towards the beginning of next week?

Best wishes

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**Trevor Jackson**

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From: Trevor Jackson <tjackson@bmj.com>  
Date: Fri, 11 Oct 2013 11:55:43  
To: <aseem\_malhotra@hotmail.com>  
Subject: Re: Statins and heart disease trends

Dear Aseem

Yes, that is right. I still haven't heard back the peer reviewer, but have just chased.

Have a great weekend, and I'll be in touch next week.

Best wishes

Trevor

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On 11 October 2013 12:21, aseem malhotra  
<aseem\_malhotra@hotmail.com><mailto:aseem\_malhotra@hotmail.com> > wrote:  
Hi Trevor,



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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 15 October 2013 16:16  
Subject: Re: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

Hope you're well!

Am I correct in presuming you've not heard back from the reviewers yet?

Best

AseemAseem

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From: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com) <mailto:tjackson@bmj.com>  
<mailto:tjackson@bmj.com <mailto:tjackson@bmj.com> > >  
Date: Wed, 16 Oct 2013 11:18:04  
To: <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com) <mailto:aseem\_malhotra@hotmail.com>  
<mailto:aseem\_malhotra@hotmail.com <mailto:aseem\_malhotra@hotmail.com> > >  
Subject: Re: Statins and heart disease trends

Dear Aseem

Yes, that's correct. One reviewer denied, one said he couldn't go it until November, but I am expecting the third ASAP. Today, I hope. I am keen to include your piece in 26 Sept issue, and there is plenty of time for that, but Fiona is keen that all pieces like yours are externally peer reviewed, and I agree with her.

Best wishes

Trevor

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On Wed, Oct 16, 2013 at 11:41 AM, Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)> wrote:

Dear John

I just wondered if you had had a chance to start on this peer review. I realise you must have an awful lot on, but I am quite keen to be able to include the article in 26 October issue, which means I would need to start preparing it for publication tomorrow or Friday.

Best wishes

Trevor

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 16 October 2013 13:20  
Subject: Re: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Thanks Trevor,

I am also happy that the piece is peer reviewed also. Better not to give any ammunition to detractors

with vested interests!

Best

Aseem

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From: **john abramson** <[johnabramsonmd@gmail.com](mailto:johnabramsonmd@gmail.com)>  
Date: 16 October 2013 17:10  
Subject: Re: FW: Request to peer review a short column on saturated fat and heart disease for the BMJ  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Trevor, will get this to you by tomorrow morning. You are correct that there's a lot happening.  
John

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 17 October 2013 14:10  
Subject: Re: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

Just to let you know that BBC Breakfast have pencilled me in to discuss busting the myth of saturated fat/heart disease for next wednesday morning. I have taken the day off as annual leave. I hope that yourself and Emma will be happy to press release (I can chat to her directly as I know you've got plenty on your plate to do!) early next week if we don't get a response till Monday from the peer reviewer.

I am sorry if I appear over indulgent but for such an interesting and important public health message it would be fantastic opportunity to spread the message and maximise impact.

I do appreciate that we cannot predict when the reviewer is able to return comments and if the piece gets delayed because of this then I totally understand. Am just sharing my thoughts from a best possible scenario perspective!

Best

AA

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On 17 October 2013 14:22, Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)> wrote:

Hi Emma

I am still waiting for the peer reviewer to come back to me. I initially sent it out for peer review two weeks ago, and haven't had anything back yet, although after chasing I am now expecting something in the next few hours.

I can send you the article as it is now (Trish and I both think it is fine), but it may of course need to be amended in the light of peer reviewer's comment.s

My aim is still to publish it in 26 Oct issue, as it goes well with the statins analysis paper.

Best wishes

Trevor

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On 17 October 2013 14:26, Emma Dickinson <[edickinson@bmj.com](mailto:edickinson@bmj.com)> wrote:

Glad I emailed then, because if it's going in 26th issue, I will need to press release it tomorrow, for posting 23:30 hrs Tuesday (before the print bundle goes online).

Can you send me what you've got asap, so I can draft something this afternoon and get it off to Aseem?

I will also need a final version to link to on the press release - is that feasible for tomorrow afternoon?

Emma

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 17 October 2013 14:43  
Subject: Re: Any news on Aseem's piece for press release? He hasn't called me for a few days, but I'm sure he will soon! Thanks, Emma  
To: Emma Dickinson <[edickinson@bmj.com](mailto:edickinson@bmj.com)>

Hi Emma

This is what I have now. It should be possible to have a final piece to link to tomorrow, if I get the peer review today. I will then ask Karl if he is able to prioritise if tomorrow morning.

Best wishes

Trevor

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On 17 October 2013 14:29, aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)> wrote:

Great stuff Trevor!

Best

A

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From: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: Thu, 17 Oct 2013 13:23:52  
To: <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Subject: Re: Statins and heart disease trends

This is fab, Aseem. I chased the peer reviewer again yesterday, and he assured me the review would be with me today. He is based in Harvard, so I am hoping that it will arrive in the next few hours.

I will see what Emma says.

Best wishes

Trevor

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From: **john abramson** <[johnabramsonmd@gmail.com](mailto:johnabramsonmd@gmail.com)>  
Date: 17 October 2013 17:34  
Subject: Review of From the Heart  
To: [tjackson@bmj.com](mailto:tjackson@bmj.com)

Trevor, attached is the manuscript with my comments in the bubbles on the right of the manuscript. I think there are some important issues that can be rather quickly addressed.

Best wishes,  
John

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**NOTE: Manuscript attached as a separate document**  
[\[http://www.bmj.com/content/bmj/suppl/2014/07/07/bmj.f6340.DC1/See\\_peer\\_review\\_for\\_this\\_article.pdf\]](http://www.bmj.com/content/bmj/suppl/2014/07/07/bmj.f6340.DC1/See_peer_review_for_this_article.pdf)

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 17 October 2013 18:39  
Subject: Re: Statins and heart disease trends  
To: aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Hi Aseem

Peer review is finally attached. The reviewer, John Abramson from Harvard, thinks that there are some important issues, but that these can be very quickly addressed. His comments are marked in green bubbles on right (the red marks are my earlier edits).

Would you mind engaging with this before tomorrow, if you are able to, and sending me a post-peer review version in the morning? I apologise for the short notice, but as you know I have been chasing this all week. Emma would like to be able to press release this tomorrow. Do let me know if this causes you any difficulty and I will see what I can do.

Best wishes

Trevor

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 17 October 2013 22:11  
Subject: RE: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

Comment 1.

There is no need to mention replacing saturated fat with polyunsaturated fat as although there are studies that exist supporting this advice this is not the conclusion specifically made in the paper referenced. ( In addition I have already given prominence to the Med diet later on) - No change

Comment 2.

To mention sponsorship of studies by the dairy council detracts from the message - No change

Comment 3.

OK. " With 60 million statin prescriptions per year it is difficult to demonstrate any additional impact on reduced cardiovascular mortality that has been strongly attributed to declining smoking prevalence and primary angioplasty."

Comment 4. Nil

Comment 5.

OK. Make it "low risk group aged 60-70 is NNT is 345"

Comment 6.

He agrees it's a theory - No change

Comment 7.

Slight change. He mentions NNT 38 for recurrent "heart attack" but I am talking about mortality ( it's in the reference) so just add no "prognostic" benefit.

Comment 8.

Just his opinion- No change

Thanks Trevor. I believe I have dealt with the important changes required.

Best

Aseem

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 18 October 2013 05:14  
Subject: RE: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

I've made the changes on the document (attached) to save some time!

Best

Aseem

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From: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: Fri, 18 Oct 2013 08:47:36  
To: <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Subject: Re: Statins and heart disease trends

Thanks, Aseem - that's great.

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 18 October 2013 13:56  
Subject: Re: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Hi Trevor,

Just checking whether I'll be expecting a tech edit from Karl shortly?

Best

AseemAseem

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 18 October 2013 14:11  
Subject: Fwd: Statins and heart disease trends  
To: Karl Sharrock <[ksharrock@bmj.com](mailto:ksharrock@bmj.com)>

Hi Karl

Is there time to send Aseem a proof? I wouldn't normally at this stage, but I am keen to make sure there are no issues with this one.

T

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From: **aseem malhotra** <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>  
Date: 18 October 2013 14:26  
Subject: Re: Statins and heart disease trends  
To: Trevor Jackson <[tjackson@bmj.com](mailto:tjackson@bmj.com)>

Thanks Trevor,

Already engaged with him!

Cheers!

Aseem

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From: **Trevor Jackson** <[tjackson@bmj.com](mailto:tjackson@bmj.com)>  
Date: 18 October 2013 14:26  
Subject: Re: Statins and heart disease trends  
To: aseem malhotra <[aseem\\_malhotra@hotmail.com](mailto:aseem_malhotra@hotmail.com)>

Hi Aseem

I gather you have seen this now. I've just given it a final read through, and it all looks good to me.

T

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