

[Sent by email]

6th June 2011

Dear Ms Mullan

An email which you sent to Mr James Campbell on 3rd June 2011 has been forwarded to Professor Hooper (and hence to me). Professor Hooper has asked me to contact you on his behalf.

In that email you say you are perfectly satisfied with Professor White and colleagues' response to Professor Hooper's complaint (as indeed you said to us in your email of 17th May 2011), but you also say that if Professor Hooper has any further concerns, you would welcome his contacting you about them.

He does have further concerns, but believed that as you advised him that from an editorial perspective the case was closed, there was no point in sending you a copy of his response.

It is not clear if you have read it, so for convenience a Word copy is attached.

In the light of your email to Mr Campbell, Professor Hooper asks you to accept his response as being a due part of the Elsevier formal complaints procedure.

As requested, he will let you have his further concerns as soon as possible.

I hope you will accept that Professor Hooper bears no personal animosity towards Professors White, Sharpe and Chalder, nor indeed towards Professor Wessely or other members of the Wessely School, but he does have the greatest condemnation of what is internationally accepted to be their cavalier and idiosyncratic attitude towards people with ME/CFS, their dismissal of patients' intense physical suffering as aberrant beliefs and their unshakable assertion that it is a somatoform disorder (SD) amenable to CBT and GET, when chemokine, cytokine and genetic profiling, as well as proteomics, have identified critical features which make it incontrovertible that it is not an SD and cannot be managed as such.

Professor Hooper's overriding concern is for the welfare of – and justice for – very sick people who are suffering not from an aberrant illness belief and deconditioning (the premise upon which the PACE Trial was predicated) but from a chronic, complex, multi-system neuroimmune vascular inflammatory disorder in which incremental aerobic exercise is contra-indicated and has been shown by various ME charities to be at best unhelpful and at worst actively damaging in 50% to 95% of patients.

In the light of this, Professor Hooper has asked me to attach another Word document containing extracts from Witness Statements provided by international experts in the disorder for the Judicial Review of the NICE Clinical Guideline on

CFS/ME (CG53), electronically available at <http://www.meactionuk.org.uk/Statements-of-concern-for-High-Court.htm> from which you will see how firmly these experts reject the notion that CBT and GET are the management options of choice for people with classic ME/CFS as distinct from those who suffer from chronic fatigue. Busy though you undoubtedly are, I would ask you to read it with attention. Perhaps I should explain that for reasons of professional misconduct by the Claimants' own lawyers, these Witness Statements were not put before the Court.

In the meantime, there is a major problem with the Comment by Bleijenberg and Knoop which The Lancet editorial team has so far failed to address, namely their claim of a 30% recovery rate with CBT and GET for PACE participants.

It cannot be argued that this is merely a matter of semantics (Bleijenberg & Knoop state: *"The answer depends on one's definition of recovery"*): those authors have unequivocally misrepresented the findings of the published paper.

The PIs do not report the number of participants who recovered, only those who fell within their own much criticised definition of "normal range" for fatigue and physical function.

It cannot be acceptable for The Lancet to allow Bleijenberg and Knoop to claim that 30% of participants recovered after CBT or GET when the definition of "recovered" on which they rely has been set artificially low by White et al – so low in fact that a participant described by them as recovered could still be sufficiently disabled to meet the trial's entry criteria.

This surely represents a significant failure of both the peer review process and editorial oversight.

Anyone reading Bleijenberg and Knoop's Comment will be left with a grossly incorrect understanding of the results of the PACE Trial.

As mentioned in his response to Peter White, Professor Hooper quoted medical statistician Professor Martin Bland: ***"Potentially incorrect conclusions, based on faulty analysis, should not be allowed to remain in the literature to be cited uncritically by others"*** (BMJ: 19th February 2000:320:515-516).

In view of this, Professor Hooper once again formally requests that The Lancet either retracts or corrects the Bleijenberg & Knoop Comment and he would appreciate being informed of your editorial decision about this important issue.

If you require further information or clarification, please do not hesitate to contact me and, as mentioned, Professor Hooper will let you have his further comments as soon as possible.

Kind regards

Margaret Williams