Dear Shannon Palus,

This is our explanation (see below). To note that, this Editor did not even inform us about his decision and published the link without even asking our comment!

"When there are a lot of data to analyze, it is very difficult to condense all in a single article and often multiple articles originate from the same trial. This is a very common practice also in international, multi-center clinical trials published on NEJM or Lancet (see, for example, all the papers originated from the ORIGIN trial, or from the SAVOR trial or from the EXAMINE trial etc.).

In our case, we had a lot of data to manage. Even if all the papers originate from the same clinical trial (for this reason patients characteristics and treatments administered were the same), different aspects were considered in every article, we considered different endpoints and different parameters involved.

This was done without any intention to defraud. At first, we considered to publish an unique article analyzing all the aspects of the trial together, but it was impossible for two reasons:

- Most of the Journals ask to not exceed in the number of words of a submitted paper in order to gain space to publish more articles on the same issue of the Journal and increase Journal citations. Considering the complexity of our study, and the number of parameters, linked to very different aspects of hypertension, endothelial damage, and inflammation, condense all in one article was not possible.
- Moreover, as you can easily understand, the cost of the laboratory kits necessary to dose various parameters were very high and we could not afford all the costs together. So, we decided to freeze patients samples for a limited period of time, and to divide the various parameters according to the different endpoints, and to dose parameters in different periods of time according to funds availability.

Our good faith can be witnessed by the fact that we did not try to change Authors order or Authors names. Moreover, we did not try to hide the fact that the study population was the same, we did not change the number of patients or patients characteristics.

Regarding the fact that we have not cross cited our articles, this is simply because, at the time of submission, we did not know various Editors decisions about our papers; every Journal has different peer review process, and some Journals need more time than others to reach an Editorial decision or to publish an article on PubMed.

All above considered, even if you decide that our response is not satisfactory for you (and we really hope to have clarified everything), in the worst scenario, according to COPE guidelines, this can be considered a MINOR overlap case, defined as 'salami publishing with some element of redundancy". In your email you say that "unique information in each of the aforementioned articles is somewhat limited", but, saying this, you agree with us that the articles are not identical, they are not dual data publication.

According to COPE guidelines, we can discuss with you to publish corrections, giving reference with the other papers.

Again, we could not do this at the time of the original submission, because we did not know the decision of the other Journals yet, but now we are more than willing to add references to the other papers if you think it can be useful.

Considering COPE guidelines, publication of a statement of redundant publication or retraction is allowed ONLY WHEN there is major overlap/redundancy defined by IDENTICAL findings and/or EVIDENCE THAT AUTHORS HAVE SOUGHT TO HIDE REDUNDANCY, FOR EXAMPLE BY CHANGING AUTHOR ORDER and this is NOT our case.

We hope in your cooperation, also for RESPECT towards patients that participated in the study and towards all people involved in researching data, collecting blood samples and following-up patients. Moreover, our paper contain a lot of data very useful for clinical practice, and has been already been cited a lot of times, also contributing to your Journal Impact Factor."

Best regards

All the Authors