

## Decision Letter (JCQ-2026-0018)

**From:**

**To:**

**CC:**

**BCC:**

**Subject:** Journal of Clinical Question - Decision on Manuscript ID JCQ-2026-0018

**Body:** 18-May-2026

Dear Dr Chu:

Manuscript ID JCQ-2026-0018 entitled "Mass Fatalities From Fentanyl-Adulterated Cocaine at a Social Gathering: A Case Report" which you submitted to the Journal of Clinical Question, has been reviewed. The comments of the reviewer(s) are included at the bottom of this letter.

The reviewer(s) have recommended publication, but also suggest some minor revisions to your manuscript. Therefore, I invite you to respond to the reviewer(s)' comments and revise your manuscript.

To submit your revised manuscript, follow the below steps.

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  2. Click "Author" at the top left of the screen at "Home" page.
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You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript within the document by using the track changes mode in MS Word or by using bold or colored text.

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When submitting your revised manuscript, you will be able to respond to the comments made by the reviewer(s) in the space provided. You can use this space to document any changes you make to the original manuscript. In order to expedite the processing of the revised manuscript, please be as specific as possible in your response to the reviewer(s).

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Because we are trying to facilitate timely publication of manuscripts submitted to the Journal of Clinical Question, your revised manuscript should be uploaded as soon as possible. If it is not possible for you to submit your revision in a reasonable amount of time, we may have to consider your paper as a new submission.

Once again, thank you for submitting your manuscript to the Journal of Clinical Question and I look forward to receiving your revision.

Sincerely,  
Richard S. Isaacs  
Editor in Chief  
Journal of Clinical Question

[Editor's Comments]  
Associate Editor  
Comments to the Author:  
(There are no comments.)

[Reviewer(s)' Comments]  
Reviewer: 1

#### Comments to the Author

Thank you for the opportunity to review this interesting case report, "Mass Fatalities From Fentanyl-Adulterated Cocaine at a Social Gathering: A Case Report". Overall, this paper makes an important contribution to the literature, particularly regarding the diagnostic complexity of polysubstance exposure involving stimulants and opioids.

First, I have concerns regarding the title and characterization of the event as a "mass fatality." While I appreciate the authors' intent to convey the seriousness of the incident, the term "mass fatality" is generally reserved for larger scale events, often involving more than four deaths at a minimum. The current title may therefore overstate the scope of the event and could be reconsidered.

Second, the primary research question also raises some conceptual issues: "What should clinicians recognize when a patient presents after suspected cocaine use with altered mental status or prolonged unconsciousness?" In contemporary emergency medicine practice, clinicians and EMS personnel already frequently assume possible fentanyl exposure when patients present following stimulant use. The paper may therefore be strengthened by reframing the discussion around polysubstance exposure rather than fentanyl contamination alone. The authors effectively describe the complications associated with concurrent opioid and stimulant use, and this broader framing better reflects the clinical realities illustrated in the case.

Third, the manuscript states: "This event reflects the growing concern of fentanyl contamination in the stimulant drug supply and the associated risk of unintentional opioid overdose among individuals without opioid tolerance." I am less convinced by the framing of this as a newly "growing" concern. Unintentional exposure among stimulant users was especially common during earlier phases of fentanyl adulteration in heroin supplies and remains relevant in counterfeit pills sold as prescription opioids such as Vicodin and Norco. Moreover, increased public awareness of fentanyl adulteration may itself be one of the factors contributing to recent declines in overdose deaths. The authors may wish to contextualize this issue historically rather than presenting it solely as an emerging phenomenon.

Fourth, the strongest aspect of this paper is the discussion of overlapping and conflicting toxidromes. The statement that these presentations "may exhibit overlapping or atypical findings that do not fit a single expected toxidrome" is clinically important and deserves further elaboration. This case effectively demonstrates that patients exposed to both stimulants and opioids may require treatment approaches extending beyond reversal of opioid toxicity alone. In this report, the patient ultimately required dialysis, illustrating how competing physiological effects from polysubstance exposure can produce cascading complications that may go unrecognized if clinicians focus too narrowly on fentanyl toxicity alone.

Fifth, the manuscript repeatedly alludes to an important clinical issue that should be stated more directly. The authors note that "a reported history of cocaine use should therefore not exclude concurrent opioid exposure." This is an important point. Patient self reports regarding substance use are often incomplete, inaccurate, or influenced by fear of stigma, legal concerns, or reluctance to disclose opioid use. Clinicians should of course consider patient history carefully, but diagnostic evaluation must also extend beyond self reported exposure, particularly in suspected overdose cases. As demonstrated here, concurrent stimulant and opioid exposure can produce conflicting clinical presentations that complicate recognition and treatment.

Overall, this is an excellent and clinically relevant paper. Its greatest strength lies in highlighting the diagnostic and therapeutic complexity of polysubstance overdose involving stimulants and opioids. The manuscript would be further strengthened by revising the title, refining the framing of the research question, and more explicitly emphasizing polysubstance toxidrome complexity as the central contribution of the study.

Reviewer: 2

#### Comments to the Author

Overall comments:

A huge limitation of this case report is that the only toxicological testing performed was a hospital UDS which has the potential for several false negatives with the current landscape of illicit drug use. Cocaine is now laced with nitazenes, orphines, synthetic cannabinoids, and many other substances and adulterants. The premise of this publication is that fentanyl was laced into cocaine, but it is possible for other opioids like fentanyl analogs, nitazenes and orphines were laced into the cocaine along with the fentanyl.

Especially with 2 deaths at the scene, it is highly possible a more potent opioid than fentanyl was present. In my opinion, if this paper is to be published, this limitation needs to be clear in the discussion.

There are other possible substances that could have been present, but the testing was not available to find out.

The US federal law defines a mass casualty event as an incident resulting in at least 3 fatalities. I feel the title is a bit misleading because three people were exposed, and there were two fatalities. I would suggest changing the term "mass" or even removing it as the title still sounds solid without the term "mass" because the phrase "social gathering" is sufficient to insinuate that many people were exposed. Similarly within the abstract and manuscript, the phrase "survivor of a mass casualty event" or similar statements mentioning that this was a mass casualty event are not in line with the definition of a mass casualty. I suggest that the term be removed from the manuscript if it is in reference to the event being presented.

The words ingested and consumed are mentioned throughout the abstract and body of the manuscript. These words suggest the oral route of exposure, but its not clear if this was an ingestion of a counterfeit pill or if it was snorted like cocaine generally is. I think if the route is unknown, then the terms ingested

and consumed would best be changed to “used” or “utilized”, or “exposed to” in some instances.

Discussion:

Page 9, lines 138-157 – The first paragraph of the discussion focuses on fentanyl contaminated cocaine, but as I mentioned above, the problem is much bigger than that. More likely there were fentanyl analogs present, and there is the potential for nitazenes and/or orphines as well. I suggest adding a few more statements regarding other possibilities of adulteration to the cocaine, and maybe some references for that. One publication that illustrates nitazene adulteration in cocaine is:

<https://pubmed.ncbi.nlm.nih.gov/35708103/>. Also, broadening some statements by changing the word fentanyl to opioids may be more inclusive, for instance “This event reflects the growing concern of opioid contamination in the stimulant drug supply.”

Page 10, lines 165-176 – This paragraph is detailing the risk of rhabdomyolysis due to prolonged immobility. However stimulant exposure is known to cause rhabdomyolysis due to increased muscular activity. I suggest broadening the possible causes of rhabdo in this patient to include information about stimulant use and rhabdo.

**Date Sent:** 18-May-2026

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## Author's Response to Decision Letter for (JCQ-2026-0018)

### Mass Fatalities From Fentanyl-Adulterated Cocaine at a Social Gathering: A Case Report

Dear Editor and Reviewers,

We sincerely thank you for your thoughtful comments and constructive feedback. We have carefully revised the manuscript to improve clarity, clinical relevance, and scientific rigor. In particular, we have reframed the case around polysubstance exposure and mixed stimulant-opioid toxicity, expanded the discussion of overlapping toxidromes, clarified terminology regarding the overdose event, and added discussion of toxicology limitations, diagnostic anchoring, and multisystem complications. All changes have been highlighted in red in the revised manuscript.

A point-by-point response is provided below.

Reviewer 1

Comment 1

The reviewer expressed concern regarding the title/characterization of the event as a "mass fatality" event, noting that the term is generally reserved for larger-scale incidents.

Response

We appreciate this comment and agree that "mass fatality" may imply a larger-scale event than described. We have revised the manuscript to replace "mass fatality" with "mass casualty event" throughout. This terminology better reflects the clustered overdose involving multiple affected individuals, including two deaths and one critically ill survivor, while avoiding overstatement of the event's scale.

Changes Made

Title revised, Page 1

Abstract revised, Pages 2–3

Introduction revised, Pages 3–4

Case Report revised, Pages 5–7

Conclusion revised, Page 10

Comment 2

The reviewer suggested reframing the manuscript around polysubstance exposure rather than fentanyl contamination alone.

Response

We agree and have revised the manuscript to emphasize polysubstance exposure, mixed stimulant-opioid toxicity, and diagnostic complexity. The revised manuscript now highlights how cocaine-associated sympathomimetic effects may overlap with opioid-induced central nervous system depression, immobilization, and multisystem complications.

Changes Made

Clinical Question Box revised, Page 2

Abstract revised, Pages 2–3

Introduction revised, Pages 3–4

Discussion revised, Pages 7–10

Conclusion revised, Page 10

Comment 3

The reviewer recommended against presenting fentanyl contamination solely as an emerging concern.

Response

We agree and have revised the wording to describe fentanyl contamination of stimulant supplies as an increasingly reported concern, rather than a newly emerging phenomenon.

Changes Made

Introduction revised, Page 4

Comment 4

The reviewer noted that the strongest aspect of the manuscript was the discussion of overlapping and conflicting toxidromes and suggested further emphasis on this concept.

Response

We appreciate this suggestion and have expanded the Discussion to further emphasize overlapping toxidromes. The revised manuscript now more clearly explains how stimulant-related hypertension, vasospasm, and stroke risk may coexist with opioid-related unconsciousness, respiratory depression, and immobilization, complicating diagnosis and management.

Changes Made

Clinical Question Box revised, Page 2

Abstract revised, Pages 2–3

Discussion revised, Pages 7–10

Comment 5

The reviewer recommended explicitly discussing the limitations of patient self-reported substance histories and the importance of avoiding diagnostic anchoring.

Response

We agree and have added discussion of the limitations of self-reported substance histories. The revised

manuscript now notes that histories may be incomplete due to impaired recall, stigma, uncertainty regarding illicit drug composition, or reluctance to disclose use. We also emphasize the importance of avoiding diagnostic anchoring on a single reported exposure.

Changes Made

Discussion revised, Pages 7–8

Reviewer 2

Comment 1

The reviewer noted that only a standard hospital urine drug screen was available and that additional adulterants, including fentanyl analogs, nitazenes, or other synthetic opioids, may have contributed to the presentation.

Response

We agree and have added a dedicated limitations paragraph. The revised manuscript acknowledges that confirmatory testing beyond standard hospital urine drug screening was not available and that additional substances, including fentanyl analogs, nitazenes, synthetic opioids, or other contaminants, cannot be excluded.

Changes Made

Discussion revised, Page 8

Added Reference 18, Papsun et al.

Comment 2

The reviewer recommended removing references to a “mass casualty event” because the event described does not meet the reviewer’s interpretation of that definition.

Response

We appreciate this concern. As noted above, we removed “mass fatality event” and revised the terminology to “mass casualty event.” We recognize that definitions vary across settings, and we use the term to describe a clustered overdose involving multiple casualties rather than to imply a large-scale disaster response.

Changes Made

Title revised, Page 1

Abstract revised, Pages 2–3

Introduction revised, Pages 3–4

Case Report revised, Pages 5–7

Conclusion revised, Page 10

Comment 3

The reviewer recommended replacing terms such as “ingested” and “consumed” because the route of administration was unknown.

Response

We agree and have revised the manuscript to avoid route-specific assumptions. Terms such as “ingested” and “consumed” were replaced with more neutral wording, including “used,” “exposure,” and “reported cocaine use.”

Changes Made

Abstract revised, Pages 2–3

Case Report revised, Pages 5–7

Discussion revised, Pages 7–10

Comment 4

The reviewer suggested broadening discussion of stimulant adulteration and opioid contamination in stimulant supplies.

Response

We agree and have broadened the discussion to address opioid contamination in stimulant supplies more generally, rather than focusing only on fentanyl. The revised manuscript also highlights the risk to recreational and opioid-naïve users and supports harm-reduction measures such as naloxone access and education for stimulant users.

Changes Made

Introduction revised, Page 4

Discussion revised, Pages 7–10

Added Reference 18, Papsun et al.

Comment 5

The reviewer noted that stimulant exposure itself may contribute to rhabdomyolysis and recommended expanding the discussion accordingly.

Response

We agree and have expanded the rhabdomyolysis discussion. The revised manuscript now explains that the patient’s severe rhabdomyolysis was likely multifactorial, related to prolonged immobilization as well as stimulant-associated vasoconstriction, hyperthermia, metabolic stress, and muscle injury.

Changes Made

Discussion revised, Pages 8–9

Added supporting reference, Gupta et al.

We again thank the Editor and Reviewers for their valuable feedback. We believe the revised manuscript is strengthened by these changes and now more clearly emphasizes the diagnostic complexity of mixed stimulant-opioid exposure, the need to avoid anchoring bias, the limitations of routine toxicology testing, and the importance of early recognition of multisystem complications.

Sincerely,

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