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The authors reply:

We too are concerned about the risks posed by e-cigarettes, highlighted by Borm and colleagues, but are also committed to exploring potential benefits of such devices on abstinence from tobacco smoking. We disagree that forms of nicotine-replacement therapy such as patches or gums are sufficient. Tobacco smoking is a deadly chronic condition with multiple relapses — no single smoking-abstinence therapy, even e-cigarettes, will support all abstinence among all smokers. Our trial and many previous trials have shown that e-cigarettes increase the likelihood of smoking abstinence,[1] and we agree with Rigotti that delaying recommendations to consider the evidence on such devices will not serve smokers. We and others must collect more and long-term data, and we are continuing follow-up with visits at 12, 24, and 60 months.

Although we accept the potential benefit of e-cigarettes for some smokers, we continue advocating for strict regulation of such devices and further tobacco products so that younger generations can live in healthy and safe environments. We support the approach taken by the many scientists who decided to embrace these challenges through careful and independent evaluation of the potential harms and benefits of e-cigarettes.[1-3]

Kida suggests that our results may overestimate the benefits of e-cigarettes for smoking abstinence because such devices were free to the intervention group and nicotine-replacement therapy was not free to the control group. We did not test the comparative effectiveness of e-cigarettes and nicotine-replacement therapy for smoking abstinence; the results of such trials are available.[1] The intent of the vouchers that we gave participants in the control group was not to cover the cost of nicotine-replacement therapy in Switzerland but to match the cost of the e-cigarettes and e-liquids that we offered to the intervention group.[4] We provided e-cigarettes and e-liquids for free to increase adherence to the combinations that we independently selected and tested in laboratory conditions. A risk of bias exists in all open-label trials because the assignment group is known, but we did not actively follow participants in the intervention group more closely than those in the control group. Members of both groups participated in scheduled telephone calls; e-liquids were ordered at the end of the call. Members of both groups could call trial nurses anytime between visits.

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Notes

Since publication of the article, the authors report no further potential conflict of interest.

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