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Author's Reply

Re: Nicotine Delivery of E-Cigarettes

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Dear Editor,

First, we would like to cordially thank the author(s) for their comments. These comments have provided us an opportunity to review our manuscript again.

We would like to share our perspective in this regard.

We acknowledge the mainly descriptive nature of the study, which has also been specified as a limitation in the manuscript [1]. Detailed analyses, including the variables pointed out in the "Letter to the Editor," could not be performed due to this limitation. All the criticized and pointed variables can be included in the analyses in a future study, where the number of the participants is higher. Yet we strongly think that the significant and moderate correlation between e-liquid reserve amount and urine cotinine levels is worth reporting even in such a small group of participants.

Regarding the discussion on "harm reduction" strategy, it is one of the methods that tobacco industry has been frequently using since decades to increase its market worldwide by shifting the focus to other "new" tobacco products rather than cigarette smoking [2]. "Low tar," "less harmful," and other similar phrases are purposely used in this regard. Such tactics are frequently being promoted in middle- and low-income countries in which the Framework Convention on Tobacco Control (FCTC) recommendations are not strictly implemented [3]. According to FCTC, electronic nicotine delivery systems include e-cigarettes and there has been an increasing trend in the use of e-cigarettes [4].

Because the "safety" of e-cigarettes (or electronic nicotine delivery systems in general) has not been proven scientifically [5], health professionals and scientific community should be more careful and cautious than usual while discussing such topics or responding to questions on these. Aslan et al. with their limited participants' data were careful in interpreting their data [1]. One of the reasons for not considering creatinine correction for the limited participants in the study was the presence of inverse conclusion about the subject [6,7]. The reasons were well explained in the study conducted by Jatlow et al. [8].

As a last point, let us not forget the ethical responsibility of the scientists. Emphasizing the precautionary principle (PP) in harm reduction-related discussion(s) will be a good contribution regarding this point. The PP gives responsibility to the scientists to call for proactive measures to prevent any serious harm in case of uncertainty [9]. On this strong basis, the risk to deceive the community should be avoided by comparing the results with non-smokers' data in any study conducted on/with a tobacco product.

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