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We would like to thank Dr. Wills and his coauthors for their interest in our publication,¹ along with their summary of more recent publications. In our study, we analyzed cross-sectional and prospective Population Assessment of Tobacco and Health (PATH) Study data from 2014 to 2016 in adults and concluded, “Past and current cigarette smoking drove functionally important respiratory symptoms, while exclusive use of other tobacco products was largely not associated. However, the relationship between e-cigarette use and symptoms was sensitive to adjustment for pack-years and symptom severity.”

Our work addresses several limiting factors in the growing body of literature addressing this issue. We used a validated index for asthma symptoms of functional importance,² rather than using less reliable individual items. We created a tobacco use variable that allowed us to compare various categories of use with never and exclusive cigarette use; the comparison with exclusive cigarette use may be the most important one for adult smokers considering potentially lower harmful products. We used the more straightforward cross-sectional analysis to illustrate confounding by cigarette smoking history (a critical confounder particularly for older adults), secondhand smoke (SHS) exposure, and marijuana use (a critical confounder particularly for young adults). We used the longitudinal data to examine symptom worsening and symptom improvement. In another publication,³ we used a similar approach to examine the association between e-cigarettes and respiratory symptoms in adolescents and young adults, whose cigarette smoking history contributes less to their respiratory illnesses. We do not wish to imply that our approach is the only way, or that all past studies are spurious—only to highlight limitations and suggest possible improvements in approaching this issue. As Wills et al. point out, many good studies have been published since our analysis; these studies point to a modest association between e-cigarette use and some respiratory diseases, consistent with our conclusion.