Author’s response to reviews

Title: The association between e-cigarette use and asthma among never combustible cigarette smokers: Behavioral Risk Factor Surveillance System (BRFSS) 2016 & 2017

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Author’s response to reviews:

Dear Editor,

Thank you for the time and consideration. We have modified our paper according to comments of your editorial team and reviewer’s comments. We think the manuscript is significantly improved. Here you can find a point-to-point response to each comment. Comments are bold and highlighted in grey highlighting. Responses are highlighted in yellow. We also copied the corresponding part of the manuscript/table/figures and presented in italic, and blue font.

Editor’s comments

Comment 1. Abbreviations

Please provide a list of all the abbreviations used in the manuscript. This list should be placed just before the Declarations section. All abbreviations should still be defined in the text at first use.
Response 1: Thanks for the suggestion. We have provided a list of abbreviations before the declarations section. The abbreviations used are shown below:

BRFSS- Behavioral Risk Factor Surveillance System
PG-Propylene Glycol
VG-Vegetable Glycerin

Comment 2 Keywords

In your Abstract, please also include a keywords section, which should three to ten keywords. This should follow the Conclusions section.

Response 2: We have included the following keywords after the conclusions section

Asthma, E-cigarettes, Combustible cigarettes

Comment 3 Role of funding body

In the Funding statement of the Declarations, please describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Response 3: We have described the role of the funding body in the funding statement of the declarations as captured below:

“This work was supported by American Heart Association Tobacco Regulation and Addiction Center, grant 2U54HL120163, which is funded by the U.S. Food and Drug Administration and National Heart, Lung, and Blood Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH, the Food and Drug Administration or the American Heart Association.”

Comment 4 All authors read and approved

Please include a statement in the Authors’ contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.

Response 4: Thanks for the suggestion. We have included a statement in the Authors’ contributions section to show that all authors have read and approved the manuscript.
“Authors ADO, MM, OAO and MJB designed the study and directed its implementation. Authors ADO, MM, OAO, OD, SMIU, ZAD and MJB helped with data analysis/interpretation. Authors APD and AB helped conduct literature review and prepared Methods and Discussion sections of the text. Author MJB provided supervision or mentorship. All authors have read and approved the manuscript.”

Comment 5 Clean manuscript

At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files.

Response 5: We have provided a clean version of the manuscript with no tracked changes, comments or highlights.

1. Specific Comments

Riccardo Polosa (Reviewer # 1):

Comment 1. The manuscript has been improved. Thank you.

I would like to see discussed the limitation of the analyses given that BRFSS does not provide data on key risk factors for asthma (Hx of allergic disease, family hx of allergy etc.).

Response 1: Thanks for the suggestion. We have discussed the limitation of the analyses given that BRFSS does not provide data on key risk factors for asthma such as history of allergic disease or family history of allergy). This is appropriately captured in the manuscript as shown below:

“Data on some key asthma confounders such as family or personal history of allergy (such as atopic dermatitis and allergic rhinitis), as well as second hand exposure to smoking were not available in this study and as such the possibility of residual confounding due to these variables cannot be ruled out.”