We reran the simulation, in snus users compared with non-smokers. We putatively reduced-risk products that reduced-harm products can only use reduced-smoke emissions by 90%. A continuation of bans on smoking, which it claims reduces second-hand smoke emissions from 1971 to 1975 because of “ambiguities” in questionnaire coding. This presents a challenge to the credibility of an earlier report by Bolinder and colleagues, which stands almost alone in linking snus use with cardiovascular diseases. The Bolinder study involved only workers enrolled in the years excluded by Luo and colleagues agree, since their study “did not detect any excess risk for cancer of the oral cavity” among Swedish snus users.

Their current study has two important ramifications for tobacco users, neither of which was discussed. First, Luo and colleagues excluded Swedish construction workers enrolled in their cohort from 1971 to 1975 because of “ambiguities” in questionnaire coding. This presents a challenge to the credibility of an earlier report by Bolinder and colleagues, which stands almost alone in linking snus use with cardiovascular diseases. The Bolinder study involved only workers enrolled in the years excluded by Luo and colleagues (1971–74), and questions about its findings were raised shortly after its publication. Luo and colleagues should disclose more information about deficiencies in this cohort, and about the decision to restrict their analysis to workers enrolled from 1978 to 1992.

Second, the study by Luo and colleagues has implications for cancer mortality patterns not only in Sweden, but in smoking-dominated societies. The table shows mortality rates for cancers of the oral cavity, lung, and pancreas in Luo and colleagues’ study population according to tobacco use. No tobacco product is demonstrably safe, but these data show that snus use is 97% less harmful than smoking.
with respect to cancers of the oral cavity, lung, and pancreas.

My research is supported by unrestricted grants from smokeless tobacco manufacturers (US Smokeless Tobacco Company and Swedish Match AB) to the University of Louisville. The sponsors are unaware of this letter and had no scientific input or other influence with respect to its design or preparation.

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A report showing similar urinary excretion of a biomarker of exposure to the carcinogenic tobacco-specific nitrosamine 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanone in smokeless tobacco users and cigarette smokers underscores the need for caution.

As regards the information collected in 1971–75, we noted that never-smokers could not actively deny smoking in the questionnaire. Instead, they were instructed to simply skip the smoking questions. All cohort members without answers to these questions were coded as non-users. Thus, the never-smoker category might have contained some smokers who skipped the smoking questions for other reasons. Because non-smokers were instructed to move directly to the snus questions, whereas absence of any response was likewise coded as non-use, it is conceivable that, of all those who skipped the smoking questions, the proportion of smokers who skipped it inappropriately was greater when both sets of questions were skipped than when the snus questions were answered in the affirmative. However, a subsequent sensitivity analysis using admittedly self-selected workers with information from one or several repeat visits did not support this suspicion.

According to our observed data, the excess mortality from the three studied cancers among cohort members who were current smokers at entry but never used snus and those who were current snus users but never smoked was, respectively, 80.4 and 4.9 per 100,000 human-years. If all cancer sites were to be included in the calculations, the advantage for snus might be greater. However, given the two-fold excess incidence of pancreatic cancer and a 40% excess mortality from the three studied cancers combined (data not shown), surely Rodu would agree that snus use should always be discouraged in never-smokers.

So the adequate comparison from a public-health perspective is between persistent smokers and ex-smokers who switched to snus use, or between ex-smokers who quit smoking in Swedish male construction workers, according to tobacco use.

Additional corrections have been made: the sentence of paragraph 5 should have read: “Additionally, they have sought to address many concerns of previous trials by maintaining blindness for the initial randomisation for both patients and physicians, and had a lower drop-out rate (15% and 19% of original interferon and placebo groups, respectively) than did other reported studies.”

Department of Error

Light DW. Is GB putting profits before the world’s poorest children? Lancet 2007; 370: 297–98—In this Comment (July 28), the author’s address should have been “University of Medicine and Dentistry of New Jersey, Stratford, NJ 08084, USA”.

Pittack SJ. Interferon beta in multiple sclerosis: how much BENEFIT? Lancet 2007; 370: 363–64—In this Comment (Aug 4), the last sentence of paragraph 5 should have read: “Additionally, they have sought to address many concerns of previous trials by maintaining blindness for the initial randomisation for both patients and physicians, and had a lower drop-out rate (15% and 19% of original interferon and placebo groups, respectively) than did other reported studies.”