

Transcript

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If asking your mate down the pub about vaping, here's what they'd probably say.

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No one agrees if it's safer or not, so you might as well smoke anyway.

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Now what your mate needs is a Cochrane review, all the facts have been checked at least twice.

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They find there's a lot that the experts agree on and might give you different advice.

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Hi, I'm Nicola Linson.

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And I'm Jamie Hartman-Boyce.

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We're both researchers based at the University of Oxford, where we work with the Cochrane Tobacco Addiction Group.

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Welcome to this edition of Let's Talk E-Cigarettes.

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This podcast is a companion to a research project being carried out at the University of Oxford, where every month we search the e-cigarette research literature to find new studies.

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We then use these studies to update our Cochrane systematic review of e-cigarettes for smoking cessation.

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This is called a living systematic review.

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In each episode, we start by going through the studies we have found that month and then go into more detail about a particular study or topic related to e-cigarettes.

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Well, we're just back from our holidays, so this month we're covering what we found both in our August and September searches.

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Our September searches actually didn't identify anything new, but in August we found two new ongoing studies and one paper linked to a study already in our review.

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We'll cover those two new ongoing studies in a nutshell.

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The first ongoing study is a new French randomized controlled trial funded by the Society for Therapeutic Training of the General Practitioner.

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The protocol by Al-Khouri and colleagues is published in BMJ Open.

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The study focuses on people who smoke from disadvantaged backgrounds, and it evaluates the impact of giving them a choice in terms of what they use to help them quit smoking.

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In that way, it's a bit different from the other studies in our review, as people in the intervention group are asked to choose between different types of nicotine substitutes, with one of the options being an electronic cigarette.

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The study is currently recruiting participants and it's due to finish in 2023.

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We look forward to seeing the results as and when they become available.

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Based on the information in their trial registry, our second ongoing study appears to be run by the electronic cigarette industry, although we're not 100% sure of this from the information available.

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The study entry is titled Characterisation of Product Use in Smokers Switching from Cigarettes to a RELX (Electronic Nicotine Delivery System) and the study is a randomised controlled trial.

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The record says it has now been completed and that 194 people who were smoking combustible cigarettes were randomised to switch to e-cigarettes with menthol flavoured e-cigarette pods, e-cigarettes with tobacco pods, e-cigarettes with a mixture of menthol and tobacco pods or to continue smoking combustible cigarettes for a period of age.

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weeks.

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The primary outcomes they planned to look at were self-reported amounts of e-cigarette use and combustible cigarette use, and they also planned to look at adverse events and biomarkers of tobacco use.

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Great, thanks Nicola.

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So moving on in our deep dive this month, we're doing it a little bit differently, and we are going to focus on things that we've recently written.

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So first of all, just to give you a bit of background, at the end of 2020, a letter to the editor of the European Respiratory Journal by Charlotta Pissinger and Jorgen Vespo was published raising some concerns about the methods of the version of our e-cigarettes Cochrane Review published in October 2020.

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We thought that it was important to respond to these concerns in order to put people's mind at rest about the methods used in the review, and therefore the review author team, including myself and Jamie, led by Professor Caitlin

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and Notley, submitted a response to the journal that was published in August.

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In brief, the response covers why we included two studies with relatively low nicotine content, a decision to combine studies with a comparator of no support and behavioural support in one of our analyses, and why we excluded certain studies.

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We explain how we dealt with these issues to ensure they did not bias our results.

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And what we hope to get across in this response is that all of the decisions made in our review involve a lot of consideration and are not based on any particular viewpoint.

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So as Cochrane review authors, we come to the review with no preconceptions and what our job is, to report on the evidence that we find.

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So both Jamie and myself would continue to report on the findings of this review, even if the studies were finding the complete opposite of what they currently are.

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Basically, what we're trying to get across in this piece is that we are committed to remaining focused on the evidence, whatever that may be.

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That's right, Nicola.

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I would describe us as pro-evidence.

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Sometimes people describe us as pro-e-cigarettes, but really, we remain pro-evidence no matter what it shows.

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So now Jamie is going to give you an overview, very excitingly, of the new published update of our Cochrane Living Review of electronic cigarettes.

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That's right, Nicola.

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I'm really pleased to say that this month we publish a new update of our Cochrane Review.

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In this new update, we incorporate evidence up to May this year, which means we include 61 studies in over 16,000 participants.

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And five of these studies are new to this review update.

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For those of you not familiar with the review, the previous version was published back in April, and it found moderate certainty evidence that nicotine e-cigarettes help more people to quit than nicotine replacement therapy or e-cigarettes without nicotine.

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For most safety outcomes, there wasn't enough data to conclude anything with certainty, but none of the analyses showed clear evidence of increased health risks from e-cigarettes.

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So in this new update, those big findings remain unchanged, but there are some new comparisons, which Jamie's now going to lead you through.

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That's right.

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So firstly, in this update, after calling for it for it feels like a very long time, we finally have results from our first study of a pod device that can contribute to our analyses on quitting outcomes.

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So on how many people quit smoking at six months or longer.

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That study is by Russell and colleagues, and we covered it on a previous version of our podcast.

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It's funded by the e-cigarette industry, and its findings were consistent with the other studies in our review, which were of older types of devices.

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So it found that more people quit using nicotine e-cigarettes than using nicotine replacement therapy.

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The other thing is that this study contributed data to a new comparison as well, because in this study, they didn't just compare e-cigarettes to nicotine replacement therapy, they also compared

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nicotine salt versus freebase nicotine electronic cigarettes, and they didn't find any clear differences between the two.

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We also have one more new comparison in this review, which looks at giving people who already use e-cigarettes and smoke, so people who we sometimes speak of as dual users, advice on how to use their e-cigarettes to quit smoking.

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So they're not being given e-cigarettes, they're already using them, and they're given some advice on how they might be able to use those to completely stop smoking regular cigarettes.

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One study in this comparison is a short-term study, and it doesn't provide any data for our main analyses.

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The second study, though, is a larger study by Martinez and colleagues, which we've also covered in a previous podcast, when we interviewed the study's senior author, Professor Thomas Brandon.

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At their longest follow-up, people receiving advice on how to quit smoking using their e-cigarette had a marginally higher quit rate, but the difference was so small that there's no clear evidence of benefit.

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So now moving on, something really nice about the living systematic review process is that we can be responsive to the needs of people who have an interest in the review.

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And that's one of the things that makes it different to a regular systematic review.

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So over the last year, we've had a number of emails from policy makers asking us if we're collecting data on how many people were still using e-cigarettes when the studies in our review came to an end.

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We weren't collecting this previously, but after all these queries, we've now decided that it would be a good idea to.

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So we went back to all the studies that were previously included in the review and looked at whether they reported this.

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And from now on, we'll also continue to extract this information from any new studies that come up.

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So Jamie, can you tell us a bit about this new outcome and what we've found so far?

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Absolutely, Nicola.

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So what we did is earlier this year, we announced in our review our plan to include this outcome in the next update.

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So we went through and we looked at all the studies that we had and we extracted any information we could, looking at how many people were still using e-cigarettes at six months or longer.

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So when we looked at the studies comparing nicotine e-cigarettes to nicotine replacement therapy, two studies reported on this.

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One study found a similar proportion of people were using nicotine replacement therapy as were using e-cigarettes at study end.

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The other found that more people, quite a few more people, were still using e-cigarettes with nicotine than were using nicotine replacement therapy.

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Also, two studies which compared nicotine e-cigarettes with non-nicotine e-cigarettes looked at this.

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And they found that slightly more participants were still using e-cigarettes in the groups who had been provided with nicotine e-cigarettes, but the difference was really quite small.

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In all of the other studies which reported it, the majority of participants who had been given nicotine e-cigarettes at study start were still using them at six months or longer.

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So that's really interesting, Jamie, because in terms of how we look at this, could either be a good thing, as perhaps it might mean people still using the e-cigarettes are less likely to relapse to smoking, or it could be seen as a concern because we know that whilst considerably safer than smoking conventional cigarettes, e-cigarettes are not completely risk-free.

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So it'll be really interesting to see how that outcome develops over time.

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And as I

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previously mentioned, now this outcome is included in the review as more studies come out which look at this outcome, we'll be extracting that and it'll add more evidence moving forward.

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That's absolutely right.

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In an ideal world, what we'd want to see is those studies

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following up participants over quite a long period of time, looking at whether they were relapsing to smoking, whether they were still using e-cigarettes, and what sort of health outcomes they were having.

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So hopefully one day we'll be able to include all of that information in our review.

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That's it about this new review.

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As anyone who's looked at them knows, Cochrane reviews are really long, so we certainly haven't covered all of it.

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And if you're interested in learning more about the review and these new findings, please take a look via the link that will be provided in this podcast

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We look forward to catching up with you all next month.

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Please subscribe on iTunes or Spotify and stay tuned for our next episode.

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But to mention the findings we have Can't tell us what'll happen long term Even though we know vaping is safer than smoking We may still find cause for concern If you're thinking of switching to vaping Do it! That's what the experts agree Smoking's so bad for

you They all concur That vaping bees burning But there's much to learn Of a bad song term yet to be seen.

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Thank you to Jonathan Livingston Banks

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running searches to Ailsa Butler for producing this podcast and to all of you for tuning in.

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Music is written with Johnny Berliner and I and performed by Johnny.

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