Dear Editor,

Thank you for offering me the opportunity to respond to Dr Marks' letter (published above). There was no attempt to conceal the fact that SmithKline Beecham provided funding for the supplement and the work leading up to it. Their support was noted prominently at the bottom of the list of contents. Dr Boyle's group also noted the support provided by SmithKline Beecham.

I have no qualms about my contribution to the Supplement though with hindsight I probably should have explicitly acknowledged receipt of some expenses from the pharmaceutical industry. These covered travel to and accommodation at the meeting.

I am surprised at the statement (and presumed implications) that I have been 'for a long time a strong advocate of NRT'. The first RCT of NRT we published in the BMJ nearly 20 years ago had a negative result (there were some methodological problems) and I was seen for some time as an 'NRT sceptic'. When evidence of efficacy accumulated, I changed my mind. There are about 100 NRT trials now on the database of the Cochrane Tobacco Addiction Review Group (based in my former department and of which I'm still a member) and systematic review shows solid evidence of substantial efficacy of NRT – a more substantial amount of evidence than for any other smoking cessation intervention. Its availability on NHS prescription has been widely recommended and is now a fact. So yes, I am now a strong advocate of NRT as I am of other interventions with a good evidence base. My support (on behalf of The Royal College of General Practitioners) of the recently published smoking cessation guidelines for health professionals was dependent on this evidence base.

I am also surprised at Marks' statement that 'proven strategies' and 'evidence-based' are more relevant to marketing than health science. Doesn't he think that evidence is relevant to health science?

Yours sincerely,

Professor Geoffrey Fowler, University of Oxford, Oxford, United Kingdom

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Dear Editor,

In case your readers gained the impression from Professor Marks' letter that I did not declare a conflict of interest I would like to point out that I did. Furthermore, if readers gained the impression from his letter that my statements about the effectiveness of nicotine replacement therapies are biased because of my involvement with their manufacturers I should point out that the efficacy figures in the guidelines are taken from the Cochrane systematic review whose figures are similar to those produced by other systematic reviews. These guidelines also examined the evidence base for other treatments, again using evidence from systematic reviews. The criteria adopted for considering something 'proven' in our guidelines are spelled out. In fairness to your journal I think it would be harsh to accuse it of not declaring a conflict of interest in relation to the Supplement because the sponsorship by SmithKline Beecham is very clearly, and rightly, noted.

On the matter of duplicate publication, if your readers gained the impression from Professor Marks' letter that we have plagiarised our own BMJ 1999 paper for one of the papers in this supplement, I should point out that the article in your journal arose from a conference paper and was part of a process of disseminating the guidelines. The paper for your journal was shaped for that particular readership and clearly referenced the work from which it was drawn.

I must presume that Professor Marks did not intend to accuse me of bias or plagiarism but I am grateful for the opportunity to correct any misunderstandings that might have arisen from his letter.

Professor Robert West, Department of Psychology, St George's Hospital Medical School, Crammer Terrace, London SW17 ORE, United Kingdom

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References