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In Response:

We appreciate the interest of Dr. Rafnsson in our systematic review and meta-analysis.¹ We also appreciate the dedication and continued effort by the Aerospace Medicine community (readers of this journal) to keep the evidence base about pilots' health as precise and rigorous as possible.

The topic of prostate cancer in pilots is important and the relevant literature is dynamic and evolving, with new studies being published as more groups examine this area. The Letter to the Editor points to some additional studies about the topic. These studies were not included in our analysis due to either the search date of our review or due to our interest in excluding any study that was not done exclusively in pilots (which was the challenge we had in the first meta-analysis²). Therefore, we excluded studies that described a part of their cohort as Air Force Servicemen, cabin crew, etc.) and sought to only include those that explicitly and unambiguously described their cohort as pilots. We recognized that this restrictive criterion would lead to excluding some pilots from these cohorts; however, in our second meta-analysis we were erring on the side of exclusion to be more precise when providing inferences about pilots' health. In reviewing the additional suggested studies, we note that the overall conclusion from the current evidence base remains the same. That is, pilots may have a very small relative increase in the incidence of prostate cancer (with unknown clinical significance), but they do not have an increase in prostate cancer mortality.

In future evidence-based reviews we expect potential associations and relationships to be better elucidated as the number of studies and number of studied aircrew expands.

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