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We thank the reader for their interest in our article and for their comments regarding the standardisation of the clinical photographs used in the study. As we state in the methods section all clinicians involved were trained and experienced in the routine use of clinical photography. We believe that this was sufficient to produce images, which, when viewed by the assessors, on a computer screen, allowed them to make judgements about the presence or absence of new demineralised lesions and, if present, whether these DLs would be considered unaesthetic. The use of multiple assessors allowed disagreements between assessors to be resolved through a majority consensus opinion. We believe that these are the most relevant and clinically useful outcomes in the assessment of demineralisation during orthodontic treatment.

Other researchers might consider the size or 'whiteness' of DLs to be important outcomes. If so, then we agree that more rigorous standardisation, including a calibration scale in each image, would be required to ensure that comparable measurements could be achieved, across all images. We would suggest that the use of quantitative light-induced fluorescence would be a more appropriate method of obtaining images for these outcomes.[1] QLF is capable of producing standardised images, with more accurate positioning over the long periods required when following participants for the full length of orthodontic treatment. However, we consider that, although QLF no doubt increases the precision and reproducibility (as well as the cost) of recording demineralisation, the outcomes are not as clinically relevant as a straightforward visual assessment of the presence or absence of new DLs.

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1. Miller CC, Burnside G, Higham SM, Flannigan NL. Quantitative Light-induced Fluorescence-Digital as an oral hygiene evaluation tool to assess plaque accumulation and enamel demineralization in orthodontics. Angle Orthod 2016; 86: 991-997. 10.2319/092415-648.1