limitations meant that we had to stop the study after seven participants had been recruited. We have reported the data of all the seven participants who participated in the trial and have updated the final number of participants in the trial registry (ANZCTR).

With respect to the comment regarding difficulty in interpreting values of items in Table 2, please see the following section in the manuscript:

'the comfort and tolerability of the device were measured using a self-administered questionnaire using a Likert scale (1 = never; 2 = hardly ever; 3 = occasionally; 4 = fairly often; 5 = very often). The quality of life (QoL) was measured using an impact of weight and QoL during review appointments at baseline, 1, 7 and 14 days, and 14 days post-device removal. The participants ranked their QoL using a Likert scale questionnaire (5 = never true; 4 = rarely true; 3 = sometimes true; 2 = usually true; 1 = always true).'

The authors hope this addresses all your concerns.

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Reference

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Restorative dentistry

The aesthetic and longevity test

Sir, (in response to further correspondence[1]) as previously stated, what can be termed a blobbist composite approach had been adopted and failed multiple times in the case, ie no diagnosis or management of the occlusal risk factors, then application of cold layered composite with no particle abrasion conditioning of tooth structure and lack of appreciation of restoration design for long-term biomechanical success.

To take the same approach yet again would be doomed to both restorative failure and falling short of the patient's aesthetic aspirations. Blobbists use terms such as 'adequate aesthetics' or 'good enough' to describe the results achieved with their technique, but this will not satisfy a great many patients in these aesthetically demanding times. The daughter test has been superseded with the emergence of modern minimally invasive monolithic ceramics and the Bioclear composite technique which have superior aesthetics and longevity than traditional composites.[2,3,4] A number of other tests also apply in contemporary restorative aesthetic dentistry, including:

- The daughter test
- The aesthetic test (will it satisfy the patient's aesthetic aspirations?)
- The predictability test (is there good evidence the technique will last at least ten years?).

The blobbist approach failed both the aesthetic and predictability test. A Bioclear composite or ceramic 360 approach was obviously required to avoid the same fate. Consent involves considering and communicating the risks and possible complications involved in all treatment options, but also considering the patient's aesthetic aspirations, which the daughter test unfortunately fails to appreciate. It is justified to sacrifice tooth tissue in appropriate cases in a minimally invasive biological controlled fashion to achieve both restoration longevity and excellent aesthetics, and where the risk lies with the restoration not the tooth as previously discussed.[5]

I see a steady stream of failed blobbist composite rehabilitations in my specialist practice, especially in compromised cases like the case in question – a class III parafunctional case. They present with chipped, stained, debonded composites and dissatisfied with the aesthetic outcome due to outdated composite techniques. If I was the compromised case in question, after having multiple composite blobbist failed attempts, I would happily sacrifice a small amount of tooth tissue for long-term restoration predictability and aesthetics.

It is unfortunate that some dentists take the snail approach slowly moving down the same path, failing to take advantage of both the ceramic and composite developments of the last decade which provide highly aesthetic, minimally invasive and long-lasting restorations which satisfy the demands of the modern private patient with a planned occlusal and biomechanical approach ensuring long-term success.

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