

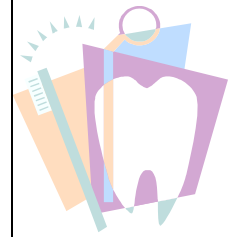


CASE

SCHOOL OF DENTAL MEDICINE

Issue 3

Winter, 2006



CROWN

Community Research Oral Wellness Network

The Direct Observation Study

The Direct Observation project of the Dental Practice Research Network has made substantial progress during 2005. The network has a new name – CROWN (Community Research Oral Wellness Network). You are now a member of the CROWN Dental PBRN. The major news is that early in September we completed observation visits to all 120 practices in the study. As of December 31 we have integrated and cleaned all of the data collected for these practices and are now ready to proceed with a detailed analysis. In October, based on data for 75 practices, we submitted abstracts for the American Association of Dental Research meeting to be held in March (AADR). These abstracts were based on descriptive data and will be updated to reflect all 120 practices for the meeting. Two additional abstracts based on network activities were submitted by dental students.

The two student abstracts reported on a weekly return study conducted by 20 network dentists. These dentists took a refresher course on the identification of oral lesions and then were asked to record every oral lesion that came into their office during a 3 week period. The abstracts report the prevalence of oral lesions presenting in dental practice and the results of the educational refresher program.

The Network Steering Com-

The methodology of the Direct Observation Study and preliminary data will be presented at the national AADR conference being held in Orlando this March. Knowledge we have obtained from your willingness to participate, will be shared with hundreds of Dentists and researchers from all over the United States. The abstracts cover the following areas:

1. Study Design and Methods;
2. Preventive Counseling and Procedures provided in Dental Practice (frequency and duration);
3. Concordance of Procedures Recorded from Direct Observation, Chart Audit, and Billing Data;
4. Most Frequent and Least Frequent Services Provided by Dentists;
5. How Dental Practices Provide Comfort for Patients;
6. Are Practices that do more Prevention Characterized by the Presence of a Prevention Champion?;
7. A Comparison of Procedures Provided to African American and Non African American Patients in Dental Practice.

mittee met early in 2005 to provide feedback on a construct to define practice styles which will be used as part of the data analysis of practices. The elements of style included efficiency, prevention, comfort,

satisfaction, and size. In addition, the Steering Committee was asked to think of additional research questions that may be of interest to dentists in the network. If you have suggestions, please let us know.

Finally, we are planning a meeting on April 7th and April 26th for all dentists and hygienists that participated in the study. You will have the opportunity to choose which date works best for you. At that meeting we will share our findings, discuss future studies, solicit ideas for new investigations and provide an individual confidential report about your practice that compares your practice to the other practices in the network. As part of this report, we will provide a GIS map of your practice area indicating where the patients we observed live. We are exploring the possibility of providing continuing education credit for this day and hope you will set aside the date.

I would like to thank all of the dentists, hygienists, and office personnel who were so generous to our observation teams and made this study possible. We think this will be a landmark in the study of dental practice and hope you are as proud as we are to have been a part of it.

Staff:

Stephen Wotman, DDS
 Marisa Abbe, MA
 Howard Bailit, DMD, PhD
 Edward Callahan, PhD
 Benjamin Crabtree, PhD
 Nida Degesys
 Catherine Demko, PhD
 Susan Flocke, PhD
 Donna Homenko, RDH, PhD
 James Lalumandier, DDS, MF
 Danny Sawyer, DDS, PhD
 Kurt Stange, MD, PhD
 Joseph Sudano, PhD
 Joy Wiedemann, MA
 Kristin Williams, DDS
 Kristin Zakariasen, DDS
 Stephen Zyzanski, PhD



CROWN Community Research Oral Wellness Network

School of Dental Medicine
Case Western Reserve University
10900 Euclid Avenue
Cleveland, Ohio 44106-4905

Deliveries:
2123 Abington Road
Cleveland, Ohio 44106-4905

Phone: 216-368-6818
Fax: 216-368-0145
E-mail: jlw43@case.edu

Network Steering Committee:

William Bart, DDS
Valerie Bell, DDS
Rudolph Braydich, DDS
Robert Doty, DDS
Gene Henderson, DDS
Sharon Henderson, DDS
James Houston, DDS
Ernest Mastroianni, DDS
Douglas Matthews, DDS
Kenneth Novak, DDS
Lawrence Oswick, DDS
Madge Potts-Williams, DDS
Alan Psota, DDS
Marybeth Shaffer, DMD
Robert Skiffey, DDS

Study Results Conference

Invitations to the study results conference, scheduled for April 7th and April 26th, (you will choose which day) will be sent out in the coming weeks. Any questions in the meantime can be posed to Joy Wiedemann at jlw43@case.edu.

Utilizing the Network— Oral Cancer Study

Cancer of the oral cavity (mouth, tongue, and pharynx) is responsible for approximately 30,000 new cases and 7,500 deaths each year in the United States. The 5-year survival rate for patients with advanced cases of oral cancer is 19% compared to 78% for patients with localized disease.

Determining the presence of oral lesions is an essential activity in dental practice. To better estimate the type and frequency of oral lesions presenting in the general dentist's practice, a weekly return study of oral lesions was conducted this past summer in 24 CROWN offices, with the assistance of two 1st year dental students, Dan Smith and Matt Slivka. Dr. Danny Sawyer conducted a 3-hour oral pathology refresher course for 57 providers (dentists and dental hygienists) with each provider receiving a copy of *Oral Soft Tissue Diseases: A Reference Manual for Diagnosis and Management* by JR Newland et al. for reference.

Each provider agreed to screen all patients over a 3-week period for oral lesions and record patient descriptions (age, sex, tobacco use, dentures present) and lesion description on patients who had any type of oral lesion and who provided verbal consent to be included in the study. Providers were given a structured data collection form on which to record their observations. In addition to collecting the oral lesion data, participating dentists and dental hygienists completed questionnaires before

and approximately 6 weeks after the oral pathology course on their knowledge, opinions and behaviors regarding oral cancer exams.

Examinations were performed on 2866 adults, 866 (30.9%) of whom presented with 1144 lesions. The most prevalent lesion observed was frictional keratosis (26.4%) followed by amalgam tattoo (14.0%), traumatic ulcers (12.2%) and fissured tongue (8.8%). Twenty-four lesions were classified as leukoplakia and 8 as erythroplakia. Lesions were slightly more prevalent in males (33.9%) than females (31.5%). Seventy-seven percent of lesions were observed in patients >40 years of age and 21.0% were in tobacco users.

Most lesions (40.6%) were detected during a hygienist visit and 19.5% of lesions were detected during restorative visits with the dentist. Two lesions were biopsied, 35 referred to specialists and 72 were treated. Sufficient numbers of oral lesions are present in practices to keep diagnostic acumen sharp.

Dental providers need to be vigilant about detecting oral lesions, especially in tobacco users and hygienists play an important role in alerting the dentist and patient to the presence of oral lesions for observation or further diagnosis.

From the completed questionnaires, the strongest perceived barriers to

oral cancer exams were reluctance to perform lymph node palpation (LNP) (26%), lack of time (24%) and inadequate training (22%). Most providers (90.7%) reported screening their at-risk patients at least yearly, but fewer reported they performed a LNP at each screening (64.8%) or instructed their patients to perform an oral self-exam (63%). After the CE course, providers increased their knowledge scores, reported greater confidence in their ability to perform an oral cancer exam and were less likely to cite inadequate training as a barrier to oral cancer exams.

The full study results are being presented in oral and poster form by Dan and Matt at the upcoming meeting of the AADR in March, 2006. Both students were American Cancer Society Silber Summer Fellows and the materials for the study were provided by the American Cancer Society through an Ireland Cancer Center Institutional Grant to the study investigator, Dr. Catherine Demko.