

NIDCR Awards Grants for New Practice-Based Initiative

Embargoed Release

Thursday, March 31, 2005, 10 a.m. EST

Contact: Bob Kuska (301) 594-7560

The National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health, today announced it has awarded three grants, totaling \$75 million, that establish regional “practice-based” research networks to investigate with greater scientific rigor “everyday” issues in the delivery of oral healthcare.

The NIDCR awarded the three seven-year grants to: New York University, which will oversee the East Coast research network; the University of Alabama at Birmingham, which will work jointly with the University of Florida in Gainesville to coordinate studies in the South; and the University of Washington in Seattle, which together with the Oregon Health and Science University in Portland will operate the network in the West.

Each regional network will conduct approximately 15 to 20 short-term clinical studies over the next seven years, comparing the benefits of different dental procedures, dental materials, and prevention strategies under a range of patient and clinical conditions. The networks also will perform anonymous chart reviews, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), to generate data on disease, treatment trends, and the prevalence of less common oral conditions.

“What’s unique about these networks is they are practice based,” said Dr. Lawrence Tabak, NIDCR director. “Practicing dentists and hygienists will propose and conduct each clinical study in close collaboration with their network colleagues. Thus, the networks will address practical, real-world issues and generate data that will be of immediate interest to practitioners and their patients.”

Tabak said the impetus behind the networks is the long-standing lack of high quality research data to guide treatment decisions in the dentist’s office. This data shortfall has led some dentists and hygienists in some instances to rely on clinical experience alone to guide their treatment decisions, a valuable though inherently empirical approach to dental care.

To expand the evidence base in dentistry, NIDCR two years ago began developing the General Dental Practice-Based Research Networks (PBRN) initiative. After extensive dialogue with the dental community and internal planning, NIDCR issued a Request for Applications (RFA) last year, and today’s announcement marks a critical step forward in launching the PBRNs.

“Although the PBRNs are located in just three regions of the country, dental professionals in the Midwest, Southwest, Rocky Mountains, or any other part of the country still can get involved,” said Dr. Bruce Pihlstrom, acting director of NIDCR’s Division of Populations and Health Sciences. “I would encourage dentists and hygienists who want to get involved to contact the PBRN nearest to them for more information.”

Pihlstrom said each network will be a grassroots effort, involving 100 or more practicing community dentists and hygienists. Network members will work within at least a two-state geographic area, which must span two distinct population centers. This will allow networks to have a more regional feel and better enable their leadership to consider the racial, ethnic, and socio-economic factors that dental professionals encounter every day in their offices.

Once the network of community practitioners is in place, dental professionals can begin to propose clinical studies. Each proposal will be evaluated on its scientific merits and feasibility, and if considered viable by their peers, the network will develop an appropriate study design. “The PBRN protocols generally will be short-term studies that involve relatively straightforward procedures,” said Pihlstrom. “For example, protocols might evaluate the outcomes of two comparable root canal procedures, third molar extractions, or even different ways of placing a filling. The key is we don’t want to overload busy practitioners with tedious, time-consuming protocols that require multiple in-office calibrations. We want to make this as practice and patient friendly as possible.”