Editorial

How I Spent My Summer Vacation

With millions of children and teens headed back to school, surely thousands of them will be tasked with writing the dreaded "How I Spent My Summer Vacation" essay. I hated those assignments. Not only had my writing skills deteriorated over the warm North Carolina summer months, but none of my teachers were particularly impressed with the number of James Bond novels I consumed on my parents' back porch while my peers were traveling to exotic locations (Myrtle Beach) or learning new skills (how to throw a curve ball).

This summer, however, was different (I've eschewed any novel about Agent 007 not written by Ian Fleming). I'm writing my vacation essay here, though not to persuade you that I've been particularly busy. Rather I wish to update you on two meetings that I attended as a representative of your Academy, and the implications those meetings hold for pediatric dental practice in the coming years.

In July, I attended a workshop on fluoride supplementation sponsored by the American Dental Association. In recent years, the ADA has held similar workshops to review the evidence surrounding professional fluoride application and pit-and-fissure sealants, which no doubt you have read in the Journal of the American Dental Association.[1, 2] AAPD was well represented at those workshops, and our input was heard. I was very impressed with the way in which the supplementation workshop was designed and the dedication to evidence-based dentistry on the part of the ADA. All of the primary communities of interest were represented, and we were expected to come to Chicago having done our homework ahead of time. This workshop is still in progress, and over the next several months we will conclude our tasks via conference calls and e-mails. The workshop's deliberations will be forwarded to the ADA's Council on Scientific Affairs, which will have the final say as to whether and how our recommendations will go forward. I suspect it will take the better part of a year for that process to conclude.

The second meeting–the Caries Classification Conference–took place in August, and was very different in tone and process. The stated purpose of the gathering was to determine how a diverse group of stakeholders could collaborate to develop and implement a new caries classification system that will improve patient care and treatment outcomes. The need for a new caries classification scheme is rooted in large part in our knowledge of the early caries process, and techniques that enable us to detect and remineralize non-cavitated lesions, or provide minimally-invasive surgical care. Over 100 years ago, G.V. Black gave us a caries classification scheme that was useful and appropriate for the diagnostic tools and restorative materials available to him at the time. It was designed to categorize large, clinically-evident lesions (radiography was in its infancy), as well the types of cavity preparations and subsequent restorations placed in the tooth. In other words, a Class II lesion is eradicated with a Class II cavity preparation and restored with a Class II amalgam. Black's system allowed ethical dentists, who were extracting teeth and replacing them with prostheses, to provide aggressive restorative care, a form of treatment that was used by many less-than-respectable dentists of the day. As good as that system was in the early 1900s, it no longer reflects what dentists can do with remineralization, sealants, and minimally-invasive restorations. Rather than aggressively restoring teeth, we can now aggressively "heal" early caries lesions.

At least two new caries classification schemes have been proposed,[3,4] and the merits of each were discussed and debated at the conference. While it was not the intent of the meeting planners that we necessarily come away with a new classification system, we nonetheless agreed on a prototype. As with the fluoride supplementation workshop, this conference's work will continue for some time before a new caries classification system is announced, validated in clinical settings, and further debated by the various stakeholders. I was again impressed with the variety and number of the communities of interest that were represented at the meeting, and the process that was employed to reach a consensus as to how to proceed.

I look forward to being part of the continuing processes of each of these efforts and representing AAPD's interests in the forthcoming deliberations.

Now, however, it's time to open the last paperback of the summer before the days get too short and it becomes uncomfortably cool on the beach.

References

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