

September 16, 2014

Martha J. Somerman, D.D.S., Ph.D.
Director
National Institute of Dental and Craniofacial Research
31 Center Drive, Room 2C39
Bethesda, MD 20892-2190

Dear Dr. Somerman:

On behalf of our 157,000 members, we are pleased to comment on the National Institute of Dental and Craniofacial Research's (NIDCR's) proposed research initiatives for fiscal year 2016. We offer these comments in response to your Dear Colleague letter of August 19, 2014.

Enclosed you will find our detailed responses to the research initiatives proposed. We understand these initiatives are not a complete picture of the Institute's planned research portfolio for fiscal year 2016. They also do not signal that themes from the previous year have been abandoned. However, they do highlight a number of clinically relevant critical issues needing scientific exploration.

As a science-based organization, the ADA has a vested interest in ensuring that federal dental research agencies are well funded, their research investments reflect the needs of the dental profession, and the knowledge gained advances the oral health of the American public. The research initiatives you have proposed will help advance those goals.

We appreciate the opportunity to comment on NIDCR's proposed research initiatives for fiscal year 2016. If you have any questions, please contact Mr. Robert J. Burns at 202-789-5176 or burnsr@ada.org.

Sincerely,

/s/

Charles H. Norman, D.D.S.
President

/s/

Kathleen T. O'Loughlin, D.M.D., M.P.H.
Executive Director

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Enclosure

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Comments to the
National Institute of Dental and Craniofacial Research
on the
Proposed Research Initiatives for Fiscal Year 2016
September 16, 2014

On behalf of our 157,000 members, we are pleased to comment on the National Institute of Dental and Craniofacial Research's (NIDCR's) proposed research initiatives for fiscal year 2016. We offer these comments in response to your Dear Colleague letter of August 19, 2014.

A. Effects of E-cigarette Aerosol Mixtures on Oral and Periodontal Epithelia

The ADA strongly supports the developing research on the chemicals produced by electronic cigarettes and the effects of those chemicals on oral and periodontal epithelia.

As you know, the Family Smoking Prevention and Tobacco Control Act gave the Food and Drug Administration unprecedented authority to regulate tobacco products, including the latest generation of products deemed to be made or derived from tobacco and intended for human consumption. These products include, among others, electronic cigarettes, electronic cigarette cartridges, dissolvable tobacco, tobacco gels, and hookah tobacco.

Unfortunately, there is a scarcity of published research on—and certainly no scientific consensus about—the oral health effects of these new products. The lack of research makes it virtually impossible to justify tobacco industry claims that these products are somehow less harmful than combustible tobacco products, or even safe to use on their own.

Preventing oral cancer and other tobacco-related diseases has been a longstanding priority for the ADA. We applaud you for proposing a research initiative that is so timely and vital to the public's oral health.

B. Immune System Plasticity in the Pathogenesis and Treatment of Complex Dental, Oral, and Craniofacial Diseases

The ADA strongly supports multi- and inter-disciplinary research on the inflammatory and immunologic responses in the pathogenesis and treatment of oral diseases. In this context, not only will we improve our understanding of how to prevent and control oral diseases based on what other disciplines have done; but our singular models and systems can also contribute to other disciplines in the same fashion.

C. Novel or Enhanced Dental Restorative Materials for Class V Lesions

Based on current global issues on restorative materials, there is a need for new dental materials, including the assessment of their physical characteristics, survival, and potential health effects.

We support the focus on Class V caries lesions because it presents a unique challenge for the long term survival of restorations in adult populations. We hope that, along this initiative for Class V restorations, NIDCR fully organizes an integrated approach for alternative restorations, from evaluation of current materials to design, development, testing, and post-market evaluation of new restorative approaches.

D. Oral HIVacc: Oral Mucosal Immunization Approaches for HIV Prevention

The ADA supports the NIDCR proposal to develop and test novel HIV vaccines for direct administration into oral lymphoid tissues to trigger protective, local, and systemic immunity. This initiative complements ongoing efforts to demonstrate how biomedical research can benefit from a strong body of dental research.

E. Pharmacogenomics of Orofacial Pain Management

The ADA strongly supports the development of therapeutic approaches for the clinical management of orofacial pain. Other aspects of orofacial pain research—such as well-defined and accepted diagnostic typology, estimates of prevalence and variability by risk determinants, and multi-disciplinary approaches, including pharmacogenomics—will help provide better treatment options for patients dealing with orofacial pain.

F. Additional Comments

The ADA's Council on Scientific Affairs proposes adding the following items to NIDCR's proposed research initiatives for fiscal year 2016. Most of these are tied to the Association's biennial research agenda, which highlights scientific issues affecting the oral health of Americans and the practice of dentistry in the United States.

1. In the area of dental caries, we urge support for research on the early stages of disease by studying the validity and reliability of diagnostic tests, clinical classification systems, and early interventions including new non-restorative treatments to arrest and treat early dental caries.
2. Support the development of standards for genetic testing for oral diseases and the assessment of their validity, feasibility, clinical utility, and limitations as applied in dental practice settings.
3. Support the development of novel topical oral antimicrobial agents for management of oral conditions, including dental caries, gingivitis, periodontal disease, and stomatitis related to microbial agents.

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4. Support the study of the biological and environmental effects of current restorative treatment materials (for example dental amalgams) and how these findings affect public policy.
5. Continue support for the surveillance of oral diseases, conditions, and their risk behaviors and indicators, along with identification of novel measurement tools and support for state level surveillance systems.