Non-Operative Approach to Caries in Children (NOACC)

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Note: We Are Not Talking Good Guys and Bad Guys

We are talking about a different way to approach treatment of caries in very high risk children.
Current Approach to Children Presenting with Caries

- Every week tens of thousands of children are brought into U.S. dental clinics with cavitated caries in their primary dentition.
- Of these, the vast majority are treated with operative restorations (translation: drill and fill)
- By definition, this then is the standard of care (the legally correct term is ‘usual and customary.’)
- The balance, probably <1% are treated with a NOACC approach (also called medical management of caries).
For Very High Risk Children Like AI/AN, This Raises Several Important Questions:

**Question #1**: What is the cost of the operative restorations approach, including:

- Stress to the child
- Stress to the parent
- Stress to the dentist and dental team providing care
- Cost to the parent (including lost work time)
- Cost to 3rd party payers (in the final analysis—us)
- Short term effectiveness, as measured by symptoms, future need for care, future morbidity.
- Long term effectiveness, as measured by symptoms, future need for care, future morbidity.
For Very High Risk Children Like AI/AN, This Raises Several Important Questions:

**Question #2:** What are the alternatives to drill and fill, and what is the cost for each, including:

- Stress to the child
- Stress to the parent
- Stress to the dentist and dental team providing care
- Cost to the parent (including lost work time)
- Cost to 3rd party payers (in the final analysis—us)
- Short term effectiveness, as measured by symptoms, future need for care, future morbidity.
- Long term effectiveness, as measured by symptoms, future need for care, future morbidity.
How Could We Measure Short and Long Term Effectiveness of Different Treatment Approaches?

We will talk a lot about this question this afternoon.
In God We Trust...

Everyone else must have data.

1. Who said this?
2. What were the circumstances?
Everyone Else Must Have Data...

- In 1891 William Steward Halstead proposed radical surgery to ‘cure’ breast cancer. In the U.S., this became the standard of care.
- In the 1920s Geoffrey Keynes found lumpectomy plus radiation was equally effective, but the ‘standard of care’ did not change.
- In the 1950s Crile in Ohio found the same as Keynes, but the ‘standard of care’ did not change.
- In 1967 Bernard Fisher ['everyone else must have data'] began to organize the 1st clinical trial to evaluate radical surgery vs simple mastectomy.
- The study was completed in 1981, finding...
- Approximately 500,000 women had had the often life-debilitating but unnecessary ‘radical’ surgery during those 90 years. Why?
- The only people who could do this study were the surgeons who were convinced what they were doing was best for the patient.
- I believe there are parallels for treating caries in high risk children.
Four Pacific Northwest Dentists Who Practice NOACC

(3 have outcome data)

Steve Duffin, DDS, MBA
Tony Bass, DMD
Moffet Burgess, PhD, DDS
Dean Nyquist, DMD
Caveats to Their Data

1. The data are based on their clinical practice with their own patients.
2. Mostly they themselves have done:
   a. The initial diagnosis of caries
   b. The treatments
   c. The evaluation of whether the caries was ‘arrested.’
3. Mostly they have done the data extraction into a MS Access database designed to report clinical outcomes.
4. Their recommended treatment protocols are not exactly the same.
5. Compliance with their own recommended protocols is not consistent.