

**AMERICAN DENTAL ASSOCIATION
COUNCIL ON SCIENTIFIC AFFAIRS
MEETING MINUTES
CHICAGO, IL
JUNE 21-22, 2022**

Call to Order: Dr. Ana Karina Mascarenhas, chair, called the meeting of the Council on Scientific Affairs (CSA) to order at 8:30 a.m. on Tuesday, June 21, 2022, in the Board Room of the ADA Headquarters Building in Chicago.

ROLL CALL

Members: Council members in attendance included: Dr. Ana Karina Mascarenhas, chair; Dr. Juliana da Costa; Dr. Vineet Dhar; Dr. Raymond Dionne; Dr. Mai-Ly Duong (by telephone); Dr. Ashraf Fouad; Dr. Kevin Frazier; Dr. Carlos González-Cabezas; Dr. Hatice Hasturk; Dr. Deepak Kademani; Dr. Sharukh Khajotia; Dr. Purnima Kumar; Dr. William MacDonnell; Dr. Marcelle Nascimento; Dr. Jacob Park; and Dr. Alessandro Villa. Council members Dr. Efthimia Ioannidou and Dr. Carol Lefebvre did not attend the meeting.

Liaisons: Dr. James Boyle III participated as liaison from the Board of Trustees (Third District), and Mr. Ryan Kaminsky participated as representative from the American Student Dental Association (ASDA).

ADA Science & Research Institute (ADASRI) Staff: The following ADASRI staff members attended all or part of the meeting: Dr. Marcelo Araujo, ADASRI chief executive officer and ADA chief science officer; Dr. Ruth Lipman, senior director, Evidence Synthesis & Translation Research; Mr. James Lyznicki, director, Science Governance; Ms. Hillary DeLong, senior manager, CSA; Dr. Kathleen Ziegler, senior manager, Scientific Information; Dr. Prerna Gopal, manager, microbiology & chemistry, Research and Laboratories; Ms. Olivia Urquhart (by teleconference), health research analyst, Evidence Synthesis & Translation Research; Dr. Spiro Megremis, director, Dental Materials and Devices Research; Mr. Max Gruber, research associate, Dental Materials and Devices Research; Dr. Christina Tyrakowski, senior analytical chemist, Research and Laboratories; Dr. Heba Hussein, research associate, Clinical & Translational Research; Ms. Lauren Pilcher, research associate, Clinical & Translational Research; Ms. Sarah Pahlke, research associate, Clinical & Translational Research; Ms. Tyharrie Woods, manager, Governance Operations, ADASRI; Mr. Roger Connolly, senior scientific content specialist, Evidence Synthesis & Translation Research; Ms. Christine Dillon, manager, Science Operations & Projects; Ms. Alexis Stephenson, coordinator, ADASRI.

ADA Staff in Attendance for All or Portions of the Meeting: The following ADA staff attended all or part of the meeting: Dr. George Shepley, president-elect, ADA; Dr. Raymond Cohlma, executive director; Dr. Brett Kessler, chair, ADASRI Board of Directors; Dr. David Preble, chief strategy officer and senior vice president, ADA Practice Institute; Ms. April Kates-Ellison, vice president, Member and Client Services; Ms. Paula Tironi, senior associate general counsel, Division of Legal Affairs; Ms. Stephanie Moritz, chief marketing and communications officer, Integrated Marketing and Communications; Dr. Hana Alberti (by teleconference), senior director, Center for Dental Practice Policy; Dr. Jane Grover (by teleconference), senior director, Council on Advocacy for Access and Prevention, and Advocacy Programs; Ms. Karen Hart, senior director, Council on Dental Education and Licensure; Ms. Sandra Eitel, senior director, Research, Analytics & Member Growth, Member and Client Services; Ms. Roxanne Yaghoubi, director, Legislative & Regulatory Policy, Government Affairs; Dr. Meaghan Strotman, senior manager, Council on Dental Education and Licensure; Ms. Julia Nissim (by teleconference), director, Council on Communications; Ms. Susana Galvin, senior manager, Membership Diversity, Equity and Inclusion, and Analytics, Member and Client Services.

Guests in Attendance for a Portion of the Meeting (by Teleconference): Dr. Mark Vitale, chair, Council on Government Affairs; Dr. Shailee Gupta, chair, Council on Advocacy for Access and Prevention; Dr. Manish Chopra, vice chair, Council on Dental Practice; Dr. Dan Gesek, vice chair, Council on Government Affairs; Dr. Prabha Krishnan, vice chair, Council on Communications; and Dr. Tamara Berg, subcommittee chair, Council on Membership.

PRELIMINARY BUSINESS

Disclosure of Business or Personal Relationships: Before consideration of business, Dr. Mascarenhas called attention to the ADA Disclosure Policy included on the meeting agenda. No disclosures were made.

Approval of Agenda: On vote, the Council adopted the agenda as presented:

09/22. Resolved, that the agenda be approved as the official order of business for the June 21-22, 2022, meeting of the Council on Scientific Affairs except that the Chair may alter the order of the agenda when necessary to expedite business.

Approval of Consent Calendar: The Council received a Consent Calendar that was developed to expedite CSA business and deliberations. Without objection, the Council adopted the following resolution:

10/22. Resolved, that the resolutions contained on the Consent Calendar for consideration at the June 21-22, 2022, CSA meeting be approved and reports be filed.

Approval of Voting Rules for Contested Elections: Before considering nominations for the CSA chair and vice chair positions for the 2022-2023 term, the Council reviewed voting rules for resolving contested elections. After discussion, the Council adopted the following resolution:

11/22. Resolved, that for 2022 contested chair or vice-chair elections, the CSA will adhere to the following rules:

- **Two nominations:** When two candidates have been nominated and no candidate receives a majority of the votes cast, one or more runoffs shall be held, as necessary, until one candidate receives a majority of the votes cast.
- **Three or more nominations:** When three or more candidates have been nominated, and no candidate receives a majority of the votes cast, the candidate having the lowest vote shall be removed from the ballot for a successive vote.
 - One or more runoff ballots shall be held, as necessary, until one candidate receives a majority of the votes cast.
 - On each runoff ballot, the name of the candidate who received the lowest vote on the previous ballot will be eliminated.

Election of Council Chair, 2022-2023: The Council elected Dr. Sharukh Khajotia, current vice chair, to serve as CSA for the 2022-2023 term, and confirmed this election by adopting the following resolution:

12/22. Resolved, that Dr. Sharukh Khajotia is elected as chair of the Council on Scientific Affairs for the 2022-2023 term.

Election of Council Vice Chair, 2022-2023: The Council considered nominations for the CSA vice chair position for the 2022-2023 term. After a vote by written ballot, the Council adopted the following resolution:

13/22. Resolved, that Dr. Purnima Kumar is elected as vice chair of the Council on Scientific Affairs for the 2022-2023 term.

CSA Consultant Nominations for 2022-2023: The following resolution was adopted via the Consent Calendar for the June 2022 CSA meeting:

14/22. Resolved, that the following CSA consultants be approved for a one-year term commencing at the adjournment of the 2022 annual session of the House of Delegates and expiring at the adjournment of the 2023 annual session of the House of Delegates:

Aghaloo, Tara	Pannu, Darshanjit
Allareddy, Veeratrishul	Patton, Lauren
Benavides, Erika	Peacock, Zachary Scott
Buchanan, Allison	Perry, Maureen
Cevidanes, Lucia	Pfeifer, Carmem
Clark, Melinda	Platt, Jeffrey A.
Claytor, J. William	Ramos, Mario
Cordell, Kitrina	Revilla-Leon, Marta
Cunha-Cruz, Joana	Rios, Hector
Dionne, Raymond	Sabino, Gregory
Duong, Mai-Ly	Sarvas, Elise Watson
Elangovan, Satheesh	Scannapieco, Frank Edward
Espinoza, Lorena	Schwartz, Paul
Fontana, Margherita	Sedghizadeh, Parish
Frazier, Kevin	Slayton, Rebecca
González-Cabezas, Carlos	Spelic, David
Gordon, Sharon	Suda, Katie J.
Gurenlian, JoAnn R.	Teixeira, Erica
Guzman-Armstrong, Sandra	Tinanoff, Norman
Hersh, Elliot	Turturro, Michael
Huja, Sarandeep	Tyndall, Donald
Kakar, Smita	Weyant, Robert J.
Keels, Martha Ann	Whang, Kyumin
Khan, Asma	Wolff, Mark S.
Law, Alan S.	Wright, Lindsay
Li, Brian	Yepes, Juan F.
Malik, Anchal	Young, Douglas A.
Mascarenhas, Ana Karina	Zero, Domenick
Moore, Paul A.	

Identification of CSA Member Expertise (2023-2027): The Council reviewed its current membership composition to help ensure CSA has the requisite subject matter expertise to fulfill its primary duties and responsibilities. The Council reviewed a prioritized list of desired areas of expertise for submission to the Board of Trustees as the Board proceeds with nominating future CSA members for the 2023-2027 term. Following discussion, the CSA voted to approve two minor, clarifying edits, and the Council adopted the following resolution, as amended:

15/22. Resolved, that the CSA recommends that Board of Trustees consider as priorities the following areas of expertise for the nomination and selection of new CSA members for the 2023-2027 term:

- Dental Materials
- Periodontology (with a focus on epidemiology)
- Cariology (with a focus on epidemiology)
- Oral and Maxillofacial Surgery

ADMINISTRATIVE MATTERS

Resolutions Adopted by E-ballot: In accordance with the *American Dental Association Standing Rules for Councils and Commissions*, all business transacted by ballot without a meeting shall be recorded in the

minutes of the next regular session of the Council. The Council's non-confidential e-ballot actions (completed between January 2022 and June 2022) are presented below in reverse chronological order:

E09/22. Approval of Systematic Review on Direct Materials for Restoring Caries Lesions

Resolved, that the 2022 systematic review titled "Direct materials for restoring caries lesions: systematic review and meta-analysis" is approved by the Council for publication.

E04/22. Approval of the January 27, 2022 Meeting Minutes

Resolved, that the minutes of the January 27, 2022 meeting be approved.

E03/22. Proposal to Add New CSA Consultant to 2021-2022 List

Resolved, that the CSA approves the addition of Dr. Maureen Perry to the CSA Consultant List for the 2021-2022 term.

E02/22. Proposal to Approve Draft Systematic Review: Dental Intervention in Patients Receiving Radiation Therapy for Head and Neck Cancer

Resolved, that the systematic review titled "Effect of Pre-radiation Dental Intervention on Incidence of Osteoradionecrosis in Head and Neck Cancer Patients: A Systematic Review and Meta-Analysis," is approved by the Council for publication.

E01/22. Approval of the ACE Panel Report: "Oral-Systemic Health Considerations in the Dental Office"

Resolved, that the ACE Panel Report entitled "Oral-systemic health considerations in the dental office" is approved by the Council for publication in the "CSA Corner" section of *JADA*.

STANDING REPORTS

Report of the CSA Chair: Dr. Mascarenhas, CSA chair, welcomed Council members to the first in-person CSA meeting at ADA Headquarters in over two years due to the COVID-19 public health emergency. She highlighted several recent projects that have received attention from external groups, including a recent article in *CDA Essentials*, a magazine of the Canadian Dental Association, highlighting the recent ADA Clinical Evaluators (ACE) Panel report on smoking cessation, and the ADA endorsement of a new clinical practice guideline on management of acute dental pain, which was developed jointly by ADASRI and the University of Pittsburgh under a research grant from the U.S. Food and Drug Administration (FDA), and for which CSA provided oversight. Additionally, she noted that several ADA policies would be discussed during the meeting, as well as proposed amendments to CSA's *Bylaws* duties.

Report of the Executive Director: Dr. Cohlmiya, executive director, ADA, delivered a presentation on efforts by his leadership team to provide continuous strategic forecasting to meet the primary needs of ADA members and build a successful future for the Association. Discussion followed on options for building stronger connections with ADA members on scientific issues and research information.

Report of the Chief Executive Officer--ADA Science & Research Institute, LLC: Dr. Araujo, chief executive officer, ADASRI, provided a status report on ongoing ADASRI projects and initiatives. He indicated that some ADASRI projects have been delayed, in part, due to resource limitations, but noted recent new hires, and indicated ADASRI's strong presence at recent and forthcoming scientific conferences.

SUBCOMMITTEE AND WORKGROUP REPORTS

Report of the Standards Subcommittee: Dr. Khajotia, chair, Standards Subcommittee, reported on the Subcommittee's recent activities including the review of priority dental product standards, and coordination of the development of national and international standardization programs for dental products. He provided status reports on a proposed standard development project led by Working Group 7.56 Toothpastes, and ongoing ADASRI laboratory research on sequential aligner materials for use in orthodontics. The Subcommittee also presented recommendations for updating the following ADA policies:

- Precapsulated Amalgam Alloy (*Trans.*1994:676)
- Scientific Assessment of Dental Restorative Materials (*Trans.*2003:387)

Report of the Seal of Acceptance Program Subcommittee: Dr. González-Cabezas, chair, Seal of Acceptance Program Subcommittee, reported on the Subcommittee's recent activities, including forthcoming proposed revisions for Seal Program requirements in two product categories (Fluoride Dentifrices, Fluoride Rinses). Following the report, the Council discussed several potential new product categories. Information on those discussions are presented in the Confidential section of these Minutes.

Report of the ACE Panel Oversight Subcommittee: Dr. Frazier, chair, ACE Panel Oversight Subcommittee, presented information on the two most recent ACE Panel reports: dentist-administered vaccines (*JADA*, January 2022) and oral-systemic health considerations in dental settings (*JADA*, April 2022). He noted that the newest report on oral health care practices for geriatric patients was recently approved by the CSA, and submitted to *JADA* for publication in the October 2022 issue. Following his report, the Council had a brief, informational discussion on promotional outreach, recruitment, and potential programmatic improvements.

The Council also reviewed proposed topic areas for ACE Panel report development in 2023. Following discussion, the Council adopted the following resolution as amended (deletion ~~stricken~~, addition underlined):

16/22. Resolved, that the Council approves the following topics for development of 2023 ACE Panel reports:

- Emotional dentistry
- 3D printing
- Mental health of dental ~~practitioners~~ healthcare professionals
- Teledentistry

Report of the Clinical Excellence Subcommittee: Dr. Dhar, chair, Clinical Excellence Subcommittee (CES), provided an update on the Subcommittee's projects, including the ongoing development of a caries management guideline series. Recommendations developed by the Subcommittee on several ADA policies and additional projects are presented later in this document.

Report of the Research Priorities Subcommittee: Dr. Hasturk, member, Research Priorities Subcommittee, presented the Subcommittee's recommendations for updating CSA's Intramural and Extramural Scientific Research Priorities, which are reviewed by CSA on a three-year cycle.

Following discussion, the Council approved both documents with minor changes via the following resolutions:

17/22. Resolved, that the CSA approves the document, CSA Extramural Research Priorities: 2023-2026, as presented in the Attachment to Agenda Item 5.5 and as amended at the June 21-22, 2022, Council meeting; and be it further

Resolved, that the Council transmit this document to the ADA Board of Trustees and the ADASRI Board of Directors for informational purposes.

18/22. Resolved, that the CSA approves the document, CSA Intramural Scientific Research Priorities: 2023-2026, as presented in the Attachment to Agenda Item 5.5 and as amended at the June 21-22, 2022, Council meeting; and be it further

Resolved, that the Council transmit this document to the ADA Board of Trustees and the ADASRI Board of Directors for informational purposes.

Report of the CSA Bylaws Workgroup: Dr. Kumar, chair, CSA Bylaws Workgroup, presented recommendations from the Workgroup regarding the Council's current subject matter responsibilities. The provided recommendations were intended to better define the scope of CSA's work, and to highlight existing Council programs that are important ADA member touch points for CSA. Following discussion, the Council proposed minor edits to the Workgroup's recommendations and adopted the following resolution, as amended:

19/22. Resolved, that the Council approve the draft CSA Subject Matter Responsibilities in Attachment 2 to Item 5.6 as amended at the June 2022 CSA Meeting, and be it further

Resolved, that the draft CSA Subject Matter Responsibilities be transmitted to the ADASRI Board of Directors Workgroup on ADASRI Board and CSA Roles and Responsibilities in Science and Research as informational support to their discussions with a request for feedback by October 1, 2022.

RESPONSE TO HOUSE OF DELEGATES AND BOARD OF TRUSTEES

Update on Resolution 65b-2021--Amendment of ADA Policy Statement on Research Funds: The Council reviewed recommendations from the CSA Research Priorities Subcommittee regarding its response to House Resolution 65b-2021, which included proposed revisions to the ADA Policy on Research Funds, and was referred back to CSA for further study. In its review, the Subcommittee presented its recommendation alongside an internal report to support the recommended policy revisions, which it developed in response to this request.

Following discussion, the Council proposed several friendly amendments, which were adopted, as reflected in the resolution below:

20/22. Resolved, that the Council recommends that the ADA Policy Statement on Research Funding Advocacy (*Trans.*1984:519; 1999:974; 2016:302; 2021:XX) be revised as presented below [deletions ~~struck through~~; additions underlined]:

Policy Statement on Research Funding Advocacy

Resolved, that the ADA advocate for sustained, robust funding in basic, translational clinical, dental, oral and craniofacial health research for the improvement of health outcomes in diverse populations across their lifespan; and be it further

Resolved, that the ADA advocate for external research funding to enhance equity diversity and inclusion across all aspects of dentistry, including but not limited to within the research workforce in the dental, oral and craniofacial health sciences.

And be it further

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

SPECIAL ITEMS OF BUSINESS

As the chair of the Clinical Excellence Subcommittee, Dr. Dhar presented on the following projects for which the Subcommittee provides oversight:

Update on Revision of 2012 ADA/FDA Guidance Document "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Patient Exposure": In a closed session, Dr. Dhar presented an update on the revision of the 2012 ADA/FDA Guidance Document "Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Patient Exposure" and the 2012 CSA Advisory Statement on the Use of Cone-Beam Computed Tomography (CBCT) in Dentistry. The Counsel discussed the update in closed session; the discussion is summarized in the Confidential section of these Minutes.

After coming out of closed session, the Council subsequently voted against the following resolution:

21/22. Resolved, that CSA Resolution 31/20 be amended as follows (deletions ~~struck through~~, additions underlined):

31/20. Resolved, that the Council approves the updated work plan presented in Agenda Item ~~40.3~~ 8.2 for the revision of the 2012 ADA/FDA document, Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure; and be it further

Resolved, that the Council recommends that ADASRI staff pursue development of an evidence-based update to the clinical practice guideline with the American Academy of Oral and Maxillofacial Radiology to serve as an update of the 2012 ADA/FDA document, Dental Radiographic Examinations: Recommendations for Patient Selection and Limiting Radiation Exposure.

Update on Review of Guidelines for the Use of Sedation and General Anesthesia by Dentists: Dr. Dhar provided background information on a planned project to update the 2016 ADA Guidelines for the Use of Sedation and General Anesthesia by Dentists. Discussion followed on the project's scope and proposed next steps.

Following discussion of the proposed revision to the current project plan, the Council voted against the following resolution:

22/22. Resolved, that the CSA chair appoint an ad hoc workgroup of no more than seven members to conduct a review of the American Society of Anesthesiology's "Practice Guidelines for Moderate Procedural Sedation and Analgesia 2018;" and be it further

Resolved, that Dr. Jeffrey Bennett be appointed as chair of this workgroup, and that no less than one member of the workgroup be recommended by the Council on Dental Education and Licensure; and be it further

Resolved, the ad hoc workgroup report back to the Council no later than the June 2023 CSA meeting on the suitability of this document to satisfy CDEL's request regarding evidentiary support for their policy review.

Update on Development of Proposed Policy--Management of Acute Dental Pain: Lastly, Dr. Dhar provided an informational update on the Subcommittee's development of a proposed policy statement on the management of acute dental pain, which is being developed in conjunction with a forthcoming clinical practice guideline.

EXTERNAL REPORTS

Report of ADA Membership---Value and Values: The Council heard a presentation on the value and values of ADA membership from the following ADA staff members: Ms. April Kates-Ellison, vice president, Member and Client Services; Ms. Stephanie Moritz, chief marketing and communications officer, Integrated Marketing and Communications; and Ms. Susana Galvin, senior manager, Membership Diversity, Equity and Inclusion, and Analytics, Member and Client Services.

The ADA staff members reviewed a range of market research findings about the increasingly diverse dentist workforce in the United States, and outlined how they are integrating the market research insights into a defined action plan.

Council Chair Updates: The Council received informational updates from the chair and/or vice chair of the following five ADA councils: Council on Government Affairs, Council on Dental Practice, Council on Membership, Council on Advocacy for Access and Prevention, and the Council on Communications.

REVIEW OF ADA POLICY

In accordance with the ADA policy on Regular Comprehensive Policy Review (Trans.2010:603; 2012:370), the Council presented recommendations on Association policies, as outlined below:

Policy on Evidence-Based Dentistry: The Council adopted a resolution to recommend that ADA amend the existing policy, as follows:

23/22. Resolved, that the Council on Scientific Affairs recommend that ADA Policy Statement on Evidence-Based Dentistry (*Trans.*2001:462; 2012:469; 2017:275) be amended as presented below (additions underlined; deletions ~~struck through~~):

Policy Statement on Evidence-Based Dentistry (*Trans.*2001:462; 2012:469; 2017:275)

Introduction: ~~In the early 1990s, a process for decision-making emerged in medicine and other health fields that relies on systematic approaches to summarize the large volume of literature to assist patients and health care providers with translating evidence into clinical practice. David Sackett and colleagues defined evidence-based medicine as “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.”¹~~

~~Simply stated, evidence-based medicine is “the integration of the best research evidence with clinical expertise and patient values.”² With rapidly evolving science and technology, dentistry has also faced the complex demands of integrating and effectively implementing changes in treatment modalities that can arise from new scientific evidence.~~

~~To address these challenges,~~ ~~†~~The dental profession has endorsed an evidence-based approach to clinical practice and oral health care, which is commonly known as evidence-based dentistry (EBD). The American Dental Association (ADA) continues to pursue a leadership role in the field of EBD to help clinicians interpret and apply the best available evidence in everyday practice.

Definition of Evidence-Based Dentistry: The ADA defines the term evidence-based dentistry as an approach to oral health care that requires the judicious integration of systematic assessments of clinically relevant scientific evidence, relating to the patient’s oral and medical condition and history, with the dentist’s clinical expertise, and the patient’s treatment needs and preferences.^{3,4}

~~In adopting this definition for EBD, the ADA also recognizes that treatment recommendations should be determined for each patient by his or her dentist, and that patient preferences should be considered in all decisions. Dentist experience, diagnostic findings and other circumstances, such as patients’ characteristics, additionally should be considered in treatment planning and determining treatment needs. EBD does not provide a “cookbook” that dentists must follow, nor does it establish a standard of care. The EBD process must not be used to interfere in the dentist/patient relationship, nor is it to be used as a cost-containment tool by third-party payers.~~

ADA Center for Evidence-Based Dentistry Principles of Evidence-Based Dentistry: The Association supports the concept of evidence-based dentistry developed through systematic examination of the best available scientific data. ~~In 2007, the Association established the ADA Center for Evidence-Based Dentistry to provide leadership in implementing initiatives related to EBD.~~ Evidence-based dentistry provides an explicit framework to help dentists use, appraise and apply research evidence in clinical practice.

A primary goal of evidence-based dentistry is to improve the quality of dental treatment and oral health care through the objective appraisal of the best available evidence and the development of systematic reviews and evidence-based guidelines and recommendations that can assist clinicians in the conscientious, explicit, and judicious use of current best evidence, in tandem with the patient's preferences and values. Another goal of evidence-based dental practice is to improve clinicians' skills in diagnosing oral and dental diseases and providing evidence-based treatment interventions that help achieve optimal outcomes for patients.

The ADA works to support clinicians in making decisions about the provision of patient-centered, evidence-based treatment and care to allow such decisions to be based on current best evidence, individual clinical expertise and the individual's patient preferences and values. The ADA supports use of quality research findings to systematically build the evidence base used to inform delivery of care, treatment interventions and patient-important outcomes. The ADA also supports the following:

- encouraging incorporation of EBD recommendations in the practice of dentistry;
- supporting teaching about methodology of--and the findings from--EBD recommendations in dental schools;
- advancing policy that encourages patient care in alignment with EBD guidance, where appropriate, and suggests consideration be given to using EBD recommendations to contribute to the development of quality improvement measures;
- the development of EBD resources to guide the practice of dentistry;
- enhancing oral health equity and the equitable provision of patient-centered, evidence-based dental treatment; and
- the development of EBD recommendations that advance evidence-based diagnosis and patient-centered oral health care.

~~In adopting this definition for EBD, t~~The ADA also recognizes that treatment recommendations should be determined for each patient by his or her dentist, and that patient preferences should be considered in all decisions. Dentist experience, diagnostic findings and other circumstances, such as patients' characteristics, additionally should be considered in treatment planning and determining treatment needs. EBD does not provide a "cookbook" that dentists must follow, nor does it establish a standard of care. The EBD process must not be used to interfere in the dentist/patient relationship, nor is it to be used as a cost-containment tool by third-party payers.

~~To realize its vision of disseminating the best available evidence and helping practitioners implement EBD, the ADA Center for Evidence-Based Dentistry works in collaboration with the Council on Scientific Affairs to convene expert panels that review the collective research evidence and develop evidence-based clinical practice guidelines on key clinical issues. The Association will continue developing evidence-based clinical practice guidelines and working with collaborative groups to conduct systematic reviews, critically appraise the reviews and policies developed by other organizations, and develop mechanisms for translating and disseminating information to the membership.~~

EBD Resources: Detailed information on EBD, evidence-based clinical practice guidelines, systematic reviews, EBD terminology, courses/workshops, critical summaries of systematic reviews and other resources are available on the website of the ADA Center for Evidence-Based Dentistry (<http://ebd.ada.org/>). Concise, user friendly EBD resources from the ADA Center for EBD and other organizations are useful resources that can assist practitioners with integrating the best available evidence with clinical expertise and the needs and preferences of the individual dental patient.

1. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. BMJ 1996 Jan 13;312(7023):71-2.

2. ~~_____ Sackett DL, Straus SE, Richardson WS, et al. (eds.). *Evidence-Based Medicine: How to Practice and Teach EBM* (2nd ed.). Edinburgh: Churchill Livingstone, 2000.~~

3. ~~_____ American Dental Association. *Transactions* 2001; 462.~~

4. ~~_____ Frantsve-Hawley J, Meyer DM. The evidence-based dentistry champions: a grassroots approach to the implementation of EBD. *J Evid Based Dent Pract* 2008; 8:64-69.~~

and be it further,

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Use of Amalgam as Restorative Material: The Council adopted a resolution to recommend the ADA amend the existing policy, as follows:

24/22. Resolved, that the following proposed revisions to the ADA Policy Statement on Use of Amalgam as Restorative Material (*Trans.*1986:536) be amended as presented below (additions underlined; deletions ~~struck through~~):

~~**Resolved**, that based on current documented scientific research, the conclusions of conferences and symposiums on the biocompatibility of metallic restorative material, and upon joint reports of the Council on Dental Materials, Instruments and Equipment and the Council on Dental Therapeutics of the Association, the continued use of dental amalgam as a restorative material does not pose a health hazard to the nonallergic patient, and be it further~~

Resolved, that the ADA supports the globally recognized need to reduce environmental mercury as set forth in the Minamata Convention on Mercury as a common good, and recognizes the responsibility of dentists to care for their patients' well-being, in keeping with the *ADA Principles of Ethics and Code of Professional Conduct*, and be it further

Resolved, that the ADA recommends that clinicians review the risks and benefits of all restorative options with their patients, and that dental amalgam restorations continue to be used when appropriate for patient care., and be it further

~~**Resolved**, that to advocate to a patient or the public the removal of clinically serviceable dental amalgam restorations solely to substitute a material that does not contain mercury is unwarranted and violates the ADA Principles of Ethics and Code of Professional Conduct, and be it further~~

~~**Resolved**, that in those instances where state dental boards initiate proceedings on this question that the ADA cooperate in such proceedings by making available scientific personnel as expert witnesses.~~

and be it further,

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Complementary and Alternative Medicine in Dentistry: The Council adopted a resolution to recommend ADA amend the existing policy via consent, as follows:

25/22. Resolved, that the Council recommends that the ADA Policy Statement on Complementary and Alternative Medicine in Dentistry (*Trans.*2001:461; 2017:277) be revised as presented below [deletions ~~struck through~~; additions underlined):

Policy Statement on Complementary and Alternative Medicine in Dentistry (*Trans.*2001:460; 2017:277)

The ADA, consistent with its commitment to evidence-based dentistry and the improvement of oral health, supports including complementary and alternative medicine therapies as an adjunct to traditional diagnostic and treatment approaches, as long as they are based on sound scientific principles and demonstrated clinical safety and effectiveness.

~~In September 2002, the National Center for Complementary and Alternative Medicine partnered with the National Institutes of Health (NIH) and the Agency for Healthcare Research and Quality to commission the Institute of Medicine (IOM) to convene a study committee to investigate scientific, policy and practice questions arising from the use of complementary and alternative medicine (CAM) therapies by the American public.1 The IOM committee's final report1 describes the current use of CAM in the United States, the populations using them, a summary of current practices and policies, and the development of conceptual framework linked to research and decision-making. One of the key messages from the cited report states:~~

~~"The committee recommends that the same principles and standards of evidence of treatment effectiveness apply to all treatments, whether currently labeled as conventional medicine or CAM. Implementing this recommendation requires that investigators use and develop as necessary common methods, measures, and standards for the generation and interpretation of evidence necessary for making decisions about the use of CAM and conventional therapies."~~

~~Historically, dentistry has evolved as a strong and respected profession based on sound science, a moral commitment of service to the public, and an ethical obligation to protect the health of the patient. The ADA strongly supports this tradition of dentistry as a profession rooted in constantly evolving scientific information and an ethical duty to act for the benefit of others.~~

~~The dental community has always been open to emerging diagnostic and treatment approaches that over the years have improved the oral health of the public, the health of the dental team and the practice of dentistry. The ADA, consistent with its commitment to evidence-based dentistry and the improvement of oral health, supports those diagnostic and treatment approaches that allow both patient and dentist to make informed choices among safe and effective options. The provision of dental care should be based on sound scientific principles and demonstrated clinical safety and effectiveness.~~

~~The ADA is open to the idea of integrating new therapies in clinical practice, along with those that have been already tested and shown to be safe and effective in improving patient outcomes. However, the ADA also acknowledges that interventions which are considered CAM are usually understudied interventions that require further scientific testing and investigation to draw reliable conclusions about their safety, effectiveness and potential benefits beyond placebo.~~

~~Health care interventions, whether or not considered CAM, should be subject to testing using similar research standards and scientific rigor to provide a strong, evidence-based foundation for their safety and appropriate use. Within this context, the notion of CAM as a specific subset of interventions that belong to a specific discipline can be considered questionable.~~

and be it further,

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Study of Human Remains for Forensic and Other Scientific Purposes: The Council adopted a resolution via the consent agenda to recommend ADA retain the existing policy:

26/22. Resolved, that the Council on Scientific Affairs recommend that the ADA Policy on Study of Human Remains for Forensic and Other Scientific Purposes (*Trans.2002:421*) be retained without amendment; and be it further

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Use of Laboratory Animals in Research and Training: The Council adopted a resolution via the consent agenda to recommend ADA retain the existing policy:

27/22. Resolved, that the Council on Scientific Affairs recommend that the ADA Policy on Use of Laboratory Animals in Research and Training (*Trans.*1964:254; 2006:329; 2017:279) be retained without amendment; and be it further

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Precapsulated Amalgam Alloy: The Council adopted a resolution to recommend ADA amend the existing policy, as follows:

28/22. Resolved, that the ADA Policy on Precapsulated Amalgam Alloy (*Trans.*1994:676) be revised as presented below (additions underlined; deletions ~~struck through~~):

Resolved, that the ADA strongly recommends that ~~dentists, eliminate the use of bulk dental mercury and bulk amalgam alloy and that~~ when using amalgam, ~~they~~ dentists use only precapsulated amalgam alloy, also referred to as encapsulated amalgam alloy, in their dental practices.

and be it further

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

Policy on Scientific Assessment of Dental Restorative Materials: The Council adopted a resolution via consent to recommend ADA amend the existing policy, as follows:

29/22. Resolved, that the Council on Scientific Affairs recommends that the ADA Policy "Scientific Assessment of Dental Restorative Materials" (*Trans.*2003:387) be amended as follows (additions underlined, deletions ~~struck through~~):

Resolved, that although the safety and efficacy of dental restorative materials has been extensively researched, the Association, consistent with its Research Agenda Priorities and evidence-based practice, will ~~continue to~~ actively promote such research to ensure that the profession and the public have the most current, scientifically valid information on which to make choices about dental treatment requiring restorative materials, and be it further

Resolved, that the Association use its existing communications vehicles to educate opinion leaders, ~~and~~ policy makers, government agencies, and other communities of interest about the scientific methods used to assess the safety and efficacy of dental restorative materials, and be it further

Resolved, that the Association ~~continue to~~ promptly inform the public and the profession of any new scientific information that contributes significantly to the current understanding of dental restorative materials.

and be it further,

Resolved, that the CSA approves transmittal of this recommendation to the 2022 House of Delegates.

ADJOURNMENT

The meeting adjourned at 3:26 p.m. on Wednesday, June 22, 2022.