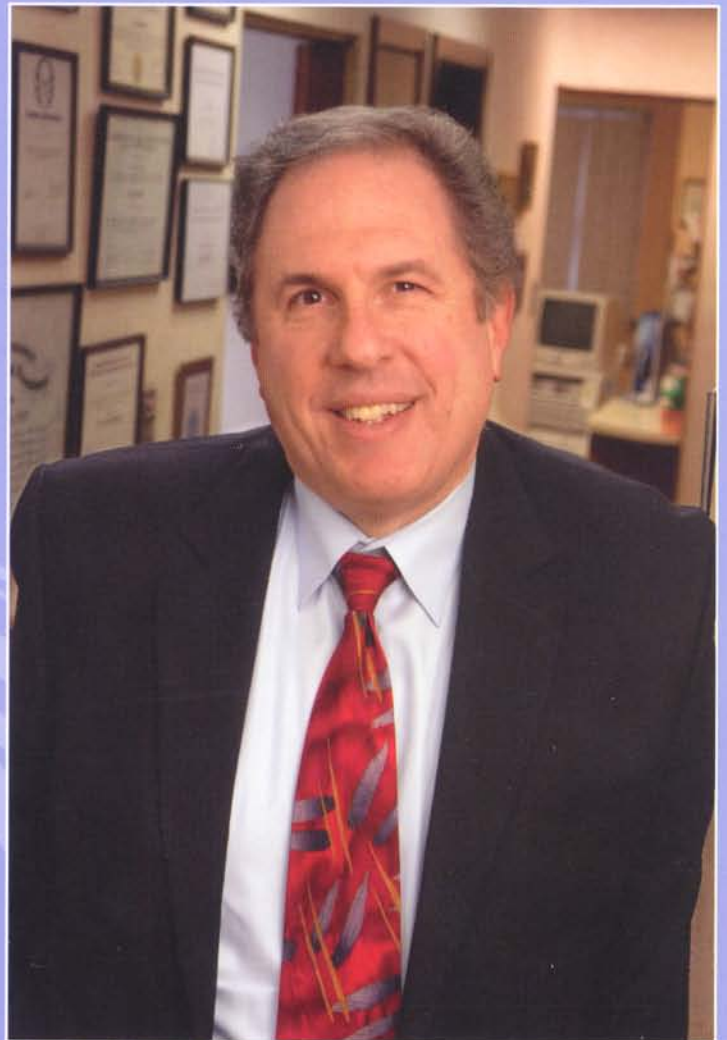


## Why Should a Practicing Dentist Conduct In-Office Clinical Research ?

A Conversation with Dr. Kenneth Goldberg,  
Principal Investigator of the PEARL ONJ Study

Dr. Kenneth Goldberg, a private practitioner for more than 25 years in Cliffside Park, New Jersey, is the principal investigator on the PEARL Network's new study on osteonecrosis of the jaw (ONJ). He has also been the PI on studies sponsored by pharmaceutical and dental product companies, in such areas as dentin hypersensitivity, xerostomia, tooth whitening, chewable oral contraceptives, experimental dentifrices and nicotine mouth strips for smoking cessation. In this issue of the PEARL newsletter, Dr. Goldberg talks about the benefits of conducting clinical research in a private practice.



Dr. Kenneth Goldberg

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### THE PEARL EXECUTIVE MANAGEMENT TEAM

Page W. Caufield, DDS, PhD; Frederick A. Curro, DMD, PhD; Ananda P. Dasanayake, BDS, MPH, PhD;  
Jonathan A. Ship, DMD; and Van P. Thompson, DDS, PhD.



Dr. Goldberg with members of his staff

**PEARL:** Why did you choose to join PEARL, a network of practicing dentists involved in clinical research?

**Dr. Goldberg:** Like many solo practitioners, I'd like to have a network of peers I can count on for practical advice on patient care. The PEARL Network serves this purpose by bringing together practitioners with an interest in enhancing patient care. It creates a community that empowers its members to solve difficult questions relating to patient care through cutting edge research in dental science and technique.

**PEARL:** Why did you choose to lead a study on ONJ?

**Dr. Goldberg:** This study examines an issue that should be of concern to every practitioner; namely, do patients who use bisphosphonate drugs for osteoporosis and bone tumor treatment risk developing ONJ, and do certain oral surgery procedures, such as tooth extraction, pose an added risk of ONJ for these patients?

**PEARL:** Why is this study particularly important now?

**Dr. Goldberg:** More evidence is urgently needed to clarify whether there is a link between use of bisphosphonate drugs and ONJ because as the population ages, the percentage of dental patients taking bisphosphonate drugs – particularly women suffering from osteoporosis – is growing. And today, with oral and systemic health increasingly seen as being interconnected, it's essential that every practitioner understand the relationship between dental treatment and his patient's entire physiology. By evaluating whether certain oral surgical procedures, such as tooth extraction, pose an added risk of ONJ in bisphosphonate users, this study will help each of us better anticipate and manage our patients' needs.



## HOW to Participate in the ONJ Study

If you have treated a patient with ONJ in the past five years, but have not yet registered for this study, please contact:

**PEARL Senior Clinical Research Associate Eileen Capstraw at 212.998.9636 or emc7@nyu.edu.**

## Osteonecrosis of the Jaw

Over three million people in the US are either intravenously or orally taking a group of drugs called bisphosphonates for metastatic bone cancer, osteoporosis, Paget's disease, and acute hypercalcemia. These include Fosamax (alendronate), Boniva (ibandronate sodium), Actonel (risedronate sodium) as well as Aredia (pamidronate disodium) and Zometa (zoledronic acid). Some of these drugs can reduce the survival and function of osteoclasts (i.e., bone-resorbing cells). In addition, they can also reduce the formation of new blood vessels. Perhaps due to the above properties of these drugs, a disease called 'osteonecrosis of the jaw' (ONJ) recently has been linked to bisphosphonates. ONJ is a clinical entity that is characterized by an area of exposed bone in the mandible, maxilla, or palate that heals poorly and unusually slowly. PEARL, with the other two dental PBRN's, is doing a study to understand the role of oral diseases and dental treatment in the etiology of ONJ in patients who are taking bisphosphonates.

# Practice Research Coordinator Advisory Group Formed



The PEARL Network announces the formation of a new committee called the Practice Research Coordinator Advisory Group (PRCAG).

This committee will have many important functions including evaluating the overall impact of each protocol on dental office operations and resources. With the help of the PRCAG, PEARL hopes to develop protocols that are more conducive to the private-practice working environment. Currently, the group consists of three Practice Research Coordinators from PEARL Network member sites:

**Joanne Johnson, RDH**

(Dr. Peter Blanchard's site in Southborough, MA)

**Janet Lamond** (Dr. Jeffrey Chustckie's site in Somerset, NJ)

**Holly Bryan, CCRC** (Dr. Henry Bryan's site in Roseville, MI)



## PRCAG Accomplishments to date:

1. Significant suggestions for the implementation and training re: the following PEARL Network protocols:
  - PRL0602 (Post-Operative Hypersensitivity)
  - PRL0603 (Risk Factors for ONJ)
  - PRL0604 (Deep Caries Treatment Outcomes)
  - PRL0705 (Endodontic Treatment Outcomes)
2. Implementation of the following:
  - Patient recall materials
  - Staff-specific training modules for upcoming studies
  - Calibrated radiographic images for training

## CDE CREDITS:

### PEARL HELPS YOU MEET REQUIREMENTS

As a private practitioner, you need CDE credits. If you are in NY, you need 40 hours over a period of 2 years. PEARL Network strives to help you obtain most of these credits at no cost to you, and in some cases, without ever leaving your office, by offering both clinically-oriented and research-oriented courses. By introducing some basic research elements and concepts to you through these courses, we will also enhance the quality of data we collect in our PEARL studies.

As a P-I of the PEARL Network, in 2006 alone you had the opportunity to obtain 14 CDE credits (Human subject tutorial - 1 credit; GCP tutorial - 1 credit; PEARL Annual Meeting - 4 credits; Summer CDE article - 1 credit; Fall CDE article - 1 credit; NYU discounted CDE course on trauma - 6 credits). However, many of you have not yet taken advantage of this great opportunity. We hope you will soon. If what we offer is not what you are looking for, or if it needs improvement, please let us know. You can also bring your ideas on how to improve these CDE courses to our upcoming annual meeting.

## Continuing Dental Education

Please visit the **Members Only** Web site at [pearlnetwork.org](http://pearlnetwork.org) for the latest Continuing Dental Education opportunities - this month you will find a new article and a short quiz to gain credits to meet your CE requirements.



# PEARL's Current Research Protocols continued

## OUTCOMES FOR ENDODONTIC TREATMENT AND RESTORATION OF TEETH IN GENERAL DENTAL PRACTICE

With the increased interest in placing implants in circumstances where teeth were previously treated endodontically, there is a need to examine risk factors associated with successes and failures of non-vital teeth in general dental practices. Although the majority of non-vital teeth are treated by general dentists in private practices, most studies have been conducted by specialists, and in academic centers. This proposed PEARL study will evaluate the 3 – 5 year outcomes and risk factors of success and failure of non-vital teeth treated in general dental offices.



## OSTEONECROSIS OF THE JAW (ONJ) [TRANS-PBRN]

We propose to study the risk factors for ONJ using the three National Institute of Dental and Craniofacial Research (NIDCR) Dental Practice-Based Research Networks (PEARL, DPBRN, PRECEDENT) and two large health maintenance organizations (Kaiser Permanente and Health Partners) associated with one of the Networks (DPBRN) using a relatively large unmatched case-control study.

## Got a Research

Your idea will be reviewed and, if accepted, will be developed into a research protocol through the PEARL Network.

## Idea?

We'd love to hear from you — please submit online at [www.pearlnetwork.org](http://www.pearlnetwork.org). Click on PEARL Studies; scroll to Turning an Idea into a Research Protocol, and review the research protocol template. Fill out and submit the brief online form or fill out the postcard below and send it to us.



Name \_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_

Pearl Research Ideas:

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# PEARL's Current Research Protocols



## POST-OPERATIVE HYPERSENSITIVITY (POH)

Post-Operative Hypersensitivity (POH) can impact a dental patient's sense of well-being and ability to function. Although resin-based composite (RBC) caries restoration has been associated with the condition, there is a dearth of scientific literature on the possible link between RBC and POH. This study aims to (1) determine the incidence and severity of POH as reported by subjects who receive Class I RBC restorations; (2) measure the associations among POH and restoration width and depth, dentin caries activity, lining and bonding materials, restorative materials and techniques (3) assess the RBC restoration treatment and its impact on patient-perceived Quality of Life (QOL).

## COMPLETE VS. PARTIAL REMOVAL OF DEEP CARIES: A COMPARISON STUDY OF TREATMENT OUTCOMES

Management of deep caries close to the dental pulp presents a challenge to both clinicians and patients because the prognosis for recommended treatments is not well documented. In the PEARL Study PRL0501 (Deep Caries Survey), 80% of PEARL Network Practitioner-Investigators (P-Is) reported removing all caries from deep lesions and 20% reported that they only partially remove caries. This study aims to (1) compare the effectiveness of complete versus partial caries removal in deep Class I lesions for maintaining tooth vitality at one year post-treatment; (2) assess the effects of deep caries treatment on patients; post-operative Hypersensitivity (POH) and Oral Health Related Quality of Life (OHRQoL); and (3) evaluate cavity lining and bonding techniques for non-vitality outcome trends in order to design a follow-up prospective intervention study.



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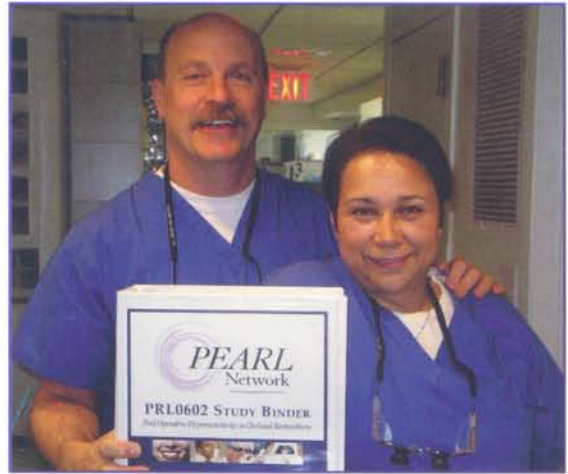
New York University  
College of Dentistry  
The PEARL Network  
421 First Ave., Room 232W  
New York, NY 10160-0316



## PI Profile

### Roy H. Sonkin, DDS

Dr. Roy Sonkin, a 35-year dental practice veteran, is a dedicated practitioner committed to the advancement of dentistry through research. His interest in conducting research started with the belief that it is an important responsibility to give something valuable back to the dental community. Currently, he and his staff are enrolling patients at his Elmont, New York, site for PEARL's on-going Post-Operative Hypersensitivity study. One of his staff members, Joann Pecorella, a dental hygienist for over 13 years, plays a critical role in the successful operation of his dental office and is also a Practice Research Coordinator for the PEARL Network. Although this is her first involvement with a dental research project, her previous experience in the financial industry working with Lehman Brothers has proved useful in coordinating research at Dr. Sonkin's practice.



Dr. Sonkin and Ms. Pecorella

In addition to being an active PEARL Network member, Dr. Sonkin also serves as a Deputy Commander for FEMA and as Forensic Dental Consultant to the Office of the Chief Medical Examiner for New York City, a role which put him on the dental identification team for the World Trade Center disaster and the crash of Flight 587. In the near future, he is looking to become more involved with the community, reaching out to young and old by holding classes on dental health at the local library near his office. He is also proud to have two children in related medical fields, daughter Lyndsey who is studying nursing at the University of Connecticut and son Zachary who is in his second year at the NYU College of Dentistry.

**SAVE  
the  
Date**

**April**

Friday

**20**

Saturday

**21**

Sunday

**22**

**PEARL Network Annual Meeting**

**IBM Palisades in Palisades, NY**

Please visit the website for more details and registration information.

 **New York University**

COLLEGE OF DENTISTRY

The PEARL Network

421 First Ave., Room 232W

New York, NY 10010-4086