

PREFACE. The 2nd Baltic Osseointegration Academy and Lithuanian University of Health Sciences Consensus Conference 6 - 7 September 2019, Kaunas, Lithuania

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INTRODUCTION

Baltic Ossoeintegration Academy (BOA) together with the Lithuanian University of Health Sciences (LSMU) and Universities from Europe and USA organized their second Consensus Conference (CC) devoted to the topic of “Post-Extraction Bone Remodelling and Alveolar Ridge Preservation”. BOA - LSMU consensus development group (CDG) was seeking to review the dental literature on a topical area in dental implantology and to produce high-quality, unbiased evidence-based guidelines and consensus statement (CS). CDG as the responsible body formulated the task of developing CS devoted to the topic of “Post-Extraction Bone Remodelling and Alveolar Ridge Preservation” to Gintaras Juodzbaly (Lithuania). CS Panel members were invited by the chairman. They are representatives of Universities, experts in a field and made every effort to produce nonbiased, independent, evidence-based clinical practice guidelines. Panel members had no conflicts of interest and signed a Panel Member Agreement (PMA). Working groups were established and following clinically relevant topics suitable for consensus discussion were identified:

1. Biological aspects of tooth extraction, socket healing and indications for socket preservation (group leader: Gintaras Juodzbaly) [1].
2. Extraction socket preservation methods and dental implant placement outcomes within grafted sockets (group leader: Pablo Galindo-Moreno) [2].

MATERIAL AND METHODS

The methodology of preparation of systematic reviews of the literature based on comprehensive search strategies was discussed and standardized. Below is a summary of the materials and methods employed by the authors in preparing the systematic reviews.

Protocol and registration

The reviews were registered in PROSPERO, an international prospective register of systematic reviews: <http://www.crd.york.ac.uk/PROSPERO/>. The reporting of the systematic analysis adhered to the PRISMA (Preferred Reporting Item for Systematic Review and Meta-Analyses) Statement [3].

Focus question

The focus question was constructed by the authors

based on the four PICO elements (Population, Intervention, Comparison, and Outcome) [4,5].

Search strategy

The search strategy incorporated examinations of electronic databases, supplemented by hand searches. A search was conducted mainly on two databases - MEDLINE (Ovid) and EMBASE. Additionally, a hand search was carried out in dental implant related journals. The references of each relevant study were screened to discover additional relevant publications and to improve the sensitivity of the search. The details of the key words used for electronic searches are provided in each manuscript. The choice of keywords was intended to be broad, in order to collect as much relevant data as possible without relying on electronic means alone to refine the search results.

Selection criteria and search strategy

The resulting articles were independently subjected to clear inclusion and exclusion criteria by reviewers as follows. Reviewers compared decisions and resolved differences through discussion, consulting an experienced senior reviewer when consensus could not be reached. Following the initial literature search, all article titles were screened to eliminate irrelevant publications. Next, studies were excluded based on data obtained from screening the abstracts. The final stage of screening involved reading the full texts to confirm the eligibility of each study, based on the inclusion and exclusion criteria. The data were independently extracted from studies in the form of variables, according to the aims and themes of the review. Data were collected from the included articles and arranged in the tables.

Quality assessment

The risk of bias assessment of the included trials was undertaken independently and in duplicate by at least two review authors as part of the data extraction process. This was conducted using the recommended approach for assessing risk of bias in studies included in Cochrane reviews [6].

RESULTS

Relevant data of interest on the actual variables were collected and organised into tables. Meta-analyses were performed when relevant. Numbers of studies screened, assessed for eligibility, and included in

the review, with reasons for exclusions at each stage were presented. A sequence of logical subsections that reflect the area being reviewed were developed in every study.

DISCUSSION AND CONCLUSIONS

The main findings were summarized including the strength of evidence for each main outcome, considering their relevance to key groups. Limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias) were discussed. Finally, conclusions were drawn.

ACHIEVING CONSENSUS

Consensus was achieved by informal process, whereby all CS Panel members reach agreement. Prior to publication, the draft statement was reviewed by external reviewers who did not participate in the writing process (review for content, style, consistency, accuracy, and format). Corrected draft statements were approved by the CS Panel.

PEER REVIEW

The manuscripts were submitted to the “Journal of

Oral & Maxillofacial Research” (JOMR). At least two external reviewers reviewed every manuscript. Revisions and corrections were then completed. After acceptance of the reviewed papers, final CSs were developed, including clinical recommendations and implications for research.

DISCLOSURE STATEMENTS

All group members were asked to sign a Panel Member Agreement (PMA). This agreement requires individuals to maintain the highest level of integrity and avoid all actual, perceived, and potential conflicts of interest. The authors reported no conflicts of interest related to this study.

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