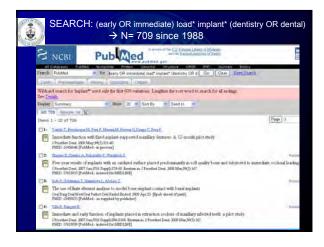


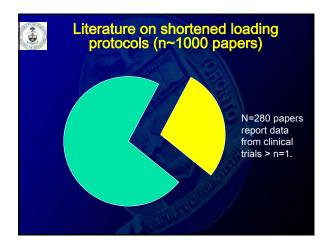
What have we learned from clinical trials about early loading of implants?

Asbjørn Jokstad, DDS, PhD Professor and Head, Prosthodontics Faculty of Dentistry, University of Toronto

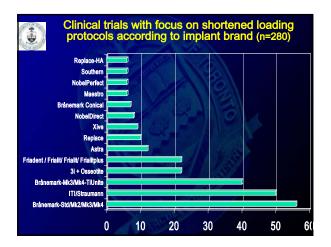




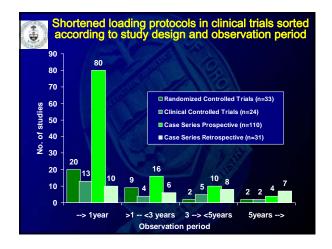


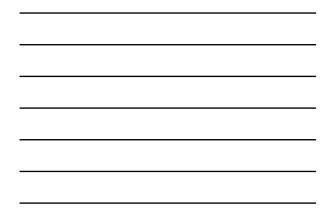












General information

The first trials

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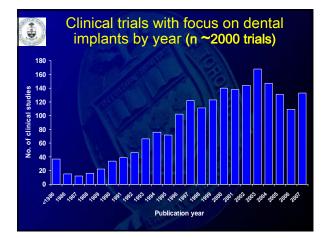
> 1968 – 1975 (Brånemark et al. 1977: Experience from a 10-year period)

TPS implants (Ledermann 1978); Tübinger Al₂O₃ (Schulte 1978) <u>The largest RCT trials</u>

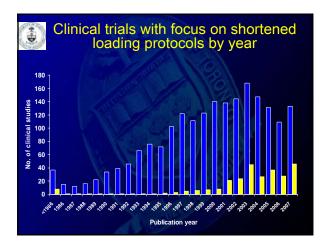
- > 52 patients and 104 implants (Testori et al. 2007)
- > 24 patients and 142 implants (Fischer et al. 2008)
- The longest follow up RCT trial
- > 5 years (Roccuzzo et al., 2008 & Fischer et al. 2008)
- The longest observation period
- 8-18 years, average 12, retrospective studies on ITI implants placed in the edentulous mandible (Lambrecht & Hodel 2007)



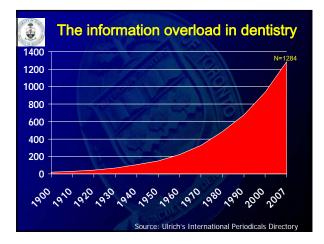




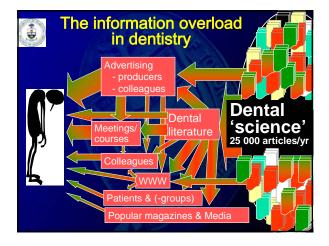




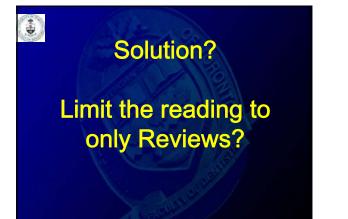


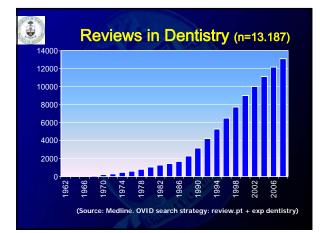




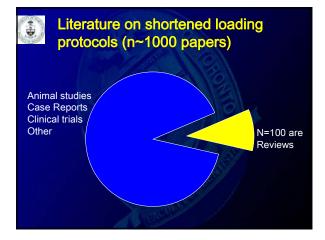














Reviews - problems

Usually:

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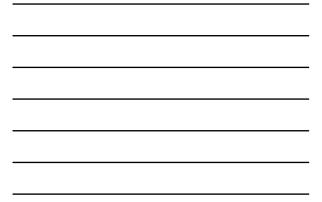
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- written by a single topic expert
- based on their understanding of the literature
- no methodology is given
- a broad based subject is addressed
- the conclusions and advises differ

Solution?

Drop the narrative style and look for the Systematic Reviews (SRs)?





"*Systematic" review*? Is just a word!

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Systematic Review :

5 Qualifyers are required

SR: 5 qualifyers

- 1. Question or hypothesis
- 2. <u>All publications on the topic</u>
- 3. Valid criteria to <u>include or exclude</u> identified studies
- 4. Extracted <u>relevant data</u> combined and compared
- 5. Conclusions based <u>solely on the</u> <u>extracted data</u> and the presence or absence of supporting evidence

Systematic Reviews - problems

- The <u>selection of studies</u> to include in SRs will reflect conclusions
- The study methodology aspects will reflect conclusions
- Need to focus on studies with good methodological designs



SR Conclusions: GTR attachment gain compared to open flap debridement

Laurell et al. *J Periodontol* 1998: • Uncontrolled and unblinded studies

<u>2.7 mm</u>

Cortellini et al. Periodontology 2000 2000: 1.6 mm

Unclear selection criteria for studies

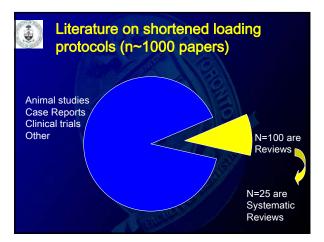
Inclusion of studies of short duration

Needleman et al. *Cochrane Review* 2001: <u>1.1 mm</u> Randomised, controlled trials

- Trials only comparing GTR vs flap debridrement
- Trials > 12 months
- Furcation involvements excluded

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In other words: Garbage in → Garbage out.





Best Systematic Reviews on shortened loading protocols

- Esposito et al. 2007(/2004). Cochrane Syst Rev.
- > Jokstad & Carr. 2007. Int J Oral Maxillofac Impl
- > Nkenke & Fenner. 2006. *Clin Oral Implants Res*
- > Del Fabbro et al. 2006. Int J Periodont Restor Dent
- > Attard & Zarb. 2005. J Prosthet Dent
- > Cochran et al. 2004. Int J Oral Maxillofac Impl

Study	Esposito et al. (2007)	Jokstad & Carr (2007)	DelFabbro et al. (2006)	Nkenke & Fenner (2006)	Attard & Zarb (2005)	Cochrane et al. ITI Workshop (2004)
Dhanrajani & Al-Rafee 2005		Retro				
Vanden Bogaerde et al. 2005		ССТ				
Ostman et al. 2005		excluded		Х		
Nedir et al. 2004 Bischof et al. 2004		сст				
Salvi et al. 2004	excluded	RCT				Х
Fischer & Stenberg 2004	X	RCT			Х	х
Testori et al. 2004		excluded	x	х	х	
Cannizzaro & Leone 2003	X	ССТ	х	х	х	Х
Ibanez et al. 2003		ССТ				
Malo et al. 2003		Retro	х		Х	
Testori et al. 2003b	excluded	ССТ	х		х	
Wolfinger et al. 2003 Balshi & Wolfinger 1997		Submerg	х		х	x
Degidi & Piatelli 2003		excluded	х	х	х	
Rocci et al. 2003		excluded	х	х	х	
Tawse-Smith et al. 2002	x	RCT			х	х
Payne et al. 2002	х	RCT			х	х
Romeo et al. 2002	х	RCT	х	х	х	х
Gatti & Chiapasco 2002		excluded	х	х	х	
Chausu et al. 2001		excluded	х	х	х	
Chiapasco et al. 2001	x	RCT	х	х	х	х
De Bruyn et al. 2001		Submerg			х	
Røynesdal et al. 2001		ССТ			х	х
Ericsson et al. 2000		excluded		х	х	х
Roccuzzo et al. 2001	excluded	excluded			х	х
Jo et al. 2001		excluded				х
Randow et al. 2001		excluded				х
Schnitman et al. 1997 Schnitman et al. 1990		Submerg	х		х	x
Tarnow et al. 1997		Submerg	х		х	

Reasons Systematic Reviews appraise different papers

- Inadequate literature search
- Selection bias

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Variable inclusion and exclusion criteria
CHECK: Excluded papers and reasons

➢PICO question

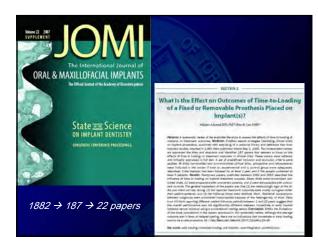
- ➤Relative merit ?
- ▶Predictability ?

	Relative merit	Predictability
1.	High quality RCT with narrow confidence Interval	Cohort study with <u>></u> 80% follow-up
2.	Cohort study or low quality RCT - e.g. <80% follow-up	Retrospective cohort study or follow-up of untreated control patients in an RCT
З.	Case-Control Study	
4.	Case-series (and poor quality cohort and case- control studies)	Case-series (and poor quality cohort studies)
5.	Expert opinion without explicit critical appraisal, or based on physiology, or bench research	Expert opinion without explicit critical appraisal, or based on physiology, or bench research



Appropriate Study Designs to address implementation of interventions								
	Qualitat ive researc h	Survey	Case Cont rol	Cohor t	RCT	Non- experi mental	Systematic review	
Effectiveness: Does it work?				\$	☆☆	\$	<u> </u>	
Process of intervention/ delivery: How does it work?	**	\$				\$	***	
Salience: Does it matter?	☆☆	**					<u> </u>	
Safety: Will it do more good than harm?	☆		\$	\$	**	☆	***	
Acceptability: Will the patient accept the intervention?	☆☆	☆			\$	☆	***	
Cost effectiveness: Is it worth paying for the intervention?					☆☆		***	
Appropriateness: Is this the right intervention for this patient?	☆☆	\$ \$					44	
Satisfaction with the intervention: Are users, providers and other stakeholders satisfied?	44	44	\$	☆			☆	





Clinical variables with potential influence on treatment outcomes

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Patient inclusion and exclusion criteria (e.g. host factors, smoking, parafunction, bone type, etc.)
State of dentition and intra-oral implant site





Clinical variables with potential influence on treatment outcomes

Patient inclusion and exclusion criteria (e.g. host factors, smoking, parafunction, bone type, etc.)
State of dentition and intra-oral implant site

State of dentition and intra-oral implant site
Number of implants to support a superstructure

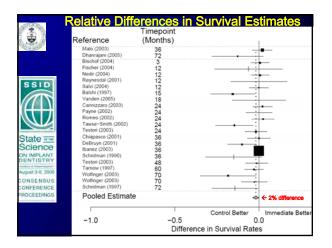
> Nature of implant-supported superstructure

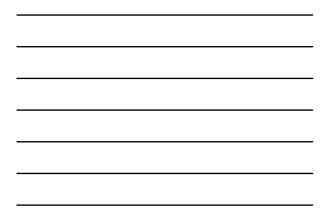
- Clinical procedures (e.g. stage of healing following extraction, site preparation, torque, etc.)
- Implant morphology (smooth, microrough, rough)
- > Treatment outcome criteria
- Observation period

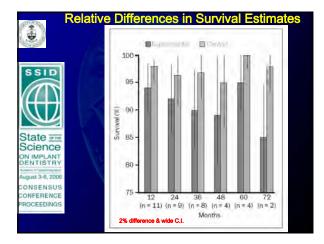
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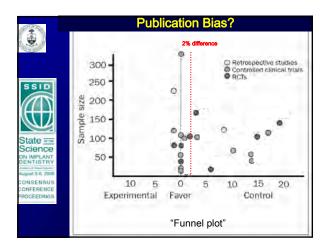
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Authors	23 reports	Study	product	n-	n-	Time
				pas	imp	
Fischer et al.	2 reports	RCT	ITI-sla	24	142	5
Guncu et al.	2 reports	RCT	Branemark-Mk3-TiU	13	26	1-0.2
Testori et al.	1 report	RCT	Osseotite-FNT	52	104	1
De Smet et al.	1 report	ССТ	Brånemark / Brånemark-Novum	30	70	2-1
Stephan et al.	1 report	ССТ	Brånemark-Mk3-TiU	26	78	2
Assad et al.	1 report	RCT	Paragon	10	40	2
Romanos and Nentwig	1 report	RCT	Ankylos	12	36	2
Turkyilmaz et al.	4 reports	RCT	Branemark-Mk3-TiU	20	40	2
Turkyilmaz et al.	1 report	ССТ	Branemark-Mk3-TiU	29	59	4
Oh et al.	1 report	RCT	Zimmer	24	25	0.5
Hall et al.	2 reports	RCT	Southern	28	28	1
Turkyilmaz et al.	3 reports	ССТ	Brånemark-Mk3-TiU	26	52	1
Brochu et al.	1 report	ССТ	Brånemark-TiU		41	0.3
Ottoni et al.	1 report	Other	Frialit-2	23	46	2
Tsirlis AT	1 report	ССТ	Frialit-2(14) Osseotite(15) Osseotite-NT(14)	38	43	2
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Summary

- In comparative trials, shortened loading protocols compared to delayed loading has in average 2% lower survival rates and more unpredictable outcomes
- Limited data suggest that shortened loading protocols in the interforaminal area can be considered as a reasonable treatment alternative to delayed loading
- It has not been demonstrated that a shortened loading protocol in itself is harmful.
- Considerations when treatment planning must be based on individual patient needs and expectations



