

In situ protection of enamel erosive lesions by F toothpastes: network meta-analysis

#2172

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Conflict of Interest statement



- These studies were funded by **GSK Consumer Healthcare**, which markets the Pronamel products tested.
- Jonathan Creeth and Andrew Butler were employees of GSK Consumer Healthcare at the time of the analysis.
- Avinash Patil is an employee of Syneos Health, which has received funding from GSK Consumer Healthcare.
- Anderson Hara and Domenick Zero are employees of Indiana University, which has received funding from GSK Consumer Healthcare.

Introduction + Aims



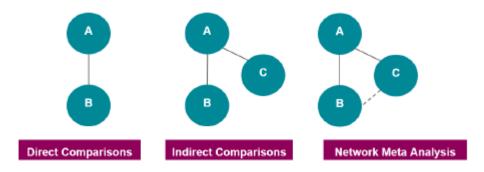
- Multiple in situ clinical erosion remineralisation studies performed using consistent methodology (11 in all)
- What can we learn looking across the studies...
- ...About the performance of the model?
- ...About the performance of NaF-KNO₃ toothpaste?
- …About effects of different products/excipients on F performance in this model?





NMA:

- Determines effect of a treatment as mean value adjusted across a set of studies with (near-) identical protocol
- Allows comparisons between treatments not tested in same study

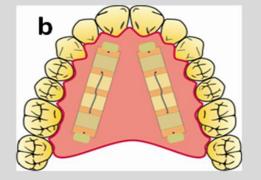


In situ methodology: intra-oral appliance design



- (a) Palatal appliance contains two slots;
- (b) Appliance with two plastic holders, each with four enamel specimens;
- (c) Side view of plastic holders;
- (d) Plastic holder with two mounted enamel specimens











Clinical in situ methodology



- Single-centre, randomized, multi-way crossover* in situ study, ethics committee-approved (OHRI) in healthy adults (N ~50*)
- Examiner-, subject- and analyst-blind
- Bovine enamel specimens* acid-challenged:
 - 25 min in grapefruit juice (citric acid, pH ~3.0).
- Single use of 1.5 g test dentifrice:
 - 25 s brushing + 60 s or 95 s swishing + expectorate + rinse
- 4-hour intra-oral remineralization period
- Re-challenge with acid
- Enamel hardness assessed at each stage via Surface Microhardness (SMH)
 - Wilson 2100 indenter





Approach

- SMH measures used to calculate SMHR & RER values
- Analyzed by ANOVA, using fixed- and random-effect models
- Factors for study and treatment (toothpaste) included as terms

Values determined:

- Adjusted mean, standard deviation and standard error for each treatment

NMA 'map' of direct product comparisons





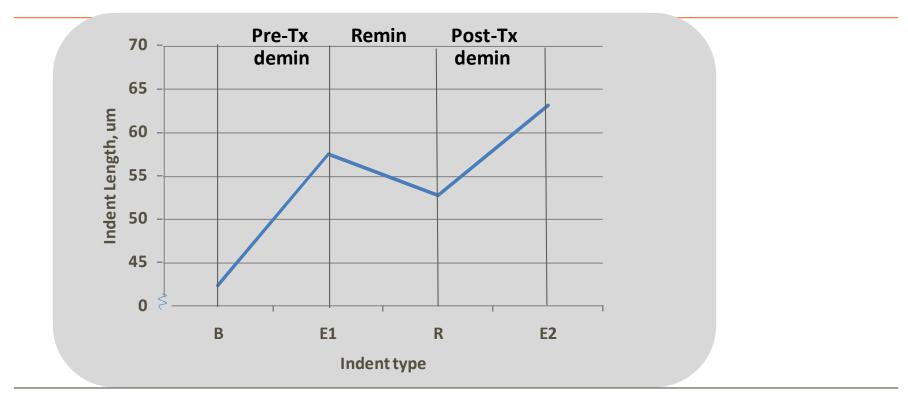
Selection of Products tested



- Placebo (non-F)
- NaF-KNO₃ 1150
 - 1150ppm F as NaF (non-ionic surfactant): Pronamel Daily Protection (US)
- NaF-KNO₃1450
 - 1426ppm F as NaF (non-ionic surfactant): Pronamel Daily Protection (RoW)
- NaF-SLS 1100
 - 1100ppm F as NaF: sodium lauryl sulfate (SLS) surfactant: Crest Cavity Protection (US)
- NaF-SLS 1450
 - 1450ppm F as NaF: (SLS) Blend-a-Med (EU)
- NaMFP 1000
 - 1000ppm F as monofluorophosphate (K-citrate, Zn-citrate, SLS): Colgate Sensitive Multi-Protection (US)
- SnF₂1100
 - 1100ppm F as SnF₂ (hexametaphosphate, SLS): Crest Pro-Health Advanced (US)

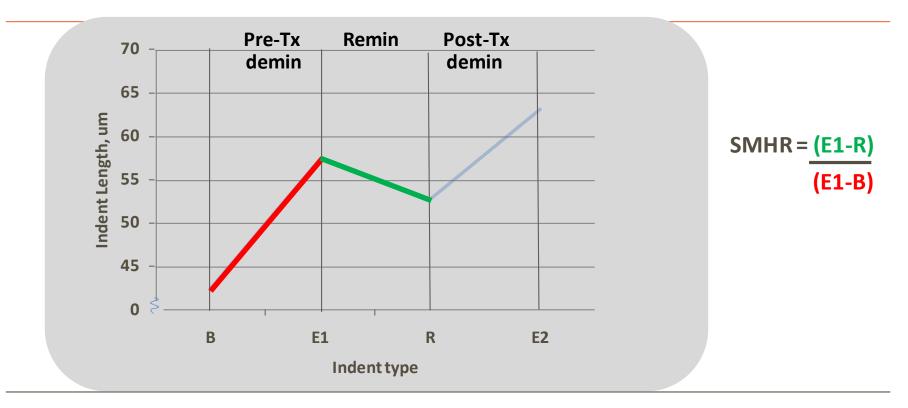
Surface microhardness profile (theoretical)



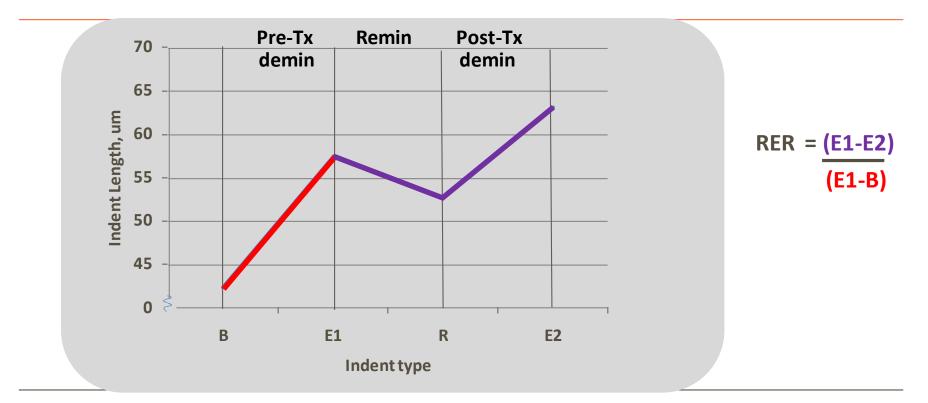


Surface microhardness recovery (theoretical)





Relative Erosion Resistance (RER) (theoretical)



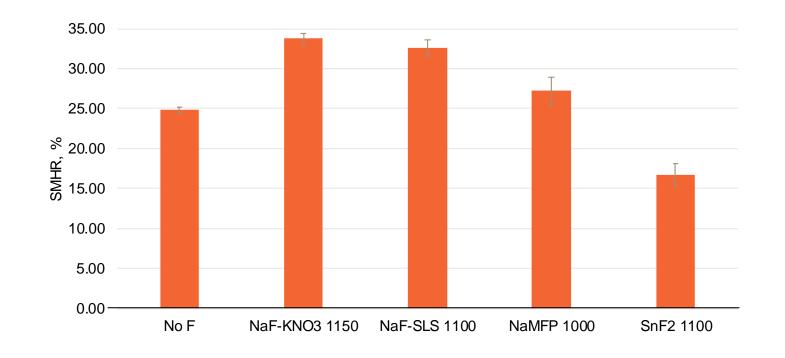
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Results

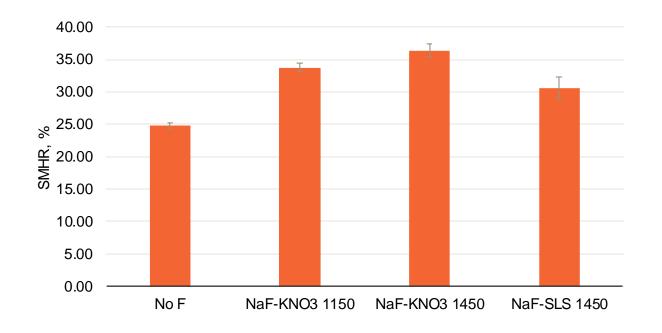
SMHR: 1100-1150ppm F formulations



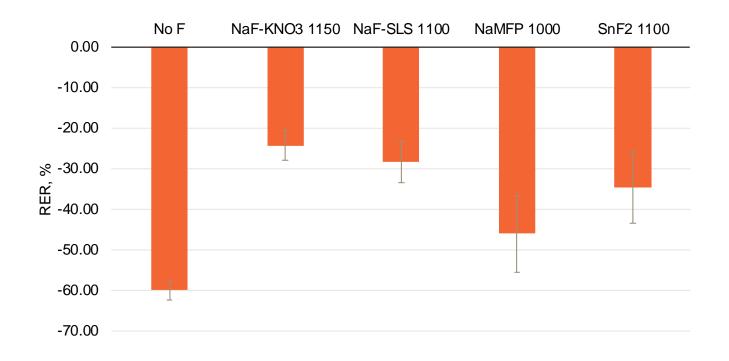


SMHR: 1400-1500ppm F formulations

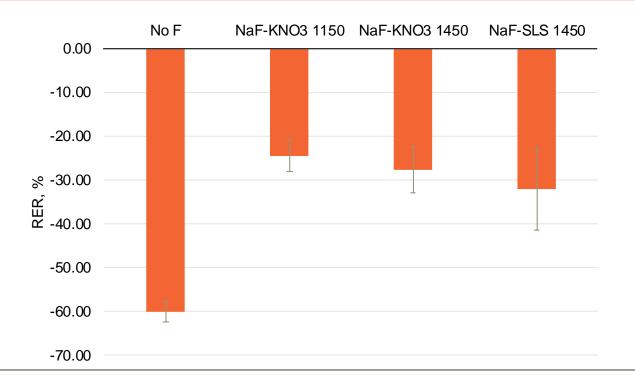




RER: 1100-1150ppm F formulations



RER: 1400-1500ppm F formulations









- NMA: effective tool for this analysis
- **In situ model**: suitable to assess F toothpaste potential to:
 - promote intra-oral remineralization of early enamel erosive lesions
 - reduce subsequent demineralization
 - identify ingredients that modulate these measures
- **NaF-KNO₃ formula** (non-ionic surfactant): reproducible strong effect
- Polyphosphates and metal ions can reduce SMHR
- <u>But</u> may impart enamel acid resistance in addition to F