Rapporteur’s report from Pfäffikon
Sven Mühlemann talks about how he prepared for the EAO Consensus Conference

At the EAO Consensus Conference, Inspyred caught up with Sven Mühlemann, a rapporteur for the ‘Reconstructions’ working group. We asked him what is involved in being a rapporteur and what makes the EAO Consensus Conference special.

What does being a rapporteur for a Consensus Conference involve?
In each working group, there are several rapporteurs who are assigned specific topics to research. Before the conference, the rapporteurs prepare a narrative or systematic review of their topic; this is then circulated to the rest of their working group to review in advance of the event.

Once the Consensus Conference has started, these papers form the foundation of the working group discussions. Other participants give feedback on the papers and discuss each topic in much more depth. At this point, the working groups start formulating their consensus statements and recommendations for future research. These findings are then presented to the full cohort of conference participants during the plenary sessions, and a consensus can be made. That’s how the conference works on the whole, and the rapporteurs act as a conduit between the primary research and the rest of the working group.

How long did it take you to prepare your paper?
About six months, and the process was intensive. It’s the rapporteur’s job to search the complete literature available on their assigned topic, and undergo a lengthy selection process to determine whether papers meet the inclusion criteria. This cannot be done by just one person. I collaborated with some colleagues at the University of Zurich: Riccardo Kraus, Christoph Hämerle, and Daniel Thoma.

We started with over 5,000 manuscripts, reading the abstract of each and deciding whether they met the inclusion criteria. We then read the full text of the papers which had passed this initial screening, and had to ask again if they could be included based on the inclusion criteria.

This took several months, and we ended up with 11 papers. Afterwards, we began extracting the data. And even then we knew there was still plenty of work to do: our paper would be thoroughly reviewed and discussed at the Consensus Conference with the working group. So in fact it’s still a work in progress.

Did your approach for preparing the review differ from how you would normally write a paper?
Because of the nature of the paper, the literature review was much more extensive and it took longer to write. Initially, rapporteurs are selected because they already have a good deal of experience in a particular topic. But to write the review, they must quickly become experts in it.

The review process is where the approach diverged. When you submit a paper to a journal, it goes through a peer-review process, and it is assessed by two reviewers. When you are preparing a paper for the Consensus Conference, it is being submitted to a working group of around a dozen people who will be analysing it.

At the Consensus Conference, what you get is a kind of accelerated review process. The working groups have two weeks to review your paper before the event, and then it is discussed during the working sessions on-site. And after that, the paper is presented to all the conference participants at the plenary sessions, so there is an additional layer of review.
And at this point, all the information from the manuscript is condensed. The group's major findings and clinical recommendations are also added, as well as recommendations for future research where a lack of data has been identified.

**Do you think your paper has been subject to more or less scrutiny than it would have been if it were submitted to a journal?**

Yes – as part of the normal peer-review process, you receive feedback by email. But here, your reviewers are the working group and they are discussing the paper with you, face-to-face. You’re getting real-time feedback on your work, so you can explain if anything is unclear, and then you work together to improve the findings to communicate them in a way that is understandable. This makes the process much easier, as it is face-to-face and there are more people involved. It’s much more collaborative.

**What is your main area of expertise, and how does this relate to the topic which you were assigned?**

I specialise in prosthodontics, and my current area of research is reconstructions on implants and teeth. At the Consensus Conference, I was a member of the Reconstructions working group, and my specific topic was CAD/CAM and digital technologies. This topic is especially important because digital advances are relevant to every topic and research field, and as technology progresses further, it becomes increasingly ubiquitous.

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More specifically, my paper reviewed CAD/CAM fabrication techniques and evaluated their time and cost efficiency compared with traditional methods. Of course, the paper also looked at how effective these techniques are, because it doesn’t matter whether a technique is quicker and cheaper if the results are not as good.

I currently split my time between researching, teaching and working with patients. And it’s interesting, because in a university or research setting, many digital technologies are available. However, researchers should keep in mind that most private practices do not have the same resources available to them as institutions with bigger budgets. And the rate of development is so quick, that equipment can become obsolete in just a few years and needs to be replaced. High running costs and fast development rates are a limiting factor for many.

And it’s not just the financial burden that is an issue. It’s common for first-generation products to have ‘bugs’. This is taken for granted with phones and the like, but if there is a bug or fault in a piece of dental equipment, the consequences could be catastrophic. The stakes are much higher. So with dental technology, it’s even more important that equipment is tested thoroughly and we can be completely certain everything works.

Even if you can afford to upgrade your equipment as technology advances, having to continually change and recalibrate your workflow would be hugely disruptive. Just as you are getting used to something, you would have to change it again. Your workflow (whether it is conventional, digital or a mixture of the two) is a finely tuned instrument, and altering one aspect can throw the rest of the process off balance.
So although there are great advances being made, there are associated drawbacks. That is what my paper is assessing: how effective these advances are, and whether they are efficient.

**How do you think the findings from the Consensus Conference will affect the clinical community?**

The conference findings will give clinicians a condensed overview of the literature along with a very high quality evidence-based appraisal of it. They distil down everything that has been discussed at the conference. They will contain our consensus statements and clinical recommendations, providing a valuable resource for clinicians who do not have the time to read all of the papers themselves.

In practical terms, the findings will help clinicians choose which method or treatment plan to use, and give them the evidence they need to make this decision. That’s the service we are providing. The literature has been completely screened for clinicians, and the topics have been thoroughly discussed, dissected and debated by a group of experts.

_A special supplement will be published in *Clinical Oral Implants Research (COIR)* later this year. The findings will be available online and in COIR, but I think where the knowledge will be most effectively transferred will be at the EAO’s 2018 annual scientific meeting in Vienna._

This is where our findings will really be brought to life and circulated to clinicians. There will be thousands of attendees, and the knowledge from this event will be communicated in papers and presentations by the chairmen. You’ll have a meeting where people can come together and exchange ideas, and you can give them scientific information directly.

Often, clinicians don’t have time to read journals and stay up-to-date with the current literature. But the scientific meeting is a great opportunity to gain a real breadth of knowledge condensed into a few days, and so the CC results are perfectly formatted for this. And this is what it’s all about: disseminating knowledge that is reliable and evidence-based.