

unrestorable. On examination the tooth was grossly broken down with minimal clinical crown visible above the gingival margin. As part of the pre-operative assessment a DPT radiograph was taken, the findings of which were interesting and serve to illustrate the importance of using the utmost care and diligence when placing posts to restore teeth.

The DPT radiograph is shown in Figure 1 and clearly shows a post perforating through the furcation of the lower right six. This post is very long and does not even come close to being inside either one of the roots of the tooth. It is without doubt that the misplaced post has led to this young woman requiring this tooth to be extracted.

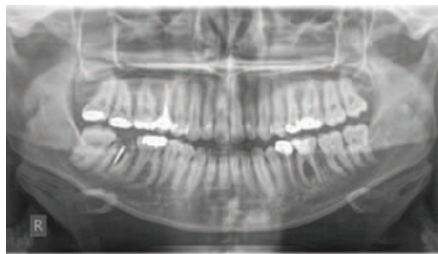


Fig. 1 DPT radiograph

On examination the post had totally separated the roots of the tooth. The extraction was uneventful, with the roots and the post being extracted as three separate elements, and full healing is anticipated. A photograph of the extracted tooth and the post can be seen in Figure 2 which nicely illustrated exactly how long the post is compared to the roots.

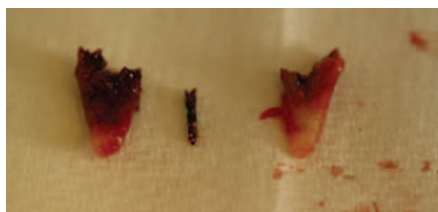


Fig. 2 Photograph of extracted tooth and post

It is generally accepted that the length of a post should be two thirds of the length of the root, with a crown-length to post-length ration of at least 1:1, and that the diameter of the post should allow for a minimum of 1 mm of dentine around the post.¹

This case nicely illustrates the importance of using the correct size posts and how careful post placement is essential

if a post is going to help a patient retain their tooth. If these principles are not followed and if posts are not diligently placed the exact opposite can happen, as in this case, resulting in the patient losing their tooth.

K. Parker, J. Patel
London

1. Peroz I, Blankesteyn F, Lange K-P, Naumann M. Restoring endodontically treated teeth with posts and cores – a review. *Quintessence Int* 2005; 36: 737–746.

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PRACTICE-BASED PROGRESS

Sir, as coordinators of the Prep Panel practice-based research group we would like to thank the *BDJ* for their generous sponsorship of the prize for the best practice-based research and evidence-based research poster at the recent PER/IADR congress in Helsinki (*BDJ* 2012; 213: 379). Practice-based research is very much a team effort and the prize was accepted on behalf of both the participating general dental practitioner members in England, Scotland and Northern Ireland, together with the Primary Dental Care Research Unit, University of Birmingham who carried out the administration and data collection for this project.

The *BDJ* sponsored prize will undoubtedly further raise the profile of practice-based research which in our IADR Region has benefitted from the formation of the Pan European Region Practice-based Research Network, which in the near future hopes to launch a Europe-wide research project.

The receipt of the prize has made an excellent start to what will be shortly the Prep Panel's 20th year of practice-based research projects in which time it has been involved in seven clinical trials (two of which are five-year trials), and over 50 handling evaluations. It has published 15 papers in peer-reviewed journals, as well as over 35 other papers, and also presented results over 30 times at IADR conferences. This record alone is testament to the hard work and enthusiasm of the membership of the Prep Panel.

We hope very much that the *BDJ* will continue what they have started!

F. J. T. Burke, R. Crisp
By email

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ADDING NOT DETRACTING

Sir, I wish to offer you support for your editorial in the recent edition of the *BDJ* (2012; 213: 373). Are some *BDJ* readers seriously claiming that an advertorial in the *BDJ* is more dangerous than say, in *The Sun* in the way that Tony Benn once compared *Pravda* to the British press ie no-one believed *Pravda* but they did believe *The Times* etc? I am quite sure that the vast majority of *BDJ* readers are more than capable of 'looking after themselves' in terms of dealing with advertorials and following the 'caveat emptor' principle.

I must declare that I work in marketing and perhaps I feel that I should defend my world to some degree. In terms of gullibility, in my experience (and I include myself in this), persons of *all* educational standards can be gullible – it isn't about being book smart, it is about being street smart. If *BDJ* readers are so unresponsive to advertising, why do so many of the major dental brands advertise in the title?! I think that this is tied up with the fact that no-one likes to be sold to and even if we do buy as a result of any kind of advert, we try to keep this quiet. In the UK particularly, we seem to feel that if we have bought a product or a service because of an advertisement, we are somehow foolish.

There is also a tendency amongst human beings to believe that just because *we* dislike something, so does everyone else. For instance, I am sure that many of us find magazine inserts an annoying distraction and hold magazines by the spine to get rid of them. However, if they didn't work, why are such massive companies spending millions of pounds on reaching *certain* consumers in this way? We all react differently – some read page advertisements, some don't; that is why there is a marketing mix eg adverts, PR, social media etc.

The editorial mentioned the BBC which is a perfect example of the editorial/advert division. Like the BBC, the *BDJ* is editorially independent but needs to make money through other channels such as Dave or BBC Worldwide. What this means is that it leaves BBC2 'unsullied' with advertising in between *Gardeners' World* and *QI* whilst still having the ability to pay for them! The *BDJ* is

an excellent journal and in my eyes the limited and strictly controlled advertising/product news adds to the interest of the title rather than detracts from it.

C. Baker
Chippenham

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AN ACT OF FAITH

Sir, I was pleased to read the timely editorial on the nature of verifiable CPD.¹ I share your views concerning the issues raised in what might be simplistically thought of as the task of 'getting the answers right'. They are, as you rightly acknowledge, far from easy to resolve.

For over 30 years as a part-time clinical teacher I have been involved with courses of differing levels serving many types of participant. I often ask myself what does everyone get from the experience and is there any way it can be reliably measured? The use of stated course objectives, questionnaires, interviews, quizzes, focus groups and the like are some of the standard tools used in order to demonstrate that the process is 'fit for purpose'. All are potentially helpful but none in my view can truly gauge the effect of any particular course content, teaching or instruction and indeed how it will influence the performance of any particular individual now or in the future. This is very inconvenient.

I do, however, share my colleague Martin Kelleher's concerns about a system which fails to encourage and reward those who diligently seek to improve and apply their skills and knowledge, acquired through genuine application and study.² This unpleasant realism does somewhat undermine the credibility of the ethos of continuing professional development as seen here in the United Kingdom.

I do not have any ready panaceas to contribute to the debate save the observation that the process can be likened to an act of faith 'the substance of things hoped for; the evidence of things not yet seen'.³

B. R. Davies, by email

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2. Kelleher M. The difficulties of making 'CPD verifiability' a legitimate measure of learning outcomes. *Br Dent J* 2012; 213: 383-384.
3. Hebrews 11:1.

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EFFICACIOUS E-304

Sir, I refer to the news item 'Food preservatives could aid cancer fight' in the 7 December 2012 issue of the *BDJ* (213: 543) and would like to add some comments.

Our charity has been working for some years using E-304 (aka palmitoyl ascorbate or ascorbyl palmitate [USA]) which has been found to be efficacious in extending life in cases of colon cancer deemed inoperable or with a prognosis of three months or less to live. E-304 is widely used in the food industry and has an LD50 of 3000 mg/kg (worst case in guinea pig) so it is inherently safe. At an oral intake of 1 g/day stirred into yoghurt it has proved to be easy to take and effective. *In vitro* it is a powerful anti-angiogenic. It is also lipid soluble and therefore likely to penetrate the host/tumour interface. Here the product of its interaction with homocysteine lactone produced by tumour cells into the area of contact with host tissue would provide an opportunity for formation of the toxic 3-mercaptopyruvonaldehyde around and within the cell membrane and subsequent apoptosis of the tumour cell.

These two properties alone are sufficient to suggest it is of prime interest in cancer control. E-304 has also been used for some years as a means of keeping low Ca125 counts in recovering ovarian cancer cases where hormonal treatment has been of limited value.

A. Carmichael

Parkinson's Improvement Programme

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STICKY SALIVA PRODUCTS

Sir, in their excellent update on Sjögren's syndrome (*BDJ* 2012; 213: 353-357) A. J. Carr and co-authors

indicate that artificial saliva products may have limitations in effectiveness. This suggestion is supported by a recent study we performed at the national meeting of the Dutch Sjögren's Patients Federation. This meeting took place on 6 October 2012, and was attended by approximately 350 patients with Sjögren's disease. Seventy-two patients approached randomly were interviewed about their current and past use of artificial saliva products.

Sixty percent of the interviewed patients with Sjögren's disease reported that they ever had used an artificial saliva spray, 67% had ever used a gel-based oral lubricant and 25% a special mouthrinse. However, more than half of the patients had discontinued the use of these products. Currently, only 21% of the patients were still using an artificial saliva spray, 28% a gel-based lubricant and 14% a special mouthrinse.

The major reasons for discontinuation of artificial saliva products were lack of effectiveness and taste. Another frequently reported reason for discontinuation of gel-based oral lubricants was that patients considered it too 'sticky'. The availability of artificial saliva products in stores and the price of the product were only rarely mentioned as reason to discontinue its use.

We conclude that many patients with Sjögren's disease consider the effectiveness and taste of the currently available artificial saliva products as inadequate. There seems to be a need for novel, effective products that provide long lasting relieve, are easy to administer and non-sticky, and have a pleasant taste. For the development of effective artificial saliva products, it might be wise to consult patients with Sjögren's disease about product characteristics at an early stage of the development process.

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