MINUTES OF THE 11TH ANNUAL MEETING OF THE INTERNATIONAL RDC/TMD CONSORTIUM HELD IN ASSOCIATION WITH 89TH GENERAL SESSION OF THE IADR, THURSDAY, 17 MARCH 2011 4PM-6PM, ROOM CC22, SAN DIEGO CONVENTION CENTER

ATTENDEES

Rahena Akhter, Per Alstergren, Lene Baad-Hansen, Karina Bendixen, Jeff Burgess, Eduardo Castrillon, Anamaria Siriani De Oliveira, Sibel Dincer, Mark Drangsholt, Lyda Eberhard, Malin Ernberg, Dominik Ettlin, Jim Fricton, Nikolaos Giannakopoulos, Jean-Paul Goulet, Debora Bevilaqua Grossi, Mike John, Pinar Kursoglu, Thomas List, Frank Lobbezoo, Sal Manrriquez, Lloyd Maric, Ambra Michelotti, Carolina Beralai Miloio, Estephan Moana, Greg Murray, Donald Nixdorf, Richard Ohrbach, Chris Peck, Arne Petersson, Doreen Pfau, Maria Pigg, Karen Raphael, Oliver Schierz, Eric Schiffman, Kseunja Reuer Sitar, Peter Svensson, Yoshihiro Tsukiyama

1. Welcome

Peter Svensson welcomed all members and guests to the consortium network meeting.

2. Executive Committee Reports

a. Minutes from the last meeting

The minutes of the previous meeting on 14 July 2010, held in Barcelona, Spain, were posted on the website prior to the meeting and accepted as a true record.

b. Status Report from the Consortium Network

P Svensson reported that the Consortium has 84 members and has progressed a number of activities as outlined below. As there are a number of different groups, societies and meetings both within and external to IADR competing for membership the Consortium's membership numbers have dropped from last year's number of 104. The Consortium needs to grow its membership as it embarks on activities relevant to clinicians as well as researchers.

Action: Members are to consider recruiting other clinicians and scientists to the Consortium.

The Consortium's Website (see below) is maintained very well by R Ohrbach and receives a high number of hits reflecting its popularity as a resource. Thanks to RO for his tireless work on this.

The Consortium has not been able to attend the IADR Council meeting because of a timetable clash with our symposia. The Consortium has no vote on the Council and only observes meeting. This year, the Neuroscience group attended the Council

meeting and meetings were advised to attend its meeting to receive an update of Council activities. As an IADR network, the Consortium has provided an annual report (attached?).

The IADR has programmes which are of interest to Consortium members:

- mentor programme where young presenters can get assistance from more senior researchers
- english assistance abstract programme

Action: Any members interested in helping in these programmes are to contact PS.

c. Membership

84 members from across the globe. Note that 2011 membership dues is still outstanding for some members and this number will likely increase.

d. Financial report

The Treasurer Don Nixdorf reported on the financial balance of the Consortium (see enclosure). It was decided to maintain the annual consortium membership dues for the next year at \$25.

3. Committee reports

a. Translations and Protocols

Richard Ohrbach reported on progress from RDC/TMD to DC/TMD. The DC/TMD project, which commenced two years ago at a workshop at the Miami IADR General Session, is planned to be published in JADA with request for free access. Accompanying the publication are a number of support documents on the consortium website, including a set of assessment instruments, validation studies, references etc. There is also the possibility to add more instruments to the website. There are opportunities to translate the DC/TMD and support material is available on the website.

Action: Those interested in translating the DC/TMD to contact RO.

b. Examiner Training and Reliability

Richard Ohrbach and Thomas List outlined DC/TMD training and calibration which consists of three phases:

- 1 initial training and calibration of new examiner trainers;
- 2 training of additional new examiners;
- 3 calibration of additional new examiners and reliability study.

This protocol will be trialled at Malmo in Autumn 2011. There are no resources available so training and calibration will need to be resourced at local sites.

As there are significant differences between RDC/TMD and DC/TMD, everyone will need to be recalibrated. Final plans for this need to be developed.

Action: Yoly Gonzales to be contacted if interested in the training and calibration.

A goal of the DC/TMD is it s clinical utility and it is expected that it will be able to be used and understood from information resources available on the Consortium website. This may include videos and all resources will need to be tested.

Arne Petersson outlined the Imaging calibration criteria which have been largely accepted by the oral radiology community. The criteria are derived from the DC/TMD project. It is web-based and this project is commencing with MRI of the TMJ.

c. Nomination committee

Jean-Paul Goulet and Thomas List emphasised the importance to have nominees for committees and that there needs to be both gender and geographical distribution in these committees.

4. Executive committee updates / committee updates

Karen Raphael has been elected as treasurer. Don Nixdorf was thanked for his excellent work as former treasurer.

Jean-Paul Goulet and Thomas List remain on the Nomination Committee

The Translation and Protocols and Examiner Training and Reliability Committees need other members to help.

Action: Contact Richard Ohrbach if interested in Translation and Protocols Committee and Yoly Gonzalez for Examiner Training and Reliability Committee.

5. Reports from Workshop in San Diego

International Consensus Workshop was on Research Diagnostic Criteria for Temporomandibular Disorders, version 2.

Represented organizations were the International RDC/TMD Consortium Network, IASP Orofacial Pain SIG, American Academy of Orofacial Pain, European Academy of Craniomandibular Disorders, International Headache Society, National Institute of Dental and Craniofacial Research.

Sponsors included International RDC-TMD Consortium Network of IADR, Orofacial Pain Special Interest Group of IASP, Canadian Institutes of Health Research

Prior to the workshop, the programme chairs (Thomas List / Jean-Paul Goulet / Richard Ohrbach / Frank Lobbezoo / Peter Svensson) developed scope and outcomes and process to achieve outcomes of the 2 ½ day workshop. The goals were to:

- Finalize extended disorders from the DC/TMD and identify a set of less common TMDs, for which there is sufficient evidence allowing us to operationalize the diagnostic criteria for these conditions (Axis I),
- Expand assessment methods and measures for each of Axis I and Axis II in order to facilitate the diagnosis and prognosis of TMD, and
- Create a third Axis for additional measures (e.g., genetics and neuroscience data), thus expanding the present dual-axis system.

This workshop is part of the Consortium's goals of developing the second version RDC-TMD and ultimately assisting in the development of OFP ontology, referent tracking and research diagnostic criteria for orofacial pain.

Three groups were developed.

- Group 1 (Chair: Chris Peck) focussed on identifying additional TMD conditions and creating operatonalised diagnostic criteria for these conditions. 11 disorders were operationalised
- Group 2 (Chair: Ambra Michelotti) focussed on Axis II assessment methods and measures. Comprehensive characterization of patients including distress, behaviours, cognitions and co-morbid conditions was undertaken
- Group 3 (Chair: Brian Cairns) focussed on a critical review of laboratory and clinical biomarkers tied to Axis I & II disorders. Biomarkers were categorised and ranked on available evidence

6. Moving along with publication of DC/TMD and RDC/TMD v. 2 (Eric Schiffman / Thomas List)

Following on from the Miami meeting, there was a 2010 publication in the Journal of Oral Rehabilitation, "Recommendations from the International Consensus Workshop: Convergence on Orofacial Taxonomy".

It is expected that the manuscript "DC/TMD for Clinical and Research Applications: Recommendations of the International RDC/TMD Consortium Network and Orofacial Pain Special Interest Group" will be completed within 2 months.

Don Nixdorf and colleagues are working on a manuscript "Classifying Orofacial Pains: Developing a taxonomy using ontological principles"

There are a number of publications expected from the San Diego workshop including "Executive summary from the International Consensus Workshop: RDC/TMD v.2.0"; "Development of biomarkers for the RDC/TMD v2.0"; "Recommended psychosocial constructs and measures for the RDC/TMD v2.0" and "RDC/TMD v2.0: Recommendations of the International RDC/TMD Consortium Network and Orofacial Pain Special Interest Group".

7. Input from members – brief updates (Peter Svensson)

Members outlined current research interests which included the biopsychosocial aspects, epidemiology, biomarkers, and assessment of TMD and pain.

8. Brain storming session – strategic plans (research committee / patient advocacy / treatment guidelines / website standards)

There was discussion on the establishment of additional Consortium committees including research, patient advocacy, treatment guidelines and website standards committees. It was emphasised that for any committees or time-limited workgroups to succeed, members are needed to participate. The consortium needs to develop strategic priorities.

Action: Executive committee to consider further the establishment of additional committees and strategic priorities.

Arising from the discussion in 7. above, it was recommended that a site on the Consortium website where members could update research interests was important to help foster collaboration.

Action: Executive committee to consider implementation

There was discussion on electronic data handling to facilitate collaboration, and it was noted that commercially available software is available to link patient data.

There was discussion on handling of multiple datasets. Ana Velly notified members of TMJ implant dataset which has open access.

Action: Contact Jim Fricton or Ana Velly for further information

There was discussion on TMD treatment guidelines and that the AADR TMD guidelines have been posted on the Consortium website. In Sweden, treatment guidelines have also been developed

There was discussion on social networking for the Consortium. A Facebook page could be developed to direct traffic to website and its resources. LinkedIn, a professional social networking site may also be considered.

Action: Mark Drangsholt to look into this option.

Jeff Burgess outlined ePublishing, elearning opportunities and is happy to discuss with members.

Action: Members to contact Jeff to follow up.

International RDC/TMD Consortium Treasurer's Report (in US Dollars) March 17, 2011 DR Nixdorf

Financial Report

Fund balance as of 12/31/2009	\$3,734.04
Fund balance as of last annual report (3/18/20)	09) \$4,558.09
Fund balance as of 12/31/2010	\$4,726.09

Income during 2010 \$924.00 (membership dues)
Expenditures during 2010 \$99.95 (website update)
New income within 2011 \$357.00 (membership dues)

Current fund balance (as of 3/11/2011) \$4,915.09

Projected expenses within rest of 2011	~\$6,100.00 (meeting costs)
	~\$1,025.93 (banquet costs)
Projected income within rest of 2011	~\$5,000.00 (from IASP OFP SIG)
	~\$350.00 (membership dues)