

**Community Dentistry and Oral Epidemiology - Manuscript ID CDOE-18-107**

Community Dentistry and Oral Epidemiology &lt;onbehalf@manuscriptcentral.com&gt;

Mon 5/03/2018 9:46 AM

To: Ninuk Hariyani <ninuk.hariyani@adelaide.edu.au>;ninuk\_hariyani@yahoo.co.id  
<ninuk\_hariyani@yahoo.co.id>

04-Mar-2018

Dear Dr Hariyani:

Your manuscript entitled "The prevalence and severity of root caries across Australian generations" has been received by the editorial office of Community Dentistry and Oral Epidemiology. Review procedures will now be handled by the editor.

Your manuscript ID is CDOE-18-107.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <https://mc.manuscriptcentral.com/cdoe> and edit your user information as appropriate.

You can also view the status of your manuscript at any time by checking your Author Center after logging in to <https://mc.manuscriptcentral.com/cdoe>.

Thank you for submitting your manuscript to Community Dentistry and Oral Epidemiology.

Sincerely,  
Community Dentistry and Oral Epidemiology Editorial Office

## Community Dentistry and Oral Epidemiology - Decision on Manuscript ID CDOE-18-107

W Murray Thomson <onbehalf@manuscriptcentral.com>

Fri 10/08/2018 6:43 AM

To: Ninuk Hariyani <ninuk.hariyani@adelaide.edu.au>;ninuk\_hariyani@yahoo.co.id  
<ninuk\_hariyani@yahoo.co.id>

Cc: n.brown@otago.ac.nz <n.brown@otago.ac.nz>

09-Aug-2018

Dear Dr Hariyani:

The initial reviews for manuscript ID CDOE-18-107 entitled "The prevalence and severity of root caries across Australian generations" which you submitted to Community Dentistry and Oral Epidemiology, have been completed. The comments of the reviewers are at the end of this letter.

You will see that the reviewers have recommended some major revisions in your manuscript.

To revise your manuscript, log into <https://mc.manuscriptcentral.com/cdoe> and enter your Author Center, where you will find your manuscript title listed under "Manuscripts with Decisions." Then click on "Continue Submission." Your manuscript number has automatically been amended to denote a revision.

You will be unable to make your revisions on the originally submitted version of the manuscript. Instead, revise your manuscript using a word processing program and save it on your computer. Please also highlight the changes to your manuscript (other than minor editorial corrections) by using bold or colored text, though do NOT use "track changes" for your revision; the MC system doesn't like it. Once the revised manuscript is prepared, you can upload it and submit it through your Author Center.

When submitting your revised manuscript, please put your responses to the comments made by the reviewers (other than minor edits) in the space provided. You can use this space to document any changes you make to the original manuscript. Be sure to address all issues raised by the reviewers. If you disagree with a reviewer, this is where you justify your position.

If you feel that your paper could benefit from English language polishing, you may wish to consider having your paper professionally edited for English language by a service such as Wiley's at <http://wileyeditingservices.com>. Please note that while this service will greatly improve the readability of your paper, it does not guarantee acceptance of your paper by the journal.

**IMPORTANT:** Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

Your revised manuscript should be uploaded within three months. If this time schedule creates difficulties for you then do let me know.

Once again, thank you for submitting your manuscript to Community Dentistry and Oral Epidemiology. I look forward to receiving your revision.

Sincerely,

Professor W Murray Thomson  
Editor-in-Chief, Community Dentistry and Oral Epidemiology  
murray.thomson@otago.ac.nz

Editor comments:

Get all AU to closely scrutinise the English. A particularly bad example is the last sentence of para 2 of the Discussion.

Intro section is inadequate - needs to make a better case for conducting this particular study. Also, the phrase "and to explore the possible indicators for root caries across the generations" is particularly opaque and could be better worded. "Presumption" is the incorrect term - use "assumption".

Use the standard term "root surface caries" rather than "root caries".

Your Table data are very cramped and not reader-friendly. You should have a space between a number and the following bracket - for example, "50.5[47.2-53.7]" should be presented as "50.5 [47.2-53.7]". In the same Table (1), change the col heading "participants non-examined" to "Participants not examined". :Reason of visit" I presume is "Usual reason for visiting"? The descriptor for the smoking category needs some work. "Current or ex-smoker", perhaps?

What are the data in Table 4? RR? OR?

Table 5 - use the term root caries experience rather than the severity of root caries. Remove "the" form before "South" in the title. Check other Tables for this too.

Given that coronal caries experience is a predictor for subsequent root caries experience (see Caries Res 2013; 47: 128-134), it is somewhat curious to not see it in the models. Similarly, given previous SADLS work

Results section - the sentence " More frequent brushing and dental visiting was related to higher RFS, while increased age was associated with higher RDFS in both generations" has two atrocities: (1) "was related to" is wishy-washy (you know what to write); and (2) you cannot use the term 'increased', since you did not observe age to increase. Greater age was associated with... Check the MS carefully for other such errors.

Also, you repeat a lot of the Table data in the Results text - we can see the data in the Table - summarise it for us in the Results text.

Reviewer(s)' Comments to Author:

Reviewer: 1

Comments to the Author

This is a very interesting subject dealing with "Failure of Success". I have a few comments and a couple of questions.

1. As you are aware the majority of the references you use are quite old and in the introduction you should say something about that as you lead into the "Failure of Success" concept .

2. The Statistical Analysis is quite sophisticated and I had to consult our statistician to understand the analysis being performed. The use of "Proc Genmod" will be unfamiliar to many readers and I would suggest you expand that portion with a description of this test and how it is used.

3. The results are quite understandable.

4. In the discussion it would be nice to include reasons why variables such as alcohol intake, number of medications especially those with xerostomic potential, complaints of xerostomia, diet especially sugar intake were not evaluated as they are known to be major risk factors for root surface caries

Hayes et al J Dent 2016

Sugihara Bull Tokyo Dent Coll 2010

Reviewer: 2

Comments to the Author

CDOE-18-107

This study aimed to test the "failure of success" theory related to root caries using two cross-sectional studies of South Australian older adults, and to explore the possible indicators for root caries across the generations. It is an interesting topic. Below please find some comments for improving the manuscript:

1. SADLS1 was commenced in 1991/1992 with participants representing the generation of older adults born before 1931. It is not clear when SADLS2 was commenced, from Table 2, it is mentioned that it was conducted in 2011/2012 with participants representing the generation of older adults born before 1951. However, in the main text, it was mentioned that the two surveys were 22 years apart and participants representing the generation of older adults born before 1953. Please state the information explicitly and consistently throughout the manuscript.
2. Please add a reference for the details of SADLS2.
3. Please confirm for the separate multivariable models for each generation, Poisson regression model was performed to investigate the risk indicators of root caries prevalence and negative binomial regression model was performed to investigate the risk indicators of root caries severity.
4. From Tables 2 & 3, there are differences in the indicators for root caries between the two generations, thus it is possible to have an interaction effect between the generation and the different risk indicators. The possible interaction effect between the generation and the different risk indicators should be formally tested and there may be a change in the results when considering the interaction effect. In the current manuscript, Tables 4 & 5 have assumed no interaction effect.
5. The discussion on the role of water fluoridation in the finding is not supported as there has been no significant association between the residence and root caries prevalence/severity as reported in Tables 4 & 5.
6. The authors are right to discuss that with unweighted analysis, the estimated prevalence and severity of root caries cannot be generalized to Australian old adults, this would pose a concern that the decrease in root caries across the generation may not be true as well.

## Community Dentistry and Oral Epidemiology - Decision on Manuscript ID CDOE-18-107.R2

W Murray Thomson <onbehalf@manuscriptcentral.com>

Mon 1/04/2019 2:43 AM

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<ninuk\_hariyani@yahoo.co.id>

Cc: cdoejournal@wiley.com <cdoejournal@wiley.com>

31-Mar-2019

Dear Dr Hariyani:

I am pleased to tell you that your manuscript entitled "The prevalence and severity of root surface caries across Australian generations" is now accepted for publication in Community Dentistry and Oral Epidemiology.

As part of the journal's continued commitment to its authors, the Editorial Office and Publisher wish to keep you informed about what happens next. As the following information contains important information regarding journal publication and services for authors, you may wish to save it for future reference.

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With best wishes,  
Professor W Murray Thomson  
Editor-in-Chief, Community Dentistry and Oral Epidemiology  
[murray.thomson@otago.ac.nz](mailto:murray.thomson@otago.ac.nz)



**Department of Dental Public Health**

Faculty of dental medicine  
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**Ninuk Hariyani**  
Lecturer and Researcher

8<sup>th</sup> November 2018

Professor W Murray Thomson,  
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Dear Professor Thomson,

We are very grateful to you for the opportunity to revise our manuscript and we acknowledge the time spent by the editors and reviewers in commenting on this paper. Please find below a point-by-point reply to reviewers' and editors' comments. We hope that we have now addressed the concerns raised and believe that the manuscript has been substantially improved.

Thanking you.

Yours sincerely,

Ninuk Hariyani (Corresponding Author)

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## **Comments from Editor and Associate Editor:**

**Comment 1:-** Get all AU to closely scrutinise the English.

*Response:-* Thank you. All the co-authors have read and agree with the revision.

**Comment 2:-** Intro section is inadequate - needs to make a better case for conducting this particular study.

*Response:-* Thank you for the suggestion. Some changes have been made in the introduction section (page 4 line 54-71)

**Comment 3:-** "Presumption" is the incorrect term - use "assumption".

*Response:-* Thank you for the suggestions. The change has been made.

**Comment 4:-** Use the standard term "root surface caries" rather than "root caries".

*Response:-* Thank you for the suggestions. We have made the changes accordingly throughout the manuscript.

**Comment 5:-** You should have a space between a number and the following bracket. Need some change in the column heading (Participants not examined, Usual reason for visiting and Current or ex-smoker).

*Response:-* Thank you for the suggestions. We have made the changes accordingly throughout the manuscript.

**Comment 6:-** What are the data in Table 4? RR? OR?

*Response:-* The explanation has been provided in the footnote of the table 4 (page 24 line 436) ,

**Comment 7:-** Table 5 - use the term root caries experience rather than the severity of root caries. Remove "the" form before "South" in the title. Check other Tables for this too.

*Response:-* The term root caries experience has been added to Table 5 (page 25 line 439). The explanation about the severity of root caries was maintained to keep it in-line with the text in the article



**Comment 8:-** Given that coronal caries experience is a predictor for subsequent root caries experience (see Caries Res 2013; 47: 128-134), it is somewhat curious to not see it in the models. Similarly, given previous SADLS work

*Response:-* SADLS1 and SADLS2 adopted different rules in handling a condition where a caries lesion involved both the coronal and root surfaces. SADLS1 used the 'half rule' while SADLS2 used 'one millimetre rule'. With the 'half rule', root caries lesion was only recorded if more than half of the lesion was located in the root surface, while in the 'one millimetre rule', root caries were recorded if the lesion extended at least one millimeter to the root surface. The different rule affected both root and coronal caries, in which when root caries increased, the coronal caries seems to be decreased in the same study. The different rule applied in SADLS1 and SADLS2 complicated the analysis and the interpretation in the case when a caries lesion involved both the coronal and root surfaces. The decision of not including the coronal caries in the model was due to this condition. The explanation about the different rule was provided in the method section (data collection and management section, page 5-6 line 95-100). The implication of these different rules to the finding was discussed in the discussion section (page 12 line 241-245)

**Comment 9:-** the sentence "More frequent brushing and dental visiting was related to higher RFS, while increased age was associated with higher RDFS in both generations" has two atrocities: (1) "was related to" is wishy-washy (you know what to write); and (2) you cannot use the term 'increased", since you did not observe age to increase. Greater age was associated with... Check the MS carefully for other such errors.

*Response:-* Thank you for the suggestions. We have made the changes accordingly throughout the manuscript.

**Comment 10:-** you repeat a lot of the Table data in the Results text - we can see the data in the Table - summarise it for us in the Results text.

*Response:-* Thank you for the suggestion. Some changes have been made in the result section (page 9-12 line 178-236)

**Reviewer: 1**

**Comment 1:-** This is a very interesting subject dealing with "Failure of Success".

*Response:-* Thank you very much for your positive feedback on our manuscript. All the feedback have been addressed accordingly.

**Comment 2:-** As you are aware the majority of the references you use are quite old and in the introduction you should say something about that as you lead into the "Failure of Success" concept.

*Response:-* The explanation that the "Failure of Success" theory was quite old (raised in 1977) has been presented in the introduction (page 4 line 58-59).

**Comment 3:-** The Statistical Analysis is quite sophisticated and I had to consult our statistician to understand the analysis being performed. The use of "Proc Genmod" will be unfamiliar to many readers and I would suggest you expand that option with a description of this test and how it is used.

*Response:-* The explanation has been added in statistical analysis section (page 8 line 154-155).

**Comment 4:-** The results are quite understandable.

*Response:-* Thank you very much for your positive feedback.

**Comment 5:-** In the discussion it would be nice to include reasons why variables such as alcohol intake, number of medications especially those with xerostomic potential, complaints of xerostomia, diet especially sugar intake were not evaluate as they are known to be major risk factors for root surface caries

Hayes et al J Dent 2016

Sugihara Bull Tokyo Dent Coll 2010

*Response:-* This research is a secondary data analysis. Thus the variables used were depended on the data that already collected. This explanation has been added as the limitation of this study (page 15 line 319-321).

**Reviewer: 2**

**Comment 1:-** It is an interesting topic.

*Response:-* Thank you very much for your positive feedback on our manuscript.

**Comment 2:-** SADLS1 was commenced in 1991/1992 with participants representing the generation of older adults born before 1931. It is not clear when SADLS2 was commenced, from Table 2, it is mentioned that it was conducted in 2011/2012 with participants representing the generation of older adults born before 1951. However, in the main text, it was mentioned that the two surveys were 22 years apart and participants representing the generation of older adults born before 1953. Please state the information explicitly and consistently throughout the manuscript.

*Response:-* Thank you for the correction. The changes have been made in the main document (Table 2 (page 22 line 421) and Table 3 (page 23 line 427)) and the appendices (page 2-3 line 17 and 23).

**Comment 3:-** Please add a reference for the details of SADLS2.

*Response:-* The reference has been added in the method section (page 5 line 80 and 90).

**Comment 4:-** Please confirm for the separate multivariable models for each generation, Poisson regression model was performed to investigate the risk indicators of root caries prevalence and negative binomial regression model was performed to investigate the risk indicators of root caries severity.

*Response:-* The confirmation has been added in the statistical analysis section (page 8 line 155-159).

**Comment 5:-** From Tables 2 & 3, there are differences in the indicators for root caries between the two generations, thus it is possible to have an interaction effect between the generation and the different risk indicators. The possible interaction effect between the generation and the different risk indicators should be formally tested and there may be a change in the results when considering the interaction effect. In the current manuscript, Tables 4 & 5 have assumed no interaction effect.

*Response:-* We also observed full model with interactions and found that the interaction model with smaller AIC and DIC was only observed in the severity of root filling (mean RFS). This explanation has been added to the manuscript in statistical analysis section (page 8 line 162-164) and the result section (page 11 line 212-213). Changes in the result section (page 11 line 221-222; and line 229-234) and table 5 (page 25 column 5 and line 443-444) have been made. However, overall results found were still the same.

**Comment 6:-** The discussion on the role of water fluoridation in the finding is not supported as there has been no significant association between the residence and root caries prevalence/severity as reported in Tables 4 & 5.

*Response:-* We acknowledge that the association between residence, which is the proxy of the exposure to water fluoridation, was not statistically significant in both the bivariate and multivariable models in this analysis. However, the role of water fluoridation could be found by seeing the changes of root surface caries across generation in the two regions. Prevalence of RDFS in Adelaide declined from 74% to 62% but did not change (69%) in Mount Gambier, and the severity of RDFS decreased from 3.58 to 2.94 in Adelaide, but increased from 3.35 to 3.61 in Mount Gambier. It is worthy to mention the situation in this article as it could stimulate discussion and deeper analysis on the association of water fluoridation and the changes of root caries cases across generations.

**Comment 7:-** The authors are right to discuss that with unweighted analysis, the estimated prevalence and severity of root caries cannot be generalized to Australian old adults, this would pose a concern that the decrease in root caries across the generation may not be true as well.

*Response:-* Thank you very much for your positive feedback on our analysis choice.



**Department of Dental Public Health**

Faculty of dental medicine  
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**Ninuk Hariyani**  
Lecturer and Researcher

26<sup>th</sup> March 2019

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Editor-in-Chief,  
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Dear Professor Thomson,

We are very grateful to you for the opportunity to revise our manuscript and we acknowledge the time spent by the editors and reviewers in commenting on this paper. Please find below a point-by-point reply to reviewers' and editors' comments. We hope that we have now addressed the concerns raised and believe that the manuscript has been substantially improved.

Thanking you.

Yours sincerely,

Ninuk Hariyani (Corresponding Author)

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## **Comments from Editor and Associate Editor:**

**Comment 1:-** Intro section is inadequate - needs to make a better case for conducting this particular study.

*Response:-* Thank you for the suggestion. Some additional information have been made in the introduction section (page 4 line 61-63, line 67-71 and line 75-76)

**Comment 2:-** Page 5, last sentence (that beginning "With the...") needs careful attention: change "With the 'half rule', root caries lesion was only recorded if more than half of the lesion was located in the root surface, while in the 'one millimetre rule', root caries were recorded if the lesion extended at least one millimeter to the root surface." to "With the 'half rule', a root caries lesion was recorded only if more than half of the lesion was located on the root surface, while, with the 'one millimetre rule', root caries was recorded if the lesion extended at least one millimeter onto the root surface."

*Response:-* Thank you for the suggestions. The change has been made (page 6 line 105-108).

**Comment 3:-** in Methods, change "Interactions between the generation and risk indicators were tested and included in the full model if its inclusion improved model fit." to "Interactions between the generation and risk indicators were tested and included in the full model if their inclusion improved model fit."

*Response:-* Thank you for the suggestions. The change has been made (page 9 line 170-172).

**Comment 4:-** Your response to my point "Given that coronal caries experience is a predictor for subsequent root caries experience (see Caries Res 2013; 47: 128-134), it is somewhat curious to not see it in the models." shows that you have missed the point I was making - it was not about determining the origin of a given lesion. Did you read that Caries Res paper and consider its implications? I would have thought that baseline coronal caries experience (as the DMFS or DMFT) should be controlled for in the models.

*Response:-* Thank you for the suggestions. We have added a sentence highlighting this as a limitation in this research (page 16 line 327-329 and reference in page 19 line 405-406).

## **Reviewer: 1**

**Comment 1:-** The authors have addressed most of my comments satisfactorily

*Response:-* Thank you very much for your positive feedback on our manuscript.

**Comment 2:-** For the reference given for SADLS2, it is not retrievable, thus I am still not sure when it was conducted. The footnote of Table 1 shows the SADLS2 baseline data was collected in 2011-2012, if the survey is for elders aged 60+, thus they should represent those born before 1951 instead of 1953 as mentioned in Tables 2 & 3. Tables 4 & 5 use "generation 20 years ago" which is also not corresponded to the description in the manuscript, please use "previous generation" instead to be consistent. Please also change "current generations" to "current generation".

*Response:-* Thank you for the correction. The changes have been made in the main document (Table 1 (page 21 line 429) and Table 4 (page 24 line 447 column 1)).

**Comment 3:-** Table 5, please confirm the interaction for "Generation x frequency of flossing" was significant as the 95% C.I. includes 1.00.

*Response:-* In the final results, the interaction for "Generation x frequency of flossing" was not significant as the 95% C.I. includes 1.00. The interaction for "Generation x frequency of flossing" was included in the final model as when all interactions were included, it was significantly associated with the outcome. However, in the final model that included only the significant interaction (method followed Bernabe et al, Journal of Dental Research, 2017, Vol. 96(2) 171 –178), the interaction for "Generation x frequency of flossing" became insignificantly associated with the outcome.