

AWDC attendees receive invitation to India

2014 FDI congress to be held in New Delhi

With Indian Dental Association President Dr Pramod Gurav addressing friends, long-term partners and guests of the FDI World Dental Federation yesterday at the Istanbul Congress Center during an official lunch, the eyes of the international dental community are slowly turning away from Istanbul to New

health care awareness and access to oral health care constantly increasing. He remarked that the congress, which will be held under the theme “A billion smiles welcome the world of dentistry”, is in line with its and the government of India’s ambitious goal to achieve optimum oral health for all. “We are delighted that the FDI has



Distinguished guest Dr Robert R. Edwab, executive director of the Greater New York Dental Meeting, greeted by members of the FDI 2014 organising committee.



Dr Pramod Gurav addressing attendees of yesterday's lunch reception. (DTI/Photos Daniel Zimmermann, DTI)

Delhi, where the next Annual World Dental Congress will be held next year from 11 to 14 September at the India Expo Centre in Greater Noida.

It will be the second congress held by the organisation in the Asian country after the one in 2004. Gurav said that his country has become a land of opportunity for dentistry, with oral

once again chosen India for its landmark event—it is a wise choice,” Gurav said.

The decision to host the next congress in India was made back in May. Exactly ten years after the congress took place in New Delhi, the event will be hosted by the FDI in collaboration with the Indian Dental Association. The association currently has over 50,000 members and operates through 28 state branches, more than 350 local branches and 1 defence branch. It aims to achieve optimal oral health for every Indian by 2020.

India currently boasts the largest dental workforce in the world. In addition, an estimated 20,000 dental students graduate from the country's 300 dental schools every year. The market there, worth around US\$50 million according to industry experts,

offers huge growth opportunities for dental manufacturers, especially for producers of dental implants and prostheses.

Besides an impressive scientific programme, the congress in New Delhi will feature early breakfast meetings and Meet the Experts sessions aimed at bringing together the experts in a specific subject and a small group of dentists in an interactive setting, the Indian Dental Association said. Hands-on courses supplementing the lectures will provide a more intimate and constructive learning environment designed to develop clinical skills and practices relevant to modern dental practice and today's cutting-edge dentistry.

The Year in Review meetings, introduced at the centenary congress in Hong Kong last year will provide addi-

tional focused learning opportunities. Interactive discussions on practical cases will deal with specific cases discussed directly with prominent speakers.

More information about next year's congress is available online at

www.fdi2014.org.in or at the 2014 FDI AWDC booth (B188 & B189) in the exhibition hall on Level 5. For information and news about this year's event in Istanbul, please visit the Dental Tribune website at www.dentaltribune.com or scan the QR code at the bottom left corner of this page.



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FDI: Addressing key areas of oral health and policy

By Dr Tin Chun Wong, FDI President 2013–2015

I am just at the beginning of what promises to be a very exciting two-year term as FDI President. There is much to build upon from the work of my predecessor, Dr Orlando Monteiro da Silva. We have the right projects, the means and the expertise to fulfil our ambitions. But first—and this may seem a strange question, as we are in the final stages of the FDI Annual World Dental Congress—what is the FDI, and what does it mean to be part of it? My own simple definition is that the FDI is the authoritative voice of dentistry worldwide. That is a powerful claim—and it is a powerful position in which to be.

I would go even further to say that the FDI is a truly global organisation and, as the only one serving the specific needs of dentists, it is unique. Part of what makes it unique has been in evidence during the course of the congress and the FDI World Dental Parliament, held simultaneously. The FDI represents the worldwide solidarity of dentists: if you want to reach the world, you do it through the FDI. We certainly hope that we have reached you, congress participants, during your time here in Istanbul.

Some of the sessions that participants have attended over the last few



Dr Tin Chung Wong posing with children in Hanoi during World Oral Health Day 2013. (DTI/Photo courtesy of the FDI, Switzerland)

days reflect the FDI's priorities over the last 12 months or more. For example, on 29 August, a session was held

to assess what effect the Minamata Convention on Mercury may have on the dental profession. Since the convention, which will be signed in Japan in October this year, covers restrictions on the mining of, access to, and trade in mercury, it will necessarily have an impact on the future availability and use of one of dentistry's

health within the context of the United Nations' initiative on non-communicable diseases (NCD). Readers will recall that the FDI has been a strong supporter of the NCD initiative and, along with like-minded partners, succeeded in having oral health included in the NCD agenda.

Oral disease is not, in most cases, a life and death issue, although evidence reported during the course of the FDI Science Committee session suggests an established link between oral disease and other NCDs, such as diabetes. However, even though oral disease is not generally fatal, it should not blind us to the fact that toothache equals pain, can mean time off school or work, or loss in self-confidence, or have other deleterious effects on daily life.

People in developed countries are much more aware of disease than those in developing countries are. That is why it is important for governments worldwide to be aware of oral health and adopt measures to improve the oral health of their national populations.

This congress has, we hope, proved to be an inspiration in terms of the continuing education it has offered to people from all over the world and the opportunities it has provided for exchanges with colleagues from other countries. But it has also been important in terms of its contribution to the ongoing debate on oral health and general health within governments and multilateral institutions.

I am looking forward to hearing from you, and meeting you in a year from now in New Delhi in India for what already promises to be an exciting congress.

“...it is important for governments worldwide to be aware of oral health and adopt measures to improve the oral health of their national populations.”

key restorative materials, dental amalgam, an inert compound containing 50% mercury. The FDI, among other groups, successfully argued for a phase-down rather than phase-out of amalgam. The discussions here in Istanbul measured that success but assessed the implications.

On the same day, we saw the launch of what is set to become the key link in the FDI's Vision 2020 armour for 2014: the new tablet-based data-retrieval application from which the FDI will endeavour to gain deeper knowledge about the socio-economic, behavioural and literacy aspects of oral health worldwide. For the moment, this is a pilot project involving dentists and their patients in a few selected dental practices on all the continents. However, when we roll it out in full, the aim is to provide to our members the tools for analysis of the survey results in order to be in a position to support and advise governments worldwide on aspects of oral health policy.

This, like all FDI initiatives, is linked to other areas under discussion, for example at the World Oral Health Forum, which addressed oral



Dr Tin Chun Wong taking over the presidential chain from Dr Orlando Monteiro da Silva. (DTI/Photo Claudia Duschek)

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Finnish Plandent Division expands into Turkey

■ New distribution company to partner with Ünalı Medikal

With the FDI congress in Istanbul in full swing, Plandent Division, the second-largest distributor of dental supplies in Europe, announced on Wednesday that it is expanding into the rapidly growing Turkish market. The new Plandent Turkey distribution company will work closely with Ünalı Medikal, distributor of Planmeca's dental equipment in the country.

With Turkey, Plandent Division is entering its fourteenth dental market. As a full-service dental supply company, Plandent Turkey will offer local dental practices and laboratories a complete selection of instruments, equipment, software and materials, as well as a full range of support services.

Plandent Division is part of the Finnish Planmeca Group, which operates in the field of health care technology in over 120 countries. The

group employs around 2,500 people worldwide and is aiming at a turnover of €760 million this year. Its parent company, Planmeca, is one of the world's leading dental manufacturers and the largest privately owned company in the field.

"Planmeca's high-tech dental devices are already well known in Turkey, so we are now delighted to also offer Plandent's modern service concepts and our wide selection of brands to Turkish customers. With our comprehensive all-in-one solutions and services, we are able to offer dental professionals the opportunity to order everything they need from one place. By listening closely to our local customers and by constantly expanding our product selection, we can fulfil the needs of every



■ Ali Büyükcünalı from Ünalı Medikal (left) and Planmeca Group's president and founder Heikki Kyöstiä at the FDI congress in Istanbul. (DTI/Photo courtesy of Planmeca, Finland)

customer group, whether dentists, dental hygienists or dental technicians," said Tuomas Lokki, vice-president of Marketing and Sales at the Planmeca Group.

Plandent's mission is to offer the latest technology and materials from



■ Representatives from both companies also talked about the new partnership at a press conference held yesterday in the Istanbul Congress Center. (DTI/Photo Claudia Duschek)

the world's leading manufacturers at very competitive prices, the company stated in a press release. The company also focuses on its own brand product range.

"Plandent Turkey will be introducing to the Turkish market its world-leading brands in the field of dental supplies, including the well-known and cost-effective Orbis product range," a Planmeca spokesperson told *Worldental Daily*. "The company's wide selection of equipment

and materials will be complemented by attractive and sophisticated new service concepts, such as material management, online ordering, and maintenance and support services."

Earlier this year, the fast-growing Plandent Division acquired new distribution companies in Belgium and Russia. In addition, the division has leading local companies in all the Nordic and Baltic countries, as well as in the Netherlands, the UK, Germany, and Austria.

Developing a comprehensive oral health education programme for Indian children

■ Next achievements to be reported at next year's AWDC in New Delhi

The Indian Dental Association's partnership with Unilever Oral Care brand Pepsodent is helping children and their families in the southern cities of Chennai and Coimbatore to improve their oral health. Initially, the partners offered free

dental screenings to determine the oral health status of the patients, collecting data that will be compared with data gathered at the end of the programme to determine the impact of the partnership's oral health-promotion activities.

The partnership's activities have two distinct strands: one focused on dentists, the other on school children. In the first strand, the partners train dentists in behaviour-change techniques and provide materials to help them raise awareness among their patients of the importance of brushing twice a day with a fluoride toothpaste to prevent oral disease. In the schools programme, pupils are given a personalised dental health plan with free toothbrushes and samples of toothpaste.

The ultimate aim of the partnership project is to develop an effective, comprehensive oral health education system for Indian children that could be implemented across the country.



■ (DTI/Photo courtesy of Unilever, UK)

Dental Congress in New Delhi in India and sharing the outcomes of our global evaluations. With such a rich portfolio of local projects, we hope the lessons from the partnership will provide new insights to help maximise the impact of oral health-promotion programmes in the future.

Remember to visit the Live.Learn.Laugh. partnership stand on level 2 to find out more about the partnership's exciting projects.

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Fashion for dentists

■ CROIXTURE introduced medical clothing line exclusively at FDI AWDC

A touch of haute couture was brought to the Istanbul Congress Center on Wednesday, when German fashion label CROIXTURE launched its latest clothing line for medical professionals at the FDI Annual World Dental Congress in Istanbul. On the catwalk, models showed off the unique collection, which is now available worldwide.

Selected items for women and men are on sale at the World Dental Exhibition on Level 5 at Booths B032 and B066, where visitors are the first

to be able to purchase clothing from the collection. According to the company, visitors who purchase CROIXTURE products worth over €250 during the show will receive a free polo shirt or t-shirt while stocks last.

Product catalogues and price lists for offline orders are also available on-site. Items can also be purchased online at the company's website, www.croixture.com. Inspired by nature and life, the clothing line aims to combine extreme comfort with style.





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“The patient should be told the truth”

■ An interview with Prof. Stephen Porter, UK

Detecting and managing potentially malignant diseases of the mouth still pose challenges to dental professionals worldwide. At the 2013 FD AWDC, *Worldental Daily* had the opportunity to speak with FDI presenter Prof. Stephen Porter from the UCL Eastman Dental Institute in London about new risk factors, prevention strategies and why actor Michael Douglas is not a good poster boy for changing awareness of throat and mouth cancer.

■ **Worldental Daily:** A recent study on Turkish dental patients in central Anatolia has shown that only one in two people are aware of oral cancer. Are these results representative of most people's knowledge about the condition nowadays?

the disease, do you think awareness of malignant diseases of the mouth is increasing?

Undoubtedly, it will increase. When a celebrity announces that he or she has a particular disorder, there is often an upsurge of referrals by concerned individuals. In the UK, this was perhaps best illustrated when Freddie Mercury declared that he had HIV. There was a substantial rise in the number of persons seeking advice and/or testing for the disease in the aftermath.

A fair number of famous people have had oral cancer, including Sigmund Freud, Ulysses S. Grant and TV producer Aaron Spelling to name but a few. In the UK, journalist and first husband of TV cook Nigella

through orogenital contact, but there is no evidence that such contact will lessen any subsequent risk of contracting mouth cancer.

■ **Oral cancer figures are rising worldwide. What are the reasons for this, and does it fulfil the criteria for an epidemic, as it has been called in some media reports?**

An epidemic is defined as new cases of a disease in a given human population over a particular period. It often has an emotive element to it. Oral cancer certainly is on the increase in the developed world, although the number of new cases is falling in some parts of the globe, notably parts of India.

The rise in some countries is gradual but sustained. Smoking to-



■ Prof. Stephen Porter (DTI/Photo courtesy of UCL Eastman Dental Institute, UK)

“Oral cancer certainly is on the increase in the developed world.”

Prof. Stephen Porter: It is not uncommon for individuals not to be aware that cancer can arise in the mouth. Indeed, there are studies indicating that even patients without cancer who attend clinics that specialise in mouth cancer are unaware of the possibility. This trend regarding a lack of awareness occurs across the globe, although it varies between countries.

■ **With celebrities like actor Michael Douglas struggling publicly with**

Lawson John Diamond wrote a series of articles detailing the progress of his disease and its treatment that informed many of the impact this disease can have on an individual and his or her family.

Unfortunately, the Michael Douglas situation has perhaps confused the exact role of the human papillomavirus (HPV) in mouth cancer. Certainly, it can cause mouth cancer and it can be acquired

bacco and/or drinking alcohol are the two factors that traditionally have given rise to mouth cancer. In addition, individuals are now acquiring cancer-causing (oncogenic) types of HPV, probably via orogenital contact. This burst of infectious disease, or indeed sexually transmitted infection, is not a new phenomenon, but it has become much more manifest in the last 30 years. So, what is new is probably that oncogenic types of HPV are just more common in the sexually active population than in the past.

The exact risk that it carries is unclear but it has been suggested that the risk of HPV-related mouth and/or throat cancer climbs when someone has had more than nine different sexual partners.

■ **What other factors besides smoking, drinking and HPV are currently being investigated, and what is their malignant potential?**

People chew betel nut preparations (e.g. paan masal and gutka) in parts of India, Pakistan,

risk of mouth cancer, even if they stop the causative habit. The nightmare scenario is that when examining a patient with submucous fibrosis the mouth opening can be so small that a clinician may be unable to see the cancer.

Mouth cancer can also arise in patients who have rare genetic disorders, such as Fanconi anaemia and dyskeratosis congenita, but the most common oral disorder that is considered to be potentially ma-

most common disorder to affect the lining of the mouth (the oral mucosa).

It has been suggested that 1 to 2 per cent of patients with oral lichen planus will develop mouth cancer, but this risk is highly unpredictable because it does not appear to be consistently associated with the duration or type of treatment of the lichen planus, nor the age or sex of the patients, nor their alcohol or tobacco habits. The good news, per-

“There is no evidence that a particular frequency of dental examination will lessen the risk of mouth cancer.”

Bangladesh and surrounding areas. These cause initial fibrosis of the oral tissue, termed “submucous fibrosis”, which carries a high risk of causing oral cancer of possibly 30 per cent. Submucous fibrosis can arise even in young individuals and is irreversible, and thus patients are likely to have a lifelong

lignant is oral lichen planus. This is a global disorder that typically occurs in middle-aged and older women. It is a chronic immune disorder that may cause painless white patches that sometimes are accompanied by painful erosions or ulcers. It affects about 1 to 2 per cent of the population and is the

haps, is that 98 to 99 per cent of patients with oral lichen planus will not contract mouth cancer.

Isolated white or red patches on the oral mucosa (sometimes termed “leukoplakia” and “erythroplakia”) have malignant potential as well, but these are actually un-

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common, particularly the latter, compared with oral lichen planus.

Besides new treatment concepts, prevention remains the most effective strategy against oral cancer. Why do so many dentists still appear to overlook obvious signs of the disease, and do current screening procedures have shortcomings?

The great majority of patients ultimately found to have mouth cancer will have been referred to a specialist service because a dentist or other dental professional will have noticed something abnormal. He or she might not have known what it was, but they did the correct thing by referring the patient to a specialist.

Screening for possible mouth cancer is straightforward. It is just a matter of examining the neck and mouth carefully. However sometimes dentists do not know what to look for, as they have probably never seen more than one type of oral cancer in their professional lives.

Similarly, mouth cancer is more likely in socio-economically deprived groups than the wealthy. Socially disadvantaged people have a tendency not to attend health care providers, including dentists, on a regular basis nor to take up possible screening opportunities for common diseases and therefore have a variable awareness and practice of disease prevention strategies, whether concerning oral health or general health.

Clearly, the best option for screening would be opportunistic screening, where health care staff examine patients in risk groups for a particular disease, but this requires people to want to attend a clinic and to appreciate the possible benefits of such attendance for their health and well-being.

Is there any evidence that regular screenings could help prevent oral cancer?

There is no evidence that a particular frequency of dental examination will lessen the risk of mouth cancer. However, the more regularly a person is examined, the greater the chance that emerging malignant or potentially malignant disease will be detected and that any lesion present will be small.

However, overzealous review is likely to be wasteful and thus all patients should be advised that if they become aware of a change in their gingivae or oral mucosa that persists for more than three weeks and has no obvious local cause, or example a sharp tooth or filling, they should seek advice from their dentist.

In its 2008 policy statement, the FDI stresses the important role of dental professionals in the detection of oral cancer and patient education. To what extent are dental professionals fulfilling this role?

The majority of patients ultimately found to have oral cancer will have been identified by a dentist or other dental professional; thus, dental professionals are fulfilling this role to a great extent. However, dental professionals

should also be able to provide advice about oral cancer prevention, for example tobacco and alcohol cessation, and information on where additional advice can be obtained, for example tobacco cessation services.

The current rule of thumb is that the more people smoke and the longer that habit the greater the risk of mouth cancer. The same applies to alcohol. There are some nuances as regards the type of tobacco or al-

cohol that may affect risk but these are really not of notable concern when communicating a disease prevention message. Of significance is that the risk of cancer developing if someone smokes and drinks is much higher than if someone smokes or drinks (i.e. there is a synergistic rather than additive effect).

Of course, many dentists will indicate that they have no experience of having seen oral cancer or having

managed any patient who has previously had such disease. However, there are some simple rules. If a lesion is solitary, has been present for more than three weeks and has no local cause, the patient should be referred. Any lesion that strikes a dental professional as odd and/or destructive warrants referral.

Dentists should always keep an accurate and contemporaneous record of what is observed during clinical examination and be familiar

with the contact details of local oral cancer specialists (typically oral and maxillofacial surgery or oral medicine).

Finally, the patient should be told the truth, i.e. that the dental professional has concerns that a lesion is possibly malignant or premalignant, and is thus referring the patient for further investigation.

Thank you very much for the interview.

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Minimum intervention in dentistry

By Prof. Prathip Phantumvanit, Thailand

The concept of minimum intervention in dentistry (MID) ranges from early diagnosis of oral disease to appropriate inter-

vention, which includes prevention, control and treatment for the purpose of conserving natural tooth and periodontal structure. A number of

MID measures have recently become available, including the very early detection of dental caries using QLF (Quantitative Light-induced

Fluorescence) in order to detect mineral loss in enamel, as well as follow-up strategies, such as remineralisation and the use of sealant. Moreover, the visual FDI Caries Matrix, in terms of non-cavitated and cavitated lesions in enamel and dentine, has been proposed as a caries index for timely prevention and treatment. This early detection and diagnosis of dental caries will lead to proper prevention and control of caries before the development of a cavity, which can then only be treated.



Prof. Prathip Phantumvanit, Thailand

For caries restoration, partial caries removal during cavity preparation has been suggested, which, according to research, appears to reduce the incidence of iatrogenic pulp exposure and therefore the risk of pain and infection. Simplified and modified atraumatic restorative treatment, a further development of atraumatic restorative treatment (one of the original MID methods of restoration) and a preventive method of restoration for primary teeth that entails partial caries removal and filling with encapsulated self-curing glass ionomer cement, has been proposed. This concept makes preventive restoration in preschool children, even by trained dental auxiliaries, possible. Moreover, effective use of self-care fluoride toothpaste during toothbrushing has been suggested for every age group, especially the correct minimal amount of toothpaste used in children to prevent both caries and fluorosis.

There are several interesting MID measures in terms of periodontal disease, such as non-surgical or minimally invasive surgery in periodontal therapy, and single-flap or flapless implant surgery. The single-flap approach is a minimally invasive surgical procedure for the reconstruction of intraosseous periodontal defects with early wound healing and highly predictable complete flap closure. The effectiveness of the buccal single-flap approach for surgical debridement of deep intraosseous defects has been shown to be comparable to the double-flap approach in terms of clinical attachment level gain, probing pocket depth reduction and minimal gingival recession, six months post-surgery. Another minimally invasive surgery method is flapless implant surgery conducted with help of the tissue punch technique instead of having to raise a mucoperiosteal flap. Reports show that this reduced operational time, accelerated post-surgical healing and even increased patient comfort in some cases.

MID can be applied in many areas of clinical dentistry. Importantly, it should be part of a science- and evidence-based practice that is able to provide dental services that are accessible to, acceptable to and affordable for an increasing number of people.

Prof. Prathip Phantumvanit is currently Vice-Chairman of the Public Health Committee of the FDI World Dental Federation. Today, he will be presenting a paper titled "Minimum intervention dentistry" during one of the early morning sessions as part of the 2013 FDI AWDC scientific programme.

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