

United under a single banner of “Leading the world to optimal oral health”



Dr Orlando Monteiro da Silva

The FDI has a long and proud history: founded in Paris in 1900, our federation lived, prospered and made its mark on oral health worldwide through the long and sometimes troubled years of the 20th century. One of the

By Dr Orlando Monteiro da Silva, FDI President

cannot fail to be impressed at how close our organisation remains to its founding goals, principles and traditions. The same care as ever has been given to compiling an exceptional scientific programme that addresses the major topics and concerns of dental practitioners today, presented by some of the world's leading clinicians and experts in the field.

Always in the vanguard of trends and thinking, the FDI, at this year's event, is maintaining its focus on the future role of dental medicine, placing it firmly within the context of public health policy, strategies in fields of public concern such as noncommunicable diseases, and the imperative of linking oral health with general health.

to download the document in five languages from the FDI website. It is essential reading for all those interested in the future of dental medicine in the world, the challenges it faces and ideas on how to resolve them. For the FDI and its member associations worldwide, it provides a blueprint for achieving its goals and ambitions.

The congress itself is the key event in the organisation's annual calendar: most of the time and in at least one region, the FDI provides continuing education throughout the year. However, the congress brings a unique, international focus, with speakers from every area of the world, the Americas, Africa, South and West Asia, the Asia Pacific and Europe.

It is a place where ideas are communicated and shared among people from different horizons and where friendships are cemented. Way back in 1922, King Alfonso of Spain, addressing FDI delegates in Madrid, said, “By your meeting here you men of science are giving a lesson to diplomats. Because, as soon as something can be done for the good of humanity, for you nations no longer exist (...) A much higher conception unites you all.”

I believe that what he said rings true today. Here we are, men—and women—of science, united under a single banner of “Leading the world to optimal oral health”!

I would like to add my voice to that of my colleagues in the local organising committee in wishing you an enriching and enjoyable 2012 FDI Annual World Dental Congress in this great city of Hong Kong.

Significant achievements have been made

By Dr Sigmund Leung, President of the HKDA and chairperson of the local organising committee



Dr Sigmund Leung

As chairperson of the local organising committee, I would like to extend a warm welcome to you all to Hong Kong on the occasion of the 2012 FDI Annual World Dental Congress. My colleagues and I are especially honoured to be hosting the 100th edition of this prestigious event.

Hong Kong is a special administrative region of the People's Republic of China and a world-renowned centre of business and commerce. Being international and cosmopolitan, the city offers an infinite variety of things to see and do in a unique fusion of Eastern and Western heritage and culture.

Hong Kong has always kept up with advancing technologies in dental practice in order to meet the constantly evolving needs and demands of the community. As the representative body of the Hong Kong dental profession, the Hong Kong Dental Association has been taking a proactive role in promoting oral health in collaboration with FDI World Dental Federation and local government, as well as establishing an exchange network with our Mainland colleagues and neighbouring countries or places over the

years. With concerted effort and support, we are delighted to see that significant achievements have been made and we are honoured to be part of the growth of dental development.

The 2012 FDI AWDC provides all dental colleagues worldwide with a vibrant platform to update dental knowledge, explore new advances in dental technology and foster closer ties. Numerous eminent speakers have been invited to share their expertise with our congress participants. It will broaden our horizon in unlimited ways. Please join us and take full advantage of the opportunities this special Congress has to offer.

AD



Dr Erica Wheeler, Technical Officer at WHO's Department for Health Systems Policies and Workforce, addressing delegates of the World Oral Health Forum on Tuesday.

reasons behind its original establishment was to organise dental congresses with a focus on dental education, oral hygiene and public dental health and, in general, to resolve issues of complicated customs, regularise the profession and enable progress.

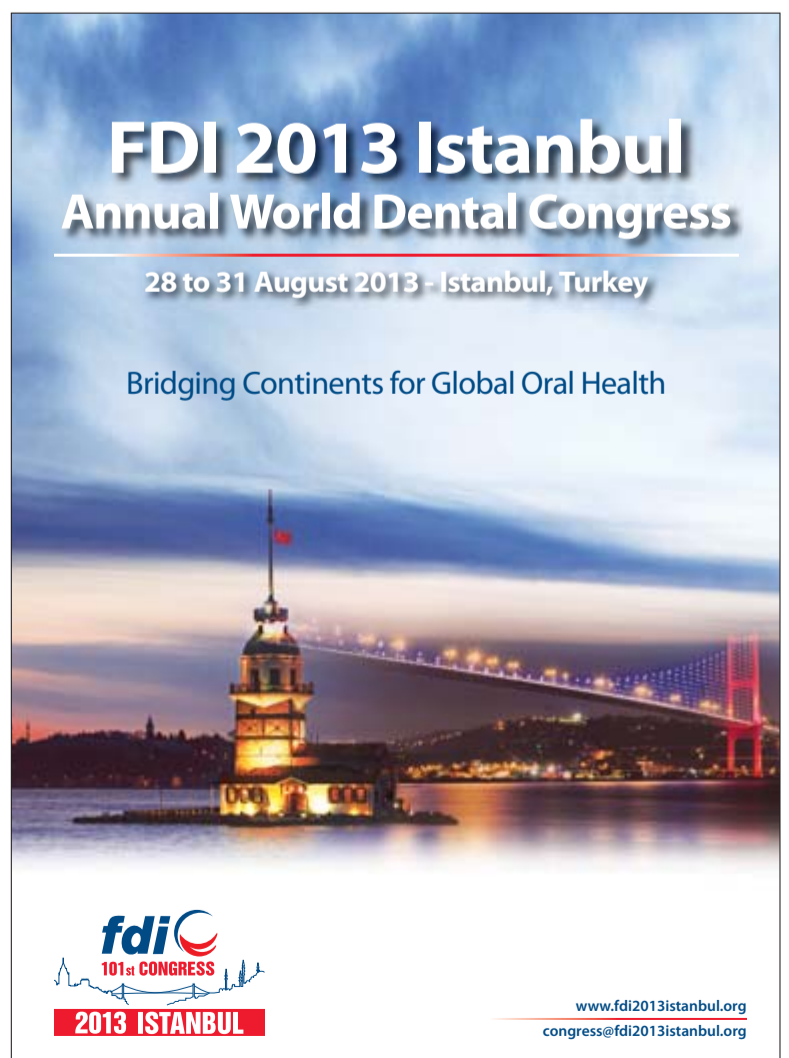
Anyone reading the programme for this special, celebratory 100th FDI Annual World Dental Congress

Just one day before the congress opened, on 28 August, the FDI's World Dental Parliament—some 300 delegates from over 130 national dental associations and specialist groups—convened for its annual plenary session and held a forum on the just-released FDI document titled “Vision 2020: Shaping the future of oral health”. Although congress goers were not party to the FDI parliament debate, they are able

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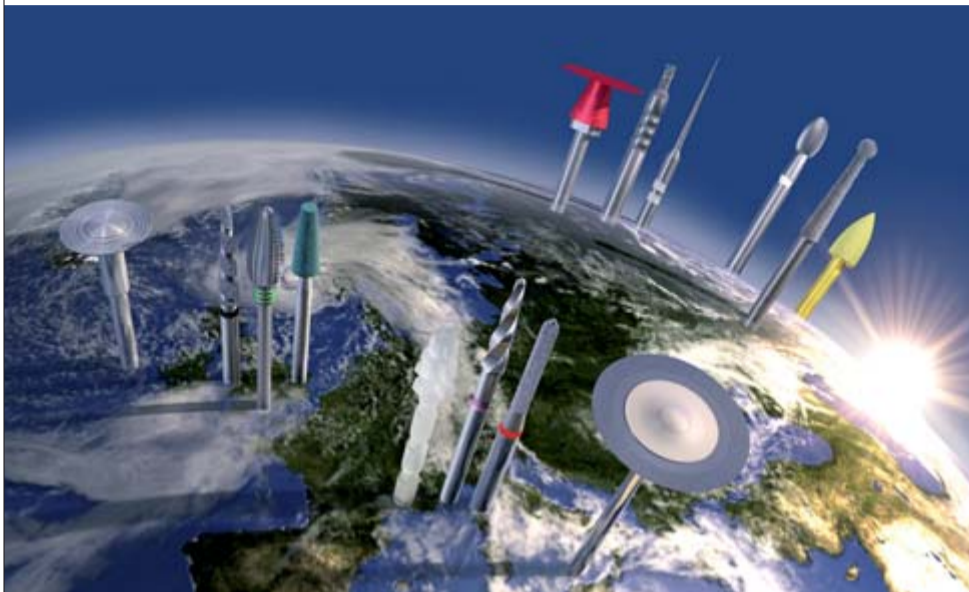
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Global Caries Initiative is going public in Hong Kong

FDI launches new website in partnership with DTI

Today saw the official launch of the FDI's Global Caries Initiative (GCI) website, through which the federation will communicate the GCI's aims and achievements. Through a secure platform on the website, partners of the initiative can also debate and discuss specific ways to move the project forward.

The FDI said that it is proud of the GCI not only for the innovative and visionary role it assigns to dental medicine, but also for the opportunity it offers to better integrate dental medicine into public health policy, for example in the field of noncommunicable diseases. First launched in 2009, with support from founder sponsors Colgate, Unilever, Procter and Gamble, GlaxoSmithKline and Wrigley, the initiative was founded to integrate, in a practical way, the global health promotion dimension of the FDI's mission. Its ultimate aim is to facilitate a paradigm shift towards preventive caries management.

With that in mind, one of its first achievements was the development of a comprehensive framework for caries classification and management. The FDI Caries Matrix (2011) is a key step in integrating current science and establishing political consensus for such a framework. It is also intended to be an initial step towards integrating current science into dental practice, while recognising that it will need further development and refinement. Its development has now been completed and it provides the foundation for the GCI's future progress.

The GCI is also FDI's concrete response to a perceived need best expressed at the 120th session of the World Health Organization Executive Board by WHO Director-General Dr Margaret Chan: "Oral health is a neglected area of international health."



GCI chair Dr Patrick Hescot (center) posing with FDI President Dr Orlando Monteiro da Silva and DTI president Torsten Oemus.

Members of the dental profession agree that caries is not just about oral health; it is also about quality of life and, considering the number of school and work days lost due to oral pain, economic cost. Yet only a few international programmes and related funding mechanisms address the issue. The GCI intends to reverse this trend, generate greater awareness about the implications of neglected oral health and, with its focus on prevention, raise oral health to a higher level of international and national development policy.

According to the FDI, the GCI is not a move from a surgical and restorative model of care to a preventive one, that is replacement, since restoration, whether for health-related or aesthetic reasons, will always have a vital role in the work of the dental professional; the preventive model fulfils a more specific dimension of "leading the world to optimal oral health" by reaching a wider public worldwide in a shorter time frame. It rather seeks to encompass appropriate restorative care within a prevention-based model of oral health to expand value and contribute to health outcomes, the federation said.

Visitors can join a live demonstration of www.globalcariesinitiative.org during the FDI Annual World Dental Congress at Booth K29 in the exhibition hall.

Live.Learn.Laugh. partnership

Oral health promotion started in Vietnamese primary schools

A partnership between the Vietnamese Odonto-Stomatology Association (VOSA) and Unilever's P/S brand aims to improve oral health among 1,000 Vietnamese primary school children by providing oral care education and encouraging them to brush their teeth twice a day with a fluoride toothpaste. The oral care education is provided by primary school teachers, who received training and materials from the partners to help them in the classroom.

A behaviour-change programme has been initiated, integrating twice daily brushing into the normal school routine, with the partners installing toothbrushing booths in school so that pupils can brush their teeth after meals. An important aspect of the programme focuses on helping parents to get their children to brush their teeth in the mornings and evenings. The partners encourage parents to make twice daily brushing with fluoride toothpaste an activity in which the whole family participates.

Discussing the potential impact of the Live.Learn.Laugh. partnership project, Dr Trinh



Dinh Hai, VOSA President, said, "Implementing oral health care for young children will yield lifelong outcomes. When children grow up with a bright smile, they are more confident."

Remember to visit the Live.Learn.Laugh. partnership stand to find out more about the exciting oral health-improvement projects taking place around the world.

Challenges for military dentistry discussed

Prior to the FDI Annual World Dental Congress, the Section of Defence Forces Dental Services (SDFDS) held its World Military Congress from 26 to 29 August at the Hong Kong Convention and Exhibition Centre. Under the theme "Military dentistry in 2012", the meeting focused on the latest developments in oral health care carried out by military establishments in land and maritime environments.

On Tuesday, delegates also had the opportunity to attend a one-day visit to military facilities in Hong Kong. Around 100 delegates joined the two-day conference, during which speak-

Dental officers gathered in Hong Kong

ers from the People's Republic of China and other countries discussed various topics related to oral health in the military context and the challenges that military dentistry faces. Among others, they reported on disaster relief and management, forensic dentistry, oral pathology, endodontics, management of dental service deliv-

ery, oral and maxillofacial treatment and computer-assisted design.

"Military forces throughout the world are becoming more technologically advanced and military dental services are now better placed to manage oral health in the military environment," Col. Andrew Gray, New

Zealand Director of Defence Dental Services, told *Worldental Daily*.

Founded in 1904, the SDFDS today consists of representatives from the USA, China, Australia, New Zealand and South Africa. Its task is to provide a world forum for the exchange of ideas, innovations and concepts within the area of dental services in the defence forces.



(DTI/Photo Wallace Chan, Hong Kong)

PRC officials visit AWDC

Health minister to receive award today



Zhu Chen



Dr Lingzhi Kong

The FDI Annual World Dental Congress will see visits by high-ranking health officials from the People's Republic of China during the next two days. This afternoon, Minister of Health Zhu Chen will receive the FDI's first Inaugural World Oral Health Recognition Award during this year's welcome ceremony. Fifty-nine-year-old Chen, who is also a professor at Jiao Tong University's School of Medicine in Shanghai, among other things, was selected for his contributions to the development of dentistry in China.

Worldental Daily has also learnt that the Deputy Director-General of the ministry's Center for Disease Control and Prevention, Dr Lingzhi Kong, will be giving a presentation on the oral health situation in China during a special session open to the public tomorrow from 11:30 in room S421. Simultaneous interpreting into English will be provided. Read more about this in the 31 August edition of *Worldental Daily*.

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NCDs—A major obstacle to socio-economic development



Dr Martin Gillis

In September 2011, a UN High-level Meeting on Noncommunicable Diseases (NCDs) was held in New York City. This was a watershed moment in the global fight against NCDs with the adoption of the Political Declaration on NCDs by UN member states, meaning that all nations must take action against this global epidemic. The four principal NCDs, cardiovascular disease, cancer, diabetes and respiratory diseases, accounted for 60% of all deaths globally and 80% of deaths in low- and middle-income countries in 2005. The WHO projects that deaths attributed to NCDs will rise globally by 17% by 2015.

There are four primary risk factors that fuel the rising incidence of NCDs: tobacco use, alcohol abuse, poor nutrition and physical inactivity. Disease prevention and control focused on minimising public exposure to such risk is vital to reversing the rising tide of NCDs. If this is not done, NCDs will continue to be a major obstacle to socio-economic development and a barrier to the achievement of the Millennium De-

By Dr Martin Gillis, Canada

velopment Goals and the Post-2015 UN development agenda.

Oral disease, the most common NCD and one of the most expensive

and subsidiaries such as the Food and Agriculture Organization of the United Nations and the Codex Alimentarius Commission, and partnerships with external agencies, includ-

lifestyle choices in today's society. Improving nutrition will require governments to mandate legislation and regulation reflective of health in all policies; a philosophical shift in

“Oral disease, the most common NCD and one of the most expensive to treat, is a global public health concern.”

to treat, is a global public health concern. The political declaration notes that oral diseases “share common risk factors and can benefit from common responses”. Therefore, interventions and strategies to improve nutrition should have a positive impact on all NCDs, including the prevention and control of oral disease. The UN knows how to deal with NCDs; it is a matter of taking action by operationalising existing plans such as the WHO Global Strategy on Diet, Physical Activity and Health, and utilising processes and structures such as the WHO Innovative Care for Chronic Conditions Framework.

The WHO will be the lead agency implementing prevention and control measures for NCDs; however, progress will require a multifaceted approach from multiple sectors. In terms of nutrition, concerted action with other UN agencies

ing global NGOs such as the FDI World Dental Federation and the International Diabetes Federation (IDF), is needed. Diets comprised of processed foods with high fat, salt, and sugar content are common

the agrifood industry to provide affordable, healthy food; health-care providers to educate and facilitate behaviour change in the public they serve; and all of society to engage in healthy lifestyle practices.

Partnerships are crucial to the success of future endeavours against NCDs. Many NGOs and civil society organisations have already come together under the NCD Alliance and the World Health Professions Alliance to share expertise and coordinate efforts to facilitate change. The FDI and IDF recognise the importance of partnership as witnessed by the release of “A call to action for integrated case management of the diabetic patient” during the 2007 Annual World Dental Congress in Dubai. This led IDF to create oral health resources for diabetes care providers and raised awareness about the importance of oral health in diabetes management.

Today we have the task of implementing the Political Declaration on NCDs by addressing complex issues such as poor nutrition. Mitigating this risk factor will help with the prevention and control of oral disease and type 2 diabetes. Now is the time for both federations to renew efforts for collaborative action on this global concern.

Dr Martin Gillis is an assistant professor at the Dalhousie University's Faculty of Dentistry in Halifax, Canada, and a member of IDF's Consultative Section on Diabetes Education. He also serves as the oral health representative for IDF. Today, he will be presenting a paper entitled “Poor nutrition: A risk factor driving the NCD epidemic” as part of the scientific programme at this year's congress in room S221 of the HKCEC.



Mesenchymal stem cells: From clinics to bench top and back



Dr Songtao Shi

Mesenchymal stem cells (MSCs) are a population of hierarchical postnatal stem cells with the potential to differentiate into mesodermal lineage-derived cells, including osteoblasts, chondrocytes, adipocytes, cardiomyocytes, myoblasts and non-mesodermal lineage-derived cells, such as neural cells. They are a promising source for regenerative medicine in terms of forming mineralised tissue to replace damaged and diseased tissue.

The orofacial region contains multiple lineage, including bone marrow-

By Dr Songtao Shi, USA

derived MSCs (BMMSCs), dental-pulp stem cells, periodontal ligament stem cells (PDLSCs), stem cells from human exfoliated deciduous teeth, stem cells from root apical papilla, and gingival stem/progenitor cells. Our team of researchers at the University of Southern California has

peutic approach to treating jaw necrosis using new BMMSC-generated bone and bone marrow.

Although stem cell-based regenerative medicine is a promising approach for functional tissue reconstruction, the role of immune response

Conversely, reduction of IFN- γ and TNF- α levels at the implantation sites by systemic infusion of Foxp3+ regulatory T cells markedly improved BMMSC-based bone regeneration and calvarial defect repair in C57BL/6 mice. For potential pharmacological intervention, we demonstrated that

several human diseases and preclinical disease models, including acute graft-versus-host disease, systemic lupus erythematosus and SS, etc. The promising results of such therapeutic effects have led to exploration of the underlying mechanisms. It has been shown that MSCs, including orofacial tissue-derived MSCs, target lymphocytes through several soluble factors, such as nitric oxide, indoleamine 2,3-dioxygenase, and the Fas/FasL pathway. The immunomodulatory properties of MSCs also play an important role in treating immune-related oral diseases, such as bisphosphonate-related osteonecrosis of the jaw characterised by suppression of regulatory T cells and activation of T helper 17 cells.

Our and others' studies indicate the great potential for using MSCs to treat a variety of disorders and to regenerate functional mineralised tissue.

Dr Songtao Shi is an associate professor at the University of Southern California's Center for Craniofacial Molecular Biology in Los Angeles in the US. This afternoon, he will be presenting a paper on MSCs as part of the scientific programme at this year's congress in Hall F of the HKCEC.

“...the role of immune response in cell-based tissue regeneration remains unclear.”

identified that PDLSCs can be used successfully to treat periodontitis with regeneration of cementum and Sharpey's fibres in swine and humans.

More interestingly, we used orofacial MSCs to regenerate root/periodontal complexes that are capable of supporting artificial porcelain crowns, resulting in restoration of normal tooth function in swine. We were also able to generate jaw osteonecrosis in mice and employed BMMSC implantation to treat the necrosis, suggesting a novel thera-

peutic approach to treating jaw necrosis using new BMMSC-generated bone and bone marrow. Although stem cell-based regenerative medicine is a promising approach for functional tissue reconstruction, the role of immune response in cell-based tissue regeneration remains unclear. We demonstrated that pro-inflammatory T cells in the recipients inhibited BMMSC-mediated bone formation via T helper 1 cytokine interferon (IFN)- γ -induced down-regulation of runt-related transcription factor 2 pathway and tumour necrosis factor (TNF)- α -regulated BMMSC apoptosis. We found that TNF- α converted IFN- γ -activated non-apoptotic Fas to a caspase 3/8-associated apoptotic signalling in BMMSCs through inhibition of nuclear factor kappa B, resulting in BMMSC apoptosis.

local administration of aspirin reduced levels of IFN- γ and TNF- α at the implantation site and significantly improved BMMSC-based calvarial defect repair.

These results collectively uncover a previously unrecognised role of recipient T cells in BMMSC-based tissue engineering and suggest a practical approach to enhancing bone regeneration by pharmacological control of local cytokines.

MSC-based immunotherapy has demonstrated successful outcomes in

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Prof. Stefan Haßfeld

Traditional imaging will not disappear with CBCT

An interview with congress presenter Prof. Stefan Haßfeld, Germany

The ability to examine the craniofacial anatomy with help of three-dimensional images obtained through Cone Beam Computerized Tomography (CBCT) has been praised as the new gold standard in oral surgery. *Worldental Daily* had the opportunity to speak

with Prof. Stefan Haßfeld from the University of Dortmund's Department of Oral and Cranio-Maxillo-facial Surgery in Germany, who will be presenting an afternoon session on CBCT in Hall F this Wednesday about the technology and its future potential.

Worldental Daily: Prof. Haßfeld, in your opinion, has CBCT become a standard in dentistry?

Prof. Stefan Haßfeld: CBCT has been available in dentistry for over a decade and since then has been established as a standard for many indications. Despite this develop-

ment, I doubt that the technology will make traditional imaging obsolete any time soon. Instead, it will be used as an aid in more complex treatments.

One of the areas in which CBCT is used is implant treatment planning. What are the other main areas of application?

Nowadays, the technology is widely used in complex oral and maxillofacial surgery procedures. For example, we regularly examine large cysts and deeply impacted third molars with CBCT. Its use can also be of benefit for the diagnosis of maxillary sinus diseases, as well as in traumatology or the correction of anomalies and dysgnathias.

What potential does the technology offer regarding the improvement of treatment outcomes?

In contrast to traditional imaging, CBCT allows the human anatomy and pathology to be assessed in detail in 3-D space. This can be extremely helpful for treatment planning and the assessment of regions that present a surgical risk, like adjacent nerves, teeth or blood vessels.

In many cases, we expect a significant reduction in operative risks and an improvement in surgical planning.

According to the industry, the radiation dose for patients is significantly lower with CBCT. Do you agree with this statement?

I would have to disagree, since compared with traditional imaging, CBCT usually has a higher radiation dose. However, it also yields completely different information. By taking a high number of single images from different angles, CBCT can provide lower radiation doses only in a few exceptional cases.

Is this the only drawback compared with traditional imaging techniques?

As CBCT has another field of indications, comparison with traditional imaging techniques is not appropriate. However, there are indeed some shortcomings, like higher radiation doses and costs, as well as a lower resolution compared with dental film.

What role will CBCT play in dental practices in the future?

CBCT will take root in dental practices, particularly in those with emphasis on surgery, when it comes to certain complex treatment issues.

For all the mentioned reasons, traditional imaging methods will not disappear. A panoramic X-ray image, for example, provides an excellent overview of the entire jaw arch for clinically oriented examinations, with only little effort and at a small radiation dose.

Dental film still offers the highest resolution for viewing details. Rather, the establishment of CBCT for dental imaging offers us additional options for daily practice.

Thank you very much for this interview.

AD

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New compressor generation by Dürr

At the FDI Annual World Dental Congress, the German dental company Dürr is presenting the new generation of its successful compressor series to dental professionals in Asia. First introduced at IDS Cologne in 2011, both the Tornado 1 and 2 are said to be robust, ultrasilent and economical while offering the same advantages as the first generation including a compact design and compressed air of the highest quality.



According to Dürr, the new model uses 15 per cent less energy than its predecessor. It's improved design, recently awarded a winner of the red dot design award 2011, and lower noise level makes it more adaptable to dental offices.

The devices can be used for up to three operatories. An anti-bacterial coating based on nanotechnology on the inside of the tank is supposed to ensure the highest level of hygiene. Both versions also benefit from an optional membrane-drying unit that provides constant dry air and practically zero regeneration time which make the compressors especially suited for heavy-duty conditions. Since the compression performance is more effectively exploited through the membrane-drying unit, the equipment can be operated 24 hours a day, the company said.

The output voltage of the Tornado compressors can be adapted to different power supplies.

DÜRR DENTAL, GERMANY
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Booth H20/J19

AIR-N-GO Polishers and powders

With AIR-N-GO, the French Acteon Group aims to increase the possibilities of dental clinicians for care and treatment with one single handpiece. The dual purpose air polisher with direct connection to the chair was designed for ultra-active supra-gingival polishing as well as sub-gingival periodontal diseases and peri-implantitis treatment. According to the manufac-

turer, it instantly converts into a perio system through an optional AIR-N-GO PERIO Kit comprising an ultra-fine PERIO nozzle, green PERIO powder tank and glycine-based PERIO powder.

Available as seven different powders, the AIR-N-GO powder product range is said to provide gentle care, effective prophylaxis and subgingi-

val treatments. The unique grain structure of each powder allows for efficient as well as painless polishing and cleaning with no damage to teeth or implants, the company said.

The AIR-N-GO 'CLASSIC', active and sodium bicarbonate based powder, with less aggressive geometry, comes in five 100 per cent natural flavours. Based on natural calcium



carbonate, the AIR-N-GO 'PEARL' ultra-active powder consists of micro-spheres that are gentle to sensitive tissues. The two ranges are recommended for supra-gingival prophylaxis.

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Booth L16/M17

Proface

W&H's new Proface light probe is supposed to enable direct visual detection of caries in opened cavities and minimise the risk of caries recurrence.

According to the Austrian company, it enables selective treatment during caries excavation based on Fluorescence Aided Caries Excavation (FACE).

This method works in the way that violet light is applied to the opened cavity where porphyrins, metabolic by-products left by the bacteria in infected dentine and not visible to the human eye, fluoresce red while healthy tooth substance fluoresce green.

Diagnostic goggles with special filters also enhance this effect, the company said.

With Proface, dentists will also have more information in regard to treatment decisions in Caries Profunda.

Access to the treatment site is optimised by the probe's new slender design which was devel-



oped to guarantee flexible and painless application. W&H said that with Proface success of caries excavation can be assessed at a glance and at any stage of the process.

By assisting dentists with selective, minimally invasive excavating, it substantially contributes to maintaining the patient's healthy tooth substance, they added.

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¹ Ganeles et al. Clin. Oral Impl. Res. 2008;19:1119-1128
² Bornstein et al. J Periodontol. 2010 Jun;81(6):809-819
³ Oates et al. The International Journal of Oral & Maxillofacial Implants. 2007;22(5):755-760
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