

Turkish Dental Association invites dental professionals to 101st FDI AWDC

Next year's meeting to be held in Istanbul

As decided at an FDI conference in Lisbon in March, the next FDI Annual World Dental Congress will take place in Turkey for the first time. In anticipation of the event, which will be hosted by the Turkish Dental Association (TDB) in Istanbul next year, TDB President Prof. Taner Yücel invited dental professionals to attend the 2013 congress at a lunch yesterday at this year's meeting in Hong Kong.

Alluding to the city's unique geography and history, the event's theme will be "Bridging continents for global oral health". Yücel said that he and his organisation are looking forward to bringing dentists from five continents together in the city of Istanbul for the first time.

"Hosting the annual meeting in Istanbul is like winning the dental Olympics and offers similar added value. A widely publicised international event, held under the auspices of the President of the Republic of Turkey, provides an ideal opportunity to raise awareness among members of the public about the importance of oral health," he said. "We hope that the 2013 Annual World Dental Congress will also have a posi-



Vice-Consul Mustafa Ünal addressing participants of the FDI 2013 lunch on Thursday. In the background TDB president Prof. Taner Yücel and FDI president Dr Orlando Monteiro da Silva (from left to right).

itive impact on government decisions in the field of public dental oral health."

According to the 2010 survey analysis published by the Turkish

Ministry of Health, 85 per cent of young people in Turkey aged between six and 19 are affected by dental caries. The organisation also found that as many as 74 per cent of those aged between 15 and 19 and

96 per cent of those between 30 and 34 are affected by periodontal disease.

In addition to benefits to oral health, the TDB believes that organ-

ising the FDI congress will be a significantly positive step towards international recognition of the country.

The organisation currently represents about 22,000 Turkish dentists. It has been a member of the FDI World Dental Federation for 24 years. Since the year 1992, it has been organising dental congresses throughout Turkey, including its own national dental congress, which brings together between 2,000 and 2,500 dentists every year.

Its 2013 congress, held in partnership with the FDI, will take place at the Istanbul Convention and Exhibition Centre from 28 to 31 August.

With regard to the dental industry, more than 50 dental manufacturers are located in Turkey and dental products from over 300 companies are available on the market. The country's dental equipment and material sector has an estimated value of US\$150 million.

According to the ministry, the sector's growth rate has increased in recent years from an estimated 3 per cent in 2009 to an estimated 10 per cent in 2011.

The first review-driven health care community in Asia

CompareClinic.com presents a whole new way of connecting patients to clinics



Compare Clinic is a review-driven community that aims to help people connect with trusted medical specialists, both locally and overseas. Recently Dental Tribune interviewed co-founders Henrik Petersen and Virginia Chan about the concept of Compare Clinic and its benefit to the dental community.

How does CompareClinic.com facilitate communication between patients, dentists and manufacturers using Web 2.0 technology?

Henrik Petersen: Using Web 2.0 technology, Compare Clinic facilitates three-way communication between dental manufacturers, dental surgeons and patients, and helps people make informed decisions about dental and medical treatments. The ultimate goal of Compare Clinic is to connect patients with trusted dental professionals. To this end, our community also helps dental clinics reach out to more patients and build a trustworthy reputation.

Medical tourism is on the rise in Asia, according to Reuters. It is esti-

mated that it will reach over one million by end of this year. In the past, medical tourists came primarily from the US and Europe looking for cheaper treatment alternatives owing to high costs in their home countries or a lack of dental insurance. In recent years, affluent Asians have become the driving force behind the advanced medical centres in Korea, Singapore, Thailand, the Philippines and India. It is common for people to live in different places throughout their lifetime and consequently they will seek dental and medical treatment in an environment that is entirely new to them. Compare Clinic will be able to connect patients around the world to quality dental treatment.

Virginia Chan: Being a practice management consultant, I understand many dental clinics are looking for a cost-effective way to market

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FDI 2013 Istanbul
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Bridging Continents for Global Oral Health

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Raising awareness of oral health in China

In this series of reports in *Worldental Daily*, FDI and Unilever have sought to highlight the achievements of their landmark Live.Learn.Laugh. partnership. The partners said that they are looking forward to reporting to delegates at FDI Istanbul 2013 on further progress around the globe and demonstrating once again the partnership's role in achieving their joint vision of improving people's lives through better oral health.

In Dalian, China, Unilever's Zhong Hua brand and the Chinese Stomatological Association are currently working together with central and local government to improve oral health care standards in young mothers and their children by integrating oral health into the standard maternal and child health care system. Oral disease in young children in China is a common problem, with half of children enrolled in kindergarten showing signs of tooth decay. Recent studies have found the prevalence of caries in three-year-olds

LLL partnership targets mothers with young children



Dental assistants demonstrating effective oral hygiene measures on a model to a Chinese mother.

in Beijing to be 50.1 per cent, whilst the prevalence in five-year-olds is 73.3 per cent.

The project aims to improve the oral health of 700 children by raising awareness of oral health problems among mothers with young children through oral health education, increasing the proportion of mothers who brush their teeth twice a day with fluoride toothpaste, and increasing the proportion of mothers who practise healthy feeding habits and take responsibility for the oral hygiene of their children, thus reducing the incidence of caries in young children. The project uses a dental pass to promote regular visits to the dentist and teach young mothers that oral health is as important as general health in bringing up a healthy, happy child.

Please 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.

fdi page 1

their clinics, and fill their appointment schedule. Three areas are important for generating new patients and maintaining excellent patient management: (a) a cost-effective and targeted channel for connecting with new and potential patients directly; (b) keeping and retaining your patients with excellent service and clinical work; (c) building your clinic's reputation by encouraging patients to be your advocate and to refer others to your clinic. A healthy clinic should have 80 per cent retained and referral patients. By using Compare Clinic, we

facilitate these three areas and connect patients directly with dental clinics with a free clinic profile.

As I have worked in the field of health care for the past 12 years, friends all over the world ask me where to go for dental or medical treatment. People may not know what the best treatment options are and which clinics can they trust. This is even more difficult as people become increasingly mobile, living and travelling around the world. Everyone wants to have a reliable source of reference, as health is of very high priority. In the past, we had to go through different forums.



Now people can simply use *CompareClinic.com* for the information they need from three different angles.

What inspired you to start Compare Clinic?

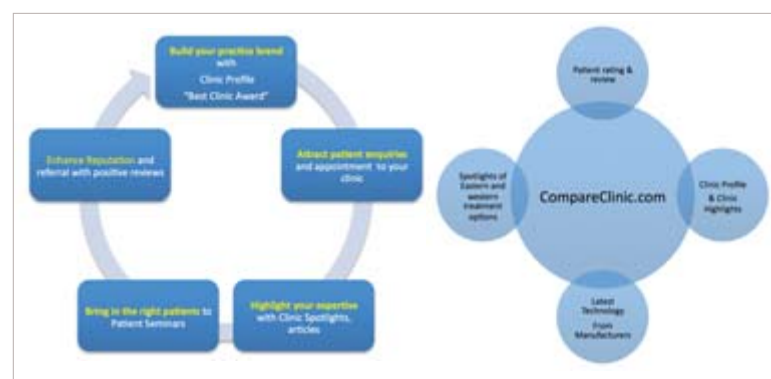
Henrik Petersen: I am foreign to Singapore and it was not easy to find out where to go for medical and dental treatment. I used to browse different web forums and research papers to look for the best treatment and identify the best service provider. There were mainly web directories of clinics but not much information of actual patient experience. Once I was sitting at Starbucks with Virginia, and we were discussing it would be nice to be able to go to one place, you can get information for the latest treatment options, from clinical aspects and patients' peer-review, and be connected with the right clinics directly. My tech-

nology background and Virginia's industry experience made it an easy choice to launch. We are launching now in Hong Kong and Singapore, and will soon be ready to expand to other countries in the Asia Pacific region.

How can dentists and dental manufacturers benefit from Compare Clinic?

Virginia Chan: Our public promotion will start from October 2012. To benefit from it, any clinic or dental facility can visit *CompareClinic.com* to receive a free basic profile, with the option of upgrading to a premium account, which will allow them to showcase their services and engage with our users. For manufacturers, they can contact us at *enquiry@CompareClinic.com* for discussing how to become a more integrated part of our community.

Thank you very much for the interview.



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An action document for global oral health

Members of the Vision 2020 Task Force yesterday released a new report that discusses oral health problems and ways to address the crisis on a global scale for the first time. The document, available as a download from the FDI's website, recommends expanding the role of existing oral health care professionals and access to care, among other measures, in order to improve oral health worldwide by 2020.

Members of the task force present included FDI President Dr Orlando Monteiro da Silva, Task Force chair Dr Michael Click, USA, and the Dean of the Peking University School of Stom-

"Vision 2020" report released at FDI congress

atology Dr Tao Xu. In total, eight people have worked on the project.

"Our mandate was to identify the main challenges to expanding access to oral health care at a time when it is more urgent than ever," Xu told members of the press. "This report represents a call to action to ensure that

oral health priorities receive sufficient attention and resources to combat the spread of oral disease."

Stanley Bergman, CEO of Henry Schein, a company that also participated in the drafting of the document, remarked that although accomplishing the goal of 2020 will be a huge

challenge, the blueprint will set an unprecedented example for private—public partnerships in tackling health problems.

According to Da Silva, oral diseases, including tooth decay, periodontal disease and oral cancer, affect large parts of populations worldwide. "We must act now if we hope to deal with the crisis by 2020," he said.



(DTU/Photo Daniel Zimmermann)

Oral health in the PRC

Ministry of Health official visited FDI congress



Dr Lingzhi Kong

In a special session held yesterday, Dr Lingzhi Kong, Deputy Director-General of the PRC's Center for Disease Control and Prevention, discussed her country's latest strategies to improve oral health.

Kong stated that treatment is still significantly lacking owing to insufficient resources and inadequate capacity in primary health care. To improve the situation, therefore, the PRC government is seeking to improve access to oral care by increasing dental care services in primary health care centres throughout the country by 2015. Efforts to improve oral health education and promotion in schools will be strengthened as well, she explained.

In recent years, the ministry has increased funding for dental health care services and launched a number of oral health campaigns, like the Healthy Teeth, Happy Family health-promotion project in 2011. The PRC has also celebrated National Teeth Day in September for the last 24 years.

Kong said that a next National Oral Health Survey will probably be conducted in 2015. According to the latest evaluation, dental caries was observed to be highly prevalent in all age groups, particularly in young children and the elderly. Only between 22 and 35 per cent of people were found to be brushing their teeth at least twice a day.

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The surveillance of patients is a dentist's duty



Prof. Newell Johnson

Oral cancer poses a continuing challenge for dental practitioners worldwide. *Worldental Daily* had the opportunity to speak with congress presenter Prof. Newell Johnson from Griffith University's School of Dentistry and Oral Health in Southport, Australia, about the disease and new methods of identification and treatment.

Worldental Daily: Oral cancer figures seem to be increasing worldwide, despite awareness campaigns run by dental organisations like the

FDI. Are we in danger of losing the battle against the disease?

Prof. Newell Johnson: There is some good news. In countries that have long had the reputation of having very high rates of oral cancer, such as parts of France, India and Sri Lanka, the rates of alcohol and tobacco-related oral cancer are indeed falling. The same is true of the US, much of Western Europe, and Australia. Here rates are falling from a lower base. In those countries or populations with traditionally very high rates, however, hundreds of thousands still die of oral cancer every year. In parts of Eastern Europe and the former Soviet republics, rates of these cancers are rising, we think, because of still high tobacco use, abuse of alcohol and a poor diet.

The other piece of bad news is that the incidence of cancers of the oropharynx (as opposed to the lip and in the mouth itself) is also increasing worldwide.

HPV has been identified as a growing risk factor for oral cancer. What

part does the sexual transmission of the virus play in the development of the disease compared with more commonly known factors like smoking or drinking?

Certain types of the human papillomavirus are indeed strongly associated with cancers of the upper aerodigestive tract, particularly of the tonsils and base of the tongue, rather than

in the mouth itself. These are the same viruses that we know cause cancers of the uterine cervix, penis and anus. It is generally thought that sexual transmission is involved. The evidence is largely circumstantial; that is, these cancers are more likely among younger adults, and there are associations with the number of sexual partners.

Fortunately—if that is an appropriate word—these cancers are more sensitive to radiotherapy, and the

survival rates/treatment outcomes are better than for most other head and neck cancers.

For the past decade, there have been extensive immunisation programmes against these particular papillomaviruses delivered to girls in many countries. These are intended to prevent cancer of the uterine cervix

plays an important part in the spread and return of oral cancer.

What are your views on this research and what are other promising therapeutic approaches?

There are very many biochemical/molecular pathways involved in cell division, maturation, migration and metastasis, and death within tissues. Many are targets of investigation and manipulation. Some will prove irrelevant—or at best epiphenomena.

“In South Asia, and emigrant communities therefrom, potentially malignant oral disorders are common...”

in later life. It will be very interesting to observe, in another 20 years or so, whether this has had an impact on upper aero-digestive tract cancers too. Fortunately, we are beginning to see boys now included in the immunisation programmes in some countries.

Some forms of oral cancer have a patient survival rate of only 50 per cent. What makes it so difficult to achieve a more successful therapeutic outcome?

The average survival at five years after diagnosis of oral cancer has hovered around 40 to 50 per cent for decades in most countries. In the high-volume specialised treatment centres, patients are indeed doing better, in terms of long-term survival and quality of life/minimisation of disability and side-effects. The major reasons that we are not doing even better is because so many cases are diagnosed and treated so late, and/or patients have severe co-morbidities such as diseases of the cardiovascular system or cancers at other sites.

Dentists can play a vital role in the identification of early signs of oral cancer. Is the profession sufficiently prepared for this role?

Well, of course one cannot generalise. Many dentists and other members of the oral health team carry out excellent surveillance of each patient. This is indeed our duty. It might be called “opportunistic screening”. Many national dental associations, and the FDI, vigorously promote such behaviour. There are many excellent training programmes for the detection of patients and lesions at risk. This should go hand in hand with support from dentists for tobacco prevention/cessation, moderation of alcohol consumption, promotion of healthy diets and good hygiene (oral and sexual) for all their clients.

On the other hand, the prevalence of potentially malignant disorders, and certainly of overt oral cancer, is low in many countries, so maintaining a high level of awareness and interest among general practitioners is difficult. Some are discouraged because cancer screening may not be a remunerable activity.

In South Asia, and emigrant communities therefrom, potentially malignant oral disorders are common, and we have much activity with the professions and the public in these parts of the world. Recently, a study published in the *Cancer Research* journal has proposed a method of treatment by blocking a protein that

Interference with some will also affect normal tissues, especially if they represent exaggeration of pathways that are part of normal cellular controls.

An attraction of this particular work is that it seeks to understand pathways critical to stem cells—those cells that provide the basis for continued cell renewal. At the moment, the observations on this pathway in human cancers have been explored in experimental animals. It is some way from human treatment trials, though there are many human studies of other putative biological treatments for oral and other cancers. In principle, this is the way forward.

There are a number of oral cancer-screening systems available on the market but their penetration is still very low. Why is this technology not yet part of dental practice?

For cancers, and for potentially malignant disorders, in the mouth itself, direct visual inspection and palpation, followed by referral or biopsy, is the best approach. Adjunctive screening tests have not been demonstrated to have utility beyond this and commercialisation can be counterproductive.

You have already mentioned genetics. What role will it play in the evaluation of oral cancer in the future?

Well cancer is, of course, a genetic disease. There is a small component of inherited genetic susceptibility, but nothing as important as with breast cancer, for example. There is a large component of acquired genetic abnormality, which is being gradually unravelled. So genetic testing is of increasing importance, perhaps for susceptibility, more so for early changes in the tissue during carcinogenesis, the latter perhaps detectable in saliva or blood too.

However, every cancer is a unique biological event in an unique individual. Detecting the spectrum of genetic abnormalities in the individual patient, and targeting these with particular designer drugs, or gene therapy or immunotherapy is exciting; we are in the era of personalised medicine.

Extensive surgery, radiotherapy and chemotherapy have not brought the improved outcomes we so desperately need. For the afflicted, the future will be individualised biotherapies. For the world, the future must be primary prevention.

Thank you very much for this interview.

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According to Aribex, the NOMAD allows the operator to remain chairside with the patient during radiography. With the handheld X-ray system, not only can the operator stay in the room, they can also reassure anxious patients (including children). This makes the device a first choice for the treatment of special needs or sedated patients. It also shortens procedure time and reduces mistakes and retakes, the company said.

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ture previously used primarily in medical CT imaging, the device is said to provide higher quality images as well as precise measurements of tissue density.

Both the primary reconstruction FDK algorithm and visualization software

have been developed in-house and therefore conform perfectly to the WhiteFox scanner which results in images of outstanding and a software easier to handle for DMF radiology and surgery, the company said.

According to Acteon, Whitefox currently offers the most complete and precise diagnostics in fields like cephalometry, orthodontics and

gnathology, endodontics, TMJ analysis, implantology planning, as well as oral and maxillofacial surgery. The system includes the WhiteFox scanner and workstation with "inclusive" software.

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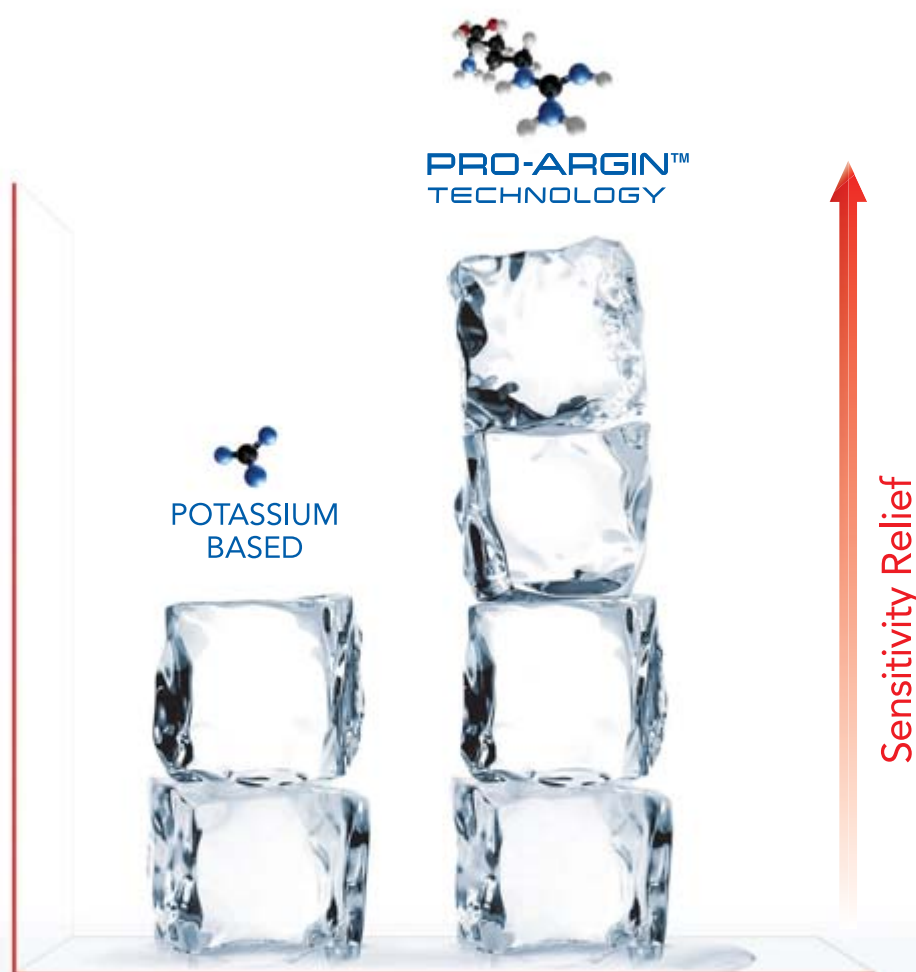


The biological distance is respected by the horizontal distance between the microgap and the bone. Moreover, the transition of the rough to the smooth surface is optimally positioned at the level of the crestal bone to provide the maximum surface for osseointegration and soft tissue growth.

The Straumann Bone Level Implant is available in three endosteal diameters and four lengths and comes with a comprehensive prosthetic portfolio. According to the company, they can be placed with the same surgical kit and procedure as the other implants in the company's current range, thus providing even greater flexibility, broader treatment options and higher reliability.

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