

today ³/₄



Interview

today had the opportunity to speak with EFP president Dr Søren Jepsen in advance about the importance of EuroPerio8 and why he thinks it is worth to attend.

»Page 6



Dental products in focus

EuroPerio8 will be an excellent opportunity to see the most up-to-date technologies and achievements in the field of periodontics and implant dentistry.

»Page 16



What's on in London

Apart from its rich cultural and culinary scenes, London offers something for everyone. Here are some tips how to spend your time off in the capital.

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Landmark dental event opens in London today

Up to 10,000 dental professionals expected for EuroPerio8

■ This week, London will be welcoming experts in periodontology and dental implantology from Britain and the continent to the next pan-European meeting of the European Federation of Periodontology (EFP). With preparations finalised in May, dental professionals are invited to learn about the latest trends and developments in both fields over the course of the next three days, the organisation said.

Headed by King's College London Prof. Francis Hughes, EuroPerio8 is expected to bring together thousands members of the

profession at the ExCeL London Exhibition and Convention Centre. Hughes told today earlier that participants can look forward to one of the largest and most successful congresses on periodontology and implant dentistry ever held in Europe.

mented by a number of sponsored sessions and free oral sessions selected from submitted abstracts. "There is lots for all the dental team," Hughes said. "We are particularly keen to attract many general dentists and hygienists. This is a great opportunity for us to promote the profile of periodontology within the profession and more widely in the population both within the UK and throughout Europe."

According to a recent study conducted by Barts and The London School of Medicine and Dentistry

as other issues in the field including peri-implant diseases and interrelations between general and dental health. The event will also be a showcase for the most recent product innovations in oral health,

which will be presented by up to 80 sponsors, including the UK's own Dentaaid, as well as major international dental companies including MIS, Nobel Biocare or Planmecca. For the first time, Den-

tal Tribune will also a publish a daily edition of its congress newspaper today in partnership with the EFP.

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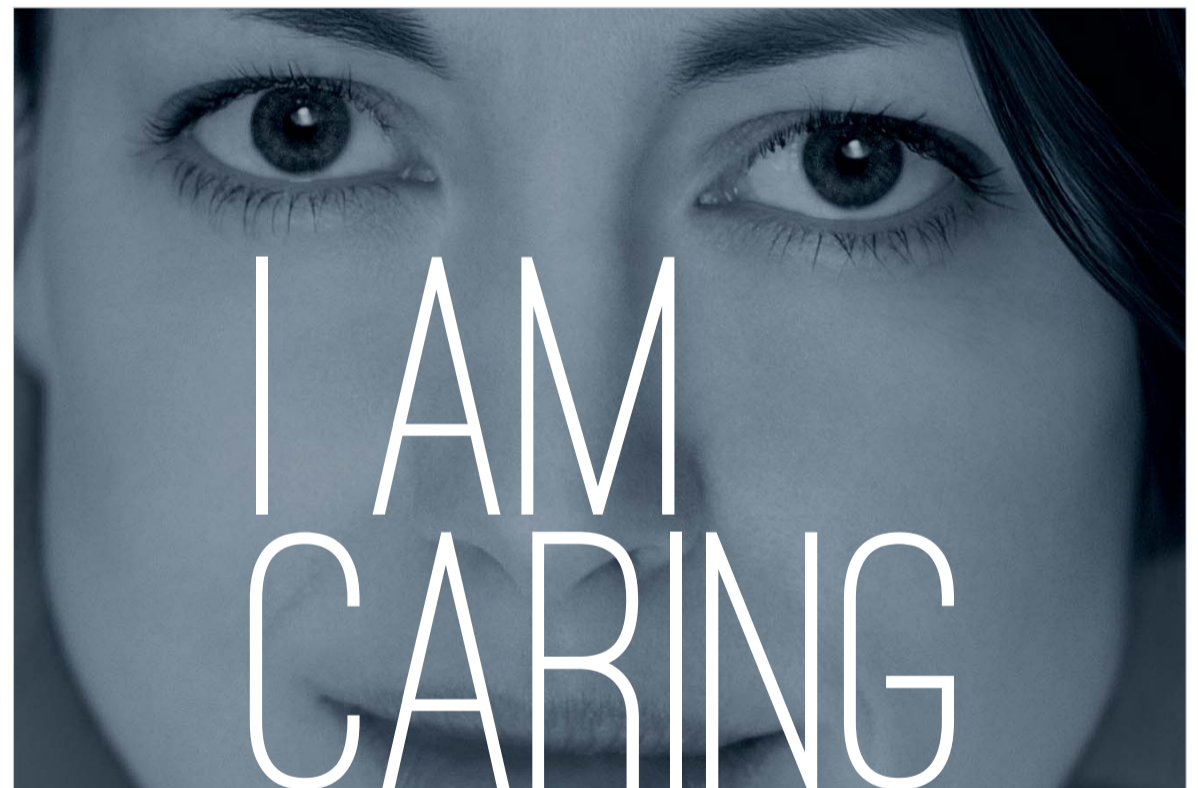
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Over 100 distinguished international speakers have confirmed their participation in the scientific programme, which will be comple-

in London, periodontitis, particularly in its severe form, remains highly prevalent around the world, with almost every tenth person suffering from the condition. In Britain, at least one in 15 adults are currently affected by the most severe form of periodontal disease, according to National Health Service figures.

Experts will discuss these developments at EuroPerio8, as well



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MIS says it is all in the shape

Implant solutions provider launches new implant at special event in London

■ MIS Implants Technologies launched a new implant at a special event in London yesterday that promises immediate biological benefits for better treatment outcomes. The new V3 is a multi-use implant suitable for a wide range of surgical scenarios, according to the



MIS Product Manager Elad Ginat

implant solutions provider, and is ideal in anterior regions, as well as in regions where space and bone

may be limited and good aesthetic outcomes are essential.

Designed in collaboration with leading clinicians, including Prof. Nitzan Bichacho and Dr Yuval Jacoby, both from Israel, as well as Dr Eric Van Dooren from Belgium, the development of V3 took two years to complete, MIS Product Manager Elad Ginat stated. He said that it will be available to visitors to EuroPerio8 from Thursday and to clinicians worldwide in the upcoming months.

“MIS is immensely proud of our innovative position in the global implants industry, which has led to the development of the unique V3 implant system. It's a widely anticipated evolutionary next step in dental implant performance, designed for the benefit of clinicians and their patients all over the world,” Ginat stated.

The design of V3 aims to provide both specialists and general practitioners with optimum flexibility in implant planning and placement for a restorative-driven approach. In particular, the triangular shape of the coronal portion is intended to encourage bone regeneration and to gain greater volume of bone in support of stable surrounding soft tissue for restorations with improved aesthetics. According to Ginat, the neck provides solid anchorage at three points in the crestal zone while forming three compression-free gaps at the sides (between the implant and the osteotomy), thus favouring conditions for better osseointegration, such as high primary stability, reduced bone compression and crestal bone resorption. The gaps encourage clot formation at the bone-implant interface to promote the initial scaffold-building process for bone growth and allow

more space for blood pooling and the establishment of a

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Elected EFP President Prof. Phoebus Madianos from Greece stated, “A major priority for EFP is the general recognition of periodontology as a dental specialty in Europe. Therefore, the organisation is working with all relevant parties to promote the rationale of periodontology being recognised among regulators, licensing bodies and policymakers across Europe. Closely related to this goal of full recognition is the creation of a common curriculum for postgraduate studies in periodontology, promoted by the EFP according to stan-

standardised criteria, a project aimed at enabling free mobility of periodontal professionals and citizens across the EU, the ultimate aim being to improve the quality of treatment and people's general health.”

Currently, the EFP represents 16,000 dental professionals, who belong to its 29 member associations. Its last congress brought more than 7,000 visitors to Vienna in Austria in 2012. ◀

For more information, news and updates please visit the event website at www.efp.org/europerio8/.

For more information and photographs from the launch event, please visit www.dental-tribune.co.uk.



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V3 By **MIS**

European dental markets trend towards group practices and consolidation

■ Latest market figures released by the Federation of the European Dental Industry (FIDE), in cooperation with the Association of European Dental Dealers (ADDE), last month at the International Dental Show in Cologne, indicate rapid changes toward a digital dentistry manifesting in overall trends to a more global approach with group practices and consolidations throughout dental markets in Europe. The organisation's 2015 market survey also revealed that the number of European dentists has slightly increased to a total of 276,090 in 2014 compared to 270,045 the year before.

A contrary trend showed in the number of dental offices and dental laboratories. While the numbers of the former remained flat on average, the total figures of labs in Europe has decreased in almost every surveyed country. According to ADDE President Dominique Deschietere, given the growing

numbers of practicing dentists this development either indicates a trend to group practices or consolidation.

While the number of dental technicians has remained steady or slightly decreased in all countries except Hungary, the number of dental hygienists increased in all countries of the survey. This development is especially prominent in the UK, with the number of dental hygienists growing distinctively compared to 2013. As Deschietere has put it, this seems to be a result of the evermore "bending of the laws" in this area.

On the supply channels side, the percentage of direct sales from manufacturers remained steady in most countries, and the share of products purchased via e-mail or internet is constantly, if only slightly, increasing compared to the previous year. Further, the figures indicate that the sales volume of equip-



• Dominique Deschietere (Photo Kristine Hübner, DTI)

ment has dropped in 2014, while sales of sundries and consumables remained stable on average. "Den-

tists continue to treat patients," Deschietere pointed out. "Consumables and sundries, not new equip-

ment like CAD/CAM units or intra-oral X-ray units, kept the figures up during the last years."

To this date the gathering of information on new technologies seems to be the weak point of the survey. Although Germany shows a jump in the numbers of intra-oral scanners installed, most countries are not collecting data on the subject so far, explained Deschietere.

The annual ADDE/FIDE survey, which is conducted through its national associations since 1998 and represents the interests of more than 960 dental dealer organisations, covers the most relevant topics and trends for the European Dental Industry, such as the number of customers and end users, sales values for the main product categories, the use of computer and e-commerce, sales segments, distribution channels as well as VAT charges and their impact on the market. ◀

Periodontitis linked to heart attacks in kidney disease patients

■ Over 10 per cent of the adult population suffers from chronic kidney disease (CKD) and those affected often have poor health outcomes owing to an increased incidence of cardiovascular disease compared with the general population. A team of researchers at Aston University recently found that treating a common gingival condition in CKD patients could significantly reduce their risk of potentially fatal heart disease.

CKD progressively worsens kidney function, raises blood pressure, and can cause progressive vascular injury and heart disease. The latest research at the university suggests that increased mortality in people with CKD may be

linked with chronic inflammatory conditions such as periodontitis, which causes gingival inflammation, loss of the bone that supports the teeth and ultimately tooth loss.

Previous studies have found that more than 85 per cent of people with CKD have inflammatory gingival problems, caused by inadequate removal of dental plaque from between the tooth and gingival margin and made worse by impaired immunity and wound healing. Experts have identified that bacteria in the mouth can enter the bloodstream through periodontal conditions, causing blood cells to malfunction and leading to clots and narrowing of the arteries.

Dr Irundika Dias of Aston's School of Life and Health Sciences is currently leading a study into the underlying causes of increased cardiovascular disease and outcomes of accelerated progression observed in people with CKD and periodontitis. She will observe how successfully treating periodontitis reduces oxidised lipids and inflammatory cell activity in people with CKD, thereby lowering their risk of life-threatening heart disease.

"This project has the potential to make a real difference for people with CKD. If we can prove managing periodontitis reduces the threat of cardiovascular disease

then it may well represent an efficient and cost effective treatment for CKD," Dias stated. "In conjunction with our study, I will be talking to dental schools about alternative ways of helping periodontitis patients. It is vitally important to keep your gums healthy and have regular dental check-ups to avoid the onset of a disease that is very common, poorly appreciated by the public and causes tooth loss resulting in reduced quality of life."

The study will involve 80 people, including healthy volunteers and 60 people with CKD, both with and without periodontitis. Among these will be a group of 20 people

with CKD and periodontitis who will be randomised to have the gingival condition clinically treated over a 12-month period. They will be reviewed at three-monthly intervals to assess markers of cardiovascular disease, such as oxidative stress biomarkers in the blood and arterial stiffness.

The project is part of a collaboration between Dias and Prof. Helen Griffiths of Aston's School of Life and Health Sciences, Prof. Iain Chapple, Head of Periodontology at the University of Birmingham, and Prof. Paul Cockwell, consultant nephrologist at University Hospitals Birmingham NHS Foundation Trust. ◀

Clean dental implants essential for clinical success

■ Dental implant surfaces are continuously being improved to achieve better and faster integration with the bone. However, a study being conducted at the University of Cologne has found that some implants' surfaces still exhibit irregularities and contaminants, and this could have a negative influence on the clinical success of the implant.

The surface of an implant significantly determines the biological response after insertion and, therefore, has a great influence on osseointegration—the successful integration of the implant with the surrounding tissues. Different treatments of the implant material during production not only affect

the surface properties of the implant, but may also leave organic or inorganic residue on its surface.

Researchers at the University of Cologne have analysed approximately 100 different implants regarding mechanical precision and surface quality. The study, conducted on behalf of the Quality and Research Committee of the European Association of Dental Implantologists (BDIZ EDI), regularly examines the implants available on the European market.

The first study was launched in 2008 and analysed 23 sterile-packaged implants from nine countries. A second study with 57 implants followed in 2012.

Although, according to the researchers, some manufacturers have made substantial improvements since the first examination in 2008, a recent intermediate study report showed that several implants still exhibit topographical irregularities, organic contaminants and inorganic residue from the manufacturing process.

The implants were analysed under a scanning electron microscope and subjected to qualitative and quantitative elemental analyses. From these, the researchers discovered unexpected particles on some of the implants, such as chromium, copper, iron, silicon and tin, and massive organic residue, like plastic material orig-

inating from an implant's low-density polyethylene plastic packaging.

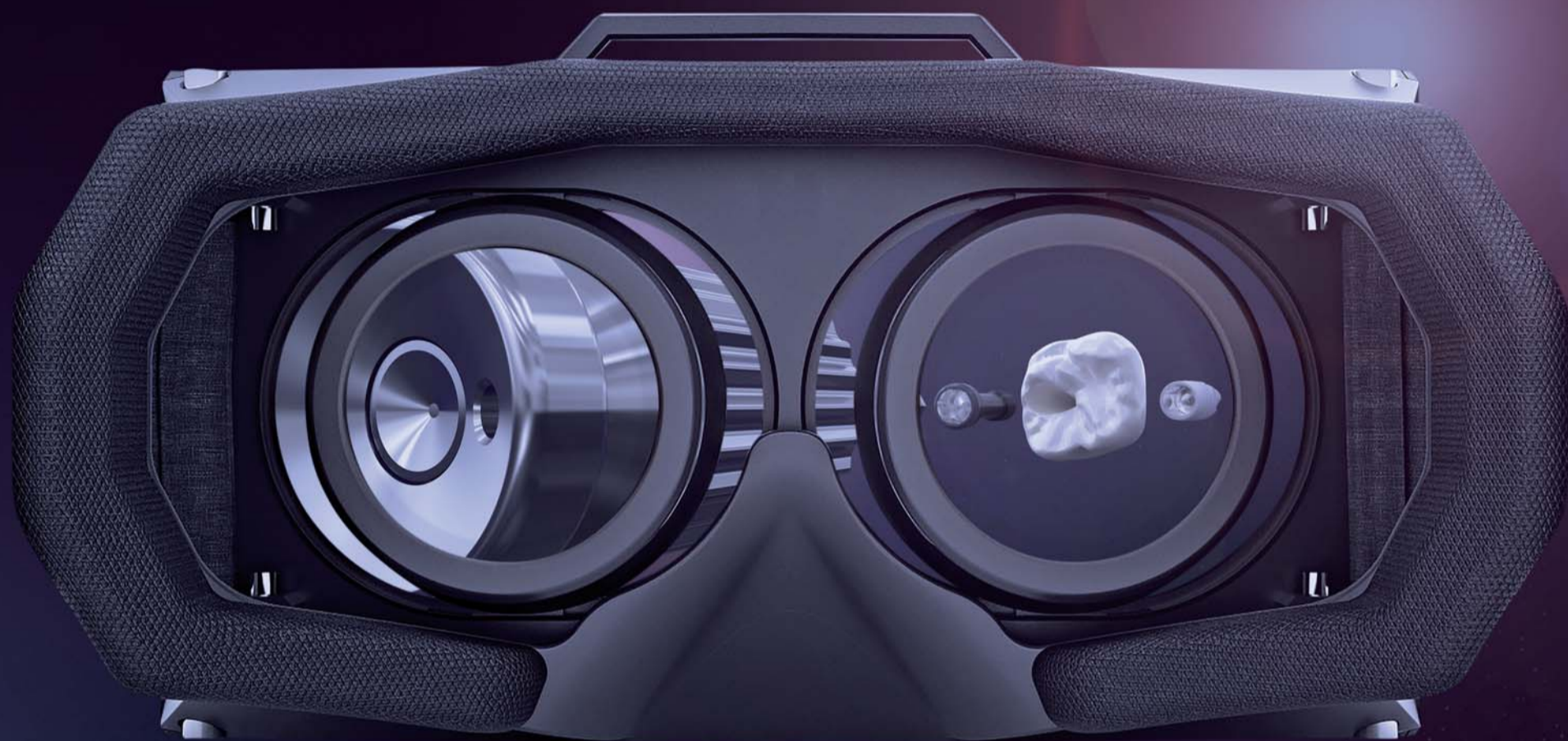
There is insufficient knowledge about the effect of metallic particles or organic residue on sterile implants, but impurities are preventable, explained Dr Dirk Duddeck, study author and head of materials research at the Interdisciplinary Polyclinic for Oral Surgery and Implantology at the university.

"It is difficult to imagine that those contaminants may have a positive influence on osseointegration, especially in cases with a compromised bone situation," he stated.

However, the majority of the analysed implants showed good results. "A very clean implant in this study was provided by Paltop. The manufacturer uses a multi-stage extensive cleaning process, which was adopted from the semiconductor industry. This cleaning process removes undesirable residue derived from processing, yielding a contamination-free surface," Duddeck said.

An intermediate report of the study, titled "Quantitative and qualitative element-analysis of implant-surfaces by SEM and EDX", was published recently in the 1/2015 issue of the *European Journal for Dental Implantologists*. ◀

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“The high prevalence of periodontal disease is alarming and demands significantly higher awareness”

An interview with EFP President Prof. Søren Jepsen, Germany.

■ EuroPerio8 will be officially opened at the ExCeL London Exhibition and Convention Centre in London this afternoon. *today international* had the opportunity to speak with the President of the European Federation of Periodontology (EFP), Prof. Søren Jepsen from Germany, in advance about the importance of the event and why he recommends attending it.

today international: This week, the EuroPerio conference will be held in the UK for the first time. How was collaborating with the British periodontal societies, and what is your assessment of the preparations in general?

Prof. Søren Jepsen: Collaborating with EuroPerio Chairman Prof. Francis Hughes, who lives and works in London, was absolutely fantastic. We all enjoyed his great ideas, enthusiasm and humour and thank him for the tremendous amount of work.

The British Society of Periodontology with its president, Prof. Iain Chapple, and chair of the EuroPerio Ambassador Programme Prof. Nikos Donos in particular, significantly contributed to the event. Both the current and past presidents of the British Society of Dental Hygiene and Therapy, Julie Rosse and Michaela O'Neill, were also highly involved in the local organising committee and thanks to them we will see many dental hygienists coming to EuroPerio8.

I would also really like to thank the many students from the various dental schools in London who agreed to volunteer at the event.

With over 100 internationally prominent experts, EuroPerio8 will again present an extensive and highly diverse scientific programme. What session can visitors particularly look forward to and what are your personal highlights?

The scientific programme is really top notch and diverse. There is something for everyone. Scientific Chairman Prof. Mariano Sanz has

been very creative and has done a really excellent job.

There will be parallel sessions with different themes and for different target groups, Master Clinician Forums aimed at surgical experts, many sessions dealing with all aspects of implant therapy, sessions on realising modern periodontics in daily practice, as well as a whole lecture series about the current understanding of aetiopathogenesis of periodontitis. All these are presented by the absolute best in their respective fields.

Personally, I am looking forward to the keynote lectures on Saturday, as well as the many short presentations given by our younger generation, who have found an appropriate place within the main scientific programme. I also recommend that visitors not miss our closing event on Saturday. While I am not supposed to reveal more information at this point, attendees can be sure it will be a cracker!

The issue of peri-implantitis is more relevant than ever with an increasing number of implants being placed worldwide. How is this important area reflected in the programme?

Several main sessions are dedicated to this area and there will be a number of internationally renowned experts, including EFP General Secretary Prof. Stefan Renvert and EFP-treasurer Jörg Meyle, who will speak about this issue. Moreover, some of the scientific short presentations will deal with peri-implant disease.

The interaction between periodontal and general health will also play a prominent role, starting with a world première of a film on Thursday morning.

Will there be new offerings compared with the last congress in Vienna?

For the first time, we will have the Patient Engagement Session on Wednesday afternoon. There, Prof. Ian Needleman and his team from London will present a film titled *The*



• Prof. Søren Jepsen

Sound of Periodontitis: The Patient's View of Gum Disease, which seeks to show what it means to suffer from periodontitis and to have periodontal treatment done from a patient's perspective. This will be followed by a podium discussion involving patients and clinical experts.

Despite a high prevalence, periodontal disease still does not attract the attention it deserves, even in developed countries. Where do you see the main obstacles and what can be done to raise awareness among professionals and the general public?

Indeed, we know that more than 50 per cent of the adult population have periodontal disease. Severe periodontitis affects 11 per cent of the population and is the sixth most prevalent condition worldwide. Not many people actually know this, as well as the fact that non-treated periodontal disease can have negative consequences for one's general

health. The high prevalence of periodontal disease is alarming and demands significantly higher awareness and thorough prevention.

We intend to communicate these messages at a large press event to be held in London. Furthermore, events like EuroPerio significantly help to increase awareness of these issues among dental professionals and the general public. The congress has already received high interest from the profession and we expect up to 10,000 visitors from all over the globe. This demonstrates that EuroPerio8 has clearly become the worldwide largest congress in the fields of periodontics and implant dentistry.

The afore-mentioned patient symposium is going to strengthen public awareness. Finally, we plan to launch an information campaign for Europe that targets public and health officials.

In addition to European Periodontal Day, your organisation has recently launched a manifesto with the title *Perio and General Health*. What do you seek to achieve with this initiative?

The goal of European Periodontal Day is to increase awareness of the prevalence of periodontal disease and its significance for general health, especially among other medical professions and policymakers. The same message is carried by the manifesto and we invite everyone to support this mission by signing it at www.efp.org/efp-manifesto.

Next year, the EFP will be celebrating its 25th anniversary. How do you see the role of the organisation within dentistry, and what goals are on the agenda for the time being?

We will certainly celebrate this anniversary properly at the general assembly of all national member societies of the EFP next year in Berlin. However, the party starts already here in London, where our colleagues and friends from all over the world are assembled.

At this point, the EFP is already one of the worldwide driving forces in the field of periodontics and implant dentistry. Its influence on dentistry, particularly through its annual consensus conferences (European workshops) and EuroPerio, should not be underestimated. We also have to acknowledge the EFP's *Journal of Clinical Periodontology* with its editor Prof. Maurizio Tonetti.

For the next three years, we are planning to advance our vision of "Periodontal health for a better life". For this, we will communicate the most important findings from our consensus conferences with regard to the interrelationship between oral and general health, as well as the prevention of periodontal and peri-implant disease, to the public. As mentioned, we are currently in preparations to launch a European-wide campaign.

Thank you very much for the interview. ◀



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PRIME MOVER IN IMPLANTOLOGY

A mixed national picture

The current state of periodontology in the UK and why there needs a lot to be done. By Prof. Francis Hughes, London

■ The UK is gearing up to host the largest conference in Periodontology and Implant Dentistry ever held with EuroPerio8 taking place on 3–6 June at London ExCel. Over 100 speakers will contribute to the main scientific programme and there are many additional sponsor sessions. Over 1,500 abstracts have been accepted. Already over 7,000 periodontists, implantologists, general dentists and dental hygienists from 96 different countries have confirmed their attendance. We expect to have nearly 10,000 people at the conference in total, a new record for a conference in this field, and it is still not too late to register.

Given the huge popularity of this event, it is perhaps a perfect time to reflect on the state of periodontology in the UK. It is clear that periodontal disease is not going to go away any time soon. Although there

is a lack of detailed epidemiology of the disease in the UK, the Adult Dental Health Survey provides a useful indicator of trends in the epidemiology of the disease, even if it probably seriously underestimates true prevalence rates, owing to the limited methodology used in this survey.

The good news is that there has been significant reductions in the number of people with visible plaque and calculus present, (but this is still reported as 45% of the population) and concomitant reductions in the amount of mild periodontal disease, consisting of gingivitis and those with low levels of attachment loss. However, perhaps unexpectedly, this has not been associated with similar reductions in moderate and severe periodontitis. In fact, the number of adults with severe periodontitis (pocketing of

6 mm+) has increased from 6% in 1998 to 9% in 2009. The reasons for this may be complex but are likely to include the fact that we have an increasingly aging population, and that dentists are (rightly) taking out fewer teeth even when judged to have poor long term prognoses.

This disconnection between trends in plaque control to more severe destructive periodontitis is a common finding in a number of recent epidemiological surveys in different populations and underlines the complexity of aetiological factors which determine susceptibility to destructive periodontitis. Although plaque tends to correlate directly with gingival disease, in the majority of people this may not necessarily result in the progression to more severe periodontitis. The major risk factors which are implicated in this process including smoking,

genetic factors, and medical factors, particularly diabetes and medications such as calcium channel blocker antihypertensive drugs.

The impact of the well documented rise in the numbers of older people may be particularly important for future treatment needs. The over 65-year olds are often fit and well and have high expectations for their continued health needs, even though they may also suffer from common medical conditions such as type 2 diabetes and hypertension and may take multiple medications.

Impact of periodontal disease

Periodontal disease has typically been seen as a “silent disease” which might have few consequences unless resulting in tooth loss. However, there is now lots of evidence to refute this concept. Patients with periodontitis consistently report significant impacts of the condition on their quality of life, particularly impacting on function, aesthetics, comfort and self esteem. Furthermore, even mild disease resulting in gingival bleeding and perhaps halitosis impact on social acceptability and remain highly legitimate reasons for treatment need. Prevention of more severe disease is of course best achieved by primary prevention and early disease control by achievement of high levels of plaque control together with management of modifiable risk factors, particularly smoking cessation.

Periodontal disease has now been associated with risk of a number of other systemic conditions, most notably cardiovascular and cerebrovascular disease, among many other conditions. It has been clearly shown that periodontal disease causes a measurable systemic inflammatory response but it is not at all clear that periodontal treatment actually reduces the risk of these conditions, or whether the conditions are associated through common factors such as genetic predisposition. Nevertheless, given the importance of these systemic conditions it is recommended that periodontal health should be regarded as part of general health.

Manpower

Clearly there remains a major, often unmet, periodontal treatment need within the UK population, which represent a significant challenge for dental health professionals. There are currently over 30,000 registered dentists and over 6,000 dental hygienists in the country. In addition, there are approximately 300 periodontists on the specialist list, who work mainly in private specialist practices or in the hospital and university services. Given that there are an estimated five million cases of moderate to severe periodontitis, and perhaps 20 to 30 million with some signs of periodontal disease, it would appear that these relative proportions of dental manpower are not currently ideally



Francis Hughes is Professor of Periodontology at Kings College London and Chair of the Europerio8 conference in London. He can be contacted at francis.hughes@kcl.ac.uk.

suited for the provision of primary and secondary periodontal care according to actual clinical needs. There are of course a significant but unknown number of general dentists who provide a degree of periodontal treatments that might otherwise be considered to be at secondary care level.

The number of specialist periodontists in training is small (certainly less than 20 every year), which is probably insufficient to maintain the total number on the specialist list over time. There is considerable interest and some commitment to providing a group of dentists with additional skills in specific restorative specialties including periodontology, who could potentially meet much of the treatment need for secondary care periodontal treatment, but this group does not really exist at the present time. It should also be commented that this model of periodontal care provision does remain essentially untested on a large scale at present.

Overall the picture of periodontal care provision in the UK at present is mixed at best. In most areas of the country, those choosing to seek their periodontal care from the private sector, are able to access specialist care from highly trained periodontists and their teams, who often provide a wide range of effective and sophisticated treatment options. However, outside the dental schools there is little or very patchy access to specialist treatment services within the NHS. Recognition of this manpower deficit and a move to address it through intermediate level training in periodontal therapy is an encouraging but still unproven development.

Possibly the most important health professional for the implementation of primary prevention are dental hygienists. Although there is little evidence on deployment of hygienists within primary care, anecdote suggests that they may spend much of their time removing supragingival calculus (as prescribed by their employing dentists) without any routine attention to properly targeted attempts to provide adequate personalised oral hygiene instruction. Indeed the whole issue of the routine “scale and pol-

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* Access to specialist treatment services within the NHS remain very patchy.

ish” as a therapeutic intervention has been questioned and is the subject of current research projects whose findings are yet to be reported.

Implantology

Many aspects of implantology, including surgical management, management of soft and hard tissues, and management of peri-implant health and disease, are squarely within the realm of periodontal treatments, and implantology is indeed a substantial component of specialist training in periodontology. Whilst the growth in implant treatments has been markedly slower than in many other European countries, there is now a large and ever growing use of dental implants in UK dental practice and a wider acceptance from significant numbers of patients of the value of implants and their potential cost/benefits. It is quite clear that the potential for implant treatment could never be met within the National Health Services as the costs could potentially swallow much of the total NHS budget. However some recognition of the clinical needs and cost/benefits on a more individual basis even within the NHS dental services would appear to be inevitable in the future.

There are two major developing issues, which are partly related to each other, which may particularly affect the periodontist practicing implant dentistry. Firstly, there is the growing problem of peri-implantitis. Reported prevalence rates of long standing implants do vary but are typically on the region of 30%. This progressive destructive condition creates particular problems as it appears to be much more difficult to manage than its first cousin, periodontitis. As many more implants have been placed for a number of years there is great concern about the growth of this condition.

Secondly, apparently oblivious to the above problems and an under-

standing of long term survival rates of teeth and implants, there is a disturbing trend amongst some to advocate early removal of diseased teeth and replacement by implants. There may be some short term gains for the dentist and/or patient to be had from this approach but it is a sure way to store up major new problems for the future.


So there remains a lot to do tackle periodontal disease in the UK. One of the most encouraging developments in the near future is the development of care pathways within the General Dental Services which place considerable emphasis on prevention, risk factor management and tackling early periodontal disease, as well as mapping out appropriate care pathways for those in need of more involved periodontal treatment. This will inevitably be painful for some as it represents a new way of service delivery based on evidence based outcomes. However it also carries with it the prospects for better provision of higher level periodontal care, particularly if the planned development of dentists with some specialist skills is successful.

Challenges remain

The challenge of managing periodontal disease in an increasingly aging population are likely to become a major issue going forward, and at time the profession will have to consider how it interacts with general medical services, for example in screening and detection of the currently estimated 750,000 people in the UK who may have undiagnosed diabetes.

The private sector looks set to increase its provision of specialist periodontal care and implant provision. The challenges of long term implant survival and management of peri-implant disease will present new challenges for many. There will undoubtedly be novel treatments and developments which we can only speculate on. Interesting times indeed but there is lots to do. ◀

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