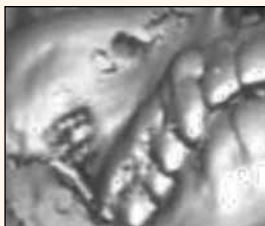


FINDING FIBRO-OSSEOUS LESIONS

Pacific Dental Conference speaker Dr. David MacDonald wrote the book on it, covering various scanning technologies. Learn more in Vancouver.

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HANDS-ON IMPLANTS TRAINING

Comprehensive, five-day AAIP/ADIS course in Jamaica includes placing implants, performing sinus lifts and completing guided bone-graft regeneration.

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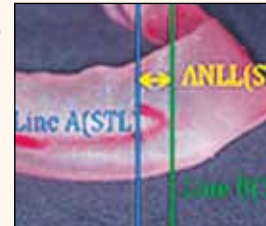


IMPLANT TRIBUNE

COMPARING SCANNERS

Implant-placement research reveals winner, published in the Journal of Oral Implantology.

► page B1



Oral cancer saga

With emotional story, Pacific Dental Conference speaker Eva Grayzel advocates for early detection

By Robert Selleck, Managing Editor

Eva Grayzel is an unusual late-stage oral cancer survivor: She can speak.

Because of that, she feels obligated to tell dentists about their profession's role in her delayed diagnosis and the heart-wrenching impact the illness had on her and her family.

With cases of HPV-related oral cancer on the rise in young people, Grayzel's message is timelier than ever. According to the Health Canada website, oral cancer will be newly diagnosed in about 3,600 men and women this year in Canada, and because so many of the diagnoses aren't made until long after the cancer has spread, there will be approximately 1,150 deaths from the illness.



Eva Grayzel Photo/Provided by Eva Grayzel

Grayzel is tireless in her efforts to increase awareness. Her emotional story, which she shares with dental professionals across the globe, helps further her screening-awareness campaign, based at www.sixstepscreening.org.

It's been 13 years since Grayzel's diagnosis of squamous cell carcinoma and the radical treatment that took a third of her tongue, her entire left sternocleidomastoid muscle, much of her saliva flow — and nearly her life. But it's her account of how the illness affected her relationship with her two young children that is perhaps the most transfixing.

Today, she calls herself lucky, not just because she's alive and cancer-free, but also because unlike so many late-stage survivors, she literally kept the tip of her tongue, physically enabling her to clearly and passionately articulate her message.

Grayzel presents "Tongue Tied: A Story NOT Silenced by Oral Cancer" at the Pacific Dental Conference on Thursday, March 7, 2–4:30 p.m., repeating on Friday, March 8, 2–4:30 p.m. The following Q&A with Tribune America reveals in more detail some of issues she will explore.

Aren't oral cancer screenings already part of a routine dental checkup?

The Canadian Dental Association publishes a fact sheet that lists "early signs of mouth or throat cancer" among the things a dentist looks for during a dental exam. But, as is the case with the American



Pacific Dental Conference March 7–9

• Digital Orca, by Douglas Coupland, awaits dental professionals who will be attending the Pacific Dental Conference next month at the Vancouver Convention Centre.

Photo/Robert Selleck, Dental Tribune

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MEETINGS

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- Dentists complete intensive hands-on implants training in Jamaica
- Pacific Dental Conference is up next with 'inspiring program in an unforgettable location'
- Journées dentaires internationales du Québec is May 24–25, at the Palais des congrès de Montréal
- Toronto Academy of Dentistry Winter Clinic plans 76th meeting
- Save the date for the Greater New York Dental Meeting

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- xpAPce is now going by the name 'Expert Dental CE'
- Sirona Dental's new Schick 33 imaging system is available exclusively through Patterson Dental
- From Shofu: No-flow flowables for 'Beautifil' restorations
- The marketing landscape is changing; Demandforce can help
- National Dental Inc.: Laser dentistry viewed as ideal solution for faster treatments, better outcomes

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Dental Association, I don't think there are universal guidelines saying what an oral cancer screening entails, such as how many steps or how long it should take. As a result, some dentists might think they are doing oral cancer screenings, but they may be falling short. Did they pull out the tongue for lateral inspection? Did they feel the palate to see if it was soft and hard in the right places? Did they ask the patient to say "Aah" so they could look at the symmetry of the back of the throat? Did they check the lymph nodes under the chin? Did they feel the neck for enlarged lymph nodes? Did they flip the lips out to look inside the lips and cheeks? That's all a part of it. If patients don't get that, they should personally demand it.

In Canada, oral cancer is the 13th most common cancer; why are enhanced awareness and comprehensive screenings by dental professionals so critical?

Oral cancer kills. It's critical that dentists serve their patients right by providing the best care possible. After I was diagnosed, I wanted to know why the heck the dentists I had turned to didn't know what was staring at them from my lateral tongue. You didn't need a magnifying glass. You didn't have to look way back. It was right there, a huge ulceration that was there for months.

In the U.S., dentists are not mandated to have any continuing education in the early detection of oral cancer, which is dentistry's deadliest disease. The state of New York is the only exception, requiring one two-hour course to maintain licensure. I understand policies vary by province in Canada, but I don't think oral cancer screening courses are mandated. It's more than critical; it's criminal for dentists not to do screenings properly and thoroughly. To do that, they need current education keeping up-to-date in detecting the early signs. The tagline for the Six-Step-Screening campaign is, "If you're not getting it, ask for it!" If enough patients demand it, dentists will have to change what they know about oral cancer to provide the best care for their patients.

Would mandated C.E. requirements in oral cancer screening have made a difference in your case?

An optional oral cancer course isn't a big draw because it doesn't make money. And dental practices are a business. So when dentists have to choose a course, they typically need to choose a course that will grow their business. But a course on oral cancer is a course that will provide their patients the best care possible and potentially save lives. The ulcer in my mouth was a classic presentation of oral cancer. I could have been diagnosed early if my dentists and oral surgeons knew what they were looking at. At the very least, they should have questioned the initial biopsy. If you are out of dental school 20 years, and haven't taken any C.E. in detection of oral cancer, how can you expect to be up-to-date on lesion recognition?



Late-stage oral cancer survivor and master storyteller Eva Grayzel speaks throughout the world, primarily to dental professionals, advocating for improved early detection of oral cancers. She shares her survival story, while also using fables and tales from around the globe to teach, empower and energize. Photo/Provided by Eva Grayzel

Do you talk about malpractice in your presentations?

Normally, I don't have time to get into details, but if it is brought up in Q&A, I answer honestly. Yes, there was a malpractice suit. There was negligence no doubt; however, I sued for two main reasons.

First, I didn't want it to happen to someone else, and if they didn't take responsibility for their actions, change wouldn't happen.

Second, I was abandoned as their patient. I want to believe that my dentists and oral surgeons didn't know what to say to me after hearing about my late-stage diagnosis. Therefore, they didn't say anything at all. They never called. I wished they would have said, "I'm sorry this happened to you. Is there anything we can do?" There are many ways to say you're sorry without admitting guilt.

Your speaking schedule and other efforts look demanding; what motivates you?

I was given a second chance at life. I work hard every day to seek out engagements to share my story with dental professionals. It's a tribute to those who have come before me and an obligation to those who will follow. And there will be many; the numbers are going up, especially among young people because of the HPV connection. Every time I speak, I save lives. What could be more motivating?

Implants in radiated bone are typically discouraged because of osteoradionecrosis. Do you have implants?

Yes. I was fortunate enough to see a specialist in oncologic dentistry who did a cone-beam X-ray and told me my bone was dense enough in places to hold an implant, and I had a window of opportunity to do it.

I was told that if bone isn't stimulated it will recede over time, and then I would have no future option for implants. I had

three implants in my maximally radiated bone. It's been four years, and they are all successful.

What can dental professionals learn from a survivor?

When dentists hear my story, they say to themselves, "I don't ever want that to happen to any of my patients." When people feel an emotional connection, they are motivated to change. They want to learn more. They want to get their staffs on board. They are motivated to save lives.

About Eva Grayzel

Eva Grayzel's background as a performance artist and master storyteller enables her to communicate her experience as a patient and late-stage oral cancer survivor in a unique and powerful way. She shares her intimate and dramatic story at dental meetings and dental schools throughout the world. A champion for early detection, Grayzel created the Six-Step-Screening campaign at www.sixstepscreening.org, for which she was recognized by the American Academy of Oral Medicine. She is the author of "You Are Not Alone: Families Touched by Cancer" and the recently published "Mr. C Plays Hide & Seek."

Grayzel's upcoming presentations

- March 7 and 8, Pacific Dental Conference, Vancouver
- April 26, San Francisco Dental Society, San Francisco
- April 28, Apogee Dental Network Annual Summit, Phoenix
- May 4, College of Registered Dental Hygienists of Alberta, Calgary
- May 16, Indian Health Service Annual Dental Conference, Sacramento, Calif.
- June 1, California Dental Hygienists Association, San Francisco

In Jamaica: hands-on implants training

Next five-day AAIP/ADIS course is Sept. 26–30

The American Academy of Implant Prosthodontics (AAIP) joined with its affiliates, Atlantic Dental Implant Seminars (ADIS) and the Linkow Implant Institute, to present a five-day comprehensive implant training course in Kingston, Jamaica, from Jan. 13–17.

The course included lectures, surgical and prosthodontic demonstrations, hands-on participation on cadavers and

anatomic manikins, diagnosis and treatment planning of implant cases, the construction of surgical templates, diagnostic wax-ups, the insertion of implants by each participant and sinus lifts under supervision of the course faculty.

The six participating dentists inserted 45 implants, performed five sinus lifts, completed four guided bone-regeneration procedures with immediate implant

placements, and made multiple impressions of various implant situations with a variety of impression materials and techniques. Patients were provided by the Jamaican Ministry of Health and the University of Technology, School of Dental Sciences, Jamaica.

Course participants were from Illinois, Jamaica, New Jersey, and Texas. Upon completion of the one-week comprehensive implant training program, participating clinicians are able to accomplish



Dr. Mike Shulman demonstrates an implant procedure to dentists at the AAIP/ADIS implant seminar. Photos/Provided by AAIP

the following tasks: identify cases suitable for dental implants; diagnose and treatment plan for preservation and restoration of edentulous and partially edentulous arches; demonstrate competency in the placement of single-tooth implants, soft-tissue management and bone augmentation; obtain an ideal implant occlusion; work as part of an implant team with other professionals; and incorporate implant treatment into private practice with quality results, cost effectiveness and profitability.

Worth 35 C.E. credits

A dental degree is required for all participants. The course is tax deductible and 35 hours of dental continuing education credits are awarded on course completion. Patient treatment is provided in a Jamaican dental school with personalized training in small-group settings. The course is a cooperative effort of the Jamaican Ministry of Health, the University of Technology, School of Dental Sciences, Jamaica and the American Academy of Implant Prosthodontics.

Dr. Mike Shulman is course coordinator, Dr. Leonard I. Linkow is course director, and Dr. Sheldon Winkler is course advisor. Course faculty, in addition to Drs. Shulman, Linkow and Winkler, include Drs. Robert Braun, Ira L. Eisenstein, E. Richard Hughes, Charles S. Mandell, Harold F. Morris, Peter A. Neff, Robert Russo and Robert E. Weiner.

Implants and components for AAIP/ADIS implant seminars are provided by HIOSSEN Dental Implants. Dental laboratory support is provided by DCA Laboratory, Citrus Heights, Calif., Dani Dental Studio, Tempe, Ariz., and Dutton Dental Concepts, Bolivar, Ohio.

The next AAIP/ADIS implant seminar in Jamaica is scheduled for Sept. 26–30. Complete information can be obtained from www.adiseminars.com, or by calling (201) 788-7663.

30th annual AAIP meeting

The AAIP held its 30th annual meeting on

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Saturday, Nov. 3, in Carefree, Ariz., at the Carefree Resort & Conference Center, in association with the Dental Implant Clinical Research Group and Midwestern University College of Dental Medicine.

The theme of the meeting was "Implant Update — 2012," and it featured a number of top dental clinicians. Podium speakers at the meeting were Drs. Robert J. Braun, Edward M. Feinberg, Leonard I. Linkow, Harold F. Morris, Paul M. Mullasseril, William D. Nordquist, and Christopher Torregrossa. Dr. M. Joe Mehranfar was general chairperson of the meeting, and Dr. Mahmoud F. Nasr served as moderator.

Major dental implant manufacturers and several dental laboratories exhibited at the meeting.

Linkow, considered by many of his colleagues as the "Father of Oral Implantology," presented "Five Decades of Dental Implants." In 1992, New York University College of Dentistry created the first and only endowed chair in implantology in perpetuity with Linkow as the recipient.

Braun, professor of oral and maxillofacial pathology, medicine and surgery at Temple University School of Dentistry, Philadelphia, spoke on "Systemic Implications of Oral Disease and its Relation to Oral Implantology."

Feinberg, director of the Westchester Academy of Restorative Dentistry, spoke on "The Precision Attachment Case for Implants."

Morris, co-director of the Dental Implant Clinical Research Group and clinical professor of restorative dentistry at Temple University School of Dentistry, Philadelphia, covered "Recent Advances in Implant Research."

Mullasseril, associate professor and chairperson of the division of restorative dentistry at the University of Oklahoma Health Sciences Center, discussed "Mini Dental Implants — Where Are We Today?"

Nordquist, who lectures worldwide and performs live-surgery seminars in the United States and Asia, discussed "Saving Ailing and Failing Implants."

Torregrossa, director of the dental practice group at Price Kong CPAs and Consultants, covered "Protecting Your Practice From Theft and Embezzlement."

Dr. Irving F. McKenzie, interim dean of the School of Oral Health Sciences, University of Technology, Jamaica, was awarded his AAIP mastership and a plaque for his assistance and participation in AAIP/ADIS implant C.E. seminars in Jamaica.

Learn more online

Complete information on the AAIP/ADIS Jamaica implant continuing education programs, including tuition, faculty lectures, transportation and hotel accommodations, can be obtained from the course website, www.adiseminars.com, or by calling (201) 788-7663.

AAIP membership information can be obtained from the AAIP headquarters at 8672 East Eagle Claw Drive, Scottsdale, AZ, 85266-1058; telephone (480) 588-8062; fax (480) 588-8296; email swinkdent@cox.net. The AAIP website is www.aaip.usa.com.

(Source: AAIP)



At the AAIP annual meeting, Dr. Sheldon Winkler, from left, presents an award to Dr. Irving McKenzie, interim head, School of Dental Sciences, Kingston, Jamaica.



AAIP/ADIS Jamaica Clinical Director Dr. Eugenia Hines, from left, and course coordinator Dr. Mike Shulman.



Dr. Leonard Linkow, from left, and AAIP President Dr. Sheldon Winkler at the AAIP annual meeting at the Carefree Resort & Conference Center in Arizona.

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Live dentistry, speaker series return to Pacific Dental Conference

Canada's premier two-day trade show is March 7–9 in the heart of some of Canada's top tourist attractions

The 2013 Pacific Dental Conference (PDC), March 7–9 (Thursday, Friday, Saturday), in Vancouver, British Columbia, features timely C.E. programming, open sessions, hands-on courses and other educational opportunities for the entire dental team. One registration fee provides access to all 190 open sessions. That means no course pre-selection is necessary.

With 136 speakers presenting this year on a wide range of topics, the PDC provides one of the widest selections of continuing education programming in Canada. Some of the top speakers in the 2013 line-up include: Barbara Bancroft, Nasser Barghi, Cathia Bergeron, Marvin Berman, Anthony (Rick) Cardoza, Clayton Chan, Cliff Ruddle, Arthur DiMarco, Kathy B. Bassett, Jeff Coil, Timothy Donley, Robert Gerlach, Peter Ja-

cobsen, Mahesh Nagarajan, Tricia Osuna, Ray Padilla, Geza Terezhalmay, Richard Young and Bethany Valachi.

You can browse through speakers' biographies and presentation descriptions at www.pdconf.com.

Live Dentistry Stage returns in the exhibit hall

The Live Dentistry Stage is back on the exhibit hall floor, with demonstrations throughout the day on Thursday and Friday. Topics include laser dentistry, guided full-arch implant placement, CAD/CAM ceramic restoration, implant with sinus surgery and Botox demonstration.

The 'So You Think You Can Speak?' series is back for a fourth year on Saturday, again featuring 50-minute presentations by



Completed in 2009, the 1.5-megawatt Leitwind LTW77 wind turbine at the top of Grouse Mountain in North Vancouver can supply the ski resort at its base with enough power to offset 25 percent of the resort's annual energy needs, enough electricity to power 400 homes. 'The Eye of the Wind' is the world's only wind turbine with a public observation deck — open year-round, depending on weather conditions. Photo/Provided by Grouse Mountain

speakers who responded to the call for presentations and were accepted by the PDC Scientific Committee. A number of trending dentistry topics will be covered.

The conference's ever-expanding exhibit hall promises to keep you busy this year, with more than 276 companies occupying more than 570 booths. Exhibit hall hours are: Thursday, March 7, 8:30 a.m. to 6 p.m. and Friday, March 8, 8:30 a.m. to 5:30 p.m.

Dentists and their teams can take advantage of hotel rates available to PDC attendees, but booking early is advised to avoid disappointment. Reservations can be made directly with conference hotels by following the links at www.pdconf.com.

After the conference, enjoy some of the area's attractions. Skiing is available just across Vancouver Harbour at Grouse Mountain, which, if the weather cooperates, also has the world's only public observation platform on a wind turbine. The 1.5 megawatt Leitwind LTW77 turbine supplies 25 percent of energy used by the ski resort.

(Source: Pacific Dental Conference)

PDC mobile app

Scan this code to access the app, or download the app from your app store by searching "Pacific Dental Conference."



Diagnose fibro-osseous lesions using various scanning technologies

Pacific Dental Conference speaker wrote the book on it

By Robert Selleck, Managing Editor

David MacDonald BDS, BSc(Hons.), LLB(Hons.), MSc, DDS(Edin.), DRRRCR, FDS-RCPS, FRCD(C), is known across dental sectors for his 2011 book "Oral & Maxillofacial Radiology: a Diagnostic Approach," published by Wiley-Blackwell. He is associate professor and chairman of the Division of Oral and Maxillofacial Radiology, Faculty of Dentistry, University of British Columbia. He trained in the United Kingdom and held appointments at the universities of Hong Kong, Edinburgh and Bergen. He speaks at the Pacific Dental Conference Thursday, March 7, from 1:30–4 p.m. on "Fibro-Osseous Lesions, Coming to a Pan Near You." He responded to several questions from Dental Tribune about the session.

What's the main focus of your presentation?

Fibro-osseous lesions. There are three of them, which though they have a similar microscopy, they differ markedly in behavior. Fibrous dysplasia can cause significant deformity and occasionally blindness, but in most cases ceases growth and never becomes reactivated. Ossifying fibroma is

a benign tumour that will keep growing until it is completely removed. If not, it can recur. Osseous dysplasia, although the most innocuous, is perhaps the most important because it is more common. It is particularly more likely to be encountered in BC's Lower Mainland, because of the substantial East Asian population.

Why is precise diagnosis of such lesions so critical?

As displayed by a current publication by myself and UBC co-authors, on another important lesion, early and accurate diagnosis is most likely to result in the most appropriate treatment and the best outcome for the patient.

Have there been any recent advancements in diagnosis and/or treatment protocols?

The most important of the recent advances has been a better and detailed understanding of the clinical and conventional radiological features of the most frequent and important lesions affecting the face and

jaws. The outcomes of their treatment have been determined by long-term follow-up of consecutive case series.

It has been my privilege to lead in this area — first with detailed reporting of consecutive case series of the Hong Kong Chinese — and then developing a novel method of systematic review so that dental professionals can at a glance see what features of a particular lesion are expected in the global community in which they are practicing or in the particular patient they are attending to. The results of this research have substantially contributed to my 2011 Wiley-Blackwell textbook. The evidence has been rendered down into decision-trees, which suggest to the clinician the most logical differential, if not definitive, diagnosis.

Do all dental professionals need better diagnostic skills with these lesions?

The vast majority of dental care in the community is provided by family or community-based dentists or dental hygienists. If the lesions have not been detected and identified by them, then those, particularly with the most serious outcomes, will have achieved larger dimensions by the time they present for treatment. Furthermore, if the dentist or dental hygienist does not detect them in time then really no one else will.

Any final comment?

Dental education does not stop when the title "doctor" or "registered dental hygienist" is conferred, but is life-long. Dental



Dr. David MacDonald



In addition to covering conventional radiography, Dr. David MacDonald shows how other imaging techniques, such as CBCT scans, can reveal oral lesions. Photos/Provided by Dr. David MacDonald

professionals have to keep abreast of new developments and technologies, which most often enhance the quality of the services they can offer their patients. Occasionally, these novelties are double-edged and have significant disadvantages as well as advantages. One such technology is cone-beam computed tomography (CBCT), of which there are now more than 150 in British Columbia alone. In addition to revealing the presentation of fibro-osseous lesions on the panoramic radiograph, I will reveal their manifestations on CBCT.

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*Gakenheimer, David C. "The Efficacy of a Computerized Caries Detector in Intraoral Digital Radiography". Journal of the American Dental Association 133 (2002): 883-890.

Journées dentaires internationales du Québec

JDIQ: May 24-25, Palais des congrès de Montréal

The Journées dentaires internationales du Québec will take place May 24 to 28 at the Palais des congrès de Montréal.

The annual meeting of the Ordre des dentistes du Québec continues to be Canada's largest dental meeting and expects to host more than 12,000 del-

egates from around the world. Featuring a scientific program with more than 100 lectures and workshops in English and French, JDIQ maintains its status as the world's most highly attended bilingual (English/French) convention.

More than 225 exhibitors will span 500 booths in the exhibit hall, which will be open on Monday and Tuesday, May 27 and 28, and will feature a continental breakfast on both days for the early risers as well as a wine and cheese

reception to close out Monday.

Featured speakers for this 43rd edition include Drs. Dan Nathanson, Gerard Kugel, David Clark, Gérard Chiche, Mark Piper, George Freedman, Paresh Shah and Rhonda Savage, just to name a few.

Montreal is the place to be this spring. For more information, please call (800) 361-4887, visit www.odq.qc.ca or e-mail congres@odq.qc.ca.

(Source: JDIQ)

Winter Clinic: 2,572 attendees

The 2012 Toronto Academy of Dentistry Winter Clinic offered more than 20 programmes — representing a wide spectrum of dental interests. The 12 hours of CORE-approved courses and packed exhibit hall attracted 2,572 attendees.

The Canadian Armed Forces presented a programme on nation building and a display of a mobile dental suite. Many lecture rooms were at capacity or overflowing. The academy launched an initiative with the Mikey Network to place automatic external defibrillators (AEDs) in public places, earn recognition for the dental profession and give dental practices a chance to purchase a quality AED at significant savings. The Winter Clinic continues to attract dentists, hygienists, assistants and office administrators from not only the Toronto area but across Canada and the U.S.

Congratulations to the winners of the photography contest. Dr. Juris Michelsons of Cambridge, Ontario, won the trip for two donated by Sandals.

Mark your calendar for Friday, Nov. 8, for the 76th Winter Clinic. Plans are already under way and include Dr. Raymond Bertolotti as a featured clinician.

(Source: Toronto Academy of Dentistry)

Date set: Greater New York Dental Meeting

Final attendance for the 88th annual Greater New York Dental Meeting came in at 53,481, of which 18,305 were dentists representing all 50 states and 130 countries. The meeting is the largest dental meeting in the United States.

The meeting opened in the Jacob K. Javits Convention Center four weeks after Superstorm Sandy cut a path of destruction across the U.S. Eastern Seaboard.

The Javits Center experienced extensive flooding, but an around-the-clock effort had it open in time for the meeting. Planning is under way for the 2013 meeting, Nov. 29 through Dec. 4 (scientific meeting) and Dec. 1 through Dec. 4 (exhibit hall). The GNYDM is sponsored by the New York County Dental Society and Second District Dental Society.

The event, which never has a pre-registration fee, draws top dental professionals with an expansive exhibit hall and more than 300 educational courses, including full-day and half-day seminars, essays, hands-on workshops and a live, 430-seat, high-tech patient demonstration area. Free registration is now open for 2013 at www.gnydm.com.

(Source: Greater New York Dental Meeting)

AD

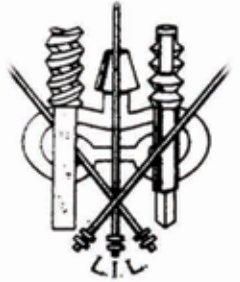
May 24th to 28th 2013
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- Identify cases suitable for dental implants.
- Diagnose and establish a treatment plan for preservation and restoration of edentulous and partially edentulous arches.
- Demonstrate competency in placement of single tooth implants, soft tissue management and bone augmentation.
- Obtain an ideal implant occlusion.
- Work as a part of an implant team with other professionals.
- Incorporate implant treatments into private practice with quality results, cost effectiveness and profitability.



COURSE DESCRIPTION:

During the course clinician will learn how to perform preservation-oriented implant procedures with confidence and competency. Participants will learn how to make extensive treatments more cost effective, while adhering to currently accepted concepts of implant therapy.

The course includes: one day of lectures, half day of hands-on workshop on anatomic models and three days of implant placements on provided patients. Doctors will establish a treatment plan for at least 4 patients and place minimum of 4 implants. Cases will be selected based on participant's surgical level of expertise. One-on-one instruction by course faculty is provided with procedures and techniques that can be immediately implemented into office situations.

COURSE INFORMATION:

July 4-6, 2013 (intermediate) and September 26-30, 2013 (basic)
School of Dental Sciences, Kingston, Jamaica
2 dentists per operator

Price: \$7,800 (\$6,300) includes 5-day course tuition, hotel (7 nights), breakfasts, lunches and Island's transfers.

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