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HYGIENE TRIBUNE

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NURSING HOME STAFFS

Crest Oral-B adds grant component to its 'Pros in the Profession' program.

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Oral cancer saga

Eva Grayzel urges early detection with her moving story

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



Eva Grayzel Photo/
Provided by Eva Grayzel

on the rise in young people, Grayzel's message is timelier than ever. According to the Oral Cancer Foundation, oral cancer will be newly diagnosed in about 100 new individuals each day in the U.S. alone, and because so many of the diagnoses aren't made until long after the cancer has spread, a person dies from oral cancer every hour of every day.

Grayzel is tireless in her efforts to increase awareness. Her emotional story, which she shares with dental professionals across the globe, helps further her

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26,000 expected in Anaheim

California Dental Association spring meeting is global event

Dental professionals from throughout the world will gather in Anaheim May 3-5 at the Anaheim Convention Center for "California Dental Association Presents: The Art and Science of Dentistry."

More than 26,000 attendees are expected, along with nearly 600 exhibiting companies showcasing the latest in dental technology, products and services.

The exhibit hall opens at 9:30 a.m. on all three days, closing at 5:30 p.m. on Thursday and Friday and 4:30 p.m. Satur-

day. The event features a deep and broad selection of educational sessions for all dentists, dental assistants, hygienists, office staff members, laboratory technicians and dental students.

The scientific sessions include lectures, workshops, corporate-sponsored forums, and express lectures (up-and-coming speakers who are new to CDA Presents).

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Washington, D.C., is the site of the American Academy of Cosmetic Dentistry Scientific Session, May 2-5, at the Gaylord National Hotel and Convention Center. The wide variety of educational sessions includes the opportunity to earn up to 21 certified C.E. credits. Photo/By Jake McGuire provided by Destination DC

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Keeping the faith

By David L Hoexter, DMD, FACD, FICD, Editor in Chief

Sometimes, you hear about the death of a famous person who was extraordinarily giving, and the story needs to be told. That person is Gary Carter, and I am a New York Mets fan because of him. This is the same Gary Carter enshrined in baseball's Hall of Fame, the same wonderful catcher voted MVP for his accomplishments on the baseball field, the same one who won a World Series championship and received a ring, and the same one who had so much enthusiasm while playing baseball that he was called the "kid."

After his active playing days, Gary managed minor league baseball clubs. His teams almost always won their league championships. I wondered why the parent team, the Mets, never called him in to manage them because his teams always played with enthusiasm and heart.

Segueing to my opening thoughts, years ago my wife and I had friends whose son, Jon, was diagnosed with leukemia. Jon was 8 years old at the time. His ambition in life was to be a professional baseball player. Now what American kid at that age doesn't dream of playing ball? Instead, this skinny 8-year-old, having no understanding of what was happening, was restricted to a hospital bed for almost a year.

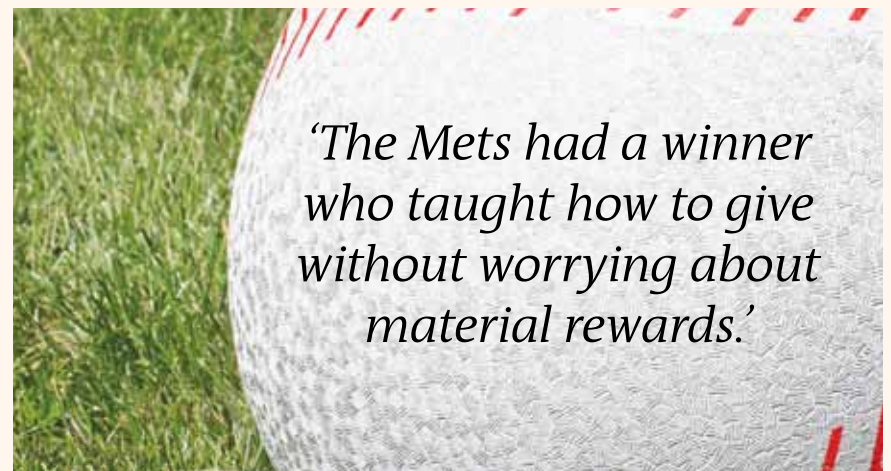
I received a request from Jon's par-

ents to try to get a photo from some famous sports personality. I phoned an MD friend of mine who was connected to a strong baseball organization. I left message after message for the photo. I would have done anything in my power to give encouragement to this young lad. I had known this MD for more than 25 years, and yet I never even received so much as a response from him. It is very difficult and frustrating to want to help and to not be able.

Jon's mother took the idea and phoned the Mets. Her phone call was transferred to the Mets' clubhouse, where the person picking up the phone repeated her request out loud. Gary Carter was passing by while getting dressed for a game, and hearing the word "leukemia," took the phone and started chatting with her. He not only visited Jon once a day, he got some of his teammates to converse or visit with him. What great medicine.

Quite some time later, Jon fortunately got better and wanted to visit the Mets and see Gary Carter. Gary not only met him, but took him to the dugout and handed him a ball on which he had written, and told Jon, "Keep holding this ball and you'll hang on to life."

I found out later that unknown to us, Gary's mother had passed away from leukemia when Gary was 9 years old.



Photo/Raymond Kasprzak, www.dreamstime.com

Among others in the clubhouse who enthusiastically encouraged Jon was Mel Stottlemyer, the former Yankee coach for the Mets. Mel, incidentally, lost a son to this same dreaded disease. It was their ability to give and help that raised the bar and made a huge difference in Jon's life.

Jon fortunately got better and eventually became a spokesperson for the American Leukemia Society, encouraging awareness and supporting its research. He finished No. 1 in his class at college, got married and is now a father of a healthy young boy. Jon's parents are still very active in the Leukemia Society and are proud to give and participate, always appreciative of the hope and encouragement that they were fortunate enough to receive.

Gary Carter recently passed away. Shortly after, I was shown a letter that Jon recently had written to Gary to ex-

press his deepfelt appreciation:

"Weakened and fattened by chemotherapy, without hair, I met Gary outside of the Mets dugout before the game. There, he signed a baseball for me with the inscription 'To Jonathan. Get well soon! Keep the faith. Best of luck. God Bless, Gary Carter.' Over the next three years, I received scores of painful spinal taps and bone marrow biopsies as part of my treatment. At every procedure, I held Gary's autographed ball in my hands for strength. Having his words in my hands and his baseball near my heart gave me comfort and reassurance."

Other teams may win more games, produce more championship teams, have longer TV contracts, but for me, the Mets had a winner who taught how to give without worrying about material rewards. His caring and decency is being passed on.

Let's go Mets!

I know what you did last summer

Dental Tribune Editor in Chief Dr. David L. Hoexter pulls out a few captive moments from last summer in the famed coastal playground, the Hamptons. Hoexter said, 'The land of sunshine, beaches, socializing, high society and fashion saw dentists adding to its exciting flavor.'

Photo 1: Dr. Chester Redhead seen enjoying a cocktail party.

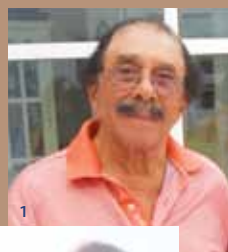
Photo 2: Dr. Larry Rosenthal, Alisia Kauffman and Hoexter at the polo matches in Bridgehampton.

Photo 3: Hoexter's wife, June, Dr. Joel Kotick and Dr. and Mrs. Sean Massiah socializing in Southampton.

Photo 4: Dr. Beth Rosner and Hoexter at Ellen's Run for breast cancer patients, in Southampton.

Summer's coming!

Photos/By Provided by
Dr. David L. Hoexter



Dental device giant takes form in Japan

Kuraray, Noritake merger reported

By Daniel Zimmermann, Group Editor, Dental Tribune International

A new dental device giant is taking form in Japan. According to business reports, Kuraray and Noritake are to merge their dental operations. The transaction has been filed for clearance by the Japan Fair Trade Commission and is expected to be finalized this month, representatives of both companies said.

Kuraray's dental business, which is owned by Kuraray Medical, a fully owned subsidiary, is composed of bonding agents and fillings based on polymer and organic synthetic technology. Noritake Dental Supplies currently distributes dental ceramics in more than 90 countries. Both companies are reported to achieve combined sales of approximately \$104 million worldwide and to hold a 40 percent share of their respective market segments in Japan.

Under the agreement, both businesses will be joined in a new holding company and effectively merged sometime

in April. It is also reported that Kuraray will be taking a two-thirds majority stake in the new company.

Kuraray Medical President Sadaaki Matsuyama said that with the merger his company wants to strengthen its share in domestic and overseas markets. Overall, the company aims to boost sales to nearly \$245 million in the next seven to eight years, Matsuyama said.

According to industry reports, domestic medical and dental device sales in Japan have declined in conjunction with a lowering in demand for dental services. In particular, dental patients are buying fewer higher-end products and services, such as implants and ceramics.

With annual sales of \$20 billion, the Japanese market for medical and dental equipment is the second largest in the world. The country imports only 20 percent of such equipment.

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◀ SAGA, page A1

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 spoke with Dental Tribune shortly before her appearance at the 2012 Yankee Dental Conference.

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

The American Dental Association's guidelines say every checkup should include an oral cancer screening. But the guidelines do not say 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.

With just 3 percent of cancers in the U.S. occurring in the oral cavity and pharynx,



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 success story, while also using fables and tales from around the globe to teach, empower and energize. Photo/Provided by Eva Grayzel

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.

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. 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?

▶ See SAGA, page A6

Oral radiotherapy technique targets only cancerous tissue

Researchers at the University of Granada and the Virgen de las Nieves University Hospital in Granada, Spain, have developed a new radiotherapy technique that is less toxic than traditional methods because it targets only cancerous tissue.

The new protocol provides a less invasive but equally efficient postoperative treatment for cases of cancer of the oral cavity and pharynx.

The initial study — conducted between 2005 and 2008 — included 80 patients diagnosed with epidermoid cancer of the oral cavity and pharynx, who had undergone lymph node removal. The affected nodes were located by the surgeon during the intervention and classified into different risk levels. Classification enabled physicians to target the areas at a higher risk of recurrence. This way, neck areas at a lower risk of containing residual cancer cells were not irradiated.

Researchers conducted the study with the intent of minimizing side effects of

radiotherapy, reducing treatment discontinuation and thus improving overall effectiveness of such therapy. More than 70 percent of oral and pharynx cancers treated with surgery require supplementary treatment with radiotherapy or chemotherapy to reduce the risk of recurrence and spreading to the lymph nodes. Radiotherapy and chemotherapy are highly toxic, mainly because of ulceration of the mucous membranes lining the oral cavity; toxicity leads many patients to stop the treatment, which significantly reduces the chances of cure.

By using the risk map obtained with the collaboration of the surgeon and the pathologist, an individualized treatment was designed and adapted to the specific risk level of recurrence in each neck area. The volume of tissue irradiated was significantly smaller than that usually irradiated with traditional techniques.

The trial was led by the radiation oncologist at the Virgen de las Nieves Hos-

pital, Miguel Martínez Carrillo, and was conducted in collaboration with the hospital's department's of radiation oncology, medical physics, maxillofacial surgery and pathology and the University of Granada Department of Radiology and Physical Medicine

A three-year follow up showed the volume of irradiated tissue was reduced in 44 percent of patients. With the new technique, irradiation of an average volume of 118 cc of tissue was avoided. A total of 95 percent of patients completed radiotherapy and presented significantly lower toxicity than patients treated with the traditional technique. Recurrence rates did not increase. This study was coordinated by University of Granada professors Rosario del Moral Ávila and José Mariano Ruiz de Almodóvar Rivera. The results of this study will be published in the journal "Radiation Oncology."

(Source: University of Granada)

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← SAGA, page A4

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?

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?

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(Source: PhotoMed)



Canon Rebel T3i Photo/Provided by PhotoMed

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Implants in radiated bone are typically discouraged due to 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 just published "Mr. C Plays Hide & Seek."

Upcoming presentations

- 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 2012 Annual Continuing Competence Event, Calgary, Alberta, Canada.
- May 16, Indian Health Service Annual Dental Conference, Sacramento, Calif.
- June 1, California Dental Hygienists Association, San Francisco.

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AD

60 U.S. firms represented at Dubai dental meeting

Greater New York Dental Meeting and Department of Commerce promote USA-made products

The recently concluded 2012 UAE International Dental Conference and Arab Dental Exhibition (AEEDC Dubai) achieved its vision to be the largest dental event in the Middle East. This 16th annual session surpassed all previous records. The event featured 17 national exhibiting pavilions with 900 exhibiting companies from 80 countries. Overall, there were more than 28,000 attendees from 132 countries, a 15 percent increase over 2011.

In addition to the three-day exhibition, there was a three-day scientific session featuring 110 leading international and regional educators imparting the newest ideas, innovations, technological advances and state-of-the-art materials furthering worldwide dental health care.

The opening ribbon-cutting session was performed by His Highness Sheikh Hamdan Bin Rashid Al Maktoum, deputy ruler of Dubai, minister of finance and president of the Dubai Health Authority. Also in attendance was His Excellency Qadhi Saeed Al Murooshid, director general of the Dubai Health Authority. Both of these leaders of Dubai visited the exhibit hall and greeted many of the international exhibitors. In addition, they visited the joint Greater New York Dental Meeting (GNYDM)/U.S. Department of Commerce (USDOC) exhibit booth in front of the U.S. pavilion.

Dubai enjoys a strategic location and serves as the biggest re-exporting center in the Middle East. With the emirate's ongoing development has come an influx of significant regional and national conferences, conventions and exhibitions. Low logistical and operational costs, an international outlook and liberal government

policies attract visitors and investors. Dubai offers a kaleidoscope of attractions: dessert tranquility, towering buildings, modern landscapes, sandy beaches, lush green parks, neighborhood shops and ultra-modern malls. Dubai is home to world-class companies and financial institutions — as well as the world's tallest building (Burj Khalifa) indoor skiing, the world's largest golf course and a world-renowned championship horse racing arena. There is a highly developed infrastructure, a major business center and dynamic tourist attractions.

The joint GNYDM/USDOC exhibit booths were centrally located in front of the U.S. pavilion. This joint effort ensures that American-made products are in the forefront when competing with dental products made by international competitors. Dr. Richard L. Rausch, general chairman of the Greater New York Dental Meeting, said, "This partnership provides better exposure of the U.S. dental industry on a global scale and maximizes exhibitor-attendee interaction and networking experiences to produce greater sales opportunities." He said that as strategic partners in this endeavor, both the GNYDM and the USDOC are committed to helping U.S. manufacturers succeed in the global marketplace.

The 900 exhibiting companies were contained on one floor in one of the world's most modern convention centers. Dr. Abdul Salam Al Madani, executive chairman of AEEDC Dubai and chairman of Index Holdings, a conglomerate consisting of exhibition services, media productions, financial investment services and health care institutions, person-

ally welcomed all of the visitors to AEEDC Dubai. He said, "AEEDC Dubai has remained prominent on an international level as one of the largest and most popular dental events imparting knowledge and fostering new ideas, innovations and global networking."

Right: Dubai is home to the world's tallest building, Burj Khalifa. Below: His Highness Sheikh Hamdan Bin Rashid Al Maktoum, deputy ruler of Dubai, minister of finance and president of the Dubai Health Authority and His Excellency Qadhi Saeed Al Murooshid, director general of the Dubai Health Authority visit the GNYDM/USDOC exhibit booth.

Photos/Provided by GNYDM



international trade and the support of AEEDC Dubai.

Dr. Edwab said, "Dental meetings and conventions are partnerships between the show organizer and dental trade. ... The Greater New York Dental Meeting has a responsibility to its exhibitors to work 365 days a year, not just the five days of its event, to promote their products and increase their sales opportunities." He said exhibitors must have the opportunity to maximize their investments when participating in dental events. The Greater New York Dental Meeting continues to be the largest Dental event in the United States, with the 2011 event attracting more than 53,000 attendees, including more than 18,000 dentists, from all 50 states and 127 countries.

(Source: Greater New York Dental Meeting)



The Palm Court Plaza in front of the Anaheim Convention Center, location of CDA Presents: The Art and Science of Dentistry. Photo/Provided by AOCVCB

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One spot worth checking out in the exhibit hall is exactly that: The Spot. It features a "Cool Product" display, Net Café and charging station, a C.E. Pavilion, and an educational theater that is the venue for the Smart Dentist Series of free, one-hour lectures.

Lecture topics include Nutrition, Establishing an Office Policy Handbook, Handling Refund Requests From Insurance Plans, Managing Patient Conflicts, Staff Building and Making the Best Decisions for Your Practice. There's even a Wine Seminar. Some of the Smart Dentist lectures are worth C.E. credit.

Kid friendly

Another benefit available in the exhibit hall and for the overall meeting is the family-friendly services. Exhibit hall family hours (the only time children age 10 and under may visit) are 9:30 a.m. to noon on all three days. An exhibit hall Kid Zone (ages 4–12 for up to three hours) has hours paralleling

the exhibit hall. For the overall conference, childcare is available for children age six months to 12 years at the Hilton Anaheim Hotel from 7 a.m. to 6 p.m. on Thursday and Friday and 7 a.m. to 4:30 p.m. on Saturday.

Significantly discounted Disneyland Resort theme park tickets are available to attendees during CDA Presents, but are available online only and must be purchased prior to 9 p.m. PT, Thursday, May 3, which is when the online ticket store closes. These tickets are created just for CDA Presents attendees and not all are available at the front gates of the theme parks. You print them out via your own computer. They are available at www.cdapresents.com or through www.disneyconvention.com/ZACE12A, valid May 1–14. Purchase of theme park tickets is separate from CDA Presents registration. Again, the ticket store, available only online, closes at 9 p.m., Thursday, May 3.

New planning app

A new mobile app is available to help attendees plan out their entire meet-

ing schedule. Blackberry and Windows Mobile users can download the app from www.cdapresents.com. Those with iPhones and Androids can search for "CDA Presents" in their respective app stores.

Saturday exhibits-only pass

Nonmember dentists who want to explore the exhibit hall can register on-site for a one-day pass on Saturday, May 5. The cost is \$175, and the pass is valid for Saturday exhibit hall hours only. It is not valid for continuing education courses. To register, visit the membership counter during onsite registration hours on Saturday, May 5.

Night at Disney

You can get a taste of Disney magic at CDA's Night at Disney on Friday, May 4. For \$65 you get a Twilight Park Hopper Ticket for Disneyland and Disney California Adventure Park plus a \$25 meal voucher. Buy tickets in advance online at www.cdapresents.com. The event

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Make history at AACD Scientific Session

American Academy of Cosmetic Dentistry invites you to explore National Museum of Natural History at May 2 welcome reception

There's still time to make history at the American Academy of Cosmetic Dentistry (AACD) 28th Annual Scientific Session in Washington, D.C., May 2-5.

There are plenty of spots left for dental professionals in D.C., but you will need to register onsite; online registration for this year's event ended April 15.

The AACD will kick off the session with "A Night at the Museum," a welcome reception for all attendees, at the Smithsonian Museum of Natural History on Wednesday, May 2. AACD members will see history come to life as they mingle with colleagues and peruse the museum's exhibits, all of which will be open for members that evening. The reception will take place from 7:30 to 10:30 p.m., giving members plenty of time to explore exhibits featuring dinosaurs, ancient Egypt

and the Hope Diamond, while enjoying complimentary beer and wine.

Other history-making events at the conference include an opening "PowerSession" featuring Drs. David Garber, Christian Coachman and Eric Van Dooren. The session is Wednesday, May 2, 2:30 to 5:30 p.m., and will focus on smile design approaches. The AACD will award C.E. credit to any dental professional who attends.

The Annual Scientific Session offers attendees unique, hands-on workshops, lectures, social events and the opportunity to see the latest dental innovations in the exhibit hall. The session is geared toward all members of the dental team — dentists, laboratory technicians, hygienists and other cosmetic dental professionals.

The AACD will honor the accreditation class of 2012, during the Cel-

ebration of Excellence Gala on May 5. This year, the AACD is welcoming 12 individuals to the ranks of accredited members and two to the rarified air of accredited-fellow status, accomplishments that promise to be pivotal in these individuals' professional and personal history.

"The D.C. conference will elevate your passion for what's most important — the smile," said Dr. John K. Sullivan, AACD president. "We can give you the tools you need to take your dental skills to the next level. We educate, we inspire, and we connect you with the best. Join us in D.C. —and help us make history."

For more information about this year's event, visit the AACD website at www.aacdconference.com.

About the AACD

The American Academy of Cosmetic Dentistry is the world's largest non-profit member organization dedicated to advancing excellence in comprehensive oral care that combines art and science to optimally improve dental health, esthetics and function.

Composed of more than 6,300 cosmetic dental professionals in 70 countries, the AACD fulfills its mission by offering educational opportunities, promoting and supporting an accreditation credential, serving as a forum for the creative exchange of knowledge and ideas, and providing information to the public and the profession.

(Source: American Academy of Cosmetic Dentistry)



Among the thousands of artifacts in the collections of the National Museum of Natural History is this skull, dated at 1660-1680, from the Patuxent Point site, Calvert County, Md., showing how clenching a clay pipe wore a hole into the teeth. Photo/Chip Clark, Smithsonian Institution

AD

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