ODA ANNUAL SPRING MEETING

DENTAL TRIBUNE

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ALBERTA DENTIST BUYS 'KING'S CROWN'

Michael Zuk, DDS, adds Elvis Presley's crown to his collection of celebrity memorabilia, which already includes one of John Lennon's molars.

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BEAT PARALYSIS-BY-ANALYSIS SYNDROME

Locked into endless questioning and research instead of embracing proven new technologies and techniques? Here's advice on breaking free.

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INTERNAL RESORBTION TREATED

Emergency radiosurgery, curettage, root canal and a filling save the #27 tooth presenting with internal resorbtion apical to the gingival crest.

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Grey market darkening

Trade group calls for enforcement to curb non-compliant dental products

By Robert Selleck, Managing Editor

Dental-product manufacturers, frustrated by a constant flow of their products being distributed outside regulated supply chains, often at cut-rate prices, are calling for stricter enforcement to address the issue. In addition to losing potential revenue, manufacturers are concerned about damaged reputations should such products be expired, counterfeit or compromised in some other manner.

In a typical grey market scenario, a dealer redirects low-priced products meant for sale in a developing-nation market and resells them to bargain hunters in the U.S. or Canada. Product pricing differentials occur across borders because of variations in exchange rates, regulatory compliance costs, distribution logistics, degree of after-the-sale support and subsidized pricing being provided in developing nations as a long-term growth strategy.

Beyond the potential loss of dollars and reputation faced by manufacturers, the bulk of risk in a grey-market transaction is borne by dental-practices, which are unable to pursue product-dissatisfaction recourse because such purchases typically can't be traced back through the shipping, storage and manufacturing process.

The Dental Industry Association of Canada has long been involved in efforts to make dental practices aware of risks associated with buying products that may not be warrantied, traceable or even authentic — or are otherwise out of compliance with medical-device licensing regulations for any number of other reasons. Now the association is ready to put more focus on the distributors.

DIAC Executive Director Bernie Teitelbaum said education and awareness efforts will continue; but he identified lack of policing, meaningful penalties and enforcement as the biggest reasons for

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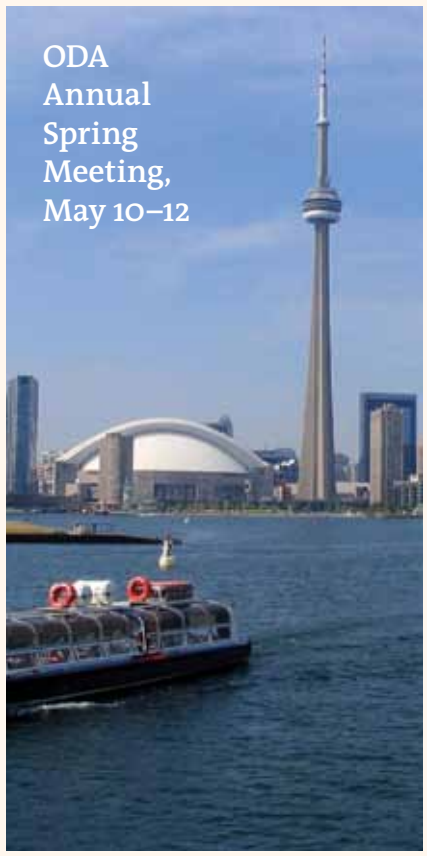

'Aspire to New Heights' is the theme of the Ontario Dental Association meeting in Toronto, May 10–12. More than 10,000 dental professionals are expected, drawn by more than 40 education sessions, C.E. credits and a trade show with more than 580 booths. Photo/Provided by Tourism Toronto

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ODA Annual Spring Meeting features new-products forum

The exhibit floor at the Ontario Dental Association Annual Spring Meeting, May 10–12, includes a new feature for 2012: the new-products forum. It provides attendees a no-pressure, hands-on opportunity to learn about products that have been on the market for less than two years.

Exhibitors demonstrate products in an interactive, non-sales environment. If you want to buy, you'll need to hunt down the exhibitor's booth on the exhibit floor.

The new-products forum is just one highlight in the meeting's packed agenda. Another new offering is the keynote speaker breakfast, which features CFL legend Michael "Pinball" Clemons., Thursday, May 10, from 8:30–9:30 a.m.

Clemons speaks on leadership and teamwork. It's free, but you need to sign up for a ticket when you register for the overall meeting.

Be sure, too, to sign up for the cocktail reception, 4:30–5:30 p.m. Friday, May 11, on the exhibit hall floor, with food, beverages entertainment — and everything else the exhibit floor has to offer.

(Source: Ontario Dental Association)

Dentist adds 'King's Crown' to collection

Alberta practitioner unites John Lennon and Elvis Presley, rides publicity wave

By Robert Selleck, Managing Editor

Alberta dentist Michael Zuk, aka "The Tooth Collector," is at it again, coming in as top bidder on a porcelain crown made for a front tooth of the king of rock 'n' roll — Elvis Presley. Zuk's successful $10,000 bid in the Feb. 25 auction follows his $31,000 bid in November that got him a rotting molar that late Beatle John Lennon had extracted in the '60s.

Both pieces of rock 'n' roll dental history were sold by Omega Auctions of Stockport, Greater Manchester, Great Britain.

As he has done with the John Lennon molar, Zuk plans to use the "King's Crown" in marketing efforts for his dental practice, books and other business efforts. He also will use it to support his favourite dental charity, Smile Train, an international organization that provides free cleft surgery to hundreds of thousands of children in developing countries.

"Marketing guru Dan Kennedy told his thousands of disciples to jump on using these kinds of odd opportunities," Zuk said of the publicity his acquisitions have generated. "If you get lemons, make lemonade. A rotten Beatle tooth can be worth more than you can imagine."

As for his plans for the King of Rock's crown, Zuk doesn't have a specific strategy in place yet, although at some point it's likely that the crown will make an appearance among the other celebrity memorabilia on display at his Red Deer general dentistry and orthodontics practice. Right now, he's still thinking about the crown more from a dentist's perspective rather than a marketer's. "It's interesting to note," he said, "that Elvis originally had his upper left central crowned because he was embarrassed by a small diastema. These days, dentists may have considered composite bonding or orthodontics; but many porcelain restorations are still done for this same reason."

Elvis may never have actually used the crown that Zuk bought, because it likely was created by Presley's dentist as a back-up crown kept at the ready in case Presley damaged the one in his mouth while on tour. Presley's dentist, Henry J. Weiss, kept the backup crown on a plaster cast of Presley's teeth at his practice in downtown Memphis.

The back-up strategy was known to have been used at least once, when during a Las Vegas performance in 1971 Presley cracked his front-tooth crown on a microphone. Weiss's son immediately flew to Las Vegas with the replacement. A detailed description of that incident is included in the documentation of authenticity that accompanied the crown at auction. Also included was the cast of Presley's teeth and a glass display case.

Plaster cast of Elvis Presley's teeth displays the 'King's Crown.' Photo/Provided by Omega Auctions

The King of Rock got a front tooth capped at age 18 and later always kept a backup crown for it on 24-hour call.
Photo/Provided by *freeclassicimages.com*

In photos, the auctioned crown appears to have a crack, leading Zuk to believe it may actually be the damaged one that was replaced by the spare. Adding to that possibility is the fact that Weiss's final year as Presley's dentist was 1971, the same year the confirmed backup strategy was deployed.

Presley's concern with crowns may have had roots in an incident early in his career when he accidently inhaled a different crown during a dance sequence in the filming of the 1957 movie Jailhouse Rock. He had to be hospitalized to have that crown nonsurgically removed from his right lung. Interestingly, an X-ray showing the lodged crown is one of a number of dental-related items of Presley's to have been sold in the years since his death. Zuk said that some of Presley's dental records were sold at auction last fall, including several bitewing radiographs.

The auction description of Presley's crown said it was Weiss, the Memphis dentist, who affectionately came up with the moniker "King's Crown." The crown came with five letters of authenticity from Weiss's wife and son and Presley's road manager Joe Esposito. Of Weiss, the auction description said: "Dr. Henry Weiss was born on Christmas day 1907 and died December 11, 1990. He graduated from the University of Tennessee College of Dentistry with a DDS degree in 1931. He practiced dentistry in Memphis for 57 years and was a recipient of the Tennessee Dental Association's Fellowship Award."

Zuk's purchase of the King's Crown comes as he's still riding the tsunami of publicity that accompanied his purchase of the John Lennon tooth. "The purchase of a piece of celebrity can attract a considerable amount of attention, as demonstrated by the John Lennon tooth auction," Zuk said. "It was likely the biggest media blitz a molar has ever experienced, and due to the Internet, it created a massive publicity opportunity. How many dentists can say their exploits were mentioned by Time magazine, Anderson Cooper, Bill O'Reilly and Jay Leno?"

Zuk has been churning out nonstop press releases and agreeing to numerous interviews. As a result, international sales of his book "Confessions of a Former

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Cosmetic Dentist" have skyrocketed, as have sales of his children's book "Teeth Shouldn't Hurt." He launched several websites, including *www.johnlennontooth.com* and *www.elvistooth.com*.

At least one side venture related to the John Lennon tooth has been launched — a limited line of John Lennon DNA jewelry. "Our first John Lennon DNA limited edition pendant will be featured in polished silver and will incorporate a PEACE sign and a rare fragment of JL given to a fan while he was still alive," Zuk said in a news release announcing the venture. "Now a very select few will be able to say they actually wear John Lennon DNA as inspiration."

Zuk said profits from the first casting will go to Smile Train, the charity providing children with cleft lip/palate surgery. "This is an exciting opportunity to blend science and beauty with a tribute to one of the world's favorite Beatles," he said.

Zuk probably won't get the same international publicity with the King's Crown as realized with the Lennon tooth, but that might improve the odds that patients at his Red Deer dental practice, The Bower Dental Clinic, will get to see it on display with some of the other celebrity memorabilia Zuk has acquired over the years (including part of one of Presley's scarves). For Lennon's tooth, though, visitors to the office have to settle for a photo on the wall.

"I don't trust leaving it around," Zuk said in an interview with the Vancouver Sun. "People steal my newspaper. Anybody who would steal your newspaper would steal one of John Lennon's teeth."

This photo of Alberta dentist Michael Zuk displaying John Lennon's molar is one of several photographs of the tooth available for purchase through *www.sandyolsonphotography.com*. Photo/By Sandy Olson provided by Michael Zuk

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the "grey market" continuing to thrive unchecked.

To better understand and address the challenges, the biggest manufacturers and distributors in Canada in recent years have been meeting with government and dental association officials to discuss how to address the issue.

The next of these "Grey Market Summits" is in Toronto in May immediately prior to the Ontario Dental Association Spring Meeting. For an update on the industry's grey-market battle, Dental Tribune spoke with Teitelbaum prior to the summit.

How do grey market products threaten the industry and dental practices?

Grey market products have been diverted from the manufacturer's normal distribution channels. That's the dictionary definition of "grey market." To the extent that they have been diverted from developing-world markets, and may have passed through several hands: 1) The products may no longer satisfy Health Canada's medical-device-licensing regulations; 2) the manufacturer can no longer attest to the shipping, storage and handling conditions; and 3) the efficacy of the products could be compromised.

Because the dental professional is responsible for everything that goes into the patient's mouth, he or she may face remakes and recalls from faulty product and disciplinary procedures for using faulty products. The manufacturers don't just lose a few dollars of price. They may actually lose a lifelong customer.

You have been involved with this issue for several years. Are you seeing progress?

It turns out that progress can be a two-edged sword.

Manufacturers are making it increasingly difficult for grey marketers by changing the packaging and branding for export sales, putting tracking codes onto the product and watching exchange rates more closely.

The Dental Industry Association of Canada (DIAC) is complementing these efforts with articles, seminars and literature to create awareness among dental practices of product that is not compliant with medical device regulations and is actively engaged with professional associations to promote discussion and awareness.

The result is that grey marketers are scratching out lot numbers and tracking codes, selling product outside its packaging, making their own packaging, and to an increasing degree, they are starting to counterfeit the product itself.

Health Canada's position is that product and distributor licenses are listed on its website, so there is enough information out there for dental practices to protect themselves. Unfortunately, that is not the case, because there is nothing on Health Canada's website to help dental practices recognize non-compliant product and Health Canada's inspection regime for unlicensed distributors and licensed distributors selling non-compliant product is laughable. In Health Canada's own words, their "mandate is to monitor and inspect the compliant."

What advice do you have for dental practices that want to avoid ordering these products?

It is likely a violation of the Competition Act to tell dental professionals where they have to buy their product. Clearly, the safest route is to always order through an authorized dealer because you always have recourse back to the manufacturer. However, if a bargain is to be had, the dental practice should go through a rigorous control process that includes:

1) making sure that the dealer/distributor has an establishment license;
2) checking the packaging for familiarity;
3) making sure that the lot numbers on the package and contents match;
4) checking for scratched-out lot numbers, expiry dates, tracking codes and other defacements.

If there is any problem with the product when it is received, the dental practice should return it. If when the product is used, it appears that the efficacy is compromised, the dental practice is on its own. Manufacturers do not warranty product sold outside their normal distribution channel.

Is this primarily an enforcement problem with grey market dealers or an education and awareness challenge that needs to be addressed with those handling ordering for dental practices?

We are currently engaged in an extensive education and awareness campaign, but the real problem is enforcement. Non-compliant dental product is almost exclusively imported into Canada. All Health Canada has to do is amend its establishment licensing requirements to include a proximate connection to the manufacturer as a condition for a license, and then issue a directive to the Canada Border Services Agency to stop product that is shipped to or from a company that

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* Edmond L. Truelove et al, General Dentistry, July/August 2011, 281-289.

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does not have a proximate connection to the manufacturer. Presently Health Canada does not deem a proximate connection to the manufacturer as a serious requirement, even though a lack of proximate connection makes their other requirements — product complaint and recall procedures — totally and completely useless. Grey market dealers will never hear about a recall, and they have nobody to send a product complaint to.

Are you aware of a dealer being shut down or fined for selling grey market products?
No, and the penalty is only $500. A license costs $7,000 per annum plus the consequent costs of regulatory and quality control. This penalty is not going to stop anybody. You can get caught 14 times a year and at worst break even.

Are there additional packaging strategies that can be used to address the challenge?
We are constantly on the lookout for additional packaging strategies and awareness efforts.

Unfortunately, where there is money to be made and the enforcement of regulations is lax or absent, you can expect more creative — and probably dangerous ways — for distributors of non-compliant product to operate.

Are you seeing much counterfeit packaging and counterfeiting of the product?
It started with counterfeit packaging and poly-bagging, when manufacturers started their packaging changes, and some of the counterfeit packaging has been very sophisticated. All you need is a good quality ink jet printer. Some sellers have just gone straight to counterfeiting the product, and yes, we have not only seen it; some of it has even fooled the manufacturers. There was one case where a counterfeiter secured some real product, lifted the lot number and expiry date, and then produced a counterfeit product with a matching package. When the reports and samples came in to the manufacturer that the product didn't work, that manufacturer was preparing to stop its own manufacturing line — until somebody decided to test the product.

Is it possible to use packaging strategies that inhibit counterfeiting similar to currency printing, or is that just too costly?
Some manufacturers are going as far as producing holograms for their packaging, but with so many products, we cannot reasonable expect that dental practices will know what to look for. Education and awareness is a one-by-one proposition. There are more than 18,000 practicing dentists in Canada, plus all the dental assistants, receptionists and office managers involved in the ordering. It is an enormous task.

Is this a bigger problem in Canada compared with the U.S. and elsewhere?
Canada, and particularly Ontario, are the centres for grey market product in North America because of giant holes in the regulations and their enforcement. Counterfeiting is more prevalent abroad because of market sizes; but that product is also making its way into Canada with all the other non-compliant product.

What's the primary intent behind the "Grey Market Summit" being held prior to the ODA Spring Scientific Session? What would you like to see come out of the meeting?
It's really a "Non-Compliant Product Summit," but that name doesn't have much pizzazz. We expect to share newer and more sophisticated packaging and transportation mechanisms to prevent product from being diverted from developing-world markets, and to make internal and external packaging more tamper proof. We also hope to come up with more effective education and awareness programs for dental practices.

Both CDA and ODA officials are invited, as well as the compliance and enforcement inspectorate for Health Canada.

BERNIE TEITELBAUM has more than 35 years of experience in the dental industry in a variety of executive and management functions ranging from finance and operations to sales and marketing. For the past 13 years he has served as executive director of the Dental Industry Association of Canada (DIAC), responsible for moving the association's programs forward from conception to completion. He is also the association's spokesperson and watchdog on market ethics. After participating in a panel discussion on the grey market at the 2008 Toronto Association of Dentistry Winter Clinic, he has conducted grey market clinics at the 2009 Pacific Dental Conference, the 2010 Journées dentaires internationales du Québec and the 2011 Ontario Dental Association Annual Spring Meeting. He has written several articles on the grey market in industry publications. Before DIAC, Teitelbaum was director of sales and marketing for the Dentsply division of Dentsply Canada. He received the Toronto Academy of Dentistry Industry Service Award in 2010. He can be reached at (905) 417 - 7462 or *bernie@diac.ca*.

AD

Treat your paralysis-by-analysis syndrome

'Dentists may sit and study something for months and even years before they decide on it.'

By Louis Malcmacher, DDS, MAGD

I speak to thousands of dentists each year and I see one common malady that probably affects the majority of them — paralysis-by-analysis syndrome. Dentists, by our nature, like to become comfortable with one thing and then stay with it for a long time, even though the dentistry is constantly changing for the better. Dentists may sit and study something for months and even years before they decide on it.

I will sometimes hear a dentist say, "I will wait for the evidence-based dentistry before I consider this product or technique as a treatment option." This particular dentist has probably never researched to see what evidence already supports this technique or new technology. Many times, the dentist wouldn't even know where to look to find evidence-based studies to support the option. And 90 percent of the time the dentist wouldn't be able to evaluate whether the scientific study was conducted properly or not. Additionally, evidence-based dentistry should not be a replacement for your brain and your years of experience in dentistry.

I'm not picking on evidence-based dentistry, I am saying just the opposite — dentists are using it as another excuse to remain complacent when we should be expanding our treatment options for patients and giving them greater access to care for treatments that really work, especially when already supported by evidence-based research.

Let me give you some examples:

1. No-preparation veneers — There are still many dentists who have not adopted minimal- or no-preparation veneers (Cristal Veneers, Aurum Ceramics) into their practice. In many cases these veneers are the best treatment option for patients' esthetic needs. In this category, I will mention another facet of paralysis-by-analysis syndrome: complacency with laboratories that dentists have may already been using. Many dentists will tell me, "I'm not really happy with my dental laboratory, and the esthetics are just OK." Then they use no-prep veneers that don't look that good, but won't change laboratories. If you are not happy with the results your dental lab is giving you or with your laboratories' communication abilities, change laboratories immediately! Stop being complacent and do what is best, esthetically and functionally, for your patients.

2. Botox and dermal fillers — This is now well-established in dentistry with studies regarding dental therapeutics going back nearly 20 years. It has been estimated that nearly 20 percent of dentists have been trained using Botox and dermal fillers. With proper training, these procedures are easy to accomplish and provide a number of new dental treatment options for your patients. There is no capital investment involved. I can already hear the paralysis-by-analysis syndrome working in your brain: "I am not sure; I don't know; let me see the studies; etc." The American Academy of Facial Esthetics has already trained more than 6,000 dental professionals from 28 countries in these procedures and has more than 1,500 members worldwide. The literature about Botox and dermal fillers in dentistry is well established (*www.facialesthetics.org*).

3. Dental lasers — Every dentist should have at least a soft tissue diode laser now that they have become easily affordable. There is just no excuse why every dentist should not be a laser dentist. For every soft tissue use, you will find much more

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LOUIS MALCMACHER, DDS, MAGD, is a practicing general dentist and an internationally known lecturer, author and clinician. He is the president of the American Academy of Facial Esthetics. Contact him at (800) 952-0521 or at *drlouis@FacialEsthetics.org.* For more about Botox and dermal filler training and other resources, you can visit his website at *www.commonsensedentistry.com*.

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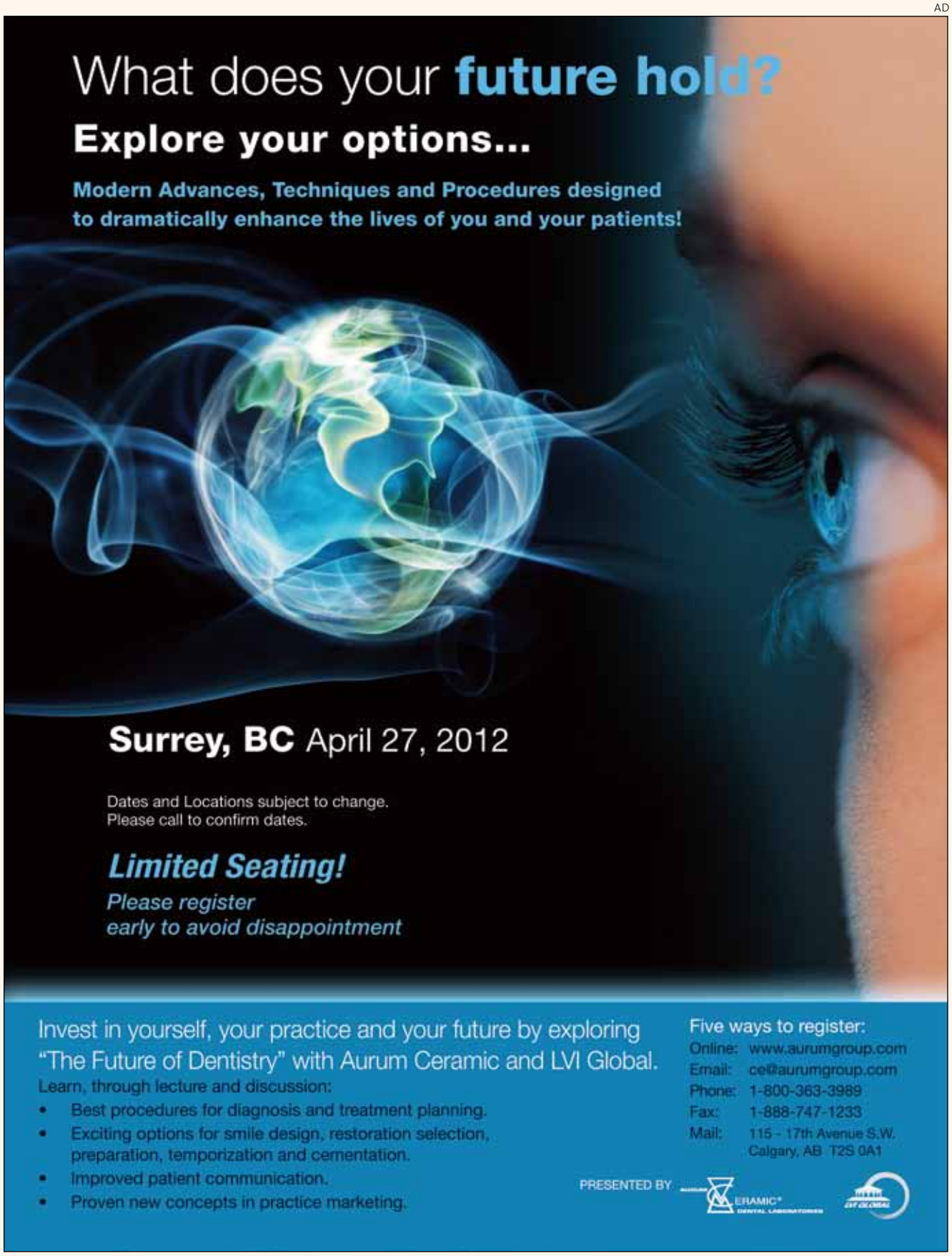


Radiosurgery used in treating internal radicular resorbtion

By Arthur Goldstein, DDS

Case history

Mr. H presented in my office in an emergency situation with pain that had begun several days prior in tooth #27. The pain was no longer relieved by analgesics, and sensitivity had begun in the right sub mandibular area.

Clinical examination

The #27 tooth had a class IV occlusal distal amalgam restoration of long date. There did not seem to be secondary caries. There was no apparent decay in the tooth, which was very sensitive to light percussion. There was also sensitivity in centric occlusion, which dissuaded the patient from closing his teeth together.

Radiographic examination

Radiographic examination revealed a large area of internal resorbtion apical to the gingival crest (Fig. 1).

Treatment

Mr. H. was given three grams of amoxicillin and 400 grams of Spifen and instructed to take two grams of amoxicillin six hours after the procedure.

A right mental foramen block local anesthetic of articaine Hcl with adrenaline was given. A full-thickness periodontal flap incision to bone with a Colorado electrode and Ellman Dento-Surg™ Radiosurgical unit set to "cut" (fully rectified filtered current) was performed to gain access to the area of internal resorbtion (Figs. 2, 3).

The area of resorbtion was curetted, followed by a root canal treatment with a gutta-percha cone and estesone sealer (Fig. 4). The lamina dura at the apex of the root was not defined (Fig. 4). A base of ZnP04 cement was placed over the cone in the area of the resorbtion, followed by a well-polished macro composite filling. The periodontal flap was closed with Ethicon #5 non-resorbable sutures (Fig. 5).

The #27 tooth is seen one-week post-op in Figure 6 and one-month post op in Figure 7. Mr. H did not wish further treatment of the #27 tooth.

Fig. 1: Radiograph shows large area of internal resorbtion apical to the gingival crest.

Photos by Dr. Arthur Goldstein

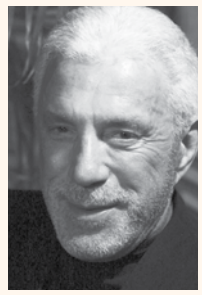
Figs. 2, 3: Radiosurgery provides access to area of internal resorbtion.

Fig. 4: Resorbtion is curetted, followed by root canal treatment with a gutta-percha cone and estesone sealer. Lamina dura at apex of the root is not defined.

Fig. 5: Periodontal flap is closed with Ethicon #5 non-resorbable sutures.

Fig. 6: One week post-op.

Fig. 7: One month post-op.



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precision and faster healing when you use a diode soft tissue laser. With uses such as laser troughing for impressions, esthetic and periodontal uses and more, you will find a diode laser an integral part of your daily practice. Diode lasers specifically have been in dentistry for years and are now well proven.

4. *All-zirconia crowns* — These are the fastest category of crowns in the history of dentistry. All-zirconia crowns are also becoming much more esthetic with the well-proven Zir-Max crowns (Burbank Dental Laboratories) and are virtually unbreakable. Yes, porcelain fused to metal crowns have been around for 150 years, so are they well proven? Absolutely. Do they still have their challenges? Yes, some of which still exist after 150 years. It is time for some significant advances in fixed prosthodontics and they are finally here with new, well-tested materials for crowns.

It is our legal, ethical and moral duty to give patients all of the available treatment options that will serve their needs. To do this, you have to know what is going on in dentistry, what products, techniques, and technology are now available, and get trained in them so that you can properly treat patients by offering all the available options. Make it your resolution even though we are well into the new year — say goodbye to "paralysis by analysis" forever and build your practice now more than ever.

Photo/Provided by Ragne Kabanova, *www.dreamstime.com*

Nothing dry about Vancouver conference

Pacific Dental Conference sells out exhibit hall and attracts a record-setting 12,170 attendees

With 593 booths filled by 304 companies, the PDC exhibit hall attracts record-breaking crowds. Photo/Provided by Pacific Dental Conference

Five live-dentistry demonstrations in the exhibit hall, more than 100 speakers and hands-on educational sessions, 15 hours of C.E. credit and a collection of some of the top dental product and services companies in the world attracted a record-setting crowd to the Pacific Dental Conference.

The March 8-10 event also featured several all-day classes and a variety of networking and social events.

The annual gathering was held at the Vancouver Convention Centre West Building, which features a diverse collection of public art, a cutting-edge energy-efficient design and panoramic views across Burrard Inlet to North Vancouver.

Attendees pop open umbrellas as they leave the Vancouver Convention Centre Friday evening. Prior to Friday, weather had been sunny and dry.

Dwayne Karateew, DDS, Dip. Perio, Dip Prosth, fills every seat March 8 at the exhibit hall's Live Dentistry Stage (sponsored by A-dec, Sinclair Dental and the Canadian Academy for Esthetic Dentistry) for his 'Immediate Implant Placement.' Photos/Robert Selleck, Dental Tribune

Helping dentists with real estate investment questions are, from left, Amanda Francis, Larry McGuinness and Jackie Speth in the Street Smart Investing booth.

Mario Vetere, left, and John Brown, display 3D printing in the Javelin Printing booth.

Kinh Doanh Nguyen, DMD, of Dollard Des Ormeaux, Quebec, reads the Friday edition of the PDC Today, while his son Vincent Nguyen figures out their next move at a 'Find Your Way' kiosk.