DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

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More Olympians screened for oral cancer

Lisa Townshend
DT UK

LONDON, UK: Dentists have screened a fifth of all athletes taking part in the 2010 Winter Olympic Games in Vancouver in Canada for oral cancer. Around 800 athletes sat in the dentist's chair during the competition, with more than 70 dentists and their assistants on hand to practise preventative dentistry in addition to fixing teeth and mouths. Dental associations have welcomed the increased screening campaign that will also educate athletes on the importance of applying sun-cream to help prevent mouth cancers.

The decision to examine 20 per cent of all athletes in the Games was taken by the International Olympic Committee. At the last Winter Olympics in Turin in Italy, only 10 per cent of Olympians were screened for oral cancer. Dental treatment services at sports events like the Olympics usually focus primarily on treating infections and emergency trauma cases involving possible damage to teeth, lips, cheeks and tongues, and broken bones.

Owing to their training conditions, athletes tend to neglect their oral health, according to Dr Jack Taunton, Co-chief Medical Officer of the Games. He said that they are so nomadic they tend to postpone dental treatment. Some athletes in Nordic events also chew tobacco, which contains numerous carcinogens that can cause oral cancers. In addition, the reflection of ultraviolet radiation off snow and ice increases the risk of developing skin and lip cancers.

"You have to consider they are exposed to these intense ultraviolet rays for up to 30 years, through their training and post-competitive coaching years. The skin on the lips is thin and poorly protected," said Dr Chris Zed, Associate Dean of Dentistry at the University of British Columbia and Co-head of Dental Services for the 2010 Winter Games. He added that the danger is cumulative and could lead to the development of oral cancer later in life. DT

(Edited by Daniel Zimmermann, DTI)

This photo shows Tim Burke (USA) competing in the 4 x 7.5 km biathlon relay at the 2006 Winter Olympics in Italy. Outdoor athletes like him have a higer risk of developing oral cancers. (DTI/Photo Jonathan Larsen)

Japanese dentists switch party support

The Japanese Dental Association (JDA) has announced that it will cease its support of the Liberal Democratic Party (LDP) in favour of the ruling Democratic Party of Japan (DPJ) in the upcoming Upper House elections. The decision came after the DPJ told the Association it would support the idea of a dentist running on the party's ticket and campaign for the candidate.

Being a long-time supporter of the LDP, the JDA is the first of the country's powerful medical-related political groups, many of which have incumbent Upper House members, to stop backing the Liberal Democrats.

Founded in 1955, the LDP is one of the most consistently successful political parties in the democratic world. It held office in Japan for nearly 54 years with only one interruption in 1993/1994. Last year the party lost executive power in the national elections, giving away government posts and many of their seats in the Lower House to members of the DPJ. DT

An elderly Indian man smoking a cigarette. Almost half a million people in the country die from tobacco-related oral diseases each year. (DTI/Photo Ansar Babu) ▸ ASIA NEWS, page 2.

Malaysia surveys oral health

The Ministry of Health in Malaysia has started a new nationwide campaign to determine the oral health conditions and dental treatment needs of more than 14,000 adults. The last survey published in 2000 found that more than 50 per cent of people had not made a dental visit in the previous two years. DT

China co-ops with Germany

The Tsinghua University in China has signed a five-year co-operation agreement with the Johannes Gutenberg University of Mainz in Germany for the development of new bio-nano materials in dentistry. The joint research also aims to achieve progress in the treatment of osteoporosis and bone fractures. DT

Genes control early tooth development

Several genes affect tooth development in the first year of life, according to the findings of a study conducted at the Imperial College London, the University of Bristol (both in the UK) and the University of Oulu in Finland. The research found that the teeth of babies with certain genetic variants tend to appear later and that these children have a lower number of teeth by the age of one. In addition, those children whose teeth develop later have a 35 per cent increased likelihood of requiring orthodontic treatment.

Some of the genes identified have been linked in previous studies with the development of the skull, jaws, ears, fingers, toes, and heart. The discovery may lead to innovations in the early treatment and prevention of congenital dental and occlusion problems. DT

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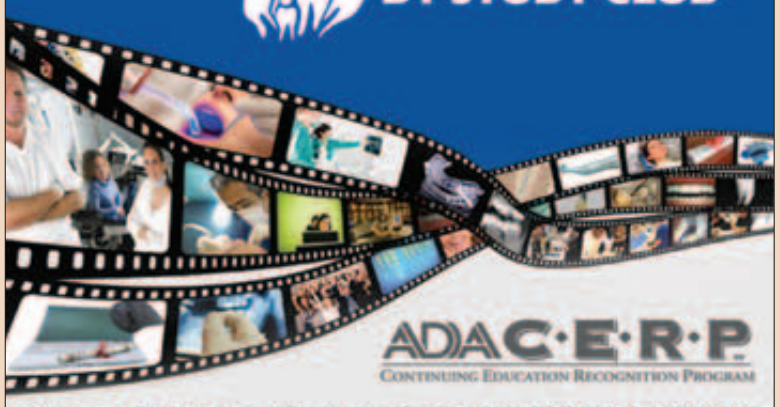

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Anti-tobacco programme set up in Indian dental clinics

Country also needs national policy on oral health, IDA Secretary-General says

From news reports

CHENNAI, India: The Secretary-General of the Indian Dental Association, Dr Ashok Dhoble, has announced the launch of a new research and survey programme to reduce the incidence of tobacco-related oral diseases in India. For the programme, thousands of dental clinics in the country will be used as tobacco-intervention centres and engage in oral cancer detection in patients who come for dental treatment. Data from those screenings will also be collected through a special network.

Currently, almost half a million people in India die from oral cancer each year, mainly because they chew or smoke tobacco. Dr Dhoble, who spoke to reporters at Dentists' Day celebrations in Fort Kochi in Southern India in early March, said that if detected at the right time, those cases could be not only treated, but also prevented.

He demanded the introduction of a national oral health policy by the Union government. He said that even though most dental diseases could be treated, the number of people in the country suffering from these conditions is so large that it was not possible to treat even half of them. Treatment costs are too high and many regions lack sufficient manpower, he said.

According to the latest statistics from India's Ministry of Health, nearly 70 per cent of children in urban areas have dental decay and over 80 per cent of adults suffer from gum disease. A national policy would complement the Association's programmes in order to reduce the high figures of oral diseases, including oral cancer, Dr Dhoble added. DT

Public dental clinics in Singapore charge for missed appointments

From news reports

SINGAPORE: As the first healthcare institution in Singapore, the National Healthcare Group (NHG) is charging a deposit fee to patients who do not attend their appointments at the group's five dental clinics.

According to reports in the newspaper *Strait Times*, the fee of S$8 (US$6) will be waived for regular patients and those on public assistance or Medifund schemes. It will not be forfeited if the appointment is cancelled or rescheduled within at least three working days.

NHG dental clinics have seen a growing number of patients lately. In 2008, almost 70,000 patients sought treatment, which is an increase of more than 10 per cent compared to 2007. However, four out of ten patients failed to keep their appointments, wasting slots that could have been used for patients who require treatment.

In the past, telephone messages were left and reminder letters were sent to patients a few days before their dental appointments, a NHG spokesperson said. Patients were also sent SMS messages, but these measures did not yield a "positive improvement", he added.

Public dental clinics like those of the NHG group operate on an appointment-only basis. Walk-in cases are also attended to but only after the patients with appointments have received treatment. Not showing up on the designated date means that other patients are deprived of an earlier appointment. Waiting times are typically between three months and half a year.

Other clinics have declined to charge for missed appointments. DT

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Swiss implant group invites dentists to Geneva symposium

Daniel Zimmermann
DTI

LEIPZIG, Germany: The International Team for Implantology (ITI) has announced that it will discuss new clinical methods for diagnosis and treatment planning at its upcoming World Symposium in Geneva, to be held from 15 to 17 April 2010. The forum, which is open to implant specialists worldwide, will be complemented by two full-day pre-Symposium courses on soft-tissue management and bone grafting. Simultaneous interpretation will be provided from English into 12 other languages, including Chinese, Japanese and Korean, the organiser said.

This year's meeting, which also marks the 30th anniversary of the organisation, will be held for the 11th time. More than 100 experts from 25 countries are expected to attend the event. For the first time, the meeting will also be accompanied by an industry exhibition.

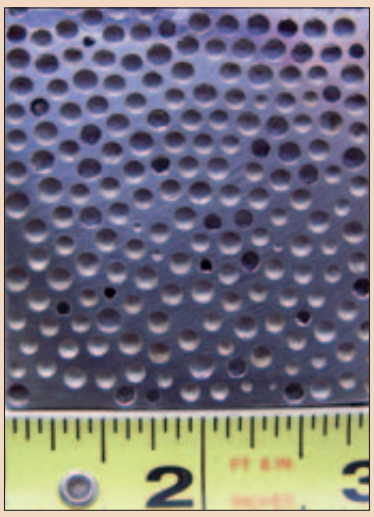
The Swiss-based ITI is an independent academic organisation dedicated to the promotion of evidence-based research in the field of implant dentistry. They also focus on the development of comprehensive treatment guidelines such as the *ITI Treatment Guide* series, which is claimed to be substantiated by extensive clinical testing and success-ful long-term results. Furthermore, ITI funds research and provides scholarships to young clinicians.

According to their own figures, the organisation currently has 7,000 members and divisions in over 24 countries. DT

Metal foam takes stress off implants

Claudia Salwiczek
DTI

NEW YORK, USA/LEIPZIG, Germany: A newly developed metal foam that mimics the natural structure of bones could help to prevent the rejection of biomedical body replacements such as dental implants. The composite material, which is made out of 100 steel and aluminium, is lighter than solid titanium and has an extraordinarily high-energy absorption capability, a paper by researchers at the North Carolina State University reports. In addition, the modulus of elasticity of the foam has been proven similar to that of bone.



Composite foam in scale. (DTI/Photo courtesy of NCSU, USA)

Modulus of elasticity has been demonstrated as extremely important for biomedical implants. When a dental implant is placed in the body to replace a bone, it needs to manage the loads in the same way as the surrounding bone. If the modulus of elasticity of the implant is much larger than the bone, the implant will take over the load bearing and the surrounding bone will start to die, a process called stress shielding.

"Our foam can be a perfect match as an implant to prevent stress shielding," said Dr Afsaneh Rabiei, Associate Professor of Mechanical and Aerospace Engineering at NC State and co-author of the paper. "The rough surface of the metal foam will also bond well with the new bone formed around it and let the body build inside its surface porosities."

He concluded that through these features, mechanical stability and strength of implants inside the body could be significantly increased in the future. DT

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Dear reader,

Daniel Zimmermann
DTI

When GSK recently announced that it is to remove zinc from their denture creams, there was outcry from customer protection agencies around the world. Almost at the same time, a website in the US warned that asbestos fibres found in some dental products can be harmful to dentists. No outcry was heard from the dental community.

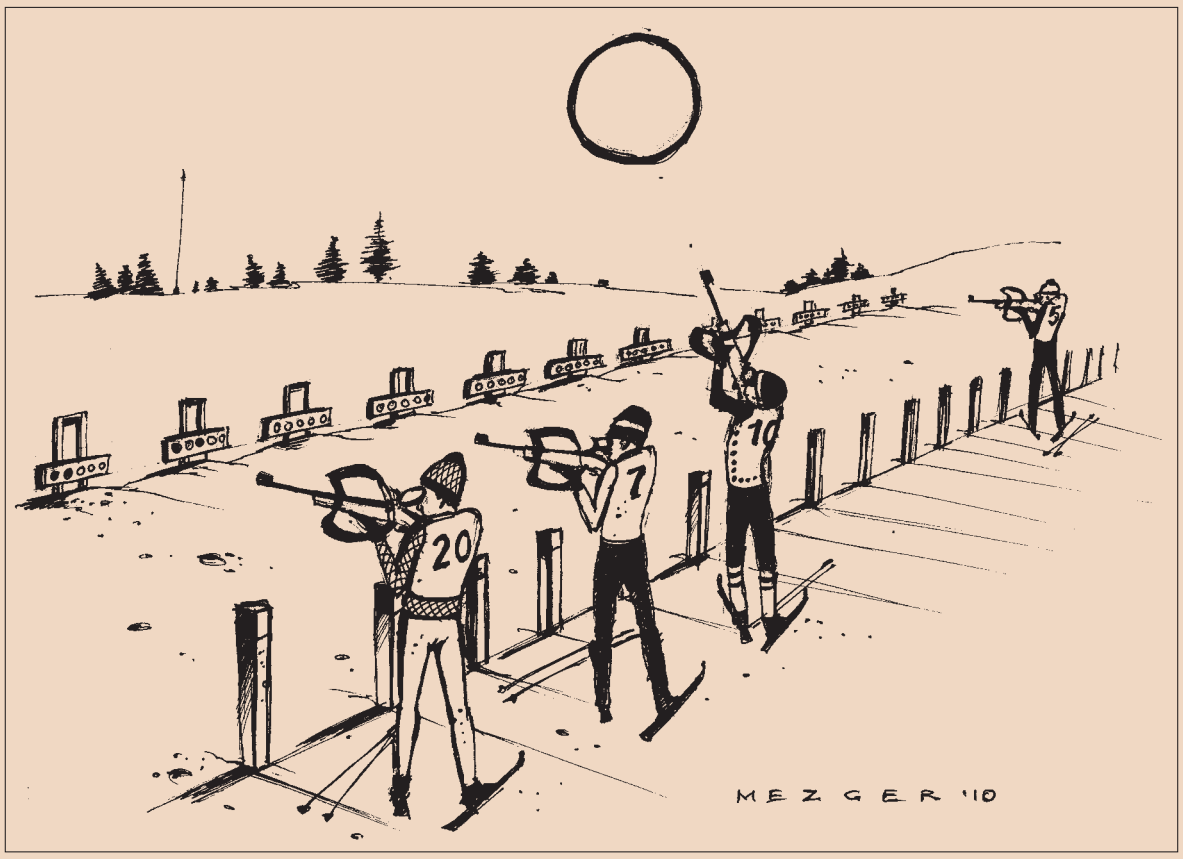
Similar to most health professionals, dentists have to face an array of hazards in their daily working lives. These are in the form of not only infectious diseases, but also substances found in dental materials and equipment that pose health threats to dentists. Although these threats are not acute, studies have demonstrated that long-term exposure has the potential to damage their health.

Dentists traditionally place much trust in manufacturers, mainly because they have become comfortable using a certain product throughout their career and are hesitant to change. However, they should become more aware that they too are customers and if something seems odd, questions should be raised.

If products can be made safer for the health of the masses, they can certainly be made safer for professionals. DT

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International



Athletes, compete in oral health!

Claudia Salwiczek
DTI

Two weeks ago, the 21st Winter Olympics ended with the passing on of the Olympic torch from Vancouver to Sochi in Russia. All the excitement and records aside, what remains are images of many athletes failing at their respective disciplines. Never before have the Games pushed the physical limits of what the human body can accomplish. Sadly, one athlete from Georgia lost his life after leaving the track at high speed during the men's luge competition.

One major issue overshadowed by these tragedies is oral health. It seems that athletes and officials alike are not paying much attention to this problem, maybe because a healthy mouth and teeth are not considered relevant to top performance. This assumption is certainly wrong. Pain resulting from tooth decay, root-canal infection or gum disease can trouble athletes to such an extent that they are not able to compete. In addition, UV radiation accumulated over a long time in sports like the biathlon or cross-country can significantly increase the risk of developing oral cancer.

The International Olympic Committee's decision to screen more athletes for oral lesions this year is a step in the right direction and an acknowledgement that oral health forms part of general health. However, having these examinations every four years won't change much in the general oral-health behaviour of athletes. Dentists, physicians and training staff need to drive home to them that a little investment in their mouths will help to remain more healthy not only during their active career, but also later in life.

Let's hope that the competition for better oral health will already have begun when the Olympic flame shines over Sochi in 2014. DT

Contact Info

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To the Editor

Re: Editorial "Digital technology does not make better dentists" (*Dental Tribune Asia Pacific* No. 1+2, Vol. 8, page 4)

It's interesting that you don't think technology will make better dentists. Things like digital radiography and caries detection give clinicians the opportunity to see and diagnose things more quickly than they could before. Three-dimensional cone-beam imaging integrated with Cerec technology allows a dentist to plan, design and deliver restored implants like never before. And let's not forget that the word *better* is very subjective, especially from a patient's perspective. I would assume that most patients would consider faster treatment and longer lasting restorations that can be delivered with technology better. ■

Joe McGonigal, USA, 24 Feb. 2010

I am not in a position to tell you about all dentists. But I can say that I am a better dentist with the technology we use than I am without the technology. I do not use every technology because I do not believe that every technology is the best thing for our patients or us. I do believe that digital photography, radiography and the lasers we use all significantly increase our ability to treat our patients. We use a number of other technologies and should you wish to learn more, you could visit our website. I do not believe that any insurance benefits paid or not paid should ever enter into the decision to use a technology. ■

Dr James L. Sanderson Jr., USA, 24 Feb. 2010

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Haiti receives further support at Midwinter Meeting

Dental coalition agrees on measures to help victims of quake disaster

Javier M. de Pison
DT Latin America

CHICAGO/MIAMI, USA: The president of the Haitian Dental Society, Dr Samuel Prophet, has asked US dental associations and professionals for support to rebuild the public health system of his country and to give help to colleagues whose offices have been destroyed. Dr Prophet, who was invited by the Chicago Dental Society to join this year's Midwinter Meeting, spoke at the opening session of the Chicago Midwinter Meeting as part of an initiative of *Dental Tribune Latin America* to help colleagues in Haiti following the 12 January earthquake.

"The people of Haiti will forever be grateful to the international dental community for the aid received in shelters and makeshift refugee centres in the form of hygiene kits with toothbrushes, toothpaste and soap, and for the volunteer dentists who have gone to help, along with their Haitian colleagues, to bring assistance to the needy," said Dr Prophet. He added that this tragedy would also give the opportunity to honour its victims by assisting in the mammoth task of rebuilding Haiti.

Officers of the American Dental Association (ADA) also held a meeting requested by *Dental Tribune Latin America* to seek solutions to the crisis in Haiti, specifically to help colleagues who have lost family members, offices and their means of work. At the ADA headquarters in Chicago, ADA President Dr Ronald L. Tankersley, President-elect Dr Raymond Gist, Executive Director Dr Kathleen T. O'Loughlin and Director of the Division of Global Affairs welcomed an international delegation that included Dr Prophet, Dr Adolfo Rodríguez, President of the Latin American Dental Federation (FOLA), Dr Adán Yáñez, President of the Ibero-Latin American Dental Federation (FDILA), Torsten Oemus, President of *Dental Tribune International*, and Javier de Pison, editor of *Dental Tribune Latin America*.

The group discussed different ways to help Haiti, such as the Oral Health Coalition for Haiti and other initiatives like conferences at various congresses in Latin America and the US, a programme called *Adopt a Dentist*, and collaboration with companies for the donation of materials, instruments and dental units.

Dr Yáñez offered to devote one day of the FDILA congress, to be held from 12 to 16 May 2010 in Puerto Vallarta in Mexico, to Haiti. On this day, which will be entitled *A Smile for Haiti*, prominent Latin American speakers will donate their lecture fees. Amongst the confirmed speakers are Drs Miguel Asenjo (Dominican Republic), Sergio Kohen (Argentina) and Enrique Jadad (Colombia). In addition, the FDILA will host a gala dinner to raise funds and is offering discounts to commercial exhibitors who sponsor events or donate materials to Haiti.

As assistance, *A Smile for Haiti* will be broadcast live through the Dental Tribune Study Club (DTSC), an online educational platform. This initiative will enable dentists in Latin America who wish to help to sign in and view the presentations by renowned specialists. The nominal fee charged for signing in will be donated to a fund for Haiti. A week prior to the Mexico event, the DTSC will present a series by English-language speakers with the same purpose. DT

(Edited by Daniel Zimmermann, DTI)

Dr Samuel Prophet (DTI/Photo Javier Mz. de Pison)

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Asbestos fibres (DTI/Photo Terry Davis)

Asbestos fibres may harm dentists too

Daniel Zimmermann
DTI

NEW YORK, USA/LEIPZIG, Germany: According to the US website *Asbestos.net*, dentist should be more aware of the hazards arising from asbestos. High concentrations of the microscopic fibres are often found in treatment rooms, from where they can penetrate the lung and cause mesothelioma, a rare and inoperable form of cancer that develops from the protective lining of the body's internal organs. Annually, 20,000 people die of the condition around the world.

High exposure to asbestos is common in trades such as construction, in which there is the danger of inhaling the carcinogen's dust and fibres from plaster and other asbestos-containing products. In dentistry, the minerals are often used for the lining of casting rings or dental tapes. Dentists are at risk because they usually work in small confined rooms and do not take precautions against inhaling the fibres.

Recent studies have found that daily occupational exposure over time, even at low asbestos levels, under poor ventilation conditions in a closed space could cause pleural lesions.

The website said that symptoms of the tumour's presence are usually not evident for another 20 to 50 years. They advise dentists who think they may have been exposed to asbestos to monitor their health carefully in conjunction with a physician. DT

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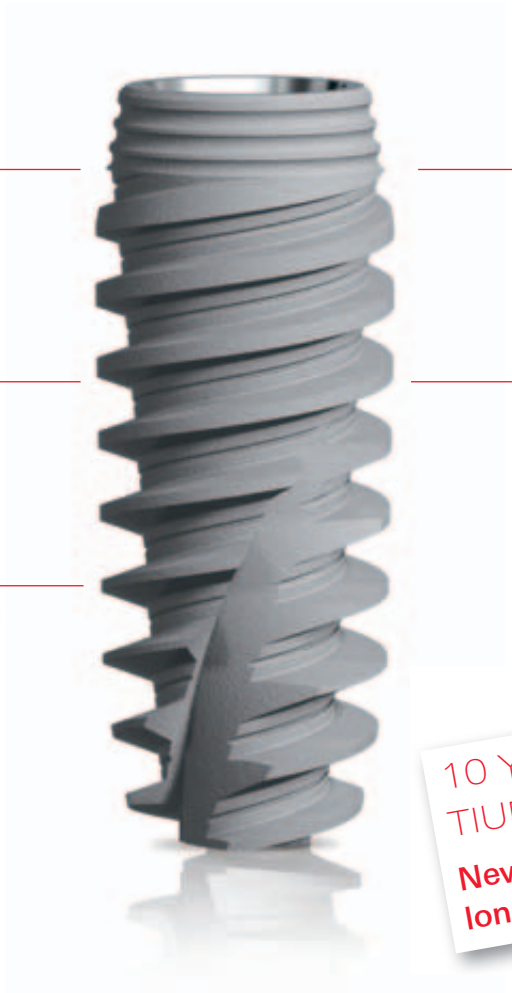

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Limit staff access to drugs

Robin Goodman
DTA

TUCSON, USA: Dental offices and the pharmaceuticals used there present the risk of drug abuse, but dentists can put policies in place that help reduce the chance of illegal use of controlled substances, according to an article in *Anesthesia Progress* (2009, 56:112–113).

Dr Joel M. Weaver writes that dentists who place too much trust in their employees make themselves and their practices vulnerable to people who abuse controlled substances. Dentists who regulate drug access and distribution are protecting more than their practice—they're also protecting their patients, employees and reputation. While it's often easier to stick with the way things have traditionally been done, making a few changes to drug-access policies makes good business sense, Dr Weaver says.

"Although change is difficult and usually meets with resistance, the thoughtful practitioner who can step back and observe his or her practice for potentially fatal weaknesses will be much less likely to succumb to a disaster," Dr Weaver writes.

"Accredited hospitals already have strict rules to help prevent drug theft, but private unaccredited offices without mandatory controls are highly vulnerable to drug theft and deception."

By taking sole responsibility for storing, filling and handling syringes containing controlled substances, dentists can reduce the chance of illegal drug use or mistaken dosages. It's important to rely only on those licensed to handle medications, Dr Weaver says, such as physicians, dentists, nurses and pharmacists. Other employees who receive on-the-job training may be more likely to make mistakes with drug dosages and concentrations.

"Who should have access to controlled substances in the dental office? The answer is simple: only licensed professionals and as few of them as is reasonable," he says. DT

(Edited by Daniel Zimmermann, DTI)

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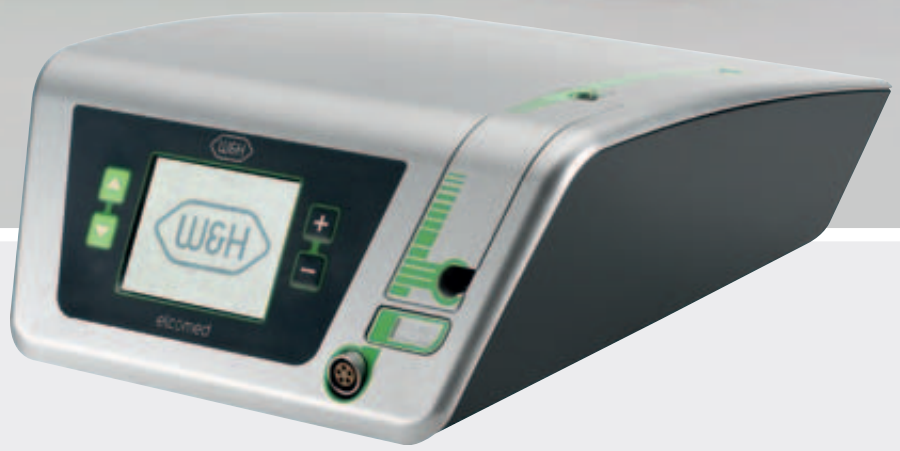

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New dental conglomerate announces to strengthen market presence in Asia

Daniel Zimmermann
DTI

NEW YORK, USA/LEIPZIG, Germany: In one of the largest industry mergers this year, the Canadian-based manufacturer of infection-control products SciCan has announced its amalgamation with the German–French conglomerate SycoTec, MICRO-MEGA. With a combined workforce of 800 staff and offices in Canada, France, Switzerland and Germany, the new company will form one of the ten largest dental groups worldwide. The financial terms of the agreement have not been disclosed.

Company officials said that the merger is not a buy-out and that all three companies will remain independent under one umbrella. Merger-related downsizing is not intended, but SciCan's German office in Augsburg will be closed and its 25 employees relocated to the future company headquarters in Leutkirch/Allgäu in Germany.

SycoTec, which specialises in dental drives and motors, bought the French manufacturer of root-canal instruments MICRO-MEGA in October last year. The former subsidiary of KaVo has been under pressure lately, owing to a decline in demand in local and international dental markets. According to an article in the newspaper *Schwäbische Zeitung*, orders in early 2009 decreased by 40 per cent, forcing the company to place almost two-thirds of its employees on short- time.

SycoTec CEO Dr Martin Rickert confirmed that the merger would not only help to prevent lay-offs, but also promote further growth. The latest merger with SciCan is intended to complement the current offering of surgical and endodontic instruments with a full range of infection-control products. "We now can offer dentists and doctors a 'one-stop shop', from instruments to motors to the entire reprocessing system," he said.

SycoTec CEO Dr Martin Rickert (right) will lead the new conglomerate. (DTI/Photo courtesy of Oemus Media, Germany)

Both companies intend to make use of each other's existing distribution networks in North America and Europe and strengthen their market presence in Asia.

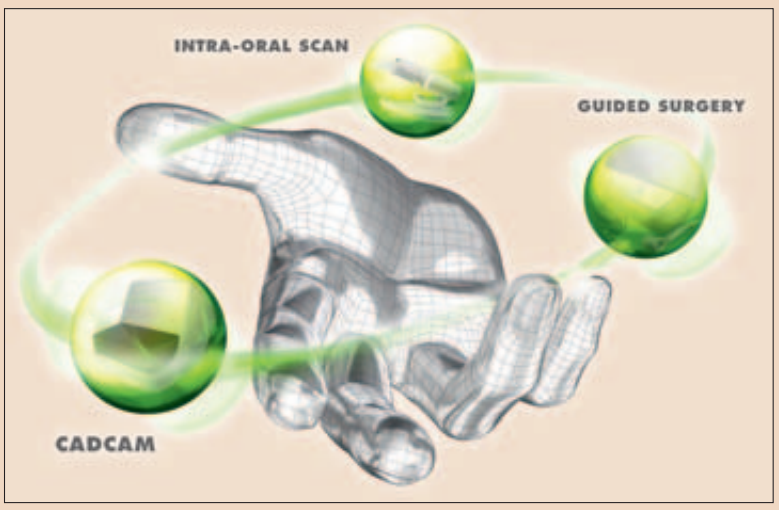
Dr Rickert, who will lead the new company with SciCan's current Chairman Arthur Zwingenberger, added that most of the positions within the organisation will be filled with existing personnel to avoid unnecessary costs. Although the name for the new organisation is still under discussion, the merger is expected to become legally effective within the next few months, he said. DT

Straumann goes fully digital at Midwinter Meeting

Sierra Rendon
DTA

CHICAGO, USA/LEIPZIG, Germany: Straumann is advancing its position in the dental market as a provider of comprehensive digital implant and restorative solutions. At the Chicago Midwinter Meeting, which was held 25–27 February, the company revealed its new digital platform *Straumann Digital Solutions*. The new brand combines computer-guided surgery, intra-oral imaging and CAD/CAM prosthetics under one umbrella. According to the company, it will first be available to dentists in the USA.

In addition to the new system, a new CAD/CAM system, with a new scanner, was launched in Chicago. A number of new products and features, including veneers, inlays and onlays, will also be introduced to the market over the course of the year. Gilbert Achermann, President and CEO, commented: "Digitalisation will impact all aspects of dentistry as digital workflows supersede labour-intensive manual processes, enhancing interfaces, shortening treatment, reducing potential for error and improving quality assurance."



Straumann Digital Solutions (DTI/Photo courtesy of StraumannAG, Switzerland)

"Straumann is committed to bringing the new technologies to customers as part of an integrated array of flexible, reliable solutions that are designed to optimise workflows and enhance patient care," he added.

Straumann entered the field of computer-guided surgery in 2009 with the acquisition of IVS Solutions, a German company specialising in software applications for computer-guided surgery, including surgical template design and fabrication. In the same year, the company also signed a distribution agreement for iTero, an intra-oral scanning system made by US manufacturer Cadent.

Straumann already has an CAD/CAM offering that includes scanners, software and a full range of prosthetics in modern bio-compatible, durable and aesthetic materials through its partnership with Ivoclar Vivadent. DT

Medicom introduces next generation of Nitrile gloves

From news reports

MT WOUDENBERG, The Netherlands: Allergic reactions have become a major health concern for both patients and healthcare workers who frequently use latex gloves. In addition, every time a healthcare worker takes off his or her examination gloves, washes their hands and then puts on another pair of gloves, they become predominantly vulnerable to dry, rough, irritated and cracked skin. Medicom says to have found a solution to both problems by introducing the SafeTouch Rejuvenate Nitrile Plus to all major markets.

SafeTouch Rejuvenate Nitrile Plus (DTI/Photo courtesy of Medicom Healthcare B.V., The Netherlands)

The SafeTouch Rejuvenate Nitrile Plus, which complements the company's extensive medical glove offering, is enriched with lanolin, vitamin E to nourish, moisturize, sooth the skin.

According to Medicom, they are soft and durable while offering excellent tear strength and puncture resistance. The gloves are also fully textured to ensure enhanced grip in wet conditions. Improved ergonomics 'latex like' feel allows precise fit and increased freedom of movement reducing hand fatigue, they added. DT

(Edited by Daniel Zimmermann, DTI)

GlaxoSmithKline removes zinc from denture creams

Daniel Zimmermann
DTI

LEIPZIG, Germany: Owing to consumer reports alleging neurological complications with long-term use, GlaxoSmithKline (GSK) has announced that zinc will be removed from its denture cream brands worldwide. The British manufacturer also warned consumers of the potential health risks associated with long-term, excessive use of zinc-containing denture adhesives but said that these products remain safe to use as directed on the product label.

Zinc was originally added to denture adhesives to improve adhesive strength. Recent studies, however, have demonstrated that excess amounts of the metal can accumulate over time, resulting in paralysis of some patients. Health experts recommend 8 milligrams of zinc per day for women and 11 milligrams for men. Denture creams contain up to 38 milligrams of zinc per gram.

Dr Howard Marsh, Chief Medical Officer at GSK Consumer Healthcare, commented, "The safety of our consumers is our primary concern. We are taking this action because we have become aware of potential health problems associated with the long-term, excessive use of our zinc-containing denture adhesive products. These reports are rare, given that several million people worldwide are users of the products."

He said that patients who use denture creams on a daily basis should consult their doctor and switch to a zinc-free alternative. The use of too much adhesive might indicate ill-fitting dentures.

GSK will effect transition to zinc-free versions of all affected variants worldwide up to April this year. The label *zinc-free* will be clearly displayed on the new packaging, the company told *Dental Tribune Asia Pacific*. DT

PROVEN FACTS

ACTION	RECALDENT™ CPP-ACP EVIDENCE	OTHER CALCIUM PHOSPHATE SYSTEMS
Inhibition of caries in an animal model	√ Reynolds et al., 1995 *(J Dent Res, 74, 1272-1279)*	?
Inhibition of dentine demineralisation *in vitro*	√ Yamaguchi et al., 2007 *(Caries Res, 41, 204-207)* Rahiotis & Vougiouklakis, 2007 *(J Dent, 35, 695-698)*	?
Promotion of dentine remineralisation *in vitro*	√ Rahiotis & Vougiouklakis, 2007 *(J Dent, 35, 695-698)*	?
Inhibition of plaque formation *in situ*	√ Rahiotis et al., 2008 *(J Dent, 36, 272-280)*	?
Inhibition of enamel demineralisation *in situ*	√ Reynolds, 1987 *(J Dent Res, 66, 1120-1127)* Reynolds, 1998 *(Spec Care Dentist, 18, 8-16)*	?
Promotion of enamel subsurface lesion remineralisation *in situ*	√ 11 publications including Shen et al., 2001 *(J Dent Res, 80:2066-2070)* Iijima et al., 2004 *(Caries Res, 38, 551-556)* Manton et al., 2008 *(Int J Paediatr Dent, 18, 284-290)*	?
Inhibition of caries progression and promotion of regression of caries in a randomised controlled clinical trial	√ Morgan et al., 2008 *(Caries Res, 42,171-184)*	?
Promotion of enamel subsurface lesion remineralisation in a randomised controlled clinical trial	√ Bailey et al., 2009 *(J Dent Res, Submitted)*	?

No other system comes close to matching what nature has developed

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GC Tooth Mousse contains RECALDENT™ (CPP-ACP), an unique ingredient developed at The School of Dental Science, The University of Melbourne, Victoria, Australia. RECALDENT and RECALDENT Device are trade marks used under licence.