DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

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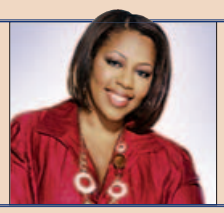

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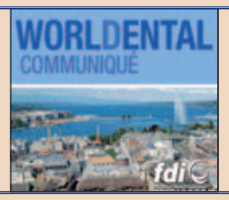

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First vaccine for treating gum disease

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Scientists at the University of Melbourne, Australia, have announced that they have partnered with CSL Limited and Sanofi Pasteur, the country's largest biopharmaceutical companies, to further develop and commercialise a vaccine for the treatment of gum disease. The programme, which has been ten years in development, involves bacterial peptides and proteins that trigger the immune response to periodontal inflammation. The vaccine is currently being tested in mouse models and is expected to progress to clinical trials soon, the researchers said.

A new vaccine could help to replace traditional periodontal treatment methods. (DTI/Photo Dmitry Naumov)

The new vaccine approach is targeting the 'ring leader' of a group of pathogenic bacteria called *P. gingivalis* that cause periodontitis. According to a US-based consortium for *P. gingivalis* research, elevated levels of the organism were found in the majority of periodontal lesions, as well as in low levels in healthy sites. In addition, the organism also produces a number of enzymes that have been shown to interact with and degrade host proteins.

Although the bacterium can be eliminated through periodontal therapy, it is often found in recurrent infections.

"Periodontitis is a serious disease and dentists face a major challenge in treating it, because most people will not know they have the disease until it's too late and the infection has progressed to advanced stages," says Prof. Eric Reynolds, CEO of the Cooperative Research Centre for Oral Health Science and the Head of the University of Melbourne's Dental School. "This new approach will provide dentists and patients with a specific treatment."

Traditional periodontal therapy involves manual scaling and cleaning, and even surgery with instruments or dental lasers in an effort to contain the bacterial infection. Reynold said their new line of vaccine products will possibly prevent the progression of the disease, rather than managing its symptoms and damaging consequences.

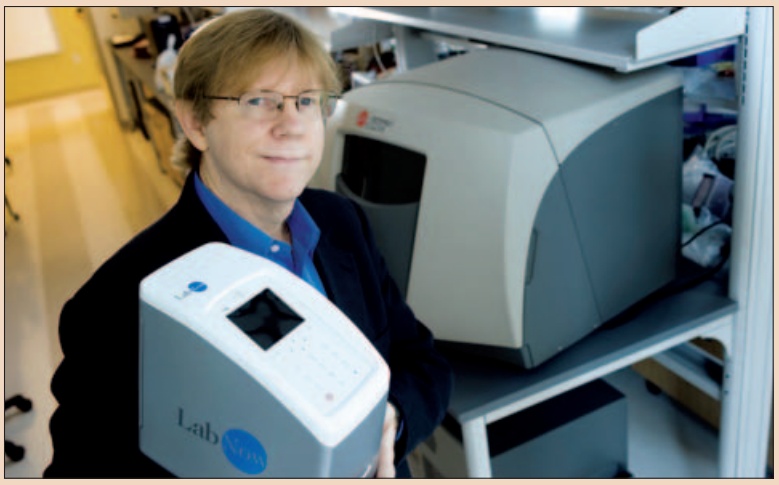
Sanofi Pasteur has an option to an exclusive worldwide licence to commercialise the intellectual property associated with these products. DT

Asian dental markets show potential

A new report by Research and Markets, a market analyst company from Dublin in Ireland, has found that dental markets in the Asia-Pacific region exhibit a huge potential for growth due to low market penetration and high demand for modern and sophisticated technology and equipment.

An increasing aging population coupled with a rising awareness for oral health, high aesthetics and improved dental treatments have also boosted the growth in this segment, the report states. In addition, a growing disposable income, an increasing edentulous population and rising numbers of retired baby boomers have impacted the growth of the industry positively.

Overall, the dental industry remained one of the most attractive segments of the healthcare industry with an estimated size of about US$18.8 billion in 2008, according to the report. DT



Prof John McDevitt from Rice University in Houston is working on a new affordable device for detecting oral cancer in the dental office. (DTI/Photo Jeff Fitlow) ▸ WORLD NEWS, Page 5

India to extend BDS courses

The Dental Council of India has announced to introduce a five-year Bachelor of Dental Surgery course as well as Post Graduate diploma courses. The extended offering is supposed to help internationalise dental education in India and solve the faculty problems in dental colleges. DT

US dentists delay new acquisitions

More than 80 per cent of dentists in the US indicate to have delayed new acquisitions because of the recession, a survey by the American Dental Association has found. While almost 50 per cent delayed buying new equipment, only 3 to 9 per cent reported to have laid off personnel. DT

Aussi dentists oppose dental scheme reform

Dentists in Australia are reported to lob the federal government to dump plans for Denticare, a US$3.37 billion universal dental scheme developed by the Australian National Health and Hospitals Reform Commission earlier this year. The scheme would entitle patients to receive cover either free through public dental services or one of a series of private plans.

Instead, the Australian Dental Association (ADA) is pushing for a targeted scheme modelled on the Commonwealth Dental Program dumped by the Howard government in 1996. It is supposed to be funded through a new tax on sugar, sugary sweets and soft drinks, ADA officials said. DT

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Countries in Asia less than average in health care spending

Daniel Zimmermann
DTI

Health care spending has improved in Asia but still is below average. (DTI/Photo Sean Prior)

LEIPZIG, Germany: Asian countries have been found to spend less of their GDP's for health care than most other countries in Europe and the US. According to a new health care report by the Organisation for Economic Co-operation and Development (OECD) in Paris, only New Zealand provided more money for health care than the average of all observed countries. Japan, Korea and Australia, however, spent less than the OECD average of 8.9 per cent of GDP.

The US currently spends more on health care than any other country—almost two and a half times greater than the OECD average of US$2,984, adjusted for purchasing power parity. Luxembourg, France and Switzerland also spend far more than the OECD average. At the other end of the scale, health-care expenditure in Turkey and Mexico is less than one-third of the OECD average.

The latest edition of *Health at a Glance* demonstrates that all the countries observed could do better in providing good quality health care. Key indicators presented in the report provide information on health status and the determinants of health, including the growing rates of child and adult obesity, which are likely to drive higher health spending in the coming decades.

Based on new data on access to care, the report demonstrates that all OECD countries provide universal or near-universal coverage for a core set of health services, except the US, Mexico and Turkey. DT

Malaysians reject public dental services

Claudia Salwiczek
DTI

HONG KONG/LEIPZIG, Germany: Kuala Lumpur's Deputy Director of Health Dr Ahmad Bujang has urged Malaysians to have their teeth checked once or twice a year and children at least every six months, despite the present problems in government dental services. Given the current dental status of Malaysians, dental checks are important, as early detection of dental diseases like caries or gingivitis allows for more effective treatment, he said.

Dr Bujang was responding to a statement released by the Ministry of Health in November claiming that only 6 per cent of adults in the country use government dental services.

Public dentistry in Malaysia falls short compared to other countries in the region, especially in rural areas, where only 60 per cent of dental officer posts are filled. According to latest government figures, the current ratio of public dentists to the population is only 1:15,243, while the ratio for both public and private dentists combined is 1:7,941. This leaves patients to wait for long periods for treatment, as public dental clinics operate according to appointments.

The Ministry of Health has announced that it will address the problem by employing retired and foreign dental officers, while also improving the service scheme of public dental officers in order to retain those already employed in government service. In the long run, the government aims to achieve the projected target ratio of 1:4,000 by facilitating dental education in Malaysia and abroad. DT

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Asia will assure future growth, 3M's Buckley says

Daniel Zimmermann
DTI

NEW YORK, NY, USA/LEIPZIG, Germany: George Buckley, Chief Executive Officer of 3M, has announced that his company intends to take advantage of more overseas opportunities in regions like Asia Pacific in the coming business year. Speaking to investors in New York in early December, he said that he expects revenues to grow by 11 to 13 per cent in emerging markets like China and India. Owing to the worst economic downturn in 80 years, the company's US sales suffered significantly this year.

Despite the outlook of a slow economic recovery, Buckley outlined his company's ongoing commitment to investing in its core businesses while continuing to focus on cash generation in light of the still uncertain global economy. 3M, with US headquarters in St. Paul in Minnesota, offers a wide array of dental products through its division 3M ESPE, including adhesives, dental cements and products for restorative and aesthetic dentistry.

According to latest estimates, 3M sales are expected to reach between US$24.5 and US$25.5 billion in 2009, with organic sales volumes growing by 5 to 7 per cent and currency effects adding 2 to 3 per cent to sales for the year. The company also expects that 2010 earnings will be between US$4.85 and US$5.00 per share, a slight increase compared to 2009. DT

Waiting lists in dental clinics trouble S'pore

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Representatives of the Ministry of Health and the National Dental Centre (NDC) in Singapore have rejected criticism about long waiting lists for special dental procedures in governmental dental clinics. In a public letter posted on the Singapore Dental Association's website in December, Dr Kwa Chong Teck, Executive Director of the National Dental Centre, and Chief Dental Officer Patrick Tseng said that for patients seeking elective specialist treatment, the NDC generally offers an appointment within two weeks. They admitted, however, that there is a waiting list of patients requiring elective crown and bridge work, root canal treatment or dentures.

In Singapore, special dental treatments are subsidised only when patients are referred from governmental dental clinics. The national medical saving scheme, called Medisave, which is supposed to help individuals set aside part of their income to meet future personal or immediate family's hospitalisation, only covers one-day surgical procedures.

The Ministry of Health has rejected demands to extend the scheme for private clinics to reduce waiting times. Recent feedback on delayed procedures came from patients asking for non-emergency elective treatments, such as braces and dentures, a government official said. She added that heavy subsidy without means-testing for these procedures will inevitably lead to long queues.

"Medisave should be treated as a financial reserve so that treatment needs are met," Dr Ansgar Cheng, a consultant dental surgeon at a private dental clinic in Singapore, told *Dental Tribune Asia Pacific*. "The key is to identify those dental treatments that should be regarded as needs versus the non-urgent optional treatments like tooth whitening, which should be taken out of the equation. There is no doubt that governmental clinics will be able to cope with the public demand with time." DT

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Petra C Guess, Ricardo Zavanelli, Nelson Silva and Van P Thompson, New York University, March 2009
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DENTAL TRIBUNE Asia Pacific Edition

We wish all our readers a successful new year 2010...

Rice University to work on oral cancer test

Daniel Zimmermann
DTI

NEW YORK, NY, USA/LEIPZIG, Germany: Researchers at the BioScience Research Collaborative at Rice University in Houston in the US have received a US$2 million grant from the US National Institutes of Health for the development of a new test for detecting oral cancer. The test, which utilises latest LED and nano microchip technology, aims to provide an accurate diagnosis in less than 30 minutes and can be performed in the dental office. Additional tests for the detection of cardiovascular diseases and HIV are also in development, the researchers said.

Oral cancer affects about 300,000 people per year worldwide, and most cases are diagnosed in the late stages. If oral cancer is detected early, the prognosis for patients is excellent, with a five-year survival rate of more than 90 per cent. Unfortunately, the actual five-year survival rate for oral squamous cell carcinoma is only about 50 per cent, amongst the lowest rates for all major cancers.

"We want to provide an accurate diagnosis for oral cancer using a minimally invasive test that requires no scalpels or off-site lab tests," said principal investigator Prof. John McDevitt, Rice's Brown-Wiess Professor of Chemistry and Bioengineering. "The payoff for this could be tremendous because oral cancers today are typically diagnosed much too late in their development."

According to McDevitt, the test is being developed in collaboration with other scientists from universities in the US and the UK. DT

To the Editor

*Re: Editorial, (*Dental Tribune Asia Pacific *No. 11, Vol. 7, page 4)*

In the UK at least the number of female graduates in dentistry has outnumbered male graduates for some time. In terms of new graduates there is certainly no longer a problem with the gender balance. The problem with the well-known opinion leaders is partly that they are further through their career, therefore many of them graduated at a time when more men were graduating than women. What is more of a long term problem is that in order to be a well-known opinion leader in dentistry you need to devote an enormous number of hours to a combination of higher training, attending and lecturing at courses all over the world, usually in addition to running a practice. This is pretty much incompatible with the home life of many women who want to be able to have children who are raised with lots of parental input. Until society changes so that fathers feel both more willing, and able to take a part in flexible and part time working, and spend more time in the home, most women will sacrifice career glory for the emotional needs of their children. We need changes in all professions and industries so that men who want to can take on more childcare responsibilities, and allow their female partners to be leaders in their professions, where they want to be, without being forced to put their children into long hours of childcare.

Lucy Nichols, UK, 12. Dec. 2009

*Re: "Experts discuss future of implantology in Gothenburg", (*Dental Tribune Asia Pacific *No. 10, Vol. 7, page 1)*

This is exactly what I have been thinking. We are pricing ourselves out of the dental implant market. What good is the invention, innovation or treatment when only the elite population can afford it. The concept of treating the patient with only a small number of implants is not correct. We need to replace all missing roots with implants, rather than performing different ways of unproven restoration for the sake of cost.

Norman Kwan, Canada, 6 Dec. 2009

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Global centre for laser education installed in the US

Fred Michmerhuizen
DTA

NEW YORK, NY, USA/LEIPZIG, Germany: The US-based manufacturer of soft-tissue dental lasers AMD LASERS has announced the launch of its new International Center for Laser Education (ICLE) in Indianapolis in the US. The centre, which is headed by laser expert Dr Glenn van As, will offer education for the most popular lasers in dentistry through video, hands-on courses, and an interactive laser forum. ICLE claims to be the first laser company to offer affordable laser education to dentists worldwide.

Several variants of dental lasers are already in use, with the most common being diode lasers, carbon dioxide lasers, and yttrium aluminium garnet lasers. Latest studies have proven that laser applications for dentistry range from surgery to cosmetic procedures and even treatment of periodontal and peri-implantitis infections. The cost of a dental laser is between US$8,000 and US$50,000.

"Until now, most laser courses have been expensive and not specific enough in content to really assist dentists in understanding the safety, efficacy, and proper use of dental laser technology," said Dr van As. "Just as AMD LASERS has made cutting-edge laser dentistry a reality for dentists, ICLE intends to revolutionise laser dental education through courses of unprecedented quality, accessibility, and affordability."

According to Dr van As, ICLE's courses will be suitable for both experienced clinicians and dentists new to laser dentistry. The forum will allow dentists to ask questions, post technique videos, and share laser experiences, he added. DT

AD

Genes drive gingivitis

Researchers at the University of North Carolina (UNC) in Chapel Hill in the US have discovered that almost one third of all human genes is involved in the inflammation of gingival tissue. By observing gum samples at molecular level collected from fourteen individuals with mild gingivitis, they found that more than 9,000 genes are expressed differently during the onset and healing process of the condition. According to latest figures of the International Human Genome Sequencing Consortium, the estimated number of genes in the human body ranges from 25,000 to 30,000.

The study, supported by the US National Institutes of Health and oral health-care manufacturer Procter & Gamble, is the first to identify gene expression and the biological pathways involved in the onset and healing process of gingivitis successfully, including those associated with immune response, energy metabolism, neural processes, vasculature, chemotaxis, wound healing and steroid metabolism.

"The study's findings demonstrate that clinical symptoms of gingivitis reflect complicated changes in cellular and molecular processes within the body," said Dr Steven Offenbacher, the study's lead researcher and director of the UNC School of Dentistry-based Center for Oral and Systemic Diseases. "Understanding the thousands of individual genes and multiple systems involved in gingivitis will help explain exactly what is occurring in a person's body at the onset of the disease and how it relates to their overall health."

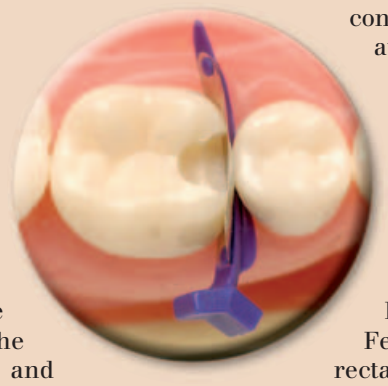
Gingivitis is commonly attributed to lapses in simple oral hygiene habits. If untreated, it can lead to periodontal disease, which has been studied extensively for its possible relation to heart disease, diabetes and pre-term birth. The researchers said that understanding the way gingivitis develops and resolves at a molecular level could provide critical insights into gum disease prevention, as well as new treatments. DT

Directa presents new solutions for Class II cavity preparations

Daniel Zimmermann
DTI

LEIPZIG, Germany: Placing a matrix band to attain a good contact point and avoiding interproximal overhang after excavation for Class II fillings has always been a time consuming and laborious procedure. Directa has announced to offer a unique and easy solution for this procedure by combining a separating plastic wedge with a stainless steel matrix. The Fendermate is available in regular and narrow width and for left or right application and will be colour coded for better identification.

According to the Swedish company, the combined matrix and wedge are inserted as one piece.



A new technology contours and compliments the curvature of the patients tooth and holds its shape without having to use a retentive ring that inhibits access to a cavity. The contact point is created by the dual curvature of FenderMate so that further burnishing will not be necessary.

With the combination of FenderMate and FenderWedge, Directa also offers a tissue friendly approach for the preparation and filling of Class II cavities. DT

US dentist develops Face Lift Dentistry

PR Newswire

After 30 years of cosmetic and bite reconstruction dentistry in Los Angeles, Beverly Hills and Santa Monica, Dr Sam Muslin has perfected and trademarked Face Lift Dentistry, an advanced procedure to ensure lasting results in health, comfort and appearance. Non-surgical, it is supposed to optimise dental health and idealise the bite to augment the specific facial features of the patient. Dental patients can look ten years younger just from work on the teeth that lengthens and supports the face, Dr Muslin says.

As a person ages, teeth become worn down and uneven due to wear and tear and different kinds of dental work in the mouth. Patients who have short faces, narrow cheeks, aging lips, and facial wrinkles usually have worn down teeth and a form of bite collapse. Because the tooth wear is gradual, the person usually does not realise how much deterioration has occurred.

"The teeth are the foundation of the face, but most doctors do not understand how much the teeth can enhance the facial features," says Dr. Muslin, who is a Master of the US Academy of General Dentistry. "Cosmetic face lifts and cosmetic dentistry often cannot produce optimal results for the patient."

According to Dr Muslin, the Dental Face Lift is done with a high level of coordination and efficiency. During the first appointment, poor crowns, loose teeth, gum disease, bad bite and facial collapse are taken care of and the patient receives temporary crowns, veneers and fillings. On the second visit, all of the new crowns, porcelain veneers and fillings are bonded to achieve a complete reversal of bite collapse, permanent facial support and lengthening of the patient's face, Dr Muslin says.

"Face Lift Dentistry goes beyond cosmetic dentistry and cosmetic surgery to completely treat both health and facial appearance. Either alone or combined with a surgical face lift, it will achieve superior results," he adds. DT

(Edited by Daniel Zimmermann)

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Donna J Abernathy
Training and Development Editor

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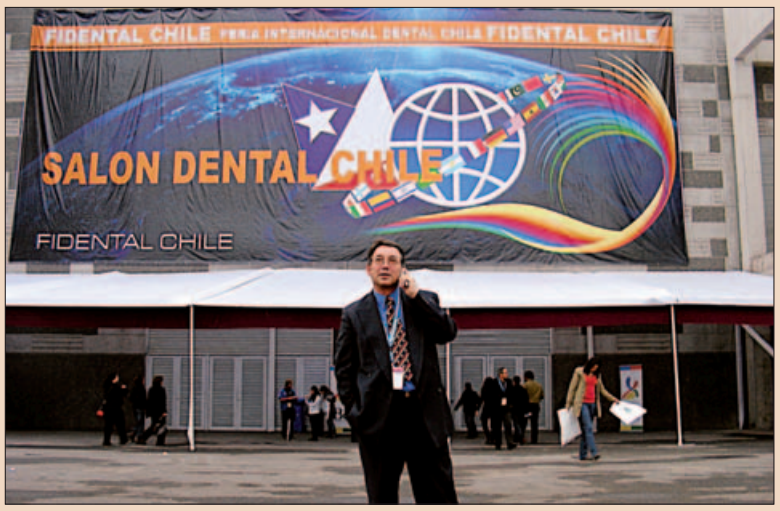

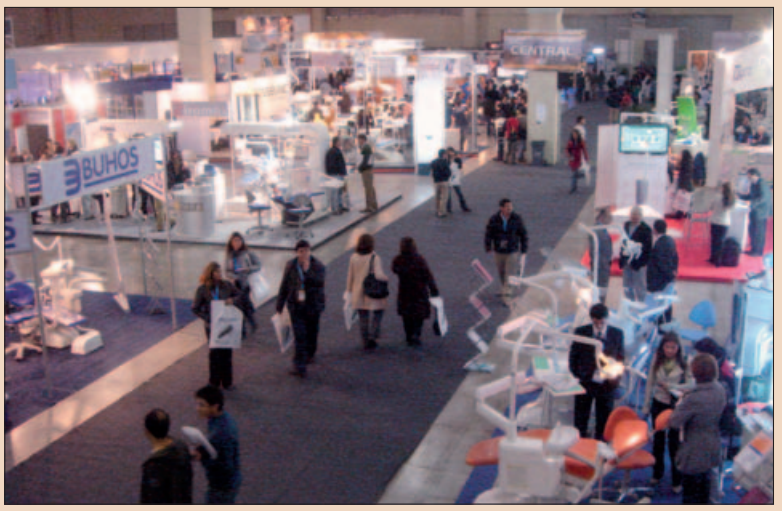

Fig. 1: Miguel Wechsler—Fig. 2: The Chilean dental market is growing at an annual rate of 12 per cent. (DTI/Photos Javier Martínez de Pisón)

SANTIAGO DE CHILE, Chile: The sixth annual edition of Dental Salon Chile has nothing to envy from the best Asian, American or European expos in terms of quality and professionalism. Lodged now for the first time in the modern fairgrounds of the Espacio Riesco, the Dental Salon offers ample quarters, modern facilities and many comforts to the visitor. But probably the most surprising feature is the high quality design of spaces, isles and booths, an influence that expo organizer Miguel Wechsler says he has assimilated from attending shows such as IDS in Germany and GNYDM in New York.

Wechsler has radically changed the look and feel of Dental Salon Chile, which until 2008 took place in cramped grounds. The Espacio Riesco by comparison, ten minutes away by car from downtown Santiago and for which Wechsler now provides free buses every 15 minutes, is a large concrete structure from which huge, colourful billboard-size banners promoting the Salon hung outside welcoming the visitor.

The Chilean businessman says that he has invested a lot of time and resources in organising this 2009 Salon, but that the projected growth statistics for the dental industry in Chile support his effort. Chile is actually a small country, but has developed a quality infrastructure, and its economy is one of the most prosperous in all of Latin America. Wechsler says that the dental market in Chile is growing between 20 and 30 per cent per year.

Chilean dentists and researchers are renowned in Latin America as high-standard professionals, with a tendency to buy expensive, high-quality American and European instruments, products and equipment, which is not the case with other colleagues in the region. It is estimated that there are over 11,000 practicing dentists in the country today, a number that increases by 12 per cent every year.

The reason for this increase is that until recently state-controlled universities graduated a reduced number of dentists, but the new private universities have radically changed this dynamic, churning out large numbers of dentists every year.

Wechsler says that the 2010 Dental Salon will have an international German Pavilion, and that he's in negotiations with the Swiss industry for the same purpose. At the IDS in Germany he was talking with representatives of the American Pavilion, who are also interested in the Chilean market.

Actually, the director of the Dental Salon is so confident in the Chilean market that he is exploring the possibility of organising expos in Peru, Bolivia, Paraguay and Argentina.

"When the international industry sees the quality of this Dental Salon Chile they are happily surprised," Wechsler says. "Because they recognise that it has been modelled after successful American and European expos. They recognise that it is a highly organised and professional effort, and many ask me if I would consider doing something similar in other countries of the region." DT

Read the full interview with Marc Wechsler at www.dental-tribune.com.

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WORLDENTAL
COMMUNIQUÉ

FDI World Dental Federation

December 2009

Photo courtesy of Jon Crail, FDI World Dental Federation.

Message from the president

In September I was bestowed the great privilege—and responsibility—of representing the international voice of dentistry as its elected leader. Throughout the last few months, I have met FDI members and delegates at their national and regional events around the world, such as the Annual Meeting of the Portugese Dental Association and International Association for Dental Research (IADR) World Congress on Preventive Dentistry. In doing so, I am struck by the vast reach of this great organisation. Whether it's collaborating with fellow Council and Committee volunteers on the many FDI projects in development, participating in important international governmental meetings, or spending time with staff at the head office to better understand the day-to-day workings of the organisation, I am continually impressed with how each one of FDI's many parts contributes to our achievements as a whole.

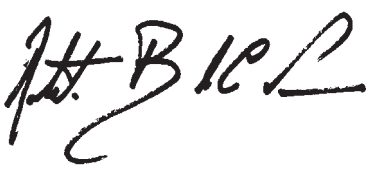
One of the questions I am asked repeatedly when meeting people for the first time as Dr Roberto Vianna, FDI President—as opposed to Dr Roberto Vianna the dentist, professor, dean or entrepreneur—is about my vision for the FDI during this upcoming two-year term. My answer to this question is that my vision for the FDI is to be true to the FDI vision: bringing together the world of dentistry, representing the dental profession of the world, and stimulating and facilitating the exchange of information across all borders with the aim of optimal oral health for all people. The FDI vision is a collective one, developed by and for our members, and should serve as the guiding light to our representatives, elected delegates, partners and supporters, and individual

volunteers that dedicate time and energy to advancing the profession, whether technologically, scientifically, educationally or socially.

Volunteer commitment is an essential component of a strong FDI. I hope you will join me in recognising the contribution of long-standing FDI volunteer, Dr Peter Swiss. Dr Swiss will be "retiring" from the FDI next year, after more than 40 years of tireless service in a variety of roles across the organisation. His spirit of giving time through volunteerism is an example for others to follow. His work is greatly appreciated and will be missed. And as we say thank you to Dr Swiss and reflect on the years he has dedicated to FDI, we welcome seven new and one returning member(s): Barbados Dental Association, Association Burundaise des Chirurgien-Dentistes, Sociedad Dental de El Salvador, European Federation of Orthodontics, European Dental Students' Association, National Children's Oral Health Foundation, Mundo a Sorrir and the Guam Dental Society. This month we take a closer look at the European Dental Students Association: the eagerness of this group of dental students to get involved in volunteer and advocacy activities related to oral health promotion promises a bright future for dentistry.

As the sum of many diverse parts, FDI is only as strong as its relationships and in this respect, I hope that my service as FDI President can help strengthen existing bonds and build new bridges for the organisation. Such bridges might come through increased cross-Committee collaboration, external partnerships with neighbouring Geneva-based NGOs dedicated to health promotion, or a forum for intra-member communication and exchange. In November, FDI took part in a significant meeting co-hosted by the World Health Organization and United Nations Environmental Programme and participated in the 2009 Greater New York Dental Meeting, with a progressive continuing education programme entitled, *Dental Caries: Can the Paradigm of Care Shift?*

Looking ahead to 2010 there are many exciting opportunities on the horizon, starting with our own FDI website. I invite you to watch for the new front page and user features, coming this January. Then in February the FDI Committees will convene for mid-year meetings at our beautiful head office in Geneva. In the meantime, my warmest wishes to you and your loved ones for a happy and fulfilling New Year.



Dr Roberto Vianna
FDI President

FDI supporting member: The European Dental Students' Association

The European Dental Students' Association (EDSA) was accepted as an FDI Supporting Member at General Assembly during the 2009 Annual World Dental Congress in Singapore. EDSA Executive Committee member and Magazine Editor, ***Andrew Sullivan****, discusses what membership to the FDI means for EDSA.*

The European Dental Students' Association (EDSA) was founded more than 21 years ago in Paris and now has a reliable network of more than 65,000 dental students from 182 dental schools in 26 countries. EDSA delegates from each of its member countries gather twice a year in a different European city for EDSA events.

Participants at the 44th EDSA Meeting in Helsinki, Finland

We felt honoured to have been accepted as an FDI Supporting Member at the Annual World Dental Congress in Singapore last September. Our direct involvement with FDI is of great importance to us as an organisation: we are eager to learn from established dentists, gaining knowledge from their experiences and expertise. We will also be able to learn more about the dental field and what the future holds for us as dentists. The relationship between EDSA and FDI will be beneficial for organising or overseeing common projects, as well as creating opportunities to network in the dental field, which can sometimes be difficult when working in the private sector.

So what does the future hold for EDSA? Our plan is to increase the number of members to the organisation. We feel this is critical for moving in the right direction, and embracing new and fresh ideas. Additionally, we will continue to work on existing projects, such as the "Prevention Program", designed to help students promote the importance of oral health, the "Volunteer Program", which aims to increase knowledge and awareness about the value of volunteer work, and the *EDSA Magazine*, currently published twice a year by Wiley-Blackwell.

We look forward to working closely with FDI, building a strong and beneficial partnership for both groups. In particular, I would like to thank Dr Gerhard Seeberger, President-Elect of the FDI-ERO for encouraging this connection. FDI members are welcome to join us for the 45th EDSA Meeting & 8th EDSA Congress, from 7–14 March 2010 in Bucharest, Romania. More information about EDSA, including the contact details for the members of our Executive Committee and information about the upcoming meeting and congress, can be found on the EDSA website (*www.edsaweb.org*). FDI

FDI participates at WHO/ UNEP meeting on future use of materials for dental restoration

FDI World Dental Federation participated in a joint meeting of the World Health Organization (WHO) and United Nations Environmental Programme (UNEP) on 16–17 November in Geneva, Switzerland. Experts from around the world were invited to the meeting to assess the scientific evidence available on the use of restorative materials, including dental amalgam, and the implications of using alternatives to amalgam in dental restorative care.

FDI President, Dr Roberto Vianna, and Executive Director, Dr David Alexander, attended the meeting, presenting a unified position for dentistry based on the resolution on amalgam drafted and passed at General Assembly during the 2009 FDI Annual World Dental Congress (AWDC) in Singapore. In a presentation entitled "Dental restorative materials in clinical practice - views of the dental profession", Drs Vianna and Alexander argued that no ban or phase-down of mercury used in the dental profession should occur before a true alternative to dental amalgam is widely available in all communities. This FDI position is based upon several FDI policy statements and was jointly crafted under the leadership of the Science Committee.

FDI has been closely monitoring developments with regards to the global regulation of mercury as a member of the UNEP Global Mercury Partnership. Following the 2009 FDI AWDC, the Science Committee recommended the formation of a task team to ensure the international dental community, and issues regarding dental amalgam, were universally represented in UNEP discussions. This task team includes Dr Eduardo Ceccotti (CMSC), Dr Peter Cooney (WDDHPC), Dr Stuart Johnston (DPC), Dr Derek Jones (SciC), Prof Masaki Kambara (Council), Dr Orlando Monteiro da Silva (ExecC), Dr Sarkis Sozkes (EduC) and Dr Martin Tyas (contributing expert). Dr Johnston was at the FDI head office in Geneva during the WHO-UNEP proceedings to represent dental practitioners and provide leadership in the preparation of an official FDI Statement of Position.

The recent WHO-UNEP meeting is part of a two-phase approach designed to inform future intergovernmental discussions on the subject. Other meeting attendees included Professor David Williams, President of the International Association for Dental Research (IADR), Dr Daniel Meyer, Senior Vice-President, Science/Professional Affairs at the American Dental Association (ADA), and Dr Benoit Soucy, Director of Clinical and Scientific Affairs at the Canadian Dental Association (CDA).

More information about the UNEP Global Mercury Partnership and FDI's official Statement of Position following the WHO-UNEP meeting in Geneva is available at the FDI website (*www.fdiworldental.org*). FDI