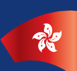
Dental Tribune

The World's Dental Newspaper · Asia Pacific Edition 

Published in Hong Kong www.dental-tribune.asia No. 5 Vol. 13

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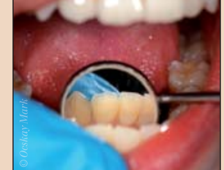

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Economic downturn affects adoption of CAD/CAM in Asia-Pacific region

DTI

VANCOUVER, Canada: The latest report by international market research and consulting group iData Research shows that the Asia-Pacific market for dental prostheses and CAD/CAM devices is currently valued at over US$10 billion. According to the report, the penetration rate of CAD/CAM prostheses has been limited, however, by difficult economic circumstances in Japan, South Korea, Australia and China, among other countries.

In particular, the report showed that the economic recession slowed unit sales growth and that dental laboratories faced budget constraints.

A dental technician using Sirona's inLab system. (Photo courtesy of Sirona)

"We are seeing less investment in CAD/CAM systems in many Asia-Pacific countries due to preference for porcelain-fused-to-metal, as opposed to all-ceramic restorations. Dental laboratories increasingly prefer standalone scanner systems as a more affordable option than higher-priced milling systems," explained iData CEO Dr. Kamran Zamanian. "Standalone scanners will be a large driver for growth in this market, as many companies in the Asia-Pacific region seek to expand their networks of scanners to support their full in-lab CAD/CAM system."

Other growth factors will be pricing pressure owing to more manufacturers entering the market and demographic factors owing to an aging population worldwide, with the resulting demand for dental prostheses.

According to the report, dental company Sirona holds a majority share in the Asia-Pacific CAD/CAM systems market, followed by competitors E4D Technologies, 3M ESPE, 3Shape, Nobel Biocare, KaVo, Wieland and Roland.

The full report, titled "Asia-Pacific Markets for Dental Prosthetics and CAD/CAM Devices," can be accessed on iData's website. DT

More teeth, longer life

A number of studies have shown a link between tooth loss and mortality. Now, an analysis of almost 600 elderly participants from Japan has provided new evidence that retaining good oral health and having more teeth at an older age could be an indicator of longevity. The study showed that the risk of mortality was associated with the number of remaining teeth.

In order to assess the possible role of the number of teeth as a predictor of mortality in the elderly, researchers at the Niigata University examined the oral cavities of 569 healthy 70-year-olds.

During a follow-up period of five years, 25 (4.4 per cent) participants died. The researchers observed that individuals with 20 teeth or more had a significantly lower mortality rate (2.5 per cent) compared with those with 19 teeth or fewer (6.1 per cent). Overall, the data indicated that there was a 4 per cent point increase in the five-year survival rate per additional tooth retained at the age of 70, the researchers reported. DT

Photo shows clearing work in Kathmandu. The capital of Nepal was among the regions hit by the country's worst earthquake in over 80 years. ▸ ASIA NEWS, Page 2

Market player reorganises

KaVo Kerr Group has announced that it will be reorganising three of its five professional consumables brands. After the internal restructuring Kerr, Kerr TotalCare and Axis|SybronEndo will be operated under four core identities: Kerr Restoratives, Kerr Endodontics, Kerr Rotary and Kerr TotalCare. DT

Gum helps with earworms

A study from the UK has found that people who chewed gum after hearing catchy songs thought less often about the song than in two control conditions in which they did not chew gum or tapped with each of the fingers of their dominant hand in turn. Chewing gum also reduced the frequency with which they "heard" the song by one-third. DT

Eat your curry

New research has demonstrated that curcumin, one of the primary components of turmeric and curry powders, has a quelling effect on the activity of the human papillomavirus (HPV), which has been increasingly associated with the development of oral cancer over the past several decades.

The scientists found that the natural antioxidant curcumin slows the expression of HPV, suggesting that it could help control the extent of HPV-related oral cancers.

Oral squamous cell carcinoma is the sixth most common cancer worldwide. The World Health Organization states that the incidence of oral cancer ranges from one to ten cases per 100,000 people in most countries. DT

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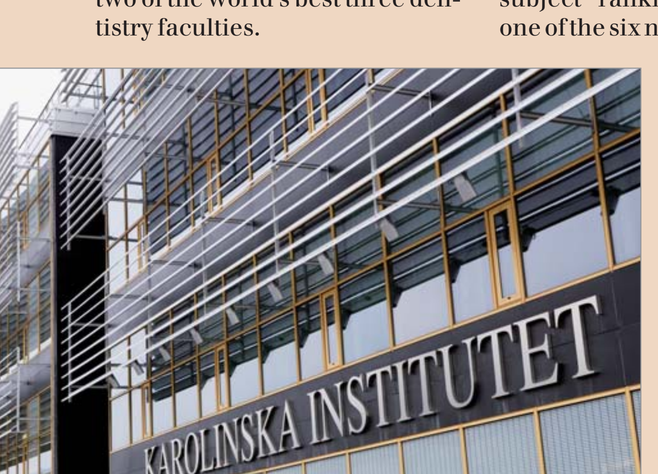
AP prominent in global dental schools list

DTI

LONDON, UK: According to the QS World University Rankings by Subject 2015, Swedish dental schools are among the best in the world. With the Karolinska Institutet leading the list of top dental schools and the University of Gothenburg following closely in third place, the country claims two of the world's best three dentistry faculties.



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In second position, the University of Hong Kong is located in the midst of the Swedish leaders.

The list of top ten dentistry schools further includes the University of Michigan in the US at number four, KU Leuven in Belgium in fifth place, Tokyo Medical and Dental University in Japan ranked sixth, King's College London in the UK at number seven and the University of Otago in New Zealand at number eight.

The QS World University Rankings are published annually by Quacquarelli Symonds (QS), a British company specialised in education and study abroad. Its list comprises an overall university ranking and a variety of subject rankings. Dentistry is one of the six new additions to the individual subject rankings, bringing the total number of academic disciplines the report covers as of 2015 to 36.

The rankings are based on major global surveys of academics and graduate employers, as well as research citations data from the literature database Scopus. For the QS World University Rankings by Subject 2015, 85,062 academics and 41,910 graduate employers from 60 countries and 894 universities were asked to list up to ten domestic and 30 international institutions they consider excellent in categories such as academic reputation, citations per faculty and employer reputation. DT

"We are still pretty much in shock"

An interview with Nepalese dentist Dr Sushil Koirala

In one of the worst earthquakes in over 80 years, more than 10,000 people are believed to have died in the Federal Democratic Republic of Nepal. Living in and practising dentistry in the capital of Kathmandu, dentist Dr Sushil Koirala has been directly affected by the disaster. *Dental Tribune Asia Pacific* had the opportunity to talk to him briefly about the situation in the country and how the international community can help it to overcome the humanitarian crisis.

Monk looking at destruction caused by the 25 April earthquake in the Nepalese capital Kathmandu. Damages are estimated at US$200 million. (Photo Narendra Shrestha/EPA)

Dental Tribune Asia Pacific: ***The earthquake on 25 April had a devastating effect on your country's infrastructure and its people. What is the situation currently in Kathmandu, and how have you been affected personally?***

Dr Sushil Koirala: The situation in Kathmandu at present remains very difficult owing to the extensive damage to many public buildings, government offices and schools. Nearly 7,500 lives have been lost and 14,500 people have been injured. Those who survived the earthquake are traumatised.

While physically my family and I are fine, we are still pretty much in shock. My children are very distressed because they were alone at home during the first episode of the earthquake. Some of my staff from the hospitals and clinics lost their houses unfortunately and have to stay with relatives for the moment.

Have you heard from colleagues in other parts of the country, and if so what is their situation?

Most of my dental colleagues are unharmed, but many of them are facing problems with their damaged clinics. Most of the dental hospitals in Kathmandu are still closed owing to the damage and employees not being able to work because they are busy rebuilding their lives. Various agencies have estimated that more than eight million people across 39 of the country's 75 districts have been affected by the earthquake. The most

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AD

International Imprint

Licensing by Dental Tribune International

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DENTAL TRIBUNE
The World's Dental Newspaper · Asia Pacific Edition

Published by Dental Tribune Asia Pacific Ltd.

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severely affected areas include the Bhaktapur, Dhading, Dolakha, Kathmandu, Kavre, Lalitpur, Nuwakot, Ramechhap, Rasuwa, and Sindhupalchowk districts of Nepal's Central Region, as well as the Gorkha District of its Western Region.

Dr Sushil Koirala

Have you received any correspondence from the dental community?

I am glad to have received many e-mails with best wishes and prayers from our dental friends around the world. It is so gratifying to know that many of them have pledged their support of the earthquake victims of Nepal. Some dental manufacturers have shown keen interest to help us in the rehabilitation of children who have been affected.

Despite an immediate response from India and Western countries, relief efforts seem to be insufficient, according to reports. What is your impression?

International communities have offered immediate support and we really appreciate their help. However, 39 of the most affected villages are in remote locations with mountainous terrain. The relief work, therefore, is hampered and support items cannot be delivered on time. Many people in these small villages are still waiting for basic items, such as food and shelter.

Regardless of the efforts by the Nepalese army, police and Red Cross Society, as well as national and international organisations, which are working 24/7, the manpower and supplies are still felt to be inadequate.

In your opinion, how will this disaster affect the infrastructure of your country in the long run?

Nepal's development budget depends mainly on foreign aid. Rebuilding all the infrastructure affected by the earthquake will require an estimated US$200 billion. The government plans to meet this mainly through foreign and international funding. However, damaged infrastructure will definitely affect the economic growth of Nepal negatively.

When I will be able to start practising again depends on when all my staff are mentally ready for work. Daily life in Kathmandu is still very stressful, as there are frequent aftershocks and people are still terrified. Under these conditions, I do not expect people will come for general dental treatment, except in the case of an emergency.

What do you consider the most important to improve your situation, and how can the international dental community help?

More than 95 per cent of houses and infrastructure have been damaged in the affected villages, so the rehabilitation phase for the earthquake victims is going to be a great challenge for our country. I personally feel that in order to overcome this difficult time our country needs support from each individual and professional in Nepal. We have, therefore, started a humanitarian project, the Dental Community for Humanity—Nepal Earthquake Relief Project, under the umbrella of the Punyaarjan Foundation, a charitable and non-profit organisation dedicated to supporting people most in need. This project aims to support poor children living in these remote villages in particular. I humbly appeal to the international dental community to support this cause. Please, with your donations and support, we can bring back the smiles of our poor children.

Thank you very much for taking the time and all the best for the future. DT

Dental Community for Humanity

For more information on how to support the **Dental Community for Humanity project**, please contact Dr Koirala at drsushilkoirala@gmail.com.

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Why dentistry needs branding

Amanda Maskery
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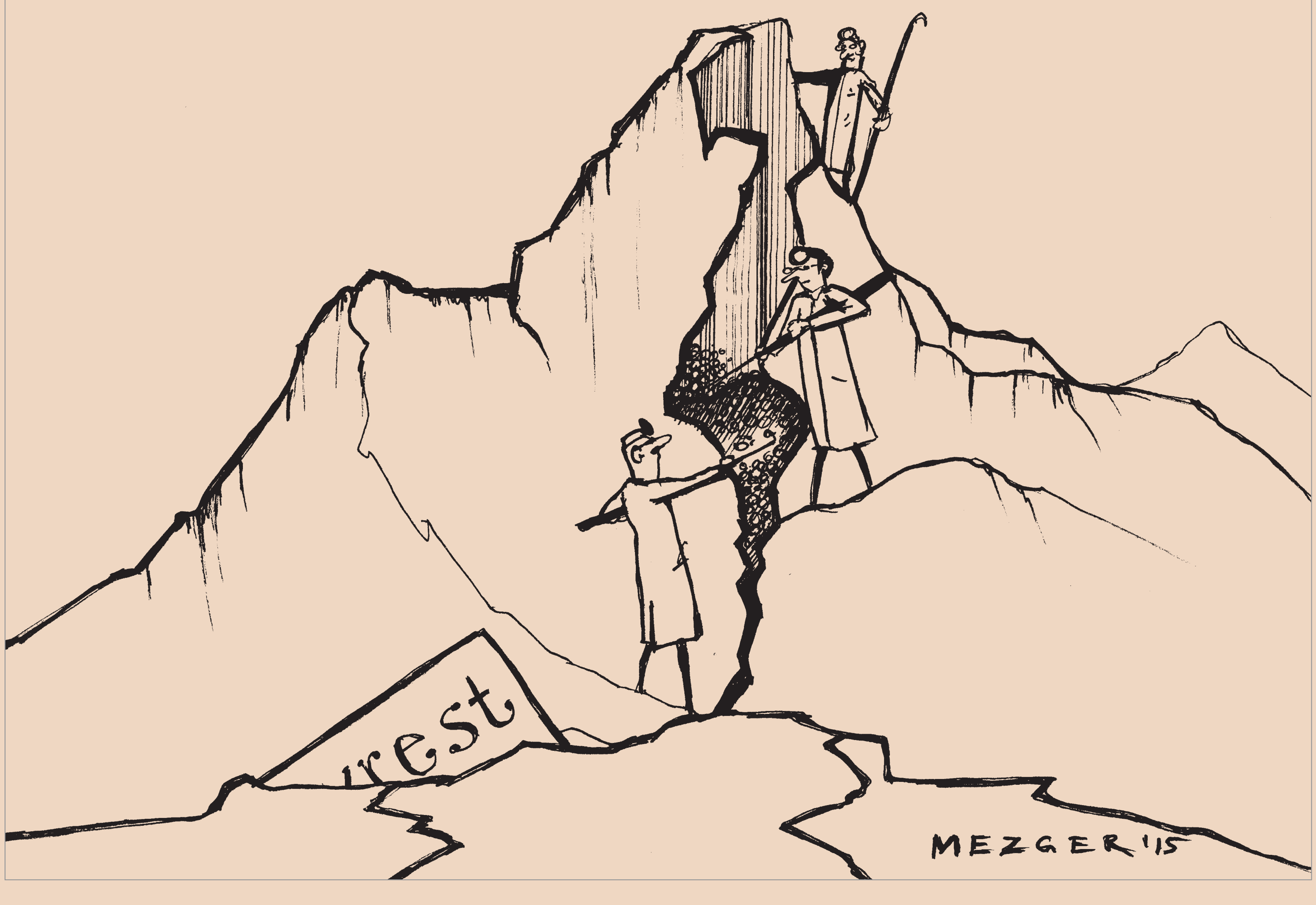

Owning a dental practice or group has always presented challenges, but the marketplace has never been more crowded than it is now. With an ever-increasing level of choice for patients, it is more important than ever for dental businesses to stand out from the crowd. While we of course all know the value of providing a first-rate customer service, and that will always remain the most important factor, how many of us recognise the importance of creating and building a brand?

Generally, in dentistry, branding has not been regarded in the same way it is in the corporate world, where multi-national businesses expand on the strength of their brands. But now, with the growth of dental corporates and multi-practice groups, branding is becoming an increasingly important factor. That is not to say that branding is only the domain of the big players. Creating a brand which is unique and people can identify, talk about, recommend to others and remember is just as important for a single practice, and in some situations even more so, where there are other local competitors for existing and potential clients to choose from.

Effective branding is also important when looking to expand, franchise or sell one's business. When dentists are adding another site to their existing portfolio, doing so under a brand will enable people to know who is moving into their area, and can help give confidence that this is an established dental business taking over their local site. One example being a business in North East England I act for, the Burgess & Hyder Dental Group, who now operate 11 clinics across the region under their brand. They are welcomed into each area as their brand is widely known, as is the quality associated with it.

Equally in franchising, the importance of a strong brand is crucial to enable a business to thrive in other areas relies on an existing strength of reputation. Through being part of that recognisable brand, patients will know that each site under that umbrella will offer the same levels of service and quality. Another of my clients, Damira Dental, has recently rebranded from Aspire Dental Care, and is pursuing a franchising model under its new and fresh identity. The business, which has 14 sites across the South of England, has amassed a strong reputation during its eight years in operation, and the strength of its service coupled with its branding will allow that to be replicated across the UK.

The creation of a brand identity, which can help support the expansion of a business, can also be of great importance when it comes to selling. It is much easier to market a business which is well known and has invested time and effort in standing out from the crowd. To a potential buyer, they are important factors in instilling the confidence to take on a site in a new territory.

In this day and age of dentistry being an increasingly competitive business, distinguishing oneself from the many other players has never been more important, and is something that must be given due consideration. DT

Contact Info

Amanda Maskery is one of the UK's leading dental lawyers. She is Chair of the Association of Specialist Providers to Dentists (ASPD) in the UK and a Partner at Sintons law firm in Newcastle. She can be contacted at amanda.maskery@sintons.co.uk.

AD

US to lower fluoride in drinking water after 50 years

DTI

WASHINGTON, USA: US health authorities have updated their guidelines for fluoride in drinking water and now recommend an optimal fluoride concentration of 0.7 mg/l. As Americans today have greater access to fluoride in the form of toothpaste and mouthrinse and owing to the increasing incidence of fluorosis due to excess fluoride, the Department of Health and Human Services sought to replace its previous recommendations that were issued in 1962.

Since the early 1960s, the practice of adding fluoride to public drinking water systems has grown steadily in the US. Nearly all water fluoridation systems in the US have used fluoride concentrations ranging from 0.8 to 1.2 mg/l. With the recent update, however, this will be reduced by 0.1–0.5 mg/l, and fluoride intake from drinking water alone will decline by approximately 25 per cent. The total fluoride intake will be reduced by about 14 per cent.

According to the department's report issued on 27 April, the new optimal concentration of 0.7 mg/l was chosen to maintain caries prevention benefits, but reduce the risk of dental fluorosis.

Although a number of studies have found that community water fluoridation has led to a significant decline in the prevalence and severity of tooth decay, data from the 1999–2004 National Health and Nutrition Examination Survey and the 1986–1987 National Survey of Oral Health in US School Children indicate that over 20 per cent of people aged 6–49 have some form of dental fluorosis.

Today, nearly 75 per cent of Americans who are served by public water systems receive fluoridated water. In 2012, the Centers for Disease Control and Prevention estimated that approximately 200 million people in the US were served by 12,341 community water systems that added fluoride to water or purchased water with added fluoride from other systems.

Artificial fluoridation of drinking water remains controversial as a public health measure, as it has been suggested that excess fluoride may have adverse health effects. For instance, it has been associated with neurodevelopmental delays in children and with the development of attention deficit hyperactivity disorder only recently.

In contrast to fluoridation policy in the US, many western European countries, including Austria, Belgium, Finland, Germany and Sweden, do not fluoridate their water supply. Other European countries, such as Ireland and the UK, currently add fluoride to drinking water at levels ranging from 0.2 to 1.2 mg/l. DT

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Swiss study finds sonic toothbrushes vary greatly in efficacy

DTI

BERN, Switzerland: Sonic toothbrushes are increasingly used in daily dental care today, as they promise to reduce biofilm without any mechanical bristle contact owing to hydrodynamic effects. However, not every model is equally effective in cleaning teeth, a recent study by researchers at the University of Basel has found.

In order to inhibit damage to the gingiva and teeth, the biofilm formed by oral bacteria must be removed regularly.

Sonic toothbrushes claim to reduce the amount of biofilm—even in areas that are difficult to reach, such as the lateral tooth area and interdental spaces—without any mechanical bristle contact.

This is possible because of the high frequency movements of sonic toothbrushes, which are believed to cause hydrodynamic effects that remove adhesive bacteria. These effects result from acoustic sound waves, as well as the shearing forces and the surface tension forces of moving air bubbles in liquid media.

However, the Swiss researchers found that the effectiveness of different models of sonic toothbrushes varies greatly. The toothbrushes analysed in their study reduced the amount of biofilm by between 9–80 per cent.

In their *in vitro* study, the researchers cultivated an artificial biofilm on titanium plates. The biofilm contained three different strains of bacteria and was developed by dousing the titanium plates in a mixture of saliva and serum. Afterwards, the researchers tested the impact of four different commercially available sonic toothbrushes on the artificial biofilm. They varied the distance between the toothbrush bristles and the biofilm surface (0.2 and 4.0 mm), as well as the exposure time (2.4 and 6.0 seconds). Using fluorescence microscopy and special software, the researchers then quantified the remaining biofilm.

They found distinct variations regarding the efficiency of the sonic toothbrushes. The two high-quality products analysed were able to reduce the amount of biofilm on the titanium plates significantly, whereas two low-cost models had only little impact on the artificial biofilm. According to the researchers, the different exposure times and bristle distances did not influence the reduction of biofilm.

The study, which was co-financed by the research fund of the Swiss Dental Association, confirms the results of various international studies and proofs that sonic toothbrushes can reduce biofilm without actual bristle contact—although the cleaning efficacy depends greatly on the respective toothbrush model used.

The research fund of the Swiss Dental Association is financed through the membership fees of the association's member dentists. It supports and fosters dental research, especially in the fields of prevention and dental practice.

The study, titled "Efficacy of various side-to-side toothbrushes for noncontact biofilm removal", was published in the *Clinical Oral Investigations* journal in April 2014 and was recently reported in the 2/2015 issue of Dimensions, the journal of the *Swiss Dental Hygienists*. DT

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"Holding ConsEuro in London was a little bit of a risk"

An interview with Prof. Stephen Dunne, King's College London Dental Institute

Prof. Stephen Dunne is also Professor and Chairman of the Department of Primary Dental Care at Kings College London—Dental Institute. © Daniel Zimmermann

DTI

As one of many dental organisations to do so, the European Federation of Conservative Dentistry (EFCD) chose to hold its international congress in the UK this year. *Dental Tribune Asia Pacific* sat down with EFCD President and King's College London professor Stephen Dunne in London to discuss the event and how technology is increasingly shaping the field of dentistry.

Dental Tribune Asia Pacific: ***Prof. Dunne, the ConsEuro conference in London seems to have been excellently organised. Would you say that the event has met your expectations?***

Prof. Stephen Dunne: To be honest, holding ConsEuro in London was a little bit of a risk because with all the other conferences to be going on this year in the capital and other parts of Britain there could be an overload. We actually spent months discussing a window in which we would attract the highest number of delegates.

With 500 and growing so far, the congress has clearly exceeded our expectations and, while previous congresses in Italy or Turkey might have had a bigger turnout, the conference here has attracted delegates from 29 countries, including from Australia, the US and the Middle East. It is probably one of the most multinational conferences we have ever had.

You were originally planning for 350–450 participants. Can the outcome mainly be attributed to the London factor?

While we chose one of the best conference centres in the world with the Queen Elizabeth II Centre right in the heart of London, it is fair to say that we also chose one of the most expensive ones. This made us very concerned when we planning this three years ago because at that time we were in an economic downturn. Trying to request sponsorship from companies was difficult back then. They were all downsizing and did not have any money to spare for conferences.

Owing to the economic situation gradually improving over time, we exceeded our expectations with regard to sponsorships. We actually sold out the exhibition space several months ago. That has been very successful and helped us to cover the costs. We came above break-even on the first day, so I am much more relaxed today than I was yesterday morning. And it looks as though we might make a reasonable profit, which would then be shared between the EFCD and King's College London.

King's recently made it on to the list of the top ten best dental schools globally. How much do you think the school's reputation contributed to the congress outcome?

There are a number of dental schools surveys and rankings worldwide. Despite different methodologies and different variables, King's usually comes out very near the top, which I am very pleased about. The school attracts not only good teachers and researchers, but also equally good clinicians from across the world.

When I first joined the EFCD about ten years ago, there was very much an effort to compete with the International Association for Dental Research, so it was very focused on academics and researchers from the universities.

My view is that this was a mistake, as we really need to provide a conference that has interest across the board, so it must have academic content of excellence to attract researchers and teachers, as well as clinical content suitable for clinicians to provide evidence-based knowledge for the work that they do. Therefore, for every session that we have this year here at ConsEuro 2015, we have an evidence-based start, followed by clinical applications and hands-on sessions after lunch-time that help practitioners get to grips with equipment they heard about and want to have a chance to play with. That is very attractive to clinicians and you can see a great deal of interest there.

The programme for ConsEuro 2015 is very focused on technology issues. Would you confirm this to be the overall theme of this conference?

From the beginning, we planned this to be a very high-tech conference. In society and certainly in dentistry, medicine or surgery, technology is becoming increasingly important. And while air turbines and scalpels are still staples of the trade, there is a huge amount of technological equipment coming on to the market for operative work, dental surgery, logistics and communication.

Our belief is that dentists need to know about all of these things, as well as to have an understanding of the evidence base. Should they be using these things and, if they are using them, which particular model? This was very much the rational when we were planning the programme.

We also ought to have a paperless conference. Our website and app have been very effective and when I read statements yesterday on our Twitter feed, participants commented that this was the most technologically advanced conference they have ever been too.

Technology has clearly expanded the scope of this conference. Does this also apply to clinical practice?

Almost every dental practice across the world now employs some form of technology, be it electronic patient records, stock-taking or equipment, such as lasers, CAD/CAM and digital imaging to show patients areas of the tooth they could not possibly see otherwise. Digital imaging and photography are also very important from a medical and legal point of view, as this area is increasingly becoming a concern.

Where do you see the trends with regard to dental materials?

The materials that we use now were not available to me when I was in training and in my early practice and the stages or requirements for their use are infinitely more sophisticated. Nowadays, you might have ten stages to a bonding procedure and every one of those stages is critical. If you fail in only one of them, your restoration fails before it has even started.

Historically, dentists have been trained by representatives of the companies who make the materials and that means they may not get the most honest or scientifically valid perspective. Although we very much support manufacturers contributing to education programmes, we certainly like clinicians and scientists to be involved in those to provide the evidence base. This is exactly what we are doing here now.

What other lessons will you take home from the conference?

Our conference proves that you can take a high-tech approach and still hopefully be profitable or at least break even. Technology is definitely here to stay; we just need to look at the evidence base. We also need to have training in the use of technology and need to look at clinicians and scientists to guide us in the selection of the particular devices that we should use.

Thank you very much for the interview. DT

"...the conference here has attracted delegates from 29 countries, including from Australia, the US and the Middle East."