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Scientists link dental X-rays to cancer

Lisa Townshend
DTUK

LONDON, UK/LEIPZIG, Germany: A joint research team from Kuwait and the UK has reported a link between dental X-rays and increased numbers of thyroid cancer. After factoring X-rays taken of 300 patients in a hospital in Kuwait, they found that men and women who had had up to four dental X-rays were more than twice as likely to have developed the disease than those who had never had any dental X-rays. For those patients who had had between five and nine X-rays, their risk rose more than four-fold.

Although thyroid cancer is one of the least deadliest cancers, incident rates have almost doubled in countries like Australia in recent years.

The findings are consistent with previous reports of increased risk of thyroid cancer in dentists, dental assistants, technicians and X-ray workers, suggesting that sensitivity of the thyroid to radiation is not necessarily related to direct irradiation of that organ but to any ex-



A dental assistant looking at an X-ray. New research is questioning current guidelines that state low-dose radiation exposure through dental radiography is safe. (DTI/Photo Dmitry Shironosov)

posure to ionizing radiation. Besides thyroid cancer, significant risks have been also observed for leukaemia and cancers of the breast.

The researchers warned that the results of their study "should be treated with caution" because the data was based on self-reporting by the participants and the fact that other factors could be contribut-

ing to the increase in thyroid cancer cases. Further research is required to confirm the exact effect of dental X-rays, they added.

"It is important that our study is repeated with information from dental records, including frequency of X-rays, age and dose at exposure," Dr Anjum Memon, Senior Lecturer and consultant in Public Health

Medicine at Brighton and Sussex Medical School, who led the study, said. "If the results are confirmed, then the use of X-rays as a necessary part of evaluation for new patients, and routine periodic dental radiography, particularly for children and adolescents, will need to be reconsidered, as will a greater use of lead collar protection." □

(Edited by Daniel Zimmermann, DTI)

DTI expands European portfolio

The Dental Tribune International Media Group has entered into a new partnership with International Faculty for Executives, a Portuguese subsidiary of the French multinational Education Formation Entreprise (EFE). The agreement aims to extend DTI's media and online education portfolio to Portugal, a market with more than 5,500 dentists currently. The launch of the new Portuguese edition of *Dental Tribune* is scheduled for the 19th Annual Meeting of the Portuguese Dental Association (Ordem dos Médicos Dentistas), to be held in Porto from 11 to 13 November 2010.

Founded in 1988, EFE runs five affiliated offices in Europe today, providing information for 25,000 executives, companies and local authorities in the agriculture sector and logistics and dentistry industries, amongst others. DTI's combined portfolio includes more than 100 publications that reach over 650,000 dentists in more than 90 countries and 25 languages. □



Residents celebrate National Holiday at Beijing's Tianmin Square. One in two are reported to not brush their teeth even twice a week. (DTI/Photo courtesy of Eastimages, USA) ▶ ASIANews page 2

Taiwan goes mad on fast food

Dentists in Taiwan have urged fast food chains in the country to label or stop selling oversized burgers with up to 8 centre metres in height. They claim that consuming these burgers, which can be twice as large as normal, could lead to temporomandibular dysfunction, an injury of the jaw. □

Putting teeth into forensics

Researchers from the University of Granada in Spain have shown that a person's dental patterns can be used as proof of their identity with the same degree of reliability as DNA testing. The researchers came to their conclusion after analysing the dental patterns of more than 3,000 people. □

Significant growth in lab market

According to a new report, the world market for dental laboratories is projected to exceed US\$14.5 billion by the year 2015.

The study released by Global Industry Analysts, Inc., a US-based publisher of market research, states that dental laboratories are witnessing significant growth, owing to the rise in the ageing population and the subsequent demand for dental prosthetics and other restoratives. The report also cites the increasing purchasing power of the baby-boom generation as another factor driving the market.

Amongst others, the study analysed market data and statistics in terms of sales for Japan and other markets in the Asia-Pacific region. □



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Lynn Mortilla, RDH & Vavi Bohbot
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Asia News

Philippines include dental fees in senior tax exemption

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Philippine citizens above 60 years of age will soon have access to cheaper dental and medical services. A new law recently passed by Congress entitles seniors to exemption from the value-added tax of 20 per cent on goods and services, including dental fees. The law, known as the *Expanded Senior Citizens Act of 2010*, will also provide seniors with free medical and dental services in all government hospitals, medical facilities and out-patient clinics.

According to the latest government statistics, there are approx.



Filipino seniors receive exemption from taxation. (DTI/Photo Supri Suharjoto)

6 million people over the age of 60 living in the Philippines. Numerous organisations for the

elderly have rallied heavily in the past few months to press President Gloria Macapagal-Arroyo to promulgate the law.

However, the Act could mean a significant reduction in income for dental health-care workers, as more than 85 per cent of dentists are currently in private practice. Finance officials said that enforcing the Act could lead to annual revenue losses of between US\$8.5 and US\$22 million in all private sectors in years to come.

Dental fees in the Philippines range from US\$10 for a tooth-coloured filling to more than US\$400 for crowns and bridges. [DTI](#)

Beijing dentists raise alarm over poor oral hygiene practices

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Dentists from the Beijing Stomatological Hospital have released new figures that indicate poor oral hygiene practices in more than 50 per cent of adults. According to the survey by the Hospital's Oral Disease Prevention Department, less than half of middle-aged residents in the Chinese capital clean their teeth even twice a week and no more than 1 per cent of people use dental floss.

The figures apply to the rest of the country, in which even more people are often reluctant to maintain an oral hygiene

practice. A 2007 study by the World Health Organization has shown that in some parts of the country, only one in four adults brush their teeth or pay regular visits to their dentist.

"People do know the importance of oral health, but less than 15 per cent went to the Department of Stomatology last year. Less than 1 per cent have had regular oral examinations." Han Yongcheng, Director of the Oral Disease Prevention Department told the newspaper *China Daily*. "Most people only went to the clinics for toothaches."

He added that according to the survey, more than 60 per

cent of the patients observed have dental caries and 80 per cent suffer from gingivitis.

The Beijing municipal government has already invested US\$2 million in caries prevention programmes but admitted they need to do more to improve the oral health status of the city's citizens. An oral disease prevention programme was set up last year that aims to popularise health information, such as correct toothbrushing, and advocate healthy food, tobacco control and exercise. They aim for more than 90 per cent of residents to brush their teeth twice a day by 2014. [DTI](#)

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Human bite holds up to primates

Claudia Salwiczek
DTI


HONG KONG/LEIPZIG, Germany: Modern humans are able to achieve higher bite forces than previously thought, a study from Australia has revealed. In the first comparison of its kind, researchers from the University of New South Wales' School of Biological, Earth and Environmental Sciences in Sydney found that the slenderly built human skull has a far more efficient bite than that of the chimp, gorilla or orangutan, or that of two prehistoric members of the hominid family, *Australopithecus africanus* and *Paranthropus boisei*.

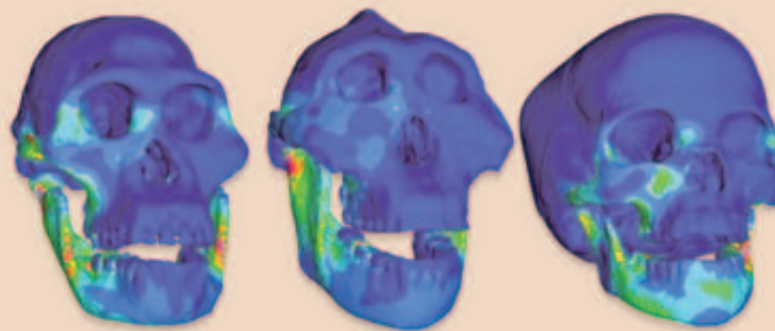
The result calls into question previous suggestions that the evolution of

a less robust skull in modern humans involved a trade-off for a weaker bite or was necessarily a response to behavioural changes, such as switching to softer foods or increased processing of foods through tools and cooking. It has also been suggested that human jaw muscles were reduced to make way for a larger brain.

According to the researchers, who used sophisticated 3D finite

element analysis to compare digital models of actual skulls, the results might also explain the apparent inconsistency of very thick tooth enamel in modern humans, a feature typically associated with high bite forces in other species.

Thick enamel and large human tooth roots are well adapted to take high loads when biting. 



CAT cans of skulls from *Australopithecus africanus*, *Paranthropus boisei* and a modern human (from left to right). The colours indicate degrees of stress on bones and teeth. (DTI/Image courtesy of University of New South Wales, Australia)

AD

India quarrels over dental schools

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: A technical committee has been set up by the Indian Ministry of Health to investigate the decision by the Dental Council of India (DCI) to refuse giving new dental colleges permission to start undergraduate courses this year. The application of over 40 new dental colleges, most of them private, were rejected by the DCI last month, according to a report in the newspaper *Times of India*. In addition, the registration of 42 already existing schools has not been re-newed.

Dental education in India has grown significantly in recent years and the country now ranks first in the world in having the highest number of dental schools. Last year, the Ministry of Health gave approval to a record number of new colleges which has raised concern for the future employment of dental graduates. Currently, the country has at least 280 dental institutions, that produce between 15,000 and 20,000 Bachelor of Dental Surgery graduates every year.

The DCI, which was set up to observe and maintain educational standards in dentistry, has justified its decision to disapprove applications due to claims for most colleges lacking enough faculty or clinical matter to teach students on. They also said that India does not require new dental schools. "There is hardly any employment opportunity for dentists in India," DCI chief Dr Anul Kohli told the *Times of India*. "We must not open new dental colleges anymore but accreditate the old ones under three categories — doing well, can improve and bad. Colleges under the last category should be shut down."

Dr Kohli added that the last date for considering an application for approval is 15 July which would give colleges time to implement changes and get a clearance. 

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“Studies in the field of dentistry are no longer restricted to the oral cavity”

An interview with Dr Maria Fidela de Lima Navarro, new President of the International Association of Dental Research

Javier Martinez de Pison
DT Latin America

The election of Dr de Lima Navarro, Dean of the Bauru Dental School at the University of São Paulo, as President of the International Association for Dental Research (IADR) is considered a great recognition of the high level of dental research in Brazil. *Dental Tribune Latin America* Editor-in-Chief Javier Martinez de Pison spoke with Dr de Lima Navarro about the significance of her election as president of the largest dental research organisation in the world and the upcoming IADR congress in Barcelona.

Javier Martinez de Pison: *Dr de Lima Navarro, you are the first Latin American researcher to be elected IADR President. How did you reach this position?*

Dr de Lima Navarro: Before being appointed President of IADR, I had worked in various areas of the association. I was President of the Brazilian Division from 1994 to 1995, Member-at-Large of the Board from 1995 to 1998, a member of the Membership and Recruitment Committee, and Chair of the Regional Development Program.

Through these diverse positions, I came to know the association and relate to colleagues from around the world. I believe this experience, coupled with the fact that there was no



The new President of IADR, Dr Maria Fidela de Lima Navarro, at the organisation's 2009 international congress in Miami. (DTI/Photo courtesy of Jan Agostaro)

American candidate in the race, and the prospects of the 2012 IADR General Session in Rio de Janeiro, were instrumental in my election.

My goal is to reduce inequities and improve the quality of dental research worldwide. Collaboration amongst different research groups is one

“My goal is to reduce inequities and improve the quality of dental research worldwide.”

I'll be the 87th president and the first from a developing country. I am very happy with this distinction, but also aware of the enormous responsibility of presiding over this international association and representing all of its members.

What are your priorities as President of IADR?

way to achieve this, but in order to effect significant changes we need to involve government leaders. I also intend to visit the various regions of the IADR, participate in local meetings, make myself available to members, and help as much as I can.

A record number of abstracts were submitted for

this year's IADR congress in Barcelona. Why is that?

I believe we first have to thank the incumbent President Prof. David Williams, who urged all IADR members to face the challenges of the global financial crisis and actively participate in IADR meetings. Another reason is the great programme compiled by IADR's Scientific Group and Network Officers, and by the organizing committee, which certainly motivated members to submit abstracts.

The 88th General Session of the IADR and the 5th General Session of the Pan European Region of the IADR will be preceded by a full-day symposium on *Global Oral Health Inequalities: The Research Agenda* on 13 July.

Thereafter from 14 to 17 July, the following programme will be presented: 32 symposia

What abstracts are the most interesting in your opinion?

Over 5,500 abstracts were submitted, covering all areas of dentistry, from basic to applied research. They were reviewed and selected by the IADR's Scientific Group and Network Officers, which conduct thorough and important work for our association.

The selected papers will present recent advances in basic studies of molecular biology, tissue engineering, bioactive materials, restorative materials with suitable properties for use in the oral cavity, clinical events, randomised controlled studies on various diseases, the performance of various restorative techniques, and the influence of social determinants on health disparities in the world's population.

I am glad to see that studies in the field of dentistry are no longer restricted to the oral cavity, but are being extended to include the patient's general health.

Thank-you very much for the interview. □

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Beyond endodontics: Roots Summit 2010

Claudia Salwiczek
DTI

BARCELONA, Spain: What do Barcelona and endodontics have in common? For me, the answer was nothing, until last week's Roots Summit. From now onwards, I will forever connect Gaudí, Paella and La Sagrada Família with root canals.

It is certainly not an exaggeration to say that Roots Summit 2010 had all of those lucky enough to attend falling in love with endo all over again. Organised by Drs Noemí Pascual and Nuria Campo and their team, the meeting was a grand success. Long hours in the dark, yet always crowded lecture hall, despite the perfect weather, were followed by a wonderful social programme with a distinct Spanish touch.

Dr Fred Barnett, who lectured on *Trauma injuries: Long-term treatment planning based on Dx and Pulpal regenerative technique*, commented: "Congratulations to Nuria and Noemí for organising a fantastic Roots Summit. The venue was awesome and the lectures top notch. Roots should be proud of their efforts."

The impressive list of international speakers included Dr Giuseppe Cantatore from Italy, Drs José María Malfaz and Enrique Martínez Merino from Spain, and Drs Hans-Willi Herrmann and Jörg Schröder from Germany, to name a few.

Dr Sashi Nallapati from Jamaica held two very interesting lectures on rare and challenging cases: *Dens invaginatus: Treatment options and Three canal premolars: An endodontic challenge*. Many in the audience had never encountered such cases and, thus, were absorbed in these presentations.

In fact, many of the lectures were very entertaining and of extremely high quality with regard to the content as well as presentation. "It was great to see presentations that staggered me with the quality of the material and the multimedia that were shown," commented Dr Glen van Ass, who lectured on *Microscope centred practice: Ergonomics and documentation*. "Video through the operating microscope and still photos from some of the experts was incredible. It is impressive to see the quality of the work that these teachers and talented clinicians can provide in a humble yet confident manner."

The meeting was sponsored by major industry players, like VDW, Zeiss, Dentsply Maillefer, SybronEndo Europe and Kodak. Dr John Schoeffel from the US, who introduced EndoVac—an endodontic irrigation technology system—in his lecture, also presented the product to interested attendees at the Discus booth. EndoVac enables safe irrigation to apical termination with an abundant supply of fresh irri-

gant. Unlike positive pressure systems that use cannulas to deliver irrigants into the canal, the EndoVac is a true apical negative pressure system that draws fluid apically by way of evacuation.

"It's not often that meetings inspire and rejuvenate people and make them look forward to future meetings," commented Dr Nallapati. "To me, certainly,

this Roots Summit has done all that. And that is a testimony to the wonderful effort of Nuria, Noemí and their team." Attendee Dr Mahalaxmi Sekar agreed, saying that he pitied all those who had missed this event in Barcelona.

A majority of the lectures, for which continuing education credits can be obtained, were recorded live and will be made available for

review on www.dtstudyclub.com. For more information on how to register and how to obtain credits, please contact Ms Julia Wehkamp at julia.wehkamp@dtstudyclub.com.

The date and venue for next year's meeting are yet to be decided. But one thing is for sure: this year's attendees are counting down the days. [DTI](#)



(DTI/Photo Claudia Salwiczek)

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Snacks consumed at midnight are bad for teeth

From news reports

COPENHAGEN, Denmark: Eating food late at night contributes to tooth loss regardless of the type of food consumed, according to American and Danish researchers. A possible reason for this could be a change in saliva flow, which is important for removing debris in the mouth.

The researchers from Universities in Copenhagen and Kansas, USA, who examined data from 2,217 men and women enrolled in a World Health Organization medical study, also found that the nocturnal eaters had lost more teeth at the later point in the study than the non-nocturnal eaters, even after taking into account potential

influencing factors like age, smoking status, and the amount of sugar or carbohydrates in their diet.

Nocturnal eaters are defined as consuming a quarter or more of their daily calories after their evening meal, and waking up to have a snack in the middle of the night at least twice a week.

While dentists may not be able to stop their patients feasting in the middle of the night, the researchers recommend making them aware of the associated risks.

Dental practitioners should be aware of the oral-health implications of nocturnal eating, increase screening and oral-

health education efforts amongst nocturnal eaters, and make treatment referrals when appropriate, they said. [□](#)

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Suction gets portable and cheap

Daniel Zimmermann
DTI

NEW YORK, USA/LEIPZIG, Germany: A portable dental suction device aimed at dentists in developing countries has been developed by a team of Bioengineering and Biology students at Rice University in Texas, USA. The small, battery-powered version of a commonly used dental vacuum system is claimed to be able to manage five hours of heavy-duty use without the need for re-charging, and costs less than US\$200 to manufacture.

Vacuum suction units are standard in most dental practices nowadays but difficult to operate in rural environments or in developing countries, in which dentists are often left to operate with limited equipment and with little or no electricity sources. In addition, common vacuum suction devices can cost up to US\$1,000 per unit.

According to team member and Bioengineering senior student Jaime Wirth, the idea of a inexpensive portable suction device came up after members of the University of Texas Dental Branch at Houston went on a dental mission to South America last summer where they found it difficult to remove waste like saline and blood from patients' mouths during dental procedures.

"The clinicians were using gauze and would end up with huge amounts of hazardous waste," she said. "Our system can run without direct electrical service and should protect patients from swallowing debris during procedures, save dentists time as they perform these procedures and greatly reduce the amount of waste the team needs to dispose of."

While still under development, the system will undergo its first field test by dentists in rural parts of Texas over the summer, the students added. If successful, it will be considered a standard component of Rice University's dental Lap-in-a-backpack developed by Beyond Traditional Borders, a University-based initiative to address the health needs of developing countries around the world. [□](#)



ANNUAL DENTAL TRIBUNE STUDY CLUB

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Earl Howe takes on role as UK's new minister for dentistry

Ministerial portfolios finalised, New government releases coalition plans

Lisa Townshend
DTUK

LONDON, UK: Frederick Howe has been appointed as the new UK dentistry minister by the coalition government of Conservatives and Liberal Democrats. As the new Parliamentary Under Secretary of

State for Quality, he will also be responsible for National Health Service (NHS) Constitution, NHS Commissioning Reform, Primary Care, Medicines, Pharmacy & Industry, NICE, Research and Development, Innovation and Finance and Review of Arm's Length Bodies.

Earl Howe has been opposition spokesman for Health and Social Services in the House of Lords since 1997. In 1995, he was appointed Parliamentary Under-Secretary of State at the Ministry of Defence, a post he relinquished at the 1997 General Election. Following the General Election of 1992, he was

Parliamentary Secretary (Lords) at the Ministry of Agriculture, Fisheries and Food.

The other members of the new ministerial health team are Paul Burstow (Liberal Democrats), as well as Simon Burns and Anne Milton (Conservatives). Ms Milton



Earl Howe (right, DTI/Photo courtesy of The Prostate Cancer Charity)

will have the responsibility for issues regarding fluoridation. Health Secretary, Andrew Lansley said: "We have a very strong ministerial team with a wealth of experience in the field of health. Simon Burns previously served as a Health Minister as well as, more recently, working on the shadow health team. Since 1999, Paul Burstow has worked on the older people's brief and has a special interest in social care and disability issues."

"Anne Milton, who worked for the NHS for 25 years, has a wide range of hands-on experience, including nursing in hospitals, as a district nurse, and supporting GPs and nurses working in palliative care. And Earl Howe was opposition spokesman for Health and Social Services in the House of Lords from 1997." He added: "Together, we will build an National Health Service in which the patient shares in making decisions; where quality standards are evidence-based and form the basis of the design of services and their management; and where the objective is consistent improvement in the outcomes we achieve, so that they are amongst the best in the world. We will create a more integrated public health service at the heart of healthcare policy and we will offer support, security and services to those in need of personal and social care."

The Conservative and Liberal Democrat coalition government have revealed their full agreement in a document entitled *The Coalition: Our Programme for Government*. The 30-page document summarises government policy aims across all departments, including the NHS: It says *The government believes that the NHS is an important expression of our national values. We are committed to an NHS that is free at the point of use and available to everyone based on need, not the ability to pay. We want to free NHS staff from political micromanagement, increase democratic participation in the NHS and make the NHS more accountable to the patients that it serves. That way we will drive up standards, support professional responsibility, deliver better value for money and create a healthier nation.*

In terms of dentistry it states that *We will introduce a new dentistry contract that will focus on achieving good dental health and increasing access to NHS dentistry, with additional focus on the oral health of schoolchildren.* **DT**

AD



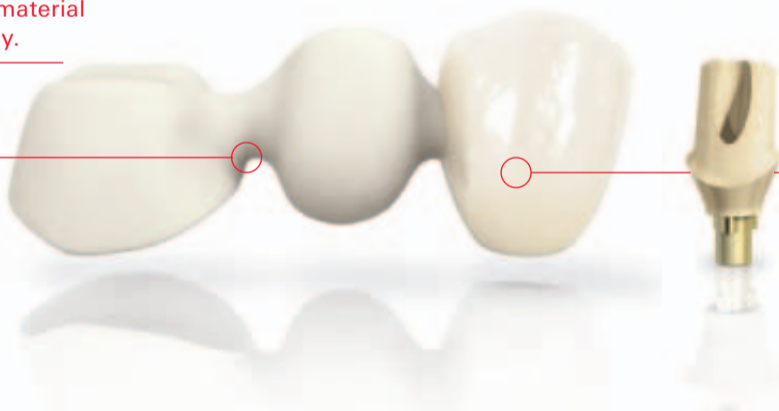
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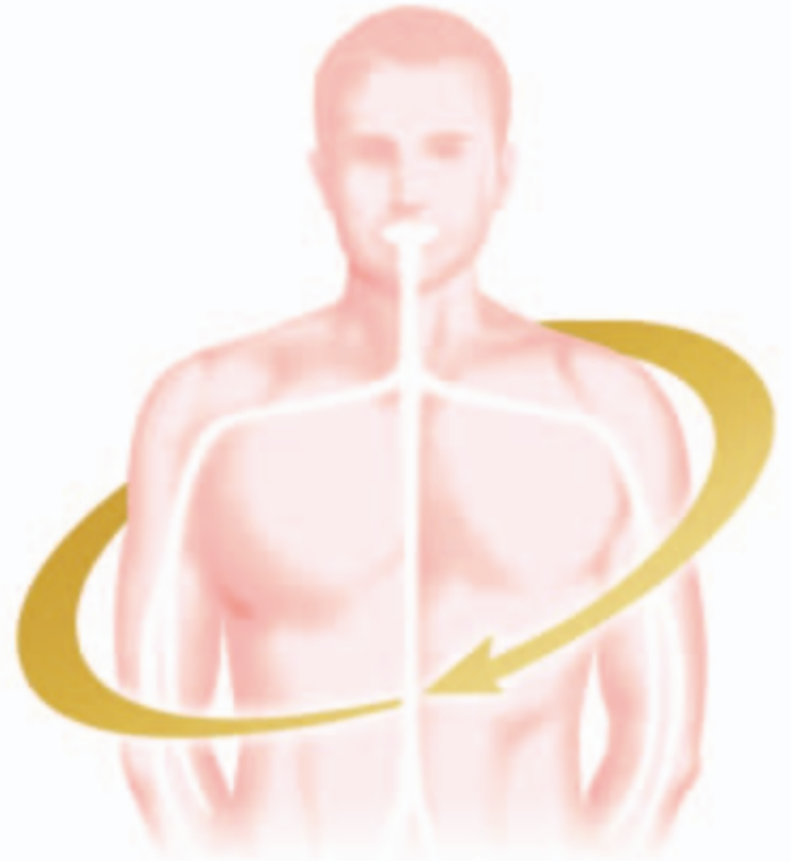
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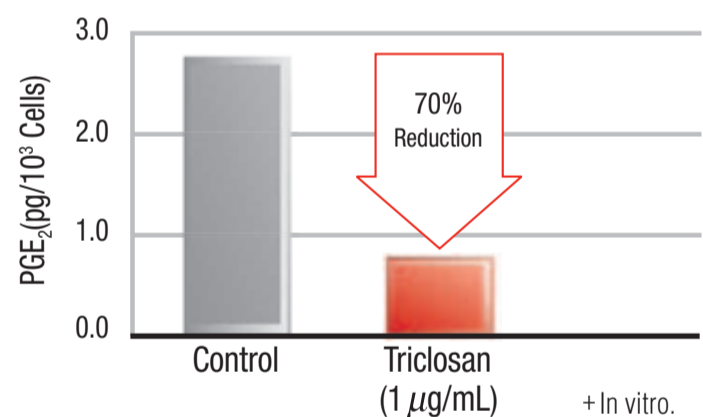
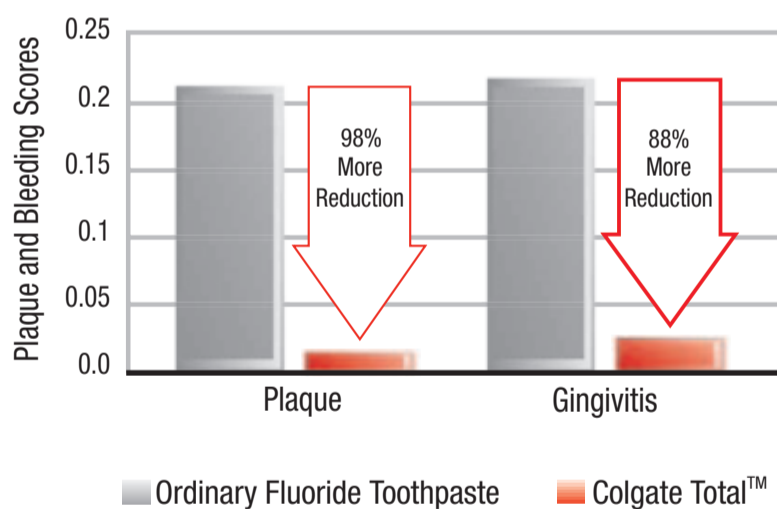


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