

IMPLANT TRIBUNE

AO ANNUAL MEETING
HIGHLIGHTS

Leadership at Academy of Osseointegration looks back — and ahead to 2015.

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COSMETIC TRIBUNE

AACD MEETING ADDS
LIVE DENTISTRY

American Academy of Cosmetic Dentistry to have 'Education in the Round.'

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ENDO TRIBUNE

AAE ANNUAL SESSION
IN D.C. APRIL 30-MAY 3

American Association of Endodontists gather in nation's capital.

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New scaffolding repairs severe teeth and jawbone defects

*Scientists from Norway develop
method for bone regeneration*

Dental researchers at the University of Oslo have developed a new artificial scaffolding that aids bone regeneration. Within a few years, they hope to market their invention to help patients with serious teeth and jaw damage caused by severe periodontitis, mandibular cancer, infection or trauma.

According to the researchers, the artificial scaffolding could be used in particular for cases in which the gap between two bone fragments is too wide, or when large parts of the bone have been damaged through surgical removal or radiotherapy. The scaffolding helps the body repair such serious defects, the researchers explained.

"With the new method, it is sufficient to insert a small piece of synthetic bone-stimulating material into the bone. The artificial scaffolding is as strong as real bone and yet porous enough for bone tissue and blood vessels to grow into it and work as a reinforcement for

the new bone," said Prof. Ståle Petter Lyngstadaas, dean of research at the Department of Biomaterials at the university's Institute of Clinical Dentistry.

The scaffolding can be produced like cinder blocks and cut into individual shapes to fit into specific bone defects. It is manufactured from a mixture of water and ceramic powder, which is poured through foam rubber that was designed to look like trabecular bone. The ceramic powder consists of medical-grade titanium dioxide monodisperse nanoparticles, which are also widely used as an additive in sweets, toothpaste and baked goods. Once the mixture has solidified, it is heated to a temperature that causes the foam rubber to dissolve into water vapor and carbon dioxide and the nanoparticles to ligate into one solid structure. It has an open porosity of 90 percent, containing mostly empty space that can be filled with new bone

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30th Annual AACD Scientific Session, April 30 to May 3, Orlando

The April 30 welcome reception at the American Academy of Cosmetic Dentistry Scientific Session promises to generate a few smiles: It's a street party in the middle of Marvel Super Hero Island at Universal's Islands of Adventure theme park. Attendees get unlimited access to rides and attractions, such as the 'Amazing Adventures of Spider-Man' experience, which has you careening through the streets in immersive 3-D. Photo/Provided by Universal Orlando, ©2014.

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Antibacterial agent boosts toothpaste effectiveness

Adding triclosan and copolymer to fluoride toothpaste appears to help reduce plaque, inflammation, bleeding and tooth decay

Regular use of fluoride toothpaste containing triclosan, an antibacterial agent, and a copolymer, which helps prevent the triclosan from being washed away by saliva, reduces plaque, gingivitis and bleeding gums and slightly reduces tooth decay compared with fluoride toothpaste without those ingredients, according to a new review in The Cochrane Library.

"We are very confident that adding triclosan and copolymer to a fluoride toothpaste will lead to additional benefits, in terms of less plaque, inflammation, bleeding and tooth decay," said Philip Riley, a researcher at the University of Manchester in England, and a co-author of the study. But he added, "We don't know how important the effects are clinically."

Tooth decay and gingivitis are the main causes of tooth loss. Both are caused by plaque, the film of bacteria that builds up on teeth, and if left untreated, can lead to periodontitis, a more serious gum disease that can cause pain and loose teeth.

A team from the Cochrane Oral Health Group reviewed 30 published studies of toothpastes containing triclosan and copolymer.

Their analysis of the combined data found a 22 percent reduction in plaque, a 22 percent reduction in gingivitis, a 48 percent reduction in bleeding gums, and a 5 percent reduction in tooth decay (cavities) compared with toothpaste with fluoride alone. However, they did not find significant evidence that triclosan/copolymer toothpaste reduced the incidence of periodontitis more than toothpaste without the combination. No adverse reactions to triclosan or the copolymer were reported.

The findings of the review are not surprising, according to Clifford Whall, PhD, director of the American Dental Association's Seal of Acceptance Program and Product Evaluations. The ADA's Council on Scientific Affairs has independently reviewed data on the safety and effective-

ness of triclosan/copolymer for reducing cavities, plaque and gingivitis. The council concluded that there were sufficient clinical studies that showed these toothpastes reduced the incidence of cavities, the presence of plaque and gingivitis.

Most of the studies of toothpastes evaluated in the Cochrane report were directly or indirectly supported by companies that make toothpaste. Only three studies appeared to be independent, according to the reviewers. The independent or government-funded research community and industry should work together to research antibacterial agents in toothpastes, Riley noted. "But we would argue for complete independent control of the research, including study design, conducting the study and ownership of the data."

(Sources: Science Daily; Health Behavior News Service; Center for Advancing Health)

Fluoride toothpaste recommended at child's first tooth

To fight cavities in children, the American Dental Association's Council on Scientific Affairs is updating its guidance to caregivers that they should brush their children's teeth with fluoride toothpaste as soon as the first tooth comes in. This new guidance expands the use of fluoride toothpaste for young children.

To help prevent children's tooth decay, the CSA recommends that caregivers use a smear of fluoride toothpaste (or an amount about the size of a grain of rice) for children younger than 3 years old and a pea-size amount of fluoride toothpaste for children 3 to 6 years old.

"For half a century, the ADA has recommended that patients use fluoride tooth-

paste to prevent cavities, and a review of scientific research shows that this holds true for all ages," said Edmond L. Truelove, DDS, chair of the CSA. "Approximately 25 percent of children have or had cavities before entering kindergarten, so it's important to provide guidance to caregivers on the appropriate use of fluoride toothpaste to help prevent their children from developing cavities."

Dental decay is the most common chronic childhood disease, with more than 16 million children suffering from untreated tooth decay in the United States, according to the U.S. Centers for Disease Control.

CSA previously recommended using

just water to brush the teeth of children younger than 2 years old and to brush the teeth of children 2 to 6 years old with a pea-size amount of fluoride toothpaste. CSA updated the ADA's guidance based on a review of scientific evidence. The new guidance is intended to provide children cavity protection while limiting their risk of developing fluorosis.

The reports, "Fluoride toothpaste use for young children" and "Fluoride toothpaste efficacy and safety in children younger than 6 years," were published in the February 2014 edition of the Journal of the American Dental Association.

(Source: American Dental Association)

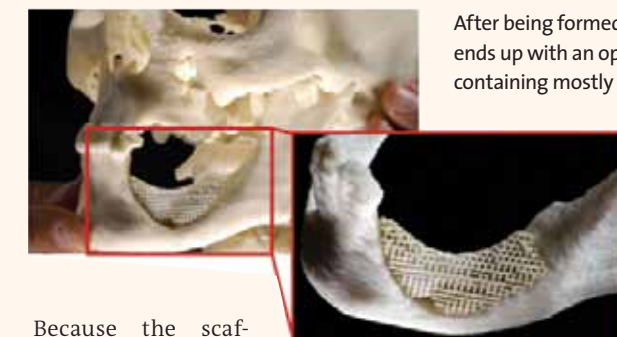
• SCAFFOLDING, page A1

and blood vessels, which current materials do not provide.

While current materials are degraded gradually, the new scaffolding remains an integral part of the repaired bone, working as reinforcement, Lyngstadaas explained.

In addition, the generation process could be accelerated by the insertion of bone progenitor cells or bone marrow containing stem cells.

Conventionally, damaged bone is repaired by removing tissue from healthy bones, such as the mandible or hip, for implantation. Patients often experience discomfort and complications after the surgery. This can be avoided by using the scaffolding.



Because the scaffolding has shown positive results in preliminary animal studies, the researchers are currently planning to undertake clinical trials on patients with periodontitis and damaged mandibular bone. They also hope that orthopedists will show interest in the new method.

The new material was developed in

collaboration with Corticalis, a Norwegian company that specializes in innovative biomaterials. The researchers are currently looking for an industry partner to market their invention.

(Source: University of Oslo)

DENTAL TRIBUNE

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JDIQ in Montreal, May 23–27

Journées dentaires internationales du Québec to also host prosthodontists

The 44th edition of the Journées dentaires internationales du Québec will take place from May 23–27 at the Palais des congrès de Montréal.

Hosting the Association of Prosthodontists of Canada

One of the biggest changes with the 2014 edition of the meeting is that the JDIQ will host the Association of Prosthodontists of Canada. Among the benefits expected from this joint venture, which also involves the Association of Prosthodontists of Quebec, will be a larger number of top speakers in implant and restorative dentistry — and a presence at the meeting of a larger number of prosthodontists from across Canada.

The annual meeting of the Ordre des dentistes du Québec continues to be a highly attended dental meetings in North America — and one of the biggest bilingual meeting. In 2014, organizers expect to host more than 12,000 delegates from around the world.

More than 100 lectures and workshops in English and French

The meeting will feature a scientific program with more than 100 lectures and workshops presented in English and French. The JDIQ meeting is described by organizers as being Canada's most highly attended bilingual convention.

More than 225 exhibitors will occupy approximately 500 booths in the exhibit hall, making it one of the largest in Canada. The exhibition will be open Monday and Tuesday, May 26 and 27, and it will feature a continental breakfast on both days for the early risers as well as a wine and cheese reception to close out both afternoons.

Featured 2014 speakers already in the lineup include Drs. Dale Miles, Robert Langlais, Steven Olmos, Stephen Niemczyk, Manor Hass, Jonathan Bregman, Michael Di Tolla, Gerry Kugel, Karl Kerner, Joe Blaes, Jason Smithson, Brian Novy, Ken Hargreaves, Thomas Dudeney, Robert Gutneck, Tieraona Low-Dog and James Mah, to name just a few.

For more information about the meeting, you can call (800) 361-4887, visit online at www.odq.qc.ca — or email congres@odq.qc.ca.

(Source: Ordre des dentistes du Québec)



Night reflections on the street at the Palais des congrès de Montréal (Montréal Convention Centre) highlight its iconic multi-colored windows. The venue hosts the Journées dentaires internationales du Québec in May. This year's meeting includes an expanded selection of sessions serving prosthodontists. Photo/Ron Stern, Montréal Convention Centre

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Toronto Academy of Dentistry Winter Clinic moves to new downtown venue

There is a new host venue for the Toronto Academy of Dentistry Winter Clinic: The single-day, Friday, Nov. 14, meeting will be held at the Toronto Sheraton Centre in the heart of downtown Toronto. Photo/Provided by Starwood Hotels & Resorts Worldwide Inc.



This year's clinical program covers broad spectrum of topics, including an examination of how digital technology is transforming workflow in the dental office

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The 77th Annual Winter Clinic is on the move, with its 2014 meeting day scheduled for Friday, Nov. 14, at the Toronto Sheraton Centre.

The new venue presents a great opportunity to add an evening or even the rest of the weekend in downtown Toronto to the end of the single-day conference. The Sheraton Centre is connected to the financial and entertainment districts by way of the PATH, a 16-mile underground network of shops and services.

A wide selection of shopping destinations, the Mirvish Toronto theatres, world-class dining and major Toronto museums are steps away.

Many major Toronto attractions close to venue

Among the attractions: Art Gallery of Ontario, Royal Ontario Museum, Hockey Hall of Fame, Harbourfront, Casa Loma, Ontario Science Centre, Niagara Falls, Casino Niagara, Casino Rama, Ontario Place, Air Canada Centre, Rogers Centre (formerly SkyDome), Eaton Centre, Holt Renfrew and Yorkville Shopping District.

The Winter Clinic is the largest one-day dental convention in North America, attracting dental professionals who come to learn from world-class speakers and explore and save on products and services.

This year's clinical program covers a broad spectrum of topics and includes: an examination of the way digital technology is transforming the workflow in the dental office; demonstrations of cutting-edge tools and equipment; specialized techniques for prosthetic tooth repositioning; the use of lasers in periodontal therapy; a discussion of current views on the use of X-rays as a diagnostic tool; advice on the latest legal requirements for health and safety in the dental office; and how to meet the demands of your modern dental practice through healthy habits and humour.

You can bring the whole team to share the knowledge. The single-day event features 24 separate programs in contemporary dentistry, offering something for all.

Learn more about the Winter Clinic and register online by visiting www.tordent.com.

(Source: Toronto Academy of Dentistry)

Nation's biggest dental meeting expands

Greater New York Dental Meeting schedules new offerings for 2014 event

By Jayme McNiff Spicciatie
Program Manager, GNYDM

A number of new events are on the schedule for the 2014 Greater New York Dental Meeting. Among the highlights:

- *The World Implant Expo, four days of innovations in implantology.* This new event will be held simultaneously with the main Greater New York Dental Meeting, from Nov. 28 through Dec. 3.
- *An expanded CoLLaboration Dental Laboratory Meeting, bringing together dentists and lab technicians.* This dental laboratory meeting, presented with Aegis Publishing, is expected to surpass its inaugural 2013 numbers: 1,183 technicians and technician students and 50 exhibitor booths.
- *An expanded exhibit floor with more than 1,700 exhibit booths filled by more than 700 companies.* The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3.

Again for 2014, the GNYDM, which is sponsored by the New York County Dental Society and Second District Dental Societies, will remain free of any registration fee.

Other distinctions that help make the GNYDM stand out include:

- This is the only major annual dental meeting with a four-day exhibit hall.
- The meeting features more than 300 educational programs.
- One C.E. unit can be earned simply by exploring the exhibit floor.
- The live dentistry arena on the exhibit floor features eight live patient demonstrations during the course of the meeting. There is no admission charge.
- Multilingual programs are presented in Spanish, Russian, Portuguese, French and Italian.
- A laser pavilion features a variety of educational sessions focusing on all aspects of laser dentistry.

Three airports — Newark Liberty (EWR), Kennedy (JFK) and La Guardia (LGA) — and hotel discounts make it easy to attend the meeting and enjoy all that New York City has to offer during the holiday season.

Preregistration is scheduled to open online in April. Visit www.gnydm.com for more information and the latest update on registration.



An expanded exhibit floor at the 2014 Greater New York Dental Meeting will feature more than 1,700 exhibit booths filled by more than 700 companies. The 2014 GNYDM exhibit hall dates are Nov. 30 through Dec. 3. Photo/Dental Tribune File Photo

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MouthMobile takes dentistry to underserved



Aspen Dental, with its Healthy Mouth Movement and MouthMobile, is delivering free dental care to people in need across the United States. Photo/Provided by Aspen Dental

Aspen Dental, on a mission to give America a healthy mouth, starts 'The Healthy Mouth Movement'

By Aspen Dental Staff

Living in one of the wealthiest countries in the world, it would be easy to assume that access to dental care isn't a problem in the United States. But sadly, this is not the case.

The statistics are sobering. Last year,

100 million Americans didn't visit a dentist. More than 47 million people live in places where it is difficult to access dental care, and the U.S. Department of Health and Human Services estimates that there is a shortage of nearly 4,600 dental health professionals in the United States.

Yet while the health care debate rages on, the issue of oral health is largely absent from the discussion.

For many, dental care is a luxury, not a priority

When times get tough, it is not surprising that people put off visits to the dentist. For far too many Americans, dentistry is a luxury, and not a priority. Patients who struggle financially put off dental care and live with infection and pain — and that has an impact on their overall health and quality of life.

When an emergency strikes, people turn to our nation's hospitals. In April, a new analysis from Rutgers University found that the use of emergency departments for dental care — especially by young adults in low-income communities — poses a substantial challenge for our nation.

One of the organizations that is responding to the oral health crisis is Aspen Dental.

'Community giving' initiative to serve thousands, raise awareness

Aspen Dental is on a mission to give America a healthy mouth and has started The Healthy Mouth Movement, a community giving initiative designed to deliver free dental care to thousands of people in need in communities across the United States.

Through the Healthy Mouth Movement, Aspen dentists and team members across 27 states will devote a day to providing dental care to those who need it most — free of charge, no questions asked. And the newly constructed Aspen Dental MouthMobile, a fully equipped dental office on wheels, is going directly into communities to not only provide free service, but raise awareness of the importance of oral health.

Teaming with Oral Health America and local partners

During the past several months, The Healthy Mouth Movement has been traveling around the country, teaming up with Oral Health America and local partners along the way.

Dentistry is a generous profession. There are myriad ways to give back, whether through individual volunteer efforts or through great organizations such as Missions of Mercy and the American Dental Association's Give Kids a Smile program. And by working together, we can make a difference — one patient at a time.

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3 reasons your website should be optimized for mobile users

Diana P. Friedman, MA, MBA

As of January 2014, 58 percent of adults Americans owned a smartphone.¹ With the continued advancements in cellular networks and expanded device accessibility, a rapidly increasing number of existing and prospective patients are using mobile devices rather than a desktop browser to browse your practice website.

A strong mobile presence helps you get in front of prospective patients at the moment they're looking for your practice. If your site doesn't look good or function properly on a smartphone, it won't take long for prospective patients to move on to one that does. Here are three reasons you want to ensure your practice website is mobile optimized.

1. *Mobile is taking over* — When you consider 87 percent of smartphone users access the Internet using their phones,² it's a safe bet that the vast majority of prospective patients are looking at your site on one of these devices. Without a mobile optimized website, you damage your brand and encourage them to seek out competitive providers.

2. *Mobile users take action* — Today 92 percent of smartphone users seek local information on their device and 89 percent take action after looking up local content.³ You want that action to be to contact your office for an appointment. If your site is hard to read on the mobile device or does not provide a “click-to-call” phone number, that action will likely take place with another dental care provider.

3. *Mobile users will quickly move on* — 61 percent of consumers who visit a website that isn't mobile-friendly will leave to visit a competitor.⁴ This fact alone should sound an alert that your practice website needs to be optimized for mobile devices.

The bottom line is that not having a mobile-optimized site can hurt your relationships with current patients, and drive away prospective ones.

Taking the next step

Refraining from optimizing your website for mobile is not an option if you are concerned about sustained practice growth and profitability. The preferred design methodology and the one Google recommends, for a mobile optimized website is called responsive design. A responsive designed practice website will adapt automatically to whatever screen size a patient is using to view it — whether that be a desktop computer, tablet or smartphone. When choosing a company to help market your practice and create a web presence to attract and retain patients, make sure the company has experts in responsive design who work only with the dental industry. With that first step, your efforts to create a mobile-friendly practice will pay off.

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A strong mobile presence can help you get in front of prospective patients at the moment they're looking for your practice. If your site doesn't look good or function properly on a smartphone, it won't take long for prospective patients to move on to one that does.

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Program targets older adults' oral health

Oral Health America is a national nonprofit working to improve older Americans' oral health. Its Wisdom Tooth Project recently launched www.toothwisdom.org, a first-of-its-kind Web portal providing oral health information and local and national resources for older adults, caregivers and oral health professionals. Photo/Provided by Oral Health America



Oral Health America, with its Wisdom Tooth Project, aims to reverse growing crisis in U.S.

By Jennifer Gilbert
Oral Health America

Older adults — the most rapidly growing segment of the population in the United States — are facing a crisis when

it comes to oral health. According to a 2013 Harris Interactive survey commissioned by Oral Health America, 23 percent of older adults have not seen a dental provider in five years, 70 percent do not have dental insurance, eight out of 10 uninsured seniors could not pay for a major dental procedure and 33 million live where dentists and clinics are scarce.

Oral Health America, a national nonprofit that aims to change lives by connecting communities with resources to increase access to care, education and advocacy for all Americans, is working to turn these statistics around through the Wisdom Tooth Project™ (WTP), a program that focuses entirely on older adults.

Website supports effort

This past fall, the WTP launched www.toothwisdom.org, a first-of-its-kind Web portal providing oral health information and local and national resources for older adults, caregivers and oral health professionals.

At the same time, the WTP released "A State of Decay," a biennial publication that evaluates states on five leading indicators of adult oral health: adult Medicaid dental benefits, inclusion of older adult strategies in state oral health plans, edentulism, dental health professional shortage areas and community water fluoridation.

The report garnered local and national media attention when more than half of states failed to achieve a rating of 50.0 or greater. Regional symposia also unite diverse groups of health professionals and community leaders with the aim of inspiring strategic change to improve the oral health of older adults.

The WTP's latest endeavor is Tooth Wisdom: Get Smart About Your Mouth. This health education program will empower older adults who are aging at home to improve their oral health through daily self-care and increase their knowledge about oral health.

Committee vets scientific accuracy

To ensure the program is scientifically accurate and accessible, an older adult advisory committee has been assembled, consisting of professionals who attended last year's "Collaborative Health Care for Older Adults: A Symposium for Creating Inter-professional Community Models" and have a continued interest in geriatric oral health.

The committee meets regularly to discuss the education program and offer recommendations.

To learn more about Oral Health America and the WTP, you can visit www.oralhealthamerica.org and www.toothwisdom.org.

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University's antimicrobial analysis documents formulation's efficacy

TRIOLOGY™ Professional Oral Cleansing & Care, a line of biologic debriding rinses and serums designed to enhance dental procedures and patient comfort, has recently been introduced to the U.S. dental market. The products, sold exclusively through dental and medical practices, is manufactured by NOWsystem Inc.

TRIOLOGY Debriding Rinse and TRIOL-OGY Debriding Serum deliver cleansing powered by Tritiserum™, a proprietary blend of biologic ingredients and carbamide peroxide. The patent-pending formulations integrate with saliva to improve removal of bacteria, fungi, debris and irritants, working both supragingivally and subgingivally. According to the company, this cleansing action, coupled with a balancing of the pH, increases the potential for accelerated healing and reduced pain, inflammation and infection.

The rinse is available in eight-ounce and two-ounce bottles, as well as a one-ounce spray for situations when rinsing

is not practical. The serum is available in a 2 cc syringe, as well as a 2 ml pen for gentle self-application by patients.

"Superior cleansing is the key to faster healing and reduced inflammation, infection and pain," said Janice King, NOW-system co-founder and CEO, "and TRIOL-OGY is the key to superior cleansing." The TRIOL-OGY formulations are the result of more than 10 years of study, product development and clinical research, according to the company.

TRIOLOGY Debriding Rinse can be used for days or weeks prior to dental procedures to lessen inflammation or infection, or at the beginning of in-office exams to reduce airborne spread of bacteria.

Additionally, it is intended for use during and following any dental or hygiene procedures likely to involve bleeding, debridement or supragingival oral wounds, and following dental examinations and procedures to reduce pain.

The rinse, particularly the spray ver-

sion, can also be used by patients with dry mouth, xerostomia, halitosis and metallic taste disorder.

The viscosity of TRIOL-OGY Debriding Serum enables the product to stay where it is placed, so the microfoaming action of the carbamide peroxide can flush out bacteria, debris and irritants that can cause gum infection and inflammation.

It is intended for use as an adjunct to the following dental and hygiene procedures for removal of debris and irritants: extractions, root planing, routine prophylaxis, periodontal scaling, gingival curettage, core retention techniques, implant and crown procedures, and operative and postoperative procedures.

According to Dale Winetroub, NOW-system co-founder and COO, among the studies documenting the efficacy of the TRIOL-OGY formulations is an exten-

The TRIOL-OGY line's patent-pending formulations integrate with saliva to improve removal of bacteria, fungi, debris and irritants, working both supragingivally and subgingivally. Photo/Provided by NOWsystem Inc.



sive antimicrobial analysis by Indiana University in which TRIOL-OGY Debriding Rinse and Rinse were shown to have roughly double the germ kill power of chlorhexidine gluconate. He also noted that because TRIOL-OGY Debriding Rinse and TRIOL-OGY Debriding Serum formulations contain only biologic ingredients and carbamide peroxide, there is no need to limit the frequency of usage.

TRIOLOGY Debriding Rinse and TRIOL-OGY Debriding Serum are currently distributed by Goetze Dental and Burkhart Dental.

Dental practices in regions where sales representatives from these two distributors are not located can order the product online at www.triologycare.com.

(Source: NOWsystem Inc.)

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