

DENTAL TRIBUNE

— The World's Dental Newspaper • United Kingdom Edition —

PUBLISHED IN LONDON

March 11-17 2013

VOL. 7 No 5

News in Brief

ADAM launch jobs board

In partnership with Dental Angels Recruitment UK, the Association of Dental Administrators and Managers (ADAM) is delighted to announce the launch of a Jobs Board accessible via their website. This exciting new development not only enables anyone within dentistry to advertise vacancies on the association's website but also to seek out new opportunities, delivering a 'one stop shop' for recruitment in the dental field. ADAM Vice President, Hannah Peek said: "I'm thrilled to see this Jobs Board going live on our website. I think it will prove very popular with our members not only in terms of helping them promote their vacancies to a wider audience but also in assisting those looking for a new challenge or to return to the profession to see what's available within their field of expertise."

Dentist's billboard scares children

The director of a day care centre in Atlanta has called for a billboard to be removed as it has scared several children. The billboard, which is an advertisement for Georgia Prosthodontics, is located right next to the day care centre. The ad shows a graphic before and after close up photo of a person in need of dental work. Ami Bombardieri, the director of the day care, said she's had many children in tears over the photo on the billboard. My biggest concern is that it's not age appropriate," Bombardieri said. Bombardieri told CBS Atlanta News parents have requested that the ad be removed so their children don't have to look at it.

New Zealand move to plain tobacco packaging

New Zealand will be following Australia's footsteps and start introducing plain packaging for tobacco later this year. Marketing imagery will be stripped and replaced with graphic images of the damages caused by smoking, and all colours and design of the packs will be standardised. Associate Minister of Health Hon Tariana Turia said: "Current tobacco packaging not only helps promote smoking to young and vulnerable people, it also helps keep smokers smoking. This move to plain packaging will remove the last remaining vestige of glamour from these deadly products. "I am delighted that New Zealand is on track to be the second country in the world to legislate for plain packaging. This is another major step on the pathway to becoming a Smoke-free nation by 2025."

www.dental-tribune.co.uk

News



Cash boost
Dentistry gets £30 million

► page 2

Money



Selling?
Jeff Williamson gives a guide to selling an incorporated business

► page 12

Clinical



Biting remarks
The importance of occlusion

► pages 19-20

Practice Management



Great practice
The journey towards practice perfection continues

► pages 24-25

Future unclear for Clearstep as administration looms

Chaos for Clearstep clinicians and patients as clear aligner firm goes to the wall

Thousands of patients and practitioners have been left mid case as Clearstep, the clear aligner company has officially gone into administration

Following weeks of rumours and confusion, insolvency specialists FRP Advisory has announced that the company has indeed been put into administration. A spokesperson for FRP commented: "The company has gone into administration, and unfortunately all of the staff have been made redundant. It's a sad day; it's the end of the line."

"All practitioners will be written to, and will be receiving letters shortly. For more information, contact FRP Advisory on 02030054000."

For practitioners, the announcement has given closure to the first chapter of a situation that will have repercussions for some time to come. Dental practitioners are left with the situation of patients now needing alternative treatment plans; many of which will have paid in advance. Practitioners are also left counting the cost of treatment plans that they paid for in advance for patients.

During the weeks of uncertainty, patients and clinicians have been taking to social media to vent their frustrations at the lack of information coming from Clearstep. One clinician took to Facebook, many discussed their anger on dental online forums and patients voiced their concerns on sites such as mon-

eyexpert.com. The main issue was the inability to talk to someone and get clarity on the situation so they could move forward with finding alternative solutions for their patients.

Support from the trade has been welcomed, with many orthodontic treatment system providers offering support and advice where needed. Dental Protection too has issued a briefing offering advice. One of its main messages for practitioners states *The four key principles to follow in order to minimise the dento-legal consequences of these situations are:*

1) *Find out the facts rather than acting on the basis of rumour and hearsay information. In a fluid situation, you need to be doing this on a daily basis and trying to speak to reliable, authoritative sources of information.*

2) *Stay in close and regular communication with the patients involved. Make sure that they are talking to you rather than to third parties, so that you give yourself as much opportunity as possible to influence and control events. If patients feel the need to seek advice from a second clinician and are perhaps told (rightly or wrongly) that aligners were never the correct treatment approach in the first place, their dissatisfaction will be all the greater.*

3) *Let the patients see you understand their concerns, that you are doing your very best to achieve the best possible outcome for*

them, and you will ensure they are not financially disadvantaged.

4) *Do something positive – be proactive, don't just cross your fingers and hope for the best. Assess the situation of each patient individually, prioritise their needs, and explore all the available options in the best interests of each individual patient. Keep full records*

of all of this, including any phone calls that you make, and detailed notes of all discussions and the name(s) and contact details of all the people that you speak to.

Dental Tribune has made repeated attempts to contact the management team at Clearstep, without success. **DT**

**Now available from Kent Express
Melag Decontamination Solutions
Vacuklav 31B+**



Call 01634 878787

Terms and conditions: Offer cannot be used in conjunction with any other offer, discount scheme, gift promotion or price match. All prices exclude VAT, E & O E. Product subject to change without prior notice. Only available in UK mainland. Offer valid 01/03/13 - 31/03/13.

KENT EXPRESS
MELAG

Dental clinic helps adults with severe phobia



Queensway Dental Clinic

Queensway Dental Clinic in Billingham, Teesside has announced a new part-

nership with the University Hospital of Hartlepool. The clinic can now provide a new general anaesthetic service for adults who have a severe phobia of visiting the dentist; a first for the north east.

Whilst approximately one in four members of the public suffer from Odontophobia, only five per cent of the population suffer from a 'severe dental fear'. In a bid to tackle this issue, Queensway Dental Clinic has partnered with the University Hospital of Hartlepool to provide a general anaesthetic

service for those patients who have a severe phobia.

Managing Partner, Dr Paul Averley, Queensway Dental Clinic, explains: "There are a small number of people whose phobia of the dentist is so severe that they haven't attended check-ups nor had their dental issues attended to for many years, sometimes even decades, resulting in substantial oral health issues. It is for these patients for whom all other pain and anxiety control methods have been exhausted, that we have in-

troduced this general anaesthetic service."

Private adult patients wanting to undergo dental treatment with the support of general anaesthetic will attend an initial assessment at Queensway Dental Clinic in Billingham, where Dr Paul Averley will ensure that all patients who are to be put forward for a general anaesthetic have genuine oral health needs and severe anxiety issues which cannot be met using other methods, such as conscious sedation.

If the patient is deemed suitable they will have an appointment made for them at the University Hospital of Hartlepool where an experienced team from Queensway comprising a lead dentist, anaesthetist and nurse will work with the Hospital's staff to provide treatment and after care.

For dentist and patient information on the general anaesthetic service, visit www.queensway.co.uk. **DT**

Five per cent of dental patients make complaints



Dental complaints aren't as common as previously thought

A survey of more than 1,600 people across the UK has revealed how few patients think about complaining about their dental professionals.

Two per cent of those who say they have visited a dentist

say they have complained or even considered making a formal complaint about a dental professional during the last 12 months. Specifically, 95 per cent say they had never complained and 95 per cent of these say they have never considered com-

plaining.

When people complain, or consider making a complaint, they tend to complain or want to complain directly to the practice where they had the treatment. More than a third (37 per cent) approached or would approach their dental practice to make a complaint.

However, 32 per cent of those who'd complained, or considered making a complaint, weren't sure who to complain to. The survey also asked those who had considered making a complaint, what prevented them from doing so. Twenty nine per cent said they did not know where to start and a further 26 per cent said they didn't know who or where to go to for information on how to complain. **DT**

Dentistry gets £30 million cash boost

The Department of Health has announced a £30 million boost for NHS dentists. This will allow more patients to register with a dentist, and get their oral health checked.

Lord Howe, Health Minister, said: "Since May 2010 more than a million new patients are seeing an NHS dentist.

"We want to make sure that this progress continues and that dentists give the highest standards of care as well as treating more patients. That's why we have invested this extra £30 million in funding.

"Better oral health is a key priority of the Government and we recently extended the dental pilot programme which will see preventative care at the heart of dentistry going forward."

Barry Cockcroft, Chief Dental Officer for England said: "Having a healthy smile is so important and I hope this £30 million will see thousands of new patients pick up the phone and register with an NHS dentist.

"Having stained teeth, unhealthy gums and bad breath is not only bad for your health, it is so damaging for confidence too."

Dental surgeries have been applying to the local NHS to access the extra funds which will allow them to take on new patients and fund extra clinics.

This is the second year the Government has made extra dental funding available. Dental practices can use the extra funds to either put on extra clinics, attract new patients or buy in new services such as orthodontics. **DT**

Opportunities for dentists with the TA



Last month, the UK Army began broadcasting a series of live television adverts filming Territorial Army (TA) members live from operations.

The TA LIVE recruitment drive is intended to demonstrate the wealth of the opportunities for specialist professionals such as dentists with the TA and raise awareness of the Army's current recruitment targets.

The Royal Army Dental Corps provides an opportu-

nity for dentists looking to do something extra with their time and seek a rewarding experience outside of normal working hours.

The Royal Army Dental Corps (RADC) is responsible for the maintenance of the Army's dental health. TA personnel with the RADC serve in dental centres, in many locations around the world, but they are soldiers too and have a role within field hospitals during military operations.

As part of TA LIVE, over 150 TA recruitment events took place across the country throughout February. TA units also took over the city centres in London, Birmingham, Cardiff, Glasgow, Liverpool, Newcastle and Portsmouth on 16th February to put on sev-

en extensive TA open events to demonstrate to the public what the TA is all about.

Each unit brought a range of specialist equipment and supplies to put on demonstrations and educate the public about the role of the TA and its importance to the UK Armed Forces. Stands included TA ambulances, assault boats, weapon displays, armoured vehicles, mobile bridges, air portable dozers and light-weight vehicles.

For more information about the career opportunities available for medics and other specialist professionals in the Territorial Army, visit www.army.mod.uk/join or call 0845 600 80 80. **DT**

Dentist admits illegal practice

The General Dental Council (GDC), has successfully prosecuted a woman for the illegal practice of dentistry.

Ms Joana Antunes Catre Dos Santos, who was working as a dentist at the Advanced Dental Clinic, 25-27 Moorland Road, Burslem, Stoke-on-Trent ST6 1DS appeared at Newcastle-under-Lyme Magistrates' Court.

She pleaded guilty to four offences of unlawfully practising dentistry whilst not registered, contrary to Section 38 (1) and (2) of the Dentists' Act 1984.

Ms Santos has never been registered with the GDC.

She has been fined £600 for each of the four offences and ordered to pay £1,500 towards the

GDC's costs.

In addition she must pay a victim surcharge of £120 and a total of £248 in victim compensation.

Chief Executive of the GDC Evlynn Gilvarry said: "People who practise dentistry unlawfully pose a significant risk to the patients they treat. The GDC is committed to ensuring public safety and I hope this prosecution sends a clear message to others who may be tempted to practise without being registered with the GDC." **DT**

**General
Dental
Council**

Editorial comment

Last week saw the Dentistry Show, the first major event of the dental calendar. This show has been going from strength to strength and really is becoming a major force in the dental exhibition sector. One of the big talking

points at the event was the allowance of an illegal whitening company to take a stand. Due to a sustained protest by event goers this stand was withdrawn a few days before the opening of the show. This story is interesting for a couple of reasons. One – it

shows that the companies providing illegal whitening services and training are coming to realise that they need to be a bit more legit to survive in the era of new regulation; and two – practitioners are becoming more united in protecting their patients and promoting best practice of whitening pro-

cedures. Groups such as Stamp out Illegal Whitening and the Tooth Whitening Action Group are beginning to make a lot of noise against illegal bleaching... we should be applauding their efforts and getting behind the cause. [DT](#)

Do you have an opinion or something to say on any Dental Tribune UK article? Or would you like to write your own opinion for our guest comment page?

If so don't hesitate to write to: The Editor, Dental Tribune UK Ltd, 4th Floor, Treasure House, 19-21 Hatton Garden, London, EC1 8BA

Or email: lisa@healthcare-learning.com

New application offered in implant surgery

Dental techniques to modify the alveolar ridge have been around for many years, often as a means of support for dentures. As dental implants have now become common procedures, so has pre-implant preparation of the bone. The ridge-split procedure is one such method of widening and augmenting the alveolar ridge that is finding renewed interest.

A new article in the Journal of Oral Implantology presents a detailed description of the alveolar ridge-split procedure. The alveolar ridge is the bony ridge on both the upper and lower jaws that contains the sockets of the teeth. Establishing an alveolar ridge of proper dimensions has become essential with the advent of root-form endosseous dental implants, the most common type of implants.

The ridge-split procedure described in this article is a form of ridge widening or augmentation. In cases of narrow alveolar ridges, it has proven to be consistently successful. Use of this minimally invasive technique has many advantages in the pre-prosthetic stage of dental implants; low risk of inferior alveolar nerve injury, less pain and swelling, and no need for a second surgical site as donor are among the benefits.

Because of differences in bone density, the ridge-split technique requires a single surgical stage in the maxilla, or upper jaw, and a two-stage approach in the mandible. The two stages of mandible surgery consist of corticotomy, a bone-cutting procedure, followed by splitting and grafting performed three to five weeks later. The staged approach of the ridge-split procedure has shown a higher implant success rate and better buccal cortical bone preservation. [DT](#)



54% OF ADULTS HAVE GINGIVAL BLEEDING.¹

NEW COLGATE® TOTAL® PRO GUM HEALTH TOOTHPASTE IS MEDICALLY LICENSED TO "IMPROVE GINGIVAL HEALTH AND REDUCE THE PROGRESSION OF PERIODONTITIS".

Recommend an evidence-based toothpaste as part of your treatment and maintenance of your patients' periodontal health.

Colgate® YOUR PARTNER IN ORAL HEALTH

www.colgateprofessional.co.uk

Name of the medicinal product: Colgate TOTAL Pro Gum Health Toothpaste. Active Ingredients: Triclosan 0.30% w/w; Sodium Fluoride 0.32% w/w (1450ppm F). Indications: To reduce dental caries, to improve gingival health and to reduce the progression of periodontitis. Dosage and administration: Apply a 1 cm line of paste across the head of a toothbrush and brush the teeth thoroughly for one minute twice daily. Spit out after use. Children under 7, use a pea-sized amount for supervised brushing to minimise swallowing. If using fluoride supplements, consult your Dentist. Contraindications: None known. Special warnings and precautions for use: Children under 7, use a pea-sized amount for supervised brushing to minimise swallowing. If using fluoride supplements, consult your Dentist. Undesirable effects: None known. Marketing authorisation number: PL00049/0036. Marketing authorisation holder: Colgate-Palmolive (UK) Ltd, Guildford Business Park, Middleton Road, Guildford, Surrey, GU2 8LZ. Recommended retail price: £3.49 (75ml tube). Date of revision of text: October 2011.

1 Adult Dental Health Survey 2009, NHS Information Centre for Health and Social Care.

Children's oral health initiative launched



Project ENGAGE

Temple University Kornberg School of Dentistry has launched Project EN-

GAGE, a \$1.75 million initiative designed to improve children's access to oral health care.

The program will be available to North Philadelphia children under the age of six and their families who are enrolled in the state's Medicaid plan. The goal is to eventually expand the initiative to other parts of Philadelphia, Pennsylvania and country.

"Project ENGAGE is an example of a new health promotion system that will reach out to children and families to assist them

in getting dental care and remove barriers that prevent these children from having a dental home," said Amid Ismail, dean of the Kornberg School of Dentistry.

Currently, fewer than 30 per cent of the children under six living in the five zip codes surrounding Kornberg's North Philadelphia campus have access to proper dental care, often due to lack of awareness of the importance of oral health, limited transportation and access to qualified dental care providers. One of the program's goals is to increase that access to at least 60

per cent of the children.

The new program will create an oral health registry that will use dental claims information and operating and emergency department histories to identify children most at risk of developing any health issues as a result of tooth decay.

Community health workers will provide these children and their families, including siblings and pregnant women, with information, counselling and assistance in scheduling dental appointments. Public health dental

hygienists will also be available to provide in-home care and additional treatments, such as fluoride varnishes and sealants.

The program will also provide training for primary care physicians to encourage preventive screenings and to apply dental varnish, while also giving general dentists who do not currently provide dental care for very young children the support and information needed to care for children. Studies show that children should begin seeing a dentist before their first birthday. [DT](#)

New drug combination could prevent neck cancer



New cancer therapy

A new drug combination shows promise in reducing the risk for patients with advanced oral precancerous lesions to develop squamous cell carcinoma of the head and neck. The results of the study,

which included preclinical and clinical analyses, were published in *Clinical Cancer Research*.

"Squamous cell carcinoma of the head and neck (SCCHN) is the most common type of head and neck cancer," said Dong Moon Shin, M.D. "The survival rate for patients with SCCHN is very poor. An effective prevention approach is desperately needed, especially since we can identify patients who are at extremely high risk: those with advanced oral precancerous lesions."

Based on prior research suggesting a role for epidermal growth factor receptor (EGFR) and cyclooxygenase-2 (COX-2) in promoting SCCHN, Shin and colleagues believed combining an EGFR inhibitor and a COX-2 inhibitor could provide an effective chemopreventive approach.

They found that the combination of the EGFR inhibitor erlotinib and the COX-2 inhibitor celecoxib was more effective for inhibiting the growth of human SCCHN cell lines compared with either drug alone.

Eleven patients with advanced oral precancerous lesions were assigned to treatment with erlotinib and celecoxib. Tissue samples from the patients were obtained and evaluated pathologically at three, six and 12 months after therapy initiation. Biopsies at baseline and follow-up were available for seven patients.

Pathologic examination of the biopsies indicated that three of the seven patients had a complete pathologic response; that is, there was no longer evidence of

the precancerous lesions in the follow-up biopsy sample. Among the other patients, two had a partial pathologic response and two had progressive disease.

"Finding that this drug combination caused some advanced premalignant lesions to completely disappear was great news," said Shin. "Advanced premalignant lesions rarely regress, so our data are proof-of-principle that a combination chemopreventive strategy with molecularly targeted agents is possible." [DT](#)

The benefits of breaking up Dental X-rays increase brain tumour risk



A new national TV advertising campaign launched by Wrigley on 14th February is encouraging consumers to chew sugarfree gum after eating and drinking, especially when they are on-the-go. Its theme – 'Break Up With Lingering Food' – focuses on how the foods we eat linger in the mouth

and can threaten oral health, with an amusing encounter between celebrity Antonio Banderas and the 'Food Gang'™ – a group of mischievous creatures that represents some of the foods that linger longer.

Independent research shows that chewing sugarfree gum for 20 minutes after meals and snacks can help teeth healthy because the increased production of saliva helps clean the mouth and neutralise the plaque acids that may damage tooth enamel. The new high profile campaign is part of Wrigley's increased commitment to promoting the proven benefits of chewing sugarfree

gum to consumers as an effective part of their oral healthcare routine in a world where snacking and 'grazing' are on the increase.

Louisa Rowntree, Wrigley Oral Healthcare Programme Manager in the UK says: "Wrigley is spreading the message to UK consumers that chewing sugarfree gum benefits oral health, especially for people who are busy and eating and drinking on-the-go. The Wrigley Oral Healthcare Programme supports this through our work with dental professionals, to help them understand and educate their patients about the benefits of chewing and encourage them to Eat, Drink, Chew." [DT](#)

Dental X-rays increase brain tumour risk

Prior studies have suggested that frequent dental and medical screening is associated with an up to five-fold increase in the risk of benign brain tumours. However, Chinese researchers have found that no such association may exist between malignant brain tumours and diagnostic dental X-rays.

In order to evaluate the risk of developing benign and malignant brain tumours in relation to the frequency of dental X-rays received in oral and maxillofacial care, the researchers conducted two studies. The first study involved 4,123 patients diagnosed with benign brain tumours and 16,492 healthy controls, while the second study was conducted among 197 individuals with malignant brain tumours and 788 controls.

Patient data analysis demonstrated that the risk of benign brain tumours increased as the frequency of dental diagnostic X-rays increased. However, no significant association was found between malignant brain tumours and dental diagnostic X-ray exposure.

The study was conducted at the China Medical University in collaboration with several other scientific health institutions throughout China.

According to the American Brain Tumor Association, an estimated 69,720 new cases of primary brain tumours are expected to be diagnosed in 2013 in the US, including both malignant (24,620) and benign (45,100) brain tumours. Meningiomas, which are primarily benign brain tumours, represent 34 per cent of all primary brain tumours, making them the most common primary brain tumour.

The study was published online on 13 February in the *Annals of Oncology* ahead of print. [DT](#)



Dentist tackles desert for charity

Dr Mark-Steven Howe from Broadway Dental Care in Worcestershire is heading to Africa in April to compete in one of the toughest foot races on earth.

He will take part in the 28th annual Marathon Des Sables, a 156 mile challenge which consists of six consecutive mara-

thons, in aid of the Air Ambulance.

The marathon will take place over six days. The rules of the race state that all runners must carry all their own belongings throughout, except water.

Dr Howe said: "Looking after your feet will be important and

not believing you are indestructible. I have done iron man events before. I just have to get on with it, it is all about pacing yourself."

Dr Howe, who is looking forward to the challenge and concentrating on his training, says he hopes his patients will pop into his surgery to sponsor him and show their support. [DT](#)



DENTAL WEBINARS

Learn from the comfort of your own home



Over the last four years we have built a solid reputation as the original and best dental webinar provider. The webinars are live and interactive to give a unique

learning experience. Interact with some of the industry's leading experts as they present the very latest in clinical practice.

UPCOMING WEBINARS:

21/03/13	An Introduction to the uses of CEREC Technology for the GDP
27/03/13	Perio Implant Interface - The Three P's of Perio
04/04/13	Dental Trauma: Luxations & Avulsions

Join the Dental Webinar club – sign up for free:
www.dentalwebinars.co.uk



Age affects presence of artifacts in CBCT scan



Patient age can play a role in the presence of artifacts due to movement during a dental cone-beam CT (CBCT) scan, according to a short communication in *Dentomaxillofacial Radiology*.

Research from Glasgow Dental Hospital and School wrote: "Our aims were to assess the number of patients who

showed signs of movement artifact during CBCT acquisition and how many of these required retakes for diagnostic reasons," they wrote. "Our hypothesis was that patients at the extremes of age were more likely to move during scan acquisition."

The research team used Xoran i-CAT Classic software to analyse 200 randomly selected dental cone-beam CT scans in patients whose ages ranged from eight to 89 years. They assessed the images in cross-sections at the coronal, sagittal, and axial views.

After analysing the selected CBCT images, they found signs of

movement artifacts in nine scans from the 200 included in the study, although only 0.5 per cent of the scans required a retake for diagnostic reasons. These nine scans were primarily in patients younger than 16 years of age and older than 65 years of age.

The researchers thus analysed a second sampling of dental CBCT scans specific to these two age groups: 65 scans for those younger than age 16 and 37 for those older than 65. In this analysis, seven patients younger than age 16 (10.7 per cent) showed double bony contours, and 86 per cent of

these scans were in male patients. In the over-65 age group, they found that eight patients moved (21.6 per cent) and that 62.5 per cent of them were female.

While some movement may not affect image quality, it can affect the spatial resolution, the researchers noted. They suggest using a removable chin rest and shorter acquisition times, although the latter can increase signal-to-noise ratio in the resulting images, they added. [DT](#)

Ancient teeth bacteria record disease evolution

DNA preserved in calcified bacteria on the teeth of ancient human skeletons has shed light on the health consequences of the evolving diet and behaviour from the Stone Age to the modern day.

The ancient genetic record reveals the negative changes in oral bacteria brought about by the dietary shifts as humans became farmers, and later with the introduction of food manufacturing in the Industrial Revolution.

An international team, led by the University of Adelaide's Centre for Ancient DNA (ACAD) where the research was performed, has published the results in *Nature Genetics*. Other team

members include the Department of Archaeology at the University of Aberdeen and the Wellcome Trust Sanger Institute in Cambridge (UK).

"This is the first record of how our evolution over the last 7,500 years has impacted the bacteria we carry with us, and the important health consequences," says study leader Professor Alan Cooper, ACAD Director.

"Oral bacteria in modern man are markedly less diverse than historic populations and this is thought to contribute to chronic oral and other diseases in post-industrial lifestyles."

The researchers extracted

DNA from tartar (calcified dental plaque) from 34 prehistoric northern European human skeletons, and traced changes in the nature of oral bacteria from the last hunter-gatherers, through the first farmers to the Bronze Age and Medieval times.

"Dental plaque represents the only easily accessible source of preserved human bacteria," says lead author Dr Christina Adler, who conducted the research while a PhD student at the University of Adelaide, now at the University of Sydney.

"Genetic analysis of plaque can create a powerful new record of dietary impacts, health changes and oral pathogen genomic evolu-



Teeth hold the key to bacterial change history

tion, deep into the past."

Professor Cooper says: "The composition of oral bacteria changed markedly with the introduction of farming, and again around 150 years ago. With the introduction of pro-

cessed sugar and flour in the Industrial Revolution, we can see a dramatically decreased diversity in our oral bacteria, allowing domination by caries-causing strains. The modern mouth basically exists in a permanent disease state." [DT](#)

Pilot underway for mouth cancer screening scheme

More than a hundred dentists from fifty dental practices across the UK have started the Mouth Cancer Screening Accreditation Pilot Scheme.

The scheme, which is supported by Henry Schein, DPAS and ProDentalCPD, is the brainchild of Dr Vinod Joshi, Founder of the Mouth Cancer Foundation. It will recognise dental practices that demonstrate a visible

commitment to increasing public awareness of mouth cancer screening to all patients and to establish a documented referral pathway with a local specialist department.

The practices who have signed up to take part in the pilot will start the annual membership programme today ahead of the official launch at the BDA Conference on Saturday 27th April 2013.

They will road test all aspects of the initiative to ensure it runs smoothly. The pilot practices will work through the accreditation process and act in a focus group capacity by feeding back on the scheme, its methods, quality and efficiency. On completion of the relevant criteria they will receive full accreditation when the Mouth Cancer Screening Accreditation Scheme launches.

Full membership includes access to a dedicated section of the charity website and FREE one hour CPD element as well as professional development and training modules suitable for all members of the practice team to ensure regular screening benefits practice patients.

The Mouth Cancer Screening Accreditation Scheme is open to any dentist registered with the GDC or any den-

tal practice whose clinicians are registered with the GDC. Dentists who take part in the pilot scheme will receive associate accreditation when the Mouth Cancer Screening Accreditation Scheme launches. For more information or to take part in the pilot scheme please contact the Mouth Cancer Foundation via info@mouthcancerfoundation.org or call +44 (0) 1924 950 950 for more information. [DT](#)

Concern over illegal whitening in Ireland

The body representing the Irish dental industry has expressed reservations that companies offering cosmetic tooth whitening services in Ireland may not be operating in compliance with new European laws.

As reported in thejournal.ie, a European directive which came

into force last October places a limit on the amount of hydrogen peroxide – the key bleaching agent – that can be used in a whitening solution administered by dentists.

However, the Irish Dental Association says it asked four tooth whitening businesses to provide

details on the whitening gels they used, and none could do so. Meanwhile, only one of the four said their practice was overseen by a qualified dentist.

The European rules also require a dentist to approve the administration of the whitening gel in the first instance, and requires

a full clinical exam of the patient before the process can begin.

IDA representative Tom Feeney said the purpose of the directive was to ensure patient safety but that this was being threatened by the continued operation of others outside the law.

He also warned that tooth

whitening products bought over the internet may not be in compliance with the European rules, and that their safety could therefore not be guaranteed.

The issue is to be discussed at the Irish Dental Association's next national council meeting in three weeks' time. [DT](#)

CT analysis of tumours may be biomarker in oesophageal cancer

CT texture analysis of primary tumours may be a potential imaging biomarker in localised oesophageal cancer following neoadjuvant chemotherapy, according to research presented at the 2013 Cancer Imaging and Radiation Therapy Symposium.

This study evaluated the tumoural texture analysis on baseline and post-treatment CT scans of 31 patients with localised resectable oesophageal cancer patients with a median age of 63 and who received neoadjuvant chemotherapy between 2007 and 2010. CT scans were performed before and after the use of chem-

otherapy and prior to surgery. All patients received platinum and fluorouracil-based chemotherapy followed by surgery.

Primary tumours became more homogenous following chemotherapy, as entropy decreased and uniformity increased. Smaller change in skewness following chemotherapy was a significant prognostic factor. Lower baseline entropy and lower post-treatment MGI were also associated with improved survival, although they demonstrated only a trend toward significance.

“Though these results are for a very small number of pa-

tients, they suggest that the tumoural texture features may provide valuable information that could help us to distinguish which patients will do well following chemotherapy and which ones will do poorly,” said Connie Yip, MD, the lead study author, a clinical research fellow at King’s College London, United Kingdom and an associate consultant in radiation oncology at the National Cancer Centre, Singapore. “As a biomarker for treatment efficacy, this technique could save patients from unnecessary surgery and provide more definitive guidance in developing patient treatment plans with improved outcomes.” [DT](#)

‘Snackers’ at greater risk of problems

Dentists and hygienists across the UK were polled alongside 1,000 consumers by sugarfree gum brand Extra® to examine current oral health understanding and behaviour.

Nearly half (42 per cent) of the UK dentists and hygienists polled identified ‘grazers’ – people who eat small meals and snacks throughout the day – as one of the groups most at risk of developing oral health problems. And the majority (84 per cent) believe that awareness of the oral health-care issues surrounding ‘grazing’ is low. Snacking, rather

than eating three meals a day, prevents the mouths’ pH levels from stabilising and the acid attacks caused by food are more frequent and prolonged.

The survey also identified office workers as the worst culprits for snacking at their desks, with 40 per cent admitting to snacking throughout the day. People who drink wine or mixed long drinks three or more times a week (51 per cent) and coffee shop regulars (23 per cent) were also high risk categories, suggesting how modern work and lifestyle trends are contributing to poor oral

health habits.

The majority (79 per cent) of dental professionals questioned believed that most patients are failing to follow even the simplest oral care recommendations – such as brushing for two minutes twice a day. Dentists’ concerns are substantiated by the consumer research, which revealed that a fifth of office based employees (21 per cent) regularly miss brushing their teeth in their rush to get to work. And when they do brush a massive 88 per cent fail to do so for the recommended two minutes. [DT](#)

Fitness to Practise changes start to show results

Further work is underway to improve the General Dental Council’s handling of complaints against dental professionals.

A raft of changes, which began in 2011, have already been implemented to its Fitness to Practise system, and further improvements are currently taking place.

Some key measurements show the progress made so far:

- The number of cases completed at the investigation stage within six months of being received has increased from 68 per cent at the end of 2011 to 85 per cent at the end of 2012;
- There has been an increase of 13 per cent at the end of 2012 for cases progressed

from Investigating Committee to reaching a Hearing within nine months compared to the end of 2011;

- There has been a reduction in the length of the queue of cases awaiting a hearing to 129 at the end of 2012 compared to the 155 at the first quarter of 2011;

Some of the changes introduced to try to tackle are:

- Procedures throughout the entire process have been reviewed and improved and new operating guidance has been published to document the new system;
- More Investigating Committee meetings are being scheduled and legally qualified Investigating Committee managers have been appointed to support the Committee

to ensure that all information needed to make decisions is provided to the committee;

- A new triage process has been introduced to scrutinise cases as soon as they arrive to plan what action needs to be taken, or to close cases early on if appropriate to do so;
- The National Clinical Assessment Service is providing early clinical input to cases before the initial assessment of a case to ensure that case-workers are fully apprised of the significance of clinical matters raised from an early stage in the case. [DT](#)

Elegant design and easy handling are a winning combination.



CEREC OMNICAM THE EVOLUTION OF SIMPLICITY

[DT](#) The new CEREC Omnicam combines powder-free ease of handling and natural color reproduction to provide an inspiring treatment experience. Discover the new simplicity of digital dentistry – exemplified by Sirona’s premium camera portfolio: CEREC Omnicam and CEREC Bluecam. Enjoy every day. With Sirona.

**UNRIVALLED HANDLING POWDER-FREE
SCANNING IN NATURAL COLOR**

sirona.com
[f](#) [t](#) [g+](#) [YouTube](#)



RTS-RIEGELTEAM.DE C-530-01-7600-V0

The Dental Company

sirona

During 2012, 834 Dental Practices made a choice...

With the dental profession facing ever-increasing regulatory and running costs, getting the right deal from your dental supplier has never been more important. That's exactly what 834 dental practices did in 2012 by opening a new account with The Dental Directory.

The Dental Directory recognises this and wants to assist every dental practitioner in the country by continuing to cut the prices on everyday, essential dental products.

Despite considerable price increases from dental product manufacturers, The Dental Directory is the **ONLY** dental dealer who did not increase the vast majority of its prices during 2012.

Independently Verified Best Priced Dealer

The Dental Directory, along with all other major dental dealers, submits their sales out data every quarter to an independent research company, Strategic Data Marketing LLC. They then analyse all of the data on behalf of the large dental product manufacturers.

SDM compared the final selling out prices of 25 top-selling branded products from the categories shown below. These are the final prices charged to customers, after all discounts and promotions have been applied, and they found that The Dental Directory were an average of 5.4%[†] cheaper than our competitors during 2012!



Dare to Compare

We continuously compare our prices with our largest competitor – the American-owned, \$7billion turnover, multi-national dental dealer, Henry Schein Minerva.

In a recent comparison of 100 like-for-like products featured in the Henry Schein Minerva Essentials Mini Catalogue and Dental Directory manufacturer dedicated flyers, our prices were found to be an average of 7.21% cheaper.*



[†] SDM DPMSS Q1, Q2 & Q3 2012. Product categories: Anaesthetics Injectable/Cartridges, Endodontics Files & Reamers Nickel/Titanium Files, Alloys & Accessories Amalgam Capsules, X-Ray Film Intraoral, Evacuation Cleaners, Endodontics Files & Reamers Files, Hand Instruments Surgical Instruments Suture Material, Infection Control Sterilants/Disinfectants Surface Towelettes, Impression Trays Disposable Single, Infection Control Sterilising Supplies Pouches, Endodontics Filling Materials & Accessories Heated Gutta Percha Refills, Infection Control Barriers Glasses/Goggles, Small Equipment Prophylaxis Units Inserts, Anaesthetics Needles, Pins Latch & Hand Driven, Hand Instruments Hygiene Instruments Curettes/Scalers Posts Prefabricated Refill, Oral Hygiene Fluoride Rinse, Endodontics Filling Materials & Accessories Gutta Percha Points.

* Comparison between Henry Schein Minerva Essentials Mini-catalogue and The Dental Directory dedicated flyers & Value Plus flyer November 2012.



They can't all be wrong!

Service, Service & More Service

At The Dental Directory, we understand the importance of good service. Massive stock holdings that virtually eliminate back orders, and an average daily order fulfilment rate in 2012 of 99.2% enable us to give our customers the products they need, when they need them.

Every order received before 5pm is dispatched for free next day delivery – because unlike some competitors, we do not have a minimum order value.

Our nationwide team of highly experienced Business Consultants is available to offer unbiased help and advice – including a range of cost reduction programmes designed to save your practice time and money and management reports to identify areas of spend.

Every Consultant is regularly manufacturer-trained on the latest products, but, as all our sales staff are salaried and NOT commission-based, you can be reassured that they have no personal financial motivation to sell unnecessary products to your practice.

We firmly believe that The Dental Directory offers the best combination of value and service: working with the dental profession to give every dentist the pricing and added-value services that are needed in these difficult times.

So if your current dental dealer doesn't offer the same, join the 834 dental practices who opened a new account with The Dental Directory in the last 12 months.

To find out more about The Dental Directory, or to arrange for your local Business Consultant to visit your practice, please call us FREE on
0800 585 586

Trust...

