

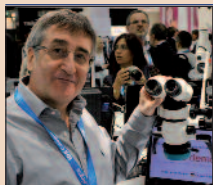
DENTAL TRIBUNE

The World's Dental Newspaper • Asia Pacific Edition

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No. 3 Vol. 9



Reciprocating files
An interview with WaveOne developer Julian Webber

► Page 6



IPS e.max Press
Rehab with implant-borne anterior reconstructions

► Page 11



Extra
The latest news from the FDI head office

► Page 7/8

Australian coalition clashes over dental care Labor's scrap of coverage scheme snubs Green party

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: Nine months after its formation, the government coalition between the Labor and Green parties in Australia is being severely tested regarding the introduction of a new dental subsidy scheme. The clash came after Labor Health Minister Nicola Roxon in an interview told *The Australian* newspaper that the scheme would be scrapped from the next federal budget in May in order to return the nation's balance to a surplus in 2012/13.

Improved funding of oral health care for low-income Australians was one of the key motivations for the Greens in forming a government coalition with Labor when they failed to gain the majority vote during last year's federal elections against the Conservatives. Led by Senator Bob Brown, the party has been pushing for an AU\$4.8 billion (US\$4.95 billion) universal dental scheme that they say would give half a million Australians access to much-needed basic dental care.



Over half a million Australians are on waiting lists for dental treatment. (DTI/Photo courtesy of Monkey Business Images, UK)

Currently, a significant number of Australians using public dental health care services have to wait for long periods before they receive treatment. The situation is particularly severe in the southern parts of the country, where patient waiting periods have been reported as up to two years.

Ms Roxon said that Labor is still open for discussions with the Greens about investment in dental health and other neglected areas of health care. She emphasised that despite the coalition's agreement, a comprehensive dental scheme would not be achievable in the next budget, but that the government would be

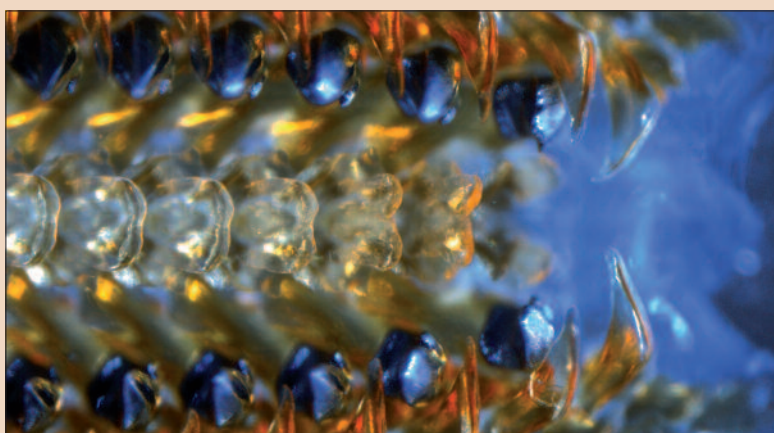
committed to keeping its promise in the longer term. According to news sources, the CEO of the Australian Dental Association Robert Boyd-Boland was disappointed that there would be no subsidy scheme in the May budget. Green party members had not commented on the matter before this edition went to press. [DTI](#)

Malaysia kicks off oral health campaign

The Malaysian Dental Association (MDA) and dental consumables manufacturer Colgate have launched a nationwide campaign to improve the neglected oral health of Malaysians. During Oral Health Month in April, free dental checks will be provided to the public in 711 clinics around the country. Educational and promotional events in shopping malls and supermarkets will also form part of the campaign.

The Oral Health Month campaign complements the country's National Oral Health Plan 2010, which aims to create awareness and educate the public on better oral hygiene. According to the Ministry of Health, currently nine out of 10 Malaysians and more than 30 per cent of all children suffer from tooth decay, figures also confirmed by the World Health Organization.

The MDA and Colgate are aiming for at least 30,000 dental checks to be performed throughout the month of April. Malaysia's Oral Health Month has been held annually since 2004. [DTI](#)



These black teeth of a sea mollusc are capped with one of the hardest biominerals known by science and subject of a US study that could explain the architecture of teeth on a nanoscale level. (DTI/Photo courtesy of Northwestern University, USA)

Indian students demand extra posts

Dental students in India have protested for the creation of additional posts for dentists in public hospitals, as well as primary health care centres. Despite having a degree, thousands of graduates in the country are currently unable to find a job due to the lack of dental posts available in the public sector. [DTI](#)

Implants need less root than crown

Researchers from the US have found that the crown-to-implant ratio that determines how much of the tooth extends above the jawbone and how much is in the bone, is not as important to the success of implants as previously thought. They evaluated the health of implants that had been in place more than five years. [DTI](#)

Fluoride in focus at Thailand meeting

Effective strategies on fluoride administration have been recently presented at a workshop held by the Dental Association of Thailand in cooperation with the World Health Organisation, the FDI World Dental Federation and the International Association of Dental Research in Bangkok in Thailand. The meeting, which saw participants from over 16 Asian countries participating, urged attendees to advocate for more effective use of fluoride in their respective countries.

Currently, the fluoridation of water is only common practice in few Asian countries such as Australia, China, Brunei, Malaysia and New Zealand. Fluoride toothpaste and mouth-rinse are widely available; however, improper brushing techniques and poor awareness particularly in rural areas often negate their preventive potential. [DTI](#)



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A study on Straumann Bone Level SLActive® dental implants

Comparing change in peri-implant bone level between submerged versus transmucosal placement of bone level implants in the anterior maxilla and mandible: 12-month results

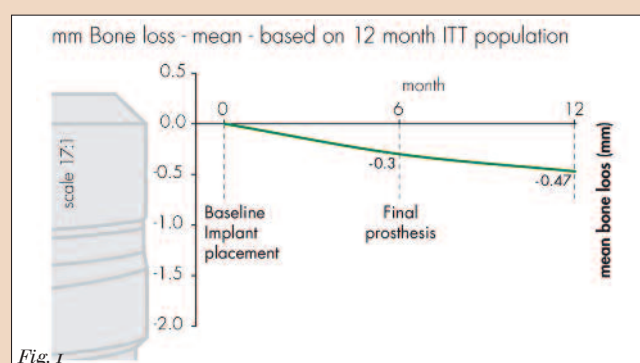


Fig. 1

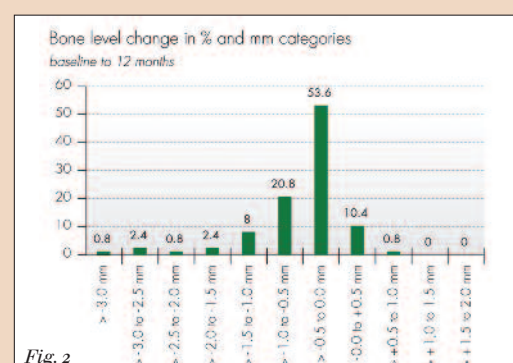


Fig. 2

Fig. 1: Mean bone level change from baseline at 6 and 12 months. – Fig. 2: Percentage of implants showing different categories of bone level change.

Christoph Hämmerle et al.
Switzerland

The surgical procedure and implant design both influence aesthetic outcomes. For example, a submerged technique may be preferred to establish aesthetics and function in anterior sites, and implants where the metallic shoulder is reduced may help to improve the aesthetics of the restorations. The marginal bone change over time is another important factor,^{1,2} with a historical success criterion being bone loss of no more than 0.5 mm in the first year and <0.2 mm annually thereafter.

This investigation was designed to evaluate the amount of bone level change with submerged and transmucosal healing, and to assess any difference in bone level change between the two procedures with Straumann Bone Level SLActive® Implants.

Materials and Methods

Implants to replace single teeth in the anterior region (maxilla or mandible) were placed in a total of 146 patients in 12 centres in seven countries. A temporary crown was placed between eight and 14 weeks, and the final reconstruction was placed after 26 weeks. The primary parameter was evaluation of change in bone level, measured by standardized radiographs taken at the surgery (baseline), provisional placement (approx. 14 weeks), final crown placement (six months) and 12 months, with annual follow-up intended for up to five years. Secondary parameters included soft tissue recession, implant survival and success and prosthesis success.

Results

The Intent-to-Treat (ITT) population for the 1-year results included 127 patients (60 and 67 in the transmucosal and submerged groups, respectively, with a mean age of 45.5

and 47.5 years, respectively). Based on the 12 month ITT population data, the mean change in bone level after six months, was -0.30 ± 0.47 mm (-0.32 ± 0.47 mm and -0.29 ± 0.35 mm for the submerged and transmucosal groups, respectively), while after 12 months the mean change in bone level was -0.47 ± 0.64 mm (-0.47 ± 0.64 mm and -0.48 ± 0.65 mm for the submerged and transmucosal groups, respectively) (Fig. 1). There was therefore no significant difference in bone level change between the two groups. Almost two-thirds of implants (64.8 per cent) showed less than 0.5 mm bone loss over 12 months (Fig. 2). The implant survival and success rate was 99.2 per cent.

Patient satisfaction with the final prosthesis was extremely high; 99 per cent of patients reported their level of satisfaction as excellent or good (Fig. 3).

→ [DT](#) page 5

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The World's Dental Newspaper - Asia Pacific Edition

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Dentistry in Singapore goes more digital

National Dental Centre launches new electronic record system

HONG KONG/LEIPZIG, Germany: Singapore's largest dental care facility is upgraded its patient management. From April on treatment data of patients visiting the National Dental Centre will be registered and stored within a new electronic dental record system. The US\$3 million project took years to complete and is the first custom-built dental record system in the city state.

Launched by the end of March in presence of Singapore's Health Minister Khaw Boon Wan, the system is supposed to allow dentists better access to the dental history and pre-medical conditions of patients. It will also significantly cut down waiting times at the clinic, officials told the newspaper *The*

Strait Times. In recent years, the Centre has repeatedly been criticised for their long waiting lists, particularly for specialist appointments such as root canal treatment or bridge work.

The system will also be compatible with the electronic med-

ical record system by the country's largest healthcare provider SingHealth for sharing critical medical information such as drug allergies or lab tests results.

With an annual influx of more than 16,000 patients, the National Dental Centre is one of the largest

centres for dental healthcare services in Singapore. It currently maintains three specialist clinical departments for oral and maxillo-facial surgery, orthodontics as well as restorative dentistry. They also offer a range of dental training programmes and continuing professional education. [DT](#)

AD

← [DT](#) Page 2

Discussion

Traditional implant success criteria include an acceptable bone loss of ≤ 0.5 mm in the first year and < 0.2 mm annually thereafter.³ Recently, however, there have been suggestions for these criteria to be revised, indicating that a more acceptable bone loss for modern

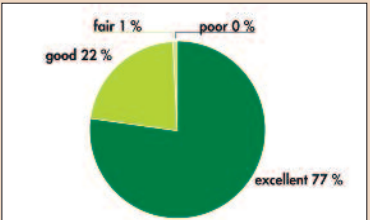


Fig. 3: General patient satisfaction with final prosthesis at 12 months.

implant systems would be 0.3 mm over five years. However, many of the studies on which this suggestion is based use placement of the temporary or final prosthesis rather than placement of the implant as the baseline measurement for bone level change.⁴

Studies that use implant placement as the baseline measurement for bone level change have shown relevant bone loss before loading;^{4,5} therefore, using prosthesis placement as the baseline may give an inaccurate reflection of the real amount of bone loss.^{6,7} A more accurate picture can be obtained by measuring bone levels at implant placement and at regular intervals thereafter (Fig. 1). Knowledge of the amount of bone level change to expect has a huge clinical relevance in treatment planning to achieve an optimum aesthetic outcome; for example, unexpected bone loss can cause substantial soft tissue recession, resulting in an aesthetic failure.

Conclusions

Marginal bone level change was small and not significantly different between submerged and transmucosal implants.

- The marginal bone level change from implant placement as baseline is -0.47 mm (mean). The marginal bone level change from implant loading as baseline (at six month) was -0.17 mm (mean)
- Extremely high survival and success rates were observed (99.2 per cent for both)
- Patient satisfaction with the outcome was extremely high (99 per cent). [DT](#)

Editorial note: A list of references is available from the publisher.

TRAINER (ASIA PACIFIC)

Straumann is a global leader in implant and restorative dentistry and oral tissue regeneration. By offering a full spectrum of products with cutting edge technology and service, Straumann has become the partner of choice for dental professionals worldwide. Training & Education (T&E) is a core function at Straumann globally and in APAC regionally priding itself for its unique partnership with thought leaders and clinicians in dental field in building awareness and expertise in implant, restorative and regenerative dentistry through training and education of unmatched quality.

Straumann APAC is now looking to recruit a Regional Trainer who will be responsible for training customers as well as internal and distributor staff on Straumann portfolio of products. The Trainer will also be responsible for the logistics of the courses, planning and arranging the necessary training materials and equipment. He/she would be travelling frequently giving training support to the region. The Trainer will also respond to customer inquiries with specific technical advice/support where necessary. The Trainer is responsible for ensuring that training and education programs are conducted in accordance to global guidelines and with adaptation to local needs. The position is based at the company's regional Headoffice in Singapore and reports to the Director of Scientific Affairs, APAC.

Tasks

Planning, organization and successful delivery of high quality T&E courses

- Planning for APAC HQ courses on a yearly basis in collaboration with broader APAC T&E team
- Setting and regular maintenance of APAC course/activity database
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- Post activity reporting

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- Planning, organization and ensuring successful execution of high quality and differentiated courses
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- Degree in Dentistry, Education or as a Dental Technician
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Dear reader,



Daniel Zimmermann
DTI

In view of the Japanese tragedy and the still obscure situation at the Fukushima-1 nuclear plant, it seems rather difficult at this point to deal with other things such as the future of dentistry. However, with another record IDS just having come to a close, it becomes rather clear that there is a revolution afoot that most dentists will not be able to afford to miss.

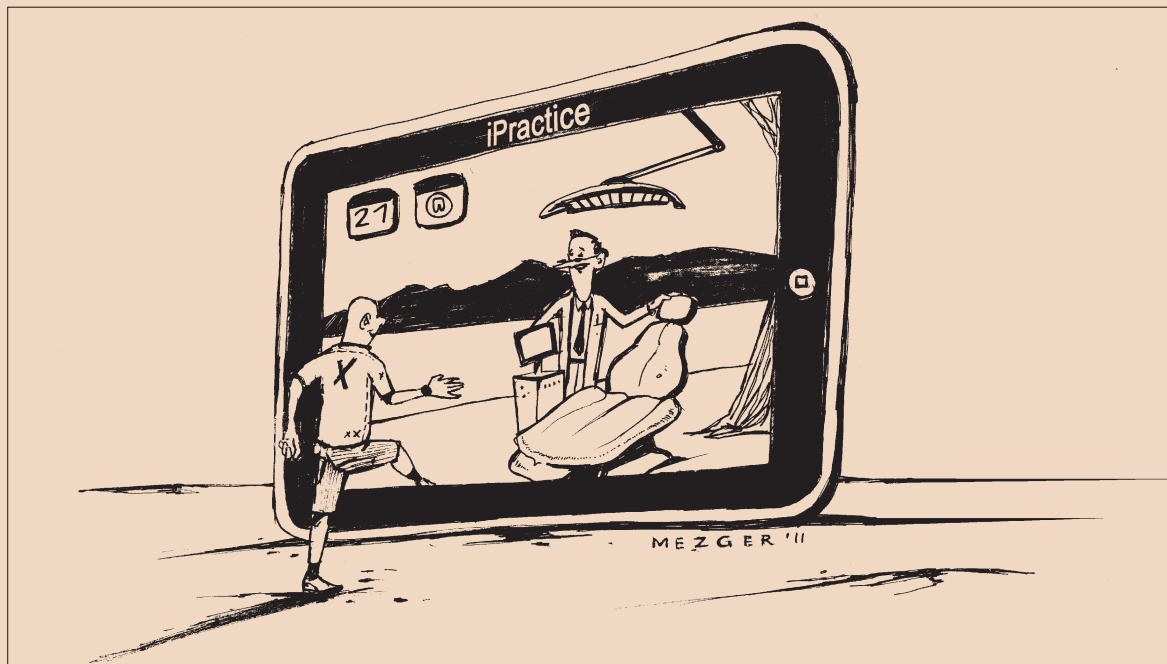
The swift recovery of the dental markets was a clear indication for the fact that dentists throughout the world have put the recession behind and are beginning to spend money on new equipment again.

However, this willingness to invest will not only benefit short-term clinical outcomes but most likely effect a dramatic change in how dental practices will be run in the future.

The majority of products presented at IDS are based on digital technology and offer outstanding connectability for an almost complete workflow that is able to incorporate all members of a dental team as well as third party service providers such as dental labs. It is most likely that dental practices will look very different in a few years from now. [DTI](#)

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International



In Memoriam Frederic Suter



Friedrich A. Herbst
Germany

Un grand homme dentaire, un grand home d'affaires, et grand personne, Frederic Suter:

Dental salesman, manager with profound even encyclopedic expert knowledge, lovely personality; these are attributes that characterise the French in Frederic Suter, a language that he as a Swiss native spoke as fluently as Italian, German or English.

On Thursday, 10 February, 2011, Frederic Suter passed away after long illness in Geneva in Switzerland near his long-term residence in Versioz.

Frederic Suter was a Dental Grande, who left his mark on the trade and the industry for decades. Those who were lucky to meet him, where immediately

charmed by his natural, elegant and sympathetic character.

Due to his personality, he was an appreciated and beloved dialogue partner for dentists and business partners not only at the beginning of his career (His father was longterm purchasing agent of Kölliker & Cie the in Zurich, the largest Swiss dental dealer of the 1950s.)

His popularity and loyal and unselfish dedication to customers, as well as the motivation and encouragement he gave particularly young colleagues made him climb the ladder to the executive boards of large international companies like USA Healthco and, lately, for the European business operations of Morita Japan.

In addition to this, he even found time to be involved into dental trade association work. For many years, Frederic Suter was president of the well-reputed Swiss Dental Trade Association.

I will gladly remember Frederic Suter, the many expert discussions with him as well as some of the fast rides in his Sting Ray Corvette over the passes of the Swiss Alps. Frederic Suter also was a fast-paced skier and a great yachtsman on the Lac Lemman. Privately, he never found someone to share his many interests. He lived most of his life as a convinced bachelor.

With Frederic Suter, the dental community has lost a great and universal beloved character. Our sympathies go out to his brother Ulrich.

Un dernier au revoir! DTI

Contact Info

Friedrich Herbst is the Executive Director of international dental manufacturers (idm), an independent umbrella organisation that globally represents the common interests of the dental trade. He can be contacted at idm-vox@t-online.de.

To the Editor

Re: "Specialists quarrel over 'single file endo'",
(Dental Tribune Asia Pacific No. 1+2, Vol. 9, page 5)

As a general dentist with a passion for endodontics I am excited by each new development in endodontic training and equipment, especially when these are driven by a desire to improve outcome for our patients. Where developments are driven primarily by a desire to speed up the process I have less interest. "One file systems" may make shaping marginally quicker but if they do not offer greater canal wall contact or if they distort the canal anatomy more than previous systems then we have gained little more than a couple of minutes of working time.

If a guide path is still required along with coronal flaring then just how much time we have saved is questionable. Any system that enhances our ability to irrigate a canal system more fully is likely to improve outcome and is worth considering no matter how many files are required. Endodontic training needs to emphasise the comprehensive nature of planning (both endodontic and restorative) and the biological nature of the condition.

Understanding the 3-D aspect of the canal anatomy is essential and should be an important part of training. Predictable endodontic outcomes are achievable by all dentists with appropriate training and adequate time in practice. Any new system that assists this goal should be applauded. ■

Ian Kerr, United Kingdom, 9 Feb. 2010

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Industry veteran honoured with first DT Award

2011 nominations are now open at Dental Tribune website

Yvonne Bachmann
DTI

COLOGNE & LEIPZIG, Germany: Robert Gottlander from Sweden was announced the first winner of the Dental Tribune Industry Leadership Award, an honour for outstanding achievements in dental education and innovation. Gottlander received the award from DTI CEO Torsten Oemus during a recent award reception at IDS Cologne.



Torsten Oemus (right) handing over the first Dental Tribune Award to Robert Gottlander. (DTI/Photo Yvonne Bachmann, DTI)

Gottlander attended the School of Dentistry at the University of Gothenburg. He started his ca-

reer at Nobelpharma in 1984, which was later consolidated into Nobel Biocare. During his time as executive vice president for education and products, from 1986 to 1987, Gottlander was responsible for the internationally acclaimed educational training programme, Nobel World Tour.

Being awarded annually, the Dental Tribune International's Global Dental Tribune Awards aims to recognise outstanding individuals, teams and practices that have an active interest in continuing professional development and staying at the top of the profession. The audi-

ence consists of over 650,000 dental professionals, all readers of the Dental Tribune newspaper, which the network is publishing in more than 25 languages.

Mr Oemus said that 15 categories are now open for nomi-

nations including Lifetime Achievement, Innovation in Dentistry or Dental Educator of the Year Award at the Dental Tribune Website (www.dental-tribune.com/awards.) The winners will be announced at this year's Greater New York Dental Meeting in November. **DTI**

AD

DT Group extends to platform

Daniel Zimmermann
DTI

Members of the Dental Tribune International Publishing Group (DTI) met in Cologne recently for the 7th Annual Dental Tribune International Publishers Meeting. The gathering, which is traditionally held prior to IDS, saw new licence partners from Slovenia, the Netherlands and the Czech Republic joining the Group. The largest global dental publisher's network now comprises 28 partners, including Russia, China and India, to name a few.

New features of DTI's online portfolio were also revealed in Cologne. According to Publisher and CEO Torsten Oemus, users of the website www.dental-tribune.com will now be able to post and search jobs and classifieds worldwide and in their respective local markets. He also announced a free app featuring a selection of news articles and videos from the DTI network and in different languages for Apple's iPhone and iPad.

Based in Hong Kong, New York and Leipzig in Germany, DTI currently publishes over 100 newspapers and magazines in 90 countries worldwide. Their offering is extended by online education realised by the Dental Tribune Study Club. **DTI**

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Julian Webber (DTI/Photo Johannes Eschmann, DTCH)

“The WaveOne system is a simple system”

An interview with Julian Webber, UK

At IDS, the Swiss manufacturer DENTSPLY Maillefer introduced their new NiTi file system WaveOne to the public. *DT* editors Claudia Salwiczek and Robin Goodman spoke with developer Julian Webber, UK, about the benefits and the response the system has received so far.

Claudia Salwiczek/Robin Goodman: Would you describe the benefits of WaveOne to our readers?

Dr. Julian Webber: I think the benefits of WaveOne are principally for general practitioners who are looking for a mechanical means to prepare their root canals. And, for

various reasons, possibly, those who are concerned about instrument fracture are reluctant to use some of the standard systems. The WaveOne system is a simple system involving only one file in many cases, and the cost of which is very reasonable compared to a package of files to prepare the whole root

canal and as such, it would be very appealing. We're talking about one file to produce a perfectly shaped root canal; and when the root canal is perfectly shaped, we can irrigate and clean it properly and then fill it properly.

A general practitioner might be inclined to have the impression that the WaveOne system makes root canals easy. Do you think encouraging this view might be cause for concern among endodontists?

Well, I have read this argument about making root canal treatment simple. I don't see why can't root canal treatment be simple. Why can't dentistry be simple? Dentistry is all about manual skills, and dentists have manual skills. Therefore, if we can make root treatment simpler for them, I think we are providing a great benefit to not only the dentists, but more importantly, the patients. If you look at the majority of root canal files, preparation systems on the market, they have an end result in mind. So you use three or four files to get to a specific shape. Yet with the WaveOne system you only need one file to get to that shape.

What sort of response to the system have you had thus far?

I really think people are very excited by the concept. And yes root canals are difficult for many; they're not easy. There's a lot of anxiety when you prepare a root canal preparation, and I think people coming by the stand and trying out the technique are able to appreciate the simplicity, but also appreciating the benefits for themselves.

Is the WaveOne system already available in Europe and North America?

Yes, in Europe it was launched on February 10. I believe it is launching in North America at the American Association of Endodontists meeting in San Antonio in April.

Will there be courses offered so people can learn how to use the WaveOne system?

DENTSPLY Maillefer has a great continuing education program, and they work with all their dealers in the countries where their products are for sale by putting on events. In Europe, I will be traveling extensively, with some courses coming up in the Czech Republic, Bulgaria, Slovakia, Spain and Poland, which are organized by the local DENTSPLY dealers. I am also very involved with dental schools, so there will be some great teaching going on in different venues. We've got a team of six involved on WaveOne with three of us in Europe. We've got Pierre Machou from Paris, Willy Pertot from Paris and me in London. In the US, there is Sergio Cutler from Fort Lauderdale, Florida, John West from Seattle, and Cliff Ruddle from Santa Barbara, California. So hopefully, between the six of us, we should be able to get this exciting message out to dental colleagues.

Thank you very much for this interview.



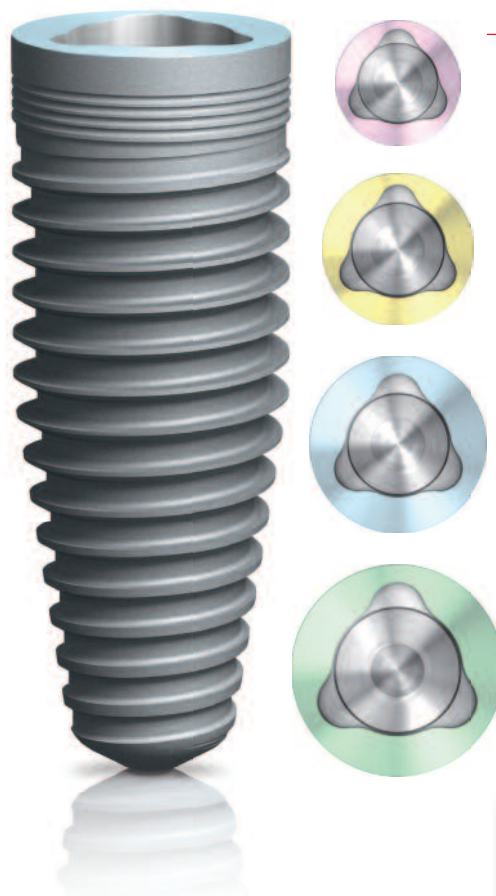
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Message of the FDI President

Dear FDI Members and friends, I write to you with the mixed feelings of sadness and joy. I am deeply saddened by the recent natural and nuclear disasters affecting Japan. On behalf of FDI World Dental Federation I would like to express our deepest sympathy and concern for the people of Japan. I would also like to let our colleagues in the Middle East/North Africa know that our thoughts are with them during these turbulent times of transition in the region.

However, I am pleased to report to you that despite the grave world news, the FDI has many positive accomplishments to share with you. It is with great pleasure that I announce the recent appointment of Dr Jean-Luc Eiselé

as the new FDI Executive Director, effective from 7 March. Dr Eiselé brings a wealth of experience to the post including over 11 years in the medical and association management fields. Educated at Lausanne University, Basel University and the European Molecular Biology Laboratory in Heidelberg, Dr Eiselé brings a unique mix of scientific knowhow and managerial experience to the FDI. Dr Eiselé is already hard at work at the head office and meeting with our Corporate Partners at the International Dental Show in Cologne, Germany.

I would also like to take this opportunity to thank Mr Jérôme Estignard for his service as Interim Executive Director from September 2010 to March 2011. Mr Estignard

not only successfully managed the transition between Executive Directors but also put in place several new initiatives and projects including: overseeing the development and implementation of a new model for the selection of the FDI Annual World Dental Congresses (AWDC) in 2012 (Hong Kong, China S.A.R.) and 2013 (Seoul, South Korea), helping to organise the web-casting of the 2011 AWDC in Mexico, and overseeing the successful outsourcing of the International Dental Journal to Wiley-Blackwell. Mr Estignard will return to his previous role of Finance and Operations Director.

Another recent accomplishment is the agreement between the World Health Professions Alliance



Dr Roberto Vianna, FDI President in front of the WHO Office in Geneva, Switzerland.

and the International Federation of Pharmaceutical Manufacturers & Associations to launch a FDI lead Noncommunicable Disease Campaign. Please see the article on NCDs in this issue of the Communiqué for more information about this exciting new project.

I hope you enjoy this issue of the World Dental Communiqué. I look forward to seeing you all in September for the 2011 AWDC in Mexico City. [FDI](#)

Dr Roberto Vianna
FDI President

Interview with the FDI Executive Director

The Council of the FDI World Dental Federation is pleased to announce the appointment of Jean-Luc Eiselé as the new Executive Director, effective from 7 March 2011.



Jean-Luc Eiselé

In his role as Executive Director, Jean-Luc Eiselé will head the FDI Office based in Geneva, Switzerland. Responsible for the overall management of activities for the Federation, he will be charged with implementing the organisation's strategic and operational plans under the direction of the FDI Council and General Assembly.

Jean-Luc Eiselé, PhD, has worked in medical professional association management for 11 years. He earned a MSc in Natural Sciences from Lausanne University, Switzerland. He received a PhD in Microbiology from Basel University, Switzerland. Part of his PhD work was conducted at the European Molecular Biology Laboratory in Heidelberg, Germany. After com-

pleting a post-doc at the Institute Pasteur in Paris, France, he was offered a permanent position. In 1999, Jean-Luc joined the European Respiratory Society (ERS) in Lausanne as Scientific and Educational Activities Manager. In 2001 he was promoted to Deputy Executive Director and in 2007 appointed Executive Director of ERS.

WDC: Why did you apply to this position?

Jean-Luc Eiselé: First let me say how honoured I am to have been appointed to this position. The World Dental Federation is one of the few organisations, representing the important area of oral health and medical care at the global level. Having gained a strong experience in association management, advocacy and congress organisation with the ERS at the European level, it seemed as a natural step at this time in my career, to move to a truly international organisation. FDI, because of its global reach is also present in developing countries, with projects, educational courses and other activities—a challenge that I was also looking for.

How do you see your role within the organisation?

I do see my role as an active communication interface between the members, the committees, the leadership, and the professional staff in the office. Over the last years, FDI has been missing stability. In my different positions at ERS, I had the pleasure collaborating with

over 100 top leaders and 11 different Presidents and I am happy to bring this expertise to FDI. We need to build a transparent relationship, rebuild trust and create a positive energy that will help FDI to grow and develop. There are a lot of expectations, both from the leadership and the staff, together with a lot of good will on both sides to have things moving professionally.

What do you see as the immediate challenges?

The 2011 Annual World Dental Congress taking place in Mexico City this September is certainly our most immediate priority. After two difficult years in Singapore and Salvador, there are a lot of expectations from our members, participants, corporate partners and sponsors. During my first weeks, I had a pleasure meeting with Dr. Jaime Edelson and Dr Victor Guerrero from the Local Organising Committee. I am very confident that Mexico will be a tremendous success. The staff in the office has worked very hard, with all their experience and professional expertise to make this event highly memorable. The programme and the speakers are outstanding, and we will also have some very important and interesting developments to mark this Congress, such as the launch of the new Caries Classification system.

Another challenge is to develop our communication strategy. We need to have clear messages and a coherent way to deliver them. The

public website and Vox should bring more information relevant to our members and the professionals. The Council is sharing this priority and has given me immediate support to further develop this area. Similarly with our publications, we need to have a clear editorial line for the *International Dental Journal (IDJ)* which has a fantastic potential and is a strong brand

For 2 years, I managed a small family publication company in Switzerland and I also successfully launched a new medical journal for ERS. Communication is nowadays an essential tool for international organisations and we need to be at the forefront.

How would you see FDI activities developing in the future?

FDI has to concentrate on a few core activities with clear objectives and deliverables for each one. In a preliminary discussion with the leadership, we have identified four pillars on which FDI can grow.

- 1.) Governance: FDI exists to serve our members, the National Dental Associations, to facilitate the communication and the networking. This political dimension is at the heart of FDI.
- 2.) Advocacy: FDI is the primary organisation representing the interests of dentists, patients and the oral health industry. The office is based in Geneva, the home of the World Health Organiza-

tion, where we need to be even more present and visible. The United Nations initiative on non-communicable diseases (NCD) offers a unique opportunity, and FDI will send a clear message at the summit in September in New York. We are also taking the lead to launch a World Health Professions Alliance Campaign on Noncommunicable Diseases. The Campaign will provide us with the resources to emphasise the message that oral diseases are important NCDs that should be considered by the UN. We also need to empower our Member National Dental Associations by giving them the tools and support to lobby at the national level. Together with Ms Pam Clark from IDM and Dr Julian Fisher from the office, I also had a pleasure of meeting Dr Petersen from WHO, and Dr Piper from United Nations Environmental Programme regarding the future of amalgam in restorative dentistry.

- 3.) Science and education: We need strong science and evidence to support our advocacy messages. FDI already develops policy statements, however, we need to disseminate these messages better and to ensure they are acted upon for the benefits of patients. Our Congress and the website are unique tools that I hope to further leverage to help us achieve this goal.

← FDI page 7

4.) The relations with our corporate partners; Industry is key in developing and bringing to market new technologies that will help professionals to provide the best possible quality of care to patients. FDI will work at improving the close collaboration with the industry, developing strategies for win-win partnerships in areas of common interest without jeopardising our independence or credibility.

What are the main strengths of the FDI?

Empowering our members is the way forward. The main strength of any membership association is their members. FDI should keep in mind that members engage with associations not only to receive benefits but, more importantly to serve, help and get involved.

The other key FDI asset is our professional staff. We have a team that is dedicated to the organisation as shown by the fact that they have stayed with FDI despite the changes of the last few years. With

a more stable office structure, I am confident that they will deliver the best possible services to our members. Without the staff or their support, we will not be able to move ahead. I would like to take this opportunity to warmly thank Mr Jérôme Estignard, who acted as FDI Interim Executive Director over the last months, and managed not only to keep the boat running, but also develop new initiatives.

You are the first FDI Executive Director who is not a dentist, how will this effect your work?

The fact that I am not a dentist can be seen as an advantage. With the support and professional expertise of the FDI leadership and staff I will have access to the highest level of dental knowledge available. My scientific background should allow me to understand the basic concepts of oral health, something that I see as very interesting aspect for my personal development. I believe that I bring a unique blend of skills such as association management and publishing know-how to the FDI which will prove complementary to existing body of oral health expertise.

Today, medical societies are facing a very competitive environment for funding, lobbying and visibility. I hope to be able to help FDI more professionally manage our image, develop new business and run our daily operations.

Any final thoughts?

We have a lot of challenges ahead of us and a lot to deliver. We need to show, all together, that FDI is back I am keen to not only deliver this message, but also to demonstrate it through our success and results. I look forward to working hard to help FDI provide more benefits to our Members, dentists, patients and the whole world.

Join us in Mexico City for the 2011 Annual World Dental Congress to see the results of this collective effort and discover all the benefits and values that FDI can bring to your daily practice.

I am looking forward meeting with you all soon. Should you have any comments or suggestions, please do not hesitate to contact me at: jleisele@fdiworldental.org. 

Annual World Dental Congress in Mexico 2011

Important dates

Registration to the 2011 FDI Annual World Dental Congress in Mexico City, September 14–17 2011 is now open. Early registrants enjoy lower registration fees and will have a wider choice of available hotels to choose from. Please note that low cost early registrations are available only until May 29 2011.

Your contribution to furthering dental science

All professionals in dentistry are invited to submit results of their work in oral health, whether in prevention, research or treatment. Our user-friendly online abstract submission system is gathering worldwide contributions on a large number of topics including: Cariology, Dental Education, Endodontics, Epidemiology, Implantology, Occlusion, Oral Surgery, Orthodontics, Paediatric Dentistry, Periodontology, etc... in order to see the complete list of topics and to submit your abstract, please click here http://www2.kenes.com/fdi/scientific/Pages/Submit_Abstract.aspx before our cut off date of April 15!

Did you know? 10-interesting facts about Mexico

- Mexico is the most populated Spanish-speaking country in the world.
- Texas was a Mexican province which declared its independence from Mexico in 1836, resulting in war with the United States (1836–1838).
- The National University of Mexico was founded in 1551 by Charles V of Spain and is the oldest university in North America.
- One unusual Mayan weapon was a “hornet bomb,” which was an actual hornet’s nest thrown at enemies during battle.
- The descendants of the Aztecs speak a form of the Aztec language called Nahuatl. Many of its words, particularly for types of food, passed into English... such as tomatoes (tomatl), chocolate (chocolatl), and avocados (ahuacatl).
- Mexico introduced chocolate, corn, and chilies to the world.
- The Caesar salad is named after Caesar Cardini who prepared the salad in his Caesar’s Palace Restaurant in Tijuana, Mexico.
- Mexican children do not receive presents on Christmas Day. They receive gifts on January 6, the day on which Mexicans celebrate the arrival of the Three Wise Men.
- Because it is built on a lake, Mexico is sinking at a rate of 6 to 8 inches a year as pumps draw water out for the city’s growing population.
- Mexico’s flag is made up three vertical stripes. The left green stripe stands for hope, the middle white stripe represents purity, and the right red stripe represents the blood of the Mexican people.

How to discover Mexico before, during and after the congress?

It would truly be a shame to travel to Mexico and not take advantage of the wealth of cultural

and leisure opportunities on offer. Mexico’s rich history through the legacies of the many cultures, including the Maya and Aztec, provides numerous opportunities to travel through time and discover the lifestyles of these fascinating ethnicities. Not surprising that Mexico City has more museums than any other place in the world! In under an hour, you can leave town and explore the beautifully well preserved Teotihuacan pyramids. You can even challenge yourself to a steep climb to the top. The “conquistadores” (Spanish conquerors) ruled Mexico for 3 centuries before independence was proclaimed 16th September 1810. This date, known as “El Grito”, is celebrated in a colorful and festive way throughout the country and we are fortunate the congress will be in Mexico on this occasion.



If Yukatan, Cancun or Cabo San Lucas sound familiar, make sure that you extend your stay in Mexico beyond the Capital City to further explore the history, beaches and biodiversity of the country. We have in place several proposed pre or post congress excursions to choose from or alternatively our local agency will be happy to create a tailored programme.

Full information is one click away

We look forward to welcoming you to Mexico and suggest you visit www.fdicongress.org for the latest updates on the 2011 FDI Annual World Dental Congress, or email us at congress@fdiworldental.org for any further information. 

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IDS shows growth, stimulated by dental markets

Digitalisation increasingly entering treatment processes in general dental practice

Daniel Zimmermann
DTI

LEIPZIG, Germany: Attendance figures from the Interna-



Visitors swarm the Piazza of the Koelnmesse fairground (DTI/Photo courtesy of Koelnmesse, Germany).

tional Dental Show in Cologne have confirmed the upward trend in the dental industry. According to the latest numbers released by the organiser Koelnmesse in March, 9 per cent more visitors attended the world's largest dental trade show than in 2009. With more than 1,950 exhibitors, the show also saw a 7 per cent increase in industry participation.

The promising figures are in line with the latest reports from the dental industry, particularly in Germany. There, the market has gained new momentum following a slight drop in sales in 2009. The latest figures from the Association of German Dental Manufacturers (VDDI) suggest that revenues grew from € 3.75 to over € 4 million last year and further growth is expected in 2011.

Held every two years in Cologne in Germany, IDS is one of the most important international platforms for launching and marketing new products for the dental industry. This year, dentists were able to see a large number of new technologies in the fields of prevention and diagnostics on display.

Digitalisation of dental treatment processes is also increasingly entering the general dental practice, with improved intra-oral scanners, imaging systems and CAD/CAM technologies. VDDI Chairman Dr Martin Rickert said that the show demonstrated that digital processes and technologies have become increasingly popular, as they offer greater quality and effectiveness of treatment.

Even though there was a definite digital trend, new simplified endodontic file systems, as well as improved filling materials and dental instruments were also launched.

In view of a successful IDS, German Dental Association President Dr Peter Engel called on policy-makers to conduct overdue revision of regulations on licences and fees for dentists



“The dental market is providing Germany with economic drive.”

in the country. “The dental market is providing Germany with economic drive,” Dr Engel commented. “Policy-makers have to create health policy frameworks so that these innovations can be put into practice.” Interest groups and dentists have sought a revision of

the current dental fee system for years, which they say penalises patients and limits the financial autonomy of dentists.

The next IDS will be held from 12 to 16 March 2013 at the Koelnmesse fairground in Cologne. [DTI](#)

Japanese takes over European operations of SHOFU

Daniel Zimmermann
DTI

HONG KONG/LEIPZIG, Germany: The Japanese dental company SHOFU Inc. is changing its management offshore. During the International Dental Show in Cologne, the company officially announced that Akira Kawashima of SHOFU Japan will take over the management of the European subsidiary in Germany from April 2011.

Wolfgang van Hall, the current Managing Director of SHOFU Dental GmbH, will step down but hold a consulting position for another year. He has been with the company for more than 30 years.

Kawashima announced his intention to expand the company's product line for dentists and intensify sales activities in European markets. Prior to his appointment as General Manager of SHOFU GmbH, he worked in the International Department of SHOFU Inc. in Kyoto in Japan, where he was responsible for several product launches, including Vintage and the zirconium silicate Ceramag. He also spent one year as a trainee in the SHOFU

GmbH headquarters in Germany in 1984.

“The German dental market differs greatly from the Japanese,” Kawashima said. “While in Japan there are many independent and smaller dealers, in Germany the main revenue is achieved by dealer groups that use a common sales and infrastructure. This demands a different approach for us as a manufacturer than in Japan.”

Based in Ratingen near Düsseldorf, SHOFU Dental GmbH currently operates in more than 60 markets in Europe, North Africa and the Middle East.

Its product portfolio consists of instruments and materials for restorative and cosmetic dental procedures.

SHOFU Inc. also maintains a sales office in Tonbridge in the UK. [DTI](#)



Akira Kawashima addressing colleagues and friends at a IDS reception of SHOFU in Cologne. (DTI/Photo Kristin Jahn, Oemus Media)

Demand for dental gold declines

Yvonne Bachmann
DTI

LONDON, UK/LEIPZIG, Germany: The demand for gold used in dental applications has reached a new record low in the last quarter of last year. According to the latest report by the World Gold Council, UK, dental applications made of the precious metal recorded a year-on-year decline of 8 per cent in the last three months of 2010. The annual worldwide demand declined by 5 per cent compared to 2009 to 49.8 tons worth US\$ 2 billion.

The negative trend may have been accelerated by the 24 per cent year-on-year rise in the dollar gold price over a period, suggests the World Gold Council's Gold Demand Trend, a leading industry resource for data and opinion on worldwide gold demand.

“This segment has been steadily declining in recent years due to a migration to more affordable applications and the elevated gold prices during the quarter served only to accelerate the rate of attrition”, it states in the Demand Trend. Substantial falls were recorded in al-

most every market. Most significant changes in volume terms were recorded in Germany and the United States.

Goldquadrat, a German manufacturer of dental alloys, approves the latest statistics. “The demand for gold used for dental applications has noticeably declined since 2005,” chief executive officer Wilhelm Mühlenberg told *Dental Tribune Asia Pacific*. Owing to rising prices, gold has become very attractive to investors but very unattractive to patients, he said.

According to Mühlenberg, this trend is irreversible, even though there is still a demand for gold as it is a reliable dental material and has been used successfully for a very long time.

In contrast with this decline, the worldwide gold demand for all industries, including dentistry, surged to 3,812.2 tons in 2010, reaching a ten-year high and a 9 per cent rise compared with 2009, as per the World Gold Council. The major reason for this positive trend was the demand for jewelry, which saw a rise of 17 per cent. [DTI](#)