DENTAL TRIBUNE

The World's Dental Newspaper · Asia Pacific Edition

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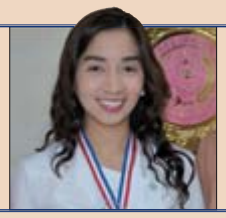

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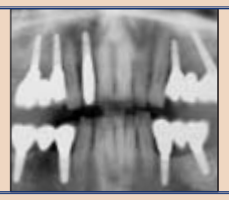

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States agree on global mercury ban but leave dental amalgam out

Daniel Zimmermann
DTI

Delegates of over 140 countries discussed the global mercury ban. (DTI/Photo courtesy of UNEP, Switzerland)

GENEVA, Switzerland: Following four years of negotiations, representatives of more than 140 governments recently paved the way for a worldwide ban of mercury-containing products. They also agreed to a number of measures for reducing pollution caused by industrial use of the metal, such as in dental fillings.

The treaty, named the Minamata Convention after a Japanese town seriously affected by a mercury disaster in the 1950s, is expected to come into full effect by 2020. It will be signed in October at a special meeting in Japan, according to representatives of the United Nations Environmental Programme, which hosted the meeting of the International Negotiating Committee on Mercury last month in Geneva.

Measures will include the support of developing nations to develop alternatives to processes that utilise mercury and to reduce emissions through new technologies.

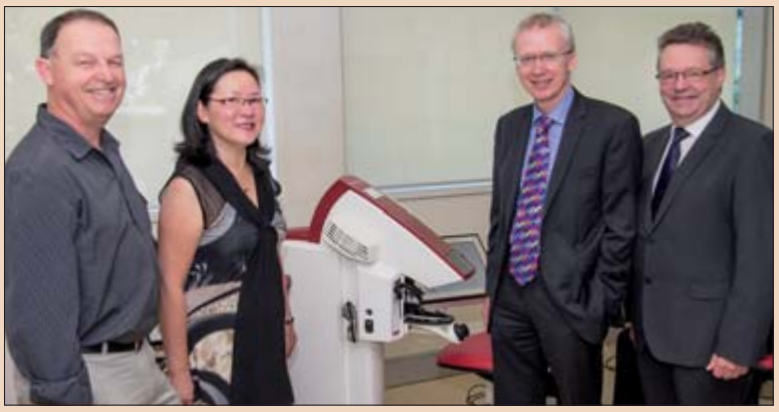
Owing to its physical characteristics, mercury is used in a number of industries and products today, including small-scale gold mining, where it separates the precious metal from rock. Together with emissions from fossil-fuel power plants, among other industries, gold mining is considered to be the

→ DT page 6

Super-gel fights superbugs

A new effective tool that could help to fight multidrug-resistant bacteria has recently been unveiled by researchers from Singapore. Developed in partnership with IBM Research, the yet-unnamed hydrogel was found to destroy various types of fungi and bacteria upon contact in lab tests, including methicillin-resistant *Staphylococcus aureus* (MRSA), the main cause of most hospital-acquired infections worldwide.

According to the researchers, the material made of a newly developed polymer is biodegradable and therefore is eliminated naturally after use. If approved, it will be used for a new range of medical and consumer products, which could include anti-bacterial coatings for medical devices and dental fillings. Hospital-acquired infections through MRSA, for example, are among the leading causes of death worldwide. In Singapore alone, patients with microbial infections are ten times more likely to die if hospitalised, according to national statistics. DT



University of Western Australia Vice Chancellor Prof. Paul Johnson and the Head of the university's School of Dentistry Prof. Andrew Smith (second and first from right) posing with sponsors of the school's latest acquisition: a Moog virtual dental trainer. (DTI/Photo courtesy of UWA, Australia) ASIA NEWS, page 3

Endo specialists to meet in Korea

The Asian Pacific Endodontic Confederation will hold its 17th Scientific Conference in Seoul, South Korea, in March this year. The meeting, which is expected to attract up to 1,000 endodontic specialists from the APAC region, will also feature a number of internationally renown speakers. DT

Asthma affects dental development

New evidence from India suggests that a compromised airway has an effect on dentoalveolar morphology in humans. Among other things, the researchers found that the intermolar and the inter-incisal widths were smaller in both arches in asthmatic than in non-asthmatic children. DT

Colleges raided for bribery

A number of dental colleges in India have recently been investigated by the Central Bureau of Investigation in New Delhi for having paid money to members of the Dental Council of India in an effort to obtain permission for their postgraduate courses. According to newspaper reports, at least ten facilities run by four institutions in the southern province of Tamil Nadu were raided and two dentists arrested on bribery charges by the anticorruption agency in January.

India has almost 300 colleges, producing 30,000 new dentists every year, of which 90 per cent are private. Permission to operate is granted by the council, which many have accused in the recent past of being corrupt and having granted permission for colleges that did not fulfil the required standards for educators and teaching equipment. DT

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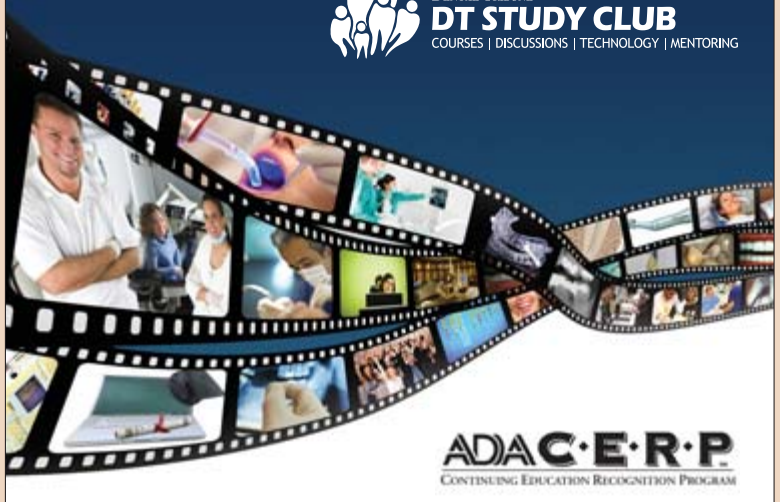

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06
FEB

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Dianne Glasscoe Watterson, RDH, BS, MBA
8:00 p.m. EST

Every superb dental professional needs two things–excellent clinical or technical expertise and excellent communication skills. This seminar dissects some of the most challenging communication scenarios in the dental office, such as what to say when patients reject treatment recommendations or x-rays. Other topics include one-on-one communication about patient homecare, barriers to communication, and reducing disappointments. Every attendee will gain useful information to improve his/her own communication skills. Doctors and all staff members can benefit from this seminar.

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13
MAR

DIGITAL TECHNOLOGY AND THE FUTURE OF DENTISTRY
Larry Emmott, DDS
8:00 p.m. EST

Computers aren't just for numbers any more. Some of the most exciting and incredible developments in technology are in the area of advanced diagnostics and treatment. Everyday dentist are faced with remarkable new high tech products both in the office and in the cloud that do everything from finding caries to making a crown. And this is just the beginning, the future is coming and it will be amazing.

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Taiwan dentists more compliant with infection-control requirements

DT Asia Pacific

TAIPEI, Taiwan: Figures from two surveys conducted over a decade among general practitioners in Taiwan indicate that infection-control measures in dental practices have significantly improved. Of those surveyed in 2010, the majority of dentists reported wearing and regularly changing gloves when treating patients. Moreover, the survey found that all the respondents wore surgical masks.

Head caps or protective eyewear, however, was only worn by one in four dentists.

Compliance with wearing protective gear was the highest among young female practitioners who treated more than 20 patients per day, according to the study. It also revealed that dentists were kept more up to date with developments in infection control in 2010 by using the Internet and through continuing education seminars than they were ten years ago.

According to the researchers from the Taipei Medical University and the National Taiwan University, the recent numbers are a significant improvement on the first survey conducted by the same team in 1999. Back then, 500 questionnaires were randomly sent to dentists who at this time were members of the Taiwan Dental Association.

Compliance with wearing protective gear was the highest among young female practitioners. (DTI/Photo Pendalist)

While only 52 per cent completed the questionnaire that year, more than 71 per cent (or 285 respondents) did so in the follow-up survey ten years later. To date, the island state has more than 11,000 registered dentists.

The researchers suggested that the improvement could possibly be traced back to the SARS epidemic in Asia in 2003, which saw Taiwan highly affected with a final death toll of 84 and concern raised by patients and the public nationwide about the risk of disease transmission in health care settings. Public funding and requiring dentists to attend continuing education courses on infection control have also contributed to the improvement in recent years, they said. They recommended conducting further studies and increasing continuing education opportunities in the subject nationwide.

"Although infection-control practices have improved over time in this Asian country, there is still much room for increasing compliance rates regarding wearing a head cap, protective eyewear and a face mask, and disinfecting impression equipment," the researchers state in the report.

Since 2005, practitioners in Taiwan have been entitled to US$1 for infection-control measures from National Health Insurance for every patient they treat. DT

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Australia steps ahead in virtual learning

DT Asia Pacific

CRAWLEY, Australia: Virtual methods of education are increasingly finding their way into dental schools worldwide. Students at the University of Western Australia's School of Dentistry have been the latest to get hands-on with the Moog Simodont Dental Trainer, a sophisticated dental-procedure simulator developed in the Netherlands and the US.

The system, recently launched for the new Doctor of Dental Medicine degree programme, allows students to perform basic tasks like drilling and caries removal realistically in a virtual environment. A high-fidelity feedback technology used in the training of pilots—and in other fields called haptic—provides a realistic sense of touch similar to treating real patients. The investment, worth almost US$1 million, has received funding by Health Workforce Australia, an Adelaide-based governmental agency set up in 2008 to help the country to develop a sustainable medical and dental workforce.

According to Prof. Andrew Smith, head of the dental school, by replicating preclinical situations in a virtual setting almost no tissue or material is consumed. More importantly, the system allows students to practise drilling on human teeth that have unique morphologies, a process not yet possible to replicate using plastic teeth or teeth derived from animals.

"It is essential that a student be able to practise the tasks using those unique formations," he told *Dental Tribune Asia Pacific*. "The computerised dental trainers are able to meet these demands."

UWA is not the first university in Australia to have employed the unique technology. Among others, trials have been conducted by the Griffith University's School of Dentistry and Oral Health in Southport in 2011. According to Moog, there are now over a dozen universities worldwide, including the University of Michigan dental school in the US, that are training students in this way. A study conducted there in 2012 found that virtual teeth replicated by the Simodont simulator are more realistic than the plastic models traditionally used.

Smith said that 14 units had recently been purchased and installed at UWA to help train 1,150 students at the school over the next ten years. So far, the units have been used in interprofessional learning programmes with dental nurses, for remedial training and for testing candidates for the dentistry programme, he said.

"An important aspect, however, is the ability to teach the students how to use a mirrored image to allow completion of drilling tasks when these cannot be viewed directly. Other tasks available allow the diseased portion of the tooth to be cut away on both primary and permanent teeth," Smith explained.

"Very soon we will have the exercises for training students to cut preparations on teeth for crowns and in the future bridges will be also taught." DT

Lab with Simodont dental trainers. (DTI/Photo courtesy of UWA, Australia)

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Dear reader,

Daniel Zimmermann
DTI

Unlike with other professions, the closure of a newspaper or magazine, even a competing one, always triggers conflicting emotions for journalists. While we may seem to contend fiercely for the next exclusive story or the most creative headline, there is an unspoken solidarity among all members of the journalistic community. In this respect, the end of Asia's oldest regional dental newspaper APDN and its Latin American sister publication is a catastrophe, as fewer publications mean not only more writers and editors without a job but also less diversity, something that has plagued our colleagues in daily newsrooms around the world.

As one of the two remaining dental titles for the Asia Pacific region, we are determined to fill this gap. This commitment, however, is going to make our work a lot more difficult, despite the reduced competition. Therefore, our goal is to keep our standards high and our minds open to all aspects and to the many voices of the dental profession.

We intend to do so with this edition with an interesting and revealing article from Nova Southeastern University by Prof. Steven N. Abel on HIV testing in dental practices, a trend that has recently gained momentum in the US, where more people tend to visit their dentist rather than their physician. It may take some time, even years, before tests are available here, but it is clear that dentists could indeed play a significant part in halting one of the worst epidemics of our time.

I also encourage you to read our interview with Philippine dental student and winner of the DENTSPLY Student Clinician Program Kime H. Cabalquinto. With her research on a healthy and sustainable alternative to common denture adhesives, she is a shining beacon for the future of dentistry. DT

Yours sincerely,

Daniel Zimmermann
Group Editor
Dental Tribune International

Dental Tribune welcomes comments, suggestions and complaints at feedback@dental-tribune.com

Infection control measures in dentistry: A big-ticket item

Prof. Lakshman P. Samaranayake
Hong Kong

Microbes are all around us. They are one step ahead as new infections emerge and old infections re-emerge periodically in different parts of the world.

The recent threat of an Ebola virus epidemic in Africa is an example. Last August, the deadly outbreak of this virus claimed 16 lives and led to the Ugandan president's call for citizens to limit physical contact with each other.

Dental health-care workers everywhere need to be ever vigilant and maintain meticulous infection control. The data emerging from at least one Asian city is, therefore, comforting. Researchers at the Taipei Medical University in Taiwan found that current dentists are better educated about and practise better infection control than a decade ago, a significant improvement on the first survey conducted by the same research team in 1999.

It is heartening to note the general improvement in infection control in this community, but I suspect that Taiwan may be an exception rather than the rule.

A few months ago, a dental assistant in Tennessee in the US complained of the dentist not wearing a mask, not washing his hands, not replacing gloves, and not sterilising the handpiece. I do not know the outcome of this case, but the Yahoo response asked her to report the situation to the health and safety office in the area.

How such a situation could arise in a so-called developed country is unfathomable. Other similar incidents are reported in the mass media sporadically.

Perhaps the practitioners in these instances do not adhere to strict infection control owing to negligence, or ignorance, or the associated costs. There is no doubt that infection control is a big-ticket item. It has been estimated that the cost per patient for infection-control products is about US$10 and the annual cost of infection-control products for one dentist may amount to US$50,000 (20 patients per day, five days per week, 48 weeks per year).

If cost is the main concern, then the dentist could charge separately for infection-control measures, rather than take infection-control short-cuts. I do believe that patients will gladly pay for such a service and this could be a good practice builder indeed.

The bottom line is that appropriate infection control is a reality that we have to face head on, and discounting it and paying lip service will jeopardise not only your practice but also your reputation in the longer term. DT

"The bottom line is that appropriate infection control is a reality that we have to face head on..."

Contact Info

Prof. Lakshman S. Samaranayake is Dean of the University of Hong Kong's Faculty of Dentistry and an internationally renowned expert on the issue of infection control. He can be contacted at lakshman@hku.hk.

Squeezing out mercury

Lars Hylander
Sweden

Over 750 participants from around the world recently agreed on reducing the use of dental amalgam at a meeting on the UNEP Minamata Convention held in Geneva, Switzerland, in mid-January to prepare a global legally binding instrument on mercury. The decision to phase down the use of dental amalgam is due to the toxicity and hazardous effects of mercury released from these fillings. Mercury is released to air and water not only through insertion and removal of amalgam fillings, but also through everyday wear by chewing and hot beverages ingested by persons with these mercury-containing dental fillings.

Mercury is a toxic heavy metal with no beneficial biological effects. Since it is an element, it will never break down into less harmful elements. On the contrary, part of the elemental mercury released is transformed into methyl mercury, which is bioaccumulated in living organisms, often reaching hazardous levels in popular food sources such as tuna, cat-fish and perch. This invalided tens of thousands and caused more than a hundred deaths in one of the world's worst industrial pollution catastrophes, which took place in the 1950s and 1960s in the fishing village lending its name to the convention, Minamata in Japan.

Dental amalgam is no longer used in Japan and it is banned in Norway, Sweden, and Denmark, where tooth-coloured and environmentally friendly composite is the predominant filling material. Although the hazards of mercury have been well known ever since, the practice of restoring teeth decayed by caries with amalgam has survived, despite the effective and affordable mercury-free alternatives that are available today. Atraumatic Restorative Treatment using hand tools and high-viscosity glass ionomer cements as filling material, for example, has turned out to be a viable means of providing dental care in areas where the only dental treatment available is the extraction of decayed teeth. It is also the first choice for primary teeth in Sweden, owing to its patient-friendly approach, easy handling and short training period.

Both composites and glass ionomer cements bear their full environmental costs, while dental amalgam would not be a restorative material of choice were it to carry its environmental costs. DT

Contact Info

Lars Hylander is Associate Professor at Uppsala University in Sweden and an expert on dental amalgam. He can be contacted at Nakano.Hylander@telia.com.

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UK's first private dental school to open in Leicester

DTI

LEICESTER, UK: The United Kingdom's first independent dental school—aimed mainly at international students—is soon to open in Leicester. From September 2013, the school will enrol 100 students annually for a five-year degree course.

The Dental Clinical Centre will make a significant contribution to the dental health of the local population, which is below average.

The new venture is a partnership between the Leicester Dental Teaching Academy and the University of Buckingham. The Bachelor's degree in Dental Surgery to be offered will be conferred by the University of Buckingham. The course is designed to meet General Dental Council outcome measures and European standards, as well as the requirements of the Quality Assurance Agency for Higher Education.

The degree course is specially designed to appeal to an international market. Students will be introduced to patient care early on in their training and will be given a thorough grounding in business development, management and enterprise. They will gain an appreciation of the international business environment and cultures in other parts of the world, such as India, Nigeria and China, as well as the impact of oral disease on societies around the world.

Once the school is up and running, it is planned to establish a charitable trust and to engage in research, as well as to award bursaries to promising students with limited means of support. DT

(Edited by Daniel Zimmermann, DTI)

AD

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largest source of mercury pollution worldwide.

Partly transformed into methylmercury when released into the environment, mercury can have serious effects on health, including nausea, impairment or even death. According to a recently published report, an estimated 1,960 tonnes of mercury were emitted into the atmosphere in 2010 worldwide as a direct result of human activity. It also revealed that about 50 per cent of anthropogenic mercury emissions came from Asia, with about 75 per cent from China alone, which is about one-third of the global total.

With 3.6 tonnes a year, emissions from dental amalgam however remain relatively low but recent studies from the US have linked it to neurological and behavioural disorders in children, as well as Alzheimer's disease. Alloyed with silver, copper and other precious materials, the substance has been in use in dentistry since the 1830s.

Dental associations welcomed measures to phase down amalgam but said that it remains a key restorative material in combating dental decay worldwide. "We are pleased that the proposed treaty recognises the need for national programmes to prevent oral disease and calls for more research into developing new alternative materials. FDI supports a phase-down approach based on prevention, research on new dental filling materials and the application of best management practices," Dr Orlando Monteiro da Silva, President of the FDI World Dental Federation, a main advocate of the reduction of dental amalgam, said.

ADA president Dr Robert Faiella stated, "Long term, it is critically important to raise global awareness of the importance of oral health to overall health, including the prevention of dental diseases. Doing so decreases the need for all cavity fillings and other restorative materials, including dental amalgam." DT

Water fluoridation: Action Network criticizes JADA authors

DTI

NEW YORK, USA: The Fluoride Action Network (FAN) has criticised the authors of an article recently published in the *Journal of the American Dental Association (JADA)* for urging dentists to promote fluoridation even though many of them are not well informed about the issue.

In their article, Drs Molly L.R. Melbye, a senior research fellow at the Department of Oral Health Sciences, University of Washington, and Jason M. Armfield, senior research fellow at the Australian Research Centre for Population Oral Health, University of Adelaide, state that "Studies of dentists' attitudes about water fluoridation suggest that a lack of knowledge and preparedness are barriers to discussing the topic." In a survey, more than half of the respondents believed they needed more information and training on the issue, the authors wrote.

According to FAN, in the same article, the authors urge dentists to promote fluoridation, despite their lack of knowledge.

"It is reckless to urge dentists to tell the public that fluoridation is safe when they are not on top of the literature," stated FAN director Dr Paul Connett. "Their qualifications pertain to teeth. They are not qualified to assess what damage ingesting fluoride may cause to the rest of the body."

According to FAN, Armfield and Melbye encourage dentists to promote the safety of fluoridation based upon this misleading assurance: "There are no known harmful effects from ingestion of water that has had fluoride added to it at or about 0.7–1.2 mg/l. No systematic reviews of the literature have shown any negative health effects from ingestion of water fluoridated in or near this therapeutic range."

Connett said that this assertion is dangerously misleading because it confuses concentration and dose. Harm has been found at doses that are commonly experienced in populations drinking artificially fluoridated water. Furthermore, it ignores that most basic health studies have not been conducted in countries that practice fluoridation. The absence of research is not the same as absence of harm, he stated.

According to Connett, the assertion also overlooks the serious findings reported by the US National Research Council in 2006 that subsets of the population —including bottle-fed infants— are exceeding the US Environmental Protection Agency's safe reference dose (0.06 mg/kg of bodyweight per day) by drinking fluoridated water.

Fluoridation is still a subject of controversial public debate, as some believe it can only benefit oral health and some think it has a negative impact.

FAN is calling nations that still fluoridate their water to end the practice. According to the international organisation, "it is becoming increasingly clear that fluoridating water supplies is an outdated, unnecessary, and dangerous relic from a 1950s public health culture that viewed mass distribution of chemicals much differently than scientists do today."

The article, titled "The Dentist's Role in Promoting Community Water Fluoridation: A Call to Action for Dentists and Educators," was published in the January issue of the *Journal of the American Dental Association* which is published in Chicago. DT

AD

DENTAL TRIBUNE Asia Pacific Edition

"IDS makes an important contribution to our overall business results"

An interview with Katharina C. Hamma, Chief Operating Officer of Koelnmesse

In less than two months, one of Germany's leading trade show organisers will again be welcoming dental professionals from all over the globe to Cologne for the 31th International Dental Show. Dental Tribune International had the opportunity to speak with Koelnmesse COO Katharina C. Hamma about the event and what can be expected from the world's largest dental fair.

Katharina C. Hamma, Chief Operating Officer of Koelnmesse. (DTI/Photo Antje Isbaner/OEMUS MEDIA, Germany)

Dental Tribune International: Ms Hamma, you have been working as Chief Operating Officer of Koelnmesse since early last year. In your opinion, what makes the fairground in this city on the Rhine so special?

Katharina C. Hamma: One of the main advantages of Koelnmesse is its centralised location, with its host city Cologne literally in the centre of Europe. There are 155 million Europeans living within a radius of 500 kilometres and they control a significantly large share of the European Union's gross domestic product.

The location and the accessibility of the fairground itself are optimal, as it is only a stone's throw from the city centre. All means of transportation can be reached within minutes. During the show, all important long-distance trains will stopat the main station in Cologne and at the Köln Messe/Deutz station. The Cologne/Bonn airport serves 100 domestic and international destinations and is a central hub for low-cost carriers.

The InterCity Express links Koelnmesse with four more international airports in Frankfurt/Main, Düsseldorf, Amsterdam in the Netherlands and Brussels in Belgium. All these factors make it quick and easy for exhibitors and visitors to reach Koelnmesse.

Despite the weak global economy, the German trade show sector is doing surprisingly well. What do you think the reasons for this are?

The German trade show sector is leading globally and foremost fairs for several industries, such as the IDS, are held in the country. Owing to this, companies from all over the globe regularly attend German trade shows in order to access new markets, even in times of economic difficulty. Moreover, trade shows are a very effective marketing instrument.

Germany also boasts a very stable economy and demand for industrial products. This is whytrade shows in the country are of particular interest for companies wishing to expand their business in Germany.

With a revenue of €235 million, the last fiscal year has been one of the most successful in the history of Koelnmesse. How much did the IDS contribute to the results?

The International Dental Show is one of our most important events and there are only a few trade shows in Cologne that attract more exhibitors and visitors. Therefore, the trade fairmakes an important contribution to our overall business results.

The number of registered exhibitors at IDS 2013 is already at the same level as the past show. What are your expectations for your first IDS?

My expectations are that we can surpass the figures of the last, very successful IDS againin terms ofexhibitors, exhibition space and visitors. With regard to exhibition space, we have already achieved a new record with an area of 150,000 square metres. We will also exceed the number of visitors to IDS 2011. In view of this, we are doing a lot to be able to report a new record when the show ends on 16 March.

> "...there are only a few trade shows in Cologne that attract more exhibitors and visitors."

The increase in industry participation is a result of the high demand from overseas. Wheredo the most exhibitors come from?

After Germany, there are a number of countries with high numbers of exhibitors, such as Italy, the US, South Korea, Switzerland, France and Great Britain. In addition, there will be 13 joint participations again in March 2013, with booths representing Argentina, Brazil, Bulgaria, China, Great Britain, Israel, Italy, Japan, Pakistan, South Korea, Russia, Taiwan and the US.

What role do your foreign subsidiaries play in this development, and what image does the show have outside of Germany in general?

Koelnmesse has a global network of affiliates in more than 80 countries that lend significant support to the main team in Cologne in terms of attracting exhibitors and visitors. The main advantage is, of course, that the IDS is the leading international dental trade show. Owing to this unique position, many companies have tended to place their focus entirely on the IDS, even selecting to participate in it rather than in regional or local shows.

In addition, Koelnmesse is an internationally renowned trade fair organiser with a good reputation. A market study published in autumn 2012 indicated that Cologne is recognised worldwide as a location for trade shows, meetings and congresses, mainly owing to the before-mentioned central location and its state-of-the-art facilities. Overseas particularly, Koelnmesse is considered to be a significant part of the attraction of Cologne.

Owing to the high number of exhibitors from the Far East, the issue of counterfeiting will again be in focus at the upcoming IDS. How have the existing measures been working out so far, and what will be done from your side to prevent the distribution of counterfeit goods?

We started an initiative called No Copy! Pro Original a couple of years ago that was intended to support exhibitors actively in their fight against counterfeits. There is a counter at the fairground, for example, that serves as a contact point for questions with regard to copyright violations. Experts are also on site to provide information and further help. If necessary, Koelnmesse employees can also provide and establish contacts with lawyers specialised in this particular area.

Ahead of the show, exhibitors should ensure that they really own the trademark rights for their respective products and brands. Documentation should be at hand in order to be able to act in a case of a suspected copyright violation. Should an exhibitor find out that its trademark rights have been violated, it should immediately seek to obtain a declaration to cease and desist.

Should Koelnmesse be made aware of a past or imminent violation by an exhibitor, it will point out the legal consequences of this to the exhibitor. If the company has been convicted of product piracy, Koelnmesse reserves the right to exclude the company from exhibiting at all future events of this kind. We are very active in supporting our exhibitors in the fight against piracy.

One of your main goals as COO is also to homogenise business structures. What impact is this going to have on the IDS?

I have been responsible for all business operations of Koelnmesse since early last year, which gave us the opportunity to utilise synergies better internally in our sales team and externally with our partners. All our events will benefit from this change, including the IDS.

For the IDS, you are working closely with the GFDI, a subsidiary of the Association of German Dental Manufacturers. How has this collaboration been coming along?

The GFDI as the organiser and Koelnmesse as the staging company share a long and fruitful relationship. In particular, we are implementing all measuresnecessary for the successful realisation of the show, including the acquisition and support of exhibitors, running promotion and marketing campaigns in order to attract visitors, and the logistics and organisation during the five days of the event. All this takes place in close consultation with the GFDI.

You have no prior work experience in dentistry. Have you been surprised by what the field has been able to achieve, and will you be visiting the show?

I have been welcomed warmly by the dental community and already learned a lot about the latest trends in dentistry. I am confident that there will be many innovations at the IDS that will make dental visits much more comfortable for patients. I am looking forward to seeing everything live at the IDS in March.

This year, the IDS will take place in five halls. Are there any long-term plans with regard to the overall concept, and if so when can we expect to see them implemented?

Both the GFDI and Koelnmesse consider the success of the IDS as confirmation of the show's concept. Therefore, we will be sticking to the successful formula of the joint event in the near future, which entails focusing on business and product information presented at booths by exhibitors. Grouping halls according to dental specialties is currently not on our agenda. Whether changes will have to be implemented will be discussed with the GFDI after the next IDS.

Thank you very much for this interview. DT

DenTech Shanghai to host dental CAD/CAM forum in 2013

DT Asia Pacific

SHANGHAI, China: The organiser of DenTech China has announced a forum solely dedicated to dental CAD/CAM to be held at its upcoming show in October this year. It will feature internationally renown experts and cover several fields related to digital dentistry, including digital imaging, digital impression taking and image-guided implant surgery, representatives of Shanghai UBM ShowStar Exhibition said.

The forum will be held alongside the industry exhibition and other specialty forums on topics like implantology. In addition to leading providers of dental CAD/CAM, *International Dental Products for China*, a Chinese dental technology magazine published by German publisher Röser, is supporting the event.

While the penetration of dental CAD/CAM is still considered to be low in China, industry sources estimate that the market will grow by double digits in the next five years owing to a large influx of outsourced lab work from other countries and a higher demand for all-ceramic CAD/CAM-manufactured prosthetics by the rising Chinese middle class. According to the Canadian market research provider idata Research, this segment is currently the fastest growing in the country, with an annual growth rate of approximately 4.2 per cent each year.

Major market players offering dental CAD/CAM systems and solutions in China include Sirona Dental Systems, KaVo and AmannGirrbach.

First held in 1994, DenTech China has become the second-largest dental showcase in China, after Sino-Dental in Beijing, having attracted more than 65,000 visitors this year. Since March 2012, the show has been organised by Shanghai UBM ShowStar Exhibition, a joint venture between UK-based B2B communications provider UBM and the previous owner of DenTech, Shanghai ShowStar Exhibition Services.

The 17th exhibition is scheduled for 23 to 26 October 2013. DT

Australia's largest dentistry chain changes owner

DT Asia Pacific

GURGAON, India: After only 22 months, health care group Fortis is divesting its investment in the Australian dental office network Dental Corporation Holdings. The majority stake of 64 per cent, valued at an estimated AUS$270 million (US$284.6 million), has been offered to the Australian arm of the British United Provident Association (Bupa) in an effort to cut debt, the Indian company said in a statement last month.

Fortis Healthcare International, which runs dental service businesses in India and Hong Kong, among other APAC countries, acquired its first stake in Dental Corporation in February 2011. While the number of dental practices has grown by almost 40 per cent since then, according to the company, original plans to export the Dental Corporation model to other countries in the Fortis network have been largely unsuccessful, except for its expansion into Canada in early 2012.

Both parties announced that the transaction is scheduled to be completed by March 2013 and will be subject to approval by shareholders and the respective regulatory agencies.

Managing Director of Bupa Australia and New Zealand Dean Holden commented that the acquisition will help his company to strengthen its existing health care offering and support it in its aim to become a health care partner to more customers worldwide. Bupa, which is based in the UK, provides private medical and dental insurance and health services to ten million customers in Europe, Asia and Latin America.

Dental Corporation Holding currently maintains 190 dental offices with more than 450 dentists throughout Australia and New Zealand. During the last fiscal year, the company reported revenue of AUS$339 million (US$357.3 million), which makes it the largest provider of private dental health care services in both markets.

Fortis Healthcare Australia is held by Fortis Global, a US$1 billion enterprise founded by brothers Malvinder and Shivinder Mohan Singh from Delhi in India. They formed the company late in 2001. DT

Sing dental provider Q & M makes takeover bid for SMG

DT Asia Pacific

SINGAPORE: In an effort to extend its health care offering, Singapore's largest provider of private dental services, Q & M, has announced its intentions to buy a majority stake in Singapore Medical Group (SMG), a specialist medical provider operating 15 health centres throughout the city state.

The proposed deal, estimated to be worth more than S$22 million (US$17.8 million), is expected to be completed in mid-2013 and could add 80,000 customers to Q & M's customer base of almost half a million dental patients.

Following the announcement, SMG shares on the Singapore stock exchange went up by 40 per cent last week. Established in 2005, the company currently maintains clinics specialised in eye and cancer treatment, as well as in orthopaedics and aesthetic surgery. For the last fiscal year, it reported a net income loss of more than S$1 million (US$813,000).

Q & M CEO Dr Ng Chin Siau commented that with the proposed takeover, his company aims to benefit from the increasing demand for high-quality health care services in Singapore and the South-East Asia region. He said that after the acquisition has been finalised, Q & M intends to open a number of general medical practices in the near future that will offer comprehensive and holistic medical services in addition to SMG's existing facilities.

"The existing team and viable operational structures within SMG give us a good start," Siau said.

Q & M operates a few dozen dental clinics and practices in countries like Singapore, Malaysia and the People's Republic of China. According to financial reports, the group and its subsidiaries achieved a revenue of S$48 million (US$39 million) last year. DT

APDN and LADN no longer published

(DTI/Photo Daniel Zimmermann)

The last edition of APDN appeared in December 2012.

DT Asia Pacific

SINGAPORE: Owing to difficult market conditions, UBM Medica, a subsidiary of B2B communications provider UBM in the UK, has announced the closure of its dental publications for Asia and Latin America with immediate effect.

Both titles *Asia Pacific Dental News and Latin American Dental News* (*América Latina Noticias Dentales*) have been suffering from declining advertising revenues and rising costs, the Singapore-based publisher told partners and suppliers in an e-mail recently obtained by *Dental Tribune Asia Pacific*.

Existing agreements with advertisers and suppliers will be terminated according to the terms of the contracts.

Asia Pacific Dental News has been published quarterly since 1986.

Torsten R. Oemus, publisher of *Dental Tribune Asia Pacific*, one of now two remaining regional dental publications in Asia, expressed regret at the closure of one of the region's oldest dental publication. He said that despite the tougher economy, Dental Tribune's monthly title, published in English since early 2002, is going strong and will continue to provide independent regional and international news to Asian dental professionals for years to come.

DTI currently maintains publishing operations in over 90 countries, including general interest and specialty titles, as well as a number of news and CE websites. DT

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