



Oral cancer crisis in India
An interview with Dr Pankaj Chaturvedi, Mumbai

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FDI closes record meeting in India

DT Asia Pacific

GREATER NOIDA, India/GENEVA, Switzerland: While the official figures are still to be confirmed by the organiser in India, initial estimates suggest that the FDI World Dental Federation held its most successful annual congress ever this month. As the organisation reported in mid-September, an estimated 17,000 visitors overall attended the four-day event in Greater Noida near New Delhi, which also saw the first ever visit by Indian President Pranab Mukherjee to the state of Uttar Pradesh.

Seventy-eight-year-old Mukherjee, who attended the opening ceremony at the India Expo Centre and Mart as guest of honour, said that his government is well aware of the poor standards of oral health in the country. Several programmes and projects conducted by his government and organisations like the Indian Dental Association are underway to raise awareness of the importance of good oral health and hygiene among different segments of the Indian population, with the FDI congress being one of them.



Pranab Mukherjee addressing delegates of the FDI Annual World Dental Congress in Greater Noida, New Delhi.

The ceremony also saw the launch of a new oral health campaign driven by the Indian Dental Association called "Happy Muskaan", which will be supported by dental consumables manufacturer Colgate. It will conduct volunteer-based programmes throughout the country to help raise awareness of the importance of oral hygiene

in daily life among the Indian population.

On behalf of the FDI, several new policy statements were adopted by its General Assembly, including statements on oral radiation, the detection of HIV and care of HIV-infected patients, as well as perinatal and infant oral health. Furthermore, the feder-

ation announced the launch of the FDI Data Hub for global oral health, a new online source for oral health statistics and indicators. Developed under the guidance of the FDI Oral Health Atlas Task Team, it aims to provide a one-stop shop for all information pertaining directly or indirectly to global oral health, according to the FDI. [1]

DTI launches new edition for South Asia

With the launch of the new edition of its flagship publication *Dental Tribune* for the South Asia region at the FDI Annual World Dental Congress in Greater Noida near New Delhi, the Dental Tribune International Publishing Group is celebrating another addition to its extensive portfolio of international dental media. The new edition will cover countries such as India, Sri Lanka, Nepal, Bangladesh, Burma and Bhutan, and is anticipated to reach an audience of approximately 100,000 dentists.

"The market in this specific region has been growing in many sectors and people are constantly embracing new technologies," said publisher Ruumi Daruwalla, explaining the incentive behind the new edition. "What has really been missing, however, is a publication that offers high quality and can reach the maximum number of dental professionals."

According to Daruwalla, *Dental Tribune South Asia* will be available in print and online. [1]



Picture showing visitors of the FDI Annual World Dental Congress in India posing with Dr Strong Teeth, a new mascot developed by the Indian Dental Association to promote good oral health. (Photo courtesy of IDA, India)

New periodontitis agent discovered

The results of a recently published study from Japan indicate that ozone nano-bubble water (NBW3) is very effective against two bacteria that cause periodontitis. NBW3 is produced from ozone, which has strong antimicrobial activity against bacteria, fungi and viruses, and thus does not induce antimicrobial resistance. [1]

Elderly benefit from web trial

A new web-based education programme, developed and trialled by researchers at the University of Melbourne, Australia, could help maintain healthy and natural teeth into older age. People who took part in the trial embraced the new technology and made positive changes to their dental care routines, the researchers said. [1]

GSK and FDI partner

Dental consumables manufacturer GlaxoSmithKline will be the first organisation to collaborate with FDI for the comprehensive scientific training its oral healthcare representatives undergo. In a rigorous and ongoing process, independent FDI scientists are both examining and optimizing 5 training modules that correspond with GSK's portfolio of specialist products in oral health, dentine hypersensitivity and other areas, the company announced at the FDI Annual World Dental Congress in India.

According to GSK representatives, the three-year agreement will ensure a consistency of scientific training among the 1,500 GSK brand representatives worldwide, preparing them to communicate the science behind the company's products in an approved, standardised way that resonates with dentistry leaders. [1]



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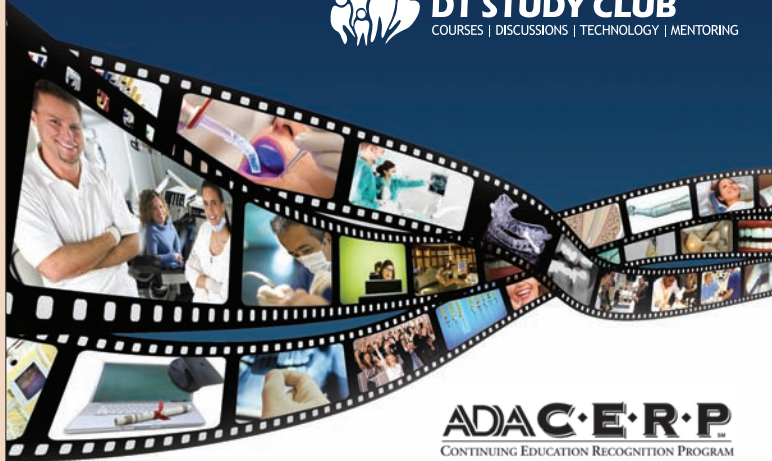
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Henriette Lerner
06:00 PM (CEST)

Stable implant integration and functionality, along with aesthetic outcome are important aspects in modern implantology. The anatomical situation, however, rarely supports optimal implant insertion. To ensure a predictable and aesthetic treatment outcome, specific principles for the augmentation should be considered.

Today, soft tissue surgery together with modern materials and techniques (mucoderm®, etc.) permit minimally invasive treatments with improved aesthetic results. Already in 2007, membranes were developed to improve the width and strength of the keratinized gingiva as well as change the gingiva typology. Over the last years, specific materials and techniques have been established for improved and more predictable results of plastic peri-implant surgery. These concepts may be supported with other modern technologies, such as the PRF-technique, aiming to further improve and accelerate hard and soft tissue healing.

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Prof. Cesar Migliorati
08:00 PM (EST)

The presentation will guide the clinician on how to proceed when an oral mucosal lesion is found. The discussion will include aspects of importance such as distinguishing benign and malignant lesions, infections, ulcers, lumps and bumps and the diagnostic procedures. The presentation will inform the clinician about the mechanism of building a differential diagnosis, achieving a definitive diagnosis, and managing the case. The most common oral lesions and conditions will be presented.

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Asia News

DENTAL TRIBUNE

“A very large burden for the country”

An interview with head and neck cancer surgeon
Dr Pankaj Chaturvedi, Mumbai, about oral cancer in India

Daniel Zimmermann
DTI

Oral cancer is the most rapidly growing dental condition worldwide. On the Indian sub-continent, it is now one of the most common types of cancers, causing 48,000 people to die from the disease per year. *Dental Tribune Asia Pacific* spoke with congress presenter Dr Pankaj Chaturvedi, a head and neck cancer surgeon from the Tata Memorial Hospital in Mumbai, at the recent FDI World Dental Congress in Greater Noida in India about awareness among the Indian population, risk factors and what is being done to fight the epidemic.

Dental Tribune: Oral cancer cases are growing worldwide in double digit rates. How prevalent is the disease in the Indian population and what demographics are mostly affected?

Dr Pankaj Chaturvedi: Oral cancer currently ranks amongst the three most common cancers in India and accounts for almost 40 per cent of total cancer deaths in some areas. In most regions of the country, the condition is the second most common malignancy diagnosed among men, accounting for up to 20 per cent of cancers, and is the fourth most common among women.

To make things worse, approximately 70,000 new cases are



Dr Pankaj Chaturvedi

added to the already high number of oral cancer patients each year. Prevalence is highest in rural areas and vulnerable populations, such as among people with a low socio-economic status.

The most common etiological agents for oral cancer have been identified to be tobacco, alcohol, and increasingly the human papillomavirus (HPV). Does this pattern also apply to your country?

The real concern in India is tobacco as it is one of the leading causes of premature death and disability. Its use here is rather complex because it is consumed in a variety of ways, such as being smoked, chewed, and snuffed orally. Patterns of consumption also differ significantly throughout the whole country. Manufacturers of tobacco and its re-

lated products have successfully developed and implemented new marketing tactics to lure in younger demographics and make them use their products. Therefore, we are facing a major health crisis as tobacco consumption is continuously increasing amongst youth.

In addition to tobacco, established risk factors for oral cancer are the heavy consumption of alcohol, as well as the presence of an oral premalignant disease. Other contributory or predisposing factors include dietary deficiencies, particularly of vitamins A, C and E and iron, as well as viral infections, particularly induced by HPV which is known to be of high oncogenic potential.

According to figures of the World Lung Foundation, the direct medical costs of treating tobacco-related diseases including oral cancer in India amounted to more than US\$1 billion in 2010/11. Do patients have general access to treatment?

As the available treatment centres are mainly located in the cities and have very few resources, patients usually have limited access to treatment. Unfavourable socio-economic determinants like low literacy and low per capita income also hinder effective disease management.

Since the aetiology of oral cancer in India is predomi-

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nantly tobacco-related, should prevention strategies primarily focus on people overcoming traditional habits? How realistic is that scenario in your opinion?

In the last decade, huge resources have been put into prevention as well as the control of tobacco and its related diseases. In the current scenario, prevention will hold the key for changing the age old customs and traditions into more healthy habits. This requires intervention at individual, community and national levels. Right now, there are a number of initiatives provided by the government in terms of policy making and implementation. Non-governmental organisations have also started to reach out to communities to raise awareness and refer people for early screenings. There are lot of challenges though, that we have to deal with.

What strategies do you recommend?

Tobacco control needs ongoing commitment from all parts of society. While as an individual you have the choice to use or not to use it, society has to advocate generally for a more healthy way of life. The government's role in this is to firmly check the production, distribution and sale of tobacco. Strict enforcement and vigilance are required to effectively implement tobacco control laws.

India's health ministry and doctors have recently asked the Ministry of Finance to raise taxes for consumption of cigarettes and tobacco products.

“...we are facing a major health crisis...”

In your mind, could this lead to less consumption?

Raising taxes on tobacco products is certainly one of the evidence-based strategies to reduce consumption of tobacco. Promising results have been achieved in states which have already seen an increase in taxation.

Prevention first starts with awareness. Is the medical and dental profession in your country sufficiently aware of the issues related to oral cancer?

Health care professionals are the major contributors in addressing the problem to the general public. Lobbying for evidence-based policy making to the implementation and continuation of tobacco cessation services are just few of the initiatives that should be supported by them. The real challenge however is to develop a more sustainable model for remote and rural areas, where poverty and illiteracy are high and an adequate preventive health infrastructure is lacking.

How effective can oral cancer awareness campaigns be there?

Studies have demonstrated that most Indians, particularly in rural areas, are not even aware of the benefits of basic oral health measures like tooth brushing.

Owing to its diversity, traditional practices in India significantly differ. Of course, oral hygiene practices still have to be considered primitive in most parts of India but this depends largely on education and financial resources. Most people are definitely aware of the benefits of good oral health but the lack of

supportive environments makes them vulnerable, so they resort to more primitive habits.

The need is to renormalise the habit, advocate for effective public health campaigns and focus on the ability to self-examine the oral cavity for early signs and symptoms of oral cancer. Community participation and involving youth to bring in change can be an effective strategy.

Thank you very much for the interview. 



Workers enjoying a cigarette. The consumption of tobacco in India is on an all-time high. (DTI/Photo Paul Prescott)

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Far East meets Europe in Rome

Experts from South Korea presented clinical innovations in dental implantology at annual scientific meeting of the European Association of Osseointegration



Prof. Bu-Kyo Lee

DT Asia Pacific

dental implantology in the Eastern Asian country.

"Expectations have been high since the EAO accepted the proposal by our Chairman Dr Je-Uk Park to host a parallel session at the 2014 congress in Rome," he told *Dental Tribune Asia Pacific* in an interview. "I am sure that attendants will enjoy the knowledge that our experts, under the motto 'Cutting edge of implant dentistry', will bring to the table."

Lee said that, while implantology in South Korea was considered inferior compared to Western Standards not long ago, the specialty has taken a big leap forward in recent years.

ROME, Italy: For the first time in the history of the annual scientific meeting of the European Association of Osseointegration (EAO), clinical experts from a country outside Europe have participated in a special parallel guest country session organised by the association in partnership with the Korean Academy of Osseointegration. As part of this year's scientific congress programme, clinicians and educators from dental schools in South Korea presented on a wide range of implant-related topics including computer-guided flapless implant surgery or surgical intervention in case of peri-implantitis.

According to Prof. Bu-Kyo Lee, professor of Oral and Maxillofacial Surgery at Asan Medical Center in Seoul and director of International Affairs of the Korean Association of Oral and Maxillofacial Surgeons, the session also provided a comprehensive insight into the state of

"Most of what we know about implantology today has its roots in developments that began in Europe," he said. "Now we have been given the opportunity to give something back by presenting clinical knowledge and methods which have been developed in our country and could benefit implantology worldwide."

"It is a honour to have been invited by the EAO ahead of other important markets such as Japan or the US. We hope that the presentations have been up to par with what attendees expected in terms of content and clinical skills," Lee added.

Dental implants have come a long way in South Korea since they were introduced to the country four decades ago. Back then, US and European products wholly dominated the still young market. Now, with 225 implants per 10,000 people, the country has one of the highest implants per capita rates in



Crowded street in Seoul, the capital of South Korea. The country has now the highest rate of dental implants per capita in the world. (DTI/Photo TungCheung)

the world, ranking after Germany and Israel. According to a report published by the Korean Health Industry Development Institute, the regional market exceeded US\$320 million in 2013. That year, forty South Korean companies manufactured approx. 12 million dental implants. Later, in June, the Korean National Health Insurance Corporation announced that it would expand the coverage of dental implants in patients aged 70 and older beginning in 2015, and those aged 65 and older in 2016; domestic competition is thus expected to increase even further.

The market saturation has recently forced many manufacturers to increasingly pursue sales markets overseas. Owing to their price advantage, implants "Made in Korea" have started to

gain more market share overseas. In the Asia Pacific, a recent report by the Millennium Research Group (MRG), a market intelligence provider in Canada, has predicted that manufacturers from South Korea could dominate dental implant markets in that region as early as 2016. By that time, the total regional market is expected to exceed US\$800 million.

While exports to Western countries have remained relatively slow, South Korean manufacturers like OSSTEM already rival established implant providers such as Straumann or Zimmer Dental in Asian countries like Pakistan, Malaysia and Hong Kong. Other significant market players in the region include DIO Implants, a company partly owned by DENTSPLY, as well as MegaGen and Shinhung.

Implants from Korea are also catching up in terms of clinical data, the report stated, a fact that will make them increasingly adoptable for implant specialists in that region. Manufacturers now offer seminars focusing on basic and advanced implant placement training and the advancement of restoration skills to dentists. Having recognised the increasing financial limitations provided by dental implants, a growing number of South Korean dentists has also taken part in seminar programmes that focus on how to remain competitive. This led to an increase in the number of dentists who are able to perform implant surgery procedures. Demand for implants has been also driven by a new trend among South Korean dentists to promote aesthetic treatment through dental implants. **DT**

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Search engines of little use for people seeking information on implants online

DTI

SANTIAGO DE COMPOSTELA, SPAIN: According to reports, an increasing number of people tend to look for health-related information on the Internet. In the field of dentistry, dental implants currently rank among the top three most searched topics after amalgam and aesthetic treatment. The findings of a Spanish study suggest that results for this search term provided by common search engines do not lead to either easily comprehensible or useful information for users.

From the 100 highest-ranked results listed for the search term “dental implants” by the two most popular search engines, Google Search and Yahoo! Search, in autumn 2013, the researchers from the University of Santiago de Compostela found that the overall majority scored low in accessibility and usability. The information provided on the remaining websites, which were evaluated by the group over the course of the study, was also seriously lacking in terms of both of these criteria. The results on the Yahoo search engine scored slightly higher in terms of relevance and usability in comparison with Google. No significant difference could be detected between the two search engines’ results in terms of accessibility however.

The poor outcome in terms of quality in even the highest-ranked results could be a reason that patients considering dental implants are misinformed about the device or have overly high expectations for the treatment, the researchers suggested. “E-health information on dental implants in the English language is difficult to read for the average patient and poor in terms of quality,” they said in the report. “Therefore, it is necessary to generate websites that provide reliable, high-quality information about dental implants, with content that is both independent from commercial interest and easy to understand by the average patient.”

According to a quick web search by *Dental Tribune*, Yahoo listed slightly over 1.7 million results for “dental implants” in early September, while Google listed around twice that number. With approximately one billion users a month, the market leader remains the most popular English-speaking search engine worldwide, followed by Yahoo, which is estimated to have 300 million users.

Overall, the study only included 32 websites, of which the majority were affiliated to non-profit organisations, or medical or dental institutions. Only five of these websites were listed among the results on both search engines. Websites hosted by companies,

as well as forums or discussion groups, were not included, according to the researchers.

The study, which was recently published in the *Clinical Oral*

Implants Research journal, was conducted by the OMEQUI research group at the University of Santiago de Compostela’s School of Medicine and Dentistry. [DTI](#)



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Less people in the US will have missing teeth by 2050. (DTI/Photo aastock)

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Tooth loss expected to decline significantly in the US

DTI

CHAPEL HILL, USA: The number of edentulous people will decline significantly, a study has found. Researchers at the University of North Carolina at Chapel Hill followed edentulism over the last hundred years and

predict that the number of people with tooth loss will be 30 per cent lower in 2050 than it was in 2010.

The researchers investigated population trends in edentulism among US adults at least 15 years of age by creating time-series data from five national cross-

sectional health surveys: 1957 to 1958 (100,000 adults), 1971 to 1975 (14,655 adults), 1988 to 1998 (18,011 adults), 1999 to 2002 (12,336 adults) and 2009 to 2012 (10,522 adults). Birth cohort analysis was used to isolate age and cohort effects. Geographic and socio-demographic variation in prevalence were investigated using a sixth US survey of 432,519 adults conducted in 2010. Prevalence through 2050 was projected using age cohort regression models with simulation of prediction intervals.

Across the five-decade observation period, edentulism prevalence declined from 18.9 per cent in 1957 to 1958 to 4.9 per cent in 2009 to 2012. The single most influential determinant of the decline was the passing of generations born before the 1940s, whose rate of edentulism incidence (5 to 6 per cent per decade of age) far exceeded that of later cohorts (1 to 3 per cent per decade of age). High-income households experienced a greater relative decline, but a smaller absolute decline, than did low-income households.

By 2010, edentulism was a rare condition in high-income households and had contracted geographically to states with disproportionately high poverty. With the passing of generations born in the mid-20th century, the rate of decline in edentulism is projected to slow, reaching 2.6 per cent (95 per cent prediction limits: 2.1 per cent, 3.1 per cent) by 2050. The continuing decline will be offset only partially by population growth and population aging, such that the predicted number of edentulous people in 2050 (8.6 million; 95 per cent prediction limits: 6.8 million, 10.3 million) will be 30 per cent lower than the 12.2 million edentulous people in 2010.

"While it's encouraging to know that this study by Dr Gary Slade illustrates a steep decline in US edentulism over the past five decades, these health gains in absolute terms have not been distributed equally," said American Association for Dental Research President Dr Timothy DeRouen. "Additional public health measures must be taken to reduce tooth loss in low-income populations."

The paper, titled "Projections of U.S. Edentulism Prevalence Following Five Decades of Decline," was published online on August 21 in the *Journal of Dental Research* ahead of print. The journal is a publication of the International Association for Dental Research (IADR) and the American Association for Dental Research, a division of the IADR. The IADR is a non-profit organization dedicated to advancing research and increasing knowledge for the improvement of oral health, among other objectives. **DTI**

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“This step has long been an ambition of ours”

With a full range of sophisticated dental burs on display at the 2014 FDI Annual World Dental Congress, UK-based dental manufacturer Prima Dental has launched its new business its new business-to-business operation in India. *Dental Tribune Asia Pacific* met with sales manager Dan Hodgson and managing director Richard Muller to discuss the relevance of this market to the company and Prima Dental's plans for its activities in the region.

Dental Tribune Asia Pacific: *Why did you decide to launch your business operations in India at the FDI AWDC above all other events?*

Richard Muller: The FDI congress is an event that holds international implications. As you may know, we export to 85 countries around the world. While we certainly look forward to extending our business on the Indian subcontinent, we also expect to meet relevant business contacts from overseas. The FDI congress is a particularly good event for that.

Did you have any history in India?

Richard Muller: Actually, we have been operating actively in the Indian market through presentations at trade shows, like the World Dental Show in Mumbai, since the mid-1990s. After almost 20 years, we are now here with our own business. This step has long been an ambition of ours.



Dan Hodgson and Richard Muller (second and third from left) with the New Delhi sales team. (Photo Daniel Zimmermann, DTI)

Compared with the other markets you operate in, what particular challenges does the Indian market pose?

Each country has its own tax regime and legal system. It took us a while to understand the complexities of the Indian system and we have had to navigate through a great number of technical issues. In terms of the dental profession, there is clear potential in both the public and private sectors. While the latter is not large in percentage, it is certainly large in numbers. The public sector is still relatively under-developed and we expect it to take a little bit longer, probably two to three years before we can achieve substantial sales in the sector.

What in your opinion makes your products particularly suitable for the Indian market?

Dan Hodgson: The core of our products is that they are reliable and very precise. They have a number of special features that

add to their strength and durability. The burs we are introducing in India are particularly focused on the needs of the market. We have conducted a great deal of research with local dentists to understand their product requirements and the purposes for which they use

the products. This has helped us to determine a range that really addresses the market here.

Will your products be available nationwide?

Dan Hodgson: Here at the FDI congress, we are launching with our northern distributors, but we are also seeking distribution partners in the south and in the east during the show. We will soon have clarity in this regard.

What further plans do you have for the region?

Richard Muller: We will certainly use our new Indian base to explore the whole subcontinent. Asia has a growing share of our total market, although the predominant share is the North American and the UK markets. We also have significant business in South Korea, Japan and Indonesia, where we recently established a new distribution network. We will be concentrating our efforts on India, however.

Thank you very much for the interview. DT

Nobel Biocare to join Danaher dental business

DTI

ZURICH, Switzerland/CHARLOTTE, USA: Danaher, a US health care conglomerate of brands from various industries, and Swiss dental manufacturer Nobel Biocare announced that the two companies have entered into a definitive transaction agreement. In order to further expand its global dental business, Danaher has offered to buy Nobel Biocare, which is the second-largest supplier of dental implants worldwide, for CHF2 billion (US\$2.1 billion).

Earlier this year, Nobel Biocare confirmed that it had been approached at the end of July by third parties with a potential interest in acquiring the business. Now, the company's board of directors has unanimously decided to recommend that Nobel Biocare's shareholders accept the offer, which includes the acquisition of at least 67 per cent of all shares.

According to Danaher, it reaches about 99 per cent of dental practices worldwide through

an extensive network of dealers and direct sales. With the acquisition of Nobel Biocare, the company will become one of the largest consumable and equipment competitors in dentistry, especially in the premium segment of dental implants, with expected sales of US\$3 billion. Danaher also stated that it is planning more investments.

Both companies disclosed that the transaction is scheduled for completion by late 2014 or early 2015. Once the acquisition has been completed, Nobel Biocare will operate as a stand-alone company within Danaher's dental business, maintaining its own brand and identity.

Since 1984, Danaher has acquired more than 400 companies. KaVo Kerr Group, which unites leading dental consumable, equipment, high-tech and specialty brands under one platform, was formed at the beginning of this year. The group includes KaVo, Kerr, Axis, SybronEndo, Instrumentarium Dental, SOREDEX, i-CAT and Implant Direct. DT

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