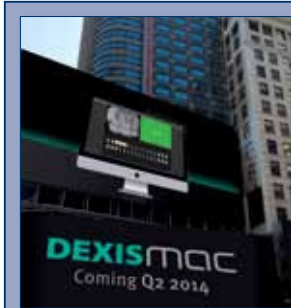


today



DEXIS goes Mac

There's no better place than the Big Apple to announce a new collaboration with another Apple.

»page 9



Scenes from Sunday

Get help with marketing, get an autograph or two and get your picture taken with a giant toothbrush.

»pages 10–13



A brand new look

Crest Oral-B livens up its Greater New York Dental Meeting presence with a revitalized booth.

»pages 14 & 15

Under way once more

By Fred Michmershuizen, *today* Staff

■ Every year right after Thanksgiving, dental professionals from across the country and around the world flock to the Big Apple to attend the Greater New York Dental Meeting (GNYDM). The event, now in its 89th year, is known as the place to be for dental professionals who want to learn about the newest procedures and the most innovative products in dentistry.

On Sunday, opening day of the meeting, the exhibit hall floor was jam packed with meeting attendees looking for new, exciting offerings. On display here at the Jacob K. Javits Center are products and services from hundreds of exhibiting companies.



• It's almost as exciting as Black Friday! Attendees at the 89th annual Greater New York Dental Meeting assemble a few moments before the official exhibit hall opening. (Photos/Fred Michmershuizen, *today* Staff)

*see *SHOW*, page 4

Education of all types

By Chadette Maragh, *today* staff

■ Day one of the 89th annual Greater New York Dental Meeting at the Jacob K. Javits Center offered a plethora of dental education and innovation, as speakers and exhibitors demonstrated groundbreaking technology and thought-provoking seminars to dental professionals.

Here's a sampling of the many educational highlights for the day:

- Medical College of Georgia's clinical professor and periodontist, Dr. Lee H. Silverstein rallied a class of 30-plus



• Howard Golan discusses Biolase's newest innovation in CAD/CAM technology, the Galaxy BioMill System. (Photo/Chadette Maragh, *today* Staff)

*see *EDUCATION*, page 6

AD



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today Greater New York Dental Meeting Show Dailies Vol. 8 appear during the Greater New York Dental Meeting in New York City, N.Y., Dec. 1-4, 2013.

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Courses on CAD/CAM, digital workflow

Zahn Dental, a Henry Schein company, is sponsoring two hands-on classroom education courses on Tuesday and Wednesday during ColLABoration GNYDM 2013. Courses are structured to promote a team-based approach to patient care where dentists and technicians can interact and learn in a classroom setting.

As more dentists embrace digital technology, many laboratory owners and managers are reinventing their business models. Zahn Dental will provide education courses for C.E. credit to help businesses succeed with the help of clinical and technical best practices. Topics and sessions to be featured at ColLABoration are:

Here at the GNYDM

To register online, visit www.dental.aegis.com/idt/collaboration/attendee. Visit Zahn's booth, No. 425, for lectures, hands-on demos and the latest in digital technology.

• **"Go Digital for Better Dentistry"**: 12:30-2:30 p.m. Tuesday with Doug Statham. Attendees will gain a deeper understanding of how digital technology makes a significant impact on dentists' business. They will learn to integrate digital components for treatment planning, as well as learn the latest advances in restorative

materials for delivering the most esthetic restoration – ultimately improving the patient's experience. (Worth two C.E. credits.)

• **"The CAD/CAM Ceramic Update"**: 9:45-11 a.m. Wednesday with Markus B. Blatz, DMD, PhD, and Michael Bergler, MDT. Attendees can expect an update on dental esthetics, ceramics and CAD/CAM technology. They will also learn about the importance of a team approach and updated ways of communication between the dental technician and clinician in the digital age. (Worth three C.E. credits.)

ColLABoration workshops are open to all lab technicians, dentists, hygienists and practice staff.

AD



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Booth 833/834

Don't miss 3Shape's lectures, with inspiring topics for dentists and technicians

Scientific Session:
Sunday 9:45 am. CAD/CAM Technology in Implant Abutment Design
Course No: 3070 - Speaker: CDT, MDT Daniel Alter
Wednesday 1:10 pm. Clinical advantages in digital dentistry
Course No: 6040 - Speaker: DDS Jonathan Ferencz

Follow us on:





• From left: David Nolan, Elizabeth Roney and John Belcher of Imagination Dental Solutions (booth No. 2400).



• Aaron Aston, left, and Kellie Nixon of Ritter Dental USA (booth No. 5215).

SHOW *“from page 1*

today has been combing the aisles of the show floor to see what’s new and exciting. In no particular order, here are a just a few of the many highlights.

Sulzer (booth No. 5815) is offering a number of auto-mix tips, including the MIXPACT-Mixer, designed to minimize material waste while providing a consistent, high-quality result. Anja Stouten, product manager, pointed out the benefits of the compact design, which incorporates a higher number of mixing layers internally. The mix tips are available in five different sizes and feature distinctive, colored domes.

Ritter Dental USA (booth No. 5215) is launching a redesigned instrument line here at GNYDM. According to the company, the products are precisely designed and manufactured from German-forged stainless steel.

“Our new instruments are lighter and better balanced than ever before,” said Ritter CEO Fred Battah, in a press release announcing the new instruments. “They are specially designed to appeal to America’s ergonomically conscious dental clinicians.”

Ritter’s instrument line can be purchased in kits that have been organized by specialty clinical applications, including diagnostic, periodontal, surgical, restorative, orthodontic and hygiene.

Dental practitioners looking to remodel their practice with a fun, customizable look might want to check out Imagination Dental Solutions (IDS), a company that creates themed environments.

“From colorful and bright to realistic and sophisticated, we can create any theme. There is no limit to our imagination,” the company boasts in its literature.

The IDS booth (No. 2400) is hard to miss. Just look for the bus with the whale on top. (The whale is wearing braces on its teeth.)

The above-listed offerings are just some of the many finds available this week here in New York. The exhibit hall is open today and Tuesday until 5:30 p.m. and Wednesday until 5 p.m., so be sure to walk down every aisle and take it all in.



• Anja Stouten of Sulzer (booth No. 5815).

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EDUCATION *from page 1

dentists in a complimentary course on understanding and performing the basics of the dental suture surgical practice, the Vertical Mattress Technique.

The two-and-a-half-hour seminar included a step-by-step instructional presentation complete with provided dental lab equipment and materials for a truly hands-on experience.

• Dr. Thomas Hirsch, co-inventor of Isovac™ (Isolite's new cutting-edge, dental isolation adapter), kept the fun going with an on-site demonstration of the 2013 Pride Institute Best of Class Technology Award-winning piece. Isovac is an isolation technique solution for oral cavity hygiene management and overall dental productivity and results.



• Dentists Teodora Yordanova and George Sarandev are busy at work during Dr. Lee H. Silverstein's half day seminar.

• Founder and leader of North Shore University Hospital's Laser Assisted Dentistry program, Dr. Howard Golan presented a complete introduction to Biolase's new CAD/CAM restoration technology, the Galaxy BioMill™ System, to a packed afternoon crowd at the Dental Tribune Media Lounge.

The Galaxy BioMill System will utilize 3Shape Corporation's Trios fast and highly accurate intra-oral scanner to capture high-resolution 3-D digital images of the teeth and crown-preparation site, which are then processed through a CAD/CAM software program to design the dental restoration.

The design is then transferred to the Galaxy BioMill to mill the crown using the latest in esthetically pleasing, biological compatible and long-lasting tooth-colored materials.

Sunday's offerings are just the beginning for education-seeking attendees here at the GNYDM. Tomorrow's "Live" Dentistry Arena series includes a patient demonstration with OCO Biomedical's Director of Education and Clinical Affairs, Charles D. Schlesinger, as he explores primary stability and its role in accomplishing osseous fixation during dental implant placement.

This will be followed by a lecture series led by Dr. Gordon J. Christensen discussing the best techniques and materials for dental replacement and restoration.

AD

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In essence, become a mouth doctor with ability to do things you never were taught in dental school. You have patients in your practice RIGHT NOW that can benefit from these concepts and you have the opportunity to change their lives starting the day you return to your office.

And now, instead of you having to go to Las Vegas, LVI is bringing this unique and valuable information to you. Dr. Bill Dickerson, Dr. Heidi Dickerson and Dr. Mark Duncan will present this information in a practical, easy to understand manner where you will feel comfortable presenting these exciting and practice building new options to your patients on Monday. Don't miss this golden opportunity to find out about this incredible world of dentistry that awaits you!

"LVI has given me a new driving force in my career. It has recharged my enthusiasm for dentistry and made me realize that my career choice was not a mistake."

—Dr. Charles Shin, Stouffville, ON

"I wish I would have attended LVI earlier in my career. I still have time to make a difference but this info is too valuable to not be used throughout an entire dental career."

—Dr. Tim Stirneman Algonquin, IL

"Not only did I learn what I didn't know about dentistry, I learned how to help my own long history of pain in the head and neck. Thanks for the missing link."

—Dr. Paul Bell, Denver, CO

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Meet, learn, connect

The Greater New York Dental Meeting is full of prime educational opportunities, and once again, Dental Tribune is doing its part by offering a chance to learn from and connect with some of the industry's key opinion leaders and dental professionals from around the world.

Today, educational sessions will be held in the DT Lounge, located in the Crystal Palace, near the 35th Street Entrance Hall.

Topics on the schedule include "Head to Toe" dental ergonomics with Orascoptic and a discussion of the UNIDI, the Italian Dental Association, by the association's president, Gianfranco Berrutti.

Stop by the DTI Lounge during the show for more information. Refreshments will be provided.

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Oraqix is indicated for adults who require localized anesthesia during scaling and/or root planing. Oraqix is not for injection. Oraqix is contraindicated in patients with known history of hypersensitivity to local anesthesia of the amide type or to any other component of this product. The most common adverse reactions in clinical studies were application site reactions, headaches and taste perversion. For Oraqix prescribing information, warnings and contraindications, see the product insert on opposing page.

References: 1. Oraqix[®] Prescribing Information. 2. van Steenberghe D, Bercy P, De Boever J, et al. Patient evaluation of a novel non-injectable anesthetic gel: a multicenter crossover study comparing the gel to infiltration anesthesia during scaling and root planing. *J Periodontol*. 2004;75(11):1471-1478.

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(lidocaine and prilocaine periodontal gel) 2.5% / 2.5%

INDICATIONS AND USAGE

Oraqix[®] is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS

Oraqix[®] is contraindicated in patients with a known history of hypersensitivity to local anesthetics of the amide type or to any other component of the product.

WARNINGS

Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has also been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix[®] should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, methHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of methHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix[®].

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous infusion of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia. Treatment with Oraqix[®] should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS

General: **DO NOT INJECT** Oraqix[®] should not be used with standard dental syringes. Only use these product with the Oraqix[®] Dispenser, which is available from DENTSPLY Pharmaceutical. Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock. If these reactions occur they should be managed by conventional means.

Oraqix[®] coming in contact with the eye should be avoided because animal studies have demonstrated severe eye irritation. A loss of protective reflexes may allow corneal irritation and potential abrasion. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist, as indicated.

However, Oraqix[®] should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

Information for Patients: Patients should be cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

Drug Interactions: Oraqix[®] should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:

Carcinogenesis - Long-term studies in animals have not been performed to evaluate the carcinogenic potential of either lidocaine or prilocaine. Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in

male rats, and mammary gland fibroadenomas/adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix[®] gel on a mg/m² basis). Complete conversion of prilocaine to its metabolite o-toluidine on a molar basis is assumed. This gives a conversion on a weight basis of about 50% for prilocaine base (dependent on the molecular weights, i.e. 220 for prilocaine base and 107 for o-toluidine).

Mutagenesis - o-Toluidine, metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation. Several other tests on o-toluidine, including reverse mutations in five different Salmonella typhimurium strains with or without metabolic activation, and single strand breaks in DNA of V79 Chinese hamster cells, were negative.

USE IN PREGNANCY:

Teratogenic Effects: Pregnancy Category B

There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix[®] should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix[®] is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS

A causal relationship between the reported adverse reactions and Oraqix[®] could neither be established nor ruled out.

Following SRP treatment with Oraqix[®] in 391 patients, the most frequent adverse events were local reactions in the oral cavity. These events, which occurred in approximately 15% of patients, included pain, soreness, irritation, numbness, vesicles, ulcerations, edema and/or redness in the treated area. Of the 391 patients treated with Oraqix[®], five developed ulcerative lesions and two developed vesicles of mild to moderate severity near the site of SRP. In addition, ulcerative lesions in or near the treated area were also reported for three out of 168 patients who received placebo. Other symptoms reported in more than one patient were headache, taste perversion, nausea, fatigue, flu, respiratory infection, musculoskeletal pain and accident/injury.

OVERDOSAGE

Local anesthetic toxicity emergency: If other local anesthetics are administered at the same time as Oraqix, e.g. topically or by injection, the toxic effects are thought to be additive and could result in an overdose with systemic toxic reactions. There is generally an increase in severity of symptoms with increasing plasma concentrations of lidocaine and/or prilocaine. Systemic CNS toxicity may occur over a range of plasma concentrations of local anesthetics. CNS toxicity may typically be found around 5000 ng/mL of lidocaine, however a small number of patients reportedly may show signs of toxicity at approximately 1000 ng/mL. Pharmacological thresholds for prilocaine are poorly defined. Central nervous system (CNS) symptoms usually precede cardiovascular manifestations. The plasma level of lidocaine observed after the maximum recommended dose (5 cartridges) of Oraqix[®] in 11 patients exposed over 3 hours ranged from 157-552 ng/mL with a mean of 284 ng/mL \pm 122 SD. The corresponding figure for prilocaine was 53-181 ng/mL with a mean of 106 \pm 45 SD.

Clinical symptoms of systemic toxicity include CNS excitation and/or depression (light-headedness, hyperacusis, visual disturbances, muscular tremors, and general convulsions). Lidocaine and/or prilocaine may cause decreases in cardiac output, total peripheral resistance and mean arterial pressure. These changes may be attributable to direct depressant effects of these local anesthetic agents on the cardiovascular system. Cardiovascular manifestations may include hypotension, bradycardia, arrhythmia, and cardiovascular collapse.

Management of Local Anesthetic Emergencies: Should severe CNS or cardiovascular symptoms occur, these may be treated symptomatically by, for example, the administration of anticonvulsant drugs, respiratory support and/or cardiovascular resuscitation as necessary.

DO NOT FREEZE. Some components of Oraqix[®] may precipitate if cartridges are frozen. Cartridges should not be used if they contain a precipitate.

Do not use dental cartridge warmers with Oraqix[®]. The heat will cause the product to gel.

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Rev. 09/2010

DEXIS releases its photo app

By Robert Selleck, *today* staff

■ DEXIS used the Greater New York Dental Meeting Sunday afternoon to announce the release of the DEXIS photo® app and the upcoming expansion of its imaging products to natively support Apple hardware and the OS X operating system (10.8 or newer).

Adam Palermo, DEXIS product manager, mobile solutions, was one of three DEXIS executives who addressed dental industry media representatives and other guests at an event a half block away from the Javitz Center – at Studio 5 facility in a solid white room suggestive of an Apple advertisement. Palermo prefaced his remarks by sharing statistics on the dramatic growth in the use of mobile apps in dental practices, noting that 42 percent of DEXIS customers already use them and 83 percent are looking for additional apps to use in their practices. And the trend, Palermo said, is in the use of Apple products.

DEXIS Senior Director of Marketing Carsten Franke said the imaging company already had established itself on the PC platform, was now quickly expanding its mobile platforms – and would soon be launching DEXIS for the Mac.

Poorinima Gopalakrishnan, DEXIS product manager, software, explained the new Apple-compatible product in detail, noting: “It’s beautiful. It’s elegant. It’s simple, and it’s an intuitive user interface.”

Franke listed a number of awards the company has recently received, many based on product-review rankings by various dental media organizations, and he said DEXIS was committed to the development of clinically meaningful uses for mobile devices.

Franke demonstrated how DEXIS photo enables practitioners to send photos directly into the DEXIS Imaging Suite using a newer-model iPhone or iPod touch. Clinicians can frame the shot and capture the photo right into the patient record – wirelessly, automatically and instantaneously – without having to use cards, readers or another manual transfer method.

Dental professionals can capture patient ID photos that can be viewed from any imaging screen in DEXIS, or they can take and send images for the software’s extra-oral photo screen. Using the applicable mobile device and DEXIS photo, these tasks can be seamlessly performed when in proximity to and interacting with the DEXIS Imaging Suite software.

Additionally, the images are securely stored within DEXIS.

DEXIS photo will be available on the Apple App store at the end of December. To find out more about DEXIS photo, visit www.dexis.com/apps. DEXIS Mac is under development and is pending regulatory assessment and clearance. No orders can be taken yet, but it is scheduled

to be released in the second quarter of 2014.

Once released, the native OS X software will provide clinicians seamless integration with leading Mac-based practice management programs Viive™ and MacPractice®.

The integration between DEXIS Mac, the DEXIS go® app for patient communication, and the just released DEXIS photo app for extra-oral image acquisition also will expand opportunities for the Mac-based dentist. The apps collectively operate on iPad, iPhone and iPod touch. Recognizing the fact that both patient education



(Photo/Provided by DEXIS)



DEXIS Senior Director of Marketing Carsten Franke, left, and Adam Palermo, DEXIS product manager, mobile solutions, demonstrate DEXIS photo. (Photo/Robert Selleck, *today* staff)

and case presentation is immensely important, DEXIS Mac will support both Mac OS X full-screen mode and AirPlay® mode for presenting on larger displays.

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