World Dental Daily

fdi World Dental Congress SYDNEY 2023

YOUR fdi WORLD DENTAL CONGRESS NEWSPAPER · Sydney · **24–27 September 2023**

FDI World Dental Congress makes remarkable return

Global dental community meets down under in person after four-year hiatus

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The World Dental Congress is the flagship continuing education event of FDI and a unique opportunity for dental professionals to strengthen ties and foster collaboration within the global oral health community. After four years, the congress has returned to a face-to-face format and is the first in-person World Dental Congress since the one that took place in San Francisco in the US in 2019. The event last took place in Sydney, the largest city in Australia, in 2003.

The 2023 congress has been organised jointly with the Australian Dental Association (ADA). "The ADA and FDI World Dental Federation have worked collaboratively over a journey spanning years of global disruption to bring the dental community this landmark World Dental Congress, the first one held face to face since 2019," said ADA Federal President Dr Stephen Liew [*read the full interview on page 4*]. "We were well into our preparations for the 2021 congress when the global pandemic hit and had to make many tough decisions to delay the in-person event, pivoting to utilise our assets in virtual form. It was a difficult journey, albeit we were incredibly happy with the virtual congress we held for the world in 2021," Dr Liew remembered.

At the International Convention Centre in the heart of the harbour city, the 2023 congress brings the global dental community together to share ideas, knowledge and experiences. FDI and ADA have compiled a cutting-edge scientific programme that features more than 220 sessions. Attendees have the opportunity to meet with and learn from leaders in the oral health profession from Australia and around the globe.

Attendees can also enjoy the exhibition component of the congress, which features over 150 exhibitors showcasing the latest products and services in the dental industry. The exhibition is open to visitors on all four congress days and is an excellent opportunity for attendees to explore the latest advances in dental technology and connect with industry leaders and experts [*see the exhibition floor plan on pages 28 and 29*].

The rich programme is being complemented by various networking opportunities and social events. Looking forward to this year's event,

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Stronger together

KaVo and Planmeca join forces for new dental imaging workflows

In 2022, the KaVo treatment unit and instrument business was acquired by Planmeca, one of the largest privately owned manufacturers in the dental field. At the 2023 FDI World Dental Congress, KaVo is presenting the new KaVo ProXam imaging product series as the first major expansion of its portfolio that leverages on the synergies that arose from the merger of the two industry giants. In a joint interview, Heikki Kyöstilä, founder, owner and president of Planmeca Group, and Jan Moed, KaVo's new chief commercial officer, talk about how clinicians and technicians can benefit from the wealth of expertise and future-proof workflows of the companies.

Mr Kyöstilä, "stronger together" is Planmeca's and KaVo's motto. What does it mean to you personally?

Planmeca and KaVo are two incredibly strong brands with histories that have shaped dental care and its technologies for several generations and will continue to do so in future. We are proud of what we have accomplished so far and are very confident that the newfound partnership between our two companies will benefit our products and will take the future of dentistry to a whole new level.

Mr Moed, you have already taken the first step in this direction with the new KaVo imaging portfolio, ProXam. What exactly does this mean for KaVo?

The KaVo brand stands for dental excellence in the global dental market. In other words, for high-quality products, good service, ergonomics, high-quality design and well-thought-out solutions in the fields of instruments, treatment units and equipment for dental laboratories, dental practices and universities.

This proven portfolio is now rounded out by Planmeca's expertise and experience, especially in terms of digital workflows, giving KaVo the unique opportunity to integrate X-ray, scanning, software and CAD/CAM applications.

Together, KaVo and Planmeca can rely on tried-and-tested, high-quality solutions, further develop our product ranges and offerings, and build KaVo into a complete solution provider in future.

Could you explain in a little more detail what sets the new KaVo imaging portfolio apart from the older products?

Above all, KaVo's new ProXam imaging product line offers outstanding image quality at a very low patient dose, versatile functions and enhanced ergonomics. In addition, the newly designed KaVo imaging portfolio paves the way for the Romexis all-in-one imaging ecosystem for KaVo customers. By customers incorporating Romexis, their workflows can be simplified.

Mr Kyöstilä, could you please describe what makes Romexis the gold standard of radiographic software?

With the all-in-one Romexis software platform, all systems or devices can be linked together. This means that all data can be collected, viewed and processed in one system, making collaboration faster and more flexible. There are also options for real-time monitoring.

Jan Moed (left), chief commercial officer at KaVo, who is responsible for the company's global marketing and sales, and Heikki Kyöstilä, founder, owner and president of Planmeca Group.

During the development of Romexis, the key focus was on excellent user friendliness and intuitive handling as well as sufficient flexibility. To ensure that it is always compatible and that the respective practice management software can be connected easily, the Romexis architecture has an open design and supports the macOS and Windows operating systems.

Mr Moed, networking and digitalisation will certainly play a decisive role in the future, but services remain an important aspect too. How has KaVo prepared for providing services?

KaVo is a renowned manufacturer with a comprehensive range of services and is therefore well prepared for this task. For example, with treatment units, we have placed great emphasis on service quality for many years and are a strong and reliable partner for our specialist retailers. Also, our experience with X-ray units has taught us what to look out for.

» page 2

« page 1 “Stronger together”

KaVo ProXam 3DQ offers various 3D imaging programs and meets all modern imaging requirements.

With this background, we are well prepared internally for excellent service in the field of imaging. Our training rooms have been equipped with the entire product portfolio. Both sales representatives and technicians can be trained and certified at KaVo—from assembly and maintenance to induction. All products and spare parts are stored at our German site and shipped from there as quickly as possible. Our points of contact are known KaVo professionals, and the usual KaVo portals now also offer the latest information on imaging and software. Our approach is one point of contact, regardless of the product area, which makes working with KaVo easy and guarantees outstanding, competent service quality according to our motto of “dental excellence”.

What will the future of modern imaging look like?

Imaging will always be an important part of high-quality, patient-oriented dental treatment. As technology advances rapidly, I anticipate innovations that will support faster digital treatment planning and less-invasive treatments, thereby helping our customers to provide their patients with the best possible care. At the same time, aspects such as plug and play and the reliability of the systems used will continue to be important for the internal practice workflow. Overall, I doubt we have seen everything modern technology has to offer yet.

Mr Kyöstilä, what does this mean for dental professionals and their patients?

Workflows in practices are becoming more and more integrated and therefore smoother and faster. Treatment planning is also being optimised, and the treatment results will therefore be not just better but also more predictable. I think that, in future, we will see a steady improvement in patient care and safety, which is naturally expected of us as a premium manufacturer. Together, KaVo and Planmeca are ideally positioned for this and look forward to more exciting projects and developments that will help to improve modern dentistry in many different ways.

*Editorial note: To learn more about **KaVo** and **Planmeca**, please visit **Booth #147**.*

World Dental Daily

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FDI World Dental Federation
Chemin de Joinville 26,
1216 Geneva-Cointrin
Switzerland
Teil.: +41 22 5608150
Email:
communications@fdiworlddental.org
www.world-dental-congress.org

Dental Tribune International GmbH
Holbeinstr. 29, 04229 Leipzig, Germany
Tel.: +49 341 48474302
General requests:
info@dental-tribune.com
Sales requests:
mediasales@dental-tribune.com
www.dental-tribune.com

FDI Communications and Advocacy Director: Charanjit Jagait
FDI Communications Coordinator: Roshana Saleem
DTI Publisher and Chief Executive Officer: Torsten R. Oemus
DTI Chief Content Officer: Claudia Duschek
DTI Managing Editor: Iveta Ramonaite
Designer: Franziska Schmid
Production: Gernot Meyer

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Fig 1: The World Dental Congress is held on an annual basis and draws over 8,000 dental professionals from across the goble. **Fig 2:** The 2023 World Dental Congress features an extensive scientific lecture programme with more than 220 sessions.

« page 1 “FDI World Dental Congress”

FDI President Prof. Ihsane Ben Yahya said: “Together, we share a vision to elevate oral health on a global scale, and the World Dental Congress is more than just a knowledge-sharing platform. It is a joyous celebration of the collective achievements of the dental community. Let us revel in the accomplishments we have made and remain united in our pursuit to make even greater strides. Throughout the congress, we have thoughtfully planned various social events and gatherings to foster deeper relations. These moments of connection and celebration are vital for nurturing the sense of community and collaboration that is at the heart of our profession.”

Social programme highlights

Gala dinner
Date: 25 September
Time: 19:00
Location: Sydney Town Hall

The black-tie evening event will be held in the heart of the city. Participants will have the opportunity to enjoy cocktails and canapés on arrival, followed by a three-course sit-down dinner accompanied by a high-end beverage package. The Sydney Town Hall is one of the largest and most ornate civic buildings in Australia and is renowned for its High Victorian interiors and rich decoration. Tickets are limited, and additional costs apply. The gala dinner is sponsored by Colgate.

Sydney night
Date: 26 September
Time: 19:00
Location: Campbell’s Stores at Circular Quay West

This is a cocktail event not to be missed. The venue is situated right on Sydney Harbour, and the occasion will feature music, entertainment and a selection of the finest Australian foods and drinks. The event will be held on the second floor of Campbell’s Stores at Circular Quay, a waterfront venue chosen in order to provide the ultimate event experience. This stand-up cocktail event has limited spots, and those who would like to attend need to register in advance.

Charity run
Date: 26 September
Time: 6:00
Location: Sydney Harbour

Raise money for the Australian Dental Health Foundation. The Australian Dental Health Foundation is a registered charity dedicated to coordinating dental treatment for disadvantaged Australians. By participating in the Rebuilding Smiles charity run, delegates will be able to experience the scenic beauty of the Sydney Harbour foreshore during the run. For a small donation, starting from only A$25, you can run as an individual or come as a team. All proceeds will be donated to the Rebuilding Smiles programme to assist those who have been affected by domestic or family violence and are in need of dental assistance.

Qigong and t’ai chi session
Dates: Daily, 24–26 September
Time: 6:30
Location: International Convention Centre

Kick-start your morning with some amazing Sydney city views as the sun rises, and clear your mind ready for the day’s exciting scientific programme and events. Led by qigong and t’ai chi teacher Peter Bliss, who is also an international speaker and author and a wellness, resilience, mindfulness and human behaviour expert, attendees can enjoy a combination of gentle exercise, moving meditation, breathing and self-massage. All participants need to register their attendance.

Exclusive tours
Dates: Daily, 24–27 September
Pickup: International Convention Centre

A number of exclusive guided half-day and full-day tours are available for delegates over the course of the four congress days. These include a food and wine tour through the picturesque Hunter Valley north of Sydney, a mountain and wildlife adventure tour, a sailing regatta, and a lavish shopping trip to explore fashion in Australian designer stores. Congress participants must sign up in advance for these tours.

More information on the programme, exhibition and social activities alongside World Dental Congress can be found at world-dental-congress.org.

Fig 3: Participants can attend daily qigong and t’ai chi sessions. **Fig 4:** Congress participants should not miss exploring the rich nature of Australia.

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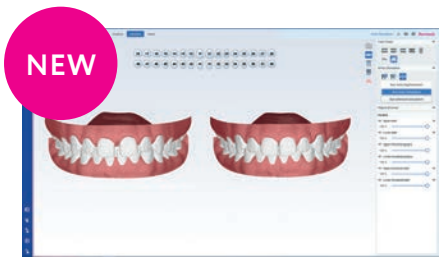

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Sydney is especially known for its iconic harbour, which has a shoreline of more than 240 km.

"The WDC is the ultimate manifestation of key professional ideals"

An interview with Dr Stephen Liew, president of the Australian Dental Association.

By Iveta Ramonaite, Dental Tribune International

© Australian Dental Association

According to Australian Dental Association President Dr Stephen Liew, the 2023 FDI World Dental Congress will offer evidence-based learning opportunities in a collegial atmosphere.

The countdown is finally over. Four years after its last in-person event, the FDI World Dental Congress is making a return. This year, the congress will be hosted in Sydney in Australia and promises a well-crafted scientific programme and abundant opportunity for social interaction. Dental Tribune International spoke with Dr Stephen Liew, president of the Australian Dental Association (ADA), which is hosting the event, about the growing excitement in the run-up to the congress and discussed the enormous amount of work that has gone into the planning and execution of the congress—all to expand the knowledge and skills of dental professionals worldwide.

Dr Liew, it has been four years since the last in-person World Dental Congress. How excited are you about the congress, and what are you personally looking forward to at this year's event?

In this period of social reconnection, it is a great honour and exhilarating to prepare to welcome thousands of delegates from Australia and across the world to our renowned harbour city of Sydney as the ADA federal president.

As the global dental profession, we provide vital oral healthcare to improve the quality of life of the global population. To do this effectively, we first must keep our knowledge at the forefront of clinical excellence via evidence-based learning. Secondly, our enjoyment of practising our unique skill set is enhanced by the warmth of collegial shared purpose, which crosses all borders.

The World Dental Congress is the ultimate manifestation of key professional ideals, and I cannot wait to share our efforts with all attendees, overlooking the world-famous Sydney Harbour and iconic sights.

It takes a tremendous amount of work and dedication to organise an event of such scale. Could you tell us a bit about the ADA's contributions to bringing the congress to Sydney?

The ADA and FDI World Dental Federation have worked collaboratively over a journey spanning years of global disruption to bring the dental community this landmark World Dental Congress, the first one held face to face since 2019. We were well into our preparations for the 2021 congress when the global pandemic hit and had to make many tough decisions to delay the in-person event, pivoting to utilise our assets in virtual form. It was a difficult journey, albeit we were incredibly happy with the virtual congress we held for the world in 2021.

An event of this scale relies on many entities, including FDI and the ADA, as well as the support of local government and international key industry partners. We must thank them for their support, and we recognised that the 2023 congress had to be a triumphant return to form to honour their contributions. I must also acknowledge the substantial efforts of our national organising committee, chaired by Dr Shane Fryer; our events team, led by Oscar van Elten and Shana Ludwell; and our event partners at FDI, led by Enzo Bondioni and FDI President Prof. Ihsane Ben Yahya in delivering an event of this magnitude.

We aimed to ensure that collegial connections are enhanced and gained during the event, facilitated by social highlights spread throughout the programme and unique wayfinding at International Convention Centre Sydney designed to lead to many spontaneous catch-ups. Bringing the world of dental practitioners together is a privilege, and one we will not waste. From the opening ceremony to the Sydney showcase evening and after-exhibition happy hour events, our team has put together some incredibly unique entertainment, but I will not spoil the surprises here!

The overall highlight to me is to be able to visit such an iconic city and the wonderful country of Australia, combined with incredible professional opportunities. We encourage attendees to bring their families and colleagues. This year's event should not be missed, as the World Dentel Congress is unlikely to return to Australia for many years. We invite dental professionals to take the opportunity to enjoy our corner of the world!

"Bringing the world of dental practitioners together is a privilege, and one we will not waste."

The event will feature some of the most accomplished and insightful presenters in dentistry. What are some of the key topics that will be explored during the four days of the congress?

The scientific programme we have on offer is the result of hours of careful planning to ensure attendees are spoilt for choice. The quality of the more than 150 speakers is world-class, and they will be providing over 200 hours of education for career advancement. We would like to sincerely thank the ADA's scientific committee, led by Dr Hugo Sachs and ADA Deputy CEO Eithne Irving, and the FDI Education Committee, chaired by Dr William Cheung, for their tireless efforts. There will also be several symposia featuring clinicians who are some of the best in their field and who will be presenting the latest information on a range of topics, including vaping, pain management, dental implants, the good and bad aspects of aligners, dental sleep medicine, dental trauma, oral cancer and dental stewardship of medicines.

What do you wish for everyone attending the 2023 World Congress?

The honour of hosting a World Dental Congress in Australia is rare, and the ADA is proud of the experience we have carefully curated for the professional and personal enjoyment of the attendees. The days at congress can pass like a whirlwind, so we encourage everyone to stay present and enjoy every moment. We hope that they will leave with friends for life, a refreshed outlook on the bright future of clinical dentistry and a newfound appreciation of Australia's larrikin spirit [good-natured irreverence and a disregard for convention].

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"There is so much opportunity to improve the quality of life of patients with head and neck tumours"

An interview with Prof. Jonathan Clark, head and neck cancer expert

By Iveta Ramonaite, Dental Tribune International

Prof. Jonathan Clark is a leading researcher and surgeon in head and neck cancer and advanced reconstruction.

Head and neck cancer may have drastic, long-lasting consequences, and dental professionals can play a crucial role in the patient's treatment plan. Dental Tribune International had the opportunity to speak with Prof. Jonathan Clark, director of head and neck research at Chris O'Brien Lifehouse cancer treatment centre in Sydney in Australia and a leading name in head and neck cancer reconstructive surgery, about his career choice, recent developments in research, diagnosis and treatment of head and neck cancers, and the physical and mental challenges of his work.

Prof. Clark, how did you become interested in head and neck cancer?

I was fortunate to work with the late Prof. Chris O'Brien, who sadly died of a malignant brain tumour. He was a world leader in head and neck cancer surgery and an inspiration for many surgeons of my generation. During my fellowship, I travelled to Toronto, where I learnt about microvascular reconstruction. This has transformed the way that head and neck cancer surgery is performed by restoring form and function in patients undergoing radical surgery. I have focused on reconstructive surgery because it is at the cutting edge of surgery and integrates many aspects of surgery that I enjoy, particularly because there is so much opportunity to improve the quality of life of patients with head and neck tumours.

What significant changes in head and neck cancer research and treatment have you seen throughout your career?

There have been major changes in the demographics of those who develop head and neck cancer. Traditionally, head and neck cancer was mostly caused by smoking in patients of low socio-economic status, but now the most common head and neck cancers are not related to smoking. For example, oropharyngeal cancer is caused by the human papillomavirus and cutaneous squamous cell cancer by exposure to ultraviolet light, and oral cancer is rising in incidence in young non-smokers, although we cannot explain this trend. Australia has had very effective anti-smoking policies, which we should be grateful for.

Cancer outcomes are improving gradually. There are a variety of reasons for this. In part, this is because cancers not caused by smoking have a better prognosis, but head and neck cancer treatment has been a leader in multidisciplinary care. This has enabled patients to reliably complete quite taxing and difficult treatments. We often under-estimate how important it is to do the basics well. There continues to be significant unwarranted variation in how treatments are delivered, and this has a major impact on the effectiveness of treatments. There are also new treatments, such as robotic surgery, highly precise radiotherapy techniques and new drugs, available. We are now entering the age of immunotherapy, which has transformed previously incurable skin cancers into curable malignancies. In the future, we will see the effect of human papillomavirus vaccination. Australia has been very progressive in this regard, but it will probably be another 15 years before we see the rate of oropharyngeal cancer decline as a result of vaccination.

Research is much more sophisticated in many ways, but we are only just starting to understand the molecular basis of head and neck cancer. It is extremely diverse—there are ten different head and neck cancer sites and multiple types at each site—so we have struggled to find drug cures and targets. This has been frustrating compared with, say, breast cancer, leukaemia and melanoma, for which chemotherapy and targeted therapies have dramatically improved survival rates. The reasons are multifactorial, but partly because the diversity spreads resources thin, the genetic changes present are not well suited to targeted therapies. Also, typically, head and neck cancer research has been vastly underfunded compared with research into breast cancer and prostate cancer.

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How has the awareness of head and neck cancer changed over time?

I do not think that awareness is very high. Most people think that head and neck cancer is brain cancer or that it has something to do with the spine. We have failed to advocate effectively or to have high-profile champions. There is no Movember or pink ribbon for head and neck cancer. Most head and neck cancers, individually, are uncommon, but as a group, it is the sixth most common cancer. If skin cancer is included, it is the most common, so it depends on what you consider head and neck cancer. In Australia, we treat a lot of skin cancer, so we tend to include it in the term even though most skin cancer lesions are small in extent and are managed by general medical practitioners (GPs), dermatologists and plastic surgeons. Owing to these factors, it is challenging to get a consistent message out in the community. Our main focus is oral cancer, and most people understand what that is.

> "We often under-estimate how important it is to do the basics well."

It has been historically difficult to diagnose head and neck cancer early. What are some obstacles to early detection, and how can screening for this group of cancers be improved?

Most head and neck cancers do not cause symptoms until the cancer is advanced. One of the most common signs is a painless neck lump, which means the cancer has already spread to the lymph nodes. Some early cancers do cause symptoms. For example, small laryngeal cancer lesions may cause a hoarse voice, but they are difficult to see. It is also very difficult for GPs and dentists to detect throat cancer and many other head and neck cancers.

Oral cancer is different. It is often quite easy to see with a headlight, though most GPs do not own one and probably do not see enough cases to recognise what is concerning or not. Even dentists do not detect many oral cancer cases, so they can easily be missed. Traditionally, the higher prevalence in low socio-economic groups has meant that patients often do not see their GP unless they are really sick, and they are certainly not going to pay for a routine dental check. However, as the demographics change, this is becoming less of an issue.

Screening is challenging. Each head and neck cancer is different, so there is never going to be a simple screening test like mammography, a prostate-specific antigen test or faecal occult blood test. We might have a blood test for oropharyngeal cancer that could be used for screening in the future. In the meantime, the education of patients, GPs and dentists will have the greatest impact. There are very simple messages that we can get out into the community—things like:

- A mouth ulcer that has remained unhealed for over four weeks needs referral.
- An ill-fitting denture or loose teeth require an examination to exclude gingival cancer.
- A neck lump present for over four weeks in an adult should be considered malignant until proved otherwise.
- A progressive facial palsy is not Bell's palsy.
- A hoarse voice in a smoker needs to be referred for a nasendoscopy.
- Ear pain without an explanation could be throat cancer.

In your opinion, what is the most challenging part of treating patients with head and neck cancer?

We do major surgery which often exceeds 10 hours, sometimes in elderly patients with multiple comorbidities, in whom complications can be catastrophic. I also do a lot of reconstructive surgery and spend a large amount of time trying to improve the function and aesthetics of patients who have had large portions of their tongue, jaw or face removed. I very frequently see patients with problems, whereas patients who are doing well do not need the same intense follow-up. This can be disheartening. Needless to say, it is much worse for the patients who have to live with these problems than it is for the clinician, but it is still difficult work.

Editorial note: Prof. Johnathan Clark is one of the speakers at the symposium, titled "Oral cancer—diagnosis, treatment and recovery", which will be held on ***26 September from 10:45 to 12:30****.*

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"I look forward to four days of learning, meeting colleagues and planning future collaborations"

Prof. Purnima Kumar shares insights into her upcoming presentations at the World Dental Congress

By Iveta Ramonaite, Dental Tribune International

Prof. Purnima Kumar is a world-renowned professor of periodontics based in the US.

Dr Purnima Kumar is William K. and Mary Anne Najjar endowed professor of dentistry and chair of the Department of Periodontics and Oral Medicine at the University of Michigan School of Dentistry in Ann Arbor in the US. In this interview with Dental Tribune International, she talks about her participation in this year's FDI World Dental Congress, some of the topics she will be exploring in her presentations and her recent research endeavours.

Prof. Kumar, you are one of the most sought-after presenters at this year's World Dental Congress. What are your expectations for the event?

I look forward to four days of learning, meeting colleagues and planning future collaborations. To be asked to speak at so many sessions at a meeting with such an impressive speaker line-up is truly humbling. I feel deeply honoured. It is my first visit to the land down under, and I look forward to the entire trip!

What topics will you be discussing in your presentations?

I will be talking about various topics, including how intricately oral health and overall health are interwoven with the detrimental effects of vaping and the serious threat of antibiotic resistance.

Antibiotic stewardship continues to be a global public health concern, and various studies have shown that dental professionals often unnecessarily prescribe antibiotics to patients.

What is the current situation regarding antimicrobial resistance in dentistry? Have you noticed a shift in dental professionals' awareness of the topic?

We are learning more about how we, as a profession, have contributed to antibiotic resistance, but progress is still needed. For example, my patients ask me every day to recommend a good mouthwash. There is so much hype surrounding these products that we forget that they are antimicrobial and that using them continually can negatively affect our oral microbiome and therefore our overall health.

Tobacco use has a profound impact on oral health. What recent efforts have been made to promote tobacco use cessation in dentistry?

I am the chair of the American Dental Association Council on Scientific Affairs, and we have recently conducted a survey of our expert panel of dentists on their attitudes and practices towards smoking cessation counselling. We have learned that most dentists wish that they had access to more resources to recommend to their patients and more training to have these difficult conversations. Smoking is a preventable cause of disease, and we need to equip our dental students with more knowledge on how to help their patients through counselling and other intervention.

You have made tremendous contributions to dental research and education. What would you like dental professionals to take away from your presentations at the congress?

I am privileged to be speaking to such a large global audience on a diverse array of topics, all of which stem from my research. Advances in medicine have proved beyond doubt that personalised, patient-centred care is the only way to cure and control dental disease.

The basis of delivering personalised care is an understanding that variations in human genetics and behaviour can lead to differing patterns of disease presentations and varying susceptibilities to disease. This realisation drives my research, and we are teasing out the interactions between our genetics, environment, behaviour and lifestyle that govern health and cause disease. This allows me to take my research findings directly into my operatory for improved patient care.

*Editorial note: Dr Purnima Kumar's lecture, titled "Cloudy with a chance of disease: how smoking, vaping and waterpipes increase the risk for oral diseases", takes place on **26 September at 11:45**. She is also speaker at the symposium, titled "Vaping—universal panacea for ceasing tobacco use or disaster", which will be held on **27 September from 8:00 to 9:45**.*

"Proper resources and evidence-based practices are crucial for providing high-quality dental care"

An interview with Dr Shiamaa Shihab Ahmed al-Mashhadani on partially dentate patients

By Iveta Ramonaite, Dental Tribune International

Over the last five years, FDI has been developing resources to assist dental professionals in the planning and delivery of care for partially dentate patients. At the 2023 FDI World Dental Congress, Dr Shiamaa Shihab Ahmed al-Mashhadani, who has been closely involved in the development and implementation of several projects related to improving the oral health of partially dentate patients, will hold a session on the topic. During the session, she will present a valuable assessment tool developed by FDI that will help patients understand their treatment options and will assist dentists in better understanding their patients' health status and needs.

Dr al-Mashhadani, the number of partially dentate patients is on the rise. How does this trend affect dentistry?

The increase in partially dentate patients is having a significant impact on dental care, and different facets of oral healthcare, treatment options and dental practice are being affected. Dental practitioners must offer a variety of treatment choices for replacing missing teeth. These choices include implant-supported dentures, fixed bridges and removable dentures. To propose the best option for treatment, dentists must evaluate each patient's unique needs, preferences and oral health status.

Dental practitioners also need to educate partially dentate patients on proper oral hygiene practices, focusing on preventing further tooth loss, maintaining the remaining teeth and addressing the risk factors that may contribute to their dental problems. There will also be a demand for specialised training for prosthodontic and restorative treatment options. This will trigger interest in research and innovation in dental materials, implant technologies and treatment modalities.

There will be a long-term relationship between dentists and patients for follow-up care and maintenance, and there could be a rise in public health dentistry concerned with the care and health of partially dentate patients.

In your upcoming session at the FDI congress, you will present some resources to assist dental professionals in the planning and delivery of care for partially dentate patients. Could you elaborate on that and explain how important it is that dentists use the right resources?

Dr Shiamaa Shihab Ahmed al-Mashhadani is a dental public health specialist at the Dubai Academic Health Corporation in the UAE.

Dentists need to use the best resources available to them when treating partially dentate patients. Proper resources and evidence-based practices are crucial for providing high-quality dental care and achieving optimal outcomes for these patients. The main goals for the planning and delivery of care for partially dentate patients are to empower dental practitioners to comprehend and support the unique needs of these patients.

To this end, our team of experts collaborated to shift the paradigm from a biomedical to a patient-centred care model. To deliver quality dental care, we have developed a toolkit that has chairside guidelines and offers detailed instructions on all treatment options as well as a three-phase treatment planning approach that covers all aspects of the patient's journey. The resource also aims to increase global awareness about the specific needs of partially dentate patients and the treatment options available for them. Those interested can find it freely available on the FDI website.

How exactly will FDI's assessment tool benefit partially dentate patients and dental professionals?

Both patients and the dental professionals involved in their treatment will greatly benefit from this assessment tool. It was developed to aid with the evaluation and treatment of people with partial dentition, ensuring comprehensive and patient-centred care. Specifically, patients will benefit from a comprehensive evaluation, an individualised treatment plan, informed decision-making and improved communication with their dental health provider. Dentists will have in hand a standardised evaluation tool that is evidence-based and increases efficiency and accuracy in decision-making. The tool will also help to facilitate interdisciplinary collaboration and will keep dental professionals updated on the latest developments in treating partially dentate patients.

*Editorial note: Dr Shiamaa Shihab Ahmed al-Mashhadani is one of the speakers at the symposium, titled "Partially dentate patients: Empowering patients to make informed treatment choices", takes place on **25 September from 14:30 to 15:15**. She is also a speaker at the symposium, titled "Life is much sweeter, without the sugar", which will be held on **25 September from 15:30 to 16:15**.*

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