

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

9-4-2000

ADA News - 09/04/2000

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 09/04/2000" (2000). *ADA News*. 31.
<https://commons.ada.org/adanews/31>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

ADA News®

AMERICAN DENTAL ASSOCIATION

SEPTEMBER 4, 2000

www.ada.org

VOLUME 31, NO. 16

BRIEFS

Get help online with practice questions

Every once in awhile, even a doctor needs a second opinion.

For answers to your practice management questions go to "Ask the Consultant," at "www.trojanonline.com" for advice from an experienced dental consultant, without the expense of hiring one.

"Sometimes dentists want an opinion from somebody other than a colleague," said Kathleen Johnson, the current online consultant, and a practicing dental consultant during the past 11 years.

"By using this service, dentists don't have to go through the trouble of hiring one. And at the same time, dentists can decide whether a particular consultant might suit future practice needs."

Trojan Professional Services is enlisting the services of a group of consultants so that interested dentists can access a variety of perspectives.

Endorsed by ADA Business Enterprises, Inc., to provide software that allows dentists to submit dental benefits claims electronically, Trojan Professional Services can be reached at 1-800-451-9723. ■



HHS says electronic dental claims must use CDT in 2002

HIPAA regs will standardize coding

BY ARLENE FURLONG

Washington—By Oct. 17, 2002, all electronic dental claims transactions must use the currently valid version of the Code on Dental Procedures and Nomenclature, CDT, maintained and distributed by the American Dental Association.

■ DR Days 'best ever,' page 22

Published Aug. 17 in the Federal Register by the U.S. Department of Health and Human Services, the regulation applies to all dentists and insurers using electronic transactions.

In addition to claims, these transactions include determination of patient eligibility, claims status and the remittance advice.

"Although most dentists and third party payers already use CDT, the implementation of these HIPAA reg-
See HIPAA, page 11



New DT guide to debut at ADA session

Second edition is bigger, better, and up to date

The second edition of the ADA Guide to Dental Therapeutics—revised and expanded from the original—will be unveiled in October during the ADA's 141st annual session in Chicago.

"It's a unique chairside reference," said Dr. Sebastian G. Ciancio, editor of both the first and second editions of the Guide. "It's the most comprehensive dental drug reference of its kind—and the only one complete enough to bear the ADA name."

Through concisely written text and nearly 500 easy-reference tables, the new Guide describes more than 800 generic and 2,200 brand-name drugs used in dentistry and medicine. The second edition offers 30 more tables than the original.

It also includes:

- a new evidence-based overview of herbal medicines and dietary supplements;
- a new section on drugs with a photosensitivity side effect;
- a one-of-a-kind chapter on oral

See GUIDE, page 12



River view: Architectural splendors like the Merchandise Mart (far left) are among the spots on the many tours featured during annual session next month in Chicago. Turn to pages 18-19 for more information on tours, special events like a concert by Aretha Franklin to benefit the ADA Health Foundation and the scoop on how to register for annual session.

INSIDE



Real estate

The ADA on the Magnificent Mile. Story, page 14.

England to prohibit general anesthesia use in dental offices

BY KAREN FOX

London—The decision earlier this summer by England's General Dental Council to move dental general anesthesia to the hospital has prompted concern across the Atlantic.

Many dentists in the United States believe that the ruling will have a chilling effect on England's health system.

"Prohibiting the use of general anesthesia in dental offices eliminates a problem, yes, but another problem will occur. That problem is access to care and longer waiting lists for den-

■ Florida illegal dentistry task force, page five

tal care provided in the hospital, especially for children, children and adults with special needs, and those who can't afford care," said Dr. Ralph H. Epstein.

Dr. Epstein is a dentist-anesthesiologist, past president of the American Society of Dentist Anesthesiologists and member of the ADA Council on Dental Education and

Licensure's Committee on Anesthesiology.

In July, the General Dental Council, the regulatory body of United Kingdom dentists, enacted a law stating that after Dec. 31, 2001, all dental treatment requiring general anesthesia must be performed in a hospital.

The ruling is said to preserve patient safety, following the release of a Department of Health-commissioned report, "A Conscious Decision: A Review of the Use of
See ENGLAND, page 15



Welcome: Pictured from left are Dr. John S. Zapp, ADA executive director, and George Weber, the Canadian Dental Association's new executive director, at ADA headquarters Aug. 24. Dr. Zapp hosted a day-long visit with Mr. Weber, who replaces the recently retired Jardine Nielsen. While visiting the ADA, Mr. Weber met with senior staff members in the divisions of Science, Conference and Meeting Planning, Communications, Dental Practice, Education, Information Technology and ADA Business Enterprises, Inc.

Taking great impressions isn't just black and white.



e.mix for every clinical indication!

There's more than one way to take a great impression. Many doctors choose both polyether and polyvinyl siloxane impression materials, depending on the clinical situation. Whatever material you choose, the Pentamix 2 e.mix system makes it easy to obtain homogeneous, void-free impressions with the push of a button.

- Dimension Penta polyvinyl siloxane is unmatched for the tray/syringe technique
- Impregum Penta polyether provides natural hydrophilicity and unsurpassed



Pentamix® 2
The Electronic Mixing System™

©2000 ESPE America, Inc.

AMERICAN DENTAL ASSOCIATION
ADA News®

(ISSN 0895-2930)

SEPTEMBER 4, 2000 VOLUME 31, NUMBER 16

Published semimonthly except for July and December by ADA Publishing, a division of ADA Business Enterprises, Inc. at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2000 American Dental Association. All rights reserved.

ADA.org
"www.ada.org"



When the icon at left appears with an ADA News article, turn to our counterpart on the World Wide Web—the ADA News Daily—for related news and information via ADA.org.

PUBLISHER: Laura A. Kosden

EDITOR: Dr. Lawrence H. Meskin

ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry

ASSOCIATE PUBLISHER, MARKETING AND OPERATIONS: Gabriela Radulescu

NEWS EDITOR: Judy Jakush

ASSISTANT NEWS EDITOR: Arlene Furlong

WASHINGTON EDITOR: Craig Palmer

SENIOR EDITORS: Clayton Luz, Karen Fox, Mark Berthold

EDITORIAL ASSISTANT: Chrestine Johnson

CREATIVE DIRECTOR: Peter Solarz

TECHNOLOGY COORDINATOR: David Buehrens

PRODUCTION: Susan Chauvet, Angie R. Miller, Sheila Cassella, Jeanie Yu

NATIONAL SALES MANAGER: Bud McKeon

DIRECTOR OF PRODUCTION: Elizabeth Cox

PRODUCTION ASSISTANT: Katrina Collins

ADVERTISING SALES MANAGER: Carol J. Krause

MARKETING MANAGER: Jill Philbin

CIRCULATION CUSTOMER SERVICE REP: Wanda Welch, Gwen Johnson

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$52; institution \$74 per year. Foreign individual, \$72; institution \$93 per year. Canada individual, \$62; institution \$84 per year. Single copy U.S. \$7, outside U.S. \$9. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

ATPRESS TIME

Study confirms link between gum health, vitamin C

People who consume less than the recommended dietary allowance of vitamin C have slightly higher rates of periodontal disease, a new study shows.

Those who consume less than the RDA of 60 milligrams of vitamin C (the equivalent of about one orange) were 1 ½ times more likely to develop severe gingivitis than those who took in three times the RDA, researchers found. They also found that tobacco use increases the risk of gum disease among patients with low dietary vitamin C.

Researchers analyzed vitamin C intake and periodontal disease indicators in 12,419 U.S. adults. Their study appeared in the August edition of the Journal of Periodontology.

Journal Editor Robert Genco said the link between vitamin C and gingival health "is likely due to vitamin C's role in maintaining and repairing healthy connective tissue, along with its antioxidant properties."

The study helps quantify a connection that has been recognized for generations. In the late 18th century, British naval ships began carrying a stock of limes that sailors would eat to prevent bleeding gums.

It was from this practice that a familiar, disparaging term for a British subject evolved. ■

Clinics aren't meeting demand for dental care, study shows

The nation's 3,000 federally funded health clinics are meeting just 6 percent of the need for dental care among the indigent, according to a study in the September issue of Consumer Reports.

The report, resulting from a six-month investigation of the U.S. health care system, notes that "even poor people who have insurance—primarily those with Medicaid—can't get dental care."

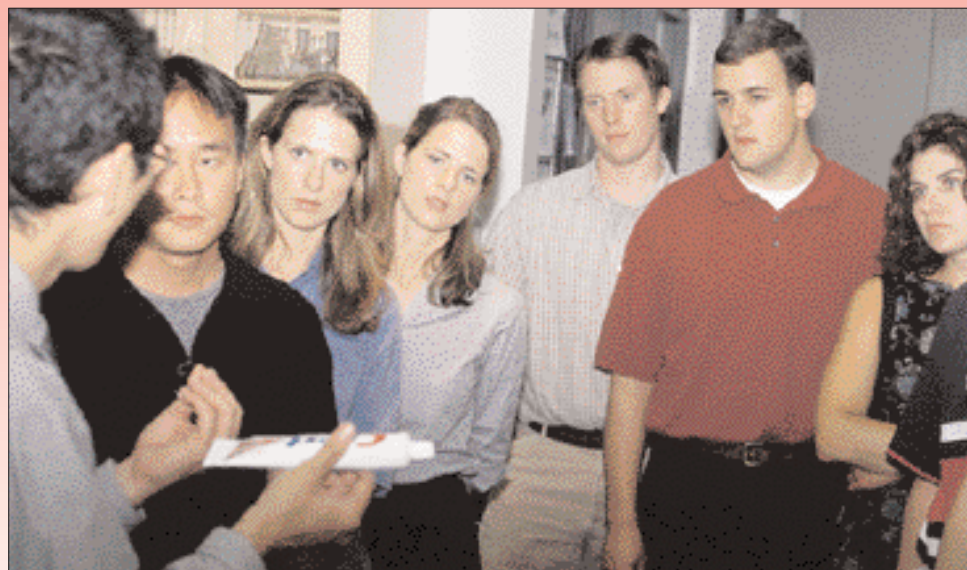
The nine-page report concludes that many dentists are turning away Medicaid patients because the reimbursement is too low. It cites an example from the District of Columbia where "dentists receive \$31 to X-ray, examine, clean and apply fluoride to the teeth of a child under 15 insured by Medicaid. They can get more than \$100 from other payers" for the same services.

The report predicts that 47 million Americans will have no health insurance by the year 2005, up from an estimated 44 million uninsured today. About 20 percent of the population under age 65 currently lacks health insurance, "while the United States spends more money on health care than any other country," the report says.

The number of people seeking health care through federally funded clinics has climbed 45 percent within the past decade, and 34 percent of the nation's 5,000 hospitals say they're "under stress," which means they're operating in the red, the Consumer Reports investigation found. ■

—Compiled by James Berry

Field trip: The ADA opened its doors July 12 to more than 80 students from the Marquette University School of Dentistry's class of 2002. Funding from the Wisconsin Dental Association enabled the students to make the day-long trek to the ADA headquarters for a building tour and updates on organized dentistry from Dr. John S. Zapp, ADA executive director, and George Buckley, the American Student Dental Association executive director.



Clinically Proven Anti-Sensitivity Formula

From a leader in the field of



A Bleaching System that

Sensitivity Reduction Formula!^{1,2}

- **Fast Bleaching—**
Dramatically whitens teeth in a short time.
- **Desensitizing Bleach—**
Even patients with sensitive teeth can be bleached.
- **Brand Recognition—**
Rembrandt represents superiority and

1. Andreanna, S., et al, "Clinical Evaluation of Bleaching Gels on Patients with Sensitive Teeth." JDR, Vol. 79, Special Issue, April 2000.

2. Based on a double-blind study of whitening and sensitivity with 40 subjects. Results available upon request.

Another Fine

DenMat
ISO 9001 CERTIFIED

©2000 Den-Mat Corporation. World Rights Reserved.



Call Den-Mat Today for a Special Offer

800.445.0345

or visit us online at www.denmat.com

VIEWPOINT

LAURA A. KOSDEN, *Publisher*DR. LAWRENCE H. MESKIN, *Editor*JAMES H. BERRY, *Associate Publisher,*
*Editorial*JUDY JAKUSH, *ADA News*
Editor
Snapshots OF AMERICAN DENTISTRY

MYVIEW

Balancing blame and responsibility

This message begins with a disclaimer that I have never served in the armed forces and all comparisons with the real stuff are only perception. However, I have been a foot soldier and am able to relate to those who have not achieved leadership positions yet.

The first assumption about foot soldiering is that few people are satisfied to be just rank-and-file forever, even in the face of (outward) denial. Secondly, foot soldiers develop character and understanding which are great assets, particularly if a higher rank is reached. They have experienced the raw fields.

Thirdly, as the rules of the game change, there need to be new ideas and tactics, some of which could be provided by infusion from unexpected new quarters with possible leadership ascension.

The point is, blame for frustrations and apparent adverse trends of the profession of dentistry should be shared from the bottom up: those who do nothing and complain, and the leadership that might hold on to tired (governing) measures.

The prevailing situation, admittedly, should follow the natural evolution in technology and demographics. The public we serve has new expectations, some very irreversible. As sure as nothing in life stays the same, we need to make comparable adjustments as distasteful as they may appear (at this time).

Back to the original premise of foot soldiers and generals. There are too many disgruntled foot soldiers (sailors) lifting no fingers and perhaps dragging down the ship that is carrying the load

to better shores. Then there are the unyielding generals (captains), who for sentimental reasons, welcome no changes.

Dentistry has not achieved its full potential, and to restore itself to the attraction of the past that is sometimes overly immortalized, the complaining must stop. Nonparticipating (political) dentists who benefit from the sweat of formal organizations advocating for preservation with very few people should resolve to lend a helping hand to the relatively committed few.

Your entry may be just what the doctor ordered (for new ideas).

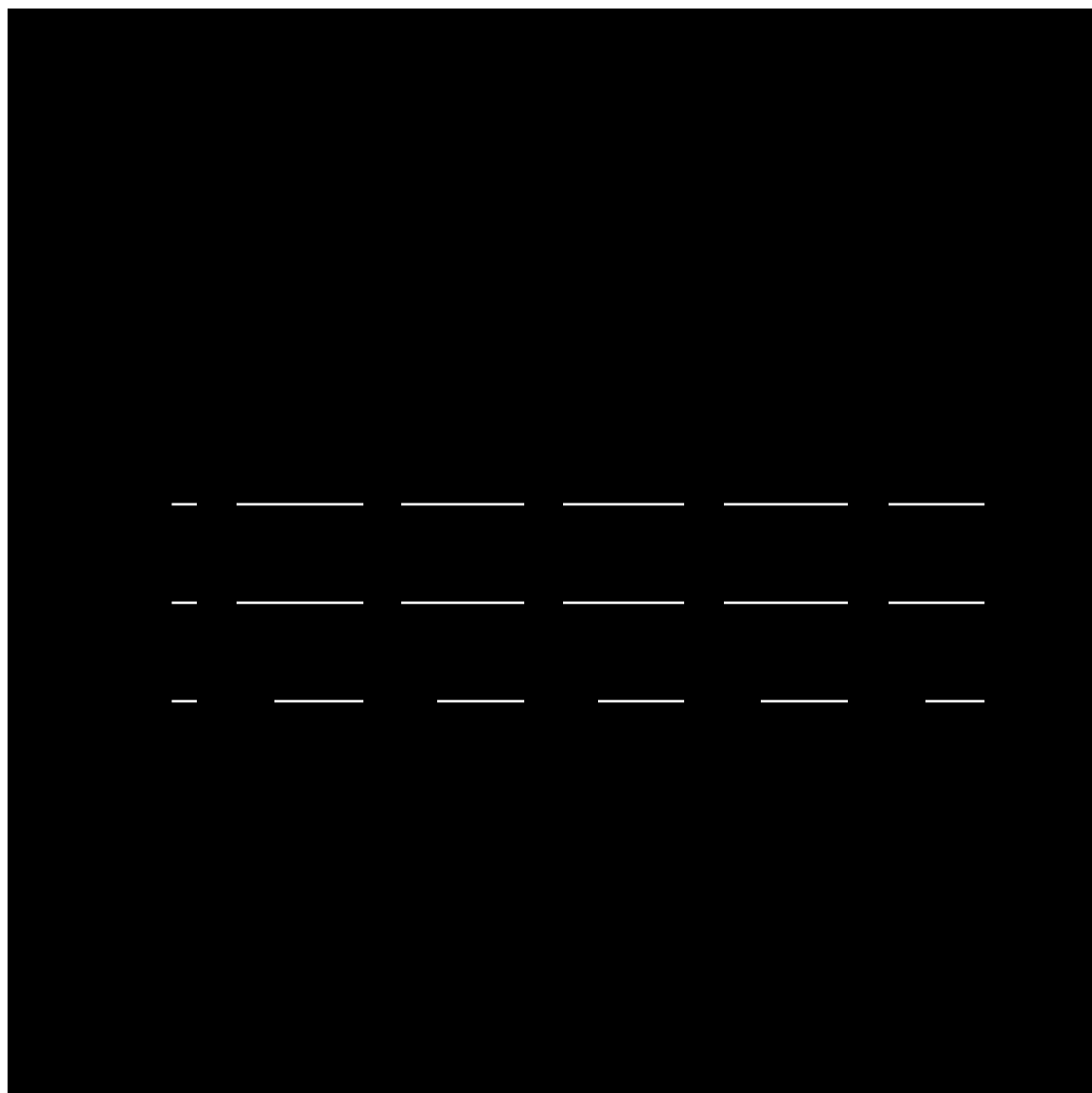
Conversely, the existing leadership should vigorously recognize the need for inclusiveness, as difficult as initial recruiting might seem. The times they are a-changing.

Dr. Quarcoo is president of the Queens County Dental Society (New York). His comments, reprinted here with permission, originally appeared in the July/August issue of the Queens County Dental Society Bulletin.

LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

For those wishing to fax their letters, the number is 1-312-440-3538; email to "ADANews@ada.org".



LETTERS

Dental auxiliaries

Regarding the graph, "Dental Auxiliaries" (June 19 ADA News), without appropriate interpretation, the graph is misleading to the point of being a disservice to the reader.

The first impression is that the number of hygienists is increasing and the number of assistants is declining, when in fact the opposite is true.

The graph only tracks graduates, whereas in the workplace there are many assistants who have not had any formal training, while hygienists can only work if they are licensed graduates. In addition, the graph does not show the effect of how many hygienists only work part time.

If the demand for dental hygienists were graphed against the supply, the shortage of hygienists would be "off the chart." Finding solutions to this shortage crisis for our members should be one of the highest priorities for the ADA and every state association.

*Victor J. Barry, D.D.S.,
Seattle*

Editors note: The ADA Survey Center notes that the graph was

intended to alert the profession to a changing trend in the education of auxiliaries.

Although the graph accurately represents the status of "one of the factors" influencing the workforce, it was not meant to be a comprehensive representation of the status of the auxiliary workforce in dentistry.



Chicago pizza

The list of Chicago's best eateries provided by "several of your dental colleagues in Chicago" in the Aug. 7 ADA News managed to omit the two best pizza restaurants in Chicago, Giordano's on Rush Street and Gino's East, across from my soon-to-be-shuttered alma mater, the Northwestern University Dental School.

I still have Giordano's stuffed pizzas delivered out here by express

mail to savor the best pizza in the world.

*R.A. Richards II, D.D.S.,
Camarillo, Calif.*

Editor's note: One true thing about Chicago is that pizza is serious business. Come to annual session next month and ask anybody where to go for pizza: you'll get 10 answers and they'll all taste great. (See page 18 for more information on annual session.) By the way, Gino's East has moved west of the location that Dr. Richards knew.

Credentialing

The article, "Credentials Verification Surveys" (Aug. 7 ADA News), touched a sensitive spot with me.

As mentioned in your story, some dentists (me) think the credentialing forms are excessive, intrusive and overstep their intended purpose.

For example, one company wanted me to sign a waiver that would have allowed them access to my medical history (hospitals, physicians).

I told them no and the company said it would not process the rest of the forms that were pertinent. Their

See LETTERS, page five

Florida cracks down on illegal dentistry

Dentist earns kudos for organizing effort with state government

BY MARK BERTHOLD

Tallahassee, Fla.—Dr. Teri-Ross Icyda received the Florida Dental Association's Special Recognition Award for his efforts to expose unlicensed dentistry in Florida.

"Illegal practitioners, whether laboratory technicians posing as dentists or pseudodentists trained in unaccredited schools—or not trained at all, are putting the public at risk of both improper and inappropriate care," says Dr. Icyda, chair of the association's Task Force on the Illegal Practice of Dentistry.

"These charlatans re-use nonsterile disposable equipment and some don't even use dental equipment," he continues. "They perform surgery and treatment on teeth that have no problems but leave decayed teeth alone."

NY settles with state on Medicaid reform

BY MARK BERTHOLD

Albany, N.Y.—The New York State Dental Association's lawsuit against the state for violating federal access guidelines for Medicaid recipients was settled out of court.

The resolution calls for increased Medicaid reimbursement for dental services of \$573 million over four years, the first significant increase since 1965.

Moreover, Gov. George Pataki has agreed to an advisory committee of NYSDA and Department of Health staff to address administrative barriers to dentist participation and patient access.

"We're impressed with the governor's response: to commit a very large sum of money and convene a group to creatively improve the program and make it work," says Judith Shub, Ph.D., assistant executive director for health affairs of NYSDA. "We're excited and cautiously optimistic about opportunities to turn the dental Medicaid program around."

The lawsuit highlights the administrative woes of the Medicaid quagmire. "Dentists who stayed [in the program] until recently did not leave simply because of its financial problems," says Dr. Shub. "How the program is carried out discourages dentists from participating, and the hurdles are often insurmountable for patients trying to obtain care."

"Our hope is the advisory committee—created to be a liaison between government and doctors and patients—will help us identify problems and develop creative solutions," says Dr. Shub. "For instance, a system that works in Albany might not consider the needs of a Medicaid recipient in Brooklyn, which might prevent that patient from getting care."

"Now, feedback can be channeled into the health department to have those issues responded to," she continues. "This will give dentists more of a voice and, hopefully, that empowerment will be attractive to those who want to participate in Medicaid." ■

To combat this danger, the Florida Dental Association, state government and local media are working together, Dr. Icyda explains, and the association's efforts to assemble and coordinate this team have been paying off recently.

Officials have arrested more than 38 persons for illegally performing dentistry, reported the Miami Herald. Furthermore, employees of two Miami dental offices were recently charged with Medicaid fraud and solicitation of children.

The Florida legislature, acting on bills of state Rep. Mike Fasano of Newport Richey and state Sen. Walter "Skip" Campbell of Tamarac, made



Dr. Icyda

the unlicensed practice of any health care profession, including dentistry, a third-degree felony. Those convicted are no longer just put on probation but now receive a mandatory year in jail and up to \$5,000 fine.

The legislature also increased funding for investigators, allowing their number to grow by 400 percent.

IPS Empress²

Glidewell Labs... The World Leader

- 42,452 Empress2 bridge units fabricated thru July 2000
- Strict adherence to processing guidelines has resulted in a bridge success rate of 96.6%
- 7-year guarantee against breakage provides you & your patients with complete confidence

\$109

per unit

5 Days
In-lab

The strength and durability of IPS Empress2 all-ceramic bridges has been confirmed by Glidewell Laboratories. When you demand a beautiful and bio-compatible all-ceramic bridge, let the success of Glidewell technicians work for you!

“IPS Empress 2 has all the beauty of IPS Empress but with a unique Lithium Disilicate framework. It's three times stronger and helps expand my range of metal-free indications.”

Dr. Anthony Gallegos, Private Practice / Yorba Linda, CA; International Lecturer; Program Director for Expendent Centers of Dental Excellence.

Call today for your FREE laminated patient presentation guide and FREE clinical procedure videos about IPS Empress 2 and Metal-Free Ceramics.

LETTERS

Continued from page four

forms are 24 pages, most of which is applicable to physicians, not dentists. They are unwilling to modify them to fit dentists.

Donald M. Smith, D.D.S.
Oklahoma City

Free Guide & Videos

800.830.9722

Video lab tour at www.glidewell-lab.com

GLIDEWELL
LABORATORIES
Serving Dentistry Since 1970



Government

House eyes mercury vaccines

Health officials caution against recall or abrupt withdrawal

BY CRAIG PALMER

Washington—House committee members pressed government health officials to remove mercury-containing vaccines for children from

the market, by recall if necessary, and to extend the policy discussion to mercury in other health care products such as dental amalgam.

Government health officials, invited to testify

on vaccine regulation and safety, said at the sometimes emotional July 18 hearing that they are moving as quickly as possible "as a precaution" to remove mercury-based preservatives

from routine pediatric vaccines. They also said too precipitous a change could cause more harm by interrupting the vaccine supply and discouraging important childhood vaccinations than any "theoretical" risk of harm from continued use of existing vaccines.

"Vaccines against many childhood infectious diseases have prevented hundreds of millions of cases of disease and millions of deaths," said Roger Bernier, Ph.D., associate director for science for the Centers for Disease Control and Prevention's national immunization program.

While there are "intriguing similarities" between the clinical characteristics of autism and mercury poisoning and a need for more research, there are no conclusive data to establish a causal association between mercury exposure and autism or between vaccines containing mercury-based preservatives and developmental disorders and "no evidence of any harm to children of thimerosal (a preservative) in vaccines," public health officials testified.

But a panel of parents of autistic and developmentally disabled children in personal, emotional testimony questioned the safety and integrity of mercury-containing vaccines.

■ "Vaccines against many childhood infectious diseases have prevented hundreds of millions of cases of disease and millions of deaths."

Rep. Dan Burton (R-Ind.), who chairs the House Committee on Government Reform, and other committee members said the government isn't moving quickly enough to respond to "concern among parents and others regarding vaccines and autism." Reps. Helen Chenoweth-Hage (R-Idaho) and Henry Waxman (D-Calif.) asked government witnesses why mercury-containing vaccines are still on the market. "We're asking you to do more than analyze it," Rep. Chenoweth-Hage told the government witnesses. Rep. Connie Morella (R-Md.) said the level of concern among parents requires continued investigation of the issue "using the best scientific research available."

"How long will children continue to receive mercury-containing vaccines if there is not a recall?" Rep. Burton repeatedly asked officials representing agencies charged with protecting the public health, including the CDC, Food and Drug Administration and Environmental Protection Agency. He told reporters after the hearing that he would continue to push for a vaccine recall.

"We all know that mercury is a toxic substance," said the Indiana congressman, chairing a hearing on mercury and its uses in medicine, particularly as a preservative in certain vaccines for children. "Are we taking unnecessary risks?" Rep. Burton said a grandson received vaccines for nine different diseases in one day and may have been exposed to harmful levels of mercury.

See MERCURY, page eight

ONE-UP BOND F
A Self-Etching & Light-Cured Dental Adhesive
TOKUYAMA

The Clear Choice

One-Up Bond® F is a SELF ETCHING, light cured, fluoride releasing bonding agent.

SIMPLE- One simple application.

VISUAL- Visual confirmation of each step by color change.

STRONG- The patented MAC-10 adhesive monomer offers strong adhesion to enamel and dentin.

Jetlite™ 4000 Dental Curing Light

- Standard and ramp-up curing (Quantum Cure™)
- Built-in light intensity meter
- Turbo tip light guide (13mm-8mm)

J. MORITA USA INC.

9 Mason
Irvine, CA 92618
web:
email:

TEL: 1-949-581-9600
FAX: 1-949-465-1095
www.jmoritausa.com
info@jmoritausa.com

For ordering information call
TOLL FREE 888 JMORITA (566-7482)
or contact your local dealer.

One-Up Bond is a registered trademark of Tokuyama Corp.

Opalescence[®] 10%

The first ADA Accepted,
syringe delivered, tooth whiten-

Whitens
in 10 days or less

Patented
bleaching
systems

Dentis
dispensed



Patented, comfortable
custom tray, sustained
release, sticky viscous
gel.

Opalescence[®]
tooth whitening sys-

For your free sample or more info call 800.496.8334

ADA testifies for fluoridation

Negative conclusions based on pseudo-science, misinformation

BY CRAIG PALMER

Washington—The American Dental Association urged Congress to cast a critical eye on “pseudo-scientific literature” in reviewing the safety and effectiveness of community water fluoridation.

“In the case of water fluoridation, an abundance of misinformation has been circulated,” the professional organization of dentists told a Senate subcommittee in a statement submitted for the July 13 hearing record. “After 50 years of research and practical experience, the preponderance of scientific evidence indicates that

Government

fluoridation of community water supplies is both safe and effective.”

Calling fluoride “nature’s cavity fighter,” the Association said community water fluoridation prevents tooth decay and cuts health care costs. The full statement is available online. Water fluoridation is the process of adjusting the natural level of fluoride to a concentration sufficient to

protect against tooth decay, which is a recommended range of 0.7 to 1.2 parts per million.

A Senate subcommittee on fisheries, wildlife and water heard testimony in June from Environmental Protection Agency officials and representatives of state and municipal water systems on the 1996 Safe Drinking Water Act and EPA regulation of such contaminants in drinking water as arsenic and radon.

One invited witness, J. William Hirzy, Ph.D., called on Congress to open a new round of hearings on fluorides in drinking water, the first since 1977, in light of what he said were more

recent scientific findings suggesting human health risks from water fluoridation. Dr. Hirzy represents a union of EPA headquarters employees which opposes fluoridation. He indicated during questioning that his views conflict with official EPA policy. Sen. Bob Smith (R-N.H.), who chairs the full Environment and Public Works Committee and who appeared at the hearing, said that a number of his constituents “have voiced concerns about negative health effects associated with fluoride in drinking water,” although he did not specify his or constituent concerns.

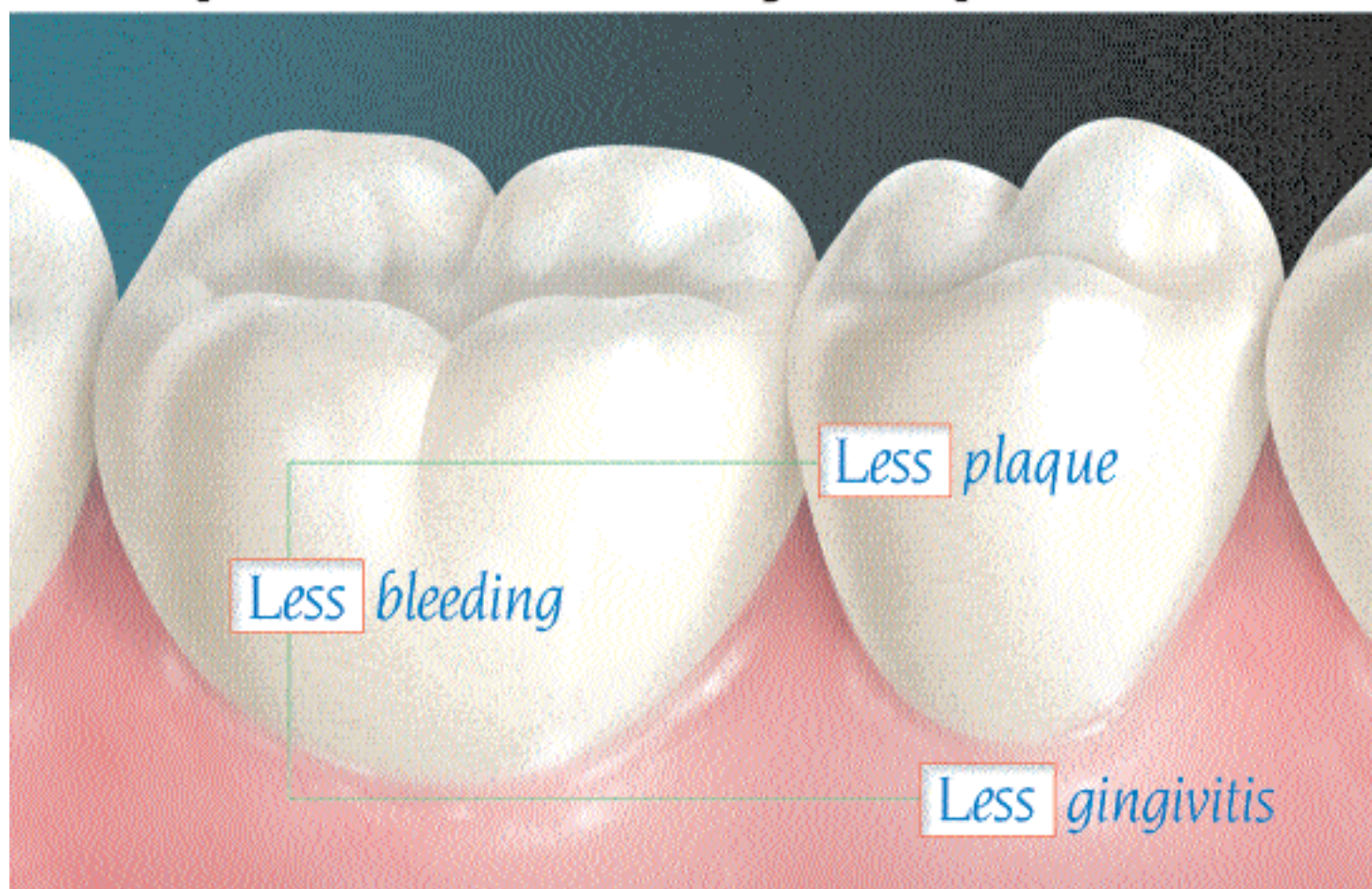
The American Association for Dental Research, in a separate statement for the hearing record, told the subcommittee, “It is well known that generally accepted scientific evidence, judgments made from innumerable published studies, continue to support the safety and benefits of community water fluoridation.” The official hearing record remained open for two weeks after the hearing, closing July 13.

The ADA statement was signed by the organization’s two top officials, Drs. Richard F. Mascola, president, and John S. Zapp, executive director.

“From time to time, the safety and effectiveness of water fluoridation has been questioned,” the Association said. “None of these charges has ever been substantiated by generally accepted science. It is important to review information about fluoridation with a critical eye.

“With the advent of the Information Age, a new type of ‘pseudo-scientific literature’ has developed,” the Association said. “The information is not always based on research conducted according to the scientific method, and the conclusions drawn from research are not always scientifically justifiable.” ■

Expect less from your patients.



Better plaque removal at home means better results in your office

Cleans like no other brush in the world.

The Braun Oral-B 3D is the only power



toothbrush that combines two distinct brushing motions: gentle in-and-out pulsations to loosen plaque from deep between the teeth and below the gumline, and side-to-side oscillations to sweep it away. The result? Significantly better plaque removal than a manual toothbrush.^{1,2}

The better way to better results.

In a long-term practice-based study involving more than 16,000 patients, participating dentists reported that more than 80% of patients using a Braun Oral-B Plaque Remover* had noticeable improvement in oral health.³

The right recommendation.

No other toothbrush in the world cleans like the Braun Oral-B 3D, which is why there's no better brushing method—power or manual—to recommend to your patients. The Braun Oral-B 3D—pulsates deep to clean better.



BRAUN
Oral-B

For more information, or to order yours at a professional trial price, please call 1-800-765-2959 or write Oral-B Laboratories, Dept. P, 600 Clipper Drive, Suite 200, Belmont, California 94002. Visit our web sites at www.braun.com and www.oralb.com. In Canada, please call 1-800-268-5217.

*Braun Oral-B Ultra.

References: 1. Cronin M, et al. *Am J Dent* 1998;11:517-521. 2. van der Waljen G.A., et al. *Am J Dent* 1996;11:523-528. 3. Warren FR, et al. *JADA* 2000;131:389-394.

Mercury

Continued from page six

“We have also been contacted by many individuals who have concerns about mercury in dental amalgams,” Rep. Burton said in a hearing-opening statement. “While this is not a focus of today’s hearing, it certainly warrants discussion as well. How is it that mercury is not safe for food additives, but it is safe in our vaccines and dental amalgams?” he said. The Food and Drug Administration regulates vaccines, dental amalgams and other mercury-containing products.

The ADA, in a news release distributed at the hearing, said dental amalgam is considered a safe, affordable and durable material used to restore the teeth of more than 100 million Americans. “Dental amalgam has been used for more than 150 years and, during that time, has established an extensively reviewed record of safety and effectiveness,” the ADA said in the statement, which is posted at www.ada.org/prac/position/amalgam.html.

“Although mercury is found in the environment, in food and in household products, exposure to mercury is of concern and, when possible, should be avoided,” FDA’s William Egan, Ph.D., told the committee. In the case of vaccines, the risk of devastating childhood disease such as whooping cough, bacterial meningitis, tetanus, polio and diphtheria “far outweighs the minimal, if any, risk of exposure to levels of thimerosal or mercury in vaccines,” he testified.

Thimerosal, an ethylmercury containing preservative used since the 1930s, is added to some vaccines because of its effectiveness in preventing bacterial contamination and infections in people receiving vaccines. A joint statement on thimerosal in vaccines, prepared by the American Academy of Family Physicians, American Academy of Pediatrics, Advisory Committee on Immunization Practices and the U.S. Public Health Service is available at the CDC Web site. ■

ATTENTION PANAVIA F* USERS - YOU'LL GET BETTER RESULTS WITH CEMENT-IT® UNIVERSAL C&B™ Resin Cementation System AND PAY LESS!!

* PANAVIA F is a trademark of KURARAY CO., LTD.

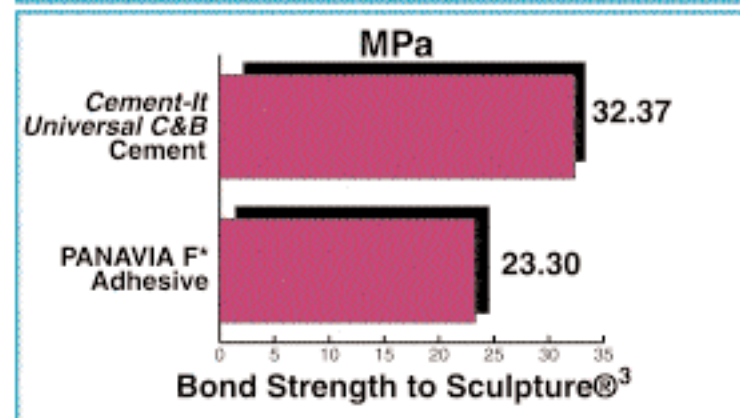
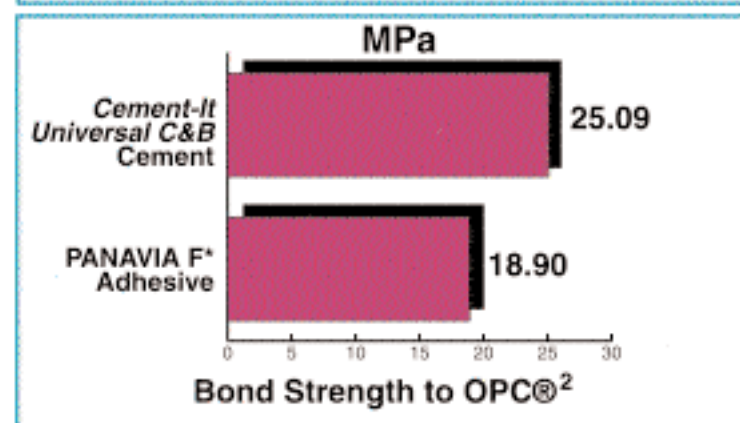
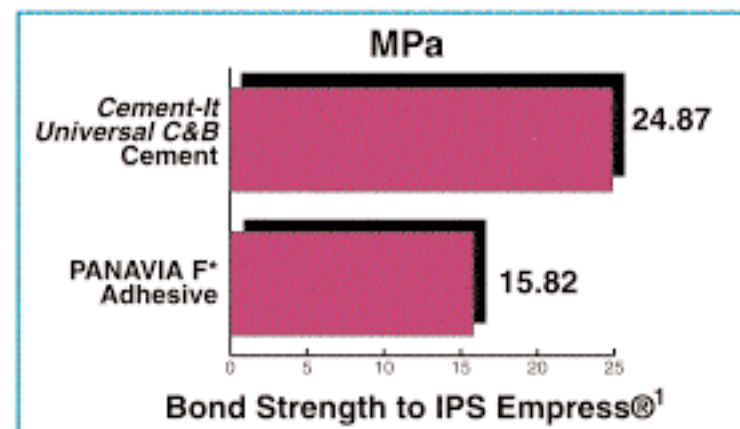
One of the reasons you are probably using Panavia F* is because of its versatility in cementing to various substrates - ceramics, resins, metals, etc.. While Panavia F* does do a decent job, *Cement-It Universal C&B* Resin Cementation System does a better job - a much better job!

INDEPENDENT TESTING SHOWS CEMENT-IT UNIVERSAL C&B CEMENT TO BE MORE RETENTIVE THAN PANAVIA F*!

The below tables contain independent research data comparing the retention of porcelain and laboratory processed composite crowns cemented with Panavia F* and *Cement-It Universal C&B* Cement.

Cement-It Universal C&B Cement has tenacious adhesion with precious, non-precious, semi-precious metals, posts, Aluminum oxide and zirconium oxide.

Three tests conducted by an independent testing lab show:



Graph Data courtesy of Dr. Cornelis Pameijer.

1 IPS Empress is a registered trademark of Ivoclar North America, Inc.
2 OPC -Optimal Pressable Ceramic is a registered trademark of Jeneric/Pentron, Inc.
3 Sculpture is a registered trademark of Jeneric/Pentron, Inc.

EASIER TO USE THAN PANAVIA F!

Cement-It Universal C&B Cement is conveniently dispensed from a double-barrel automix syringe directly into the appliance - no measuring, hand mixing or back-loading is required. *Cement-It Universal C&B* Cement has a 90 second working time, is dual cured for added convenience and will self-cure in 4 minutes. Best of all, *Cement-It Universal C&B* Cement reaches a gel stage for easy clean-up.



IT SAVES YOU MONEY - A WHOLE LOT OF MONEY!

Buying Panavia F from the leading catalog distributor will cost you \$108.78 for 9.6 grams of cement - an average cost of **\$11.33 per gram**. *Cement-It Universal C&B* Cement will cost you \$39.95 for a 6.6 gram syringe - an average cost of **\$6.05 per gram**.

You'll save over \$5.00 per gram by using *Cement-It Universal C&B* Cement!!

\$129.95

For the Complete Kit - Includes:
2 - 3ml double barrel syringes
cement catalyst & base
1 - 6ml bottle Bond-10 C&B™
primer/adhesive
1 - 5ml bottle PrepEze™
desensitizer
1 - 3ml bottle Silane
accessories & instructions



**PANAVIA F* USERS - STOP PAYING
MORE FOR LESS - SWITCH TO
CEMENT-IT UNIVERSAL C&B Cement!**

800-551-0283

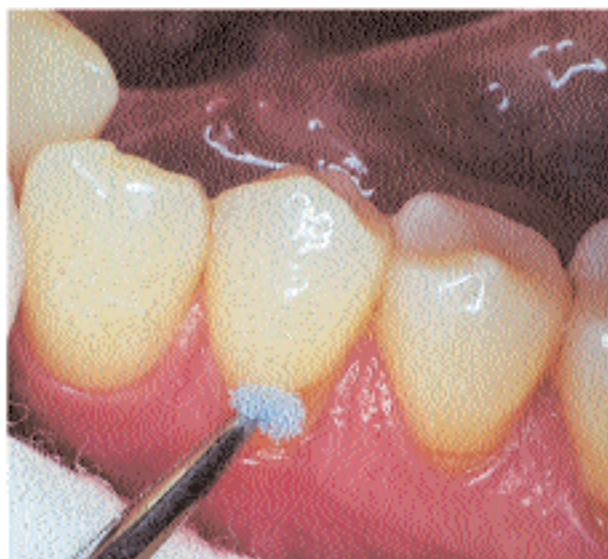
In Canada Call SYNCA at 800-667-9622

Order online: www.jeneric.com

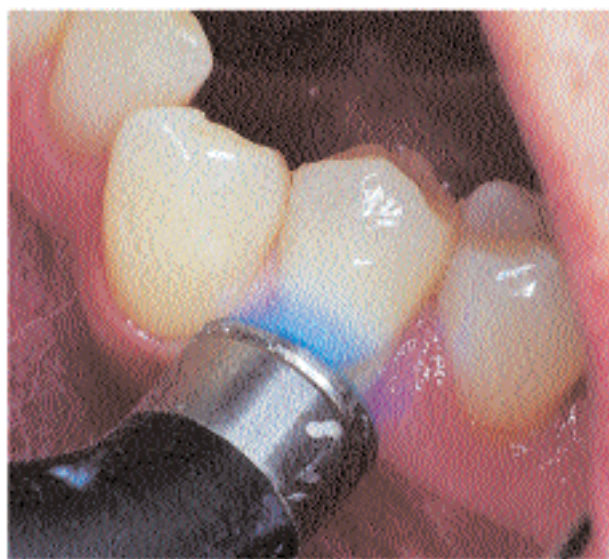
Jeneric®/Pentron®
INCORPORATED
ISO 9001 CERTIFIED

SOURCE CODE
3301

P.O. Box 724 • Wallingford, CT 06492 • 203-265-7397
No other offers apply. Offer valid until October 31, 2000. Offer valid in the U.S.A. and Canada only. Subject to change or cancellation without notice.



1. APPLY (twice)



2. CURE



3. BUILD

Presenting Touch&Bond™ ... Just one bottle and a pledget

No ETCHING. No RINSING. No PRIMING. No MIXING.

Effortless composite bonding. No post-op sensitivity.

Let's say you've finished prepping the tooth, so now you're ready to bond.

Using the special pledget that comes with the kit, simply apply Touch&Bond to the dentin and enamel surfaces you're bonding to. (By the way, the surfaces can be damp or dry.)

There's no acid-etching. No rinsing. No priming. No mixing. And there's no need to change soggy cotton rolls.

Let Touch&Bond sit on the tooth for 20 seconds. Then gently blow it with your air syringe for 3-5 seconds.

Use the same sponge to apply another coat. Dry it with your syringe immediately, and light cure for 10 seconds.

That's it. You're done. The tooth is now ready for composite build-up. The entire procedure takes maybe a minute.

The secret in the sponges

Actually, we don't call them "sponges." "Pledget activators" sounds more impressive. And besides, they're not mere sponges. They're small polyurethane applica-

tors impregnated with a special co-initiator (sodium p-toluenesulfonate, 4-H₂O.)

The instant the pledget touches the 4-META-based liquid, it triggers a complex penetration-and-polymerization reaction. The adhesive's 4-META molecules infiltrate the smear-layer left by your bur to grab the sound tooth structure below. Your curing light then completes polymerization.

The result is the kind of 4-META hybrid-layer bond and tooth-protecting biological seal that once required complex etching, rinsing and priming.

Frankly, advertisers spend way too much time touting results of their latest bond strength tests. Most researchers admit that nobody knows how these numbers relate to clinical performance. Nevertheless, for those of you who care, Touch&Bond does very well in the research lab with published microtensile bond strengths of 22.4 MPa (3250 psi) to dentin.^{1,2}

More significant, is this fact: *In all clinical trials conducted on two continents, there wasn't a single case reported of post-op sensitivity. Not one.*

Less than a buck per application

At \$96, the kit includes a bottle of Touch&Bond (about 175 drops) plus 175 pledgets in a nifty little plastic organizer that keeps everything together, ready for the next procedure.

Of course the precise cost-per-application will vary according to the size of your restoration. A large posterior composite may require a

full drop of Touch&Bond. On the other hand, if you're restoring a series of cervicals, a single drop and one pledget will probably handle two or three Class V's.

And of course, there's Parkell's risk-free trial

Like all of Parkell's 4-META-based adhesives, Touch&Bond comes with a 3-month money-back trial. Simply pay within a month, and if you decide it's not what you're looking for, call us anytime during the trial. We'll have the remaining material picked up at our expense and we'll give you all your money back ... including the shipping charges.

1. Itoh Y, et al. Application of sealed restoration to root caries. *Journal of Japanese Adhesive Dentistry*. 17(4), 320 1999
2. Nakai E, et al. Micro-shear bond strength of single step adhesives to bovine dentin. *Shikoku-Kikai* 19 (Special Issue 33), 73 2000

PRIORITY NO. 1542-D

ORDER TOLL-FREE USA & CANADA
1-800-243-7446
(Outside USA & Canada, 631-249-1134 • Fax: 631-249-1242)

52nd YEAR
parkell today
Box 376, Farmingdale, NY 11735

E-Mail info@parkell.com • www.parkell.com

PRIORITY NO. 1542-D

Mail or fax coupon to:
Parkell, Box 376
Farmingdale, NY 11735
Fax: 631-249-1242

☐ Please send me a kit of Touch&Bond™ (S280AD) and bill me \$96 plus shipping. Includes Touch&Bond liquid (5.5ml) plus 175 activator pledgets.

Name _____
Address _____
City _____ State _____
Zip _____ Telephone _____

U.S. Patent No.
6,071,983 and
patents pending

Visit Parkell at major dental meetings: CDA-San Francisco (Sept 15-17), ADA Chicago (Oct 14-18), Greater NY (Nov 25-29)

Government

HIPAA

Continued from page one

ulations will eventually eliminate non-standard codes and inappropriate interpretations of standard descriptors," said Dr. Michael Vaclav, chair of the ADA Council on Dental Benefit Programs. "This is a step in the right direction."

The rule was included in the first national standards for electronically reporting dental and other health care procedures, as mandated by the Administrative Simplification provisions of the 1996 Health Insurance Portability and Accountability Act. The new Standards for Electronic Transactions call for a standardized format for all electronic transactions throughout the health care industry.

The ADA has long encouraged use of common claims data standards and has actively encouraged association members to use electronic transactions.

"I estimate that use of electronic transactions with all my insurance companies will save me \$200 per week," said Dr. Scott Trapp, chair of the ADA Standards Committee Working Group on Dental Informatics, Architecture and Devices. "The big savings are in the staff time spent on the telephone and posting statements."

The government estimates that adopting a standardized format for electronic health care transactions will achieve a net savings to the health care system of nearly \$30 billion over the next 10 years, as well as streamline the process-

■ **"I estimate that use of electronic transactions with all my insurance companies will save me \$200 per week."**

ing and payment of health care claims.

In a statement issued Aug. 11, President Clinton said current billing forms that are often "incomprehensible, inconsistent and duplicative" can result in higher premiums and lower quality of care. "Today's action is a win for patients and health care providers alike," he said.

Currently, different insurers require various electronic and paper forms and codes from providers filing claims. And despite the new standards, all providers of health care, including dentists, can still file paper claims or use a clearinghouse to convert and transmit electronic transactions.

"When all insurers are required to accept these standard formats, we expect a significant increase in electronic transactions and corresponding cost savings for our members," said Robert Lapp, Ph.D., ADA director of dental informatics.

CDT will be reviewed on a regular basis and revisions made in compliance with the 1996 HIPAA law, James Y. Marshall, director of the ADA Council on Dental Benefit Programs told an HHS advisory panel July 13.

Changes that took effect in January 2000 include 74 new procedures codes, 20 revised nomenclatures, 51 revised descriptors and deletion of eight former codes.

Under HIPAA, HHS is required to ensure that all standardized code sets are updated as needed and that there are efficient, low-cost mechanisms for distribution of the code sets and their updates. Free distribution of standard code sets is not required by the statute. ■

Grants aim to boost access

HRSA awards funds to train general dentists

BY CRAIG PALMER

Washington—The Department of Health and Human Services Aug. 23 announced more than \$1.8 million in grants to 11 hospitals and dental schools for training general dentists in the school year just starting.

"There is a growing disparity in oral health status among Americans today," said Claude Earl Fox, M.D., administrator of the HHS Health Resources and Services Administration. "These grants will help institutions train the dental providers of tomorrow who will improve access to oral health for more Americans."

The newly awarded funds supplement a July 21 award by the HRSA of \$615,305 in grants to five dental schools to train pediatric dentists. The announcement is available at "www.hrsa.gov/newsroom". The HRSA expects to award an additional \$1.5 million for general practice and pediatric dental training for the following school year and is accepting applications for those grants through Sept. 8. (Application materials are available at "bhpr.hrsa.gov/Grants2001/dentres.htm".)

The grants announced Aug. 23 will be used to plan, develop and operate general dentistry res-

idency training and advanced education programs preparing dentists to:

- provide a broader range of clinical services;
- meet the dental care needs of older, handicapped and medically underserved persons;
- practice in urban and rural underserved areas;
- coordinate and integrate dental care with physicians and other health care providers.

"The need for primary care dentists remains great in many areas of the country," said Sam S.

See GRANTS, page 22

Stabident

SYSTEM

Intraosseous Anesthesia for the New Century

Many block injections fail to give pulpal anesthesia.
Therefore supplement with Stabident intraosseous system to get deep pulpal anesthesia.

Mark the spot with an X!



Use Gentian-violet dye on the tip of the perforator bevel to mark an "X" (or simply a dot) on the attached gingiva before drilling. This will then pinpoint within less than a millimeter where to bring the injection-needle to.

The perforator tip is first touched against a Gentian-violet dye droplet on a Stabident "dye-stick" supplied gamma-ray sterilized. (The "X" on the attached gingiva disappears in a few hours).



For more information on Marking the Spot with an "X"—see Tips Section on our Website

"MODIFIED" needle



For using Stabident as a back-up to block, use the "modified" needle, which is beveled, but without a sharp point on the bevel.

Now the needle will simply glide into the hole!



"Modified" Needle

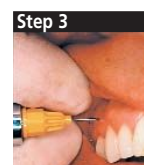
Locate and insert in the drilled hole easily every time!



Anesthetizing the attached gingiva



Perforating the cortical bone



Injecting the anesthetic

Using the "Regular" needle



"Regular" Needle

After gaining experience in using Stabident as a back-up, you may choose to use it on its own, as the primary anesthesia system, thus eliminating the frustration of failed blocks. Stabident as the primary system provides deep pulpal anesthesia within 30 seconds. Treat more patients per day! For use as the primary system, the "regular" needle which (unlike the "modified" needle) is beveled to a sharp point, can be used both for the initial localized anesthetizing of the

Standard Kit - 20 perforators, 20 needles ("modified" or "regular").....	\$27.00
Economy Kit - 100 perforators, 100 needles ("modified" or "regular").....	\$104.75
Stabident Dye-Sticks - Pack of 20	\$1.50
Stabident Dye-Sticks - Pack of 100	\$6.50

To place an order, please call **1-800-233-2305**
e-mail your order to **fairfax@stabident.com**

or write to: Fairfax Dental Inc. 2601 S. Bayshore Drive, Suite 875, Miami, FL 33133.

Fairfax Dental

VISIT OUR CONSTANTLY UPDATED WEBSITE **WWW.STABIDENT.COM**

USA Pat. Nos. 5057013 and 5173050. — EUROP. Pat. No. 292252.

FFD09-ADA0008-01

Guide

Continued from page one
manifestations of systemic agents;

- a special section on drug-related issues affecting dental practice, including substance abuse, tobacco-use cessation and infection control;

- drug category descriptions that bridge the gap between simple drug dictionaries and pharmacology textbooks;

- a complete listing of all products that bear the ADA Seal of Acceptance, an assurance that the products have met the Association's standards of safety and effectiveness.

"A major strength of this book is that it was written by academicians and clinicians in a team approach," said Dr. Ciancio, professor

and chairman of the Department of Periodontology, State University of New York at Buffalo. "Authors were selected for their expertise and reputations in dental therapeutics, and all the material was reviewed by the ADA Council on Scientific Affairs."

The first edition of the ADA Guide, introduced in February 1998, was widely hailed as a



Dr. Ciancio: The ADA Guide results from a 'team approach.'

major achievement. After its release, renowned dental scientists and practicing dentists were asked to review the first edition with a critical eye.

ADA Publishing, the division of ADA Business Enterprises Inc. that produces the Guide in cooperation with the Council on Scientific Affairs, also received a crop of unsolicited letters from readers testifying to the merits of the book.

In one such letter, Dr. Carle Kibbitt of Chicago described the original Guide as "a wonderful reference—clear, concise, thoughtfully arranged, quick to use and attractive." Dr. Barney McKee of Susanville, Calif., said the Guide was simply "excellent," adding that he appreciated "all the time and effort that went into its publication."

Said Dr. Ciancio, "We listened carefully to all

comments and incorporated many of the recommendations into the second edition."

Colgate Palmolive Co. has agreed to purchase copies of the second edition to be distributed as gifts to all U.S. senior dental students. Colgate did the same with the first edition.

"We are delighted that Colgate is helping the ADA to provide important resources to the young men and women who represent the future of the dental profession," said ADA President Richard F. Mascola. "Colgate is to be commended for its generosity and support."

The ADA Guide is scheduled to be updated every two years, with a third edition due in 2002. Dr. Ciancio said such updates are essential for dentists to stay current on the medications that they prescribe and that their patients use.

"Information about drugs changes so rapidly that a reference like the Guide becomes outdated within a couple of years," he said. "That's why we've committed to revising the book every two years—to ensure that dentists have the most current information possible in order to provide for their patients." ■

KaVo

**PRESENTS A MATCHED SET
OF HIGH- AND LOW-SPEED
HANDPIECES THAT PROVIDE...**



**CONSISTENT FEEL.
PRECISION BALANCE.
RELIABLE PERFORMANCE.**

The Signet System combines KaVo's advanced handpiece technology into a single, affordable system for all your restorative clinical needs.



FOR DENTISTS WHO INSIST ON THE BEST

KaVo America Corporation | 340 East Main Street, Lake Zurich, IL 60047 | 1.888.KaVo.USA (538.6872)

Fax 1.847.550.6825 | www.kavousa.com

**IN ADDITION, THE SIGNET SYSTEM
OFFERS THESE EXCLUSIVE BENEFITS:**

2 YEAR WARRANTY

Peace of mind from an extended two year factory warranty. . .double the length of any other comprehensive warranty.

PERSONALIZATION

Immediate handpiece identification with your laser etched initials.

SPECIAL PACKAGE PRICING

Three Cellular Optic High Speed Handpieces
Plus One Coupler

PLUS

Any One of these Two Low Speed Systems:
Signet System L-Package (optic w/ spray)
Signet K-Package (non-optic)

Now, you can own the most reliable, highest quality handpieces available at special prices. Contact your local authorized KaVo dealer or KaVo, but do not delay.

How to order the new guide to therapeutics

Though the second edition of the ADA Guide to Dental Therapeutics will officially debut at annual session in Chicago next month, orders for the new Guide are being accepted now.

You can order the Guide by phone, by mail or through the Association's Web site. The price is \$44.95 for ADA members, \$64.95 for non-members, plus shipping and handling.

Your ordering options:

- phone—call 1-800-947-4746;
- online ordering—check the ADA's Web site at "www.ada.org";
- U.S. mail—see the advertisement and order form in this issue of the ADA News, page 18. ■

Proposed specs ready for comment

The Accredited Standards Committee MD156 has approved for circulation and comment the following proposed specifications:

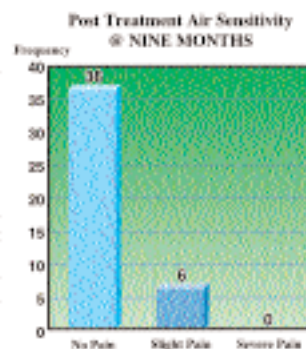
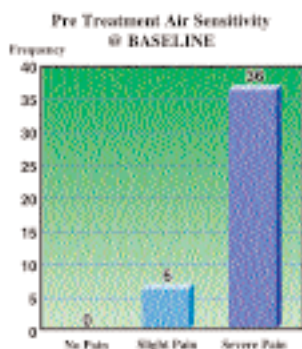
- Proposed Revision to ANSI/ADA Specification No. 28 for Root Canal Files and Reamers, Type K for Hand Use;
- Proposed Revision to ANSI/ADA Specification No. 71 for Root Canal Filling Condensers (Pluggers and Spreaders);
- Proposed Revision to ANSI/ADA Specification No. 73 for Dental Absorbent Points;
- Proposed Revision to ANSI/ADA Specification No. 76 for Non-Sterile Natural Rubber Latex Gloves for Dentistry;
- Proposed Revision to ANSI/ADA Specification No. 80 for Color Stability Test Methods;
- Proposed Revision to ANSI/ADA Specification No. 103 for Non-Sterile Poly Vinyl Chloride Gloves for Dentistry.

For free copies of the above documents call the ADA toll free number, Ext. 2506 or 2533. ■



A CASE FOR ALL-BOND® ROOT SURFACE DESENSITIZER

In an independent study, six treatment modalities were tested to determine their effect on dentin permeability and morphology. Of the treatments tested, **ALL-BOND** ROOT SURFACE DESENSITIZER alone showed the greatest reduction in permeability.¹



ALL-BOND ROOT SURFACE DESENSITIZER has nearly a decade of clinical success in reducing or eliminating sensitivity.

To order, or learn more about our full line of dental products, call BISCO today at

1-800-247-3368, or visit us on the Internet at www.bisco.com.



In another study, patients with pre-treatment air sensitivity continued to experience elimination or reduction up to nine months after treatment with **ALL-BOND**.²

1. *Effect of Dentin Desensitizers and Dentin Bonding Agents on Dentin Permeability*, *AJD* 2002, Vol. 13, Issue 1, Jain, P., Reihardt, J.W., Kroll, K.
2. *Polymeric Sealing of Dentinal Tubules to Control Sensitivity*, *AADR*, 1992, Abstract #798, Iannano, John A., Geinnett, A. John, School of Dental Medicine SUNY at Stony Brook.



BRINGING SCIENCE TO THE ART OF DENTISTRY™

ADA's solid investment Headquarters shares ZIP code with Chicago's top real estate

Editor's note: This is the final installment of a two-part series examining the history of the ADA Headquarters.

BY CLAYTON LUZ

The 23-story headquarters of the American Dental Association was formally dedicated Feb. 27, 1966.

In 1962 the Association had purchased the site of 211 E. Chicago for \$27 a square foot at a time when comparable acreage went for \$45 per square foot. The Association clearly had struck a bargain. Land was the best investment, said Greek philosopher Aristotle, because there was only so much of it.

The building's construction had taken three years, from November 1963 until November 1966.

Designed by chief architect Alfonso J. Carrara, who had worked and studied in the atelier of Frank Lloyd Wright, the building featured two unique structural elements. The first was the installation of a 55-foot by 11-foot transfer girder weighing 100,000 pounds. The girder eliminated the intrusion of any columns within the second floor auditorium.

The second feature was the building's service core, the "busiest" element in the structure because it houses the elevators, washrooms, ventilation ducts, piping and electrical risers. This vertical element in the center of the building is a nearly hollow 47-foot square reinforced concrete column that supports, or carries, the ends of the floor beams and serves as the structure's prime resistance to lateral wind forces. The column carries a total load of 47 million pounds, which is distributed to nine caissons situated under the building.

Whatever its interior structural dynamics, the new ADA Headquarters rose impressively along the Magnificent Mile. Visible from street traffic, the building's face is comprised of precast concrete columns made of exposed aggregate crystal quartz, solar bronze glass and the aluminum window frames.

The Feb. 27 dedication featured keynote speaker Dr. John W. Gardner, secretary of the U.S. Department of Health, Education and Welfare. Dr. Maynard K. Hine, ADA President, presided over a ceremony that included appearances from national and international dental leaders, members of the dental industry, state and local govern-

ment officials.

Dr. Gerald D. Timmons, an ADA past president, designated a time capsule for encasement in a south column of the building's front. The Board of Trustees recorded a wish to have the time capsule opened in 2009, the sesquicentennial anniversary of the ADA.

The ADA became home to a host of allied dental organizations, including the American Association of Dental Schools, American Dental Hygienists' Association, American Society of Oral Surgeons, International Association for Dental Research and American Academy of Periodontology.

With its resplendent new vestment standing tall at 211 E. Chicago for the world to see, the Association truly became the epicenter of dentistry.

By 1974 the five-year-old John Hancock Center had cast one of the world's taller urban shadows over the newly constructed and hugely popular Water Tower Mall, one block away from ADA headquarters. Paces away, the Magnificent Mile had developed into a street of dreams, complete with horse-drawn carriages clopping alongside street traffic, top-hatted hotel porters beckoning guests inside, caramel corn sweetening the air and street musicians sailing their tunes out over the Chicago River from the Michigan Avenue bridge.

The winds off Lake Michigan—nature's air cleaner—keep the city breathing fine, but in 1991 those same winds brought with them change for the Association.

The most compelling reason for change stemmed from the city's building code, which had specified the use of asbestos as a fire retardant when the ADA building was constructed. Subsequently, numerous state and federal regulations were promulgated governing exposure to asbestos. To keep existing tenants and continue attracting new ones, the asbestos would need to be abated.

Through no fault of its own, the ADA building found itself needing a horseshoeing (remember, this used to be a livestock and prairie town).

Keeping the structure competitive in the leasing market was a key element in the Association's decision in 1992 to undertake a major renovation of the building with regard to tenant space and certain common areas. The project had its germination in a 1991 study that assessed the extent to

which the potential hazard existed in the building. Survey results indicated that asbestos removal was needed before any major remodeling of the property could begin.

The 1992 House of Delegates approved Resolution 35H-1992, which increased membership dues by \$55 for four years, from 1993 to 1996 to fund the renovation project, of which about 70 percent represents remodeling and the remainder asbestos-related costs.

While renovation at the headquarters proceeded, the Mag Mile was becoming ever more magnificent as the 1990s witnessed unprecedented downtown commercial and residential growth. Disney moved in its mouse ears and Borders Bookstores opened, well, its borders across the street from that polo-playing playboy, Ralph Lauren, whose Michigan Avenue store became the designer's flagship location. And just this spring, the Park Hyatt, 67 stories of luxury hotel and residential units within shouting distance of the ADA building, joined the city's skyline.

The area was certainly improving, in terms of retail commerce, but it was also flourishing esthetically as well. The city had earmarked nearly \$200 million in "city beautiful" funds as part of Mayor Daley's quest to realize the city's Latin motto: "City in a Garden" (*Urbs in Horto*).

Back at 211 E. Chicago, the approved headquarters tenant redevelopment project continued as expected. As of June 2000, only the 13th floor, dock and garage, lobby and some mechanical space remained to be abated within the tenant budget structure. The 12th floor has been abated but is awaiting renovation upon securing tenants for space.

Long-term operational savings have been realized with the improvement of the infrastructure of the building, namely the electrical, plumbing, heating, ventilation and air conditioning systems as each tenant floor was renovated. Fire/life safety and sprinkler systems, handicap accessible restrooms, new lighting and ceiling fixtures and other interior finishes were installed.

The cost of the tenant redevelopment project will require \$23.4 million, which reflects increases related to the effects of inflation on labor and material costs; competitive market conditions that resulted in requests for higher tenant allowances to build-out space; inclusion of the science floor and the expanded definition of mechanical areas to include previously concealed conditions.

By June 2000, spending on renovations totals \$18.7 million, leaving an estimated cost to complete of \$4.7 million. To the extent that these projections prove to be accurate, without consideration of future interest earnings, a sum of at least \$2.5 million could conceivably be available towards the cost of abatement and renovation of Association-occupied space, an allocation to the Restricted Reserve fund or other uses as directed by the House of Delegates.

The benefits derived from the tenant redevelopment indicated that similar gains could be enjoyed from renovating existing ADA space as well. The Board of Trustees at its June 2000 meeting reviewed a preliminary report on the estimated range of future costs associated with the abatement and construction of the ADA facilities. The ADA Master Space Plan proposal became the framework for development of facility standards to meet the future organizational needs and space utilization goals of the



ADA today: The outside of the building is currently undergoing a thorough cleaning. Notice the darker area on the lower right, contrasted against the newly brightened concrete columns.

Association and its subsidiary.

At the tender age of 36, the ADA Headquarters has become a brand-name fixture in the tony Chicago commercial real estate market, as well as serving as a 23-story monument to improving oral health care the world over.

The Master Plan proposal that would help the Association maintain its prominence is designed to maximize the functionality of space while recognizing workplace ergonomics and continuing advancements in technology. Through the introduction of universal standards and facility management, future maintenance of the Association-occupied space will be more manageable and cost-efficient against the building's operating budget.

The Board has recommended approval of the Master Space Plan proposal to abate and renovate the remaining ADA occupied floors in the headquarters building, as proposed under a six-year phased project schedule beginning Jan. 1, 2001, with an estimated completion date of Dec. 31, 2006.

The Board further recommended, also for House consideration this year, funding the project via a special assessment of \$45 annually for six years, from 2001-2006. ■

'Family' stands sentry to ADA

If you're a frequent visitor to the ADA Headquarters, you've seen the work countless times: a large three-figure bronze sculpture situated in the building's west outdoor lobby, an area designated as the "War Memorial Court."

"Family" is a 15-foot tall abstract work designed by Chicago-born sculptor Joseph J. O'Connell. The piece represents a mother and father hovering protectively over their child, who seems focused on that most common of childhood toys—a ball.

The sculpture was installed May 10, 1969, in the Memorial Court, which honors the names of the 160 dentists who have lost their lives in our nation's wars.

In October 1964 the Association commissioned Mr. O'Connell to develop the statuary. The sculptor worked on the figures for about two years. Each one is more than twice life-



size; the statue of the father is 15 feet tall and weighs 8,000 pounds. Mother and child are proportionately smaller and weigh 5,000 and 3,000 pounds, respectively.

The artist worked from plaster models, eventually shipping sections from his home in St. Joseph, Mich., to a foundry in Detroit, where the sections were cast and then welded.

Mr. O'Connell, who carved statues, doors and panels for churches throughout the United States, died Oct. 20, 1995, at age 68. ■

ADA schedules building tours

During annual session in Chicago, the ADA will hold an open house at Headquarters, Oct. 13-16, daily from 2-4 p.m.

Invitations are recommended to attend the open house and will be available at McCormick Place, South Building at the ADA Membership Booth (No. 4807), during exhibit hours and in the Delegate Registration Area near Grand Ballroom S100 on Level 1.

On Oct. 13 only, invitations will be available at the session registration area at McCormick Place, South Building. Shuttle bus service between McCormick Place and the ADA headquarters building will be available from 1:45-4 p.m. on open house days only. Shuttle schedules may be obtained at ADA hotels and at the session registration area at McCormick Place, South Building. ■

Education

England

Continued from page one
General Anaesthesia and Conscious Sedation in Primary Dental Care,"—"www.doh.gov.uk/dental/conscious.htm"—which is highly critical of the safety of general anesthesia administered by the country's National Health Service dentists.

Ten years ago, England's GDC began taking steps to restrict the use of general anesthesia in dental practices, when the first of several government-commissioned expert committees developed policies related to the protection of patients.

This year's Department of Health report concluded that those policies were not implemented comprehensively or consistently; high quality practice had not been provided; and standards have not always been rigorously monitored or enforced.

In 1998, the GDC imposed further restrictions on dentists by issuing guidelines stating that general anesthesia should be "given only by suitably medically qualified anaesthetists," which resulted in a substantial reduction in the use of general anesthesia for dental treatment.

Eight deaths associated with general anesthesia in dental practices occurred from 1996-99—five including children—and the ensuing investigations led the GDC in July 2000 to announce its decision to ban dental-practice general anesthesia.

Patients waiting for hospital-based dental treatment in England are already feeling the pain. In the first year after the GDC issued its 1998

England's ban comes at a time when some U.S. dentists are under increasing scrutiny for providing deep sedation or general anesthesia for dentistry following several well-publicized cases involving anesthesia-related deaths in dental offices.

All states regulate the use of general anesthesia in dental practice. Patient safety in dental offices is maintained, said Dr. Epstein, by following ADA-issued guidelines and policy statements related to the use of conscious sedation, deep sedation and general anesthesia.

The ADA has been proactive in developing and revising guidelines on a regular basis to protect patient safety. (See story, page 16.)

In addition, state dental associations have been active in developing guidelines—many of which emulate the ADA's guidelines—for general anesthesia, which are often incorporated into state

Anesthesia in the states, ADA guidelines, page 16

laws and regulations.

"In the cases of which I am familiar, when the guidelines have been followed, there has not been any severe morbidity or mortality related to the administration of anesthesia," said Dr. Epstein.

More recently, the ADA has stepped up its efforts to maintain general anesthesia as the practice of dentistry as well as medicine. Three resolutions relevant to sedation and anesthesia will go before the 2000 House of Delegates in October.

Resolution 30 is the proposed revision to the "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists," and Resolution 31 is the proposed revision to the "Guidelines for Teaching the

Comprehensive Control of Anxiety and Pain in Dentistry."

Res. 30 and Res. 31 are the results of the ADA's process of further amending the guidelines to ensure they remain current to maintain standards of care and patient safety.

Resolution 14B pertains to the dentist's right to administer general anesthesia. The CDEL believes the statement would be helpful to those constituents and interested parties seeking the Association's position on the administration of anesthesia by dentists. This statement will also allow the Association to affirm its support for the right of dentists to administer anesthesia services to dental patients.

Res. 14B would be separate from but consistent with the ADA's existing four-page policy statement, "The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry." ■

■ **"In the cases of which I am familiar, when the guidelines have been followed, there has not been any severe morbidity or mortality related to the administration of anesthesia," said Dr. Epstein.**

restrictions, "the number of patients waiting 13 weeks or more for first outpatient appointment rose by 18 percent," according to the Department of Health report.

In addition to longer waiting periods, dentists in the United States say the crackdown on anesthesia in dental practices could lead to dentists performing more expedient procedures or compromised treatment plans; increased patient discomfort due to untreated dental disease; and increased health system costs for dental procedures performed in the hospital.

"For people in acute need of treatment, they are simply not going to get the treatment that is best for their oral health," said Dr. Joel Weaver, a dentist-anesthesiologist and associate professor in the Department of Oral and Maxillofacial Surgery at the Ohio State University College of Dentistry.

Though the GDC did not outline a plan to develop an infrastructure to support hospital-based dental care, it set Dec. 31, 2001, as the deadline for allowing dentists to provide general anesthesia in dental practices.


Until then, dentists who administer general anesthesia will have to be registered and inspected to ensure they have properly trained staff, appropriate equipment and the ability to deal with patients who suffer adverse reactions.



TransitionTM Crowns & Bridges

Guaranteed Durability Even for Bruxers!

\$49
per unit





Dentistry by Walter Havekors, DDS;
Transitions by Mike Lee, Senior Technician.

TRANSITION CROWNS & BRIDGES
Exclusively from Glidewell Laboratories

- Indicated for cases up to 4-pontic spans
- Polyoxymethylene resin is durable & wear-resistant
- Contains no monomers or composite fillers
- 3-year replacement guarantee

GLIDEWELL LABORATORIES
Serving Dentists Since 1970



Call for shipping supplies & case pick-up

1.800.411.9724

Video lab tour at www.glidewell-lab.com

Anesthesia regulations vary by state

BY KAREN FOX

With comprehensive guidelines and state laws supporting the right to provide general anesthesia and state regulations governing its use, a federal ban on general anesthesia in dental offices is not likely to occur in the United States.

But it is possible that a state could prevent qualified dentists from administering general anesthesia in dental offices. Such a situation almost occurred in Pennsylvania two years ago.

"Following an anesthesia-related fatality in which ADA guidelines were not followed, a bill was introduced in the Pennsylvania legislature which would have required all general anesthesia for children's dentistry be performed in a hospital setting," said Dr. Ralph H. Epstein, a dentist-anes-

Education

thesiologist, past president of the American Society of Dentist Anesthesiologists and member of the ADA Council on Dental Education and Licensure's Committee on Anesthesiology.

Pennsylvania House Bill 1394 called for written informed consent—including a description of the procedure, its risks and possible alternative treatments—prior to the administration of general anesthetic and set standards for the state board to follow in promulgating regulations for a dental office

inspection program for anesthesia permit holders.

But the section of the original version of HB 1394 stating that "dental procedures requiring the use of general anesthesia on a pediatric dental patient must be performed in a hospital setting" was removed from the bill after Pennsylvania Dental Association members provided expert testimony explaining the need and demand for safe office-based general anesthesia.

Pennsylvania HB 1394 is still pending approval in the legislature.

"With the death of any patient, especially children," said Dr. Epstein, "lawmakers and the public react very emotionally. If guidelines are not followed and severe morbidity or mortality result, individual states could end up responding to the

emotions of the situation and enact laws preventing qualified dentists from providing general anesthesia."

California, Ohio and New York are states that have moved to enact regulations to ensure the safer administration for oral conscious sedation. Twenty-three states have laws that require health insurance plans to cover hospital costs and the cost of administering general anesthesia to children in hospitals, or in a few states, dental offices.

It remains to be seen how the ruling on general anesthesia will impact England's health system, but some dentists believe such a law here would be devastating.

"If the same thing were to happen in this country, it would likely increase the cost of treatment by eliminating efficient and cost-effective care in the dental office," said Dr. Joel Weaver, a dentist-anesthesiologist and associate professor in the Department of Oral and Maxillofacial Surgery at the Ohio State University College of Dentistry.

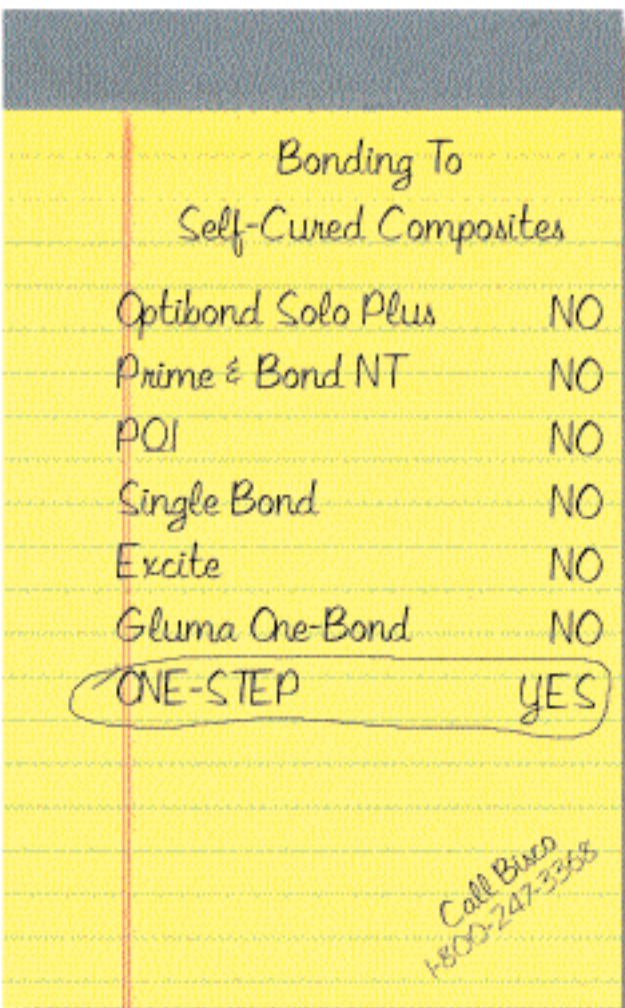
"Patients might have to travel long distances to a hospital where dental equipment is available for the full spectrum of dental care," he said.

"What happens in this country, since dentistry is not a priority in hospitals, there is less time reserved for dental cases, which are usually pushed to the afternoon. The appointments are arranged so poorly that it affects patient care. You end up having children who wait until the afternoon for dental care without eating or drinking anything all day. The stress on the entire family can be overwhelming," said Dr. Epstein.

"The advantages of having dental treatment done in the dental office is that it's less expensive, there is easier access for family members, the wait for treatment is shorter and dentistry in a private office is a priority, so patients can be treated early in the morning," he explained. "The dental equipment and supplies are more appropriate for dental-office delivery in the private office, too, and special needs patients are not as fearful in a dental office as they are in the hospital."

Prohibiting dental office anesthesia eliminates a cost-effective alternative as well.

"By providing dental anesthesia in the office, it is estimated that the cost can be 50 percent less than the care in the hospital," said Dr. Epstein. "If a patient or a family member has to lose a full day of work or two days of work because they must have dental treatment done in the hospital, what is the cost to society?" ■



Bonding To Self-Cured Composites

Optibond Solo Plus	NO
Prime & Bond NT	NO
PQ1	NO
Single Bond	NO
Excite	NO
Gluma One-Bond	NO
ONE-STEP	YES

Call Bisco 1-800-247-3368

ONE-STEP Universal Dental Adhesive

According to a leading annual review of aesthetic dental products, ONE-STEP® Universal Dental Adhesive is the only single-bottle adhesive (5th generation) that bonds strongly to self-cured materials without additional components.

This means that ONE-STEP is the only single-bottle adhesive that can be used confidently with all composite materials, light-cured, dual-cured or self-cured. Why keep limited-use single-bottle adhesives in your office when ONE-STEP can provide a strong bond in every application?

To order, or to learn more about ONE-STEP and our full line of Dental products, call BISCO today at 1-800-BIS-DENT, or visit us on the Internet at www.bisco.com.

2000 REALITY
Five Star Award
★★★★

BRINGING SCIENCE TO THE ART OF DENTISTRY™

BISCO
Dental Division
3M Corporation

OPTIBOND SOLO PLUS is a Registered Trademark of Kerr. PRIME & BOND NT is a Registered Trademark of Dentsply/Caulk. PQ1 is a Registered Trademark of ULTRADENT. SINGLE BOND is a Registered Trademark of 3M Dental Products. EXCITE is a Registered Trademark of Ivoclar-Vivadent. GLUMA ONE-BOND is a Registered Trademark of Harsco/Kulzer. ONE-STEP is a Registered Trademark of BISCO Inc.

ADA guidelines, policies listed

Current ADA guidelines and policy statements related to conscious sedation, deep sedation and general anesthesia include:

- "Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists," the educational and practice guidelines for the use of conscious sedation and general anesthesia ("www.ada.org/prac/careers/cs-guide.html").

- "The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry," a policy statement revised and adopted by the 1998 House of Delegates, addressing the issue in four areas: education, risk management, state regulation and research ("www.ada.org/prac/careers/cs-useof.html").

- "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry," which were revised and approved by the 1999 House of Delegates, detailing student requirements, prerequisites the didactic curricular content and the sequence of instruction ("www.ada.org/prac/careers/pain-toc.html").

- "Dental Anesthesia: Providing a More Comfortable Dental Visit," a patient-education brochure, is available through the Department of Salable Materials at 1-800-947-4746. ■

SELF-CURE... DUAL-CURE... NO PROBLEM! THIS SINGLE BOTTLE BONDING AGENT ALLOWS YOU TO BOND WITH CONFIDENCE!

Recently, a number of studies by independent researchers have indicated that many single bottle bonding agents have inadequate bond strengths to self- and dual-cure materials.

BOND-1® PRIMER/ADHESIVE BONDS TO RESINS REGARDLESS OF THE CURE MODE!

We asked a prestigious university to conduct sheer bond strength tests with *Bond-1* Primer/Adhesive to light cure, dual-cure and self-cure resins. Here are their results:

Light Cure Resin (Flow-It® Flowable Composite)	25.0 Mpa*
Dual-Cure Resin (Build-It® ER,™ Core Build-up Material)	19.8 Mpa*
Self-Cure Resin (Flow-It Self-Cure Flowable Composite)	22.2 Mpa*

BOND-1 PRIMER/ADHESIVE BONDS TO CORE MATERIALS!

Unfortunately, *Bond-1* Primer/Adhesive was not included in a recent study testing core buildup and adhesive compatibility conducted by a leading clinical research institute. As a result, we again contacted this prestigious university and asked them to replicate this study using *Bond-1* Primer/Adhesive with these same core materials. Listed below are their results.

Core Buildup Materials							
Flow-It® Regular (Dentsply/Caulk)							
Core Flo® (Bisco)							
LamCore® (Zenith/DMG)							
Core Paste (Den-Mat)							
TiCore® Natural (EDS)							
Core-Bond® (Kerr)							
Build-It ER (Jeneric/Pentron, Inc.)							
Bond-1 Primer/Adhesive* (Jeneric/Pentron, Inc.)	8.4	14.2	16.7	21.4	10.6	13.5	19.8

Strengths 10 MPa or greater

Compare these results with the data from a recent core build-up/adhesive compatibility study from the June newsletter!

BOND-1 PRIMER/ADHESIVE SAVES YOU MONEY!

While many of these heavily advertised single bottle bonding agents cost you over \$15.00** per ml, *Bond-1* Primer/Adhesive is less than \$9.00*** per ml

- that's a savings of over 40%!!!

**STOP THROWING AWAY YOUR
MONEY - BUY BOND-1 PRIMER/ADHE-
SIVE - THE SINGLE BOTTLE BONDING
AGENT THAT WORKS!!!**

CALL 800-551-0283

Toll Free Fax: 877-677-8844

In Canada call Synca at 800-667-9622

SOURCE CODE
0101



\$44.95*
regular retail \$51.95

Jeneric®/Pentron®
INCORPORATED

**We Make Good Products
at a Fair Price.**

And We Stand Behind Them.

* Data available on request.

** From the Spring/Summer 2000, 150th Edition Sullivan-Schein Dental™ Catalog, a Henry Schein® Company.

*** Additional shipping and handling charges apply.

**ISO 9001
CERTIFIED**

are registered trademarks and a trademark of
Dentsply/Caulk, a division of Dentsply International.
a registered trademark and a trademark of Bisco
Dental Products.
a registered trademark of Zenith™/DMG.
a registered trademark of Essential Dental Systems, Inc.
a registered trademark of Den-Mat Corporation.
a trademark of Kerr Dental Products, a division of
Sybron Dental Specialties.
a trademark of Ivoclar North America, Inc.
are registered trademarks of ESPE America, Inc.
a registered trademark of 3M Dental Products.



Order online: www.jeneric.com

P. O. BOX 724 • Wallingford, CT U.S.A. 06492 • 203-265-7393
Offer valid until November 30, 2000. No other offers apply. Offer valid U.S.A. only.
Subject to change or cancellation without notice. © Jeneric/Pentron Inc. 2000. All rights reserved.

Annual Session

Special events make session special
Aretha Franklin, Second City comedy featured this year

BY CLAYTON LUZ
Everyone knows there's nothing like home cookin', and lots of it.
Sweet Home, Chicago at the 141st ADA Annual Session offers you a bountiful buffet of the best in dentistry with trimmings that'll have

you singing the blues with a smile on your face.
Scheduled Oct. 14-18, with pre-session Oct. 13, dentistry's premier meeting presents not only renowned experts speaking on the art and science of dentistry as well as the latest dental technology and services, but a schedule of special events and

tours that will make memories for years to come.
"This is the one meeting that has it all," says ADA President Richard Mascola. "This is truly one of the biggest and best dental meetings."
Annual session officially begins Oct. 14 with an opening ceremony featuring a formidable

homegrown talent list that includes the Second City comedy troupe; Koko Taylor, the queen of the blues; Walt Whitman and the Soul Children of Chicago; Mullane Dance Academy, a superb Irish dance company; and the notorious Brooze Brothers and their Big Fun Band.

One special event you won't want to miss is an Evening with Aretha Franklin, the Queen of Soul, scheduled Oct. 15 at 8 p.m. in the landmark Chicago Theatre. Seating is reserved so order your tickets now.

Sweet Home, Chicago, also features some of the world's finest architecture, which you can experience first-hand at a number of session tours.

The following tours are filling quickly, so register today:

- 100 Years of Chicago Architecture—Coach and Walking Tour (A1, A2)—Travel afoot and by coach past Chicago architectural treasures such as the Monadnock, Reliance and Manhattan buildings. Witness 100 years of architectural genius from William LeBaron Jenney, Louis Sullivan, Harry Weese, Helmut Jahn and, of course, Frank Lloyd Wright;

- Architectural River Cruise and Walking Tour (C1, C2, C3)—Cruise along the Chicago River and view world-famous buildings such as the Wrigley Building, Sears Tower and the Lyric Opera Building. Afterwards you'll set out on dry land for an "up close and personal" with many of the landmarks just viewed from the river;

- Chicago Panorama Tour (K1, K2, K3, K4, K5, K6)—Explore Chicago's great street—State Street—as well as LaSalle Street, the Magnificent Mile and Lake Shore Drive. You'll also view Buckingham Fountain, Monroe Harbor and Planetarium Point. At Hyde Park, site of the 1893 World's Fair, you'll view the Museum of Science and Industry and the University of Chicago campus where Frank Lloyd Wright's Robie House is featured, along with Rockefeller Chapel;

- Field Museum-Kremlin Gold (P1, P2)—A fascinating exhibition drawn from Moscow's Kremlin Museums featuring 100 masterpieces including diamond- and sapphire-encrusted chalices of the tsars, Faberge eggs and other treasures of the Russian culture;

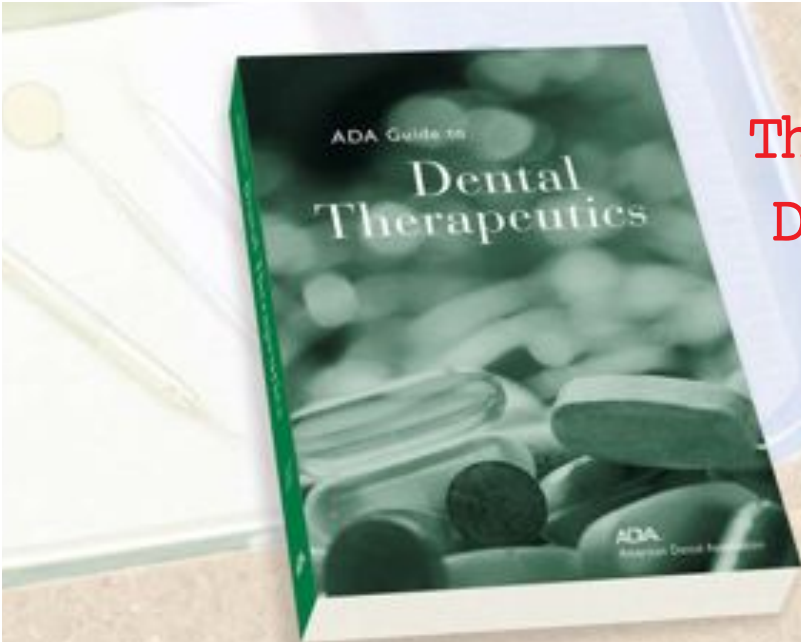
- Frank Lloyd Wright in Oak Park (Q1, Q2, Q3)—Oak Park hosts a treasure trove of the influence of Wright's architecture.
See SPECIAL, page 19



Koko Taylor: Will perform at the ADA's Oct. 14 opening ceremony.



Robie House: Visit one of Frank Lloyd Wright's houses on ADA Tour U1.



The Only
Drug Reference
Dentists Need

Every day your patients rely on you for sound advice on prescription and over-the-counter drugs. Now the completely updated ADA Guide to Dental Therapeutics is the one

Edited by Sebastian G. Ciancio, D.D.S., in cooperation with the ADA Council on Scientific

source for quick, accurate information to help guide your drug treatment decisions.

Buy the all-new revised edition with completely updated chapters and more than 30 new easy-reference tables. No other book has so much thorough and reliable drug information in one easy-access reference ...

- accurate information on over 3,000 generic and brand-name drugs used in dentistry and medicine
- nearly 500 concise tables giving rapid access to drug characteristics,
- indications, contraindications and interactions
- listing of products bearing the ADA Seal of Acceptance, an
- assurance of safety and efficacy you won't find in any other book



A Division of ADA Business Enterprises, Inc.

Expert Advice From
Experts You Trust

Yes! Please send me _____ copies of the ADA Guide to Dental Therapeutics (Item # K063)

To order, just call 1-800-947-4746, visit our web site at www.ada.org, fax this completed form to 630-443-9970, or mail it to:

P.O. Box 776,
St. Charles, IL 60174

Please print all information

Name _____

Address _____

City _____ Stat _____ Zip _____

Country _____

Phone _____

Fax _____

Payment must accompany order. Rates subject to change.

Members _____ \$44.95 _____ = _____

Membership _____ QTY _____ \$ _____

Non-Members (U.S. and foreign) _____ x _____ = _____

_____ \$64.95 Tax \$ _____

(IL Residents add 7% sales tax.)

Shipping and Handling \$ _____

☐ Check enclosed (payable to ADA Publishing)

☐ Charge to: ☐ Visa ☐ MasterCard

U.S. (per book)\$ 5.95
Foreign/Air Mail
(per book—calculated according to destination)

Total \$ _____

Card # _____ Exp _____

Signature _____

Continuing education through hands-on learning

BY CLAYTON LUZ

The challenge of evaluating management and clinical technologies and how to shop for them is met head-on during the scientific session at annual session.

"Simplifying Shopping for Technology for the Dental Practice" is one of the more than 180 educational sessions set for the 141st Annual Session of the American Dental Association in Chicago, Oct. 14-18, with pre-session beginning Oct. 13.

Registered workshops will convene in the South Building at Chicago's McCormick Place, the country's largest convention center. Up to 32 hours of courses will be offered for continuing dental education credit during session.

In "Simplifying Shopping for Technology for

the Dental Practice" (PW17A/B), Dr. Barry Freyberg will try to clear up the confusion that often surrounds technology purchases.

"With all the recent and ongoing unexpected mergers and acquisitions within the dental technology industry, selecting which management system, digital camera, electronic radiograph system or image management software can be a daunting task," says Dr. Freyberg.

"Understanding where dental technology is heading in the future will help you to decide what makes sense now," he adds.

Other participation workshops include:

- "Making the Most of Your Image: Practical Radiographic Concepts" (PW1A/B)—Dr. Dale A. Miles will introduce simple concepts to improve film placement for both intraoral and panoramic radiography. He also will discuss panoramic image acquisition and offer an

overview of panoramic anatomy.

"We'll also be using a workbook that will feature the same black and white image that appears on-screen," explains Dr. Miles. "This will help participants identify errors and how to correct them, to visually see what clues appear on the film and, overall, help them with error identification."

- "Air Abrasion for Conservative Dentistry" (PW4A/B)—Drs. W. Stephen Eakle and Dennis Buhler will discuss how "drill-less" dentistry and a reduced need for local anesthesia with air abrasion offer practice building opportunities for the modern dental practice. The speakers will cover clinical applications for air abrasion and participants will practice on extracted teeth;

- "Anchors and the Complete Mandibular Overdenture: Let's Do It!" (PW13A/B)—Drs. Daniel D. Epstein and Philip L. Epstein will

show participants how to use a mandibular typodont with three roots and one implant fixture embedded, a complete mandibular denture fitted to the typodont and four overdenture anchors as well as the Flexi-Post, O-SO, Paragon implant and Zaag. Participants will also prepare the typodont and then place each of three root anchors into each of the typodont roots and the implant into the embedded implant fixture. Program includes a demonstration model for overdenture therapy;

- "High-quality, Time-saving Adhesive Dentistry" (PW19A/B)—Dr. Paul C. Belvedere will offer a hands-on workshop bridging the gap between "hearing it" and "doing it." Participants will learn to manipulate and place numerous matrix systems. Each matrix system is designed to facilitate a different restorative problem, both posterior and anterior. ■

How to register, obtain tickets

There are many ways to access complete details and registration forms for the ADA 141st annual session. Obtain full descriptions of registered clinics, participation workshops, free open attendance courses, exhibitor listings, hotel and travel options, exciting tour possibilities and convenient child care programs:

- Visit "www.ada.org/session".
- See the May 15th ADA News.
- See the July issue of the Journal of the ADA.
- Request a copy of the official Preview by calling 1-800-232-1432 or 1-312-440-2388.

The Aug. 21 ADA News ran the complete registration form for ticketed courses. ■

Special

Continued from page 18

ential architect's works. Among the buildings you'll see is Unity Temple, Wright's first public building, and the master's own home of 20 years.

And bring the kids, too. The ADA/Colgate Kid Camp will turn your annual session into a family affair. Managed for the fourth consecutive year by ACCENT on Children's Arrangements Inc., a nationally recognized professional company, the camp provides a safe environment with developmentally appropriate programs for children six months to 12 years of age, including the following field trips for your little ones:

- A "Sense-sational" Experience—At the Field Museum of Natural History;
- Fish, Fins and Fun—At the John G. Shedd Aquarium;
- Day of Discovery—At the Museum of Science and Industry. The fun includes a special Omnimax Theatre presentation.

Camp ADA field trips are available to children six years of age and older at the rates noted on the form, which include transportation, admission and lunch.

Register by Sept. 30 and simply pick up your registration materials on-site at McCormick Place, South Lobby. ■

FROM MERCK
FOR THE TREATMENT OF
BOTH ACUTE PAIN IN ADULTS
AND OSTEOARTHRITIS
AN AGENT THAT INHIBITS
ONLY COX-2

ONCE DAILY
VIOXX
(rofecoxib)

**ONCE-DAILY
POWER**
STRENGTH.
SAFETY.
QD SIMPLICITY.

LEARN ABOUT VIOXX
AT COLLAGENEX
PHARMACEUTICALS
BOOTH #5726 AT
ADA 2000 IN CHICAGO

FOR BOTH ACUTE PAIN IN ADULTS
AND OSTEOARTHRITIS

VIOXX is contraindicated in patients with known hypersensitivity to rofecoxib or any other component of VIOXX. VIOXX should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs). Severe, rarely fatal, anaphylactic-like reactions to NSAIDs have been reported in such patients.

The management of acute pain beyond five days has not been studied; acute-pain studies were designed to last up to five days.

Common adverse events included upper respiratory infection (8.5%), diarrhea (6.5%), nausea (5.2%), and hypertension (3.5%).

Serious gastrointestinal (GI) toxicity can occur with or without warning symptoms with NSAIDs.

No sulfonamide contraindication.

STUDIED IN POSTOPERATIVE DENTAL PAIN

Please read Brief Summary of Prescribing Information on adjacent page. www.vioxx.com

MERCK

©2000 Merck & Co., Inc. All rights reserved. 005716(4)(805)-VIO

COLLAGENEX
PHARMACEUTICALS

THE INTERNATIONAL DENTAL STUDIES PROGRAM

is a two-year D.D.S. program for foreign-trained graduates seeking further knowledge and quality professional education in American dental techniques. We believe your time is precious. We can appreciate your goals and we will guide you toward your achievements in the professional dental world. If you plan to broaden your dental education in America, consider San Francisco as being the home of the finest dental institution in the United States.



University of the Pacific
School of Dentistry
International Dental Studies Program
2155 Webster Street, San Francisco, CA 94115 USA
Phone 415-929-6688
Fax 415-749-3334
www.dental.uop.edu

VIOXX® (rofecoxib tablets and oral suspension)
Brief Summary of Prescribing Information

INDICATIONS AND USAGE: VIOXX is indicated for: relief of the signs and symptoms of osteoarthritis (OA); management of acute pain in adults; treatment of primary dysmenorrhea.

CONTRAINDICATIONS: VIOXX is contraindicated in patients with known hypersensitivity to rofecoxib or any other component of VIOXX.

VIOXX should not be given to patients who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs). Severe, rarely fatal, anaphylactoid-like reactions to NSAIDs have been reported in such patients (see WARNINGS, Anaphylactoid Reactions and PRECAUTIONS, Preexisting Asthma).

WARNINGS: Gastrointestinal (GI) Effects—Risk of GI ulceration, bleeding, and perforation. Serious GI toxicity, such as bleeding, ulceration, and perforation of the stomach, small intestine, or large intestine, can occur at any time, with or without warning symptoms, in patients treated with NSAIDs. Minor upper GI problems, such as dyspepsia, are common and may also occur at any time during NSAID therapy. Therefore, physicians and patients should remain alert for ulceration and bleeding, even in the absence of previous GI tract symptoms. Patients should be informed about the signs and/or symptoms of serious GI toxicity and the steps to take if they occur. The utility of periodic laboratory monitoring has not been demonstrated, nor has it been adequately assessed. Only 1 in 5 patients who develop a serious upper GI adverse event on NSAID therapy is symptomatic. It has been demonstrated that upper GI ulcers, gross bleeding, or perforation caused by NSAIDs, appear to occur in approximately 1% of patients treated for 3-6 months, and in about 2%-4% of patients treated for 1 year. These trends continue thus, increasing the likelihood of developing a serious GI event at some time during the course of therapy. However, even short-term therapy is not without risk.

It is unclear, at the present time, how the above rates apply to VIOXX. Among 3,381 patients who received VIOXX in controlled clinical trials at 12.5 mg to 1 year in duration (most were enrolled in 6-month or longer studies) at a daily dose of 12.5 mg to 50 mg, a total of 4 patients experienced a serious upper GI event, using protocol-defined criteria. Two patients experienced an upper GI bleed within 3 months (at Days 62 and 87, respectively) (0.6%). One additional patient experienced an abdominal pain within 6 months (Day 120) and the remaining patient developed an upper GI bleed within 12 months (Day 322) (0.12%). Approximately 23% of these 3,381 patients were in studies that required them to be free of GI study entry. It is unclear if this study population is representative of the general population. Prospective, long-term studies required to compare the incidence of serious, clinically significant upper GI adverse events in patients taking VIOXX vs. comparable NSAID products have not been performed.

NSAIDs should be prescribed with extreme caution in patients with a prior history of ulcer disease or GI bleeding. Most spontaneous reports of fatal GI events are in elderly or debilitated patients and therefore special care should be taken in treating this population. To minimize the potential risk for an adverse GI event, the lowest effective dose should be used for the shortest possible duration. For high-risk patients, alternate therapies that do not involve NSAIDs should be considered.

Studies have shown that patients with a prior history of peptic ulcer disease and/or GI bleeding and who use NSAIDs, have a greater than 16-fold higher risk for developing a GI bleed than patients with neither of these risk factors. In addition to a past history of ulcer disease, pharmacokinetic studies have identified several other cofactors or confounding conditions that may increase the risk for GI bleeding, such as: treatment with oral corticosteroids, treatment with anticoagulants, longer duration of NSAID therapy, smoking, alcoholism, older age, and prior general health status.

Anaphylactoid Reactions: As with NSAIDs in general, anaphylactoid reactions have occurred in patients without known prior exposure to VIOXX. In postmarketing experience, rare cases of anaphylactoid reactions and angioedema have been reported in patients receiving VIOXX. VIOXX should not be given to patients with the aspirin triad. This symptom complex typically occurs in asthmatic patients who experience rhinitis with or without nasal polyps, or who exhibit severe, potentially fatal bronchospasm after taking aspirin or other NSAIDs (see CONTRAINDICATIONS and PRECAUTIONS, Preexisting Asthma). Emergency help should be sought in cases where an anaphylactoid reaction occurs.

Advanced Renal Disease. No safety information is available regarding the use of VIOXX in patients with advanced kidney disease. Therefore, treatment with VIOXX is not recommended in these patients. If VIOXX therapy must be initiated, close monitoring of the patient's kidney function is advisable (see PRECAUTIONS, Renal Effects).

Pregnancy: In late pregnancy, VIOXX should be avoided because it may cause premature closure of the ductus arteriosus.

PRECAUTIONS: General: VIOXX cannot be expected to substitute for corticosteroids or to treat corticosteroid insufficiency. Abrupt discontinuation of corticosteroids may lead to exacerbation of corticosteroid-responsive illness. Patients on prolonged corticosteroid therapy should have their therapy tapered slowly if a decision is made to discontinue corticosteroids.

The pharmacologic activity of VIOXX is reducing inflammation, and possibly fever, may diminish the utility of these diagnostic signs in detecting infectious complications of presumed or postoperative wounds, painful arthritis.

Hepatic Effects: Borderline elevations of 1 or more liver tests may occur in up to 15% of patients taking NSAIDs, and notable elevations of ALT or AST (3 or more times the upper limit of normal) have been reported in approximately 1% of patients in clinical trials with NSAIDs. These laboratory abnormalities may progress, may remain unchanged, or may be transient with continuing therapy. Rare cases of severe hepatic reactions, including jaundice and fatal fulminant hepatitis, liver necrosis, and hepatic failure (some with fatal outcome) have been reported with NSAIDs. In controlled clinical trials of VIOXX, the incidence of borderline elevations of liver tests at doses of 12.5 mg and 25 mg daily was comparable to the incidence observed with ibuprofen and lower than that observed with diclofenac. In placebo-controlled trials, approximately 0.5% of patients taking rofecoxib (12.5 mg or 25 mg q.d.) and 0.1% of patients taking placebo had notable elevations of ALT or AST.

A patient with symptoms and/or signs suggesting liver dysfunction, or in whom an abnormal liver test has occurred, should be monitored carefully for evidence of the development of a more severe hepatic reaction while on therapy with VIOXX. Use of VIOXX is not recommended in patients with moderate or severe hepatic insufficiency. If clinical signs and symptoms consistent with liver disease develop, or if systemic manifestations occur (e.g., eosinophilia, rash, etc.), VIOXX should be discontinued.

Renal Effects: Long-term administration of NSAIDs has resulted in renal papillary necrosis and other renal injury. Renal toxicity has also been seen in patients in whom renal prostaglandins have a compensatory role in the maintenance of renal perfusion. In these patients, administration of an NSAID may cause a dose-dependent reduction in prostaglandin formation and, secondarily, in renal blood flow, which may precipitate overt renal decompensation. Patients at greatest risk of this reaction are those with impaired renal function, heart failure, liver dysfunction, those taking diuretics and angiotensin-converting enzyme (ACE) inhibitors, and the elderly. Discontinuation of NSAID therapy is usually followed by recovery to the pretreatment state. Clinical trials with VIOXX at daily doses of 12.5 mg and 25 mg have shown renal effects (e.g., hypotension, edema) similar to those observed with comparator NSAIDs; these occur with an increased frequency with chronic use of VIOXX at doses above the 12.5 mg to 25 mg range (see ADVERSE REACTIONS). Caution should be used when initiating treatment with VIOXX in patients with considerable renal impairment. It is advisable to rehydrate patients first and then start therapy with VIOXX. Caution is also recommended in patients with preexisting kidney disease (see WARNINGS, Advanced Renal Disease).

Hematologic Effects: Anemia is sometimes seen in patients receiving VIOXX. In placebo-controlled trials, there were no significant differences observed between VIOXX and placebo in clinical reports of anemia. Patients on long-term treatment with VIOXX should have their hemoglobin or hematocrit checked if they exhibit any signs or symptoms of anemia or blood loss. VIOXX does not generally affect platelet counts, prothrombin time, or partial thromboplastin time, and does not inhibit platelet aggregation at indicated dosages.

Fluor Anterior and Edema: Fluid retention and edema have been observed in some patients taking VIOXX (rofecoxib tablets and oral suspension) (see ADVERSE REACTIONS). VIOXX should be used with caution and should be discontinued at the lowest recommended dose in patients with fluid retention, hypotension, or heart failure.

Pharmacologic Effects: Patients with asthma may have aspirin-sensitive asthma. The use of aspirin in patients with aspirin-sensitive asthma has been associated with severe bronchospasm, which can be fatal. Since cross-reactivity, including bronchospasm, between aspirin and other NSAIDs has been reported in such aspirin-sensitive patients, VIOXX should not be administered to patients with this form of aspirin sensitivity and should be used with caution in patients with preexisting asthma.

Information for Patients: VIOXX can cause discomfort and, rarely, more serious side effects, such as GI bleeding, which may result in hospitalization and even fatal outcomes. Although serious GI tract ulcerations and bleeding can occur without warning symptoms, patients should be alert for the signs and symptoms of ulcerations and bleeding, and should seek medical advice when observing any indicative signs or symptoms. Patients should be advised of the importance of the following (see WARNINGS, Gastrointestinal (GI) Effects—Risk of GI Ulceration, Bleeding, and Perforation).

Patients should promptly report signs or symptoms of GI ulceration or bleeding, skin rash, unexplained weight gain, or edema to their physicians.

Patients should be informed of the warning signs and symptoms of hepatotoxicity (e.g., anorexia, fatigue, lethargy, pruritus, jaundice, right upper quadrant tenderness, and "flu-like" symptoms). If these occur, patients should be instructed to stop therapy and seek immediate medical therapy.

Patients should also be instructed to seek immediate emergency help in the case of an anaphylactoid reaction (see WARNINGS).

In late pregnancy, VIOXX should be avoided because it may cause premature closure of the ductus arteriosus.

Laboratory Tests: Because serious GI tract ulcerations and bleeding can occur without warning symptoms, physicians should monitor for signs or symptoms of GI bleeding.

Drug Interactions: ACE Inhibitors: Reports suggest that NSAIDs may diminish the antihypertensive effect of ACE inhibitors. In patients with mild to moderate hypertension, administration of 25 mg daily of VIOXX with the ACE inhibitor benazepril, 10 to 40 mg for 4 weeks, was associated with an average increase in mean arterial pressure of about 3 mmHg compared to ACE inhibitor alone. This interaction should be given consideration in patients taking VIOXX concurrently with ACE inhibitors. Aspirin: Concurrent administration of low-dose aspirin with VIOXX may result in an increased rate of GI ulceration or other complications, compared to use of VIOXX alone. At steady state, VIOXX 50 mg once daily had no effect on the antiplatelet activity of low-dose (81 mg once daily) aspirin, as assessed by ex vivo platelet aggregation and serum TXB₂ generation in clotting blood. VIOXX is not a substitute for aspirin for cardiovascular prophylaxis. Clozapine: Concomitant use with high doses of clozapine (800 mg twice daily) increased the C_{max} of rofecoxib by 29%, the AUC₀₋₂₄ by 28%, and the t_{1/2} by 15%. These small changes are not clinically significant and no dose adjustment is necessary. Digoxin: Rofecoxib 75 mg once daily for 11 days does not alter the plasma concentration profile or renal elimination of digoxin after a single 0.5-mg oral dose. Furosemide: Clinical studies, as well as postmarketing observations, have shown that NSAIDs can reduce the diuretic effect of furosemide and thiazides in some patients. This response has been attributed to inhibition of renal prostaglandin synthesis. Motexenolol: Motexenolol 400 mg daily did not have any clinically important effect on the pharmacokinetics of rofecoxib. Lithium: NSAIDs have produced an elevation of plasma lithium levels and a reduction in renal lithium clearance. Thus, when VIOXX and lithium are administered concurrently, subjects should be observed carefully for signs of lithium toxicity. Methotrexate: VIOXX 75 mg administered once daily for 10 days increased plasma concentrations by 23%, as measured by AUC₀₋₂₄ in patients receiving methotrexate 7.5 mg to 15 mg/week for rheumatoid arthritis. An equivalent magnitude of reduction in methotrexate renal clearance was observed. At 24 hours postdose, a similar proportion of patients treated with methotrexate alone (54%) and subsequently treated with methotrexate concomitant with 75 mg of rofecoxib (58%) had methotrexate plasma concentrations below the measurable limit (5 ng/mL). The effects of the recommended doses for OA (12.5 mg and 25 mg) of VIOXX on plasma methotrexate levels are unknown. Standard monitoring of methotrexate-related toxicity should be continued if VIOXX and methotrexate are administered concurrently. Oral Contraceptives: Rofecoxib did not have any clinically important effect on the pharmacokinetics of ethinyl estradiol and norethindrone. Probenecid/Probenecid: Probenecid did not have any clinically important effect on the pharmacokinetics of probenecid or probenecid. Rofecoxib: Concomitant use of VIOXX with rifampin 600 mg daily, a potent inducer of hepatic metabolism, produced an approximate 50% decrease in rofecoxib plasma concentrations. Therefore, a starting daily dose of 25 mg of VIOXX should be considered for the treatment of OA when VIOXX is concomitantly used with potent inducers of hepatic metabolism. Warfarin: Anticoagulant activity should be monitored, particularly in the first few days after initiating or changing VIOXX therapy in patients receiving warfarin or similar agents, since these patients are at an increased risk of bleeding complications. In single- and multiple-dose studies in healthy subjects receiving both warfarin and rofecoxib, prothrombin time (measured as INR) was increased by approximately 8% to 11%. In postmarketing experience, bleeding events have been reported, predominantly in the elderly, in association with increases in prothrombin time in patients receiving VIOXX concurrently with warfarin. Clozapine: Clozapine, Mefenoxolol, Amphetamine, and Fentanyl: Rofecoxib was not cardiogenic in mice given oral doses up to 30 mg/kg (male) and 60 mg/kg (female) (-5 and 2-fold the human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄) and in male and female rats given oral doses up to 8 mg/kg (-6 and 2-fold the human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄) for 2 years. Rofecoxib was not mutagenic in an Ames test or in a V-79 mammalian cell mutagenesis assay, nor clastogenic in a chromosome aberration assay in Chinese hamster ovary (CHO) cells, in an *in vitro* and *in vivo* alkaline elution assay, or in an *in vivo* chromosomal aberration test in mouse bone marrow. Rofecoxib did not impair male fertility in rats at oral doses up to 100 mg/kg (-59 and 7-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄) and rofecoxib had no effect on fertility in female rats at doses up to 30 mg/kg (-39 and 7-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄).

Pregnancy: Embryofetal Effects: Frequency Category C: Rofecoxib was not teratogenic in rats at dosages up to 50 mg/kg/day (-26 and 10-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄). There was a slight, nonstatistically significant increase in the overall incidence of vertebral malformations only in the rabbit at doses of 50 mg/kg/day (-1 and <1-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄). There are no studies in pregnant women. VIOXX should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Neurotoxic Effects: Rofecoxib produced peripheral neuropathy and peripheral neuropathic pain and reduced antinociceptive activity in rats and rabbits at oral doses of 10 and 25 mg/kg/day, respectively (-4 and 2-fold) (-1 and 2- and <1-fold) (based on human exposure based on AUC₀₋₂₄ at 25 mg and 50 mg daily). These changes are expected with inhibition of prostaglandin synthesis and are not the result of permanent alteration of nerve reproductive function. There was an increase in the incidence of peripheral neuropathy in rats at 25 mg/kg/day (-5 and 2-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄). In studies in pregnant rats administered single doses of rofecoxib, there was a treatment-related decrease in the diameter of the ductus arteriosus at all doses used (7-308 mg/kg 3 mg/kg is -2 and <1-fold human exposure at 25 mg and 50 mg daily based on AUC₀₋₂₄). As with other drugs known to inhibit prostaglandin synthesis, use of VIOXX during the third trimester of pregnancy should be avoided.

Labor and Delivery: Rofecoxib produced no evidence of significantly delayed labor or parturition in females at doses 15 mg/kg in rats (-10 and 3-fold human exposure as measured by the AUC₀₋₂₄ at 25 mg and 50 mg). The effects of VIOXX on labor and delivery in pregnant women are unknown. Merck & Co., Inc., maintains a registry to monitor the pregnancy outcomes of women exposed to VIOXX while pregnant. Healthcare providers are encouraged to report any prenatal exposure to VIOXX by calling the Pregnancy Registry at 1-800-888-8289.

Breast Milk: Rofecoxib is excreted in the milk of lactating rats at concentrations similar to those in plasma. There was an increase in pup mortality and a

decrease in pup body weight following exposure of pups to milk from dams administered VIOXX (rofecoxib tablets and oral suspension) during lactation. The dose tested represents an approximate 16- and 6-fold human exposure of 25 mg and 50 mg daily based on AUC₀₋₂₄. It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk and because of the potential for serious adverse reactions in nursing infants from VIOXX, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Patience Use: Safety and effectiveness in pediatric patients below the age of 18 years have not been established.

Geriatric Use: Of the patients who received VIOXX in OA clinical trials, 1,455 were 65 years of age or older (this included 480 who were 75 years or older). No substantial differences in safety and effectiveness were observed between these subjects and younger subjects. Greater sensitivity of some older individuals cannot be ruled out. Dosage adjustment in the elderly is not necessary; however, therapy with VIOXX should be initiated at the lowest recommended dose. In 1 of these studies in a 6-week, double-blind, randomized clinical trial, VIOXX 12.5 mg or 25 mg once daily was administered to 174 OA patients 65 years of age. The safety profile in this elderly population was similar to that of younger patients treated with VIOXX.

ADVERSE REACTIONS: Of approximately 3,800 patients with OA were treated with VIOXX, approximately 1,400 patients received VIOXX for 6 months or longer, and approximately 800 patients for 1 year or longer. The following paragraph lists all adverse events, regardless of causality, occurring in at least 2% of patients receiving VIOXX in 9 controlled studies of 8 weeks to 6 months' duration conducted in patients with OA at the therapeutically recommended doses (12.5 mg and 25 mg), which included a placebo and/or positive control group.

Clinical adverse experiences occurring in ≥2.0% of patients treated with VIOXX vs. placebo, ibuprofen 2400 mg, or diclofenac 150 mg: Body as a Whole: Site Discomfort: abdominal pain, 3.4% (vs 4.1%, placebo; 4.0%, ibuprofen; 5.5%, diclofenac); arthralgia, 2.2% (vs 1.0%, placebo; 2.6%, ibuprofen; 3.8% (vs 2.2%, placebo; 3.4%, ibuprofen-like doses; 2.9% (vs 3.7%, placebo; 3.2%); lower extremity edema, 3.7% (vs 1.1%, placebo; 3.4%, upper respiratory infection, 3.5% (vs 7.8%, placebo; 8.2%). Cardiovascular System: hypotension, 3.5% (vs 1.3%, placebo; 1.0%, ibuprofen); syncope, 2.5% (vs 6.8%, placebo; 1.7%, ibuprofen); dyspnea, 3.5% (vs 2.1%, placebo; 4.7%, ibuprofen); dizziness, 3.8% (vs 2.4%, placebo; 5.4%, ibuprofen); lightheadedness, 3.5% (vs 3.8%, placebo; 4.8%, ibuprofen); tachycardia, 2.7% (vs 2.3%, placebo; 7.4%). Eyes: Dryness, 2.5% and Throat: Irritation, 2.7% (vs 2.8%, placebo; 2.4%). Musculoskeletal System: back pain, 2.5% (vs 1.9%, placebo; 2.8%). Nervous System: headache, 4.7% (vs 7.5%, placebo; 8.2%). Respiratory System: bronchitis, 2.0% (vs 8.8%, placebo; 3.2%). Urinary System: urinary tract infection, 2.6% (vs 2.1%, placebo; 3.8%).

The general safety profile of VIOXX 50 mg q.d. in OA clinical trials of up to 6 months (149 patients) was similar to that of VIOXX at the recommended OA doses of 12.5 mg and 25 mg q.d., except for a higher incidence of GI symptoms (abdominal pain, epigastric pain, heartburn, nausea, and vomiting), lower extremity edema (3.3%), and hypotension (5.2%).

In the OA studies, the following spontaneous adverse events occurred in ≥0.1% to 1.9% of patients treated with VIOXX, regardless of causality:

Body as a Whole: abdominal distention, abdominal tenderness, abscess, chest pain, chills, confusion, cyst, dysphagia, fever, fluid retention, flushing, fungal infection, infection, laceration, pain, pelvic pain, peripheral edema, postoperative pain, syncope, trauma, upper extremity edema, viral syndrome. Cardiovascular System: angina pectoris, atrial fibrillation, bradycardia, heartburn, irregular heartbeat, palpitation, premature ventricular contraction, tachycardia, venous insufficiency. Digestive System: acid reflux, aphthous stomatitis, constipation, dental caries, dental pain, digestive gas symptoms, dry mouth, duodenal disorder, dyspepsia, dysphagia, flatulence, gastric disorder, gastritis, gastroenteritis, gastrocolitis, hemorrhoids, infectious gastroenteritis, oral infection, oral lesion, oral ulcer, varicella. Eyes: Dryness, Acute Throat: allergic rhinitis, blurred vision, ear pain, ear infection, conjunctivitis, dry throat, epistaxis, laryngitis, nasal congestion, nasal irritation, conjunctivitis, eye pain, eye redness, eye redness, pharyngitis, tonsillitis, tonsillitis. Immune System: allergy, hypersensitivity, insect bite reaction. Metabolism and Nutrition: appetite change, hypercholesterolemia, weight gain. Musculoskeletal System: acute sprain, arm pain, arthralgia, back strain, bursitis, carpal tunnel, joint swelling, muscular cramp, muscular disorder, muscular weakness, musculoskeletal pain, musculoskeletal stiffness, myalgia, osteoarthritis, tendinitis, traumatic arthropathy, wrist bursitis. Nervous System: hyperhidrosis, insomnia, muscle nerve neuropathy, migraine, muscular spasm, paresthesia, sciatica, vertigo, vertigo. Psychiatric: anxiety, depression, mental acuity decreased. Respiratory System: asthma, cough, dyspnea, pneumonia, pulmonary congestion, respiratory infection. Skin and Skin Appendages: abrasion, alopecia, atopic dermatitis, basal cell carcinoma, blister, cellulitis, contact dermatitis, herpes simplex, herpes zoster, nail oil disorder, perspiration, pruritus, rash, skin erythema, urticaria, xerosis. Urinary System: breast mass, cystitis, dysuria, menopausal symptoms, menstrual disorder, nocturia, urinary retention, vaginitis.

The following serious adverse events have been reported rarely (estimated <0.1%) in patients taking VIOXX, regardless of causality. Cases reported only in the postmarketing experience are indicated in italics.

Cardiovascular: cerebrovascular accident, congestive heart failure, deep venous thrombosis, myocardial infarction, pulmonary embolism, transient ischemic attack, unstable angina, GI bleeding, GI perforation, colitis, colorectal angiodysplasia, duodenal perforation, duodenal ulcer, esophageal ulcer, gastric perforation, gastric ulcer, GI bleeding, intestinal obstruction, pancreatitis, hemorrhage and lymphoma. Hematologic: anemia. Immune System: anaphylactoid reaction, angioedema. Nervous System: aseptic meningitis. Psychiatric: hallucinations. Urinary System: acute renal failure, breast malignant neoplasm, intestinal neoplasm, prostatic malignant neoplasm, urolithiasis, worsening chronic renal failure.

In 1-year controlled clinical trials and in extension studies for up to 86 weeks (1-800 patients treated with VIOXX for 1 year or longer), the adverse-experience profile was qualitatively similar to that observed in studies of shorter duration. Analgesia, including Primary Dysmenorrhea: Approximately 1,000 patients were treated with VIOXX in analgesia studies. All patients in postoperative pain studies received only a single dose of study medication. Patients in primary dysmenorrhea studies may have taken up to 3 daily doses of VIOXX, and those in the postoperative surgery pain study were prescribed 5 daily doses of VIOXX.

The adverse-experience profile in the analgesia studies was generally similar to those reported in the OA studies. The following additional adverse experience, which occurred at an incidence of 2.6% of patients treated with VIOXX, was observed in the postoperative pain surgery studies: postoperative alveolitis (dry socket).

In 110 patients treated with VIOXX (average age 48 years) in the postoperative surgery pain study, the most commonly reported adverse experiences were constipation, fever, and nausea.

DOSEAGE AND ADMINISTRATION: VIOXX is administered orally. The lowest dose of VIOXX should be sought for each patient.

OA: The recommended starting dose of VIOXX is 12.5 mg once daily. Some patients may receive additional benefit by increasing the dose to 25 mg once daily. The maximum recommended daily dose is 25 mg.

Management of Acute Pain and Treatment of Primary Dysmenorrhea: The recommended initial dose of VIOXX is 50 mg once daily. Subsequent doses should be 25 mg once daily as needed. Use of VIOXX for more than 5 days in management of pain has not been studied.

VIOXX: Tablets may be taken with or without food.

Dose Suspension: VIOXX Dose Suspension: 12.5 mg/5 mL or 25 mg/5 mL may be substituted for VIOXX Tablets 12.5 mg or 25 mg, respectively, in any of the above indications. Shake before using.

For more detailed information, consult your Merck representative and read the full Prescribing Information.



VIOXX is a registered trademark of Merck & Co., Inc.

©1999 Merck & Co., Inc., Whitehouse Station, NJ 08888
All rights reserved. 008116/4/00/01-VIO



Business savvy
SUCCESS delivers the key

In its 18th year, the ADA SUCCESS practice management program offers strategies and tips to junior- and senior-level dental students about the business aspects of owning

and operating a dental practice. The seminar covers practice options, associateship considerations, managing money and practice financing, office staffing, dental prepayment plans, dental practice marketing and other topics.

Students attending the seminar will receive the guidebook, "Starting Your Dental Practice: SUCCESS Seminar Manual." Senior dental students later will also receive a book from the ADA's Practice Management Series, "Starting Your Dental Practice: A Complete Guide."

Dates and locations for the 2000-2001 SUCCESS seminar season follow:

- Oct. 2, at University of Louisville with University of Kentucky;
- Oct. 13, University of Pennsylvania;
- Oct. 24, Southern Illinois University;
- Oct. 28, at University of Detroit Mercy with University of Michigan;
- Nov. 1, Medical College of Georgia;
- Nov. 4, at University of California, San Francisco with University of the Pacific;
- Nov. 8, Howard University;
- Nov. 16, Virginia Commonwealth University;
- University of California at Los Angeles;
- Nov. 21, University of Connecticut;
- Dec. 7, Marquette University;
- Dec. 15, Tufts University;
- Jan. 19, University of Pittsburgh;
- Jan. 20, University of Southern California;
- Jan. 26, Case Western Reserve University;
- Jan. 30, Loma Linda University;
- Feb. 1, Creighton University;
- Feb. 16, University of Puerto Rico.

Sponsors of the 2000-2001 SUCCESS Seminar series include A-dec Inc.; CNA Insurance Companies and Brown and Brown Insurance; DENTSPLY International; The Equitable Life Assurance Society of the United States, New York; Great-West Life and Annuity Insurance Co.; John O. Butler Co.; The Pankey Institute; Patterson Dental Supply Inc.; Proctor and Gamble Co.; Sullivan Schein Dental, a Henry Schein Company; Ultradent Products Inc. and Warner Lambert Company. ■

Fraternity sets schedule for C.E. and reception

Charleston, S.C.—Psi Omega dental fraternity has scheduled its annual continuing education course and reception for Oct. 15 in Chicago.

Dr. James A. Rivers will speak on "Secrets to Making Dental Implants the Restoration of Choice."

The course is free to members and \$125 for non-members. Registration deadline is Oct. 1.

For more information, contact the Psi Omega Fraternity by phone at 1-843-556-0573 or write to the fraternity at 1040 Savannah Highway, Charleston, S.C. 29407. ■

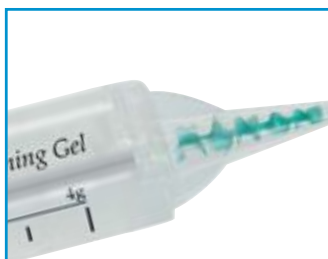


Still Using ?

An Old Fashioned Glycerine
Based Product To Whiten Teeth

**Dual chambered delivery systems
allow for revolutionary formulas...**

Now you can give patients a quick, less expensive way to brighten their smiles. Our advanced fast acting formulas whiten teeth in just days. Shouldn't your patients have this advantage?



Dual Barrel Technology

Our special patented dual barrel design combines and thoroughly automixes both base &

Advanced Formulas

- Zero sensitivity
- Enhanced flavor
- Increased shelf life
- Faster results

Extraordinary Marketing System

Let our experts create a marketing plan that yields dramatic results to your bottom line.

Professional/Cosmetic Packaging

It's how your patients remember you when they get home.

Buy Smart. Buy Direct.

Nobody beats our deep volume discounts or 30 day money back guarantee!

NITE WHITE®
EXCEL 2 "Z"
ZERO SENSITIVITY FORMULA

Buy Smart. Buy Direct.

800-422-9448

IN CANADA: 800-363-

www.discusdental.com
DISCUS DENTAL™
WHITENING



ADA Reports

DR Days change with the times

Plan's flexibility will attract broader range of participants

BY ARLENE FURLONG

"It was the best DR Days yet."

That's what Dr. Mary Krempasky Smith, vice-chair of the ADA Council on Dental Benefit Programs, said about DR Days 2000, "New Voices, New Approaches."

Dr. Richard Mascola, ADA president, welcomed more than 130 dentists, brokers, consultants, third-party administrators, and component and constituent ADA staff from 33 states to the Aug. 4-5 conference at ADA headquarters.

Participants shared their experiences implementing DR during the daily sessions and cultivated relationships at the informal networking reception.

"It's good to get to know each other on a personal basis," said Dennis Riedmiller, a broker and conference speaker from Cincinnati. "The ideas emerging from the conference are way ahead of the curve," he added.

As DR evolves, so does acceptance of the concept.

"We can customize it to fit employers' needs," said Dr. John Cunningham, a California dentist and third-party administrator. "DR can be modified to promote access to care," he said, for example, by including an assignment of benefit option. "Otherwise lower-income people may stay out of the office."

Ms. Sarah Laughlin, benefits manager at Norm Thompson Outfitters Inc., Hillsboro, Ore., said maintaining the same level of coverage while implementing slight modifications in the DR model increased DR utilization there.



Thinking ahead: DR Days' ideas highlight new approaches for increasing participation.

"Although we initiated our plan on a straight DR model, we realized it was difficult for our lower-income employees to pay for more costly services upfront."

The company changed the plan design, so that now employees are reimbursed according to actual payments made, rather than according to a previous schedule. The company pays 100 percent of the first \$100 spent by the employee on dental care, 80 percent of the next \$500, and 50 percent of the next \$2,000, regardless of the type of treatment delivered.

As Dr. Michael Vaclav, chair of the Council on Dental Benefit Programs, pointed out, "We have seen new elements introduced to the DR concept, like assignment of benefit, or administration by a third party. As long as the dental plan still meets the ADA's definition of DR, we're comfortable with the variations."



Brainstorming: Drs. Mary Krempasky Smith (left) and Richard Dvaskas of Wolcott, Conn.

The ADA's definition of direct reimbursement is "a self-funded program that reimburses an individual based on a percentage of dollars spent for dental care and allows patients to seek treatment from the dentists of their choice."

With 10 years of insurance industry experience and two years under her belt as a dental benefits consultant for the CDA, Mary Jo Kaminishi realized something was wrong in California.

After meeting with many of California's brokers, Ms. Kaminishi identified one of the biggest problems: the attitudes of some of the brokers.

She learned that some DR brokers were cut from a different cloth than others. "If client satisfaction was the broker's first priority, they were implementing" DR plans. If commissions were, they weren't, she said.

The CDA reduced the number of brokers in its network from 50 to 30 and increased DR sales.

Ms. Kaminishi borrowed a quote from Albert Einstein to illustrate her point: "If you do the same thing over and over again, how can you expect a different result?"

The conference concluded with the announcement of the winners of the first annual Direct Reimbursement Broker Incentive Awards, sponsored by the Council on Dental Benefit Programs.

This year's top winner was Brenda Rodela, a broker from California, who sold more DR plans than any other participating broker between Sept. 1, 1999 and June 30, 2000. Dr. Vaclav announced plans for a second DR Broker Incentive Award, which the CDBP will award at DR Days 2001.

DR Days 2001 is scheduled for Sept. 7-8, 2001. ■

Grants

Continued from page 11

Shekar, M.D., HRSA associate administrator for health professions. "These grants address that need by increasing the number of dentists providing comprehensive oral health care in rural and underserved areas."

The HRSA administers dentistry and other health professions education and training grants funded under Title VII of the Public Health Service Act.

Grants totaling \$1,831,973 for residency training and advanced education in the general practice of dentistry were awarded to:

- University of Connecticut, Farmington, \$138,365;
- University of Colorado Health Sciences Center, Denver, \$208,972;
- Howard University, Washington, D.C., \$96,946;
- University of Kentucky Research Foundation, Lexington, \$148,816;
- Advocate Health and Hospitals Corporation, Chicago, \$173,081;
- University of Mississippi Medical Center, Jackson, \$59,671;
- Research Foundation, State University of New York, Amherst, \$208,338;
- Nassau Health Care Corporation, East Meadow, N.Y., \$261,842;
- Bronx-Lebanon Hospital Center, New York, \$115,646;
- New York Methodist Hospital, New York, \$170,491;
- New York University, New York, \$249,805. ■

Enter.....

Step into the digital office.

There is a good chance that your next client will want to visit your Web site before visiting your office. Make sure it's a professional, state-of-the-art place to be. The Internet delivers clients. Netopia delivers the Internet.

- Reach prospective clients
- Strengthen existing client relations
- Provide practice information
- Answer frequently asked questions
- Leverage existing marketing efforts
- Present a leading-edge image

Custom Web

PER

premium ser-

Click.
<http://adaecco.netopia.com/ada/we>

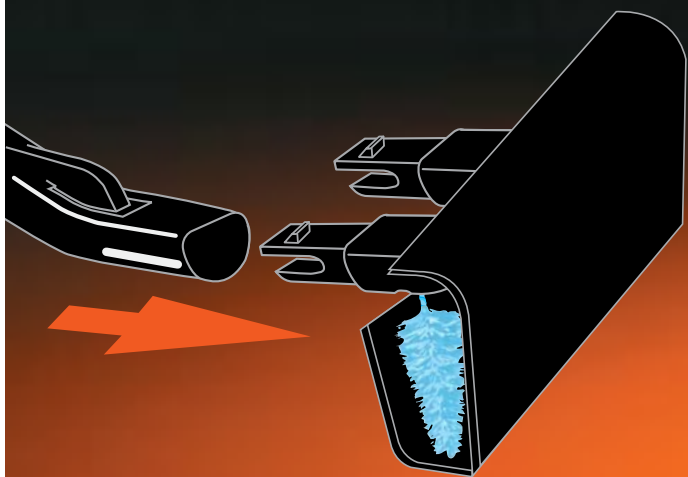
Call.
1-800-513-

netopia

ADA
ELECTRONIC COMMERCE
A Division of ADA Business Enterprises, Inc.

Assembly Inspired.

Easier Loading. Greater Compliance.



Now changing interdental brush refills is a snap... with Proxabrush® Snap-Ons, from Butler GUM®.

- ▶ Snap-Ons **load directly** from their dispenser—no fumbling with refill packaging or threading a tiny wire through a tiny hole.
- ▶ **More comfortable handle** with soft grip, for better control.
- ▶ **More sanitary** - because the brush is never touched while loading.
- ▶ **Airborne bacteria** in the bathroom, not to mention bacteria in the mouth, can contaminate a brush. Proxabrush® Snap-Ons bristles are coated with an anti-bacterial ingredient, to keep them cleaner for up to two weeks of normal use.*

Proxabrush®
Interdental Brush
Snap-Ons



HEALTHY GUMS. HEALTHY LIFE.™

* Antibacterial coating of chlorhexidine does NOT deliver chlorhexidine into the mouth. Proxabrush® Snap-Ons are NOT a delivery system for chlorhexidine.

©2000 John O. Butler Company, A Sunstar Company P00079