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AMERICAN DENTAL ASSOCIATION

ADA News®

OCTOBER 4, 1999

www.ada.org

VOLUME 30, NO. 18

BRIEFS

Get your messages at annual session

Honolulu—You can keep in touch easily at annual session via either of two onsite message centers in the Hawaii Convention Center.

The message centers are located in two places: on the third floor (in the alcoves opposite meeting room 318) and in the delegate registration area (outside the north entrance to the ballroom on the fourth floor).

Those registered at session can leave messages by calling 1-808-791-8807. ■

Hughes Institute offers fellowships

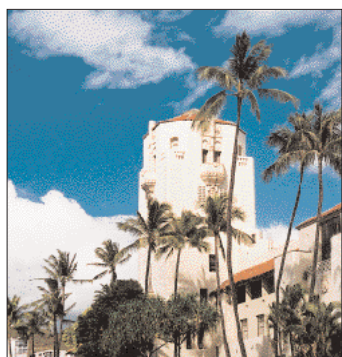
Washington—The Howard Hughes Medical Institute seeks eligible candidates for 80 fellowships for full-time study toward a Ph.D. or Sc.D. degree.

The fellowships are intended for students who have completed less than one year of graduate study toward M.S., Ph.D. or Sc.D. degrees in biological sciences; however, students who hold or are pursuing medical or dental degrees may also be eligible to apply.

Awards are for five years. Fellowship awards provide an annual stipend of \$16,000 and a \$15,000 annual education allowance. Application deadline is Nov. 9.

For information, contact the Howard Hughes Medical Institute Fellowship Office by phone at 1-202-334-2872; fax, 1-202-334-3419; e-mail, "infofell@nas.edu" or "http://www.nationalacademies.org/osep/fo", on the Web. ■

INSIDE



More on session

We've got last minute information, including a quick guide to the Hawaiian language. Coverage begins on page 12.

Illinois passes patient bill

BY KAREN FOX

Four years of compromise between dentistry and the insurance and business industries culminated in the passage of dental-only patient protection legislation in Illinois July 29.

When Gov. George Ryan signed the Dental Care Patient Protection Act (SB 721) into law, Illinois

became the first state to enact comprehensive legislation solely designed to protect dental benefits for consumers enrolled in dental managed care plans.

Officials from the Illinois State Dental Society, the bill's sole advocate, say patient protection will benefit consumers, insurance companies,

Privacy of online health records at issue, page 11

employers and business groups by improving the shortcomings of existing dental managed care plans.

"The Illinois state legislature and many other groups were becoming

aware that the citizens of the state of Illinois and people receiving the care were ready for this and demanding that something be done," said Dr. Chauncey Cross, ISDS Committee on Government Affairs chairman and former ADA first vice president. "I think all groups involved knew they

See ILLINOIS, page 25



Photos by Anna Ng Delort

For the people: Rep. Norwood (right) says HR 2723 has the support of the American people, which is "more important than the leadership of either party." Rep. Greg Ganske, a physician, is at left (holding papers).

Rallying for 'our patients'

House vote on patient protection bill looms

BY CRAIG PALMER

Washington—ADA President S. Timothy Rose pledged the profession's "unequivocal" support Sept. 23 for bipartisan patient protection legislation offered by dentist/Rep. Charlie Norwood (R-Ga.) and Rep. John Dingell (D-Mich.) and urged dentists to get their members of Congress behind the bill.

The Norwood-Dingell bill, HR 2723, is apparently headed for a House vote the week of Oct. 4.

"This is the patient protection legislation that we have endorsed,"

■ **Dr. Rose's remarks in full, page eight**
 ■ **His letter to dental leaders, page nine**

Dr. Rose said in a "Dear Colleague" letter to leaders of ADA grassroots action teams and members of the ADA House of Delegates, which meets in Honolulu Oct. 9-13. "It is extremely important to our profes-



Dr. Rose: "It is the 11th hour."

sion and our patients that the Norwood-Dingell bill, HR 2723, is passed.

"You must act today," Dr. Rose wrote. "Call your member of Congress and ask him or her to support HR 2723, not because it's the right thing to do for our profession, but because it's the right thing to do for our patients, the American public. It is the 11th hour. We need your action and support today. Take

See PATIENT, page nine

Medicaid & Y2K

Some states unprepared

BY CRAIG PALMER

Washington—States have made "substantial progress" on Y2K readiness for Medicaid and children's health programs but some state computer systems are at risk of failure, eight at "high risk," in such computer-driven activities as health care services and payments to physicians, dentists and other providers, the Health Care Financing Administration said Sept. 15.

See Y2K, page 26

SNODENT task force in motion

The ADA is embarking on an effort to educate members about the diagnostic codes known as SNODENT.

■ **Call for aid from Turkey, page five**

At its August meeting, the Board of Trustees adopted a resolution to create a special task force for this purpose. ADA President Dr. S. Timothy Rose appointed the following task force members Sept. 20:

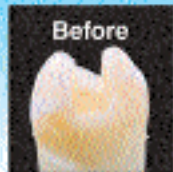
- Dr. Steven M. Bruce (Boise, Idaho)—11th District trustee;
- Dr. John F. Burton (Columbia, *See SNODENT, page 24*)

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Dr. Zapp named Pierre Fauchard fellow: The Pierre Fauchard Academy awarded ADA Executive Director John S. Zapp (center) with fellowship status in a ceremony at ADA headquarters Sept. 1. Dr. James Sheldon (left), Illinois Pierre Fauchard Academy section chair, and Dr. William Court, past president of Pierre Fauchard Academy, presented the fellowship plaque to Dr. Zapp for leadership, dedication and contributions to the dental profession. ■



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How handsome is your office?

Matsco contest seeks 'design of the year'

Is your dental office the wave of the future?

How would you like to win a professionally produced marketing video and obtain free media coverage?

The Matsco Companies, the ADA 1 PLAN's practice financing provider, is sponsoring the national Dental Office Design Competition 2000. Newly built offices, offices with leasehold improvements and offices with renovations completed between Jan. 1, 1997, and Dec. 31, 1999, are eligible to enter the contest. All dental practice types are welcomed.

The winner will receive a customized

VideoPostcard production including studio and on-location shots with a professional film crew—a \$25,000 value.

The VideoPostcard is a marketing tool that blends the impact of TV interviews with direct mail. Dentists use the VideoPostcard as an opportunity to introduce their practices to potential patients or the media. It's a particularly effective medium for marketing dental practices to new community residents and highlighting specialty services.

Winners will be recognized in three categories:

- dental office design of the year;
- best in high-tech integration;
- outstanding first dental practice.

Awards and media coverage also will be provided for winners of best in high-tech integration and outstanding first dental practice.

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James H. Sweeney, ADA Financial Services Co. chief executive officer, joins a panel of industry and design experts who will review the Dental Office Design Competition entries in early 2000. The Matsco Dental Design Symposium will showcase all winners in San Francisco June 16-17.

All entries must be postmarked by Dec. 31, 1999. For complete details or an entry form, contact Sina Afredi at The Matsco Companies, 1-800-326-0376. Entry forms may be downloaded from "<http://www.matsco.com>". ■

Standards committee readies documents

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

- Proposed Revision to ANSI/ADA Specification No. 1 for Alloys for Dental Amalgam;
- Proposed ANSI/ADA Specification No. 88 for Dental Brazing Alloys.

The following specifications have been approved as American National Standards:

- ANSI/ADA Specification No. 70 for Dental X-Ray Protective Aprons and Accessory Devices;
- ANSI/ADA Specification No. 89 for Dental Operatory Lights.

Free copies of the above documents can be obtained by calling the ADA's toll-free number, Ext. 2506 or Ext. 2533. ■

Florida group to meet

Coral Gables, Fla.—The East Coast District Dental Society will sponsor its 30th annual Miami Winter Meeting and Dental Exposition Jan. 27-29 at the Hyatt Regency in Miami.

Topics include esthetic restorations, advances in implant reconstruction and practice management. Two exhibit halls will feature the latest developments in dental equipment, supplies, materials and services.

Practicing dentists, dental students and hygienists will present table clinics opening day. That evening, a complimentary sunset reception complete with live music is scheduled.

For more information contact the East Coast District Dental Society, 420 South Dixie Highway, Suite 2E, Coral Gables, Fla. 33146-2271; telephone, 1-305-667-3647 or 1-800-344-5860 (outside Florida and in Canada); fax, 1-305-665-7059; e-mail, "ecdds@ecdental.org" or visit Web site "<http://www.ecdental.org>". ■

ATPRESSTIME

ADA ONLINE, the Association's Web site, was a hotbed of activity at press time. Some developments worth noting:

E-mail alerts will keep you informed

ADA ONLINE staff were scrambling last week to introduce a new e-mail notification system that will alert Association members when a don't-miss item has been posted on the site.

Known in the e-biz as "push" technology, the members-only alert system requires dentists to register their e-mail address with the site managers. After that, registered members will get an e-mail notice (most likely about once a week) of particularly hot items online.

For more, go to ADA ONLINE at "http://www.ada.org." ■

Member directory to include Web site link option

Prospective patients now will have one more way to find you.

At press time last week, the ADA was about to include member Web site addresses along with mailing and e-mail addresses and phone numbers already listed in the public-access area of the online ADA Membership Directory.

Members who want their Web site address listed in the directory must provide it specifically to ADA ONLINE, even if they've already shared it with other Association departments.

Again, go to the Web site for more information. ■

Finding that old college chum

And speaking of the Membership Directory, improved online search capabilities will allow members to find each other with greater ease.

Members now can search for their colleagues by dental school attended, year of graduation, as well as membership status and practice specialty.

This search engine carries across all state lines and is available to member dentists only, not accessible to the public. ■

Annual session features online

The Association is offering a number of online features related to the 140th annual session, which takes place this month in Honolulu.

- Since its debut in April, online annual session registration has been the way to go for thousands planning to attend the four-day conference. By mid-September, about 21 percent of the more than 25,000 session registrants to date had preregistered online.

- Through an online "virtual exhibit hall," members are able to contact exhibitors before and during session, searching by product category or company name. Members also can locate an exhibitor's booth on a diagram of the exhibit floor. In addition, ADA Publishing Co., Inc. is marketing links to exhibitor Web sites through the virtual exhibit hall.

- A new online message center for session goers allows members who log on to the system to send and receive messages from others who've also logged on—another aid in planning your session activities. ■

—Compiled by James Berry

Emergency appeal issued for Turkey's quake victims

BY CLAYTON LUZ

Ankara, Turkey—In the wake of the Aug. 17 earthquake that left more than 15,000 people dead and nearly 1 million homeless in western Turkey, the Turkish Dental Association is appealing for relief from the international dental community.

Dr. Gelal Yildirim, president of the TDA, wrote in a letter of appeal to the American Dental Association that funds, dental instruments and supplies are needed for mobile dental centers administering emergency dental

care to victims of the deadly quake.

According to Dr. Yildirim, dental relief efforts are hampered because nearly 6,000 dentists themselves are quake victims. The 7.4-magnitude trembler damaged about 55,000 buildings, including 150 private dental offices and 13 of the state's 16 oral health centers.

"The only health care that can be given is in mobile dental centers [manned] by volunteer dentists [from other regions]." Dr. Yildirim wrote in his letter of appeal. "It will be a great

help if the colleagues from your association can help us to cope with this catastrophic situation both for establishing mobile oral health centers near tent cities and also for our colleagues who have lost almost everything."

These dental instruments are needed:

- hand instruments for periodontal treatment;
- hand instruments for simple surgery;
- preventive dental materials such as sealants and glass ionomer cements;
- autoclaves, surgical instruments, light units and amalgamators.

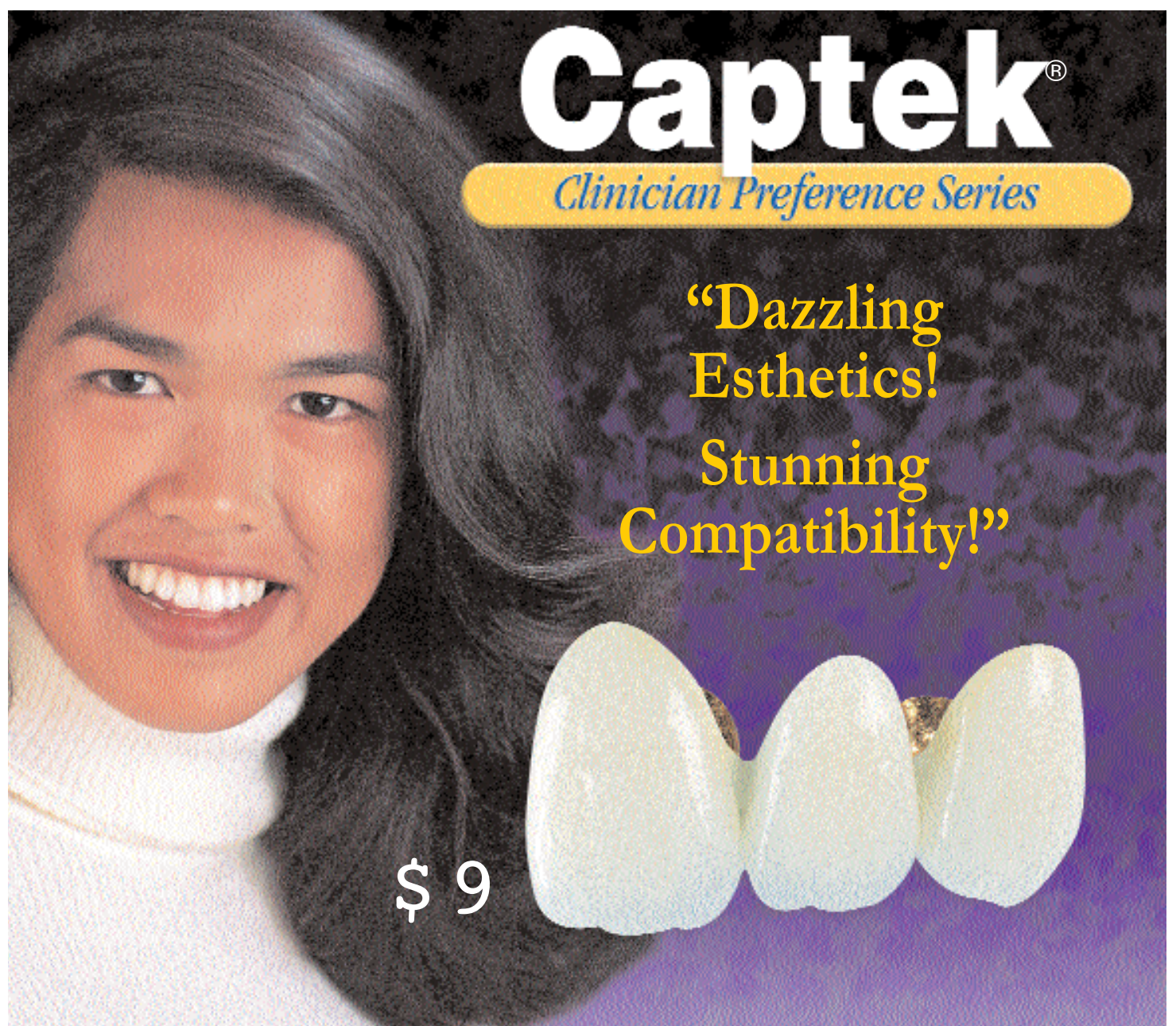
For more information contact Dr. Gelal Yildirim, President, Turkish Dental Association. Phone, 011-90-212-296-21-04 or 011-90-212-225-03-65; fax, 011-90-212-296-21-04; e-mail, "ido@turk.net". ■


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Health & Science

JCAHO guide helps hospital dentists

Booklet explains current accreditation manual

BY CLAYTON LUZ

For dentists, the Guide to Joint Commission Hospital Accreditation Resources for Dentists is an invaluable resource.

Dr. John F. Helfrick, ADA commissioner on the Joint Commission on Accreditation of Healthcare

Organization's board of commissioners, says the booklet explains the current accreditation manual for hospitals and how the new standards and survey process relate to dentistry.

"The guide identifies the important functions, the standards which are relevant to the dental

profession, and how the survey process is currently structured so as to evaluate and score the organization's performance," says Dr. Helfrick.

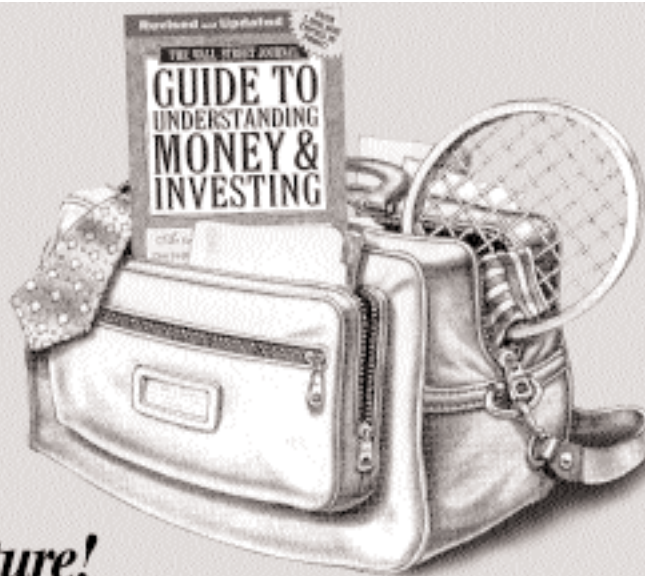
He explains that the Agenda for Change, the joint commission's 1987 mandate to retool its standards manuals, resulted in new standards



Dr. Helfrick: The guide identifies the important functions, the standards which are relevant to the dental profession.

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that are now organized by functions and which emphasize an organization's performance. This contrasts with past incarnations that were organized along department lines and oriented toward structure and process, according to Dr. Helfrick.

The result, he says, is a survey process that is patient-focused and based on outcomes of care.

Dr. Helfrick stresses that the joint commission's mission is consistent with that of the dental profession; that is, to improve the quality of health care provided to the public. The current survey process represents the dental profession's desire to accomplish this, he says.

"The Guide to the Joint Commission Hospital Accreditation Resources for Dentists is further evidence of JCAHO's continued support of the goals of the dental profession within accredited organizations," Dr. Helfrick states. "We believe it will help the dentist to better understand the joint commission, its mission and current accreditation process." ■

Guide helps dentists navigate resources

The Guide to Joint Commission Hospital Accreditation Resources for Dentists offers dentists a roadmap for navigating accreditation issues and accreditation resources.

The publication, which is free, guides

dentists through

- the relevant standards;
- the features of the Comprehensive Accreditation Manual for Hospitals;
- the aggregation rules and decision rules for accreditation;
- other education and evaluation resources.

Offered by the ADA Council on Access, Prevention and Interprofessional Relations, which serves as a liaison for the ADA with the Joint Commission on Accreditation of Healthcare Organizations, the publication explains the current accreditation manual for hospitals and how the new standards and survey process relate to dentistry. The guide also identifies the functions and standards that are relevant to dentistry as well as how the survey process is structured.

To order the guide, contact CAPIR at the ADA's toll-free number, Ext. 2879. For further assistance with joint commission issues, dial the ADA's toll-free number, Ext. 2861, or visit the joint commission's Web site at "http://www.jcaho.org". ■

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Government

Dr. Rose speaks ADA president on patients' bill

Remarks by ADA President S. Timothy Rose at the Sept. 23 rally in support of HR 2723:

On behalf of the 144,000 members of the American Dental Association and, more impor-

tant, the millions of patients they serve, I thank Representatives Dingell and Ganske for their tireless efforts to pass a meaningful patients' bill of rights.

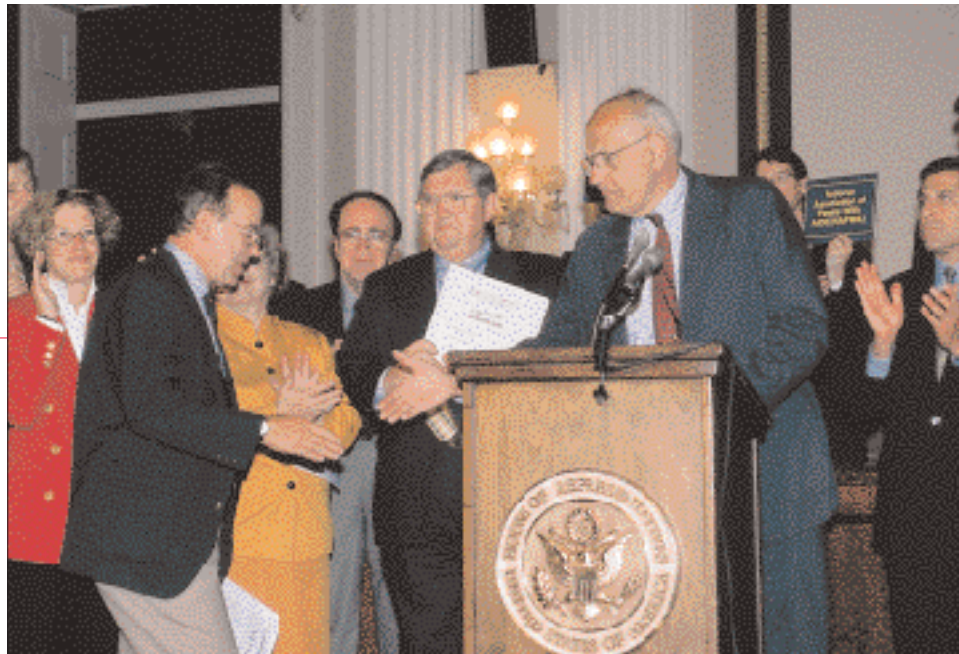


Photo by Anna Ng DeLort

Triumvirate for patient protection: Rep. Ganske (left) is welcomed to the podium by Rep. Dingell while Rep. Norwood (center) looks on. Rep. Dingell called for a clean and fair vote on HR 2723.

THE INVISIBLE DIFFERENCE

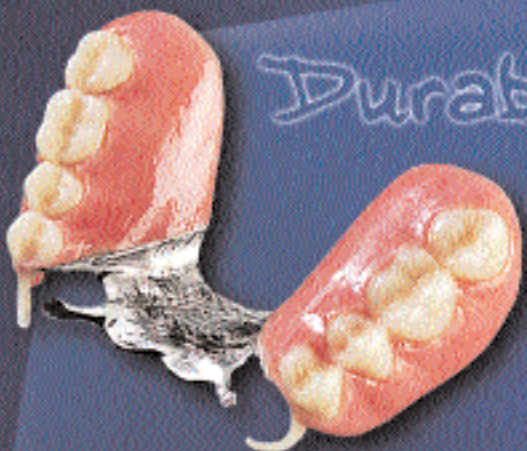
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It is with special pride that I point out that it is a dentist, Representative Charlie Norwood, who more than anyone is responsible for moving the issue of patients' rights out of the margins to the top of the national agenda where it belongs.

Now dentistry and oral health probably aren't the first things that come to mind when you think of the problems that people can have with their health plans, unless you or your kid has a toothache or gum disease.

The good news is that modern dentistry is a paradigm of prevention and early intervention. But we can't prevent or treat disease in our patients if there are unnecessary barriers—bureaucratic barriers—between patients and the dentists that they trust to provide the care that they need.

The bipartisan bill offered by these members of Congress is the best hope we have of finally bringing some measure of fairness and accountability back to a health system gone out of control. State after state has shown that these reforms are affordable and sensible. Now it's

■ "It's time for the managed care industry to put its money away, stop trying to scare people, and get back to the business that they're supposed to be in."

time for Congress to finish the job and extend these simple protections to all privately insured Americans.

I want to make one more point before I finish. There were plenty of people who said that dentists were crazy to promote water fluoridation, because it would so effectively prevent tooth decay that it would put us out of business. Well, we worked very hard to fluoridate the nation's water and, although the job's not done yet, it has proved to be one of the most successful public health initiatives in human history.

I bring up water fluoridation as a note to our friends in the insurance and managed care industries: Doing the right thing isn't always easy, but it's always the right thing. The managed care industry has spent tens of millions of dollars trying to prevent Congress from passing a meaningful patients' bill of rights. Their message seems to be "If you try to improve health care you'll lose your health coverage." Well, no one's buying it.

It's time for the managed care industry to put its money away, stop trying to scare people and get back to the business that they're supposed to be in, which is helping the people to whom they have sold health coverage get health care when they need it. ■

Patient

Continued from page one
time to make a difference.”

A bill summary distributed at a Sept. 23 rally/press conference said HR 2723 would allow injured patients the right to sue in state court for damages and would allow patients denied care but without injury to seek redress in federal court. The bill's liability provisions are at the heart of the health policy debate.

House Speaker Dennis Hastert (R-Ill.) announced he would schedule floor debate on patient protection and said the House would consider the Norwood-Dingell bill, a Republican alternative bill offered by Reps. Tom Coburn of Oklahoma, a physician, and John Shadegg of Arizona, and “possibly other alternatives.” Other Republicans, most prominently Rep. John Boehner of Ohio, are proposing “no-liability” legislation that could be offered by House leaders as an alternative to the Norwood-Dingell and Coburn-Shadegg bills.

Rep. Norwood chaired the Capitol Hill rally/press conference and introduced among congressional and professional supporters “my good friend Tim Rose,” who thanked the Norwood-Dingell sponsors and said the American Dental Association “unequivocally supports this piece of legislation.”

“This bipartisan bill is the best hope we have of finally bringing some measure of fairness and accountability back to a health system gone out of control,” the ADA president said. “The managed care industry has spent tens of millions of dollars trying to prevent Congress from passing a meaningful patients’ bill of rights. Their message seems to be, ‘If you try to improve health care, you’ll lose your health coverage.’

“Well, I don’t believe the public is buying that message,” said Dr. Rose.

Health care records online—privacy issues reviewed at conference, page 11

“It’s time for the managed care industry to put its money away, stop trying to scare people, and get back to the business that they’re supposed to be in, which is helping the people to whom they have sold health coverage to get care when they need it.”

Rep. Mark Foley (R-Fla.), one of 16 members of Congress speaking in support of HR 2723, said he has been on the receiving end “of insurance industry ads saying I would rue the day I supported this legislation and I’m happier than ever that I stand tall on this issue.”

Reps. Norwood, Dingell and Republican Greg Ganske of Iowa, a physician, stuck to a consistent message aimed more at the congressional leadership than the audience of reporters and supporting organizations in the Cannon House Office Building Caucus Room. “All we want is a clean and fair vote on our bill,” Rep. Dingell said.

Rep. Ganske in nearly similar words, and with a touch of laryngitis, thanked House leaders for scheduling debate and said, “All we want is a chance on a clean and fair rule. If we’re given a chance, we’ll be successful.” House leaders still must determine the rules of debate, how the different bills will be scheduled and how to handle amendments.

Speakers said they had the support of more than 300 health, consumer, labor and patient advocacy organizations. Rep. Norwood said HR 2723 had support “more important than the leadership of either party, the support of the American people.” The House Republican leadership, he said, can stop looking for a new patient protection bill.

American Medical Association President Tom Reardon, M.D., also urged passage of the Norwood-Dingell bill. ■

Letter to leaders from Dr. Rose

September 23, 1999

Dear Colleague:

Today I participated in a press briefing in Washington, D.C., representing the American Dental Association in support of HR 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999 (better known as the Norwood-Dingell bill). This is the patient protection legislation that we have endorsed.

Three hundred different groups, both from within and outside the health care professions, have signed on to support this legislation. Members of the House of Representatives

See LETTER, page 11

Questions & Answers about Oral Cancer

1. In a survey of consumer articles mentioning oral cancer, what percentage recommended an oral examination by a health professional?
A. 37% B. 14% C. 85%
2. What percentage of articles recommended self-examination?
A. 15% B. 27% C. 8%
3. What percentage of articles did not mention warning signs of oral cancer?
A. +50% B. +30% C. +20%

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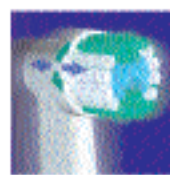
Source: Coverage and quality of oral cancer information in the popular press: 1987-1988, Canto MT, Kanaguchi Y, Horowitz AM. *J Public Health Dent*, 58(3):241-7, 1995 Summer

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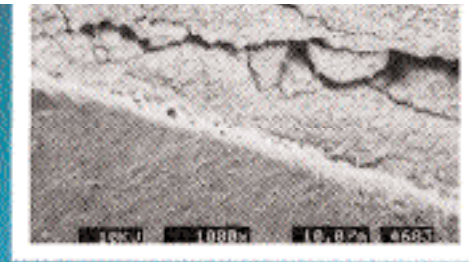


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1. Cronin M, et al. *Am J Dent* 1996; 11:517-521. 2. van der Weijden GA, et al. *Am J Dent* 1998; 11:523-528. Braun and Oral-B are registered trademarks of Braun GmbH and Oral-B Laboratories, respectively.

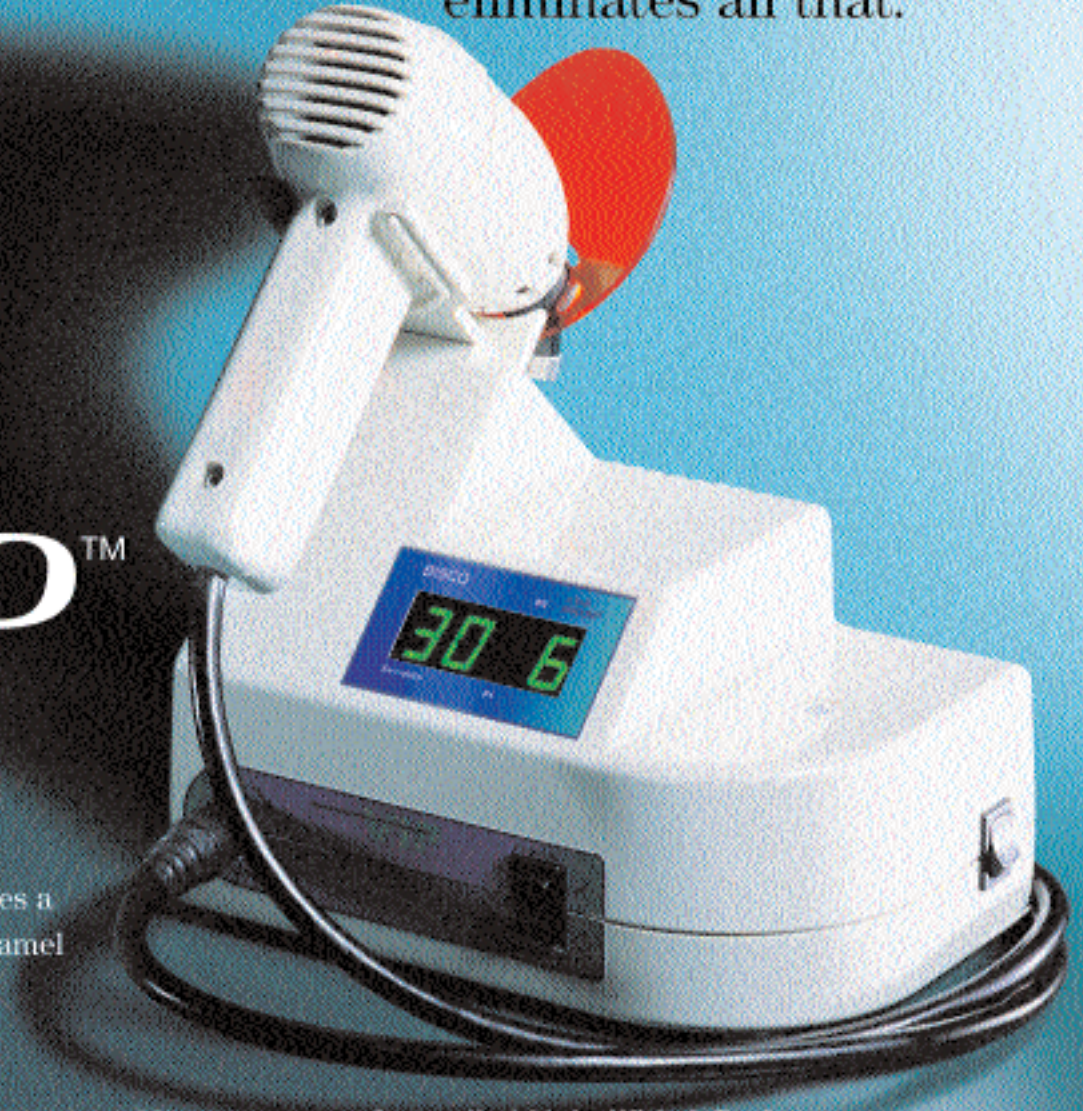


Continual curing causes composite stress and cracked enamel. Our *light with a brain* eliminates all that.



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Continual Curing Causes Cracks

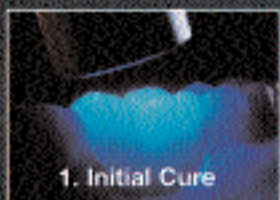
Curing any composite for 40 seconds at one time causes a tremendous buildup of stress¹ and often cracks the enamel of the tooth².

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1. Initial Cure



2. Finish



3. Final Cure

1. Feilzer, AJ, De Gee, AJ, Davidson, CL (1987): Setting Stress in Composite Resin in Relation to Configuration of the Restoration. *J Dental Research* 66(11):1636-1639. 2. Bisco, data on file. Demetron is not a trademark of Bisco.

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Feds target health care privacy online

BY CRAIG PALMER

Gaithersburg, Md.—A government-convened Forum on Privacy and Security in Healthcare agreed Sept. 13-14 to promote industry and professional understanding of security requirements for health information, including electronic communications, through education, protection profile modeling and other appropriate means.

Newly effective and anticipated health information legislation has hospitals, clinics, accrediting organizations, vendors and other health care entities struggling to understand how to develop strategies to implement security policies and develop methods to assure compliance with security policies, in some cases in response to new legislative requirements but also in response to technology.

The American Dental Association has long supported security measures to ensure confidentiality of patient information and is working with the Department of Health and Human

■ The ADA has long supported security measures to ensure confidentiality of patient information and is working with the Department of Health and Human Services to extend this protection to transaction data and its use for administrative purposes.

Services to extend this protection to transaction data and its use for administrative purposes.

The HHS department has responsibilities for the security of electronic individual health information under the Health Insurance Portability and Accountability Act. The 1996 law requires the department to establish standards for all plans and providers transmitting

Government

health information electronically, and the statute names the Association, a standard-setting organization, as one of four groups that must be consulted in the standard-setting process.

The multivoiced forum was convened under auspices of the National Information Assurance Partnership, an initiative of the National Institute of Standards and Technology and the National Security Agency, to increase information technology security.

Forum participants included system managers, vendors, health professionals and government, industry, legal, audit, accrediting, IT and other information specialists.

Paul M. Schyve, M.D., senior vice president of the Joint Commission on Accreditation of Healthcare Organizations, spoke about JCAHO methodology and the potential role of protection profiles in the accrediting process.

"Use of protection profiles could certainly help any accrediting process as we are faced with incredibly intricate IT systems," Dr. Schyve said. "If we know that systems are composed of common criteria certified systems, we could depend on the systems to be able to support the higher level security policies."

NIAP-sponsored draft specifications aimed at helping companies comply with the Health Care Financing Administration Internet security policy, provide guidelines for the security and appropriate use of the Internet to transmit HCFA information.

The document was among several security-responsive initiatives discussed during the two-day forum.

The HCFA Internet policy covers all systems and processes which use the Internet, or interface with the Internet, including Virtual Private Network and tunneling implementations over the Internet, to transmit HCFA Privacy Act-protected or other sensitive HCFA information.

The forum aims at helping health professionals, provider groups and organizations develop criteria to specify and measure the security aspects of IT equipment. ■

6

Sixth of a series of reports on the Stabident intraosseous local anesthesia system

My experience with the Stabident System

by Kenneth B. Rundle, DDS
Peachtree City, Georgia

For the past two years, my partner and I have been using the Stabident Anesthetic System as a primary means of achieving anesthesia prior to dental treatment. While my partner uses the system successfully in all posterior areas, maxillary and mandibular, my usage is pretty much confined to the mandibular posterior region, although I will occasionally use the Stabident System elsewhere. I have performed over 2500 Stabident procedures and am very pleased with its effectiveness in my day to day usage. Where previously, to work on mandibular teeth, I would perform a typical mandibular block and then proceed to wait 10-15 minutes, I can now use the Stabident procedure and begin to work on the patient immediately. Over the course of a typical week, this method can save a tremendous amount of time.

The typical injection sequence goes as follows: site selection, penetration, adjustment and insertion of the needle, injection of the anesthetic solution. We use two syringes in the procedure, one with a 27ga. needle loaded with anesthetic (Xylocaine 2% with epi 1:100,000) to be used on the injection site, and the second with the Stabident needle loaded with either Mepivacaine 3% (no vasoconstrictor) or Duranest 1.5% with epi 1:200,000.

Site selection begins with an x-ray film of the area to be worked on. I look for an interproximal area of loose trabecular bone 2-3mm wide anterior to or posterior to the target tooth. Areas of dense bone are avoided as they can be difficult to penetrate or infiltrate if penetration is achieved. Also avoided are areas of tooth overlap or crowding which generally do not have sufficient interradicular bone for good penetration. Usually, if all else fails, a good fall back site for penetration for mandibular molars is an area to the distal or disto-buccal of the last molar in the arch. In any case the site should be in attached gingiva (for easy location of the opening after penetration), though in some cases it may be necessary to penetrate mucosa if no other option is available (in such instances it is much more difficult to locate the opening in the bone after penetration). Multiple sites may be chosen if the patient has a history of difficulty in being anesthetized (ie.: bracket the tooth), or if you are dealing with a "hot tooth" endodontically. Once the site(s) is/are chosen, a small amount of anesthetic (we use Xylocaine 2% with epi 1: 100,000) is placed with a 27ga. needle to blanch the immediate area. Prior to placing the anesthetic at the injection site, topical anesthetic may be used, or pressure anesthesia may be obtained with a cotton tipped applicator, or cold anesthesia may be achieved by holding a small piece of ice against the tissue for a few seconds.

Penetration is achieved by using the Stabident perforator at medium speed in a pumping fashion. The perforator should be angled perpendicular to the surface of the tissue and allowed to cut its own way through the cortical bone. It should "drop" into the trabecular bone beneath. I generally go to the depth of the penetrator putting enough pressure on the tip to leave a circular mark with a central bleeding point to mark the point of entry. It is also helpful, after achieving penetration, to somewhat enlarge the opening for ease of needle entry. Also, careful note should be made of the angle of entry so as not to lose orientation and create difficulty in finding the orifice again with the needle (it is helpful to have the syringe with the Stabident needle ready and waiting for use so that you need not to take your eyes off the site nor move your body in any way and thus lose your orientation).

Injection is accomplished in a slow deliberate fashion once the needle is inserted into the opening (much like injecting into the maxillary anterior mucosa). It is helpful, prior to placing the needle, to curve the tip of the needle using a pair of cotton pliers so that the needle tip is located more towards the center of the diameter of the needle lumen rather than at the lumen's circumference. This change in needle tip location results in a smoother entry of the needle into the prepared opening and makes it less likely for the needle tip to "hang up" on the bony walls of the created opening. The patient should be warned to expect to feel pressure as the anesthetic solution is injected. Though it is not painful, it is a different feeling than anything the patient is likely to have experienced before and may produce concern if not adequately explained in advance. If an anesthetic is used which contains a vasoconstrictor, the patient must also be warned that he/she is likely to feel their heart "race" for 60 seconds or so immediately following injection. Forewarning and calming the patient about this cardiovascular effect in advance will minimize resultant anxiety (of course, use of any anesthetic with cardiovascular stimulants should be based on your prior assessment of the patient's overall health). A vasoconstrictor is not necessary for longer anesthesia. We find a typical patient can be adequately anesthetized for 30 to 40 minutes with a single carpule of Mepivacaine properly placed.

Patient reaction overall has been extremely favorable. Good, complete anesthesia is obtained immediately. Both doctor and patient are more relaxed about procedures that may have otherwise been anxiety producing due to the uncertainty of obtaining and keeping adequate anesthesia. It is possible to keep to the daily schedule without the fear of the delays caused by a patient's "not getting numb". We feel using the Stabident System is a win/win situation for doctor and patient, and consider its introduction to be as significant to our practice as the recent development of Ni-Ti files is to endodontics.

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Standard Kit 20 perforators 20 injection needles	\$25.25	\$25.25
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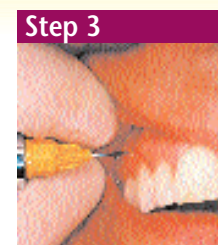
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Letter

Continued from page nine

from both sides of the aisle are now co-sponsors of this legislation. The House leadership has indicated that this issue will come to the floor for discussion and vote during the week of October 4. It is extremely important to our profession and our patients that the Norwood-Dingell Bill (HR 2723) is passed.

You must act today. Call your member of Congress and ask him or her to support HR 2723, not because it's the right thing to do for our profession, but because it's the right thing to do for our patients, the American public. It is the 11th hour. We need your action and support today. Take the time to make a difference!

Sincerely,

S. Timothy Rose, D.D.S., M.S.
ADA President

P.S. If you need any specific information about how to contact your representative, please call Bill Prentice in the ADA Washington office at 1-202-898-2400. ■

Fairfax Dental

Annual Session

Choosing just the right word

Hawaiian language begins and ends with 'aloha'

BY STACIE CROZIER

Honolulu—Starting with the first welcome "Aloha," and throughout his or her stay, a visitor can't help but pick up a few words of the melodic language of Hawaiians.

Once only a spoken tongue, early mission-

aries helped develop a written form of Hawaiian language that contains only eight consonants—H, K, L, M, N, P, W and the silent 'okina or glottal stop—plus five vowels.

Vowels are pronounced:

- A—ah (like father)

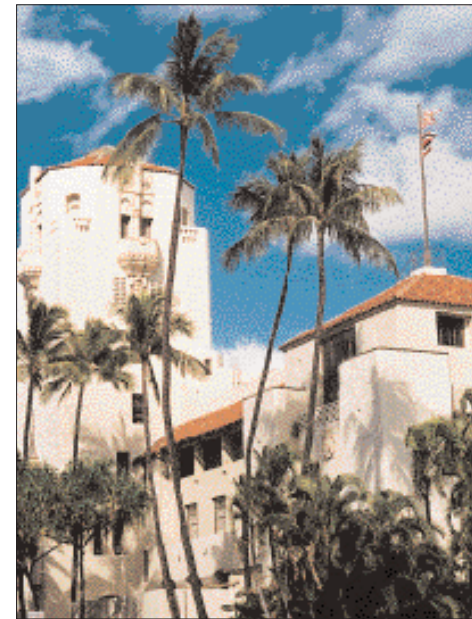
- E—ay (like weigh)

- I—ee (like see)

- O—oh (like no)

- U—oo (like true)

Consecutive vowels are usually pronounced as separate syllables (Iolani is ee-oh-lah-nee)



Palm view: Honolulu's city hall, which dates to 1928, is listed on the National Registry of Historic Places.

and consonants, except for W, are pronounced as they are in English. The letter W, when beginning the last syllable of a word, is pronounced as a "V" (the Polynesian word for drink, awa, is ah-va).

Some common words you may hear can include:

- Aloha—love, affection, kindness, hello and goodbye;
- Haole—originally a stranger or foreigner, now usually only associated with Caucasians;
- Honi—to kiss, a kiss;
- Hula—the dance of Hawaii;
- Iki—little;
- Kahuna—priest, doctor or other person in Hawaiian culture that may have the gift of prophecy or other supernatural powers;
- Kai—the sea, saltwater;
- Lanai—a porch, balcony or outdoor living room;
- Lei—garland of flowers;
- Mahalo—thank you;
- Makai—toward the ocean;
- Mauka—toward the mountains;
- Mauna—mountain;
- Muumuu—large, colorful gown worn by most Hawaiian women;
- Nani—beautiful;
- Nui—big;
- Wai—fresh water;
- Wikiwiki—to hurry, make quick.

In local restaurants you may want to know these terms:

- Ahi—yellow fin tuna;
- A'u—swordfish, marlin;
- Haupia—coconut pudding;
- Kaukau—food, to eat;
- Kalua—food slowly baked in an underground oven;
- Kona coffee—coffee grown in the Kona district of the Big Island, world famous for its rich flavor;
- Limu—seaweed;
- Lomi-lomi salmon—salmon pieces rubbed with onion and tomato;
- Luau—Hawaiian feast;
- Mahimahi—dolphin fish (not the mammal);
- Mai Tai—fruit punch with rum, named with the Tahitian word for "good";
- Niu—coconut;
- Opakapaka—blue snapper;
- Poi—a paste made from pounded taro root;
- PuPu—Hawaiian hors d'oeuvre;
- Uke—deep sea snapper. ■

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Annual Session

Splish splash

Waterpark makes paradise fun, too

BY STACIE CROZIER

Kapolei, Hawaii—Imagine frolicking in a waterfall within this tropical paradise. Or languishing in a beautiful blue lagoon, surrounded by lush green vegetation. Or racing down one of a variety of water-slides for a refreshing thrill. Or floating down a lazy river in the bright Hawaiian sunshine.

During the 1999 Memorial Day weekend, these recreational musings became a reality when Dr. Jack Harrington and his group of planners and investors opened Hawaiian Waters Adventure Park—the only water park in Hawaii and one of the largest such facilities worldwide.

Hawaiian Waters, a \$14 million venture, is

■ “I enjoy being a dentist and helping people enhance their lives through good health,” he says. “But that doesn’t mean I have to restrict my activity to dentistry. The water park project has shown me and my family that you can accomplish anything with preparation, hard work and a dream.”

the culmination of four years of planning, research and hard work on the part of Dr. Harrington, a practicing dentist based in Zephyr Cove, Nev., near Lake Tahoe. He serves as the park’s managing director.

While attending the ADA’s 1995 annual session in Las Vegas, Dr. Harrington offered to treat his staff to some relaxation time at the local water park near his hotel and the convention center.

But he learned at the front gate that the park was closed from October to May.

“I just looked at the closed-up park and wondered, ‘How do they make any money when they’re closed eight months a year?’” he says.

“I also remember thinking that if the park were in Hawaii, which has one of the most

ideal climates in the world, the park could be open year-round and would make a terrific financial investment,” he said.

A month later, as Dr. Harrington and his family traveled to Hawaii for a vacation, he learned that the islands didn’t even have a water park.

“I was thinking that a water park would be a terrific alternative for vacationers and residents who’d enjoy a change from a day at the beach,” he says.

Following his vacation, Dr. Harrington began his quest toward opening a water park with the climate and clientele to support it all year long.

He joined the World Water Park Association. He learned that most all North American water parks observe a schedule that leaves them idle about eight months a year.

He talked to industry veterans about his idea. He commissioned a feasibility study for the plan. He coordinated with government officials and commu-



A wild ride: Hawaiian Waters Adventure Park combines the beauty of Hawaii with the thrill



Dr. Harrington



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of a water park.

nity leaders to bring the project to life.

He gathered investors to finance the construction of the park and, on Memorial Day weekend, the 25-acre water park opened to an enthusiastic response on the part of its first customers.

"We conducted an exit poll on the park's first day, and this was before all the attractions had opened and before the food court was in operation," he says. "One hundred percent of our visitors said they were completely satisfied with the facility and had a great time. That was great to hear."

Project coordinators projected that Hawaiian Waters would draw 400,000 people in its first year, but June figures already tabulated about 70,000 visitors—primarily island residents.

"Business has been phenomenal," Dr. Harrington notes. "We're surpassing our projected numbers and it's been a huge hit. It's really a terrific feeling to see the park itself, that it was planned, built and now

serves so many people," he says.

Another added plus, he adds, is that the project generated new jobs and is having a positive impact on the economy of Oahu.

Dr. Harrington says one of his primary motivations was to show his three school-age children that if you have a dream, you can make it come true.

"I enjoy being a dentist and helping people enhance their lives through good health," he says. "But that doesn't mean I have to restrict my activities to dentistry. The water park project has shown me and my family that you can accomplish anything with preparation, hard work and a dream."

Dedicated to family pursuits, Dr. Harrington notes that he was late for the water park's grand opening ceremony because he was on the water slides with his kids.

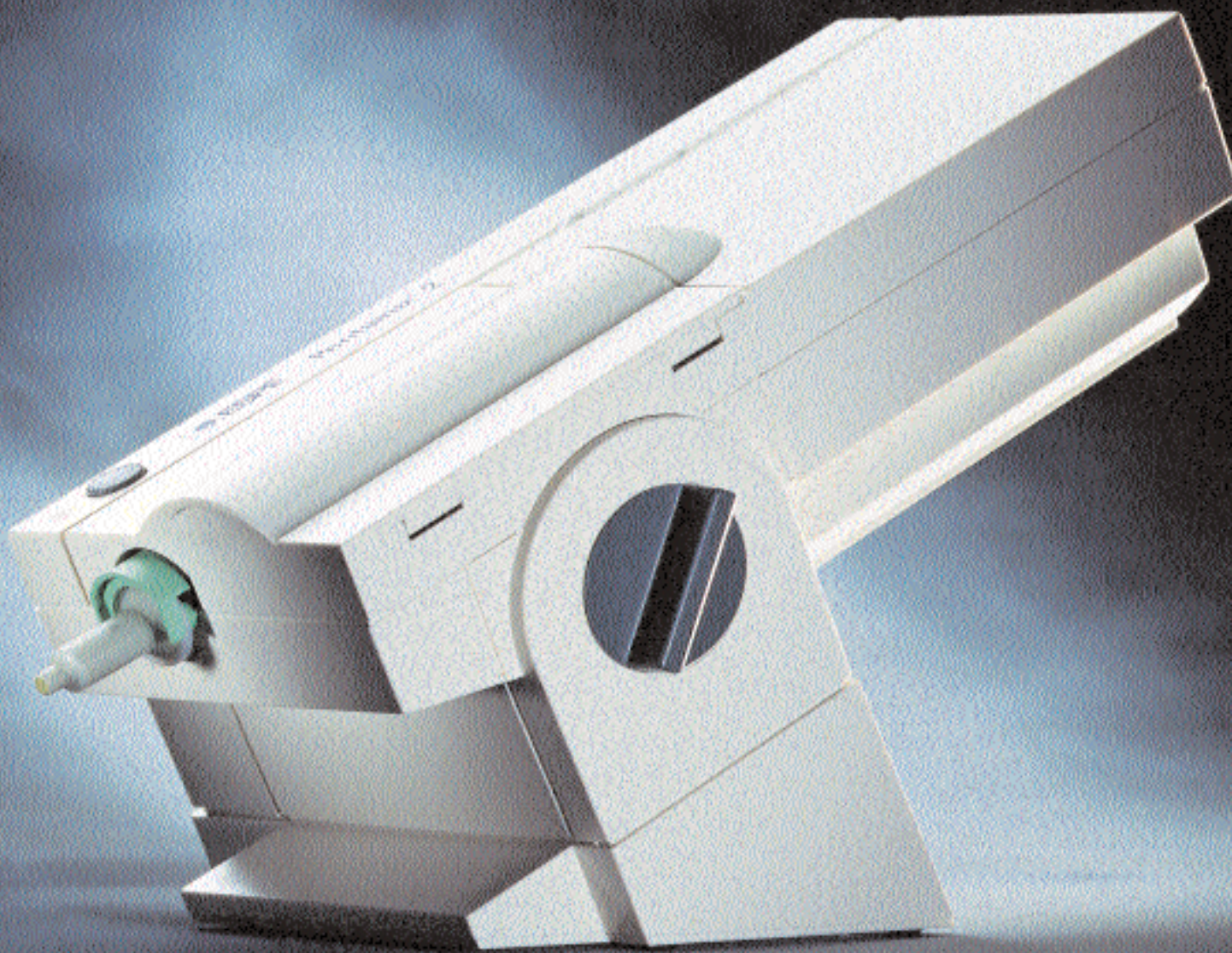
Back in Nevada, Dr. Harrington is a Little League Baseball coach and his family is also active all year long with soccer, basketball and skiing.

"My family is my No. 1 priority," he adds. "I do try to visit Hawaii every couple of months to make sure things are going well, but I have to work it around the family's schedule."

Dr. Harrington says the park administrators will begin marketing Hawaiian Waters to tourists, and this venture may lead him to consider expanding or opening water parks elsewhere.

"Who knows what the future will bring?" ■

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Waterpark offers many attractions

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- two 65-foot high free-fall slides;
- two water-toboggan slides;
- two- and four-person innertube slides;
- body flume slides;
- an 800-foot river with a three-mile-an-hour current for guests to float on in inner-tubes;
- an adults only area with pool, hammocks and cabanas;
- a teen activity pool with rope ladders, slides, swinging bridge, and exploding geysers;
- a children's activity area with water cannons, lily pad walks and slides;
- recreational and competition volleyball courts;
- a stage area for concerts and performances;
- public and private group picnic areas;
- gift and souvenir shops;
- restaurants and food carts;
- shade cabanas, chairs, chaise lounges and plenty of bathrooms;
- aquatic employees highly trained and certified in CPR;
- one-price admission policy that gives guests access to all admissions without additional cost; \$29.99 per adult and \$19.99 per child.

For information, call 1-808-945-3928 or visit the web site at "www.hawaiianwaters.com". Hawaiian Waters information will also be available at the Hawaii Information Desk in the entrance lobby of the Hawaii Convention Center during annual session. ■

Help is on the way

Mobile dental van brings care to needy

Hilo, Hawaii—Marsha Hatakeyama knew she needed to see a dentist, but she had no idea that having her teeth fixed could give her a new lease on life.

Having become disabled from brittle diabetes and failing kidneys, the 27-year-old mother of two's dialysis treatments and prescription drugs were covered by Medicare—her primary insurance—and Medicaid. But like many states, Hawaii's public aid recipients are only eligible for emergency dental care for treating pain or infection. Two years ago Ms. Hatakeyama was told she was an excellent candidate for a kidney trans-

plant, but there was a problem: she couldn't be added to the waiting list without having her teeth fixed.

Enter Mobile Care, a joint project of the Office of Social Ministry of the Roman Catholic Diocese of Honolulu and St. Francis Healthcare System. Mobile Care offers affordable dental, medical and social services to the low-income and underinsured people on Hawaii—the largest Hawaiian island, also known as the "Big Island."

Volunteer and part-time dentists treat patients in a 37-foot RV-type van with a fully equipped dental operatory and a medical exam room at



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- Reduced patient fear, pain and anxiety
- Reduced operator stress

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1. The AMSA injection is now covered by most insurances if maxillary teeth using a computer controlled injection system. (Patent # 5,814,744) 2. The P-ASV injection is now covered by most insurances if maxillary teeth using a computer controlled injection system. (Patent # 5,814,744) 3. The WAND is a registered trademark of Milestone Scientific, Inc. © 1999 Milestone Scientific, Inc. All rights reserved. www.thewand.com

clinic sites throughout the Big Island's west side.

Last year, Mobile Care dentists restored Ms. Hatakeyama's decayed teeth and gave her an oral surgery referral. She was added to the organ transplant list in September 1998. "If it wasn't for them, I wouldn't be on the list," Ms. Hatakeyama said, adding, "they are helping a lot of people."

The idea for a mobile unit came from a community-based task force convened by the Office of Social Ministry to address homelessness on the Big Island. A community development block grant with matching funds from the federal government funded the van, which began operating in January 1997. Dental services, however, became the primary focus due to the reduction in dental services for Hawaii's Medicaid recipients and the scarcity of dental services available to the low-income population.

The consequences of poor dental care mainly affect adults in Hawaii because children on public assistance have dental coverage under the state's Quest program.

"This is the only option for many people on the Big Island," says Dr. Bonnie Lau, a Honolulu general dentist and Mobile Care's dental director. "Many of the people who can't get to the van for treatment end up in the hospital emergency room. The van is their only alternative. Mobile health care has always been needed for these people, especially in some of the poorer economic areas."

Launched as a community-based, publicly funded project, Mobile Care soon became a beneficiary of private funding as well. "Mobile Care is a grassroots, community based initiative. It was started by people who saw a need but required help to make it work, and that's where St. Francis stepped in," says Dr. Lau. Since becoming Mobile Care's partner in 1996, St. Francis Healthcare System has provided the project's clinical and practice oversight and providers' malpractice insurance.

The Office of Social Ministry directs Mobile Care's general operation, budget and support staff. "Operational funds to cover fuel, supplies, medical and dental supplies, van maintenance and staff salaries come from private donors such as the Hawaii Medical Services Association, the W.K. Kellogg Foundation, Ronald McDonald Children's Charities and Catholic parishes," says Kaye Lundburg, Mobile Care's project coordinator.

Patients are asked to provide verification of financial resources to determine the level of participation or contributions for services. Contributions typically range from \$5 to \$20 for restorative and preventive care and \$20 to \$40 for endodontic care.

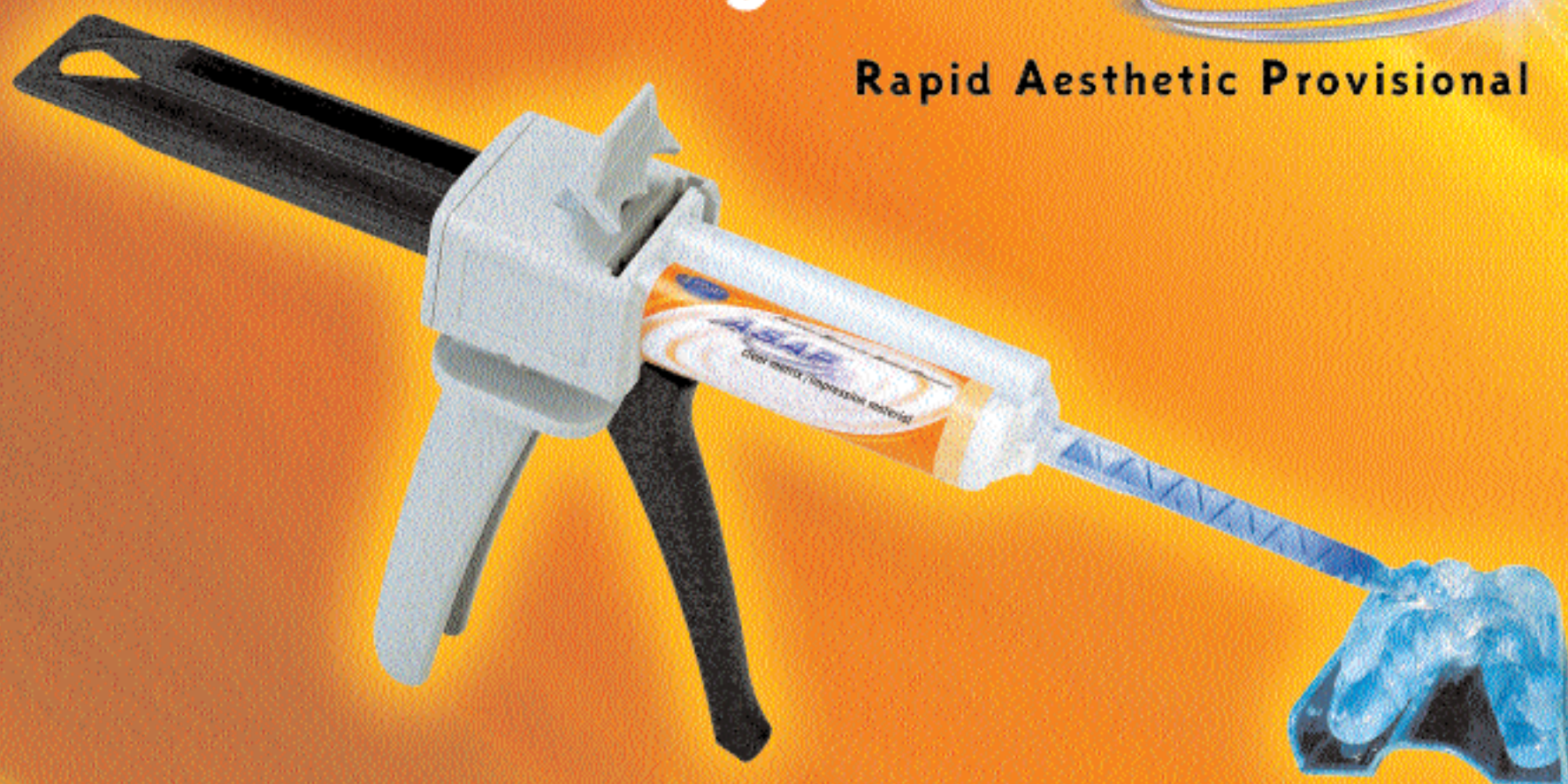
For her medical condition, Ms. Hatakeyama has gone to St. Francis' charity clinic on the Big Island, but their main dental clinic is located on the island of Oahu. Ms. Lundburg says Ms. Hatakeyama's access problems are not unique. "Her public aid does not cover dental care, she lacks private insurance, she has difficulty accessing health services and she works only part-time because of her disability so she doesn't qualify for insurance from her employer. She's one of these people in a 'Catch-22' position." ■

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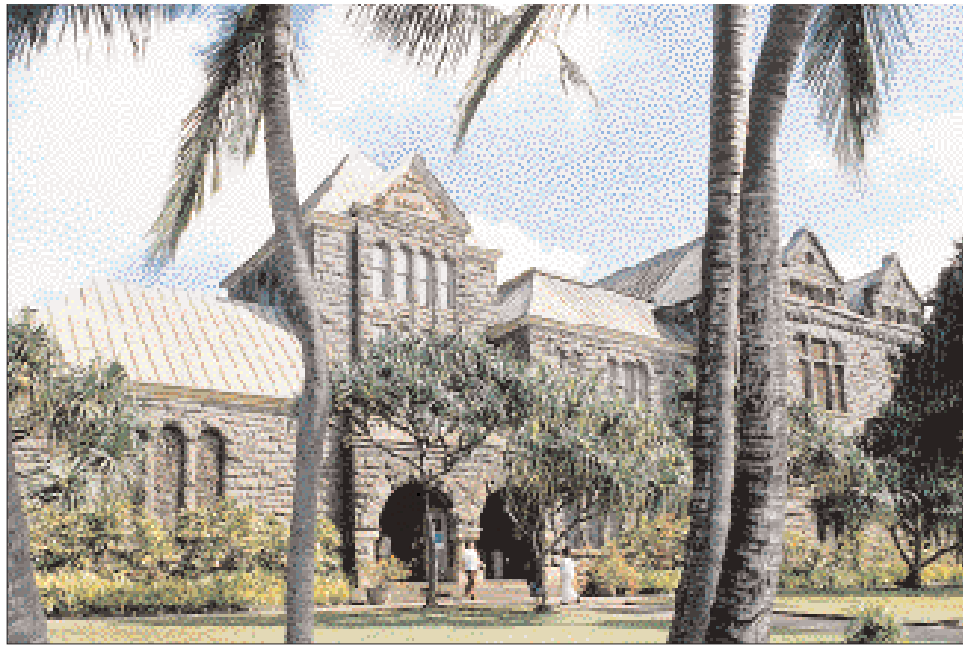


Photo courtesy of Bob Mohr Photography copyright 1980

Gift of a princess: The Bernice Pauahi Bishop Museum is one of the finest museums of Polynesian history and culture in the world.

Museum houses many buildings set among lovely gardens, lawns

BY JULIE A. JACOB

Thanks to the loving gift of a princess to her people, Hawaii has one of the finest museums of Polynesian history and culture in the world—the Bernice Pauahi Bishop Museum in Honolulu.

It was the generosity and foresight of Princess Bernice Pauahi that made the museum possible. The independent-minded Princess Bernice, who rejected her arranged marriage with a prince and wed American banker Charles Bishop instead, was the last direct descendant of King Kamehameha the Great.

As the sole heir, she inherited the royal family's lands, as well as the Kamehameha family's collection of treasures and artifacts.

Princess Bernice, who bore no children, decided to use her inheritance to promote the history and culture of her people. After she died in 1884, Charles Bishop worked to make her dream of a Hawaiian museum come true. The museum opened in 1892.

Today the museum is a tranquil campus of more than a dozen buildings set among gracious gardens and lawns. The centerpiece of the campus is the stately Hawaiian Hall, which was completed in 1903 and is now listed on the National Register of Historic Places.

The hall contains three floors of Hawaiian artifacts, paintings and exhibits spanning the islands' history from the 8th century, when the first Polynesian settlers beached their canoes on Hawaii's shore, all the way to the 20th century.

Among the artifacts on display are a pili-grass thatched house, a 50-foot sperm whale skeleton, King Kamehameha I's magnificent mambo bird feather cloak, Queen Liliuokalani's royal coach and "Father of Surfing" Duke Paoa Kahanamoku's surfboard.

The Bishop is the third-largest Polynesian museum in the world with 23 million artifacts—including 1.178 million cultural artifacts; 13.5 million insect specimens, 6 million shell specimens, 490,000 plant specimens; and 1.2 million historic photographs, documentary art, maps, manuscripts and music!

During the weekday, visitors can watch demonstrations of Hawaiian crafts and arts, including hula dancing, lauhala weaving, lei making and Hawaiian quiltmaking.

The museum campus also includes an extensive natural history exhibit, a Polynesian Hall featuring artifacts from other Pacific island cul-

tures and a Hawaii Sports Hall of Fame, located in Paki Hall. Visitors can also learn about the sophisticated navigation skills of ancient Polynesian mariners at the Cooke Rotunda or enjoy interactive science exhibits in the Castle Building. Children will enjoy the KidsSpace section with its kid-friendly exhibits.

The Bishop museum is also home to Hawaii's only planetarium. A variety of astronomical shows are shown weekdays, as well as on Friday and Saturday evenings.

The museum, 1525 Bernice St., is about 12 miles west of Waikiki Beach.

Visitors in Waikiki Beach can board the No. 2 bus on the mauka (mountain) side of Kuhio Ave. It's about a 45-minute ride to the museum stop at the corner of Kapalama Avenue and School Street.

The museum's entrance is one block south on the corner of Kapalama Avenue and Bernice Street. Tickets, which are \$14.95 for adults and \$11.95 for children, can be purchased in the Jabulka Building next to the planetarium. The Bishop Museum is open daily 9 a.m. to 5 p.m.

For a detailed schedule of the museum's events and exhibits, call the museum at 1-808-847-3511 or check out the museum's Web site, "http://www.bishop.hawaii.org". ■

Meet the Bishop

The ADA is offering tours to the Bishop Museum and Foster Botanical Gardens during annual session.

To book your tour, you can use the form on page 31 of the April 19 ADA News, the form on page 1070 of the July issue of the Journal of the American Dental Association or the form on page 48 in the annual session Preview.

Besides learning the culture and history of Hawaii at the Bishop Museum, the tour package includes Foster Botanical Garden, 31 acres of various orchids, rare and protected cycad plants, and indigenous Hawaiian plants.

Cost for the tour is \$41 for adults, \$33 for children ages 4 to 12 years. Tours are offered on Oct. 8, 9 and 11 from 9 a.m. to 1 p.m. ■

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Rest in peace

Arizona Memorial marks spot of attack

BY STACIE CROZIER

Honolulu—In the time of Kamehameha the Great, Pearl Harbor was an abundant site for harvesting pearls from oysters.

Today, under its waters, a sunken battleship serving as a watery tomb offers visitors a reverent reminder of the attack on the United States by Japan on Dec. 7, 1941.

The final resting place for 1,102 of the crewmen of the U.S.S. Arizona, the sunken battleship in Pearl Harbor is topped by a memorial to help visitors remember the events of "a date which will live in infamy."

Designed by architect Alfred Preis and dedicated in 1962, the Arizona Memorial and Visitor Center is an airy, white concrete structure that spans 184 feet.

Inside, a central observation area allows visitors to see the sunken battleship or drop flower leis into the water to honor the dead. A shrine room features a wall of marble on which the names of the 1,178 sailors and Marines killed aboard the battleship are engraved.

An American flag flies from a pole attached to the Arizona's severed mast.

Unofficially, the Arizona Memorial has come to represent all the personnel killed at

Arizona personnel killed, survivor remembrances and much more.

Web surfers can also relive the events of the start of the U.S.'s involvement in World War II by playing one of three audio tracks on the site, including excerpts of President Franklin D. Roosevelt's address to Congress on December 8 and the CBS Radio news report of the bombing. ■



Photo courtesy of Hawaii Visitors Bureau

Arizona Memorial: Has come to represent all the personnel killed at Pearl Harbor.

■ **The final resting place for 1,102 of the crewmen of the U.S.S. Arizona, the sunken battleship in Pearl Harbor is topped by a memorial to help visitors remember the events of "a date which will live in infamy."**

Pearl Harbor. In the surprise attack on Pearl Harbor and nearby Hickam Field, nearly 2,400 people were killed; almost 1,200 were injured, 12 American ships were sunk or beached; nine ships were damaged; and more than 300 aircraft were damaged or destroyed.

Visitors may have to come early to obtain tickets to enter the memorial, since it is one of the most visited sites in the islands.

A museum allows ticket holders the opportunity to learn the details of the attack while they await their turn to take a shuttle boat out to the memorial.

Memorial volunteers, many of them Pearl Harbor survivors, are often available to answer questions and share their stories.

Also nearby are the U.S.S. Bowfin, a World War II submarine, and the U.S.S. Utah and its memorial, honoring its 64 men killed in the attack (of which 58 are still entombed on the ship).

Visitors are asked to dress appropriately (no bathing suits or bare feet) since the memorial is a sacred place to many around the world.

A pre-travel visit to the U.S.S. Arizona Memorial can be made via the Internet by logging on to "www.execpc.com/~dschaaf/." The site, entitled "Pearl Harbor: Remembered," lists visitor information, a map of Pearl Harbor and a synopsis of the attack, a time line of events, a list of U.S.S.

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- 67% reduction in pocket depth vs SRP alone
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Antimicrobial susceptibility profile similar to placebo in 18-month trials

Side-effect profile similar to placebo in long-term trials

*Clinical studies show that doxycycline reduces the elevated collagenase activity in the gingival crevicular fluid of patients with adult periodontitis. The clinical significance of these findings is not known. Please see accompanying Brief Summary of Prescribing Information for further reference.

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For more information, visit the CollaGenex Web site, or call CollaGenex Professional Affairs at 1-888-339-5678.

Please see Contraindications, Warnings, Precautions, and Adverse Reactions in the Brief Summary of Prescribing Information on next page.

Periostat
(doxycycline hyclate) 20 mg capsules

THE ENZYME SUPPRESSOR

Periostat is a 20 mg form of doxycycline. Traditional tetracycline contraindications, precautions, and warnings must be considered prior to use of Periostat.

This drug is contraindicated in people who have shown hypersensitivity to any of the tetracyclines. Tetracycline drugs should not be used in infants, children less than 8 years old, or pregnant or nursing women unless the potential benefits outweigh the potential risks.

Patients exposed to direct sunlight or ultraviolet light should be advised that an exaggerated sunburn reaction can occur with tetracycline drugs.

'Proud to lead AADA'

Rosemary Grasso to embrace presidential role

BY CLAYTON LUZ

Muncie, Ind.—Rosemary Grasso says, "dentistry has always been close to my heart. I believe it's a wonderful profession."

Indeed, dentistry is close to her heart, because Mrs. Grasso keeps it there.

Since becoming a member-at-large with the Alliance of the American Dental Association in 1972, Mrs. Grasso has assumed a variety of responsibilities within this all-volunteer organization—chair of its dental health education

program, comptroller, recording secretary, trustee, vice president and president-elect.

Mrs. Grasso will soon welcome yet another challenge: On Oct. 11 she will be installed as AADA's 45th president during its annual meeting, which will convene in the Molokai Room at the Sheraton Waikiki.

"It's been good to our family," says Mrs. Grasso, citing one reason why she's stayed involved with the AADA for nearly three decades. Married for 35 years to oral surgeon

Dr. Anthony M. Grasso, Mrs. Grasso says she became involved with the AADA "as a way to give something back" to her husband's profession as well as her son Scott's, who practices as a general dentist. Mrs. Grasso is the mother of two other sons, Mark and Stephen, and five grandchildren.

Mrs. Grasso outlined key issues for AADA for the coming year, including legislation, increasing membership and a reprise of last year's successful anti-tobacco campaign fea-



Welcome: Rosemary Grasso is the 45th president of the Alliance of the American Dental Association.

Periostat[®]

(doxycycline hyclate) 20 mg capsules

THE ENZYME SUPPRESSOR



PERIOSTAT[®]
(doxycycline hyclate capsules USP)

BRIEF SUMMARY INDICATIONS AND USAGE

Periostat[®] is indicated for use as an adjunct to scaling and root planing to promote attachment level gain and to reduce pocket depth in patients with adult periodontitis.

CONTRAINDICATIONS

This drug is contraindicated in persons who have shown hypersensitivity to any of the tetracyclines.

INERT INGREDIENTS

Hard gelatin capsules, magnesium stearate, microcrystalline cellulose.

MECHANISM OF ACTION

Studies have shown that doxycycline reduces elevated collagenase activity in the gingival crevicular fluid of patients with adult periodontitis. The clinical significance of these findings is not known.

MICROBIOLOGY

The dosage of doxycycline achieved with this product during administration is well below the concentration required to inhibit microorganisms associated with adult periodontitis. This product should not be used for reducing the numbers of or eliminating those microorganisms associated with periodontitis.

WARNINGS

THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY AND CHILDHOOD TO THE AGE OF 8 YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH (YELLOW-GRAY-BROWN). This adverse reaction is more common during long-term use of the drugs but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. **TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP AND IN PREGNANT OR NURSING MOTHERS UNLESS THE POTENTIAL BENEFITS MAY BE ACCEPTABLE DESPITE THE POTENTIAL RISKS.**

All tetracyclines form a stable calcium complex in any bone-forming tissue. A decrease in fetal bone growth rate has been observed in premature infants given oral tetracyclines in doses of 25 mg/kg every 6 hours. This reaction was shown to be reversible when the drug was discontinued.

Doxycycline can cause fetal harm when administered to a pregnant woman. Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If any tetracyclines are used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to the fetus.

The catabolic action of the tetracyclines may cause an increase in BUN. Studies to date indicate that this does not occur with the use of doxycycline in patients with impaired renal function.

Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Patients apt to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs, and treatment should be discontinued at the first evidence of skin erythema.

PRECAUTIONS

While no overgrowth by opportunistic microorganisms such as yeast were noted during clinical studies, as with other antimicrobials, Periostat[®] therapy may result in overgrowth of nonsusceptible microorganisms including fungi.

The use of tetracyclines may increase the incidence of vaginal candidiasis.

Periostat[®] should be used with caution in patients with a history or predisposition to oral candidiasis. The safety and effectiveness of Periostat[®] has not been established for the treatment of periodontitis in patients with consistent oral candidiasis.

If superinfection is suspected, appropriate measures should be taken.

Laboratory Tests: In long-term therapy, periodic laboratory evaluations of organ systems, including hematopoietic, renal, and hepatic studies should be performed.

Drug Interactions: Because tetracyclines have been shown to depress plasma prothrombin activity, patients who are on anticoagulant therapy may require downward adjustment of their anticoagulant dosage.

Since bacterial antibiotics, such as the tetracycline class of antibiotics, may interfere with the bactericidal action of members of the β -lactam (e.g. penicillin) class of antibiotics, it is not advisable to administer these antibiotics concomitantly.

Absorption of tetracyclines is impaired by antacids containing aluminum, calcium or magnesium, and iron-containing preparations. Absorption is also impaired by bismuth subsalicylate.

Barbiturates, carbamazepine, and phenytoin decrease the half-life of doxycycline.

The concurrent use of tetracycline and Penicillin (methoxy-fluorane) has been reported to result in fatal renal toxicity.

Concurrent use of tetracycline may render oral contraceptives less effective.

Drug/Laboratory Test Interactions: False elevations of urinary catecholamine levels may occur due to interference with the fluorescence test.

Carcinogenesis, Mutagenesis, Impairment of Fertility: Doxycycline hyclate has not been evaluated for carcinogenic potential in long-term animal studies. Evidence of oncogenic activity was obtained in studies with related compounds, i.e., oxytetracycline (adrenal and pituitary tumors) and minocycline (thyroid tumors).

Doxycycline hyclate demonstrated no potential to cause genetic toxicity in an *in vitro* point mutation study with mammalian cells (CHO/HGPRT forward mutation assay) or in an *in vivo* micronucleus assay conducted in CD-1 mice. However, data from an *in vitro* assay with CHO cells for potential to cause chromosomal aberrations suggest that doxycycline hyclate is a weak clastogen.

Oral administration of doxycycline hyclate to male and female Sprague-Dawley rats adversely affected fertility and reproductive performance, as evidenced by increased time for mating to occur, reduced sperm motility, velocity, and concentration, abnormal sperm morphology, and increased pre- and postimplantation losses. Doxycycline hyclate induced reproductive toxicity at all dosages that were examined in this study, as even the lowest dosage tested (50 mg/kg/day) induced a statistically significant reduction in sperm velocity. Note that 50 mg/kg/day is approximately 10 times the amount of doxycycline hyclate contained in the recommended daily dose of Periostat[®] for a 60 kg human when compared on the basis of body surface area estimates (mg/m²). Although doxycycline impairs the fertility of rats when administered at sufficient dosage, the effect of Periostat[®] on human fertility is unknown.

Pregnancy: Teratogenic Effects: Pregnancy Category D. (See WARNINGS.) Results from animal studies indicate that doxycycline crosses the placenta and is found in fetal tissues.

Nonteratogenic effects: (See WARNINGS.)

Labor and Delivery: The effect of tetracyclines on labor and delivery is unknown.

Nursing Mothers: Tetracyclines are excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from doxycycline, the use of Periostat[®] in nursing mothers is contraindicated. (See WARNINGS.)

Pediatric Use: The use of Periostat[®] in infancy and childhood is contraindicated. (See WARNINGS.)

ADVERSE REACTIONS

Adverse Reactions in Clinical Trials of Periostat[®]: In clinical trials of adult patients with periodontal disease 213 patients received Periostat[®] 20 mg BID over a 9 - 12 month period. The most frequent adverse reactions occurring in studies involving treatment with Periostat[®] or placebo are listed below:

Incidence (%) of Adverse Reactions in Periostat[®] Clinical Trials

	Periostat [®] 20 mg BID (n=213)	Placebo (n=213)
Headache	55 (26%)	56 (26%)
Common Cold	47 (22%)	46 (21%)
Flu Symptoms	24 (11%)	40 (19%)
Tooth Ache	14 (7%)	28 (13%)
Periodontal Abscess	8 (4%)	21 (10%)
Tooth Disorder	13 (6%)	19 (9%)
Nausea	17 (8%)	12 (6%)
Sinusitis	7 (3%)	18 (8%)
Injury	11 (5%)	18 (8%)
Dyspepsia	13 (6%)	5 (2%)
Sore Throat	11 (5%)	13 (6%)
Joint Pain	12 (6%)	8 (4%)
Diarrhea	12 (6%)	8 (4%)
Sinus Congestion	11 (5%)	11 (5%)
Coughing	9 (4%)	11 (5%)
Sinus Headache	8 (4%)	8 (4%)
Rash	8 (4%)	6 (3%)
Back Pain	7 (3%)	8 (4%)
Back Ache	4 (2%)	9 (4%)
Menstrual Cramp	9 (4%)	5 (2%)
Acid Indigestion	8 (4%)	7 (3%)
Pain	8 (4%)	5 (2%)
Infection	4 (2%)	8 (4%)
Gum Pain	1 (0%)	6 (3%)
Bronchitis	7 (3%)	5 (2%)
Muscle Pain	2 (1%)	6 (3%)

Note: Percentages are based on total number of study participants in each treatment group.

Adverse Reactions for Tetracyclines: The following adverse reactions have been observed in patients receiving tetracyclines:

Gastrointestinal: anorexia, nausea, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, and inflammatory lesions (with vaginal candidiasis) in the anogenital region. Hepatotoxicity has been reported rarely. Rare instances of esophagitis and esophageal ulcerations have been reported in patients receiving the capsule form of the drugs in the tetracycline class. Most of these patients took medications immediately before going to bed. (SEE DOSAGE AND ADMINISTRATION.)

Skin: maculopapular and erythematous rashes. Exfoliative dermatitis has been reported but is uncommon. Photosensitivity is discussed above. (See WARNINGS.)

Renal toxicity: Rise in BUN has been reported and is apparently dose related. (See WARNINGS.)

Hypersensitivity reactions: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, serum sickness, pericarditis, and exacerbation of systemic lupus erythematosus.

Blood: hemolytic anemia, thrombocytopenia, neutropenia and eosinophilia have been reported.

OVERDOSAGE

In case of overdosage, discontinue medication, treat symptomatically and institute supportive measures. Doxycycline is eliminated with a half-life of approximately 18 hours by renal and fecal excretion of unchanged drug. Dialysis does not alter serum half-life and thus would not be of benefit in treating cases of overdose.

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REFERENCE:

1. Data on file. CollaGenex Pharmaceuticals, Inc.

turing baseball hero Mark McGwire.

Because she's committed to AADA and is "proud to be leading the Alliance into the new millennium," Mrs. Grasso's theme is "2000 and Beyond, AADA's Opportunity to Support Dentistry."

Mrs. Grasso is particularly excited about something new for the Alliance this year: its Dentist Well-Being Program. Mrs. Grasso states the program will complement the ADA Dentist Well-Being Program.

Currently the Alliance is researching the program, says Mrs. Grasso, who'll soon appoint a committee to investigate that program's issues and administration.

"Spouses of dentists," she maintains, "should have some kind of role in supporting the recovering dentist. We feel very strongly about this."

A concentrated public relations program also lies in the works, according to Mrs. Grasso. She says one Alliance project is "to approach the dentist and make him aware of what the Alliance is about." The new president suggests "one way to reach out is to present management seminars that focus on how to work better" in the dental office.

Mrs. Grasso says that when AADA's Future Planning Committee met last February, specific goals emerged:

- "AADA," she says, "wants to develop and implement a marketing plan that will promote our values to the ADA as well as to our members and the public. We want to serve as a link between the tripartite organization by using electronic and print media."

- "We want to keep improving our relationship with the ADA Board and councils," she says, "and continue to have opportunities to assist them."

- "We want to develop and implement programs to promote educational opportunities through workshops," says Mrs. Grasso. "That's always been our strength."

When asked what benefits there are to being an AADA member, Mrs. Grasso replies without hesitation, "The AADA dental spouse is the best public relations person the working dentist has. We have the time and energy to promote dentistry. We are now in a position to make good things happen in the Alliance."

She responds that participation offers an opportunity for personal growth, too. "The more involved you are, the more personal growth you experience. There are no limits to what a person can do," she says, adding, "one of our past presidents used to say she felt like she could go to any state in the United States and there would be a dental alliance representative there to contact and know."

She smiles proudly. "We are great supporters of dentistry and the dentist," she repeats with conviction. "Who else is going to do that?" ■

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IADR Abstract # 1651
CORROSIVE WEAR OF COMMERCIAL COMPOSITE RESINS
"Alert had the lowest corrosive wear of the eleven composites tested."

IADR Abstract # 2118
POLYMERIZATION SHRINKAGE OF CONDENSABLE COMPOSITE RESINS
"All three groups were significantly different in amount of shrinkage of these highly-filled hybrid composite resins with Alert<Surefil<Solitaire."

IADR Abstract # 2349
CUSP DEFORMATION BY SHRINKAGE OF CONDENSABLE COMPOSITES
"Contraction of Alert restorations lined with Flow-It® flowable composite were significantly less than the other systems tested."

IADR Abstract # 2308
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I N C O R P O R A T E D

I S O 9 0 0 1 C E R T I F I E D

Insurance, JADA, Dudley—ADA booths have the most up-to-date information

Honolulu—The benefits of ADA membership are right where you can see them, at nearly two dozen booths located in the Hawaii Convention Center.

The following booths are located in the exhibition halls of the first floor:

Booth 511: Netopia, premier provider of custom Web Sites and endorsed by ADA ECCo, will be drawing the names of five winners of the Netopia Web Site Giveaway. Drop by the Netopia booth to enter. (Drawings will be held every day of the convention.)

Booth 816: Envoy Corporation representa-

Annual Session

tives will demonstrate how dentists can make their practices run more efficiently and improve cash flow with new practice management software. Endorsed by the ADA ECCo, Envoy is a leader in electronic claims that can provide you with cutting-edge information about online eligibility, electronic EOB (E.R.A.) and electronic attachments.

Booth 818: Great-West (underwriter and

administrator of the ADA insurance plans). Learn more about the ADA-sponsored member insurance programs here. These plans include term life, universal life, disability income, disability overhead expense and hospital income insurance. Plan specialists will be available to counsel dentists on their coverage needs and to answer questions on the cost and scope of coverage offered.

Booth 822: ADA1PLAN/Citibank representatives will explain the new ADA Platinum Visa card through Citibank, credit card processing services through Pay-

mentech and practice financing through the Matsco Companies. While you're there, apply for the credit card or show your old ADA card to receive a free gift.

Booth 823: ADA Membership Retirement Program offers various types of retirement plans designed to meet the specific needs of dentists. The program, available for more than 25 years, currently has assets under management of more than \$1.2 billion. Retirement consultants can counsel dentists on designing plans that maximize their tax-deductible contributions while minimizing costs. Stop by for more information and to receive your free retirement planning book.

Booth 917: ADA Salable Materials offers a first look at the ADA's new products for the upcoming year. There is an assortment of new and revised products to help you establish and maintain a successful dental practice. Don't delay—the first 500 customers will receive a phone card good for 10 minutes of free use. Every order will be discounted 10 percent and orders over \$150 will receive an additional 5 percent discount. Also, Dudley the Dinosaur will appear at the ADA Catalog Sales booth for free photos with session-goers. Hours are Saturday from 9:30-10:15 a.m. and 1:30-2:15 p.m.; Sunday, 8-8:45 a.m. and 11:30 a.m.-12:15 p.m.; Monday, 10:30-11:15 a.m. and 1-1:45 p.m.; Tuesday, 11-11:45 a.m.

Booth 924: American Dental Political Action Committee and ADA Grassroots staff and volunteers will be available to provide information and answers about political involvement, ADPAC membership and the grassroots network. Booth visitors may complete pledge cards or sign up at ADPAC's Capital Club.

Booth 1347: Trojan Professional Services Inc. representatives will explain how its software, which the ADA Electronic Commerce Co. endorses, assists dentists with filing electronic insurance claims and solving the need for insurance benefits information. Additional information about their services and enrollment will also be available.

The following booths are located in the ADA Pavilion of the third floor lobby of the Hawaii Convention Center:

Booth 1501: Learn more about the ADA Health Foundation and meet co-author Don Dible of "Chicken Soup for the Dental Soul." Mr. Dible will autograph books distributed free to the first 10,000 dentists attending annual session or purchased at the ADA Store. A portion of book sale proceeds will benefit the foundation's Samuel D. Harris Fund for Children's Dental Health.

Booth 3001: The ADA Electronic Commerce Co. will offer information on the ADA ECCo Marketplace, Netopia, Trojan and ENVOY. The information provided will explain how dentists can purchase products from the ADA ECCo Marketplace, develop their own Web presence, make their practices run more efficiently and improve cash flow by using software to file claims electronically.

Booth 3002: ADA ONLINE, the ADA's popular World Wide Web site, will feature online demonstrations of the new ECCo Marketplace and the Netopia Dental Web Sites. Hands-on demonstrations will let you shop the Marketplace yourself, as well as learn more about creating a Web site for your own practice. You'll also surf for an abundance of information on clinical, treatment and research issues, exclusive Members Only content, education and career options, patient and consumer materials, and daily dental news. Pick up a free mouse pad, while they last.

Booth 3003: The Survey Center offers reports about dental fees, predoctoral, advanced and allied dental education and dental workforce projections. Opinion surveys of dentists delve into current issues facing dentists, including contractual agreements,

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— Dr. Carol Galliano, Louisiana

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Booth 3004: The ADA Council on Dental Benefit Programs staff will be present to answer questions you may have about the ADA's Direct Reimbursement promotional campaign. If you are interested in learning more about the DR campaign, how your constituent can get involved or for an update on available DR education/promotional resources, just ask at the booth.

Booth 3005: The Alliance of the American Dental Association staff will offer information on membership recruitment.

Booth 3006: The ADA Publishing Co., which brings you the ADA News and The Journal of the American Dental Association, will feature these and other publications and products. ADAPCO will demonstrate a sample version of the JADA CD-ROM. For session members, the recently updated version of JADA CD-ROM is available for \$119, a discount of \$10 off the regular price. The CD-ROM, which includes all JADA articles published from 1990-1998, may be purchased at the ADA logo shop or ordered at the ADAPCO booth.

The ADA Guide to Dental Therapeutics, dentistry's most comprehensive drug reference, is available at the ADA logo shop for the ADA-member price of \$39. This authoritative guide is the industry source for adverse effects, clinical considerations and interactions on dentist- and physician-prescribed drugs. A special discount is available during session for the ADA Legal Adviser, the monthly newsletter that covers legal issues confronting dentistry. Session members can subscribe for \$115, compared with the regular ADA-member rate of \$129. A free sample issue is available at the ADAPCO booth.

Booth 3007: The ADA Council on Dental Practice provides many resources to help members develop their practices. Receive a 10 percent discount on all salable publications, plus a \$10 phone card with any order (quantities are limited). Various practice management resources are also available on marketing, Seminar Series program, the SUCCESS Program, Dentist Well-Being and Ergonomics.

Booth 3008: The ADA Dentist Well-Being Program volunteers can answer your questions, but probably most importantly, listen to your concerns. Information is available on chemical dependency, infectious disease, mental health problems or just plain stress and burnout. T-shirts, mugs and inspirational music will be raffled twice daily for those who register. Information about local 12-step support programs also is available.

Booths 3009, 3010: Stop at the ADA Membership Resources Booth to pick up a free ADA luggage tag and learn more about the wide array of programs and services available to members of organized dentistry. You'll find dozens of helpful resources—from details on library services to the ADA's Calendar of National Dental Meetings. In addition, ADA staff will be on hand to answer any questions you may have about benefits and to provide details on how to make the most of your membership in organized dentistry. A directory of all ADA members will also be on hand so that you may verify your address and look up your colleagues.

Booth 3011: Wonder which companies exhibiting at this year's annual session participate in the ADA Seal of Acceptance Program? Find out here from the ADA Council on Scientific Affairs. Also, find out how products are awarded the ADA Seal of Acceptance and how the program benefits the profession and the public.

Booth 3012: The ADA Health Foundation is America's leading charitable organization dedicated to making clinical dentistry better. Receive exciting news and updates on the Samuel Harris Fund for Children's Dental

Health, research conducted at the Paffenbarger Research Center and Research Institute, Health Screening Program, grant application guidelines, annual and planned giving opportunities and lots more.

Booth 3014: The ADA Committee on the New Dentist and the Office of Student Affairs provide resources to help dental students and new dentists with starting a dental practice. Look for information on the CND Transition program, registration forms for next year's National Conference on the New Dentist, July 20-22 in Orlando, Fla.; copies of ADA Lifeline, the quarterly publication specifically tailored for new dentists; and more.

Booth 3015: ADA Health Volunteers Overseas is a private voluntary organization dedicated to improving the quality of health care in developing countries through training

and education. Dentistry Overseas, a division of HVO sponsored by the ADA, currently has programs in Bangladesh, Brazil, Haiti, India, Jamaica, St. Lucia, Vietnam and Zimbabwe. Volunteer assignments range from one to four weeks and housing is usually provided. Former volunteers and committee members will answer your questions and provide information about each site and how you can support Dentistry Overseas by becoming an HVO member.

Booth 3016: USA Section of the FDI World Dental Federation offers information about the FDI and future FDI meetings and sites. Representatives will answer questions about U.S. travel to FDI meetings and explain organization benefits for those interested in becoming FDI members.

Booth 3017: DentaCheques/National Foun-

ation of Dentistry for the Handicapped celebrates its 10th year offering the DentaCheques coupon book. Chock full of valuable discounts on dental supplies, this year's book offers the biggest savings yet. Booth representatives will explain how your tax-deductible donation helps provide dental care to needy disabled, elderly and medically compromised patients.

Booth 3022: The Dr. Samuel D. Harris National Museum of Dentistry fosters awareness, understanding and appreciation of dentistry, dental history and oral health. Discover the innovative programs and exhibitions at dentistry's premier museum. Learn how you can join your colleagues to help preserve the past and assure the future of our dental heritage. ■

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ADA Reports

SNODENT

Continued from page one

S.C.)—member, Council on Dental Practice;

● Dr. Charles L. Cuttino III (Richmond, Va.)—member, Council on Dental Benefit Programs;

● Dr. Howard B. Fine, Chair (Rochester, N.Y.)—2nd District trustee;

● Dr. Thomas P. Floyd (West Palm Beach, Fla.)—member, Council on Dental Benefit Programs;

● Dr. Mary Krempasky Smith (Spokane,

Wash.)—member, Council on Dental Benefit Programs.

The task force has the job of providing guidance and oversight to the effort of informing the membership about SNODENT. Another part of its job is to provide direction to a field-testing project to study practical applications of SNODENT in the private dental office. The task force will file progress reports with the Board—the first is expected in December.

SNODENT, which stands for “Systematized Nomenclature of Dentistry,” is an electronic database of roughly 4,000 diagnostic terms relating to dental conditions. SNODENT is a microglossary of SNOMED—the “Systematized Nomenclature of Medicine”—which is maintained by the College of American Pathologists.

The SNODENT diagnostic terms, which were developed under the direction of the

Council on Dental Benefit Programs, allow dentists to electronically document a full range of information about their patients, including primary and secondary diagnoses, physical findings, risk factors and functional status.

In addition, the diagnostic information and procedural code information will aid researchers in tracking conditions and outcomes.

“SNODENT will allow the American Dental Association to add another level of research capacity,” said ADA President S. Timothy Rose. “When the members start to use it and we start to collect the data, the American Dental Association will have the largest database in dentistry that will link a particular diagnosis to a particular set of treatments that were rendered for the patient.”

“Although the content of SNODENT has

been developed and approved by the Board, it is not yet available for use,” said CDBP chairman Michael D. Vaclav, D.D.S., of Amarillo, Texas. “The task force will evaluate software applications for SNODENT and oversee a field testing project.”

The membership education program will also help to dispel some of the misunderstandings that exist about SNODENT. One misperception, for example, is that insurance companies require diagnostic codes on insurance claims.

“This is not the case,” said Dr. Vaclav. “The SNODENT codes were designed for the voluntary use of the dentist. The initial reason for creating diagnostic codes was for the dentist to be able to record diagnostic criteria electronically for his or her charting records.”

Dr. Vaclav added, “The ADA’s newly designed standard claim form now has a place for including SNODENT codes. The SNODENT field for data was included on the form because it will be a logical place to record diagnostic information. In the future, claims passed through the ADA Electronic Commerce Co. will be scanned for diagnostic codes and passed to the ADA.”

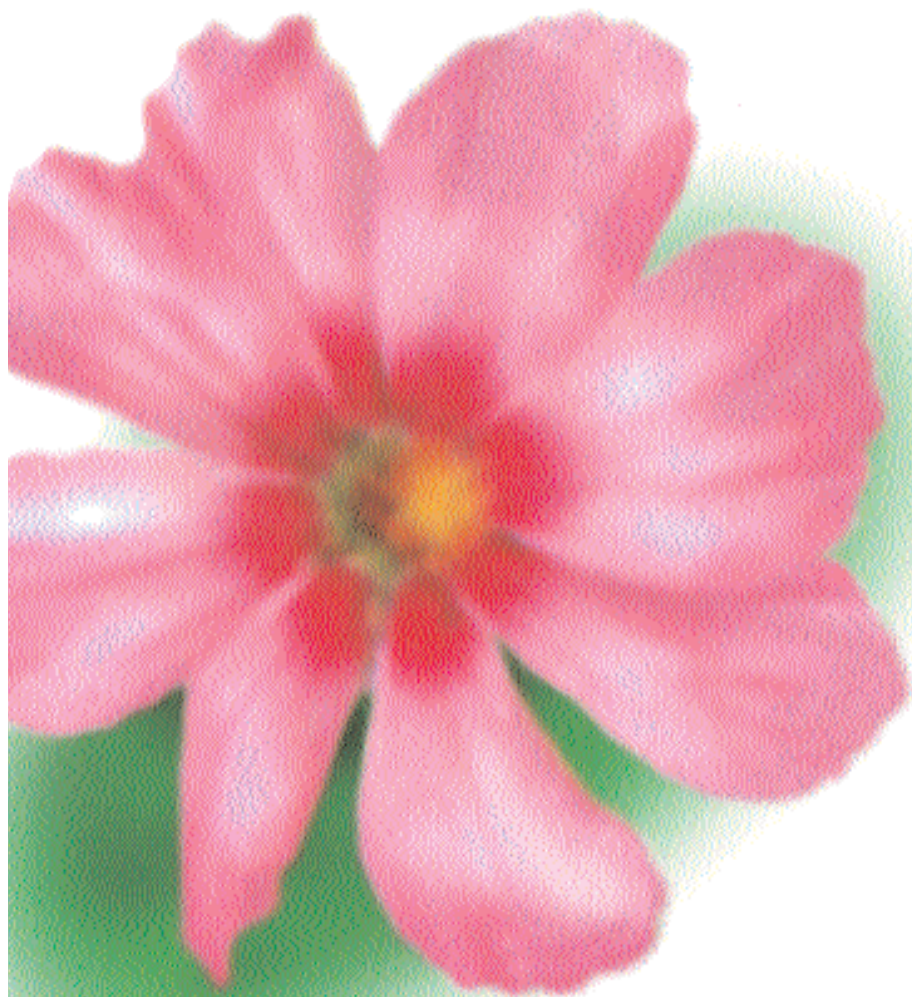
Dr. Vaclav stressed that the data collected, including information regarding the patient, provider and payer, will remain anonymous in this system.

A small sampling of SNODENT codes is included in the ADA’s recently released Current Dental Terminology, Third Edition (CDT-3).

Copies of CDT-3, which matches ADA insurance codes with detailed descriptors, are available by calling the Department of Salable Materials at 1-800-947-4746. ■



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¹ Biaxial flexural strength and indentation fracture toughness of three new dental core ceramics
Wagner JWC, Chu TM; University of Michigan (JPD 1996; 76: 140-4)

NIDCR makes two new friends

Washington—Celebrity sportscaster Joe Garagiola and former U.S. Surgeon General C. Everett Koop, M.D., will be honored Oct. 18 at the first anniversary dinner of Friends of the National Institute of Dental and Craniofacial Research for promoting oral health with highly visible anti-tobacco activities reaching children, athletes and the public.

“We are thrilled to honor two great Americans who are changing the debate regarding the use of tobacco,” said Dr. John S. Zapp, ADA executive director and vice chair of Friends of the NIDCR.

“For the past two decades, Dr. Koop has been known as ‘America’s Doctor.’ He has used his ‘bully pulpit’ to warn all Americans about the dangers of smoking to health. Likewise, Joe Garagiola has been a tireless crusader to stop spit tobacco use, particularly by children.”

The Friend’s coalition of individuals, corporations and institutions will honor Dr. Koop with a “lifetime achievement award” for his longtime fight against tobacco use and focus on oral health issues, and former major league baseball player Joe Garagiola with a “public advocacy award” for leadership in public education about the dangers to oral health of spit tobacco use.

Preceding the awards dinner, the dental research institute will hold a 12:30-5 p.m. scientific symposium on the National Institutes of Health campus in suburban Bethesda, Md. The symposium, Facing the New Millennium, will highlight dental and craniofacial research discoveries and challenges. ■

Government

Illinois

Continued from page one
had to move forward on this.”

The new law calls for:



Dr. Cross

- regulation of dental managed care plans by the Illinois Department of Insurance, including creation of a dental advisory committee within the insurance department;

- establishing patient rights and disclosure requirements;

- development of credentialing and utilization review standards;

- requiring large employers (25 or more and the employer pays 25 percent or more of the dental plan's costs) to offer a point-of-service dental plan, which Dr. Cross says will ensure a certain level of dental care for consumers who

seek care outside the plan's network.

SB 721 is specific to dental plans. The Illinois legislature passed a patient protection bill for medical managed care in the months following SB 721's passage.

Dr. Cross says Illinois' bill is effective because it guarantees a licensed dentist will respond to all patient appeals that involve clinical issues and full disclosure of dental managed care benefits will be available to patients.

“Just like all consumer protection legislation, now patients have their rights disclosed to them so they are aware of what benefits are available,” said Dr. Cross, adding, “and that has to be conveyed to them so they know where they're at with their plans.”

Under the new law, Dr. Cross says employers will be able to obtain information needed to value dental plans for purchase. The law pro-

vides free and open access to information such as how the plan credentials dentists, how referrals are made, how many dentists are in the network and dental care costs.

“In the past, many employers didn't know information was available, or they didn't know to ask certain questions,” he said.

Under the new law, dentists who consider becoming a dental managed care plan provider will be able to obtain information on credentialing criteria. Dr. Cross says there is also a provision that limits the plan's ability to pass legal liability to a dentist for its own wrongdoing.

The state insurance department's dental advisory committee will be comprised of two dentists who are licensed in Illinois and serve as dental directors of managed care plans, two who are practicing dentists licensed in Illinois and the dental director of the Illinois

Department of Public Health.

The Illinois State Dental Society began lobbying the legislature four years ago. Illinois has two-year legislative sessions, and SB 721 was passed in the current session's second term.

“It's hard to imagine how much time and effort it takes to get something like this done,” said Dr. Cross. “It's something you can't stop once you start.”

“The insurance industry in Illinois, like other places, is extremely well-organized and powerful. There also was opposition from business groups such as the chambers of commerce and small businesses. It took a lot of effort from the ISDS grassroots network and staff to work constantly with insurance and business groups to reach a compromise without compromising our initial intents.

“And I think we did that,” he added. ■

Pierre Fauchard awards \$10,000

Jacksonville, Fla.—The Pierre Fauchard Academy awarded a \$10,000 grant Sept. 8 to fund prosthodontic lab expenses at the I.M. Sulzbacher Dental Center for the Homeless here.

The Sulzbacher Center provides comprehensive dental care to homeless people who pay a nominal fee for examinations, cleanings, extractions, restorations and root canals. Prosthodontic services are available for lab costs; however, some patients are unable to afford it.

Dr. Cindy Skigen, dental center director, observed, “While most of our patients do work in minimum-wage jobs, or just above minimum wage, there are some that are truly unable to afford even our reduced fees. The Pierre Fauchard grant has been a tremendous gift to our center.”

The grant has funded lab services for more than 20 patients since October 1998.

One recipient, Mr. Owen Boles, was diagnosed with squamous cell carcinoma following his examination for dentures. “I wouldn't have been to the dentist if it hadn't been for the money that was available,” said Mr. Boles.

He was referred to a network of volunteer physicians for treatment and is in remission following radiation therapy.

“This case dramatically illustrates how important dental care is and how devastating the lack of access can be,” said Dr. Skigen.

The dental clinic is supported by volunteer dentists who provided more than 250 hours of service last year. ■

NCRPM to meet

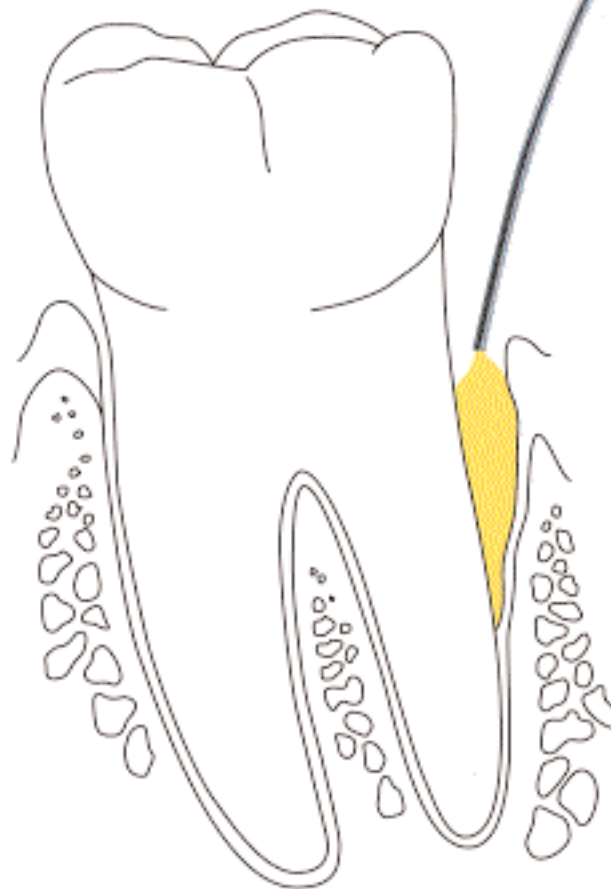
Arlington, Va.—The National Council on Radiation Protection and Measurements will hold its 36th annual meeting here April 5-6, 2000.

NCRPM's scientific session is titled, “Ionizing Radiation Science and Protection in the 21st Century.” Meeting events will be held in the Crystal Forum at the Crystal City Marriott.

For more information, contact NCRPM at 1-301-657-2652 or “http://www.ncrpm.com”. ■

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¹Atridox™ and scaling and root planing were superior to placebo and oral hygiene. Long-term efficacy vs. scaling and root planing has not been established.

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BLOCK DRUG CORPORATION

Government

Y2K

Continued from page one

The federal HCFA in a report dated Sept. 17 but posted at the HCFA Web site Sept. 15 said independent contractors have completed a second round of site visits to assess readiness of Medicaid Management Information Systems, computer systems for the newly created Children's Health Insurance Programs (CHIP) and systems used to determine eligibility for both programs.

"In addition to supporting the administra-

tion and oversight of these programs, computers help make sure that eligible beneficiaries get the health care services they need as well as process and pay claims submitted by doctors, hospitals and other health care partners," said the HCFA report.

The Y2K computer problem, or the millennium bug, or the 2000 bug, are shorthand descriptions for disruptions that may occur in some computer-based systems, particularly older systems, when they move from the last year that begins with "19" to the year 2000.

HCFA hired independent contractors to determine the capability of federally funded state health programs to make that change of dates without disruption. System readiness was assessed for MMIS and CHIP in one category and eligibility determination in a second category. North Dakota is at high risk of

failure in both categories, the report said.

As of last month, seven states were at "high risk" of system failure in one category, the HCFA report said: Alaska, Alabama, Massachusetts, New Hampshire, New Mexico, North Carolina and Vermont.

Ten jurisdictions were at "medium risk" of failure in both categories: Washington, D.C., Georgia, Kentucky, Missouri, Oklahoma, South Carolina, Oregon, Nevada, West Virginia and Wyoming.

"During the second round of visits, to date, the majority of states are showing improvement in one or more systems," the report said. "In fact, state ratings can change due to the dynamic nature of Y2K progress."

HCFA officials alerted state Medicaid directors earlier this year that they risk "placing an unreasonable administrative burden on

providers" to the extent they fail to use "bridging software" to ensure the proper processing and payment of Medicaid claims "into the millennium."

HCFA reiterated the goal of reducing reimbursement risk in the Sept. 15 report on Y2K Readiness of Medicaid and State Children's Health Programs, stating upfront: "The agency's goal is to be sure that, come January 1, 2000, its computer systems can continue to reimburse doctors, hospitals and other health care providers."

HCFA is directly responsible for Medicare, Medicaid and CHIP are operated directly by the states with HCFA oversight, and state computers are used to determine Medicaid and CHIP eligibility.

"In general, HCFA systems are ready," said an agency spokesman.

"We can pay claims as long as compliant claims get to us. We're ready. Our systems are ready. But the claims have to get to us first." That means claims must be presented in a Year 2000-compliant format, which the agency requires for Medicare-participating providers.

One of the first steps Medicare took to achieve readiness was to renovate claims processing contractors' systems to accept and process claims in a format allowing for 8-digit

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date fields.

HCFA's assessment of Medicaid readiness echoes findings reported to Congress by the General Accounting Office (GAO), which said in July 15 testimony:

"HCFA's actions in monitoring states' Medicaid Year 2000 issues have helped identify critical areas and reduced the risk of Year 2000 disruptions.

"However, many state Medicaid programs are not yet compliant, and several are still designated as high risk."

The GAO continues monitoring state Medicaid Y2K readiness at the request of the Senate Finance Committee.

The HCFA report defines high-risk systems as having "poor project management, poor planning and inadequate testing" with such common characteristics as "poor quality assurance measures and a poor or nonexistent contingency plan to assure system remediation or business continuity in case of failure."

Systems at medium risk of failure "tend to exhibit some smaller set of the same characteristics of high-risk systems."

Survey results have been communicated to every governor, state Medicaid director, state chief information officer and state Y2K coordinator, the HCFA report said.

A third round of site visits is planned through December to high- and medium-risk states. ■

ATRIDOX[®]

(doxycycline hyclate) 10%
in the ATRIGEL[®] Delivery System
for controlled release in subgingival application

INDICATIONS AND USAGE

ATRIDOX[®] is indicated for use in the treatment of chronic adult periodontitis for a gain in clinical attachment, reduction in probing depth, and reduction in bleeding on probing.

CONTRAINDICATIONS

ATRIDOX[®] should not be used in patients who are hypersensitive to doxycycline or any other drug in the tetracycline class.

WARNINGS

THE USE OF DRUGS OF THE TETRACYCLINE CLASS DURING TOOTH DEVELOPMENT (LAST HALF OF PREGNANCY, INFANCY, AND CHILDHOOD TO THE AGE OF EIGHT YEARS) MAY CAUSE PERMANENT DISCOLORATION OF THE TEETH. This adverse reaction is more common during long-term use of the drug, but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. TETRACYCLINE DRUGS, THEREFORE, SHOULD NOT BE USED IN THIS AGE GROUP, OR IN PREGNANT WOMEN, UNLESS OTHER DRUGS ARE NOT LIKELY TO BE EFFECTIVE OR ARE CONTRAINDICATED. Results of animal studies indicate that tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (toxic related to skeletal development). Evidence of embryotoxicity has also been noted in animals treated early in pregnancy. If any tetracycline is used during pregnancy, the patient should be apprised of the potential hazard to the fetus.

Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking doxycycline or other tetracyclines. Patients apt to be exposed to direct sunlight or ultraviolet light should be advised that this reaction can occur with tetracycline drugs.

PRECAUTIONS

General:

ATRIDOX[®] has not been clinically tested in pregnant women.

ATRIDOX[®] has not been clinically evaluated in patients with conditions involving extremely severe periodontal defects with very little remaining periodontium.

ATRIDOX[®] has not been clinically tested for use in the regeneration of alveolar bone, either in preparation for or in conjunction with the placement of endosseous dental implants or in the treatment of failing implants.

ATRIDOX[®] has not been clinically tested in immunocompromised patients (such as patients immunocompromised by diabetes, chemotherapy, radiation therapy, or infection with HIV).

As with other antibiotic preparations, ATRIDOX[®] therapy may result in overgrowth of nonsusceptible organisms, including fungi. The effects of prolonged treatment, greater than six months, have not been studied.

ATRIDOX[®] should be used with caution in patients with a history of or predisposition to oral candidiasis. The safety and effectiveness of ATRIDOX[®] have not been established for the treatment of periodontitis in patients with consistent oral candidiasis.

Information for Patients:

Mechanical oral hygiene procedures (i.e., tooth brushing, flossing) should be avoided on any treated areas for 7 days.

Avoid excessive sunlight or artificial ultraviolet light while receiving doxycycline.

Doxycycline may decrease the effectiveness of birth control pills.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

Long-term studies in animals to evaluate carcinogenic potential of doxycycline have not been conducted. However, there has been evidence of oncogenic activity in rats in studies with the related antibiotics, oxytetracycline (adrenal and pituitary tumors), and minocycline (thyroid tumors). Likewise, although mutagenicity studies of doxycycline have not been conducted, positive results in *in vitro* mammalian cell assays have been reported for related antibiotics (tetracycline, oxytetracycline). Doxycycline administered orally at dosage levels as high as 250 mg/kg/day had no apparent effect on the fertility of female rats. Effect on male fertility has not been studied.

Pregnancy Category D. See "WARNINGS" section

Nursing Mothers:

Tetracyclines appear in breast milk following oral administration. It is not known whether doxycycline is excreted in human milk following use of ATRIDOX[®]. Because of the potential for serious adverse reactions in nursing infants from doxycycline, 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. (See "WARNINGS" section)

Pediatrics:

The safety and effectiveness of ATRIDOX[®] in pediatric patients have not been established. Oral doses of doxycycline in children up to 8 years of age have caused permanent discoloration of teeth.

ADVERSE REACTIONS

In clinical trials involving a total of 1416 patients, adverse experiences from all causalities were monitored across treatment groups.

In the Circulatory System category, 10 subjects (1.6%) in the ATRIDOX[®] group were reported as having "unspecified essential hypertension." Only 1 subject (0.2%) in the Vehicle group, and none in the Scaling and Root Planing or Oral Hygiene groups were reported to have "unspecified essential hypertension." In all cases, the event occurred anywhere from 13 to 134 days post treatment. There is no known association of oral administration of doxycycline with essential hypertension.

Two patients in the polymer vehicle group and none in the ATRIDOX[®] group (0.2% for both groups combined) reported adverse events consistent with a local local allergic response.

Sex, age, race and smoking status did not appear to be correlated with adverse events.

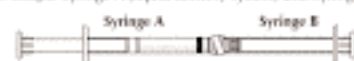
The following table lists the incidence of treatment-emergent adverse events from all causalities, across all treatment groups, occurring in 21% of the entire study population.

Body System Verbatim Terms	Doxycycline n=609	Vehicle n=413	OH n=204	SRP n=210
Circulatory				
High blood pressure	1.6%	0.2%	0.0%	0.0%
Digestive				
Gum discomfort, pain or soreness; loss of attachment; increased pocket depth	18.1%	23.0%	20.1%	21.0%
Toothache, pressure sensitivity	14.3%	14.3%	10.3%	18.1%
Periodontal abscess, exudate, infection, drainage, extreme mobility, suppuration	9.9%	10.9%	10.3%	8.6%
Thermal tooth sensitivity	7.7%	8.5%	4.4%	6.7%
Gum inflammation, swelling, sensitivity	4.1%	5.8%	5.4%	5.7%
Soft tissue erythema, sore mouth, unspecified pain	4.3%	5.3%	2.7%	6.2%
Indigestion, upset stomach, stomachache	3.6%	4.1%	2.9%	3.8%
Diarrhea	3.3%	2.4%	1.0%	1.0%
Tooth mobility, bone loss	2.0%	0.7%	0.5%	2.4%
Periapical abscess, lesion	1.5%	1.9%	1.0%	0.5%
Aphthous ulcer, canker sores	0.7%	1.7%	1.0%	1.4%
Fistula	0.8%	1.3%	1.5%	1.0%
Endodontic abscess, pulpitis	1.5%	1.5%	0.0%	0.5%
Low pain	1.1%	0.5%	1.0%	1.9%
Tooth loss	0.8%	1.3%	1.5%	0.0%
Bleeding gums	1.0%	0.7%	0.0%	2.4%
Genitourinary				
Perimenstrual tension syndrome	4.4%	3.1%	2.5%	3.3%
Ill-Defined Conditions				
Headache	27.3%	28.1%	23.5%	23.8%
Cough	3.6%	6.1%	2.9%	2.4%
Sleeplessness	3.4%	1.5%	2.0%	2.9%
Body aches, soreness	1.6%	1.2%	1.5%	1.4%
Nausea and vomiting	1.8%	0.7%	2.5%	0.5%
Fever	1.0%	1.9%	1.0%	1.9%
Injury & Poisoning				
Broken tooth	5.1%	4.1%	4.9%	5.7%
Mental				
Tension headache	1.8%	0.7%	0.0%	1.0%
Musculoskeletal				
Muscle aches	6.4%	4.6%	4.9%	3.3%
Backache	3.6%	5.3%	2.5%	6.2%
Pain in arms or legs	1.3%	2.2%	2.0%	2.4%
Lower back pain	1.6%	1.7%	0.5%	2.9%
Neck pain	1.3%	1.7%	1.0%	1.9%
Shoulder pain	1.0%	1.0%	1.5%	1.0%
Nervous System				
Ear infection	1.6%	1.9%	2.0%	0.0%
Respiratory				
Common cold	25.5%	25.2%	18.1%	16.7%
Flu, respiratory	6.1%	9.0%	3.9%	6.7%
Stuffy head, post nasal drip, congestion	5.6%	7.7%	2.9%	4.8%
Sore throat	5.7%	6.5%	2.0%	3.3%
Sinus infection	5.3%	2.7%	1.0%	1.9%
Flu	2.8%	2.9%	2.9%	3.3%
Bronchitis	2.3%	1.9%	1.5%	1.0%
Allergies	1.0%	1.0%	1.0%	1.9%
Skin & Subcutaneous Tissue				
Skin infection or inflammation	1.3%	1.0%	1.0%	1.0%

DOSE AND ADMINISTRATION

Preparation for Use

1. Remove the pouched product from refrigeration at least 15 minutes prior to mixing.
2. Couple Syringe A (liquid delivery system) and Syringe B (drug powder).



3. Inject the liquid contents of Syringe A (indicated by purple stripes) into Syringe B (doxycycline powder) and then push the contents back into Syringe A. This entire operation is one mixing cycle.

4. Complete 100 mixing cycles at a pace of one cycle per second using brisk strokes.

If immediate use is desired, skip to step 7.

5. If necessary, the coupled syringes can be stored in the resealable pouch at room temperature for a maximum of three days.

6. After storage, perform an additional ten mixing cycles just prior to use.

Continue with immediate use instructions.

7. The contents will be in Syringe A (indicated by purple stripes). Hold the coupled syringes vertically with Syringe A at the bottom. Pull back on the Syringe A plunger and allow the contents to flow down the barrel for several seconds.

8. Uncouple the two syringes and attach the blunt cannula to Syringe A.



Product is now ready for application.

ATRIDOX[®] products are produced under one or more of these patents: U.S. 5,324,579, U.S. 4,938,761, U.S. 5,278,021, U.S. 5,077,048, U.S. 5,719,176, U.S. 5,733,990. Manufactured by Atris Laboratories, Inc. for Block Drug Corporation Jersey City, NJ 07310-3198.



BLOCK DRUG CORPORATION

To Order Call: 1-800-OK-BLOCK

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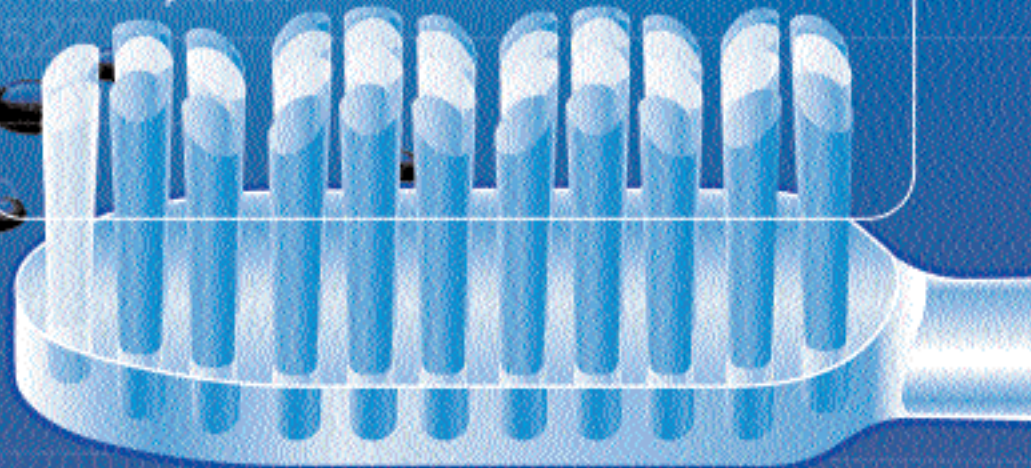
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