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## ADA News - 02/03/2003

American Dental Association, Publishing Division

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# ADA News®

AMERICAN DENTAL ASSOCIATION

FEBRUARY 3, 2003

www.ada.org

VOLUME 34, NO. 3

## Diversity in leadership

### ADA seeks nominations as new Institute launches

BY KAREN FOX

This spring, the ADA will seek nominations for participants for the first class of the ADA Institute for Diversity in Leadership.

The goal of the ADA Institute for Diversity in Leadership is to develop leadership potential among dentists who belong to ethnic and gender

groups that have been traditionally less visible in major leadership roles within the dental community. (The program was announced last fall under the name the Minority Professional Leadership Institute.)

"The Institute seeks to build lifetime relationships with doctors who have great potential to impact diverse



**Dr. Jones:** "We can make an impact with this program."

communities and who can, hopefully, become some of tomorrow's leaders," said ADA Executive Director James Bramson.

The Institute is one way the ADA is enhancing the vitality of the profession by fostering diversity in dental leadership, which in turn can help build strong dental communities, said ADA President T. Howard Jones.

"This is an example of a potential portfolio of leadership programs to meet the needs of our diverse profes-

See *INSTITUTE*, page 19

## BRIEFS

**Save these dates:** In December 2002, copies of "Connections: Your 2003 Guide to ADA Services & Benefits" were mailed to all active members and constituent society executive directors.

Please update Connections (page 20) to show the correct dates for upcoming annual sessions:

- 144th annual session, Oct. 23-26, San Francisco;
- 145th annual session, Sept. 30-Oct. 3, 2004, Orlando, Fla.;
- 146th annual session, Oct. 6-9, 2005, Philadelphia.

Check out ADA.org for the most up-to-date information about annual session.

**Western meeting:** The Arizona Dental Association is hosting the Western Regional Dental Convention March 13-15 in Phoenix.

The meeting, at the Phoenix Civic Plaza, will enlarge its scope over previous years with more exhibitors, speakers and continuing education course offerings for the entire dental office staff.

The meeting will include the ADA Health Insurance Portability and Accountability Act Privacy Seminar, designed to provide members with concise and accurate information. For a complete schedule of events, check the Arizona Dental Association's Web site at "www.azda.org" or call 1-602-957-4777. ■

## INSIDE



**GKAS Feb. 21**

Plans crystallize nationwide. Story, page 12.



**The future, now:** Incoming leaders of 50 constituent dental societies meet at the ADA Jan. 26-28 for the annual President-Elect's Conference. ADA President-Elect Eugene Sekiguchi (left) leads the meeting. Offering a state's perspective on restorative materials is Dr. Debra Finney, California Dental Association. She is flanked by (from left) Dr. Kathryn Kell, Iowa Dental Association, and Dr. Pamela Baldassarre, New Hampshire Dental Society. The Feb. 17 ADA News will feature full coverage of the conference.

## Raves for NERB licensure change

BY KAREN FOX

**Detroit**—Five dental schools are halfway through a new process that could change the way future dentists are licensed.

More than 500 senior dental students have completed the first part of the North East Regional Board of Dental Examiners' curriculum-integrated format of the clinical licensure examination.

"This is one of the most innovative licensure examination advances in the past 25 years," said Dr. Pamela Herrera, associate dean of the

### ■ Top CDT-4, HIPAA questions, page 16

University of Detroit Mercy School of Dentistry, one of the participating schools.

NERB developed the alternative format based on widespread calls for change in the licensure examination process, including the ADA's passage of Res. 89H-2001 that encouraged testing agencies to offer licensure exams early in the year to allow those

who do not pass to be remediated prior to graduation. The exam makes students eligible to apply for a license upon graduation.

For years, all the regional testing agencies have offered licensure exams for senior dental students prior to graduation. The NERB is the first to offer an exam that allows for remediation within the school year.

By separating the simulated clinical exercises from the patient exercises, the NERB curriculum-integrated format allows students to take both

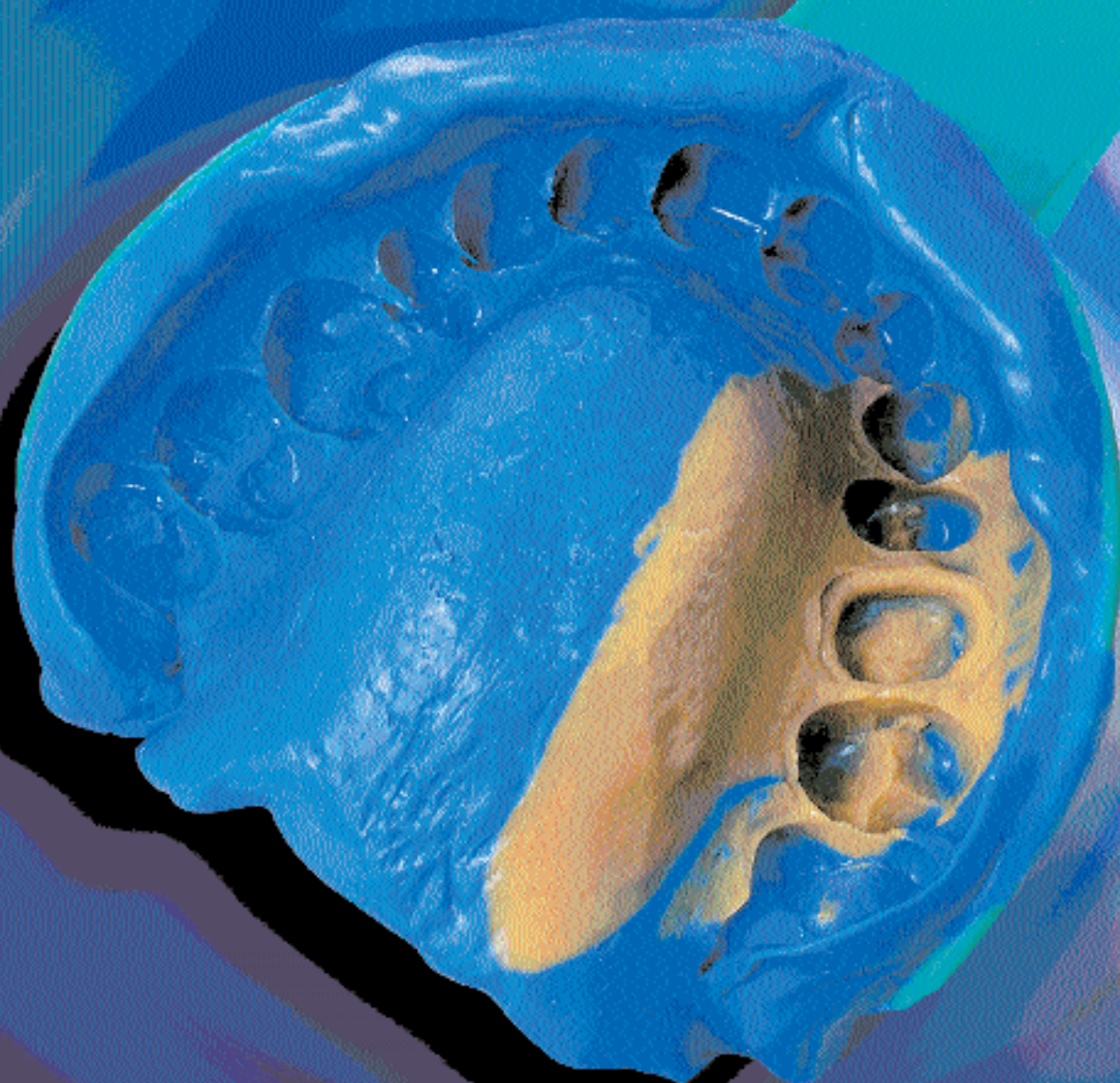
See *LICENSURE*, page 19



**Dr. Herrera:** Program is highly "innovative."

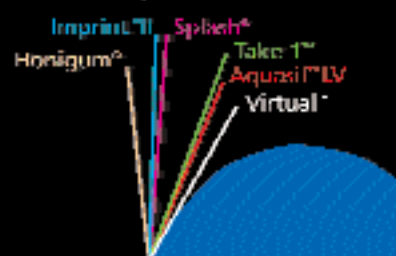


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# HDA honors Dr. Kleinman

*San Diego*—Dr. Dushanka Kleinman, the National Institute of Dental and Craniofacial Research's deputy director and assistant surgeon general in the Public Health Service, received the Hispanic Dental Association President's Award in November 2002.

Bestowed by Dr. Juan Villarreal, HDA president, the award recognizes Dr. Kleinman's dedication and support of oral health research and initiatives to eliminate oral health disparities.

Dr. Villarreal presented the award during the Hispanic Dental Association's 11th annual meeting. Serving as keynote speaker, Dr. Kleinman discussed the national oral health plan and how the PHS can partner with the HDA to alleviate disparities in access to care.

The Hispanic Dental Association's 12th annual meeting will be held in Washington, D.C., Oct. 10-11. For more information, go to "www.hdassoc.org". ■



**Distinction:** Dr. Kleinman receives the Hispanic Dental Association President's Award from Dr. Juan D. Villarreal, HDA president.

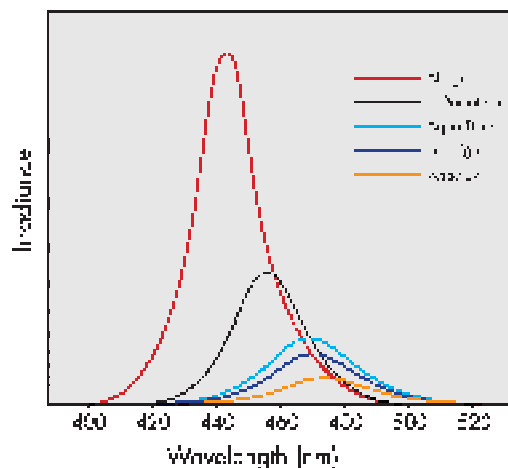
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## Government

# Dr. Conan Davis named CMS dental officer

## Former ADA congressional fellow will serve as agency's 'dental voice'

BY CRAIG PALMER

Washington—The road from private practice in Alabama to national health policy takes a new turn for Dr. Conan Davis, continuing a whirlwind tour of professional opportunity through Capitol Hill to executive responsibility.

"It was good news," he said modestly after receiving word of his appointment as dental officer for the Centers for Medicare and Medicaid Services in the U.S. Department of Health and Human Services, a newly created position he assumes Feb. 10. "I look forward to being able to address dental issues as they relate to Medicaid and dental public health programs."

Dr. Davis will have ample opportunity at the sprawling CMS, an agency responsible for federal administration and regulation of the nation's biggest public insurance programs including Medicaid, State Children's Health Insurance Programs and Medicare as well as dental standards in nursing facilities and other public regulatory activities important to the dental profession.

This is a new full-time position fully funded by the CMS, with cross-agency duties. Dr. Don



**Experienced:** As an ADA congressional fellow, Dr. Davis had direct involvement in Senate passage of historic dental access legislation signed into law by President Bush.

Schneider held a similar position, which was eliminated after he retired Jan. 1, 2002. While

Dr. Schneider's position was funded jointly by the CMS and federal Health Resources and Services Administration, Dr. Davis' position will be fully funded by the CMS, which the American Dental Association sees as indicating the agency's commitment to addressing oral health issues.

The new dental officer "will serve as the CMS focal point and principal advisor for dental and oral health issues as they occur" and "as liaison between providers, purchasers, professional associations, states, CMS regional offices and other CMS customers and stakeholders on dental issues," says the summary of duties for the position. In short, he will serve as a dental voice at the CMS.

Dr. Davis' appointment and establishment of the new CMS dental post had political support from members from the Alabama congressional delegation, including the state's two senators, and professional support from the American Dental Association.

"This is a position the Association has been pushing for, and we're pleased the administration chose someone of the caliber of Conan Davis to fill it," said ADA President T. Howard Jones. "This new position and Dr. Davis' assignment will renew a dental presence in a government agency important to the profession and to the emerging private-public partnership for increasing access to dental care." Medicaid and SCHIP provide most of the limited public budget allotted

to dental care, which according to recent reports shows signs of shrinking in some states.

Dr. Davis, an ADA congressional fellow last year, had direct involvement in Senate passage of historic dental access legislation signed into law by President Bush.

Assigned to a Senate subcommittee during his fellowship, Dr. Davis conducted research and provided information for the Senate hearing that built support for passage of the dental access legislation, he said. Dr. Davis returned to Alabama last summer after his fellowship, working in community health and on the campaign of Alabama's new governor, Bob Riley.

Members of the Alabama congressional delegation commended his candidacy for CMS dental officer in glowing terms. "Dr. Davis has developed an impressive professional history in his career, and that combined with his experience with members of the U.S. Senate would serve him well in this position," recently-retired Rep. Sonny Callahan (R-Ala.) said in a letter of recommendation to CMS Administrator Thomas Scully.

Republican Sens. Richard Shelby and Jeff Sessions offered similar recommendations. "As I have always had a particular interest in improving access to dental health care in Alabama, Conan was a true asset in providing support, research and personal knowledge to me as I reviewed federal dental health policy," Sen. Sessions wrote. ■

## Fellows will represent dentistry through HHS primary care policy development program

BY STACIE CROZIER

How do health policymakers evaluate and respond to the changing health care needs of Americans?

Dr. Kathryn Atchison, professor of public health dentistry at University of California at Los Angeles School of Dentistry and Jane Forsberg Jasek, manager of access and community health for the ADA Council on Access, Prevention and Interprofessional Relations are about to find out. They will gain hands-on experience in drafting health policy on the national level as they begin their 2003 Department of Health and Human Services Primary Health Care Policy Fellowships next month.

HHS has chosen 30 primary care health leaders from across the country to serve an intensive six-month fellowship working with top government, congressional and private sector health care officials. They will study primary health care policy, education, research, leadership development and media training to help them become more effective advocates for improving primary health care at the local, state and federal government levels as well as in the private sector.

"This is a wonderful opportunity to meet with professionals from other health disciplines and bring a team involvement to solve problems and make policy decisions for health care," says Dr. Atchison. "I hope to get a better understanding of how federal decisions are made to improve primary health care and how dentistry can be

involved. Oral health is an important part of overall health."

Dr. Atchison says that much of her work has focused on quality-of-life issues and oral health—when a person is comfortable knowing they won't have pain or problems in chewing, smiling or interacting with others.

"We do a lot more than just eat with our mouths," she says. "We communicate, we give affection and good oral health

is vital to good overall social interaction. Seniors, for example, have a better quality of life if they can eat well, talk with others and not have to worry about feeling pain or having ill-fitting dentures fall out."

The ADA's Ms. Jasek hopes to ensure that fellowships  
See FELLOWS, page seven



Dr. Atchison



Ms. Forsberg Jasek



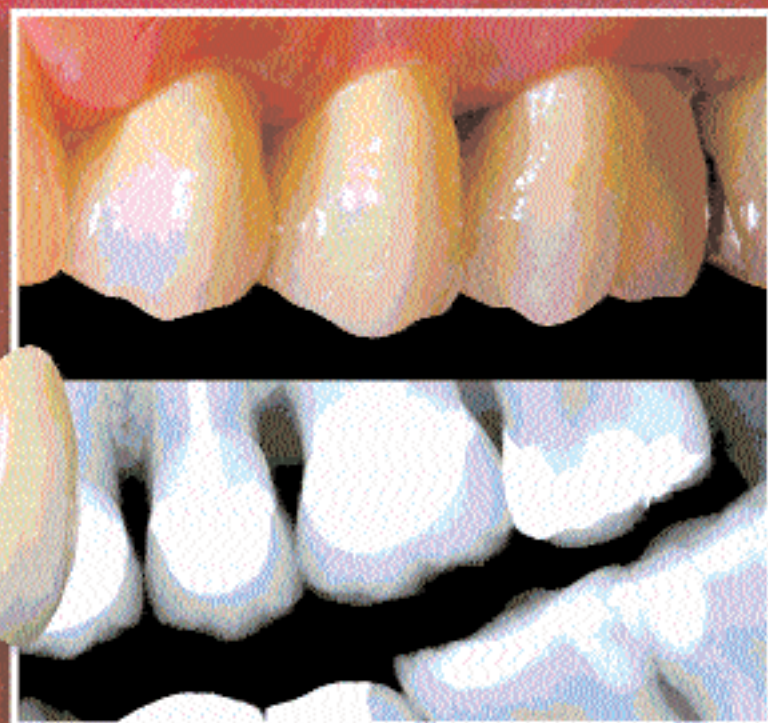
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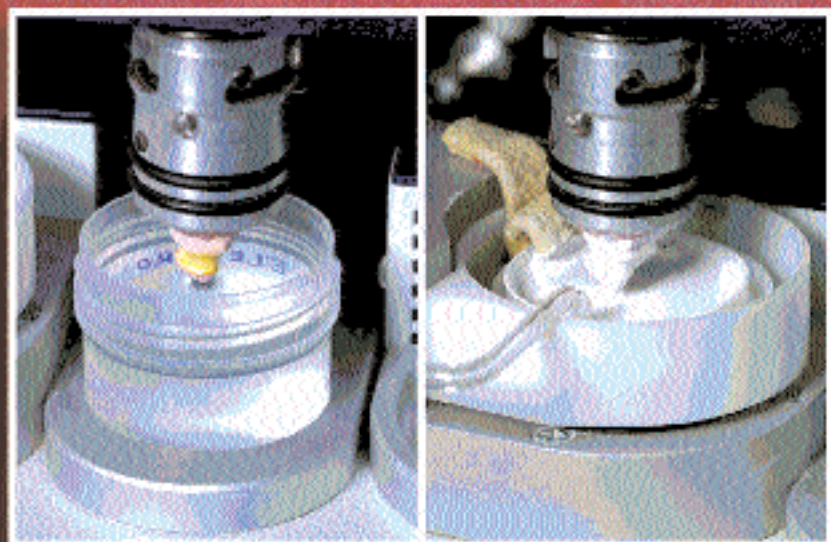
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# Need some numbers?

Researchers, policymakers can log on to new NIDCR Web site for one-stop oral health data

BY STACIE CROZIER

Rockville, Md.—Comprehensive oral health data is now just a mouse click away for researchers, dentists, health policymakers or other interested parties at the new Dental, Oral and Craniofacial Data Resource Center Web site.

"The idea is to bring the data together and to highlight oral health related data," said Marsha Reichman, Ph.D., project director. "We've designed the Web site to be user-friendly, but supply detailed statistical information for a broad range of users."

In many larger health surveys, Dr. Reichman added, oral health may be a small part that is difficult to find. The Web site provides a list of the surveys available, from studies like the first National Health and Nutrition Examination surveys conducted, on up to surveys in progress right now.

Dr. Reichman, who is also director of epidemiology and survey research at Northrop Grumman Information Technology Health Solutions and Services, said the resource center has three main components: an annual report of oral health statistics summarizing the oral

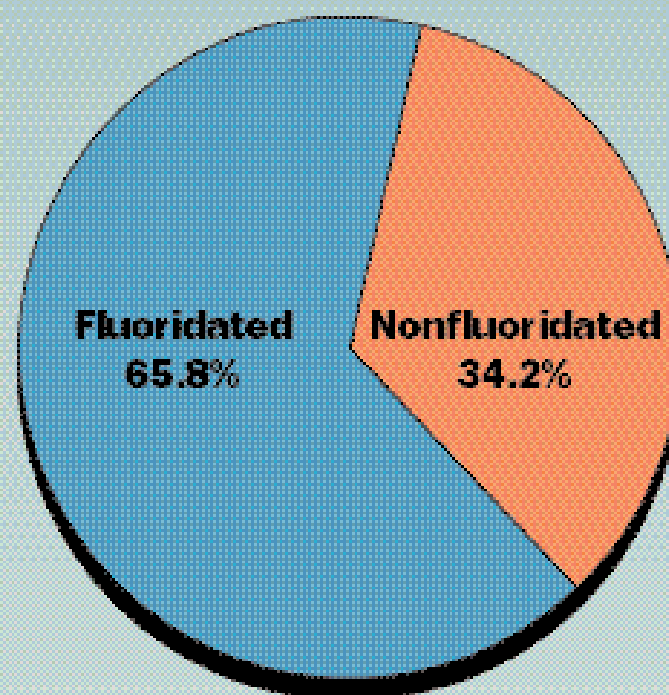
## Government

health status of the U.S. population; an interactive data query system that accommodates personalized queries and retrieval of frequencies, percentages and confidence intervals; and a catalog of surveys and archive of procedures related to oral health—a database of information on more than 240 private, state, federal and international surveys with links to a comprehensive archive of procedures, clinical indices and questionnaire modules used in oral health research.

Researchers, dentists and individuals interested or involved in drafting health policy can obtain data on any topic related to wide range of clinical research on diseases and conditions affecting the structures of the craniofacial complex, from caries, oral cancers and periodontal disease to dental visits and insurance.

The Web site is sponsored by the National Institute of Dental and Craniofacial Research and the Centers for Disease Control and Prevention. Visit online at "www.drc.nidcr.nih.gov". ■

## Percentage of U.S. population on public water systems receiving fluoridated water



Source: 2000 Water Treatment Reporting System, Centers for Disease Control and Prevention ("www.cdc.gov/nceh/toxop/fluorid.htm")

**Oral health data:** Just one of a hundred charts available in the 2002 annual report at the Dental, Oral and Craniofacial Data Resource Center Web site, this chart represents the percentage of the U.S. population that receives fluoridated water from a public water system, according to Centers for Disease Control and Prevention figures from 2000.

## THE FIRST LIGHT CURING HANDPIECE

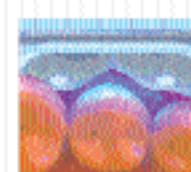
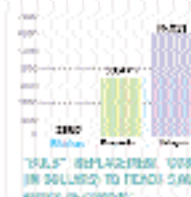
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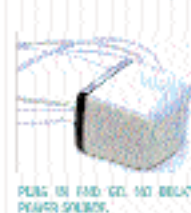
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# New e-newsletter announces NIDCR research initiatives

BY CRAIG PALMER

Bethesda, Md.—The National Institute of Dental and Craniofacial Research expanded electronic communications with the dental profession Jan. 21 while announcing a series of initiatives that cross a spectrum of oral and systemic disease to clinical practice.

A goal of one initiative: new dental practice-based tobacco control strategies. The National Institutes of Health also seeks a better understanding of how mind-body relationships, the role of stress for example, affect health. The NIDCR, the only oral health research agency among 27 institutes and centers comprising the NIH, is participating in both initiatives in partnership with other institutes.

These and other research initiatives are described in the first edition of a new periodic e-newsletter, News from the NIDCR,

mailed Jan. 21 by the dental research institute to a limited dental practice, academic and research audience that may be expanded later to include all NIDCR grantees, an institute spokeswoman said.

The newsletter offers information on new funding opportunities, grant, contract and training program policies, grant and contract awards, institutional news, and meetings and

events of interest to the research community including a link to the first national conference on dentistry's role in responding to bioterrorism scheduled for March 27-28. (See story, page eight.) The conference is sponsored by the American Dental Association and the U.S. Public Health Service.

The e-letter also announces a new Web-based oral data resource center co-sponsored

by the NIDCR and the Atlanta-based Centers for Disease Control and Prevention (See related story, page six.) and award of seven cooperative agreements for multidisciplinary research on "novel technologies" using saliva as a diagnostic tool. (See story, page nine.)

A spokeswoman said the institute hopes to also make the newsletter available online at the NIDCR Web site ("www.nidcr.nih.gov"). ■

## Oral medicine academy plans annual meeting

Tucson, Ariz.—The American Academy of Oral Medicine will hold its 57th annual meeting and scientific session here April 29-May 3.

This year's theme is "Diagnostic Science in Oral Medicine."

For more information, contact Joyce Caplan, executive secretary, 2910 Lightfoot Dr., Baltimore, Md. 21209, telephone 1-410-602-8585 or go to "www.aaom.com". ■

## Fellows

*Continued from page four*

lows from other health disciplines view oral health as an integral part of primary health care and to enhance the dialogue dentistry has with other health disciplines.

"This will be a unique opportunity for individuals from all health disciplines to learn and understand each others' perspectives," says Ms. Jasek. "Since dentistry is a profession that shines in the area of preventive care, we can share ideas that can help highlight prevention in health policy."

Ms. Jasek brings experience from the local, state and national level to the fellowship program. She was a practicing dental hygienist for 11 years, a dental hygiene educator for seven years and has been a member of the ADA staff since 1989. Her focus at the ADA has included dental hygiene education accreditation, fluoridation and access and community health.

"It is an honor to have been selected for this fellowship experience," she says, "and I truly appreciate the Association's support."

Dr. Atchison, Ms. Jasek and the other fellows will have four weeks of on-site training in Washington in March, April and June. They'll meet the nation's top health policy-makers and they'll put their training to work by drafting actual primary care health policy. ■



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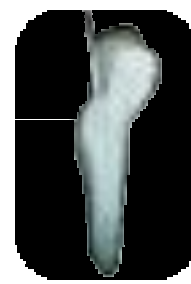
These same canals viewed 90° and viewed from a new perspective, are rarely round but often ribbon shaped.

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# Bioterrorism summit

BY ARLENE FURLONG

Register now!

Learn the latest about what dentists and dental professionals can do to augment the nation's response to a bioterrorist attack.

The two-day program, "Dentistry's Role in Responding to Bioterrorism and Other Catastrophic Events," will convene March 27-28 in Washington, D.C.

Sponsored by the ADA and the U.S. Public Health Service, the conference aims to help dentists and dental professionals go back to

their communities as leaders in the event of a bioterrorist attack.

"Sept. 11 and the anthrax events that later occurred were the catalysts for exploring what we as dentists have done and can do in the future," said Dr.



Dr. Kleinman



Dr. Guay

Dushanka V. Kleinman, chief dental officer of the U.S. Public Health Service.

She and Dr. Albert H. Guay, lead staff person in the Association's activities surrounding bioterrorism, are encouraging dental

## Government

professionals, dental educators, local dental society representatives and local public health and emergency response personnel to attend.

"Recent events have awakened our whole country and delineated our roles and responsibilities for responding to such events—with the knowledge that dentistry has always been there," explained Dr. Kleinman, referring to dentistry's roles in health care and forensics. "This conference should be viewed as an important step in understanding our roles within the larger efforts of the nation."

New initiatives to detect future threats were outlined by President George W. Bush in a Jan. 28 State of the Union address. The president described outlaw regimes possessing nuclear, chemical and biological weapons as the "gravest danger" the nation faces.

The conference, featuring such notables as U.S. Surgeon General Richard H. Carmona and the National Institutes of Health's Dr. Anthony

**"The conference should be viewed as an important step in understanding our roles within the larger efforts of the nation."**

Fauci will cover topics that include:

- how to recognize and manage potential biological and chemical agents and other threats to the public's health;
- steps needed to educate dental professionals about how to prepare and respond to a public health emergency;
- legal and liability issues when individuals partake in emergency acts that aren't covered under state dental practice acts;
- ways dentists can interact more closely with the public health community to facilitate their involvement in state and local emergency planning efforts.

Online registration and a link to registration at the host hotel, Renaissance Washington D.C., is available at ADA.org in the Meetings and Events area of the Website at "www.ada.org/prof/events/adaevent/bioterror/index.html".

Online registration at ADA.org is available until March 21. Registrations will be accepted onsite at the conference.

The cut-off date for confirmations on hotel reservations at the Renaissance Washington D.C. is Feb. 28. Rooms will be available on a space-available basis thereafter.

Registrations can also be sent by fax or mail. The downloadable form, also available in the Meeting and Events area of ADA.org—"www.ada.org/prof/events/adaevent/bioterror/index.html"—can be faxed to the ADA at 1-312-440-2707.

Or, mail the form to the American Dental Association, Accounting-Cashier, Bioterrorism Conference 2003, 211 E. Chicago Ave., Chicago, Ill. 60611-2678. The conference cost is \$200.

For more information, call Dr. Donald Collins at the American Dental Association, toll-free, Ext. 2895 or e-mail Dr. Collins at collinsd@ada.org. ■

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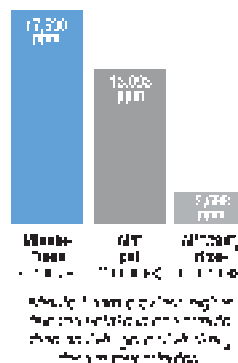
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# NIH pushes research on salivary diagnostics

BY CRAIG PALMER

Bethesda, Md.—The National Institutes of Health is partnering research on new saliva tests offering multiple and rapid analysis of salivary secretions for use at home and in the dentist's office, calling for "more sensitive assays" useful in fighting terrorism or war.

Oral fluids recently have shown "great diagnostic potential" in a variety of clinical situations, for detection of HIV and monitoring drug use. (See the Spectrum Series report on saliva at "www.nidr.nih.gov/spectrum/nidcr2/2grasec5.htm".) But progress on this front hasn't always kept pace with expectations.

Now, says NIH, the technology is ripe and the time at hand for simultaneous multi-analyte detection of markers for disease and exposure to environmental, occupational or abusive substances including agents dispersed by bioterrorists. Technological advances promise "to revolutionize the field of diagnostics as we now know it."

"Scientists predict that pocket-sized analyzers, or lab-on-a-chip, that can perform multiple operations in parallel in non-laboratory settings such as battlefields, airports, factories, hospitals, clinics or homes will be developed," said the NIH research announcement. "Current technologies provide a basis for these kinds of tests/devices that will allow the simultaneous assessment of multiple analytes in health and disease and will provide clinicians with new prevention and therapeutic strategies."

The announcement, a request for applica-

assessment of a variety of oral and systemic diseases," the Web statement says. "Technologies developed through this program may one day catalyze a shift in our current health system of disease detection to real time health surveillance."

The focus will be on areas in which saliva-based diagnostics



Dr. Tabak

"can have a major impact" including periodontal disease, dental caries, oral and other cancers; autoimmune, cardiovascular and other systemic disease; monitoring for drug compliance, pharmacokinetics and pharmacogenomics; and identification of potentially lethal agents such as anthrax bacillus or

chemical agents dispersed by bioterrorists.

The NIH invited applicants with expertise in technology development, chemistry, engineering, physics, biology, bioinformatics and clinical sciences.

The idea is to get the research into the public domain as quickly as possible and to encourage private-sector participation in potential commercialization of the products that might flow from research. The RFA encouraged but did not require technology dissemination plans and private sector participation in the proposed research.

The statement indicates broader NIH involvement in the project through co-investigation and representation from the National Human Genome Research Institute, National Cancer Institute and National Institute of Arthritis and Musculoskeletal and Skin Diseases. ■

## ■ Directing the initiative is the National Institute of Dental and Craniofacial Research, which announced award of seven cooperative agreements for multidisciplinary research.

tions, encouraged applicants to partner with government, through cooperative agreements, in research aimed at developing new or advancing existing technologies for analyzing minute samples of saliva.

NIH has announced the first projects funded under the RFA for "Development of Technologies for Saliva/Oral Fluid Based Diagnostics."

Directing the initiative is the National Institute of Dental and Craniofacial Research, which announced award of seven cooperative agreements for multidisciplinary research on "novel technologies" using saliva as a diagnostic tool. The NIDCR is the only oral health research agency among the 27 institutes and centers comprising National Institutes of Health, the world's leading biomedical research system.

Information about the awards, project scope and first meeting of an NIH salivary diagnostics group is posted at "www.nidr.nih.gov/SalivaryDiagnosticsGroup.asp".

"In his opening remarks, NIDCR Director Dr. Lawrence Tabak emphasized the rich opportunities that saliva provides for non-invasive

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# Giving student earns award

BY ARLENE FURLONG

An award ceremony to honor a University of the Pacific School of Dentistry student drew national and state dental leaders Jan. 25.

Jamie Sahouria won the first "Dr. Anthony Volpe Community Dentistry Services Award" for outstanding volunteer service to improve the health of uninsured, working poor.

But first, she screened some 25 children for dental problems earlier that morning.

"Before visiting Su Salud, I didn't quite grasp the real need for access to dental care," said Jamie Sahouria, Pacific '04, during her acceptance speech. "When I first volunteered,



**Rewarding:** From left, Dr. Eugene Sekiguchi, Dr. Guillermo Vicuna, Jamie Sahouria, award-recipient, and Dr. Arthur A. Dugoni, take time out to honor volunteerism at the Jan. 25 ceremony.

the condition of some of the patients' mouths was quite a shock. My idea of a dental clinic was dramatically changed."

Ms. Sahouria and other UOP students volunteer their services each Saturday since last year's collaboration between the University of the Pacific School of Dentistry, Su Salud Community Disease Prevention and Education Center and San Joaquin General Hospital. The team effort means access to dental care for migrant workers and their children who would otherwise go without dental health care.

Ms. Sahouria received an honorary plaque for treating patients, coordinating students' schedules and filling in whenever needed.

Drs. Eugene Sekiguchi, ADA president-elect; Dennis Kalebjian, president of the California Dental Association; and Arthur Dugoni, dean of the University of the Pacific School of Dentistry and Dr. Anthony Volpe, vice-president of research and technology at Colgate-Palmolive, attended the presentation ceremony, along with local dental leaders. Dr. Sekiguchi later commented that dentistry's recognition of such efforts can have a long-range impact on the future of access for the underserved.

"It's this kind of commitment that will make a difference," he said of efforts like Ms. Sahouria's, which entail a 140-mile drive to provide dental care to the underserved. "It's through habits like these that volunteering becomes a normal part of life. And once people start doing it, they keep doing it."

Dr. Guillermo C. Vicuna, Su Salud's co-founder, later described Dr. Volpe as "a visionary and tireless supporter of efforts throughout the world to improve the oral health of the underserved." ■

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## NIDCR will fund TMJD data collection

BY CRAIG PALMER

Bethesda, Md.—The National Institute of Dental and Craniofacial Research, one of the National Institutes of Health, plans to award a contract to establish an International Patient Registry and Repository for Temporomandibular Muscle and Joint Disorders (TMJDs) Natural History.

The proposed contract would support the collection of clinical data from patients at high risk of TMJDs, the NIH said.

The NIDCR supports research on the etiology, pathogenesis, prevention and treatment of temporomandibular disorders. "However, it has become evident that the major hurdles in making progress in understanding this disorder are the lack of standardized definitions of TMJDs and their characteristics, well designed prospective studies, and sufficient high-quality biological specimens, particularly those for genetic information and other assays," the research proposal said.

The registry will identify risk factors for TMJDs, establish standardized inclusion and exclusion criteria, and collect, store and process clinical data and specimens from patients for further study. Collection of saliva and blood will be included as part of the registry and repository.

The registry will be expected to disseminate clinical data and biological specimens to scientific investigators for basic and clinical research ■



# Family fun

## Annual session offers choices

San Francisco—Looking for family-style fun during annual session Oct. 23-26?

San Francisco is filled with kid-friendly attractions and activities, like the hands-on Exploratorium museum, the San Francisco Zoo and the city's many outstanding parks and playgrounds. Young visitors might also enjoy a ride on a historic cable car, a walk across the Golden Gate Bridge or a ferry ride to Alcatraz Island. You can also take some time to spot sea lions from Fisherman's Wharf Pier 39, enjoy street performers at Ghirardelli Square or visit San Francisco's many museums and historic sites.

Dentists—and young dentists-in-the-making—will also appreciate the 180-plus scientific sessions, huge three-day technical exhibition, the ADA's Distinguished Speaker Series and outstanding entertainment.

For more information on San Francisco family attractions, log on to "www.sfvisitor.org/visitorinfo/html/familytime.html". For the latest session information, log on to "www.ada.org/goto/session" or call toll free, 1-800-232-1432. ■



Photo by Lagniappe Studio

**2002 student clinicians:** Winners of the ADA/Dentsply Student Clinician program held at annual session in New Orleans are, from left, David A. Beach, University of Florida; Judy D. McIntyre, Harvard; Kristina L. Hapney, University of Louisville; Jane Lu, University of Pennsylvania; Vivian Y. Maung, University of Southern California; Peter A. Spangenberg, University of Maryland.

# Seminar covers medical issues

BY ARLENE FURLONG

At 6 feet 4 inches tall and 220 pounds, the 22-year-old man was the picture of health.

Until a routine dental exam revealed just how deceiving appearances can be.

During the exam, Dr. Michael Glick measured the patient's blood pressure, revealing severe hypertension. The silent killer often goes undiagnosed in seemingly healthy people.

"Medical assessment has become an essential part of dentistry," explains Dr. Glick. "Even the most common medical problems may require modifications to routine dental care."

In the ADA Seminar Series program "Medically Complex Dental Patients: Identification, Assessment and Treatment Protocols,"

Dr. Glick helps participants learn how dentists play an important role as primary health care providers. The seminar covers topics including:

- how information affects routine dental care;
- how dentists can interpret information that may indicate underlying medical problems;
- how to alter routine dental care according to the patient's medical condition;

**Dr. Glick**

- how dentists can contribute to the overall health of their patients;
- considerations about dental-legal issues, including scope of practice.

Dr. Glick is a professor and chair, Department of Diagnostic Sciences at the University of Medicine and Dentistry of New Jersey. He authors publications on the treatment of medically complex patients and has lectured extensively on the subject.

To schedule this seminar, or any other through ADA Seminar Series, call toll-free, Ext. 2927, or e-mail Susan Collins at "collins@ada.org". Information about seminars is also available at ADA.org.

The ADA Seminar Series is partially underwritten through a grant from Sullivan-Schein Dental, a Henry Schein Company. ■

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# Defining GKAS

## Programs vary in detail across the country

BY KAREN FOX

What is Give Kids a Smile? That depends on whom you're asking.

For most, Give Kids a Smile is Feb. 21, a day set aside to provide as much free dental care to as many underserved children as possible. But the occasion is being re-defined by some participating groups who are tailoring the program to fit their local needs.

Whether you're an individual dentist or a volunteer working with a dental society or public health program, Give Kids a Smile is an opportunity to participate in the ADA's first nationwide access-to-care initiative and highlight the valuable role dentists have in providing for the oral health needs of underserved patients.

Here are a few examples of Give Kids a Smile programs in the works for Feb. 21:

- The Birmingham District Dental Society (Alabama) is working with the Jefferson County Department of Health and charitable organizations to treat 250-300 children for Give Kids a Smile.

- Working in concert with members of the Los Angeles County Dental Society, the University of Southern California School of Dentistry will treat 300 kids.

- The University of Louisville School of Dentistry's Give Kids a Smile program extends beyond the walls of the dental school. Dr. William J. Mansfield, the school's director of continuing education, said that children from 22 area schools have been pre-screened for treatment, a local bus company will transport 400 or more children for free and the local water company is getting involved, too.

- The Maine Dental Association is set to provide care to 600 children with activities taking place at dental clinics, museums and private dental offices.

- In Zuni, N.M., where the vast majority of patients do not visit a dentist on a regular basis,

Give Kids a Smile takes place throughout the month of February. "There are a lot of kids in Zuni," said Dr. Eric Coontz, director of the dental program at Zuni PHS Indian Hospital. "We can't do it all in one day."

Thousands of children will be screened, treated and educated by Dr. Coontz and his staff in February—making it one of the largest Give Kids a Smile programs in the nation. "I think this is a great thing the Association is sponsoring," Dr. Coontz added.

- New York University College of Dentistry will screen and provide sealants for 500 children. The first 100 receive free mouthguards.

- Forging a new partnership with the Boys and Girls Clubs of Ohio, the Ohio Dental

## There's still time to sign up

It's not too late to sign up for Give Kids a Smile, the ADA's first national access-to-care initiative scheduled for Feb. 21. The number of programs taking part now exceeds 3,800.

To ensure that the magnitude of Give Kids a Smile and the need for better access to oral health care for the underserved is conveyed to policymakers, make sure your program is signed up—even if it's after the event takes place.

To sign up, go online to "www.ada.org/prof/accessinfo.html". ■

Association and its members will offer a range of volunteer services on Feb. 21. From educational programs to cleaning, fluoride treatment, sealants and referrals, members are turning out in full force to support Give Kids a Smile.

"This relationship is a natural extension to the Crest Healthy Smiles 2010 program already affiliated with the Boys and Girls Clubs of America," said Dr. Billie Sue Kyger, ODA pres-

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## School news

### Access efforts sampled from dental programs coast to coast

BY KAREN FOX

With Give Kids a Smile on the horizon, dental schools' contributions to access are worth noting.

In addition to the activities noted in the Jan. 6 ADA News, the following dental schools offer access programs that are vital to their communities:

- The University of Washington-Health Sciences School of Dentistry is in the midst of a case study on the pediatric dental department's impact on children's oral health in Washington state. The study aims to encourage other UW departments to become involved in community-university partnerships.

- In May 2000, the University of Southern California School of Dentistry formed a part-

nership with Los Angeles' Rescue Mission to provide comprehensive oral health services for the city's homeless people. Patterson Dental and Adco donated equipment and supplies, and USC dental and hygiene students provide care under faculty supervision through a formal rotation. The program focuses on caregiver and child, emphasizing healthy choices, risk assessment and disease prevention, with diagnostics, treatment and follow-up.

The USC dental school also participates in the Rescue Mission's "Mommy and Me" program with an emphasis on oral hygiene, and for the past 37 years has offered the Mobile Dental Clinic to provide oral health care for infants and children from low-income families.

See SCHOOL, page 14



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**On the go:** The University of Pennsylvania School of Dental Medicine unveils "PennSmiles," the brand-new mobile dental van it will use to provide dental care to children throughout the neighboring West Philadelphia community. Pictured above are (from left) Dr. Peter Berthold, chair, and Dr. Joan Gluck, director, Community Oral Health; Jacquelyn Taylor-Powell, RDH, PennSmiles program coordinator; and Dr. Raymond Fonseca, dean, University of Pennsylvania School of Dental Medicine.

## School

*Continued from page 12*

• The University of Illinois at Chicago College of Dentistry, celebrating its 90th anniversary this year, provides care to more than 18,000 at its six Chicago-area clinics. As one of 10 den-

tal schools receiving grants from the Robert Wood Johnson Foundation, UIC is partnering students with dental clinics throughout the state of Illinois to provide care for needy patients.

• Among its many links with the state, the University of Maryland Dental School manages an innovative Pediatric Dental Fellows program that provides clinical care to underserved children through a partnership with the state and local health departments and federally qualified health centers. The UM dental school employs the fellows, the public health agencies reimburse the school for the fellows' salaries, and the agencies recoup salary expenses through Medicaid billings and support from Maryland Physician's Care, a managed care organization. The fellows also teach at the UM dental school and treat patients in hospitals and Head Start centers. There are plans to expand the program in the near future.

• Many programs at the University of Pennsylvania School of Dental Medicine are designed to extend oral health care to the underserved. They include PennSmiles, a mobile dental vehicle used to provide pediatric oral health services; an initiative that extends care to children at elementary and middle schools; a community-based program that provides oral health education and referrals for HIV/AIDS clients; a community-based research study that offers care at six senior centers; participation in Special Athletes, Special Smiles; and oral health care programs for Esperanza, a faith-based organization serving the Latino community in Philadelphia. ■

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## Specifications now available

The ADA Standards Committee on Dental Products has approved for circulation and comment the Proposed ANSI/ADA Specification No. 48 for Visible Light Curing Units. Free copies of the document are available.

ANSI/ADA Specification No. 1 for Alloy for Dental Amalgam has been approved as an American National Standard. The document is available for purchase.

Call Ext. 2506 or 2533 at the ADA to obtain either document. ■



## Education

# Schattner Center dedicated

## Penn opens new facility

BY KAREN FOX

Philadelphia—The University of Pennsylvania School of Dental Medicine dedicated the Robert Schattner Center, its new three-story facility, Nov. 1, 2002.

A 70,000-square-foot clinical care, education and research facility with unifying features designed to promote interdisciplinary care, the Schattner Center includes dental clinics, laboratories with state-of-the-art equipment and new gathering places such as an atrium, gallery, café and courtyard.

Dr. Schattner is a 1948 Penn dental graduate who donated \$5 million to make the building possible.

The inventor of Chloraseptic mouthwash, Dr. Schattner is president of Sporicidin International. The company markets antimicrobial products under the Sporicidin and Masticide trade names. ■

# California appoints director

## CDA selects Peter DuBois

BY JOE HOYLE

Following a six-month search process, Peter A. DuBois has been selected as executive director of the California Dental Association, the CDA announced Jan. 24.

He assumes his new duties on March 1.

"He is known as an innovative leader and talented administrator," CDA President Dennis M. Kalebjian said of Mr. DuBois, "and will be an integral part of our efforts to continue shaping the art and science of dentistry."

Mr. DuBois, a lawyer, comes to the CDA from the University of California San Francisco Medical Center and Children's Hospital and Research Institute, where he was a health care management consultant. He has also served as executive director of the UCSF Medical Group and the Physician Foundation at California Pacific Medical Center. He earned his law degree from Harvard Law School.

"The California Dental Association is known as an extremely successful organization," Mr. DuBois commented on his appointment. "I'm very excited about my future in helping the association continue to achieve its goals." ■



**Dedication:** Dr. Robert Schattner stands proudly before the state-of-the-art University of Pennsylvania dental facility that bears his name.

## Colorado receives \$90 million for ortho

Denver—The Orthodontic Education Company is donating over \$90 million to the University of Colorado Health Sciences Center School of Dentistry to establish a long-term business partnership that will address an anticipated shortage of orthodontists and provide low-cost orthodontic care for underserved children.

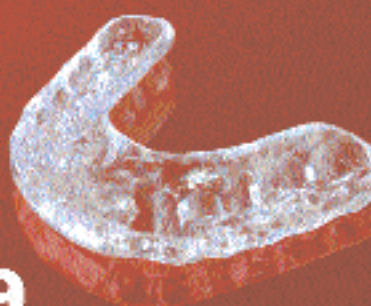
The gifts will fund Colorado's new orthodontic program facility, the "Lazzara Center for Oral-Facial Health"—named for Dr. Gasper Lazzara, OEC managing partner.

The new program will train 16 students a year. Of those 16, OEC funds the education of 12—all of whom will have a post-graduation commitment to practice at specific sites in the United States. The Lazzara Center is expected to open in 2004. ■

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# Code questions answered

## ADA council responds to members on Code, HIPAA e-claims

BY ARLENE FURLONG

ADA members' questions about filing claims—with HIPAA on the horizon—have never been more timely. Or well-placed with the Association.

Here's the latest scoop from the Council on Dental Benefit Programs on member inquiries about using the ADA Code and other information in the CDT-4 manual to file claims compliant with the Health Insurance Portability and Accountability Act of 1996, as

well as paper claims.

**Page 103 in CDT-4 says the ADA was working on how to enumerate supernumerary teeth on a dental claim. This information is necessary for any dentist who plans to submit a HIPAA standard electronic dental claim transaction that involves supernumerary teeth. What was decided?**

CDBP: The ADA House of Delegates in Resolution 5H-2002 amended the policy on Definitions of Tooth Designation Systems to

add the following:

Permanent dentition—"Supernumerary teeth are identified by the numbers 51 through 82, beginning with the area of the upper right third molar, following around the upper arch and continuing on the lower arch to the area of the lower right third molar (for example, supernumerary number 51 is adjacent to the upper right molar number 1; supernumerary number 82 is adjacent to the lower right third molar number 32)."

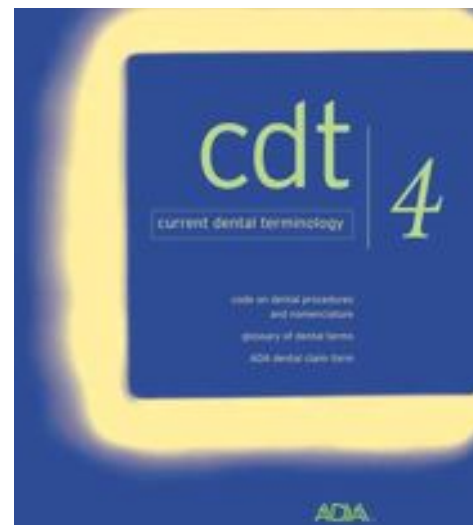
Primary dentition—"Supernumerary teeth are identified by the placement of the letter "S" following the letter identifying the adjacent primary tooth (for example, supernumerary "AS" is adjacent to "A"; supernumerary "TS" is adjacent to "T")."

The council receives other member questions illustrating confusion over the effective dates of the ADA Code and filing electronic claims under HIPAA.

**What is the effective date of the Code on Dental Procedures and Nomenclature, and how is this date related to the date when a standard electronic dental claim transaction must be filed under HIPAA?**

CDBP: HIPAA regulations state that the version of the Code effective on the date the service was performed must be used to file a HIPAA compliant dental claim.

The Code, as published in the ADA's CDT-4



manual, is effective Jan. 1, 2003. Because the Code is used on both paper and electronic dental claims, its effective date is independent of any payer's or dentist's implementation of the HIPAA electronic transactions. All payers must be prepared to accept HIPAA standard electronic transactions no later than Oct. 16, 2003.

HIPAA regulations mandate that the organization responsible for maintaining a HIPAA standard code also sets the effective date for each version of that code set. This means the ADA is responsible for determining when a new version of the Code becomes effective.

The regulations also state that a HIPAA

## Why Res. 5H-2002?

The Council on Dental Benefit Programs says the resolution builds upon the existing system first adopted by the ADA House of Delegates in 1968.

The goal of this system—used throughout the country—was to incorporate the familiar 32 number scheme as the foundation, and allow new numbers to fit into existing dentist office software and payer adjudication systems.

The schema for enumerating supernumerary teeth builds upon the existing Universal/National Tooth Designation System first adopted by the ADA House of Delegates in 1968 (also known as ANSI ASC X12 code set qualifier "JP") and is available for use immediately on any claim submission.

In order to be HIPAA compliant, this tooth coding structure must be used when reporting supernumerary teeth on a HIPAA standard electronic dental claim transaction. ■



must use the version of the Code that is effective on the date of service not the date the claim is submitted. Consequentially, dentists, payers and practice management vendors, as well as all covered entities, must be prepared to support at least two versions of the Code for a period after a new version becomes effective.

**When is the revised version of the ADA Dental Claim Form effective? Why has been revised?**

CDBP: The current version, in CDT-4, is effective Jan. 1, 2003. Publication renders previous versions obsolete.

Changes were prompted by the 2001 ADA House of Delegates resolution to harmonize the content of the paper claim form with the HIPAA standard electronic dental claim.

Revisions were also made to address technical

Some of last year's grant recipients include:

- The Roybal-Allard Children's Dental Center (California)—extending care for underserved children;
- MEND (Mend Each Need with Dignity)—a California program that offers care to indigent patients;
- Senior Friendship Centers (Florida)—providing dentures for needy elders;
- The National Board of French Dental Surgeons—supporting an emergency dental bus to deliver dental services to underserved areas;
- The Kentucky Pierre Fauchard Academy Section—offering education, screenings and

The deadline for submitting grant applications is June 1. ■

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who treat people with special needs. All proceeds will benefit the work of SCD.

The winning ticket will be drawn at the Special Care Dentistry annual meeting March 29. Winner need not be present to win, but is responsible for taxes and arrangements and cost involved in picking up the motorcycle.

For more information or to purchase tickets, call Ms. Kathy Olson at 1-815-484-8678 or go online to "www.specializedcare.com/harley". ■



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## Win a CAPIR award in 2003

BY STACIE CROZIER

Are you involved in an oral health program that goes the extra mile to provide preventive or geriatric oral health services?

If so, why not apply for one of the ADA Council on Access, Prevention and Inter-professional Relations' annual honors: the 2003 Community Preventive Dentistry Award and the Geriatric Oral Health Care Award. But hurry—

the deadline for entry is May 15.

The Community Preventive Dentistry Award recognizes programs or organizations that have implemented significant preventive projects for schools, special population or high-risk groups; public information or community education campaigns; tobacco cessation activities; oral cancer prevention; or other treatment programs.

The council sponsors the award through the ADA Foundation, and with the support of Johnson & Johnson Oral Health Products. The first place winner will receive a \$2,500 check and a wall plaque. The council may also bestow up to three \$500 meritorious awards.

The Geriatric Oral Health Care Award recognizes individuals or programs that have improved the health of older Americans through nursing home, homebound or hospital programs; public information programs; dentist and/or caregiver education; or oral health care delivery.

The council sponsors the award through the ADA Foundation, and with the support of Pfizer Consumer Healthcare Group. The first place winner will receive a \$2,500 check and a wall plaque. The council may also choose to grant a \$500 meritorious award.

Any not-for-profit program in the United States or its territories is eligible. Non-dental personnel are eligible; dentist entrants must be ADA members. For more information, descriptions of past winners' programs, help in preparing a summary of your program or an entry form, contact the CAPIR Award Programs, American Dental Association, 211 E. Chicago Ave., Chicago, 60611; call 1-312-440-2673 or e-mail "babcockj@ada.org". ■

## Practicing ethics

*New Orleans*—Dental students, there's still time to attend "An Ethical Perspective to Starting Your Dental Practice."

Sponsored by the ADA councils on Dental Practice and Ethics, Bylaws and Judicial Affairs, these SUCCESS Seminars will acquaint you with the ethical aspects involved with owning and managing a private practice. There is no charge for students to attend upcoming seminars at:

- Louisiana State University, New Orleans, Feb. 27.
- Indiana University, Indianapolis, Feb. 28. ■



# Licensure

*Continued from page one*  
parts during their senior year. Most completed the simulated portion by December; the patient clinical exercises are slated for later this month and in March, with re-takes scheduled for April or May.

In addition to UD Mercy, other dental schools in NERB's alternative format are New York University, Temple, Michigan and West Virginia. More schools will be involved in 2004.

"We've already heard positively from six additional schools, and all the dental schools that took the curriculum-integrated format this year have committed to taking it again next year," said Dr. Joseph Rossa, NERB chairman.

Besides being licensed upon graduation, the new format frees up time that senior dental students normally spend preparing for their licensure examinations.

"As an educator, one of the greatest advantages is to see students focus on advanced learning," Dr. Herrera said. "Our students are doing more advanced cases in clinic instead of worrying about their licensure exam, and spending more time in community outreach sites."

Dr. Rossa said that of the more than 500 students from the Class of 2003 who have taken the simulated exercises, 96 percent passed as of the



Mr. Bever



Mr. Aurelia

first retake session in December 2002.

Dr. Herrera attributes the high success rate to the fact that students prepare for one part of the exam at a time. "The examination is given early enough in the curriculum to enable students not reaching competency to remediate in the aca-

demic environment with proper instruction from faculty," she added. "So by graduation, the student will truly be competent."

Dr. Herrera believes the format can only have a positive effect on patient care.

"The students are able to follow up on the same patients for treatment, removing caries and replacing temporaries and so on," she explains. "If they do not perform adequately in a certain area, students are remediated and for the rest of the year are doing that procedure correctly on patients."

Keith Bever, a University of Detroit Mercy senior, said he "can't think of any disadvantages to the curriculum-integrated format."

"The most important benefit is students having the ability to be board certified upon graduation, as opposed to taking examinations at the time of graduation and waiting eight weeks to find out if

you passed," said Mr. Bever.

"Not having the stress of two straight days of the clinical exam" was the No. 1 benefit for senior John Aurelia.

Mr. Aurelia looks forward to working at a dental clinic in Rochester, Mich., after graduation. Taking the exam during the school year gave him more time to interview and look for work.

Mr. Bever plans to practice in Montana after graduation. Later this year he'll have a new perspective when he takes the Central Regional Dental Testing Services' exam to be licensed in Montana.

"I have lots of family in Michigan," said Mr. Bever. "If anything ever happened and I came back to Michigan, the way I see it I'm better off taking the NERB exam in this format than waiting three or four years and having to take the other NERB format to practice here." ■

# Institute

*Continued from page one*  
sion," Dr. Jones said. We can make an impact with this program."

Institute participants will attend three, two-day leadership training sessions at the ADA in Chicago this year and complete a community-based project that will pair them with one or more mentors. Sessions for the first class are scheduled for September and December with a final workshop and project presentation in September 2004.

The ADA has partnered with the Kellogg School of Management at Northwestern University to develop a rewarding curriculum for the Institute.

"We're proud to work with Kellogg, which incidentally, just received the No. 1 ranking among all business schools in America," said Dr. Bramson. "Partnering with a quality institution of this caliber will enhance the learning and make it a unique experience."

In developing the ADA Institute for Diversity in Leadership, the ADA has worked closely with representatives of national ethnic dental organizations and other leaders in dentistry with unique expertise on leadership and diversity issues.

The Institute advisory panel includes Dr. Risé Lyman, president, American Association of Women Dentists; Dr. Gregory Stoute, immediate past president, National Dental Association; Dr. Juan D. Villarreal, president, Hispanic Dental Association; C. Jay Brown, executive director, District of Columbia Dental Society; Dr. Brian Coleman, member, ADA Council on Membership; Dr. Charles F. Sanders Jr., member, ADA Council on Dental Education and Licensure; and Dr. Kathleen Roth, trustee, ADA 9th district.

Applications and further information on the Institute will be available in March. The ADA Board of Trustees in June will review applications and select participants for the first class. Priority will be given to dentists who exhibit leadership potential but who have not held significant leadership positions in organized dentistry. ADA members are encouraged to apply, but ADA membership is not required for participation.

Watch upcoming issues of the ADA News for more information and relevant deadlines. For more information on the ADA Institute for Diversity in Leadership, contact the ADA at Ext. 4699. ■



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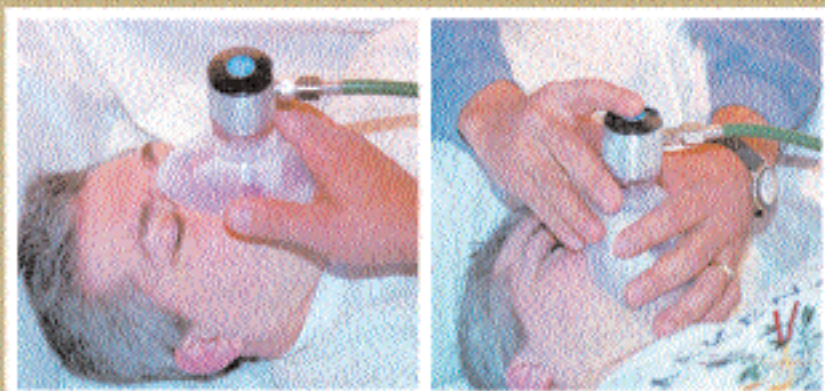
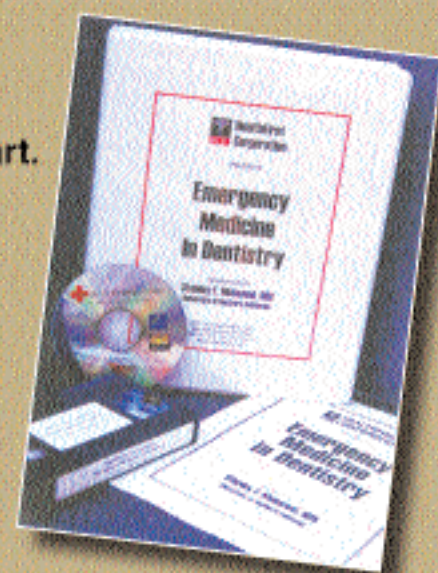
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# Fluoride toothpastes work

## Cochrane Oral Health Group reviews 50 years of clinical trials

BY MARK BERTHOLD

*Boston*—Fluoride toothpastes are more effective than non-fluoride toothpastes at reducing cavities, say researchers from the Cochrane Oral Health Group.

The review of more than five decades of clinical trials involving children and adolescents found that regular brushing with fluoridated toothpaste results in 24 percent fewer cavities than brushing with non-fluoridated toothpaste.

"In the last 30 years, the incidence of cavities in children's teeth has declined significantly in many communities—a result of both fluoridation of the water supply and of increased use of fluoridated toothpastes and other topically-applied fluoride treatments," says joint coordinating editor William Shaw.

Adds Dr. Kenneth Burrell, senior director of the ADA Council on Scientific Affairs, "These results are not surprising; they reinforce what

has been our overall impression—after following many studies for many years—of the beneficial effects of fluoride dentifrices."

Study results were presented Jan. 11 at the Evidence Into Action conference sponsored by the Forsyth Center for Evidence-Based Dentistry.

The reviewers assessed 74 studies conducted between 1950 and 2001 in the Americas, Europe and Asia involving more than 42,000 subjects under age sixteen. Additional results, according to a study release:

- Brushing with a fluoride toothpaste at least once a day reduces caries—even if children live in areas with fluoridated water supplies;

- Brushing twice a day with a fluoride toothpaste confers greater caries reduction than brushing once a day or less; and

- Using a fluoride toothpaste may confer greater caries benefit in children and adolescents with higher baseline levels of decayed, missing and filled teeth.

"This definitive study reinforces the need for parents to continue to protect their children

from tooth decay by using fluoridated toothpaste," says Dr. Richard Niederman, director of the Forsyth Center.

The researchers did not study the effectiveness of fluoride toothpaste in adults or differences in effectiveness of varying fluoride toothpaste formulations.

The review appears in the January issue of The Cochrane Library, a quarterly electronic collection of evidence-based systematic reviews of data from health care studies prepared by the Cochrane Collaboration. ■

## Dr. Fusayama, ADA gold medalist, dies

*Tokyo*—Dr. Takao Fusayama, a dental researcher and honorary member of the American Dental Association, died Jan. 17 from a cerebral hemorrhage. He was 86 years old.

Dr. Fusayama won the ADA Gold Medal Award for Excellence in Dental Research in 1997. (See more about award, page 23.) He created a technique to etch dentin with phosphoric acid before applying a dentin adhesive that



Dr. Fusayama

bonds the composite restorative to the tooth and allows for conserving tooth surface. His discovery changed how dental schools teach bonding procedures and is now a widely practiced technique of modern dentistry.

"He is one of the fathers of adhesive dentistry," says Dr. Van Thompson, past chair of the ADA Council on Scientific Affairs. "He combined the concept of cariology to the restorative process, he was a champion of etched dentin and bonding to a substrate, and his total-etch technique has almost universal acceptance in the United States."

Dr. Fusayama earned dental and medical degrees from Tokyo University before attending Indiana University dental school as a Fulbright scholar. He returned to Tokyo University in 1960 as professor and chair of operative dentistry. His research and authorship of 25 textbooks earned him honorary membership in the ADA, International Association for Dental Research, FDI World Congress and the Japan Academy (the only dentist ever in its 130-year history).

"He was also an extremely gracious and unassuming gentleman," says Dr. William Finagin, a past ADA trustee from Annapolis, Md. "His presence exuded respect from people around him, yet I never saw any boastfulness at any time."

Dr. Thompson notes, "We are researching a polymer burr (which will be introduced at the Chicago Mid-Winter meeting) that only removes infected dentin, and is the natural evolution of Dr. Fusayama's technique in conserving tooth structure and pain-free dentistry." ■

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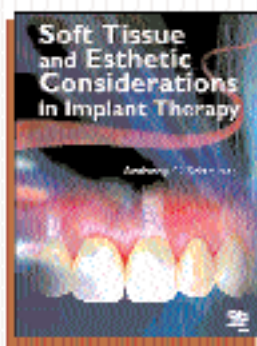
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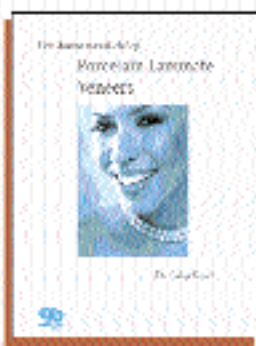


288 pp; 1,257 illus (mostly color); US \$248 (US\$47)

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Anthony G. Sclar

This long-awaited book presents specific surgical maneuvers for managing peri-implant soft tissues, the surgical and prosthetic considerations for preserving the hard and soft tissue anatomy, soft tissue grafting techniques for augmenting attached tissues, and an innovative technique for managing defects in the anterior maxilla. The final chapter presents a series of cases that demonstrate the most effective procedures in various situations.

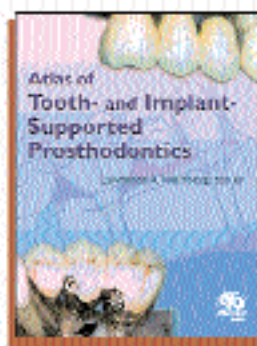


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## Atlas of Tooth- and Implant-Supported Prosthodontics

Lawrence A. Weinberg

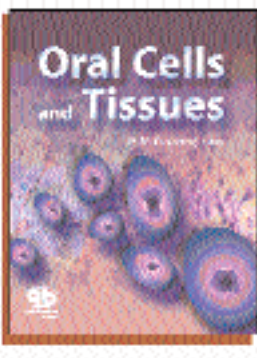
This book presents the treatment planning, preparation, fabrication, and use of tooth- and implant-supported prosthodontics, both in therapy and in practice. Drawing on knowledge accumulated over 30 years in clinical practice, the author describes and illustrates a variety of techniques to guide practitioners toward an esthetic final result while avoiding many of the pitfalls typically associated with partial and complete dentures. Students and practitioners at all levels will benefit from the author's vast clinical experience.

## Oral Cells and Tissues

Phyllis R. Garon

Describes the highly complex biology of oral cells and tissues in a clear, concise, and straightforward style. The book is the first to present the right mix of basic and clinical science to oral biologists as well as to clinical dentists. Extensively documented with references to the current literature, the book is an invaluable reference for introductory and for dental students, as well as a basic science reference for dental postgraduates and specialists.

400 pp (approx) (softcover); 330 illus (214 color); US \$98 (4292)



## Natural Esthetics

Doris Adolph

This book bridges the communication gap between the dentist and the technician by presenting outstanding prosthodontic examples of natural esthetics. The author serves as a model for selecting the proper morphology, shade, texture, and so forth. In addition, it describes a variety of techniques for developing the esthetic of both anterior and posterior teeth, creating high-quality restorations, and fabricating a series of dentures using the all-free systems.

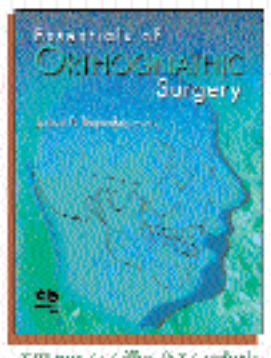
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## Essentials of Orthognathic Surgery

Julian P. Reynolds

This book provides a practical, step-by-step approach to the diagnosis and treatment of the most common orthognathic and orthodontic problems. It includes a detailed, step-by-step analysis of the patient's condition, treatment planning, and surgical methods. The author's clear, step-by-step approach is a step-by-step manual with an emphasis on the basic principles necessary for a successful result. An excellent guide for residents and a helpful resource for orthognathic surgeons.



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## Clinical Manual of Implant Dentistry



## Clinical Manual of Implant Dentistry

Edited by Minthada Davenport and Henry Martinez

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## History of Periodontology

Termin Carranza and Gerald Sklar

Presents a broad historical perspective on the evolution of periodontology from its early history to its present. Along the way, it highlights key figures and their contributions to the field. A simple, step-by-step approach to periodontal disease. Testimony data about the lives of well-known periodontal pioneers and ample quotes reveal the medical and social history of the field. This book will be a valuable addition to the library of periodontologists.

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## Oral and Maxillofacial Pathology: A Rationale for Diagnosis and Treatment

Robert F. Maix and Dina Stern

Written for the oral and maxillofacial surgeon and other dental and medical specialists who deal with pathology in the oral cavity, maxilla, and neck, this concise, illustrated book addresses basic, such as the underlying mechanism of each condition, and differential diagnosis, as well as treatment recommendations and the prognosis after treatment.

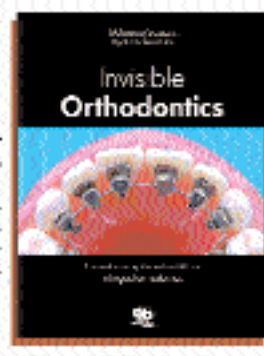


920 pp; 2,120 illus (1,100 color); US \$399 (9991)

## Invisible Orthodontics: Current Concepts and Solutions in Lingual Orthodontics

Giuseppe Scuzzo and Kyoto Takemoto

The steady increase in patient demand for esthetic orthodontic treatment has led to major advances in the field of lingual orthodontics. This book is not only available as a reference for patients, it also offers a variety of solutions for each case. For the orthodontist. This book addresses the daily clinical challenges of providing lingual orthodontic treatment and offers a reliable, systematic approach to treatment techniques.



176 pp; 642 illus (mostly color); US \$89 (9004)

## QDT 2003

Editor: Avishai Sodian, DMD

This annual publication covers the world's excellence in dental technology, with articles on new materials, materials, and techniques for fabricating, finishing, and restoring dental restorations.

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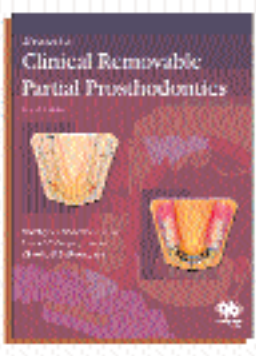


## Fundamentals of Periodontics, Second Edition

Edited by Thomas G. Wilson, Jr and Kenneth S. Kamman

Neatly revised and expanded, this classic textbook presents the essential information needed to understand periodontal diseases and deliver effective treatment. It explains the biology of the periodontium in health and disease, gives detailed instructions on proper examination and various treatment modalities, and includes a selection of resources for general practitioners and dental hygienists. The text is a must.

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## Stewart's Clinical Removable Partial Prosthodontics, Third Edition

Anthony D. Phoenix, David R. Cagan, and Charles E. Neff

This book provides an overview of removable partial denture service in contemporary dental practice, with an emphasis on clinical and design aspects. Clinical topics range from examination and treatment planning, to construction and finishing procedures. This is the book that the general practitioner and the specialist provide consistent, high-quality prosthodontic treatment for their patients.

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# Go for the gold

## Nominations for Gold Medal research award due May 1

Know an individual whose research has advanced dentistry or improved the public's oral health? Then nominate that person for the ADA Gold Medal Award for Excellence in Dental Research.

The deadline is May 1 for submissions.

Given every three years, the ADA Gold Medal Award is sponsored by the ADA Foundation and Chesebrough-Pond's and

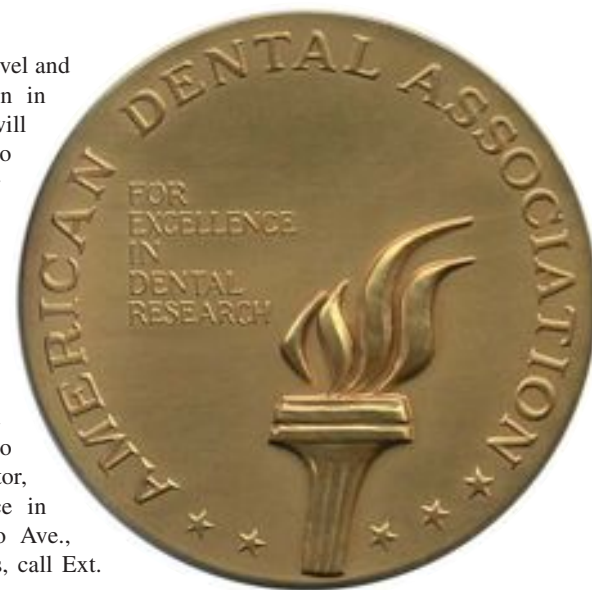
Unilever Home and Personal Care-USA. The award honors a basic or clinical researcher who has advanced the dental profession or contributed to a major improvement in the oral health of the community. Past recipients include Drs. Takao Fusayama, Harald Loë, Robert Genco, Irwin Mandel, Basil Bibby and William Bowen.

This year's winning researcher will receive

the gold medal, \$25,000 and free travel and lodging to the awards presentation in Chicago during which the winner will be honored. The recipient will also serve a three-year term as member of the ADA Council on Scientific Affairs.

To nominate a candidate, please submit a formal letter stating the candidate's qualifications, accompanied by his or her curriculum vitae and list of publications.

All nominations must be received by May 1 at ADA Headquarters to Marcia Greenberg, staff coordinator, Gold Medal Award for Excellence in Dental Research, 211 E. Chicago Ave., Chicago 60611-2678. For questions, call Ext. 2535. ■



**2002 winner:** Dr. Thomas Van Dyke.

## Ross award nominations due June 2

A significant contribution in clinical investigation that has advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases.

Such work is recognized by the Norton M. Ross Award for Excellence in Clinical Research, and nominations must be received at ADA headquarters by June 2.

Sponsored by the ADA Foundation, with support of Pfizer Consumer Healthcare, the award also considers outstanding research accomplishments in other areas.

Previous recipients have conducted research in periodontics, oral and maxillofacial surgery, orthodontics and oral pathology. Last year's award acknowledged the contributions of periodontal researcher Dr. Thomas Van Dyke.

Selection is based on the scope of the nominee's research, with special emphasis on its impact on clinical dentistry, and the nominee's publications in refereed journals. The winning researcher will receive a plaque and \$5,000 presented during a Board of Trustees event in Chicago.

The award is given in memory of Dr. Norton M. Ross, a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research.

A letter describing the nominee's accomplishments in the context of the award objectives must explicitly describe the impact of the nominee's research on clinical dentistry, and include a curriculum vitae with list of published articles.

Address nominations to Marcia Greenberg, staff coordinator, Norton M. Ross Award, American Dental Association, 211 E. Chicago Ave., Chicago 60611-2678. For more information, call Ext. 2535. ■

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