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1999

## ADA News Daily - 1999 Day 2

American Dental Association, Publishing Division

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### BRIEFS

#### Have you checked for a message yet?

You can keep in touch easily via the two message centers in the Hawaii Convention Center.

The message centers are located:

- on the third floor (in the alcoves opposite meeting room 318);
- in the delegate registration area (outside the north entrance to the ballroom on the fourth floor).

Those attending session can leave messages by calling 791-8807. ■

#### Drawing for topiary tree at Booth 1100

Visit the ADA ECCo Marketplace at Booth 1100 today and you could win a rosemary topiary tree from Garden.com. Plus, register to win a Compaq laptop computer in the "Something to Smile About" sweepstakes.

Tomorrow, it's your chance to win a fabulous gourmet food basket from Tavallo at the ADA ECCO Marketplace booth. On Tuesday, the daily giveaway is a basket filled with gourmet coffee from Flying Saucers. ■

**TODAY**

**AT A GLANCE**

ALL EVENTS (EXCEPT WHERE NOTED) TAKE PLACE AT THE HAWAII CONVENTION CENTER.

HEALTH SCREENING PROGRAM, ALA MOANA HOTEL, HIBISCUS BALLROOM, 7:30 A.M.-3 P.M.

ADA REFERENCE COMMITTEE HEARINGS, HILTON HAWAIIAN VILLAGE, STARTING AT 8 A.M.

SCIENTIFIC PROGRAM: 8 A.M.-10 30 A.M.; NOON-2:30 P.M.

NEW DENTISTS' FORUM, ROOM 313B, NOON-2:30 P.M.

## It's a time for change: Dr. Rose



**Crowd pleasers:** A dancer from the Keiki Halau children's Hawaiian dance company offers a warm "aloha" to dentists and guests attending Saturday's opening ceremony. ADA President Tim Rose (right) welcomes visitors to the "world's premier dental meeting."



*Photos by Eye of the Islands Photography*



**Budding photographer:** A young guest snaps a photo of the opening ceremony.



### 'E-Life' has arrived, says ADA president

**BY JAMES BERRY**

The ADA and the dental profession it represents must look to the future, and the future is electronic, ADA President S. Timothy Rose observed in his address to the House of Delegates at yesterday's first meeting.

Dentistry's present and future increasingly revolve around what Newsweek magazine called "E-Life," said Dr. Rose. Once a novelty, the Internet is now affecting every aspect of American life—E-Life—and dentistry must adjust to that reality.

"Our Electronic Commerce Co., ADA ECCo, and the development of a very active and well-done Web site using the Internet are the beginning, but they are just the beginning," said

*See DR. ROSE, page four*



## House nominates officers

At its first meeting Saturday, the 1999 ADA House of Delegates nominated candidates for the offices of president-elect, first vice president, second vice president and House speaker.

Also nominated were trustee can-

*See OFFICERS, page 10*

## ADA candidates offer platforms

### Dr. Robert M. Anderton



As we encounter the turn of the century and the commencement of a new millennium, we are forced to once again re-evaluate our status as a profession, how we function as an association and what our future will hold. During these times our very existence may well be in jeopardy.

There are DMSOs, insurance companies, DMOs, self appointed consumer groups, and others who would change the scope of our practice, eliminate our sacred doctor—patient relationship, compromise our system of governance and overturn our educational processes. These catastrophic events are likely to occur unless we strengthen our resolve in dealing

*See DR. ANDERTON, page 16*

### Dr. Charles L. Siroky



I seek a dynamic, volunteer-driven association rather than an entrenched bureaucracy. We have yet to fully tap into all the resources our capable and talented members offer. I challenge each member to get involved on a personal level and become active participants. I will push to increase volunteer opportunities by expanding the Critical Issues Taskforce and supporting an elected ADA Treasurer. We also need to insist on seamless communication between our volunteers and at the ADA level. Volunteers need more input...more access...more accountability...and more opportunities to communicate with each other and with the ADA. In addition, I propose

*See DR. SIROKY, page 18*



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# ADA council chairs named

The Board of Trustees, meeting just before annual session, appointed the ADA council and committee chairs for the coming year.

● Dr. Peter L. Paulson, Illinois, Council on Access, Prevention and Interprofessional Relations;

● Dr. Nona Breeland, North Carolina, approved by the Board in June 1998 as 1999-2000 chair, Council on ADA Sessions and International Programs;

● Dr. Richard F. Hewitt, South Carolina, Council on Communications;

● Dr. Michael D. Vaclav, Texas, Council on Dental Benefits Programs;

● Dr. Donald E. Demkee, Ohio, Council on Dental Education and Licensure;

● Dr. Jeffrey W. Smith, California, Council on Dental Practice;

● Dr. Richard A. Eklund, Texas, Council on Ethics, Bylaws and Judicial Affairs;

● Dr. Arthur F. Eddy, Massachusetts, Council on Government Affairs;

● Dr. Mark J. Feldman, New York, Council on Insurance;

● Dr. Maria Smith, Connecticut, Council on Membership;

● Dr. Van P. Thompson, New Jersey, Council on Scientific Affairs;

● Dr. R. Mark Hinrichs, Nebraska, Committee on the New Dentist.

Three commissions elect their own chairs:

● Dr. Joseph W. Rossa, Illinois, Commission on Dental Accreditation;

● Dr. C.J. Cavalaris, Ohio, Commission on Relief Fund Activities;

● Dr. W. Lynn Campbell, South Carolina, Joint Commission on National Dental Examinations. ■

## Attendance

### Dentists

U.S. Member	7,929
U.S. Non-member	140
Intl. Member	198
Intl. Non-member	371
<b>Total</b>	<b>8,638</b>

### Students

Members	144
Non-members	19
Intl. Student	32
<b>Total</b>	<b>195</b>

### Dental Team

Dental Business Assistants	2,765
Intl. Dental Business Assistants	85
Dental Assistants	3,149
Intl. Dental Assistants	94
Dental Hygienists	2,275
Intl. Dental Hygienists	49
Lab Technicians	131
Intl. Lab Technicians	26
<b>Total</b>	<b>8,574</b>

### Other

Dental Dealers	61
Intl. Dental Dealers	186
Guests	1,706
Intl. Guests	220
Spouses	3,386
Exhibitors	4,452
Other	2,311
<b>Total</b>	<b>12,322</b>

\*Figures represent registration through noon Saturday.

Photo by Eye of the Islands Photography



**Fore!** Tim Purdy tries his skill at a closest-to-the-pin contest during Zila Dental Supply's 2nd Annual Golf Tournament. The event, which was held Thursday at Luana Hills, benefits the ADA Health Foundation. Mr. Purdy is president of Zila Dental Supply.



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The ADA News Convention Daily office is located in Room 302B, Hawaii Convention Center; phone 791-8520; e-mail: "adanews@ada.org".

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 Private Practice, Haverhill, MA  
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 Private Practice, Encinitas, CA  
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# Rep. Norwood pays a visit Thanks Association for its help on patients' rights legislation

BY JAMES BERRY

At its first meeting yesterday, the House of Delegates greeted a welcome, if unexpected guest: U.S. Rep. Charlie Norwood.

Rousing applause carried Cong. Norwood (R-Ga.) to a House podium where he thanked ADA Speaker James T. Fanno for allowing him to address the delegates.

"It's nice to have one speaker who still loves you," quipped the congressman, a reference to U.S. House Speaker Dennis Hastert.

The two men were at odds over the ADA-supported Bipartisan Consensus Managed Care Improvement Act, which passed in the U.S. House Thursday, 275-151. Reps. Norwood and John Dingell (D-Mich.) co-sponsored the patient protection measure.

"A great battle occurred last week," said the congressman. "It was a battle about you, about our profession, about the medical profession, and most of all, it was about the patients of this country."

"I came here today, ladies and gentlemen," he continued, "to tell you that we won." Then raising his voice, he added: "And how sweet it is!" He noted that the "battle" will continue in the Senate, and described that process for the delegates.

He urged the delegates to "be thoughtful and careful" in the months ahead as the struggle for

■ **"I came here today, ladies and gentlemen," he continued, "to tell you that we won." Then raising his voice, he added: "And how sweet it is!"**

patients' rights continues. He asked them to be cautious in any dealings they may have with congressional representatives who voted against the bill—and to express their gratitude to those who supported it.

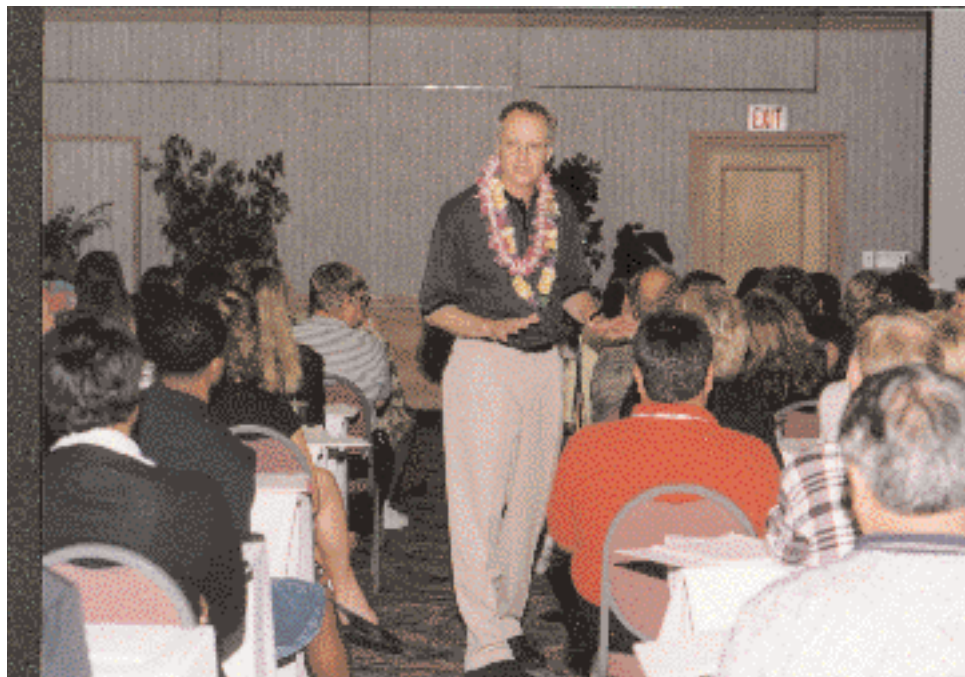
"Write 'em a note," he said. "Get your friends to write 'em a note. They need very badly to hear from their friends right now."

Rep. Norwood used much of his time in the ADA House thanking the ADA, the delegates, the grassroots teams, the lobbyists and others who helped drive the bill toward passage.

"No battle was ever fought where one person won it, and this one wasn't either," he said. "It would not have happened without you, and I am very grateful to you." ■



**Lively rhythms:** A member of the Japanese Taiko Drummers pounds out a beat during Saturday's opening ceremony, which featured singers, dancers and other performers representing Hawaii's cultural diversity.



**Formula for success:** Doug Young takes the floor at the 4th Team Building Conference.



**The monarch:** The Ancient Royal Court of Hawaii brings an aura of grandeur to the ADA's opening ceremony.

## Dr. Rose

*Continued from page one*

the ADA president.

"Electronic commerce in all its manifestations will clearly provide a major opportunity for the American Dental Association," he said. "The development of a new series of products that provide new and unique opportunities for dentists must be one of the highest priorities of this Association."

Precisely how dentistry and the Association proceed into the next millennium will hinge mainly on a proposed update of the Future of Dentistry Report, said Dr. Rose.

This blueprint for the future was prepared originally in 1984, and is sorely in need of revision, he said, referencing a process begun this year at the president's urging.

Dr. Rose noted that a series of reports from outside agencies—IOM, PEW, the Surgeon General's Report, the Macy Study and others—have included some not entirely welcome observations about the profession.

"The dental profession has responded to these reports," he said. "I would suggest to you that rather than respond, we need to go on the offensive."

"I believe the Future of Dentistry Report will allow us to do that," he continued, "but beyond that, it will allow us to clearly define our perception of the future of our profession. It should look at the forces and issues that will shape our profession. It should establish priorities, define directions and clearly establish acceptable end-points and expected results."

Responding successfully to future challenges, said Dr. Rose, also will require some reordering of the way the Association does business—its governance and structure.

He said the tripartite system linking the national organization with state and local soci-

eties is "the very strength" of organized dentistry. But it's a system under increasing pressure, spurred mainly by the need to boost non-dues revenues.

"I would suggest," said Dr. Rose, "that before the pressures on the system become acute, that representatives of all three levels of the tripartite sit down and have a frank discussion about the issues that are and might affect the tripartite relationship, both now and in the future."

As for the ADA itself, the present structure needs improvement, the president said, quickly adding that the problems he sees are not related to the people who govern and operate the Association, the volunteers and staff, but the organization itself.

"The problem we have is a structural issue," he said. "Our current system was developed and instituted years ago in a different time and in a different environment."

Too much time is spent "shuffling paperclips" rather than focusing on the big picture, he said.

"It will not be easy to change our culture," said Dr. Rose. "We will have to leave out baggage at the door and put some faith in our people and a new governance system, and understand that our first priority is to lead this profession into the future."

In his address to the delegates, the president touched on a wide range of issues:

- boosting dentistry's public image;
- improving the licensure system and freedom of movement;
- achieving greater diversity within the profession and organized dentistry;
- the accomplishments of the ADA's for-profit subsidiaries;
- the development of the just-published CDT-3;
- the need to educate members about the SNODENT diagnostic codes;
- the need to provide members with a wide array of "value-added" services, such as a "virtual university" online;
- increasing support for dental education through a new ADA Health Foundation fund.

The Appleton, Wisc., periodontist thanked the ADA staff, the Board of Trustees, his home district (the 9th Trustee District), and his partners and staff at Valley Periodontics. He thanked his wife, Ginny, and their four children, Kathy, Howard, Tom and Jim.

And then he thanked the House.

"Ginny and I want to thank you for your support, your hospitality and your friendship," he said in closing. "It has truly been one of the high points of our professional lives, and for that we thank you." ■



**21st Century:** Risa Pollack-Simon spends a moment with Dr. John Ahler of Rensselaer, Ind., during Tech Day on Friday. Ms. Pollack-Simon addressed the technological and dental team challenges of the coming century.



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*Dr. L.L., Aurora, CO*

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### *Here's what previous attendees have said:*

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*Dr. Walker, Titusville, Florida*

*"Undoubtedly the best seminar ever. We are just so excited about everything we couldn't even sleep!"*

*Dr. Donahue, Columbia, South Carolina*

*"The seminar is a wealth of knowledge. You could pay thousands for other courses and learn less."*

*Dr. Mitchell Siegel, Charlotte, North Carolina*

*"A very positive technique-building program. I was able to apply it to my practice immediately."*

*Dr. Vaughn Stewart, Brea, California*



## Health & Science

# Plotting the course for the Seal

## Booths with ADA Acceptance Program products mapped

BY STACIE CROZIER

The search for safe and effective dental products has never been easier than it will be during this year's annual session.

While attending activities at the Hawaii Convention Center, why not take a minute to check out a huge enlargement of the convention's technical exhibits—a road map that

highlights the location of every company participating in the ADA Seal of Acceptance Program?

The map, as well as helpful staff members,

will be on hand at the convention center's ADA Pavilion located on the third floor. Dentists can check out where their favorite products will be displayed or learn more about the program's rigorous Acceptance process. Manufacturers can pick up packages of information that detail the steps they must complete in order to have a product earn an ADA Seal.

"The ADA Seal Program is an incredible testament to the profession's commitment to improving the quality of oral health care," says Dr. Gary Armitage, chair of the ADA Council on Scientific Affairs. "We encourage all members attending annual session to stop by the Seal booth for information that will help them find the safest and most effective products for their practices or to learn more about the Seal Program."

With a 70-year history of service to the profession, the ADA Seal Program continues to assure dentists and consumers that the 1,400 or so products bearing the American Dental Association Seal of Acceptance have met stringent ADA standards for safety and efficacy."

More than 400 dental product manufacturers participate in the voluntary program today, adds Dr. Armitage.

The ADA invests the time and talents of nearly 200 Association scientists, staff members and volunteer dental consultants who work to evaluate the wide range of professional, over-the-counter and prescription products seeking a Seal.

Before awarding the Seal to a dental material, for example, ADA scientists test it at its headquarters laboratory by whatever means is applicable—measuring, stretching, heating, compressing, pounding or lighting to see if it holds up to minimum specifications.

For other product categories where physical standards may not be appropriate, manufacturers' clinical studies are scrutinized by staff scientists and expert consultants for safety and effectiveness, with special concern for unusual or unexpected results.

Product labeling, advertising, sales aids and dentist/patient education materials for the product are also examined. All advertising must be substantiated.

The products that make the cut are awarded the Seal normally for a three-year period. If any changes are made in an approved product's composition during that time, changes must be submitted to the program for review and approval before the company markets the revised product.

"The ADA is proud of the Seal Program's excellent history of product evaluation, which has provided the profession and the public with information about safe and effective dental products for more than 70 years," says Dr. Armitage.

"In addition, the Seal Program has been recognized by the federal government as an excellent example of how a consumer advocacy program should be structured and administered," Dr. Armitage adds.

"It's a program the profession can be proud of and one that the public can place its trust in."

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\*The Dental Advisor, Vol 12, No. 2, June 1995    \*Dental Practice & Finance, Nov/Dec, 1998    US and International patents pending

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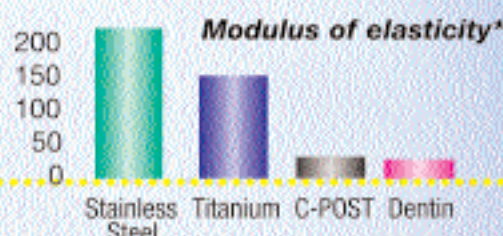




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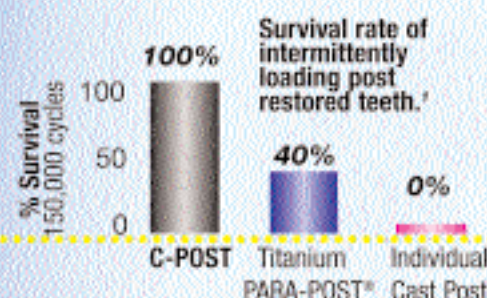
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1. Excerpt from Isidor F, Odman P, Brondum K. Intermittent loading of teeth restored using prefabricated carbon fiber post. *International Journal of Prosthodontics*. 9(2):131-4, 1996 Mar-Apr.

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Nice (F)	137	0	1	4
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Montreal (CND)	145	0	0	0
Modena (I)	470	0	0	1
Siena (I)	95	0	0	0
Karolinska (S)	236	0	0	0
<b>Total</b>	<b>1633</b>	<b>0</b>	<b>1</b>	<b>18</b>

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# Straight talk about risk

## Experts scrutinize technology's impact on professional liability, advise how to manage it

Honolulu—Ever wonder about the steps you can take to manage risk?

An annual session seminar on risk management will once again offer dentists insight into the latest in this area.



**Dr. Hapcook**



**Ms. Anzuoni**



**Dr. Vaselaney**



**Dr. Giroux-Slavas**



**Mr. Martuza**

The program will feature the Eastern Dentists Insurance Co. and CNA in a joint presentation, "From the Age of Amalgam to the Age of Technology: Is Risk Management Changing?" The course will meet Sunday from 8-10:30 a.m. in Room 313B of the Hawaii Convention Center.

Presenters will include Dr. Charles Hapcook, EDIC president and CEO; Sheila Anzuoni, EDIC legal counsel; Dr. John Vaselaney, assistant vice-president of CNA HealthPro and director of dental risk management; Dr. Jacinthe Giroux-Slavas, EDIC director of risk management and communications; and Eric Martuza, legal counsel and vice-president of CNA HealthPro and director of dental claims.

"I am most pleased, as we approach the new millennium, that two of the nation's foremost dental professional liability companies, Eastern Dentists Insurance Company and CNA, will be cooperatively presenting the ADA Risk Management program," said Dr. Hapcook.

Noted Dr. Vaselaney, "Managing patient expectations in regard to new technology can present challenges. Many patients may believe that all the recent technology ren-

ders the older methods of treatment obsolete.

"The development of good patient-doctor relationships becomes a means to manage risks associated with patient expectations."

This presentation will span the traditional methods of treatment and their risk management to cutting edge technologies, including lasers and implants.

"Many of these new technologies require a more exacting and less forgiving approach than some of the more traditional operative techniques," said Dr. Giroux-Slavas.

"The absence of clearly delineated standards for the applications of some of these new technologies can actually prove a disadvantage when working at protecting or defending the dentist,"

Dr. Giroux-Slavas added.

"The court's evaluation of what constitutes the standard of care and proper informed consent becomes an important element of law, which plays a serious role in the evolution and outcome of a lawsuit," said Ms. Anzuoni.

Mr. Martuza, an attorney with experience in managing dental claims, will discuss the defensibility of a claim.

"Simple, straightforward communication, properly documented, is often the best defense against claims," he said.

The seminar, presented in cooperation with the ADA Council on Insurance, is intended to provide participants with a better understanding of not only how risk management affects the outcome of treatment and patient satisfaction, but also how proper risk management affects the outcome of a claim or lawsuit. ■

## Check out DentaCheques

When you make a small investment at annual session to support the DentaCheques program, you can help bring dental care to the disabled while saving on your own bottom line for dental supply costs next year.

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## Powerful Attack Without Resistance

Subgingival, sustained delivery of chlorhexidine helps reduce probing pocket depth in adult periodontitis

### Destroys periodontitis-causing pathogens without bacterial resistance

- Average level of chlorhexidine maintained at  $>125 \mu\text{g/mL}$  for at least 3 days after insertion—same concentration inhibits 99% of subgingival bacteria<sup>1</sup>
- Pocket exposed to chlorhexidine for at least 7 days
- Broad-spectrum action with minimal risk of bacterial resistance, unlike antibiotics<sup>1</sup>

### Significant improvements in PD and maintenance of CAL<sup>2\*</sup>

- Over 45% more effective in reducing PD vs. SRP<sup>®</sup> alone ( $P=0.00001$ , pooled data from 2 studies)<sup>3</sup>
- $\geq 2$  mm PD reduction in over twice as many patients vs. SRP alone ( $P<0.0001$ , pooled data from 2 studies)<sup>3</sup>

### Simple to use

- Can be inserted in less than 1 minute<sup>4</sup>
- Ready to use without any need of mixing
- Bioabsorbable—does not require removal

PERIOCHIP is indicated as an adjunct to SRP for periodontal pockets  $\geq 5$  mm

PERIOCHIP should not be used in any patient who is hypersensitive to chlorhexidine. The most frequently observed adverse events in the 2 pivotal clinical trials (PERIOCHIP vs. placebo group) were toothache (51% vs. 41%), upper respiratory tract infection (28% vs. 26%), headache (27% vs. 28%), and sinusitis (14% vs. 13%), respectively.

<sup>\*</sup>PD = probing pocket depth; CAL = clinical attachment level; SRP = scaling and root planing.

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Please see brief summary of Prescribing Information on the following page.

**PerioChip**  
2.5 MG (chlorhexidine gluconate)  
Delivers measurable outcomes

**AstraZeneca**



# Officers

Continued from page one  
didates for four districts.

All candidates except those for president-elect were declared elected at the meeting. Balloting for the president-elect's race will be Tuesday.

Dr. Robert M. Anderton and Charles L. Siroky (listed alphabetically) are the two candidates for president-elect. Their platform statements start on page one of this issue.

The 1999-2000 first vice president is Dr. J. Kendall Dillehay. The second vice president is Dr. Ronald B. Gross. Elected for a fifth term as speaker of the House is Dr. James T. Fanno.

The four new trustees are Dr. Edwin S. Mehlman, 1st District; Dr. Richard Haight,

12th District; Dr. Edward Leone Jr., 14th District; and Dr. Frank K. Eggleston, 15th District.

Brief biographies of each candidate follow:

• Dr. Anderton, a general dentist in Carrollton, Texas, served the past four years as 15th District Trustee. He has served as vice-chairman of the Texas Dental Association delegation to the ADA House of Delegates and on the ADA Council on Dental Benefit Programs. He was chairman of the council committee that oversees the ADA's Purchaser Information Service. As ADA Trustee, Dr. Anderton has served as liaison to the Council on Ethics, Bylaws and Judicial Affairs; Council on Dental Education; Council on Governmental Affairs; and Commission on Dental Accreditation. He has served as TDA director, vice-president and president; Dallas County Dental Association

president; and president of both organization's for-profit subsidiaries. He received his legal degree from Southern Methodist University School of Law and master's degree in health care law. He limits his law practice to consultations with doctors in cases of alleged malpractice, torts and other cases.

• Dr. Siroky, an endodontist in Phoenix, served the past four years as Trustee from the 14th District. He has served on the ADA Council on Ethics, Bylaws and Judicial Affairs; was a vice-president of the ADA in 1993-94;



Dr. Dillehay



Dr. Gross



Dr. Fanno

and for 24 years served as a delegate/alternate delegate from the Arizona Dental Association to the House of Delegates. As ADA Trustee, Dr. Siroky served as liaison to the ADA Commission on Relief Activities, Council on Dental Benefit Programs, Council on Scientific Affairs and Council on Annual Sessions and International Programs. Dr. Siroky is a member of the American Association of Endodontists and has served as AAE's Ethics and Governmental Affairs Committee chairman. He is a former president of AzDA and the Central Arizona Dental Society and chaired AzDA's political action committee for eight years. He is a fellow of the American and International Colleges of Dentists, the Academy of Dentistry International and the Pierre Fauchard Academy.

• Dr. Dillehay, an orthodontist in Wichita, Kan., has served as a KDA delegate to the ADA House of Delegates and is a past president of the Kansas Dental Association. He is a past

## Brief Summary

001603R01

## PerioChip® 2.5 mg (chlorhexidine gluconate)

### INDICATIONS AND USAGE

PerioChip is indicated as an adjunct to scaling and root planing procedures for reduction of pocket depth in patients with adult periodontitis. PerioChip may be used as a part of a periodontal maintenance program, which includes good oral hygiene and scaling and root planing.

### CONTRAINDICATIONS

PerioChip should not be used in any patient who has a known sensitivity to chlorhexidine.

### PRECAUTIONS

#### General

The use of PerioChip in an acutely abscessed periodontal pocket has not been studied and therefore is not recommended. Management of patients with periodontal disease should include consideration of potentially contributing medical disorders, such as cancer, diabetes, and immunocompromised status.

#### Information for Patients

Patients should avoid dental loss at the site of PerioChip insertion for 10 days after placement, because flossing might dislodge the chip. All other oral hygiene may be continued as usual. No restrictions regarding dietary habits are needed. Dislodging of the PerioChip is uncommon; however, patients should be instructed to notify the dentist promptly if the PerioChip dislodges. Patients should also be advised that, although some mild to moderate sensitivity is normal during the first week after placement of PerioChip, they should notify the dentist promptly if pain, swelling, or other problems occur.

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

Chlorhexidine gluconate has not been evaluated for carcinogenic potential in connection with the PerioChip. No evidence that chlorhexidine gluconate has potential to cause genetic toxicity was obtained in a battery of mutagenicity studies, including (in vitro) an Ames assay, a chromosome aberration assay in CHO cells, and (in vivo) a micronucleus assay conducted in mice.

#### Pregnancy

**Teratogenic Effects:** Pregnancy Category C—Animal reproduction studies have not been conducted in relation to PerioChip, because animal models that would permit use of a clinically relevant route of administration are not available. Chlorhexidine gluconate did not induce harm to the fetus when administered to rats by gavage at dosages up to 58.5 mg/kg/day. While chlorhexidine is known to be very poorly absorbed from the GI tract, it may be absorbed following placement within a periodontal pocket. Therefore, it is unclear whether these data are relevant to clinical use of PerioChip. In clinical studies, placement of four PerioChips within periodontal pockets resulted in plasma concentrations of chlorhexidine that were at or below the limit of detection. However, it is not known whether PerioChip can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. PerioChip should be used in a pregnant woman only if clearly needed.

#### Pediatric Use

The safety and effectiveness of PerioChip in pediatric patients have not been established.

### ADVERSE REACTIONS

The most frequently observed adverse events in the two pivotal clinical trials were toothache, upper respiratory tract infection, and headache. Toothache was the only adverse reaction that was significantly higher ( $p = 0.042$ ) in the PerioChip group when compared to placebo. Most oral pain or sensitivity occurred within the first week of the initial chip placement following SRP procedures, was mild to moderate in nature, and spontaneously resolved within days. These reactions were observed less frequently with subsequent chip placement at 3 and 6 months.

Table 1 lists adverse events, occurring in  $\geq 1\%$  of 225 patients that received PerioChip, pooled from the two pivotal clinical trials without regard to causality. Gingival bleeding was the only dental adverse event occurring at a rate of  $\leq 1\%$  in both groups.

Table 1  
Adverse events (frequency  $\geq 1\%$  for the PerioChip group)  
reported from 2 five-center U.S. clinical trials

	PerioChip Total N = 225		Placebo Chip Total N = 222	
	N	%	N	%
All patients with Adverse Events	193	85.8	189	85.1
Toothache*	114	50.7	92	41.4
Upper resp tract infection	64	28.4	58	26.1
Headache	61	27.1	61	27.5
Sinusitis	31	13.8	29	13.1
Influenza-like symptoms	17	7.6	21	9.5
Back pain	15	6.7	25	11.3
Tooth disorder**	14	6.2	15	6.8
Bronchitis	14	6.2	7	3.2
Abscess	13	5.8	13	5.9
Pain	11	4.9	11	5.0
Allergy	9	4.0	13	5.9
Myalgia	9	4.0	9	4.1
Gum hyperplasia	8	3.6	5	2.3
Pharyngitis	8	3.6	5	2.3
Arthralgia	7	3.1	13	5.9
Dysmenorrhea	7	3.1	13	5.9
Dyspnea	7	3.1	8	3.6
Rhinitis	6	2.7	11	5.0
Coughing	6	2.7	7	3.2
Arthrosis	6	2.7	4	1.8
Hypertension	5	2.2	6	2.7
Stomatitis ulcerative	5	2.2	1	0.5
Tendinitis	5	2.2	1	0.5

\*Includes dental, gingival or mouth pain, tenderness, aching, throbbing, soreness, discomfort, or sensitivity.

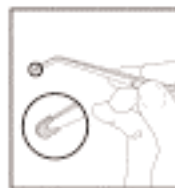
\*\*Includes broken, cracked or fractured teeth, mobile teeth, and lost bridges, crowns, or fillings.

## INSTRUCTIONS FOR INSERTION

## PerioChip® 2.5 mg (chlorhexidine gluconate)



1. Open individual foil packet.



2. Grasp PerioChip® at flat end with suitable forceps.



3. Insert PerioChip®, curved end first, into the periodontal pocket.



4. Press PerioChip® apically to the base of the pocket.



5. After proper insertion, PerioChip® should rest subgingivally at the base of the pocket.

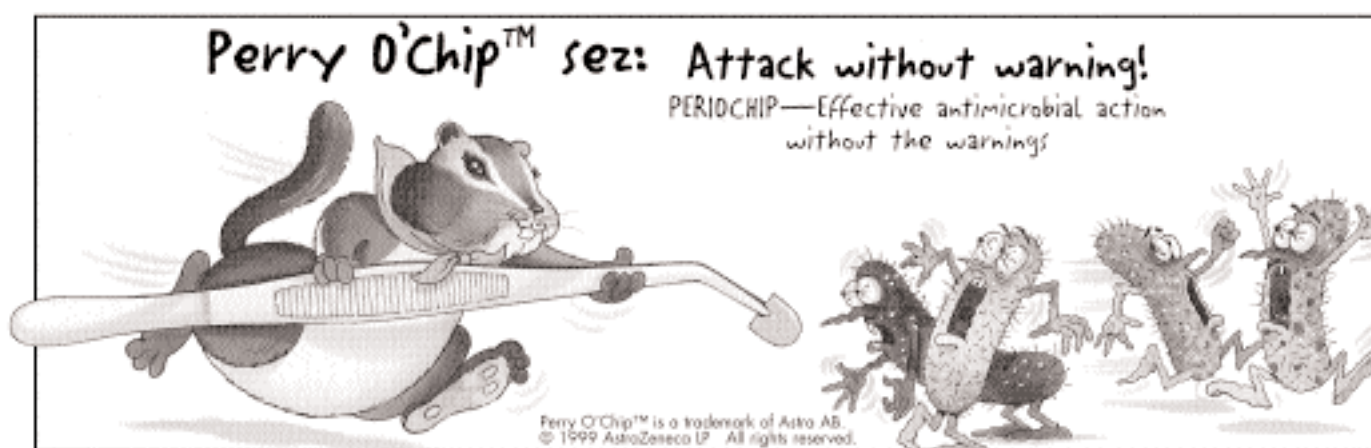
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Manufactured for:

Astro USA, Inc., Westborough, MA 01581

231-01

001603R01 Iss. 5/98

**References:** 1. Stancely A, Wilson M, Newman HN. The in vitro effects of chlorhexidine on subgingival plaque bacteria. *J Clin Periodontol*. 1989;16:259-264. 2. Briner W, Buckner R, Rebski G, Marhart M, Banting D. Effect of two years' use of 0.12% chlorhexidine on plaque bacteria. *J Dent Res*. 1989;68 (Spec Iss):1719-1721. 3. Jeffcoat MK, Bray KS, Ciancio SG, et al. Adjunctive use of a subgingival controlled-release chlorhexidine chip reduces probing depth and improves attachment level compared with scaling and root planing alone. *J Periodontol*. 1998;69:989-997. 4. MacNeill SR, Johnson VB, Kilroy WJ, Yonke M, Bichenow L. The time and ease of placement of the chlorhexidine chip local delivery system. *Comp Cont Educ Dent*. 1998;19:1158-1167.



president of the Wichita District Dental Society, the Kansas Association of Orthodontists and has served on the Southwestern Association of Orthodontists' Membership and Legislative Committee and the American Association of Orthodontists' Council on Governmental Affairs. He is a consultant and specialty examiner for the Kansas Dental Board. He is a fellow of the American College of Dentists and the Pierre Fauchard Academy, an international honorary organization.

• Dr. Gross, an orthodontist in Pottstown, Pa., served as chairman of the ADA Council on Ethics, Bylaws and Judicial Affairs and as a delegate/alternate delegate to the House of Delegates for 16 years. He is a past president of the Pennsylvania Dental Association, 2nd District (Pennsylvania) Dental Association, Montgomery Bucks Dental Society, the American and Pennsylvania Associations of Orthodontists and the Middle Atlantic Society of Orthodontists. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy. He received a Distinguished Service Award from MASO in 1992 and from PAO in 1989.

• Dr. Fanno, an orthodontist from Canton, Ohio, is serving his fourth term as speaker of the ADA House of Delegates this year. Dr. Fanno has served as an ADA delegate and chair

See OFFICERS, page 12



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

Photo by Michael Maurello

## Officers

*Continued from page 10*

of the Council on Ethics, Bylaws and Judicial Affairs. He is a past president of the Ohio Dental Association and former ODA house speaker. He has been an American College of Dentists regent and president of the Case Western Reserve Alumni Board. In 1994, he received the Distinguished Dentist Award, the highest award the ODA confers upon a practicing dentist.

● Dr. Mehlman, an endodontist in Providence, R.I., is an assistant clinical professor of endodontics at Boston University Goldman School of Dental Medicine in Boston. He has also held teaching positions at Forsyth Dental Center, Tufts University School of Dental Medicine, and Harvard School of Dental Medicine and has lectured at schools throughout the United States and abroad. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.



**Dr. Mehlman**

● Dr. Haught, a general dentist in Tulsa, Okla., served as chairman of the ADA Council on Community Health, Hospital, Institutional and Community Affairs (now CAPIR) and the Subcommittee on Access to Dental Care. He has also served 14 years as a delegate/alternate delegate to the House of Delegates. Dr. Haught is a past president of the Oklahoma Dental Association and the Tulsa County Dental Society. He is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.



**Dr. Haught**

● Dr. Leone, a general dentist in Denver, served on the ADA Council on Annual Sessions and International Programs and as a delegate/alternate delegate to the House of Delegates. He is a past president of the Colorado Dental Association and the Metropolitan Denver Dental Society. He was a 12-year volunteer in the MDDS Kids in Need of Dentistry and a member of the program's governing board. Dr. Leone is a fellow of the American and International Colleges of Dentists and the Pierre Fauchard Academy.



**Dr. Leone**

● Dr. Eggleston, who practices preventive and restorative dentistry in Houston, served on the ADA Council on Communications, including a term as vice-chairman, and as a delegate/alternate delegate to the House of Delegates. He is a past president of the Texas Dental Association, Greater Houston Dental Society, Academy of Operative Dentistry, Southwestern Society of Oral Medicine, Southwest Academy of Restorative Dentistry and the Texas Section of the International College of Dentists. He received the Texas Dental Association's highest award, the Distinguished Service Award, in 1996. ■



**Dr. Eggleston**

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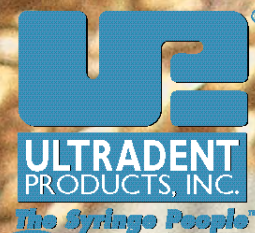
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## Campaign Statements

## Dr. Anderton

*Continued from page one*  
with them, bolster our defenses and develop strong, effective policies that will prevent interference in our treatment decisions and in our doctor-patient relationship.

Through our long history of research and dedication to the public welfare and the competence and integrity of our members, we have earned the right to practice our profession for the benefit of our patients without interference from third parties as well as the right to continue to govern ourselves. To protect and preserve these rights we

must improve and enhance our educational system and effectively advocate the positions and policies of this Association and those of our individual members before Congress and federal and state agencies.

To accomplish these vital tasks, as your President, I would propose to strengthen our Association through better communication with our members and our House of Delegates through the development of more efficient financial reporting and a comprehensive, understandable, improved budgetary process. I would also propose to address our steady decline in membership through ADA-led programs at the grassroots, "one-on-one" level. In 1998 our membership suffered another decline. We can no longer continue to do the things we have always done while expecting a different result. We must meet this issue squarely.



Dental education is among the most expensive of all the health care professions resulting in unmanageable student debt. There is a significant shortage of teachers, and most of our schools are in a financial crisis. I would propose to address these and other educational concerns by bringing the practicing and educational communities together to create a system where the educators are free to teach, write and conduct research without the burden of managing clinics at a profit to produce revenues to operate the schools. This same system would provide our practitioners the opportunity to participate in the education of our students and residents in a setting mutually designed to provide dental care for the truly underserved.

I would enhance our number one goal of advocacy by amplifying our positions with new specifically targeted policy statements which are designed to strengthen and protect our doctor-patient relationship and our individual treatment decisions while enhancing our dedication to the public welfare.

To achieve these things we must have leaders who are problem solvers, who know our positions and policies and can effectively advocate them. I believe with your support, I can provide that kind of leadership. Our public deserves it, our members expect it and our future demands it! ■

Dr. Robert M. Anderton

## PROFILE

**Candidate's name** Robert M. Anderton, D.D.S., J.D., L.L.M.

**Residence** Argyle, Texas

**Dental school attended** Baylor College of Dentistry

**Year received dental degree** 1961

**Post-graduate education/specialty**

General dentistry, juris doctorate, master of laws specializing in health care law

**Years of ADA membership (include ASDA membership)** 38

**Other professional memberships**

Academy of General Dentistry, American College of Dentists, International College of Dentists, National Academy of Practice

**Volunteer posts/elective offices held in organized dentistry** ADA delegate and alternate; Texas Dental Association, president; TDA Financial Services Inc., president; ADA Council on Dental Benefit Programs, member; ADA Board of Trustees

**What are the three most critical issues facing dentistry today?** Cost of dental education, student debt and other educational issues; interference in the doctor-patient relationship and individual treatment decisions by third-party payers and government agencies; and meeting the demands of providing care for the underserved.

**What are your three main goals if elected?** Bring the education and practicing communities together to help resolve educational and access issues; develop Association policies to more effectively deal with third-party issues; and develop effective programs to stop our membership decline and improve our percentage of market share.

**What are your main qualifications for the office you seek?** Held leadership positions at all levels of dentistry. Extensive experience as liaison to council on government affairs, ethics, bylaws and judicial affairs; and commission on dental accreditation; FINCO, ECCO and ADA Holding Company, director. Broad business management experience outside of dentistry.

**Why do you want to be an ADA officer?** Considering my education, training and experience, this particular time in history provides unique opportunity for me to serve the profession to which I owe so much.



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Flexural Strength .....	142 MPa to 148 MPa
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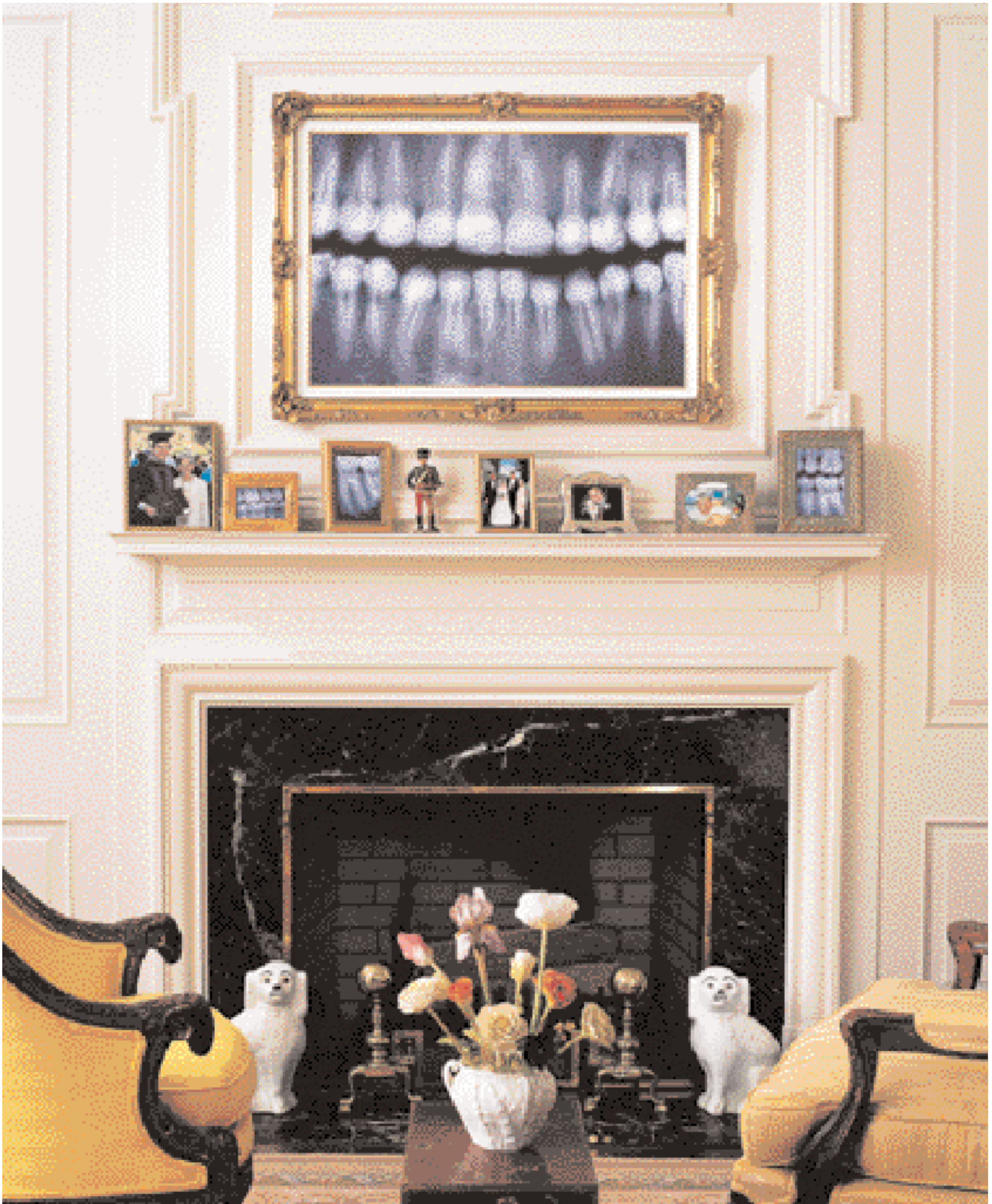
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## Campaign Statements

# Dr. Siroky

*Continued from page one*  
an all-out grassroots action team approach to membership issues. Imagine all the members of this Association pulling in the same direction to recruit members, solve workforce shortages, address access problems and increase awareness of dentistry's achievements.

The ball in Times Square is fast dropping on 2000, and technology is changing even faster. The way we communicate, gather information, conduct research, deliver care, educate patients, manage our offices, purchase supplies and get

reimbursed are all changing at "warp" speed. When applying new technologies, we must consider what impact they will have on our patients and use these new advances to educate, rather than sell.

In this century, communication alone has evolved from the pony express and telegraph, to telephone, fax, cell-phones and e-mail. Our ADA Web site bulletin board can be a great asset to our profession, shrinking the distance between each of our offices and expanding our network of resources. It will allow us have true two-way communication, and inspire positive and immediate participation from our dentists. As we rush into a world of Palm Pilots, digital offices, e-commerce and e-claims, we need to find a balance between change and continuity by recognizing that some things from the past are timeless and valuable lessons. "Dentistry is



served best when patients are best served," my campaign theme, is one such lesson. Not all change is progress, and I pledge to use the best of technology to advance this Association into the next millennium.

Advocacy must remain the ADA's highest priority in order to continue to deliver quality care without unnecessary interference. I will lead the fight in the halls of government in order to counter the "cheap sells" mentality that drives too many of those who seek to dictate and change the nature of care our patients may receive. I will defend the patients' bill of rights as well as your rights in the doctor-patient relationship. Too often, outside entities try to regulate how we practice dentistry. Whether it is ergonomics, nitrous oxide, latex or safety needles, unsound policies are not good for our practices or our patients. I will work with the Critical Issues Taskforce and ADA councils to curb these would-be regulators who interfere with the treatment decisions of dentists.

I plan to involve members, utilize technology wisely, place patients first and check groundless regulation, so that dentistry will serve well and be well-served. ■

Dr. Charles L. Siroky

## PROFILE

**Candidate's name** Charles L. Siroky, D.D.S.

**Residence** Phoenix

**Dental school attended** University of Southern California

**Year received dental degree** 1962

**Post-graduate education/specialty** Endodontics

**Years of ADA membership (include ASDA membership)** 37

**Other professional memberships** International College of Dentists, American College of Dentists, Pierre Fauchard Academy, Academy of Dentistry International, American Association of Endodontists

**Volunteer posts/elective offices held in organized dentistry** Central Arizona Dental Society, president; Arizona Dental Association, president; ADA second vice president; ADA Board of Trustees; numerous ADA councils, committees and task forces.

**What are the three most critical issues facing dentistry today?** Continued attempts by non-professionals to influence treatment decisions to the detriment of our patients and our practices, lack of member involvement on a personal level in the ADA's affairs and keeping pace with the proliferation of technological advances and the opportunities and challenges they pose.

**What are your three main goals if elected?** Check groundless regulations which interfere with treatment decisions of dentists while pushing patient-protection reforms; increase volunteer involvement and awareness and ease communication barriers until we have a truly volunteer-driven ADA at all levels; and encourage the ethical use of the best of the emerging technologies to advance the Association and the profession into the next century.

**What are your main qualifications for the office you seek?** I am a practicing dentist who knows the intricacies, pressures and pride of being a professional. I have a solid record of leadership and action for dentistry. My tenure on the ADA Board as a trustee and a vice president and working on or with several ADA councils gives me an in-depth knowledge of the ADA's structure. My numerous leadership roles at all three levels of the tripartite have prepared me to lead effectively as an advocate and representative for all dentistry.

**Why do you want to be an ADA officer?** I have a vision for this Association and the enthusiasm, confidence and ability to make a meaningful contribution to the profession.

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# Alliance presents Neff awards

## Top honors go to nine who are 'outstanding contributors'

Today the Alliance of the American Dental Association will honor its state presidents and bestow the prestigious Thelma J. Neff Distinguished Service Award to nine individuals at a special luncheon at Sheraton Waikiki Hotel's Lanai room.

The special luncheon convenes at 11:45 a.m.

The Neff award was established in 1985 in honor of the significant and tireless contributions of Thelma J. Neff to AADA, and it recognizes members who, like AADA's founder

and first president, are outstanding contributors. Sullivan-Schein Dental Inc. sponsors the award, which recognizes meritorious service conducted on the local level of AADA's tripartite organizational structure.

Neff Award Winners include:

● District 2—Anne Brent, Lansdale, Pa. (No picture) Ann has been a positive and active member of the Alliance in Pennsylvania since 1973. She was APDA president in 1988-89, was instrumental in introducing the Girl Scout

Badge program and co-chaired the APDA's annual session for the past two years. She is a registered nurse and helps with the family dental business. She is highly persuasive to potential members and works hard to encourage new members to join the Alliance.

● District 3—Barbara Harrell, Elkin, N.C. Barbara has been an active member of the state and local dental Alliance in North Carolina since 1973. She has worked on the "Seal the State" sealant program for two years and with

her husband has applied sealants to 58 needy children. Her involvement in the North Carolina Alliance has been in the area of legislation and she has organized a grassroots legislative network for the dental society.



**Mrs. Harrell**

● District 3—Pat Johnson, Tuscaloosa, Ala. Pat has been an active member of the Alabama Alliance for more than 30 years. She has done dental health education in her community for years when there was no one else who would say "yes." She has been instrumental in keeping the Alliance together during several years of struggling membership. Her daughter, Pam, is also an Alliance member and between them, the Tuscaloosa area Alliance needs are being met with enthusiasm and dedication.



**Mrs. Johnson**

● District 4—Connie Slyby, Fort Wayne, Ind. Connie, a part-time dental hygienist, has been a dedicated member of the Isaac Knapp District Dental Society in Indiana for 30 years. She does DHE puppet shows, delivers DHE kits to nursery schools and reads dental health books to children at the public library during children's story time. Connie is active in the legislative arena and has served as chair of three fund-raisers for political campaigns. She has served her local and state Alliances in all capacities and just completed her term as AIDA president.



**Mrs. Slyby**

● District 5—Sylvia Greer, Chattanooga, Tenn. Sylvia has been an alliance member for 21 years and served in the DHE and legislative areas. She was editor of the newsletter, historian, DHE chair, treasurer, secretary, president-elect and president of her state and local alliances. She has helped with fundraising campaigns and developed a puppet show to teach dental health to school children.



**Mrs. Greer**

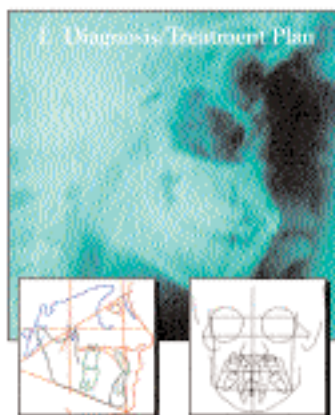
● District 6—Beth Clemence, Hales Corners, Wis. Beth joined the Alliance to the Greater Milwaukee Dental Association in 1985 and has served as legislative chair, program chair, ways and means chair and DHE Chair. She has been an outstanding tooth fairy and chairs the very successful Tooth Fairy Hotline.



**Mrs. Clemence**

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*A breakthrough for your patients and your practice.*

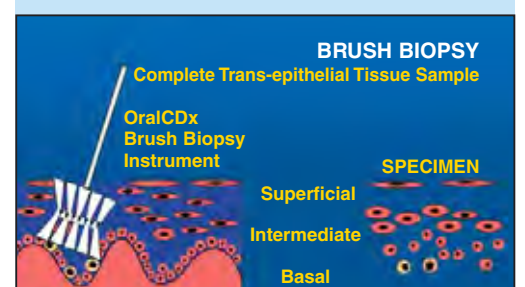
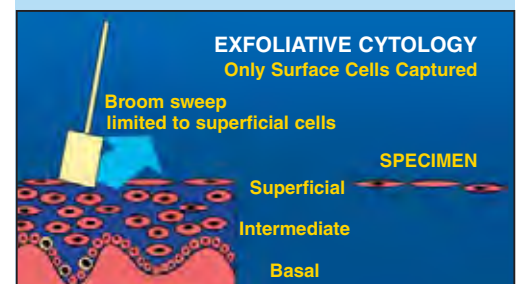


## What is OralCDx?

Unlike exfoliative cytology, the OralCDx brush biopsy obtains a full trans epithelial oral biopsy.

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\* Laboratory will automatically detect incomplete biopsy specimens and analyze repeat specimens free of charge.

\*\* Nationwide clinical trial performed at thirty-five academic dental centers by leading specialists in oral pathology, oral medicine, and oral surgery. Published in JADA, October, 1999.

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# Hawaiian quilts

## Local stitchwork celebrates marriages, family histories

BY JULIE JACOB

When the New England missionaries arrived in Hawaii in 1820, they brought along their Yankee traditions, including the homespun American art of patchwork quilting.

The missionary women taught patchwork quilting to the native Hawaiians who, in turn, transformed the American craft into their own

beautiful and uniquely Hawaiian art form.

For almost 200 years now, Hawaiians have lovingly stitched intricately designed quilts that record their family histories; celebrate births, marriages, graduations and friendships; and commemorate important events in Hawaii's history.

Quilts, which can take anywhere from

weeks to years to complete, are cherished in families and handed down from generation to generation along with the stories behind their creation.

Unlike American quilts, which are pieced together from small squares of scrap fabric, the designs for Hawaiian quilts are cut from one piece of cloth that is folded into fourths or eighths. When unfolded, the cloth forms a

See *QUILTS*, page 24



Photo by Michael Maurella

**First, you fold:** Then you cut a snowflake or echo pattern.



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## Neff

*Continued from page 20*

She is a congenial and valued Alliance member.

● District 7—Sharon Grubb, Wenatchee, Wash. Sharon has been an Alliance member for more than five years and travels throughout the state with her husband, Terry, presenting seminars on blended families. Wherever she goes, she is promoting the Alliance, inviting spouses to meetings and promoting the Alliance as “her professional organization.” She distributes tooth kits to shelters and migrant worker camps, and makes sure the local dental society is well-informed about Alliance activities and the help they can provide. She is always willing to volunteer.



**Mrs. Grubb**

● District 9—Dixie Lou Poole, Logan, Utah. Dixie has been an Alliance member for 20 years. When just a new bride, she was asked to serve as DHE chair and developed a program where a dentist and spouse deliver the dental health message in the school classroom.



**Mrs. Poole**

She has made flannel board stories, developed slide show presentations, created coloring books, developed educational dental games and is currently developing a dental membership directory. She is deeply committed to promoting dental health education to people of all ages.



**Mrs. Wellington**

● District 10—Sally Wellington, San Diego. Sally has spent 36 years as an Alliance member. She has been essential in completing and maintaining the “Toy Dental Office” units used in the city and county schools, reaching 12,500 children yearly with the DHE message.

She has chaired the annual “fun run” for the dental society and the Amalgam Scrap Drive. She has maintained the local component by arranging and presiding at meetings and doing countless mailings in the past 10 years.

She is the main representative to the ACDA and the community contact for dental health information. ■





Starting October 15, the sky is no longer the limit.



The dental site of the future, now at the ADA Convention, Booth #1942.



# Quilts

*Continued from page 22*  
“snowflake” or “echo” pattern that seems to ripple out from the center of the material. The pattern is then stitched to a contrasting-colored backing—for example, a red design may be stitched on a white background.

There are various explanations as to how the tradition began in Hawaii of creating patterns from one piece of cloth. One explanation is that the early Hawaiian quilters simply thought it did not make sense to cut a piece of material into small squares only to stitch it back together again.

Another theory is that quilters got their inspiration from the delicate shadows cast by palm leaves on white tapa cloths spread

beneath the trees.

Whatever the origin of Hawaiian quilting, quilters create designs that tell a story or have personal meaning. Quilters often get ideas for their designs from flowers, berries, fruit, fish, the landscape or even dreams. Since designs are so personal, it is considered impolite to use or adapt someone else's design without their permission.

In addition to commemorating important events in a family's history or to express love or friendship, quilts were sometimes created as an expression of national pride.

In the 1890s, after the pineapple barons overthrew the Hawaiian monarchy, many Hawaiian quilters expressed their solidarity with their queen, Queen Lil'uokalani, by secretly stitching the Hawaiian flag on the reverse side of their quilts. In fact, during her

**■ Whatever the origin of Hawaiian quilting, quilters create designs that tell a story or have personal meaning. Quilters often get ideas for their designs from flowers, berries, fruit, fish, the landscape or even dreams.**

house arrest in Iolani Palace, Queen Lil'uokalani herself stitched a quilt recording her life's story. Her quilt is now on display in her bedroom at the palace.

Like many traditional arts, Hawaiian quilt-making started to fade in the post-war years, said Cissy Serrao, who runs her family's quilt-making business, Poakalani. But during the past 20 years, there's been a resurgence of interest in the art, she said.

“Quilting made a comeback in the 1970s and has been at its peak for the past 10 years,” said Ms. Serrao. “It is such a wonderful and fun art and I highly recommend it to everyone.”

To help pass on the art to a new generation of quilters, quilting classes are held at several sites throughout the islands.

People who are interested in learning more about quilting can also attend demonstrations at the Bishop Museum given by master quilters or see examples of early Hawaiian quiltmaking on display at the Mission Houses Museum.

Along with the renewed interest in the art of quilting, there's been a surge of interest in recording and preserving Hawaii's quiltmaking heritage.

Since 1990, the grant-sponsored Hawaiian Quilt Research Project has cataloged and registered quilts made in the islands before Hawaii's statehood in 1959. At “Quilt Days” held periodically throughout the islands, residents can bring their family quilt heirlooms to be registered.

Volunteers, including historians and textile experts, photograph the quilts, make notes about the designs and fabrics used and even count the stitches.

They also interview family members about when and why the quilt was made and the significance of the design. So far, more than 900 quilts have been registered. ■

## ADA reference committee hearings convene today

Reference committees of the House of Delegates will hold hearings today in various rooms of the Hilton Hawaiian Village.

Please note that the hours of the hearings are staggered in order to facilitate the attendance of members at more hearings.

All members of the ADA are privileged to attend hearings conducted by the reference committees of the House of Delegates and participate in the deliberations.

- Scientific Matters, 8-10 a.m., Coral Ballroom IV, Mid Pacific Conference Center;

- Dental Education and Related Matters, 8:30-10:30 a.m., Coral Ballroom III, Mid Pacific Conference Center;

- Budget and Business Matters, 9-11 a.m., Coral Ballroom I and II, Mid Pacific Conference Center;

- Dental Benefits, Practice and Health, 9:30-11:30 a.m., Tapa Ballroom I, Tapa Tower;

- Communications and Membership Services, 10 a.m.-Noon, Tapa Ballroom III, Tapa Tower;

- President's Address and Administrative Matters, 10:30 a.m.-12:30 p.m., Coral Ballroom IV, Mid Pacific Conference Center;

- Legal and Legislative Matters, 11 a.m.-1 p.m., Tapa Ballroom II, Tapa Tower. ■

**Location:** <http://www.ada.org/adapco/>  
**subject:** annual session show specials

### ADA Guide to Dental Therapeutics



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**Colleagues:** Members of the ADA Council on ADA Sessions and International Programs show off their aloha shirts. From left, front row, are Drs. Stephen Kondis, H. Lindy Kell, Kathryn A. Kell (chair), Sally Hewett, Alan Tom, Nona Breeland; (back row, from left) Azam M. Qadri, Jeffrey C. Socher, Neal B. Richter, Gary O. Baker, Stephen F. Schwartz, Brien Harvey, David J. Fulton Sr., Gerrit C. Hagman, Michael Unger, J. Steven Tonelli, Joseph Schachner, Thomas A. Vuchetich, William Goodman.

## Step this way You just might win something from exhibitors

Visit the exhibit hall at the Hawaii Convention Center, first floor, and while you're there register for a chance to climb aboard a jet-powered helicopter for a birds-eye view of Oahu.

Or maybe you'll win two round-trip tickets with hotel accommodations to Paris, or a \$500 gift certificate from American Express, or any number of cash awards and prizes to be drawn during session.

Here's the scoop from exhibitors who notified the ADA of their give-aways:

- ADA ECCo Marketplace (Booth 1100) will offer a chance each day of session to win a great prize. Today, it's the completely re-mastered Star Wars Movie Trilogy; Sunday, a rosemary topiary tree; Monday, a gourmet food basket; and Tuesday, a basket filled with gourmet coffee. Also, each day you can register in the "Something to Smile About" sweepstakes for a chance to win a Compaq laptop computer.

- Great-West (Booth 818) is giving away a free gift when you register for a chance to win its "Hawaii Five-0-0" grand prize drawing—a \$500 gift certificate from American Express.

- JB Dental Supply Company (Booth 1046) is hosting a scavenger hunt. Be one of the first 1,000 participants to collect and return all items on the scavenger checklist and receive a free pair of flip-flop beach sandals (while supplies last).

- JulySoft (Booth 1446) is awarding a free CD-ROM with live software and profit profile calculator to those who register for a chance to win a Kodak DC 210 digital camera valued at \$599.

- Mentadent Inc. (Booth 832) will be dispensing free snow cones.

- Netopia Inc. (Booth 511) will be drawing the names of five winners of the Netopia Web Site Giveaway each day of annual session. To enter, visit and register at Netopia's booth.

- Richmond Dental (Booth 209) is offering a chance to win two free island helicopter rides. Stop by and register for the Sacred Falls tour, which if you win will take you aboard a Bell 206 jet-powered helicopter for a sightseeing adventure above Oahu.

- Young Dental Manufacturing (Booth 1637) is giving away a free collectible, limited edition key chain in the shape of a Young Prophecy Cup when you purchase a bag of 144 Snap-On prophylaxis cups. Each key chain is gold colored with "Young" and "99" printed on the cup's side.

- Zila Inc. (Booth 1202) is holding a drawing for round-trip tickets and hotel accommodations for two at the FDI in Paris, Nov. 28-Dec. 2, 2000. The winner will be drawn Tuesday at noon. Daily drawings for gift certificates good toward purchases at local merchants will also be held. ■

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## French luncheon celebrates FDI

While visiting the ADA Pavilion, stop at the USA Section of the FDI World Dental Federation (Booth 3016) to make reservations for its Monday luncheon at Padovani's Bistro.

The FDI annual luncheon, held each year during the ADA annual session, will celebrate the upcoming 88th FDI World Dental Congress Nov. 29-Dec. 2, 2000, in Paris. ■



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