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Offset carbon footprint in Hawaii with reforestation initiative

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Keynote speaker helps harness importance of storytelling



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Three dozen dentists start ADA 2018 with exercise course

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ADA NEWS

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

CONVENTION DAILY

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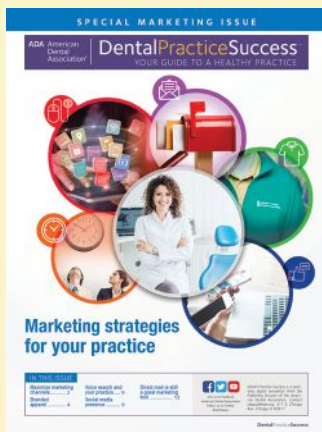
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BRIEFS

Special DPS issue features marketing tips and strategies

A new special issue of Dental Practice Success focuses on marketing tips and strategies for your dental practice.

This digital publication



includes tips on:

- Maximizing wait times by offering targeted messages for patients on hold on the phone or sitting in the waiting room. (This article also includes bonus audio and video content.)
- How branded apparel for your team members can

See DPS, Page 15

Exhibit Hall: Action is interaction

Photos by EZ Event Photography



What's new? Dentists and team members find out what's new from dental manufacturers in the Exhibit Hall in the Hawaii Convention Center Thursday.



Traditional: La'amea, from the Polynesian Cultural Center, strolls the exhibit floor Thursday, singing as she plays the ukelele.



Smiles: From left, Dr. William Tong, Sunnyvale, Calif.; Dr. Gary Lam, Torrance, Calif.; Dr. Eugne Hsu, Bellevue, Wash.; and Emily Ting Yi Yu, Bellevue.



Query: Dr. Rachel DiPasquale of Honolulu asks questions of Kelsey Baley of Patterson Dental.



On site: Ryan Rosekrans (left) of Carstream explains the finer points to Dr. Earl Sauget, Tamuning, Guam.

TODAY at a glance



- New Dentist Reception, 5-6:30 p.m., The Modern Honolulu, Sunrise Pool. Ticket required.
- Diversity and Inclusion Reception, 6-7:30 p.m., Hilton Hawaiian Village, Paradise Lounge.
- Exhibit Hall (including ADA CE Live), 7 a.m.-3 p.m., Hawaii Convention Center.
- House of Delegates, First Meeting, 1-4 p.m., Hawaii Convention Center, Kalakaua Ballroom.

Dental benefit, coding CE bring a light to ADA resources

BY DAVID BURGER

If anyone needs convincing that dental benefits and coding are among the most crucial nonclinical topics on the minds of dentists and their teams, consider that the two continuing education courses dedicated to those subjects were sold out long in advance of the ADA annual meeting.

Dr. Steven Snyder, chair of the ADA Council on Dental Benefit Programs, and Dr. Christopher Bulnes, council vice chair, led the two presentations back-to-back Thursday morning, with the first course, CDT Code Open Forum: How Dentists Shape the HIPAA Standard, followed by Understanding Dental Benefits and Third Party-Payer Issues.

The first course was devoted to questions and answers between the

two presenters and members of the audience, many of them office managers.

"I like the open forum format," said Dr. Bulnes, who will become chair of the council Monday when Dr. Snyder's term ends. "It was a very informed audience."

"I always enjoy the open forums," said Dr. Mark Mihalo, a member of the council who stepped in to help answer questions. "When you have an open forum and get questions, you know you're getting through."

One of the main takeaways is that the CDT Code is ever evolving, and that requests for an addition or revision of the code are due



Focused: Tamar Wood, a dental assistant from Independence, Kan., listens to a presentation on dental benefits and coding Thursday morning at the Hawaii Convention Center. Drs. Steven Snyder and Christopher Bulnes led the session.

See BENEFIT, Page 4



Saving for retirement may be easier than you think

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Even though retirement may be years away, the sooner you start saving, the easier it will likely be. That's because with a special ADA members-only benefit, you can potentially accumulate assets, any gains are tax-deferred — and you can even save on your current taxes!

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Contact a retirement program specialist at **(800) 523-1125** for a free consultation today. It is part of your member benefit.

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The ADA Members Retirement Program (Contract Form #5108) is funded by a group variable annuity contract issued and distributed by AXA Equitable Life Insurance Company (New York, NY 10104, 212-314-4600).

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ADA Foundation course helps dentists make impact overseas

BY DAVID BURGER
Oral health providers can create

ADA Foundation®

long-lasting impact in the oral health of a community through volunteerism.
In an effort to inspire and help dental professionals make the leap of faith, a continuing education track at the annual meeting will tell dentists how to give back globally.

Volunteer Internationally: Build Sustainable Oral Health Programs (8302), scheduled for Sunday from 7:30-10:30 a.m., has space availability in a no-fee course underwritten by a grant from the Academy of Dentistry International and presented by the ADA Foundation international programs committee and Health Volunteers Overseas.

The presenters are experienced international volunteers: Dr. Kevin Hardwick, member of the Foundation's international programs subcommittee; Dr. Charles Craft, Nebraska state dental director of the Division of Public Health Office Of Oral Health; Dr. David Frost, oral and maxillofacial surgeon; and Dr. Frank Serio, 2015 ADA Humanitarian Award recipient.

This course will discuss the use of public health principles to understand local needs and enhance local oral health infrastructure and will explore examples of sustainable volunteer oral health projects that focus on health promotion as well as treatment.

While these examples are from the field of global volunteerism, the principles can be applied to efforts in any community — international or domestic.

After this course, attendees will be able to:

- Apply public health principles to achieve long-term sustainability in programs.
- Seek out available resources for assessing oral health needs.
- Understand ethical considerations in volunteer programs.

For more information, visit ADA.org/meeting. ■
—burgerd@ada.org

Attendance

GRAND TOTAL 16,787

Dental Team		Related Professionals	
U.S. Dental Business Assistants	1,377	U.S. Dental Dealers	8
Intl. Dental Business Assistants	58	Intl. Dental Dealers	82
U.S. Dental Assistants	1,538	U.S. Guests	1,999
Intl. Dental Assistants	61	Intl. Guests	129
Dental Assistant Students	142	U.S. Children (under 18 years)	524
U.S. Dental Hygienists	1,566	Intl. Children (under 18 years)	35
Intl. Dental Hygienists	52	Alliance	89
Dental Hygienist Students	81	State and Local Staff	139
U.S. Lab Technicians	39	U.S. Exhibitors	1,812
Intl. Lab Technicians	11	Intl. Exhibitors	70
U.S. Allied Health Professionals	52	Official Contractors	137
Intl. Allied Health Professionals	7	ADA Staff	151
Total	4,984	Total	5,175

These numbers are unaudited.

Dentists		Dental Students	
U.S. Member	5,876	U.S. Member	136
U.S. Non-member	194	U.S. Non-member	40
Intl. Member	359	Intl. Member	23
Total	6,429	Total	199

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Leaders in evidence-based dentistry recognized

BY MICHELLE MANCHIR

When evidence-based dentistry was still an emerging concept, Dr. Richard Niederman was at the forefront, said his colleague, Dr. Parthasarathy Madurantakam.

In the 1990s, Dr. Niederman held leadership roles in evidence-based dentistry at the Harvard School of Dental Medicine and the Forsyth Institute.

He is also the founding USA editor of the journal Evidence-based Dentistry and co-author of the book "Evidence-based Dentistry: Managing Information for Better Practice."

For his leadership in the field, Dr. Niederman was awarded the 2018 Evidence-Based Dentistry Accomplished Faculty Award from the American Dental Association and the American Association for Dental Research. The ADA/AADR Evidence-Based Dentistry Faculty & Practice Awards annually recognize dentists and researchers who make significant contributions to implement and advance evidence-based dentistry. The awards are supported by an unrestricted educational grant from Colgate. The organizations presented the award to Dr. Niederman at a reception Thursday evening.

The other awardees, Drs. Elliot Abt, the Evidence-Based Dentistry Practice Award, and Vineet Dhar, the Evidence-Based Dentistry Mid-career Faculty Award recipient, were unable to attend the reception in Honolulu.

Practice Award

Dr. Abt, past chair of the ADA Council on Scientific Affairs, is a general practitioner with a practice in Skokie, Illinois, for more than 30 years. He has published more than 50 critical summaries and three clinical practice guidelines, including a series of biostatistics, "which has made statistics 'friendly' and palatable to practicing dentists," said Dr. Madurantakam, who nominated him for the award. Dr. Madurantakam a dentist with a Ph.D. and an assistant professor at the Virginia Commonwealth University School of Dentistry.

Dr. Abt is recognized with the 2018 Evidence-Based Dentistry Practice Award.

Dr. Abt has served as faculty in advanced evidenced-based dentistry workshops at the ADA and continues to provide guidance to the ADA Center for Evidence-Based Dentistry.

He is an adjunct associate professor of oral medicine at the University of Illinois and his peers recognize him as an effective educator of biostatistics, said Dr. Ben Balevi, who also nominated Dr. Abt for the award.

"Elliot has been, and continues to be, an enormous asset to the profession in providing high-quality continuing education that builds a bridge between clinical evidence and its practical application in the care of patients," said Dr. Balevi,



Photos by EZ Event Photography

Evidence: From left, Science Institute vice president Marcelo Araujo, ADA executive director Kathleen T. O'Loughlin, 2018 Evidence-Based Dentistry Accomplished Faculty Award recipient Dr. Richard Niederman and Dr. Christopher Fox pose for a photo Thursday at the ADA/AADR EBD Faculty and Practice Awards.

who first met Dr. Abt at a University of Oxford evidence-based dentistry workshop in 2002. Dr. Abt received a master's degree in evidence-based health care from Oxford University in 2007. He earned his D.D.S. from the University of Illinois at Chicago and a master's degree in oral pathology from the same university.

Mid-career Faculty Award

Dr. Dhar is a clinical professor and chair of orthodontics and pediatric dentistry at the University of Maryland School of Dentistry. He has contributed to 16 systematic reviews/clinical guidelines since 2014.

Dr. Dhar is the recipient of the 2018 Evidence Based Dentistry Mid-career Faculty Award.

Many of the publications he has contributed to have been recognized with awards for outstanding submissions to literature, including the Paul P. Taylor Award for the best manuscript in pediatric dentistry in 2016 and 2017. He also serves on editorial boards or as a referee for more than a dozen publications, including the Journal of Dentistry for Children and the Journal of Public Health Dentistry.

Dr. Dhar is also credited with creating an evidence-based tool, the Progressive Assessment Tool, used to enhance assessment of students' adoption of evidence-based principles and other learning indicators in residency training, said Dr. Norman Tinanoff, chair of the department of pediatric dentistry at the University of Maryland School of Dentistry, who nominated Dr. Dhar for the award.

At the University of Maryland School of Dentistry, Dr. Dhar in addition to being a clinical professor is the graduate program director in pediatric dentistry.

He is also the recipient of the 2017 Ameri-

can Academy of Pediatric Dentistry's Jerome B. Miller "For the Kids" Award sponsored by Procter & Gamble/Crest/Oral-B.

Accomplished Faculty Award

Dr. Niederman began his career in academia as an instructor of oral biology in 1977 at the Harvard School of Dental Medicine, where he received his D.M.D. and specialty training in periodontology. He has also received a certificate in evidence-based medicine from Oxford University and a certificate in medical informatics from the Marine Biological Laboratory, a private, nonprofit institution affiliated with the University of Chicago.

Over the past 40 years, Dr. Niederman has been assistant professor in periodontology and director of pre-doctoral research at Harvard; an associate professor of health policy and health services at Boston University; and director of the Center for Evidence-Based Dentistry at the New York University College of Dentistry. He has held numerous positions, including director, at The Forsyth Institute. He is also currently professor and chair of the department of epidemiology and health promotion at New York University College of Dentistry and an adjunct professor in the department of Native Hawaiian health at the John A. Burns School of Medicine at the University of Hawaii.

In addition to authoring numerous scientific

Shuttle routes may be disrupted Saturday

The Honolulu Pride Parade on Saturday may play havoc with the scheduled shuttle routes for ADA 2018 – America's Dental Meeting.

The parade is scheduled from 11:30 a.m.-6 p.m. in Waikiki.

Visitors are advised that there may be delays and since several pickup locations have been moved, consider walking or finding alternate transportation to the Hawaii Convention Center.

Here are the following alternate stops per route from 10 a.m. to 2 p.m. Staff will be available to direct traffic at the original location and at the new location.

Route 1: HHV – Ena Road and Ala Moana Blvd. across from the Wailana Coffee Shop.

Route 2: Hawaii Prince – Ala Moana Blvd., just after the ABC Store on the corner of Hobron Lane and Ala Moana Blvd.

Route 3: Sheraton Waikiki – Corner of Royal Hawaiian Ave. and Lauula Street, on the Waikiki Galleria side (DFS side).

Route 4: Stop will stay the same.

Route 5: Marriott – Front of Waikiki Sunset Hotel on Paoakalani Avenue.

The set locations will be serviced as normal at peak times.

Visit the shuttle page in the mobile app for more information. ■

articles, Dr. Niederman served as the president of the EBD Network at the International Association of Dental Research from 2008-10. Among his many honors and prizes, he won the Course Director's Award for teaching EBD, the Faculty Merit Award and Distinguished Faculty Award at the Harvard School of Dental Medicine; the New Programs Award from the American Association of Dental Schools; and he was named a Fulbright Senior Specialist by the U.S. Department of State.

"Overall, Dr. Niederman is a passionate researcher who has committed to improving the oral health not just for his patients but also for the entire population," said Dr. Madurantakam.

For more information about the ADA Center for Evidence-Based Dentistry, visit EBD.ADA.org. ■

Benefit

Continued from Page 1

Nov. 1 at ADA.org/cdt. The Code Maintenance Committee, a body that includes representatives from various sectors of the dental community, meets every spring to determine which of the requested actions are incorporated into the CDT Code.

"I'm excited to be here and learn things otherwise we would only get in webinars," said Jeff Smith, office manager of his wife's Maryland dental practice. "It was good to hear from [other audience members] who have been doing this for 20 years."

When the one-hour open forum ended, a two-and-one-half hour lecture immediately followed. Drs. Snyder and Bulnes peppered their presentations with more allusions to ADA resources that could help dental professionals get answers to their thorniest questions about dental benefits. An example is ADA Contract Analysis, which provides members with information concerning a proposed contract so that they can better understand and analyze its terms.

"It is imperative that you review any contract carefully before you sign it," said Dr. Synder. "By signing an agreement, you make promises that are legally binding."

Beth Cox and Tasha Miller, dental assistants whose four-dentist Iowa practice brought 16 members to the annual meeting, said they weren't aware of all of the ways the ADA could help them in the front office, especially the phone number for the ADA Center for Dental Benefits, Coding and Quality, 1-800-621-8099. "We jotted the number down," Ms. Miller said.

Audience members were engaged with the presenters, who featured a 140-slide PowerPoint presentation. "They are very good," said Susan Goodman, a Staten Island, New York, office manager for her husband, Dr. Steven Goodman. She has been coming to the annual meeting for 25 years. "They keep you up to date on all the changes to the code and techniques."

The ADA has also created an online landing page for dental benefits information that can help dentists address and resolve even their most vexing questions. Go to ADA.org/dentalbenefits, part of the ADA Center for Professional Success.

In addition, a series of ADA News articles called Decoding Dental Benefits seeks to educate dentists so they can make informed decisions on dental plan participation and realize what the ADA can do on its members' behalf. Previous installments in the Decoding Dental Benefits series are available at ADA.org/decoding.

"The ADA is definitely working for you," Dr. Bulnes said. ■



Women leaders: Tasha Eurich, an organizational psychologist, helps attendees discover how self-awareness can make them a more confident, respected and effective leader. Ms. Eurich was among the speakers Thursday at the Women in Dentistry Leadership Series.

Soft tissue lesion diagnosis made easier

Revised ADA guide for all practices available at Member Success Center

BY DAVID BURGER

What's even more useful than the best-selling ADA Practical Guide to Soft Tissue Oral Disease?

A new revision of the guide, especially in light of new diseases being discovered as well as a better understanding of some of the better-known diseases.

The second edition of The ADA Practical Guide to Soft Tissue Oral Disease is an updated new edition of the popular guide to some of the more common — and less common — oral and maxillofacial diseases that could be encountered in general or specialist dental practices. It is meant as an easy-to-use tool to aid in identifying, diagnosing and treating soft tissue disease in everyday practice with full-color examples and case studies.

"The revision was necessary and warranted because of new reference publications — journals and textbooks — that updated information in the first edition or to include new information since the first edition," said co-author Dr. Michael Kahn, diplomate of the American Board of Oral and Maxillofacial Pathology and professor emeritus in the department of oral and maxillofacial pathology, oral medicine, and craniofacial pain at the Tufts University School of Dental Medicine.

"Better photographic examples were obtained of some of the diseases illustrated. Lastly, the drug formulary was updated to add new medications and drugs marketed since the first edition and, likewise, remove drugs no longer marketed in the United States," he said.



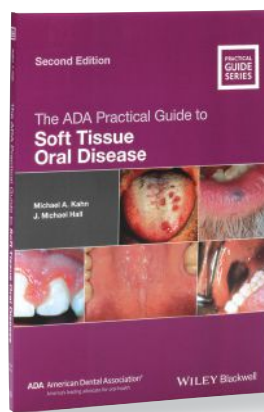
Dr. Kahn

In addition to updates to knowledge, references and images throughout, this edition covers new diagnostic methods, narrowband imaging devices and saliva testing. And, unlike the first edition, the second edition includes multiple-choice self-assessment questions at

another specialist, Dr. Kahn said.

"The challenges of accurately diagnosing soft tissue oral disease included a sufficient knowledge base of the patient's medical and dental histories, an efficient method of performing an extraoral and intraoral soft tissue head and neck examination, the pertinent questions to ask the patient about their lesion's symptoms as well as recognition of its signs, combined with the clinician's knowledge of the most common sites, morphology, and color(s) of the oral soft tissue lesions," he said.

Dr. Kahn continued: "Furthermore, the



clinician must know and understand the available diagnostic procedures and adjunctive devices that are currently available to aid in the formulation of a suitable differential di-

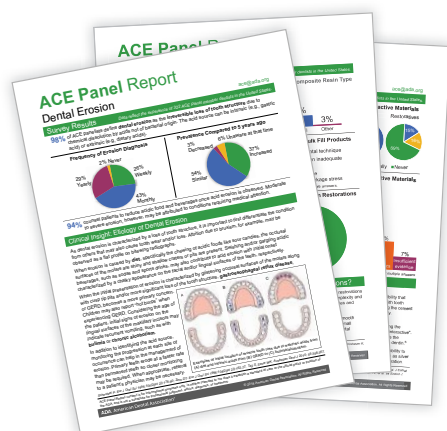
agnosis, provisional diagnosis and final diagnosis. The clinician must decide if they are going to perform these procedures or appropriately refer the patient."

Readers can save 15 percent on the guide and all ADA Catalog products with promo code 18138 until Nov. 23 by visiting ADAcatalog.org or calling 1-800-947-4746.

The guide and other products are also available at ADA 2018 at the ADA Catalog area of the Member Success Center, located at the Ala Halawai Center Concourse. ■

— burgerd@ada.org

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Check out the reports from the ACE Panel.

Learn more at ADA.org/ACE.

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the end of each chapter.

The 280-page guide's co-author is Dr. J. Michael Hall, a retired associate professor in the department of oral and maxillofacial pathology, oral medicine, and craniofacial pain at the Tufts University School of Dental Medicine.

Emphasizing foundational information on the most common oral diseases, the book provides summaries of essential information for diagnosing and treating soft tissue oral pathology, according to Dr. Kahn. With a focus on clinical decision-making, the book includes important information for diagnosing disease and determining the best course of action.

"General dentists or specialists should have a copy of this book in the dental office to aid the clinician in the evaluation, differential diagnosis formulation, establishment of a provisional and final diagnosis and/or management of their patient's diagnosed oral mucosal disease," Dr. Kahn said. "Chapters three and four arrange the lesions' clinical photographs based on their morphology and color to aid the clinician's chairside comparison with the lesion in question."

The guide is also essential for correct diagnoses, and knowing when to refer to

Watch 25 CE courses after annual meeting

For first time, selected ADA 2018 sessions are available to view in comfort of own home

BY DAVID BURGER

Did you miss your favorite speaker?
Or, were you too late in signing up?
Don't worry.

Select sessions from ADA 2018 – America's Dental Meeting will be recorded and added to the ADA CE Online catalog.

During the meeting, the ADA will videotape 25 courses with the intent of being repurposed into online courses for CE Online.

For those registered for the annual meeting, all free courses will remain free — but courses with a fee will still have a fee.

For those who didn't attend the meeting, all of the course videos will be available for purchase on CE Online. The courses, when fully edited and posted, will be available at ADACEonline.org. The courses will have to be released in installments to account for all the editing that needs to be done.

Launching this month is a CE Online



subscription. Users can pay one fee and get full access to the entire ADA CE Online library for one year. Subscriptions are available for both individuals and groups up to five.

The courses scheduled to be filmed at the annual meeting are:

- Understanding Dental Benefits and Third-Party Payer Issues (5807).
- Oral Cancer Screening and Radiotherapy Morbidity Management (6822).
- Safe and Responsible Prescribing of

Opioid Analgesics (5800).

- Solving HIPAA Liability in Digital Communications (6807).
- Dental Instrument Cleanliness: How Clean is Clean Enough? (5802).
- Nine Tips for Quick Review of a Contract (6806).
- Dental Ethics (5105).
- Diagnosis and Management of the Dental Emergency Patient (6107).
- Considerations of Temporomandibular Disorders in Children (5118).
- Teeth in One Day: Implant Immediate Loading (5106).
- Differential Dx of Oral Lesions: An Interactive Lecture (6114).
- Dental Caries Management: Keeping It Simple (5305).
- Minimal Intervention, Maximal Outcomes (5310).
- Communications, Coding and Collections (6115).
- Today's Top Restorative Tips (6311).

• Effect of Translucency on Zirconia Properties (6800).

- Be a Nonsurgical Caries Management Matchmaker (6802).
- Good to Great: Mastering Adhesion and Posterior Composites (5110).
- Occlusion in Everyday Dentistry (6102).
- Management and Prevention of Dental Erosion (5801).
- CDP Forum: Working in a Group Practice Setting (6805).
- Beyond Mission and Vision (6310).
- CDT Code Open Forum: How Dentists Shape the HIPAA Standard (5806).
- Marijuana in the Workplace (6808).
- Gold Medal Fellowship Research (6801).

For more information on the ADA CE Online subscription service, visit ADA.org/CEsubscriptions or email ce_online@ada.org.

— burgerd@ada.org

Plant a tree, offset carbon footprint at ADA 2018

BY DAVID BURGER

Surfing. Swimming. Snorkeling. Offsetting your carbon footprint.

All of the above can be easily done in the Aloha State thanks to an offering at the annual meeting.

ADA 2018 attendees are invited to visit the Hawaiian Legacy Reforestation Initiative booth on the exhibit hall floor, Booth 2035, to sponsor a koa Legacy Tree for \$60 with the option of signing up for a Hawaiian Legacy Tour, in which they can tour the 600-acre Gunstock Ranch and plant a seedling on Oahu's North Shore. Planting tours are also available at the Legacy Forest on the island of Hawaii.

The Association is collaborating with the nonprofit Hawaiian Legacy Reforestation Initiative and Hawaii Convention Center to plant trees during ADA 2018 – America's Dental Meeting to symbolize the ADA's commitment to the islands and sustainability.

To kick-start the effort, Dr. Jeffrey Cole, ADA president-elect, visited Hawaii in May with his wife Linda and participated in a tree planting at Gunstock Ranch on the North Shore of Oahu.

"As contributing members of our community, both professional and personal, we are always working to give back to the public," Dr. Cole said. "Our organization's vision is helping the public achieve optimal health, so it made sense to participate in this initiative. Our partnership with the Hawaiian Legacy Reforestation Initiative offers a great opportunity to offset our carbon footprint in traveling here and to help keep the islands that we love pristine and picturesque for years to come."

The Hawaii Convention Center has committed to planting one million Legacy Trees across the state, where fewer than 10 percent of the old-growth native and endemic forests remain. The Initiative has reforested more than 400,000 trees across 1,200 acres on the island of Hawaii since 2010 and will reforest more than 600,000 trees at Gunstock Ranch.

Teri Orton, general manager of the

Hawaii Convention Center, said participation in the program allows the Center's guests to "become more intimately connected to the islands."

Hawaii Convention Center guests receive a special Legacy Tree sponsorship rate for the reforestation of koa trees, which are rare and endemic to Hawaii.

"The impact of planting a single tree is significant," said Jeff Dunster, executive director of the Initiative. "Just one koa tree can offset a week-long trip to Hawaii for a family of four."

"Making a difference isn't a one-time thing," Dr. Cole said. "Bring the aloha spirit back home with you and continue your work."

The tree also symbolizes the newly unveiled ADA master brand, which has been represented visually as a tree with deep roots historically and culturally. Like a strong tree, the ADA continues to grow, strengthening the profession of dentistry and advancing the overall oral health of the public.

To sponsor a Legacy Tree or for more information, visit ADA.org/Aloha.

To learn more, visit ADA.org/meeting.



Replenishment: Dr. Jeffrey M. Cole, left, with his wife Linda, plant a tree at the Gunstock Ranch on Oahu during a May trip to Hawaii.



Shaka sign: Dr. Jeffrey M. Cole and Teri Orton, Hawaii Convention Center general manager, show their pride after planting trees at the Gunstock Ranch on Oahu during a May trip to Hawaii.

Mobile app full of features

Once again, ADA 2018 – America's Dental Meeting will have a mobile app, perfect for attendees on the go.

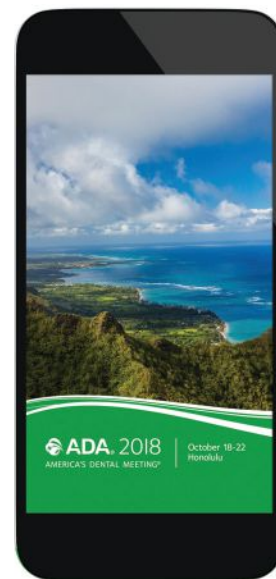
The app, called ADA Events and downloadable from the App Store and Google Play, will work with both smartphones and tablets.

Login and download instructions were sent out in October via the email address the attendee registered with.

The features of the app include:

- **Universal Search**, in which an attendee can search for a course, attendee, exhibitor or more, all from one search bar.
- An opt-in function that can share contact information with other attendees on the app.
- An interactive exhibitor map.
- A function in which an attendee can browse courses by day, track, speaker and subject.
- A full schedule and personalized "My Schedule."
- A feature called "Happening Now" to see what's going on at that exact moment at the meeting.

There is onsite help from ADA staff on all days for those having problems with the app, and also a vendor rep from Thursday through Saturday will be available at the Mobile App Help Desk in the convention center lobby.



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ADA American Dental Association®

Digital Future of Dentistry New Dentist Private Reception scheduled for today

Enjoy tropical drinks and snacks and mingle with leaders in tech at the Digital Future of Dentistry New Dentist Private Reception today from 2-3 p.m. at the Hawaii Convention Center, Exhibit Hall, Booth 1450.

Tickets to the New Dentist Reception come with special one-time-only showfloor pricing for all Best of Class winning products and a chance to meet Charles Adler, Kickstarter co-founder and one of Forbes Magazine's Top 12 Most Disrup-

tive Figures in Business.

All new dentists receive a ticket with their



**NEW DENTIST
CONFERENCE**

ted awards that a dental manufacturer can receive. Formerly known as the Pride Institute Best of Class Award, it is the only one of its kind and is presented annually at the ADA annual meeting.

The winners include:

- 3Shape TRIOS.

- Bien-Air iOptima.
- Bien-Air TORNADO[®].
- Henry Schein One Dentrrix G7.

- Simplifeye DEXvoice.
- Garrison Dental Solutions Compositight 3D Fusion.
- LED Dental VELscope Vx.
- MMG ChairFill by MMG Fusion.
- Orascope EyeZoom.
- Orascope Spark.
- Shofu EyeSpecial C-III.
- Simplifeye Amplify.
- WEO Media.

Saturday is the last chance to visit the Digital Future of Dentistry featuring the Cellerant Best of Class winners. ■

Alliance working with ADA 'to meet the future'

BY MICHELLE MANCHIR

Recognizing the "changing face of the dental spouse," the Alliance of the American Dental Association in the last year has changed the way it communicates with members and adopted a new strategic plan to increase, and better serve, its changing membership.

"It's an exciting time in the dental profession, and we are working closely with the ADA to meet the future," said Susan Hadnot, the Alliance's president who will begin a second term in the position this week during the AADA Convention, held in conjunction with ADA 2018 – America's Dental Meeting.

While the Alliance's mission has largely remained the same — to support the dental family, public oral health education and oral health legislation advocacy — the Alliance has started doing more to connect with the changing demographic of its members, said Ms. Hadnot, a retired dietitian and seasoned marathon runner from Montana, who took over for Teresa Theurer as the Alliance's president in 2017. Her husband, Dr. Doug Hadnot, has practiced dentistry for more than 40 years.

In the past year, the Alliance launched a monthly emailed newsletter that features relevant news and networking opportunities and offered webinars relevant to "the di-



Ms. Hadnot

verse and changing face of the dental spouse, partner and family member," Ms. Hadnot said.

At the Alliance's 2017 spring conference in Fort Worth, Texas, the group's Leadership Council adopted a strategic plan outlining strategies to

increase Alliance membership, enhance its communications and further promote dental health education and legislative advocacy.

More than 70 people attended the spring conference, which is more people than in the last several years.

"The face-to-face meetings and one-on-one discussions there provided for a very productive plan as we move into the future," said Ms. Hadnot.

First up on the Alliance's agenda in the next year is completion of its Head 2 Toe project at ADA 2018. An annual service effort, the project involves collecting oral health hygiene items and distributing them to a nonprofit located in the annual meeting host city. This year, the recipient will be the Next Step Shelter in Honolulu, which provides emergency shelter, job training,

housing placement help and other services for those who need it.

In 2019, the Alliance is hosting its annual spring conference April 11-13 in Las Vegas. "This will provide networking opportunities for new and established members and workshops on topics such as dental health, office management and well-being," said Ms. Hadnot.

"But most of all, people can look forward to fun — night shows and entertainment to meet anyone's interest. We look forward to having this be our most successful conference," she said.

For those who may be interested in Alliance membership, Ms. Hadnot hopes they can look to the Alliance as a "great resource" for dental family support.

"We also are the support for the spouse — we know the impact on the spouse who works in the office, who has a growing family, who has two careers," she said. "We support each other and develop important lifelong relationships that you would not normally meet in your daily life. Through our programs at conference and our resources, we can be one of the biggest supporters for the spouse and partners. For more information about the Alliance, its projects, or to become a member, visit AllianceADA.org. ■

—manchirm@ada.org

ADA Library & Archives offers help with research

From quick inquiries to questions requiring further investigation, the ADA Library & Archives is home to collections that could help Association members find answers.

ADA members can receive expert research help and access to thousands of scientific journals and e-books, clinical databases and point-of-care tools from their home or office.

The ADA established its library in 1927. In the 1950s, ADA staff sought to look for commemorative items with an historical nature to feature in anticipation of the ADA's 100-year anniversary in 1959. Dr. Donald Washburn, then-ADA Library director, spearheaded the effort to establish the Archives.

Today, the ADA Archives is home to more than 6,000 photographic prints, negatives and slides; 560 museum-type artifacts; 1,815 tapes, disks and films in its audiovisual collection; and more than 7,480 names in its dental-related biographical compilation file — from George Washington to Dr. Geraldine Morrow, the ADA's first female president. The research library is staffed by experienced professional librarians and informationists whose goal is to provide information in support of patient care.

For ADA members seeking expert research help, visit the ADA Library & Archives at ADA Headquarters or contact 1-800-621-8099 or library@ada.org. For more information, visit ADA.org/library. ■

Dental materials scientist receives 3M research fellowship

BY MICHELLE MANCHIR

Dr. Sabrina Feitosa Sochacki is working to prevent biofilm development around resin-based materials.

An assistant research professor at Indiana University School of Dentistry, she has been working on the development of antimicrobial resin-based materials with the potential to reduce biofilm formation.

"It will be beneficial for patients, considering this material can be more effective in preventing the development of dental caries," she said.

For her work in advancing dental materials science, Dr. Sochacki has been awarded the 2018 3M Innovative Research Fellowship, which is designed to encourage and engage researchers in advancing dental materials science.

As the recipient, Dr. Sochacki will receive a \$10,000 fellowship for two years and be honored at a ceremony in February at ADA Headquarters. She will also have



Dr. Sochacki

the opportunity to share her work via a continuing education program and may have the chance to interact with 3M scientists.

The ADA sponsors this fellowship with the support of 3M Oral Care.

Dr. Sochacki's research has primarily centered on ceramics and resin-based materials.

Focusing on the characterization and evaluation of mechanical properties of ceramics, she has studied bonding techniques related to ceramics.

She is also investigating dental materials

to help design new treatments for dentin hypersensitivity, in addition to preventing biofilm development, she said.

Dr. Sochacki earned her D.D.S. from the Universidade Estadual Paulista in São Paulo, Brazil in 2007, before earning a master's degree in 2011 and a Ph.D. in 2015 from the same university. She came to Indiana University School of Dentistry in 2016.

She has contributed to international dental standards development and worked alongside corporate partners, said Dr. Jeffrey Platt, who nominated Dr. Sochacki for the award.

Dr. Platt is the chair of the Department of Biomedical and Applied Sciences at the Indiana University School of Dentistry and a former chair of the ADA Council on Scientific Affairs.

Dr. Sochacki has been published 14 times and contributed to a book chapter, in addition to being recognized by the

International Association for Dental Research with the Toshio Nakao Fellowship, a biennial fellowship established to allow a young investigator to obtain training and experience in dental materials.

"She is an excellent example of someone whose career trajectory will increasingly see her recognized as a significant contributor to dental materials science," said Dr. Platt.

Dr. Sochacki said she hopes to continue to research and teach dental materials going forward.

"I know that I still have a lot to do, but I have always been able to find good mentors and colleagues," she said. "Today I'm working to increase my collaboration with researchers in the dental materials industry. In the near future, I would like to be able to include some clinical research to learn how patients would benefit from my development of new dental materials." ■

—manchirm@ada.org

JADA⁺ Clinical Scans

Clinicians, academicians, and researchers are deluged with information from a multitude of sources — some more trustworthy than others. It is very difficult to keep up with the most up-to-date information in dentistry, as well as assess its scientific rigor.

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JADA⁺ Clinical Scans provide a brief overview of published articles and offer a scientific- and evidence-based assessment of the research. This makes Clinical Scans an essential addition to the training and experience of oral health care professionals and provides information that helps integrate patients' preferences and values into treatment decisions. Read JADA⁺ Clinical Scans at JADA.ADA.org/clinicalscans.

The following selections evaluate some of the latest research on silver diamine fluoride — a hot topic for dentists today.

Silver diamine fluoride is probably more effective than atraumatic restorative treatment, fluoride varnish, or no treatment for controlling caries progression in children

Tahira Devji, BSc, PhD candidate

DOI: <https://doi.org/10.1016/j.adaj.2017.12.002>

Chibinski AC, Wambier LM, Feltrin J, Loguercio AD, Wambier DS, Reis A. Silver diamine fluoride has efficacy in controlling caries progression in primary teeth: a systematic review and meta-analysis. *Caries Res.* 2017;51(5):527-541. <https://doi.org/10.1159/000478668>.

Clinical relevance. Silver diamine fluoride (SDF) is a practical and affordable treatment option for arresting or slowing the progression of carious lesions in primary and permanent teeth. It has become increasingly popular, but acceptance of SDF is hampered owing to tooth staining after application. Before using SDF, clinicians should know whether it is more effective than other non-invasive strategies that are more commonly used and widely accepted.

Study summary. The authors conducted a systematic review to compare the effects of SDF with other active treatments or a placebo in controlling the progression of active carious lesions in primary teeth and permanent first molars in children. The authors searched 6 electronic databases and the gray literature through March 2016 for randomized clinical trials addressing this question. They included 11 randomized clinical trials* that enrolled a total of 4,328 participants†† and compared SDF with atraumatic restorative treatment (3 studies), fluoride varnish (4 studies), resin sealants (1 study), or no treatment at all/saline solution/water application (6 studies).‡‡ Meta-analysis showed that SDF was 66% more effective in arresting caries than atraumatic restorative treatment restorations and fluoride varnish.§ Compared with saline solution (placebo), SDF was 154% more effective in arresting caries.

Strengths and limitations. The authors of this systematic review used appropriate selection criteria and search strategies to find relevant evidence to answer their question. Although they conducted an extensive literature search, we have reservations about their study selection process.## The authors used a well-established tool to evaluate the risk of bias of the trials, but their approach for providing an overall assessment of risk of bias at the study level raised some concerns. Without offering an explanation, they decided that only 2 of the 6 domains in the Cochrane Risk of Bias Tool—randomization and allocation concealment—were important enough to decide which studies should be included in the meta-analysis. Although the authors suggested that only trials judged to be at low risk of bias on the basis of these 2 domains should be included in their meta-analysis, they were inconsistent in their approach, which raised concerns about selective reporting by the au-

thors.** Instead, they should have included all of the studies that measured caries arrestment in their meta-analysis and interpreted the results considering the methodological quality of such trials. Unfortunately, information about the severity of caries among participants in the studies was seldom reported, which makes it difficult to judge the extent of the applicability of these findings to other settings.

* Participants with only primary teeth, 8 studies; only permanent teeth, 2 studies; both teeth, 1 study. Follow-up, 12 to 36 months.

† Mean (standard deviation) age, 8 (0.5) years.

‡ The number of studies sums more than 11 because 2 studies had more than 1 control group.

§ Risk ratio, 1.66; 95% confidence interval, 1.41 to 1.96.

¶ Risk ratio, 2.54; 95% confidence interval, 1.67 to 3.85.

It is not clear whether the title and abstract screening was performed appropriately.

** Two trials were at unclear risk of bias for allocation concealment, but only 1 was included in the meta-analysis. One trial with a low risk of bias, according to the authors' criteria, was not included in the meta-analysis. It is possible that these studies did not evaluate caries arrestment at 12 months; however, owing to limitations in reporting we cannot be certain about this. ■

Increasing concentration and application frequency of silver diamine fluoride results in more arrested carious lesions being stained black but no other important adverse effects

Romina Brignardello-Petersen, DDS, MSc, PhD

DOI: <https://doi.org/10.1016/j.adaj.2018.01.034>

Duangthip D, Fung MHT, Wong MCM, Chu CH, Lo ECM. Adverse effects of silver diamine fluoride treatment among preschool children [published online ahead of print December 1, 2017]. *J Dent Res.* <https://doi.org/10.1177/0022034517746678>.

Clinical relevance. Knowing the adverse effects of interventions is as important as knowing the benefits when making clinical decisions; however, most studies fail to measure or report adverse effects in detail. The use of silver diamine fluoride (SDF) to arrest caries in children is becoming popular, which is why it is important to know its adverse effects.

Study summary. The researchers conducted a randomized clinical trial (RCT) to assess the effects of SDF in preschool-aged children and describe the adverse effects observed during the trial. They enrolled 888 children* and allocated them to receive 12% SDF every 12 months, 12% SDF every 6 months, 38% SDF every 12 months, or 38% SDF every 6 months. The proportion of carious surfaces that were arrested and stained black increased with the concentration and application frequency of SDF; after 30 months, among all the lesions,†† the proportion of arrested black lesions was 36.7% in surfaces that received 12% SDF annually, 49.5% in those that received 12% SDF biannually, 65.6% in those that received 38% SDF annually, and 76.3% in those that received SDF 38% biannually.

There were no differences in tooth or gingiva pain after treatment among the groups‡‡ or in gingiva swelling§ or bleaching.¶ None of the participants experienced any systemic toxicity, including acute toxicity, nausea, vomiting, and generalized discomfort. Twenty-three percent of caregivers were not satisfied with their children's teeth appearance, and there were no differences among the groups.

Strengths and limitations. This RCT had a low risk of bias, and, therefore, its results are trustworthy. The researchers used appropriate methods to allocate participants to the groups and to treat and follow them, minimizing the risk of bias at all stages of the trial.## The adverse effects were measured appropriately, and many, except black staining, were unlikely to be associated with SDF. This study showed that increasing SDF concentration and application frequency did not result in more tooth or gingiva pain, gingiva swelling, or gingiva bleaching. Therefore, despite the lack of a control group that did not receive SDF, it is unlikely that these adverse effects were a consequence of SDF use. Thus, it is likely that SDF is safe to use. However, most teeth with arrested caries turned black, and the higher the concentration and application frequency of SDF, the higher the proportion of stained teeth. Although this study showed that the proportion of caregivers dissatisfied with their children's teeth appearance was not different among the groups, it may be an important factor for some, and thus clinicians should inform caregivers about this potential downside of using SDF.

* 42% female; mean (standard deviation [SD]) age, 3.8 (0.6) years; mean (SD) decayed, missing, and filled primary teeth score, 3.8 (2.8).

† Active nonblack, arrested nonblack, and arrested black. The proportion of arrested lesions at 30 months, 74.2%.

‡ Proportion of children or caregivers reporting pain, 3.7% at baseline, 5% at 6 months, 6.2% at 12 months, 7% at 18 months, 6.8% at 24 months, and 6.6% at 30 months.

§ Proportion of children or caregivers reporting gingiva swelling, 2.1% at baseline, 1.5% at 6 months, 2.9% at 12 months, 2.5% at 18 months, 2.5% at 24 months, and 2.8% at 30 months.

¶ Proportion of children or caregivers reporting gingiva bleaching, 4.3% at baseline, 5.5% at 6 months, 5.1% at 12 months, 3.0% at 18 months, 5.7% at 24 months, and 4.7% at 30 months. All reported that it resolved within 2 days.

This was inferred, in part, from an article reporting other outcomes from this trial (Fung MHT, Duangthip D, Wong MCM, Lo ECM, Chu CH. Randomized clinical trial of 12% and 38% silver diamine fluoride treatment [published online ahead of print August 1, 2017]. *J Dent Res.* <https://doi.org/10.1177/0022034517728496>). ■

Although silver diamine fluoride arrested caries sooner than fluoride varnish, the overall proportion of arrested caries was not importantly different after 30 months

Romina Brignardello-Petersen, DDS, MSc, PhD

DOI: <https://doi.org/10.1016/j.adaj.2018.02.007>

Duangthip D, Wong MCM, Chu CH, Lo ECM. Caries arrest by topical fluorides in preschool children: 30-month results

[published online ahead of print December 28, 2017]. *J Dent.* <https://doi.org/10.1016/j.jdent.2017.12.013>.

Clinical relevance. Silver diamine fluoride (SDF) is gaining a lot of attention as an agent used to arrest caries. Its use, however, must be supported by sound evidence showing that it has long-term benefits compared with traditional strategies.

Study summary. The researchers conducted a randomized clinical trial to compare SDF's effectiveness in arresting caries in preschool-aged children after 30 months with that of sodium fluoride varnish (SFV). They enrolled 371 children* who had at least 1 untreated carious lesion†† and assigned them to receive 30% SDF‡‡ 3 times yearly, 30% SDF‡‡ 3 times weekly, or 5% SFV§ 3 times weekly. Among children with cavitated carious lesions at baseline, those who received SDF weekly were 3.89 times more likely to have arrested caries¶ in a shorter time than those who received SFV, whereas those who received SDF yearly were 3.37 times more likely.## The proportion of arrested caries was 48%, 33%, and 34% for those who received SDF yearly, SDF weekly, or SFV, respectively. Among children with noncavitated lesions, there were no differences in the likelihood of having arrested caries in a shorter time among the groups, and the proportion of arrested caries was 45%, 44%, and 51% for those who received SDF yearly, SDF weekly, or SFV, respectively. Anterior teeth were more likely to have arrested caries in a shorter time than posterior teeth, and caries in buccal or lingual surfaces were more likely to have arrested caries in a shorter time than those in occlusal surfaces.**

Strengths and limitations. The researchers followed high standards at all stages of this randomized clinical trial, minimizing the risk of bias and providing trustworthy results. Children were allocated to the treatment groups appropriately, and the 3 groups were balanced with regard to the main clinical factors that could have influenced caries arrest. Examiners and children were blinded to the intervention received, minimizing the risk of bias owing to differences in performance and outcome measurements. Finally, despite the high dropout rate (17%), there does not seem to have been a high risk of bias owing to the balance in rate among the groups and lack of important differences between children who were followed and those who were not. Although the results of this study are trustworthy, they should be interpreted with caution. The numbers presented reflect the likelihood of having arrested caries in a shorter time, but the proportion of arrested caries at 30 months was not importantly different among the groups. Thus, clinicians should avoid being misled by the large numbers reflecting the benefits of SDF over SFV in arresting caries in a shorter term and consider the full picture when deciding which agent to use.

* Mean (standard deviation) age, 41 (4) months; 60% male; mean (standard deviation) decayed, missing, and filled tooth surface index, 3.7 (3.5) at the tooth level and 5.6 (6.8) at the surface level.

† International Caries Detection and Assessment System scores of 3 or higher and no signs of pulpal pathology.

‡ Cariestop (Biodinamica). Applied on the carious surfaces with a microbrush and rubbed for 10 seconds.

§ Duraphat (Colgate Palmolive).

¶ The researchers defined "arrested caries" as caries not progressing to cavitated lesions in lesions that were noncavitated at baseline and having a hard and smooth surface in cavitated lesions.

Hazard ratio (HR) (95% confidence interval [CI]), 3.89 (2.46 to 6.31) for silver diamine fluoride received weekly compared with sodium fluoride varnish and 3.37 (2.13 to 5.43) for silver diamine fluoride received yearly compared with sodium fluoride varnish.

** HR (95% CI), 3.29 (2.25 to 4.89) comparing anterior and posterior teeth and 2.15 (1.39 to 3.40) comparing buccal or lingual surfaces with occlusal surfaces. ■

Disclosure. Ms. Devji and Dr. Brignardello-Petersen did not report any disclosures.

Purchase a personalized brick for the ADA House

Washington — The ADA is inviting members to leave their mark at the ADA House on Capitol Hill by purchasing personalized bricks for the front or back patio.

The double paver bricks feature personalized engravings of up to six lines of text, with 20 characters per line (including spaces and punctuation.) Back patio bricks cost \$500, and front patio bricks are \$1,000.

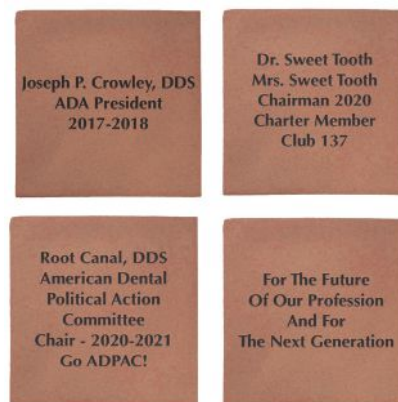
Money raised from this campaign will be reinvested into the ADA House for future renovations and upkeep.

To see more brick inscription examples or to place a brick order, visit fundraisingbrick.com/online-orders/ada.

The ADA celebrated the grand opening of the ADA House at 137 C St. SE in the District's Capitol Hill neighborhood in June.

The property is located within a two-minute walk to all three U.S. House of Representatives office buildings, making it much easier for representatives or their staff to attend events or meet with their dentist constituents.

For questions regarding the engraved brick campaign, email Sarah Krejci, senior project assistant, American Dental Political Action Committee and political affairs, at krejcis@ada.org. ■



Use DynaMed Plus for evidence-based information

ADA members seeking evidence-based information to support clinical decision-making at the point of care can access DynaMed Plus through the ADA Library & Archives.

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To explore DynaMed Plus and learn more about research services, visit ADA.org/library or contact 1-800-621-8099 and library@ada.org. ■

Get the facts on drugs in dentistry with modern handbook

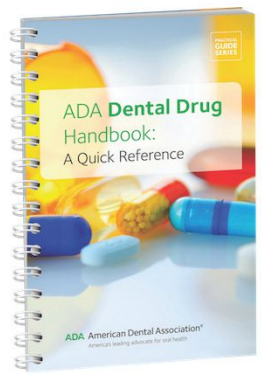
What are the most frequently used drugs in dentistry today?

How are they prescribed and managed in medically complex patients?

What are ADA guidelines when it comes to antibiotic prophylaxis, medication-related osteonecrosis of the jaw and the use of general anesthesia?

Dental professionals can find answers to these and many other dental drug-related questions in the ADA Dental Drug Handbook: A Quick Reference, which was launched in September and is available online at ebusiness.ada.org.

The ADA worked with pharmacology experts to bring this reference manual up-to-date



with the latest information on drugs most commonly used in dental practice, with information about dosage, drug interactions and potential complications.

Among the topics covered in the book are analgesics, anti-

biotics, antifungals, fluorides, smoking cessation, local anesthetics and drug management for pediatrics, emergency situations and special care patients.

The book includes details such as sample prescriptions with dosage, frequency and route of administration; detailed monographs with black box warnings, potential adverse reactions and more; discussion of the rationale behind drug selection; and suggested reading lists for more information.

Readers can save 15 percent on all ADA Catalog products with promo code 18142 until Dec. 31. To order, visit ADAcatalog.org or call 800-947-4746. ■

Father, daughter dentists complete goal of 50 marathons in 50 states

BY DAVID BURGER

Dr. Heather Sturdivant and her father, retired dentist Dr. Jerry Yoneji, faced challenges when running marathons together.

It wasn't shin splints, or broken blisters, or anything like that.

The biggest challenge, Dr. Sturdivant said, was linking the states together, so that they could do as many back-to-back as possible.

"Once we did New Hampshire and Maine on Saturday and Sunday, and then the next weekend we completed Connecticut and Rhode Island," said Dr. Sturdivant, who practices dentistry in Littleton, Colorado.

The duo had been trying to complete a marathon in each of the 50 states, and in June, the two completed the arduous quest, running and completing the Mayor's Midnight Sun Marathon in Anchorage, Alaska.

All told, the 50 marathons covered more than 1,310 miles.

"I am actually sad that it is over," Dr. Sturdivant said. "I really enjoyed spending the time with my dad and seeing the United States."

Dr. Yoneji practiced in Great Falls, Montana, until retiring in 2015. He said he ran a marathon for the first time in 1992, and once his daughter began running cross-country and track in high school and continued through dental school, he started thinking about the quest.

He had already been an adventurous marathoner.

"My wife saw an article about a marathon in China on the Great Wall," Dr. Yoneji said. "We signed up, but because of the SARS epidemic we elected to go to run the Vienna City Marathon instead. We did go to China and complete The Great Wall Marathon in 2004. We then learned of runners trying to complete marathons on all seven continents so I said, 'Why not?'"

In 2005, Dr. Sturdivant and her sister Julie joined Dr. Yoneji and his wife Jenny in

Tanzania and ran the Kilimanjaro Marathon, and it was the first marathon for those three.

While Dr. Sturdivant was in dental school, Dr. Yoneji completed running marathons on all seven continents in 2008. "I was looking for another challenge and running in all 50 states sounded like a good idea," he said. "Being able to travel to all the states and actually run 26 miles in each, you really get to see some interesting and beautiful things."

Dr. Sturdivant jumped at the idea. "It is a great way to see each other more often," she said. "It sounded like a fun goal and something that we could do together."

Over the years, the families would gear vacations around marathon destinations. "Luckily our families were on board with our pursuit," Dr. Yoneji said. "I think the most marathons we ran in a year was 10."

Most of the time the two try and stay together unless they think that Dr. Sturdivant has the opportunity to place in the top three in the women's division. "Heather is much faster than I," the father said. "The standing agreement was she could run her own race if she wanted to. A couple of times about a mile into the race I would see Heather reach into her pouch for her head phones, and I knew she would soon take off. She ended up winning races in Georgia, Missouri and Iowa as well as placing in several others."

Being side by side was what they savored the most. "During all of this we have seen each at our best and worst and have been able to help each other through some hard spots in some races," Dr. Yoneji said. "The time together has been truly special."

Dr. Yoneji doesn't have any immediate plans for another quest, but his daughter does. She has two continents to go to complete a marathon in each one: Asia and Antarctica.

Like father, like daughter. ■

— burgerd@ada.org



The end: Drs. Jerry Yoneji (left) and Heather Sturdivant celebrate the completion of their quest to run 50 marathons in 50 states at the finish line of the Mayor's Midnight Sun Marathon in Anchorage, Alaska, in June.



Togetherness: Drs. Jerry Yoneji (left) and Heather Sturdivant cross the finish line at the Leadville Trail Marathon in Colorado in 2013.



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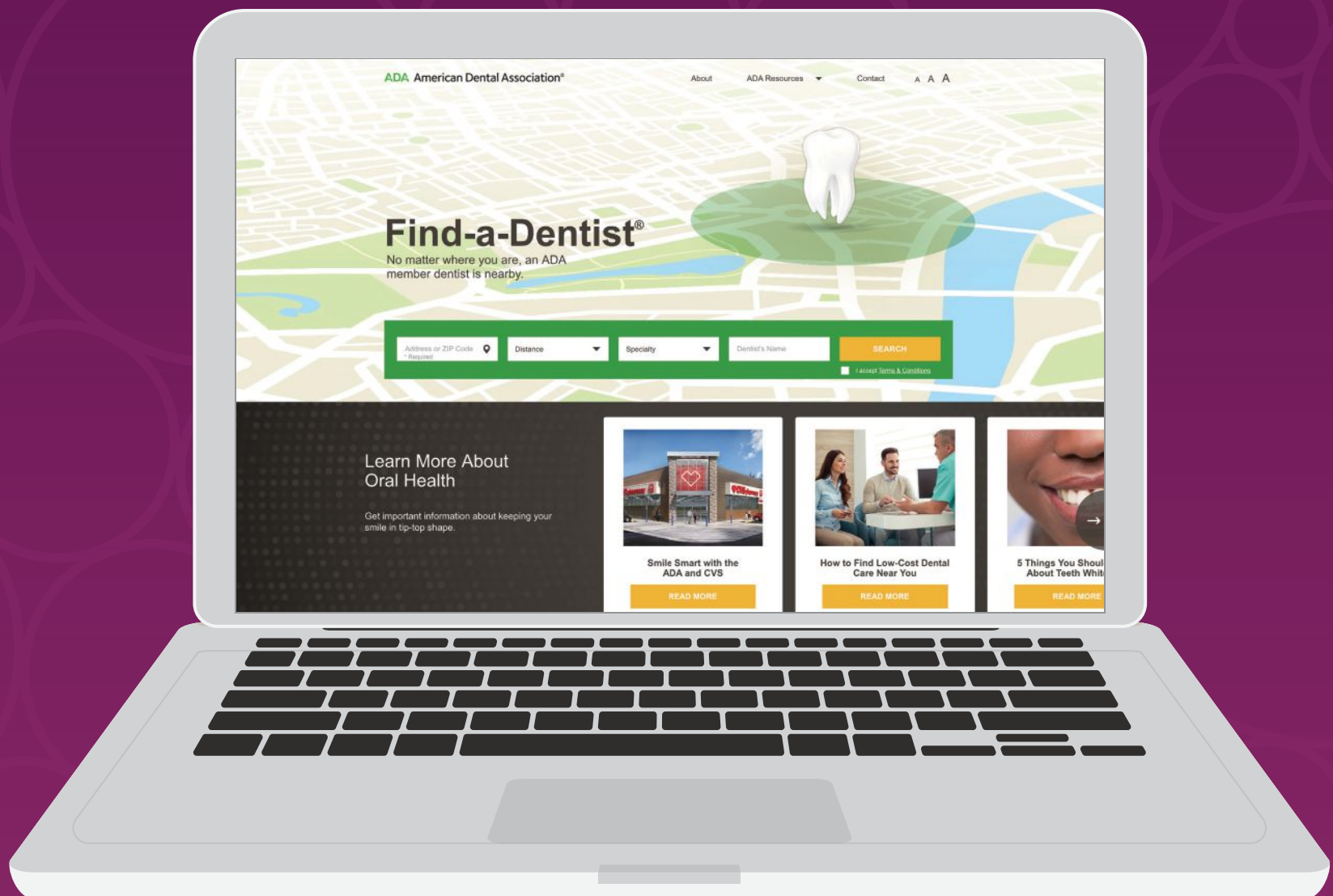
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Harnessing the power of storytelling

Unique CE, compelling speakers kick off New Dentist Conference

BY KIMBER SOLANA

When asked to discuss the importance of perseverance, there was buzz as audience members turned to their neighbor to talk.

But when they were asked to share their first or worst experience riding a bike, the buzz turned more into a frenzy as some laughed and others motioned how were thrown up in air before they crashed.

“And you all survived!” said Kindra Hall, the keynote speaker during the first day of the 2018 ADA New Dentist Conference, held Thursday at the Modern Honolulu, refocusing the audience back to her presentation.

“Didn’t you like talking more about your bicycle experience? When you’re telling stories, we’re more ourselves. We relax a little bit because we can see our listener responding,” said Ms. Hall, an award-winning columnist and author. “As a listener, didn’t you prefer the bicycle story a little more? We get to know the storyteller.”

Ms. Hall kicked off the first day of the conference by sharing marketing techniques, specifically storytelling skills, that can help new dentists connect with their audience, ultimately increasing their patient base and fostering better relationships.

The New Dentist Conference, a customized experience created for dentists fewer than 10 years out of school, is being held in conjunction with the ADA annual meeting. Attendees convened to meet up with former classmates, new colleagues and learn from each other.

In addition, this year’s conference includes a customized continuing education track curated by new dentists and unlimited access to ADA 2018 events, continuing education and the Exhibit Hall.

“What I like about this conference is that they have a lot of new and exciting things that you don’t normally find at the regular ADA annual meeting,” said Dr. Erin Williams, of St. Louis, who is attending her fourth New Dentist Conference. “They offer courses that are very specific to me and other new dentists — from how to become a practice owner to learning more about finances.”

Dr. Williams, a 2013 graduate of the University of Missouri at Kansas City dental school, said she’s most looking forward to attending the Pediatric Behavior Management course.

“I see a lot of kids at my practice,” she said. “I know I can get something from that course that I can immediately use in my own work.”

Among those takeaways is the power of storytelling, said Ms. Hall, adding that being a better story teller allows dentists to better engage patients and increase referral opportunities by building connections.

“I know dentistry is changing but it’s still about relationships,” she said.

Prior to Ms. Hall’s keynote, ADA President Joseph P. Crowley welcomed the attendees by touching on the new dentists’ role in the changing landscape of the profession.

“I hope to say, and I hope it’s not an overused term. You are 100 percent of our future,” he said. “Dentistry is being altered, and I would encourage you to lead that change.”



Smiles: From left, Drs. Khealynn Harris, Nancy Evans and Mauricio DosSantos smile during the keynote speech Thursday at the 2018 New Dentist Conference.



Listening: From left, Drs. Timothy Calnon and Adam Shisler listen as ADA President Joseph P. Crowley addresses the New Dentist Conference crowd.



Meet and greet: From left, Drs. Christopher Nakamura, Jessica Liu and Gracie Castillo share a laugh during the New Dentist Conference networking breakfast.

Today’s conference will feature Charles Adler, the founder of crowdfunding online platform Kickstarter. He will share his experiences

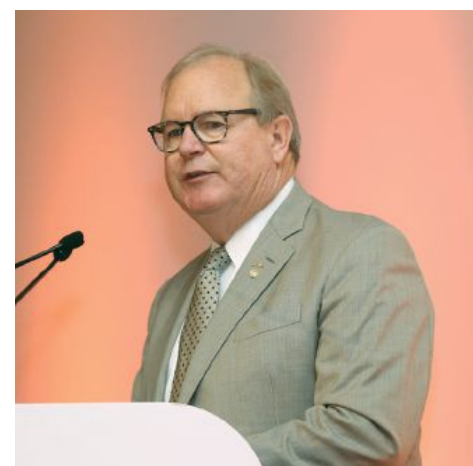
in starting and growing a business, along with helping new dentists discover strategies for a scalable business model and



Professional storyteller: Keynote speaker Kindra Hall shares how storytelling can help new dentists connect with their patients.



Welcome: Dr. Nipa Thakkar, New Dentist Committee chair, claps as she recognizes local, state and national leaders attending the New Dentist Conference.



Bright future: “I hope to say, and I hope it’s not an overused term. You are 100 percent of the our future,” Dr. Joseph P. Crowley, ADA president, told the new dentist crowd.

how to create an entrepreneurial innovation-based business.

On Saturday, artist and poetry slam champion Sekou Andrews is expected to deliver a unique keynote address on why one must challenge convention to make transformational change. The schoolteacher-turned-actor, musician, entrepreneur and two-time national poetry slam champion will share pivotal moments and insights from barrier-breaking companies and individuals.

To see the lineup for the New Dentist Conference, visit ADA.org/NDC. ■

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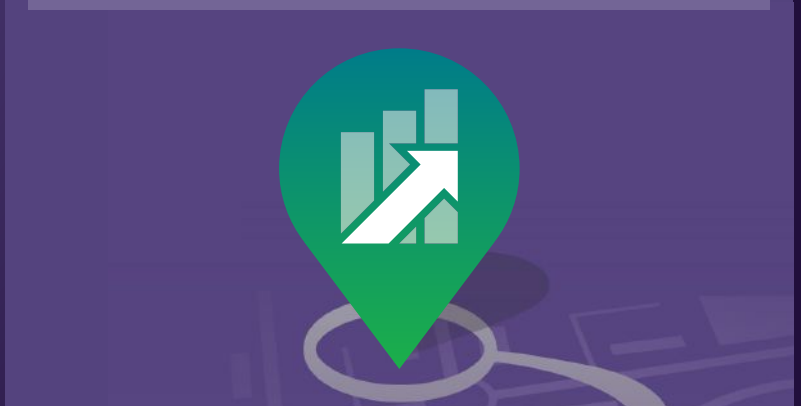
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Open wide: Dr. Uche Odiatu, right, leads an active exercise course that uses simple bodyweight-style exercises and stretching. Dr. Odiatu, a certified personal trainer, took the early morning risers through a series of yoga, tai chi and toning movements.



Pose: Dr. Caitlin Reid balances herself during an active exercise course Thursday on the Great Lawn at the Hilton Hawaiian Village.



Breathe: From left, Drs. Joslyn Alexander, Darryl Stich and Chris Stich kick off the first day of ADA 2018 with physical and breathing exercises at the Hilton Hawaiian Village.



Photos by EZ Event Photography

Flex: About three dozen dentists flex their arms after starting their day with an exercise course.

The most remarkable marine animal on the planet: the narwhal



Dental legend: Dr. Martin T. Nweeia lectures and shares stories on researching the tusk of the narwhal, which is actually an innervated tooth with dentin tubules and cementum.

BY JUDY JAKUSH

A sold-out crowd heard Dr. Martin T. Nweeia describe his adventures in research Thursday during his lecture Narwhal, Arctic Legend and its Extraordinary Tusk.

His research has taken him to the Arctic numerous times over the past 15 years, and he shared stories of the frozen but living landscape (including close encounters with polar bears).

The majesty of the Arctic landscape and sea is secondary to his focus on the tusk of the narwhal, which is actually an innervated tooth with dentin tubules and cementum. He emphasized its role as a sensory organ, and reminded the audience not to forget that our own teeth serve that role as well.

He also emphasized its significance in helping scientists understand the evolutionary biology of teeth.

Dr. Nweeia, lecturer in the department of restorative dentistry and biomaterials sciences at the Harvard School of Dental Medicine, currently has his research featured in an exhibit at the Smithsonian National Museum of Natural History. The museum in Washington, D.C., opened "Narwhal: Revealing and Arctic Legend" in 2017 and it runs through 2019. ■

2018 Dental Office Design winners selected

BY KIMBER SOLANA

Wells Fargo Practice Finance announced Wednesday the winners of the 19th annual Dental Office Design Competition, including its first Judges' Choice award.

The Dental Office Design Competition recognizes dental facilities that most effectively express the practice philosophy of its practitioners and demonstrate a thoughtful assembly of design characteristics associated with state-of-the-art dental office.

This year's winners are:

- Dental Office Design of the Year — Small Practice: Nashville Dentistry, Dr. Ashish Patel, Brentwood, Tennessee.

- Dental Office Design of the Year — Large Practice: Advanced Dental, Dr. Tyler Shiner, Vernal, Utah.

- Outstanding Design Innovation: Saco River Dentistry, Dr. Nicholas K. Roy, Buxton, Massachusetts.

- Outstanding Specialty Practice: Kanning Orthodontics, Dr. Neil Kanning, Kansas City, Missouri.



- Outstanding New Dentist Practice: KC Family Dental, Dr. Sarah Brent, Fairway, Kansas.

In addition, Wells Fargo Practice Finance awarded its first Judges' Choice award to Dr. Anna Cowdin and Nomad Dental in Dallas. According to the judging panel, the entry stood out as "the most unique they had ever evaluated." Nomad Dental operates a mobile practice in a 235-square-foot converted trailer.

"Efficiently designed with the environment in mind, the office uses solar energy with

power and water fully self-contained," according to Wells Fargo Practice Finance in a news release, adding that the non-traditional approach to the delivery of dentistry was conceived by Dr. Cowdin, a 2018 graduate of Roseman University College of Dental Medicine, and built with a relatively small budget.

"The judges were so taken by the execution of this project that they were compelled to recognize it and, thus, create a new category for the Dental Office Design Competition," according to Wells Fargo Practice Finance.

The two Dental Office Design of the Year winners will receive a \$2,500 bonus marketing fund, ADA-related media exposure and an engraved trophy. The outstanding achievement award winners also receive trophies and media coverage.

"Going strong for 19 years, our annual Dental Office Design Competition is always a highlight for us at Wells Fargo Practice Finance and the American Dental Association," said Gavin Shea, senior vice president for health care for Wells Fargo Practice Finance,

which co-sponsors the competition.

"The office designs each year always express the deep personal commitment these practice owners have to their staff and patients to deliver the best in care in an environment that inspires their team to come to work every day."

For more information on the competition, including current and past winning practices, visit dentalofficedesigncompetition.com. ■

DPS

Continued from Page 1

make them more comfortable and efficient while presenting a professional look to patients.

- Tips to help patients find you through Siri, Alexa and other voice search devices.
- Social media marketing strategies.
- Using direct mail effectively in the digital age.

Visit ADA.org/DPSmarketing to read more. ■

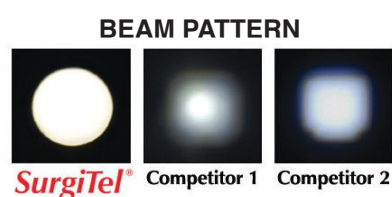
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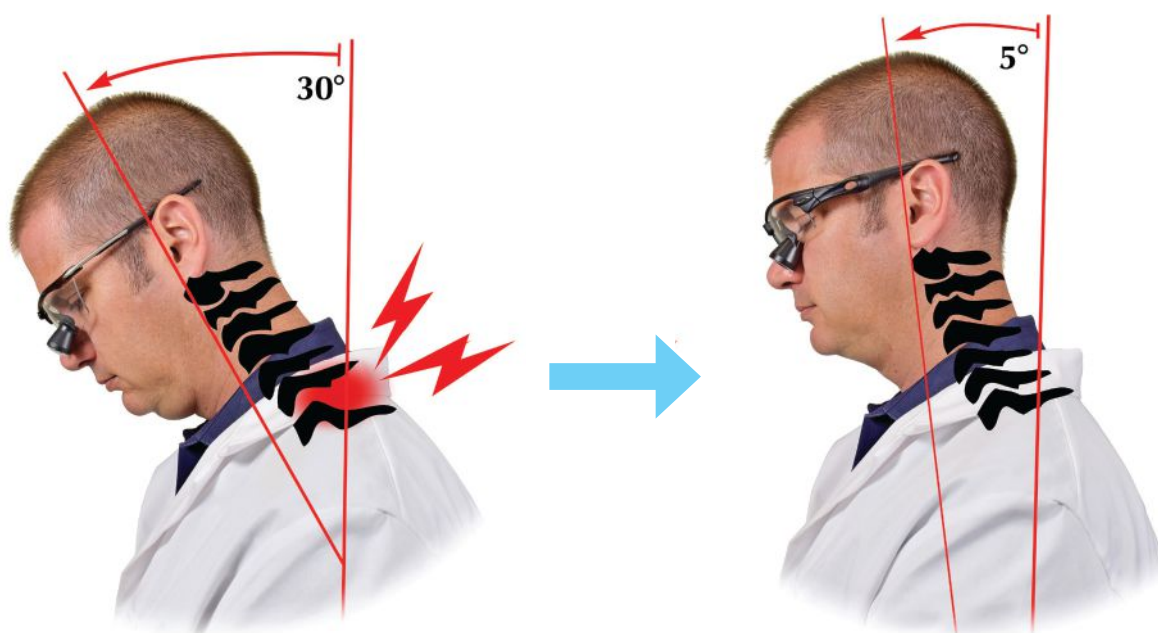


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