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Recommended Citation

American Dental Association, Publishing Division, "ADA News - 06/19/2006" (2006). *ADA News*. 489.
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ADA NEWS

JUNE 19, 2006

VOLUME 37 NO. 12

U.S. re-recognizes CODA

Dental accreditation body gets 5-year renewal

BY KAREN FOX

Washington—The Commission on Dental Accreditation received another five years of continued recognition from the U.S. Department of Education earlier this month.

Dr. Morris Robbins, CODA chair, represented the commission before the National Advisory Committee on Institutional Quality and Integrity June 5, along with Dr. Laura Neumann, associate executive director of the ADA Division of Education, and Dr. David Preble, CODA director.

The USDE conducts reviews for continued recognition at five-year

■ **Las Vegas post-session CE and more, pages 21-23**

intervals. Recognition allows the education programs accredited by CODA to participate in federal programs other than Title IV, primarily the Public Health Service Act.

“It was with a great sense of pride that I had the opportunity to represent the Commission on Dental Accreditation along with Drs. Neumann and Preble throughout this recognition process,” said Dr. Rob-



Dr. Robbins: USDE recognition is a plus for dental education programs that CODA accredits.

bins. “This favorable outcome allows our accredited programs to participate in many beneficial federal programs to enhance dental and allied dental education.”

In two days of hearings, the Commission on Dental Accreditation was one of a very few agencies with no reporting requirements or citations calling for interim reports or a shorter approval time, he added.

CODA, or its predecessor agencies, “has enjoyed continuous recognition by the U.S. Department
See CODA, page nine

Product review to debut in July Journal

BY JENNIFER GARVIN

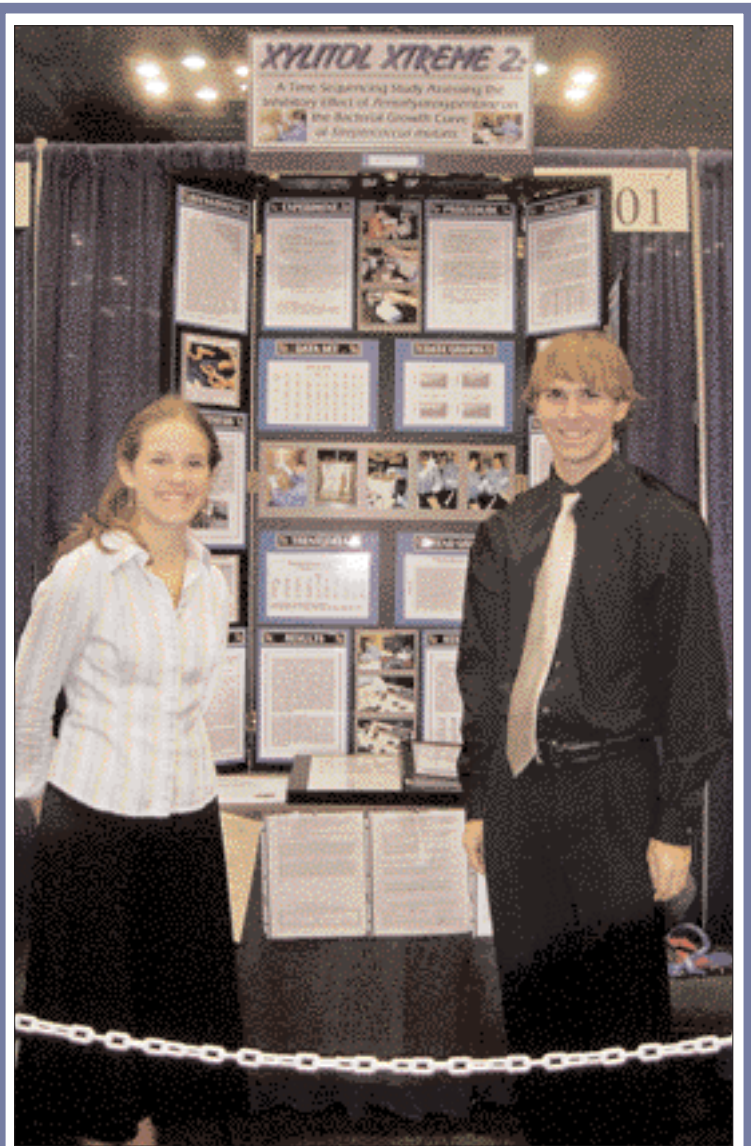
The ADA is entering a new phase in member services with next month’s launch of the ADA Professional Product Review, a quarterly newsletter designed to help members with product selection for their practice.

The PPR will mail with the July issue of The Journal of the American Dental Association.

“The PPR makes relevant, current clinical information available to ADA members,” said ADA President Bob Brandjord. “This a member benefit that has been asked for in Association surveys and it really adds more value to membership.”

Dr. Dan Meyer, associate executive director for the Division of Science, notes that the PPR provides members with comparative product information that is unbiased, scientifically sound, clinically relevant, concise and user-friendly—from the ADA, the source they trust.

“We feel this is one of the best
See REVIEW, page 18



Family project: This year’s dental research winners at the 2006 Intel International Sciences and Engineering Fair were Justin and Christine Johns, brother and sister high school students from Cape Coral, Fla. Their project looked at the effectiveness of xylitol in inhibiting *S. mutans*. The ADA Foundation sponsored the \$1,000 award given to the duo. Story, page 16. The science competition was held May 9-12 in Indianapolis.

HHS OKs Medicaid changes in three states

BY JENNIFER GARVIN

Washington—The U.S. Department of Health and Human Services has announced the redesign of Medicaid programs in Kentucky, West Virginia and Idaho, making the states the first to receive new, enhanced benefits as a result of the Deficit Reduction Act.

West Virginians now have a choice of two benefit packages: A basic plan based on the current Medicaid service package and an enhanced package that includes benefits such as cardiac rehabilitation and chiropractic services.

To enroll in the new advanced package, patients will be asked to sign a member agreement that says they will comply with all recommended medical treatment and wellness behaviors. Those adult patients who change their lifestyle habits and keep appointments

See MEDICAID, page eight

BRIEFS

Fee survey: How do your fees compare to those of your peers?

Find out from the ADA Survey Center’s 2005 Survey of Dental Fees.

The report lists mean, median and percentile fees for more than 180 different dental procedures, as reported by private practicing dentists in the United States. Along with fee information, each procedure includes a brief description as well as the current version of the Code on Dental Procedures and Nomenclature as published in CDT-2005.

Results are provided for nine regions of the country for general practitioners and nationally for each of six specialties.

To purchase this publication as either a printed, bound report or a downloadable, electronic file, contact the ADA Catalog by calling 1-800-947-4746 or visit “www.adacatalog.org”.

The cost of the report (catalog number SDF-2005) is \$125 for ADA members, \$187.50 for nonmembers and \$375 for commercial firms, plus shipping and handling. ■

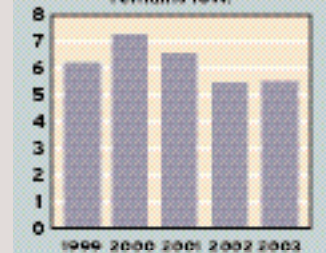
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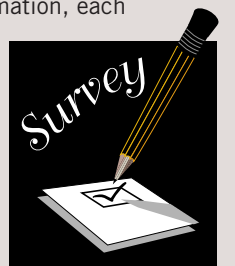
JUST THE FACTS

Dental practice

The percentage of independent dentists employing dental laboratory technicians remains low.



Source: ADA Survey Center "Survey@ada.org", Ext. 2568



David Shantz honored as 'Friend of the Alliance'

Seattle—The Alliance of the American Dental Association honored David Shantz, Great-West Life & Annuity Insurance Co., with its first Friend of the Alliance Award during the AADA Leadership Conference April 20.

The Friend of the Alliance Award recognizes outstanding contribution and assistance to the Alliance in furthering its mission as well as the profession of dentistry. Honorees may be ADA members, non-dentists or companies that have contributed to and partnered with the AADA.

"David has been a wonderful mentor and sup-

porter to the Alliance," said AADA President Connie Karlowicz. "He has freely given of his ideas, enthusiasm and contacts to help the Alliance."

Mr. Shantz, Vice President of Group Special Accounts for Great-West Life & Annuity Insurance Co., is the representative for ADA Insurance Plans, which sponsors the AADA Beulah K. Spencer Service Award program. ■

Honored: AADA President Connie Karlowicz presents David Shantz with the Friend of the Alliance Award April 20 in Seattle.



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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG
ADANEWS
(ISSN 0895-2930)

JUNE 19, 2006 VOLUME 37, NUMBER 12

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA NEWS are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office. Postmaster: Send address changes to the American Dental Association, ADA NEWS, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2006 American Dental Association. All rights reserved.



American Dental Association
www.ada.org

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$64; institution \$95 per year. Foreign individual, \$88; institution \$119 per year. Canada individual, \$77; institution \$107 per year. Single copy U.S. \$10, foreign U.S. \$12. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA NEWS Editor, 211 E. Chicago Ave., Chicago, Ill. 60611.

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Dr. Joseph DiStasio dies

Past ADA speaker of the House of Delegates



Melrose, Mass.—Dr. Joseph G. DiStasio, ADA vice president from 1981-82 and speaker of the House of Delegates from 1986-88, died June 4 after a brief illness. He was 82 years old.

“He was a great, great guy, a wonderful husband and a great father and grandfather,” said Dr. DiStasio’s widow, Lillian. Other survivors include two daughters and four grandchildren.

“He was a very kind man, very gentle,” recalled Dr. Gary Rainwater, a past ADA presi-

■ New dental education survey, page 10

dent (1996-97), who succeeded Dr. DiStasio as House speaker in 1988. “He always handled the House with respect and dignity.”

A World War II Army veteran with homes in Massachusetts and Florida, Dr. DiStasio was a past president of the Massachusetts Dental Soci-

ety. He also was a member of the Northeastern Society of Orthodontists, the American Board of Orthodontics, the American Institute of Parliamentarians and the Knights of Columbus.

Remembrances in his name are welcome at Mended Hearts Inc., Chapter 235, P.O. Box 341, Vero Beach, Fla. 32961-0431. ■

Dr. DiStasio: “He always handled the House with respect and dignity.”

New award established

Association to honor dentist humanitarians

The ADA has established a new award that will annually honor a member whose work sets a shining example of humanitarianism to others in the profession.

The new ADA Humanitarian Award, which the ADA Board of Trustees will confer, will debut in 2007. The ADA Center for International Development and Affairs will administer the new award, developed by the Association’s Committee on International Programs and Development. A member of the Council on Access, Prevention and Interprofessional Relations will assist CIDA with nomination review.

“So many dentists just give so much of their time and resources to help others,” says Dr. Greg Chadwick, CIPD chair. “They don’t do it looking for thanks, but we think it’s important that the ADA recognizes them and their extraordinary efforts.”

The new award is designed to recognize “individuals who have distinguished themselves by outstanding, unselfish leadership and contributions to their fellow human beings in the field of dentistry through the dedication of extraordinary time and professional skills to improve the oral health of underserved populations within the United States and/or abroad.”

Potential recipients are individuals whose volunteer work and leadership:

- contribute significantly to alleviate human suffering and improve the quality of life and oral health of those served,
- demonstrate significant leadership and outstanding humanitarian volunteer accomplishments that bring honor to the profession,
- serve as an inspiration to the dental profession,
- show a commitment to humanity and selflessness in regard to direct personal or organizational gain or profit,
- establish a legacy of ongoing value and benefit to others.

Watch upcoming issues of ADA News, or contact CIDA for more information by calling toll-free, Ext. 2727 or e-mail John Hern at “hernj@ada.org”. ■

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Robert D. Kelsch, D.M.D.

Over the past several years I have begun to notice that patients presenting for consultation are increasingly knowledgeable about the diseases and conditions I am diagnosing and treating.

At first I was very impressed with the high dental/oral pathology IQ of my patient population, but then I realized that the Internet and Web surfing may have had a lot to do with the seemingly voluminous information patients could recite about the treatments for oral aphthous ulcerations and other conditions.

Once I realized this, I also realized something else—long gone are the days where I am the authority in my specialty. I am in collaboration with the patient but also in competition with whatever information they obtain from the “Web.”

Now, I am a believer that the more information the patient has and understands the better we will be able to manage his or her care. For instance, the patient should understand that periodontal disease is a chronic condition requiring diligent attention on both the patient’s and doctor’s part, not something that can be cured with a magical pill.

However, there are two caveats in my last statement. One is that more information in and of itself is not better. The other is that the patient must understand the information that they have accessed.

These are the areas where I run into difficulty with some patients.

For example, Mrs. Jones presents for evaluation of a mouth sore that’s been present for several months. She comes to the consultation appointment with reams of paper printouts on every possible disease process imaginable. She may never have left the United States in her life but is convinced that she has leprosy.

Now, that may be an exaggeration to illustrate a point, but it is not far from the truth. I have had several patients present to me expressing significant anxiety regarding their potential diagnosis only to inform them they have a traumatic ulcer from a rough cusp of a fractured tooth and not oral cancer or some more esoteric exotic disease. Fortunately, this often suffices for most patients, but there are those who insist that the information received from the Web is more definitive than my experienced clinical judgment. And it takes a lot of patience to convince those patients that the information they obtained from a “www.quasi-dental.com” site might not be the most accurate, and in fact is outright wrong, erroneous and very misleading.

To combat this I recommend to the patient that if they are going to continue to access the Web for information (which they will), that they access legitimate scientific Web sites, and if they have questions they should contact me and not rely on what is provided by a self-promoting “definitive” Web site because it looks

See MY VIEW, page five

LettersPolicy

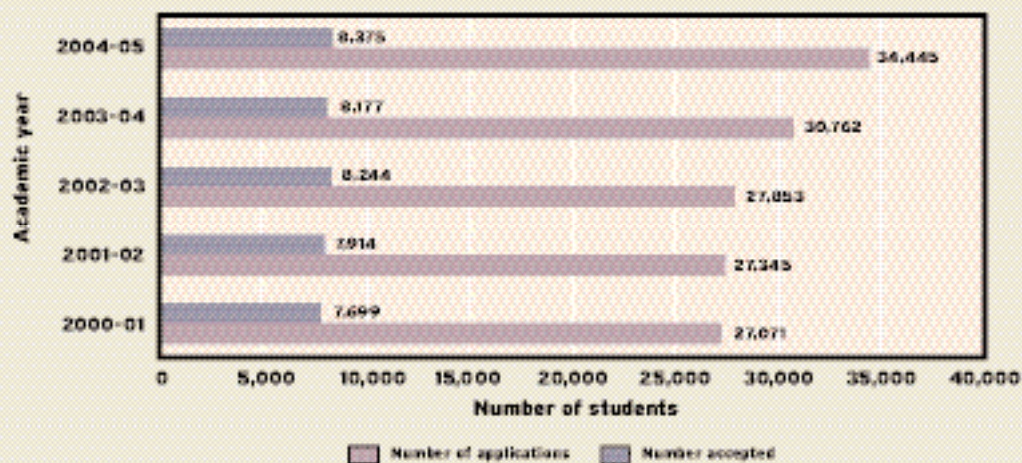
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SNAPSHOTS OF AMERICAN DENTISTRY

Dental auxiliaries

Dental hygiene programs have seen increases in the number of applications and students accepted during the last five years. Since 2000-01, the number of students accepted increased by 8.8 percent and the number of applications increased by 27.2 percent.

Number of applications and number of students accepted into dental hygiene programs, 2000-01 to 2004-05



Source: American Dental Association, Survey Center, Surveys of Allied Dental Education

Letters

New schools

As Yogi Berra would say, “It’s déjà vu all over again.” It appears that North Carolina, Arizona and no doubt other states will embark on programs to expand the number of dental schools/dental students over the coming years (“New Dental Schools Proposed,” May 1 ADA News).

North Carolina’s reasoning is that “four counties have no dentists and 28 have two or fewer.” I’m sure those counties are bucolic, peaceful and beautiful, and would offer a wonderful place for a dentist to live. Only one problem. Dentists struggle to make a decent living there because of the low socioeconomic status of the areas.

Our profession went through a similar situation in the early 1970s when the powers that be decided to graduate enough dentists to meet the “dental needs” of the nation. How quickly we forget that “dental needs” are not “dental wants,” and the patients decide what they want. If there were sufficient “dental wants” in North Carolina, dentists would supply those areas, and they would gladly come from other states.

The misguided efforts resulted in a surplus of dentists and dentistry went through a difficult period of recovery, resulting in school closings, a reduction in class sizes and financial strug-

gles with associated disillusionment for many young practitioners. Even now, a young dentist typically has to ally himself/herself with an established dentist in order to succeed. How much that has changed since I graduated in 1966.

The reality is that a surplus of dentists will make



our profession less attractive to the bright young people we now have in our schools (surely the best we have ever had), and this will result in a lower quality practitioner.

An excess of dentists today will be worse than in the 70s because true per capita dental needs are far less than at that time, this being a result of the enormously beneficial effects of fluoride. What do we really think the present dental graduate will do for a living if more dentists are graduated each year? Cosmetic dentistry is arguably

being practiced to excess. Surely we can’t deceive ourselves into thinking that geriatric dentistry for baby boomer patients, many of whom did not have the benefits of fluoride, will sustain the profession.

Politicians are easily swayed by the argument for the graduation of more dentists and will make funds available to achieve that end. No self-respecting politician would ever be perceived as denying treatment to the underserved so it is up to our profession to chart the proper course.

Dental educators are altruistic and dedicated. We need to improve the quality of their lives as much as possible in order to assure quality dental education. This is and will continue to be one of the most important issues in dentistry. But we don’t need more dental schools, the purpose for which will be to burnish the egos of a few upper echelon administrators.

Stephen D. Carter, D.D.S.
Snellville, Ga.

Change licensure

In response to the article on a new dental school proposed in North Carolina, I feel compelled to express my grief.

The article states that North Carolina ranks 47th in the nation in dentistry. See LETTERS, page five

Letters

Continued from page four
to-population ratio and one-third of its counties have two or fewer practitioners.

I cannot help but feel North Carolina has done this to itself. I am a fifth generation North Carolinian who attended dental school out of state and wishes to return (with my dentist wife) to rural, underserved North Carolina.

However, North Carolina has its own board exam that is only offered twice a year, making it very difficult for an out-of-state dental student to "get in the door." And after a five-year reciprocity period, we plan on being established in another state that is more welcoming to those that have taken one of the comparable regional exams.

It's time for North Carolina and other states in need of dentists to solve their problems internally. While another school may bring in the students, that is not to say they'll stay as dentists. Rather, North Carolina needs to reconsider their licensing process and how it deprives its citizens of access to care.

*Derek R. Blackwelder, D.M.D.
Cortez, Colo.*

Editor's note: According to the ADA Council on Dental Education and Licensure, North Carolina is now part of a new regional testing agency, the Council of Interstate Testing Agencies, which was established in 2005. CITA's membership includes North Carolina and Mississippi.

Fluoride safety

It has been amazing to me that over the past 40 years the issue of fluoridation ebbs and gushes while the question of general health safety is ignored.

The original discovery of natural fluoride in

the water supply was here in Colorado where some towns still have a fluoride level much higher than 1 part per million. Several towns in western Virginia have very high natural fluoride levels. Some areas of India have incredibly high natural fluoride levels (200+ ppm).

Have we ever heard of any disease pattern in these areas that would raise a public health concern?

The question of general health safety of 1 ppm fluoride is easy to double-check with simple public health surveys in those three areas. We need to do the surveys and stop beating a dead horse.

*R. Scott Ziegler, D.M.D.
Associate Professor, Periodontics
University of Colorado School of Dentistry
Aurora, Colo.*

Editor's note: The ADA Council on Access, Prevention and Interprofessional Relations notes that since its inception, fluoridation has undergone a nearly continuous process of evaluation. Studies conducted throughout the past 61 years have consistently indicated fluoridation is a safe, effective public health measure for preventing caries. As with other areas of science, additional studies may provide additional insight as to how to make more effective choices for the use of fluoride. The ADA is supportive of this ongoing research.

Here's to fluoridation

I wish to respond to last month's letter by Dr. Robert Dubman on water fluoridation ("Letters," May 15 ADA News).

Our home states share an embarrassing rank in percentage of our citizens who enjoy the public health benefit of water fluoridation: Oregon is ranked 48th and New Jersey is ranked 49th. However, I was trained at Northwestern University in Chicago, a city that has been fluoridated since 1956, and the public water supplies of Illinois are 99 percent fluoridated. This fact has given me a different perspective because I have practiced in both a fluoridated and a nonfluoridated community.

There are many confounders to the dental caries disease process: education, prevention and access to care. Water fluoridation is not the sole magic bullet to prevent dental disease, but it is the cornerstone of a sound dental
See LETTERS, page six

MyView

Continued from page four
flashy and professional.

The other area is in the understanding. Many patients can pronounce the words but even if they access legitimate professional Web sites, don't understand the meaning of the terms—which often confuses and frustrates them, leading them to imagine the worst possible scenario, when all leukoplakia really means is "white patch" and is not synonymous with oral cancer.

It is in this human realm where the computer and Web site can't possibly compete. Only a knowledgeable clinician can explain in clear terms what their diagnosis means and how it can be treated. A computer and Web site cannot treat patients or comfort them when you tell them they unfortunately in fact do have oral cancer.


So although there is a lot of great information to be accessed, there is also a lot of dis- and misinformation. And to the patients who will more and more frequently access the Internet for information on their conditions, I say caveat emptor ... it's your doctor who has your best interest in mind.

Dr. Kelsch is the editor of the Bulletin of the Nassau County Dental Society (N.Y.). His comments, reprinted here with permission, originally appeared in the January/February issue of that publication.

Editor's note: For more on helping your patients find trustworthy, accurate information online, read "Surfing For Substance: Evaluating Oral Health Information on the Internet" at "www.ada.org/goto/patientpage".

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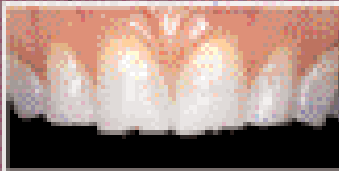
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Nominations for ACD/AADE dental journalism awards due July 15

Milwaukee—The American College of Dentists and the American Association of Dental Editors are now accepting nominations for their Prize for Dental Journalism. Nominations are due July 15.

Submissions will be judged for their anticipated impact on excellence, ethics, professionalism or leadership in dentistry, and entries that demonstrate depth of analysis of issues facing dentistry are encouraged.

Works published in 2005 are eligible. Only one submission per author is accepted and works must not be submitted to any other

2006 dental journalism competitions. Submissions must include a photocopy of the printed article and a statement of 50 words or less on the impact of the work on the profession and include the sentence “the nomination has not been submitted to any other 2006 dental journalism competitions.” Authors must consent to the entry. Winners receive a \$1,000 cash award at the AADE meeting in Las Vegas Oct. 14-15.

Mail entries to ACD-AADE Prize for Dental Journalism, American Association of Dental Editors, 750 N. Lincoln Memorial Dr., Suite 422, Milwaukee, Wis. 53202. ■

Letters

Continued from page five
public health policy. It reaches all members of society, regardless of age, sex, socioeconomic class and religion.

Public health is about treating a population, not an individual. Former Surgeon General C. Everett Koop once stated, “The most important thing that a community can do to improve the oral health of all of its citizenry is to fluoridate its public water supply.” The ideal public health measure is one that requires no compliance. All people have to do is go about their daily routine and they are protected.

How I wish, Dr. Dubman, that there was

less sugar in our American diet. But we don't live in Pleasantville. If we did, children storming into nearby grocery stores for after-school snacks would be buying late-crop gala apples instead of candy and/or pop. Every drink they bought would have a pH of 7 instead of a pH of 3. We wouldn't have the average American consuming 200 pounds of refined sugar per year, and we wouldn't be drinking 50 billion gallons of soda per year.

On the issue of fluoride toxicity, I share with you a quote by Paracelsus (1493-1541), “All substances are poisons: there is none which is not a poison. The right dose differentiates a poison and a remedy.” Fluoride at 1 part per million is not a poison.

No public health measure has been more studied or scrutinized than water fluoridation. I applaud the American Dental Association for its continued support and promotion of fluoridation, and I applaud the state of Vermont on their recent fluoridation victories in Burlington, Montpelier and Bellows Falls.

Lastly, if Hippocrates were alive today, I believe that he would support the Centers for Disease Control and Prevention's statement that “Fluoridation is one of the 10 greatest public health achievements of the 20th century.” May fluoridation continue to expand and prosper well into the 21st century.

*Kurt Ferré, D.D.S.
Portland, Ore.*

'Mass prevention'

It's really discouraging to read anti-fluoridation diatribes from dentists (“Letters,” May 15 ADA News).

Dr. Robert Dubman and his “fluoride as toxin” refutes our training that toxicity is dose-related. Otherwise, we wouldn't be allowed to have nano-particles of filler in our petroleum-based plastic composites. The amount of fluoride needed to prevent decay is almost unbelievably tiny.

As for “just stop eating sugar”—the average teenage boy in this country consumes 77 pounds of sugar a year just in soda! The anti-soda movement is about obesity and type II diabetes—no one mentions tooth decay. Hard to believe, but the average person doesn't know that only sugar causes cavities and that decay leading to infection can be life threatening. We've done a lousy job educating to prevent the disease we treat.

The anti-fluoridationists refer to Gosselin's “clinical toxicology of commercial products” theory to assert that fluoride is between arsenic and lead in toxicity. In high concentration, caffeine has the same toxicity as fluoride. An 8 oz. cup of coffee has 540 times more caffeine than an 8 oz. cup of fluoridated water (135 mg vs. 1/2 mg).

The “fluoridation as mass medication” stand that Dr. Richard Lowell takes in his letter ignores the fact that even in 20 percent fluoridated Oregon, polls always show that the majority of people want fluoridation. A consumer can choose not to drink their fluoridated water but someone who wants it can't provide it for themselves.

To substitute fluoridation with fluoride supplements, a parent has to get a prescription from a dentist or doctor, pay \$50 a year for the supplements and remember to give them to their child 4,000 times.

With fluoridation, the cost is usually less than \$1 a year per person and it's easier, safer, more equitable and is a benefit to everyone who has teeth. Over time, it prevents a ubiquitous disease and ends up saving everybody money.

So what's more fair—“mass medication” or “mass prevention”?

*April Love, D.D.S.
Newberg, Ore.*

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Government

DEA wants stolen drugs reported

BY CRAIG PALMER

Washington—Updated Drug Enforcement Administration technology offers dentists and other registrants secure online reporting of controlled substance theft or loss.

All registrants are required to notify the area DEA field office (“www.deadiversion.usdoj.gov/drugreg/offices/index.html”) in writing of any theft or significant loss of any controlled substance within one business day of discovery. However, if facts to complete the form are not yet available, the DEA recommends initial written notification on business letterhead submitted by facsimile for later reporting online or by conventional mail “in a timely and accurate manner.”

The DEA explained online and alternative reporting procedures in a letter to the American Dental Association.

Dentist registrants may access the theft/loss form on DEA’s diversion control Web page at “www.DEAdiversion.usdoj.gov”. DEA Form 106 is accessible in several ways:

- Select the “DEA Form 106 On-Line” box third from the top on the right side of the diver-

sion control homepage to go directly into the secure connection and the online form;

- Select “Applications and Online Forms” (first tab) under the “Diversion Programs” heading on the left side of the page, then select the 7th and last bullet, “Theft or Loss of Controlled Substances.”

The diversion control Web site also describes alternative reporting procedures and offers a toll-free telephone number, 1-800-882-9539, for registration support. For questions about electronic submission of Form 106, call the DEA registration and program support section at 1-202-307-4925.

Accountable loss from breakage, spillage or other damage such as Hurricane Katrina inflicted in 2005 should be reported separately on DEA Form 41, destruction of controlled substances. Registrants will follow different procedures for reporting losses recoverable or not recoverable, said the DEA letter. ■

District attorneys, TDA join forces to fight meth

BY JENNIFER GARVIN

Nashville, Tenn.—The Tennessee District Attorneys General Conference and Tennessee Dental Association are partnering with 11 health care organizations in an effort to decrease the impact of methamphetamine on the state’s health care providers.

The campaign, “Meth Destroys,” is funded by a grant from the Tennessee Governor’s office and is designed to decrease the number of meth-related ailments taxing Tennessee’s emergency rooms each year. Tennessee’s meth use reached critical heights in 2004 when state law authorities seized 1,574 labs—second only to Missouri—prompting Gov. Phil Bredesen to allocate nearly \$7 million to attack the problem. Of that, \$1.5 million was earmarked for a statewide education and public awareness campaign, including “Meth Destroys.”

“Every day, dentists and physicians across Tennessee are seeing firsthand what effects meth has on patients,” said David Horvat, executive director of the Tennessee Dental Association. “Meth abusers can

See METH, page eight

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Government Medicaid

Continued from page one

with their physicians will earn points that can be used for services such as restorations or preventive dental treatment. These are services normally not provided to adult Medicaid patients, who usually receive emergency extractions only. Children will not be penalized if their parents don't follow the plan; they will continue to receive their same dental benefits no matter what plan their parents participate in.

"It's a novel approach," said Richard Stevens, executive director of the West Virginia Dental

Association who served on the state's Medicaid redesign committee. "The concept of having the Medicaid patient accept responsibility, a population that heretofore has not had to be responsible either behavior-wise or financially, is novel. I think it can have an impact, especially if it contains cost. It can be successful."

According to HHS, the initial West Virginia targets will be healthy children and adults. The enhanced package will include such services as tobacco cessation, nutritional education and diabetes care. The West Virginia plan will initially be offered in three counties: Clay, Upshur and Lincoln.

Kentucky Medicaid enrollees will be the first to have benefits customized to meet their needs based on age and health status. The Family Choices program will serve healthy children and the Comprehensive Choices and Optimum

Choices will serve individuals with more complex health care needs. A third program, Global Choices, similar to the state's previous Medicaid program, will serve other vulnerable populations.

"Kentucky is the first state to completely redesign their program to give people access to affordable care that better reflects their own health needs and preferences, such as living in the home and community," said Mark McClellan, M.D., Ph.D., administrator of Kentucky's Centers for Medicare & Medicaid Services, in a HHS release. "These changes will make Medicaid more sustainable without restricting eligibility or access to services that low-income and disabled individuals need."

"We're very excited and encouraged we're going to be able to get this done," said Michael Porter, executive director of the Kentucky Dental Association.

The Kentucky reform plan is scheduled to begin later this year and affects all areas of the state but Louisville, which will continue to operate the Passport program—an existing Medicaid reform demonstration.

Additionally, Kentucky has redirected more than \$7.1 in state funds to children's oral health needs and drafted a proposal of a 30 percent increase in Medicaid fees for dentists who treat children. All of this must first be signed by Kentucky Gov. Ernie Fletcher.

"We're hopeful this will happen," Mr. Porter said.

Under its new plan, Idaho will offer three voluntary benefit packages for three populations: The Basic Plan for low-income children and working-age adults, the Enhanced Plan for individuals with disabilities or special health needs and the Medicaid/Medicare Coordinated Plan Benefits for elders and/or individuals who are dually eligible for Medicare and Medicaid. The Basic and Enhanced plans provide a number of dental services including diagnostic, preventive, restorative, endodontics, periodontics and orthodontics for children under 20.

Idaho's prognosis is a bit unclear coming on the heels of former Gov. Dirk Kempthorne's appointment to U.S. Secretary of the Interior by President George Bush. The new Idaho governor, Jim Risch, will remain in office through December and is not expected to seek re-election.

According to Jerry Davis, executive director of the Idaho State Dental Association, the organization has filed a request with the governor's office to be involved in the rule-making of the new plan.

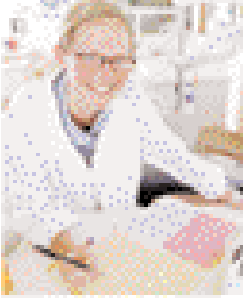
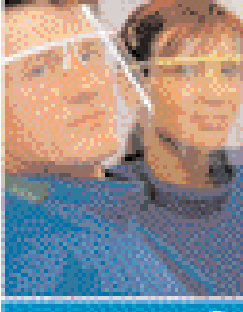

"We supported the new plan and think it will make a positive impact," Mr. Davis said, "however, the rule-making process could get complicated and since the rules drive the program, we want to help create rules that will positively impact dental services."

All of the reform plans are part of the DRA Act of 2005, which was signed Feb. 8. This is the first major Medicaid revision in 10 years and allows states to craft packages based on residents' needs.

Both the Kentucky and West Virginia plans were signed May 3. On May 25, Idaho was the third state to announce changes. ■

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Meth

Continued from page seven

require serious medical and dental attention. Those who are uninsured can incur significant costs for treatment, and hospitals many times have to absorb that cost when the health effects go beyond dental issues. These patients can drive up insurance premiums for everyone else. Partnering with the 'Meth Destroys' campaign gives us a chance to combat this trend through education."

The campaign states that trauma patients who are meth users "are more likely to have longer stays in the hospital and are more likely to incur medical bills \$4,000 higher than the general population," citing The Journal of the American Medical Association.

Other partners in the campaign include the Tennessee Dental Hygienists Association, the University of Tennessee Medical Center in Knoxville and Vanderbilt University Medical Center in Nashville.

Several of the campaign materials, including posters and brochures, may be downloaded at the campaign Web site. For more information, visit "www.MethFreeTN.org". For more information about methamphetamine abuse, visit "www.ada.org/goto/methmouth". ■

Education

Anesthesia conference proposes revisions to ADA guidelines

BY KAREN FOX

The dental anesthesia communities of interest gathered May 12-13 for the ADA Invitational Anesthesia Conference, marking the first step in a year-long process toward revising the Association's anesthesia guidelines documents.

The conference's purpose was to gather information to assist the Council on Dental Education and Licensure's Committee on Anesthesiology in a comprehensive review and revision of the three documents—the ADA Policy Statement: The Use of Conscious Sedation, Deep Sedation and General Anesthesia in Dentistry; Guidelines for the Use of Conscious Sedation, Deep Sedation and General Anesthesia for Dentists; and Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry.

"Outpatient sedation and anesthesia by dentists has grown, increased and changed in many ways since the documents were first prepared," said Dr. Guy Shampaine, chair of the Committee on Anesthesiology and member of CDEL.

"By increasing access to care for patients who require this adjunct and patients who are med-

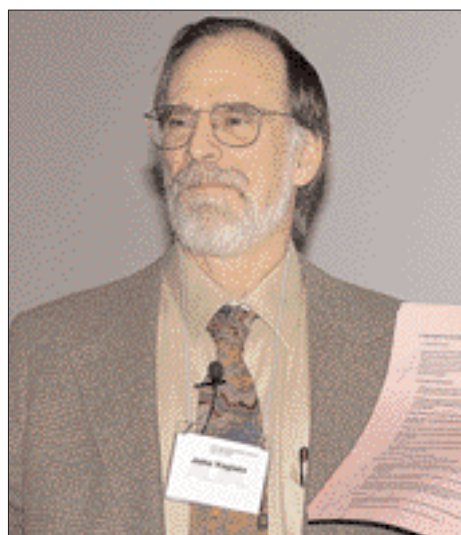
"Outpatient sedation and anesthesia by dentists has grown, increased and changed in many ways since the documents were first prepared."

ically compromised, sedation and anesthesia are important components of dentistry," Dr. Shampaine continued. "The House of Delegates saw the changing practice environment and called for the invitational conference to make sure the ADA guidelines remain current and relevant."

The committee intends to streamline the documents, he said.

"There are redundancies that we'll try to eliminate," added Dr. Shampaine.

Another anticipated revision involves the organization of the guidelines. The current documents are focused on route of administration, which was appropriate at one time, explains Dr. Shampaine, because route of administration often



Changes: The dental anesthesia communities of interest met at ADA Headquarters May 12-13 for the ADA Invitational Anesthesia Conference. At top, speakers Dr. Douglass Jackson (left) and Dr. Joel Weaver listen to a presentation. Above left, Dr. Guy Shampaine, Committee on Anesthesiology chair, confers with a colleague; and above right, speaker Dr. John Yagiela discusses clinical issues associated with the guidelines.

was linked to depth of sedation or anesthesia.

"However, that is no longer the appropriate concept," he said. "The guidelines should address training and safety instead of how you got there. In reality, we use all routes of administration to achieve a therapeutic outcome so it is more relevant to talk about depth of anesthesia than how you got there."

Experts in the field of dental sedation and anesthesia invited to present at the conference included Dr. Douglass Jackson, University of Washington; Dr. Ronald Kosinski, a pediatric dentist; Dr. Joel Weaver, Ohio State University and the ADA's spokesperson on anesthesia issues; and Dr. John Yagiela, University of California Los Angeles. Committee members Drs. Mort Rosenberg and Andrew Herlich rounded out the speaker line-up.

Among the agenda items were discussions of the sedation/anesthesia continuum, clinical guidelines for sedation/general anesthesia, emergencies in sedation/anesthesia, considerations in the pediatric patient, the use of benzodiazepines and incremental dosing for oral sedation.

The invitational conference was "the ADA at its best," said Dr. Shampaine.

"The conference truly demonstrated the leadership role that the American Dental Association is taking to make sure the quality of care is at the highest level and at the greatest level of safety for patients," he said.

Dr. Weaver applauded the collegial atmosphere engendered by the attendees, including "representatives from the major dental groups whose members are most impacted by the guidelines.

"In the end, I believe that this conference laid the foundation for some very meaningful changes in these documents that appear to be necessary at this time," added Dr. Weaver.

Four workgroups have been appointed by the Committee on Anesthesiology to study an introduction to the guidelines and the three levels of sedation (minimal/nitrous, moderate, deep sedation/general anesthesia).

The committee anticipates that draft proposed revisions to all three guidelines documents will be ready for circulation to the communities of interest in early 2007 with final proposed documents to be presented to the 2007 House of Delegates. ■

CODA

Continued from page one

of Education since the first publishing of 'nationally recognized accrediting agencies' in 1952," wrote Dr. Preble in a memo to the ADA commissioners.

"This recognition is a tribute to the work of the members of CODA and its staff," said Dr. James Bramson, ADA executive director. "The preparation for this review was a huge staff project that took months of hard work to put together. I am especially grateful to Dr. Neumann for her leadership on this project, and for the assistance of her staff and the legal department." ■

UIC College of Dentistry benefits from goodwill of implant dentistry manufacturer

Medical implants manufacturer Astra Tech Inc. bestowed a gift on the University of Illinois at Chicago College of Dentistry late last year that establishes a clinical implant dentistry program.

It's been a challenge to implement clinical implant dentistry in the predoctoral curriculum, said Dr. Bruce S. Graham, UIC dean,

because of the costs for the teaching institution and patients who need it.

"This generous gift from Astra Tech helps the college overcome this financial barrier and become one of the very first dental schools to be able to offer clinical implant patient treatment experiences for our students," he added.

The gift will reduce costs of implant care to

patients by up to 70 percent and also fund continuing education for current practitioners in the dental community.

"A comprehensive program in which every student has a meaningful and extensive experience with clinical implant dentistry is unique," added Dr. Stephen Campbell, UIC head of Restorative Dentistry. ■

New Survey of Dental Education available

BY ARLENE FURLONG

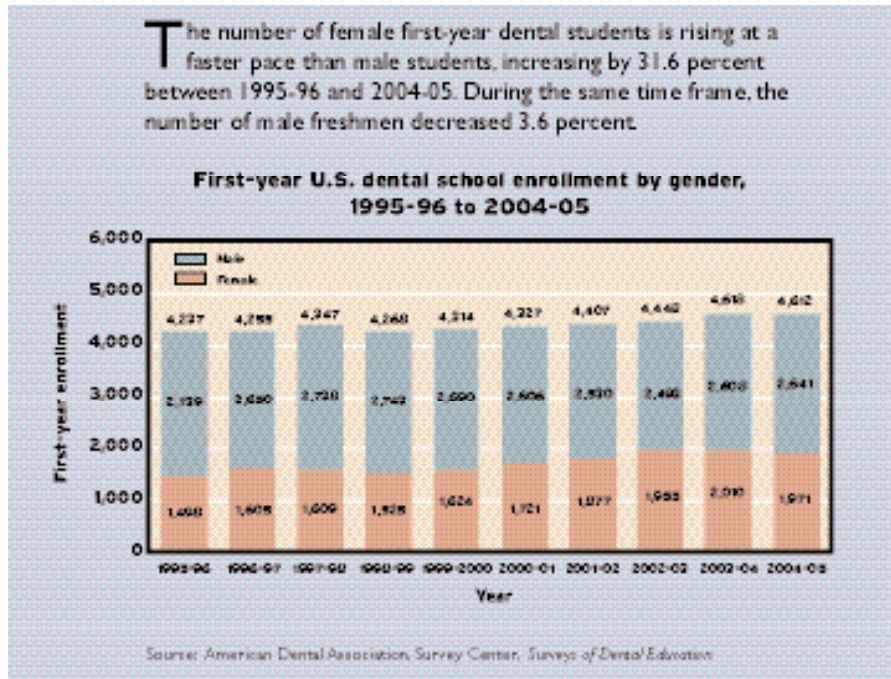
By how much has the overall first-year class size in U.S. dental schools increased since 1995?

Find out from Volume 1 of the 2004-05 Survey of Dental Education report available from the Survey Center.

This report provides statistical information on academic programs, admission requirements, enrollment and graduate levels, tuition costs and faculty. The

publication also features application trends, first-year and total predoctoral enrollment, attrition rates, numbers of graduates, female student enrollment and first-year tuition and fees.

Volume 1—Reports that from 4,237 in 1995-96, the overall size of the first-year class in U.S. dental schools has increased by 8.9 percent, reaching a total of 4,612 students among the 56 dental schools operating in 2004-05. Female students represented 42.7



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percent of the 2004-05 first-year class, compared to 35.3 percent during the 1995-96 school year. Overall enrollment was 18,315 in 2004-05, while dental schools reported graduating 4,350 new dentists in 2004.

The cost of the report (item code SDE1-2004) is \$75 for members, \$112.50 for nonmembers and \$225 for commercial organizations. To purchase this publication as a printed, bound report or a downloadable, electronic file, contact the ADA Catalog by calling 1-800-947-4746 or visit “www.adacatalog.org”.

The remaining report volumes in the 2004-05 Survey of Dental Education series will be available in the next few months.

Volume 2—Tuition, Admission and Attrition—presents information on tuition and other educational expenses, academic qualifications of students, admissions policies and procedures, combined degree programs and attrition.

Volume 3—Faculty and Support—offers a profile of the faculty and support staff at all U.S. dental schools, as well as the number of basic and clinical science faculty members and faculty characteristics, such as tenure status, gender, age and ethnicity.

Volume 5—Finances—details the revenue and expenses by category for the operations of all dental schools. The 2004-05 edition of this report has been substantially revised from previous versions, with expanded information and updated revenue and expense areas.

The Survey Center notes that the latest edition available for Volume 4—Curriculum—covers the 2003-04 academic year. The report is currently on hiatus as the curriculum section of the survey is revised. It will be published again for the 2006-07 academic year. ■

Revised guide on maternal, child oral health issued

Washington—The National Maternal and Child Oral Health Resource Center and the Maternal and Child Health Library have a new edition of “Knowledge Path: Oral Health and Children and Adolescents.”

The electronic guide, available at “www.mchoralhealth.org”, includes the latest resources for health professionals, policy-makers, program administrators, researchers and families.

Also available is the latest issue of “Oral Health Resource Bulletin: Volume XIII.” Copies are available at no charge from the HRSA Information Center, P.O. Box 2910, Merrifield, Va. 22116; 1-888-ASK-HRSA; “ask@hrsa.gov” or online at “www.mchoralhealth.org”. ■

Mass. dentists can help identify deceased online

BY ARLENE FURLONG

Southborough, Mass.—While the dentist's role in identifying victims of major disasters makes occasional headlines, the behind-the-scenes call for identification of the unknown dead is ongoing.

To address this continuous need, the Massa-

chusetts Dental Society teamed up with the Massachusetts chief medical examiner's office to create Dentalalert.org, a Web site that displays to MDS member dentists the dental images of unidentified deceased.

Dr. Kate Crowley, a practicing periodontist and the board certified forensic odontologist at

the state's CME office, conceived the idea. She asks MDS member dentists to examine dental images at the Web site to determine if they can link them to former patients or other dental professionals who may have done the posted work and contact her if they have useful information.

Dr. Crowley, who will also provide through



Dr. Crowley



Dr. Boose

the Web site continuing education for MDS dentists interested in learning more about dental forensics, says it's a groundbreaking program.

"Its uniqueness is that it's an opportunity for rapid identification of unidentified human remains, pre-establishes a secure link for rapid transmission of information."

The office of the CME determines the cause and manner of death in cases under its jurisdiction through case investigations, autopsies and laboratory studies. Law enforcement agencies often rely on the CME to identify deceased individuals.

"There are a number of active missing persons cases in Massachusetts," comments Dr. Robert Boose, executive director of the MDS. "The MDS is hoping this innovative approach to patient identification will help to bring a small amount of closure to a victim's family."

For an example, at press time, Dentalalert.org posted a request for assistance from the Boston police in identifying an unknown female of adult status by inspecting a clear base acrylic upper partial with several replacement teeth posted at the site.

For more information about the Web site and planned continuing education online at "www.Dentalalert.org", contact Dr. Kate Crowley at 1-617-267-6767, Ext. 234. ■

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Infection control tool kit available

Annapolis, Md.—The Organization for Safety and Asepsis Procedures has introduced the Dental Infection Control Educators and Trainers Toolkit, a new CD-ROM resource designed to aid in the development and delivery of successful, high-impact infection control and safety training programs and presentations.

The kit, a 60-page workbook divided into nine sections, is a compilation of tips, advice and presentation materials gathered by dental infection control and safety experts. Among the topics it addresses are adult learning psychology, presentation planning and delivery techniques, and infection control lesson plans.

OSAP stresses that the kit is intended to serve as a resource for infection control educators, not an infection control program. The tips and materials are meant to aid in developing curriculum.

To order the tool kit, call 1-800-298-6727 or visit "www.OSAP.org". OSAP members can purchase it for \$50 and nonmembers for \$75.

The ADA has an award-winning infection control staff training program, Effective Infection Control. To order call 1-800-947-4746 or visit "www.adacatalog.org". Cost is \$125 for members and \$187.50 for nonmembers. Item code P692. ■

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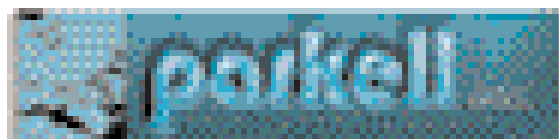


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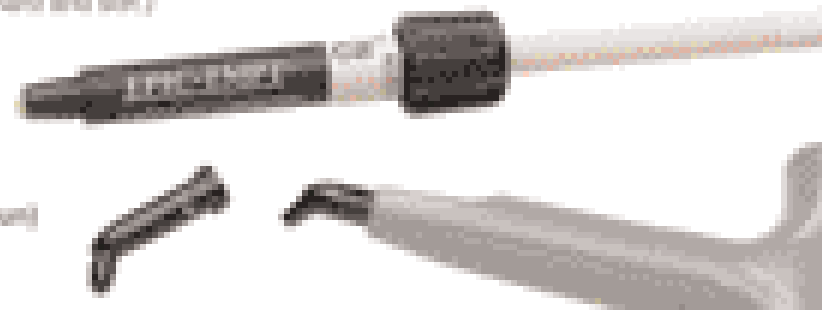
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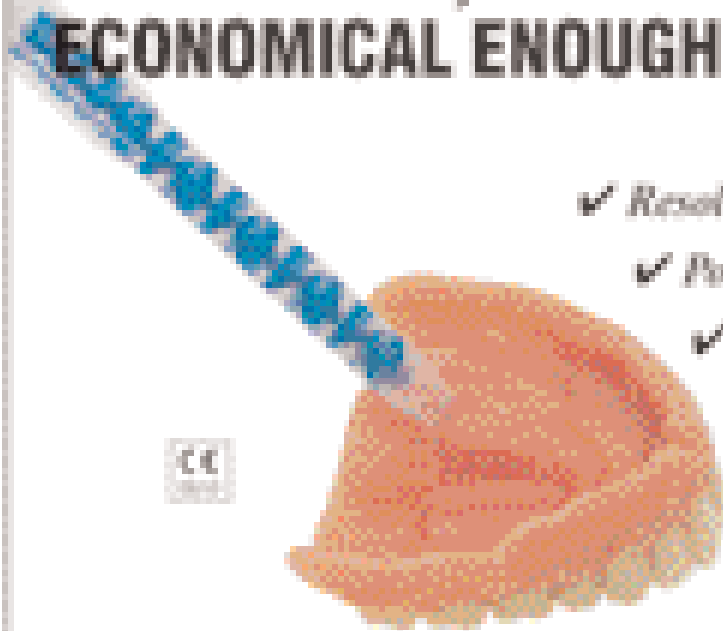
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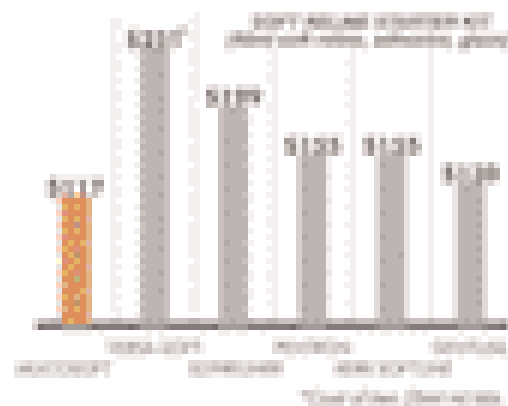
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*Initial component set purchase with Maxcush Maxcush or Maxcush Gel

Health & Science

Marcaine update

Minnesota senator asks FDA for quick approval

BY JENNIFER GARVIN

In an effort to expedite the Food and Drug Administration's approval of the new supplier for

Kodak/Cook-Waite Marcaine, U.S. Sen. Norm Coleman (R-Minn.) has written a letter on behalf of dentists.

"It has come to my attention that the dentists in my state and across the nation may soon be unable to acquire Marcaine," wrote Sen. Coleman in a

May 2 letter to acting FDA Commissioner Andrew C. von Eschenback, M.D. "My dentist constituents inform me that this Kodak product is the only long-acting anesthetic packaged in a dental cartridge. There is no direct replacement for single cartridge dental local anesthetic Marcaine."

In the May 1 issue of ADA News, the ADA alerted members of a possible Marcaine shortage following a change in suppliers.

Anytime there is a supply change for a product, the new supplier is required to file an application with the FDA. The new supplier, whose name has not been made public, has completed the required testing and is currently waiting for FDA approval.

"While other pain medications are available to dentists, single cartridge dental local anesthetic Marcaine fills a unique place in the dentist's pain control armamentarium," Sen. Coleman wrote. "It is especially useful in managing patients' post-surgical pain, before oral pain medications are administered and can take effect."

Sen. Coleman also points out that the Marcaine supply stockpiled by Kodak is being depleted faster than expected and that dentists and physicians are reporting difficulty in obtaining needed supplies.

"I would appreciate it if you could look into this matter and expedite the FDA approval process as quickly and safely as you can to avoid a pending shortage of Marcaine. Please keep me advised to the status of this process," he concludes in his letter to Dr. von Eschenback.

Those dentists looking for an alternative to the dental cartridges should note that 0.5 percent bupivacaine with epinephrine—same strengths as Marcaine—is available in a multidose vial.

Kodak's fact sheet is online at "www.kodak.com/global/en/health/dental/documentation/film/marcaineQandA.pdf" or by calling 1-800-933-8031.

For more information about dental anesthetics, log on to "www.ada.org/ada/seal/adaseal_productlist.pdf". ■

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*Not all Biotène products available in all areas.

Bisphosphonates recommendations now available

The ADA Council on Scientific Affairs has developed a set of recommendations for the dental management of patients on oral bisphosphonate therapy.

The CSA assembled a panel of experts and developed these recommendations because of reports of osteonecrosis of the jaw developing in a small percentage of the patients taking oral bisphosphonates such as Actonel and Boniva.

The recommendations focus on conservative surgical procedures, proper sterile technique, appropriate use of oral disinfectants and the principles of effective antibiotic therapy.

There is currently no data from clinical trials evaluating dental management of patients on oral bisphosphonate therapy. Therefore, these recommendations are based on sound expert opinion and will be updated as new information becomes available.

The CSA wants to remind members that the risks for developing ONJ are much higher for cancer patients on intravenous bisphosphonate therapy than for patients on oral bisphosphonates. The link at ADA.org also includes statements from Novartis—the pharmaceutical company that manufactures the intravenously administered bisphosphonates Zometa and Aredia—and the Academy of Oral Medicine. Currently, there are fewer than 200 cases reported of ONJ in the more than 20 million patients taking oral bisphosphonates, according to Fosamax manufacturer Merck & Co.

The recommendations can be found online at "www.ada.org/prof/resources/topics/osteonecrosis.asp" or call the ADA toll-free, Ext. 2878. ■

Dental students net fellowships in mentored biomedical research

BY KAREN FOX

Chevy Chase, Md.—Three dental students are among the 108 recipients of the Howard Hughes Medical Institute's \$3.9 million in fellowships and research scholar positions.

The HHMI funds the programs in an effort to nurture the careers of future dental and medical scientists.

There are two programs that immerse medical

and dental students in biomedical research: the Research Scholars Program, which brings dental and medical students to the National Institutes of Health campus for a year to conduct research in NIH laboratories; and the Research Training Fellowships for Medical and Dental Students, which support one-year fellowships at a research institution of the fellow's choice.

Three dental students are award recipients this

year: Anna R. Muench of the University of Maryland Baltimore College of Dental Surgery, and Estee Peng Wang of the Harvard School of Dental Medicine (HHMI dental student fellows), and Jessica E. Shireman of Nova Southeastern University College of Dental Medicine (HHMI-NIH research scholar). The students will spend a year conducting mentored biomedical research.

Several dental students have participated in

the Research Scholars Program but this is the first year that any have been selected to receive HHMI Research Training Fellowships.

"We feel it is important to include dental students in our medical research training programs," said William Galey, Ph.D., HHMI graduate education program director. "Not only is there a need to address important dental health issues through biomedical research, but basic dental research has produced some important findings relevant to human medical conditions."

The Howard Hughes Medical Institute is the nation's largest private foundation for biomedical research and science education. Follow-up studies show that more than half of the scholars consistently go into research careers, said Dr. Galey. ■

FDA to launch new program for medical device safety

BY JENNIFER GARVIN

Bethesda, Md.—The Food and Drug Administration has announced it is launching a new program to transform and strengthen the safety of medical devices after they reach the market.

The new program—the FDA Center for Devices and Radiological Health's (CDRH) Postmarket Transformation Initiative—intends "to better protect public health by allowing the FDA to identify, analyze and act on problems more quickly, including alerting the public sooner of potential medical device issues," the FDA said in a press release.

The CDRH will analyze both new and existing technology and products and hopes eventually to lead to an electronic reporting system for adverse medical events.

"This initiative is a welcome one that serves a long-standing need. I congratulate the FDA for their effort to protect our patients," said Dr. Douglas N. Dederich, vice chair of the ADA's Council on Scientific Affairs.

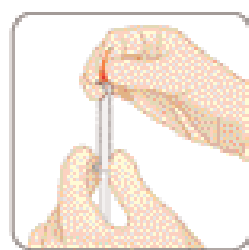
"Over the next decade, medical technology innovations will fundamentally transform the health care and delivery system, providing new solutions with medical devices that will challenge existing paradigms and revolutionize the way treatments are administered," said Scott Gottlieb, M.D., deputy commissioner for the FDA's Medical and Scientific Affairs, in the release.

"Under the leadership of our device center's expert staff, we are working to develop even better ways to evaluate new technologies to maximize benefits and minimize risk, including more efficient ways to develop more effective postmarket systems that can support safer medical practices as well as continued innovation."

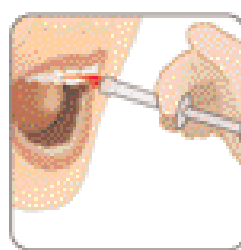
Other areas the initiative will focus on improving include device information in patient records, internal collaboration on post-market safety issues and identifying opportunities to improve the safety of medical devices through collaborative efforts with professional organizations and the medical device industry.

"With this initiative, the FDA intends to improve the way it monitors the safety of medical devices and provide a strong safety net to protect public health," said Daniel Schultz, M.D., director, FDA Center for Devices and Radiological Health.

To request a copy of the CDRH's Medical Device Postmarket Safety Program visit "www.fda.gov/cdrh/postmarket/mdpi.html". ■



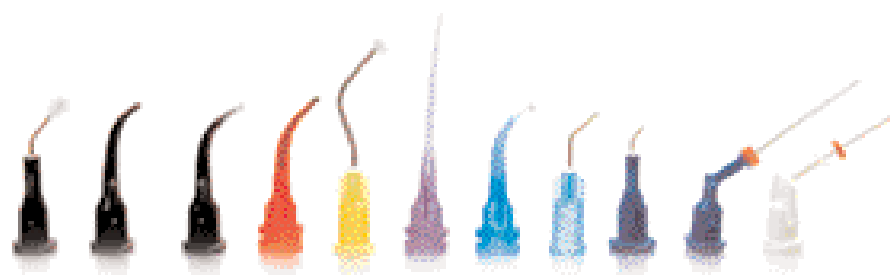
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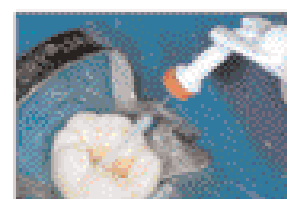
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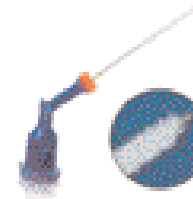
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Science fair winners eye xylitol effects

Indianapolis—The ADA Foundation was a special awards sponsor at the 2006 Intel International Sciences and Engineering Fair held here May 9-12.

Since 2003, the ADA Foundation has sponsored a \$1,000 award for the project most relevant to dental research. This year's winners were Justin and Christine Johns, a brother and sister from Cape Coral, Fla., whose project was "Xylitol Xtreme Two: A Time Sequencing Study Assessing the Inhibitory Effect of Pentahydroxypentane on the Bacterial Growth Curve of *Streptococcus mutans*."

Their study examined the time frame at which xylitol can maximally inhibit *S. mutans*. The two plan to expand their research next year in a middle school-based study that will investigate the effect that chewing xylitol gum one hour after lunch will

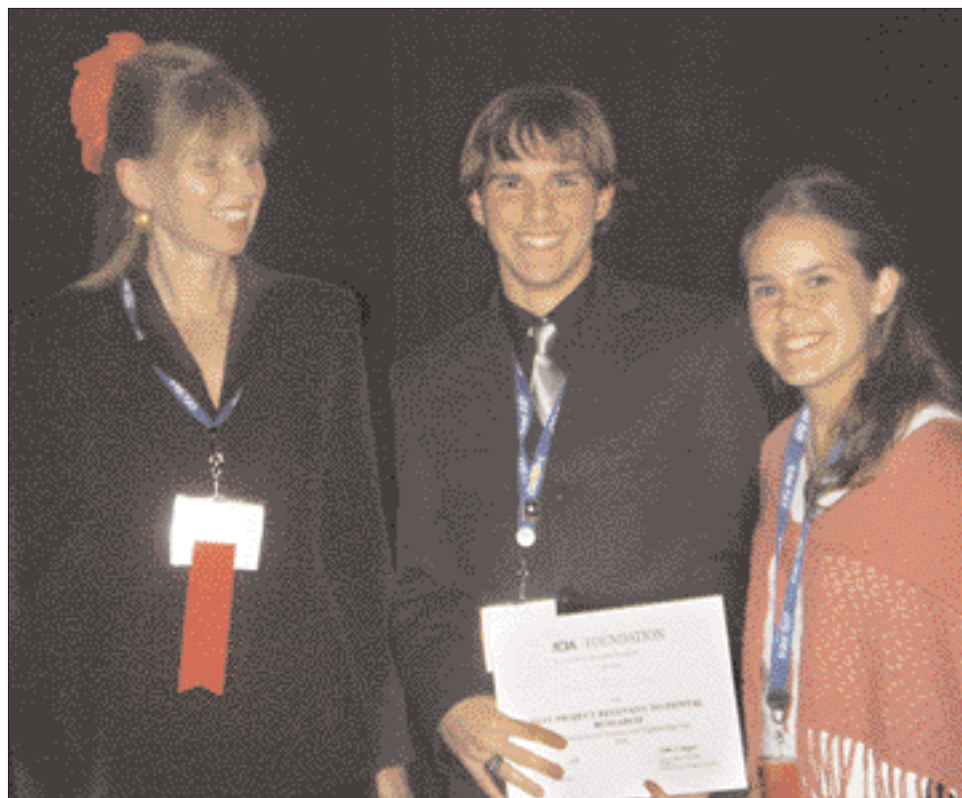
ADA | FOUNDATION

American Dental Association Foundation

have on students' salivary *S. mutans* levels.

This year's project was judged by two ADA staff members: Janet Quinn, Ph.D., a project leader at the the ADA Foundation Paffenbarger Research Center; and Helen Ristic, Ph.D., director of scientific information.

The Intel ISEF is held each May and is the world's largest pre-college celebration of science, bringing together more than 1,200 high school students from 40 countries. For more information, visit "www.sciserv.org/iseff/about" or call 1-202-785-2255. ■



Job well done: Justin and Christine Johns accept their award from the ADA Foundation from Janet Quinn, Ph.D. (left), project leader at the ADA Foundation Paffenbarger Research Center and one of the ADA judges at the 2006 Intel International Sciences and Engineering Fair. The ADA Foundation has sponsored an award at the fair since 2003.

Michigan marks 150th anniversary

BY JENNIFER GARVIN

Lansing, Mich.—The Michigan Dental Association celebrated its 150th anniversary here May 17-21, making it the country's oldest dental society in continuous existence and Michigan's oldest professional association.

ADA Executive Director James Bramson congratulated the MDA on its milestone during remarks to the MDA House of Delegates opening session.

"From the MDA's successful campaign in the late 1860s to convince the Michigan legislature to fund the creation of the first Michigan den-

tal school, to your successes in our own times in finding an innovative path for improving access to dental care in the state of Michigan, you have every right to celebrate with pride your long and distinguished history," Dr. Bramson said.

Dr. Bramson also discussed the key challenges facing the ADA, including a "very evolving and changing health care marketplace; the changing demography of our members; and globalization and redefinition of the roles of the Association in an information age.

"Improving access to care is probably going to

remain one of our larger and impressive issues of the day," Dr. Bramson said. "The lack of some well-funded public dental financing programs, coupled with a large number of underserved people, is going to result in a lot of pressure on the private sector to come up with solutions."

The MDA was formed Jan. 8, 1856, when 14 dentists rode to Detroit on horseback in sub-zero weather. Their goal was to create an association of dentists that would help elevate what was then a journeyman's trade of tinkers into a true profession.

"This landmark celebration reminds us that a key purpose of organized dentistry remains to promote the improvement of the profession. It demonstrates the enormous strides that can be made through the cooperative efforts of today's

tripartite system," said Gerri Cherney, MDA executive director.

The MDA also held an anniversary luncheon celebration on May 19. At the luncheon, a time capsule was filled with current dental items, such as X-ray film and a dental drill, dental fees and salaries. The capsule also included a letter to dentists about dentistry in 2006 and predicted what it might be like in 2056.

Four dental students from the University of Michigan and the University of Detroit Mercy, along with two dentists who attended the MDA's centennial celebration in 1956, participated in the time capsule ceremony. Former MDA president and current 9th District ADA Trustee Ray Gist presented official greetings on behalf of the ADA during the luncheon. ■

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Time after time: The Michigan Dental Association celebrated its 150th anniversary with a time capsule which contains evidence of today's dentistry, including 2006 fees and salaries. Four current dental students pledged to return to open the capsule at the MDA's annual session in 2056. From left: Brian Slightly and Dylan Schneider of the University of Detroit Mercy School of Dentistry; Nitin Raju and Aditi Arora from the University of Michigan School of Dentistry. Pictured behind the students are Dr. David Thompson, who attended the MDA's 100th Anniversary Annual Session in 1956, and Jane Aldrich, mistress of ceremonies.



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Health&Science

Review

Continued from page one

benefits we've ever provided," Dr. Meyer said.

"It really is," agreed Dr. David Sarrett, PPR editor who chaired the Council on Scientific Affairs committee that led to the newsletter's development. "There's no additional cost for our members and it's providing them with scientifically sound and clinically relevant product information."

Under the Seal Program for professional products, the ADA was limited to evaluating products that were submitted for the Seal.

"This new publication represents a fundamental change in how the ADA evaluates professional products and communicates the results to its members," added Dr. Sarrett, a practicing general dentist and professor at the Virginia Commonwealth University School of Dentistry.

Each newsletter will usually review three dental product categories.

Product selection for each review is based on input from members of the ADA Clinical Evaluator Panel, which comprises volunteer member dentists who participate a few hours each month by responding to product evaluation surveys and take part in panel discussions or interviews. ACE Panel members also provide input on important clinical problems they may face in their practice and share clinical tips and techniques. Currently, about 1,500 members have joined the ACE Panel.

In the last year, the ADA provided three PPR

preview issues in the ADA News. The previews covered topics including the clinical factors in restoring endodontically treated teeth with posts and test results from ADA laboratories on rotary diamond instruments and intraoral cameras.

"Based on the preview issues, it's already been a success," Dr. Sarrett said. "We've received very positive feedback."

At this year's annual session in Las Vegas, the ADA for the second year will host a user forum to gather dentist input on products for a future issue of the newsletter. This year's forum will invite dentists to try the latest technology in high-speed air rotor dental handpieces, and then fill out a one-page survey for use in developing the clinical evaluation section for the July

ADA Professional Product Review
PUBLICATION OF THE ADA COUNCIL ON SCIENTIFIC AFFAIRS

VOL. 1 ISSUE 1 SUMMER 2006

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- Reader's Summary Table
- Posterior Composite Lab Notes
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Introducing the ADA PPR: Designed for You with Your Practice In Mind

Will you be the first to see the ADA Professional Product Review (PPR)? We know you have other sources of product information and limited time to access them all. So what do we offer the busy practitioner? Information that is scientifically sound, unbiased and clinically relevant.

How do we plan to make sure the PPR is your source for professional product news? We want your input! Our evaluations are based on just what you need! We'll look to you, not a lab, for your input. We'll talk to your colleagues (through a survey) on products in the ADA laboratories and bring together the top experts who teach, research, or lecture to assess the scientific quality, value and selection of products.

We promise to get the results of your own studies, for by compiling information from the best available sources. We'll get you the results, so you can make your own decisions on what to use with your practice and patients. In addition, we share with manufacturers data specific to their products prior to publication as part of our review process. We believe this allows us to provide you with the most current information on products before you purchase them. For a full description of our guidelines on manufacturer relations, visit www.ada.org/ppr.

We designed this newsletter specifically for ADA members. Five times a year, as a member benefit, you will receive a newsletter packaged with your issue of the Journal of the American Dental Association.

Bringing Digital Radiography Into Your Office

Over the last decade, the technology behind digital radiography systems has evolved, making comparisons of these systems to most dental office health. This report offers some basic technological information as well as a review of some popular systems.

In digital radiography, there are three types of detectors that take the place of conventional film: charge-coupled device (CCD), complementary metal-oxide-semiconductor (CMOS) and phosphor-stimulated phosphor (PSP). We evaluated CCD and CMOS-based systems.

In this review, systems that use three types of solid state detectors are called "direct." When these sensors receive energy from the x-ray beam, the CCD or CMOS chip sends a signal to the computer and an image appears on the monitor within seconds. Systems that use PSP sensors (or "plates") are called "indirect." When these plates are irradiated, a latent image is stored on them. The plate is then scanned and the scanner transmits the image to the computer for computerized information on CCD, CMOS, and PSP technologies, visit www.ada.org/ppr.

Please look over this and future issues of PPR as you can see for yourself why PPR is your source for product information. And let us know what you think, by dropping me a line at ppr@ada.org.

Dr. David C. Sarrett, DMD, MS
Editor, Professional Product Review

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bonding agents, impression materials and bleaching products.

"A unique feature of the ADA PPR is the opportunity for our members to get involved by participating in the user forums at annual session and becoming active members of the ACE Panel," said Dr. Sarrett. "We will also have an online letters-to-the-editor feature, which we hope will be a forum for members and others to participate in a lively exchange of information and views."

The idea for the PPR grew out of a comprehensive member needs and demand study conducted by the CSA in 2004. This also coincided with the CSA's decision to phase out the Seal Program for professional products. Dr. Meyer emphasized that all areas of the Division of Science got involved from developing lab-testing protocols to conducting user and expert surveys to analyzing lab and clinical results. Other areas of the Association, including Communications, Conference and Meeting Services, Legal, Membership and Dental Society Services, Publishing, Salable Materials and the Survey Center, also contributed.

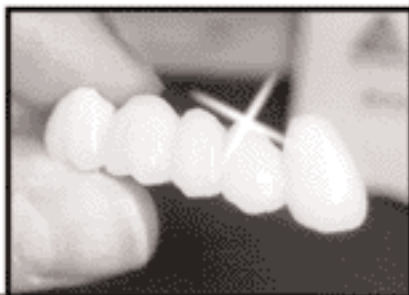
The phase-out of the ADA Seal Program for professional products began in January 2005. The council based this action on surveys and focus groups that showed that members wanted more information than the professional product Seal could provide. The Seal of Acceptance for consumer dental products continues to be an important program for the profession and general public, and efforts are under way to strengthen it, said Dr. Meyer.

For more information about the ACE Panel or the professional product evaluation program, contact the ADA by e-mail at pprclinical@ada.org, by phone at the toll-free number, Ext. 3528 or visit www.ada.org/goto/ppr. Nonmembers may contact the ADA by phone at 1-312-440-3528. ■

2007 PPR.

The first forum at the 2005 annual session in Philadelphia provided input from registered dentists on eight light-emitting diode curing lights. The results of that forum will be published in the October PPR. Some of the products scheduled for upcoming review include digital X-ray systems, posterior composites, resin-based cements,

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Association partners with Thomson PDR on fourth edition of Guide to Dental Therapeutics

The ADA is partnering with Thomson PDR to publish the ADA/PDR Guide to Dental Therapeutics, 4th Edition.

Written by a team of experts, the dental therapeutics guide includes the work of dentistry's leading academicians and clinicians. It is edited by Dr. Sebastian G. Ciancio, distinguished service professor and chair of the department of periodontics and endodontics at the State University of New York at Buffalo.

"We are very pleased to collaborate with Thomson PDR, and be able to bring our profession's unique perspective and latest clinical information to the guide," said Dr. James B. Bramson, ADA executive director. "We also view this collaboration as an opportunity for ongoing enhancements to the publication to continually provide the dentist with the latest patient care information in a readily accessible format."

"It is noteworthy that this book has been prepared at the request of the ADA Council on Scientific Affairs and is the only dental therapeutics book published by the ADA," said Dr. Ciancio. "This provides dentists

with timely information on making the best medication decisions for patients."

The guide has undergone a redesign for rapid access to critical information needed to treat patients. For easier searches, the content is in three sections: Drugs Used in Dentistry, Drugs Used in Medicine, and Drug Issues in Dental Practice.

The ADA and Thomson PDR are discussing additional print and electronic products that will enable dentists to provide better care for their patients.

"The high quality, clinically relevant information from the American Dental Association is a perfect match for the PDR drug information solution set," said Kevin Sanborn, executive vice president of Thomson Healthcare in charge of PDR products and solutions.

"By working together, we're putting the most relevant clinical information into the hands of dentists who administer patient care," said Mr. Sanborn.

The fourth edition of the Guide to Dental Therapeutics will be available in September 2006. ■

Colgate buys Tom's of Maine

New York—The Colgate-Palmolive Co. announced May 1 the purchase of 84 percent of the privately held oral and personal care products company Tom's of Maine for approximately \$100 million.

The acquisition is part of Colgate's strategy "to focus on its higher-margin oral and personal care businesses," according to a press release posted on the Tom's of Maine Web site.

Tom's of Maine, founded by Tom and Kate Chappell in 1970, is a leading manufacturer of "natural" oral and personal care products, a market segment valued at \$3 billion and growing at 15 percent per year, according to the press release.

"We chose Colgate as our partner because they have the global expertise to help take Tom's of Maine to the next level," said the company's co-founders. "Just as importantly, we see Colgate as an excellent fit with our own cultural values." ■



Out West: The Arizona Dental Association's 2006 Western Regional Dental Convention took place in Phoenix March 16-18. Dr. Kathleen Roth, ADA president-elect, addressed some of the 5,900 attendees at an issues forum and in remarks to the AzDA house of delegates. Taking a break during the festivities are, from left: Dr. Regina Cobb, AzDA vice-president; Dr. Daniel Klemmedson, AzDA immediate past president; Dr. Roth; and Dr. Joel Glover, ADA 14th District trustee.

ADA Community Brief provides disaster response information

The May 2006 issue of ADA Community Brief provides a host of information related to preparing yourself and your practice for dealing with potential disasters.

Emphasizing the lessons learned from disasters such as last year's Gulf Coast hurricanes and the Southeast Asian tsunami of 2004, the May Community Brief relates the experiences of dental leaders in the wake of Hurricane Katrina, discusses psychological responses to disaster and provides advice on protecting both personal and practice-related information. Also discussed are avian flu, bioterrorism and the ADAF Disaster Assistance Program.

ADA Community Brief is a monthly publication that shares pertinent professional and practice information from all divisions of the ADA with the community of ADA members and dental professionals.

For more information about ADA e-publications or to subscribe, visit "www.ada.org/goto/epubs". ■

DTA adds new board members

Arlington, Va.—The Dental Trade Alliance has elected Bret W. Wise, president of Dentsply, and Scott P. Anderson, vice president of sales for Patterson Dental, to its board of directors.

Prior to joining Dentsply in 2002, Mr. Wise was senior vice president and the chief financial officer of the Ferro Corp., a chemical company in Cleveland. Mr. Anderson has been with Patterson for 14 years and was previously vice president for marketing.

The DTA is the trade association for North American dental companies. The DTA Board of Directors is a member-elected board composed of dental manufacturers, distributors and laboratories. The Board consists of six officers and 12 directors that serve three-year terms. ■

Read "It's different by ADA" and more on page 119C

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Bright victory: The Brighter Smiles for Brighter Futures steering committee pauses for a photo at its August 2005 victory celebration with its guest of honor, comedian Jeff Foxworthy (center, in brown shirt). Committee members, from left, include Dr. Jeremy Ward, Dr. Kathy Huber, Dr. Harry Gentry, Dr. Eddie Pafford, Dr. Slaid Lail, Dr. Clayton Davis, Dr. Bruce E. Carter, Dr. Janet Dunwoody and Julia Davis.

Brighter Smiles supports local cancer program

Georgia dentists offer bleaching for patients who make donations

BY STACIE CROZIER

Lawrenceville, Ga.—For Dr. Bruce E. Carter, the fundraising campaign Brighter Smiles for Brighter Futures started in 2001 with a desire to help raise money for the fight against cancer.

Dr. Carter provided cosmetic bleaching to patients who donated \$200 to the Gwinnett County, Ga., Relay For Life and ended up raising more than \$28,000 for the American Cancer Society.

During the second year of the organization, Dr. Carter began recruiting other volunteer dentists and Dr. Slaid Lail and Dr. Ralph Lehr joined the campaign. In the past six years, more than 65 volunteer dentists have raised over \$550,000 for cancer with the motto: "Dentists Curing Cancer One Smile At A Time."

Since 2004, Brighter Smiles for Brighter Futures has donated its funds to the Gwinnett Hospital System Foundation's Time Matters in the Fight Against Breast Cancer Campaign to benefit affected individuals on a more local level. (For more information, log on to "www.gwinnettmedicalcenter.org".)

"I decided to focus the fundraising efforts on breast cancer after several friends and patients of mine were diagnosed with breast cancer in

2002," said Dr. Carter. "I lost two of those friends last year to the disease. Since 2004, the funds we've raised have gone towards improving breast cancer diagnosis in our region through the purchase and upgrade of digital mammography equipment. This has reduced the wait for a routine mammogram from months to days and the hope is to reduce the wait further and to improve the quality and speed of the diagnostics."

This year, 65 participating dentists raised more than \$150,000 between Jan. 15 and April 30 by providing complimentary tray tooth bleaching to participants who donated \$250 to the Time Matters campaign.

The 2006 campaign will wrap up with a victory celebration Aug. 24. Last year's victory celebration featured Georgia-born comedian Jeff Foxworthy as its celebrity guest of honor.

"My dream is that this effort will spread throughout Georgia and eventually the nation and raise millions of dollars for all types of cancer, including children's cancers," said Dr. Carter.

For more information or details about launching a similar program in your area, contact Dr. Carter by calling, 1-770-995-7616 (office) or 1-770-722-9269 (cell) or e-mailing "bcarter@gwinnettsmiles.com". ■

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St. Barthelemy, French West Indies

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REFERENCES: 1. Data on file. 2. Shen P, Cai F, Howick A, Vincent J, Reynolds EC. Remineralization of enamel subsurface lesions by sugar-free chewing gum containing casein phosphopeptide-amorphous calcium phosphate. *J Dent Res*. 2001;80:2066-2070. 3. Reynolds EC, Cai F, Shen P, Walker GD. Retention in plaque and remineralization of enamel lesions by various forms of calcium in a mouthrinse or sugar-free chewing gum. *J Dent Res*. 2003;82:206-211. 4. Patsyuk J, Minis KK. Xylitol for Caries Prevention. *J Dent Hygiene*. 2002;76(4):276-286.

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Dennis O'Leary, M.D., JCAHO president, to retire at end of 2007

Oakbrook Terrace, Ill.—Dennis S. O'Leary, M.D., president of the Joint Commission on Accreditation of Healthcare Organizations, will retire at the end of 2007.

Under his two decades of leadership, the Joint Commission changed its accreditation process to focus on actual organization performance in providing patient care and introduced care-related outcomes and process measures, as well as national patient safety goals, into the accreditation process. JCAHO expanded beyond its original hospital base to accredit managed care plans and a full range of extended care and ambulatory care services.

Dr. O'Leary was named an honorary member of the American Dental Association in 1992. He was recently identified by Modern Healthcare as "one of the 25 most influential leaders in health care" during the past quarter century and was awarded the 2005 Distinguished Service Award, the highest honor from the American Medical Association, for his advancement of health care quality and patient safety.



Guest speaker: Dennis S. O'Leary, M.D., addresses the ADA Board of Trustees Aug. 18, 2003, at ADA Headquarters.

Dr. David A. Whiston, an oral surgeon from Falls Church, Va., former ADA president (1997-98) and former trustee (1992-1996), is the Association's representative on the Joint Commission Board of Commissioners. ■

Annual Session

Ready to volunteer?

ADA symposium offers interactive instruction

Las Vegas—Whether you'd like to provide volunteer dentistry across town or across the ocean, you might find yourself in a country or community where the culture, customs, language or working conditions might be dramatically different than those in your own office environment.

You can prepare yourself for a more rewarding volunteer experience by attending the ADA's volunteer symposium "Opportunities, Responsibilities, Rewards" in Las Vegas Oct. 14-15. The symposium is sponsored by the ADA Foundation and the Academy of Dentistry International Foundation.

The one-and-a-half day symposium, immediately preceding the 147th Annual Session of the American Dental Association, is an ideal way for dentists to learn interactively about cross-cultural communications and other volunteerism issues that affect volunteers both in the United States and worldwide.

Presenters include Dr. Jo Frencken; Dr. John Gusha; Dr. Francis Serio; Dr. Christopher Holmgren; and Susan Berryman. They will conduct interactive sessions that cover topics like training local providers, sustaining long-term projects, integrating locally specific approaches, coalition building, networking and more.

The course, sponsored by the ADA Council on Access, Prevention and Interprofessional Relations and the ADA Center for International Development and Affairs, will run Oct. 14, 5:30-9:45 p.m. and Oct. 15, 7:15 a.m.-5:30 p.m. Participants will receive 12 hours of continuing education credit for the course.

Attendance is limited to 40 dentist participants, so sign up early. Cost is \$250 and includes a Saturday evening reception for participants and a guest; Sunday breakfast and lunch. (Course code: 9096.)

For more information or to register, contact Josephine Szymczyk toll free, Ext. 2726, "szymczyk@ada.org", or log on to "www.ada.org/goto/session". ■

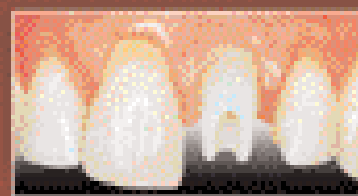


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ADA offers special deal for dentists who haven't joined

Las Vegas—The ADA is rolling out the red carpet for first-time attendees at this year's annual session.

If you're not an ADA member and planning to attend annual session, get ready for a glimpse of what organized dentistry has to offer.

Nonmembers can attend annual session in Las Vegas for a registration fee of \$75—reduced from \$750. It's a one-time offer, so dentists who came to annual session at the reduced rate last year are not eligible.

"We are excited by the success of reaching out to dentists who do not belong to the ADA and those who haven't had experiences

See LAS VEGAS, page 23

Lots to learn in Las Vegas

Choose from more than 300 continuing education courses

Las Vegas—What you learn in Vegas doesn't stay in Vegas.

The ADA has planned more than 300 scientific sessions for the 147th Annual Session of the American Dental Association, Oct. 16-19, all designed to help you bring home the latest ideas, trends and techniques in dentistry.

The following programs are filling up quickly, so register today for your best chance to attend:

- “Bringing Mainstream Dentistry to the Aging Population” (Oct. 18, free, course code: 7301). This all-day course provides

instruction on treating older adults, who will soon make up the largest portion of the dental practice, offering an unprecedented opportunity for growth. (Underwritten by a grant from GlaxoSmithKline Inc.)

- “Integrated Office Technology Programs,”

includes four hour-long courses that will help you learn about the full spectrum of modern technology and gain a better understanding of how technology can improve patient care, boost office efficiency and help build a patient-centered practice. Courses include “Why Integration Is Key for Dental Office Technology” (Oct. 18, free, course code: 7306 or 7335); “Surviving the Technology Revolution” (Oct. 18, free, course code: 7307; or Oct. 19, free, course code: 8306 or 8333); “Can Technology Help You Deliver Better Patient Care?” (Oct. 18, free, course code: 7334; or Oct. 19, free, course code: 8332); and “How Appropriate Are Current Practice Management Systems For Going Paperless?” (Oct. 19, free, course code: 8305).

- “Women’s Conference: Reinventing Ourselves Personally and Professionally” is designed to help women deal with the daily challenges associated with the multiple roles assumed by women in the dental profession (Oct. 18, \$195 dentists/\$80 staff in advance, includes lunch, course code: 7103).

- “Men’s Conference: Lifestyle Checkup for



Photo by Lagniappe Studio

Prevention Convention: Participants listen and learn during the debut of the ADA's Prevention Convention, an all-day symposium on treating and preventing periodontal disease, in Philadelphia in 2005.

Longevity” will help men recognize danger signs, reduce health risks and live their way to great longevity (Oct. 18, \$195 dentists/\$80 staff in advance, includes lunch, course code: 7102).

- “Team Building Conference XI: Don't Gamble with Teamwork” invites dentists and their teams to cultivate a collaborative approach to enhancing communication skills (Oct. 16 and 17, Four Seasons Hotel, \$245 dentists/\$115 staff in advance, includes lunch on Oct. 16, course code: 5103).

- “Two-day Aesthetics Forum” invites attendees to participate in two hands-on workshops: “Direct Composite—A System for Predictability” and “Macroaesthetic Elements of Smile Design” (Oct. 16 and 17, \$1,030 dentists/\$980 staff in advance, includes lunch both days, course code:

5201).

- “Prevention Convention” is a full-day symposium including everything you would ever want to know about preventing and treating periodontal disease (Oct. 16, \$120 dentists/ \$80 staff in advance, course code: 5101).

- “Technology Day” offers unique round-table sessions throughout the day so attendees can learn to fine-tune the tech side of dental practice (Oct. 17, \$195 dentists/\$80 staff in advance, course code: 6101).

For details on these and hundreds of other continuing education courses, log on to “www.ada.org/goto/session” and use the online search function to find programs sorted by topic, speaker, name or date, or consult your annual session Preview. ■

June 2006

Epiphany® Case of the Month

Epiphany case description and radiographs courtesy of Dr. Harald Prestegard, Sarpsborg, Norway



A 15-year-old female presented for treatment of her mandibular left first molar. The tooth was tender to percussion, did not respond to pulp testing with Endo Ice™, and exhibited a radiolucency around both apices that extended into the bifurcation. The diagnosis was apical periodontitis with a sinus tract. Root canal therapy was recommended.

Local anesthesia was administered, a rubber dam was applied and an access cavity was prepared. Working lengths were established with a #15 K-File™ file and a Root ZX™ apex locator. The canals were instrumented with NiTi rotary instruments. The canals were irrigated with 1% sodium hypochlorite and 17% EDTA during the instrumentation followed by a 5 minute soak in 2% chlorhexidine digluconate. Calcium hydroxide was used as an interappointment dressing and the access cavity was sealed with Cavite-GI™ and IRM™.

When the patient returned in 6 weeks, the tooth was asymptomatic and the sinus tract was closed. The calcium hydroxide was removed with NiTi instruments. Irrigation was completed with 1% sodium hypochlorite followed by 17% EDTA. The canal was dressed for 5 minutes with 2% chlorhexidine digluconate. Resilon™ cones were tried in, and a radiograph was taken. The root canal was dried with sterile paper points. The canals were conditioned with Epiphany® primer and excess was dried with paper points. Epiphany® sealer was applied with a lentulo spiral and Resilon™ points coated with sealer. The obturation was performed using cold lateral condensation. The root-fillings were removed 2mm apical to the orifices and sealed with IRM™ plugs. The access cavity was filled with IRM™ and a final radiograph was taken.

At the 5 month follow up, the patient was asymptomatic. Clinical and radiographic examination revealed favorable healing.

For available research and more case radiographs using the Epiphany® System and Resilon™ obturation material, please visit www.resilonresearch.com.

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Enjoy one-stop shopping at ADA Marketplace

Las Vegas—While you're at the 147th Annual Session of the American Dental Association, be sure to plan plenty of time to explore the ADA Marketplace, where you can learn about, compare and shop for the latest dental products and technologies in a user-friendly, hands-on environment.

The ADA Marketplace, showcasing the products of more than 700 companies, organized into four easy-to-find, color-coded categories, will be open Oct. 17 and 18, 10 a.m.-5:30 p.m., and Oct. 19, 9 a.m.-4:30 p.m.

Make your shopping list in advance and allow time to visit all four categories. Visit the red section for over-the-counter and pharmaceutical products; the blue section for dental services; the green section for materials and infection control products; and the purple section for instruments and equipment. All exhibits are located under one roof, so moving from one category to another is a snap.

For your convenience, the ADA has added food and beverage options in the exhibit hall. Upcoming issues of ADA News and the on-site Official Guide will include more information on exhibit hall food service options.

Highlights of the 2006 ADA Marketplace include the Exhibitor Coupon Book, featuring show discounts, free products and exciting contests and drawings; and an improved New Product Showcase, highlighting the latest, most innovative products from

exhibitors; and one-hour continuing education programs featuring topics from new technologies to the latest in office design.

When you shop at the ADA Marketplace, don't forget to participate in the ADA Marketplace Super Sweepstakes for a chance to win one of three trips to the 2007 ADA annual session in San Francisco or the grand prize—a flat screen TV valued at \$5,000. Hourly prizes from \$100 to \$2,000 will also be drawn. (See your Exhibitor Coupon Book or the annual session Preview, page nine, for contest details.) ■



Extend your Las Vegas stay for post-session CE and Nevada spa luxury

Las Vegas—Wrap up your Las Vegas continuing education and pamper yourself with resort amenities by attending ADA post-session seminars Oct. 20 and 21 at the Ritz-Carlton, Lake Las Vegas.

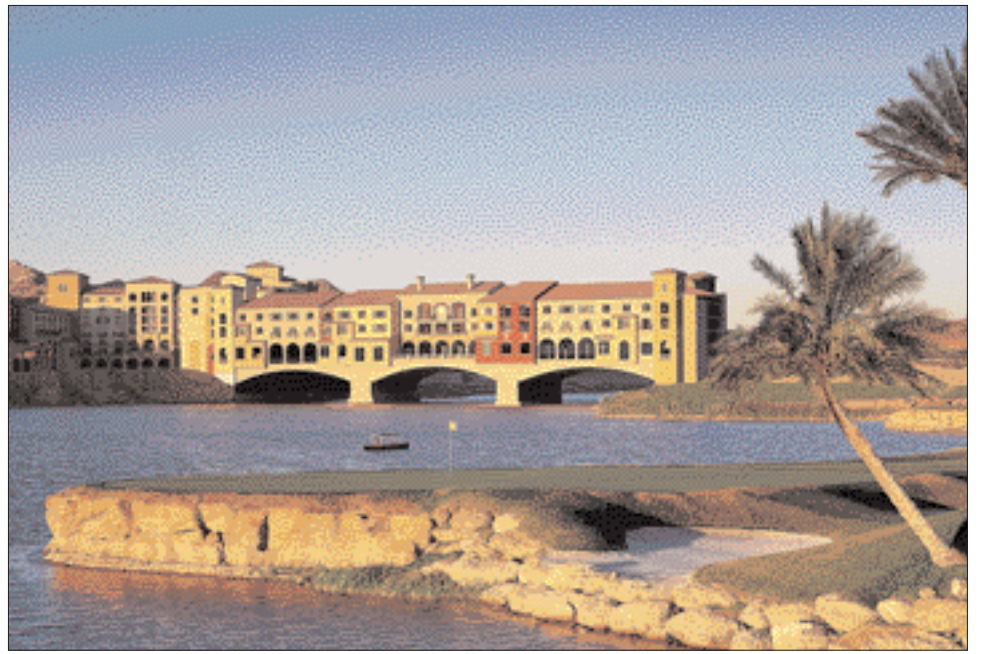
The luxury, Tuscan-inspired resort, just 17 miles from the Las Vegas Strip, offers a spa and fitness center, 36 holes of championship golf on courses designed by Jack Nicklaus and Tom Weiskoph, outdoor recreation, water sports and year-round family activities. The Medici Café and Terrace serves gourmet American cuisine and guests can also enjoy shopping, gaming, lakeside entertainment, movies, festivals and live concerts.

Seminars include “Creating a Cosmetic Practice Within Your General Practice,” by Dr. Gary Radz, Oct. 20 and Oct. 21, 8 a.m.-noon (course code: 9097) and “Pardon me, Your Face Is Showing,” a communications course by Larry R. Wintersteen Oct. 20 and 21, 1-5 p.m. (course code: 9098). Courses are \$200 in advance.

Register for post-session seminars through the ADA at “www.ada.org/goto/session” and be sure to also secure your hotel reservations by calling

the Ritz-Carlton, Lake Las Vegas toll-free at 1-800-241-3333. (Be sure to reference “American Dental Association Post-session Seminars.”) ■

The “other” Las Vegas: Enjoy learning and luxury by attending an ADA post-session seminar at the Ritz-Carlton, Lake Las Vegas.



Las Vegas

Continued from page 21

with the American Dental Association and its programs,” said Dr. Raymond Cohlma, chair of the Council on Membership.



Dr. Cohlma

Events geared to first-time attendees last year resulted in more than 100 non-members joining the Association. It

goes to show, Dr. Cohlma noted, the impact of grassroots communication.

“We heard from last year’s first time-attendees that they were amazed by the depth of benefits, programs and services they could enjoy at the meeting—continuing education, networking, the orientation center, the ADA Pavilion and so much more,” he said. “The Council on Membership supported welcoming dentists who may be thinking of joining the ADA to our annual session again this year with the hopes that they will see the value and benefits of ADA membership and join.”

Among the special activities slated for Las Vegas is the First-Time Attendee Orientation Center. In 2005, the center attracted hundreds of dentists during annual session, providing a respite from the crowds and assistance with all session has to offer.

Upon registration, first-time attendees will receive information on the center and how to get there.

To register for the 2006 annual session, call 1-312-440-2388 and request an annual session Preview, or go to “www.ada.org/goto/session”. ■

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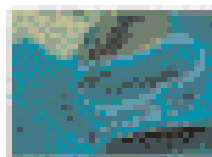
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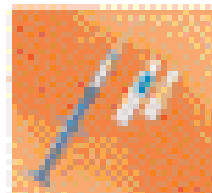
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