8-7-2006

ADA News - 08/07/2006

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AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

AUGUST 7, 2006 VOLUME 37 NO. 14

ADA advocacy earns praise from military

BY CRAIG PALMER

Washington—Military researchers credit ADA advocacy for advances in dental research promising combat zone and humanitarian payoff.

The military is field testing dental equipment used by Marines in Iraq and Afghanistan, a forward deployable dental dressing for lost fillings, fractured teeth and other field emergencies and an antimicrobial peptide

See ADVOCACY, page eight

■ **ADA officer candidate statements, page 18**

BRIEFS

Giving: The ADA Foundation's new booklet, Growing Through Giving, details how its donors' generous gifts touched lives through charitable assistance, access to care, research and education.

The report details how a record $3,304,478 was received and dispersed in 2005 and shares some personal stories, including the story of Hurricane Katrina victim Dr. James W. Briggs of Metairie, La.

"Clutching his beloved dog, Dr. Briggs survived by clinging to floating debris for eight hours. His entire dental practice was washed away. ... Living on dwindling rations in 94-degree heat with no electricity or fuel, Dr. Briggs was located days later by a colleague who then helped connect him with the ADA Foundation.

"Dr. Briggs fondly remembers, '…the Foundation reached out like a close neighbor. They said they would help me. And overnight, a check arrived.'"

The report was mailed to donors and is available in PDF format online. Log on to "www.adafoundation.org" for details or to download the booklet. The Web site also includes links to a full list of grants and information on how to support the ADAF or apply for a grant. ■

JUST THE FACTS

Dental practice

Average number of patients seen weekly per dental hygienist in solo dentists' primary private practices.

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

No need to buy NPI kits

Compliance is easy, says council chair

BY ARLENE FURLONG

"There is no need for dentists to pay an outside, for-profit vendor for materials or guidelines about the national provider identifier."

That's Dr. Gordon R. Isbell lll, chair of the Council on Dental Practice.

"It's as easy as ABC to apply for an NPI," says Dr. Isbell. "For step-by-step directions or answers to any questions, go to ADA.org. Do it today."

The national provider identifier is a 10-digit standard identification number for health care providers, required by May 23, 2007, under the Health Insurance Portability and Accountability

See NPI, page 16

5,000-pound hug: A worker says goodbye July 29 to the mother figure in the "Family" sculpture that stood since 1969 in the west courtyard of the ADA Headquarters building in Chicago. The 16,000-pound bronze sculpture was moved into storage as work on remodeling the building's lobby gets under way. Story, page 11.

Dr. Golub awarded ADA Gold Medal

BY JENNIFER GARVIN

Stony Brook, N.Y.—Though the laboratory is where you're most likely to find him, Dr. Lorne Golub is no stranger to being in dentistry's spotlight.

Even so, when he learned that ADA Executive Director James Bramson was on the other end of a July 12 phone call, he admitted he was a little nervous.

"For the first 10 seconds, I think I stopped breathing," Dr. Golub said.

■ **Alaska update, page nine**

Dr. Bramson was calling to congratulate Dr. Golub on receiving the 2006 ADA Gold Medal Award for Excellence in Dental Research.

A previous recipient of the ADA's 2001 Norton M. Ross Award, Dr. Golub said he was very excited by the news of the Gold Medal Award, the ADA's most prestigious scientific honor, which is awarded every three years.

The award includes a $25,000 cash prize, an inscribed gold medal and a three-year position on the ADA Council on Scientific Affairs. It will be presented

See DR. GOLUB, page 15

Break time: More than 300 turned out for the New York University Student National Dental Association's first Oral Cancer Walk April 15 in Harlem, N.Y., raising awareness of oral cancer and $20,000 in donations. Pictured above, SNDA members take a break from oral screenings and education with Gerald Deas, M.D., the author and public health crusader who promoted the walk on his TV show. From left are Jocelyn Jeffries; Dr. Margaret Funny; Dr. Khadine Alston, walk organizer; Jasmine Nicolas; Dr. Deas; and Dr. Dionne Finlay.

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EDITOR: Dr. Michael Glick
ASSOCIATE PUBLISHER: James H. Berry
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ADAF, Dentsply launch fellowship

Student clinicians can apply for summer session at PRC

Student researchers: Winners of the 2005 ADA/Dentsply Student Clinician Program meet at ADA Headquarters in February. Student clinicians in 2006 have the opportunity to apply for a new summer fellowship sponsored by the ADA Foundation and Dentsply International. Pictured, from left, are Lee D. Pham, ADA President Bob Brandjord, Megan Robl, Aaron Cregger, ADA Executive Director James Bramson and Dentsply's George Rhodes.

BY STACIE CROZIER

Now in their 47th year of encouraging dental students to think about careers in dental research, the ADA Foundation and Dentsply International will introduce a new summer fellowship exclusively for their student clinician competitors.

The ADA Foundation Dentsply Student Research Fellowship will give a budding researcher the opportunity to work with world-class dental researchers in a 10-week summer session at the Foundation's Paffenbarger Research Center in Gaithersburg, Md., its research center located on the National Institute for Science and Technology campus.

"We are very pleased to work with Dentsply to promote this award and research," said Dr. James Bramson, ADA executive director. "Dentsply has been a leader in student research for years both domestically and internationally with its student clinician programs. And this shows their continuing commitment to student development and growth."

The first winner will serve a fellowship in the summer of 2007. The winning student will receive a $4,100 stipend plus room and board in a long-term stay facility that houses 40-60 NIST summer research fellows.

"We share the Association's excitement in launching the ADA Foundation Dentsply Student Research Fellowship," said George Rhodes, Dentsply International vice president for professional relations and corporate communications. "It's a great addition to our Student Clinician Program in that it raises awareness of dental research career choices while offering a significant opportunity for the fellowship recipient."

Students entered in the 2006 competition should have received information and an application in the mail. Applications must be submitted to the ADA Foundation, 211 E. Chicago Ave., Chicago 60611 by Sept. 1. The winner will be announced at the 2006 ADA/Dentsply Student Clinician Program in Las Vegas this October.

For more information, contact Dwight Edwards, ADA Foundation director of development, by calling toll-free, Ext. 4717 or e-mailing "edwardsd@ada.org". ■

Special Care Dentistry calls for abstracts for 2007 annual meeting

Are you interested in being a part of the 19th Annual Meeting on Special Care Dentistry in May of 2007?

Special Care Dentistry Association's call for abstracts is open until Sept. 1. Proposals that reflect the 2007 theme, The Aging of Special Needs Populations, are encouraged. The meeting will be held May 2-5, 2007, at the Denver Marriott Tech Center.

The SCDA annual meeting is joining forces with the 2007 National Oral Health Conference to bring together two premier events at one location. An exhibition and a designated joint educational day will be included.

Download guidelines, including submission format and standards, at "www.scdonline.org" or submit an abstract online at "http://dental.pacific.edu/sdc/07". ■

ViewPoint

MyView

Everything I know about dentistry I learned from golf (almost)

Barry Howell, D.D.S.

I used to play tennis. Throughout high school and college, I lived on the tennis courts. Then, one fateful day, a letter arrived from Indiana University School of Dentistry (an obvious computer glitch), inviting me to join the fall freshman class. Once the shock and amazement had worn off, my family and friends confided in me, "You know, if you're going to be a doctor, you need to learn to play golf."

OK, how hard could it be? I was used to returning side-spinning 100 mph serves from 120 feet away. This little white golf ball just sat there on a toothpick waiting to be airmailed into the next county. So with an old set of clubs on my shoulder and a sleeve of balls in hand, I set out to bring the course to its knees.

I lost all three golf balls on the first hole. They just vaporized into thin air. I turned around and marched into the clubhouse and immediately signed up for lessons. One thing I learned from tennis is that if you try to teach yourself a sport, you will have a fool for an instructor and an idiot for a student.

The golf pro must have had a soft spot for the completely inept. With the patience of a saint, he not only taught me the proper physical nature of the game, but the all-important mental attitude to playing golf. In a Phil Jackson (the Bulls' and Lakers' basketball coach) sort of way, the pro tried to teach me the Zen of combining the mental and physical aspects of the game. Being physically unable to assume the standing-crane-bent-beak position, it took me longer than most to fully appreciate the wisdom being heaped upon me. But eventually I began to understand that learning and playing golf was a lot like mastering any other discipline. It's not just about physical ability—but also how we apply these skills to the world around us.

Taking those early lessons, and a few more I picked up along the way, I've used them to help me with my other favorite pasttime: dentistry. So with great respect to those marvelous golf professionals (who had the decency not to laugh at me to my face), I give you these pearls of wisdom. Feel free to try them out the next time you hit the links, or your office.

Tip #1. Golf—Keep your head down and your eye on the ball.

Dentistry—Stay focused on the job at hand, no matter how routine. Don't be cutting a prep and thinking about your next tee time. Your patients deserve your very best at all times.

Tip #2. Golf—Grip the club gently, like you would hold a baby bird.

Dentistry—Handle your office staff with respect and appreciation, not as a tyrant. They are capable of doing their jobs; that's why you hired them. Allow them to learn and grow in their jobs; in the end, it will only make yours easier.

Tip #3. Golf—Manage the course by selecting shots that play to your strengths.

See MY VIEW, page five

LettersPolicy

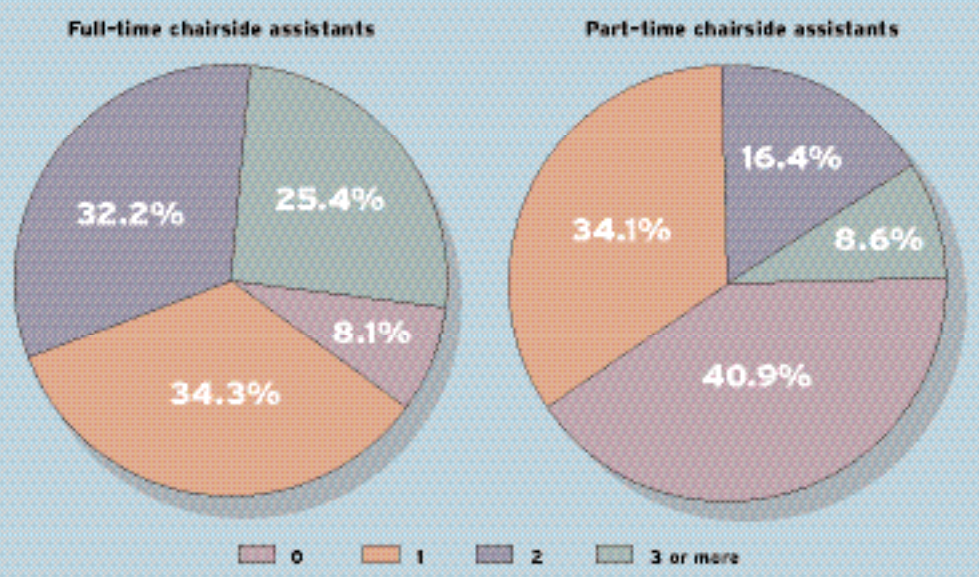
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

SNAPSHOTS OF AMERICAN DENTISTRY

Workforce needs

On average, dentists employ two (2.2) full-time and one part-time chairside assistants. Some 91.9 percent of dentists employ one or more full-time chairside assistants.

Number of full-time and part-time chairside assistants employed by dentists



Source: American Dental Association, Survey Center, 2005 Workforce Needs Assessment Survey

Letters

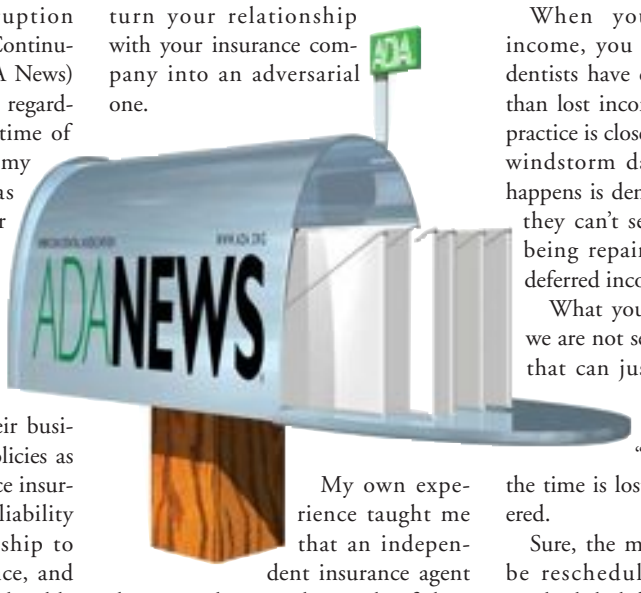
Business interruption

The article on emergency and disaster preparedness for the dental practice ("Risk Management Experts Tell Dentists How: Business Interruption Insurance, Records, Practice Continuity Highlighted," April 3 ADA News) raised many important points regarding loss prevention during a time of great personal stress. Early in my career, my dental office was badly damaged and closed for two weeks following a tornado. I learned from experience the importance of business interruption insurance and that it should never be purchased as an afterthought.

Many dentists purchase their business interruption insurance policies as a package with their malpractice insurance. However, professional liability insurance has little relationship to business interruption insurance, and very few dentists are knowledgeable about this important class of protective insurance.

Dentists should realize that package arrangements that bundle professional liability, office, business interruption and other insurance—although convenient—may limit the amount or quality of what is available if purchased separately.

In the article, Michael Peterman of the Insurance Program for Dentists of the Redwoods Group Inc., stated, "When there's a business income loss, we end up getting into forensic accounting." Unfortunately, situations like this happen all too often and may turn your relationship with your insurance company into an adversarial one.



My own experience taught me that an independent insurance agent that specializes in the needs of dentists is the best source for business interruption insurance.

The independent agent will make your life a lot easier—acting as both your risk assessment advisor by reviewing all of your insurance needs with recommendations of available products, and your advocate as you attempt to recoup your losses.

Steven M. Lash, D.D.S.
West Bloomfield, Mich.

Watch out

I beg to differ with one of the assumptions in your article on practice interruption insurance.

When you describe deferred income, you state, "In many cases, dentists have deferred income, rather than lost income. For example, if the practice is closed due to a minor fire or windstorm damage, typically what happens is dentists reschedule patients they can't see while the damage is being repaired. This is defined as deferred income, not lost income."

What you seem to forget is that we are not selling a tangible product that can just be re-sold at a later date, but providing a service where our "product" is time. Once the time is lost, it can never be recovered.

Sure, the missed appointments can be rescheduled, but they will be rescheduled for a time supplanting another patient's time slot with the resulting loss of income. If you have a busy practice, where do you put these rescheduled patients, since you can't put two people in the same chair at the same time?

When I had water damage in my office and had to reschedule patients, I had to battle the insurance company to make them understand this con-

See LETTERS, page five

Letters

Continued from page four

cept. Sure, I might have been able to re-schedule patients to open time slots, but not without working until 3 a.m. every day and all day Sunday.

Daniel B. Krantz, D.D.S.
Somerset, N.J.

Editor's note: The experiences of Drs. Lash and Krantz underscore the importance and complexity of business interruption insurance. The risk managers quoted in the April 3 article agree that dentists should work closely with their insurance agent each year to assess their financial exposures and define coverage, so as to avoid interpretive issues over accounting practices and insured values when filing a claim.

CDHCs

Are the people on the ADA committee serious ("New Dental Team Member Proposed," May 15 ADA News)?

Why not simply call these new people PPP's—short for poor person provider, and then set an income limit? Patients above the limit are not eligible for treatment. But, what about the fee structure?

Is the insurance industry pushing this? Will there be a different fee structure for a community dental health coordinator (CDHC) vs. a DDS/DMD? Will employers of the future have a choice of insurance plans—one for dentist treatment and one for CDHC treatment?

Where will these people be trained? We already don't have enough schools/programs for assistants or hygienists.

A better answer is to ease the barriers to entry for expanded function dental assistants, hygienists, assistants and others. Allow the dental office to become more efficient. Let the marketplace work! Make it worthwhile for dentists to work in underserved areas.

Donald Silverman, D.M.D., M.B.A.
Philadelphia

Use current team

The community dental health coordinator (CDHC) proposal is completely redundant and unneeded.

There is nothing in the proposed duties that cannot be performed by a DANB (Dental Assisting National Board) certified dental assistant or a licensed dental hygienist. Although specific duties allowed may vary slightly from state to state, the education received by either the CDA or the RDH far exceeds what is being proposed. Just take a look at the accreditation standards for dental assisting and dental hygiene programs.

The only way dentistry is going to maintain its identity as a profession, provide high quality dental services and solve access to care problems is to recognize that the current members of the dental team can do much more for our patients than we are allowing them. In particular, dental hygiene's scope of practice can be broadened (with additional education requirements) to safely provide many of the services that the Alaska dental health aide therapists are performing. A similar model has been adopted by medicine in the form of

See LETTERS, page seven

MyView

Continued from page four

Dentistry—Do the dentistry that you are good at. If you are uncomfortable with a procedure, there is no shame in referring to someone more qualified.

Tip #4. Golf—Take dead aim (with all due respect to Harvey Penick).

Dentistry—Set your goals and stick to them. Either on the business side or in the operatory, evaluate where you are and where you want to be. Make a plan and get there.

Tip #5. Golf—Golf is a game of integrity. If you commit an infraction of the rules, penalize yourself according to the rules.

Dentistry—We all make mistakes, but sometimes they are not obvious to others at that time. If something goes wrong, be a professional and inform the patient of the problem. Then do whatever is necessary to make it right.

Tip #6. Golf—Follow through and finish your swing.

Dentistry—Treatment plan your cases with a definite end in sight. Then plan your time with the patient to accomplish the goal in the most efficient manner possible. Treatment that drags on forever is discouraging to both you and the patient.

Tip #7. Golf—When you're in trouble, get the ball back into play. Don't try for the one-in-a-million hero shot.

Dentistry—Sometimes the low probability of success and cost of saving a tooth just isn't worth it compared to the long-term, high success alternative of replacement. Carefully evaluate where this case will be in the years to come based on the treatment proposed.

Tip #8. Golf—It's the archer, not the arrow.

Dentistry—When things go wrong, don't look for other people, places or things to blame. You are ultimately responsible for what goes on in your office. Identify the problem and fix it.

Tip #9. Golf—Commit to your shot and make solid contact.

Dentistry—Second-guessing puts doubt in you and your patients. If you seriously question your plan, offer a second opinion. If you have made a good plan, proceed with confidence.

Tip #10. Golf—Relax and enjoy the game.

Dentistry—Relax and enjoy one of the best professions on earth.

I still play tennis during the winter months. It's a wonderful sport and a great conditioner. But when I find that quiet moment at the end of the day, I sit back and daydream of the perfect golf shot or the perfect crown prep. Both make me smile.

Dr. Howell is the Illinois State Dental Society's Central Eastern District Trustee. His comments, reprinted here with permission, originally appeared in the May issue of Illinois Dental News.

ADAReports

ADA member benefit makes recruiting office staff easier

BY ARLENE FURLONG

"Recruiting new staff is one of the greatest challenges of managing a dental practice. Now, there's a great ADA member benefit to make it easier."

Dr. Isbell

That's Dr. Gordon R. Isbell III, chair of the ADA Council on Dental Practice, speaking about a new member benefit through CareerBuilder.com.

ADA members will receive a 15 percent discount on job postings for dental team members when they use CareerBuilder.com. In addition, they can obtain the resumes of up to 25 candidates through CareerBuilder's SmartJob tool, a benefit valued at $125 that ADA members are entitled to use at no cost.

User-friendly features were among the characteristics attracting the ADA to the benefits CareerBuilder could offer ADA members.

"When you consider dental staff recruitment tools, the Internet provides the greatest speed and efficiency," said Laura A. Kosden, publisher and associate executive director, ADA Publishing Division. "With greater accessibility to such a large Internet career site, dentists will have better opportunities to find the candidates they're looking for."

In fact, dentists may start receiving applications minutes after posting an available position, according to Jason Lovelace, vice president of corporate marketing for CareerBuilder, who says some 23 million people access the site on a monthly basis.

"Dentists can really narrow down the search to find the candidate they're looking for by using key words that will reveal applicants entering the same kind of information," said Mr. Lovelace.

Interested ADA members can visit "www.careerbuilder.com/ada" to take advantage of this new offer.

Do you need help complying with the ever-changing legalities of employee management compliance with federal and state laws? Check out Smart Hiring: A Guide for the Dental Office. This ADA resource can make these tasks easier.

It's available in three formats: book only, CD-ROM only, and book and CD-ROM. Order online at "www.adacatalog.org" or call the ADA Member Service Center at 1-800-947-4746. ■

Podcasting offers information via cutting-edge technology

BY KAREN FOX

Responding to increasing demand for information via cutting-edge technology, the ADA has produced a series of dental practice podcasts available for free download at "www.ada.org/goto/podcasts".

"For the tech-savvy dentist, this is a convenient way to access information," said Dr. David Farinacci, chair of the ADA Council on Communications. "We're targeting younger dentists simply because they are more accepting of this technology, but as time goes by this could become more mainstream for all of our members."

Podcasting is a method of distributing multimedia content such as audio programs over the Internet using the Really Simple Syndication delivery format. The audio programs can then be played back on digital media players such as the Apple iPod or a personal computer.

Each podcast is approximately 20 minutes long featuring a moderator and one or more subject matter experts. Current podcast topics include:

- "Internet Marketing" with Dr. Keith Rossein, editor of Implant News & Views and a former speaker for the ADA Seminar Series.
- "Finding and Keeping the Patient" with Cathy Jameson, founder, president and chief executive officer of Jameson Management Inc.

Coming this fall:

- "Strategic Planning and Systems Development" and "Taxes and Business Planning" with Dr. Gary DeWood, resident faculty, The Pankey Institute, associate professor and director of the faculty practice at the University of Tennessee College of Dentistry, and Dr. Dennis Munholand visiting faculty at the Pankey Institute and developer of the Revenue Goal Planner software.

Communication-savvy: Dr. David Farinacci, Council on Communications chair, and Dr. Sally Cram, council vice-chair, discuss technology with the council at its June 16 meeting.

The ADA podcasts can be found in all major podcast directories, including iTunes, Odeo, Podfeed.net and others. The ADA's podcast feed is managed by Feedburner, the world's largest feed management provider. Listeners can subscribe to the podcast, stream it directly from ADA.org or save it to their hard drives and listen to it later—either on their PC or from a digital mp3 player or iPod.

Those who are new to podcasts are encouraged to view the ADA's Podcast FAQ at "www.ada.org/goto/podcast". The ADA is interested in feedback regarding the podcasts, too. Listeners can go to the Web site and click on "What do you think?" ■

ADA CE online

E-learning developed for dental professionals

BY KAREN FOX

The ADA last month officially launched ADA CE Online, the continuing education program for dental professionals.

General dentists, specialists, dental hygienists, assistants and team members can now earn CE credits on ADA CE Online ("www.ada.org/goto/ceonline"). All are encouraged to check out the new program, take the free CE course and view a demo of the program and the 58 peer-reviewed courses currently available.

The quality of the courses and the peer-review distinction set ADA CE Online apart from other CE programs, said ADA President Bob Brandjord.

"All of our courses are reviewed by an editorial board and address the current topics faced by dental professionals," he stated.

"The ADA is dedicated to providing high quality learning experiences that advance the practice of dentistry and make for a more positive patient experience," added Dr. James Bramson, ADA executive director.

An editorial board reviews the ADA CE Online course content to ensure that all courses meet ADA CERP standards for distance learning and educational value. A separate advisory committee provides guidance to the editor-in-chief, editors and editorial board concerning the AD CE Online mission, relevance and quality.

"Typically, dental CE is one-dimensional," said Roger Adams, director of information technology at ProBusiness Online, the company with which the ADA partnered on ADA CE Online. "However, this program highlights several e-learning dimensions."

"The ADA is dedicated to providing high quality learning experiences that advance the practice of dentistry and make for a more positive patient experience."

Included among its unique functions are a content-driven virtual textbook; the ability to listen to audio text; PowerPoint presentations with voice overlay; links to other sites without losing your place in the CE course; downloadable documents; a customer service team; and access 24 hours a day, seven days a week, 365 days a year.

Course information such as abstracts and outlines can be previewed before paying for a course, and the system gives dental professionals the ability to work on a course, stop, log in later and resume the course at the place where he or she had stopped.

Users can also take a course until a passing score is achieved with assistance from the program. For example, when a question is answered incorrectly, a reference pops us with relevant course information.

ADA CE Online provides access to courses using the Microsoft Internet Explorer browser for enrollees with 56k dial-up Internet connection or high-speed connectivity.

ADA CE Online is priced at $28 per CE hour for members and $42 per hour for nonmembers. Enrollees have access to courses all day, every day of the year and have one year from the date of purchase to complete the courses.

Upon successful completion, enrollees receive an electronic certificate showing the hour(s) of CE earned. Potential enrollees should check with their state dental licensing board to determine those courses acceptable for licensure purposes.

For more information visit ADA CE Online at "www.ada.org/goto/ceonline" or call 1-877-423-2231. ■

Find SUCCESS at 2006-07 seminars

This year marks the 24th for the SUCCESS Seminar Program, a one-day practice management seminar open to junior, senior and resident dental students.

The seminar, coordinated by the ADA Council on Dental Practice, is presented by dentist volunteers and covers such topics as associateships, practice options, dental benefit plans, practice purchase and financing, marketing strategies and the dental team.

The 2006-07 program is free to dental students through the corporate sponsorship of: ADA Insurance Plans; A-dec Inc.; AXA Equitable; Chase Education Finance; the CNA Insurance Companies and Brown & Brown Insurance; Dentsply International; Matsco; Patterson Dental Supply Inc.; Pfizer Consumer Healthcare Division, Pfizer Inc.; Sullivan-Schein, a Henry Schein Co. and Sunstar Butler.

The seminar schedule is as follows:

- Sept. 8, Tufts University;
- Sept. 15, University of Colorado;
- Sept. 23, Arizona School of Dentistry & Oral Health;
- Sept. 29, University of Louisville;
- Sept. 30, University of Oklahoma;
- Oct. 3, New Jersey Dental School;
- Oct. 7, Southern Illinois University/University of Illinois at Chicago;
- Oct. 11, Medical College of Georgia;
- Nov. 8, Howard University;
- Nov. 15, University of Connecticut Health Center;
- Nov. 17, Nova Southeastern University;
- Nov. 18, University of Michigan/University of Detroit Mercy;
- Nov. 28, Virginia Commonwealth;
- Dec. 16, University of Pennsylvania;
- Jan. 18, 2007, University of Pittsburgh;
- Jan. 25, 2007, University of Nevada-Las Vegas;
- Jan. 27, 2007, University of Southern California School of Dentistry;
- Jan. 29, 2007, Temple University;
- Feb. 1, 2007, Creighton University;

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Letters

Continued from page five

of nurse practitioners, and it has been extremely successful.

If we persist in trying to create "new" dental team members instead of fully utilizing the available educated and trained personnel that we have now; if we do not form a united front of dentists, hygienists and assistants to provide quality dental care; and if we do not address the access to care problems the nation faces, then we can expect that the Alaska model will be adopted in more and more places.

Do not forget that the Alaska dental health aide therapists' model is very attractive to both politicians and lay persons, and only a united front of all dental team members will prevent its nationwide adoption.

Luis E. Arzola, D.M.D.
Head, Department of Dental Hygiene
Catawba Valley Community College
Hickory, N.C.

Editor's note: According to Dr. Perry Tuneberg, ADA 8th District Trustee and chair of the presidential committee that developed the community dental health coordinator proposal, CDHCs will be employed primarily in community health centers and clinics serving communities with no or limited access to dental care.

The CDHC will be formally trained and credentialed. Some components of the training will be similar to those provided in dental assisting and dental hygiene programs. However, responsibilities such as screening for oral health problems and developing and implementing community based oral health promotion programs will be strongly emphasized.

While any member of the oral health care team—including a dental hygienist or a dental assistant—may become a CDHC, the new position is intended to bring new qualified individuals to the team without diluting an already short supply of dental hygienists and assistants.

What's more, having dental assistants and dental hygienists serve as CDHCs would require additional time and coursework in an already crowded schedule. The allied team members will share some duties, but the additional training in community involvement and communication in long-term prevention programs is what will ultimately drive the public success for this program.

Dr. Tuneberg and his committee members believe that the CDHC will offer a safe, efficient and cost effective means of serving communities with no or little access to care.

Extreme makeovers

I'm sorry but I can't bite my lip any longer. Is there not enough dentistry to do that we treatment plan and cut down perfectly good teeth? What has dentistry turned into?

I've been a dentist for 33 years, and more and more I see articles in journals where perfectly good teeth are being cut down for porcelain facings. Would not a smooth diamond or a sandpaper disc cosmetically re-contour teeth for $50-75?

Most of my patients would kill just to have the before dentition. I think putting six porcelain veneers in that mouth is a crime. Not only is perfectly good enamel being sacrificed but what about the problem five, 10, 15 years from now?

Don't tell me you haven't had patients break or crack facings.

William H. Hillmann, D.M.D.
Manassas, Va.

Editor's note: The Council on Ethics, Bylaws and Judicial Affairs addressed Dr. Hillmann's concerns in a JADA Ethical Moment feature titled "Extreme Makeovers." To read the article, go to "http://jada.ada.org/cgi/content/full/136/3/396".

Survey Center

I read in the recent edition of the ADA News that the ADA has a fee survey available to members for the sum of $125 ("Fee Survey," June 19 ADA News). How do you justify charging members for a survey of themselves? I am sure our dues to some limited extent help fund the survey or the department that ran the program.

This should be made available to members at no charge and the fees charged to others should cover the costs. If this can't be done then do not do the survey.

W. Edmund Magann Jr., D.D.S.
Stroudsburg, Pa.

Editor's note: Unfortunately, members' annual dues do not cover the cost of providing reports to every ADA member for no charge.

The cost of collecting and analyzing survey data—in addition to writing and publishing the reports from our many survey projects—makes it impossible for the Survey Center to provide all member dentists with a complimentary copy.

Salable materials (sold to both ADA members, nonmembers and commercially), such as the Survey Center's reports, also provide the Association with a source of nondues revenue. Such revenue helps the Association keep dues increases to a minimum and provides support for other ADA projects and programs, says the ADA Survey Center.

All ADA members can obtain a copy of any Survey Center report (including the 2005 Survey of Dental Fees) on loan from the ADA Library. There is a $10 service charge to cover shipping costs. Please call 1-312-440-2653 for more information.

Pediatric dentistry meeting next month

Hyannis, Mass.—The Northeast Society of Pediatric Dentistry will hold its annual meeting here Sept. 15-17.

This year's event, "Practice Management for the Pediatric Dental Team," includes topics on choosing the ideal dental team, hiring and retaining competent staff, and an endodontics lecture.

For details, contact Dr. Bob Moreau by phone 1-508-337-3307, fax 1-508-337-3317 or "DrBobpediatricdental@comcast.net". ■

Government

Military dental research pays dividends for combat, civilians

BY CRAIG PALMER

Military dental researchers say the American Dental Association has lobbied effectively for appropriations supporting research that may be useful in combat and civilian practice.

• They call it for now the Forward Deployable Dental Dressing. The dental materials laboratory at the Naval Institute for Dental and Biomedical Research, Great Lakes, Ill., recently completed design and formulation of a temporary dressing "to enable dentists, corpsmen and fellow war fighters to easily and efficiently treat dental emergencies such as lost fillings and fractured teeth in the field. We are completing instructions for the product insert and discussing final delivery system plans with Ultradent Products Inc., to manufacture and test this product in the very near future." The FDDD is in search of new nomenclature.

• The Army Dental and Trauma Research Detachment (USADTRD) science program in conjunction with Case Western Reserve University has developed a face shield lighter than models currently available to stop ballistic rounds and secondary projectiles and "is working on refining transparency and design questions that will still allow soldiers to accomplish their missions."

• An antimicrobial peptide chewing gum for issue in military rations has promise for fighting plaque and post-trauma infection.

• The Great Lakes NIDBR has completed field dental equipment testing of the Authorized Dental Allowance equipment Marines use in the field in Iraq and Afghanistan. This was a four-year study that produced "very good" information on mobile dental equipment not only useful to the military but to civilian dentists needing mobile equipment for humanitarian missions or nursing home visits.

• Wound-healing adjuncts, salivary markers and diagnostics, tests for TB and anthrax immunization status and a miniaturized fluorescence polarimeter are among other research efforts cited.

• There are two digital Panorex X-ray units in Iraq, each weighing more than 250 pounds. The USADTRD is working to reduce the weight and size of Panorex machines for deployment. ■

Photo by Judy R. Lazarus. Courtesy of Naval Institute for Dental and Biomedical Research

Research update: ADA President Bob Brandjord (second from right) tours the Recruit Training Command's Branch Dental Clinic, on July 11, at Naval Station Great Lakes north of Chicago. With him are, from left, Cmdr. John Bloom, Cmdr. Scott Jensen and Capt. Michael Anderson, commanding officer, Naval Health Clinic. Dr. Brandjord gave the keynote speech at a three-day workshop at the Naval Institute for Dental and Biomedical Research.

Advocacy

Continued from page one

chewing gum to fight plaque. Field tests produced information on mobile dental equipment "useful not only to the military but to any civilian dentist who needs mobile equipment for humanitarian missions or to visit the local nursing home," said Dr. A. Dale Ehrlich, captain and commanding officer of the Naval Institute for Dental and Biomedical Research at Great Lakes, Ill.

Association President Bob Brandjord paid a visit to Naval Station Great Lakes July 11 to check it out and came away impressed with the reception and the research. "You put out the red carpet for the ADA," Dr. Brandjord said in a letter of thanks to the military team conducting research for the Army and Navy. "I was especially pleased to hear of the gratitude the research team feels toward the ADA and Judy Sherman's efforts on your behalf," the ADA president said.

"It is wonderful to see the concrete results of the funding secured through the efforts of our DC office." Ms. Sherman is a senior congressional lobbyist in the ADA Washington Office.

The Association Washington Office lobbies annually for appropriations for dental research including research for the military services at Great Lakes.

Because the administration eliminates this account each year, Congress must find funding for it within the Defense Department's tight budget, which is not easy during wartime, the ADA says. The Washington Office has worked with Rep. Bill Young (R-Fla.), chairman of the House Defense Appropriations Committee, to restore this funding. "Chairman Young has become a real champion of this program and the ADA is grateful for his interest, which has ensured that research projects that directly affect the oral health of our troops will not be interrupted," said Dr. Brandjord.

The ADA's lobbying efforts in the U.S. Congress this year earned the praise of officers of the Naval Institute for Dental and Biomedical Research at Great Lakes and Dr. Dennis Runyan, an Army colonel involved in the research effort.

Congress has not completed action on military dental research funds for fiscal year 2007, but the House of Representatives increased the budget from $3.4 million this year to $4 million. A congressional conference committee will determine the final amount. ■

Photo by Renee Ahlf. Courtesy of Naval Institute for Dental and Biomedical Research

Workshop: Shown are those attending the Dental Classification and Risk Assessment Workshop at Great Lakes July 11. From left are Col. Dennis Runyan, Capt Kim Diefenderfer, Capt. Tom Leiendecker, Capt. Stanton Cope, Dr. John Simecek, Col. Susan Mongeau, Ltc. Robert Langston, Dr. Bob Brandjord, Capt. Stuart Miller, Cmdr. Steven Christopher, Capt. Andrew York, Cmdr. Greg Mahoney, Cmdr. Robert Mitton, Col. John King, Capt. Dale Ehrlich, Col. David Moss, Ltc. Jeffrey Chaffin, Capt. Steven Sidoff, Cmdr. Wayne Deutsch, Col. Geoffrey Thompson, Maj. Richard Groves and Capt. John McGinley.

Military research officials offer joint statement on Association's Capitol efforts

Asked to comment, research officials offered a joint military services statement to the ADA News:

Military dental research occupies a unique niche in the world of dental research. Our mission is to support deployed dentists and deployed soldiers, sailors, airmen and Marines. With dental emergency rates in war zones historically between 15-20 percent a year, it is critical to our future force that military dental research develops products that lessen the frequency and impact of these dental emergencies.

Often the products necessary to fulfill this mission are not commercially and financially rewarding, making traditional sources of funds difficult to find. Since 1998, the American Dental Association in general, and Judy Sherman in particular, has recognized how important the role of military dental research is to both dentistry and our nation.

Each year since, Ms. Sherman has successfully convinced Congress, with the blessings of the U.S. Army, U.S. Navy and U.S. Air Force Dental Corps, to supplement the military dental research budget.

This money supports projects providing a bright future through research to make America's fighting force dentally fit and able to accomplish its larger mission. ■

Update on Alaska

BY JAMES BERRY

Recent revisions of a bill pending in Congress would bar dental health aide therapists in Alaska from performing extractions and pulpal therapy on adult teeth unless they've consulted with a licensed dentist—and then only in cases of medical emergencies that can't be resolved with palliative treatment.

But new language in the proposed Indian Health Care Improvement Act (H.R. 5312/S. 1057) would not prohibit other procedures currently performed by DHATs, including pulpotomies and extractions on deciduous teeth, and caries treatments for both deciduous and permanent teeth.

The revised act would restrict the DHAT program to Alaska. It also calls for a study of new types of dental auxiliaries, including the ADA's newly proposed community dental health coordinator. The Association would help design the study.

Cautious ADA officials expressed some limited hope that the IHCIA revision could improve strained relations with Alaskan tribal health leaders.

"We still believe," said Dr. Bob Brandjord, ADA president, "that dentists are the best providers of surgical and preventive services because of the depth of knowledge, skills and ability that their education provides, and that allowing nondentists to perform surgical procedures, such as extracting teeth, is too risky.

"We will continue working to bring enough dentists to provide care for natives so that it is unnecessary for therapists to perform those procedures," Dr. Brandjord added. "At the same time, we cannot lose sight of the ultimate goal—getting proper dental care to needy Alaska natives in remote areas. To do that, we must work with the tribal representatives. Otherwise, we accomplish nothing."

The bill's sponsor, Rep. Don Young (R-Alaska), submitted the revision at the last minute, having earlier supported an ADA-backed provision that would have barred DHATs from performing any and all irreversible dental procedures.

"This was the best language we could obtain under the circumstances," said Dr. Brandjord. "It's important to remember that dental health aide therapists are working right now in Alaska without any of the restrictions in the revised bill."

The IHCIA still must clear two House committees (Ways and Means and Energy and Commerce), the full House of Representatives and be reconciled with a Senate version of the bill.

In a July 18 ADA eGram on Alaska, Dr. Brandjord noted that the ADA's opposition to the DHAT program has generated a lot of media coverage over the past two years, some of it balanced, much of it "harshly critical" of the Association's stance.

"Our efforts to convince Alaskans of our sincere patient safety concerns do not appear to resonate with them, while the false choice that some care is better than no care has," he wrote.

He noted, too, that during the heat of the congressional battle, the ADA learned that the University of Washington had scrapped plans for a program to train DHATs. Instead, the university supports a proposal to offer didactic training for one year as dental health aides, with no training in irreversible procedures.

On the legal front, the ADA has prevailed in a bid to have its Alaska lawsuit heard in the state, rather than federal, court. The Association filed suit in January to prohibit nondentists from performing irreversible dental procedures.

Said Dr. Brandjord, "Although our discussions with the tribes continue, it is still important to support the states' rights to regulate the health professions within their borders."

If you wish to receive ADA e-mail publications free of charge, you can sign up at "www.ada.org/goto/epubs." ■

ADA takes issue with fluoridation article

BY JAMES BERRY

An article in Prevention magazine that questions the safety and effectiveness of water fluoridation is misinformed and misguided, the ADA told the pocket-sized monthly in a letter dated July 17.

The article, titled "The Danger in Your Water," appears in Prevention's August issue.

"Now is not the time to turn back the clock on over 60 years of research and practical experience by providing, in our opinion, misinformation to your readers on the safety and effectiveness of community water fluoridation," the ADA told Polly Chevalier, the magazine's managing editor.

Dr. Bob Brandjord, ADA president, and Dr. James Bramson, executive director, cosigned the letter, which counters the article's contention that public water fluoridation has lost some of its usefulness as a cavity fighter and may even pose a danger to consumers.

The ADA leaders note that current studies show that "fluoridation continues to be effective in reducing tooth decay by 20-40 percent, even in an era with widespread availability of fluoride from other sources, such as fluoride toothpaste."

The Prevention article, the ADA leaders say,

See FLUORIDATION, page 11

ADA building gets a new look

Lobby renovation includes dismantling, removal of 'Family' sculpture from courtyard

Renovation of the lobby of the Association's Chicago office building, the final phase of the ADA's headquarters renovation project, is now under way.

Work on the lobby renovation project will extend into the spring of next year, meaning visitors to the Association's headquarters may be exposed to the disruption of dust, construction, noise and a temporary lobby that will change in configuration over the course of the project.

"We want to thank you in advance for your patience as we complete this important phase which we believe portrays a new modern image of the ADA," Dr. James Bramson, ADA executive director, wrote in a communication to the ADA leadership. "And we look forward to welcoming you all back when it is done."

The path to renovation also means that the "Family," the 16,000-pound bronze sculpture that has stood in the ADA's west courtyard since 1969, has hit the road.

It took one day (July 28) to dismantle and place on pallets the three figures: each one is more than twice life-size; the statue of the father is 15 feet tall and weighs 8,000 pounds. Mother and child are proportionately smaller and weigh 5,000 and 3,000 pounds, respectively.

The second day, July 29, a crane lifted each piece onto a flatbed truck and the pieces were taken to storage.

The bronze statuary was designed by Chicago-born sculptor Joseph J. O'Connell. In October 1964 the Association commissioned Mr. O'Connell to develop the piece. The sculptor worked on the figures for about two years.

The artist worked from plaster models, eventually shipping sections from his home in St. Joseph, Mich., to a foundry in Detroit, where the sections were cast and then welded.

Mr. O'Connell, who carved statues, doors and panels for churches throughout the United States, died Oct. 20, 1995, at age 68. ■

Heavy duty: In front of the ADA building, workers move the 5,000-pound mother figure by crane to a flatbed truck for moving to storage.

Fluoridation

Continued from page nine

mischaracterizes a report released in March by the National Research Council. Prevention's story says an expert panel assembled by NRC "determined that the level of fluoride allowed in community drinking water in this country is too high."

In fact, the ADA leaders note, the NRC report focused exclusively on the maximum level of "naturally occurring" fluoride in drinking water and not on community water fluoridation—the process of adding fluoride to water.

"Nowhere in the NRC report was the safety or effectiveness of community water fluoridation called into question," they note.

In brief, the NRC report recommends that the level of naturally occurring fluoride in drinking water be reduced from a maximum of 4 parts per million to prevent health risks.

Drs. Brandjord and Bramson point out that the recommended levels of community water fluoridation are 0.7-1.2 parts per million, "which is the level proven to help prevent tooth decay."

More than 100 organizations, including the federal Centers for Disease Control and Prevention, support public water fluoridation. Yet the news media insist on citing the newest study to "scare the public," while ignoring the overall weight of scientific evidence, the ADA leaders say.

They added, "Rest assured that the benefit of community water fluoridation is well established."

Ms. Chevalier, contacted by e-mail, reported that the ADA's letter would run in Prevention's October issue. ■

Water benefits online

Water suppliers nationwide are required by the U.S. Environmental Protection Agency to issue annual Consumer Confidence Reports about the quality of their water supplies to their customers every July. Log on to the EPA Web site: "www.epa.gov/safewater/ccr/index.html" or see your water system's fluoridation status on the Centers for Disease Control and Prevention Web site, My Water's Fluoride: "http://apps.nccd.cdc.gov/MWF/Index.asp". Or contact your local water supplier or health department for the fluoride content.

The ADA also offers related information online: "www.ada.org/goto/fluoride". ■

Helping the needy in Honduras

ADA's COO recounts mission to Central America

BY MARY LOGAN
ADA chief operating officer

With great excitement and a little anxiety, my husband, John, 19-year-old daughter, Sarah, and I stepped off a plane in Honduras on a sweltering Saturday in June.

We were part of a contingent of about 70 people, a third of them health care professionals, who had come to this mountainous Central American nation to provide dental and medical treatment for needy people during a nine-day clinic.

After linking up at the airport in San Pedro Sula, our group boarded two rickety school buses for a jolting four-hour ride to an elementary school in Azacualpa, a tiny rural community in northwestern Honduras, near the Guatemalan border. The school would serve as our home and clinic for the next couple of weeks.

Our group included general dentists, oral surgeons, dental hygienists, dental assistants, physicians and nurses—all of them committed, compassionate and experienced professionals. And then there was me, a lawyer by training (nonpracticing) and the ADA's chief operating officer.

FIRSTPERSON

I had agreed to serve as an oral surgery assistant to my mentor and guide on the trip, Dr. Tom Soliday, the ADA's Speaker of the House of Delegates. Dr. Soliday had been making this humanitarian trek every year for more than a decade.

My husband, John, worked the autoclaves and maintained the instrument table, under the tutelage of Dr. Soliday's wife, Nita. Our daughter, Sarah, worked in triage, where she handed out piperazine, a de-worming medication, and spoke Spanish with every patient who came through the clinic (instruction, comfort and so on). John and Sarah also tried their hands as oral surgery assistants for the ever-patient Dr. Soliday.

We all paid our own airfare, as well as a fee for ground transportation, food, clean water and other necessities. Many people made additional financial contributions for dental equipment and supplies, medicine, educational materials, small "comfort" toys for children who would come through the dental clinic, clothes and school supplies for a local orphanage, money for area families adopted on previous trips and money for people in need (for dentures, bus fare and the like).

Several companies in the dental industry donated supplies and equipment (a special thanks to GlaxoSmithKline and Procter & Gamble for their donations of 1,000 toothbrushes each and to L.D. Caulk and Kerr for donating restorative materials).

As a nonscientist, I had many questions about what would be involved in my dental assisting role. How would I know what to do? How does the suction work? What's a 301, Ash and 151? Exactly how do you get that tooth to come out? Would I turn green or faint when I saw blood? Why are so many steps required for a composite restoration? How does the curing light work, and why is a light shield needed?

I had similar questions about our "home." Would we have flush toilets? Would I need to check my shoes each morning for scorpions? Would I like the food? What would be safe to eat? What diseases might be lurking?

This was one of the best-organized and most dedicated teams with which I've ever had the privilege of working. Our schedule looked like this:

- Saturday, June 17—arrive and set up sleeping quarters;
- Sunday—set up the medical and dental clinics, the triage area and the pharmacy;
- Monday-noon Saturday—clinics in operation, from 8 a.m. to 5 p.m. (the dental team often worked much later);
- Saturday afternoon and Sunday—relax;
- Monday-noon Wednesday—clinics in operation;
- Wednesday afternoon—clinic tear down/pack up equipment for storage;
- Thursday-Friday—sightseeing;
- Saturday, July 1—travel home.

The clinics and pharmacy were set up in classrooms in the school. We used school desks, covered with sterile drapes, to hold gloves, filled syringes, tongue depressors, gauze, sutures, bibs and the other supplies needed for each patient.

The portable dental chairs in the oral surgery clinic (most of which had seen better days) were lined up in a long row. Each one had a suction line that worked through a unique system fashioned from a cow-milking machine and designed by one of our team's general dentists, Dr. Lee Flinner.

Most of the general dentists and oral surgeons had portable headlamps for lighting. The group owns its own portable power generator, as well as several autoclaves for sterilizing instruments that had been scrubbed clean and disinfected in old-fashioned dishwashing tubs. Dr. Soliday alone kept two chairs, sometimes three, going at all times.

The challenges of working in a makeshift clinic were significant. There was no clean, running water, no water at all for two days. Electricity was marginal at best. One day, the portable generator kicked in during a power outage and surged through some of the equipment, completely wiping out some headlamps, a portable drill and an autoclave.

There was no air conditioning, and conditions were generally unsanitary. There was no X-ray equipment, though there would have been no way to use it if we'd had it.

Flashlights were used to peer into mouths in dental triage. Each day we had to empty the suction holding tank. And we had to figure out how to dispose of the waste in the red bags, while saving extracted teeth for Honduran dentists to use in the dental school. These obstacles, though daunting, became the topic of fun evening conversations, rather than insurmountable problems—another tribute to the dedication and outlook of this outstanding team.

Patients came to us from farms and about 25 villages in the region. Some were barefoot, and most wore threadbare clothing. We handed out pairs of flip flops and our own extra shoes, and we all went home with near-empty suitcases, leaving behind clothes and bed linens.

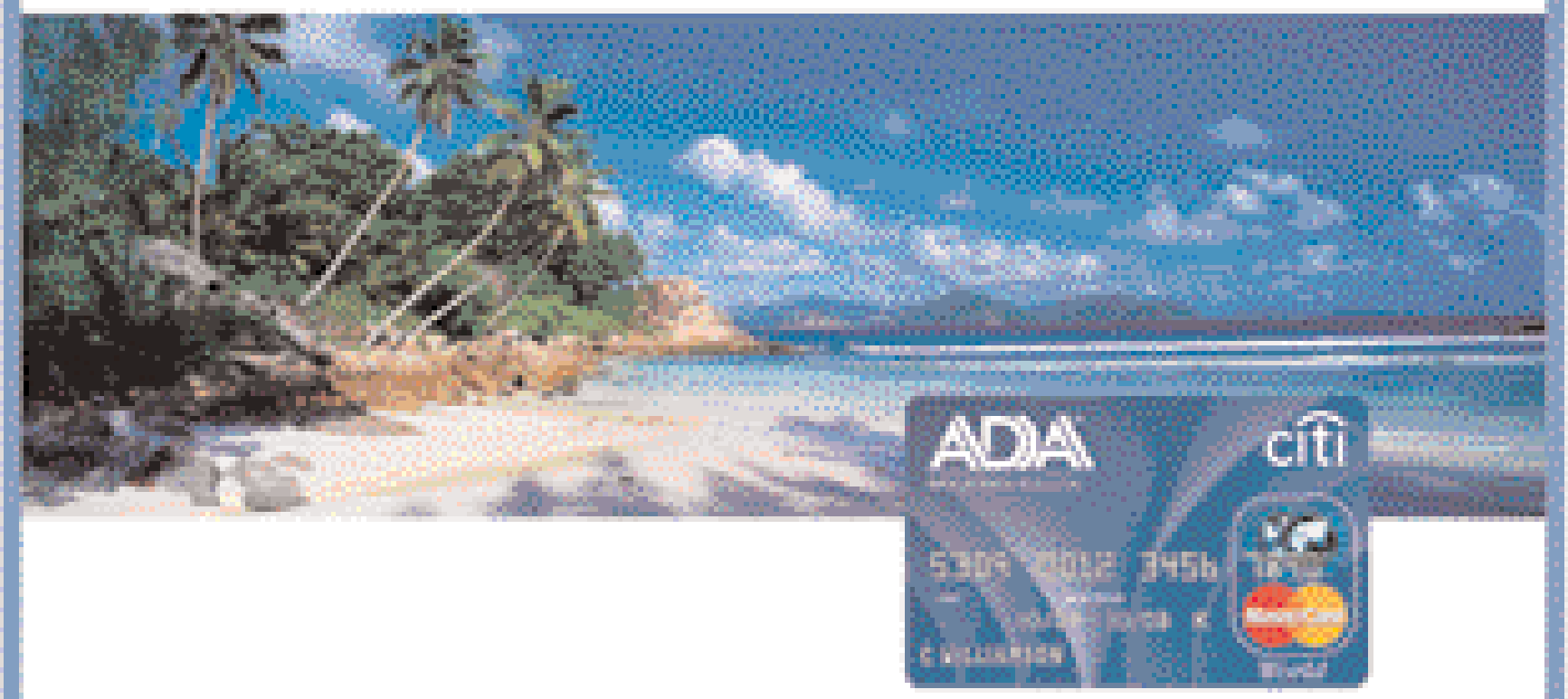
See HONDURAS, page 14

Brushing up: Honduran schoolgirls get a lesson in proper toothbrushing techniques. About 1,500 schoolchildren were among the more than 5,600 patients screened and treated in the nine-day clinic.

A 'who's who' of our Honduran team

Dental team: Oral surgeons and general dentists—Drs. Tom Soliday, George Hishmeh, Lee Flinner, Frank DiPacido, Richard Stern, Earnest (Bill) Waring, George Waxter, Sara Cody; Surgical nurse—Judy Sieg; Surgical assistant—Noreen DiPlacido, Bonita Soliday; Dental hygienists—Karen Fitzgerald, Ada McManus, Cathy Wilkinson; Dental assistant—Sarah Knoll; Dental team workers—Matt Beamer, Louise Best, Kate Flinner, Alex Hishmeh, Mary Logan, Sid Parsons, Rhonda and Steve Proctor, John Stellberg, Sarah Stellberg, Herman Von Oy (technical interpreter), Camlynne and Jess Waring (several other caring individuals also participated on the dental team from time to time). In addition, two Honduran dentists and several Honduran interpreters and educators were an invaluable part of the team. ■

TIME TO GETAWAY?



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Flu shots in 2007

JCAHO organization staff, volunteers affected

Oakbrook Terrace, Ill.—The Joint Commission on Accreditation of Healthcare Organizations approved an infection control standard that requires accredited organizations to offer flu shots to staff, volunteers and licensed independent practitioners beginning in 2007.

Accredited organizations will be required to

- establish an annual influenza vaccination program for staff and licensed independent practitioners;
- provide access to flu shots on site;
- educate staff and licensed independent practitioners about flu vaccination, nonvaccine control measures and diagnosis, transmission and potential impact of influenza;
- annually evaluate vaccination rates and reasons for nonparticipation;
- implement program enhancements to increase participation.

The Joint Commission developed the standard in response to a Centers for Disease Control and Prevention recommendation to increase influenza vaccination of health care workers. For details, log on to "www.jointcommission.org". ■

Helping hands: Dental professionals from the United States and Honduras join forces in June to provide oral health care for thousands of needy Hondurans. Taking a break in the action are (standing, from left) Dr. Samir Hismeh, Dr. Yogeny Ramos (Honduran), Dr. Sara Cody, Dr. Tom Soliday, Dr. Rich Stern, Dr. Lee Flinner, Dr. George Waxter, Dr. Ernest "Bill" Waring Jr., and Dr. Sergio Diez Del Valle (Honduran). Seated from left are dental hygienists Karen Fitzgerald, Ada McManus and Cathy Wilkinson.

Honduras

Continued from page 12

Many people needed multiple extractions and had walked for up to four hours to get to the clinic, with nothing to eat or drink along the way. We handed out many bottles of Ensure, cans of juice that we'd hoarded from our own breaks, and we gave bus money to elderly people so they could ride home rather than walk.

Some brought us mangoes as gifts; most simply gave us welcome hugs and smiles.

The poverty of the Hondurans is beyond anything I'd ever seen, even in the poorest neighborhoods of major U.S. cities. There were times when the extent of the poverty—and our limited ability to have even a tiny impact—felt overwhelming.

But then a child with new composite restorations would give you a smile, or an adult who had wept from the pain of diseased teeth would be overjoyed and grateful for the relief of his pain. It was then that we would understand why we were there: we were helping people in need, one person at a time, and we were showing these forgotten people that someone truly cared.

In the end, 5,626 patients came through the clinic, and 2,409 patients were treated in the dental and oral surgery clinic. The team extracted 2,233 teeth, completed restorations on 405 people (many with multiple and complex restorative needs), provided oral health screenings, education and fluoride treatments to 1,500 schoolchildren, and performed some interesting facial and mouth surgeries.

All of this was accomplished within nine days. Our troop included five general dentists; two U.S. oral surgeons; two Honduran dentists performing oral surgery (and receiving advanced on-the-job instruction and mentoring from the two U.S. oral surgeons); one oral surgery nurse; two professional surgery assistants and one professional dental assistant; three dental hygienists; a technical translator; several Honduran translators; several local students who worked with us in the dental clinic; several children and grandchildren of dentists who worked as dental or surgical assistants; and a handful of other dental helpers, like me, my husband and daughter, who learned new skills with every patient.

Our reward was a lifetime of memories. There was the simple joy of working with a committed community of people toward a common goal of helping people in need. We also learned much about another culture, worlds away from our own. I came away with a love for the Honduran people, especially the children—and a renewed appreciation for clean water.

This experience also helped me to understand the dental profession in new ways that no doubt will serve me well professionally. I have long understood the challenges and frustrations of dentists in private practice, and I have a solid grasp of the social and political challenges that the profession faces today—from access to care to workforce issues to relations with third-party carriers to the changing landscape in Washington, D.C.

But now, thanks to my experience in Honduras, I have a much better understanding of the clinical side of dentistry, and a greater appreciation of the artistry involved in this scientific profession.

I have a new admiration for the compassion, concentration and attention to detail the profession demands, of the quiet determination needed to solve complex and unique problems (sometimes discovered in the middle of a procedure), and of the ability to maintain a sense of humor in the midst of it all. Such work gives special meaning to the word "profession."

The list of needs for this team are great: dental supplies and equipment; funding to purchase a more reliable system for bringing water to the site; dental instruments for a local dental clinic that was started and continues to be supported by some of the volunteers on this team.

The group also could use a few more dentists, dental hygienists and an endodontist or two. Anyone interested in providing financial help (or needed equipment and supplies) or becoming a member of the work team should contact the Rev. Dan Hans, Gettysburg Presbyterian Church (1-717-334-1235); Dr. Tom Soliday (1-301-948-9800); or CURE International (Honduras), Heather Hunter, Global Outreach Coordinator (1-717-730-6706). ■

Dr. Golub

Continued from page one

Oct. 3 during a dinner with the ADA Board of Trustees in Las Vegas, just prior to annual session.

"It's a great honor," Dr. Golub said. "I knew the competition was top-notch."

"I got a real kick out of calling Dr. Golub to tell him he was to receive this award. He was speechless, then we reminisced about how I made a similar call a few years ago when he received the Norton Ross Award," Dr. Bramson said. "These are some of the best calls I ever get to make. Dr. Golub is an incredible researcher and has contributed immeasurably to the profession. I heartily congratulate him."

A periodontist and renowned researcher, Dr. Golub is responsible for developing Periostat, the first systemic agent to gain Food and Drug Administration market approval as a collagenase-inhibitor drug. Collagenase is the only enzyme produced by human tissues that can degrade collagen.

In his nomination, Dr. Golub received 16 letters of support from prominent dental researchers and medical scientists, including Dr. Lawrence Tabak, director of the National Institute of Dental and Craniofacial Research, which along with its predecessor, the National Institute of Dental Research, has helped fund Dr. Golub's research since 1974.

"I believe that Dr. Golub's work will be recognized in the years to come as being truly transformational," wrote Dr. Tabak.

Since FDA approval in 1998, Periostat is now used widely for the treatment of periodontal disease. Overall, Dr. Golub's discovery, and subsequent research on the non-antibiotic property of tetracyclines as enzyme-inhibitor drugs, not only has therapeutic implications for oral disease, but can also treat medical conditions such as diabetes, arthritis, osteoporosis, cardiovascular disease and cancer—making him one of the world's most innovative researchers.

"Dr. Golub's research has spanned the spectrum from basic, translational, to clinical studies," said Dr. Amid Ismail, CSA chair. "His work on developing new methods for management of periodontal diseases is novel and is a model for research that is focused on the management of infections, chronic inflammatory diseases and even cancer."

A native of Winnipeg, Manitoba, Canada, Dr. Golub received his DMD in 1963 from the University of Manitoba, where he also completed his master's in oral biology. He then completed his certification in periodontology at the Harvard School of Dental Medicine. He has taught at the State University of New York at Stony Brook since 1973.

In 2000, the Faculty of Medicine at the University of Helsinki (Finland) awarded him an honorary M.D.

His research heated up when he began studying host modulation therapy, which refers to Dr. Golub's attempts to inhibit collagen-destructive enzymes and inflammatory mediators produced by the host suffering from periodontal disease.

In 1981, Dr. Golub and his research team—including the now retired Nungavaram Ramamurthy, Ph.D., and Thomas McNamara, Ph.D—discovered that tetracyclines such as doxycycline and minocycline block collagenase by using a mechanism unrelated to the antibacterial activity of these drugs. They then set out to eliminate the antibiotic activity in the drugs in order to enable long-term administration without the usual side effects. They titrated down the doses of the drugs and the new formulation became Periostat.

The team later succeeded in chemically altering the tetracycline molecule and eliminating its antibiotic activity while keeping—and enhancing, Dr. Golub said—its anti-collagenase properties. This resulted in a new series of compounds called chemically modified tetracyclines. One has been shown to be effective in fighting Kaposi's sarcoma in studies by Harvard's Bruce Dezube, M.D.

"Without question, I have been on a mental high with my personal research since the tetracycline story began to develop in the 1980s," said Dr. Golub, who also has worked with Robert Greenwald, M.D. (Long Island Jewish Medical Center), and Dr. Timo Sorsa (University of Helsinki), on the effects of CMTs on rheumatoid arthritis and osteoarthritis.

"Dr. Golub saw that his ideas came to fruition rather than lying dormant on the laboratory bench," wrote Dr. J. Max Goodson, director of clinical research, the Forsyth Institute, in his letter of support. "He stood up as a formidable champion to make certain these ideas gained proper perspective, and he did it all without giving up his close academic ties."

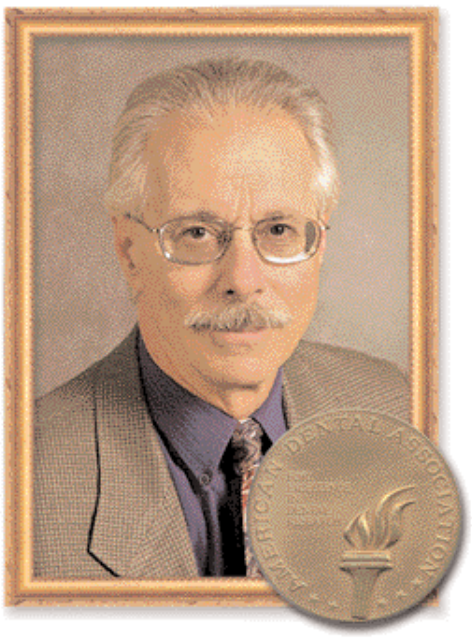
Today, Periostat is in clinical practice in periodontics and dermatology and proving effective in human clinical trials on a range of medical disorders. Newer, more potent versions are in development.

A letter in the June 15 New England Journal of Medicine credited doxycycline—the active ingredient in Periostat—with providing a clinical benefit to patients with a rare, fatal lung disease (Lymphangioleiomyomatosis) in a study by Marsha Moses, Ph.D., Jay Harper, Ph.D., and Judah Folkman, M.D.

Dr. Golub is currently working with former students Drs. Jeffrey Payne (University of Nebraska) and Maria Ryan (Stony Brook) to see if Periostat inhibits bone loss in post-menopausal women and if it reduces complications from diabetes.

Dr. Golub said he imagined his research would have a global impact one day, but the recognition has amazed even him.

"I'm very fortunate that the NIH has continued to fund this 'old guy' for the past 32 years," he said. "Research is what keeps me going. It's in my blood. I would say I am an addict in terms of research. Even if I hadn't been lucky enough to win this, the letters of support from such outstanding scientists in dentistry and medicine overwhelmed me. It's an emotional thing. When I retire, those things will fill my scrapbook." ■



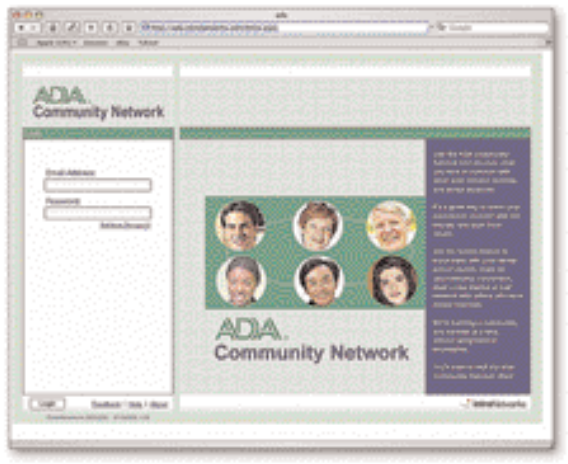
Golden: Dr. Golub is the recipient of the 2006 ADA Gold Medal Award for Excellence in Dental Research.

ADA online community launches

Members gain opportunity to connect prior to annual session

Las Vegas—The ADA is piloting an online virtual community this year to enhance the value of annual session for members and dental students.

The ADA Community Network went live Aug. 1, giving the thousands of member dentists and dental students who plan to descend on Las Vegas this October a new way to connect online in advance of annual session.



Members can join the ADA Community Network to discover what they have in common with other ADA member dentists and dental students attending annual session. It's a great way to contact old friends, make an associateship connection, meet a new mentor or just network with others who have similar interests.

Participating member dentists and students will complete a profile describing themselves by answering questions under the categories of personal information, clinical, professional and hot topics. The Network provides an opportunity to reveal topics or issues that members are interested in and even add photos or videos.

From there, members can view or search for others who have similar interests and communicate with them via e-mail within the Network. When an ADA Community Network message has been sent, recipients will receive a note in their personal e-mail boxes alerting them to log in and view the message.

Information on signing up for the ADA Community Network is being distributed by mail to those who have registered for annual session. Once they join the Network, users will be able to access the site from any Internet connection. Plans are also under way to have kiosks on-site in Las Vegas.

As a special incentive, everyone who joins the ADA Community Network by Oct. 20 will be entered into a drawing for a trip for two to the 2007 ADA annual session in San Francisco. The trip includes roundtrip airfare within the continental United States, registration for two and four nights' hotel accommodations.

For more information about the Network, contact the Department of Membership Marketing at Ext. 2864. Technical support for Community members is available at "support-ada@intronetworks.com". ■

Liaison: Dr. John Findley, ADA Board of Trustees liaison to the Council on Scientific Affairs, listens during the council's July 20 meeting in Chicago. The council has revamped how the ADA Research Agenda is developed and the first agenda developed under this process has been forwarded to the Board.

NPI

Continued from page one

OnlineXtra
www.ada.org/goto/newsextra
For more information related to this story, visit the ADA's Web site, using the Web address above.

Act. The NPI will be required on all HIPAA standard electronic transactions.

The ADA Department of Dental Informatics' top tips about applying for the NPI are:

• Applying for an NPI is free of charge.

• Apply for a Type 1 individual NPI as soon as possible at "https://nppes.cms.hhs.gov".

• If your practice is incorporated, apply for an NPI for the corporation (a Type 2 NPI), as well.

• An implementation guide is not required! Visit "www.ada.org/goto/npi".

• Even if you don't use electronic claims, you may want to apply for an NPI because plans may require it on paper forms.

• Even if you don't use electronic claims, you may want to apply for an NPI because state laws may require dentists to use them on paper claims.

• Electronic transactions, including electronic dental claims, submitted on or after May 23, 2007, must include NPIs in the appropriate provider ID fields.

• Dental benefit plans may ask for your NPI some months in advance of the May 23, 2007, deadline.

Members should direct their questions or comments to "NPI@ada.org". Those without e-mail or members who would prefer to talk to a staff member may call the ADA directly and ask for Ext. 4608. ■

Dr. Todd reads ADA News, learns buying third-party products for NPI unnecessary

When Dr. Stephen Todd, of Richmond, Va., opened a letter and form he got in the mail from a company called Healthcare Compliance Solutions Inc., he was concerned at first that he might have to spend $110 to purchase what the company called an NPI implementation guide.

So he walked over to the practice of a neighboring dentist to see if he knew anything about it.

"Henry was wondering the same thing because he had received an identical letter," said Dr. Todd. "But just as we started talking about this, I remembered that I saved the NPI article from my last issue of the ADA News. I went home and reread the article and quickly realized I didn't need these Healthcare Compliance Solutions people. Dr. Todd said he called Healthcare Compliance Solutions to complain about their letter.

"The first sentence in the letter says federal law requires your practice to have an NPI," said Dr. Todd. "That's not the whole truth."

Emmet Brown, president of Healthcare Compliance Solutions Inc., told ADA News the company has four lines dedicated to answering phone calls from health care professionals.

"To argue that our saying federal law requires your practice to have an NPI number is incorrect is a bad thing to say," Mr. Brown told ADA News. "What we do is a service, and we know it's a good service."

Mr. Brown said the company is experienced in developing compliance materials and online training. "As we go along we learn about the new things the government is coming up with," he said.

Mr. Brown said the company got the information for its NPI implementation guide from federal government registers and then condensed it down.

Dr. Todd described himself as just the "tip of the iceberg," in describing the number of dentists who might be inclined to respond to such mailings with a check.

"If it were $500, more dentists would be hesitant," said Dr. Todd. But for $110, I bet there are plenty who want to stay on top of things, didn't read the ADA News article and told their assistants to place an order."

The ADA Division of Legal Affairs reminds members that just as with HIPAA Privacy and HIPAA Security, there are many myths about HIPAA's NPI requirements. Moreover, while many commercially available products may help dentists comply, members who rely upon ADA resources may find that purchasing third-party products is simply not necessary.

To read the article to which Dr. Todd refers see "The National Provider Identifier, What Every Dentist Should Know," on pages 10 and 11 of the July 10 ADA News or go to Online Xtra. For more information from ADA.org, go to "www.ada.org/goto/npi". ■

Who must apply for an NPI?

Just like other regulations under the Health Insurance Portability and Accountability Act, the NPI applies to all health care providers and provider organizations that transmit HIPAA electronic transactions—either directly or though a vendor or clearinghouse. ■

SUCCESS

Continued from page six

• Feb. 7, 2007, Case School of Dental Medicine;

• Feb. 10, 2007, Boston University;

• Feb. 14, 2007, University of Puerto Rico.

A comprehensive seminar manual is distributed to all seminar participants to use as an ongoing reference. Students wishing to register for the seminar need to contact their dental schools.

For additional information on SUCCESS, please contact GraceAnn Pastorelli, coordinator, SUCCESS Program at ADA, Ext. 2882. ■

See hot Vegas shows

Las Vegas—All you need is "love" to enjoy the hottest new show in Las Vegas—Cirque du Soleil's LOVE—during the 147th Annual Session of the American Dental Association.

The newest Cirque extravaganza showcases 60 international artists in aerial performance, extreme sports and freestyle dance set to the original recordings of the Beatles. LOVE is housed in a new 360-degree custom-built theater at The Mirage with panoramic video projections and surround sound.

Some of most popular Las Vegas shows include three additional Cirque productions:

• KÀ, which uses acrobatic performances, martial arts, puppetry, multimedia and pyrotechnics to tell the epic saga of Imperial twins—a boy and a girl—who embark on an adventurous journey;

• "O," phonetically speaking, "O" is the French word for water and this performance uses 1.5 million gallons of it as its stage;

• Mystère, a vibrant kaleidoscope of powerful athleticism, acrobatics and imagery.

For information and tickets for all Cirque productions, log on to "www.cirquedusoleil.com".

Other hot tickets include:

• Mamma Mia, the smash-hit Broadway musical that uses ABBA songs to tell an irresistible love story ("www.mandalaybay.com");

• Le Rêve, at the all-new Wynn Las Vegas, set in a spectacular aquatic round-dome theater ("www.wynnlasvegas.com").

• Jubilee!, the classic Las Vegas revue staged with a cast of hundreds on million-dollar sets, with elaborate costumes and amazing showgirls ("www.ticketmaster.com");

• Elton John now performs in Caesar's Palace ("www.harrahs.com").

• Blue Man Group, music, comedy and multimedia theatrics create a funny, stunning and unique show ("www.venetian.com").

(Celine Dion and Barry Manilow are not performing during annual session dates.)

Photo by Tomas Muscionico

LOVE-ly show: The cast of LOVE performs to the soundtrack of "All You Need is Love."

Tickets for most shows are on sale now. For individual tickets, call the show box office or visit their Web sites. Advance ticket purchase is recommended for most shows because they sell out early.

The ADA has also planned tours of the most exciting sights and adventures on the Las Vegas strip and beyond. Don't miss Hoover Dam, an ATV adventure in the Valley of Fire or a river float in the Black Canyon. Other tours include:

• The "Celebrity Seekers" tour, which begins with Madame Tussaud's Celebrity Encounter at the Venetian, home of dozens of wax celebrities, sports stars, historical figures and other notables. Next is the Liberace Museum, which showcases his collections of antique cars, custom pianos, lavish wardrobe and sparkling jewels. Cost is $58, lunch is not included. Tour times are Oct. 16, 1-5 p.m.; Oct. 18, 10 a.m.-2 p.m. or 1-5 p.m.

• Put on your walking shoes and grab a jacket for the "City Highlights" tour that takes you up the Las Vegas Strip for sightseeing, a Las Vegas history lesson, plans for future expansion and more. Stops will include the Bellagio's Chihuly hand-blown glass flowers, conservatory and botanical garden. Cost is $49, lunch is not included. Tour times are Oct. 16, 9:30 a.m.-1:30 p.m., 11:30 a.m.-3:30 p.m. or 1-5 p.m.; Oct. 17, 9:30 a.m.-1:30 p.m., 11:30 a.m.-3:30 p.m. or 1-5 p.m.; or Oct. 18, 1-5 p.m.

• Vegas will shine in the "Evening City Highlights" tour. Start with the world's largest outside light show on Fremont Street, then head to the Stratosphere Tower, the highest structure west of the Mississippi, to see the Las Vegas Valley in its lighted splendor. Next is the spectacular Fountains of Bellagio show of lights, water fountains and music. Cost is $41 per person, dinner not included. Wear comfortable shoes and bring a jacket. Tour times are Oct. 16 or 17, 7-11 p.m.

Check your annual session Preliminary Program or log on to "www.ada.org/goto/session" for all the annual session registration, hotel, program and exhibition information. Select "Special Events and Tour Program" for additional tour options, and "Las Vegas Nightlife" for additional evening options. ■

Log on for the latest annual session news

Visit "www.ada.org/goto/session" for complete, up-to-date information:

• An interactive program search by date, speaker or topic;

• An interactive ADA Marketplace floor plan with an online search for products and exhibiting companies;

• A printable, updated version of the ADA06 Preliminary Program in PDF format, with the latest session and speaker listings;

• Information on ADA06 official hotels;

• Information on purchasing tickets to fabulous Las Vegas shows;

• Complete tour information and registration options.

Register now online at ADA.org, or complete and mail or fax registration forms available in the ADA06 Preliminary Program or online. For more information, or a copy of the Preliminary Program, call 1-800-232-1432. ■

Register by Sept. 22 to save time and money

Las Vegas—The ADA encourages those attending the annual session to complete their registration and sign up for their chosen continuing education programs before Sept. 22.

Already, thousands of dental professionals and their families and friends have saved valuable time and money by taking advantage of pre-registration for the 147th Annual Session of the American Dental Association, Oct. 16-19.

Attendees who pre-register avoid the chance that their preferred CE programs will be sold out, and eliminate the need to wait in registration lines on-site. All CE courses, free or fee, require a ticket for admission.

Complete your registration before Sept. 22 and receive all registration materials, badges and scientific program tickets by mail—allowing you to bypass the registration area at the Mandalay Bay Convention Center and spend more time learning, shopping and networking.

Registration benefits include:

• Admission to the ADA General Sessions and Distinguished Speaker Series sponsored by Johnson & Johnson. This year's all-new format focuses on entertainment and features Sir Richard Branson, adventurer and chairman of the Virgin group of companies; and Ted Koppel, longtime host of "Nightline" and 42-year veteran of ABC News.

• More than 300 scientific sessions over four days, 75 percent of which are free to registered attendees, offering valuable educational opportunities for dentists, hygienists, dental assistants, lab technicians and students.

• Entry into the ADA Marketplace, where you can shop, compare and buy the latest dental products and services from more than 700 exhibitors.

• The opportunity to attend Satellite Symposia, offered on Sunday afternoon by some of the industry's most respected companies.

• Admission into several exhibit hall education programs including the ADA's table clinics program, the ADA Marketplace Theaters, and the opportunity to participate in the ADA Product Forum. ■

ADA hotels suit every taste and budget

Las Vegas—Enjoy the sights and flavors of Manhattan or the glitz of Monte Carlo during your stay at the 147th Annual Session of the American Dental Association.

New York-New York and Monte Carlo hotels have been added to the list of ADA official hotels for the meeting.

From entertaining to elegant, the ADA official hotels for Las Vegas offer a choice for every taste and budget. (ADA official hotel room availability may vary. The ADA annual session reservation system will alert you if special 2006 ADA annual session rates are sold out.)

ADA official hotel choices—all conveniently located near the Mandalay Bay Convention Center—include:

New York-New York—With a backdrop of the Empire State Building, the Chrysler Building, Ellis Island and the Statue of Liberty, New York-New York offers a chance to take a bite out of the Big Apple. Soak in the big city charm of its art deco lobby and its Coney Island arcade, or take a ride on the roller coaster running around the hotel and casino. Leave the Strip and cross the Brooklyn Bridge to find yourself in a mini Greenwich Village. ADA Shuttle service to and from the convention center is provided. See on-site shuttle schedule for shuttle times and hours of operation.

Monte Carlo—European elegance is the theme of this South Strip hotel and casino. Enjoy continental charm whether dining, shopping, gaming, relaxing at the pool, working out or indulging in spa pampering. The hotel's marble-floored lobby showcases a stunning crystal chandelier. ADA shuttle service to and from the convention center is provided.

MGM Grand Hotel and Casino—Huge rooms, acres of landscaping, five pools and a lazy river are just some of the features of this hotel. The MGM also includes a glass-enclosed Lion Habitat that offers views of the kings of the jungle free of charge, and ADA shuttle service to and from the convention center is provided.

Excalibur—Knights, castles and drawbridges rule here. A Renaissance fair atmosphere in its shops and restaurants features jugglers, puppeteers and more. This hotel is a great value for the budget-minded guest. A moving sidewalk connects guests with the Luxor and indoor tram service to the convention center is available.

Luxor Las Vegas Resort Hotel and Casino—This flashy tribute to ancient Egypt offers affordable accommodations, dining, gaming and more in a pyramid and towers and includes a museum and replica of King Tut's tomb. Indoor tram service to the convention center is available.

Mandalay Bay Resort and Convention Center—This elegant hotel offers many dining and entertainment options, four pools with sandy beach sides, a wave pool and a lazy river. Stay under one roof from your room to entertainment and restaurants and to the annual session continuing education programs, the ADA Marketplace Exhibition, the ADA House of Delegates and the ADA General Sessions and Distinguished Speaker Series sponsored by Johnson & Johnson.

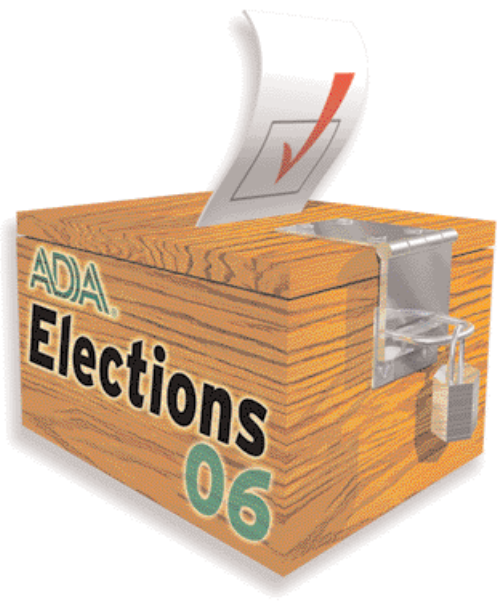
THEhotel at Mandalay Bay—The sophisticated all-suite property adjacent to the convention center is connected by a walkway and features top-of-the-line amenities.

Four Seasons Hotel Las Vegas—Also adjacent to the convention center and connected by a hallway, this luxury hotel is well known for its beauty, excellent service and amenities.

All ADA hotels include room service, parking, health club, spa, pool, business center, in-room data port, laundry/valet service, nonsmoking rooms, air conditioning and accessibility for guests with disabilities; most offer gaming.

To make your reservations or for more information, log on to ADA.org or call ITS at 1-800-974-2925 or 1-847-940-2155. ■

Campaign Statements



Candidates seeking ADA-elected offices prepared the following platform statements and profiles for the ADA News. Each candidate was sent a profile form with the same questions and asked to list no more than five items for professional memberships, volunteer posts/elective offices and main qualifications. Publication of these statements and profiles should not be construed as an endorsement of any candidate by the ADA News or other staff of the ADA or its subsidiaries. These statements and profiles are printed as information for Association members.

The candidates included are those who—as of press time—had decided to seek office through the upcoming Association elections held concurrently with the Oct. 16-20 House of Delegates meeting in Las Vegas. If more than one candidate is running for an office, the candidates are listed in alphabetical order. Elections for contested races will be held Oct. 19. Candidates in uncontested elections will be declared elected at the first meeting of the House on Oct. 16.

See page 19 for treasurer candidates.

ADA. Mark J. Feldman, D.M.D.

President-elect candidate

The prospect of assuming the office of president-elect of the American Dental Association has provided me with a great honor as well as an enormous challenge. During the past year, I have been traveling throughout the country to learn from our membership what direction they would like to see our Association take in the years ahead.

The ability to provide adequate access to care to all who need and demand it has been their primary concern. The dental profession must lead this endeavor and engage all other communities of interest as its partners in order to assure a comprehensive solution. Without this timely and concerted effort, the problem will surely worsen.

Other critical issues that must be faced by our profession are the severe needs of the dental education system, changes in licensure and accreditation standards, globalization of dentistry, growing commercialism and technology-driven consumerism. The ADA must aggressively address these, and any other new challenges, with vision, strength and unity.

To quote former president John F. Kennedy, "Change is the law of life, and those who look only to the past or present are certain to miss the future." I pledge to lead us into a future that we shape for our profession and the public we serve. ■

PROFILE

Profile of: Mark J. Feldman, D.M.D.
Current Residence: Roslyn, N.Y.
Dental School Attended: Tufts University School of Dental Medicine
Year Received Dental Degree: 1973
Post-Graduate Education/Specialty: Diplomate, American Board of Endodontics
Years of ADA Membership (Include ASDA membership): 37
Other professional memberships (List no more than 5 maximum):
• American Association of Endodontists,
• American College of Dentists,
• International College of Dentists,
• New York State Dental Association,
• Nassau County Dental Society.
Volunteer posts/elective offices held in organized dentistry (List no more than 5 maximum):
• Treasurer, American Dental Association,
• President, New York State Dental Association,
• President, Nassau County Dental Society,
• Chair, ADA Council on Insurance,
• Chair, ADA Reference Committee on Budget and Business Matters.
What are the three most critical issues facing dentistry today?
• Access to care for the underserved—we need to be

See DR. FELDMAN, page 19

ADA. Harris N. Colton, D.D.S.

Second vice president candidate

I am proud to be part of our wonderful and dynamic profession. Each graduating dental school class moves our profession toward greater cultural diversity. While we strive to provide care to all, there are those who may have the perception that we aren't doing enough. Perhaps from some perspective that might appear to be true, but we cannot solve the access-to-care problem alone. This must be a shared responsibility. There is no simple solution. We cannot be in the position of being reactive. We must take the lead. We must enlist the help of legislators and the government as well as the public and private sectors. Working together, there can be solutions.

To ensure a capable and adequate professional workforce we must address the growing crisis in dental education. Schools must have the faculty and the resources that are needed to fulfill their educational mission. We must ensure the quality and quantity of dental education. This is not a simple task.

With the right leadership, with our skilled staff and with the support of our members, it can be accomplished.

I respectfully ask for your vote on Oct. 19 so that together we can work toward finding solutions. ■

PROFILE

Profile of: Harris N. Colton, D.D.S.
Current Residence: Cherry Hill, N.J.
Dental School Attended: Temple University School of Dentistry
Year Received Dental Degree: 1955
Post-Graduate Education/Specialty: General Dentistry
Years of ADA Membership (Include ASDA membership): 51
Other professional memberships (List no more than 5 maximum):
• American College of Dentists,
• International College of Dentists,
• Academy of Dentistry International,
• Fellowship, Academy of General Dentistry,
• Pierre Fauchard Academy.
Volunteer posts/elective offices held in organized dentistry (List no more than 5 maximum):
• President, New Jersey Dental Association,
• President, Southern (New Jersey) Dental Society,
• Chair, ADA Council on Members Insurance and Retirement Programs,
• ADA representative, Continuing Education Recognition Program,

See DR. COLTON, page 19

ADA. Jane Grover, D.D.S.

Second vice president candidate

We are in a new age of proactive, solution-based advocacy for our members. A strategic driven House of Delegates, a focused Board of Trustees and a stakeholder-responsive ADA staff have merged together at this point in time; this is the dynamic that my candidacy is based upon.

Our Alaskan experiences, together with our global vision, call for us to develop innovative models for expanding access to the underserved. With the dentists always at the decision/diagnostic head of the team, we can design multiple solutions for the access issue, including legislative initiatives, loan repayment models and coalition building with other health care organizations, while keeping the highest level of quality.

Dental education is at a crossroads. We must develop contemporary collaborations between our schools, dental educators, private practitioners and the world. Using today's technology, such as tele-video conferencing and online interactive courses, we could transform dental education.

We need to be the leaders through our ideas and actions. Using the best science to develop ADA policies, we should strive to strengthen our legislative advocacy and our inter-council communications. Our future is based on our time-proven ability to be a team of leaders who challenge, yet bring out the best in each other. I ask for your support in this opportunity to be your advocate. ■

PROFILE

Profile of: Jane A. Grover, D.D.S., M.P.H.
Current Residence: Jackson, Mich.
Dental School Attended: University of Michigan School of Dentistry
Year Received Dental Degree: 1979
Post-Graduate Education/Specialty: Public Health 1988
Years of ADA Membership (Include ASDA membership): 31 years
Other professional memberships (List no more than 5 maximum):
• Pierre Fauchard Academy,
• International College of Dentists,
• American Public Health Association,
• American Association of Women Dentists,
• Academy of General Dentistry.
Volunteer posts/elective offices held in organized dentistry (List no more than 5 maximum)
• ADPAC Chair, 2003-2005,
• ADA Committee on Strategic Planning,
• Consultant, ADA Council of Government Affairs,
• 2005 House Of Delegates 96H Workgroup,
• Trustee, Michigan Dental Association.
What are the three most critical issues facing dentistry today?
• Access to care for the underserved with ADA-designed partnerships and dentist-directed work-

See DR. GROVER, page 19

ADA. J. Thomas Soliday, D.D.S.

Speaker, House of Delegates candidate

I feel really good about the changes that have been made to increase the efficiency of the House of Delegates. Suggestions to help improve efficiency in the way the House functions are always welcome and will be given serious consideration. This year a delegate brought to my attention the problem that the microphones can get stacked by one side of the debate during a particularly contentious issue. To address this problem on several of the most complicated and emotional issues, the speaker will call for the use of alternating pro and con microphones similar to the Reference Committees. This process will ensure that both sides of the issue may be thoroughly discussed, allowing a well-thought-out decision to be developed by the HOD.

I will continue the custom of having a new delegate/alternate delegate orientation meeting so all can become familiar with basic parliamentary procedures and how to present motions. The commitment to serve my profession as the ADA speaker is important to me. I have enjoyed this position and appreciate the privilege of meeting and working with many talented and dedicated dentists and staff. Thank you, members of the House of Delegates, for your dedication and support of my efforts. ■

PROFILE

Profile of: J. Thomas Soliday, D.D.S.
Current Residence: Rockville, Md.
Dental School Attended: University of Maryland Baltimore College of Dental Surgery
Year Received Dental Degree: 1963
Post-Graduate Education/Specialty:
• Washington Hospital Center Oral Surgery Resident, 1963-64
• University of Pennsylvania Graduate School of Medicine, 1966-67
• Episcopal Hospital, Philadelphia
Years of ADA Membership (Include ASDA membership): 36
Other professional memberships (List no more than 5 maximum):
• American Association of Oral and Maxillofacial Surgeons,
• American Board of Oral and Maxillofacial Surgeons,
• American Institute of Parliamentarians,
• American College of Dentists,
• International College of Dentists.
Volunteer posts/elective offices held in organized dentistry (List no more than 5 maximum):

See DR. SOLIDAY, page 19

Three candidates seek ADA treasurer's office

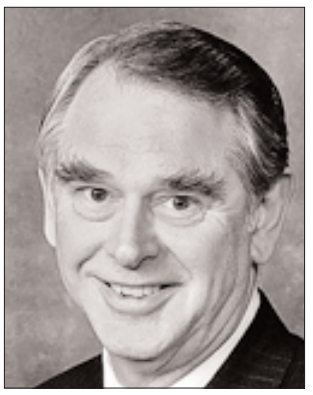
The ADA House of Delegates will elect a new treasurer this fall to replace outgoing Treasurer Mark J. Feldman of Roslyn, N.Y.

Under rules adopted by the House in 1999, campaigns for the ADA office of treasurer are limited to candidates' visits to district caucus meetings during annual session. Candidates are prohibited from distributing election material, advertising via public communication media, raising funds or conducting electioneering activities.

Brief biographies of each candidate follow (in alphabetical order):

Dr. Lemmo

Dr. Leone



Dr. Smith

• Dr. Ronald Lemmo, a general dentist in Willoughby Hills, Ohio, is currently a member of the ADA Council on Dental Education and Licensure and an ADA delegate. He is a past president of the Ohio Dental Association and chair of the board of directors of the ODA Service Corp. He is a past chair of the ODA finance committee. He was president and secretary-treasurer and held other leadership roles in the Case Western Reserve School of Dental Medicine Alumni Association.

Dr. Lemmo has also served on the ADA Consensus Committee on National Licensure; the ADA Continuing Education Recognition Committee and the ADA Reference Committee on Budget, Business and Administrative Matters. He completed the ADA/Kellogg Executive Management Program for dentists in 2005.

• Dr. Edward Leone Jr., a general dentist in Thornton, Colo., served as the ADA 14th District trustee from 1999-2003 and is an ADA delegate. He holds a certificate in financial planning and is a registered financial consultant. He is a past president and past treasurer of the Colorado Dental Association. Other past appointments include the ADA Board of Trustees' finance and administrative review committees; chair of the CDA Council on Governmental Affairs; member of the Council on ADA Sessions and chair of the ADA Reference Committee on Budget, Business and Administrative Matters in 2005.

Dr. Leone also served on the boards of CDA's Dentists Professional Liability Trust, Benefit Plan Trust and CDA Enterprises Inc. He was president of ADA Real Estate Co. board and a member of the ADA Business Enterprises Inc. board.

• Dr. Richard Madsen Smith, a general dentist in Amarillo, Texas, is past chair of the ADA Council on Insurance, a current ADA delegate and a past chair of the ADA Reference Committee on Budget, Business and Administrative Matters. He is a member of the Texas Statewide Healthcare Coordinating Council (gubernatorial appointment) and has served on other Texas state committees dealing with Medicaid and alternative training for hygienists. He was president and treasurer of the Texas Dental Association. He is also a past treasurer of the Texas Dentists for Healthy Smiles Foundation and former president and treasurer of the Texas Dental Association Holding Co. He is currently chair of the TDA Smiles Foundation. He chairs the Texas Mission of Mercy Inc., and is chair of the Texas Dentists for Healthy Smiles Texas Mission of Mercy committee.

Dr. Feldman, whose second term as ADA treasurer will end in October at annual session, is currently the only candidate declared for president-elect in this year's ADA elections. ■

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ADA. Mark J. Feldman, D.M.D.

part of the solution.

• Dentists must remain the most trusted source of information on issues affecting the oral health of the public.

• The future of our profession depends on the strength of our dental education system—we need to maintain the highest standards of teaching and research.

What are your three main goals if elected?

• Maintain dentistry as one of the most trusted professions.

• Increase advocacy and collaboration to better represent our members and the public we serve.

• Educate our members about the challenges we face and communicate to them what we are doing in response.

What are your main qualifications for the office you seek? (List no more than 5 items maximum)

• I have been privileged to serve in leadership positions throughout the tripartite and am skilled in knowledge-based decision-making and bringing projects to completion.

• Six years as an ADA officer has given me insights into all of the inner workings of the organization.

• My service as a board member of both the ADA Foundation and New York State Dental Foundation has provided me with an appreciation of the research and charitable programs we support.

• I have demonstrated leadership, innovation and communication skills in my role as the first elected treasurer of the American Dental Association.

• Thirty years of private practice has given me an understanding of the day-to-day challenges our membership faces.

Why do you want to be an ADA officer? While the clinical practice of endodontics has given me great pleasure and satisfaction, it is my work within organized dentistry that has always been my passion. I find it very rewarding to tackle a complicated problem and bring it to a successful conclusion. Those who have worked with me know that I possess the necessary skills to obtain consensus among diverse groups and then communicate the solution in a manner clearly understood by all parties. Throughout my career in organized dentistry I have always closed my comments with the promise to do my job with honesty and commitment, never forgetting whom I represent and why I'm here. It is with that pledge that I now ask for the support of the membership as I seek the office of president-elect of the American Dental Association. ■

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ADA. Harris N. Colton, D.D.S.

• Co-chair, Committee on Local Arrangements, ADA Annual Session in Philadelphia, 2005.

What are the three most critical issues facing dentistry today?

• Access to care—although our profession did not create the problem, we have been given the challenge to solve it.

• The future of dental education must be addressed, especially in the areas of unfilled faculty positions and the accreditation of foreign dental schools.

• Legislative and legal decisions affecting how dentistry is practiced. We should be the guardians of the dental health and safety of the public.

What are your three main goals if elected?

• To make certain that the directives of the House of Delegates are addressed by the ADA Board.

• To increase efforts to promote faculty careers and the long-range enhancement of dental education.

• To develop ADA advocacy in government and media forums, for the public, our patients and for our profession.

What are your main qualifications for the office you seek? (List no more than 5 items maximum)

• My elected and appointed leadership position experience on all levels of the tripartite, including 11 years in the ADA House of Delegates.

• My proven ability to build consensus while in leadership positions, not only in dentistry but also in a number of other organizations.

• My ability to carefully listen to all sides of an issue before arriving at a conclusion and by being approachable and accessible to all.

Why do you want to be an ADA officer?

I feel that as a solo private practitioner, I represent the mainstream of our profession. I would like to help shape the future of our profession by making it as stimulating and rewarding for dentists of the future as it has been for me. Knowing the challenges that are faced by our members, I can work toward converting these challenges into opportunities to enhance our profession. ■

Continued from page 18

ADA. Jane Grover, D.D.S.

force strategies.

• Dental education crisis in funding for faculty, students and facility upgrades.

• Legislative and regulatory unwarranted interference with the science and practice of dentistry including amalgam use, wastewater quality and reimbursement mechanisms.

What are your three main goals if elected?

• To develop a multi-tiered approach to access-to-care issues involving practice friendly reimbursement systems, and ADA brand of legislative/practitioner/student partnerships.

• Work to improve dental education through technology, new training models and loan forgiveness opportunities.

• Strengthen our advocacy efforts to include legislative, corporate and health care alliances, which support our science-based methodologies.

What are your main qualifications for the office you seek? (List no more than 5 items maximum)

• My background in working with American Dental Political Action Committee and the ADA Council on Government Affairs has helped me see where we can improve advocacy for the Association.

• My work as adjunct dental faculty member at the University of Michigan and as guest speaker at many American Student Dental Association annual sessions has sensitized me to the issues of dental schools and students.

• My background in both private practice and public health can be utilized in developing partnerships designed by our Association.

• My extensive ADA and MDA experiences with the strategic planning process has strengthened my ability to strategize and communicate future trends for our profession.

Why do you want to be an ADA officer?

My years of experience in the ADA House have enabled me to listen to the concerns of others in the governance of this Association. I am prepared to commit time and significant energy to representing the House of Delegates on the Board of Trustees. I can effectively address the critical concerns that impact our profession at this time. Additionally, and most importantly, I believe in our ADA governance model with the role of the House of Delegates as the premier decision-making body. I pledge to serve you and strengthen our image in the eyes of legislators, members and the public. ■

Continued from page 18

ADA. J. Thomas Soliday, D.D.S.

• President, Maryland State Dental Association,

• Speaker, House of Delegates, American Association of Oral and Maxillofacial Surgeons,

• President, Southern Maryland Dental Society,

• President, Maryland Society of Oral and Maxillofacial Surgeons,

• Director, American Institute of Parliamentarians.

What are the three most critical issues facing dentistry today?

• Lack of dental school faculty.

• Access to care.

• Workforce modifications.

What are your three main goals if elected?

• To continue to run the American Dental Association House of Delegates in a parliamentary correct manner with fairness to all sides of an issue.

• To be available to all districts and states to advise them on any parliamentary questions.

• To promote interest in the benefits of understanding parliamentary procedures in new dentists.

What are your main qualifications for the office you seek? (List no more than 5 items maximum)

• I am a certified parliamentarian by the American Institute of Parliamentarians.

• I served for eight years as Speaker of the House of Delegates for the American Association of Oral and Maxillofacial Surgeons.

• I served for many years as parliamentarian for 4th District and the Maryland State Dental Association.

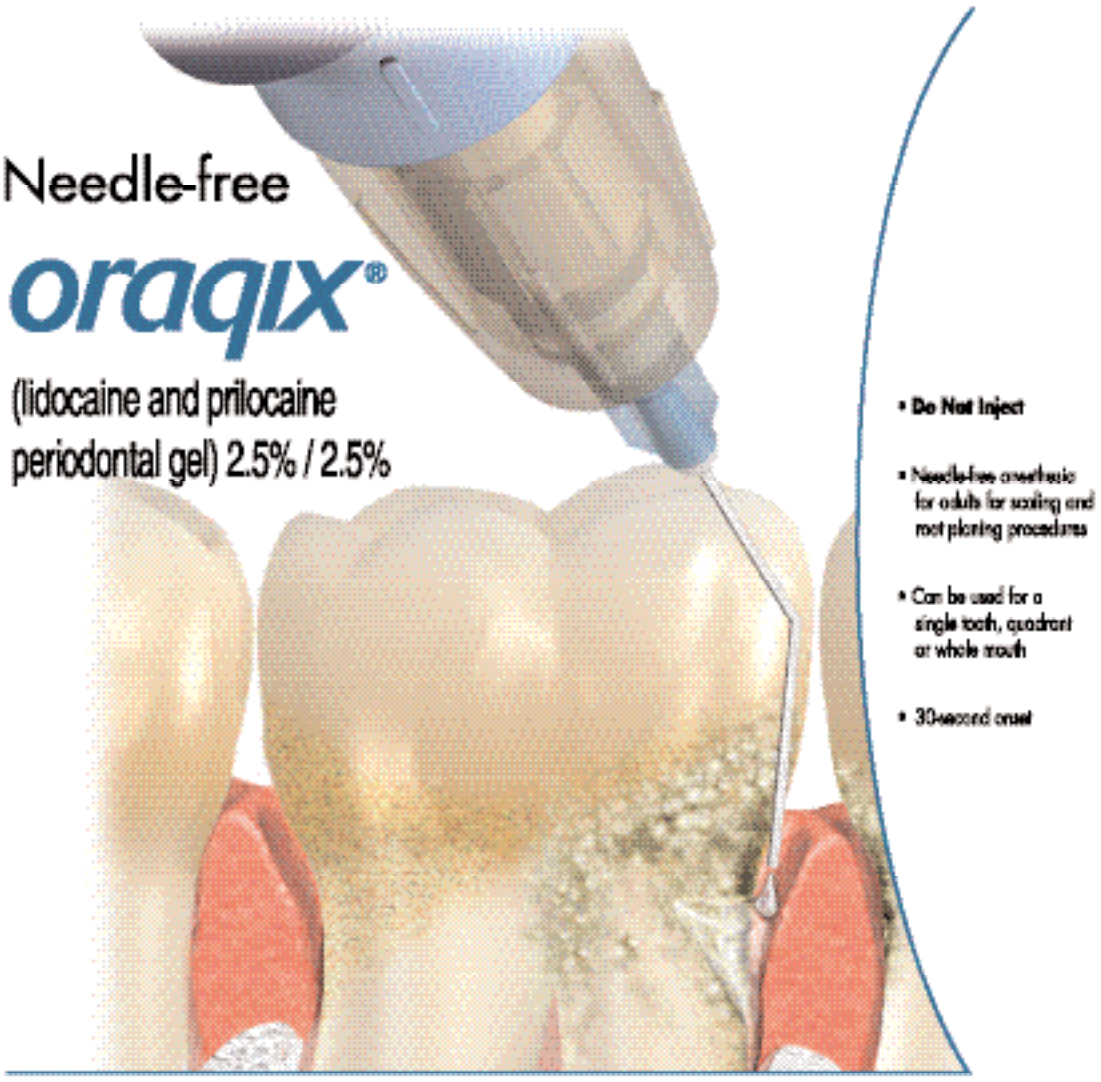
• I was a member of the revision committee for the 4th edition of the Standard Code of Parliamentary Procedures (Sturgis).

• I have served for three years as American Dental Association Speaker of the House of Delegates.

Why do you want to be an ADA officer?

So I can use knowledge of parliamentary procedure to help the members of the House of Delegates and our leadership to face the many challenges before the American Dental Association. ■

Needle-free, Patient Friendly Anesthesia for Scaling & Root Planing



Don't Get Stuck Without It!

- Oraqix is a novel formulation of lidocaine and prilocaine that dispenses as a liquid, then sets as a gel at body temperature.
- Oraqix should not be used in those patients with congenital or idiopathic methemoglobinemia.
- Indicated for adults who require localized anesthesia in periodontal pockets during SRP procedures.
- Contraindicated in patients with hypersensitivity to amide type local anesthetics or any other product component.
- Oraqix is applied first to the gingival margin, then periodontal pocket with the use of an Oraqix™ Dispenser and a blunt-tip applicator.
- Most common adverse reactions in clinical studies were application site reactions, headache and taste perversion.

Please see the accompanying brief summary of the prescribing information.

To order or for more information on Oraqix, contact OraPharma at 1.866.273.7846 or visit our website at www.oraqix.com

Manufactured for:

DENTSPLY PHARMACEUTICAL

Distributed by:

ORAPHARMA, INC.

PM-Oraqix-003482 1/06

Local anesthetic for periodontal administration
Not for injection

oraqix®

(lidocaine and prilocaine periodontal gel) 2.5% / 2.5%

Brief Summary of Prescribing Information

INDICATIONS AND USAGE
Oraqix® (lidocaine and prilocaine periodontal gel) 2.5%/2.5% is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS
Oraqix® is contraindicated in patients with hypersensitivity to amide type local anesthetics or to any other product component.

WARNINGS
Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix® should not be used in these patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate-gray cyanosis seen in, e.g., buccal mucosa membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if methb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally methb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of methb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.6 g Oraqix®.

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous injection of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia.

Treatment with Oraqix® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS
General:
DO NOT INJECT
Oraqix® should not be used with standard dental syringes. Only use this product with the Oraqix™ Dispenser, available from DENTSPLY Pharmaceutical.

Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock.

Eye contact with Oraqix® should be avoided. Animal studies have demonstrated severe eye irritation. Corneal irritation and potential abrasion may occur. If eye contact occurs, immediately rinse the eye with ster or saline and protect it until normal sensation turns. In addition, the patient should be evaluated r an ophthalmologist.

raqix® should be used with caution in patients with history of drug sensitivities, especially if the etiologic pes is uncertain.

atients with severe hepatic disease, because of their ability to metabolize local anesthetics normally, are t greater risk of developing toxic plasma oncentrations of lidocaine and prilocaine.

formation for Patients: Patients are cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete ensation has returned.

Drug Interactions: Oraqix® should be used with caution in combination with dental injection anesthetic, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class I ntiarrhythmics such as lidocaine and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY
Carcinogenesis - Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocellular adenoma/carcinoma in female mice, multiple occurrences of hemangiosarcoma/hemangioma in both sexes of mice, carcinoma of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in male rats, and mammary gland fibroadenomas/ adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 8 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.6g of Oraqix® gel on a mg/m2 basis).

o-Toluidine, a metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation.

USE IN PREGNANCY
Teratogenic Effects: Pregnancy Category B
Treatment of rabbits with 15 mg/kg (180 mg/m2) produced evidence of maternal toxicity and evidence of delayed fetal development, including a non-significant decrease in fetal weight (7%) and an increase in minor skeletal anomalies (skull and sternebral defects, reduced ossification of the phalanges). The effects of lidocaine and prilocaine on post-natal development was examined in rats treated for 8 months with 10 or 30 mg/kg, s.c. lidocaine or prilocaine (60 mg/m2 and 180 mg/m2 on a body surface area basis, respectively) up to 1.4-fold the maximum recommended exposure for a single procedure). The dose period encompassed 3 mating periods. Both doses of either drug significantly reduced the average number of pups per litter surviving until weaning of offspring from the first 2 mating periods. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix® should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix® is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% and prilocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS
In clinical studies, the most common adverse reactions are application site reaction (including pain, soreness, irritation, numbness, ulcerations, vesicles, edema, abscess and/or redness), headache and taste perversion.

Rx only
For more detailed information, consult your DENTSPLY Pharmaceutical representative and read the full Prescribing Information.

Manufactured by Recip AS for DENTSPLY Pharmaceutical, York, PA 17404

Form No. PM-Oraqix-PI-0501 Rev 11/04

DENTSPLY PHARMACEUTICAL