The Annals of The New York Academy of Dentistry

VOLUME 15 • ISSUE 1 • JUNE 2013

THE ANNALS
OF DENTISTRY

Presidential Address

Dr. Jonathan Roberts, DDS

It is a great pleasure and a great honor to stand before you as the incoming President of the Academy.

First, I would like to introduce my support team: most importantly my wife Trish, who has put up with all the meetings and time commitments. I have the good fortune of having Trish's support and encouragement for my professional endeavours which has made the whole process much easier. I would also like to recognize my partners, John Scarola and his wife Teddie and Craig Sirota and his wife Steffi. John has been my partner and mentor for over 30 years! John represents the true essence of the Academy and helped me to achieve success in my dental practice and in my professional activities through his mentoring. John has advised and mentored so many academy fellows, fellows of the American College of Dentists, and his students over so many years. He is the quintessential leader and mentor, totally dedicated to improving the standards of our profession and nurturing future leaders. I would also like to recognize another of my mentors, Dennis Morea, who motivated me to be a better dentist and to get involved and give back to the profession. Dennis reminds me of a quote from Lawrence Miller (an organizational consultant), " Excellence is not an accomplishment. It is a spirit, a never-ending process." I only hope that I can run a meeting as efficiently as Dennis! So, I am a product of mentoring (as many of you in this room are) and it demonstrates how important mentoring is —-especially in these very difficult economic times. The current dental students are under tremendous financial pressure and we know only too well how ethics and professionalism can suffer under these pressures. Therefore, I would like to follow President Henry Chalfin in emphasizing the importance of mentoring during my year as president. We have established a Mentorship Committee whose goal is to mentor and grow future ethical leaders for our academy as well as the greater world of dentistry. As mentors, we should create an atmosphere that facilitates communication. A mentor should be the initiator of the relationship and foster an atmosphere of ethics and professionalism. I would like to see this Committee become very active. Mentoring is also a very natural part of teaching. In the process of teaching, students will select mentors who serve as role models for practicing dentistry and also for standards of ethics and professionalism. Many of our academy fellows are already involved in teaching but I will encourage more fellows to become involved in teaching in one of our local dental schools or residency programs. Teaching is an important way that we can give back to the profession and we can also nurture our future leaders. I believe the future is up to us; it cannot be left to develop on its own. If we want a high level of ethics and professionalism then we need to put the work and effort into it. Teaching and mentoring will provide a bright future for our profession.

This Academy (along with the American College) is the perfect organization to provide younger (and older) practitioners with ethical and professional standards. It is truly the individuals in this organization who make us what we are. A quote from Colin Powell puts this all in perspective: "Organization doesn't really accomplish anything. Plans don't accomplish anything, either. Theories of management don't much matter. Endeavors succeed or fail because of the people involved. Only by attracting the best people will you accomplish great deeds." I think we have the best and brightest in this academy.

continued on page 2

PRESIDENTIAL ADDRESS

continued from page 1

I remember my first academy meeting like it was yesterday. I was very impressed with the comraderie and welcoming environment created by the Fellows. I was also impressed by the professional standards of the speaker and the efficiency of the organization. We need to instill this sense of respect and professionalism in our younger colleagues.

It has been suggested that although we are members of a caring and healing profession, sometimes we may get caught up in the excitement of our technological advances and get carried away by the hype of the industry-driven lectures and advertisements. My vision is that the Academy will become more involved in our humanitarian mission both abroad and, more importantly, here at home. We have been very successful and we should share this success with those less fortunate. Perhaps we need to take some time in our busy lives to reflect on the wider influences of our lives on others and our place in the overall scheme of things.

I look forward to working with all of you. Together we can accomplish many things.

Jonathan Roberts, President NYAD 2011-12

2011-2012 GUEST SPEAKER ABSTRACTS

PROSTHETIC APPROACHS TO TISSUE MANAGEMENT

Ernesto A. Lee, DMD

October 2011

Predictable esthetic outcomes in implant dentistry require the presence of harmonious gingival architecture. Abutment and crown contours may be sequentially modified to optimize the restoration of implants placed in compromised positions. In addition, adequately contoured restorations may be essential for the preservation of gingival morphology around immediate implants.

Dr. Ernesto A. Lee is the Director of the Postgraduate Periodontal Prosthesis/Fixed Prosthodontics Program and a Clinical Professor at the University of Pennsylvania School of Dental Medicine, where he completed dual specialty training in Prosthodontics and Periodontics; upon graduation from dental school in Panama, his native country.

Dr. Lee counts with approximately 25 publications to his credit, and is a member of the editorial boards of the International Journal of Periodontics and Restorative Dentistry and the Journal of the American Academy of Cosmetic Dentistry.

Additionally, he has dictated over 75 lectures, including presentations before the American Academy of Periodontology, the Academy of Osseointegration, the American Academy of Cosmetic Dentistry, the American Academy of Esthetic Dentistry, the International Symposium in Periodontics and Restorative Dentistry, and the Greater New York Academy of Prosthodontics.

His active schedule includes frequent appearances throughout the United States, Europe, Asia and Latin America.

Dr. Lee's practice is located in Bryn Mawr, PA, a suburb of Philadelphia, and is limited to Prosthodontics and Implant Dentistry.

Educational Objectives:

1. Discuss the benefits and limitations of prosthetically modeling the peri-implant tissues
2. Review contemporary restorative contouring concepts and techniques as they apply to implant dentistry

3 Demonstrate the application of contour design principles for immediate and delayed implant placement!

continued on page 3

2011-2012 GUEST SPEAKER ABSTRACTS

continued from page 2

NEW BLOOD THINNERS AND NEW DRUGS FOR OSTEOPOROSIS HAVING IMPACT ON DENTAL TREATMENT

Richard L. Wynn, PhD

November 2011

This presentation will describe the new antiplatelet and anticoagulant drugs and the new antiRANKL drugs for osteoporosis and how they affect dental treatment. The new anticlotting drugs described include prasugrel (Effient), dabigatran (Pradaxa) and oral dose forms of new direct thrombin inhibitors and factor Xa inhibitors and how they compare to clopidogrel (Plavix), warfarin (Coumadin) and aspirin. The antiRANKL drug described is denosumab (Prolia, Xgeva), and its association with osteonecrosis of the jaw bone.

Richard L. Wynn, PhD is Professor of Pharmacology at the Dental School, University of Maryland, Baltimore.

Dr. Wynn has been a consultant to the drug industry for 25 years and his research laboratories have contributed to the development of new analgesics and anesthetics. He is a consultant to the Academy of General Dentistry, and a past consultant to the U.S. Pharmacopeia, Dental Drugs and Product Section. He is a featured columnist for the journal General Dentistry, published by the Academy of General Dentistry. He is the lead author and chief editor of Drug Information Handbook for Dentistry, now in its 17th edition, published by LexiComp, Inc. His chief interest is teaching pharmacology to dental and dental hygiene students, and in keeping dental professionals informed of current and new drug information relative to dental practice.

Educational Objectives:

1. List the names of the new FDA approved blood thinners
2. Compare the bleeding properties of the newly approved blood thinners to aspirin, clopidogrel (Plavix) and warfarin (Coumadin).
3. Describe the actions of denosumab (Prolia, Xgeva) and its association with osteonecrosis of the jaw bone. Compare the use of denosumab to the bisphosphonates in prevention of osteoporosis

Drs. Gail Schupak and Amy Ludwig with Dr. Richard

NEROGENIC FACE PAIN IN THE DENTAL OFFICE

Peter J. Jannetta, MD

January 2012

Buried among the multitude of patients with dental, jaw and TMJ pain seen by the dentist are patients with neurogenic facial pain. These include trigeminal neuralgia, sharp incredibly severe lancinating pain and its variations. Among these are intermittent or constant pain usually described as “burning” in character. These problems may be accompanied by mild numbness and electromyographic denervation of the muscles of mastication. Two other important types of pain include nervus intermedius neuralgia (geniculate neuralgia) and denervation pain in various forms.

The diagnosis of these complaints, because they are so uncommon, may be understandably missed by dentists and physicians.

The problems are identifiable, treatable medically and operatively. They do not respond to equilibration, extractions and root canals and other techniques except briefly. They occur generally as a result of the aging process, with arterial elongation and brain sag contributing to pulsatile compression of the trigeminal nerve and nervus intermedius at the base of the brain.

Definitive operative treatment, microvascular decompression, has become the treatment of choice. The recognition and management of these problems will be discussed.

continued on page 4

2011-2012 GUEST SPEAKER ABSTRACTS

continued from page 3

Associated syndromes of other cranial nerve and brainstem vascular compression seen by dentists and physicians, some of which are extremely common, will be delineated.

Dr. Peter J. Jannetta is world renowned for his scientific advances in the field of skull base neurosurgery

and specifically, for the definition of the cause and treatment of a number of specific cranial nerve problems and a growing number of general medical problems caused by blood vessels compressing the cranial nerves and the base of the brain itself. He has won many of the major neurosurgical awards in the United States and elsewhere. His pioneering work on the cranial nerve vascular compression syndromes treated by the operative procedure he developed called microvascular decompression (MVD) (the Jannetta Procedure) as well as treatment of tumors of the skull base, and application of monitoring physiologic function while operating to preserve function of nervous tissues. His ability to attract and develop young people into productive careers in academic Neurosurgery is well known to neurosurgeons. Eighteen of his former residents and postgraduate fellows have become Chairs of neurosurgery departments within the United States. These distinguished teachers investigators, surgeons are most productive. He is regarded as one of the most innovative and accomplished contemporary neurosurgical thinkers, teacher, and surgeon, if not the most.

Dr. Jannetta was the first to clarify the primary cause of 22 neurological entities caused by pulsatile vascular compression of neural tissue and to treat the problems by relieving vascular compression. Previously, the treatment consisted of replacing one symptom (i.e. pain) with another, (i.e. numbness). These entities include, among others, trigeminal neuralgia, hemifacial spasm, disabling vertigo, tinnitus, Meniers's Disease, essential hypertention (95% of all hypertension), Bells Palsy (facial paralysis) and, recently, Type 2 Diabetes (95% of all Diabetes). He is currently writing the papers on three other entities, each part of the so called "metabolic syndrome." He has published over 300 refereed articles and book chapters and three books.

In essence, Dr. Jannetta's work epitomizes a new paradigm, a new concept of disease related to the aging process. We inherit our grandparents' arteries in combination. These arteries elongate as we age, and loop into the cranial nerves and brainstem.

The brain sags as we age. Thus, the relationship of the base of the brain and the nerves to arteries and veins at the base of the brain also change.

Dr. Jannetta has received many honors and awards. Among them: Herbert Olivecrona Lecturer (1983); Fedor Krause Medal (2000); Dr. Fritz Erler Award (2002); Klaus Joachim Zulch Prize for Scientific Discoveries and Research Work Related to Pain Surgery, Max Planck Society (2006); Ralph Bingham Cloward Award, Western Neurosurgical Society (2008); Medal of Honor of the World Federation of Neurosurgical Societies (2009); Neurosurgical Society of American Medal for Outstanding Service (2011)

Educational Objectives:

1. To develop an awareness of neuropathic pain in its multiple guises seen in the practice of dentistry
2. To discuss, briefly, proper medical therapy for these problems
3. To describe operative treatments
4. To delineate associated medical problems!

Dr. Scott Kissell with Dr. Peter Jannetta

continued on page 5

2011-2012 GUEST SPEAKER ABSTRACTS

continued from page 4

IMMEDIATE IMPLANT PLACEMENT AND PROVISIONALIZATION: MYTH OR REALTY

Dennis A. Shanelec, DDS

February 2012

The standard of care for missing teeth has become dental implants. Failing teeth in the esthetic zone are more challenging. Dentistry's answer to this dilemma has passed beyond flippers and fixed bridgework. Can teeth predictably be replaced immediately with dental implants and implant supported provisionals? This presentation comprises a 10 year study of 350 dental implants placed in extraction sites with immediate provisionals. It will present the case for a microsurgical approach to failing teeth in the maxillary esthetic zone.

Dr. Dennis Shanelec completed his periodontal training at the USC. He introduced microsurgery to Periodontics in 1992 and has published and lectured on using the microscope to achieve surgical excellence. A former president of the California Society of Periodontists, he is recognized as an authority on magnification and founder of the subspecialty of periodontal microsurgery. He is recipient of the American Academy of Periodontology Master Clinician Award and the only dentist invited to membership in the Society of Microsurgical Specialists. He directs the Microsurgical Training Institute and maintains a practice of Periodontics and Dental Implants in Santa Barbara.

Educational Objectives:

1. Demonstrate the precision of dental implant microsurgery for immediate replacement of an esthetic maxillary anterior maxillary tooth

2. Present a systematic microsurgical approach to both precision in dental implant placement and exactness in provisional crown fabrication.

3. Outline planning and detailed sequential treatment including

FAILURES AND COMPLICATIONS IN FIXED IMPLANT PROSTHODONTICS

Avishai Sadan, DMD

March 2012

Fixed prosthodontics and implant dentistry are fields in which treatment rendered is mostly irreversible. Putting aside the significant time and financial commitment, once started these treatment modalities have to be brought to a successful completion. While complications and failure are to be expected in any clinical procedure, the magnitude of failure in these fields can have a significant impact on the patient and the treating dentist. An appropriate and thorough risk assessment of clinical situations that are prone to failure is of paramount significance. This presentation will identify certain risk factors that would be predictors of a future failure. Early detection of such factors will potentially result in avoiding a significant complication and/or faiulure.

Dr. Avishai Sadan is Dean and G. Donald and Marian James Montgomery Professor of Dentistry, University of Southern California School of Dentistry. He is the former editor in chief of Quintessence International, the former editor in chief of Quintessence of Dental Technology (QDT), served on the editorial boards of other journals, and has lectured and published nationally and internationally on esthetic and implant dentistry and biomaterials. Dr. Sadan is a graduate of Hebrew University Hadassah School of Dental Medicine in Jerusalem, Israel where he has also completed an internship in maxillofacial prosthodontics and oral medicine. He received his training in prosthodontics from the LSU School of Dentistry and has also completed a fellowship in prosthodontics emphasizing esthetic and implant dentistry at LSU. A member of several professional organizations including the American College of Prosthodontists, the Academy of Osseointegration, the American College of Dentists, OKU Dental Honor Society, and other organizations, he maintains an intramural practice limited to Fixed and Implant Prosthodontics.

Educational Objectives:

1. Learn how to identify the additional risk factors in the parafunctional patients

2. Learn how to manage expectations and the proper treatment plan in challenging implant cases in the esthetic zone

2011 SUMMER RESEARCH GRANT ABSTRACTS

TITLE

Andrew Ferraro, College Of Dental Medicine, Columbia University

The project I will join endeavors to identify undiagnosed diabetic patients in the dental setting in order, ultimately, to prevent or reduce the associated morbidity and morbidity. Additionally, the project then compares two types of intervention procedures to ensure patient follow up with a physician. 1,000 patients who have been identified as possibly pre-diabetic or diabetic are split into two groups, one group receives a standard intervention, the other an enhanced intervention The standard intervention entails the dentist providing the patient with his/her test results and suggesting they follow-up with a physician. The enhanced intervention entails a detailed explanation of their tests results with a strong advisement to follow-up with a physician, a referral letter, and two phone calls/text messages inquiring and, if necessary, urging the patient to go for a follow-up visit to his/her physician. The overall goal of the study is to develop a screening protocol checking for variables that best predict pre-diabetes or diabetes in the dental office, as well as provide a model for referring at-risk patients to a physician.

My efforts in this project will be most focused on the enhanced intervention protocol. This involves primarily contacting the patient; and providing the patient with the follow-up phone calls/text messages. Scripts will be prepared so that each patient is approached with the same message in the same manner.

In addition I will be available to assist Dr. Burkett with the screening protocol, as needed, which consists of asking the patient five simple questions to identify risk status, as well as performing a periodontal examination (Dr. Burkett) and recording the information chair side (me). The two primary goals for this research are to identify the most effective diabetes screening protocol to be used in a dental care setting. Moreover, to compare the two intervention group's results to determine if any differences in outcomes (systemic health, oral health, rate of follow-up) occur between the two groups at the time of a six month return visit to evaluate patient health and behavioral outcomes.

Research Project from Columbia University School of Dental Medicine

2011 SUMMER RESEARCH GRANT ABSTRACTS

BONE REPAIR USING 3D PRINTED TRICALCIUM PHOSPHATE SCAFFOLDS

Jeffrey W. Goetz, Elizabeth A. Clark, Sharanya Renganathan Iyer,
John L. Ricci, Biomaterials & Biomimetics. NYU College of Dentistry

Introduction: Bone defects are currently filled by complex autogenous grafting procedures; or imperfect allogeneic or alloplastic treatments not designed for a specific site. Direct Write (DW) fabrication allows us to print 3-D scaffolds composed of osteoconductive biomaterials, complex multicomponent biphasic (COMBI) calcium phosphate scaffolds that have the potential to be custom-fabricated to repair complex bone defects. Current literature still debates optimum and threshold pore requirements for bone regeneration.

Objectives: To test scaffolds in a critical-sized (unable to close on its own) in vivo model to study effects on bone density, extent of ingrowth, and bone/scaffold remodeling.

Methods: Scaffolds were designed with variable mesopore spacing in all (X, Y, and Z) planes. To vary pore sizes, two scaffold designs of layers of concentric circles, alternating with radial struts of 1, 2, or 3 overlapping layers in z height, were fabricated by DW from 15:85 HAP/β-TCP and sintered at 1100°C. A calcium sulfate temporary filler prevented soft tissue invasion and /or infection. Scaffolds were embedded in vivo in trephine defects. After 8-16 weeks, analysis of bone ingrowth and scaffold and bone remodeling was quantified by MicroCT (Scanco Medical) and scaffolds were embedded in poly-methylmethacrylate (PMMA) then evaluated histologically with light microscope.

Results and Conclusions: Scaffold volume was designed to vary by ring section. Bone volume was higher in the more open, less scaffold-dense areas. Pores ranged from around 100 to 940 microns. Bone grew into all varied height layers, but appeared to take longer to get through largest pore sizes. Contrary to previous literature findings, pores larger than 500 microns still filled well with bone.

Research Project from New York University College of Dentistry

2011 SUMMER RESEARCH GRANT ABSTRACTS

THE ADHESION OF CHARGE PARTICLES TO DEEP DENTIN IN THE DELIVERY OF ANTI-INFLAMMATORY AGENTS TO THE DENTAL PULP

G.Efros, J.I. Snow, M.A. Rosenblum, and K. Markowitz, UMDNJ New Jersey Dental School, Newark, NJ

Objective: This research was conducted in order to analyze charged particle adhesion to deep dentin, with hope of designing an anti-inflammatory pharmaceutical agent delivered to the dental pulp.

Methods: Eighteen (18) deep dentin slices from un-erupted, extracted third molars were polished with diamond paste and etched with EDTA. The disks were then sectioned in half. One half was treated with water and served as a control. The other half was treated with dispersion of 0.5 μ pr 1.0 μ silica particles with the OH, COOH or NH_2 surface groups. The samples were coated with gold and imaged using a Hitachi scanning electron microscope (SEM). SEM images were superimposed on a grid allowing us to estimate the area of exposed tubules, also known as the "point count". In addition to the method, "ImageJ" software was used to estimate the area of exposed tubules.

Results: The water treated (control) half of each slice was observed to have patent dentinal tubules as is typical of areas of deep dentin, with no apparent tubule occlusion. All of the 0.5 μ bead dispersions deposited a thick coating of beads on the dentin surface. Each of the 0.5 μ bead dispersion sample groups occluded dentinal tubules to an extent. NH_2 beads reduced the proportion of the dentin surface that was occupied by tubules by 25.9%. The dispersion of OH (silica) and COOH beads adhered to intratubular dentin and reduced tubule area by 4.2% and 5.7% respectively.

Conclusion: With reference to the SEM images, the NH_2 charged particles adhered to the dentinal tubules intratubularly more effectively than the COOH or OH particles, which seemed to coat the intertubular spaces predominantly. Therefore, it can be predicted that NH2 beads are desirable particles in an anti-inflammatory drug system delivered to the dental pulp following dental caries preparations.

Research Project from University of Medicine and Dentistry of New Jersey, New Jersey College of Dentistry

2011 SUMMER RESEARCH GRANT ABSTRACTS

GENERATION OF INTRAORAL-LIKE IMAGES FROM CONE-BEAM CT VOLUMES FOR FORENSIC IMAGE MATCHING

Rose Katz, Denise Trochesset, DDS, Dan C. Colosi, DDS, PhD
Stony Brook University School of Dental Medicine

Cone-beam CT (CBCT) scans have benefits over conventional x-rays in several ways. It is fast and eliminates undesirable superimposition of anatomic structures. It also offers accurate information about the thickness of the alveolar bone, which is very important in areas such as dental implant planning. CBCT imaging holds the potential to be applied in areas that are currently incompletely explored. Forensic identification relies, in many cases, on comparison of post-mortem dental radiographs with pre-existing dental records. Taking post-mortem radiographs in the field proves often difficult and unreliable, due to such factors as the state of the cadaver and the necessity to repeat the imaging procedure for different areas of the jaws. CBCT can facilitate this process by simplifying post-mortem imaging and significantly decreasing the required imaging time. However, the comparison of CBCT images with intraoral images is a technical and operator-dependent procedure. Here, we propose a method to standardize this process through a protocol to generate CBCT derived images that cover the same anatomic area as individual intraoral images. We operate under the hypothesis that customized post-mortem images derived from CBCT volumes using this protocol are similar enough to conventional dental radiographs to allow for forensic comparisons in dental identifications. Five de-identified human dissection specimens (half heads and half mandibles) were imaged using cone-beam CBCT. Digital periapical and bitewing radiographs were taken of all dentated alveolar bone areas. CBCT images were used to construct periapical-like and bitewings-like images from the original CBCT image following a standardized procedure developed in this project. Resulting images closely match the anatomic area, the field of view and the angular orientation of comparison images. Conclusion: We have developed a reliable protocol for the generation of customized intraoral-like images from a CBCT data set.

1) Clinical Relevance:
Forensic identification relies often on the comparison of post mortem radiographs to any ante mortem images made available to the forensic specialist. Ante mortem images are usually conventional intraoral radiographs taken by the presumed patient's dentist. These must be compared to similar images of the cadaver. Making intraoral images on the cadaver is associated with inherent obstacles related to the body's decomposition status,

Research project from Stony Brook University College of Dental Medicine

continued on page 10

continued from page 9

disfigurement, missing body parts, etc. These make reproducing the anatomic coverage and angular relationships shown in existing ante-mortem images difficult, and occasionally they make the production of post-mortem intraoral radiographs impossible. This, in turn, is likely to impact the comparison accuracy of pre- and postmortem radiographs. A post-mortem CBCT scan of the jaws may address several of these technical difficulties. CBCT scanning does not require the intraoral placement and stabilization of x-ray receptors or instruments. Importantly, the scanning time is short (approximately 1-2 minutes after positioning in the scanner). Additional potential benefits of utilizing CBCT for forensic identification include:

- Decreased operational cost (ability to work with a smaller forensic team at the site of a disaster);
- Relative ease of use for radioactively or biologically contaminated body's;
- Reduced risk of injury to team members;
- Images can be processed and read remotely;
- Possibility to reformat CBCT data to suit later needs;

These advantages make CBCT a considerable alternative to post-mortem forensic intraoral imaging. However, comparing CBCT images with intraoral images is a technical and operator-dependent procedure. Here, we propose a method to standardize the process of comparing CBCT volumes with pre-existing intraoral radiographs.

2) Future as a Dental Educator

Seeing as how I owe all of my knowledge, progress and future success to those that have dedicated their time to educate my peers and me, I certainly see a future as a dental educator. I hope to flourish and grow in my career in order to be privileged enough to help others obtain the same amazing opportunities and experiences that I was given. I believe the faculty and mentors that surround me today are crucial in molding me to be the great dentist I want to be and I hope to be the same mentor for others in the future.

Thank you to Fellows and some of their colleagues who volunteered for the Ethics Programs at New York University and Columbia in 2011/2012:

Columbia:

Fred Bergamo
Dory Calev
Debra Castro
Julie Connolly
Thomas Connolly
Colleen Cournot
Richard Greenberg
Robert Iovino
Joyce Johnson
Estelle Kelly
Andrew Krieger
Akshay Kumar
Gabriela Lee
Jenny Lee
Linda Lin
Alan Lubarr
Robert Miner
Louis Rubins
Gail Schupak
Jeffrey Senzer
Robert Tauber
Alex Tsui
Kathy Udell-Martin
Nicholas Vero
Robert Wein

NYU:

Yakir Arteaga
Debra Castro
Chris Chondrogianis
Julie Connolly
Thomas Connolly
Mitchell Greenstone
Arthur Hazlewood
James Hudson
William Hurwitz
Robert Iovino
Gregg Jacob
John Lanzetta
Jenny Lee
Michael Leifert
Roniette Leifert
Sebastian Lentini
Jorge Matos
Steven Moss
Fred More
Sheldon Nadler
Mitchell Rubenstein
Adrienne Spiegel
Steven Sovich
Kathy Udell-Martin
Bobby Vijay
John Young, Jr.

OFFICERS AND COMMITTEE REPORTS 2011/2012

Report of the President:

Dr. Jonathan Roberts

I would like to take this opportunity to thank the current Board of Directors for their insight and guidance throughout the year, as well as all the committee chairs and committee members for their service to the Academy. As I said in my presidential address, this organization is only as good as the members who are involved in planning and carrying out our activities and mission. That is why the NYAD is such a respected group.

Of course my deepest thanks go to our executive secretary Carol Bensky for her dedication and hard work. All of us in this room who have worked with Carol know how important she is to our Academy.

This year has been another successful year for the Academy and I have had the opportunity to expand our activities and involvement in two major areas: our humanitarian mission and our mentoring efforts.

Many thanks to Jerry Halpern and Jim Hudson in establishing the Humanitarian Mission Committee as an essential part of what the NYAD represents. We have extended our pro-bono charitable service overseas and new efforts have established programs here at home. Jim Hudson is also working hard to establish a national network which should bring us national recognition. We will be hearing much about this in the future.

Our mentoring program has now become an essential part of our mission due in large part to the hard work and devotion of chair Lois Jackson. This will enable us to mentor young dentists who will become our future leaders and ensure the longevity and prosperity of our organization.

I also wish to recognize Education Committee Co-chairs Bob Miner and Julie Connolly for their continued hard work. The Academy sponsorship of the ethics programs in our local dental schools provides an opportunity for our fellows to facilitate the elevation of future practitioners to heightened standards of ethical behavior. The Summer Research Scholarship encourages the advancement of scientific research by dental students and again provides the beneficial influence and ethical standards of the Academy.

The essential core of the Academy is our strong scientific program. I would like to thank Executive Committee Chair Scott Kissel for his outstanding efforts in providing an exceptional program this year.

Our website has been streamlined and made much more user friendly thanks to the hard work and dedication of chair Mark Bronsky. Hopefully the website will be the major conduit of communication for the academy.

It has been a pleasure serving as your President this year and maintaining our high levels of ethics and professionalism. We have many challenges ahead but with our strong leadership I'm sure our future is bright.

Respectfully submitted,
Jonathan Roberts, DDS

Report of the Immediate Past President:

As the Immediate Past President, I attended all of the meetings of the Board of Directors (except, obviously, this one) and acted as advisor to President Jonathan Roberts.

Additionally, I served as a member of both the Senior Advisory and Budget and Finance Committee

Respectfully submitted,
Henry Chalfin, DDS

Report of the Vice President:

The Vice President fulfilled the duties of his office by attending all of the meetings of the New York Academy of Dentistry's Board of Directors, the Senior Advisory Committee and the Officer's Committee for Strategic Planning. All officers and committee chairs were notified about the annual meeting and given their protocols for review.

Respectfully submitted,
John J Young Jr. DDS

Report of the Secretary:

The Secretary fulfilled the duties of his office by attending all of the meetings of the New York Academy of Dentistry's Board of Directors and Fellowship, edited the minutes of these meetings, reviewed the written communications of the Board, propsed changes in Fellowship status to the Board and adopted the revised standards of the American Dental Association's Continuing Education Recognition Program (ADA-CERP) in our printed meeting announcements.

The "Vital Statistics" of the Academy are:

Active Fellows	218
Associate Fellows	43
Non- Resident Fellows	6
Retired Life Fellows	17
Life Fellows	43
Active Life Fellows	19
Retired Fellows	17
Honorary Fellows	1
Allied Fellows	1

continued on page 12

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 11

The total membership is 365. Our membership decreased this year due to 2 deceased members (Arthur Ilhe and William Weber), four resigned (Kenneth Siegel, Ira Lamster, Anthony Randi, Ash Estafan), and 14 were dropped for non-payment of dues: (Alan Kucine, Ronnie Myers, Oliver Nicolay, Jeff Rabinowitz, Mark Schachman, Steve Sovich, Shelby White, Frank Pappas, Lawrence Bailey, Robert Glickman, Konstantinos Cherpelis, Gregg Monterosso, Dan Schweitzer, Neal Auerbach; all of them were sent certified letters).

Respectfully submitted,
Guy N. Minoli, DDS

Report of the Treasurer:

The duties of the office of the Treasurer were carried out as defined in the bylaws of the New York Academy of Dentistry.

A review of the financial status of the New York Academy of Dentistry indicates a balance of $208,796 as of April 30, 2012.

A review of the financial status of the New York Academy of Dentistry Endowment Fund indicates a balance of $ 44,933 as of April 30, 2012.

Respectfully submitted,
Egidio A. Farone, DMD

Report of the Editor:

The Editor attended the Board of Director meetings of the New York Academy of Dentistry and fulfilled the duties as required under the bylaws. The Editor met with Dr Bronsky to formulate the incorporation of all meeting information on the new website.

Dr. Verna's motion at the October Board meeting to suspend publication of the Annals of Dentistry, along with any decision relating to its inclusion on the new website, is currently under consideration by the Senior Advisory Committee. The intent in the future may be to include synopses of the lectures from the Executive Committee on the website rather than use the Annals to repeat previously published information.
Respectfully submitted,
Chris Chondrogiannis, DDS
Scott O. Kissel, DMD
Michael F. Leifert, DDS
Claudia Kaplan, DDS, Editor, Chair, Publications Committee

Report of the Ethics Committee:

There were no issues presented to the Ethics Committee of the New York Academy of Dentistry for review during the 2011- 2012 year. The Committee did not meet during this period but the members of the Committee thank the Academy for the opportunity to serve.

Respectfully submitted,
Dr. David P. Pitman, DDS
Dr. Steven B. Syrop, DDS
Dr. Joyce M. Johnson, DDS, Chair

Report of the Associate Fellowship Committee:

The committee has fulfilled its responsibility as proscribed in the bylaws by evaluating all applications for elevation to active fellowship.

Respectfully submitted,
Gregory Browne, DDS
Greg Monterosso, DDS
Vincent Romano, DMD, Chair

Report of the Audio Visual Committee:

This year has been a challenging one for the AV committee as we are trying to modernize and imrove the quality of our audio in the Union League Club. In order to have an unbiased evaluation of the acoustic situation, we have hired a sound engineer to be present at our last meeting and to give a written evaluation of his findings. The entire report is attached to this document, but a summary of findings compiled by Mr. McAndrew and me is as follows:

Drs. Suzanne Duvalsaint, ¢, Jennie Lee, ¢, David Dane, ¢, ¢

The Union League Club has upgraded its audio amplifier for the room and with this upgrade, the speaker systerm is adequate for presentations provided the following:

1. the ULC provide an additional speaker under the dias to provide sound re-enforcement in the mid-range
2. the ULC provide the full range Mackie Audio Mixer or we need to purchase our own ($700)
3. we need to purchase a wired microphone system that has more channels available than our current wireless system due to interference present in the building
   - we will evaluate a wireless system at this Thursday's meeting
   - the choice is between $700 and $1000. models – I think the $700 model will do fine

continued on page 13

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 12

- we will have wored micxrophone like last month's meeting so if there is a problem, we will go with the wired system

4. Audio-Tech - $200, based on a 4-hour call at $50/hr. That would include the gear: extra cable, back-up microphone, adaptors, DI box
5. the ULC is also upgrading the electrical system which will take care of the hum in the speakers that we have had in the past

This is a learning process for all of us, but hopefully, in the next few weeks, we can get out what is necessary to bring the audio quality up to that of those lecturing for this fine Academy.

Respectfully submitted,
Steven Jutkowitz, DMD
Craig Sirota, DMD
Edward B. Goldin, DDS
John D. Ward, DDS

Full report:
Regarding the Dental Academy's audio handling:

After review and trial I think that we all agree that an improved wireless microphone and mixing system is in order for your clients.

Wireless reception issues continue to pose difficulties, even on clear channels.

Additionally, two a/v techs should be present, one to balance audio (and mute/unmute mics) from the rear of the room, and one to handle the talent and "stage" area.

Regarding the audio system, the following should be available:

1 wireless handheld microphone system, Sennheiser (500 G3 or better) transmitter and receiver.

1 wireless lavalier or headset microphone system, with Sennheiser (500 G3 or better) transmitter and receiver.

1 external RF antenna/splitter. (like Sennheiser G3IEMDIRKIT4)

1 laptop w/WSM software

1 wired handheld microphone (Shure SM-58 w/switch)

1 50' mic cable

1 stereo direct box for laptop audio output (Radial ProAV1, ProAV2 or ProD2)

1 XLRF-XLRF adaptor (for cable run to small amp)

1 XLRM-XLRM adaptor (for cable run to small amp)

1 audio mixer with 8 microphone preamps, filter and sweepable eq on mic channels (like a Mackie 1642-VLZ3). The EQ is important because the sound op must constantly adjust each channel in response to each user's proximity and mic technique, etc. The mixer at the club will get you through, in a pinch.

Also, consider setting up your wireless receivers near the "stage area" if you are unable to secure a proper antenna/splitter setup.

I hope this helps. Please call to discuss, as there are a lot of options.

Regards,
Jonathan Duckett

Report of the Budget and Finance Committee:

The Budget and Finance Committee met on Wednesday, October 12th, 2011 at the office of Dr. Egidio Farone to discuss the financial status of the New York Academy of Dentistry. Present at the meeting were Drs. Henry Chalfin, Amy Ludwig, Steven Rubin, Alex Tsui and myself. The Committee did not have copies of the annual audit for the year ending April 30, 2010. However, the dues structure and the dinner costs were reviewed. The annual audit was reviewed at a later date. It was understood that the dinner costs and the annual dues were to remain as the same as the prior year. The committee then discussed and began preparation of the preliminary budget figures for 2012/2013. That budget was presented to the Board of Directors in the fall. The budget was accepted as presented.

Respectfully submitted,
Henry Chalfin, DDS
Charles A. Lennon, DMD
Amy L. Ludwig, DMD
Steven M. Rubin, DMD
Alex Tsui, DMD
Egidio A. Farone, DMD, Chair

Report of the Constitution and Bylaws Committee:

The Constitution and Bylaws Committee was charged with modifying the preamble and several sections of the constitution and bylaws. More specifically, changes related to publications were removed from the preamble while references to the Boys Clubs of New York were deleted. In addition, the Reception Committee was removed as a standing committee while the Mentorship Committee was added. The direct pathway to Fellowship was also eliminated as per the Board of Directors. All changes were presented to the Fellowship and approved.

Respectfully submitted.
Michael Toffler, DDS
Michael M. Woloch, DDS
David P. Pitman, DMD

continued on page 14

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 13

Report of the Dinner Committee:

The following is a summary of the selected menus for each meeting calendar year 2011-2012 October meeting 2011- baby arugula, duck, assorted truffles; November 2011- artisanal smoked salmon, red snapper, fruit tart; January 2012 - shrimp cocktail, filet mignon, triple chocolate mousse; February 2012 - mozzarella and tomatoes, sole, mousse cake; March 2012 - iceberg lettuce, chicken parmesan, brownie a la mode; April 2012 - grilled salmon, rack of lamb, cookie assortment The selections were based on seasonal availability.

Committee members also assisted in the pre dinner collection of monies for the bar and latecomers who had not paid for the meeting.

Meeting dinner costs $90, wine and beer $9, cocktails $12, soft drinks $6.

Respectfully submitted,
Edward Gottesman, DDS
Renee Litvak, DDS
Thomas Magnani, DDS
Maia Palagi, DDS
Michelle Mirsky, DDS

Report of the Education Committee:

Ethics Programs were held at Columbia and NYU this year. We had many NYAD fellows participating in these successful programs.

Ethics Awards were given out at graduation at Columbia University College of Dental Medicine, New York University College of Dentistry, UMDNJ and Stony Brook University College of Dental Medicine.

A meeting of the Committee was held this year and the Committee's protocol was reviewed.
Respectfully submitted,
Yakir Arteaga, DDS
Colleen K. Cournot, DDS
Edward Gottesman, DDS
Robert Iovino, DDS
Michael F. Leifert, DDS
Michelle Mirksy, DDS
Steven S. Moss, DDS
Julie A. Connolly, DDS, Co-Chair
Robert D. Miner, DDS, Co-Chair

Drs. Amy Ludwig and Jonathan Roberts with Ms. Mary Jo White

Report of the Executive Committee:

The Executive Committee is pleased to report that the presentations of the 2011-2012 program have occurred or will occur as scheduled. All the presentations have been well prepared by the lecturer and well received by the fellowship. To date every meeting was well attended. The travel plans and accommodations were arranged with the kind assistance of Ms. Carol Bensky.

The 2011-2012 program was as follows:

October 13, 2011
Dr. Ernesto A. Lee
Prosthetic Approaches to Tissue Management

November 10, 2011
Dr. Richard L. Wynn
New Blood Thinners and New Drugs for Osteoporosis Having Impact on Dental Treatment

January 12, 2012
Dr. Peter Janetta
Neurogenic Face Pain in the Dental Office

February 9, 2012
Dr. Dennis Shanelec
The Smile Technique: Immediate Implant Placement and Immediate Provisional in the Maxillary Esthetic Zone

March 8, 2012
Dr. Avishi Sadan
Failures and Complications in Fixed and Implant Prosthodontics

April 12, 2012
Social meeting
Mary Jo White, Former US Attorney for the Southern District of New York

Suggestion:
If the New York Academy of Dentistry wants to share the cost of a meeting with another academy, a formal written document is required. This document should outline the financial obligations for each academy. It should be reviewed, approved and signed by the appropriate representatives from each group.

Respectfully submitted,
Michelle Mirsky, DDS
Steven M. Rubin, DMD
Scott O. Kissel, DMD, Chair

Report of the House and Archives Committee:

The Committee met 12 times in the past academic year and compiled published information from the available Academy records for the years 1998 to 2010. This was greatly facilitated by Executive Secretary Carol Bensky and her staff through the introduction of the now common practice of publishing and storing the Academy meeting minutes electronically.

Currently, past presidents whose terms spanned these years are

continued on page 15

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 14

being contacted for any unofficial documentation they may wish to provide in order to further augment the Academy record. It is anticipated that this process will be completed shortly and the collation and binding of this information achieved by the onset of the new academic year in the autumn of 2012.

Respectfully submitted,
Neal J. Cronin, DDS
Scott O. Kissel. DMD
George W. Sferra Jr., DDS, Chair

Report of the Necrology Committee:

The Necrology Committee reported at the November meeting the passing of Dr. Brenden Boylan. Dr. Boylan was a Retired Life Fellow and Past President of the New York Academy of Dentistry.

In addition, Dr. Arthur Ilhe and William Weber also passed away during this year.

Respectfully submitted,
George W. Sferra, Jr. DDS
Robert M. Wein, DDS
John M. Scarola, DDS, Chair

Report of the Nominating Committee:

The Nominating Committee met and, after considering numerous potential candidates, recommended the following slate of officers for the ensuing academic year:

President	Amy L. Ludwig
President Elect	John J. Young, Jr.
Vice President	Egidio A. Farone
Secretary	Guy N. Minoli
Treasurer	John J. Lanzetta
Editor	Claudia Kaplan

Nominees for members of the Fellowship and Ethics Committees were as follows:

Member of the Fellowship Committee
Henry E. Chalfin

Member of the Ethics Committee
Neal J. Cronin

Respectfully submitted,
Edgar Buehler, DDS
Anthony J. Curinga, DDS
Mathew J. Neary, DDS
John M. Scarola, DDS
George W. Sferra Jr., DDS, Chair

Drs. Egidio Farone, Jonathan Roberts, Amy Ludwig and John Young, Jr.

Report of Program Committee:

The Program Committee met several times in 2011 to establish the program for the 2012-2013 meeting year for the New York Academy of Dentistry. At the first meeting, at Dr. Amy Ludwig's office, lecture topics and speakers were suggested. The list of potential speakers was divided up between committee members and the speakers were contacted as to their availability and cost.

The program for 2012-2013 is as follows:
October 11, 2012 Dr. John Sorensen in conjunction with the New York County Dental Society. He will present a full day lecture the following day for the NYCDS and they will share in the expenses.

November 8, 2012 Dr. Paul Benjamin "Evidence Based Dentistry"

January 10, 2013 Professor Adam Stabholz, Dean, Hebrew University School of Dental Medicine Alliance for Oral Health Across Borders

February 7, 2013 Dr. Dennis Tarnow

March 14, 2013 Dr. Nels Ewoldsen "What the Dental Companies Aren't Saying About Their Products." He will also present a full day lecture the following day for the NYCDS and they will share in the expenses.

April 11, 2013 Possibly Bronx Botanical Gardens

Respectfully submitted,
Yakir Arteaga
Julie A. Connolly, DDS
Scott O. Kissel, DMD
Gabriela N. Lee, DDS
Guy N. Minoli, DDS
Steven B. Syrop, DDS
Dr. Gail E. Schupak, DMD, Chair

Report of the Professional and Public Relations Committee:

Bylaws Charge: The function of the committee shall be to organize and disseminate newsworthy information regarding the programs and achievements of the New York Academy of Dentistry. The primary charge is academic publicity.

Second Charge: Coordinate all of the necessary photographic needs at the October, March, and April meetings and any pertinent photographic coverage of the Ethics Program. All photos are to be shared with the Publications Committee for the Annals of Dentistry and to become part of the Academy's archives.

continued on page 16

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 15

During the Academic year 2011-2012, the Public and Professional Relations Committee was primarily engaged in the process of re-designing the website of the New York Academy of Dentistry. Our goal was/is to attempt to convert the website from a largely informational format to a "working" website capable of engaging members and prospective members more directly while facilitating participation in the functions of the Academy. The goal, as dictated by the Board of Directors, was to create a website that bespoke the integrity of the Academy, while establishing a "nuts and bolts" web presence, allowing Academy members to use the internet to engender participation in Academy affairs. Additionally, in conjunction with the Chair of the Publications Committee, provisions were made to incorporate components of the Annals into the website to ultimately obviate the need for publishing the Annals when the Board ultimately elects to do so. At this time, we are working on incorporating online payment options for members to pay for annual dues, meeting dinners, and charitable contributions to the Academy. We anticipate completion of this component by the end of the Academic year, if possible.The website has been designed in "component format" to allow ultimate flexibility to add and/or subtract content and functionality as the needs of the Academy change in the near and distant future. To this end, the PAPRC's first charge has been fulfilled by handling all "Academic publicity."

As such, the second charge in the bylaws has been handled by the "Photo Gallery" section in the "Events/Projects" tab on the home page of the website.

It has been an honor and a privilege serving under President Dr. Jonathan Roberts and his administration.
Respectfully submitted,
Lois A. Jackson, DDS
Claudia Kaplan, DDS
Steven Mondre, DDS
Mark J. Bronsky, DMS, MS, Chair

Report of the Senior Advisory Committee:

The Senior Advisory Committee fulfilled all of its charges according to the bylaws of the NYAD. The committee decided to meet by conference calls to allow all members of the committee an opportunity to participate in the discussions. Geographic and schedule limitations would have potentially eliminated some members of the committee from the discussions if we had met in person.

The committee evaluated the current Academy policies and made a number of recommended changes. The committee recommended the elimination of the path to direct fellowship so that all future applicants must go through a three year term as an Associate Fellow before Fellowship is granted. The committee also considered the impact of social media on the Academy fellowship and recommended that an ad hoc committee be set up to study this issue.

Respectfully submitted,
Edward Buehler, DDS
Henry Chalfin, DDS
David P. Pitman, DMD
Jack S. Roth, DDS
James L. Verna, DDS
Stanley M. Weinstock, DDS
John J. Young, Jr. DDS
Dennis N. Morea, DDS, Chair

Report of the Officers Committee for Strategic Planning:

The Officer's Committee for Strategic Planning met on March 6, 2012. We discussed and reviewed the Goals and Objectives of the Academy as well as the direction we would like to see it take. We discussed current activities of the Academy and ways we can improve in the future.

Respectfully submitted,
Egidio A. Farone, DMD
John J. Lanzetta, DMD
Guy N. Minoli, DDS
Jonathan Roberts, DDS
John J. Young, Jr. DDS
Amy L. Ludwig, DMD, Chair

Report of the Grants Committee:

The report of the Research Grant Committee:

The annual Student Research grants were awarded to one student each from Columbia, NYU, UMDNJ and Stony Brook. The amount was $4,000 per school.

The students presented their research as poster presentations at the February meeting and abstracts will be published in the Annals.
The schools will be contacted in the late Spring to arrange for the 2012 grants. Three applications per school will be requested. Applications will be due in September. The committee will chose the winner for each school and notify the recipients by December of 2012.

Respectfully submitted,
Edward B. Goldin, DDS
Robert Iovino, DDS
Michelle Mirsky, DDS
Steven S. Moss, DDS
Donald Tanenbaum, DDS
Julie A. Connolly, DDS, Chair

Report of the Mentoring Committee:

Phase 1: Recruitment Effort
A recruitment dinner was held on Wednesday, February 15th at McCormick and Schmick's. There were almost 30 people in attendance, both potential candidates and members of the Mentoring Committee. We discussed

continued on page 17

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 16

the mission and history of the NYAD as well as the mentoring program and the Palmer Society. This was well received, with almost all invitees completing information forms so they would be included in future activities.

We plan to have a recruitment dinner in June with three planned for the 2012-2013 NYAD meeting schedule.

Phase 2: Invitation to an NYAD Meeting

The members of the Mentoring Committee have selected potential candidates to invite to the March 8th meeting. The plan for this evening is modified due to the Annual Membership meeting the same evening. Invitees will be hosted at the regular cocktail reception and dinner. They will be introduced to NYAD officers and members during the evening. Those interested in being included in future mentoring events will be asked to fill out an information sheet. Three of these dinners are planned for the 2012-2013 year.

The Palmer Society

The first meeting of The Palmer Society is scheduled for May at a wine store at the South Street Seaport. There will be a Practice Management presentation by an accountant and a financial planner. The dinner will be catered by the Smoke Joint, a barbecue restaurant.

The fall meeting will be a treatment planning/case studies panel of experts. The plan is to create a group that works with the NYAD committee to create the program and mentor/mentee interaction.

Phase 3: Members as Mentors

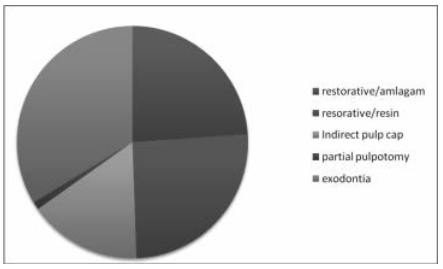
The members will be introduced to the mentoring program. They will be asked to volunteer as mentors, both for traditional one-on-one interaction as well as involvement in mentoring events as speakers or participants. Members will also be asked to submit names of potential candidates.

Respectfully submitted,
Mark J. Bronsky, DMD
Colleen K. Cournot, DDS
Edward B. Goldin, DDS
Susan Karabin, DDS
David Shipper, DMD
Craig Sirota, DMD

Report of the Humanitarian Mission Committee

The Humanitarian Mission Committee has been involved this year with the first mission to the Dominican Republic in collaboration with Foundation MIR (Mission International Rescue). This mission was a joint effort with the NYAD and Columbia College of Dental Medicine. Four NYAD fellows (Drs. Jim Hudson, Jerry Halpern, Gabriela Lee and Joyce Johnson), four dental students and one PG MPH dentist went to La Romana, Dominican Republic this past May. This trip for the most part was put together by the efforts of Dr. Jim Hudson. Dr. Hudson, along with Dr. Frank Andolino and Dr. Yakir Arteaga, made a site visit to the DR a few months earlier to evaluate the physical facilities. The mission was from 5/8-13/2011. We were housed at the facility at the MIR School outside of La Romana. Food and lodging was provided by MIR; travel expenses for the students by the NYAD/Columbia College of Dentistry; supplies by donations from team dentists, vendors, local dental suppliers in the DR and what was on premises. Our team hit the ground running and the following report by Dr. Keri Discepolo, our MPH candidate, provides the compilation of the demographics of our trip.

Demographics
We had the pleasure of seeing 234 boys and 214 girls for a total of 448 MIR school children. The median age was 14 years. Monday May 9, 2011 we accomplished screening and treating 132 children, the consecutive days following were 119, 112, and 97 children seen. The final day, Thursday May 12, 2011 was more focused on treating disease, completing the most urgent treatment. Because of the overwhelming need, we had to discontinue the screening process in order to concentrate on treatment. Dwindling dental supplies was also rate limiting to the amount of screenings that were performed. We were able to see the majority of the children at the boy's school, and on the Thursday of that week the opportunity was taken to screen children at the girl's school.



Screening exam
Screenings were performed on 448 patients total. The initial step in the process was the completion of a brief questionnaire, which covered medical histories and past dental experience. Some interesting information was gathered. For instance: medical alerts included 8 children that described a heart condition, 7 with allergies (to medications, allergens, and food), 6 kidney issues, 9 asthmatics, and 3 anemics (who were taking folic acid supplements), and other various conditions. The reliability of some of the children was questioned, due to their young age, and lack of knowledge regarding there conditions. A parent survey of the children's health would be more appropriate, and give more accurate information. We could utilize the complete medical information in order to give the patients the best dental care.

An oral exam included a comprehensive oral health examination, and a

continued on page 18

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 17

fluoride treatment. Upon examination we evaluated periodontal status, decay, trauma, oral abscesses and pathology. One girl was diagnosed with ankylglossia, and was treated accordingly by the oral surgeon in the group. Dental need of the patient dictated the triage level the in which patient would be placed. Triage level IV meant no treatment needs beyond routine radiographs and a dental cleaning. Triage level III indicated dental need to be sealants and/or a single restoration. Triage level II indicated multiple restorations needed, but none of an urgent matter. Level I was reserved for urgent need, large areas of decay requiring immediate attention. We had break down of needs as follows: Level I - 22%; Level II – 16 %, Level III – 25%, and Level IV – 37%. In the Level I category 97 patients had dental disease considered urgent in nature, that meant they were considered close to becoming abscessed, or were abscessed. Usually this was associated with pain and discomfort.

Correlating pain information was consistent with this number. Thirty three percent of the children gave positive response to history of pain. Of those 33%, 36% reported as cold related, and 18% as gingival (gum) pain. The other 46% gave histories of unsolicited pain, pain when eating, and generalized pain. This is important to consider the level of pain experienced by these children and how it affects their day-to-day lives. American studies have shown that dental pain is related to poor nutrition, and poor performance in school.
The patients with generally gave positive responses to brushing at least 2 times a day (350 of them). Randomly asked patients said that they consistently utilized brand name toothpastes (Colgate!) Flossing was another issue altogether, only 12% stated that they use dental floss at all, even fewer said they used it daily. Education of basic oral hygiene could help to address all the previously described gum pain. The need for basic oral hygiene instruction and nutritional education cannot be uderstated.

We had the use of fluoride foams and gels. These types of fluoride treatemtns required the use of trays for delivery. I would suggest, though more expensive, fluoride varnish. The varnish does not require trays and it is easily placed. The patients would not be required to wait for dismissal from the exam; they are free to go when placement is complete. We have the added bonus of not disposing of the fluoride trays.
Incidentally on exam, we found missing permanent teeth and existing restorations. This indicates prior dental experience of extractions and restorative dentistry. Many of the restorations were of a temporary nature, such as IRM. Dental history obtained from the patients ranged from describing recent dental experiences, and experiences from up to one or more year(s) ago. The definition by the American Academy of Pediatric Dentistry describes a dental home as "child's oral health care delivered in a comprehensive, continuously accessible, coordinated and family centered way by a licensed dentist." Patients noted as having a dental home loosely met this requirement by stating that they visit the same dentist at the minimum yearly, and receive all treatment from that same provider (or office.) Of the children screened,13% met this 'dental home' criteria. The information gathered of the group as a whole showed that 38% had been to the dentist; of that group 1/3 of them went for an emergency visit. 'Emergency visit' means that the sole purpose of the visit was to treat the one emergency need. The unfortunate result is that more than likely other dental needs are not addressed, so no comprehensive treatment plan is performed. The number of children seeking regular dental care is a very small group considering the median age of the population was 14 years. Our goal would be to address this issue first. Establishing a dental home for the children of the MIR School, so continuity of care can be the norm for these children.

Supplies
The dental van provided proved to be much needed, and was utilized non-stop. We were fortunate to have the ability to take radiographs with the unit available in van. The only drawback was that it required the use of one of the dental chairs, so we could not be performing dental work at the same time. Also, due to the close proximity of the second chair, worry of radiation exposure also was problematic. The radiographs were processed with a dip tank, again we were so happy to have the radiographs (and the help from the local dentisti), but because of the limits of developing by hand, many radiographs were not diagnostic, and were not fixed well enough to be archived.

We were able to perform restorative work and exodontia because of the supplies donated by the volunteering doctors and their sponsors. A more comprehensive list of supplies will be needed for the next trip. Including sufficient restorative materials like bases (glass ionomers), multiple shades of composite and amalgam, bonding materials and conditioners to aid in placement of the restorative materials. Stainless steel crowns could be a viable alternative to aid in restoring large areas of decay in the adult dentition.

Restorative/Oral surgery
Restorative work was limited to the most urgent cases. As you can see from the chart the majority of the restorations were in close proximity to the pulp (the areas noted as indirect or partial pulpotomy). Glass ionomer and MTA were utilized as the pulp medicament of choice. Some of the teeth were diagnosed for restorations

continued on page 19

OFFICERS AND COMMITTEE REPORTS 2011/2012

continued from page 18

and during treatment the decision was made to extract because the tooth was found to be non-vital, large pulp exposure, or unrestorable due to excessive lost of tooth structure. Almost as many extractions were performed as fillings. Though we were happy to provide this needed care, this is not ideal, and very sad state of things to have so many children loose teeth during their youth.

A total of 44 amalgams were completed, 47 composites, 29 indirect pulp caps, 2 partial pulpotomies. The majority of these restorations were a last resort to save teeth from becoming necrotic or infected. More than half received a pulp medicament. We had extracted 67 teeth, but were able to save 91 teeth by placing restorations.

Fortunately, by having an oral surgeon available we were able to extract necrotic, infected teeth that had been causing pain and disability for many of the children. These procedures were carried out in the most basic environment under local anesthesia. As mentioned earlier one lingual frenectomy was successfully completed as well on a female high school student. OMFS is an integral part of this type of mission, and we would be incomplete without their aid.

Review of the above report has helped our team establish a second mission which has been scheduled for the DR on 3/18-23/2012. We have eleven team members five dental students, one chief resident- OMFS from NYP-WCMC,one dental assistant ,three dentists and one oral surgeon. We are hoping to expand our treatment arm to include the La Romana Clinica Familia, an AIDS clinic in La Romana. This possibly to be accomplished by splitting our team in two the latter part of the week during our upcoming mission.

Dr. Hudson is currently in early discussions with Project Hope with their director and CEO, John Howe to also establish a sustainable mission effort in collaboration with the Academy and Columbia College of Dental Medicine. Dr. Hudson will be going to the Project Hope headquarters this month in Wash. D.C. to meet with John Howe and two of the executive vice presidents. As previously reported the Mission of Mercy program will be taking place in Connecticut on 3/23-24/12. Volunteers should contact thru: www.cfdo.org. This program has been involved in North Carolina, Georgia and Missouri in the past year screening over 9000 pt.'s and providing free care to all seen. The MOM program is being evaluated by NYSDA for upstate NY in the next 18-24mos. We will keep the NYAD posted. The international programs (HVO) through Drs. Andolino, Farer, and Hazelwood, who are members of the NYAD-HMC, are open to all fellows, and they can be contacted for information on these programs.

This year two of our fellows: Drs.Henry Chalfin and David Gotlieb participated in HVO programs abroad. Lastly, and most importantly is the DDS program. We need more general practitioners in NYC involved to provide care to these most needy patients. DDS allows dentists who are not inclined to travel or loose time from their practices to give their time and expertise in the environment of their own office. We continue to lend the NYAD support to this program.

Respectfully submitted,
Frank C. Andolino, DDS
Yakir Arteaga, DDS
Mark J. Bronsky, DMD
James W. Farrer, DDS, MDS
Arthur Hazlewood, DDS
James D. Hudson, DMD
Dr.Jerry L. Halpern, DDS, Chair

Past Presidents: Drs. James Hudson, Thomas Connolly, James Verna, Anthony Curinga, Stanley Weinstock, Joseph Rowan, Dennis Morea, Susan Karabin, Henry Chalfin, Mitchell Kellert, Quentin Murphy, Eugene LaSota, Charles Solomon and Jay Goldsmith