How will Orlando Annual Meeting combine resources of AO, AAP, AAOMS, and ACP?

What does it mean when we say the 2017 Annual Meeting is a collaborative meeting combining the resources of AO and three important partners?

To help set the scene for AO’s first collaborative Annual Meeting since 2008, Academy News interviewed key members of the 2017 Annual Meeting Committee who represented our partners, American Academy of Periodontology (AAP), American Association of Oral and Maxillofacial Surgeons (AAOMS), and American College of Prosthodontists (ACP).

Editorial Consultant Dr. Harriet K. McGraw interviewed AAP’s Dr. Joan Otomo-Corgel; Editorial Consultant Dr. Tolga F. Tozum interviewed AAOMS’ Dr. Michael S. Block; and Editorial Consultant Dr. Scott H. Froum interviewed the ACP representative, Dr. Frank Tuminelli.

Here are the illuminating comments of our collaborative partners:

For AAP, Dr. Joan Otomo-Corgel
What do you see as the role of AAP in the planning process? What does the AAP bring to the meeting that differs from AAOMS and ACP?

The primary roles of periodontists are “saving teeth,” regenerating foundations (bone and gingiva) and reducing inflammation (the risk for systemic diseases). Our training and research positions us to look at long-term prognosis, what sites (teeth, alveolar ridges, sockets) have regenerative potential, what is maintainable, and procedures/techniques to accomplish these results, including: osseous regeneration, soft tissue root coverage and enhancement, esthetic development, and emerging technologies. With the AAP at the table, we have a substantial number of members who are at the “cutting edge” of implant therapy. They have developed treatment protocols, designed the research, and published the results for a myriad of implant therapies: site development, treating peri-implant diseases, and maintaining peri-implant health, to mention a few.

What are the benefits of having collaborative meetings? Should they be held more often?
It takes a village. Collaboration by definition is “the action of working with someone to produce or create something.” I would...continued on page 13
President’s Message

AO Annual Meeting features spectacular roster

By Alan S. Pollack, DDS

Summer has been busy, as we make final plans for the upcoming Annual Meeting, March 15-18, 2017, in Orlando, Florida. The meeting will be held at the beautiful and recently revamped Orange County Convention Center, directly across from the main AO hotel, Hyatt Regency, and adjacent to the other hotels we have selected for our registrants and their guests.

Dr. Jeff Ganeles, 2017 Annual Meeting Program Chair, and his hard working committee have put together a spectacular roster of well-known speakers, like rising stars who deserve our attention. The program topics cover the gamut of current issues in implant dentistry, both restorative and surgical, as well as some new focus areas and alternative perspectives on the issues facing and defining current implant practice.

March is the best time of year to visit Orlando with beautiful, warm, sunny days, and pleasant evenings. While the actual meeting will be held from Thursday to Saturday, you can get an early start to your Orlando getaway and take advantage of the Hands-On sessions sponsored by seven different vendors, or either of both of the half-day basic science CE courses available on Wednesday. The parties and networking start on Thursday evening, in the Exhibit Hall, with our wine and cheese reception from 5:30-7 p.m. We’re doing something different this year for our President’s Reception, held Friday evening from 7-9 p.m. Bring your dancing shoes (your best moves) as we join the fun and excitement of a Latin-themed party at Mango’s Tropical Cafe. Enjoy great food, mojitos and caipirinhas or your favorite quality drinks, and enjoy the beautiful and talented dancers doing their thing, as you mingle with your friends and colleagues from across the globe.

We also have other business to tend to organizationally. As we’ve discussed several times before, we’ve reached a point in the life of AO as an organization that we need to update the “constitution” which governs how the Academy operates and maintains its non-profit status. We’re presenting the revised Bylaws for you, the membership, for approval at the General Business Meeting, held on Saturday of the Annual Meeting. The Bylaws have been reviewed and revised by a committee led by Dr. Stephen Parel, with guidance and legal direction from the AO General Counsel, Peter Gaido. Mr. Gaido had recommended this revision of the Bylaws to keep them current with Illinois state law pertinent to non-profit corporations, as well as consistent with current best practices in the field of non-profit organizational management. Look for details in upcoming months leading up to the meeting. Just as a point of information, it’s been many years since the Bylaws have been reviewed in a comprehensive manner, and there are a number of bylaws, which are no longer considered appropriate or consistent with law.

I am very proud to report that the Academy has undertaken a number of efforts to promote our global mission of education and promoting the science of implant dentistry with several programs, in a variety of locales around the world. Dr. James Taylor has spearheaded our integration into the Federation Dentaire Internationale (FDI) globally, and into the regional meetings of the International Association for Dental Research (IADR). Each year, we sponsor an AO Symposium (featuring AO Members as speakers) within the FDI World Dental Congress (AWDC). We shall now be sponsoring AO Member speakers within the FDI’s Global CE Program, starting with Shanghai in 2017. At the 2016 FDI AWDC, AO was elevated to Affiliate Member status, which recognizes the global nature of the Academy’s activities. AO has also partnered regionally with IADR, sponsoring an AO Symposium (featuring AO Members as speakers) within the IADR’s regional meeting in Jerusalem in 2016. There is more information in the article on page 9.

The Global Program Development committee, under chair Dr. Stephen Jacobs, has now held Charter Chapter meetings in Japan, Israel, Spain, Italy, and the United Kingdom, with more on the way. They have also arranged for AO to co-sponsor regional meetings in India and Mexico, with additional meetings coming up shortly in Mexico City and Durban, South Africa.

Here in North America, Membership Committee Chair Dr. Jeff Ackerman and his hard working committee have initiated an AO Study Club. Having held several meetings in Dr. Ackerman’s home turf of greater Washington, DC, they’re gearing up to expand this format to other areas around the U.S. and Canada. We’re also in the planning and organization of creating similar types of programs with the Global Ambassadors program for select, motivated members around the world to act as spokespersons for AO to introduce us in their regions and promote AO membership to their local colleagues. See article on page 7.

Let me close with one very important point that, I believe, has become ever more important in the current environment in dental practice. AO has always prided itself on being a multi-disciplinary organization. This has been, and continues to be, one of the central tenets of our raison d’etre. It pervades all aspects of the organization from the speakers at our annual meetings and the range of topics covered, to the makeup of all the committees, which are the lifeblood of the organization, to the profile of the Board of Directors. It’s important to remember that this is not a political convenience, but rather essential to the mission of the Academy. The AO stands for best practices, based on best available evidence, delivered by practitioners who believe in the scientific rationale for treatment and a team approach to provide the best care to our patients. I take tremendous pride in being part of an organization that rises above parochial interests and is devoted to sharing knowledge and promoting the best in all its members.
2017 Annual Meeting focuses on drive for constant improvement

The theme for the 2017 AO Annual Meeting, to be held March 15-18 at the Orange County Convention Center, Orlando, Florida, is “Good to Great®: Making Excellence a Clinical Reality.” “It reflects the title of the book by Jim Collins in which he describes how companies transition from being good companies to great companies,” says Annual Meeting Program Chair Dr. Jeffrey Ganeles, Boca Raton, FL.

“This drive for constant improvement envelopes our field in implant dentistry and captures the enthusiasm of the synergistic sponsorship of the American College of Prosthodontists (ACP), American Academy of Periodontology (AAP) and the American Association of Oral and Maxillofacial Surgeons (AAOMS) for this meeting. The geographical focus of the meeting is Latin America, so we included a large number of Latin American speakers in our faculty.”

The meeting begins with several comprehensive, commercially-sponsored hands-on sessions on March 15. Also, there are two half-day courses on March 15 designed to provide in depth review of dental radiology for implant dentistry and the science of osseointegration, including implications for aging, illness and pharmacologic influences on healing. These courses are designed to be comprehensive reviews and to fulfill some of the requirements for the “AO Certificate in Implant Dentistry” program.

Thursday, March 16, will start with a robust Corporate Forum. In the afternoon, the meeting will open with a keynote address by Jill Helms, DDS, PhD, who is a Professor of Surgery (Plastic and Reconstructive), Stanford University’s School of Medicine. Dr. Helms began her career as a dental hygienist and completed a residency in Periodontics, a PhD in Neurosciences, and a post-doc in Biochemistry. She then focused her academic career on the molecular and cellular basis for healing and regeneration with a special emphasis on the head and neck. Her talk will address translational aspects of her work on “Beauty Reconsidered”.

The rest of the afternoon will focus on presentations from well-known international experts who will return to the Annual Meeting theme comparing and contrasting what was promoted in implant dentistry two decades ago, versus what is practiced today or will be implemented in the future. Speakers for this session include Drs. Peter S. Wohrle, Newport Beach, CA, Ueli Grunder, Zurich, Switzerland, Ricardo Mitrani, Mexico City, Mexico, Torsten Jemt, Gothenburg, Sweden, and Markus B. Blatz, Philadelphia, PA.

The traditional AO Welcome Reception follows in the exhibit hall. Enjoy hors d’oeuvres, refreshments and networking as you visit our exhibitors and review the e-posters.

Friday features an innovative new session called “Business of Implant Dentistry-SWOT Analysis of Implant Dental Care Delivery Models”. Bill Ryan, a pioneer and “fixture” in the American dental implant industry since the mid-1980’s, will facilitate and moderate speakers representing traditional referral based practices (Dr. Donald S. Clem, Fullerton, CA) dental support organizations (Dr. Quinn Dufurrena, Arlington, VA), and total solution providers (AO Past President Dr. Steven G. Lewis, Fort Mill, SC) to explore the strengths, weaknesses and opportunities in each treatment delivery model.

Opposite this session, there will be eight Limited Attendance “Morning with the Masters” lectures given by Drs. Jay P. Malmbquist, Portland, OR, Anthony G. Sclar, Miami, FL, Lawrence Brecht, New York, NY, Thomas D. Taylor, Farmington, CT, Hans-Peter Weber, Boston, MA, Mauricio Araujo, Rio de Janiero, Brazil, Stephen M. Parel, Dallas, TX, and Tiziano T. Testori, Como, Italy.

Friday continues with surgical and restorative tracks that feature leading clinicians as well as lesser known, creative rising stars who will discuss different aspects of implant dentistry ranging from surgical strategies and techniques to complications management and treatment flow, digital dentistry, materials science, and future trends. One session in the surgical track will be devoted to a 2017 update of the landmark 1997 AO Sinus Consensus Conference, featuring Drs. Alan Hereford, Loma Linda, CA, Craig M. Misch, Sarasota, FL, Paul A. Fugazzotto, Milton, MA, and Eric Dierks, Portland, OR.

Following the AO’s tradition of supporting research and innovation, the Oral Clinical Research Abstract session will be held Friday morning and the Clinical Innovations session Friday afternoon.

Two other afternoon tracks are planned as well, which integrate surgical and restorative topics and address clinical problems. One session focuses on Managing Anterior Esthetics opposite another concentrating on Managing Biologic Complications. After a short break, two more sessions will address New Concepts and Materials for Site Development and Oral Clinical Research Abstract sessions will address New Concepts and Materials for Site Development and Image Guidance and Digital Workflow for Planning and Treatment. These sessions feature well recognized and some underexposed experts.

Saturday will offer full-day programs for the TEAM program. The morning TEAM program will have a dynamic group of speakers focusing on different aspects of office and patient management challenges, including maintaining HIPAA compliance, opportunities for practice growth, protocols for maintaining implant health and maximizing partnerships with commercial vendors.

…continued on page 5
Neoss Implant System
Long-term clinical success

NeoGen™ - A new generation of dual-surface Ti-reinforced membrane
**2017 collaborative Annual Meeting comes with some special features**

*By Kevin P. Smith, MA, MBA, Executive Director*

The Academy of Osseointegration’s collaborative meeting only comes around every five to eight years, and this meeting is certainly worth the wait. We are already receiving raving comments from members that the lineup of speakers across all disciplines is one of the strongest programs in recent years. The popularity of this collaborative event forced us to hold the 2017 Annual Meeting at the Orange County Convention Center in Orlando, Florida. Our previous Orlando venue at the Swan Dolphin is no longer large enough to handle our expanding attendance and room requirements.

The first collaborative meeting, held in 2003 at Boston’s Hynes Convention Center, continues to be the Academy’s highest attended meeting. Those who attended may recall that our sessions were so popular Boston’s Fire Marshall was called in to monitor our traffic flow to make sure we didn’t exceed the convention center’s room capacity. This certainly won’t be the case this year, as the Orange County Convention Center ranks as the second largest convention center in the United States, offering over 7,000,000 square feet of space.

For the first time, attendees will not need to access the giant escalators that are so prevalent in most convention centers, as all of our meeting rooms are located on the first level. Our exhibitors are thrilled that the plenary sessions are scheduled only a few feet from the exhibit hall.

For the safety and convenience of our attendees, a covered, elevated pedestrian walkway connects the Academy’s headquarters hotel, the Hyatt Regency Orlando Hotel (formerly the Peabody Hotel), to the convention center. The walkway is also accessible from our other meeting hotels: Hilton Orlando Hotel, Rosen Plaza and Rosen Centre Hotels. All of the AO meeting hotels are within a short walk to the convention center, with shopping and fine restaurants in the nearby convention center district.

With over 100 attractions across the city and seen as the home to the world’s top theme parks, Orlando is unlike any other destination. Aside from the famous theme parks, Orlando boasts of many popular nightlife activities. The 2017 President’s Reception is always an exciting and fun-filled evening that is offered complimentary to all registrants. Keeping with the meeting focus on Latin America, this year’s event will take place at the world famous Mango’s Tropical Café with its spectacular Mango’s Dancers and incredible live band featuring the Michael Jackson Tribute, Delia Cruz Experience, Brazilian Samba Show and Cuban Conga Show. This year’s evening to remember is worth the trip to Orlando.

“Magic Kingdom,” now one of the Disney theme parks, was often used as an unofficial nickname for Disneyland before Walt Disney World was built. The official tagline for Magic Kingdom is “The Most Magical Place on Earth,” so we invite you to bring the entire family and enjoy “The Most Magical Place on Earth,” while attending the Academy’s 32nd Annual Meeting.

**2017 Annual Meeting focuses on drive for constant improvement** …from page 3

In the afternoon, an innovative and enjoyable group will complete the meeting with “Optimizing Patients’ Experiences with Ideal Team Coordination.” This panel is comprised of a surgeon, restorative dentist, laboratory technician, implant treatment coordinator, and a practice marketing and education professional, who will provide their input on creating great patient experiences in implant dentistry.

The main Saturday program looks toward future advances in all aspects of the field. An underlying theme will be to leverage the multidisciplinary approach of the AO with the multi-specialty sponsorship of this meeting throughout the day. Topics include new technologies, short implants, imaging, digital planning and guided treatment, socket management and site redevelopment. The multidisciplinary approach will be particularly evident in the afternoon team presentations, where internationally renowned groups from the U.S., Venezuela and Australia will illustrate their evaluation and treatment methods to elegantly tackle difficult patient problems.

Experience a one-on-one learning environment with our invited clinicians in the personalized atmosphere of our Lunch and Learn Sessions. This is your chance to get up close and personal with current and future leaders, putting individual topics and cases under the microscope.

“As you can see, the Program Committee has worked hard to provide an innovative, balanced, fascinating program that will be clinically relevant. We have a fantastic blend of ‘veteran speakers’ with newer ones and covered traditional subjects as well as new topics that demand consideration,” Dr. Ganeles says.

Register for the meeting today and mark your calendar for AO March 15-18, 2017!

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A profile interview with Dr. Stephen Parel

Academy News Editorial Consultant Dr. Paul A. Fugazzotto conducted this interview with AO Past President (1995-96) Dr. Stephen Parel, Dallas, TX, whose contributions to the Academy are too numerous to summarize. Most recently, he chaired a committee charged with updating the Bylaws, whose work is to be presented to the membership for a vote during the upcoming Orlando Annual Meeting.

Why did you get involved with implant dentistry?
It has always been my first “love,” even as an intern in Richmond, or a resident in my VA pros program. When I began training in MFP at MD Anderson, I saw an even greater need in the cancer/defect patient, which I was able to utilize when we became American designated center for extra oral implants in San Antonio in 1983. Osseointegrated implant dentistry became my career focus after that.

What were your initial impressions when you trained in implant dentistry?
That we had a long way to go, given the type of implants we were using at the time in the early 1970s. Subs, blades, ramus frames and the like all had high potential morbidity, some of which was severe. There had to be something better, but before 1982, there really wasn’t.

What motivated you to teach implant therapy?
I actually did teach implant dentistry in the ‘70s, but it was much more “show and tell” than it was evidence based. I still keep and use some of these old slides to remind myself how far we have come with a process now that actually protects bone from rapid destruction.

The more current, if you call 1982 current, motivation to teach came from my interaction after the Toronto conference with the late Dr. Dan Sullivan. We were corresponding regularly trying to document and work out how to use osseointegration most effectively and decided to start lecturing on the subject. It eventually became Osseointegration Seminars Incorporated, which was the training ground for a number of early adopters of the Brånemark concept. It also included the programs we put on with Professor Brånemark at the San Antonio Dental School as one of the first five Training Centers in North America. I was fortunately able to continue to teach implant therapy at Baylor College of Dentistry some years later, and subsequently while in private practice at an implant only center in Dallas. I guess the answer to this question is that I feel fortunate to have never lost my motivation to teach at this level. It has been one of the most rewarding aspects of my career.

What were the greatest challenges you faced initially integrating implant therapy into practice and into teaching?
Generating interest from curious practitioners was not a challenge. It was probably keeping up with the explosive advances in componentry for the numerous additional applications of the integrated fixture beyond those which Professor Brånemark originally envisioned. Creating a case load and documenting our results for a long enough period with these newer components was probably the hardest part of the teaching aspect.

What have been the most significant advances in implant dentistry in the last 30 years? The last 5 years?
In the last 30 years, I would say it would be first the advances in the esthetic zone with single implants, specifically in the realm of site development and soft tissue preservation. We seem to have settled on the best position for the single esthetic zone implant today, but we are still looking for a consensus on the timing of implant placement and the safest method of crown retention. Secondly, it would be the use of tilted implants for the full arch restoration. The improvements in AP spread and distal implant strength for complete arch restoration has made the immediate load “teeth in a day” concept a much more viable reality, but the universal application of these principles needs to be moderated with appreciation of how to treat and recognize complications and select appropriate patients.

In the last 5 years (more like the last 10), it would again be two aspects. One would be the explosion of digitalization in planning and placing implants in ideal positions with minimal invasion, which will only continue to evolve as a driving force in surgical and restorative excellence. The second would be attempting to get away from cementation as a common method of retention of final or provisional restorations in single or short span applications. This is a personal quest, and will probably never become a clinical reality given the economics of the custom abutment industry. I still feel strongly, however, that we need to make future generations of those placing and restoring these implants understand the differences between the attachment mechanics of a natural tooth in bone and the hemidesisomal attachment of soft tissue around an implant abutment in resisting the hydraulic forces of a cemented crown or bridge. More simply said, avoidance of cement entrapment, which can sometimes create disastrous effects even years after crown delivery.

What was your vision of the field of implant dentistry today? 30 years ago?
Probably very little like what we see today. For example, I resisted immediate load as a result of my original Brånemark training, yet it became a significant part of the business model I embraced later in my practice career. I was involved at the beta testing level with many of today’s innovative digital procedures, but I quite honestly did not see computerization of so much of what we do today becoming so mainstream this quickly.

What was your vision for the AO when it began? Has this vision been fulfilled?
Interesting question. The AO began as a small New York based study club with a goal of simply creating a venue for sharing experiences with the osseointegrated approach. The early organizers...

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AO launches Local Ambassador Program

AO has invited members to represent the Academy and introduce its benefits to dentists and dental societies in their communities by becoming an AO Local Ambassador.

“Throughout North America, hundreds of local dental societies meet at the city, county, and state level. All we ask of our Ambassadors is simply to attend local society programs and distribute AO member materials that will be provided,” says Dr. Jeffrey S. Ackerman, Alexandria, VA, Chair of the AO Membership Committee. The Academy has prepared promotional materials, slide presentations and talking points that can be used to briefly introduce the organization at local professional gatherings.

“The Ambassador program was developed to spread the good word about AO to local dental professionals who are looking for ways to increase their knowledge of implant dentistry and improve their clinical skills set. We know there are many out there who are simply unaware of AO, or who aren’t well-informed about what we are about. Our new AO Ambassadors will give a familiar face and voice to the benefits that AO offers to implant dentists across the country,” Dr. Ackerman says.

“It was very heart-warming to me personally to see such widespread enthusiasm among our members to sign up and become AO Ambassadors in their own professional communities,” he adds. “We are preparing this program to make it easy and enjoyable to represent AO to local dental colleagues, and I encourage all members to join our team!” urges Dr. Ackerman.

To become an Ambassador, simply go to the AO website, www.osseo.org, and sign up.

The program is part of a Membership Committee initiative to create awareness of AO at a grassroots level, understanding that a personal testimonial often delivers more meaningful impact. The Committee is also working to establish AO study clubs in local communities, following the model of the Greater Washington (DC) Academy of Osseointegration Study Club, started this year.

A profile interview with Dr. Stephen Parel...from page 6

of this group probably do not get enough credit for this concept, and for their willingness to share with anyone who had similar interests. I was not a part of the original group, but became involved early thereafter in the expansion of their original study club into what is today the most important implant specific organization in dentistry.

I was honored to serve as an early President of the AO, and probably like all of our presidents before and after had a vision of what I would like to see happen during my tenure. The time went so quickly, and the specialty was changing so rapidly that I never accomplished all that I had in mind, which was fine in retrospect. The AO functions as a reflection of its leadership at every level, and has evolved over the years into the educational mega force we see today only as a result of the collective vision of all of the dedicated individuals who have served the AO since its humble study club origins.

What do you feel have been your most significant contributions to the field of implant dentistry?

I’m not sure. I guess it would be staying true to my original goal of trying to educate, showing both what works and what does not. Like a number of other educators, I have made my presentations complication based and have tried to document these as our most important learning experiences.

Why is the AO important today?

The AO will remain the force it is in implant dentistry as long as it remains inclusive of all practitioner categories, while continuing to offer the BEST educational program in America every year. This will involve being at the forefront of the digital explosion, while continuing to monitor as much as possible the evidence-based veracity of the speakers and programs it presents.

I also feel strongly that the traditional method of information dissemination through the lecture format will need to be augmented or significantly modified, if the goal is to have the maximum effect in retaining information. “Hands on” courses will be the future of most of what will be required on site to allow realistic take-home value, as will be developing “mentoring” programs, which have the highest level of learning retention. These mentorship opportunities, however, will probably have to occur outside the scope of the annual meeting venue, perhaps in practice settings. I believe both of these concepts will be a large part of what will allow the AO to separate itself from similar organizations, and continue as our leader educationally in addressing the challenges of the next 10 years and beyond.

What will be the most important advance in implant therapy in the next 5 years?

Transitioning to digital, while staying practical with the required basic surgical and restorative skills. The danger in digitalization is that it may tend to make what we do look too easy, and require less training or experience to accomplish an intended result. Nothing yet will completely replace the competent operator, and no one remains completely competent without being a lifelong learner. Again, the challenge to the AO: continue to be the venue of choice for the lifelong learner.

Who would you consider your mentors?

There is always a risk in answering a question like this since the list is long, and I don’t want to diminish the effect numer-
Top 5 things I cannot do without in implant dentistry

By Dr. William C. Martin, Director, Center for Implant Dentistry, University of Florida College of Dentistry, Gainesville, FL

[The Academy News Committee is delighted to introduce a new periodic feature in the newsletter. We will ask top clinicians to list the 5 things that they cannot do without in their practice of implant dentistry.

In the first of this series, Dr. Stephen Jacobs asked Dr. Will Martin, University of Florida, for his five items, and you will see that he has reflected the advances in technology, together with much that we now have available to optimize our patient care.

Dr. Martin presented at the 2016 annual meeting in San Diego on one of his five choices, the use of resonance frequency analysis (RFA) for measurement of implant stability by recording an ‘implant stability quotient’. This gives clinicians a dynamic measurement that can be compared to earlier measurements of that same implant to determine loading times and loading protocols. He also explained how rogue measurements can occur when the measuring interface, termed a ‘smart peg’, is one that may have been used before, even on the same patient, and that new smart pegs should be used each time and they must be attached correctly to the implant. We are sure that at AO meetings to come, much will be presented on RFA, and that more information can be obtained by contacting the manufacturers of these devices.]

In our practice, the successful long-term rehabilitation of patients with dental implants is based upon the integration of several factors into the overall treatment process: proper diagnosis (utilizing patient classification systems and esthetic risk assessment), restoration-driven planning (wax-ups, scanning templates and digital planning), surgical and restorative treatment (embracing augmentation procedures, 3-D implant placement, immediate restoration and/or loading when indicated, provisional restorations for tissue shaping, custom impression copings and abutments, use of screw-retention for maintenance and retrievability), material selection (utilizing implants with proven surfaces and strength coupled with precision in manufacturing to assist in anchoring augments/restorations comprised of durable materials for function and longevity) and maintenance (having a recall system in place to prevent and maintain progression of clinical issues, incorporation of patient tools (OH products) for proper hygiene).

Our practice is located in a University Center setting that embraces 1) clinical practice, 2) education and 3) research. This will have a direct influence on my “Top 5” choices, as they most often play a role in the 3-arms of our mission.

1. Online access to publications on implant dentistry [i.e., systematic reviews (Cochrane, Meta-Analyses), evidence guidelines and summaries (ITI and AO), consensus conference proceedings (ITI), etc.] This is an important component to any clinical environment that offers a variety of approaches to advanced and complex clinical situations. It is also mandatory in every education/research environment.

2. Dental photography and videography. This is an essential component for documentation, communication, and education. High-quality photography can improve clinical outcomes when communicating with technicians. In today’s digital world, this technology is affordable to integrate into any clinical practice.

3. CBCT with planning software for guided surgery. Integrating CBCT’s into the planning process (when indicated) with implant software (coDiagnostiX, Anatomage) programs have effectively improved overall team communication, patient education, diagnosis and planning (when planned restorations have been incorporated into the plan), and surgery (with the use to static and dynamic template systems).

4. Osstell. This instrument gives us the ability to measure implant stability at the time of placement and throughout the restoration and maintenance phases (with screw-retained restorations) of therapy. It is a valuable tool in the education and research environment as well as assisting with clinical decision making for timing of loading dental implants.

5. CAD/CAM and Additive Manufacturing. These technologies have had great impact in our practice in the following areas: 1) custom surgical template fabrication, 2) framework design, fit and strength, 3) abutment design and fabrication with varying material options.

“Treat patients as human beings,” Dr. Ole Jensen says in memorable talk

2016 Nobel Biocare Brånemark Osseointegration Award winner Dr. Ole T. Jensen, Greenwood Village, CO, made a memorable address to the Titanium Society, as he accepted the honor during the San Diego Annual Meeting. His topic was treating patients as human beings, being sensitive to their needs and concerns. A video of the presentation is posted on the website with Titanium Society information at www.osseo.org.
AO reaches next level in partnership with FDI

The Academy has moved to the next level in its partnership with the FDI World Dental Federation – a federation of approximately 200 national dental associations and specialist groups, whose mission is to be the authoritative, professional, independent, worldwide voice of dentistry. At the 2016 FDI World Parliament in Poznan, Poland, AO was elected to Affiliate Member status, following five years as a supporting member.

“Our partnership with FDI speaks to the global presence of the AO, and our commitment to enabling better patient care worldwide,” says AO Vice President Dr. James Taylor, who accepted the Affiliate Membership certificate on behalf of AO. FDI Affiliate Members are not-for-profit international dental associations with significant international membership and interests, representing dental organizations whose missions are in line with FDI’s.

AO hosted its fourth annual symposium within the FDI Annual World Dental Congress at Poznan, organized and moderated by Dr. Taylor. Three distinguished European AO members made scientific presentations:

- Dr. Tomas Linkevičius, Vilnius, Lithuania, on “Subgingival and supragingival prosthetic material in implant restorations”;
- Dr. Ashbjørn Jokstad, Tromsø, Norway, “Esthetic outcomes for single implants in the anterior maxilla and dimensions of the peri-implant hard and soft tissues”;

“The AO/FDI Symposium is well attended every year,” says Dr. Taylor. “We are grateful to this year’s distinguished presenters and already look forward to next year’s World Dental Congress, August 29-September 1, 2017, in Madrid, Spain.”

2017 will also see AO’s inaugural regional engagement in the FDI Global CE Program. AO member Dr. Brian Fitzpatrick, Brisbane, Australia, will speak at the meeting in Shanghai, China.

In other international news, Dr. Zvi Artzi, Tel Aviv, Israel, reports 50 dentists attended the second AO Israeli Charter Chapter meeting in September. Featured speakers were Drs. Tiziano Testori, Como, Italy, and Georgios Romanos, Stony Brook, NY. Earlier in the day, Drs. Artzi, Testori, Romanos, and Dr. Adriano Piattelli, Chieti, Italy, represented AO at the International Association of Dental Research (IADR) Symposium in Jerusalem.

At the Charter Chapter meeting in Tel Aviv, information about AO membership, the current edition of Academy News, and a flyer about the 2017 AO Annual Meeting were distributed to each attendee. The evening began with cocktails and snacks, and then Dr. Artzi welcomed everyone on behalf of the Academy and discussed AO’s mission, vision, and advantages of membership.

Dr. Testori’s topic was, “Prevention and treatment of post-operative infections after sinus elevation surgery,” followed by Dr. Romanos’ on “Immediate loading of dental implants placed in compromised bone qualities and quantities.”

“Both lecturers were very innovative and informative in their presentation, indeed,” Dr. Artzi reports. The meeting concluded with a rich, warm buffet and fellowship. “I’ve received many compliments from the attendees regarding the whole setup, especially the quality and interactive/provocative nature of the lectures,” says Dr. Artzi. “On behalf of the AO and especially the AO Global Development Committee, I want to thank Divident for sponsorship of the evening and for their logistic management of the registration.”

A profile interview with Dr. Stephen Parel...from page 7

ous individuals have had on my career. I do want to use this opportunity to mention a few names, some of whom you may not have heard of, but they rank high among my list of heroes.

My residency director at Wadsworth VA Hospital was Dr. Harley Thayer. I showed up there with a desire to learn as much as possible about the implants of the time, which was a very low priority in the early 1970s for residency directors anywhere. He allowed me a freedom to shadow a number of the implantologists in their practices in the LA area, giving me a singular exposure that I probably would not have gotten elsewhere. Some years later, when I started as a junior faculty member in San Antonio, Dr. Earl Feldman was my program chair, and as such was originally invited to the 1982 Toronto Conference. Instead of accepting, he asked me if I would like to go in his place to hear two of my future critical mentors, Professor Per-Ingvar Brånemark and Dr. George Zarb. Everything, obviously, changed for me after that. Finally, individuals like Dr. Bill Laney, the first AO president and first editor of JOMI, have been a significant influence in guiding me academically and administratively as my exposure to osseointegration continued. He was, of course, among other mentors too numerous to mention, all of whom I need to thank for the significant influence they have had on my career.
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Case and histology courtesy of Gustavo Avila-Ortiz, DDS, MS, PhD
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Behind the scenes:

How AO Annual Meeting features best scientific research in implant dentistry

By Mehrdad Favagehi, DDS, MS, Academy News Editorial Consultant

Bill Gates and Steve Jobs did not invent the first computer, nor did they develop the first computer software. However, they are known to be the founding fathers of the digital revolution and modern computing.

In the same way, Dr. Per-Ingvar Brånemark was not the first to perform implant surgery, nor was he the originator of endosseous implants, and yet he is recognized as the father of implant dentistry.

Why is this? Quite simply, his overnight 15-year success has to be attributed to his relentless commitment to the scientific method. The serendipitous finding of being unable to retrieve his titanium cylinders from the rabbit tibia could have been easily shrugged off as an inconvenience by many, but as an observant scientist, Dr. Brånemark recognized the significance of this finding, as he developed a theory based on his observation. He formulated a clear hypothesis and conducted a series of longitudinal animal and human studies to develop a protocol for advancing his vision of using dental implants to help the dentally crippled patients.

The Academy of Osseointegration, inspired by Dr. Brånemark’s success, has its foundations in the scientific method and evidence-based medicine, focused on the wellbeing of the patient. This commitment makes the AO invaluable to its members, the dental community, and dental implant patients. As the chair of the AO Research Submissions Committee, I have firsthand experience with AO’s commitment to the most stringent scientific values set forth by Dr. Brånemark.

In the past few years, the Research Submissions Committee has made the criteria for research submissions stricter than ever before. To qualify, studies have to be well designed controlled trials with enough subjects to make their statistical power significant. After research submissions pass the rigid criteria of acceptance, our committee members conduct an independent evaluation to select the top 10% for presentation at the Annual Meeting. At the Annual Meeting, our judges then make awards to the best scientific and clinical research. As a result of this tough vetting process, the latest and most important world-class implant research is featured every year.

The AO leadership has made sure that our unwavering commitment to high quality scientific research does not come at the price of ignoring expert opinions, innovations, and case reports. After all, Dr. Brånemark’s scientific work started with observation of an anomaly on a few rabbits.

The Research Submissions Committee works with The Innovations and E-poster committees to distribute submissions to their appropriate category. As the new chair of the Research Submissions Committee, the first task assigned to me was to completely eliminate paper posters and to introduce E-posters.

E-posters allowed submitters not only the convenience of eliminating the carrying of oversized cargo on member’s trips to the Annual Meeting, but importantly allowed our judges the opportunity to see the E-posters in their entirety prior to the meeting, thus resulting in more time to do a better job of selecting the top submissions.

E-poster technology brought other new opportunities for AO. The E-posters could be posted on the AO web site and downloaded on smart phones, providing the ability for AO members to see the posters for months after the Annual Meeting. This was truly an added membership value and a greater opportunity for the poster submitters to reach a wider audience than just those attending the Annual Meeting.

Seeing the value and opportunities brought about by E-posters, the AO Board decided to form a separate committee for E-posters. This allowed the Research Submissions Committee to concentrate on even stricter criteria for research submissions, while encouraging the newly formed E-poster committee, under the leadership of Dr. Andrew M. Halbert, Bryn Mawr, PA, to focus on utilizing the technological advantages of the E-poster format.

In another related action, the AO Board approved the launch of a pilot study club in the greater Washington DC area to evaluate the feasibility of using AO’s E-poster and other E-learning modules to provide added membership value to AO members. It may be a “back to the future” phenomenon for the Academy, itself once a local study club, to be involved in creating local study clubs once again, as it looks to its promising future.

Dr. Brånemark’s successful lifetime achievement was based on building the foundation of implant dentistry on science. The Academy is based on the same principle. Every year, a wide selection of the best science and expert-based innovation is featured at the AO Annual Meeting.
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add, “and to provide care that is in the best interest of the patient.” One becomes a philosopher or true professional when they realize they don’t know everything. AO is an organization that helps to fit the pieces of implant therapy and thus provide a clearer picture of the appropriate therapy. The Annual Meeting is an opportune time to nurture these collaborations, but perhaps regional meetings in a smaller venue could be held in a location closer to members’ practices as well.

Where does the AO fit in with AAP’s role in implant dentistry?
AO provides a conduit to work with colleagues to broaden our vision, and to understand the restorative complexities of implant therapies.

Is there anything that stands out from your experience in planning the meeting that you are taking back to AAP?
It has been a pleasure and a privilege to work with the ladies and gentlemen on the Annual Meeting Planning Committee. The focus is solely on creating the most innovative, current, and user friendly meeting for the AO member and attendee. Politics, biases, and personal agendas are put aside, allowing open, frank discussion about developing a successful meeting.

For ACP, Dr. Frank Tuminelli
Do you think the AO is an important organization for the ACP to be involved with? If so, why?
The AO is the organization that uniquely sits between the three specialties of AAOMS, AAP, and ACP. Thus, it provides an arena of open conduit for discussion and common areas of concern.

What do you think of this year’s AO Annual Meeting program?
Well, that would be a little biased for me to answer, because I was on the Program Committee. That being said, the program is insightful, forward thinking, and addresses the common concerns and challenges inherent in today’s clinical practice. At the same time, it looks back at what we have learned and points us in a direction that will surely shape practice in the future. The broad aspects of the program explore the frontiers to which research will take us, while examining the evidence-based approach that has served us thus far.

How does a membership to the AO benefit ACP members?
Going back to my first answer, the ability to have a common platform for the interchange of ideas and shared clinical experiences, as members of the ACP, in an environment that offers the perspective of the other specialties brings the clinical practitioner to a place that will help in the delivery of a higher level of care to the patients one serves.

Update member contact info
Do we have your current information for the Membership Directory? Members may update their contact information online at osseo.org, or send an email to Barbara Hartmann, barbarahartmann@osseo.org.
Editor's Editorial

You’re only old once

By Bruce Barr, DDS, Newsletter Editor

Recently, about two million pilgrims made the Hajj to Mecca and surrounding cities to participate in Santayana, a ceremony in which worshippers pelt stones at the jamārat, three pillars representing the devil. Last year, 2,200 hadjīs were trampled to death, most of them Iranian Shiites. Lax precautions by the Sunnis of the host country, Saudi Arabia, were blamed for the melee, and this year saw a diminished showing of Shiites. The tragedy exacerbated tensions between the two sects, and further fired their ancient dispute: Who is a real Muslim?

Interestingly, the religious practice of throwing stones is derived from the story of Abraham, a Hebrew, winging rocks at the devil, who kept popping up along his journey to Mecca as he was transporting Hagar and their son Ishmael. Abraham is also credited with building the Kaaba, the holiest site in Islam.

The concept of the devil, either as an independent provocateur or as a servile messenger, pervades many religions and philosophies, and all satanic constructs have at least some application to our profession. One is particularly salient. According to Chan Buddhist thought, enlightenment and insight are supported by study, practice, and understanding. One who solely bears experience without insight and comprehension is called a “Zen devil.”

A few months ago, the implant seekers and faithful – some Zen devils among them – made yet another pilgrimage to a major dental meeting, this time in Boston. Not even the Miss Universe Pageant during the Alicia Machado days could boast such a robust circulation of stars displaying their fire eating and juggling talents in allotted 45 minute sets. Tucked away down the hall in an all-day, hands-on grafting course were gathered 40 dentists with no rifts related to specialization, nationality, or age. Two dentists, however, seemed particularly young, though their combined years summed to well over 130. One was a Jewish periodontist from New York, the other, a Greek oral surgeon from Tampa. The two men sat rapt in the front and third rows, pens in hands. Between them these masters have placed more than 15,000 implants of every size and brand. They have experimented with every method, sampled every product designed to increase success, and developed their own techniques which they’ve open sourced with the dental community. They were certainly not present to grow financially richer. Rather, with their “beginner’s mind,” they attended to learn from a man who was likely in grade school when they placed their first implants, to gather even further edification with which to better treat patients. To collect more stones to hurl at the implant devils. According to Chan Buddhist thought, for the expert there are often only a very few possibilities, but for the beginner’s mind there are many. Were they experts or beginners?

Who is a “real” implant dentist, if indeed one still clings to such divisive and irrelevant categorization? Is not being a “real” specialist equivalent to original sin? To what organization do “real” implant dentists belong? What is the One True system or design? What dental catechisms or teacher is needed to guide one to implant utopia?

This year, make the pilgrimage to Orlando and attend the nondenominational, scientifically oriented AO meeting. Gain knowledge, insight, and understanding. Learn to listen between the lines, to ask the right questions, and to think. Most importantly, commune with colleagues from many countries, at all levels of training, to cull scientific and clinical stones to throw at the implant devils of greed, ignorance, hubris, and calcified dogma that continually keep popping up. Like those two dentists, stay young by keeping a beginner’s mind. After all, you are only old once.

The Editor’s Editorial is intended to contribute to the dialogue on issues important to implant dentists. The views expressed in the editorial do not necessarily reflect the policy of the Academy of Osseointegration or its Board of Directors. Readers who would like to comment or express a point of view on the editorial are invited to write to the editor via email at implants@barrperio.com. We will endeavor to publish pertinent comments or views when space permits.

Member News

Dr. Les Kalman receives Alumni of Distinction Award

Dr. Les Kalman has received the Alumni of Distinction Award for Community Service from the Schulich School of Medicine & Dentistry at Western University, London, Ontario, Canada, where he is Assistant Professor, Restorative Dentistry. Dr. Kalman was cited for his leadership and expansion of the Dental Outreach Community Service (DOCS) Program, helping less fortunate patients. “He treats his patients with respect and dignity and relates extremely well to the students, who describe him as a valued mentor and outstanding teacher,” the citation said. Dr. Kalman received his DDS from the University in 1999.
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7. The collagen promotes keratinized soft tissue coverage while the OsteoGen® resorbs to form solid bone. In this image, a core sample was retrieved

8. Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen® crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation

Clinical images courtesy of German Murias DDS, ABOI/ID

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