



Academy of
Osseointegration
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Academy NEWS

A QUARTERLY MEMBER NEWSLETTER

Navigating practice ethics in changing times

*Striving to perform optimal
therapy through education
and training (pages 10-11)*



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ACADEMY NEWS

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President's Message

A robust year of progress and growth for the Academy

By Jay P. Malmquist, DMD

As my presidency began one year ago, the Academy was evaluating how to best advance its global brand in light of a number of trends that continue to shape our field. Since that time, the Academy has maintained a very ambitious and productive agenda, and I am pleased to report we are on a very positive and upward trajectory well positioned for the future.

One of the first orders of business this past year was the Academy's Board and staff dedicating a full day to updating the Academy's strategic plan, a special session held in conjunction with our October board meeting. As member value is always a top priority, one of the major outcomes was adopting *The International Journal of Periodontics and Restorative Dentistry (IJPRD)* as an exclusive member benefit and our second official journal. This unparalleled move by our Board significantly elevates the level of benefits provided to you, our members. By now, hopefully you've taken the opportunity to explore and enjoy this world-class, scientific, peer reviewed publication.

On the topic of membership, AO Secretary **Hom-Lay Wang**, DDS, MSD, PhD (Ann Arbor, MI) has made significant progress expanding the Academy's global footprint with a new International Membership initiative. Proposed by the Global Program Development Committee, where he serves as chair, initial outcomes included our first-ever joint meetings held with the Asia Pacific Society of Osseointegration (APSO) and the Taiwan Academy of Osseointegration (TAOi) in January. By a showing of approximately 150 dentists and exhibitors in attendance, each of these inaugural events were very well received.

Another new joint meeting under this initiative was held with ABROSS, one of the largest implant organizations in Brazil. As a result of this positive, sold out event with 180 dentists participating during the CLOSP dental congress meeting, one of the largest in Brazil, ABROSS will soon become an affiliated organization of AO.

On the social media front, the Academy recently premiered "AO Spotlight: Conversations in Dentistry," its brand new video podcast series. This initiative introduces an exclusive alliance between the Academy and "The Dental Guys," long-time members **Wesley S. Mullins**, DDS (Powell, TN) and **Jonathan M. Rogers**, DMD (Greeneville, TN). I was honored to kick off the first podcast with my son, Michael, a partner in our practice in Portland, OR. Be sure to catch The Dental Guys during the Annual Meeting live streaming directly from our broadcast studio on the exhibit hall floor as they interview high-level presenters fresh off the podium. If you are not able to join us in Seattle, you can watch these interviews live via the Academy's Facebook page and

YouTube channel, where new podcasts are expected to be released on a quarterly basis.

Last but certainly not least is the Academy's 35th Annual Meeting. From dental professionals across all specialties, to exhibitors displaying the latest technologies to more than 100 renowned presenters, we are very excited to welcome nearly 2,500 individuals to Seattle and my home area of the Pacific Northwest. One of the key program changes this year is with our Hands-on Workshops, which have been scheduled during the main program on Friday and Saturday. This new format, responding to attendee and exhibitor preferences and trends, has been very positively received as three of our four workshops have sold out! In addition, the capacity for our Young Clinicians' Luncheon has been expanded twice, and will now see a sold out crowd of 240 participants with a waiting still list in place.

Capping off the Annual Meeting's social experience will be our expanded President's Reception. This complimentary, three-hour, "high flying" affair at the Museum of Flight will provide all registrants full access to its entire campus of large commercial aircraft, jet fighters, space vehicles and interactive displays, including the historic birthplace of the Boeing Airplane Company. Hors d'oeuvres, cocktails and live entertainment will be included in this iconic event that all meeting attendees and aeronautical enthusiasts will not want to miss!

I would like to thank 2020 Program Chair, **Craig M. Misch**, DDS, MDS (Sarasota, FL), who along with his committee have done an outstanding job of assembling a world-class multi-disciplinary dental meeting. One of our final program functions will be on Saturday with the traditional passing of the gavel at the Annual Business Meeting. While this will be a bittersweet moment as the Academy's leadership transitions to **Clark M. Stanford**, DDS, PhD (Chicago, IL), I know the Academy will be in very capable hands supporting our members in their pursuits of the highest level of evidence-based care and best practices in implant dentistry.

The Academy has a bright future ahead. With a robust membership, the Academy will continue evolving with trends and technologies, expand member value, and define the future by advancing our brand in an ever-dynamic field.

It truly has been an honor and a privilege serving as your president and I would like to personally thank you for your membership in the Academy. I look forward to seeing you in Seattle!



Dr. Jay P. Malmquist

Implant dentistry community reflects on life of Dr. William R. Laney

Meticulous. A quiet but natural leader. Humble and unassuming. Energetic yet empathetic. Collegial and inclusive.

William R. Laney, DMD, MS, was truly one-of-a-kind. These are just some of the ways he has been described by the global implant dentistry community, which was deeply saddened by his passing on November 14, 2019. Dr. Laney was 91.

A prosthodontist by trade, Dr. Laney was professor emeritus and former chairman of the Department of Dentistry at Mayo Clinic/Mayo Medical School in Rochester, MN.

For the Academy of Osseointegration (AO), he transformed a modest, local study club into the global professional member association it is today. He served as the Academy's first president during its crucial first two years and presided over three Annual Meetings - the only individual to serve in these capacities for that duration.

During Dr. Laney's tenure, AO adopted the *International Journal of Oral & Maxillofacial Implants (JOMI)* as its official scientific journal. After serving as *JOMI*'s editor-in-chief for 20 years, Dr. Laney became editor emeritus in 2006. To honor his lifelong achievements to the field, the William R. Laney award recognizes the best article published in *JOMI* each year.

Named the first Fellow of the Academy in 1991, Dr. Laney was one of several AO members who had the unique opportunity to induct the father of osseointegration, Prof. **Per-Ingvar Brånemark**, as the first Honorary Fellow at its third Annual Business Meeting in 1989.

Successfully guiding the Academy through its early years was testimony to Dr. Laney's leadership ability to "make order out of chaos," according to Dr. **Steven E. Eckert**, who succeeded him as *JOMI*'s editor-in-chief in 2006.

Here are some of the recollections he and other AO members, founding fathers, friends and colleagues provided *Academy News* in the days following his passing:



Dr. William R. Laney

“

I am proud to have known Bill Laney, both as a teacher and later as a colleague. He was an incredible human being and the type of person with a skill set we will not see again in the future. Before we met during my residency at Mayo, I heard that Bill was the “go-to guy” in prosthetic dentistry. How right this was! He was an incredible person to learn from. When we shared editorship of *JOMI* in 2005, Bill edited articles in the standard fashion with a red pencil and comments in the margin – always cogent, clear and concise. The way he brought you into the review process was invaluable. After the transition, we kept in regular contact and he would always ask “How’s the journal doing?” I am hopeful we’ve lived up to his standards.

– **Steven E. Eckert**, DDS, MS (Edina, MN)
AO Life Fellow; editor, *International Journal of Oral and Maxillofacial Implants (JOMI)*;
Academy president, 2007 – 2008

”

“

When we were planning for the Academy's first organizational meeting in Chicago in 1984, I insisted Bill was the best, most qualified person for the position of president. Many never heard of him but eventually everyone agreed. I then had to convince Bill that he should undertake the daunting task of leading this new, unknown group. After several months of pleading my case, he finally agreed. There were many strong personalities in the early days. We all owe Bill a large debt of gratitude for our early success, his contributions to prosthodontics, and implant dentistry.

– **Gerald Barrack**, DDS (West Caldwell, NJ)
AO Retired Life Fellow; Member of first pro-tem executive board; president 1989 – 1990

”

“

Bill was measured, confident and empathetic. When he spoke, people listened. I believe he is the singular most important figure of my generation to guide prosthodontics to the elevated status it enjoys today. Osseointegrated implants are a big part of that. Mayo Clinic was selected as one of the five original Brånemark training centers in North America, as was San Antonio, where I was at the time. I was able to collaborate with Bill and the staff at Mayo for a number of years, which furthered my respect for his organizational skills and clinical expertise.

– **Steven M. Parel**, DDS (Dallas, TX)
AO Life Fellow; president, 1994 – 1995

”

Dr. Laney's contributions to dentistry also included service to his country. He began as a seaman in the U.S. Naval Reserve and later as a first lieutenant, USAF and eventually captain and acting chief of prosthodontics at Warren AFB in Cheyenne, WY.

He was also an avid athlete, excelling in track and basketball – so good in fact he earned a basketball scholarship to Stanford in 1946.

“

One might consider Bill the chief “catalyst” of Professor Brånemark's discovery of osseointegration via his teaching, as editor of *JOMI*, and leadership of the Academy. In its earliest days, the Academy was predominantly comprised of dental specialists. With Bill's attitude of professional inclusiveness, he encouraged general practitioners to join and become actively participating members. This included Dr. **Dayn C. Boitet** (Fleming Island, FL), who eventually ascended as the first general dentist to become president of the Academy.

– **Edward B. Sevetz, Jr.**, DMD (Orange Park, FL)
AO Life Fellow; Academy president 2006 – 2007;
Osseointegration Foundation president 2017 – 2018

”

“

Dr. Laney was an elegant individual who added an extreme amount of class to anything or anyone in which he came into contact. Being from Mayo Clinic provided substantial support to *JOMI* and the Academy. His relationship with Professor Brånemark was also very helpful as the Mayo Clinic was one of the first places where a formal course in osseointegration was given. Finally, Dr. Laney was a graduate of the University of Oregon Dental School, my alma mater, which made me proud that we shared the same professional background.

– **Jay P. Malmquist**, DMD (Portland, OR)
AO Fellow, president, 2019 – 2020

”

Dr. Laney's family includes four children with his wife, Sally Ann (who passed away in 1994), nine grandchildren and seven great grandchildren. Dr. Laney is also survived by his wife, LaDonna, whom he married in 1996. Memorials may be made to the William R. Laney Endowment for Prosthodontic Education at Mayo Clinic – Department of Development, 200 First Street SW, Rochester, MN 55905 or www.mayoclinic.org/development.

Nobel Biocare Brånemark Osseointegration Award to honor Dr. Patrick J. Henry

"This is an unbelievable honor," says **Patrick J. Henry**, BDS, MSD, DDS (hc), a prosthodontist from Chittering, Australia, the 13th recipient of the Nobel Biocare Brånemark Osseointegration Award.

Made possible by a grant from Nobel Biocare, this prestigious annual award is bestowed by the Osseointegration Foundation (OF), the philanthropic arm of the Academy of Osseointegration. It honors an individual whose contributions to implant dentistry are exemplary in any or all of the Foundation's mission categories: research, education and charitable causes.

"I must pay tribute to Dr. **George Zarb** who introduced me to osseointegration and Prof. **Per-Ingvar Brånemark** in 1981. As a result, we further conducted a replication study of the Toronto experience in Australia," recalled Dr. Henry. "Thereafter, I was fortunate to enjoy a close relationship with Prof. Brånemark and collaborated with him at least once a year until he passed away."

Dr. Henry will be honored with this distinguished award during the Opening Symposium of the Academy's Annual Meeting March 19 in Seattle, WA. Presenting the award will be OF President **Hans S. Malmstrom**, DDS, professor and chair, division of General Dentistry, Eastman Institute for Oral Health University of Rochester, New York.

"It will be a true honor for me to give this award to a clinician, scientist and educator with so many exceptional accomplishments. Dr. Henry exhibits several personality characteristics that are desirable to be successful in our profession. These include gratitude, compassion, humility, and dedication. Dr. Henry also insists on the highest standards of scientific evaluation. These are concepts that are maybe even more important today in the fast-paced dental implant industry, and goals and concerns that AO shares," says Dr. Malmstrom.

Dr. Henry graduated from the University of Western Australia Dentistry in 1960, after which he earned his MSD in prosthodontics from Indiana University. In 1982, he established the Perth Osseointegration Training Centre dealing with research and development of the Brånemark Implant System, which was subsequently designated as the Brånemark Centre, Australia.

"Not only did Prof. Brånemark revolutionize the scope of tooth replacement and the management of congenital, surgical and traumatic defects of the jaws, he absolutely re-designed my horizons for the future of prosthodontics. It

is even more unbelievable to be included on a list with him as one of the previous award winners. Many were personal friends of mine and have been instrumental in my career development," he continued.

Previous Nobel Biocare Brånemark Osseointegration Award honorees are (in chronological order): **Per-Ingvar Brånemark**, MD, PhD; **William R. Laney**, DMD, MS; **George A. Zarb**, BChD, DDS, MS; **Daniel VanSteenberge**, MD, PhD; **Ulf Lekholm**, DDS, PhD; **Daniel Buser**, DDS, DMD; **Tomas Albrektsson**, MD, PhD; **Stephen M. Parel**, DDS; **Ole T. Jensen**, DDS, MS; **Steven E. Eckert**, DDS, MS; **Kenji W. Higuchi**, DDS, MS; and Prof. **Jan T. Lindhe**, PhD.

Dr. Henry holds professorial and research fellowship appointments at several universities. A retired AO Fellow, he was also a director on the Academy's board from 1998-2001. He is the recipient of the Distinguished Lecturer Award from the Greater New York Academy of Dentistry and the American College of Prosthodontists. Dr. Henry has conducted continuing education programs in 43 countries worldwide, a contributor to eight textbooks, and author or co-author of 110 publications. His current research interests include implant surface technology and the immune response; applications of immediate loading; international collaborative prospective multicenter clinical trials; and long-term therapeutic outcome.

Dr. Henry will provide an exclusive presentation entitled, "Some Aspects of Dogma and Confirmation Bias" at the annual Titanium Society breakfast meeting on March 21. Members of this limited circle participate in selecting the recipient of this award.



Dr. Patrick J. Henry

Join our AO 2020

CORPORATE FORUM SESSIONS

Thursday, March 19th



Dan Holtzclaw,
DDS, MS

8-8:45 AM

*Zygomatic and Pterygoid
Implants for Full Arch
Immediate Load
Reconstruction with
Deepithelialized Amnion-
Chorion Allograft Adjunct*



Dan Cullum,
DDS

9-9:45 AM

*Using Deepithelialized
Amnion-Chorion Allograft
for Minimally Invasive
Dental Implant
Surgery*



Scott Ganz,
DMD

10-10:45 AM

*Implementing a Holistic
Approach with
Regenerative Products to
Maximize Treatment
Outcomes*



Nicholas Poulos,
DDS, MS

11-11:45 AM

*Adjunctive Use of
Nature's Duct Tape for
Enhanced Periodontal
Tissue Repair and
Regenerative Healing*

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Nominations for AO Board include new director, treasurer

A new at-large director and treasurer will be among those slated for election to the Academy of Osseointegration's (AO) board of directors, which will be conducted by voting members at the Annual Business Meeting March 21 in Seattle, WA.

The nominees are **Lambert J. Stumpel**, DDS (San Francisco, CA) as at-large director and **Joerg Neugebauer**, DDS, PhD (Landsberg am Lech, Germany) as treasurer, who has served as a director since 2016. *Academy News* contacted Dr. Stumpel to provide biographical information as background for the election.



Dr. Joerg Neugebauer



Dr. Lambert J. Stumpel

A general practitioner maintaining a private practice in San Francisco, CA, Dr. Stumpel is a 1982 graduate from the Royal University of Utrecht School of Dentistry, The Netherlands. He has authored 34 peer-reviewed publications and a textbook chapter.

A member of the Academy since 2002 and an AO Fellow, he has served as chair and vice chair of the Fellowship & Certificate in Implant Dentistry Accreditation Committee, as well as a member of the Nominating and Research Submission committees, and the GP Recruitment and Public Relations task forces.

"Everyone benefits when we collectively get better educated. AO is there to make it happen," said Dr. Stumpel.

The full new slate of officers nominated for election will be:

Officers

President

Clark M. Stanford, DDS, PhD

AO Fellow, prosthodontist and distinguished professor and dean, College of Dentistry, University of Illinois at Chicago, IL

President-elect

Tara L. Aghaloo, DDS, MD, PhD

AO Fellow, oral and maxillofacial surgeon, UCLA Medical Center (Los Angeles, CA)

Vice President

Amerian D. Sones, DMD, MS

AO Fellow, prosthodontist, and executive director, Continuing Education Texas A&M University, College of Dentistry (Dallas, TX)

Secretary

Hom-Lay Wang, DDS, MSD, PhD

AO Fellow, periodontist and endowed collegiate professor of periodontology at the University of Michigan School of Dentistry (Ann Arbor, MI)

Treasurer:

Joerg Neugebauer, DDS, PhD

AO Fellow, oral surgeon from Landsberg am Lech, Germany

Immediate Past President:

Jay P. Malmquist, DMD

AO Fellow, oral and maxillofacial surgeon (Portland, OR)

Directors

Joseph P. Fiorellini, DMD, DMSc

AO Fellow, periodontist and professor of periodontics, University of Pennsylvania School of Dental Medicine (Philadelphia, PA)

Jeffrey Ganeles, DMD

AO Fellow, periodontist (Boca Raton, FL)

Joseph Y. K. Kan, DDS, MS

Prosthodontist and professor, Department of Restorative Dentistry Implant Dentistry Program at Loma Linda University (Loma Linda, CA)

Robert R. Lemke, DDS, MD

Oral and maxillofacial surgeon (San Antonio, TX)

Lambert J. Stumpel, DDS

General practitioner (San Francisco, CA)

Robert C. Vogel, DDS

General practitioner (Palm Beach Gardens, FL)

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"You only treat what you see. You only see what you know"

- Dr. Gerald M. Kramer

By Paul A. Fugazzotto, DDS, Academy News Editorial Consultant

An unusual quote with which to begin a discussion of practice ethics?

Perhaps not.

A patient sees a well-respected orthopedic surgeon to repair small tears in his ACL. The surgeon employs an older, more aggressive technique than current proven surgical modalities. While the repair is a success, the patient's painful post-operative course and resultant scarring could have been minimized or avoided.

In a quest to minimize surgical insult and increase surgical accuracy, robotics is increasing in popularity. Such an approach is not without risk, as demonstrated by well documented concerns with the daVinci System (see NIH Report 2016 and Drugwatch Review 2019).

Is the first surgeon too slow to adopt therapeutic advances at the expense of the patient? Are other surgeons too quick to embrace newer technologies before their safety and efficacy are independently established?

We face similar challenges in the daily treatment of our patients. Unfortunately, the discussion and decision making processes which immediately come to mind revolve around whether to treat a given tooth periodontally, restoratively, endodontically, etc., or to extract the tooth and replace it with an implant supported restoration. Class I furcation involvements can be eliminated through odontoplasty without a prosthetic commitment. Do we perform such interceptive therapy whenever possible, or wait until the problem becomes more advanced? Is such an actuarial approach justifiable? In a physically and financially healthy patient who is treated comprehensively, regeneration of new attachment apparatus in class II furcations and infrabony defects is predictable if the appropriate lesions are managed properly, but unpredictable in other situations. Do we abandon this treatment approach in favor of tooth extraction and replacement in every instance, or learn how to accurately predict success and failure?

Figure 1 is a radiograph of a 50-year-old patient's first molar, with a fractured mesiobuccal root. Treatment options range from mesiobuccal root resection to tooth removal and replacement with a 3 unit bridge, to tooth removal and replacement with an implant. The therapeutic modality pursued is too often based upon the clinician's training and perspective. If the clinician believes that implant therapy in this situation requires tooth extraction with grafting,

followed by sinus augmentation, implant placement and subsequent restoration, presentation of the treatment options to the patient will be weighted more heavily toward root resection as an interim measure, or tooth extraction and fabrication of a 3 unit fixed prosthesis. However, if the clinician plans to extract the tooth and place an immediate implant, this treatment option is more often presented to the patient as the more "ideal" approach (Figure 2).



Dr. Paul A. Fugazzotto



Fig. 1

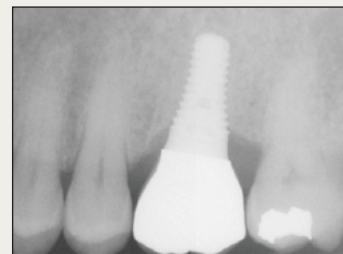


Fig. 2

The rise of full arch immediate hybrid therapy underscores the need to address such concerns. Figure 3 is a set of radiographs of a 26-year-old patient, taken in 1981. The patient presented with class I furcation involvements, subgingival caries and short, to in some cases, non-existent roots. In today's environment, such a patient would often undergo maxillary implant reconstruction, whether it be with a hybrid or conventional prosthetic approach. Figure 4 is a full series of radiographs more than 25 years post therapy. Treatment consisted of crown lengthening surgery with odontoplasty to eliminate early furcation involvements, followed by appropriate tooth restoration. While the maxillary right lateral incisor may eventually be lost, all other teeth and surrounding hard and soft tissues are stable.

How do the above examples pertain to the question of ethics? This discussion is not about whether clinicians do what they believe is right for patients. Any clinician who performs unnecessary or knowingly substandard therapy is

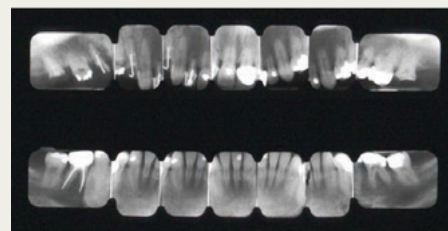


Fig. 3



beyond reach, and honestly, disposable.

For conscientious clinicians, the issue at hand is both more primordial and overarching. It is one of education and understanding.

When I, and colleagues of a similar age (Lincoln, Caesar, Moses) graduated from our training programs, osseointegrating implants were not an available treatment modality. There was no conceptual or technical training in such therapies. We had to critically assess manufacturer claims, the scant available literature, and speakers presenting their anecdotal results and opinions. Dedicated clinicians took as many courses as possible, from a variety of speakers. Discussions with friends and other clinicians encountered at meetings were constant. Tenets we now take for granted were uncharted territories. I attended a presentation at an early AO meeting discussing whether premature exposure of the cover screw would result in implant failure!

To quote my Uncle Chuck: "It was the best of times, it was the worst of times." Admittedly, I was fortunate enough to train in a periodontal program chaired by **Gerald Kramer** (Savannah, GA) and administered by **Myron Nevins** (Boca Raton, FL). This guidance provided me with an understanding of the predictability of comprehensive care. The collegial atmosphere at meetings was fantastic. As a young practitioner, I approached dental heroes such as **David A. Garber** (Atlanta, GA), **Urs C. Belser** (Geneva, Switzerland), **Axel Kirsch** (Filderstadt, Germany), **Bob G. Schallhorn** (Aurora, CO), and **Dan Buser** (Bern, Switzerland), was greeted graciously, and had meaningful discussions with each of them (it's impossible to list everyone who helped me).

Cut to today

Proven therapies of the past are discarded rather than being integrated into a treatment matrix (anybody for odontoplasty to eliminate early furcation involvements, or an onlay preparation to preserve tooth structure and possibly avoid endodontic therapy?).

Most individual educational opportunities are either sponsored or significantly underwritten by corporate

entities. Symposia have become more and more "site specific," discussing individual techniques or limited "controversies." These forums must be augmented with discussions of global treatment planning, rather than replace such vital educational experiences. Panels of experts being presented with information gleaned from a comprehensive examination and thorough record taking, and then all planning therapy for the same patient rather than only presenting their "greatest hits," are sorely lacking.

Many of the 126,743 implant companies in business today have no data or unbiased retrospective studies for meaningful lengths of time, preferring to piggyback off the results of other implant systems.

Treatment has become piecemeal, whether due to financial pressures, clinicians' inability to explain the value of comprehensive care to patients or insurance companies dictating care.

These are the major obstacles we face, correct? Wrong! The obstacle we face is us:

- Is a comprehensive examination being performed on every new or returning patient? If not, perform one.
- If a comprehensive examination is being performed is it truly comprehensive, including assessment of musculature, parafunction, and possible sleep disorders?
- Is the value of comprehensive care being communicated to the patient? If yes, case acceptance (not merely procedure acceptance) should be at least 93 percent.
- Are therapeutic decisions grounded in comfort and fluidity with the technical execution, indications, contraindications and therapeutic potentials of all reasonable treatment modalities, including resective and regenerative periodontal surgical therapies, bone regeneration, immediate implant placement, in all areas? If not, get the necessary training.

A discussion focusing on "doing the right thing" for patients is not productive. Clinicians who do not do what they believe is best for their patients are beyond redemption.

For clinicians who strive to perform optimal therapy for their patients, a discussion of ethics must begin with education and training. It is imperative that every effort be made,

through small scale courses, larger meetings such as AO, the ITI, critical reading of the literature, and open discussions with colleagues, to provide the most comprehensive matrix of therapies for patients, appropriately incorporating the "old" and the "new."

This is the foundation upon which an ethical practice is built.

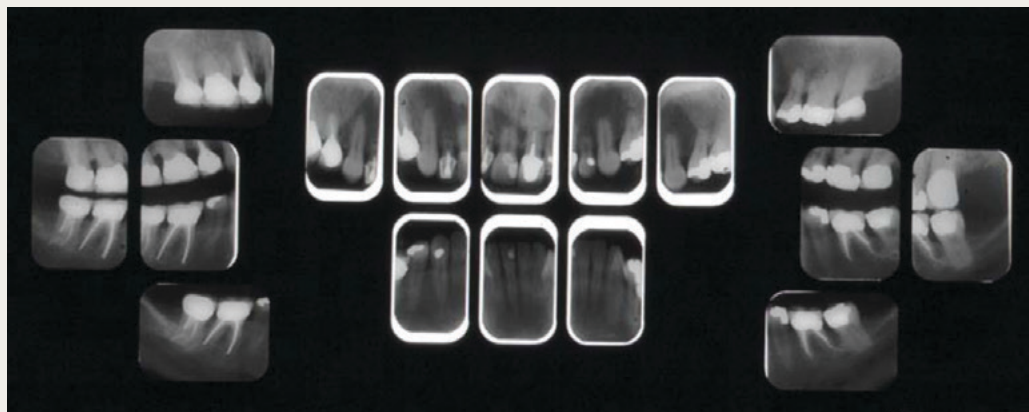


Fig. 4



AO sets new standard with adoption of *IJPRD* as exclusive member benefit

The Academy of Osseointegration's (AO) Board of Directors made an unparalleled move of adopting *The International Journal of Periodontics & Restorative Dentistry* (*IJPRD*) as its second official journal, significantly elevating the level of benefits offered to its members.

AO members started receiving their hard-copy version of the *IJPRD* last month – an exclusive benefit provided at no additional cost.

"Member value is a top priority for the Academy," said AO President Dr. **Jay P. Malmquist**. "The *IJPRD* is a world-class, scientific, peer-reviewed journal that will provide clinically relevant information designed to inspire our members in their daily practices."

With a global reputation for high-quality editorial content and color illustrations, *IJPRD* is an often-cited journal based in science and clinical in presentation. Articles are uniquely presented showing the relationship between a healthy periodontium and precise restorations, as well as the integration of implants with comprehensive treatment planning.

The *IJPRD* is in addition to AO members already receiving the *International Journal of Oral & Maxillofacial Implants* (*JOMI*), consistently rated as the Academy's number one benefit. Both journals are produced by Quintessence Publishing Co., Inc.

"We've always worked as a partner with the Academy, starting back in 1986 as one of the first exhibitors at the Annual Meeting when *JOMI* was produced with the intention to be its official journal," said **William G. Hartman**, executive vice president at Quintessence, an international publishing house exclusive to dentistry. "The *IJPRD* is another tangible benefit. This tells them they're receiving the journal because they are an Academy member."

Dr. Malmquist concluded, "With the support of our members, the Academy will continue delivering resources that illustrate the highest level of evidence-based care and best practices in implant dentistry."

More than awards, Dr. Hom-Lay Wang contributes to the profession

Hom-Lay Wang, DDS, MSD, PhD, professor and director of Graduate Periodontics at the University of Michigan School of Dentistry (Ann Arbor, MI) recently received the Master Clinician Award from the American Academy of Periodontology at (AAP) its 2019 annual meeting.

It is one of numerous awards that have been bestowed upon Dr. Wang. He has been recognized as a student, an author, an educator, a mentor and a distinguished scientist/researcher. An AO Fellow since 2015 and the 2016 Osseointegration Foundation clinical research award recipient, he currently serves on the Academy's board of directors as secretary and plays a significant role in its expansion into Asia.

Reading Dr. Wang's impressive resume, one thing that stands out is how much he has contributed and continues to give back to the profession. He has given of his time and knowledge and has mentored several students, among them AO Fellow **Tolga F. Tozum**, DDS, PhD, Associate Professor of Periodontology, University of Illinois Chicago, and a member of AO's Website Education Committee, who says of his mentor, "Dr. Wang is an exceptional academician who has guided me since my junior year, including collaborative research and how to scientifically lecture. It is difficult for me to summarize his skills and what he has taught me in a few sentences."

In addition to serving on numerous committees and as co-chair/moderator of the highly regarded Ramfjord Symposium, Dr. Wang shares his knowledge globally, having faculty appointments as a visiting or guest Professor in Taipei, Taiwan; Hiroshima, Japan; Nanjing, China; Peking, China; and National University of Singapore.

Dr. Wang is currently focused on laser technology, and, as an expert in the field, was involved in the AAP's final consensus report on the topic. He recently completed a randomized clinical trial research project, which will be ready for submission soon and will be lecturing on laser technology at the 2020 AO Annual Meeting in Seattle.

"Dr. Wang is an asset to the profession and AO is very fortunate to have him as part of the organization," says AO President Dr. Jay P. Malmquist.



Dr. Hom-Lay Wang

Cement induced peri-implantitis: An ethical dilemma and a potential legal nightmare

By Mehrdad Favagehi, DDS, MS. and Lourdes Ann Christopher, DDS, MS, Academy News editorial consultants

Peri-implantitis is an inflammatory condition involving progressive bone loss, and with a prevalence of about 10 percent or more, it affects millions of patients. The top systemic risk factor for peri-implantitis is smoking. But the top of the list for local risk factors includes residual dental cement, an iatrogenic problem with significant ethical considerations. With the high cost of treatment often required for iatrogenic peri-implantitis, ethical considerations can easily evolve into legal nightmares.

Dental cement removal can be elusive as it defies our best efforts. Some reports indicate that beyond 2-3mm subgingivally, especially in molar or other undercut areas, it's impossible to access and remove all the cement, even in bench-top trials.

An unpleasant part of our practice as we manage cement related peri-implantitis cases is contacting the dentist who cemented the restoration. Many dentists are surprised and even take a dismissive attitude, claiming that they can't be responsible since the last time they saw the patient was months or years ago when they cemented the restoration. We find that sending a photo of cement during flap surgery can be very convincing. Along with a summary of our clinical recommendations, we also send them a copy of the proceedings of the Academy of Osseointegration's (AO) Summit: *"Optimized Patient Care: Converting Osseointegration to Patient Integration,"* in order to update them with the latest information on peri-implantitis.

According to **Clark M. Stanford**, DDS, PhD (Chicago, IL), summit chair and AO president-elect, "The three day workshop was the culmination of dedicated work by 70 international clinician-scientists working in three teams under the guidance of three chairpersons."

The group focusing on inflammation and osseointegration led by AO board director, **Joseph P. Fiorellini**, DMD, DMSc (Philadelphia, PA) studied local factors such as residual cement and its role in the pathogenesis of peri-implantitis. According to the findings, which are published in the *International Journal of Oral & Maxillofacial Implants (JOMI)* and on the AO website (osseointegration.org), the pathogenesis and the time prior to diagnosis of peri-implantitis may be as long as three years following cementation and urged regular maintenance recall after implant restorations to evaluate the health of the implant sites. The expert panel recommendations for avoiding peri-implantitis due to retained cement are summarized in the report are as follows:



- All attempts to reduce excess submarginal cement should be made through the use of screw-retained restorations or abutments designed to minimize the depth of the cement line in relation to the peri-implant tissue architecture. The cement line should be located with a minimal depth for ease of removal and to minimize submarginal excess cement.
- A final radiograph should be carried out routinely to assess unwanted cement beyond the gingival margin.
- Postoperative assessment is recommended within the first week post-crown insertion. This should allow immediate clinical detection of excess cement and avoid peri-implant tissue inflammation.

Understanding the opioid epidemic and the bold actions taken by many of us as prescribers has been effective in significantly reducing the number of narcotic prescriptions and the risk of addiction that it has presented for so many of our patients. Similarly, it is our ethical duty as professionals to recognize cement induced peri-implantitis as an iatrogenic problem and eliminate it from our practices.



A dental school mission trip becomes a lifelong passion

Convincing AO Fellow Dr. **Daniel I. Taub** (Philadelphia, PA) to agree to an interview about his involvement with Operation Smile (OS) was no easy task. His primary concern was that the focus not be on him, rather, on the organization responsible for helping so many around the world, as *Academy News* Editor Dr. **Harriet K. McGraw** discovered during a recent interview.



HKM: How did you first become involved with Operation Smile? You were recognized as Volunteer of the Year in 2008, so you have obviously been with the organization for a long time.

DIT: Operation Smile was founded in 1982 by Bill and Kathy McGee. Their son, Bill, was a dental school classmate of mine at the University of Maryland in the mid-1990's. At that time, OS was focused primarily on treating cleft lip/palate and craniofacial anomalies in third world countries. As Junior dental students, Bill and I proposed incorporating general dentistry into the care of patients, while under the auspices of OS. To that end, the first country we chose



to engage with was Vietnam. In order to have a presence there, appropriate governmental approval was needed, so we had to meet local hospital officials, physicians, dentists, as well as the Ministry of Health.

HKM: What types of patients were being treated and how did that change over time?

DIT: Initially, poor and underserved adults and children in remote areas were seen by University of Maryland dental students and faculty to address issues involving all aspects of dentistry, including endodontics, restorative and pediatric dentistry, as well as oral surgery. Over the course of 13 years, educating and training Vietnamese professors and students became a focus, with the ultimate goal of establishing a self-sufficient mission. To help accomplish that goal, the dental division of OS partnered with University of Maryland School of Dentistry to create a curriculum for the first dental school in Hanoi, which opened in 2016.

HKM: It sounds as though the dental division of OS and your role within it evolved quite a bit over time.

DIT: Definitely. The scope of the program and my involvement have expanded greatly. OS has a large presence with establishing and staffing of permanent health care facilities (World Care Centers), operated by local people, all over the world. There are dental missions in 60 countries, many of which grew from care initially provided to remote areas in mobile dental vans. In each case, the three foundational pillars of OS are required for success: research, training and financing. Dentistry is just one facet of the much larger organization. For many years, I was chair of the OS Dental Council and am currently involved in an advisory capacity. As an oral maxillofacial surgeon (OMFS), my focus has shifted to advanced surgical care.

HKM: Please describe what is meant by advanced surgical care and provide an example.

DIT: Much like the interdisciplinary approach in implant dentistry, providing successful advanced surgical treatment requires a team approach involving multiple disciplines. On a recent mission in Morocco, I performed orthognathic surgery. It included bone grafting so dental implants could eventually be placed to provide prosthetic anchorage. During the surgical phase, in addition to the OMFS, nurses and anesthesiologists were involved. Treatment does not stop with completion of surgery or delivery of a prosthesis. The surgery is life changing and individuals often require speech therapy and psychosocial counseling. The goal is comprehensive care that is not limited to surgical and restorative treatment.

HKM: What is Operation Smile's source of funding? Have you been active in fundraising?

DIT: OS relies on donations as a source of funding. Currently, the organization has support from foundations and the generosity of individual donors. I was involved with fundraising early on. When Bill and I were looking for funding for our first mission trip to Vietnam, we even attended Vietnamese church services to pitch our plan. It said a lot about our commitment, given the fact that Bill is Irish Catholic and I'm Jewish. It has been rewarding to grow from rolling egg rolls for fundraisers to a multi-million-dollar non-profit organization.

HKM: It appears, your passion for OS hasn't diminished over time.

DIT: Other than my kids and my "real job," I love volunteering.

HKM: Thank you, Daniel. Your contributions through Operation Smile and to the profession are truly inspiring!

Academy global outreach expands to Taiwan and Malaysia



The Academy of Osseointegration (AO) recently participated in its very first joint conferences with the Taiwan Academy of Osseointegration (TAOi) and the Asia Pacific Society of Osseointegration (APSO). By a showing of approximately 150 dentists and exhibitors in attendance, each of these inaugural events were well received.

Drs. Malmquist and Aghaloo were also joined on the program in Taiwan entitled "Evolution for Optimum Bone Augmentation," by past TAOi presidents **Reisling Hsu**, DDS, MS (Taipei, Taiwan); and **Edward Tseng**, DDS, MS. Their presentations were "Bone Augmentation Principle: Primary Wound

Closure and Creation of Space and Wound Stability" and "Management of Bone Augmentation Complications via Hard and Soft Tissue Manipulations," respectively.

According to **Hom-Lay Wang**, DDS, MSD, PhD (Ann Arbor, MI), chair of the Global Program Development Committee and AO secretary, metrics for these new partnerships include how many dentists join the Academy as new members and/or attend the 2020 Annual Meeting.

"We now have more than 75 members from this group becoming AO Affiliate members, with at least 15 planning to attend the 2020 Annual Meeting," said Dr. Wang. "We will host another AO-TAOi meeting next year featuring restorative aspects of implant dentistry, with the expectation the number of participants will double."

Joining Drs. Malmquist and Aghaloo on the APSO program were:

Pintippa Bunyaratavej, DDS, MS (Bangkok, Thailand) presenting

"Creating Optimal Soft Tissue Around Dental Implants for Long Term Success" and Dr. **Kiyotaka Umezu**, DDS, MS (Nippon, Japan): "Modern Implant Dentistry - Harmonize The Digital and Conventional Solutions."

Jeanette Keng L. Chua (Kuala Lumpur, Malaysia), is one of the AO GPD Committee members facilitating efforts in Asia and was the key contact for the APSO meeting.

"This was the first time some of our dentists heard of the Academy, thus it certainly provided an eye opener for them to realize how well established it is, including membership benefits that include two journals," said Dr. Chua. "One other key highlight of the meeting was a live surgery demonstration of a patient in Asia, with prosthesis fully delivered within 24 hours and showcased during the second day lectures."



1 After their first joint meeting, presenters and representatives from AO and the Taiwan Academy of Osseointegration gathered for a photo (from left): Drs. Hom-Lay Wang, Cheng-Hsiang Hsu, Tara L. Aghaloo, Jay P. Malmquist, Shih-Chang Tseng, and Mei-Hua Lee.

2 A crowd of more than 150 dentists were excited for the start of the first joint meeting between the Academy and TAOi in Taiwan, which was very well received by all involved.

3 AO President Dr. Jay P. Malmquist (at right) is presented with a Certificate of Appreciation by Dr. Daniel Fang, president of the Asia Pacific Society of Osseointegration during the first joint meeting between the two groups.

As part of the Academy's Global Program Development Committee's effort to set a course of new geographical areas and direction for its global programming, these meetings were set up to serve as new outreach models for establishing and assessing meeting outcomes. Held on back-to-back days in January, the Academy's programming included:

- "Using Titanium Mesh and Bone Proteins to Enhance Bone Defects for the Implant Platform"
AO President and Fellow **Jay P. Malmquist**, DMD
- "Management of the Edentulous Maxilla with Hard and Soft Tissue Grafting"
AO Vice President and Fellow **Tara L. Aghaloo**, DDS, MD, PhD

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Clinical Case Example

Clinical images courtesy of German Murias DDS, ABO/ID

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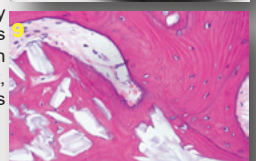
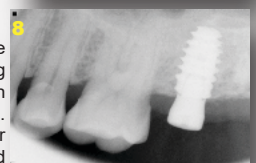
As the OsteoGen[®] crystals are resorbed and replaced by host bone, the site will become radiopaque.



The collagen promotes keratinized soft tissue coverage while the graft resorbs to form solid bone. In this image, a core sample was retrieved

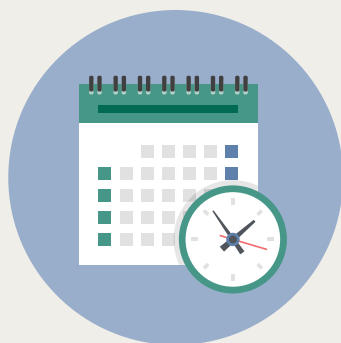


Implant is placed. Note the histology showing mature osteocytes in lamellar bone formation. Some of the larger OsteoGen[®] crystals and clusters are slowly resorbing. Bioactivity is demonstrated by the high bone to crystal contact, absent of any fibrous tissue encapsulation



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AO events and CE calendar



March 18 - 21

AO 35th Annual Meeting

"Evolving Technologies in Implant Dentistry"

Washington State Convention Center, Seattle, WA

<https://ao2020.osseo.org>

September 2

8th Annual AO Symposium with the FDI World Dental

Congress: "Shaping the Future of Oral Health,"

Shanghai China

- "Unfolding Peri-implantitis"
Hom-Lay Wang, DDS, MSD, PhD
- "Manage Implant Complications via Soft Tissue Grafting"
Edward (Shih-Chang) Tseng, DDS, L.L.M

DID YOU KNOW?

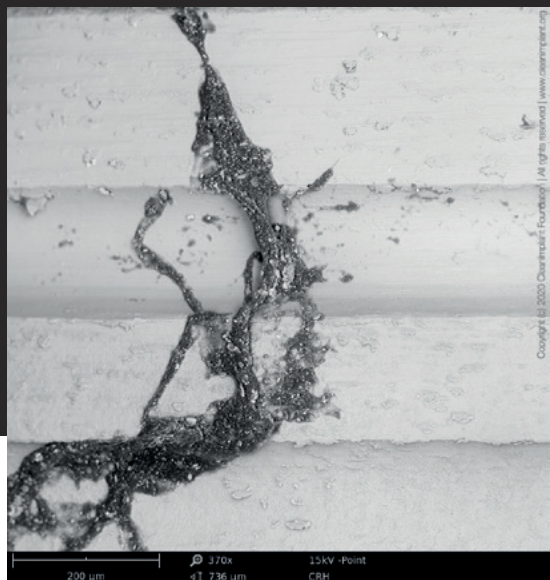
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More than I bargained for...

By Harriet K. McGraw, DDS, Academy News Editor

After being appointed *Academy News* editor, I was apprehensive about being able to successfully fulfill the obligation. Then President-elect and Past Editor Dr. **Michael R. Norton** (London, UK) reassured me that if I ran short of material, staff could make up for any shortfalls. What I discovered subsequently was what a great resource members have in AO's very capable staff.

When exploring possible topics for articles, Executive Director **Kevin P. Smith** has provided me with valuable background information. His institutional knowledge of AO's history provides a long-term view of the organization, rather than the short terms of individual officers. Board members change annually but Kevin is the one constant. He has given me sound advice on many occasions. For that, I am very grateful.

Media and Public Relations Manager and Staff Editor **William R. Wille** has been very supportive and helpful in organizing newsletter deadlines, layout and content, in addition to coordinating conference calls to discuss current and future issues. Along with Staff Editor **Dick Bragaw**, Will has provided helpful commentary on making my writing better by fine tuning the grammar. I now am very aware of the proper use of semicolons and know to avoid split infinitives.

Cherie Seyller, the Academy's administrative assistant, has answered all requests or questions promptly and always wants to know if she can be of further assistance. Her gentle reminders about report deadlines have been appreciated.

In addition to AO staff, an added bonus has been the wonderful members I have interacted with over the past four years, as editor and as a member of the Newsletter Committee. I have had opportunities to meet or interview many of the leaders in the field of implant dentistry. All have been gracious in agreeing to my requests, making my job of coming up with up-to-date material easier.

I would be remiss if I did not mention the members of my committee: Drs. **Lourdes Ann Christopher**, **Mehrdad Favagehi**, **Scott H. Froum**, **Paul A. Fugazzotto**, **Ismael Khouly**, **Jose Garcia Montemayor**, **Kevin WanXin Luan**, and **Tolga F. Tozum**. In addition to writing articles, they have provided several ideas for topics to be covered and have come through when due dates have been moved up. The mix of specialists, young clinicians, academics and general dentists has made for insights from several perspectives. Add to that viewpoints from different parts of the country and the world, and it makes for an enlightening cultural exchange. Thank you also to Dr. **Joseph P. Fiorellini** (Philadelphia, PA), board liaison, for his assistance.

This is my last editorial and conclusion of my three-year term as editor of *Academy News*, which will transition to Dr. Favagehi. I thank all who have made the past three years a rich experience. One that has been more than I bargained for...



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