



Academy of
Osseointegration
osseo.org

Academy NEWS

A QUARTERLY MEMBER NEWSLETTER

**Legends and Leaders
in Implant Dentistry
Make a Difference**



VOLUME 37, NUMBER 1 • 2026

TABLE OF CONTENTS

THIS IS THE

<i>President's Message:</i> Not All Heroes Wear Scrubs	3
Progress With Purpose: Biological Principles, Clinical Judgment and Professional Responsibility	4
Dr. Lyndon Cooper: A Leader in Dental Innovation and Research.....	5
Oral Cancer Masquerading as Peri-Implantitis	6
From Hypothesis to Evidence: Emergence Angle and Profile in Peri-Implant Health.....	7
Nobel Biocare Brånemark Osseointegration Award Recipient: Congratulations Dr. Peter Moy!	8
In Memoriam: Dr. Myron Nevins, DDS.	10
Myron Nevins: Teacher, Mentor, Researcher, Clinician, Friend	12
From Stepping in to Growing Into Your Roles: Navigating the Early Years of Clinical and Academic Practice	14
Teamwork Is Not Transactional: Patient-Centered Collaboration in Dentistry.....	16
I Gotta Be Me: The Art of Complementary Practice	18
AO's 2026 Distinguished Award Recipients Announced	19
3 Practical Ways AO Can Help You Become an Expert in Implant Dentistry	20
The Art of Crafting a Tailored Retirement Strategy.....	22
AO Reaches General Practitioners Through Study Clubs	24
<i>Academy News</i> Newsletter Now Arriving in Your Inbox	26
2026 Osseointegration Foundation Student Travel Grant Recipients	26
<i>Editor's Editorial:</i> AO Academy News: The Best is Yet to Come	27

ACADEMY NEWS

Academy of Osseointegration
85 W. Algonquin Road, Suite 550
Arlington Heights, IL 60005
847.439.1919

Editor

Mehrdad Favagehi,
DDS, MS

Board Liaisons

Joseph Y.K. Kan, DDS
MS
Robert A. Levine, DDS

Editorial Consultants

Lourdes Ann Christopher, DDS, MS
Tirakhsh Emadi, DDS, MS
Adam S. Foleck, DMD
Paul A. Fugazzotto, DDS
Philippe Khayat, MSD
George A. Mandelaris, DDS, MS
Robert J. Miller, DDS
Julie Ann Mitchell, DMD, MS
Jinlong Shao, BDS, MSc, PhD
Rafael Siqueira, DDS, MS, PhD
Shih-Chang Tseng, DDS

Staff Editor

Jack Dempsey

Not All Heroes Wear Scrubs

By: AO Fellow and Diplomat Robert C. Vogel, DDS

I'd like to recognize people we might not think about often enough – those who make our lives and our patients' lives better every day.

Years ago, I had a heartfelt conversation with a despondent implant rep after he'd spent two full days gathering literature, studies and advice from clinical experts to help a doctor in a bind with a difficult case. He never realized or got recognition for the impact he had on providing ideal clinical care for a real patient. We discussed how he secured access to treatment that improved someone's life. It's not about selling screws – it's about caring and making a difference in the lives of our patients and ourselves. This rep, then much younger, progressed to upper management at a global implant company and to this day encourages new reps to embrace and appreciate that their role is integral in helping people. I encourage all of us to recognize and foster those who have this potential.

After serving the Academy of Osseointegration on various committees, as a board member and ultimately as President, I only recently came to realize something profound: The AO staff – some who've been with us for 25 years – spend all their energy and expertise ensuring our profession moves forward with real education, true science and integrity. We don't see these individuals on podiums or webinars, but they're the people who allow others to shine and our profession to forge ahead in the right direction.

This year at our annual meeting in Washington, D.C. – the pinnacle meeting of implant dentistry – please take advantage of the opportunity to speak with the biggest

names in our profession, shake their hands and share meaningful conversation. But also, show some love to those who work behind the scenes to make all this possible.



Dr. Robert C. Vogel

Progress With Purpose: Biological Principles, Clinical Judgment and Professional Responsibility

By: Homayoun Zadeh, DDS, PhD

With the arrival of a new year, I find myself reflecting on what implant dentistry truly needs as it continues to evolve. My hope is both straightforward and challenging: that our profession renews its commitment to biological principles, sound clinical judgment and ethical responsibility in the way we practice, educate and innovate.

Over the past several decades, implant dentistry has undergone extraordinary transformation. Once considered a niche therapy reserved for select indications and specialists, it is now widely integrated into everyday dental practice. This expansion has unquestionably improved access to care and broadened treatment possibilities. At the same time, it has exposed areas where growth has outpaced reflection, raising questions that deserve careful consideration.

Perhaps no force has shaped contemporary implant dentistry more than rapid technological advancement. Digital diagnostics, technology-assisted surgery, evolving implant designs, streamlined prosthetic workflows, refined surgical protocols and advanced biomaterials have dramatically expanded what is technically possible. When applied thoughtfully, these innovations can improve predictability and outcomes. However, technology must remain a tool, not a substitute for biological understanding. My hope is that progress continues to be guided by biological principles rather than by novelty or convenience alone.

Clinical education is another area that warrants careful examination. Today, implant training is delivered through a wide range of channels, including universities, private institutes, companies, short-format courses and virtual platforms. This broad availability has expanded access to learning, which is undeniably beneficial. However, it has also introduced variability in scientific rigor and, in some cases, a diminished emphasis on biological fundamentals. An additional concern is the growing reliance on social media as a source of clinical guidance. While these platforms can facilitate rapid information

sharing, their content is not peer-reviewed and therefore must be interpreted with caution. Isolated clinical tips or visually appealing outcomes, often presented without adequate context, long-term follow-up or transparent reporting of complications, risk oversimplifying complex biological and clinical realities. Implant education should

remain grounded in comprehensive diagnosis, individualized risk assessment and thoughtful treatment planning with long-term outcomes in mind. Predictable implant therapy is not defined by the moment an implant is placed, nor by immediate postoperative images frequently highlighted online. Rather, true success is determined over time by tissue stability, peri-implant health, function and patient-centered outcomes.



As complications become more widely recognized, the profession is increasingly reminded that osseointegration alone does not define success. Long-term stability depends on healthy peri-implant tissues, appropriate hard- and soft-tissue architecture, functional comfort and esthetic harmony. My wish for the coming year is a stronger focus on prevention, soft- and hard-tissue phenotype management and early corrective strategies rather than reactive treatment once disease has progressed.

Equally critical is clinical judgment in implant dentistry. Knowing how to perform a procedure is only part of the equation. Knowing whether a procedure should be performed, and when, is equally important. In an

Continues on page 9

Dr. Lyndon Cooper: A Leader in Dental Innovation and Research



Dr. **Lyndon F. Cooper** stands at the intersection of clinical excellence and groundbreaking research, bringing decades of experience to his role as dean of Virginia Commonwealth University's School of Dentistry and Harry Lyons Professor of Prosthodontics.

Cooper's distinguished career spans multiple prestigious institutions and leadership positions. A diplomate of the American Board of Prosthodontics, he served as president of the American College of Prosthodontists in 2010. His professional journey has taken him from the University of North Carolina at Chapel Hill, where he served as Chairperson and Graduate Program Director, to the University of Illinois Chicago, where he held the position of Associate Dean for Research.

At UIC, Cooper expanded research initiatives in regenerative sciences and innovative biomedical devices while leading translational studies examining biomarkers linked to cancer. Under his leadership, the Department of Oral Biology became foundational to the school's curriculum, supporting DMD, MS and PhD students. He also established the school's Clinical Research Center while maintaining his clinical practice as a prosthodontist.

During his tenure at UNC's Adams School of Dentistry, Cooper served as Program Director of Advanced Prosthodontics and Stallings Distinguished Professor. His contributions to the field have been recognized with numerous honors, including the ACP's 2004 Clinician/Researcher Award and the 2009 International Association for Dental Research Distinguished Scientist Award for Prosthodontics and Implantology.

Cooper's academic credentials are equally impressive. After earning his DDS from New York University, he



pursued a PhD at the University of Rochester, New York, and obtained a certificate in prosthodontics from the Eastman Dental Center in Rochester. He later completed a two-year research fellowship at the National Institute of Dental and Craniofacial Research in Bethesda, Maryland.

His scholarly impact is evidenced by more than 200 peer-reviewed publications and numerous national and international presentations. Cooper remains actively engaged in both research and patient care, focusing his efforts on enhancing dental education, advancing dental therapeutic excellence and improving access to oral health care.

The Academy of Osseointegration has recognized Cooper's continued contributions to the field with multiple honors in 2026. The article "Comparing Single-Tooth Implant Placement With and Without Allogeneic Soft Tissue Augmentation: A Randomized Clinical Trial," for which Cooper served as chief investigator with Dr. Al-Tarawneh as first author, was selected for the Academy's 2026 William R. Laney Award. The study was published in Volume 39, Issue 5 of the *International Journal of Oral and Maxillofacial Implants*.

Cooper will also receive the Academy's Distinguished Educator Award at AO's 2026 Annual Meeting and has been nominated to join the AO's Board of Directors in 2026.

He will share his expertise at the Academy of Osseointegration's 2026 Annual Meeting, "Planning for Longevity and Improving People's Lives: Key Factors to Embrace" on Saturday, March 7.

Through his leadership at VCU and his ongoing contributions to research and clinical practice, Cooper continues to shape the future of dental education and patient care.



Oral Cancer Masquerading as Peri-Implantitis

By: Lourdes Ann Christopher, DDS, MS, Academy News Consultant



In October of 2024, one of my referring doctors referred an implant patient back to me for evaluation and treatment. Our mutual patient had experienced oral and facial swelling of the right vestibule buccal of tooth No. 29 and a recently restored implant, No. 30i, for a period of one month. Because of fear of being

told she might have to have another tooth removed, she sought care from an ENT instead of returning to either her general dentist or me, her periodontist. She had been on antibiotics for the entire month, to no avail. Her right cheek remained swollen.

I removed the now-hopeless tooth No. 29 and thoroughly debrided the extraction socket. A CBCT scan and visual examination of the bone surrounding implant No. 30 revealed no bone loss; however, there was so much erythema and cellulitis in the area that the true status of 30i was impossible to determine. At the two-week postoperative visit, there was no appreciable improvement in swelling or cellulitis. At this point, the patient was immediately referred for biopsy and, within days, was diagnosed with squamous cell carcinoma. Tragically, we lost the patient within six months.

Oral squamous cell carcinoma (OSCC) and other oral malignancies can present with clinical features similar to peri-implantitis, including symptoms such as inflammation, swelling, and bone loss around the implant site

(Verstraeten et al., 2023; Srinivasan et al., 2025). A meta-analysis revealed that 50% of peri-implant oral malignancy cases were initially misdiagnosed as peri-implantitis, with squamous cell carcinoma being the most common final diagnosis (81% in case reports and 97% in retrospective studies) (Srinivasan et al., 2025). A review of 47 published cases of oral malignancies involving dental implants found that 85.1% were SCC, 61.7% were primary malignancies, and 8.5% were metastases from distant tumors (Kaplan, 2017).

A review of 54 cases from 25 articles found that 42.6% of patients with peri-implant malignancy had a previous history of OSCC, while 33.3% had no past oncological history or premalignant lesion, with some lacking any risk factors (Brabyn et al., 2018).

Chronic, nonhealing inflammation around implants may provide an environment conducive to malignant transformation, although a direct causal link between peri-implantitis and oral cancer has not been definitively established (Verstraeten et al., 2023; McGuff et al., 2008; Bhandari et al., 2016; Srinivasan et al., 2025).

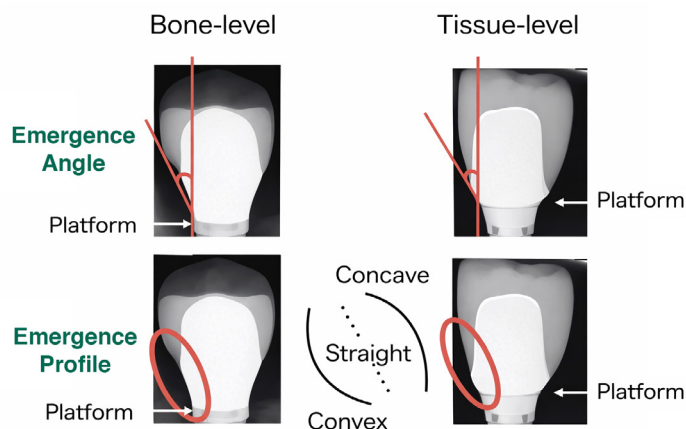
Vigilance is required. Clinicians are advised to maintain a high index of suspicion for malignancy in persistent peri-implant lesions, especially those unresponsive to conventional therapy, regardless of the presence or absence of traditional risk factors such as tobacco or alcohol use (Verstraeten et al., 2023; Srinivasan et al., 2025). The presence of a tumor must be excluded in suspicious peri-implant lesions, typically requiring a biopsy for definitive diagnosis.

From Hypothesis to Evidence: Emergence Angle and Profile in Peri-Implant Health

By: Michitsuna Katafuchi, DDS, MSD, PhD, MBA

In 2018, we published an article suggesting that restoration contour might be an indicator for peri-implantitis. Clinicians often assume that over-contoured implant restorations negatively affect peri-implant tissues, like how over-contoured fixed dental prostheses impact the tissue around a tooth. At that time, however, only a few case studies supported this relationship,¹ and assessing this association was challenging because there was no standardized method to quantify restoration contour.

To address this gap, we explored the concept of emergence angle, defined in the Glossary of Prosthodontic Terms (2005) as the angle of an implant restoration's transitional contour relative to the implant's long axis. This metric provides a way to measure how far a restoration extends from the implant. We also examined the more commonly known concept of emergence profile, which describes the contour of a restoration as it relates to adjacent tissue – typically concave, straight, or convex.



At the University of Washington's Periodontics Department, the prevalence of peri-implant disease in a patient cohort was evaluated previously.² We assessed the relationship between emergence angle/profile and peri-implantitis prevalence using this cohort. Our radiographic analysis included 83 patients with 168 implants, and the results were noteworthy³:

- For bone-level implants, peri-implantitis prevalence was significantly higher when the emergence angle exceeded 30° compared to $\leq 30^\circ$ (31.3% vs. 15.1%, $p = .04$).
- No such correlation was observed in tissue-level implants.
- When a convex profile was combined with an angle $>30^\circ$, peri-implantitis prevalence rose to 37.8%, with a statistically significant interaction between angle and profile ($p = .003$).

This study was later included in the recent AO/AAP systematic review and meta-analysis^{4,5}. It suggests that emergence angle and profile are emerging concepts with

potential as risk markers for peri-implantitis. Emergence angles $<30^\circ$ and a concave/straight emergence profile are linked to decreased peri-implantitis risk in bone-level implants.

Why might a wide emergence angle combined with a convex profile negatively affect peri-implant tissue? One explanation is that over-contoured restorations limit hygiene access to the implant body.^{6,7} Another biologically plausible factor is tissue volume: narrower emergence angles may increase soft tissue height, which previous studies have linked to maintaining peri-implant bone stability.^{8,9,10}

It is essential to categorize implant platforms based on implant-abutment connection when discussing these concepts. There are three major types: tissue-level implants, platform-matched (butt-joint) bone-level implants, and platform-switched bone-level implants.¹¹

Most bone-level implants in our 2018 study were platform-matched. For platform-switched designs, an emergence angle $>30^\circ$ may influence bone levels in the short term, but long-term effects remain unclear.^{12,13} Given that most current bone-level implants use platform switched systems, further long-term research assessing platform-switched bone-level implants is warranted.

What contributes to a wide emergence angle? Often, it results from implant placement that deviates from the ideal restorative position. This underscores the need for reciprocal feedback between surgical and restorative teams during treatment planning.¹⁴ With peri-implantitis affecting approximately 20-22% of patients,⁴ reducing risk markers is critical. Designing restorations with emergence angles $<30^\circ$ and concave or straight profiles not only lowers risk but also facilitates probing and hygiene access during maintenance.

In my view, every implant placed today may require peri-implantitis treatment in the future – possibly by someone other than the original provider. Restoration contour design will influence treatment accessibility as well. As such, emergence angle and profile deserve greater attention for dentists, dental hygienists and lab technicians, in the prevention and management of peri-implant disease and the maintenance of peri-implant health.

References for this article are available by scanning this QR code.



Nobel Biocare Brånemark Osseointegration Award Recipient: Congratulations Dr. Peter Moy!

By: Amerian D. Sones, DMD, MS, Clinical Associate Professor, Texas A&M University, College of Dentistry, AO Past President, 2022-2023.

Congratulations to my longtime colleague and oral surgeon, Dr. **Peter Moy**, recipient of the Academy of Osseointegration's 2026 Nobel Biocare Brånemark Osseointegration Award. What a journey it has been. To celebrate in Washington, D.C., the location of AO's Annual Meeting during Dr. Moy's presidency in 2011, makes this year even more special. Returning to the site of his presidency year meeting is a fortunate coincidence no one could have planned.

But it is no coincidence that he has earned the respect of his fellow AO colleagues, making this special award so well deserved. His commitment to dental implant education and clinical surgical practice elevates him into a league of his own. I have had the privilege of knowing Dr. Moy for 45 years, since our graduate residency days at the UCLA School of Dentistry. Together, we trained at Eastman Dental Center in Rochester, New York, in 1984 directly with Professor **P.-I.**

Brånemark. As life's journey took us down diverging paths,

we have remained good friends, both personally and professionally, working with many complex dental implant patients as techniques, materials and protocols have evolved. Those who know Dr. Moy also know his articulate wife, Irene Moy, a pillar of the family whose daily inspiration is the driving force to work hard and excel. Together, we have raised families, advanced our professional practices and careers, and embraced both the rewards

and challenges of dental implant practice.

Dr. Moy worked side by side with Professor Brånemark in the early years as the field of osseointegration unfolded in the United States, shaping future guidelines that are instrumental in dental implant education today. He has lectured and mentored not only U.S. dental surgeons but also

has an enormous international reputation as a master surgeon and educator in Asia and European countries. He is among the most prolific researchers, having published many influential national and international papers that have shaped the dental implant field.

His leadership roles within the Academy of Osseointegration

are impressive, as he has served on the AO and Osseointegration Foundation Board of Directors and chaired numerous committees. Simply stated, he is a master clinician and mentor. He is an educator, and his private oral surgery practice in Santa Monica, California, has a reputation that is admirable and second to none.

The photographs provided speak for themselves. The images show their mutual enjoyment, camaraderie and strong professional respect entrusted to Dr. Moy by Professor Brånemark. It is clear they enjoyed working together, as they were jovial and engaged. (Professor Brånemark also appreciated Irene, who in the '80s provided a homemade fried chicken dinner that Professor Brånemark requested again many years later and the Moys were impressed that he remembered.) He certainly enjoyed the Moys as a couple.

On behalf of the AO leadership, membership and AO team members, we salute and congratulate Dr. Peter Moy for his contributions to the field of dental implant practice.



Dr. Amerian D. Sones



**Dr. Peter Moy's Journey
Through the Years**



Progress With Purpose... *(continued from page 4)*

environment increasingly shaped by marketing pressures, economic incentives, accelerated workflows and patient expectations for immediate solutions, restraint and thoughtful decision-making have become essential professional virtues. This concern is particularly relevant in the growing trend toward elective full-arch implant therapy through full-arch edentulation. While such approaches may be appropriate in select cases, the routine replacement of compromised yet treatable dentition warrants scrutiny. In many situations, the management of dental disease and the preservation of natural teeth offer more favorable long-term outcomes for patients. A mature and responsible implant discipline must continue to value sound judgment and biological respect as highly as technical execution.

Professional responsibility also extends beyond individual treatment decisions. Clinicians and educators collectively shape how implant dentistry is understood by patients, peers and future practitioners. Honest communication, transparent discussion of risks and accurate reporting of outcomes and failures are fundamental to maintaining credibility and trust. Advancement should be assessed

not solely by technological breakthroughs but by our willingness to accept accountability.

Implant dentistry can benefit from continued innovation, but it must remain grounded. Anchoring progress in biology, thoughtful education and professional integrity will ensure that growth truly benefits those we serve. That is my hope for implant dentistry in the year ahead: progress that is not only advanced but purposeful, biologically respectful and ethically sound.

The start of a new year provides an opportunity to pause, reflect and recalibrate. While continued innovation will undoubtedly shape the future of implant dentistry, meaningful progress requires a firm foundation. When advancement is guided by biological principles, rigorous education and professional integrity, growth is more likely to translate into lasting benefit for our patients. My hope for the year ahead is that implant dentistry continues to evolve with purpose, embracing innovation without losing its biological principles, in a manner that is thoughtful, responsible and ethically grounded.

In Memoriam:

Myron "Ron" Nevins, DDS (1938-2025)

By: David M. Kim, DDS, DMSc, Associate Professor, Harvard School of Dental Medicine

On Dec. 24, 2025, dentistry lost one of its most influential figures with the passing of Dr. **Myron Nevins** in Swampscott, Massachusetts. Affectionately known as "Papa Nevins" at Harvard School of Dental Medicine (HSDM), Dr. Nevins devoted more than six decades to advancing clinical excellence, education and research in periodontology and implant dentistry. His legacy is defined by an extraordinary commitment to education, research and mentorship that shaped generations of clinicians and educators worldwide.

Dr. Nevins earned his Doctor of Dental Surgery degree from Temple University School of Dentistry in 1965 and completed his certificate in periodontics at Boston University School of Graduate Dentistry in 1967. From the outset of his career, he demonstrated an exceptional dedication to academic rigor and clinical innovation, leaving a profound and lasting impact on the profession nationally and internationally.

Throughout his distinguished career, Dr. Nevins held numerous leadership positions, including:

- President, Osseointegration Foundation (OF)
- President, American Academy of Periodontology (AAP)
- Director, American Academy of Periodontology Foundation (AAPF)



On December 14, 2024, Dr. Myron Nevins (center) received the Robert N. Eskow NYU Dental Implant Dentistry Award. Standing to his left is his wife, Marcy Nevins (married for 64 years), and to his right is Dr. David M. Kim.

- Director and chairman, American Board of Periodontology
- Board member, Osteology Foundation

Contributions to Global Education

Dr. Nevins began his academic career in 1967 as an associate professor at Boston University School of Graduate Dentistry. Over subsequent decades, he held faculty appointments at Temple University, the University of Pennsylvania, the University of Michigan, the University of North Carolina, King Saud University and HSDM. Through these roles, he mentored numerous residents in periodontics, prosthodontics and implant dentistry—many of whom later emerged as leaders in academia, research and clinical practice worldwide.

In 1966, Dr. Nevins co-founded a private periodontal practice in Swampscott, Massachusetts, with Dr. **Gerard Kramer**, where he practiced until 2019. Renowned for managing complex and challenging cases, he became a referral destination for patients from across the United States, Europe and Asia. His scholarly output includes numerous peer-reviewed publications and book chapters, many of which remain highly cited. Of particular significance was his role as principal investigator in pivotal FDA clinical trials, which contributed to the approval of recombinant human bone morphogenetic protein-2 (rhBMP-2) and recombinant human platelet-derived growth factor-BB (rhPDGF-BB), biologic agents now integral to contemporary regenerative therapy.

In 1980, Dr. Nevins founded the Institute for Advanced Dental Studies. Through lectures, hands-on courses and live surgical demonstrations, the institute trained hundreds of clinicians, establishing itself as an exemplary model for advanced continuing education. Its international reach expanded through affiliated institutes in Japan and Brazil. Notably, the Japan Institute for Advanced Dental Studies (JIADS), under the leadership of Dr. **Yoshihiro Ono**, has trained more than 15,000 dentists, reflecting the global influence of Dr. Nevins' educational vision.

From 1981 to 2023, Dr. Nevins served as editor-in-chief of *The International Journal of Periodontics & Restorative Dentistry (IJPRD)*, guiding the AO's official journal to international prominence as a trusted forum for clinicians to publish real-world cases. In 2010, his son, Dr. **Marc Nevins**, joined him as co-editor-in-chief, continuing a tradition of editorial excellence. Additionally, from 1983 to 2022, Dr. Nevins chaired the International Symposium on Periodontics & Restorative Dentistry (ISPRD), which evolved into a landmark global meeting and a destination event for leading clinicians and academicians to exchange knowledge in Boston.

Dr. Nevins also played a central role in organizing landmark educational initiatives for the AAP, including the World Workshops on Clinical Periodontics and International Implant Conferences, which helped establish

contemporary evidence-based standards in periodontics and implant dentistry. As one of the few North American periodontists personally trained by Professor **Per-Ingvar Brånemark**, he played a pivotal role in introducing and advancing dental implant therapy in North America. His collaborations with industry further contributed to major innovations, including the introduction of nonresorbable membranes for guided tissue regeneration and guided bone regeneration.

Contributions to Research

A steadfast advocate for evidence-based dentistry, Dr. Nevins founded PERIO IMP RESEARCH Inc., through which he led numerous preclinical and clinical investigations. He was widely recognized as a pioneer of proof-of-principle research, consistently emphasizing rigorous scientific validation, particularly through human histologic studies demonstrating periodontal regeneration, guided bone regeneration and implant osseointegration.

Mentorship and Support of the Next Generation

Dr. Nevins was deeply committed to nurturing future leaders in academic dentistry. Through the AAPF, he established the Nevins Teaching and Clinical Research Fellowship and the Nevins BioHorizons Fellowship, both designed to support junior periodontal educators by alleviating financial constraints and enabling them to maintain a sustained focus on teaching and research.

Throughout the summer of 2025, Dr. Nevins remained actively engaged in mentoring residents and early-career faculty, offering guidance on career development and encouraging involvement in organized dentistry. He inspired established clinicians to give back to the profession through part-time teaching and philanthropic support of organizations such as the OF and the AAPF.

Legacy and Remembrance

Dr. Myron Nevins will be remembered as an exceptional figure in dentistry—a global educator, master clinician, pioneer in clinical research and, above all, a mentor and father figure to countless students and colleagues. Even as he approached an age when many contemplate retirement, he continued to challenge and inspire the next generation, shaping the future of the profession with unwavering dedication. Dentistry was never merely his profession; it was his lifelong calling. We remain committed to upholding the excellence that Dr. Myron Nevins demonstrated in every aspect of his life and instilled in us. We are grateful for the sometimes brief and sometimes lengthy, yet always meaningful and life-changing conversations many of us shared.

Myron Nevins: Teacher, Mentor, Researcher, Clinician, Friend

By: Paul Fugazzotto, DDS

September 1979: The entering periodontal certificate class, at what was at the time called the Boston University Goldman School of Graduate Dentistry, I attended the first Monday evening treatment planning seminar, led by Dr. **Myron (Ron) Nevins**, with assistance from Dr. **Howard Skurow**. Attended by all periodontal and prosthetic students, and some endodontic and orthodontic faculty and postgraduate students, the seminar was said to be "tough," with presenters facing challenging questions from fellow graduate students, Dr. Skurow, other faculty members and, most definitely, Dr. Nevins.

Before the seminar began, Dr. Nevins addressed the incoming students (forgive the paraphrase; the spirit of the message is wholly accurate):

"This seminar is meant to make everyone better. If I challenge you, which I will, it is to make you better; to make everyone better. When fellow students challenge you, it is to everyone's benefit. It may get heated at times. It probably will. But whatever is said here, whatever arguments happen, it all stays here. We leave this room knowing that nothing was said as a personal attack. You will come out of these seminars stronger and more self-assured."

... and then it began.

This was pure Ron Nevins. No fanfare; no gilded words; no motivation other than to teach, to mentor. A teacher who knew how best to motivate each student as an individual, Ron projected confidence, not arrogance.

Yes, Ron was direct. Students could at first find his sometimes terse answers intimidating, such as when Drs. **John Lindsay** and **Philip Melnick** (BUGSGD Perio 1981) approached Ron at an AAP meeting in 1981 and asked him about implants, which at that time were still essentially blades and subperiosteals, and Ron told them to "master perio first and then learn about implants." While Ron's answer may at first glance seem sarcastic, further rumination uncovers the insightful basis of his retort. Would any conscientious clinician debate the need to understand the potentials of periodontal, endodontic, orthodontic and restorative specialties before condemning teeth to removal?

At the same meeting, Drs. Lindsay, Melnick and I approached Ron after having spoken with "seasoned" periodontists (they had been practicing more than five years) who told us that we should stop doing resective

surgery because it was unnecessary and did not last. Ron's answer: "Just do it; it works." Succinct; honest; based upon decades of clinical experience and a highly self-critical eye.



Dr. Paul Fugazzotto

Ron once again demonstrated his deep-seated belief in mentoring his students (defined by Ron as anyone who asked him a question) beyond only clinical concerns when I approached him about a patient I saw shortly after opening my periodontal practice in 1981. If blade implants were placed in the mandibular first molar positions and splinted to the first premolars with three-unit fixed bridgework, a bilateral distal-extension removable prosthesis could be eliminated. When asked, Ron agreed to place the implants on two conditions: First, that I would check with the restorative dentist to make sure he did not mind my referring the patient to another practitioner so that I did not damage my new practice; and second, that I would watch the surgery and spend a few hours with Ron over the ensuing weeks discussing and learning about implant therapy.

The long-lasting effect of such mentorship was on display with the heartfelt testament Dr. **Paul Ricchetti** (BUGSGD Perio Class of 1978) wrote for the dinner in honor of Dr. Myron Nevins at the 2025 American Academy of Periodontology meeting in Toronto:

"In every person's life there comes a time when they encounter someone who leaves an indelible mark on their path. Someone who selflessly imparts wisdom, provides guidance and becomes an unwavering source of support. Today, I wish to express my deepest appreciation to Ron Nevins for the impact he had not only on my career but also on that of many others. Through his actions and achievements, Ron has shown me what is possible and encouraged me to push beyond my limits. His unwavering belief in my, and many others', potential has instilled in us the confidence to strive for greatness. Ron empowered me to step outside my comfort zone, take risks and embrace new opportunities. His encouragement gave me the courage to overcome obstacles and turn setbacks into steppingstones toward success. My sincere thanks to Ron for his mentorship, support and friendship over more than 45 years. Ron's qualities of friendship and leadership inspired me to be the best I could be."



Dr. **Richard Lazzara** (BUGSGD Perio Class of 1976) describes Ron Nevins as “the epitome of our profession; always professional, knowledgeable, kind, well-dressed and willing to assist. An outstanding researcher, teacher, publisher, organizer and clinician were but a few of Ron’s assets. For me, he was a role model during training, a confidant, friend and sounding board in later years. He leaves a giant void in our profession and the leadership of our profession’s direction.”

Dr. **Roger Wise** (BUGSGD Perio Class of 1973; Ortho 1977) had both the privilege of studying under Ron and the opportunity to practice together for decades. Excerpts from his testimonial about Ron at the aforementioned AAP event in Toronto beautifully encapsulate Ron’s effect upon anyone fortunate enough to “experience” him:

“Ron was truly one of a kind – a cherished friend, an inspiring mentor and a legendary contributor to the specialty of periodontics.

Former PepsiCo CEO **Indra Nooyi** once said that true leadership requires understanding every aspect of your work – embracing challenges, making informed decisions and remaining a lifelong learner.

Ron embodied that spirit in every dimension of his remarkable professional career. He was, in every sense, the CEO of his many accomplishments.

A visionary recognized and respected around the world, Ron influenced and inspired generations of students, colleagues and academicians. His passion for excellence elevated everyone who had the privilege of learning from him.

His boundless energy, his pursuit of perfection and his devotion to advancing the art and science of our fieldwork were, quite simply, beyond our wildest dreams.

For Ron, periodontics was never just a profession – it was a calling. He engaged his head, his heart and his hands in all that he did.

The late Red Sox pitcher Tim Wakefield once said, “It doesn’t matter how much money you’ve made, how big your house is, or what kind of car you drive. What matters most is: Did you make a difference in someone’s life?” Ron made a difference in countless lives – and in doing so immortalized himself in the history of periodontics.

Thank you, Ron, for the memories, the mentorship and the magic you shared.

You made our lives richer and our profession prouder. Quite remarkable, Ron – in every way a masterpiece.”

Dr. **Sergio DePaoli** (BUGSGD Perio Class of 1978), who remained a close friend of Ron’s for the rest of his life, succinctly states what we all feel: “Dear Ron, rest in peace. The cultural patrimony you generously gave us will always be a strong support in our personal and professional lives.”

When we became immersed in the periodontal program at BUSGD, under Dr. Kramer’s and Ron’s tutelage, we felt we were part of Camelot, albeit once removed from sitting at the round table. That feeling persists in us all. As does the following fact: Dr. Kramer may have been King Arthur, but you, Dr. Myron Nevins, were and will always be Sir Lancelot.

Thank you, Ron



From stepping in to growing into your roles: Navigating the early years of clinical and academic practice

By: Iya Humam Ghassib, DDS, MS

The transition from residency into a first professional role—whether in academia, private practice or a hybrid model—often reveals itself not as a single leap but as a series of adjustments over time. The themes that follow reflect the areas where many early-career clinicians and educators experience the most growth: how we shift from doing to deciding, from following structure to shaping it, and from meeting expectations to building roles that are sustainable and meaningful.

Early on, our focus is often shaped by what we felt was missing during residency training. We aim to be more available, more structured and clearer in our communication. We want to offer the guidance or mentorship we once sought ourselves. These instincts are not only natural but necessary. They reflect empathy, awareness and a genuine desire to serve others better than we think we were served. Soon, however, we learn that filling these gaps alone does not equate to effectiveness. Maturity comes when we begin to make the role our own—by making mistakes, listening to voices from different walks of life, and building toward a longer-serving vision.

From execution to intention

In the earliest phase of professional life, success is often measured by execution: showing up prepared, managing cases, meeting expectations and proving competence. This phase is essential. It builds confidence and credibility, and it provides structure during a time of transition. Yet remaining in execution mode for too long can quietly limit growth. As clinicians and educators mature, intention becomes just as important as execution. Why am I pursuing this type of clinical development? Why this course, this research question, this teaching approach? The shift from reacting to opportunities as they arise to choosing them deliberately marks a critical professional turning point. Intention helps ensure that effort is aligned with purpose, even when the long-term picture is still evolving.

Mentorship evolves with you

Mentorship in the early years often feels like a safety net. We seek reassurance, confirmation and guidance as we navigate unfamiliar responsibilities. Over time, however,

mentorship becomes more nuanced and selective. We begin to recognize that no single mentor can fulfill every need. Learning to build a network of mentors—clinical, academic, professional and personal—allows growth to remain dynamic. Different mentors serve different roles at different stages. At the same time, many of us find ourselves mentoring others sooner than expected. Teaching and mentorship, even in informal forms, quickly reveal both our strengths and our blind spots. In this way, mentorship becomes reciprocal, shaping both how we guide others and how we continue to grow ourselves.

Building a foundation before finding a niche
There is increasing pressure early in one's career to "find a niche." Exposure to different patient populations, treatment philosophies, interdisciplinary collaboration and educational environments allows a niche to emerge organically rather than by force. A strong foundation clinically, academically and professionally should be broad, diverse and adaptable. In many cases, what we gravitate toward five or 10 years into practice looks very different from what initially attracted us. That evolution should be welcomed. A dynamic foundation creates space for curiosity, recalibration and growth without the pressure of early self-definition.

Professional development beyond metrics
In academic settings, promotion and tenure provide structure and milestones. However, they are not comprehensive measures of professional growth, particularly for clinical faculty. Clinical excellence, judgment and fulfillment require a parallel and intentional development plan that exists alongside institutional metrics.

Increasingly, this development includes the pursuit of micro-credentials and targeted skill sets. Short courses, certificates and focused training in areas such as digital dentistry, laser applications, clinical research methodology, teaching and assessment strategies, leadership or quality improvement allow clinicians to build competency without committing to traditional degree programs. These credentials are not pursued for titles but for function—addressing real gaps encountered in practice and education.

Thinking in terms of a five-year vision—not as a rigid roadmap but as a reflective exercise—can be invaluable. What skills do I want to refine? What types of cases do I want to manage confidently? Where do I want to contribute meaningfully? Micro-credentials and focused training can serve as steppingstones toward these goals, allowing professional growth to remain intentional and flexible. Professional organizations also play an important role in this space. The American Academy of Periodontology and the Academy of Osseointegration offer structured pathways through micro-credentials, early-career awards, leadership programs, and the AO Master and Diplomate certifications. These allow clinician-educators to formally advance clinical expertise, teaching skills and scholarly engagement while remaining grounded in active practice.

In parallel with clinical skill-building, scholarly engagement such as clinical research offers another essential pathway for professional growth. Clinical research presents a powerful bridge between academic and clinical practice. Beyond publications, it sharpens critical thinking, improves treatment planning and fosters lifelong inquiry. It encourages clinicians to ask better questions and to remain intellectually engaged with their work. This and other scholarly activities, such as presentations and their elements, do not compete with clinical productivity; they enrich it. Together, service, teaching and scholarship help ground professional identity in contribution rather than comparison.



Dr. Iya Humam Ghassib

Preparing for multiple career landscapes

Few careers today remain linear. Many clinicians move between academic roles, associateships and hybrid practice models over time. Building transferable skills, such as communication, leadership, ethical decision-making and adaptability, allows for greater confidence when navigating these transitions. Here again, targeted skill-building plays an important role.

This journey is not about ownership or titles alone. At its core, it is about service: serving patients, communities, students and the profession itself.

Allowing your role to mature with you

Perhaps the most important lesson in navigating dual clinical and academic roles is accepting that growth is iterative. You do not need to have everything defined early. Roles evolve because we evolve – through experience, reflection and continued engagement with the people and communities we serve.

Stepping into a position is an event. Growing into it is a process, shaped over time by intention, mentorship and service. Teaching, volunteering and community engagement provide perspective that is difficult to replicate elsewhere. They reconnect us with purpose, challenge us to articulate our knowledge clearly and honestly, and reinforce why we chose this profession. Scholarly activity, through research, writing or presentation, similarly allows us to contribute to collective progress while refining our own thinking.

For those just beginning this journey, the goal is not to define every outcome early but to build a strong and flexible foundation. Stay curious. Seek mentorship wisely. Allow space for your role and your definition of "success" to mature alongside you.

Teamwork Is Not Transactional: Patient-Centered Collaboration in Dentistry

By: Philip Melnick, DMD

Teamwork has become more critical to patient care than ever.

Decades ago, before the “information age” and the “knowledge economy,” dental care was hierarchical. Not because of some grand conspiracy, but because the science was less developed and current information was less readily available to dentists and patients. There were fewer meetings, journals and accessible continuing education courses. There was no internet, Google searches, PubMed or artificial intelligence. Consequently, there was a heavy reliance on specialists for treatment guidance, particularly in more complex cases.

However, more recently, advances in science and technology have enabled the rapid dissemination of information to clinicians and patients. Almost counterintuitively, rather than reducing patient contact, it has increased patient engagement and better met their individual needs. Technology provides for collaboration.

It has placed the patient at the center, not the treating clinicians – so-called “personalized medicine.”

Interestingly, at our first meeting with our department chair, Dr. **Gerald M. Kramer**, he paraphrased Sir **William Osler**: “The good physician treats the disease; the great physician treats the patient who has the disease.” He simply substituted “periodontist” for “physician.” Here we are, 40 years later.

Rather than a vertical, hierarchical arrangement, it is like spokes on a wheel, with the patient at the center as the hub – the essence of patient-centered care.



Dr. Philip Melnick

Many potential spokes to this wheel must interact seamlessly as a team to provide the best possible care for the patient. As one would expect, there are risks associated with ignoring teamwork.

How does teamwork within a dental office improve patient care?

Teamwork within a dental office plays a crucial role in improving patient care in several ways:

- 1 Comprehensive treatment planning:** Effective teamwork enables individual professionals to pool their expertise and develop the most appropriate, comprehensive and personalized patient treatment plans.
- 2 Improved communication:** Teamwork fosters open and effective communication among dental team members and ensures agreement on patient needs, treatment plans and progress.
- 3 Enhanced efficiency:** Each team member has specific roles and responsibilities, which allows for smoother coordination, prompt and efficient treatment, and attention to care while maximizing productivity.
- 4 Continuity of care:** Team members' knowledge of individual patients' histories, preferences and treatment plans enables a consistent, personalized approach to care across multiple visits, improving overall outcomes and patient satisfaction.
- 5 Patient education:** A well-functioning dental team can collectively contribute to patient education and oral health promotion.
- 6 Quality assurance:** By sharing knowledge, team members can maintain high standards of care.

Overall, teamwork within a dental office promotes effective communication, streamlined workflows and collaborative decision-making, ultimately leading to improved patient care, better treatment outcomes and higher patient satisfaction.

Teamwork Among Dental Specialists

Teamwork among dental specialists, which includes general dentistry, can improve treatment outcomes in several ways:



- 1 Enhanced expertise:** Each dental specialist brings a unique set of skills and knowledge to the team, enhancing the overall expertise of the group.
- 2 Comprehensive treatment planning:** Dental specialists working together, each from their own perspective, can evaluate and develop a comprehensive treatment plan that addresses all the patient's needs, ensuring well-coordinated treatment.
- 3 Improved efficiency:** When dental specialists work together, they can often complete complex treatments more efficiently than if each worked alone, focusing on their area of expertise and working in parallel with other members of the team.
- 4 Better communication:** Teamwork and communication among dental specialists are critical to the proper execution of treatment. Continuous communication with the patient is essential for understanding and for ensuring their comfort with the treatment plan and process.

Overall, teamwork among dental specialists can improve treatment outcomes by ensuring that patients receive comprehensive, coordinated and efficient care from a team of experts with a shared goal of achieving the best possible outcome.

The Risks of Lack of Communication

The lack of communication between treating dentists can pose several risks to the patient.

Here are some potential consequences:

- 1 Diagnostic errors:** Inadequate communication between treating dentists can lead to incomplete information transfer and inaccurate diagnoses and treatment plans, resulting in ineffective or unnecessary procedures.
- 2 Inconsistent treatment:** A lack of communication can lead to treatment-planning inconsistencies, conflicting recommendations, inefficient execution and compromised outcomes.
- 3 Duplicated treatments:** Without effective communication, dentists may unintentionally repeat diagnostic tests or treatments, which can be time-consuming, costly and inconvenient for the patient.
- 4 Patient dissatisfaction:** Uncoordinated care can result in confusion and frustration for the patient. This is particularly true of conflicting treatment plans or contradictory information, which can challenge the patient's trust and confidence in the dental team.

To mitigate these risks, dentists must establish effective lines of communication, share relevant patient information, collaborate on treatment plans and maintain open channels for discussion and updates. Proper communication protocols can help ensure a coordinated and cohesive approach to the patient's care.

Now, back to the title: **"Teamwork Is Not Transactional."**

I Gotta Be Me: The Art of Complementary Practice

By: Anya Rost, DMD, MSD



In the world of periodontics, there is a prevailing myth that clinical excellence alone guarantees a full schedule. We leave residency believing that if we can cut, suture and graft with precision, the referrals will simply materialize.

My reality check came early. Having been trained by a group of incredible educators who instilled in me a rigorous standard of care and strong clinical skills, I left residency confident in my hands, ready for whatever the periodontal life would throw at me. But I also possessed a sobering work ethic: I knew that in the real world, nothing would be handed to me on a silver platter.

This became evident during my job search. After sitting through several disturbing interviews with practices that seemed to prioritize profit margins over patient outcomes, I finally found my landing spot. I joined a practice led by a person who is world-renowned – well-published and well known, an excellent clinician and incredibly fast. In addition, practicing in the Boston area, or Massachusetts in general, there are more periodontists and oral surgeons than one can count.



Dr. Anya Rost

This presented a unique challenge: How do you build a personal brand not only when you are surrounded by lots of periodontists but when you are standing in the

shadow of a giant within the practice? How do you get referrals and avoid becoming merely the “overflow valve” for the senior partner?

I realized that trying to replicate his brand would be a mistake. He dominated the market on efficiency and quality. To succeed, I didn’t need to be faster; I needed to be different. I had to build a “brand within a brand.”

My first strategic pivot was tonal. My unique brand would be solace.

I identified a large demographic of patients – and referring doctors – who felt intimidated. I positioned myself as the easy-to-reach, empathetic alternative. I focused heavily on anxiety reduction and patient education, sitting knee-to-knee with patients to explain the “why” behind the procedure. I wasn’t slowing the practice down; I was capturing the patients who needed time to say “yes.”

I also expanded our clinical menu. While I have a deep passion for soft tissue grafting and complex cases, I also introduced procedures the practice wasn’t previously known for, such as surgically facilitated orthodontic therapy and MARPEs. This didn’t just differentiate me; it opened doors to additional referral sources.

However, clinical skills are useless if no one knows you have them. I had to do the legwork.

I noticed a gap in our local professional community. The “Old Guard” networks were strong, but they could be intimidating for younger associates or new practice owners. Instead of waiting for an invitation to the table, I built my own restaurant. I founded a local chapter of the Seattle Study Club and a Women Dentist Study Club.

AO's 2026 Distinguished Award Recipients Announced

The Academy of Osseointegration is proud to announce the recipients of the **2026 Distinguished Awards** have been selected and approved by AO's Board of Directors.

Four Distinguished Awards were recently established to honor individuals whose dedication, leadership and contributions have had a meaningful and lasting impact on Academy members.

Through these awards, the Academy recognizes AO members who exemplify a commitment to advancing knowledge, elevating standards of care and supporting the continued growth of the profession. Recipients of this year's Distinguished Awards include Drs. **Lyndon Cooper** - *Distinguished Educator*, **Hom-Lay Wang** - *Distinguished Researcher*, **Istvan Urban** - *Distinguished Speaker* and **Dennis Tarnow** - *Master Clinician*.

These awards are made possible through the generous support of our corporate partners including: **BioHorizons** (*Master Clinician*),



Dr. Lyndon Cooper



Dr. Hom-Lay Wang



Dr. Istvan Urban



Dr. Dennis Tarnow

HiOssen (*Distinguished Speaker*), **Nobel Biocare** (*Distinguished Research*) and **Straumann** (*Distinguished Educator*).

The Academy of Osseointegration congratulates this year's recipients and will formally recognize them at this year's **Award Ceremony** from 1:30 - 2:15 pm, Saturday, March 7th in Washington DC. We encourage all members to attend this event and support these individuals - along with numerous other colleagues who are being honored for their accomplishments.

Additional information on the Distinguished Awards, along with instructions on how to nominate a member who has made a lasting impression in your education, can be found at osseointegration.org/distinguished-awards-info. Members who nominated individuals for this year's awards are encouraged to nominate them again - or another member - for consideration in 2027.

I Gotta Be Me The Art of Complementary Practice... (continued from page 18)

These weren't just networking events; they were safe spaces for peers who, like me, were navigating the complexities of modern dentistry. By bonding with younger dentists and women dentists in the field, I wasn't poaching my partner's network; I was activating a dormant one.

Perhaps the most critical factor in my growth was shifting from a vendor mindset to a teammate mindset. I adopted a policy of "frictionless access." I told every referring doctor, "Don't worry about calling the front desk. Text me directly."

This accessibility allowed me to become a "safe harbor" for both complex referrals as well as complications. When a general dentist has a surgical mishap or a complication, they are terrified. I made it known that I would fix these issues without judgment. We are dealing with biology and human beings; mistakes happen. By rescuing these cases with kindness rather than scolding, I earned undying loyalty. Doctors don't just send me their headaches now; they send me their families.

Finally, I tweaked the administrative workflow to reinforce my identity as an educator. In my referral acknowledgment letters, I didn't only send text. I began including high-

quality clinical photos of the treatment - before, during and after.

This was a small touch, but it had a massive impact. It provided transparency to the referring GPs and allowed them to learn along with me. A routine piece of correspondence became a portfolio of competence.

Today, our practice has three doctors, each with a distinct personality and love for different procedures. If a patient doesn't mesh with one provider, they stay within the practice with another. We have achieved a true symbiosis.

The greatest compliment I receive isn't a check; it's a referral from an existing patient or a call from a dentist who has never worked with my partner but heard I was the right fit for a complex soft-tissue case.

Building an identity wasn't about shouting louder than the other guy. It was about listening to the quiet needs of the market - the need for empathy, for education and for a safe harbor - and answering them with excellence.

People appreciate providers who care, and that, ultimately, is the foundation of a lasting career.



3 Practical Ways AO Can Help You Become an Expert in Implant Dentistry

The Academy of Osseointegration brings together dental specialists and general dentists from around the world to advance implant dentistry through evidence-based science, emerging research and advanced clinical techniques. Whether you are looking to expand your skill set or pursue formal recognition, AO offers practical pathways to help you grow in this highly specialized field.

1. Take Advantage of AO Continuing Education Opportunities

AO provides a variety of continuing education options designed to meet clinicians where they are – professionally and geographically.

AO Annual Meeting

The AO Annual Meeting delivers a premier educational experience, bringing together leading researchers and clinicians to share the latest innovations, scientific discoveries and clinical techniques shaping the future of implant dentistry. Paired with AO's signature social events and strong networking opportunities, the meeting offers a unique environment to learn, connect and elevate your practice. This year's meeting offers up to 53.25 hours of continuing education credit.



Webinars

AO also makes world-class education accessible through live and on-demand webinars. AO members receive complimentary access to sessions led by respected key opinion leaders in implant dentistry. These interactive courses allow participants to engage with presenters in real time, ask questions and explore current clinical and scientific topics in depth.



Courses address a broad range of subjects, including surgical techniques, bone augmentation and prosthodontic advancements. Each webinar qualifies for ADA CERP credit, and recordings remain available for up to a year, allowing clinicians to learn at their own pace. The process is straightforward: watch the presentation, complete a short quiz and evaluation, and download your CE verification letter through AO's streamlined online platform. Earn up to one hour of CE credit for each course on average.

2. Train at AO Authorized Training Centers

For clinicians seeking comprehensive, hands-on education, AO Authorized Training Centers play a critical role in developing true expertise in implant dentistry. AO currently recognizes 12 approved training centers that meet strict academic and clinical standards.

These programs combine rigorous scientific foundations with advanced clinical training, ensuring participants understand not only how procedures are performed, but why they work. Each center meets or exceeds AO requirements for faculty, facilities, and academic support and prepares clinicians for the AO Master and Diplomate credentialing process.

"I believe AO Authorized Training Centers are essential to developing real expertise in implant dentistry," says **Joey Chen**, DDS, Director of Top Dental Education and Training Co. Ltd. in Shanghai, China. "They combine strong

scientific foundations with hands-on training and prepare clinicians to meet the high standards required for AO certification."

A list of AO Authorized Training Centers can be found at osseointegration.org/authorized-training-centers.

3. Pursue AO Master and Diplomate Certification

AO's credentialing program is designed to promote advanced education, elevate clinical standards and enhance patient care worldwide. The program awards AO master and diplomate certificates to clinicians who meet defined criteria for education, training and clinical experience.



"Becoming an AO Diplomate places you among a highly respected group of implant clinicians," says **Joan Otomo-Corgel**, DDS, MPH, an AO Diplomate. "It reflects advanced knowledge, clinical skill and a commitment to providing the highest level of patient care."

The Application Process

Applications for AO Master and Diplomate certification are accepted through the end of October. After the October deadline, complete applications are reviewed, and eligible candidates are invited to take an online examination. Those who pass are then invited to present clinical cases as part of an oral examination held in conjunction with AO's annual meeting.

General dentists and specialists who earned their specialty certificates outside of a North American (U.S. or Canada) authorized university are now required to earn their education for either certificate through one of the AO Authorized Training Centers prior to submitting their application.

Candidates must register for and attend the annual meeting to participate in the oral exam.

Maintaining Your Credentials

AO master and diplomate certificates are valid for six years. To renew, certificate holders must pay a \$250 recertification fee, complete 50 hours of implant dentistry CE credits during the renewal period and attend two AO Annual Meetings.

Through its continuing education offerings, Authorized Training Centers and credentialing programs, AO provides clear, practical pathways for clinicians committed to achieving excellence in implant dentistry.

The Art of Crafting a Tailored Retirement Strategy

By: Andrew Bishop, CFA, Director, Wealth Strategies Group and Sean Sullivan, CFA, Investment Strategist, Investment Strategy Group

Navigating the nuances of retirement planning requires more than just a cookie-cutter approach. Using outdated rules around spending or ignoring the potential in private markets are just a few of the common mistakes. By revisiting your allocation – and where you locate certain assets within your portfolio – you can craft a personalized strategy that maximizes opportunity and tax efficiency.

Consider Dave and Devin, two 60-year-olds who have enjoyed successful careers. Devin has recently retired, while Dave is planning to follow him in four years. They've amassed a liquid net worth of \$8 million, distributed across taxable assets (\$5 million), a traditional IRA (\$1.5 million), a Roth IRA (\$500,000) and a 401(k) split between traditional and Roth assets (\$1 million). As Dave approaches retirement, he wants to put the couple in the best position to maintain their \$180,000 lifestyle while minimizing investment risk and preserving their portfolio's real value over time.

Low-hanging Fruit

An avid saver, Dave always prioritized maximizing his retirement contributions before adding to his taxable accounts. Now, under the SECURE Act 2.0, two new provisions have come to the fore:

- **High-earner catch-up:** Starting in 2026, Dave, who earns more than \$145,000, must make any \$7,500 "catch-up" contribution as a Roth contribution. Since he already splits his contributions between traditional and Roth, this change won't really impact him.
- **Super catch-up:** This new provision allows individuals ages 60 to 63 to contribute an additional \$11,250 annually to their 401(k). This is a win-win for Dave, as it enables him to channel more funds into his Roth 401(k), instead of tucking additional savings outside his retirement plan.

Harmonizing Growth and Safety

Despite those early wins, the duo questioned whether their savings would be enough to meet their goals. To address this, we used our advanced modeling to evaluate the trade-off between assuming too much investment risk and maintaining their desired spending level over the next 30 years. Essentially, we assessed the probability of experiencing a 20% peak-to-trough loss against the risk of depleting their funds, considering various asset allocations ranging from 70% to 30% in stocks (Figure 1).

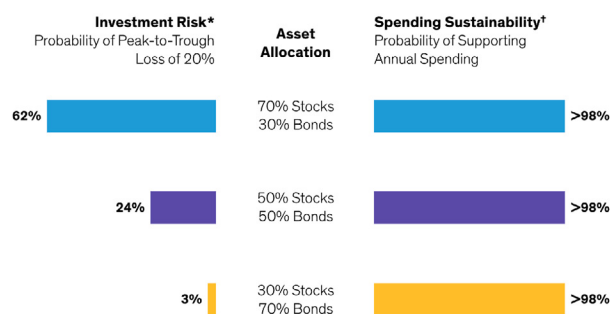
Upon seeing the results, Dave and Devin were pleased to find that any allocation they selected would carry a minimal risk of depleting their assets, which was their main concern. But their secondary goals – minimizing investment risk and maintaining real value over time – remained at odds. This realization led them to

reconsider whether their current aggressive investment strategy was necessary. To further explore this trade-off, we showed them projections of their portfolio's expected value 30 years down the line across various asset allocations (Figure 2).

Fortunately, our modeling revealed that Dave and Devin's real wealth would increase regardless of the chosen allocation. However, they found that a 50/50 portfolio struck the ideal balance between minimizing investment risk and achieving substantial growth in their portfolio's value after inflation. After thoughtful discussion, the pair opted for the 50/50 allocation.

FIGURE 1

Balancing Investment Risk Against Support for Spending

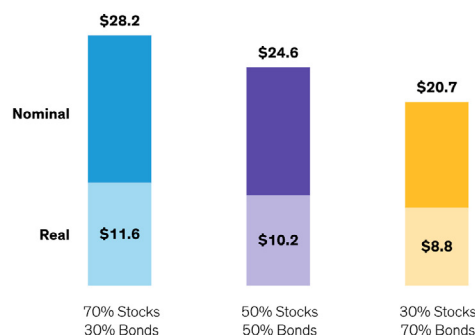


Data do not represent past performance and are not a promise of actual future results or a range of future results.
*Projections indicate the probability of a peak-to-trough decline in pretax, pre-cash-flow cumulative returns of 20% over the next 30 years. Because the Wealth Forecasting System uses annual capital-markets returns, the probability of peak-to-trough losses measured on a more frequent basis (such as daily or monthly) may be understated. The probabilities depicted above include an upward adjustment intended to account for the incidence of peak-to-trough losses that do not last an exact number of years.
†Probability of assets greater than \$0 assuming annual inflation-adjusted spending of \$180,000. Assumes Dave retires in four years and that Dave and Devin receive pre-tax Social Security benefits of \$40,300 and \$20,100, respectively, upon turning 67. Based on AB's estimates of the range of returns for the applicable capital markets over the periods analyzed as of December 31, 2024.

FIGURE 2

Regardless of Allocation, the Couple's Real Wealth Was Projected to Grow

Projected Wealth: Year 30
Median Outcome (USD Millions)*



Data do not represent past performance and are not a promise of actual future results or a range of future results.
Asset values represent the estimated market value; if the assets were liquidated, additional capital gains or losses may be realized that are not reflected here.
Based on AB's estimates of the range of returns for the applicable capital markets over the next 30 years as of December 31, 2024.

Private Assets: From Traditional to Transformative

Could Dave and Devin improve their results? While they'd traditionally stuck with publicly traded stocks and bonds, their Bernstein adviser suggested incorporating private assets into their mix. Would exposure to alternative investments boost their portfolio's potential?

Private assets, including private credit, real estate, hedge funds and private equity, offer unique return streams that are uncorrelated with traditional assets. When sized appropriately, the resulting portfolio tends to deliver enhanced risk-adjusted returns

through higher returns, lower risk or both. To help Dave and Devin, we ran an analysis comparing a 50/50 "traditional portfolio" without private investments to one with 15% ("Mix A") and another with 30% in these asset classes ("Mix B") (Figure 3).

Dave and Devin were surprised by the results. It was clear that incorporating private assets not only boosted their returns from 5.6% to either 6.2% or 6.6%, but also reduced long-term volatility from 9.3% to 8.7% or even 7.5%. The big trade-off? The illiquid nature of these asset classes. That said, they felt reassured knowing that 70% of their portfolio remained highly liquid, with only 30% being somewhat illiquid.

Location Matters

While the results were compelling, Dave and Devin faced the challenge of implementing their plan, knowing that 30% would be allocated to private assets – some of which are more tax-inefficient than others. They had three

investment buckets to consider: taxable assets, their IRA and their Roth IRA.

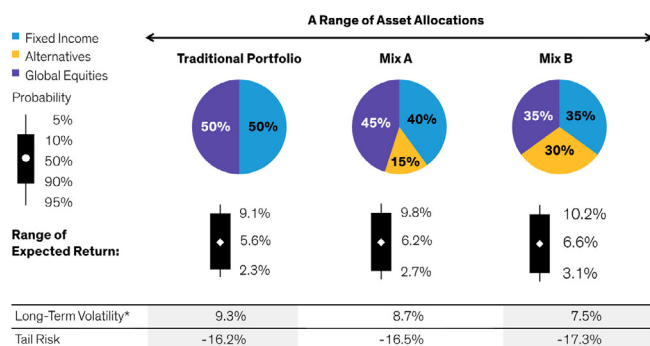
Additionally, since Dave is over 59½ and his plan permits it, he could perform an in-service rollover,[i] transferring his 401(k) into his IRA and Roth IRA to increase the assets available in retirement accounts for private investments. Our general guidance is to strategically place the more tax-efficient alternatives, like real estate and private equity, in taxable accounts. Then, the more liquid but tax-inefficient investments, like hedge funds, can be earmarked for an IRA to ensure cash availability for required minimum distributions. Finally, the most tax-inefficient illiquid alternatives, like private credit, are ideal for a Roth IRA. This approach aims to optimize their portfolio's tax efficiency while accommodating their liquidity needs.

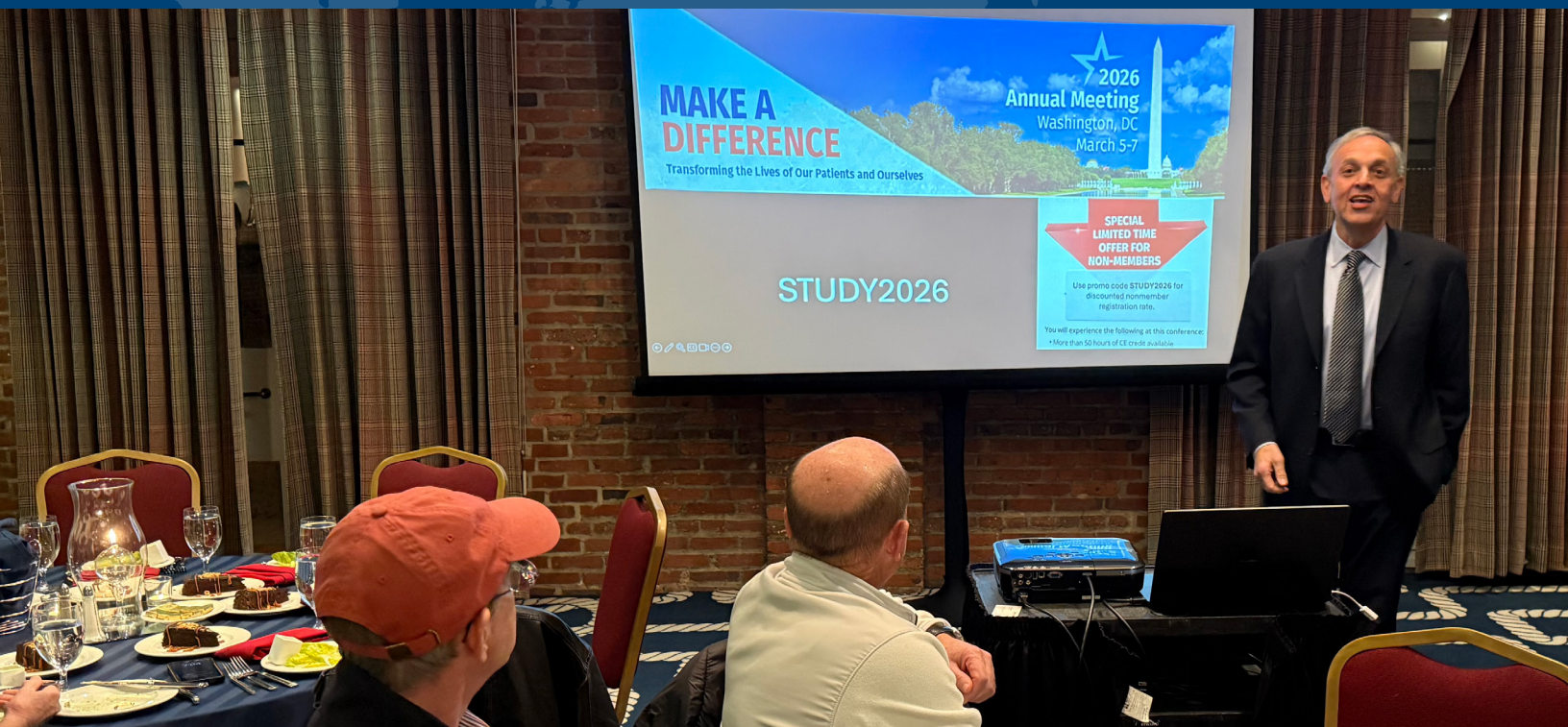
Dave and Devin liked the plan, especially since they had IRA and Roth IRA assets available to accommodate the more tax-inefficient alternatives. But what if they lacked retirement accounts or their accounts weren't substantial enough for such investments? Fortunately, there are insurance vehicles, like private placement life insurance and private placement variable annuities, that can be used to shelter tax-inefficient investments, offering a strategic solution to those in need of additional options.

For Dave and Devin, choosing the right allocation is crucial, especially in today's dynamic environment where one-size-fits-all solutions simply don't exist. Ideally, investors should aim for an allocation that not only provides enough growth to meet their spending goals but also aligns with their comfort level when it comes to risk. But selecting the right mix is only half the battle. Implementing it effectively is equally important, factoring in taxes and liquidity needs.

FIGURE 3

Adding Private Investments Enhanced Outcomes Overall





AO Reaches General Practitioners Through Study Clubs

As part of its ongoing outreach efforts, the Academy of Osseointegration (AO) continues to engage clinicians through both academic and professional channels. One recent example took place at the Chesapeake Implant Study Club in Annapolis, Maryland, where Dr. **Mehrdad Favagehi** spoke during a regularly scheduled meeting and represented AO.

While the presentation was not part of an official AO event, it provided an opportunity to share information about the upcoming AO Annual Meeting and to connect directly with study club members. This type of engagement reflects a broader AO outreach strategy aimed at increasing awareness of the organization and encouraging participation in its educational programs.

AO's outreach efforts include long-standing university outreach programs led by the Membership Committee. These initiatives focus on engaging students and residents at academic institutions and have been covered in previous newsletter issues. In addition to these programs, AO has developed a separate outreach effort focused on practicing clinicians through the General Practitioner Task Force.

The GP Task Force, chaired by Dr. **Douglass Domplowski**, has concentrated on outreach to implant-focused study clubs throughout the Northeast region. This initiative is designed to promote participation in the AO Annual Meeting by connecting with general practitioners in established professional learning environments.

As part of this outreach, AO has engaged with several regional study clubs and educational programs in the past year, including the Delaware Valley Academy of Osseointegration Study Club in Philadelphia, the Midwest Implant Institute in Columbus, Ohio, the VCU Implant Symposium in Richmond, Virginia, and the forementioned Chesapeake Implant Study Club in Annapolis, MD.

Together, AO's university outreach programs and the GP Task Force study club initiative reflect complementary approaches to professional engagement.



How the DVAO Became One of the Nation's Earliest Implant Study Clubs

By: Wendy Halpern Rosen, DMD

Editor's Note: The Delaware Valley Academy of Osseointegration (DVAO) is a prestigious implant study club allied with the Academy of Osseointegration.

Around April 1990, Dr. **Leonard Abrams** gathered a dedicated group of dentists at the Albert Einstein Medical Center in Philadelphia and created an organization committed to the rapidly emerging discipline of implant dentistry. Key players were Drs. **I. Stephen Brown, Joseph Gian-Grasso, Andrew Halbert, Emmanuel Tress, Richard Schulman** and **Robert Summers**. His goals were clear: to form a multispecialty group of periodontists, oral surgeons, prosthodontists, general dentists and residents who could learn from each other by fostering a free exchange of ideas in an open, collegial environment. The DVAO was the first study club of its kind dedicated to the study of dental implant osseointegration.

Dr. I. Stephen Brown told me the story of when he and Dr. Abrams were traveling back from a weeklong course given by Dr. **Ulf Lekholm** in Toronto, Canada, on the Branemark implant protocol. Dr. Abrams wanted to create a dedicated implant center at the Albert Einstein Medical Center Dental Department. This small group of clinicians joined together and formed the nucleus of what would become the DVAO. The idea was not to build a large national body, but a focused, local community where serious clinicians could learn, share cases and grow together. An important stipulation to be a member of the DVAO was also to be a member of AO. Dr. Brown reminisced and fondly told me he placed the very first cylindrical implant at Einstein and has the photo to prove it.

As the program grew and attracted more members, the group went from dining on Philadelphia hoagies to larger venues and more formal dinners. The group became structured, offering all-day meetings and multiple evening meetings every year. A special, unique addition to the program was an evening with resident presentations from surrounding programs, including the Einstein GPR, University of Pennsylvania periodontics and perio/prosthodontics programs, Temple University periodontics and prosthodontics programs, among others.



Dr. **Andy Halbert** spoke to me about his involvement in the DVAO and how he enjoyed all aspects. He remembered the very first formal meeting outside the Albert Einstein Medical Center. Dr. Halbert reminisced that there were six speakers, an amazing venue and that the meeting was incredible. He also specifically mentioned how future speakers were rigorously researched and vetted, and the executive board then voted; however, Dr. Abrams always had the final say.

Dr. Leonard Abrams was a special person known for his kindness, integrity and love for dentistry and education. I did not know him personally; however, I can feel his presence through the DVAO. His vision for a local, collegial, nonjudgmental environment to share ideas evolved into one of the country's earliest and most influential implant study clubs, capable of attracting world-class educators to Philadelphia.

Oh, and food is a weapon ... and yawning is contagious!

This year, in honor of Dr. Abrams, the DVAO has created the Dr. Leonard Abrams DVAO Resident Presentation Gift of Appreciation. This will be given to all residents who present at the Resident Presentation Evening every year in February.



Academy News Now Arriving in Your Inbox

The Academy of Osseointegration is excited to announce that the latest issue of *Academy News*, our quarterly member newsletter, is on its way to your inbox. While Issue 1 has been printed exclusively for the AO 2026 Annual Meeting, you can also read it digitally on your computer or smartphone through the link we'll send via email.

Accessing Your Newsletter

Academy News is delivered directly to the email address associated with your membership. You'll also find current and archived issues available on the AO website, accessible anytime from your desktop or smartphone. This flexibility means you can catch up on *Academy News* wherever you are, whenever it's convenient.

Don't Miss Out

If you've previously marked emails from the Academy as spam or opted out of communications, now is the time to update your preferences. To ensure you receive *Academy News* and other important updates, please check both your email account's spam settings and your member profile on the AO website.

Missing these newsletters means missing out on valuable professional resources, networking opportunities and the latest advances in osseointegration research and practice.

To update your communication preferences, log in to your member account at the Academy website or contact the member services team for assistance.

Stay informed. Stay connected. Watch your inbox for *Academy News*.

What's Inside Academy News

This valuable resource keeps you connected to the latest developments in osseointegration, highlights member achievements and provides essential updates about Academy programs and initiatives. Whether you're looking for continuing education opportunities, research breakthroughs or news from your fellow members, *Academy News* delivers the information you need to stay at the forefront of your field.



2026 Osseointegration Foundation Student Travel Grant Recipients

Forty OF Student Travel Grants were awarded to the highest-scoring Oral Research and ePoster submissions, as determined by their respective committees. Congratulations to the recipients.

Hussain Aljubran	Wenwen Liu
Abdusalam Alrmali	Haipei Luan
Tiago Guimaraes Araujo	Diandra Luz
Charles Banh	Martha Dayanna Acosta Molina
Sahar Baniameri	Yuki Nakamura
Shalom Benzaquen	Chehak Nayyar
Amanda Beatriz Rodriguez Betancourt	Layla Nemat
Qasim Omer Butt	Saravanan Sampooram Pape
Jen Chen	Jessica Poon
Khalila Cheque Cotrim	Hamoun Sabri
Nathália Dantas Duarte	David Seiler
Oumaima Finnaoui	Jinlong Shao
Pablo Galindo-Fernandez	Sarvagya Sharma
Liza Harutyunyan	Samin Sirous
Khushboo Kalani	Negin Soghli
Aminollah Khormali	Yumna Subhani
Kubra Kundak	Chen Lin Tsai
Nursima Lacin	Elaheh Vahab
Adrian Lara	Riccardo Federico Visconti
Yun Lee	
Pin-Ying Li	

The Osseointegration Foundation (OF), the philanthropic arm of the Academy of Osseointegration, is proud to continue its Student Travel Grant Program. Forty \$1,000 grants were awarded to recipients of the top-scoring Oral Research and ePoster abstracts submitted for the 2026 AO Annual Meeting. The grants will support travel expenses related to attending the meeting, March 5-7, 2026, in Washington, DC.

Academy News: The Best is Yet to Come

By: AO Fellow Mehrdad Favagehi, DDS, MS; Academy News Editor

My term as editor of our newsletter has concluded. Starting with the upcoming issue, Dr. **Paul Fugazzotto**, a regular contributor to *Academy News*, will assume the role of editor in chief of *Academy News*.

Dr. Fugazzotto is a highly esteemed leader in implant dentistry. He is also a remarkable human being with extensive experience as an author, researcher, clinician and teacher. His wisdom and inspiring sense of humor are truly captivating. Notably, Dr. Fugazzotto is the chair of the 2026 AO Annual Meeting Program Committee, whose theme revolves around the transformative impact of implant dentistry on our lives and the lives of our patients.

Our goal in *Academy News* is to promote dialogue about issues important to the dental implant community. During my tenure, I was proud to see *Academy News* mentioned on the main podium of several AO Annual Meetings, on podcasts and across AO social media channels. You may recall Dr. **Michael Norton**'s keynote address at the opening session of last year's annual meeting, where he distributed reprints of his *Academy News* article titled "Confirmation Bias," or several other presentations that showcased our article series on implant design from the main podium of AO Annual Meetings.

We published a popular article series about implant design by leaders in implant dentistry such as Drs. **Daniel Buser**, **Dennis Tarnow**, **David Cochran** and **Gerald Niznick**. We also delved into the groundbreaking research and theories of osseointegration pioneered by Drs. **Ole T. Jensen**, **Tomas Albrektsson** and **Paul Fugazzotto**.

My favorite article series commenced with a point-counterpoint debate on the philosophy of bone loss around implants. Dr. **Tomas Linkevicius**, the proponent of the Zero Bone Loss Concept, was portrayed as the "Idealist," while Dr. **Philippe Khayat**, the "Realist," presented the role of various implant surfaces in preserving bone around implants. Dr. Khayat, a regular contributor and editorial consultant, went on to publish an impressive series of science-based articles on implant surface types and peri-implantitis treatment. These articles included controversial topics such as implantoplasty and re-osseointegration.

During my tenure, we continued the emphasis on enhanced graphic design for *Academy News*, which began with our previous editor, Dr. **Harriet McGraw**, as we expanded the

number of pages to provide more in-depth coverage and made the newsletter digital for easier access.

We published articles about the prominent leaders and legends of implant dentistry. For instance, in articles by Drs. **Tomas Albrektsson**, **Ed Sevetz**, **Thomas Balshi** and others, we not only covered the work of Dr. **Brånemark**, the father of modern dental implants, but also delved into his character and passion. We interviewed his students to shed light on the man, the teacher and the clinician who was **P-I Brånemark**. Similarly, in this issue, we invited past AO President Dr. **Amerian Sones** to write about Dr. **Peter Moy**, a student of Dr. Brånemark and the recipient of the 2026 Nobel Biocare Brånemark Osseointegration Award. Understanding the leaders in our profession and their remarkable careers allows us to appreciate them even more and, in the process, gain deeper insights into our field.

Dr. **Myron Nevins**, a prominent leader of our academy and a highly respected authority in implant dentistry, passed away Dec. 24, 2025. His career in periodontics and implant dentistry was exemplary, exemplified by his leadership as a researcher, clinician and teacher. To honor his memory, we reached out to two of his esteemed students, Dr. **Paul Fugazzotto** and Dr. **David Kim**, to share their valuable insights and experiences with Dr. Nevins.

My inaugural editorial as editor of *Academy News*, published in the March 2020 issue, came during a challenging time. I wrote about the unprecedented cancellation of the AO Annual Meeting due to the COVID-19 pandemic. With the rise of Zoomodontics and the proliferation of corporate-sponsored, infomercial-style free webinars, many believed the era of in-person meetings and organizations like AO had come to an end. However, AO rose to the occasion. Our academy has emerged stronger than ever, introducing numerous new programs and membership benefits and solidifying its position as the world's premier dental implant organization. Stay tuned to *Academy News* as we eagerly anticipate what the future holds under the leadership of Dr. **Paul Fugazzotto**. Serving as the *Academy News* editor has been a transformative experience, and I extend my deepest gratitude to everyone who supported me in this endeavor.



Dr. Mehrdad Favagehi



Connect with the Academy of Osseointegration



COMMUNICATE • ENGAGE • EDUCATE

Follow us and join the conversation.



Instagram



Facebook



LinkedIn



YouTube