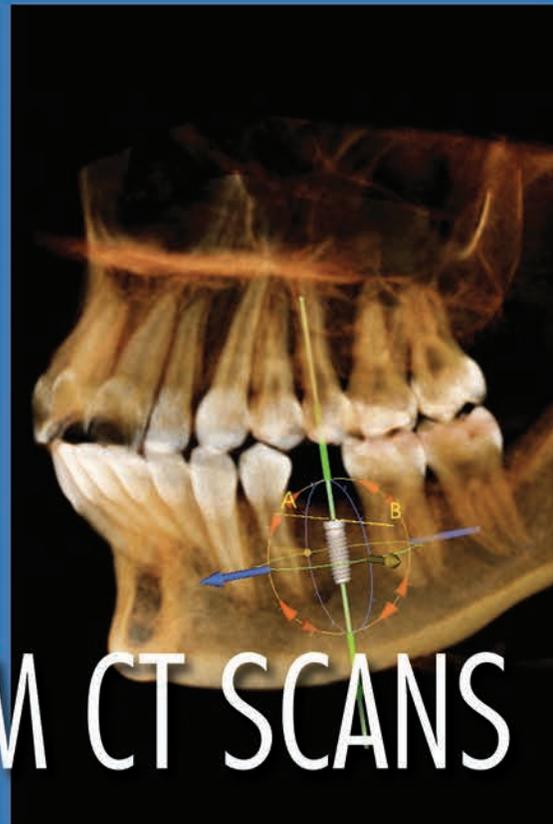
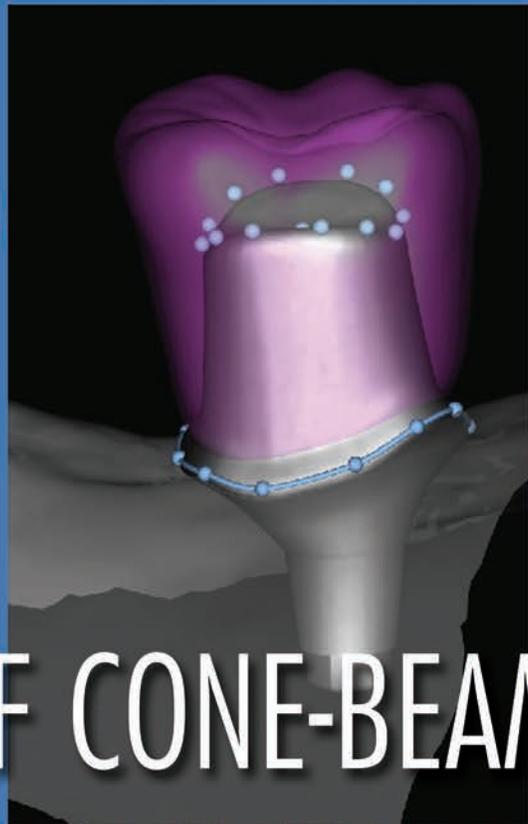
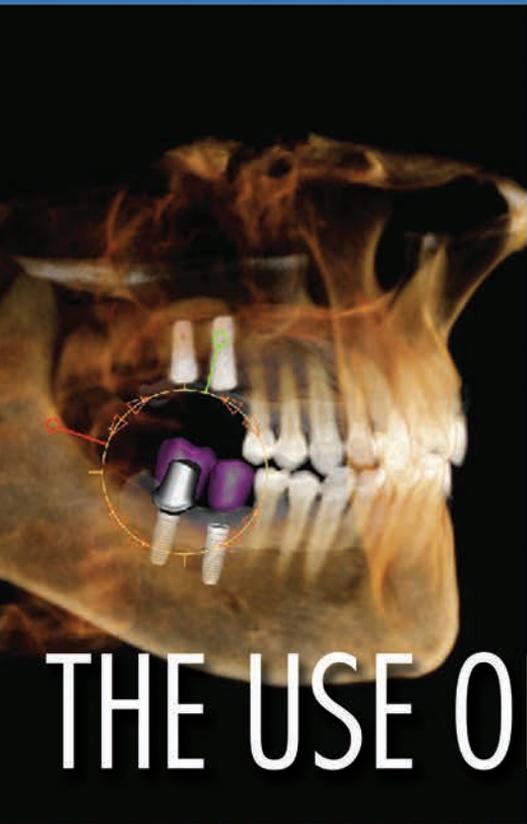
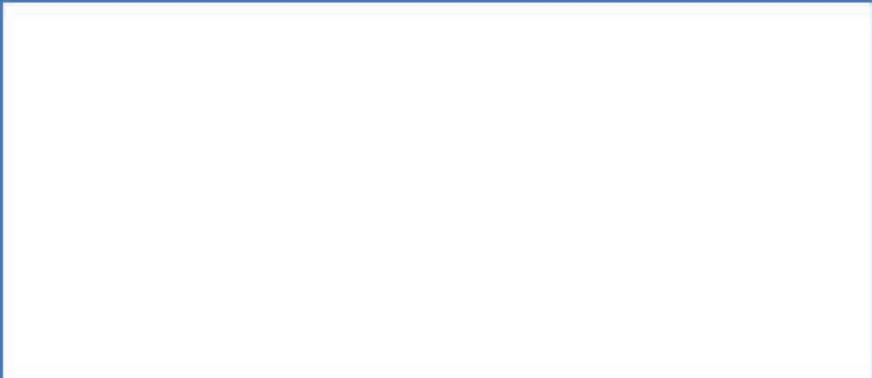


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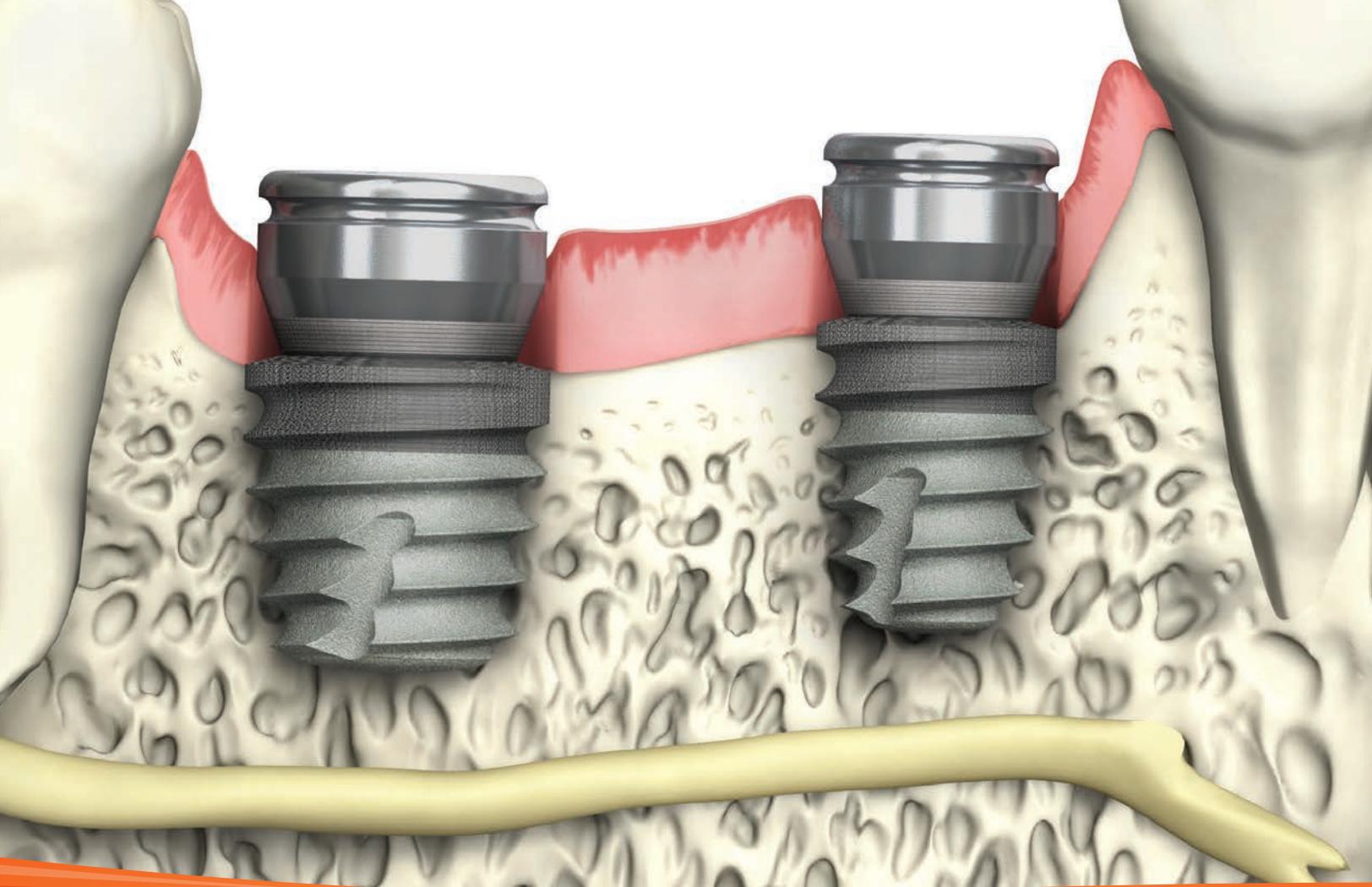
THE USE OF CONE-BEAM CT SCANS IN IMPLANT DENTISTRY:

Do the Benefits Outweigh the Risks?



INSIDE

- Implants Are a Brand
- Expert for the Plaintiff:
To Be or Not to Be?
- Monocytic Responses to Titanium
and Susceptibility to Peri-implantitis



confidence in compromised sites

Tapered Short Implants

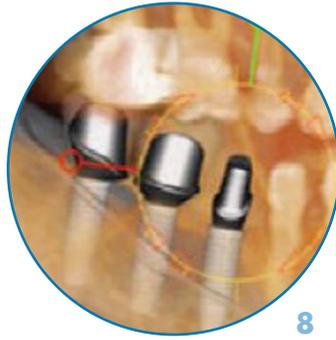
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James E. Ference,
DMD, MBA, FAAID, DABOI/ID
Editor, AAID News

EDITOR'S NOTEBOOK

Being a Perfect Dentist

Well, with a nod toward reality, let's pull back a bit and admit that perfection may be out of reach for mortals, so let's call this "being an excellent dentist."

I suspect that most top-performing dentists could have done well in a wide range of other jobs or professions if they had chosen a different career path. I know this because they have to master so many proficiencies to achieve excellence in this field.

Many in our profession remember the chalk carving part of the dental application exam as a test of dexterity and one's ability to work in three dimensions. The connection to real-life dentistry is obvious, as without such basic skills the clinical part of our profession is just not a good option.

Beyond the manual skills of a swiss watchmaker, the excellent dentist has to have the people skills of a psychologist, for he or she will be dealing with individuals of all stripes who are generally making a visit that they will find to be somewhere between slightly and extremely stressful. The dentist will be patient and respectful, even when he or she, too, is stressed by the sometimes difficult circumstances related to running a practice.

Having a medical bearing goes without saying, as displaying a good "bedside

manner," the dentist can reassure a patient at the most important times—even when a prognosis is less than welcome or a treatment becomes challenging. All the medical improvements we witness daily have translated into more people who are living on the "edge"—functioning but quite fragile. Keeping abreast of changes in the world of pharmaceuticals is essential. We may be able to consult the PDR, but we have to master the ever-changing basics to be able to function in this increasingly complex phase of patient treatment.

The esthetic challenges that patients sometimes encounter through dental problems can be at least a cousin to the stress of a difficult medical diagnosis. The patient's self-esteem and ability to confront the world frequently hinges on their "good" looks, which are largely affected by their mouth and teeth. If you underappreciate that reality, find a copy of "Psycho-Cybernetics" by plastic surgeon Maxwell Maltz. In it, he describes the effects self-image has on one's psychological well-being. If the dentist has the eye for esthetics and skills of an artist, he or she can perform creative changes that turn mediocrity into beauty.

Did I mention the part of dentistry dependent on one's engineering skills? It is truly amazing that nature could design parts capable of meeting the demands that we

place on the first part of the digestive and respiratory systems. For whatever reason, the stresses of modern life frequently take a toll on the mouth and teeth with factors ranging from acid reflux to bruxism. Thirty or forty years of that type of challenge would destroy most of the parts designed for a fighter jet. But we work with parts and pieces trying to make up for the deficiencies of those designed by Mother Nature. Having the instincts of an engineer helps.

By the way, in implant dentistry you can about double all the skill requirements mentioned above.

We haven't mentioned business owner yet, but there is that aspect too. Lacking that skillset can "sink the ship." And did I mention the challenges of dealing with insurance companies? That part of our dental lives requires the tranquility of a Buddhist monk deep in meditation.

When you go to the AAID Annual Conference in Las Vegas this October, you will be surrounded by more than a thousand other dental experts, many of whom have extraordinary and diverse talents within and outside the profession of implant dentistry. Be bold about establishing new friendships and you will go back home with a renewed sense of appreciation for the caliber of people that we call colleagues.



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Natalie Wong,
DDS, FAAID, DABOI/ID
AAID President

PRESIDENT'S MESSAGE

The AAID: Guardians of the Dental Galaxy

As implant dentists, we are focused on advocating for and helping many different groups of people: our patients, our office team, our families, and more. As an organization, the AAID is committed to holding the torch for dental professionals, by providing the best dental implant education, setting a high standard with our credentialing programs, while serving as the gatekeepers of fairness.

Recently, our friends and colleagues in Dental Anesthesia have earned specialty recognition by the American Dental Association National Commission on Recognition of Dental Specialties and Certifying Boards (ADA NCRDSCB), becoming the tenth specialty to be recognized by the ADA. They are also the **FIRST** specialty to be recognized by BOTH the ADA and the American Board of Dental Specialties (ABDS)! Congratulations for your well-deserved recognition.

The ABDS was founded in 2010 from a vision that was sparked by leaders of the AAID, Dental Anesthesia, and included Oral Medicine and Orofacial Pain. The ABDS's mission still is to encourage further development of the profession of dentistry

through independent recognition of specialty certifying boards, improve the quality of care, and ultimately protect the public. The ABDS was created and predicated on the principle that an organization, independent of any trade association or self-interest group, is required for the objective evaluation and determination of specialty areas in dentistry. Accordingly, the organization's objective is to provide a fair, equitable, and evidence-based process for evaluating and recognizing dental certifying boards, their certification requirements, and their respective areas of practice as specialty areas in dentistry to allow an impartial mechanism for state regulators to recognize dental specialists.

The ABDS is a fair and unbiased approving body, as well as being recognized by state-level dental boards—currently 11 state dental boards recognize the ABDS as a specialty-approving organization! These court battles continue throughout the country, strategically planned, and carefully executed by the AAID. In fact, the creation of the NCRDSCB by the ADA was sparked by our wins! The AAID continues to guard and champion the proper recognition for all of us in dentistry.

Looking Toward the Future

We are working on an exciting endeavour that will bolster our efforts in being the go-to-resource in implant dentistry. At our meeting in February, the Board of Trustees approved a proposal for an Education Summit, which will bring together existing program directors of national and international university-based programs in implant dentistry with the purpose of understanding, comparing, and establishing educational guidelines for advanced education programs in implant dentistry. Having implant education leaders from around the world collaborating, creating, and then returning home to adopt and implement a standardized curriculum would be an incredible step for the profession and ultimately the public. And for our AAID to be the leader of this forward thinking initiative is awesome.

We are the Guardians of the Dental Galaxy, we have paved the path for ourselves and our colleagues in all of dentistry, and we continue to champion forward. It is time to stand up and be proud of our accomplishments. We are the specialty of implant dentistry, recognized by the ABDS.



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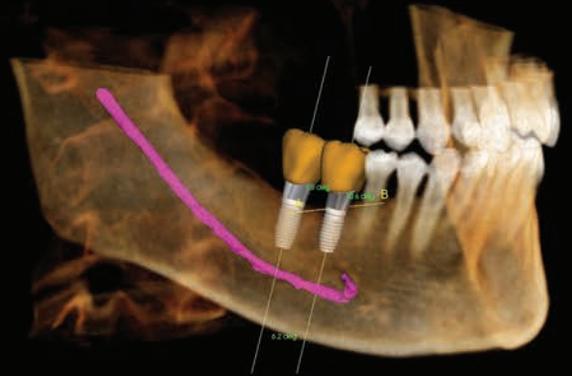
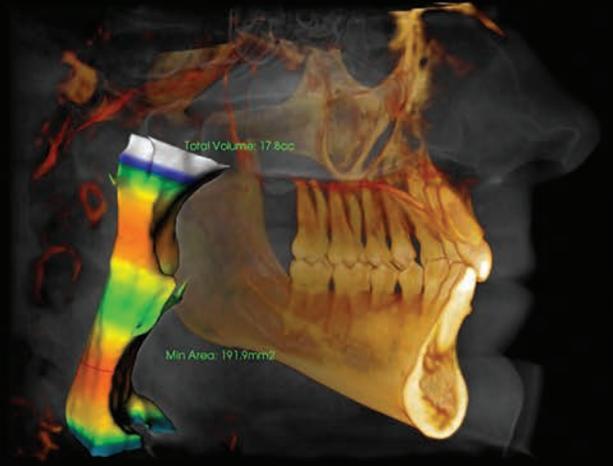
Dr. Louie Al-Faraje
Clinical Director,
California Implant Institute

A highly experienced clinician, educator, and innovator, Dr. Al-Faraje is continually advancing the protocols for oral implantology surgical treatments. His California Implant Institute in San Diego, CA, utilizes today's most innovative and effective clinical solutions to create and maintain optimal oral health using dental implants and bone grafting procedures. He is the author of 4 Quintessence implant textbooks. Information about additional faculty members is available on our website.



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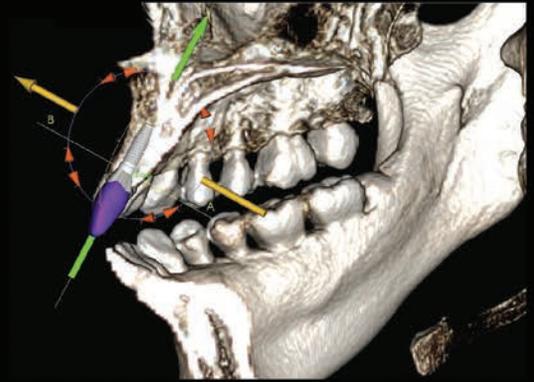
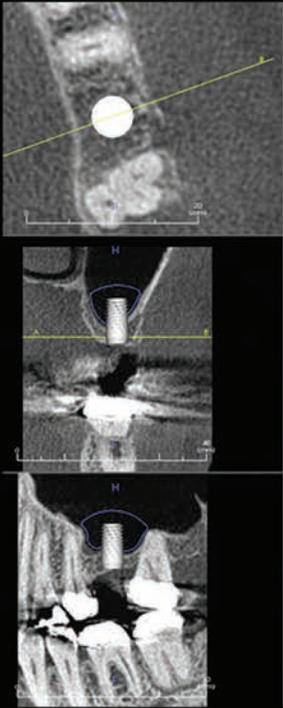


The Use of Cone-beam CT Scans
in Implant Dentistry:

Do the Benefits Outweigh the Risks?

By Bonnie Litch

Photos courtesy of **KAVO** **Kerr**



There is no question that cone-beam computed tomography (CBCT) has become a critical tool in implant dentistry. Proponents believe that CBCT provides for an accurate 3D evaluation of bone in the implant site more reliable than 2D techniques as periapical radiographs or panoramic images. While dentists can appreciate the value this technology brings to the clinical situation, the question often arises as to whether increased radiation exposure of CBCT versus the other approaches should be a concern. To explore this topic more thoroughly, we discussed CBCT and its risks/benefits with three experts in the field.

The Importance of CBCT to Implant Dentistry

“I believe that CBCT scans for implant dentistry represent the current ‘gold standard’ for imaging an area prior to implant placement,” states John W. Preece, DDS, MS, Professor Emeritus, Dental School, University of Texas Health Science Center in San Antonio, TX. Dr. Preece currently serves as a consulting radiologist for 3DDX, writing 250 to 300 reports/month for clients, all based on CBCT.

Manon Paquette, DMD, MSc Diag, who is a consultant in oral and maxillofacial radiology and former division head of the department of dental diagnostic imaging at the University of Montreal, agrees, saying that “CT is a great tool in implant dentistry, allowing for cross-sectional imaging of implant sites. To avoid surgical complications, dentists must have full knowledge of bone anatomy, bone quality and related anatomical structures so that any osseous defects or bone volume deficiencies can be corrected before implant placement.

As well, cone-beam CT offers the identification of anatomical variations and the extent of pathologies needed prior to surgical implant planning.”

The Risks Associated with CBCT

Despite the fact that CBCT can “provide information not attainable with conventional two-dimensional dental radiographic images, the technology does not come without some risk,” notes Werner Shintaku, Associate Professor and Director of Imaging Sciences at the College of Dentistry of the University of Tennessee and a Diplomate of the American Board of Oral and Maxillofacial Radiology. Dr. Shintaku cautions that without proper training and supervision, the risk of misuse is always present such as the incorrect selection of imaging protocols causing exposure of unnecessary structures or re-scans due to wrong positioning or movement of the patient during imaging acquisition.

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Dr. Paquette recognizes these concerns, stating, “Cone-beam CT technology uses ionizing radiation for diagnostic purposes and diagnostic radiation doses such as those used in dentistry place the patient at risk for stochastic effects. Stochastic effects such as cancer and genetic malformations or mutations, are those effects that result from damage to the DNA and follows a linear non-threshold model. These effects may occur over time and are highly age- and gender-dependent at time of exposure.” But Dr. Paquette feels that this risk is minimal. Noting that humans are exposed to a small amount of radiation in daily life, she considers the risk of cancer induction from CBCT to be very slight—approximately 1:10,000 for low doses, which are defined as less than 100 millisieverts (mSv). Given that, in dentistry, effective doses measured are in the micro-Sievert (μ Sv) range (1,000 times less); this exposure places them at the bottom of the low dose category. Therefore, cancer

induction for dental X-rays is negligible and can be reduced with proper precautions, such as a lead apron and a thyroid collar. (See Box #1)

Dr. Preece also states that the radiobiological risks to the patient are minimal. “Certain ‘professionals’ utilize the ‘Linear non-threshold’ (LNT) model to extrapolate dental radiation risk from very high doses to the very low doses associated with any dental radiographic procedure, including CBCT imaging. Using this methodology permits these experts to estimate a number of ‘phantom’ cancer deaths for a given unit of dose [phantom cancers are those that are estimated mathematically, but cannot be demonstrated epidemiologically]. The LNT model has been used for more than 50 years; unfortunately, the model fails to incorporate or chooses to ignore relevant increases in our understanding of basic principles of radiation biology and health physics over the past 40+ years.”

For example, Dr. Preece notes that it doesn’t account for hormesis (the beneficial effect of small doses of toxic substances—like X-rays—that have a beneficial effect on the organism by stimulating immunosurveillance) and DNA repair processes. Echoing Dr. Paquette’s comment on our daily exposure, Dr. Preece also points out “the LNT doesn’t take into consideration that every hour our bodies receive at least 215,537,000 radiations from our environment and there are more than 8,000 spontaneous DNA lesions in each cell/hour—all of which are repaired; that’s 70,000,000 spontaneous DNA events per year.”

Are the Risks Overstated?

“I don’t think it is a question of over or understatement,” says Dr. Paquette. “Guidelines and position statements are elaborated to protect the public as well as anyone exposed to radiation in the workplace. The information about the effect of ionizing radiation from CBCT (and as a matter of fact for any other imaging modality using ionizing radiation) has been well-discussed in many scientific publications and books. Therefore, selection criteria should be established in dental offices for proper identification of patients needing a scan and therefore proper use of CBCT. Each scan should be justified after complete thorough evaluation of the patient. Radiation exposure should be minimized and the risks and the benefits should have been weighted prior to decide to take a scan.” Dr. Preece feels that the literature tends to skew the discussion of diagnostic radiation toward the risks from any dental radiographic procedure versus the benefit side of the equation. According to him, the benefits far outweigh any potential harmful effects. Dr. Shintaku advises practitioners to stay educated on the topic.

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BOX #1: What is the method of calculating received radiation from various machines?

“Radiation doses to the patient from any radiographic exam are reported as the effective dose which is the absorbed dose in an organ or many organs weighted for the type of ionizing radiation used and the sensitivity of the organ. Effective dose is used to estimate the risk in humans and is measured in microSieverts (μ Sv).

These doses vary widely according to the machine, the selected parameters used such as the field of view (FOV), the resolution (voxel size) and the size of the patient. All will influence the exposure time, the mA and the kVP.”

—Manon Paquette, DMD, MSc Diag

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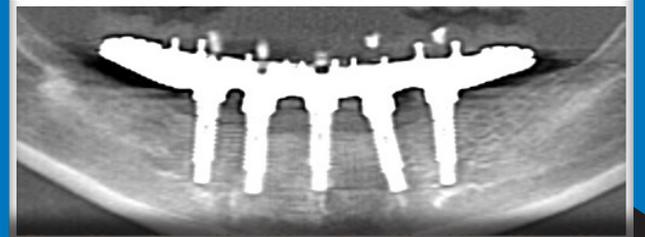
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*Hoganson DM, Owens GE, O'Doherty EM, Bowley CM, Goldman SM, Harilal DO, Neville CM, Kronengold RT, Vacanti JP. Preserved extracellular matrix components and retained biological activity in decellularized porcine mesothelium. Biomaterials. 2010, 27: 6934-6940.



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Cover Story

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While there is a clear benefit to more information, radiation risks should be understood and appreciated and weighed with respect for the effects on the patient. There has been some question as to the value of multiple CBCT scans per patient—taken to evaluate pre-op, post-op and longer post-op circumstances. All three experts are in agreement that there is considerable benefit to the pre-op usage of this technology; post-op usage should be carefully considered to determine its increased usefulness. As Shintaku indicates, “placed implants generate imaging artifacts and two-dimensional images (periapical radiographs) are able to provide the necessary information about implant integration with much less radiation to the patient.” However, Dr. Preece notes that its further usage should not be ruled out, stating, “It is the dentist’s professional obligation

to determine the need for every diagnostic procedure and to be able to justify it. If the patient demonstrates clinical symptoms—sinus problem or numbness after mandibular implant placement—a second post placement radiograph would be merited.” But he feels that even in this scenario, conventional intraoral radiograph might render the necessary information with lower exposure of patients to radiation.

Should We Be Concerned?

Clearly, there is a benefit to more information. The radiation risks should be understood, appreciated and weighed in respect of the effects on the patient. The experts also caution practitioners to be upfront with patients on this topic—any “spin” given by manufacturers to diminish the potential risk of radiation should be tempered. But any

adverse risks from its usage is very low and is negligible when compared to its benefits. Dr. Preece, for one, is not concerned. “One of the first things I learned in dental school, was dentistry’s motto of ‘Do No Harm,’” states Dr. Preece. “Dentistry has been radiographing patients for diagnostic purposes since 1896 or 123 years without documented radiation-induced death associated with diagnostic radiographic purposes, and the doses we are using today are way smaller than those used in the early days.”

AAID News would like to thank Mirta Sadrameli, DMD, MS, an oral maxillofacial radiologist, for her technical guidance on this article.

Bonnie Litch is a freelance writer in Northbrook, IL.

BOX #2: Preece’s Principles for CBCT Usage:

1. Proper training and improved diagnostic skill-set development for the dentist in evaluating CBCT images. Attend CE courses, or participate in the AAOMR CBCT Certification Program, also Chapter 4 in Misch’s *Avoiding Complications in Oral Implantology* is a good starting point.
2. Proper staff training in use of the CBCT equipment and their ability to evaluate images for errors.
3. Establish quality assurance procedures to assure high quality diagnostic images with lowest possible exposure to the patient.
4. Use the smallest ROI [region of interest] for the diagnostic/implant task. You don’t need a full head volume to do two implants – use the smallest volume necessary to cover the implant area.
5. For implant studies, pixel settings should be 0.25 – 0.3 mm; 0.4mm pixel images tend to lack detail and I don’t personally recommend 0.4mm. It is not necessary to use smaller pixel sizes for implants. Where possible, use a 180 degree scan.



By Roger P. Levin, DDS

Implants Are a Brand

When I look across the dental industry, it's very clear to me that most dental practices do not have a brand. I find this absolutely mind-boggling. It's like going to a job interview and telling the interviewer that you're a human being after he or she asks you to tell a little about yourself. Yes, it's accurate, but it tells the prospective employer nothing about who you are. Why would that person hire you? It's the same with your practice. A brand is the definition of how you're known. When you don't take the initiative or have the experience to shape and market your brand, it has an extremely negative effect on practice growth. Why would anyone choose a dental practice that they knew nothing about?

When you don't take the initiative or have the experience to shape and market your brand, it has an extremely negative effect on practice growth.

Why You Need a Brand

Jack Trout, a pioneer of marketing warfare theory, is credited for coining this mantra: "Differentiate or die." This is a very true business principle that simply means when a business isn't known for a specific brand, then that business is at risk to lose new clients to its competition.

This principle holds true in dental practices, as well. Practices that are highly focused on excellence and quality of care believe that this excellence and dedication is understood by both patients and many non-patients. Unfortunately, this simply isn't true. Today's changing supply and demand is creating a high level of competition that continues to increase. In the face of this competition, practices that are serious about increasing the number of implant patients should spend time defining and promoting a brand that will help create strong loyalty and interest in the practice.

How to Establish a Brand

You can take multi-day courses that will explain branding. You can read entire textbooks that will explain branding. But the best and most simplistic definition of a brand is "what you are known for." Great companies shape their brand. They decide what they want to be known for and then they publicize it in as many different ways using as many different communication vehicles as possible. That is why successful brands like Apple, McDonalds, and Uber are crystal-clear to the public.

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“ I was skeptical but James' programs have dramatically increased my big implant case flow by more than \$700K in the first year. **”**

- Dr. C.L., CT

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Business Bite

continued from page 14

When building your brand, you must be sure to consider both the strengths of the practice and the needs of the community. A practice that espouses high-quality but costly dentistry may be desirable to some segment of the public, but in many others that brand will fall flat. We recently saw a practice group with offices in lower socioeconomic communities attempt to rebrand themselves as a practice offering high-end implant dentistry. Practice production dropped 30 percent within 14 months as patients became unsure if they could afford to be there.

There are many excellent qualities from your practice that you can communicate to patients. However, you must determine whether patients and the broader community desire those qualities. Implants are gaining in popularity, so a brand built around implant dentistry is one viable option. First, determine your community's level of knowledge in implant dentistry. It's likely you'll find that most people have limited experience in this area of dentistry, so you must build strong messaging. You'll probably want to start by developing a tagline that reflects the brand such as "Restorative and Implant Dentistry" or "A Community Leader in Implant Dentistry."

Honestly, defining your brand can be difficult and time-consuming. What might help is if you think of it as a journey of self-discovery for your practice. The road may get rough, but there will be interesting things to see and do along the way. Consider these questions:

- What is your practice's mission?
- What are the benefits and features of your services, including implants?
- What do your patients already think of your practice?
- What qualities do you want them to associate with your practice?

Whichever brand you settle on, remember to keep it focused on one overarching idea. It is very difficult to be known for two, three, or four or more things all at the same time. Most large companies and franchises have a single brand above all the others. McDonald's is "inexpensive fast food." Walmart is "lower prices." Amazon is "easy." If your practice doesn't take control of the brand and shape it, then others will simply decide the brand for you. Unfortunately, most of the time the brand message will simply articulate that you are "just another dental office" and if it's convenient and provides the right insurance plan, patients will come to you. However, the practice will never be established or known for specific services (such as implant dentistry) if it does not take control.

Take some time to think about how you want to be known. Write it down so you can verbalize your brand in 15 seconds or less. While it can be very time-consuming and frustrating to devise 15 seconds of verbiage, in the end you will have a much better idea of what you want to be known for—the first step to creating a brand.

Communicating the Brand

The next step is to develop a communications campaign promoting the brand with regular messaging and effective marketing that's informative and engaging.

Once you define the practice brand, it's essential that you incorporate it into your

marketing program and use it to position your practice. Your competitive advantages will be the cornerstone for your marketing program. All of your basic marketing programs should reinforce and promote your competitive edge. In this way, you will be sending a clear and targeted message to your patients and the community.

To paraphrase a famous philosophical question, if a dentist offers implants, but none of the patients know about this service, does the practice actually offer implants? Once a practice has defined its competitive advantages, it must repeatedly make patients aware of its brand. The staff must be trained to emphasize and reinforce this messaging throughout the patient experience. Effective training tools include scripting for every patient interaction and using the morning meeting and staff meetings to reinforce brand messaging behavior. Collateral materials, such as brochures and posters, must support the brand image. For example, if you have successfully branded yourself as the leading implant practice in the area, everything in the practice must in some way support this message, ranging from your on-hold phone messages to your letterhead to your website to any advertising efforts.

During every patient interaction, every staff member should educate patients about the brand. Internal marketing should incorporate the following strategies:

Once you define the practice brand, it's essential that you incorporate it into your marketing program and use it to position your practice.

Branding is a powerful aspect of marketing and communications that many dental practices don't utilize.

- When patients call your office to make an appointment, inform them about your implant services. The on-hold message should contain information about all practice services, including implants.
- When new patients visit your office, give them information about your implant services in the welcome packet
- Direct patients to your website to learn more about your practice and the implant services you provide.
- When patients arrive for their appointments, have your front desk coordinator help them sign in, offer them coffee or tea, and provide them with reading material about your implant services.

- Include an implant assessment in your comprehensive clinical exam.

Branding is a powerful aspect of marketing and communications that many dental practices don't utilize. Even worse, many practice owners believe that they have a brand when they don't. In today's highly competitive environment, only practice owners who understand their brand and how to communicate it will become and remain highly successful.

Branding takes time. Once you define your competitive advantages, the proper systems need to be implemented so the idea of your brand matches the reality. Align your vision with your brand. Train your staff on your brand. Use a mix of marketing strategies to educate and motivate patients

about your services. By developing and marketing your brand, you will position yourself for continued success.

Dr. Roger P. Levin is the CEO of Levin Group, a leading dental management consulting firm. Founded in 1985, Levin Group has worked with over 30,000 dental practices. Dr. Levin is one of the most sought-after speakers in dentistry and is a leading authority on dental practice success and sustainable growth. Through extensive research and cutting-edge innovation, Dr. Levin is a recognized expert on propelling practices into the top 10%. He has authored 65 books and over 4,000 articles on dental practice management and marketing.

To contact Dr. Levin, visit www.levingroup.com or email rlevin@levingroup.com.

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By Frank R. Recker, DDS, JD
Legal Counsel, AAID

Expert for the Plaintiff: To Be or Not to Be?

As a former member and chief of enforcement for the Ohio State Dental Board many years ago, I encouraged dentists to stand up and be willing to testify against another dentist if they had honest criticisms.

As our profession has evolved, I now see too many examples of criticism that are unjustified. In many cases, the real underlying issue is economics. You might be asking yourself how good faith criticism of another dentist could be based on economics. I'll tell you how.

that an implant should have been removed at the first sign of peri-implantitis. Are those propositions accurate in all cases? Of course not. But I have found that sometimes economic motivations drive these critiques in implant cases.

It is also not unusual to see an OMS or periodontist advertising as a "specialist in implant dentistry," solely because his or her respective CODA-approved standards included a word about implants. But it's important to note that none of those CODA standards require any specific types of implants, bone grafting, sinus lifts, or studies of implant survival time. They also do not require a minimum number of implants to be placed before being deemed competent in implant dentistry. Sometimes the "expert" for the plaintiff will admit that his or her training in implants involved the placement of a handful of dental implants in a postgraduate program, if that. That limited experience certainly does not compare to the American Board of Oral Implantology/Implant Dentistry (ABOI/ID) requirements for Diplomate status.

In some cases, the critique of the implant dentist may be rooted in professional jealousy, perhaps because the general practitioner (GP) defendant is receiving referrals from another GP who is not referring to the local specialist. For example, I once took the deposition of an OMS in Dallas, who admitted that he was testifying

You might be asking yourself how good faith criticism of another dentist could be based on economics.

During the past 30 years I have seen specialists in a competing specialty criticize a general dentist who is not an ADA-recognized specialist, including those who perform implant procedures. Oral and maxillofacial surgeons (OMS) or periodontists may question or critique the procedure or treatment; suggest that a medical history should always be obtained; insist that a pre-op ICAT should always be taken; or say

In some cases, the critique of the implant dentist may be rooted in professional jealousy.

against GPs performing implants because his biggest GP referral source had sold his practice to a dental support organization that brought in its own OMS. This OMS was angry and felt economic pain from the loss of the GP referral.

In another encounter involving a periodontist expert against a GP implant specialist, I could readily tell that this periodontist thought highly of himself and found fault with everything my client did. After realizing that this “specialist” was not an expert at all, I feigned ignorance and asked the other attorneys present if the local rules considered a deposition filed in a state court case to be a public record. When I

received the expected answer, that yes we were creating a public document, I quiz-zically asked if (hypothetically of course!) I would be permitted to send a copy of this expert’s testimony to every GP in the area. When the so-called expert realized what was going on, he abruptly blurted out that what he was doing could hurt his own practice. Bingo!

In summary, my advice to anyone who might volunteer to serve as an expert for the plaintiff is to reevaluate your position,

your knowledge of all the facts and circumstances surrounding the defendant’s dental treatment, the cooperation of the patient, the fees charged, the treatment plan developed, and your own potential exposure or embarrassment after you testify. If more experts did this before agreeing to testify against another dentist, there would be far fewer dentists—especially specialists—willing to do so.

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By Van-Anh La, DDS

Monocytic Responses to Titanium and Susceptibility to Peri-implantitis

Peri-implantitis is defined as a destructive inflammatory process that leads to bone loss around an osseointegrated implant. As implant popularity increases as a means to replace edentulous areas, the emerging data on the prevalence of peri-implantitis raise concerns and necessitate the identification of persons who may be susceptible to peri-implant inflammation. Existing data reports that one out of every five patients with implants is affected by peri-implantitis, but information on susceptible population subgroups is scarce. Monocytes and macrophages are key mediators of early host responses to foreign agents in the inflammatory process and prevail among innate immune defenders in peri-implant lesions. These cells act to eliminate pathogens or foreign bodies by releasing a milieu of pro-inflammatory cytokines, one of which is TNF- α . The objective of this preliminary study was to assess differential TNF- α release from primary monocyte in response to titanium in persons with peri-implantitis versus healthy implants.

Studies have shown that M1 (inflammatory macrophages), which are derived from monocytes have a direct regulatory effect of osteoclastogenesis, which is rampant in human peri-implantitis.¹³ Data from the medical literature have associated a hyper-responsive immune phenotype to titanium-induced inflammation.³ Additionally, a study that has measured tumor necrosis factor in an individual with implant-related arthritis came to the conclusion that the patient's peripheral blood monocytes (PBMCs) from produced increased TNF in response to titanium dioxide compared to healthy control samples pointing to utilization of macrophage activation as a plausible molecular biomarker for peri-implantitis.³ The patient in this study was relieved of arthritic symptoms after implant removal, providing proof-of-principle data on a cause-effect relationship. Additional data from the orthopedic implant literature corroborate these observations. Thus, exploration of innate immune mononuclear cell response to titanium debris can provide novel insights in the study of peri-implant inflammation and eventually led to guidelines for patient stratification for implant rehabilitation versus conventional restorative rehabilitation.

continued on page 22

The objective of this preliminary study was to assess differential TNF- α release from primary monocyte in response to titanium in persons with peri-implantitis versus healthy implants.

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Clinical Bite

continued from page 20

Our primary outcome of the study is that titanium particles from dental implants may be recognized by monocytes.

We were interested in assessing differential TNF-a release from primary monocytes in response to titanium in persons with peri-implantitis versus healthy implants. We recruited participants at the University of Washington School of Dentistry to provide blood samples for experimental stimulation. From these whole blood samples, peripheral blood monocyte cells (PBMCs) were isolated utilizing gradient separation and monocytes were then selected via cell adhesion. Monocytes were stimulated with varying concentrations of LPS and titanium particles to elicit pro-inflammatory cytokine production. Subsequently, TNF-a production was measured using a sandwich ELISA assay for each sample. We hypothesized that individuals susceptible to peri-implantitis can be strongly activated by titanium particles from implants, which might contribute to peri-implant inflammation; and, we wanted to assess whether susceptibility to peri-implantitis is associated with differential expression of TNF-a following stimulation with titanium particles. Currently, there is no accurate method to predict which individuals will develop peri-implantitis. Accomplishing this aim will be a key step toward a personalized dentistry approach for edentulism rehabilitation.

In this study, we examined the inflammatory responses in monocytes from subjects with peri-implantitis and healthy implants. We stimulated the subject monocyte samples with varying levels of LPS, titanium particles and protein-coated titanium particles. The magnitude of the inflammatory response was assessed by comparison

of TNF-a values of each stimulation group to the value of the control stimulation group for each subject. The presence of Ti particles in supplemented RPMI induced a significantly higher inflammatory response than observed to exposure to LPS and titanium alone. A nearly six-fold increase of TNF-a level is seen in disease subjects stimulated with protein-coated titanium in comparison to the healthy group that produced no change from the control. Although considered to be a biocompatible material, excessive Ti particles that are released from the implant surface due to biocorrosion are shown to be recognized and phagocytosed by monocytes, eliciting a cytokine inflammatory response in our study, as well as a number of others.⁴

Particles from implants (dental or not) activate monocytes or macrophages only if they are phagocytosed. Particles that are less than 10 μm are small enough to be phagocytosed, leading to the inflammatory response. Particles are recognized, however, due to toll-like receptors (TLR) that regulate innate immune response through signaling pathways. When cells and tissues encounter a disruption in their homeostatic state such as a particle from an implant, cellular proteins (DAMPs and PAMPs) are released to adhere to the surface of wear particles and will be recognized by TLRs.⁹ Particles that are recognized by TLRs activate downstream, signaling pathways leading to TNF-a secretion. In similar fashion, when we pre-coated

our titanium particles in supplemented RPMI, we mirrored this biological marking process allowing that stimulation to more accurately represent host response. Since in vivo monocytes recognize particles by TLR response, our decision to stimulate our subject monocytes with protein-coated titanium particles was more advantageous and most likely led to the higher levels of TNF-a simply because more titanium particles were recognized and phagocytosed in those stimulation groups.

In summary, our primary outcome of the study is that titanium particles from dental implants may be recognized by monocytes. Our secondary results of the study reveal that monocytes from subjects with peri-implantitis may be more responsive to titanium particles in the presence of proteins. There are no other current studies evaluating and comparing response of monocyte stimulation to titanium particles in patients with peri-implantitis and those that do not. We hope this preliminary data facilitates future research to determine the predicting factors of peri-implantitis.

Dr. Van-Anh La was the 2018 ePoster winner from the AAID Annual Conference. She is a 2018 Graduate of the University of Washington School of Dentistry and currently is an AEGD Resident at Kokua Kalihi Valley Comprehensive Care (NYU Langone Health) in Honolulu, Hawaii.

References

1. Arnold, Christina E., Claire S. Whyte, Peter Gordon, Robert N. Barker, Andrew J. Rees, and Heather M. Wilson. "A Critical Role for Suppressor of Cytokine Signalling 3 in Promoting M1 Macrophage Activation and Function in Vitro and in Vivo." *Immunology* 141.1 (2014): 96-110.
2. Delirez, Nowruz et al. "Comparison The Effects of Two Monocyte Isolation Methods, Plastic Adherence and Magnetic Activated Cell Sorting Methods, on Phagocytic Activity of Generated Dendritic Cells." *Cell Journal (Yakhteh)* 15.3 (2013): 218-223. Print.
3. Dorner, Thomas, Judith Haas, Christoph Loddenkemper, Volker Von Baehr, and Abdulgabar Salama. "Implant-related Inflammatory Arthritis." *Nature Clinical Practice Rheumatology* 2.1 (2006): 53-56.
4. Eger, Michal, Nir Sterer, Tamar Liron, David Kohavi, and Yankel Gabet. "Scaling of Titanium Implants Entrains Inflammation-induced Osteolysis." *Scientific Reports* 7 (2017): 39612.
5. Gordon, Simon, and Philip R. Taylor. "Monocyte and Macrophage Heterogeneity." *Nature Reviews Immunology* 5.12 (2005): 953-64.
6. Grosse S, Kristian Haugland H, Lilleng P, Ellison P, Hallan G, Johan Høl P. 2015. "Wear particles and ions from cemented and uncemented titanium-based hip prostheses—A histological and chemical analysis of retrieval material." *J Biomed Mater Res Part B* 2015:103B:709-717.
7. Kleeberger CA, Lyles RH, Margolick JB, Rinaldo CR, Phair JP, Giorgi JV. "Viability and Recovery of Peripheral Blood Mononuclear Cells Cryopreserved for up to 12 Years in a Multi-center Study." *Clinical and Diagnostic Laboratory Immunology*. 1999;6(1):14-19.
8. Papathanasiou, Evangelos, Matthew Finkelman, James Hanley, and Andreas O. Parashis. "Prevalence, Etiology and Treatment of Peri-Implant Mucositis and Peri-Implantitis: A Survey of Periodontists in the United States." *Journal of Periodontology* 87.5 (2016): 493-501.
9. Pajarinen J, Lin T-H, Sato T, Yao Z, Goodman S. "Interaction of Materials and Biology in Total Joint Replacement – Successes, Challenges and Future Directions." *Journal of Materials Chemistry B, Materials for biology and medicine*. 2014;2(41):7094-7108.
10. Safiotti, Luciana M., et al. "Increased Levels of Dissolved Titanium Are Associated With Peri-Implantitis; A Cross-Sectional Study." *Journal of Periodontology*, vol. 88, no. 5, 2017, pp. 436-442.
11. Smeets, Ralf, Anders Henningsen, Ole Jung, Max Heiland, Christian Hammaucher, and Jamal M. Stein. "Definition, Etiology, Prevention and Treatment of Peri-implantitis: A Review." *Head & Face Medicine* 10.1 (2014):n. Pag.
12. St. Pierre, C. A., Chan, M., Iwakura, Y., Ayers, D. C., Kurt-Jones, E. A. and Finberg, R. W. (2010), "Periprosthetic osteolysis: Characterizing the innate immune response to titanium wear-particles." *J. Orthop. Res.*, 28: 1418-1424.
13. Yamaguchi, Tsuguno, Alexandru Movila, Shinsuke Kataoka, Wichaya Wisitrasameewong, Montserrat Ruiz Torruella, Michiaki Murakoshi, Shinya Murakami, and Toshihisa Kawai. "Proinflammatory M1 Macrophages Inhibit RANKL-Induced Osteoclastogenesis." *Infection and Immunity* 84.10 (2016): 2802-812.

Editor's Note: Because of busy schedules, you may not have time to read the dozen or so articles in each issue of the *Journal of Oral Implantology*. In this section of *AAID News*, we selected a few articles that have broad applicability to the daily practice and provide a brief summary of key points so you can decide if you wish to read the complete article. The following articles are from Volume 45, Issue 1 (February 2019).



CASE REPORT

Buccal Fat Pad–Derived Stem Cells in Three-Dimensional Rehabilitation of Large Alveolar Defects: A Report of Two Cases

This case report seeks to describe efficient clinical application of adipose-derived stem cells (AdSCs) originated from buccal fat pad (BFP) in combination with conventional guided bone regeneration as protected healing space for reconstruction of large alveolar defects after extraction of multiple impacted teeth. The first case was a 19-year-old woman with several impacted teeth in the maxillary and mandibular

regions, which could not be forced to erupt and were recommended for surgical extraction by the orthodontist. After this procedure, a large bone defect was created, and this space was filled by AdSC loaded natural bovine bone mineral (NBBM), which was protected with lateral ramus cortical plates, microscrews, and collagen membrane. The second case was a 22-year-old man with the same complaint and large

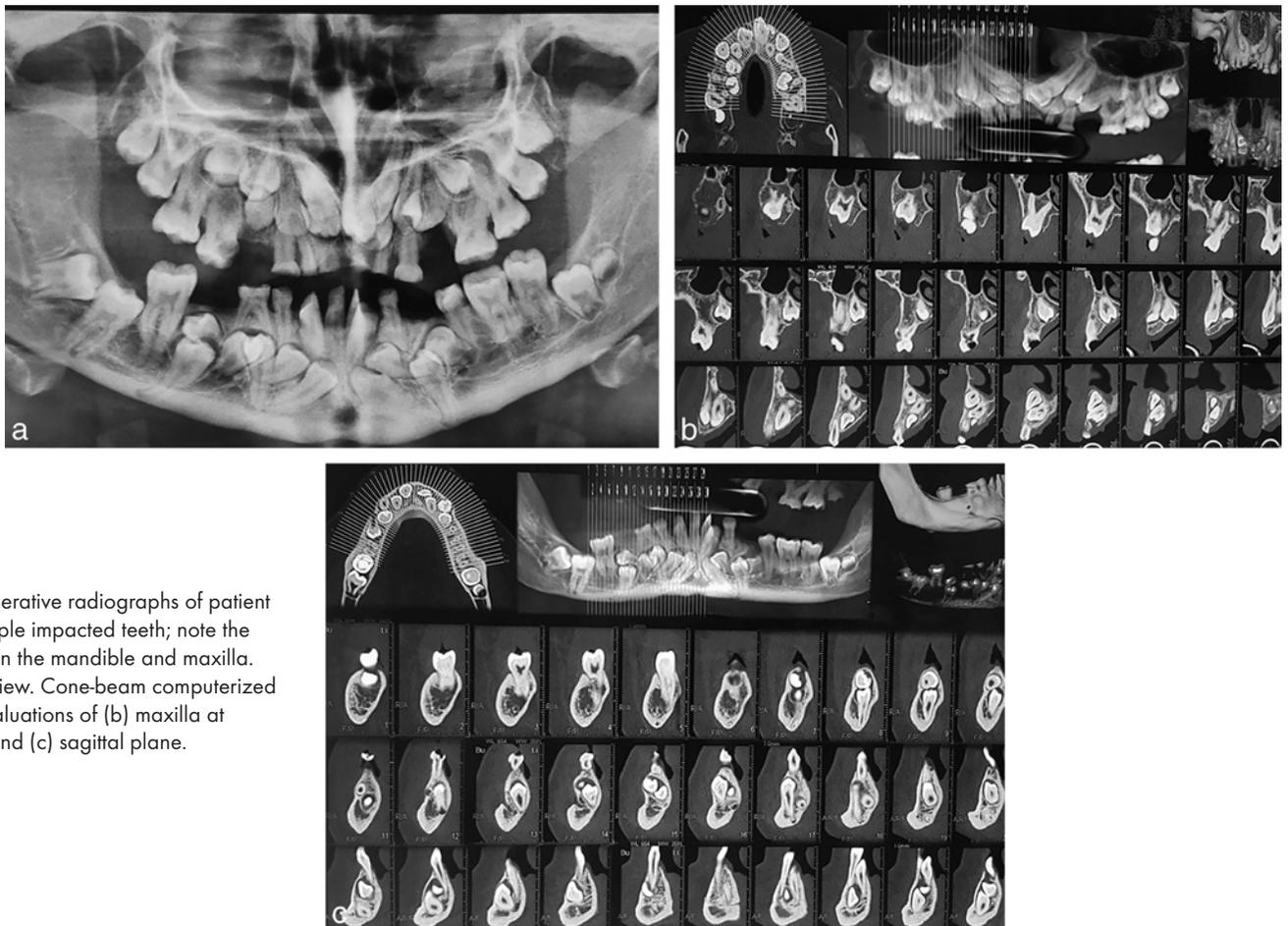


Figure 1. Preoperative radiographs of patient 1 showing multiple impacted teeth; note the impacted teeth in the mandible and maxilla. (a) Panoramic view. Cone-beam computerized tomography evaluations of (b) maxilla at coronal plane and (c) sagittal plane.

bony defects created after his teeth were extracted. After 6 months of post-guided bone regeneration, he received 4 dental implants in his maxilla and 7 implants in the mandible. In both cases, this approach represented a considerable amount of 3-dimensional bone formation, which

enabled the authors to use dental implant therapy for rehabilitation of the whole dentition. They concluded that application of AdSCs isolated from BFP in combination with NBBM can be considered an efficient treatment for bone regeneration in large alveolar bone defects.

Arash Khojasteh, DDS, MS, Sepanta Hosseinpour, DDS, MPH, Maryam Rezaei Rad, DDS, PhD, Marzieh Alikhasi, DDS, *Journal of Oral Implantology*. 2019 Feb; 45(1): 45-54.



Figure 10. Panoramic radiographs of dental implant placement: (a) patient 1 after 10 months and (b) patient 2 at 48 months postoperatively.

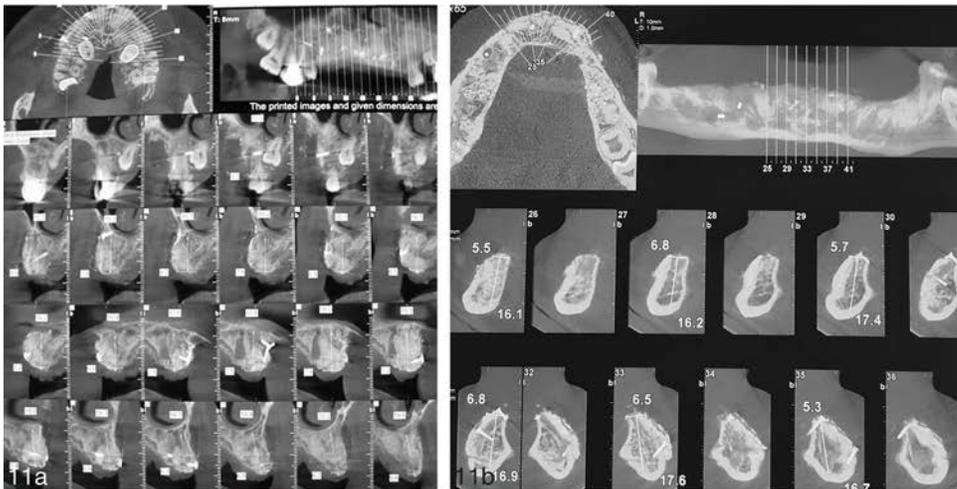


Figure 11. Postoperative radiographs of patient 2 showing the significant amount of bone regeneration in the (a) maxilla and (b) mandible 6 months postoperatively.

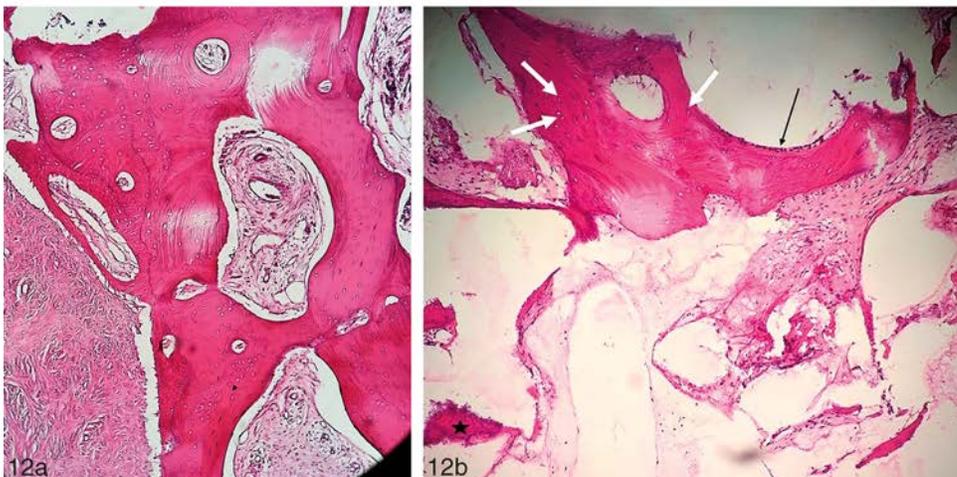


Figure 12. The trabecular pattern was mostly lamellar organization, containing osteocytes within lacunae and (a) a fibrous bone marrow (hematoxylin and eosin [H&E], 340), osteocytes (white arrows), osteoblastic rim (black arrow), and residual body (Asterisk) are shown in the histogram B (H&E, 340).

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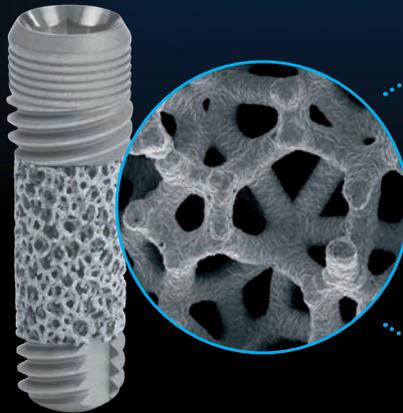
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RESEARCH

Cigarette Smoke and E-Cigarette Vapor Dysregulate Osteoblast Interaction With Titanium Dental Implant Surface

The purpose of this study was to determine the possible deleterious effects of e-cigarette vapor on osteoblast interaction with dental implant material. Osteoblasts were cultured onto Ti6Al4V titanium implant disks and were then exposed or not to whole cigarette smoke (CS), as well as to nicotine-rich (NR) or nicotine-free (NF) e-vapor for 15 or 30 minutes once a

day for 1, 2, or 3 days, after which time various analyses were performed. Osteoblast growth on the titanium implant disks was found to be significantly ($P, .001$) reduced following exposure to CS and to the NR and NF e-vapors. The effects of CS and e-cigarette vapor on osteoblast growth and attachment were confirmed by reduced alkaline phosphatase (ALP)

activity and tissue mineralization. Overall results suggest the need to consider e-cigarettes as a possible contributor to dental implant failure and/or complications.

Mahmoud Rouabhia, PhD, Humidah Alanazi, MSc, Hyun Jin Park, PhD, Reginaldo Bruno Goncalves, DDS, MSD, PhD, *Journal of Oral Implantology*. 2019 Feb; 45(1): 2-11.

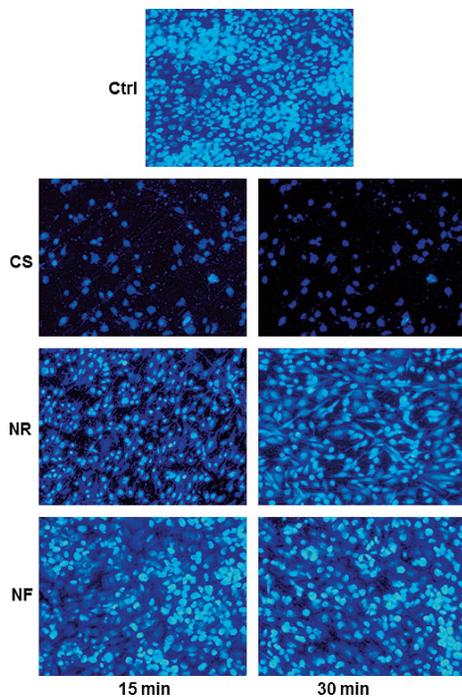


Figure 1. Cigarette (CS) smoke and e-cigarette vapor decreased osteoblast attachment to dental implant material. Cells were seeded onto the dental implant disks and cultured for 24 hours prior to exposure 3 times, once a day. Following exposure, cells attached to the implants were subjected to Hoechst staining. Representative photos of 12 implant disks, with 2 implants in each experiment. Scale bar .50 μ m. NR indicates nicotine rich; NF, nicotine free; ctrl, control.

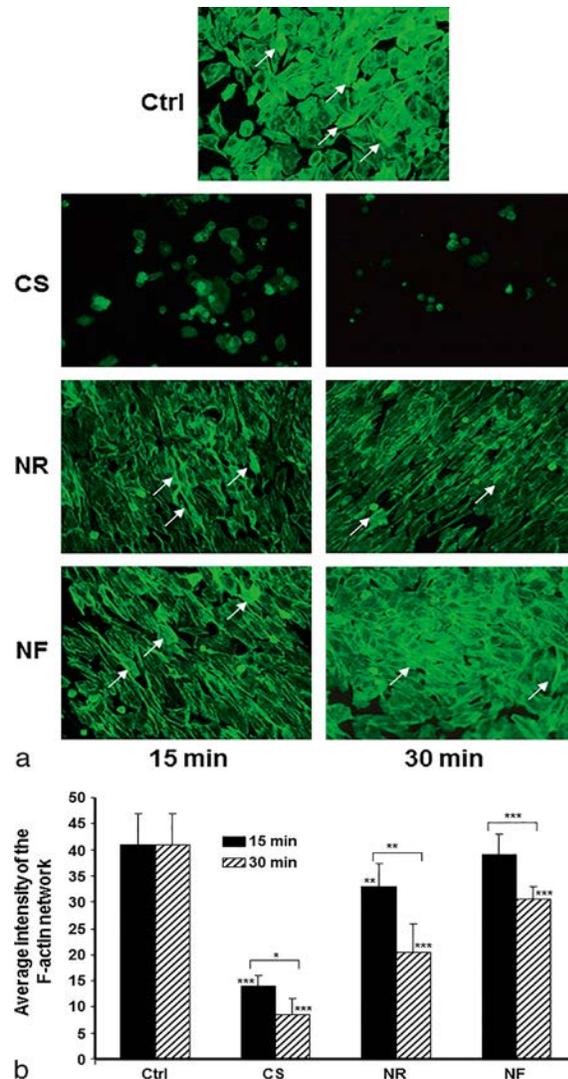


Figure 2. F-actin expression by osteoblasts following exposure to cigarette smoke (CS) or e-cigarette vapor. Osteoblasts were seeded onto dental implant disks then exposed or not to CS or e-vapor 3 times, once a day. F-actin filaments were stained with phalloidin-FITC. Note the well-organized, dense filamentous actin cytoskeleton (arrows) in the control (ctrl; nonexposed cells) cells vs the CS and e-vapor-exposed cultures. Representative images are from 12 different implant disks (a). Scale bars .50 μ m. Fluorescence intensity was quantified by ImageJ and plotted (b). Results are presented as the mean \pm SD (n.16 implant disks, with 2 implants in each experiment). A significant difference was observed when comparing the cells exposed to CS or to nicotine rich (NR) and nicotine free (NF) e-vapor and those of the ctrl (nonexposed cells). ***P, .001; **P, .01; *P, .05.

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CLINICAL

Comparison of Early Implant Failure Rates Between Subjects With and Without Orthodontic Treatment Before Dental Implantation

This study compared early dental implant failure rates between patients with and without orthodontic treatment before dental implantation. A total of 124 subjects with 255 implants were divided into a treatment group (46 subjects, 85 teeth) consisting of patients who had undergone implant surgery after orthodontic treatment and a control group of patients who had not

undergone preimplant orthodontic treatment. Implants that failed before permanent crown fabrication were defined as failures. No significant differences were found in implant failure rates in either jaw between the treatment and control groups. However, the failure rate was still higher in the treatment group (14.81%) than in the control group (3.28%) for the maxilla.

Results of this study demonstrate an increased implant failure rate only in the maxilla of patients who underwent orthodontic treatment before dental implantation, especially implant surgery combined with a sinus lift procedure.

Li-ching Chang, DDS, MS, I-ming Tsai, DDS, MS, *Journal of Oral Implantology*. 2019 Feb; 45(1): 29-34.

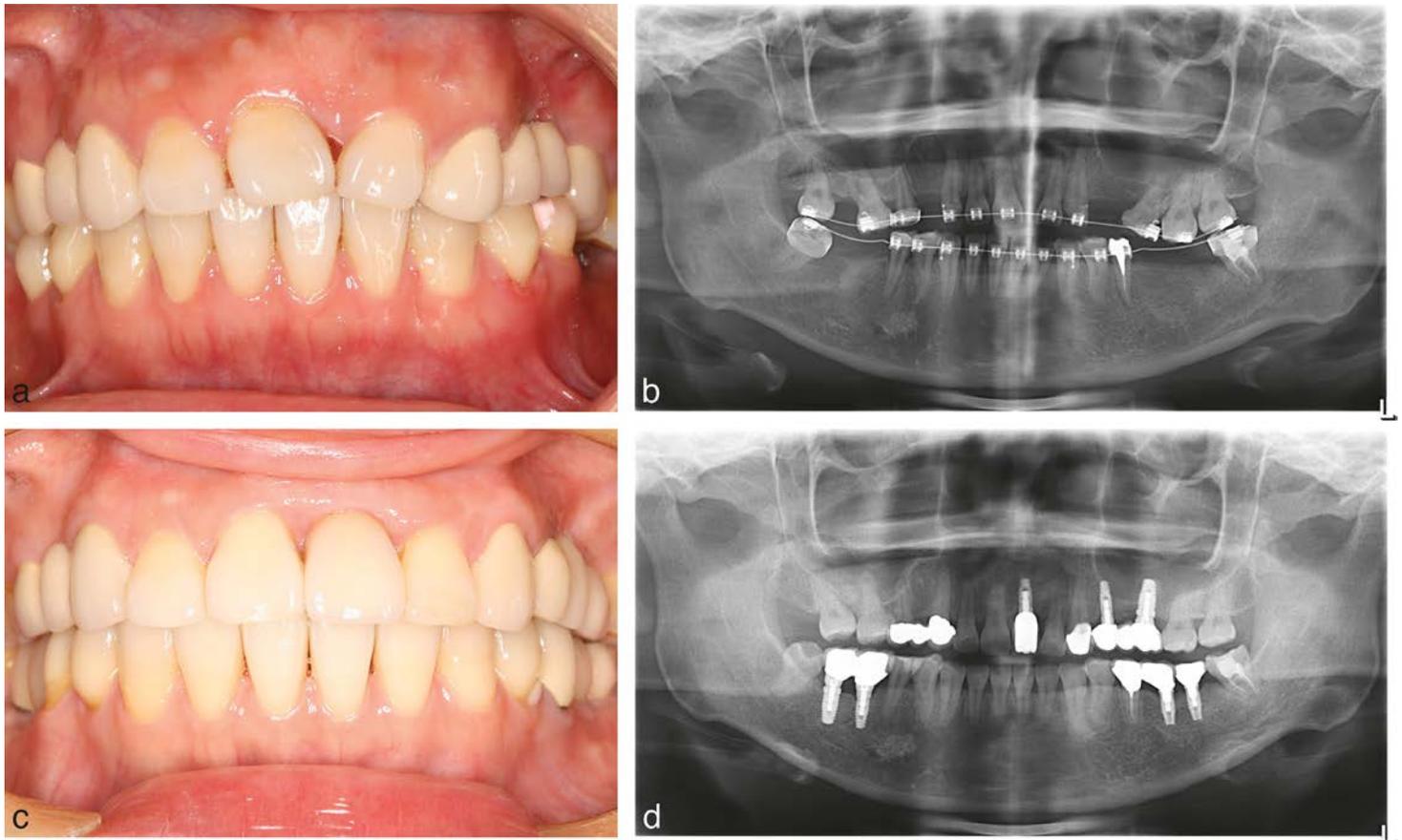


Figure. A young female patient in group T is shown. **(a)** The dentition malalignment induced esthetic and functional problems. **(b)** The orthodontic treatment was performed before dental implant therapy. **(c)** The esthetic and occlusion were built up after prosthetic treatment. **(d)** The bone level was stable after functional loading for 2 years.

continued on page 30

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*Kerr M, Allen B, Park N. Clinical and radiographic evaluation of tapered implants with an aggressive reverse buttress thread and crestal microthreads: a retrospective study. For the full report, visit hahnimplant.com.
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LITERATURE REVIEW

Extra-Sinus Zygomatic Implants to Avoid Chronic Sinusitis and Prosthetic Arch Malposition: 12 Years of Experience

This authors of this report looked retrospectively at the 12-year follow-up results of the treatment and rehabilitation of edentulous maxillae, applying extra-sinus zygomatic implants alone or in combination with intra-sinus zygomatic implants. They recruited 22 patients with 35 zygomatic Brånemark system implants; 24 implants in the standard Brånemark protocol through the sinus; and 11 extra-sinus implants outside the sinus. Additionally, 147 regular implants were placed. The minimum follow-up period was 50 months to a maximum of 152 months. The zygoma survival rate after 12 years was 97.15%. Chronic sinusitis occurred in 11.42% of patients. The survival rate of the regular implants was 93.87%. Chronic sinusitis occurred in 4 patients (11.42%) who received zygomatic implants using standard protocol through the sinus. None of the extra-sinus zygoma patients developed sinusitis. Peri-implantitis was detected with only 3 zygomatic implants.

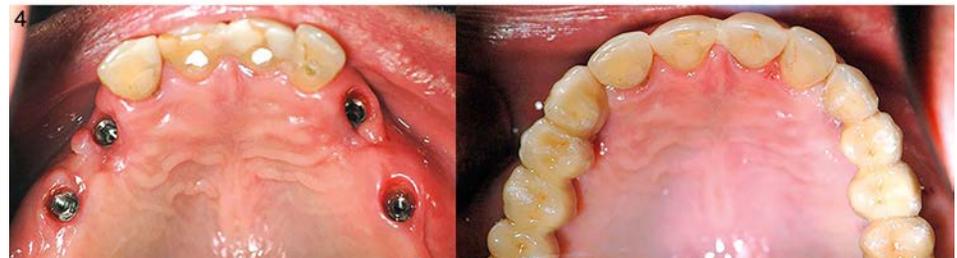
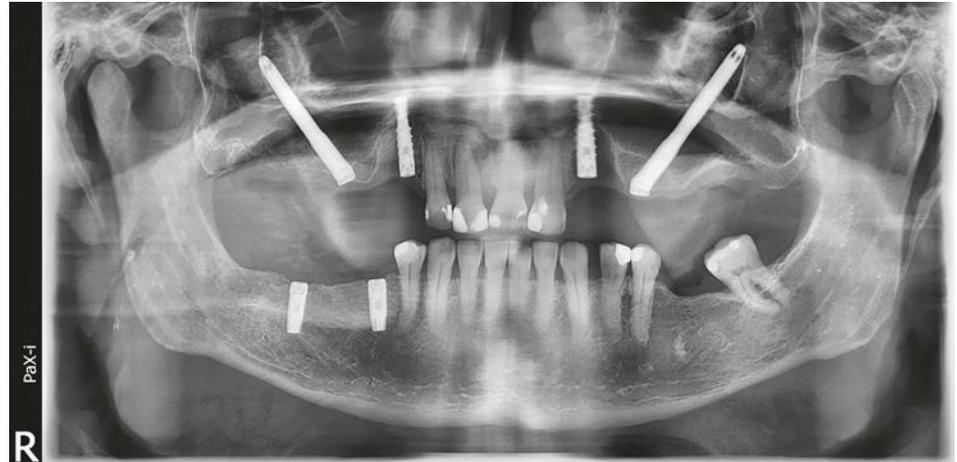


Figure 3. Orthopantomogram patient with extra-sinus zygomatic implants.

Figure 4. Extra-sinus zygoma implants and prosthetic bridges.

In the original P-I Brånemark zygoma protocol the implants were passing through the sinus, which resulted in chronic sinusitis in some patients and malposition of the prosthetic platform toward the palate. These complications can be avoided by the extra-sinus placement of zygoma implants as demonstrated in this study.

Paweł Aleksandrowicz, MD, DDS, PhD, Marta Kusa-Podkanska, DDS, PhD, Katarzyna Grabowska, MD, Lidia Kotuła, MD, PhD, Anna Szkutuła-Łupina, MD, Joanna Wysokinska-Miszczuk, MD, *Journal of Oral Implantology*. 2019 Feb; 45(1): 73-78.

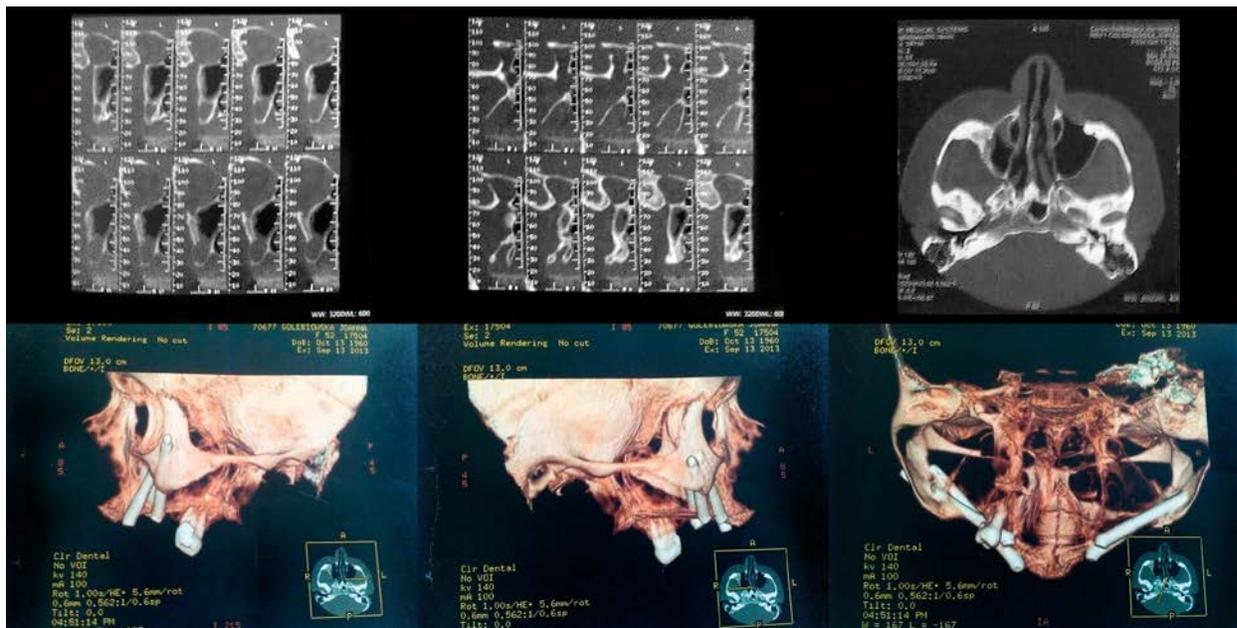


Figure 5. Pre- and post-zygoma procedure cone beam computerized tomography scans.



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in the field. Before the blog post is published to *LifeSmiles*, all proofs will be sent to our AAID member consultants for approval. We will share the blog post across our social media channels and promote your practice with a direct link to your website. If you would like to be a part of our public awareness program and consult on a *LifeSmiles* blog post, please reach out to austin@neigerdesign.com.

As we look forward to the rest of 2019, the American Academy of Implant Dentistry (AAID) finds itself in a sweet spot as patient interest in implants steadily grows. This notion comes from a comparative analysis of 2017 and 2018 search volumes for AAID-credentialed dentists (on our patient-facing website, AAID-implant.org). The search count on our *Find an Implant Dentist* tool has increased by 184 percent! These overwhelmingly positive numbers indicate that the public’s demand for dental implant experts is growing, and, with this continued growth, comes the need for educational resources for patients.

With all that said, we want to thank Ira Goldberg, DDS, FAAID, DABO/ID, DICOI, of Morris Dental Associates in Succasunna, New Jersey, and Frank A. Caputo DDS, AFAAID, of Cudahy Dental Associates in Cudahy, Wisconsin, for consulting for our March blog post “The 4 Characteristics of a Candidate for Dental Implants.”

Oh, and by the way—we created customized brochures specifically for your office needs. Be sure to log in to your member profile on *AAID.com* to print and feature them in your office!

One of our key goals is to be the go-to resource for patients to find dental implant specialists and teach the public about AAID-credentialed dentists. In order to draw consumers to our website to find an implant dentist, we must populate our *LifeSmiles* blog with content that serves the public well with answers to questions they have about implant dentistry. These blog posts, which also explain the importance of AAID credentials, are now open to our members for expert contribution. Our aim with this opportunity is to create a public platform for AAID members to speak about their experiences and insight



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AAID Exam Requirements and Upcoming Dates

Exam requirements change September 1, 2019

Ready to apply for the qualifying examination for Associate Fellow and Fellow?

Beginning September 1, 2019, applicants must be licensed dentists who have completed at least 300 hours of a or continuing education in implant dentistry within the past twelve (12) years that included at least 75 hours with a participatory format.

The new education requirement will be in effect for the following examinations:

2019 – 2020

Examination Date	Exam Type	Location	Application Deadline
October 19	Part 1 (Print)	Webster, TX	September 19, 2019
November 3	Part 1 (Print)	Waterloo, ON, CAN	October 5, 2019
November 9	Part 1 (Print)	Augusta, GA	October 9, 2019
December 2 to 13	Part 1 (Computer-Based)	Pearson Vue Testing Centers	August 23, 2019
December 5	Part 1 (Print)	Loma Linda, CA	November 2, 2019
December 8	Part 1 (Print)	Washington, DC	November 8, 2019
March 3 to 6, 2020	Part 1 (Computer-Based)	Pearson Vue Testing Centers	November 1, 2019
April 16 to 19, 2020	Part 2 (Oral/Case)	Chicago, IL	February 1, 2019
August 17 to 20, 2020	Part 1 (Computer-Based)	Pearson Vue Testing Centers	May 1, 2020
November 30 to December 11, 2020	Part 1 (Computer-Based)	Pearson Vue Testing Centers	August 7, 2020

Correction

In the Winter 2019 issue of *AAID News*, the biography for Prashant S. Parmar, a 2018 Associate Fellow, included incorrect information (page 40). The AAID regrets the error.



The following is the correct information: Prashant S. Parmar, DDS, Turlock, CA, received his dental degrees from Dr D.Y. Patil Dental College and Hospital (Navi Mumbai) in 1996 and his California dental license in 2002.

Seeking Nominations for Honored Fellows

The Honored Fellows Committee is seeking nominations of members to be denoted as AAID Honored Fellows in 2019. Members may self-nominate, nominate another member, or be nominated by their peers.

To be eligible, members must have been voting members (Associate Fellow, Academic Associate Fellow, or Fellow) in good standing for at least eight years.

In determining the 2019 Honored Fellows, the Committee will review AAID leader and volunteer experience together with experience in the dental community and any other leadership or volunteer roles. Honored Fellows are selected based on the following criteria:

- Distinguished him/herself and colleagues through professional, clinical, research, or academic endeavors (speaking experience at AAID and other meetings, teaching at an AAID course or other courses, published author for *JOI* or other publications, academic qualifications, research endeavors, leadership in other dental societies, community efforts)
- Achieved noteworthy accomplishments within the field of implant dentistry (special awards or recognition, other noteworthy accomplishments)
- Distinguished him/herself through support of the AAID (district involvement, committee positions, AAID Foundation)

When preparing your CV for the Committee, be sure to provide information about your career in implant dentistry, any research or writing experiences outside of AAID publications, any community or volunteer activities, any awards, honors, or special recognition you might have received.

A list of eligible members and a nomination form is available at aaid.com/awards. Nominations open May 1 and are due July 1, 2019.

NOW STREAMING



The Academy aims to foster informal discussions about the world of implant dentistry, mirroring the collaborative spirit of our members in our podcast. Hosted by Dr. Daniel Domingue and Dr. Justin Moody, the podcast explores topics and issues encompassed in the implant practitioner's world. Visit aaidpodcast.com to learn more and listen now.

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AAID 2019 Candidates

The Admissions and Credentials (A&C) Board held its 2019 annual meeting and oral/case examination in Chicago on April 11 to 14. At this year's examinations, 3 Academic Associate Fellow candidates, 73 Associate Fellow candidates, and 32 Fellow candidates were considered for credentialed membership. As per AAID policy, the A&C Board publishes the list of candidates and invites comments from the voting members concerning the candidates as would bear upon their certification by the Board.

For Academic Associate Fellow

	Marvin Chan, DMD <i>Mayfield Heights, OH</i>	Jay Haraphongse, DMD <i>Sherwood Park, AB Canada</i>	Martin Man, DMD <i>New York, NY</i>
Narayana Reddy Donapati, MDS <i>Nellore, Andhra Pradesh India</i>	Minho Choi, PhD <i>Daejeon, South Korea</i>	Jeni Lin-Bollenbacher Heselbarth, DDS <i>Warsaw, IN</i>	Raymond Kirk Martin, DDS <i>Mansfield, MA</i>
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Michael E. Pruett, DMD <i>Augusta, GA</i>	Gregory Alan Clepper, DMD <i>Augusta, GA</i>	James Jungsoo Hur, DDS <i>Wyoming, MI</i>	Naren Mikkilineni, dmd <i>Irving, TX</i>
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Aldwin Chan, DMD 2008 <i>Calgary, AB, Canada</i>			

continued on page 36

AAID Meets ASDA

During the American Student Dental Association (ASDA) recent Annual Conference in Pittsburgh, PA, the AAID participated in the Dental Expo, which brings together more than 550 student leaders from all 66 U.S. dental schools. During the Dental Expo, the AAID made its presence known to the next generation of dentists. Attendees who stopped by the booth learned about the organization's benefits including educational opportunities, future leader-

ship roles and valuable networking among peers. More than 70 current AAID student members stopped by the booth to say hello and to find out the latest news. An additional 80 new students signed up for the AAID as an Electronic member.

The AAID awarded one lucky winner a set of scrubs as well as a subscription to the main podium recordings from the 2018 Annual Conference. This year's winner

is Rupika Narain. She is currently in her second year of dental school at the University of Louisville. This past year, Narain served as the Fundraising chair for the ASDA Chapter in Louisville.



Rupika Narain, winner of Passport to Prizes

AAID 2019 Candidates

continued from page 35

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Implants in India

Highlights from the 2019 Global AAID Conference and First Asian Hard and Soft Tissue Symposium

The warm spring of India brought implant experts from around the world to New Delhi, March 1 to 3, for the 2019 Global AAID Conference and First Asian Hard and Soft Tissue Symposium. The theme of the meeting was “Rejuvenation and regeneration—advanced concepts in hard and soft tissue grafts.” Attendees shared their knowledge of implant dentistry and gained global perspectives. More than 800 dentists from a wide range of countries and experiences took part in this three-day event in an effort to bridge the chasms in theoretical knowledge and practical expertise.

The meeting was organized and executed by Dr. Mahesh Verma, Dr. Brij Sabherwal, and AAID Past President Dr. Shanker Iyer. A number of implant organizations, the World Congress of Oral Implantology (WCOI), the AAID, the Indian Prosthodontic Society (IPS), Indian Dental Association (IDA), and the Association of Oral Implantology (AOI) worked together to organize keynote speakers, pre-conference workshops, table clinics, and posters from the leading experts in implant dentistry.

The AAID was represented by President Dr. Natalie Wong, AAID President-Elect Dr. Bernee Dunson, AAID Executive Director Cheryl Parker, Director of Education Christine DiGiovanni as well as other dignitaries including WCOI President Dr. Shigeo Osato, Dr. Jaime Lozada, Dr. Rupesh PL of the IPS, AOI President

Dr. Praful Bali ICD President Dr. KK Chopra, among many others.

The 12 pre-conference workshops focused on surgical and prosthetic aspects of implant dentistry. Each workshop aimed to demystify the enigmas associated with implantology with prosthetic and surgical solutions to encounter challenging clinical scenarios. They included:

- Dr. Joseph Massad, Dr. Charles Goodacre, and Dr. Swati Ahuja from the United States introduced an option for using a versatile (abutment) connection for use in implant denture cases known as the RTx Abutment.
- Dr. Darcio Louis Fonseca from Portugal shared an innovative concept of maximizing the bone preservation with immediate implants through partial extraction therapies.
- Dr. Joseph Kan elaborated upon immediate implant placement and provisionalization. Dr. Alfredo Aragues from Spain meticulously laid down the fundamentals for lasers in everyday implant practice.
- Other speakers included Dr. Jan Paulics, Dr. Stuart Orton Jones, Dr. Roly Kornblit, Dr. Burzin Khan, Danesh Vazifdar, Dr. Sandeep Singh, Dr. Carlo Maiorana, Dr. Ashish Kakar, Dr. Tejas Kothri, and Dr. Vikas Aggarwal.

In addition to the pre-conference workshops, 40 speakers from around the world presented on several contemporary trends and procedures in implantology.

- Dr. Shanker Iyer (USA) shared his insights and personal experiences in managing failures in implantology.
- Dr. Jun Shimada (Japan) shed light on immediate replacement of upper molars.
- Dr. Jaime Lozada from Loma Linda University (USA) resolved the complex issue of deficient bone by elaborating on augmentation techniques.
- Dr. Adam Foleck and Dr. Minaal Verma discussed Guided Smile design with implants and guided surgeries.
- Dr. Ashish Kakar from India presented on the management of narrow and thin jaws.

Exhibitors showcased the latest evidence-based materials and instruments at the Trade Section of the meeting. Attendees shared that the resources available from exhibitors were relevant and practical.

The conference culminated with an interesting and interactive session on soft and hard tissue. In this two-hour session, experts including Dr. Tobo, Dr. Iyer, Dr. Massad, Dr. Lozada, and Dr. Wong resolved the clinical dilemmas of nearly 800 audience members through their personal experiences and expertise.

Finally, awards were presented to several leaders, including:

- Lifetime Achievement awards—
Dr. Manuel Chanavaz (posthumously),
Dr. Charles Goodacre, Dr. Joseph Massad, and Dr. Shigeo Osato
- Special Recognition awards—
Dr. Natalie Wong and Dr. Jaime Lozada

Overall, the conference was a great success and a unique experience for all who attended!





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 Boyd Newsome
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AAID Announces Two-Day Dental Surgery and Implant Placement Cadaver Workshop



This two-day program supported by Zimmer Biomet Institute is designed for dental professionals who are actively placing implants and would like to enhance both their surgical skills and understanding of medical management of the dental implant patient.

Designed with you in mind, the course is hosted in a small setting which provides you the opportunity to get that one-on-one experience to learn new skills. The program will include didactic presentations and hands-on exercises in the cadaver lab under the direct supervision of surgical specialists. The primary goal is to assist

each participant in achieving a higher level of clinical comfort with surgical extraction of teeth, design and manipulation of surgical flaps, placement techniques for dental implant fixtures, and proper suture techniques. The course will also include management of post-surgical infections and complications.

The course will be taught by Joseph Leonetti, DMD, FAAID, DABOI/ID and Bart Silverman, DMD, FAAID, DABOI/ID.

Go to AAID.com/education for complete registration information or email registration@aaid.com if you have questions.

New Maxicourse



The AAID announces the introduction of two new AAID Maxicourse® programs. For more information contact the course leaders directly.

Boston, MA AAID MaxiCourse®

Director: Brian Jackson, DDS, FAAID, DABOI/ID
 Assistant Director: Matthew Young, DDS, FAAID, DABOI/ID
 Contact: LeeAnn Klotz
 Email: marketing@bostonmaxicourse.com
 Phone: 315-733-1270
 Website: www.bostonmaxicourse.com

Roseman University AAID MaxiCourse®

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 Director: Bart Silverman, DMD, FAAID, DABOI/ID
 Assistant Director: Shankar Iyer, DDS, MDS, FAAID, DABOI/ID
 Contact: Vicki Drent
 Email: Vdrent@roseman.edu
 Phone: 801-878-1257

ePosters

ePosters will be on display from Wednesday, October 24, through Saturday, October 26. A panel of judges will evaluate each ePoster. No verbal presentation is required. Winners will be announced at the Main Podium on Saturday, October 26.

The prizes are as follows:

- First place**— \$750
- Second place**—\$500
- Third place**—2019 Main Podium Recordings Package (\$349 value)

ePosters should be a visual representation of an interesting case on which you have worked. ePosters will be displayed on monitors at the 2019 AAID Annual Conference. ePosters will be judged prior to the conference; no in-person presentation is required.

Table Clinics

Table Clinics presentations will be on Friday, October 25, during the morning and afternoon break. Winners will be announced at the Main Podium on Saturday, October 26.

The prizes are as follows:

- First place**— \$750
- Second place**—\$500
- Third place**—2019 Main Podium Recordings Package (\$349 value)

A Table Clinic consists of a five- to ten-minute presentation supported by information on the presenter's laptop. It is important that the presentation is limited to ten minutes maximum so that the judges and audience members can see each presentation. If selected, an in-person presentation is required on Friday, October 25, 2019.

The AAID will provide a small highboy table on which the presenter will place his or her own laptop. Table Clinic presenters must bring their own laptops.

Submit your ePoster and/or Table Clinic proposal on the Annual Conference Website at eventscribe.com/2019/AAID-Annual/.

newmembers

The AAID is pleased to welcome the following new members who joined between January 20, 2019, and April 18, 2019. The list is organized by state, with the new member's city included. International members are listed by country, province (if applicable), and city. (If you joined the AAID recently and your name does not appear below, it will be listed in the next issue of *AAID News*.)

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Benjamin Carl Kellum, Hoover
Leslie Barrilleaux, Huntsville

Alaska

Jongguon Kim, Anchorage

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Farhad Sharifi, Camp Verde
Daniel Kovacik, Phoenix
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Ravneet Singh Dhillon, Marina
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Tian Yuan, Rancho Santa Fe
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Omar Dyab, Redding
Hussain Alsayed, Redlands
Osman J. Cruz, Redlands
Tanner Song, Redlands
Rakesh Kumar, Reedley
Ricardo Jara Castro, Riverside
Julian Salgado Alivia, San Francisco
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Christopher Lee Gordon, Denver
Kyle C. Miller, Denver
Colleen Elizabeth Schook, Westminster

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Rodrigo Neiva, Gainesville
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Jennifer Lalli, Saint Petersburg

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Samantha Lam Cho, Vernon Hills

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Iowa

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Matthew Standridge, Yates Center

Kentucky

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Maryland

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Kavish A. Gurjar, Rockville
Aswini K. Jagadeesh, Salisbury

Massachusetts

Taraneh Naghieh, Belmont
Lauren Danielle Gadeberg, Beverly
Vinay Kapoor, East Longmeadow
Vineet Awasthy, Lowell
Stanley Xuelin Ye, Newton
Claire Edwards, Northampton
Gregory W. Monfette, Sandwich
Mansi Shah, Shrewsbury
Swagat Patel, Tyngsboro
Junsoo Kwon, West Roxbury
Vinay Battula, Worcester
Aruna Pappu, Worcester
Rohan Shah, Worcester

Michigan

Peter J. Namou, Southfield

Minnesota

Youssef Abou-Atme, Plymouth

Missouri

Mark Freeman Adams, Saint Charles

Nevada

Arin Hartounian, Las Vegas
Chun M. Tsang, Las Vegas

New Jersey

Hardeek Patel, Avenel
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 Lulia Alexandra Popescu, Berkeley Heights
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 Albana Rama, Toronto
 Jessica Tasios, Toronto
 Kinana Tujar, Toronto
 Sungwon Han, Val Caron
 Farvah Sayyad, Waterloo

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continued on page 53

New Student Members

It's never too early for dental students to become familiar with the practice of implant dentistry. And there is no better place for them to learn than from the leading organization of dental implant experts in the world. The AAID electronic membership, open only to dental students, has been in place for several years, and we currently have more than 1,000 student members who are entitled to online access to AAID information and resources. The following is a list of new student members who joined between January 6 and March 16, 2019.

Nathalie Abou Khalil
 Shaily Aghera
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 Cassidy Alwan
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 Carrol Anton
 Brooke Appelkans
 Maggie Arceneaux
 Mara Arnold
 Abigail Aviles
 Shirin Azadi
 Andrea Ballengee
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 Jacob Daniel Hino
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 Aditi Desai
 Navitinder Dhillon
 Kristen Drinkwater
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 Megan Erwine
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 Juan Fajardo
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 Sarah Forsberg
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 Morgan Paige Franco
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 Rita Garabet
 Maya Giannetti
 Spencer Gibbs
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 David Gonzalez
 Marc Gonzalez
 Justin Groody
 Dimitri Haber
 Nawar Hadid
 Lana Hashim
 Jacqueline Hassenplug
 Sophia Heitmiller
 Elizabeth Higginbotham
 Scott Hirose
 Kamal Hirpara
 Jessica Ho

Sharon Housand
 Kai Huang
 Sara Jane Hubbard
 L. Humen
 Carson Hunt
 Peter Ibrahim
 Mohan Raj Jaganathan
 Aleksandra Jakobsze
 Regina Javier
 Dana Jeter
 Yu Jiang
 Alisha Jimenez-Thompson
 Paden John
 Jennifer Jones
 Aileen Jong
 Shilpa Joshi
 Marcie Kanosky
 Katie Keck
 Connor Kelley
 Jeff Kendall
 Nasrin Khajeh
 Reza Khorasani
 Sunny Kim
 Linda Kornienko
 Urvi Kulkarni
 Olga Kvitkina
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 Linda Lee
 Matthew Lee
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2019

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 Email: drsiyer@aol.com
 Phone: 908-527-8880
 Website: www.maxicourseasia.com

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 Assistant Director: Michael E. Pruett, DMD
 Contact: Lynn Thigpen
 Email: lbthigpen@augusta.edu
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 Website: www.dentalimplantlearningcenter.com

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 Assistant Director: George Arvanitis, DDS, FAAID, DABOI/ID
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 Email: info@timaxinstitute.com
 Phone: 905-235-1006
 Website: www.timaxinstitute.com

AAID Active Study Clubs*

United States

AAID Bergen County Dental Implant Study Group

Location: Englewood, NJ
 Director: John Minichetti, DMD
 Contact: Lisa McCabe
 Phone: 201-926-0619
 Email: lisapmccabe@gmail.com
 Website: <https://bit.ly/2rwf9hc>

Acadiana Southern Society

Location: Lafayette, LA
 Director: Danny Domingue, DDS
 Phone: 337-243-0114
 Email: danny@jeromesmithdds.com
 Website: www.acadianasouthernsociety.com/upcoming-meetings.html

Alabama Implant Study Club

Location: Brentwood, TN
 Director: Sonia Smithson, DDS
 Contact: Norma Jean Applebaum
 Phone: 615-337-0008
 Email: docnj4aisg@aol.com
 Website: www.alabamaimplant.org

Bay Area Implant Synergy Study Group

Location: San Francisco, CA
 Director: Matthew Young, DDS
 Phone: 415-392-8611
 Email: young.mattdds@gmail.com
 Website: <http://youngdentalsf.com>

Calderon Institute Study Club

Location: Queens, NY /Oceanside, NY
 Director: Mike E. Calderón, DDS
 Contact: Andrianna Acosta
 Phone: 631-328-5050
 Email: calderoninstitute@gmail.com
 Website: www.calderoninstitute.com

CNY Implant Study Club

Location: 2534 Genesee street. Utica, NY
 Director: Brian J Jackson, DDS
 Contact: Tatyana Lyubezhanina, Judy Hathaway
 Phone: (315) 724-5141
 Email: bjjddsimplant@aol.com
 Website: www.brianjacksondds.com

Hawaii Dental Implant Study Club

Location: Honolulu, HI
 Director: Michael Nishime, DDS
 Contact: Kendra Wong
 Phone: 808-732-0291
 Email: mnishimedds@gmail.com
 Website: www.honoluludentaloffice.com

Hughes Dental Implant Institute and Study Club

Location: Sterling, VA
 Director: Richard E. Hughes, DDS
 Contact: Victoria Artola
 Phone: 703-444-1152
 Email: dentalimplant201@gmail.com
 Website: <http://www.erhughesdds.com/>

Implant Study Club of North Carolina

Location: Clemmons, NC
 Director: Andrew Kelly, DDS
 Contact: Shirley Kelly
 Phone: 336-414-3910
 Email: shirley@dentalofficesolutions.com
 Website: www.dentalofficesolutions.com

Mid-Florida Implant Study Group

Location: Orlando, FL
 Director: Rajiv Patel, BDS, MDS
 Contact: Director
 Phone: 386-738-2006
 Email: drpatel@delandimplants.com
 Website: <http://www.delandimplants.com/>

Monmouth Dental Implants Study Group

Location: Lincroft, NJ
 Director: Richard Mercurio, DDS
 Contact: Marth Gatton
 Phone: 732-504-6913
 Email: marty@lincroftvillagedental.com
 Website: www.Lincroftvillagedental.com

SMILE USA® Center for Educational Excellence Study Club

Location: Elizabeth, NJ
 Director: Shankar Iyer, DDS, MDS
 Contact: Terri Baker
 Phone: 908-527-8880
 Email: dentalimplant201@gmail.com
 Website: <http://malosmileusaelizabeth.com>

Canada

Vancouver Implant Continuum

Location: Surrey, BC, Canada
 Director: William Liang, DMD
 Contact: Andrew Gillies
 Phone: 604-330-9933
 Email: andrew@implant.ca
 Website: www.implant.ca

International

Aichi Implant Center

Location: Nagoya, Aichi-Ken, Japan
 Director: Yasunori Hotta, DDS, PhD
 Phone: 052-794-8188
 Email: hotta-dc@ff.ij4u.or.jp
 Website: www.hotta-dc.com

Beirut AAID Study Club

Location: Beirut, Lebanon
 Director: Joe Jihad Abdallah, BDS, MScD
 Phone: 961-174-7650
 Email: beirutdc@hotmail.com
 Website: <http://www.beirutdc.com>

Cyprus Implant Study Club

Location: Nicosia, Cyprus
 Director: Nicolas Papadopoulos, DDS
 Phone: +99606565
 Email: Info@nicosiadentalcenter.com
 Website: <http://www.nicosiadentalcenter.com/index.php>

Korean Dental Implant Institute

Location: Seoul, Korea
 President: Jaehyun Shim, DDS, FAAID
 Contact: Kyungim Yeom
 Phone: +82 10 2716 7249
 Email: ykimichelle@gmail.com
 Website: www.kdi-aaid.com

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 Website: jameswgibneydmd.com
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 Contact: Sarah Rock
 Phone: 201-871-3555
 Email: sarah.inglewooddental@gmail.com
 Website: dentalimplantlearningcenter.com

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 Contact: Sarah Rock
 Phone: 201-871-3555
 Email: sarah.inglewooddental@gmail.com
 Website: dentalimplantlearningcenter.com

Three Day Implant Placement and Bone Grafting

John C. Minichetti, DMD
 Contact: Sarah Rock
 Phone: 201-871-3555
 Email: sarah.inglewooddental@gmail.com
 Website: dentalimplantlearningcenter.com

The Bergen County Dental Implant Study Group

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 Website: www.implanteducation.net

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 (601) Bone Grafting & Sinus Elevation
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 Phone: 727-781-0491
 Email: learn@pikosinstitute.com
 Website: www.pikosinstitute.com/programs-and-courses/coursecontinuum-overview/

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 Phone: 201-871-3555
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 Website: dentalimplantlearningcenter.com

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Canada

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 Email: rosanna@dmvassos.com
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 Website: www.thebiteclub.ca

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 Phone: 780-340-6700 (Toll Free)
 Email: coriemanager@gmail.com
 Websites: www.leighsmilecenter.com;
 www.westernimplanttraining.org

Implant Connect: Prosthetic Course

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 Website: www.cditc.ca

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 Ongoing dates
 Location: Vancouver, BC, Canada
 Contact: Kim
 Phone: 800-668-2280
 Email: kimber@piidentistry.com
 Website: www.piidentistry.com

Toronto Implant Institute

Dr. Natalie Y. Wong, Director
 Advanced Hands-On Courses
 Contact: Linda Shouldice
 Phone: 416-566-9855
 Email: linda@ti2inc.com
 Website: www.torontoimplantinstitute.com

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Dr. William Liang
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 Phone: 604-330-9933
 Email: andrew@implantconnection.ca
 Website: www.cditc.ca

New Members

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INTERNATIONAL

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Tarik Pravinkumar Patel, Ahmedbad
 Puneeta Duggal Ahuja, Faridabad
 Priyanka Bansal, Pune
 Swati Bharadwaj, Pune
 Spandana Chandrasekar Sripada, Pune

Jamaica

Kumudini Poonacha, Kingston

South Korea

Shin Su Joung, Cheonan-si
 SuYeon Lee, Gyeonggi-do
 Hoseok Lee, Seoul
 Jaewoo Jung, Uijeongbu-si

New Student Members

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Punam Patel
 Kritika Paudel
 Chantol Peterkin
 Kristina Petrich
 Stella Petroff
 Tammy Pham
 Scott Philips
 Jonathan Pierpoline
 Natanael Poenaru
 Megan Popp
 Aarti Prabhu
 Rebecca Quin
 Manasa Rao
 Katie Ray
 Christiana Redmond
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Morgan D. Rigsby
 Brittany Riley
 Mary Rodriguez
 Jessica Rudman
 Mohit Sahni
 Sapna Saini
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 Slade Shepherd

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 Christian Westermeier
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 Jacob Wolkow
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 Inessa Yusupova
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