Oral cancer saga

Eva Grazel urges early detection with her moving story

By Robert Selleck, Managing Editor

Eva Grazel is an unusual late-stage oral cancer survivor. She can speak. Because of that, she feels obligated to tell dentists about their profession’s role in her delayed diagnosis and the heart-wrenching impact the illness had on her and her family. With cases of HPV-related oral cancer on the rise in young people, Grazel’s message is timelier than ever. According to the Oral Cancer Foundation, oral cancer will be newly diagnosed in about 100 new individuals each day in the U.S. alone, and because so many of the diagnoses aren’t made until long after the cancer has spread, a person dies from oral cancer every hour of every day.

Grazel is tireless in her efforts to increase awareness. Her emotional story, which she shares with dental professionals across the globe, helps further her Oral cancer saga

26,000 expected in Anaheim

California Dental Association spring meeting is global event

Dental professionals from throughout the world will gather in Anaheim May 3–5 at the Anaheim Convention Center for “California Dental Association Presents: The Art and Science of Dentistry.” More than 26,000 attendees are expected, along with nearly 600 exhibiting companies showcasing the latest in dental technology, products and services.

The exhibit hall opens at 9:30 a.m. on all three days, closing at 5:30 p.m. on Thursday and Friday and 4:30 p.m. Saturday. The event features a deep and broad selection of educational sessions for all dentists, dental assistants, hygienists, office staff members, laboratory technicians, and dental students.

Washington, D.C., is the site of the American Academy of Cosmetic Dentistry Scientific Session, May 2–5, at the Gaylord National Hotel and Convention Center. The wide variety of educational sessions includes the opportunity to earn up to 21 certified C.E. credits. Photo: By Jake McGuire provided by Destination DC.

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28th Annual AADC Scientific Session May 2–5

Endo Tribune

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IT’S GREAT TO BE ON TOP ...

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Keeping the faith

By David I. Hoexter, DMD, FACD, FICD, Editor in Chief

Sometimes, you hear about the death of a famous person who was extraordi-


darily giving, and the story needs to be told. That person is Gary Carter, and I am a New York Mets fan because of him. This is the same Gary Carter en-


shrined in baseball’s Hall of Fame, the same wonderful catcher voted MVP for his accomplishments on the baseball field, the same one who won a World Series championship and received a ring, and the same one who had so much enthusiasm while playing base-


ball that he was called the “kid.”

After his active playing days, Gary managed minor league baseball clubs. His teams always won their league championships. I wondered why the parent team, the Mets, never called him in to manage them because his teams always played with enthusi-


asm and heart.

Segueing to my opening thoughts, years ago my wife and I had friends whose son, Jon, was diagnosed with leukemia. Jon was 8 years old at the time. His ambition in life was to be a professional baseball player. Now what time. His ambition in life was to be a


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American kid at that age doesn’t dream of playing baseball? Instead, this skinny 8-year-old, having no understanding of what was happening, was restricted to a hospital bed for almost a year. I received a request from Jon’s par-


teds to try to get a photo from some famous sports personality. I phoned an MD friend of mine who was connected to a strong baseball organization. I left message after message for the photo. I would have done anything in my pow-

ter to give encouragement to this young lad. I had known this MD for more than 25 years, and yet I never even received so much as a response from him. It is very difficult and frustrating to want to help and to not be able.

Jon’s mother took the idea and phoned the Mets. Her phone call was transferred to the Mets’ clubhouse, where the person picking up the phone repeated her request out loud. Gary Carter was passing by while getting dressed for a game, and hearing the word “leukemia,” took the phone and started chatting with her. He not only visited Jon once a day, he got some of his teammates to converse or visit with him. What great medicine.

Quite some time later, Jon fortu-


ately got better and wanted to visit the Mets and see Gary Carter. Gary not only met him, but took him to the dugout and handed him a ball on which he had written, and told Jon, “Keep hold-


ing this ball and you’ll hang on to life.” I found out later that unknown to us, Gary’s mother had passed away from leukemia when Gary was 9 years old.

Among others in the clubhouse who enthusiastically encouraged Jon was Mel Stottlemeyer, the former Yankee great, and at that time the pitching coach for the Mets. Mel recounted how his son, who had


lost a son to this same dreaded disease, was his ability to give and help that raised the bar and made a huge differ-

ence in Jon’s life.

Jon fortunately got better and even-


tually became a spokesperson for the American Leukemia Society, encourag-


ing awareness and supporting its re-


search. He finished No. 1 in his class at college, got married and is now a father of a healthy young boy. Jon’s parents are still very active in the Leukemia So-


ciety and are proud to give and partici-
pate, always appreciative of the hope and encouragement that they were for-
tunate enough to receive.

Gary Carter recently passed away. Shortly after, I was shown a letter that Jon recently had written to Gary to ex-


press his deepfelt appreciation. “Weakened and fattened by che-


totherapy, without hair, I met Gary outside of the Mets dugout before the game. There, he signed a baseball for me with the inscription ‘To Jonathan. Get well soon! Keep the faith. Best of luck. God Bless, Gary Carter.’ Over the next three years, I received scores of painful spinal taps and bone marrow biopsies as part or my treatment. At every procedure, I held Gary’s auto-


graphed ball in my hands for strength. Having his words in my hands and his baseball near my heart gave me comfort and reassurance.”

Other teams may win more games, produce more championship teams, have longer TV contracts, but for me, the Mets had a winner who taught how to give without worrying about material rewards. His caring and de-


cency is being passed on. Let’s go Mets!”

I know what you did last summer

Dental device giant takes form in Japan

Kuraray, Noritake merger reported

By Daniel Zimmermann, Group Editor, Dental Tribune International

A new dental device giant is taking form in Japan. According to business reports, Kuraray and Noritake are to merge their dental operations. The transaction has been filed for clear-


ance by the Japan Fair Trade Commis-


sion and is expected to be finalized this month, representatives of both compa-


nies said.

Kuraray’s dental business, which is owned by Kuraray Medical, a fully owned subsidiary, is composed of bonding agents and fillings based on polymer and organic synthetic technol-


ogy. Noritake Dental Supplies currently distributes dental ceramics in more than 90 countries. Both companies are reported to achieve combined sales of approximately $104 million worldwide and to hold a 40 percent share of their respective market segments in Japan.

Under the agreement, both business-


es will be joined in a new holding com-

pany and effectively merged sometime in April. It is also reported that Kuraray will be taking a two-thirds majority stake in the new company.

Kuraray Medical President Sadaaki Matsuyama said that with the merger his company wants to strengthen its share in domestic and overseas mar-


kets. Overall, the company aims to boost sales to nearly $245 million in the next seven to eight years, Matsuyama said.

According to industry reports, do-


mestic medical and dental device sales in Japan have declined in conjunction with a lowering in demand for dental services. In particular, dental patients are buying fewer higher-end products and services, such as implants and ce-


ramics.

With annual sales of $20 billion, the Japanese market for medical and dental equipment is the second largest in the world. The country imports only 20 percent of such equipment.
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Oral radiotherapy technique targets only cancerous tissue

Researchers at the University of Granada and the Vírgen de las Nieves University Hospital in Granada, Spain, have developed a new radiotherapy technique that is less toxic than traditional methods because it targets only cancerous tissue.

The new protocol provides a less invasive but equally efficient postoperative treatment for cases of cancer of the oral cavity and pharynx. It’s been 13 years since Grayzel’s diagnosis of squamous cell carcinoma and the radical treatment that took a third of her tongue, her entire left sternocleido-mastoid muscle, much of her saliva flow and nearly her life. But it’s her account of how the illness affected her relationship with her two young children that is perhaps the most transfixing. Today, she calls herself lucky, not just because she’s alive and cancer-free, but also because unlike so many late-stage survivors, she literally kept the tip of her tongue, physically enabling her to clearly and passionately articulate her message.

Grayzel spoke with Dental Tribune shortly before her appearance at the 2012 Yankee Dental Conference.

Aren’t oral cancer screenings already part of a routine dental checkup?

The American Dental Association’s guidelines say every checkup should include an oral cancer screening. But the guidelines do not say what an oral cancer screening entails, such as how many steps or how long it should take. As a result, some dentists might think they are doing oral cancer screenings, but they may be falling short. Did they pull out the tongue for lateral inspection? Did they feel the palate to see if it was soft and hard in the right places? Did they ask the patient to say “Aah” so they could look at the symmetry of the back of the throat? Did they check the lymph nodes under the chin? Did they feel the neck for enlarged lymph nodes? Did they flip the lips out to look inside the lips and cheeks? That’s all a part of it. If patients don’t get that, they should personally demand it.

With just 3 percent of cancers in the U.S. occurring in the oral cavity and pharynx, why are enhanced awareness and comprehensive screenings by dental professionals so critical?

Oral cancer kills. It’s critical that dentists serve their patients right by providing the best care possible. After I was diagnosed, I wanted to know why the heck the dentists I had turned to didn’t know what was staring at them from my lateral tongue. You didn’t have to magnifying glass. You didn’t have to look way back. It was right there, a huge ulceration that was there for months.

Dentists are not mandated to have any continuing education in the early detection of oral cancer, which is dentistry’s deadliest disease. The state of New York is the only exception, requiring one-two hour course to maintain licensure. It’s more than critical, it’s criminal for dentists not to do screenings properly and thoroughly, to do that they need current education keeping up-to-date in detecting the early signs. The tagline for the five-step Screening campaign is, “If you’re not getting it, ask for it!” If enough patients demand it, dentists will have to change what they know about oral cancer to provide the best care for their patients.

Would mandated C.E. requirements in oral-cancer screening have made a difference in your care?

(Source: University of Granada)