Protein that helps suppress oral cancer diminishes with age

Researchers at UCLA have found that a protein that serves as a suppressor of cancer diminishes in skin and mouth epithelial cells as the human body ages.

Dr. No-Hee Park, dean of the UCLA School of Dentistry, and his research team have been studying p53, a tumor suppressor protein known as “the guardian of the genome” because of its involvement in DNA repair, cell cycle regulation and cellular deterioration.

“Looking at ways to maintain levels of p53 as one ages may provide a therapeutic clue to preventing cancer development,” said Park, who is also a distinguished professor in the departments of dentistry and medicine at UCLA.

Previous studies have shown that p53 accumulates in large quantities as connective tissue cells, called fibroblasts, age and stop dividing. It has been believed that the accumulation of p53 causes cells to stop dividing, which prevents out-of-control cells from growing into tumors.

In a paper published online by the journal Aging Cell, the researchers found that in epithelial cells lining the skin and the mouth, the level of p53 is reduced, rather than enhanced, when cells age.

Epithelial cells line the major cavities of the body, including most organs, such as the mouth, stomach, small intestine, kidney and pancreas. These cells have a set level of p53 that provides protection from environmental factors. With less p53, older epithelial cells have a harder time maintaining the integrity of their genetic material when they encounter carcinogens, which allows cancer to develop.

Park and his team reported that in humans, the level of p53 in skin and mouth epithelial cells decreases with age by genetic (external and environmental) factors, not by the changes of the p53 DNA sequence. “Inasmuch as approximately 90 percent of human cancers are originated from epithelial cells, we suspect this may have to do with the increased incidences of skin and oral cancers in elderly patients,” said Dr. Reuben Kim, an associate professor at UCLA Dentistry and a corresponding author of the study.

The study’s other authors are Drs. Mo Kang, Teressa Kim, Paul Yang, Susan Bae, Drake Williams, Samantha Phung, Ki Hyuk Shin and Christine Hong, all of UCLA Dentistry. The study was supported by the National Institute of Dental and Craniofacial Research of the National Institutes of Health and by the University of California Cancer Research Coordinating Committee and the UCLA Chancellor’s Office.

(Source: UCLA)
New meaning to being green in Vancouver

2016 Pacific Dental Conference to incorporate St. Patrick’s Day festive spirit

With opening day of next year’s Pacific Dental Conference falling on St. Patrick’s Day, attendees will get to experience the Irish holiday with a Western Canada flavor — while also earning C.E. credits. The PDC, which typically attracts more than 12,500 dental professionals, will be from March 17–19 in Vancouver. More than 150 local, North American and international speakers will present 150 open sessions and 36 hands-on courses covering a variety of topics. Attendees also will be able to explore Canada’s largest two-day dental tradeshow (with more than 300 exhibitors), getting the year’s first chance in Canada at seeing the latest in dental equipment and services.

For most attendees, C.E. credit is given for general attendance (up to five hours) and individual courses (up to 10 C.E. credits). Online registration opens Oct. 15 at www.pdcconf.com. Special hotel rates are available now.

(Source: Pacific Dental Conference)

It’s not just the roof of the Vancouver Convention Centre that will be green at the next Pacific Dental Conference. Because the 2016 PDC opens on St. Patrick’s Day, attendees will get the chance to experience Western Canada’s take on the Irish holiday.

Interest growing in bio-emulation

By Dental Tribune International

The 2015 Bio-Emulation Colloquium, held July 4 and 5 in Berlin, more than dou-
bled in attendance compared with its pre-
miere last year in Santorini, Greece. More than 300 dentists and dental technicians attended the 16 lectures and 13 workshops on biomimetics in dentistry.

The event was organized by Dental Tri-
bine International in collaboration with the Bio-Emulation Group.

Key opinion leaders in adhesive and re-
storative dentistry provided insights on the latest methods in a histo-anatomical approach to emulating nature and achieving high esthetic standards.

Attendees learned about mechanical and optical properties of natural teeth and gained knowledge on techniques and materials. Many of the workshops, such as Dr. Pascal Magne’s session on dental mor-
phology function and esthetics, were fully booked. More than 95 percent of attendees completed evaluation surveys said they would “definitely recommend” the event.

The colloquium was held at the Euro-
pean School of Management and Technol-
y, a historical site in the center of Berlin, next to the office of the German Ministry of Foreign Affairs. The landmark building was refurbished in 2004 and 2005, trans-
forming into the private business school.

Dental manufacturer GC Europe was the event’s main sponsor, and Shofu Dental Corp. was the official partner. Other spon-
sors/supporters were Ivoclar Vivadent, CROIXTURE, American Dental Systems, ana
dent and Velocip International.

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Rhein’83 OT Equator has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm

Rhein’83, a global producer of precision attachments on removable prosthesis, describes its OT Equator as the smallest dimensional attachment system on the market. It has a reduced vertical profile of 2.1 mm and diameter of 4.4 mm (metal housing included). It is compatible with any implant brand. Because of its shape, Equator provides superior stability when compared with traditional attachments, according to the company. It corrects divergence of up to 25 degrees, the company reports. Functionality is guaranteed by coupling of attachment and cap.

Caps are available in four colors, based on levels of retention — from a minimum of 0.6 kg to a maximum of 2.7 kg. Caps should always be used with metal housing.

To learn more about OT Equator, you can contact the company by email at info@rhein83usa.it or by telephone at (877) 778-8383. You can visit the company online at www.rhein83usa.com to learn more about all of its products and services, including the OT Equator.

(Source: Rhein’83)
Interested in owning a practice? Check Wiley’s papers on ownership.

Aspen Dental provides its affiliated dentists with the support and development needed to hone dentistry skills and advance professionally as dental practice owners. Photo/Provided by Aspen Dental

Aspen Dental has teamed with Wiley Publishing, the leading source of academic materials for professionals, to offer free educational articles on the business of dentistry.

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(Source: Aspen Dental)

by filling out a simple form.

The winner will receive an all-expense paid trip to the Little League Baseball World Series in Williamsport, Pa., and a $500 cash prize. In addition, OHA will make a $500 donation to the player’s Little League organization.

For more information about the contest or to submit a slogan, you can visit the contest website, www.nstep.org/contest.

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Little League Baseball and Softball is the world’s largest organized youth sports program, with nearly 2.4 million players and 1 million adult volunteers in every U.S. state and scores of other countries. To learn more, visit www.LittleLeague.com.

(Source: Oral Health America)
Implant-supported total prosthesis in the daily routine

By Dr. E. Veralli and Odt. Luca Ruggiero

Introduction
In a total edentulism, the prosthesis with a mix of implant support and mucous support represents the boundary between the resilient prosthesis (mucosal supported) and the rigid prosthesis (implant supported).

The prosthesis retained with OT Cap attachments or OT Equator is a hybrid prosthesis that must comply with a set of parameters typical of traditional prostheses. Numerous scientific studies demonstrate that two implants are sufficient to stabilize mandibular complete dentures and to improve significantly the edentulous patient’s quality of life. Four implants can noticeably improve the prosthesis retention.

Clinical case
In a total edentulism, the prosthesis with a mix of implant support and mucous support represents the boundary between the resilient prosthesis (mucosal supported) and the rigid prosthesis (implant supported). The clinician must carefully assess the suitable number of implants to support an overdenture to identify the ideal restoration solution.

A systematic review of the literature reveals a lack of information about the ideal number of implants for a removable restoration in an edentulous patient; however, most studies propose to insert two to four implants in the mandible.

We will illustrate all laboratory clinical stages according to Prof. Gerber’s methods. These steps will lead to the production of an overdenture with OT Cap attachment and OT SpheroBlock abutments on four implants in the lower jaw and complete prosthesis with mucous support for the upper.

Fig. 1 Fig. 2
Fig. 3 Fig. 4
Fig. 5
Fig. 6
Fig. 7
Fig. 8
Fig. 9
Fig. 10
Fig. 11
Fig. 12
Fig. 13
Fig. 14
Fig. 15
Fig. 16
after evaluating with the patient the costs and benefits of the various therapeutic options, we chose a solution with SpheroBlock Abutments. Two implants of 3.5 mm and two of 3.0 mm diameters convinced us to abandon the option of a bar because of insufficient implant support.

We placed four implants in the mandibular arch, and after osteointegration, the clinician proceeded with the preliminary and final impressions.

After the master models (Figs. 1, 2) were created, in the laboratory two resin bases with occlusal rims were used for registration of intermaxillary relations.

In the dental office, the occlusal rims were leveled and adapted individually, establishing a first provisional DVO with the use of conventional methods (Figs. 3, 4). Then the models were mounted in the articulator, taking as reference the Bonwill and Balkwill triangles (Fig. 5).

We analyzed the shape of the jaw, as well as the three-dimensional interalveolar relationships, as is usually performed for a full dental prosthesis with mucous support.

We traced on the exterior face of the model the trend of the ridge, to ensure proper implant placement according to the method of Prof. Gerber, using rulers and a compass profilometer. With the latter we also drew the trend of both upper and lower wax rims (Figs. 6–8).

A silicone key was used to record all information concerning the position and dimensions of the upper wax rim, previously set up in the office (Fig. 9). Only with the silicone key complete were we ready to remove the wax from the basis.

Using the CRS 10 set, we decided to give support to the basis with the same self-curing resin (Figs. 10–12). Our concern was that recording the intraoral relation with conventional hard wax could introduce minor deformations. We delivered this set to the dental office together with a new upper rim basis for taking of the face bow (Fig. 13).

The patient’s movements of protrusion and laterality were tracked on the bottom plate, which was smeared with a suitable marker to record the relative trajectories (Fig. 14). With appropriate material, we blocked the final centric relationship (Fig. 15), and we placed the face bow (Fig. 16) for the orientation of the models.

The articulator was mounted with the universal face bow accessory (KaVo, Quack, Ivoclar, Sam).

We first fixed the upper model and then the lower (Fig. 17). Next, guided by the silicone keys, we assembled the teeth respecting the upper front esthetic refer-

Fig. 17: The final set up in the articulator.
Fig. 18: Assembling group upper front.
Fig. 19: Assembling group inferior frontal.
Figs. 20, 21: Mounting diatoric areas.
Fig. 22: OT Sferoblock micro on the model.
Fig. 23: Steel housings for OT cap micro.
Figs. 24, 25: Prostheses in the flasks.
Fig. 26: Prostheses cured.
Particular attention was given to the lower front teeth to ensure a tooth-to-tooth relationship starting from the canines to enable mounting of the posterior teeth according to the method of Prof. Gerber (Fig. 19).

We drew a vertical line in the upper premolar, which started at the mesial fossae and continued on the vestibular surface. We drew a vertical line on the lower premolar that started at the cuspid and continued to vestibular. The two lines needed to overlap one another perfectly (Fig. 20).

We completed the assembly of the molars, and the prostheses (Fig. 21) were sent to the dental office for routine checks.

We chose four OT micro Sferoblock with the appropriate transgingival height (Figs. 22, 23), and the lower model was duplicated with the OT Cap’s analogues. The prostheses were then cured with resin using traditional techniques and the flasks (Figs. 24, 25), eventually placed in the articulator for selective grinding (Fig. 26).

The prostheses were finished and polished (Figs. 27, 28), the abutments screwed and prosthetic delivered to the patient (Figs. 29, 30).

**Conclusion**

Dentures with mucous support and retained by attachments still must respect all of the prescriptions and principles followed to create the rational basis of a conventional full denture.

**Materials and equipment:** Candulor articulator; Teeth Physioset ct and ct Condyleform Candulor; flasks JST Candulor; Resin C-plast Candulor; Esthetic resin Candulor; CRS set Candulor; OT Sferoblock micro Rhein’83; Cuff Height measurer Rhein’83; OT Cap micro Rhein’83; Parallelometer key for OT Cap Rhein’83; Waxlectric Renfert; Waxprofi Renfert.

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Three secrets to esthetic anterior CEREC CAD/CAM restorations

Live Sept. 3 webinar shows how to achieve optimal restorations

Most dentists regularly using CAD/CAM technology in their practice become proficient with posterior restorations. But anterior restorations are more challenging in terms of line angles, incised edges, emergence profile, texture and characterization. This has led many dentists to avoid or dread anterior restorations with CAD/CAM technology.

Esthetic results combined with the convenience of same-day dentistry leave patients thrilled with their experience, promoting loyalty and referrals to your practice. In a live webinar, “Demystify Anterior CERECs: 3 Secrets to Esthetic Restorations,” at 8 p.m. ET, Sept. 3, at www.dtstudyclub.com. Photo/provided by Pacific Dental Services.

CERECs 3 Secrets to Esthetic Restorations

Live Sept. 3 webinar shows how to achieve optimal restorations

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Esthetic results combined with the convenience of same-day dentistry leave patients thrilled with their experience, promoting loyalty and referrals to your practice. In a live webinar, “Demystify Anterior CERECs: 3 Secrets to Esthetic Restorations,” you’ll learn all the design methods available with CEREC software for anterior restorations and how to select the correct technique.

Once you’ve selected the right design technique, results can be enhanced with post-mill contouring. You’ll learn techniques that can be done quickly and efficiently to contour restorations post-mill for producing the most realistic results.

Finally, the most esthetic results can be achieved through polishing or staining and glazing. Every case is different, and you’ll learn when to stain and glaze and when just polishing will provide the most life-like appearance. Techniques covered in this webinar will help you feel more confident using CAD/CAM for anterior restorations and produce same-day results that your patients will love.

(Source: Pacific Dental Services)
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Summer symposium in San Fran

ICOI’s event to focus on theme, ‘Knowledge Above Opinion’

By Sierra Rendon, Managing Editor

This August, the International Congress of Oral Implantologists will once again host its ICOI 2015 Summer Implant Symposium. This year’s symposium, taking place at the San Francisco Marriott, will center on the theme of “Knowledge Above Opinion,” according to the event’s Scientific Program Chairman, Dennis Smiler, DDS, MScD.

“Learning is an aggressive act — you have to ‘show up’ and attend meetings, practice what you have learned and then go on to acquire more education,” Smiler says. “The ICOI is pledged to be with you every step along the way.”

Smiler says the event’s course material is planned to enrich attendees’ education and enhance each clinician’s practice. The curriculum includes discourses, case reports, hands-on workshops, and interactive learning sessions.

PREVIEW

Case: Intraoral welding and lingualized occlusion

By Luca Dal Carlo, DDS, Franco Rossi, DDS, Marco E. Pa squalini, DDS, Mike Shulman, DDS, Michele Nardone, MD, Sheldon Winkler, DDS, and Tomasz Grotowski, DDS

Members of the Italian affiliate of the American Academy of Implant Prosthodontics, NuovoGISI, have long and successful experiences with immediate loading of maxillary implants connected together by intraoral welding.

Acknowledgement: The technique utilized in the clinical report follows the Auriga procedure developed by Dr. Luca Dal Carlo.

For the complete case, please see the upcoming issue of implants, the international C.E. magazine of oral implantology. It will also be available online at www.dtstudyclub.com by Aug. 10.

Read the full case study in the next issue of implants, the international C.E. magazine of oral implantology, or online at www.dtstudyclub.com.
California Implant Institute presents live patient surgical courses in Mexico

By California Implant Institute Staff

The California Implant Institute is pleased to present five-day Level I and Level II comprehensive live patient surgical externship courses in Baja California, Mexico, this year.

Level I course
Attendees of the Level I course will implement step-by-step implant surgical protocols on live patients under the supervision of Louie Al-Faraje, DDS, and additional faculty.

The five-day course will include eight hours of lectures on diagnosis and treatment planning of implant cases (around two hours each morning). Each attendee will place 10-15 implants and assist with multiple implants on live patients.

Course participants will increase their knowledge and skill in the areas of flap design, alveoloplasty, implant placement, bone grafting and suturing techniques. Upon completion of the externship, attendees will have smoother implant placement, bone grafting and suturing of flap design, alveoloplasty, implant placement, bone grafting and suturing.

Level II course
Attendees of the Level II course will increase their knowledge and skill level in the areas of advanced implant surgical techniques, including lateral-window sinus lifting, maxillary and mandibular ridge expansions, CT graft and block grafting. Level II participants will work also with Piezotome and CO2 laser units, which are available at each Level II working station. Attendees will add advanced implant-related surgical procedures to their practice.

Upcoming courses
The live patient surgical externship in Mexico is provided four times a year. Each of the Level I and Level II programs offer 40 C.E. credits. Complete information on the externship, including tuition, testimonials, staff bios, accommodations and location, can be found at www.implanteducation.net, by calling (858) 496-0574 or by e-mail at info@implanteducation.net.

Academic director
Dr. Al-Faraje is a private practitioner as well as the founder and director of the California Implant Institute, which conducts a one-year fellowship program in implant dentistry. He is a fellow of the American Academy of Implant Dentistry and a diplomat of the International Congress of Oral Implantologists and the American Board of Oral Implantology.
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Sterngold’s new Stern SNAP Angled Overdenture Implant Abutment System approved by the FDA

By Sterngold Dental Staff

Sterngold Dental is pleased to announce it has received FDA market clearance for the new Stern SNAP Angled Overdenture Implant Abutment System.

The new Stern SNAP Angled Overdenture Implant Abutments will work with many popular implant systems, according to the company. Its innovative two-piece design allows the SNAP Angled to perform True Angle Correction of up to 20 degrees on divergent implants, without the need to rely on a hinging attachment. The SNAP is also available in a straight version for implants within 10 degrees of parallel.

The system features a new maximum durability cap (available at 1, 2 and 3 pounds) that does not require a housing, making for a low profile of only 2.5 mm and requiring less space in the denture.

The Stern SNAP is an innovative, predictable and economical solution for stabilizing patients’ dentures, the company asserts.

For more information, call (800) 243-9942 or visit www.sterngold.com.

About Sterngold Dental

Founded in 1897, Sterngold Dental, LLC, is a world leader in dental products and specializes in alloys, attachments, implants and restorative systems. Examples are the Stern ERA family of resilient dental attachments and the Natural Profile Abutment System for esthetic restoration of osseointegrated implants. Sterngold Dental, LLC, is EN ISO 13485:2003 (CMDCAS) certified, and it also complies with the European Medical Device Directive (93/42/EEC), FDA Quality System Directive (21CFR820) and MHLW Ministerial Ordinance No. 169. All products and procedures are closely monitored under these quality systems. Sterngold Dental’s implant products have full approval to market in the United States, Sweden and more than 20 other countries. For more information, visit www.sterngold.com.
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– Timothy Kosinski, DDS, MAGD; Bingham Farms, Michigan

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– Paresh Patel, DDS; Mooresville, North Carolina

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The Hahn Tapered Implant: 45 years in the making

By Keith Peters, Contributing Editor, Inclusive magazine

Since placing his first implant nearly 45 years ago, Dr. Jack Hahn has spent much of his career as an implantologist thinking of ways to make treatment more accessible to the practitioner as well as the patient. Implant design has improved dramatically during that time, with Hahn spearheading key innovations that have helped make implant therapy the essential mode of dental treatment it is today. From the endosseous blade-form implant he helped Miter Inc. develop in 1978 to the newly released Hahn™ Tapered Implant, Hahn’s efforts have been driven by the desire to continually improve in order to make treatment simpler and more predictable.

“The easier we make it to position the implant for a restoration that looks like a natural tooth, the better results we’ll have,” Hahn said in a recent interview.

It was this line of thinking that inspired Hahn’s idea for the first tapered implant. After a long day that included several cases in which he had difficulty placing parallel-walled implants in the anatomically restricted space of the anterior maxilla, Hahn had an epiphany: “The tooth I was replacing was taper-shaped, so why was I putting in a square peg?” That very night, he sketched out the concept.

Steve Hurson, former chief scientist for Nobel Biocare, has said of this industry-changing innovation: “Dr. Hahn identified a need for an implant with a narrower apex, which would achieve higher primary stability in soft bone. The concept was to have an implant design that would have the tapered shape of a tooth root resulting in a system with outstanding predictability.”

In essence, this was an extension of the philosophy that inspired the design of the machined collar Hahn helped Steri-Oss develop. “By designing a 4 mm machined collar that was more like the neck of a natural tooth root, we were able to prevent crestal bone loss and improve outcomes,” he said.

This drive to constantly improve has not always been met with open arms. In fact, his role with Steri-Oss was borne of a disagreement with Miter Inc.

“The Titanodont implant had some problems, including an abutment attachment that lost its retention after a few years and fins that would become exposed if there was any crestal bone loss. So I proposed a machined collar with a new prosthetic connection,” Hawn said. “They said they couldn’t do it because it would be too expensive to change the machinery. I didn’t want to have my name associated with the implant any longer if they weren’t going to correct the problems.”

This led Hahn to other endeavors, including his role with Steri-Oss and, eventually, Nobel Biocare.

After the NobelReplace™ tapered implant system launched in 1997, Hahn continued placing and restoring implants, completing thousands of cases. This experience afforded clinical observations that would serve as the basis for a new implant design that Hahn considers his best.

“I came to Nobel with my idea for a new implant in 2012, conceptual engineering drawings in hand, and they said, ‘Replace is so successful, why change now?’” Hahn said he replied. “Apple has become one of the most successful companies in history by constantly innovating. Why shouldn’t we do the same in dental implants?”

Hawn continued, “I had been placing implants for decades, and there were still problems we could solve with a new design. I had this implant that would be easier for doctors to place, with a simpler drilling protocol and a thread design that would allow for efficient placement and a high degree of primary stability.”

Wanting to take his design concept to the next level, Hahn began pursuing alternatives, an effort that eventually led him to Gildewell Laboratories.

“I knew a lot of the Gildewell people from my days at Steri-Oss and Nobel, and they were happy to meet with me,” he said.

The resulting partnership culminated in the recent launch of the Hahn™ Tapered Implant System. Nobel Biocare, and Hahn said he couldn’t be happier with the results.

“When I first visited their facilities, it was immediately apparent that their manufacturing capabilities are state-of-the-art,” he said. “Their engineering team has the technology and know-how to bring design concepts to life with astonishing speed and precision, and their expertise on the prosthetic side of implant dentistry has been invaluable in creating an implant that is as simple to restore as it is to place.”

Dr. Jack Hahn receiving the Lifetime Achievement Award from the American Academy of Implant Dentistry.

With a career that speaks volumes on the importance of continual innovation, Hahn said he’s proud to have his name on an implant that contributes to the forward progression of implant dentistry while reducing the cost of treatment.

“The better we make implant design, the more accessible we can make implant dentistry to doctors so they can improve their practices and the quality of life of their patients,” he said.

Editor’s note: The Hahn Tapered Implant is a registered trademark of Gildewell Laboratories. NobelReplace is a registered trademark of Nobel Biocare.
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ICOI ATTENDEES VISIT BOOTH 515
ICOI and its German affiliates to celebrate World Congress in Berlin

By Craig Johnson, ICOI, Executive Director

The International Congress of Oral Implantologists (ICOI), its component society, the Deutsche Gesellschaft fur Orale Implantologie (DGOI), and German affiliate, Bundesverband der Implantologischen Tätigen Zahnarzte in Europa (BDIZ EDI), will join hands as they present ICOI’s World Congress XXXII in the capital of Germany, Berlin.

The dates for this World Congress will be Oct. 15-17. The venue for the meeting will be the Maritim Hotel Berlin. The theme for this congress will be “Evidence-Based Innovations in Oral Implantology.”

True to the title of World Congress, the faculty will bring together clinicians and academicians from around the world as they present the latest in dental implantology on topics such as soft-tissue applications around implants, growth factors in surgical healing, treatment of periimplantitis, digital communication skills for minimally invasive surgery and much more.

On Thursday morning, Oct. 15, the congress will begin with a four-hour “Young Implantologists” program. Delegates to this congress will want to take advantage of what is new on the horizon as presented by “up and coming” implantologists Roberta Gasparro (Italy), Terusaki Homma (Japan), Elisa Choukroun (France).

A social highlight for the congress will be the Gala Dinner to be held on Friday evening at the beautiful Restaurant Maritim. The gala will immediately follow the presentation of ICOI’s awards ceremony and promises to be a night to remember. The food and drink will be complemented by a rousing band brought in from Baden Baden that will entertain the guests as they dance into the night.

Berlin is not only the capital of Germany but also its cultural center, famous now for its museums, its philharmonic orchestra, multiple opera companies, modern architecture and captivating nightlife. Visitors to the new Berlin can also see reminders of the city’s 20th-century history, including the Holocaust memorial and the Berlin Wall memorial and the Brandenburg Gate, a symbol of Berlin’s unification. Plan to visit Germany with ICOI at this perfect time of year.

For more information and to register for this World Congress, please visit the ICOI website, www.icoi.org.

academy of osseointegration puts out call for abstracts for 2016 meeting

Abstracts are now being accepted for the 2016 annual meeting of the Academy of Osseointegration (AO), occurring Feb. 18-20 in San Diego. The theme of the meeting will be “Globalization of Implant Dentistry: A World of Collaboration.”

Researchers who are interested in dental implants and tissue engineering are invited to submit an abstract online by 11:59 p.m. Central Time on Friday, Aug. 28.

E-Posters were introduced at AO’s 2015 annual meeting for the first time. To digitally view some 300 e-Posters, visit www.osseo.org and click on the “View e-Posters” button. Search for each poster by its number, title, author or keyword.

AO is currently accepting abstract submissions for e-Posters in the following categories:

- Scientific research
- Clinical research
- Clinical innovations and case presentations
- Systematic reviews including meta-analysis
- Case studies

AO is also accepting submissions for oral presentations in the following categories:

- Scientific research
- Clinical research
- Clinical innovations

To submit an abstract, visit www.osseo.org and click on the “2016 Annual Meeting Abstract Submission” button. Submissions will guide submitters through the process. There will be a $50 fee for all abstract submissions. Additional information regarding the e-Poster submission process will be sent in October once the presenter’s abstract has been accepted.

AO’s Research Submissions Committee and the Clinical Innovations Committee will blindly review submitted abstracts for quality and appropriateness of content and presentation. Eight oral-clinical, eight oral-scientific and 20 clinical- innovation abstracts will be selected for presentation at the annual meeting.

During the AO Annual Business Meeting on Feb. 20, awards and plaques will be presented for the best oral presentations and e-Posters. The best oral-scientific research and best oral-clinical research presentations will be awarded $1,000 and the best clinical-innovations presenter will receive $500. The first-place e-Poster will receive $500, second place $250, and the best case study will receive $50.

If members have questions about oral presentations or e-Posters, they should contact Kim Scroggs, AO Manager of Education, at kscroggs@osseo.org or at (847) 439-1919.

For more information on the upcoming symposium, please visit www.icoi.org/symposiums.php.
ONE-YEAR FELLOWSHIP PROGRAM IN IMPLANT DENTISTRY

San Diego, CA  Starting January 2016

Key Educational Objectives

Surgery-related topics:
Surgical anatomy and physiology, patient evaluation for implant treatment, risk factors, vertical and horizontal spaces of occlusion, bone density, implant surgical placement protocols, computer guided implant placement and restoration, immediate load techniques, mini implants, bone grafting before, during and after implant placement, alveolar ridge expansion using splitcortical technique, guided bone regeneration, sinus lifting through the osteotomy site and the lateral window, block grafting, BMP-2 / ACS graft with titanium mesh.

Prosthodontics-related topics:
Impression techniques, restorative steps for implant crown and bridge, implant prosthodontics for the fully edentulous patients, high-water design, bar-overdenture, CAD/CAM designs, biomechanical principles, biomaterials, implant occlusion and more.

Faculty:
Dr. Louie Al-Faraje, Dr. James Rutkowski, Dr. Mamaly Reshad, Dr. Christopher Church, Renzo Casellini, CDT and more.

Hands-on Sessions:
Hands-on workshops will be provided on models and pig jaws.

LIVE Surgeries:
Selected LIVE surgical procedures will be performed during the program.

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