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Learn Together to Grow Together



By Alayna Schoblaske

IT WAS A FRIDAY MORNING IN LATE April. I was up earlier than I wanted to be, but excited about the day ahead. The Southern Oregon Dental Society—my local ODA component group—was *finally* hosting an in-person CE course with Dr. David Hornbook. We had planned to hold the event in May 2020, but we all know how that went. As I stood by the door to the conference room sipping hotel coffee and checking in participants, I remembered what makes our Southern Oregon dental community so special.

“Hi, Jim! So glad you could make it!”

“Nicole, right? We’ve emailed so much but I’ve never met you in person—I’m Alayna.”

“Wow, Roland, thank you so much for coming down from Seattle!”

“Hey, Dana! How did that case go last week?”

Thirty other dentists had also woken up earlier than they wanted to because they were excited, too. Excited about the learning, and (maybe even more) excited about the community.

Over the next seven hours, we learned about dental ceramics, cementation, and implants. We talked to vendors about their products and got to hold samples in our own hands. We shared pearls for how we approach our crown preps. We shared frustrations about getting the shade match just right on a stand-alone anterior crown, or managing isolation for the

cementation of a #18 crown. We also talked about our weekend plans and gushed over how good the brownies were. Mostly, we were together.

This reminded me of the importance of gathering with other dentists to learn. While I personally think that there will continue to be a time and a place for virtual CE opportunities, I also think that it is imperative that we learn in person, too. Learning is not always a linear process. It doesn’t always begin with the perfect question. Sometimes, I might notice a subtle curiosity and ask my neighbor about that during lunch. Thirty minutes later, that one question has opened up the door to questions I might have otherwise written off or ignored. This is the magic of learning together. These subtle questions might not seem worth asking in a Zoom format, but they do bubble to the surface in person and allow for a rich learning experience.

So, I would encourage you to get involved with study clubs, component dental societies, partner organizations like Academy of General Dentistry, or any setting where you continue to hone your skills while building friendships for collaboration and support. As Dr. Scott Hansen, a fellow ODA member and fellow CE fanatic says, “Being around other dentists is therapeutic because we learn that we are not alone with our stresses and tough times.”

If you are a new dentist—the last two years have been a hard time to get involved. I get it! The

good news is that many groups are returning to in-person events, and this is a great opportunity to connect with your community. If you are wondering where to start, try finding out who your component president is and reach out to that person. You can find all of that information on the ODA’s website at <https://www.oregondental.org/about-us/component-dental-societies>. You may also want to reach out to the specialists that you work with, since some specialists coordinate local study clubs.

If you are an experienced dentist—get back to that study club you used to go to (or still do), and invite a colleague to join you! Whether you haven’t been to a study club or CE class in years, or whether you go all the time, your attendance matters. The more perspectives we have represented, the more we can learn.

To all dentists—if you want to see more learning opportunities in your community, start something! It could be as simple as ordering takeout pizza, gathering 4-5 dentists to watch a free virtual CE lecture in your living room, and discussing it afterward. I’m sure you will still experience learning and connection...and you never know what it might turn in to!

When we embrace the Oregon Dental Conference theme of “Connect, Learn, and Grow” all year-round, we create greater clinical excellence for ourselves (and our patients), and we create greater camaraderie for our community. 🌟

The opinions expressed in this editorial are solely the author’s own and do not reflect the views of the Oregon Dental Association or its affiliated organizations.



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Lane County Dental Society

Jui Chun Cheng, DMD
Multnomah County Dental Society

Melissa Dixon, DMD
Marion and Polk Dental Society

Kaushali Patel, DMD
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WHERE RELATIONSHIPS RULE

Events & Education Component CE Calendar

Calendar provided by Mehdi Salari, DMD

This calendar is current as of April 10, 2022.

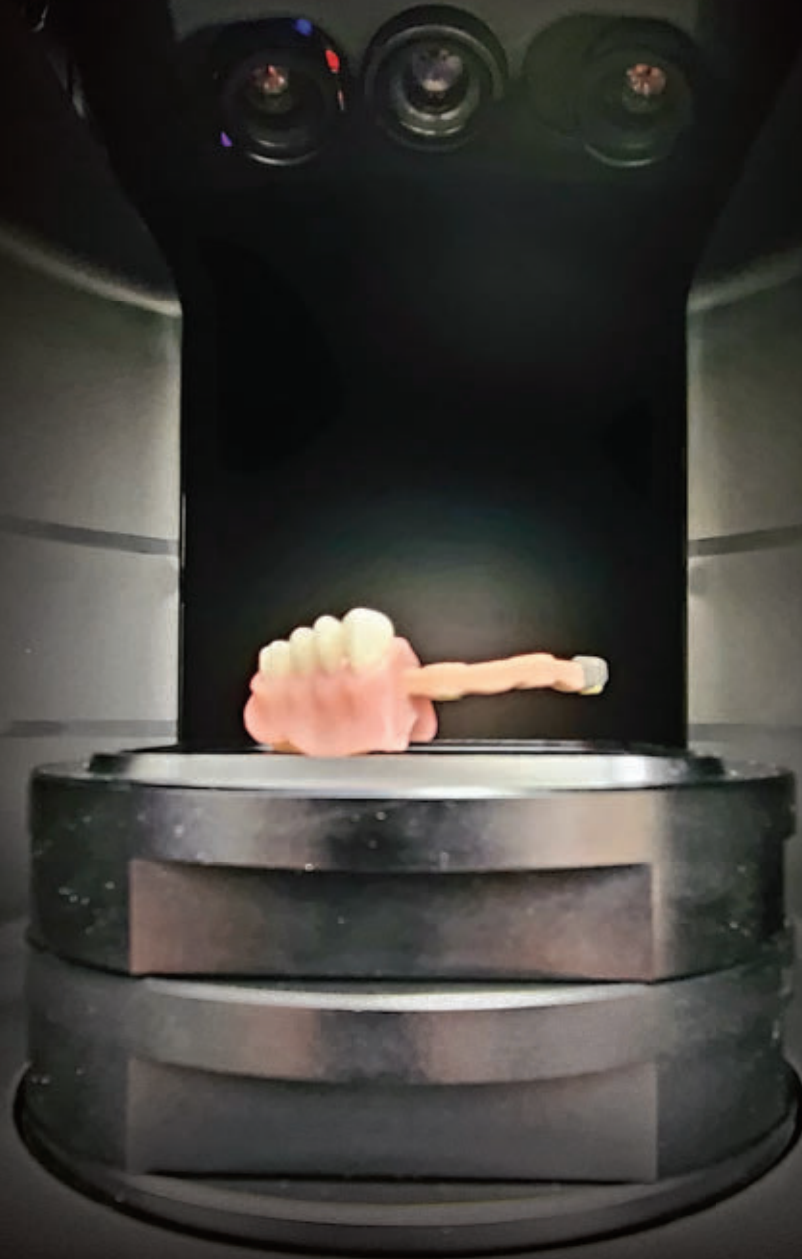
Due to the COVID-19 pandemic, events may be altered or postponed.
Please visit the host dental society website for the most up-to-date information.

Date	Dental Society	Course Title	Speaker	CE	Location	More Information
05/17/22	Lane	Reality Check: Cultivating Care for Trans/Gender Diverse Individuals and Communities	Oblio Stroyman, M.Ed.	2	Webinar	office@lanedentalsociety.org
05/18/22	Multnomah	Table Clinics	-	1	The Kennedy School	Register: www.multnomahdental.org
05/19/22	Central Oregon	Top 7 Reasons for Early Orthodontic Intervention	Shannon Woods, DMD	2	Bend (Riverhouse Convention Center)	drjessicahenderson@gmail.com
05/24/22	Clackamas	TMJ Lecture	Allison Harney, PT, DPT	2	Zoom	RSVP to: executivedirector@clackamasdental.com
10/16/22	Multnomah	3D Printing Techniques - Bio Engineering	Luiz Bertassoni, DDS, PhD	2	(Portland) OHSU School of Dentistry	Register: www.multnomahdental.org
12/02/22	Multnomah	Risk Management and Medical Emergencies	TBD	7	TBD	Register: www.multnomahdental.org

Find this calendar online at www.oregondental.org. Click “Meetings & Events” > “Calendar of Events”.

Due to the COVID-19 pandemic, many component meetings were canceled or postponed. Looking for additional ways to get CE? The American Dental Association has a large collection of webinars and on-demand video learning opportunities available, many of which are free to members. Visit adaceonline.org to catch up on the latest offerings on your own schedule. 🎧

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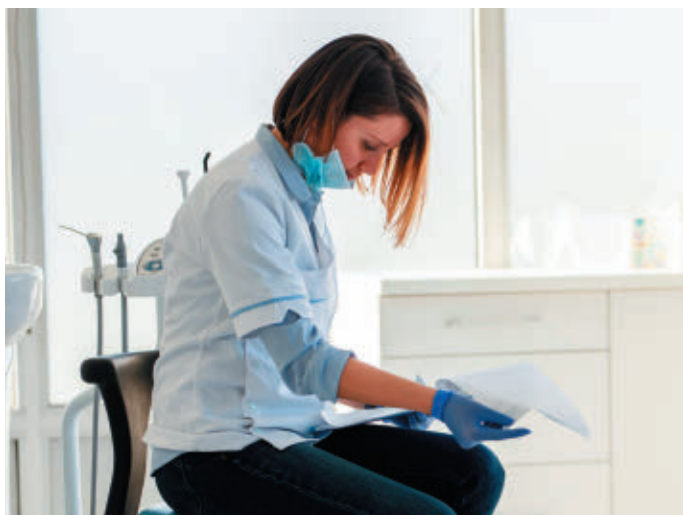


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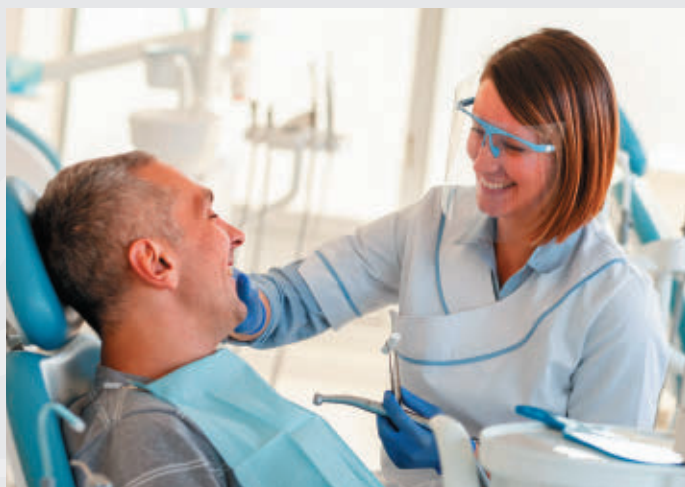


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Board of Trustees Meeting Highlights

Oregon Dental Association
Board of Trustees Meeting
Friday, March 11, 2022

- Dr. Mark Mutschler was elected to serve as the 2022-2023 ODA President Elect.
- Dr. Bruce Burton and Dr. Britta Martinez were elected to serve as alternate delegates at the 2022 ADA House of Delegates. 🗳️



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- Lady-Jean Ramsey
DMD, Keizer

"Working with Dr. Ramsey and her buyer, Brian Ogle DMD, reinforced why I like my job so much. Since I had worked with both of them in the past, Dr. Ogle was the first potential buyer I contacted. His work ethic, clinical skills, and personality matched perfectly with Dr. Ramsey. They were both focused on a win-win transition. The whole process went very smoothly and quickly."

- Gary Schaub



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This service answers a very real need in today's dental transition market. Many practice owners want to find someone who shares their practice philosophy to ensure continuity of care for their patients. At the same time, dentists spoke about challenges they face integrating into a new practice, agreeing how to manage the practice (particularly in a longer-term associate-to-owner buyout scenario), and making the process seamless for patients and staff.

The ADAPT model was built to address these current challenges and support both dentists long after the paperwork is signed. The goal isn't just to help dentists transition in and out of practices, but rather to help facilitate successful transitions, thriving practices, and satisfying careers.

Complete your ADAPT profile and match with like-minded dentists or practices to ensure your success as you take your next step—whether you are preparing for your first associateship or last day in the office.

Create your profile today at [ADAPracticeTransitions.com](https://www.adapracticetransitions.com). 



OHSU CaseCAT and Research Competitions

DMD CANDIDATES FROM OREGON HEALTH AND SCIENCE UNIVERSITY (OHSU) presented their work at the 2022 Oregon Dental Conference, competing for awards in two categories: the research category and the CaseCAT category.

The research category competition showcases the original research that DMD students carry out with the help of their mentors, while the CaseCAT category showcases a case-based critically appraised topic that students develop with their mentors.

Congratulations to the 2022 winners!

Research Category

FIRST PLACE

Effects of Resin Degree of Conversion on *S. mutans* Biofilm Formation

Conor Scanlon

OHSU Department of Biomaterials and Biomechanics

Mentor: Jack Ferracane

Co-Authors: Jack Ferracane, Matthew Logan, Steven Lewis, Carmem Pfeifer, Ana Paula Piovezan Fugolin

Introduction:

While research suggests that monomer leachates may have bactericidal effects on *S. mutans* when exposed to preexisting biofilms (Kraigsley et al. 2012), others suggest biofilm formation may be enhanced by exposure to monomers, such as TEGDMA (Sadeghinejad et al., 2016). The objective of this study was to quantify monomer leachate from dimethacrylate resins having varying degrees of conversion (DC) and to evaluate *S. mutans* biofilm growth directly on resins with variable DC.

Methods:

Resin consisted of BisGMA/TEGDMA 50/50 wt% with EDMAB/camphorquinone 0.8/0.2 wt%

as initiators and di-tert-butyl hydroxytoluene 0.3wt%, mixed in a centrifugal speed mixer (2300 rpm). Resin was cured through transparent matrices for 8, 12, and 20-seconds using a LED light source placed at 10 mm (Demi, 470 nm, 200mW/cm² at resin surface). Near-FTIR was used to measure methacrylate conversion (DC) through 0.8 mm thick discs (10 mm diameter). Leaching of monomers from resin discs was measured after 24 hours immersion in deuterated chloroform, to determine maximum potential elution. Monomer leachate analysis was performed with ¹H NMR. *S. mutans* biofilm growth (wild type UA159 *S. mutans* strain IdhRenGSm) on resin discs of varying DOCs determined using the Luciferase assay (RLU). Data was analyzed using 1-way ANOVA/Student Newman Keuls ($\alpha=0.05$).

Results:

DC decreased with increased cure time, and led to a significantly higher solubility of the resin in chloroform and a significantly decreased amount of *S. mutans* biofilm formed on the resin surface. There was a significant exponential correlation ($R^2 > 0.93$) between DC and biofilm. NMR revealed a significantly higher ratio of

TEGDMA to BisGMA leachate with 8s cure, but similar mM ratios for 12s and 20s cures.

Conclusions:

This study shows that monomers were released in sufficient concentration from undercured resins to negatively impact biofilm formation, and this must be considered in studies examining antibacterial properties of new approaches to produce antimicrobial dental resins.

SECOND PLACE

Investigation of Stress Relaxation in Thio-Urethane Modified Resins Containing Amines

Stella Sonu

Oregon Health and Science University, Biomaterials and Biomechanics

Mentor: Carmem Pfeifer

Co-Authors: Steven H. Lewis, Rajan Thanik, Carmem S. Pfeifer

Introduction:

Objectives: Stress relaxation in thiourethane networks has been related to amine-catalyzed reversible disulfide bond formation and/or transesterification. The aim of this study is to investigate the mechanism

of stress relaxation in crosslinked networks as a function of amine type in TU-containing materials.

Methods:

Materials and Methods: Trimethylol-tris-3-mercaptopropionate and Dicyclohexylmethane 4,4'-Diisocyanate were used to synthesize TU oligomers, added at 20wt% to BisGMA/TEGDMA (50/50 wt%), containing 0.2wt% DMPA (initiator), 0.2wt% BHT (inhibitor) and 5wt% amines (ethyl;-4-dimethylamino benzoate—EDMAB, p-Tolyldiethanolamine—DHEPT, or 1,4-diazabicyclo[2.2.2]octane—DABCO). 1x3x25mm bars were photo-cured (Acticure 320-500nm, 850 mW/cm², 4 min), followed by thermal post-cure (180°C, 24h), then tested in tension in a dynamic mechanical analyzer to obtain stress relaxation and network parameters. Kinetics of polymerization and modulus development were followed simultaneously in real-time with an IR-coupled rheometer (near-IR). Data were analyzed with two-way ANOVA/Tukey's test ($\alpha=5\%$).

Results:

In general, the presence of TU led to higher conversion, greater stress relaxation, faster relaxation times and higher gel point conversion, compared to non-TU counterparts. TU decreased the glass transition temperature and led to more homogeneous networks (reduced tan delta peak width—W_{HH}). This all points to more controlled polymerization, resulting in better organized networks, with potential for overall reduced stress and increased toughness, as demonstrated in previous studies. The amines potentiated those effects, but the most hindered amine (DABCO) led to the fastest relaxation time and greater stress relaxation overall, as well as the highest gel point conversion (greatest delay in gelation).

Conclusions:

In materials containing TU, the potential for stress relaxation in fully cured, crosslinked networks was demonstrated at moderately low temperatures in the presence of amines. Future studies will target relaxation behavior closer to body temperature, to decrease the likelihood of fracture of dental composite restorations.

THIRD PLACE

Synthesis of Quaternary Ammonium Methacrylate Comb Polymer on Glass Surface

Clara Park
Division of Biomaterials and Biomechanics, Department of Restorative Dentistry, School of Dentistry, OHSU
Mentor: Carmem Pfeifer
Co-Authors: A. Kendall, M. Logan, H. Wu, J. Ferracane, and C. S. Pfeifer

Introduction:

Composite longevity and integrity have been shown to be compromised due to polymerization shrinkage, which can cause leakage between the restorative material and tooth structure, creating secondary decay. Secondary caries lesions are the most often stated reason for replacing dental restorations, especially later in their life span. Several attempts have been made to mitigate risk of secondary decay, including the incorporation of Quaternary Ammonium Methacrylates (QAM) into dental adhesives. To increase the antibacterial efficiency, we are proposing to immobilize these functionalities in polymer combs on a glass surface via surface-initiated atom transfer radical polymerization (ATRP).

Methods:

Glass-functionalization: aminopropyltriethoxysilane (150 μ L) was dispensed onto a 1x1cm² glass

slide in a sealed glass bottle and placed in a 150°C oven for 20 hours. In a nitrogen-free environment, triethylamine (1.5 mmol) and functionalized slides were added to toluene. α -bromoisobutyryl bromide (1 mmol) was added dropwise and stirred overnight. Glass slides were washed with tetrahydrofuran, ethanol, and water.

ATRP: In a nitrogen-free environment, 2-(dimethylamino) ethyl methacrylate, ME6TREN, and CuBr (mol ratio 200:2:1, respectively) in acetonitrile were added to the functionalized slides and stirred at 60°C. After slides were rinsed with acetone, iodohexane (mol ratio: 2) was added to the slides in ACN and stirred overnight at 60°C. Presence of QAM was tested using fluorescein assay, where slides were rinsed in 0.1 wt% hexadecyltrimethylammonium chloride (HDTMAC). Data were analyzed using UV-Vis spectroscopy (501 nm), fluorescence plate reader, and IR spectroscopy.

Results:

Analysis showed that in this first attempt, we were unsuccessful in the immobilization of QAMs on the surface. After the fluorescein assay, the glass slide is expected to fluoresce under UV light; however, visible inspection showed no fluorescence. IR spectrum showed no indicative peak at 1700 cm⁻¹. Fluorescence plate reader showed no significant difference between the HDTMAC solution post-fluorescein assay and the control HDTMAC solution.

Conclusions:

Future research will involve improving glass functionalization and ATRP method, quantify antibacterial effect of QAM on *S. mutans*, re-evaluate mechanism of QAM's antibacterial properties, and eventually apply glass slide model to dental model.

CaseCAT Category

FIRST PLACE

Taylor Glovsky

Mentor

Dr. Howard Freedman

CaseCAT Title

Treatment of Temporomandibular Joint Disorders with Botulinum Toxin and Adverse Hard Tissue Effects.

Clinical Question

Does treatment of TMJD with BTX injections into the masticatory muscles result in mandibular bone changes?

Clinical Bottom Line

Mandibular bone changes are observed after BTX injections for TMJD

Unilateral changes can be explained by the mastication pattern of patients with TMD

Age and hormone levels impact bone remodeling capacity

Issues with current studies: variable dosing, cumulative effects remain unknown, selection bias

Strong need for long term in-vivo experimental studies using CBCT and MRI to assess both muscle and bone effects

Evidence Search

I utilized the search engine PubMed and used the keywords temporomandibular joint, botulinum toxin, mandibular bone, and bone quality.

Comments on the Evidence

Numerous animal studies exist on this topic, but there is a lack of studies that include human subjects. Most of the studies that do exist using human subjects have fundamental flaws including selection bias and insufficient sample size.

Applicability

The use of botulinum toxin for treatment in dentistry is rapidly growing, and I believe that practitioners must understand the possible effects including periodontal changes and mandibular fracture.

Reference 1: PubMed ID

31227452

Reference 1: Author/Year

Kahn/2022

Reference 1: Patient Group

Twelve adults

Reference 1: Study Type

Prospective cohort study

Reference 1: Key Results

Mandibular bone formation and/or loss was observed one year after BTX injections in half of the subjects. Analysis showed cortical thinning at the anterior portion of the condyles, and at the digastric fossa and TMJ condyles decreased bone texture was observed.

Reference 2: PubMed ID

32107437

Reference 2: Author/Year

Hong/2020

Reference 2: Patient Group

39 pre-menopausal women and 38 post-menopausal women

Reference 2: Study Type

Other

Reference 2: Other Study Type

Retrospective Cohort Study

Reference 2: Key Results

Cortical thickness and bone density of the ramus, coronoid process, and condyle were significantly decreased

after BTX treatment. The combo splint and BTX group showed a combined effect on cortical bone. Results were more significant in post-menopausal women.

Reference 3: PubMed ID

32885475

Reference 3: Author/Year

Raphael/2020

Reference 3: Patient Group

Seventy-nine women

Reference 3: Study Type

Other

Reference 3: Other Study Type

Retrospective Cohort Study

Reference 3: Key Results

No difference was observed between the two groups in mean density of the ROIs and condylar volumes. For BTX-treated subjects, increasing dose of BTX to the temporalis muscle was inversely related to the mandibular trabecular area.

SECOND PLACE

Marshall Magill

Mentor

Srinivasa R. Chandra

CaseCAT Title

Microbial Diagnosis of Peri-Implant Diseases

Clinical Question

Is genetic identification of microorganisms useful for the early detection of peri-implant diseases?

Clinical Bottom Line

Identification of microorganisms in the peri-implant sulcus using genetic

techniques is an excellent data point to have in the early detection of peri-implant infections. Used together with the standard tests of probing and radiographs, genetic sequencing can help oral healthcare providers prevent catastrophic failure of dental implants or costly procedures attempting to save severely compromised implants. Bone loss evident on radiographs is a challenging diagnostic tool because a certain amount of bone loss is expected as part of the healing process. However, bone loss to the point of concern indicates the disease is already extremely advanced. Bleeding on probing (BOP) and suppuration (SUPP) have inadequate specificity and can lead to overdiagnosis or misdiagnosis. The identification of any of six select peri-implantopathogenic bacteria in addition to positive BOP or SUPP will significantly increase the positive and negative predictive value of a provider's diagnosis. The six peri-implantopathogenic bacterial species most associated with peri-implant disease progression are: *Prevotella intermedia* (Pi), *Porphyromonas gingivalis* (Pg), *Porphyromonas endodontalis* (Pe), *Treponema denticola* (Td), *Tannerella forsythia* (Tf), and *Fusobacterium nucleatum* (Fn).

Evidence Search

I searched PubMed using the MeSH terms peri-implant, disease, biofilm, microbiome, and diagnosis and reviewed articles from the last 10 years. One important study from 2000 was included because of its exceptional methods and applicability.

Comments on the Evidence

The selected articles include two systematic reviews (level 1), one case-control study (level 3) and a comparative study. The questions: 1) "what diagnostic tools work best?"

and 2) "which microorganisms cause peri-implant diseases?", do not lend themselves easily to randomized control trials; thus the standard study types here are cohort and case-control studies. Article four is from the year 2000; however, the results are still valid and supported by current literature. Furthermore, the fact that these kinds of clinical genetic diagnostics were possible over 20 years ago further supports the premise that microbial genetic testing is feasible today.

Applicability

Peri-implant mucositis and peri-implantitis affect as many as 60% and 30% of implant patients respectively and lead to the failure of nearly 1 in 20 implants. Biofilm progression and microbial dysbiosis around an implant can cause peri-implant mucositis (comparable to gingivitis), progressing to peri-implantitis (comparable to periodontitis), and—if not controlled—implant failure and/or severe orofacial infection. Given the unique and unnatural micro-environment of the dental implant, the biome here develops differently. Standard diagnostic measures—namely pocket depth (PD), bleeding on probing (BOP), suppuration (SUPP), and alveolar bone loss—are not as reliable around implants and there is no clear consensus on what specific criteria signal a peri-implant disease diagnosis. Delayed diagnosis can be hazardous and early detection is critical. Labs offer several options for identifying microorganisms present in a sample. 16S rRNA sequencing (less resolution) can start at less than \$100 per sample, while metagenomic shotgun sequencing (highest resolution) can cost in the range of a couple hundred dollars. Contact a lab to find out what products they have that will best serve your purposes

and provide the level of insight you desire.

Reference 1: PubMed ID

27833733

Reference 1: Author/Year

Ausra Ramanauskaite and Gintaras Juodzbalys, 2016

Reference 1: Patient Group

10 articles that met the inclusion criteria

Reference 1: Study Type

Systematic review of non-randomized trials

Reference 1: Key Results

Peri-implantitis should be diagnosed as early as possible to maximize the prognosis of dental implant. This paper recommends a five-step diagnosis protocol utilizing the standard diagnostic tools: 1) mobility, 2) probing depth (PD), bleeding on probing (BOP), suppuration (SUPP), 3) bone loss, followed by 4) prognosis and 5) iatrogenic factors. Mobility of the implant indicates final stages and complete loss of osseointegration. PD varies greatly between implants and teeth (implant PD tends to be deeper), between various implant designs, and between patients. The stated PD indicating peri-implant disease ranges between 4 and 8mm depending on the paper (this review suggests 5mm). BOP is highly sensitive, but not specific (easy to over-diagnose). SUPP is a good indicator of peri-implantitis, though not a guaranteed symptom. Implant success means bone loss <1.5mm in first year and <0.2mm/year following (i.e. a little bone loss is typical even for healthy implants). Taken together, there is no clear consensus on peri-implantitis diagnosis prior to an advanced stage of infection and significant alveolar bone loss.

Reference 2: PubMed ID
33127901

Reference 2: Author/Year

Ghensi P, P Manghi, M Zolfo, F Armanini, E Pasolli, M Bolzan, A Bertelle, F Dell'Acqua, E Dellasega, R Waldner, F Tessarolo, C Tomasi & N Segata. 2020

Reference 2: Patient Group

113 metagenomes from 72 patients, including healthy and diseased, teeth and implants

Reference 2: Study Type

Case control study

Reference 2: Key Results

Deep shotgun sequencing identified seven bacteria strongly correlated to peri-implantitis, termed the peri-implantitis related complex (PiRC). PiRC consists of Socransky's Red Complex: *P. gingivalis*, *T. forsythia*, and *Treponema denticola*. Also included are *P. endodontalis*, *F. fastidiosum*, *Prevotella intermedia*, and *F. nucleatum*. Peri-implantitis is site specific and PiRC may be found independently at specific implant sites within a single oral cavity. The peri-implantitis microbiome is strongly site-specific as the microbial composition of the plaque of healthy implants is indistinguishable in subjects with and without peri-implantitis in other implants. *F. nucleatum* and *T. denticola* are the only species within the ten most mucositis/healthy discriminative species and also included in the seven-species PiRC defined above. Conversely, the four of the five species that better distinguish peri-implantitis with respect to mucositis all belong to the PiRC, with only *F. nucleatum* not present in the list. *F. nucleatum* (a member of Socransky's Orange Complex) therefore may be the first species to increase in abundance in

development of peri-implant mucositis, followed by the more extreme species leading to peri-implantitis. *F. nucleatum* subspecies *nucleatum* was significantly more associated with peri-implantitis or mucositis sites than healthy sites. Conversely, *F. nucleatum* subspecies *polymorphum* was enriched in healthy subjects and control sites. Interestingly, the newly identified and unexplored *F. nucleatum* Cluster 5 was significantly associated with peri-implantitis and mucositis samples. Identifying *Fusobacterium* subspecies in the clinic may have prognostic relevance.

Reference 3: PubMed ID

28625077

Reference 3: Author/Year

Lafaurie GI, MA Sabogal, DM Castillo, MV Rincón, LA Gomez, YA Lesmes, L Chambrone. 2017

Reference 3: Patient Group

26 observational studies (i.e., cross-sectional, case-control, and cohort)

Reference 3: Study Type

Systematic review of non-randomized trials

Reference 3: Key Results

Red and orange complex bacteria associated with peri-implantitis as well as periodontitis (PD). More orange complex and generally more diverse array of bacteria associated with peri-implantitis compared to PD. Weaker correlation of red complex to peri-implantitis than PD. Healthy implants also have a higher frequency of periodontopathic microorganisms than healthy teeth. Paired studies (healthy and peri-implantitis implants in same patient, also peri-implantitis and PD same patient) showed red complex bacteria often colonized healthy implants. Orange

complex (*Prevotella intermedia* [Pi] and *Prevotella nigrescens* [Pn]) showed higher association with peri-implantitis than healthy implant or PD. Non-cultivable AAGPR's and OGNR's more abundant in peri-implantitis. This emphasizes importance of sequencing techniques for oral biome study.

Reference 4: PubMed ID

11168245

Reference 4: Author/Year

S Luterbacher, L Mayfield, U Brägger, NP Lang. 2000

Reference 4: Patient Group

19 implant patients able to follow a strict supportive periodontal therapy for 5 years

Reference 4: Study Type

Comparative (retrospective analysis of predictive values)

Reference 4: Key Results

The sensitivity, specificity, positive predictive value, and negative predictive value for implant disease progression using BOP alone was compared to the use of BOP and microbial testing. Genetic identification of any of four bacterial species [(*Actinobacillus actinomycetemcomitans* (Aa), *Prevotella intermedia* (Pi), *Porphyromonas gingivalis* (Pg) or *Treponema denticola* (Td)] greatly increased the sensitivity and specificity, as well as negative predictive value of diagnoses when used in conjunction with BOP data. The major limitation of this study is that when they analyzed the combined use of BOP and genetics, they used a single, more stringent threshold for BOP while varying the microbial detection scores. Viewing the data, it can be assumed that with a lower BOP threshold, in addition

to microbial analysis, one could fine tune the effectiveness of their diagnostic criteria.

THIRD PLACE

Merit Roshdy

Mentor

Hongseok An, DDS, MSD, FACP

CaseCAT Title

Anterior-Posterior Spread and Implant Angulation in an All-On-Four Situation

Clinical Question

Should increasing the distal implants angulation in an All-On-Four situation to greater than 30 degrees be considered?

Clinical Bottom Line

Available data show that there is no significant change in the mechanical response to stress when the angulation of the distally placed implants is increased to higher than 30 degrees. However, if the increase in angulation can reduce the cantilever length, it may be beneficial. Otherwise, a 30 degree angulation is more commonly used while keeping the posterior cantilever under 15mm.

Evidence Search

Searched PubMed and undergraduate library at Portland State University for relevant keywords such as: posterior cantilever, Anterior Posterior Spread, all-on-four, implant tilt, implant angulation.

Comments on the Evidence

The evidence obtained were of high quality. One being a systematic review and the other two being finite element studies. All evidence directly answered the clinical questions and arrived at a conclusion.

Applicability

Given the clinical bottom line discussed above, it is important to understand that the architecture of the jaw is the most important aspect of planning an all-on-four treatment. Understanding this anatomy will help determine if the patient could truly benefit of increasing the angulation above 30 degrees while obtaining a shorter posterior cantilever.

Reference 1: PubMed ID

could not find it on PubMed but this is the citation:
Mocanu, R., Preoteasa, C., Meghea, D., Preoteasa, E., Florica, L., & Mocanu, S. (2020). The influence of cantilever length and implant angulation incompletely edentulous patients using the finite element analysis and the All-on-four/Fast & Fixed treatment concept—A review of the literature. *Revista Română De Stomatologie (Bucharest, Romania)* : 2004), 66(3), 162-166.

Reference 1: Author/Year

Mocanu, R., Preoteasa, C., Meghea, D., Preoteasa, E., Florica, L., & Mocanu, S./2020

Reference 1: Patient Group

edentulous patients with all-on-four prosthesis

Reference 1: Study Type

Systematic review of non-randomized trials

Reference 1: Key Results

Eight relevant articles were found that included in their results implant angulation between 30 and 45 degrees. The conclusion was that there is no difference between the angulation as long as cantilever is less than 15mm.

Reference 2: PubMed ID

23186568

Reference 2: Author/Year

Malhotra, A., Padmanabhan, T., Mohamed, K., Natarajan, S., & Elavia, U/2012

Reference 2: Patient Group

edentulous patients with all-on-four prosthesis

Reference 2: Study Type

Other

Reference 2: Other Study Type

Finite Element Study

Reference 2: Key Results

The angulation did not increase bone stress and cantilever shortening did not change the amount of stress on the buccal and lingual bone. The architecture of the mandible is the most important factor during treatment planning.

Reference 3: PubMed ID

35049610

Reference 3: Author/Year

Tribst, J., Campanelli de Moraes, D., Melo de Matos, J., Lopes, G., Dal Piva, A., Souto Borges, A.,...Ausiello, P./2022

Reference 3: Patient Group

edentulous patients with all-on-four prosthesis

Reference 3: Study Type

Other

Reference 3: Other Study Type

Finite Element Study

Reference 3: Key Results

The highest stress was seen in group 2. The mechanical response in group was promising. Therefore, increase in angulation to more than 30 degrees should only be considered if it can reduce the length of posterior cantilever. ●

Partnerships, Smiles and Memories

By Lora Mattson, Multnomah Dental Society

ONE OF THE GREATEST BENEFITS WE HAVE at the Multnomah Dental Society (MDS) is having OHSU School of Dentistry in our component jurisdiction and being able to partner with the dental students in so many ways. We always make sure the dental students, as well as faculty, are included in all our continuing education meetings and events. It's a wonderful way to provide an opportunity for the students to interact with dentists as well as provide us their own perspectives, youth, and energy!

Most recently, MDS celebrated the 20th anniversary of Give Kids A Smile. The collaboration that we share with OHSU SOD and the wonderful dental students proved to



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be immeasurable. The enthusiasm the dental students provided while planning the event and then being a part of it was wonderful to see.

Having the opportunity to provide a service to the community as well as gaining experience for their future is simply awesome to witness. Our GKAS steering committee included second-year dental students Victor Cheng and Ido Almog, who played valuable roles in ensuring their fellow classmates were actively involved in providing screening, education, and care for the children. The faculty supervision eagerly supported the dental students' participation.

MDS has participated in GKAS from its inception 20 years ago. Over the years, it has evolved and changed as the needs of the community have changed. With the support of many volunteers, our corporate sponsors, Henry Schein and Colgate, the ADA and our members, we have been able to provide free dental services to hundreds of children throughout Multnomah County who might otherwise go without. The program exemplifies our commitment to this

profession's ideals, enhancing oral health literacy and expanding access to care for those who need it most.

While our GKAS event has changed and evolved over the years, one thing that has remained constant for us is the eagerness and commitment of OHSU SOD and the dental students. These students want to be a part of community outreach. They want to learn as much as they can while in school so that they can apply the experience and knowledge once they graduate. There is no better way to achieve this goal without actively being a part of programs such as Give Kids A Smile.

It is a partnership that I am proud to be a part of. I love working with the dental students and admit that I now know many of them as practicing dentists, who have been out of dental school on their own for many years. I hope those who have participated with our GKAS event, as well as the other events MDS sponsors while in dental school, not only have gained knowledge for their participation, but have many fond memories of those experiences as I do. ●



2022 Oregon Dental Conference

THE IN-PERSON PORTION OF THE 2022 OREGON DENTAL CONFERENCE was held April 7-9, 2022, at the Oregon Convention Center. Attendees enjoyed three full days of continuing education and the opportunity to meet with more than 100 exhibitors in the Solutions Marketplace. Thank you to all who came to join us back in person!

Mark your calendar and plan to attend the 2023 Oregon Dental Conference April 13-15, 2023! 📅



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ODA Mentor Program

Venturing Forward Together

ODA MENTOR
PROGRAM

By Jon Goddard, OHSU DS3, and Dr. Britta Martinez, OHSU Alumni and Chair of the ODA New Dentist Council

AMONG THE FIRST SKILLS TO MASTER in childhood, swim lessons keep you alive. You learn to float, paddle to the edge of the pool, and monkey crawl your way to the steps. After that, it takes time and practice to finesse the strokes and breathing in the water. This feels a lot like becoming a new dentist. Dental school provides the basics, but it takes practice, guidance, and many failures before feeling comfortable in this profession. The transition period is challenging and memorable. Dentists who were lucky enough to have mentors to lean on during that time know how important and helpful it was, which is why the ODA mentor program was developed. The

program was recently revamped and helps provide support for dental students and new dentists as they navigate that time in their careers.

The Mentor Program has created space for students to meet with new and retired dentists to discuss various topics about “life after dental school” in a small group setting. The mentor pods have been meeting virtually and in person to engage with topics including career paths, practice ownership, treatment planning, building, and motivating a team, work-life balance, and much more. The program is open to all OHSU second, third, and fourth-year students and welcomes new mentors as well.



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These past few years have been a roller coaster for many students and dentists. The Mentor Program has been a welcome boost of community after a time that was very isolating for many. Students have enjoyed a structured program to bridge the gap between dental school and life as a practicing dentist. Many students from different classes are also bonding with each other for the first time outside of school. Taylor Glovsky, a DS3 student at OHSU, says she is “excited to be both a mentor and a mentee in this program. I look up to the many dentists and learn from them, but I also look forward to talking with the students in the other classes and helping them by sharing my own experiences throughout dental school.” Glovsky enjoys how willing participants are to collaborate. In particular, Glovsky is “grateful for the vulnerability that happens in these small groups. Talking with others who know what you’re going through makes you feel less alone and helps spark hope for all of us. This vulnerability and collaboration is really the epitome of the dental profession.”

Dentists in the program feel motivated to continue the profession’s tradition of support and teamwork. Dr. Mark Miller, a pod mentor, says, “If we can listen to their questions and concerns and offer our own experiences to them, hopefully we can smooth out some of the bumps on the road of their future dental careers.” Since the mentors come from different career backgrounds and years of experience, they have been able to learn from one another and the students as well. It has been exciting to talk to dentists outside one’s usual circles, who can provide fresh perspectives and insight. Miller has appreciated that group members can “discuss their questions and concerns about how to go about their dental careers. No matter if they choose corporate or public health or military or private practices options, similar challenges await them.”

Sharing experiences, both clinical and career-related, has been pivotal for the students. Kunal Mansukhani, a DS3 student at OHSU, emphasizes, “Learning from mentors who have been through school and been practicing has been invaluable to me. Having the opportunity to pick the brains of established local dentists and hearing their tips about starting a practice, staying involved in organized dentistry, and asking about clinical cases is a great way to think about dentistry and plan for my future beyond OHSU.” Sharing experiences inevitably involves mistakes and learning from them. Mansukhani says one of his favorite things about the program is “being able to sit down and talk with dentists about their experiences in practice and learning about mistakes they have made and to hear tips of what they would have done differently.” Mansukhani adds, “Each doctor has unique solutions to problems we encounter daily, and learning this information at our pod meetings has been incredibly helpful.” Glovsky has enjoyed hearing from dentists and students with different backgrounds, stories, and career paths. In particular, “We learn about public health in school, but talking to dentists who practice in public health and hearing their day-to-day stories has piqued my interest in that particular area.” The OHSU dental students are extremely thankful for the ODA mentor program and the continued support of the ODA.

The mentor program facilitates these small-group, collaborative meetings, which are safe spaces to discuss all things related to dentistry. Beyond that, the intention is to create and strengthen relationships between dentists and future dentists in the community. Dental practice, much like swimming, is less scary and more fun when we have support. Mentorship can give us the courage to venture into the deep end of dentistry, together. ●

Minimizing Risk While Giving Back to Your Community

By TDIC Risk Management

Giving back by volunteering life-changing dental treatment can be one of the most rewarding aspects of your professional life. Don't let confusion about liability coverage stand in the way of your volunteer efforts.

AS YOU EMBARK ON VOLUNTEER OPPORTUNITIES, you are in good company. The month of April is designated by the United States as National Volunteer Month. The 2021 World Giving Index (WGI), the world's largest survey of global charitable endeavors, highlights the ongoing spirit of volunteerism in this country. For the past 10 years, the U.S. has scored higher in volunteer and charity efforts than any other nation, with 58% of Americans reporting that they participate in volunteer activities and charitable donations.

Dentists are leaders in choosing to share their time and talents to serve their communities and others in need. It's essential that dentists be able to volunteer with confidence by understanding how their professional liability policies keep them covered.

There can be several different scenarios in which you provide treatment at no charge—volunteering through a nonprofit organization or community health event, delivering emergency care unexpectedly or treating a friend or family member. A few insights may help you better identify and manage potential risks in each scenario.

Organized Events and Community Service Programs

While your existing professional liability policies may already cover you, it's prudent to contact your insurance carrier prior to volunteering services. The insurer may require additional information about the event, services offered and your clinical role as well as with whom the dentist will be working. The latter is

to ensure that policyholders are not exposed to unnecessary risk, such as working with unlicensed dentists.

- Professional liability policyholders with The Dentists Insurance Company are covered at volunteer events within the state where they are licensed; no additional coverage is necessary.
- Dentists insured by other carriers should contact their carriers directly to confirm their current liability coverage details before volunteering.
- Dentists who do not have current professional liability insurance and who do not practice for a fee (like retired dentists) can apply for affordable annual coverage designed for volunteers from TDIC. This coverage is intended for licensed dentists who wish to volunteer



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services without remuneration other than actual expenses.

- If your volunteer services will be offered out of state or overseas, check with the charitable organization you are partnering with to determine if they offer liability coverage. If not, reach out to a TDIC representative to discuss available options.

Even though treatment at an event doesn't establish a continuing doctor-patient relationship, the individuals you volunteer to treat deserve the same standard of care as your patients of record.

- Be sure to review each patient's vitals and health history prior to treatment.
- Take time to discuss treatment outcomes, along with potential risks associated with receiving and not receiving treatment and any alternatives.
- Before initiating any care, make certain that the patient understands the parameters and extent of the treatment, particularly if further treatment is likely to be needed.
- Keep in mind continuity of care. In the event a patient needs further treatment, explain it in detail to the patient and document why, when, and what follow-up treatment is needed.

TDIC's Risk Management Advice Line frequently receives calls from insured dentists seeking guidance as to required coverage for organized events. For example, a dentist was invited to participate in a volunteer event hosted by a community church. The church required participating providers to have a specific amount of coverage per day. In this case, the caller was already insured by TDIC, and the Service Department helped him acquire a "special event" endorsement, which would satisfy the demands of the host location.

Don't let confusion about liability coverage stand in the way of your volunteer efforts. Speak to a trusted

insurance advisor to ensure your coverage is adequate for your needs.

Emergency vs. Volunteer Care

Some health care providers mistakenly believe that Good Samaritan laws exempt them from all liability when volunteering. The federal government and 43 states have passed laws to protect medical volunteerism; however, California has not. In California, liability remains when providing nonemergency treatment or assistance in the state.

For care rendered in a legitimate emergency that occurs outside of a health care facility, Good Samaritan laws usually lower the standard of care to encourage private citizens, including health care professionals, to assist others in emergency circumstances without fear of litigation. For more information, check the specific standards and limitations of your state's Good Samaritan law.

Free Services for Family and Friends

Outside of an organized event or program, the risks of donating services can be more complex. Friends and family members who receive treatment at no charge must still be treated as patients of record. This means having an informed consent discussion, signed treatment plans, detailed chart entries and a thorough review of health histories prior to providing treatment—as well as discussing options for follow-up care.

It's also important to note your liability remains the same whether the dental treatment is performed during or outside of normal office hours. And it's the same whether the patient incurs treatment costs or not. Understanding that the liability is unchanged, the question is if no-cost care should be provided in certain situations.

TDIC's Advice Line received a call from a practice owner that highlighted the problematic nature of offering free services. Her associate dentist had

asked if he could offer discounted treatment to his nephew. The nephew was a pediatric patient with special needs whose family could not afford dental insurance. The associate dentist understandably wanted to help his brother's family.

However, the extent of treatment needed and the fact that their office was not equipped to treat pediatric patients raised some concerns for the practice owner. Along with her concerns for the young patient's well-being, the dentist felt uncomfortable with her associate's request and was unsure how to refuse it without compromising their relationship.

The Risk Management analyst advised the dentist to prioritize what was in the best interest of the patient. The patient in question would be better served by an experienced, properly equipped pediatric-centric practice. Ideally, the level of care warranted might require dentistry in a hospital setting. Since the owner's office wasn't equipped to manage complex pediatric cases, it was not in the patient's best interest for his uncle, the associate dentist, to offer care, despite the cost savings. The owner agreed with that approach to the situation and felt more comfortable communicating a denial to her associate's request that was framed within what was best for the patient.

Risk Awareness and Rewards

Volunteering does not absolve you of risks, but simple awareness of those risks shouldn't deter you from offering your skills for the benefit of others. Giving back by volunteering life-changing dental treatment can be one of the most rewarding aspects of your professional life, especially when your skills help individuals and families who are experiencing emergencies or barriers to access to care. Whole communities are changed by dental and health professionals who put their compassion into action. ●

The Dental Foundation of Oregon

4 Years Running! The DFO Achieves 2022 Candid Platinum Seal!

For the fourth year in a row, The Dental Foundation of Oregon has achieved its **Candid Platinum Seal of Transparency!** Candid, formerly GuideStar, confirmed the DFO's 2022 Platinum Transparency status in mid-March. As the charitable arm of the **Oregon Dental Association (ODA)**, the DFO leadership and volunteers work tirelessly to ensure that everyone can see our strategy, metrics, and achievements for continued success. **Only 24% of nonprofits achieve this level of recognition.**

Platinum
Transparency
2022

Candid.

Thank You To Everyone That Joined Us at the 2022 ODC

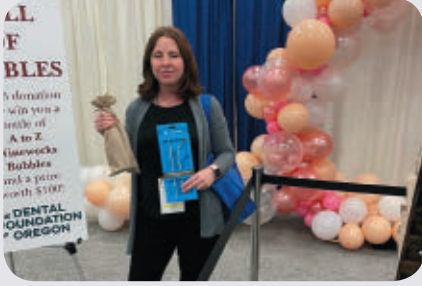
On behalf of the staff and board leadership, we loved having such terrific leaders in the dental community join us at our booth during the **2022 Oregon Dental Conference** in early April! We appreciate everyone's support of our nonprofit organization along with your appreciation for our much-loved wine wall, which was sent to **Revive Upholstery and Design** in North Portland for a full refurbish and renumbering of all 120 bottle slots. This refreshed beauty was unveiled at this year's conference, much to everyone's delight. Guests stopped by the DFO booth, where they donated \$25 to pull a bottle of **A to Z Wineworks Bubbles** in hopes of garnering a specially marked bottle which had an additional prize valued at \$100. More than 500 raffle tickets were sold for a \$1,000 gift card to the Allison Inn & Spa, Oregon Gardens Resort, Headlands Coastal Lodge & Spa, or any of the McMenemy Hotel and Lodges, and guests signed up for the June 10th Chip! for Teeth Golf Tournament at Langdon Farms Golf Club.

We were also delighted to see so many visitors stop by for team members and individual selfies at our Wall of Bubbles balloon display! We hope you enjoy these photos, which were taken by DFO staff, and be sure to visit the Tooth Taxi Instagram account and tag yourself and share on your IG account!



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Tooth Taxi Stats (September 2008 to April 1st, 2022)

25,290
Patients screened

15,122
Number of
appointments on the van

25,655
Students received oral hygiene
education in the classroom

\$8,627,844
Value of services

OHSU Update: SPEA, CaseCAT, Mentorship Program

By Elizabeth Foss, DMD Candidate 2022 and Jasmine Tran, DMD Candidate 2024

CaseCAT: Critically Appraised Topics

Students, residents, and practitioners spend many hours throughout their careers researching various topics related to their patient pools. Each year, OHSU hosts an event for these students to present their CaseCATs. A third-year student, Cole Nielsen, gave his opinion on why researching a topic is worth more than simply building a resume. He states, “Even in dental school where the knowledge is ‘fresh,’ I still find myself looking through my textbooks...to make sure my clinical decisions are supported by data.” Ahmed Elamin, a second-year student also shared his thoughts on his experience. He noted that it was “an opportunity to better enhance our critical thinking and engage in an enriching discussion with knowledgeable faculty to better enhance our understanding of concepts that aren’t usually focused in our curriculum.” Marina Youssef, another representative of Class of 2024, believes that this is “a great opportunity to share one’s greatest interest in a topic with others.” For these particular students, as well as many other participants, this was also an opportunity to continue developing a relationship with various instructors—this was especially important when OHSU was in modified operations.

ODA Mentor Program

If you haven’t heard, the Oregon Dental Association has created a Mentor Program! There are small groups, known as pods, which contain students as well as new and experienced dentists. Each pod allows for the development of relationships, both personal and professional, while various talking points are addressed. The meetings allow for open discussion and advice on topics such as practice ownership, treatment planning, team management, and much more. If you’re interested in joining one of these pods, please reach out to Melissa Juenger at mjuenger@oregondental.org.

Student Professionalism and Ethics Association in Dentistry (SPEA)

During modified operations, meetings were halted due to in-person meeting restrictions. While there were no meetings, students were still having conversations with instructors on how to uphold the ethical principles during each patient interaction and learning how to properly code various treatment options. Current SPEA leaders have recently communicated with the American College of Dentistry and are planning an event for later this term or early next term regarding how to navigate the gray areas when first entering clinic. If you’d like to submit any advice or tips, please send an email to sultanal@ohsu.edu. 📧

PRACTICES FOR SALE

PROFESSIONAL PRACTICE SPECIALISTS has general and specialty practice opportunities across Oregon, including Portland, Eastern Oregon and the coast. Their collections vary from about \$500K to \$1.5M+. The opportunities change frequently so visit our website, PRACTICESALES.COM for the most recent information, or contact Randy Harrison, 503-807-0009, Randy@PracticeSales.com. Thank you!

Southern Oregon Practice and Building for Sale. Profitable, established dental practice and building for sale in Grants Pass. Collecting over \$1.3M annually based on 3 days per week. This is your opportunity to live and work near the beautiful Rogue River in a desirable Mediterranean climate and area famous for outdoor recreation. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com. (ORD150)

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Great building and practice available in Eugene/Springfield. Collecting over \$900,000. 5 ops and room for more and/or rent out upstairs space. Contact Megan@omni-pg.com, 503-830-5765. (ORD157)

Exceptional General Practice for Sale in Eugene CBCT, CEREC, 4 ops in 1500 sq ft, great reputation and location. On track to collect over \$758,000 working 29 hours per week. Contact Megan@omni-pg.com, 503-830-5765. (ORD131)

Healthcare Building For Sale in Southern Oregon. 1200 sq ft building in beautiful rural area near CA. Good for dental, veterinarian, healthcare, or other business. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com. (OR104)

Dental Building For Sale in Salem. Dental building for sale on main street, 2784 SF, 4+ ops. On-site parking. Dental lab currently renting basement. Upstairs could potentially be rented out as office space or ADU. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com. (ORR105)

Associate Positions and Partnerships Available in Portland. Quality practices with opportunity for high income. Some positions are long-term, some can be short-term. Contact Megan Urban, Broker with OMNI Practice Group 503-830-5765 or megan@omni-pg.com.

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SAVE THE DATE

for the 2022 ODA House of Delegates!

The 2022 ODA House of Delegates will take place virtually on September 24, 2022. All ODA members are welcomed and encouraged to attend—mark your calendars and plan to serve as a delegate for your local component society.

We look forward to “seeing” you there!

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ODA Wellness Initiative

With increasing professional and personal demands, the overall well-being of dentists in the Oregon community is more important than ever. The ODA's Wellness Program offers a robust network of compassionate Wellness Ambassadors armed with resources to help support colleagues dealing with wellness issues, including, but not limited to: stress management, practice issues, debt, fraud, family obligations, illness, injury, depression, loss, grief, and addiction. Wellness Ambassadors are available to assist dentists at all levels of their career, including dental students. Learn more about serving as a Wellness Ambassador or request support at <http://bit.ly/ODAWellnessInitiative>.



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