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March 2013





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Official publication of the Oregon Dental Association in support of its core purpose to advance the dental profession and promote the highest standard of oral health and oral health care.

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PO Box 3710, Wilsonville OR 97070
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CONTACT US

Letters to the Editor

Letters to the editor are welcomed. All letters and other submissions to this publication become the property of the Oregon Dental Association. Send submissions to:

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Articles

Are you interested in contributing to Membership Matters?

For more information, please contact editor, Dr. Barry Taylor:
barrytaylor1016@gmail.com.

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DOPAC <http://bit.ly/DOPACreport>

Social networks

Look for the Oregon Dental Association group on:



Twitter

Follow ODA President, Jill M. Price, DMD: @ODAPrez

Blog www.TheToothOfTheMatter.org

APR 2	6:00 PM	Executive Committee meeting (conference call)
APR 4-6		Oregon Dental Conference (Oregon Convention Center)
MAY 31	7:00 AM	Executive Committee meeting (The Allison Inn—Newberg)
JUN 1	7:30 AM	Board of Trustees meeting (The Allison Inn—Newberg)
JUN 21	3:00 PM	Executive Committee meeting (tbd)
JUL 27	8:00 AM	Board of Trustees meeting (ODA)
SEPT 5	12 NOON	Executive Committee meeting (Sunriver Resort)
SEPT 6-7		ODA House of Delegates (Sunriver Resort)
SEPT 7	12 NOON	Board of Trustees meeting (Sunriver Resort)
NOV 16	8:00 AM	Board of Trustees meeting (ODA)
NOV 24-27		Oregon Mission of Mercy IV (Oregon Convention Center—Portland)

ODA CALENDAR EVENTS & MEETINGS

For more information on these and other upcoming events, visit www.oregondental.org, and click 'Calendar' at the top of the page or call ODA at 503.218.2010.

DBIC RISK MANAGEMENT COURSES

DATE	TIME	COMPONENT/LOCATION	CONTACT INFO
2013			
April 4	1:30 PM	Oregon Dental Conference®	www.oregondental.org
May 14	6:00 PM	Southwestern OR (Coos Bay)	Anne Mills at Dr. Roger Sims' office, 541.267.5867
Dec 6	9:00 AM	Multnomah (Portland)	Lora Mattson, 503.513.5010
Dec 13	9:00 AM	Central Oregon (Bend)	www.centraloregondentalsociety.org

COMPONENT CE CALENDAR

compiled by Mehdi Salari, DMD

Send your component's CE courses to bendsalari@yahoo.com.

TUES, MAR 19 Clackamas County **CE HRS: 1**

Optimizing Implant Results

Dr. Scott Dyer

LOCATION: Oregon City (Prov. Willamette Falls Community Ctr.)

INFO: www.clackamasdental.com

WED, MAR 20 Multnomah **CE HRS: 1**

Probiotics in Dentistry. Cutting Edge Microbiology with Dental Impact

Tom Maier, PhD

LOCATION: Milwaukie (ODS Plaza)

INFO: www.multnomahdental.org, lora@multnomahdental.org

TUES, APR 23 Clackamas County **CE HRS: 1**

TMJ

Dr. Kim Wright

LOCATION: Oregon City (Prov. Willamette Falls Community Ctr.)

INFO: www.clackamasdental.com

TUES, MAY 7 Rogue Valley **CE HRS: 2**

Occlusion

Dr. Lary Over

LOCATION: Grants Pass Country Club

INFO: ian.m.erickson@gmail.com or dr.sten.erickson@gmail.com

TUES, MAY 7 Lane **CE HRS: 2**

Total Hip & and Knee Replacement and Dental Treatment Implications

Steven N. Shah, MD

LOCATION: Eugene (Downtown Athletic Club)

INFO: www.lanedentalsociety.org

TUES, MAY 14 Marion & Polk **CE HRS: 2**

Techniques & Trends in Dental Materials

Jon Fundingsland of 3M/ESPE

LOCATION: West Salem (Roth's)

INFO: www.mpdentalce.com, mpdentalce@qwestoffice.net

TUES, MAY 14 Washington County **CE HRS: 1.5**

Using Online Marketing for your Practice

Ian McNickle of WEO Media

LOCATION: Beaverton (Stockpot Broiler)

INFO: www.wacountydental.org, wcdskathy@comcast.net

WED, MAY 15 Multnomah **CE HRS: 1**

Table Clinics – Annual Meeting

LOCATION: Portland (Multnomah Athletic Club (MAC))

INFO: www.multnomahdental.org, lora@multnomahdental.org

TUES, MAY 28 Clackamas County **CE HRS: 1**

Pharmacy: Top 25 drug update

Speaker to be determined

LOCATION: Oregon City (Prov. Willamette Falls Community Ctr.)

INFO: www.clackamasdental.com

A sunny day in the office



Barry J. Taylor,
DMD, CDE

TOO SELDOM IS AN EDITORIAL, opinion piece, or essay written about the wonderful profession of dentistry. Oftentimes, we are too distracted by external factors (the economy, mid level providers, insurance companies, and state regulatory agencies), and internal factors (office staff, challenging cases, non compliant patients, controlling overhead, and competition), to pause and think about why we love our profession. I'd like to take a moment to reflect on why we should be proud to practice in the great profession of dentistry.

Dentistry begins and ends with the patient. We are fortunate that the majority of our patients appreciate our work and the service we provide. Frequently, a patient will come into the operatory, sit down in our chair and say, "I hate coming to the dentist." Though they often have a smile on their face and are quick to add, "Don't take it personally. I do enjoy seeing you, however." The next hour (or longer) is spent in friendly, personable conversation with the patient. At the end of the appointment, many patients will say, "Thank you...you did a great job," which makes us smile.

Many professionals talk about customer service, but few spend any length of time with their customer to make that impression. Think about the desk clerk at a hotel, they may give you great service while checking you in, but they only spent 10 minutes with you. We spend an hour—sometimes more—with our patient providing customer service. Not only do we enjoy our patient's visit, but your dental assistant, front desk staff, and hygienist enjoy the experience as well.

It is great to work in a profession that provides health care. Dentistry improves people's lives in a way that few professions, outside of other health care providers, can match. We improve our patients' quality of life; whether we install an implant to restore function, add veneers to improve a smile, or simply perform a cleaning to maintain a healthy oral environment. After each of these visits, the patient leaves our office feeling satisfied and thankful. The health care model for dentistry is based on prevention. The informed patient appreciates this and knows we are here to help.



Why am I passionate about organized dentistry?

I want to protect our profession and the idea that we have a great and rewarding health care model.

Dentists are well-educated and provide a high level of care. Dental school was challenging, but we also have a satisfying career in a field that requires great skill and knowledge, and the added enjoyment of using these skills in our practice. Our skills extend far beyond just hand/eye coordination, and our knowledge encompasses more than just cariology. Our skills span from micro engineering knowledge, to material science, to medical research. We understand human behavior, and we need to have a good sense of business models. Our continuing education topics are far reaching and interesting. Dentistry is diverse in the care we choose to provide; many practitioners have specialized, and the general dentist can discover and hone their skills in their area of interest.

Dentistry is a great profession that rewards us, not just financially, but also intellectually. Our profession is focused on improving the health of the entire population. We should all find great satisfaction in this. ●

Barry J. Taylor, DMD, CDE, is editor of *Membership Matters*. He can be reached via email at barrytaylor1016@gmail.com.

Leadership Huddle with Coach



Bruce Burton, DMD



Money still has value, even if it's crumpled.

Bruce Burton, DMD, is a guest columnist of *Membership Matters*. He is a general dentist in Hood River and coaches high school football for Hood River Valley. You can reach him at football@gorge.net.

This huddle was inspired by the following short story. Unfortunately, I cannot find an author to give credit to.

A well-known speaker started off his seminar holding up a \$20 bill. In the room of 200 people, he asked, "Who would like this \$20 bill?"

Hands started going up. He said, "I am going to give this \$20 to one of you but first, let me do this."

He proceeded to crumple up the \$20 dollar bill. He then asked, "Who still wants it...?" Still the hands were up in the air.

"Well," he replied, "What if I do this?" And he dropped it on the ground and started to grind it into the floor with his shoe. He picked it up, now crumpled and dirty. "Now, who still wants it?"

Still the hands went into the air.

"My friends, we have all learned a very valuable lesson."

[That no matter how dirty the money was you still want it. Wait, that is not what he was getting at for the lesson, it is this:]

"No matter what I did to the money, you still wanted it because it did not decrease in value. It was still worth \$20. Many times in our lives, we are dropped, crumpled, and ground into the dirt by the decisions we make and the circumstances that come our way. We feel as though we are worthless, but no matter what has happened or what will happen, you will never lose your value.

"Dirty or clean, crumpled or finely creased, you are still priceless to those who care for you. The worth of our lives comes not in what we do or who we know, but by WHO WE ARE.

"You are special. Don't EVER forget it."

Whether it is in your dental practice, your personal life, or as an athlete, things don't always go perfectly; we need to expect valleys to go along with peaks. The challenge is not to let the "down times" consume you. We always coach our athletes, before a game, to expect adversity and to be prepared to move on to the next play. Lou Holtz uses the WIN acronym: emphasize **What is Important Now** to remind us to stay in the moment. You cannot perform at your top level if you are focused on what went wrong with the last play or patient.

People who are able to stay in the moment realize much better results and relationships. Great performers are able to refocus after something goes wrong by visualizing success. One of the ways to do this is self talk. You hear athletes refer to themselves in the third party as they tell themselves what they need to do now.

As dentists, to handle the tremendous amount of stress that comes with our work, one of the things we need to do is to find things that help us focus on **WIN** (What is Important Now). Focus on positive self talk to help move you past something that has not gone as well as you would have liked. Maybe it's a picture of your family or the favorite

place you like to get away to. It could be something short you say or read to yourself to trigger it. "This too will pass", "WIN," or "stuff happens!" It can be using your faith to help you move in a more positive outlook. In other words, it's anything that helps calm your waters and allows you to be your best you.

Focus on staying in the moment. It's easy to let life's static get in the way. My wife wonders if I hear her at all during football season, especially when I respond by calling her "Coach." To truly hear what a patient's concern is, you must tune in completely, so you can see, as well as hear, what they are saying (or not saying).

I know I am challenged every day to stay present and not let my mind wander off for too long at a time. I have to value myself by making time to recharge my batteries, or, as my wife says, burn the stink off. Work on staying positive, and don't let yourself get overwhelmed by life's daily grind.

The coach's playbook says you must always remember to value yourself by making sure to let the positive win the day! As the story reminds us, we all have value for who we are, and you are special! ●

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- Paul Turgesen, DMD, Independence, OR

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Oregon Convention Center, Portland



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To take advantage of this special offer, visit the on-site registration area in Pre-Function A of the Oregon Convention Center on Saturday, April 6. *Offer only available to ODA member dentists.*

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ADA and ODA Member-Get-A-Member Campaigns

Earn up to \$500 in American Express gift cards and a trip to Santa Fe!

The ODA is running a Member-Get-A-Member campaign in conjunction with the ADA's program described below. **The ODA member who recruits the most new, active members into membership between now and September 30, 2013, will receive a luxurious 4-night getaway to Santa Fe, New Mexico!** The package is worth over \$6,000 and includes roundtrip airfare for two, lodging at The Residence Club at El Corazon de Santa Fe, and more!

For a list of non member dentists, please contact Margaret Torgeson at mtorgeson@oregondental.org or 503.218.2010 x108. Be sure to notify Margaret of any non-member contacts you make, and ask your colleague to include your name on the "If an ODA Member encouraged you to join, please indicate" field of the ODA membership application, which can be found at www.oregondental.org.



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- **The ADA benefits** by representing another member dentist.
- **The new member you recruit benefits** by taking advantage of membership.
- **You benefit** by strengthening the ADA and sharing membership with another colleague — plus there are incentives and prizes for recruiters! For details and complete campaign rules visit ADA.org/MGAM.

Don't Delay!

The ADA Member-Get-A-Member campaign runs through September 30, 2013. For resources to assist your recruiting efforts, plus complete guidelines and rules visit ADA.org/MGAM, send an email to mgam@ada.org or call 800.621.8099.

For resources to assist you with your recruiting efforts, visit ADA.org/MGAM

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ODA Leadership Development Committee

Chair, Nominating Sub-Committee
PO Box 3710, Wilsonville, OR 97070

or email:

leadership@oregondental.org

Please cc: Don Bretthauer, CAE

Executive Director,
at dbretthauer@oregondental.org

✓ Election held July 27, 2013

Elected by ODA Board of Trustees

11th District Trustee to the ADA Board

TERM 10/2014 – 10/2018

INCUMBENT Roger L. Kiesling, DDS (Montana)

DECLARED CANDIDATE Rickland G. Asai, DMD

Nominations due Wednesday, June 12, 2013.

✓ Election held Sept. 7, 2013

Elected by ODA House of Delegates

ODA Speaker of the House

TERM 9/2013 – 9/2016

INCUMBENT Jeffery C.B. Stewart, DDS, MS

DECLARED CANDIDATE Jeffery C.B. Stewart, DDS, MS

ODA Editor

TERM 9/2013 – 9/2016

INCUMBENT Barry J. Taylor, DMD

DECLARED CANDIDATE Barry J. Taylor, DMD

ODA Board of Trustees

POSITIONS OPEN Ten

ONE-YEAR TERM (9/2013 – 9/2014) One open

TWO-YEAR TERM (9/2013 – 9/2015) Three open

THREE-YEAR TERM (9/2013 – 9/2016) Three open

FOUR-YEAR TERM (9/2013 – 9/2017) Three open

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Kae S. Cheng, DMD, MD
Richard K. Garfinkle, DDS
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James G. McMahan, DMD
Mark D. Mutschler, DDS
J. Lee Sharp, DDS
Joni D. Young, DMD

NOTE!

We'd love to see contested elections. Submit your nomination by Tuesday, July 23, 2013.

The following ODA Councils and Committees need volunteers:

- Annual Meeting Council
- Membership Council
- New Dentist Committee
- Public and Professional Education Council
- Publications Advisory Committee

For more information, please call 503.218.2010.

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As your office becomes more paperless, The Dental Record will back up your sensitive patient data with its new Online Data Backup service, a secure way to automatically back up your data daily and store it in two highly secure and HIPAA compliant data centers.

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This new regular column is intended to acquaint you with the benefits that you receive as a member of the Tripartite (ODA, ADA, and your component dental society).

More information on member benefits can be found at <http://bit.ly/ODAbenefits>.

Includes a variety of forms, including:

- ✓ Registration
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- ✓ Consent Forms
- ✓ Informed Refusal
- ✓ Histories
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- ✓ Progress Notes

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Mission of Mercy IV

November 24–27, 2013
Portland, Oregon

OrMOM Registration Now Open!

ODA will host our fourth Oregon Mission of Mercy (OrMOM) free dental clinic at the Oregon Convention Center in Portland, November 25–26, 2013.

Volunteer registration is now open. Have you and your office signed up yet?

It takes a lot of people of different talents to execute an OrMOM clinic.



One truck or two?

OrMOM leaders are currently deciding whether the ODA should contract with the America's Dentists Care Foundation (ADCF) to bring in one truck or two, with each truck containing equipment for a 100-chair clinic.

Thanks to the generous space donation of the Oregon Convention Center, we have plenty of room for a 200-chair clinic. The hesitancy stems from the ODA's ability to recruit enough volunteers, the Monday and Tuesday of Thanksgiving week, to keep the chairs busy.

This means that we need you to register now! We'll continue to watch volunteer registration as we decide what size clinic we can hold, and whether we'll be able to help 2,000 or 3,000 people get out of pain this Thanksgiving.

How do I sign up?

Please register online at
www.RSVPbook.com/OrMOM2013

What past volunteers have to say about OrMOM

My entire staff and I felt uplifted by this amazing experience in giving back to our community with our dental skills. It was an exceptional experience to be a part of, and we will continue to volunteer every year for the MOM! —2010 OrMOM dentist volunteer

This has been a very heartwarming and emotionally rewarding experience all of the three times I have been involved. —2012 OrMOM community volunteer

OrMOM is something I look forward to doing every year. Giving back to our community...it's something everyone should do. It's such a rewarding experience. It's great for the patients who really need our help, and it's good for us, too...it's good for our souls. Giving back...it's a Win-Win situation. —2011 OrMOM dentist volunteer

Everyone was very helpful and flexible. It felt like one big team working together, which is not so common of a feeling these days. It is a great opportunity for non-health care volunteers to help address health care needs of the underserved in a meaningful and tangible way. The recipients were grateful for the care they received. —2010 OrMOM dentist volunteer

The Ask...

Patients will be seen in the clinic on Monday and Tuesday, November 25–26, 2013. Please put at least one six-hour OrMOM shift on your office calendar (shifts are, generally, from 6 AM – 12 PM and from 12 PM – 6 PM), and bring your office to the convention center to volunteer.

It is a great team-building activity and a life-changing experience. We would like for our members to register NOW so that we can gauge interest in holding a 2-truck clinic.

I have colleagues licensed outside of Oregon, can they volunteer?

Yes! Out-of-state licensed dentists and hygienists can apply for a temporary license to practice at OrMOM by completing a form and returning it to the Oregon Board of Dentistry at least 10 days before their volunteer shift.

The temporary volunteer license form can be found at:
<http://1.usa.gov/VolunteerLicense>

ORAL PATHOLOGY An Ongoing Evolution

By Melody Finnemore

Melody Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). She can be reached at precisionpdx@comcast.net.



Pictured from left to right:
Jim Kratochvil, DDS
Cindy Kleinegger, DDS, MS
Jeffery Stewart, DDS, MS

Oral pathology is the specialty of dentistry and discipline of pathology that deals with the nature, identification, and management of diseases affecting the oral and maxillofacial regions. It is a science that investigates the causes, processes and effects of these diseases. The practice of oral pathology includes research and diagnosis of diseases using clinical, radiographic, microscopic, biochemical, or other examinations.

– American Dental Association

By the time the American Dental Association approved oral pathology as a specialty in 1950, the American Academy of Oral Pathology (now renamed the American Academy of Oral and Maxillofacial Pathology) was already two years old and gaining members as more dentists recognized the benefits of joining the practice area.

Three ODA members who have specialized in oral pathology for decades say the ability to help people in pain and the intellectual challenge of solving diagnostic problems led them to the field. Over their careers, they have seen significant changes ranging from technological advancements to new generations of diseases.

The OHSU School of Dentistry is home to the state's trio of oral and maxillofacial pathology specialists. **Jim Kratochvil, DDS**, chair of OHSU's Department of Pathology and Radiology, began his career in the U.S. Navy as a general practice resident before serving patients on an aircraft carrier and a fleet dental clinic in Japan.

Dr. Kratochvil, who was interested in prosthodontics and oral pathology, said he was often frustrated with delays when he sent lab work back to the U.S. while deployed on the carrier. And at times he felt nervous about misdiagnosing a lesion or other abnormality because it meant flying someone off the ship—costly in terms of both time and money, and possibly delaying diagnosis and treatment of a potentially serious disease.

"This insecurity made me even more interested in oral pathology, so I decided to address that insecurity by gaining knowledge," he said.

The Navy sent him to Emory University for a two-year oral pathology residency. Next was a yearlong anatomic pathology residency at Bethesda Naval Hospital and then a yearlong fellowship at the Armed Forces Institute of Pathology in Washington, D.C. For the next 13 years, Dr. Kratochvil rotated between the

AFIP, Bethesda Naval Hospital, and the Naval Dental School, where he ultimately chaired its oral pathology department and served as residency program director.

In 1995, the OHSU School of Dentistry extended an appealing opportunity to teach and explore the specialty's academic side outside of the Navy, bringing Dr. Kratochvil and his family to Portland. The technological advances in diagnosis and treatment he has seen at OHSU, and resources due to the establishment of the Knight Cancer Institute, are among the many changes that have taken place during Dr. Kratochvil's career.

"When I first started in 1980, we had this strange disease that was attacking gay men and they developed Kaposi's sarcoma, and we didn't know what caused it. Then we learned about the HIV virus," he said. "Since then, we've learned about so many new diseases and what causes them."

Dr. Kratochvil's colleague, **Cindy Kleinegger, DDS, MS**, discovered her interest in pathology while working for several years as a dental assistant, a dental hygienist, and a medical technologist. "When I got into dental school, I really loved the pathology courses and thought they were so interesting. My oral pathology professor was wonderful and encouraged me to go into the field," she said.

Dr. Kleinegger graduated from the University of Colorado School of Dentistry in 1990. Before pursuing her specialty training, she completed a one-year general practice residency at the Veteran's Administration Medical Center in Denver, associated in a private general dental practice and was a clinical instructor in the Department of Oral Diagnostic Sciences at the University of Colorado.

For her specialty training, Dr. Kleinegger completed the Advanced Education Program in Oral and Maxillofacial Pathology and earned a master's degree in Stomatology at the University of Iowa in 1995. She briefly joined the University of Mississippi



Need a biopsy reviewed?

The Department of Pathology and Radiology at OHSU School of Dentistry supports dentists and physicians by consulting on the diagnosis and treatment of oral diseases and symptoms. Their work includes conducting research; diagnosing diseases using clinical, radiographic, microscopic, biochemical and other examinations; and managing patients.

Other services include the OHSU Oral Pathology Biopsy Service and clinical oral medicine consults for students and the community. The biopsy service encompasses:

- ▶ Biopsy kits with formalin solution (Zeus/Michel's solution can be provided for direct immunofluorescence studies)
- ▶ UPS prepaid two-day shipping labels and lab paks
- ▶ Cytology kits can be provided (typically for the diagnosis of candidiasis or herpes simplex)*
- ▶ Pathological diagnoses faxed or mailed within 24 hours of soft tissue specimen receipt, with exceptions for hard tissue, special stains and DIF studies
- ▶ Consultation with pathologist
- ▶ Most medical insurance carriers accepted

The department's faculty teach didactic courses in general pathology, oral pathology, radiology and patient evaluation to dental students and dental graduate students. Clinical instruction in medical evaluation, oral pathology and oral medicine is also provided. In addition, the department has academic affiliation and clinical interaction with the OHSU Department of Anatomic Pathology.

For more information, please contact the department:
Ph: 503-494-8904 | Fax: 503-494-8905
Email: oralpath@ohsu.edu

Information from the American Academy of Oral & Maxillofacial Pathology contributed to this article.

*While the department does not receive microbiologic specimens for culture, it does receive exfoliative cytology specimens. These specimens are scrapings from the mucosal surface that are then examined under the microscope with special stains. "Typically, we suggest that exfoliative cytology, for our lab, be used to diagnose candidiasis and more rarely herpes simplex," said Jim Kratochvil, DDS, director of the Oral Pathology Biopsy Service.

Oral and Maxillofacial Pathology Specialists, cont.

School of Dentistry's faculty before returning to the University of Iowa in 1996, where she was a member of the faculty for nine years and served as Advanced Education Program Director. She joined OHSU in 2005.

Dr. Kleinegger said one of the more significant changes to occur since she began practicing is the impact our aging population has had on the prevalence of oral mucosal diseases and dry mouth, which occur more commonly in older people and may be side effects of the medications they are taking.

What has not changed over the years is the same passion and interest that drew Dr. Kleinegger to the practice of oral pathology. She said she continues to find tremendous satisfaction in the combination of microscopic diagnosis, clinical practice, and teaching that her job entails.

"I particularly like the puzzle-solving aspect of my work. I get a patient's clinical history, a visual of the abnormality in their mouth or on a radiograph, and then see the cellular features of their disease through microscopy, so it's like pieces of a puzzle," she said. "One of the things I like so much about my clinical practice is that I see a lot of patients who have been in pain for quite a while, so to help them feel better is very rewarding."

A strong mentor led **Jeffery Stewart, DDS, MS**, to become an oral pathologist. Dr. Stewart was mid-way through dental school at the University of North Carolina when he partnered on a research project with a faculty member in oral pathology.

"He became a role model first and then a classic mentor for me. I had a chance to witness and experience not only what he did as an oral pathologist, but also what he did as an academic and faculty member," Dr. Stewart said.

Among the sage advice he gave Dr. Stewart was to complete a yearlong general practice residency to ensure he really did want to specialize in oral pathology. "It also helped me learn about practicing dentistry in a hospital setting, which was really invaluable in my clinical practice as an oral pathologist," he said.

Dr. Stewart completed his three-year Master of Science in Oral Pathology and Diagnosis degree program at the University of Michigan School of Dentistry in 1985, and joined the school's oral pathology department as a faculty member upon graduation. He then was a faculty member at the University of Pennsylvania School of Dental Medicine before joining the pathology departments in OHSU's dental and medical schools in 1999.

Dr. Stewart enjoys the diverse elements of his oral pathology practice, including the clinical care of patients and the opportunity to provide diagnostic information to colleagues through microscopic diagnosis. Other rewarding aspects are the daily collegial interactions with dental and other health professions faculty, patient care and research, and the opportunity to participate in training dental students—the next generation of dental professionals.

Today, the issues facing the field of oral and maxillofacial pathology include growing public concern and a corresponding body of research related to how the human papillomavirus (HPV) may be connected to some oral cancers, Dr. Kleinegger said.

Dr. Kratochvil noted that the media's discussion about which cancer screening tests are necessary and when to do them presents another complex issue for oral pathology specialists, among others in the medical field.

"I think we'll probably hear a lot about this because we're really worried about oral cancer, yet we want to do the right thing for the patient," he said.

Drs. Kratochvil, Kleinegger, and Stewart are all diplomats of the American Board of Oral and Maxillofacial Pathology. ●



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RISING RATES

of Oral, Head, and Neck Cancer

By R. Bryan Bell, MD, DDS, FACS

THERE IS GOOD NEWS AND BAD NEWS IN THE WAR ON CANCER.

The good news is that a report released recently by the National Cancer Institute, American Cancer Society, and North American Association of Central Cancer Registries, shows the US cancer mortality rate has declined 1.5 percent each year from 2000 to 2009, which continues a trend from the 1990s. The bad news, however, is that the same data indicates a rise in cancers related to the human papilloma virus (HPV), particularly in a type of oral, head and neck cancer arising in the oropharynx. Dental practitioners are on the front line of defense against this capricious disease and should be aware of changing demographics and risk factors.

Traditional risk factors for oral, head and neck cancer, or cancer of the mouth (oral cavity), throat (oropharynx), or voice box (larynx) have been—and remain—smoking and heavy alcohol use, usually in men greater than 60 years of age. However, because of HPV, many more men and women in their 40s and 50s who have never smoked and do not drink heavily are currently being diagnosed with oropharynx cancer. It should be noted that this is in contradistinction to oral cavity cancer, which is still primarily non-HPV driven.

HPV is known to cause cancer in organs involved in sex. Virtually all cervical cancers, and currently about 60% of cancers of the oropharynx, are related to HPV exposure. Specifically, HPV-driven oropharynx cancers tend to occur within “Waldeyers ring” at the base of tongue (that part of the tongue you can’t see) and the pharyngeal tonsil or tonsillar region in the back of the throat. Since the cancer-causing effect of HPV infection can take years or even decades to manifest itself, most of these individuals were probably exposed to the virus many years before they were diagnosed with head and neck cancer.

For most people with oropharynx cancer, the first symptom is often a mass in the neck. Because cancer in the base of tongue or tonsil region is usually asymptomatic until it gets

very large, it is often diagnosed after it metastasizes to the lymph nodes in the neck. *Therefore, any neck mass in an adult should be considered metastatic squamous cell carcinoma until proven otherwise.*

The silver lining with HPV is that HPV-driven cancer tends to have a much better prognosis than the non-HPV driven cancer, which is generally associated with smoking and drinking. The overall 5-year survival rate for non-HPV related head and neck cancer is just over 50%, whereas the 5-year survival rate for HPV-related disease is between 70–80%. Therefore, there are essentially two different diseases—HPV-related and non HPV-related cancer—that have the same name and look the same under a microscope, but have remarkably different biological behaviors.

Regardless of the etiology, head and neck cancer is generally treated with surgery and/or

Oral, Head, and Neck Cancer Awareness Week (OHANCAW)

April 14–20

The Providence Cancer Center, in cooperation with the Oregon Dental Association, is sponsoring a free oral cancer screening event on April 17, 2013. Practicing dentists are encouraged to participate as screeners.

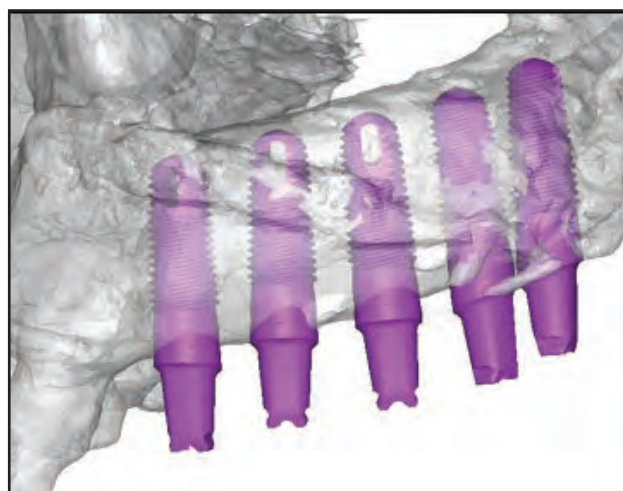
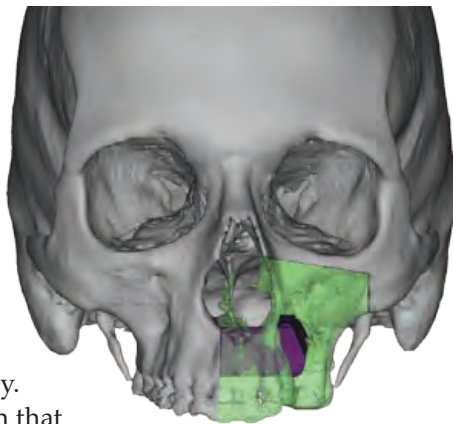
If you are interested, please email Dr. Bell at richard.bell@providence.org

Save the date!

Rising rates of oral, head and neck cancer, cont.

radiation alone for early stage disease and with a combination of surgery, radiation and chemotherapy for advanced stage disease. The trick to determining the optimal therapy is to match the intensity of the treatment with the severity of the disease, or to personalize the cancer therapy. For example, since it is known that HPV cancer has a better prognosis, investigations are ongoing into “de-intensifying” the treatment, if possible, using minimally invasive surgical techniques such as transoral robotic surgery and lower doses of radiation therapy than would have been used in the past, in order to achieve the same cure rate but with a better quality of life for the patient. Furthermore, there are special reconstructive techniques, such as microvascular free tissue transfer, that allow for immediate and accurate reconstruction of the jaws, tongue, and throat. This can be combined with dental implant supported prosthetic rehabilitation to provide optimal return of form and function after treatment (*see figures*).

Of course, prevention is the best cure. Dentists should be aware that there is a vaccine to prevent HPV infection. The Advisory Committee on Immunization Practices (ACIP) at the Center for Disease Control recommends routine vaccination of girls and boys aged 11 or 12 years. Vaccination is also recommended for women aged 13–26 years and men aged



About the Providence Oral, Head and Neck Cancer Program and Clinic

The Providence Oral, Head and Neck Cancer Program was initiated at the Providence Cancer Center in 2009 with the goal of improving patient care by: 1) coordinating multidisciplinary diagnosis and treatment; 2) utilizing technology to provide less invasive therapy and improve functional outcomes; and 3) collaborating with translational scientists in order to develop novel therapeutic agents and bring them to clinical trial.

Opened in December 2012, The Providence Oral, Head and Neck Cancer Clinic blends medicine and dentistry by creating a multidisciplinary medical and dental oncology clinic, a first in the Pacific Northwest.

The clinic has three distinct components:

- ✓ **THE OUTPATIENT CLINIC** is located on the sixth floor of the Providence Cancer Center. The program's multidisciplinary team of more than 20 specialists includes head and neck surgeons, otolaryngologists, oral and maxillofacial surgeons, radiation oncologists, medical oncologists, reconstructive microvascular surgeons, radiologists, pathologists, dentists, speech/swallow therapists, and social workers. Members of the team work together to develop treatment plans for head and neck cancer patients that incorporate the latest technology and most advanced surgical techniques, including minimally invasive surgery, robotic surgery, microvascular reconstructive surgery, virtual surgical planning, and numerous nonsurgical cancer therapies.
- ✓ **A MAXILLOFACIAL PROSTHODONTIST** will consult with patients in the clinic. He will design and fit prosthetic devices to replace missing areas of bone or tissue to restore oral functions such as swallowing, speech and chewing. Fitting of the devices will be done in the Providence Child Center Dental Clinic.
- ✓ Because various cancer treatments affect patients and alter dental care, **A DENTAL ONCOLOGIST** will be an active member of the multidisciplinary team in the clinic. Pre-treatment, dental intervention, and active dental treatment to lessen the side effects of cancer and its treatment will be provided to patients both in the Cancer Center Clinic and in the Child Center Dental Clinic.

13–21 years who were not vaccinated previously. Men aged 22–26 years may also receive the vaccine. Among the goals of the current vaccination recommendations for adolescents are to prevent persistent HPV infections and, hopefully, to eventually reduce the incidence and death rate of HPV-driven head and neck cancer.

Dentistry is a critical partner in the ongoing war on cancer. It is estimated that more than 400,000 patients undergoing cancer therapy in the U.S. will develop oral complications annually, and 40,000 Americans will be diagnosed with oral and pharyngeal cancers in 2013. Since traditional patient-related factors—such as smoking—are no longer adequate to identify those at greatest risk of developing oral, head and neck cancer, it has never been more important for the dental practitioner to provide thorough examinations and expert counsel to their patients. ●



Dr. Brian Bell, an oral and maxillofacial surgeon, is medical director of the Providence Oral, Head and Neck Cancer Program and Clinic at the Providence Cancer Center. He is also an affiliate professor at OHSU, and maintains a private practice at Head and Neck Surgical Associates in NW Portland. He can be reached at richard.bell@providence.org.

Diagnosing oropharyngeal cancer

Quick Tip

- ✓ Most commonly presents as **firm neck mass** in adult (under 60 years old)
- ✓ May be precipitated by **throat pain, difficulty swallowing, or hoarseness**, but not necessarily
- ✓ **Tonsil mass** or enlarged pharyngeal tonsil may or may not be present
- ✓ Base of tongue tumors generally **require nasopharyngoscopy** to identify
- ✓ **Neck mass in an adult is metastatic squamous cell carcinoma until proven otherwise**



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Welcome, Don Bretthauer!

By Barry Finnemore



DON BRETTHAUER, CAE

POSITION: ODA's new executive director

AGE: 53

FAMILY: Wife, Linda, events manager with Commercial Real Estate Women Network; and two pets, Katie, a miniature schnauzer, and Mika, a Siberian cat

HOBBIES: Golf, working out, and drives in the country

WHEN HE INTERVIEWED TO BECOME the Oregon Dental Association's executive director, Don Bretthauer said two aspects about the organization became abundantly clear: its commitment to excellence through strategic planning, and its focus on public service.

Bretthauer joined the ODA in January with a resume rich in organizational management experience. Bretthauer, who relocated from Lawrence, Kansas, took time recently to share his background, philosophy, and what drew him to the ODA. He said he was impressed with the organization's strategic planning and governance restructuring process.

"Associations can often have a fear of change, but the mere fact that there was a willingness to change showed me that it's part of the organization's DNA," he said.

Bretthauer also was drawn to the ODA because of its commitment to those in need through such initiatives as Oregon Mission of Mercy and the Dental Foundation of Oregon's Tooth Taxi. "It was clear those programs really make a huge difference in people's lives, and I could tell they really impact staff and how they view their jobs."

Bretthauer said adaptability is critical for the ODA, given the pace and scope of change in health care policy and legislation. "With the Affordable Care Act and legislation at the state level, it's important to be nimble," he said.

Born and raised in Kansas and the youngest of eight siblings, Bretthauer grew up on a farm where his family raised cattle. His dad was a mechanic and his mom a homemaker. Living in Kansas, with its tornadoes and

thunderstorms, he was always interested in the weather. And his dad emphasized education. That combination led Bretthauer to earn an undergraduate degree in atmospheric science, and an MBA with a finance emphasis from the University of Kansas.

"My dad wanted to make sure we had a better life than he did," Bretthauer said of the focus on education. "At the time, I thought that with two degrees I could go into management with one of the many private forecasting services that were starting up."

As it turned out, he spent several years with the university's continuing education division, developing seminars and conferences for civil engineers, and collaborating with regulatory agencies on compliance issues.

That led to a nearly 12-year stint with the Golf Course Superintendents Association of America in several managerial positions, first as government relations manager, and, later, as director of member/chapter services. During his time with the organization, Bretthauer spent about a year and a half working in Singapore, providing training for local course managers. At one point, he oversaw a staff of 20.

In 2002, he became executive director of the International Association of Administrative Professionals (IAAP), a nonprofit with more than 20,000 members and affiliates, and over 500 chapters worldwide. For about 10 years, Bretthauer worked with a 12-member board, providing administrative professionals with education, community-building, and leadership

development opportunities. During Bretthauer's tenure at the IAAP, the organization went through a strategic planning process similar to ODA's.

"It impressed me that (the ODA) was improving its governance structure, and I look forward to working with the board to continue implementing the changes."

Bretthauer said his guiding philosophies include creating an environment where people are safe to admit and learn from mistakes, and promoting integrity by "saying what you mean and meaning what you say." He also stressed the importance of respecting volunteer leaders' investments of time and unique talents.

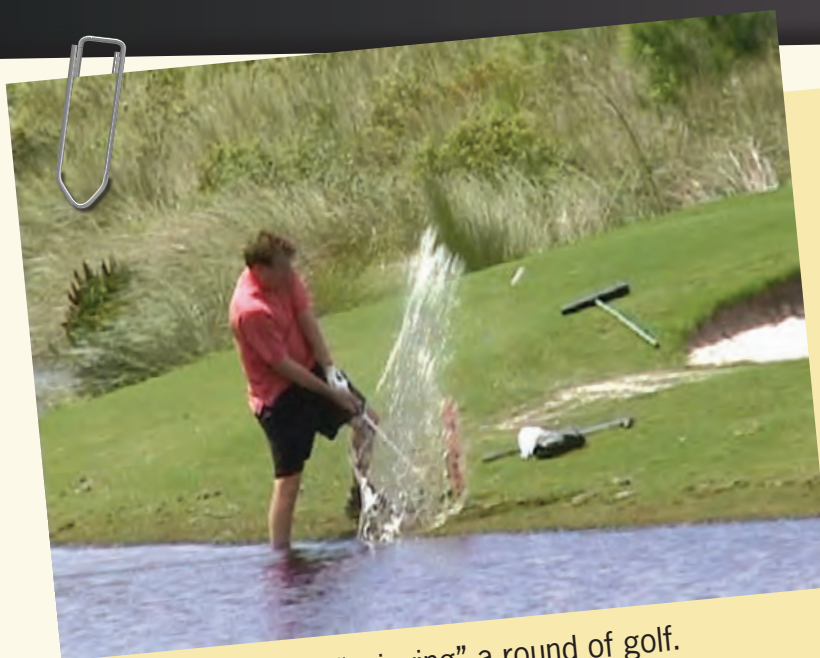
"Their mission is to make the organization better, and everybody has different ways to make things better. They are taking time out of their personal lives to give back. I'm always mindful of that."

Bretthauer believes it's important to acknowledge successes, but always be moving forward with an eye on the next challenge.

"Sometimes you have to force yourself to recognize a success, because there's always the next issue and challenge that requires attention. So, in a sense, moving forward is part of success, because it means you've accomplished a goal."

Oregon's cool climate and natural beauty appealed to Bretthauer, an avid golfer, and his wife, Linda. "You can drive a short distance and be out in the country, which I really like," he said. ●

Barry Finnemore is a freelance writer for ODA and a partner in Precision Communications (www.precomwords.com). He can be reached at precisionpdx@comcast.net.



Don Bretthauer "enjoying" a round of golf.



Mika, a Siberian cat, and Katie, a miniature schnauzer



GIVE KIDS A SMILE



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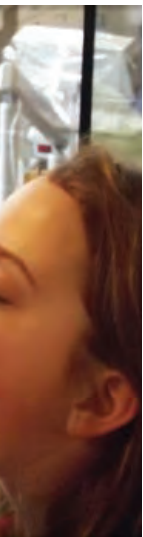
February 2, 2013

Lane Community College

This event provided a free dental exam and sealant clinic for children ages 7 to 14 years old with limited access to dental care. Each child received free x-rays and an examination by a dentist.



The clinic was made possible by the generous support of volunteer dentists, dental assistants, hygienists, office staff, community workers, dental suppliers and the following organizations: the Lane Community College Dental Clinic, the Lane County Dental Society, the Lane County Dental Hygienists' Association, the Lane County Dental Assistant Association, School Nurses, The Assistance League Children's Dental Center, Centro Latino Americano, Head Start, the Confederated Tribes of Siletz Indians, and the Riverstone Community Health Centers of Lane County.





GIVE KIDS A SMILE

Multnomah Dental Society

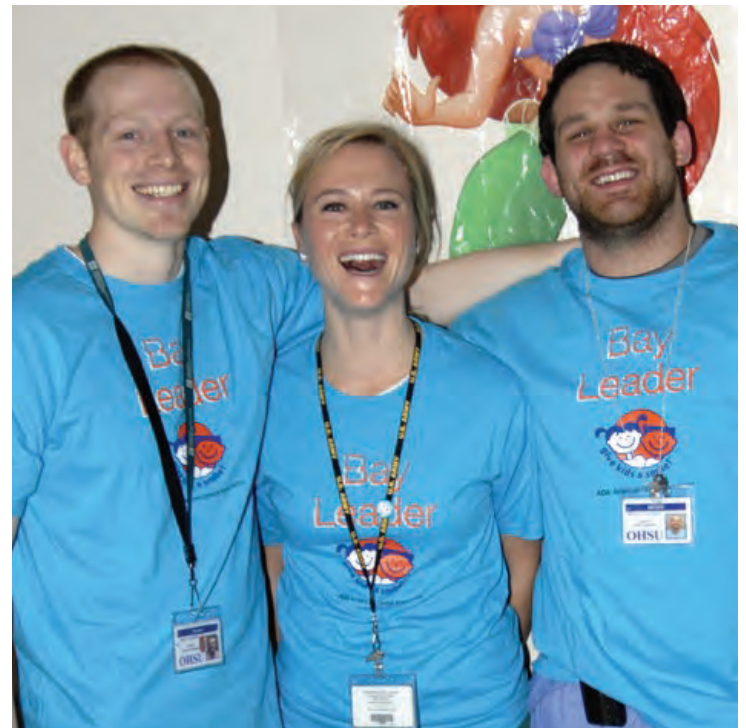
February 1, 2013, OHSU School of Dentistry

MDS partnered with OHSU School of Dentistry and the Boys and Girls Clubs of Portland to provide free dental services to underserved children in the community on Friday, February 1. It was the 11th year that MDS has sponsored this event at OHSU.

Children were pre-screened on three dates prior to the event in an effort to streamline the process when they came to the school with the use of MTI mobile dental vans. Over 130 children received free dental care in under four hours, with the help of MDS members, faculty, dental students and dental assistant students along with other volunteers. Each child also received lunch, entertainment and a goodie bag with toothbrush, toothpaste and floss.

Several local news channels came to the school and reported on the event. It was a great year with a lot of smiles!





Update as of February 8, 2013

Steven E. Timm, DMD, ODA Vice President, Board liaison • Beryl Fletcher, Director of Professional Affairs, staff liaison

THE OREGON BOARD OF DENTISTRY Rules Committee met January 22, 2013, sending several controversial issues back to the Board for final determination on whether they will go to a public hearing in the spring. The Board will meet on February 14 for action on the following issues:

- Silver Nitrate application by dental hygienists and dental assistants under general supervision (without the dentist in the office).
- Adding populations listed in Dental HPSAs (Health Professional Shortage Areas) to those that EPPs (Expanded Practice Permit dental hygienists) may provide treatment.
- Botox treatment for dentally related issues allowed for all dentists provided they take at least 16 hours of CERP accredited or AGD accredited training.
- Addition of a definition for “dentist of record” to facilitate compliance with the current laws relating to dentist supervision at colleges and university clinics. The proposal clarifies who is responsible for treatment.
- Updating requirement for oral surgeons providing care in hospitals and other clinics.
- Anesthesia rules changes requiring additional monitoring equipment for moderate, general, and deep sedation permits, and also requiring a moderate sedation permit if administering Benzodiazepines or narcotics to children under age six.
- Addition of some exam requirements for orthodontic assistants.

Records Retention for patient implants

Dr. John Krump’s request for a rule requiring dentists to retain records regarding implants longer than the currently required 7 years was reviewed by the Board Rules Committee. The committee recommended rule language be drafted to instruct dentists to give the implant information to the patient for safekeeping rather than have the dentist continue to maintain a record past the 7 year requirement.

ADEX Exam to allow clinical periodontal portion of exam to be optional

After a complete review of the exam, ADEX determined that the actual “scaling exercise” portion of the periodontal exam will be optional. Candidates will still have to take the written portion of the periodontal exam. They will still have to pay for it in the initial exam whether they take it at that time or opt out.

The reason given for the change is dentists do not use this skill to actually perform the treatment but supervise it. SERTA and NERB are now using the ADEX exam. Consequently, anyone taking the exam in their areas will have the periodontal section offered but optional starting in November 2013, encompassing approximately 30 states. While the periodontal exercise will be optional, it would not preclude some states from requiring this section. In Oregon, the law requires the Board of Dentistry to accept all exams. A statutory change would be needed to allow the Board to require this additional piece.

Additionally, candidates who opted out initially will have to pay a fee if they chose to take the periodontal clinical portion at a later date due to state licensure requirements where they may wish to practice.

Rule hearing to be scheduled for this spring will include the following issues in proposed rules:

- Posterior composite placement by hygienists and assistants.
- Proposal to allow dental hygienists to supervise EFDAs when applying dental sealants under indirect supervision.
- 818-03500020 - Removing references in wording of current dental hygiene rules regarding diagnosing and treatment planning for dental hygiene services since hygienists are allowed to do this. The patient would still need to have an exam scheduled with the dentist within 15 days of the hygiene services being performed.

Board clarifies “Professional Standard of Care” for patient x-rays. Dentists should review new 2012 version.

Dental offices and patients continue to call inquiring about frequency and necessity for dental x-rays. Many dental offices are telling their patients that they must have x-rays every six months or every year. The professional standard of care for dental x-rays is set in the ADA/FDA dental x-ray guidelines. Standing orders for every patient to receive the same number of x-rays at the same frequency is not acceptable. This is not a rule change, and there is no “law,” but rather a “professional standard of care.” Patients must have x-rays by dentists within the FDA/ADA x-ray guidelines. They cannot refuse or sign a waiver. (There are some exceptions in the x-ray guidelines for those with certain medical conditions.)

Licensees should review the guidelines and adjust any patient x-ray orders accordingly.

The guidelines are available at: www.ada.org/sections/professionalResources/pdfs/Dental_Radiographic_Examinations_2012.pdf.

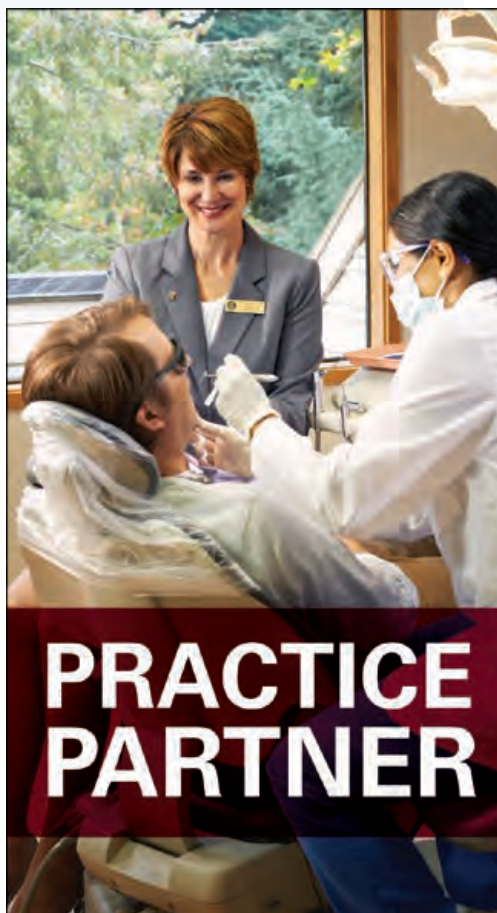
Denturist Board new rules not in sync with the rest of dentistry

The ODA and the Oregon Board of Dentistry have provided comments on the proposed rules presented by the Board of Denture Technology (denturist board). Regardless, the Board of Denture Technology will adopt rules that don't comply with dental profession Boards and federal standards for infection control and patient records:

Infection Control The new rules will only require denturists to monitor their sterilizers monthly (spore testing). This action is not in alliance with CDC recommendations, Oregon OSHA, nor with the Oregon Board of Dentistry regulations for dentists. The Oregon Board of Dentistry requires dental offices to monitor sterilizers weekly, which is what CDC and OSHA also require.

Other business premise requirements relating to cleanliness, disinfection, chemical labeling, and other infection control practices do not appear to conform to CDC, OSHA, or with what other dental professionals must comply.

Patient Records The proposed rules for adoption allow denturists to provide patient records "in a reasonable amount of time." This does not comply with federal or Oregon State HIPAA laws. The Oregon Board of Dentistry requires dentists to respond within 14 days. ●



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Roseburg Practice collecting \$700,000+ with six days of hygiene. High visibility traffic location, 8 operatories, in a newer complex. 40+ new patients per month. Dr. relocating.

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The Dalles Collecting \$630,000 with good net income. Five operatories. Dr. retiring.

Astoria Collecting \$420,000 with good net income. Dr. retiring.

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DENTAL FOUNDATION OF OREGON

Visiting De Paul Alternative High School

By Mary A. Daly, Tooth Taxi Program Manager

WIND, SNOW, RAIN AND SUN!

The Tooth Taxi braved all the elements at De Paul Alternative High School in NE Portland. Students in grades 9–12 in this residential treatment program showed their appreciation for Tooth Taxi services with heartfelt handmade thank you notes.

Principal Chris Blair really appreciated the Tooth Taxi; here is his note from our visit in October:

Realities from the road

Several students had very visible decay that affected their smiles. See before and after pictures of one student. One student we treated was so excited about getting her teeth fixed. She shared that her teeth were bad before she started using drugs, but then they got really bad fast. With decay on most of her teeth, we were able to fix her front teeth. She was very excited and told us she can't stop smiling. She is motivated now to follow up with care and get her remaining cavities treated. She told us one of her goals after obtaining her GED is to become a hygienist. Smiles transforming lives.

Another student shared that the design cut in his eyebrows is symbolic for his sobriety; he was proud of his accomplishment. ●

Tooth Taxi Summary

September 4, 2008 – March 1, 2013

13,009 students screened

12,500 students received oral hygiene education in the classroom

6,143 students treated in the van

\$3,532,028 value of free dental services provided

Mary,

Why are you nice people thanking me? I do believe that you're the one who gave my kids \$13,000 worth of free dental care. This was an astounding opportunity and I still can't believe it happened. The sad part is, a lot of those kids have already moved on, and now we've got more kids who...forget it. I don't even want to think about it.

So, with that in mind, please know that the Tooth Taxi has a spot waiting for it anytime it wants.

Thank you, thank you, thank you!

Chris Blair, Principal



Volunteer **Dr. Teri Barichello** (right), Chief Dental Officer at ODS, with assistant Carrie Peterson



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AFTER

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GENERAL DENTISTRY

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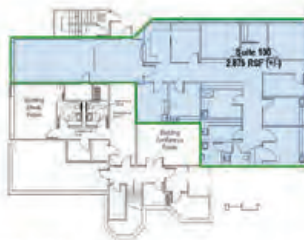
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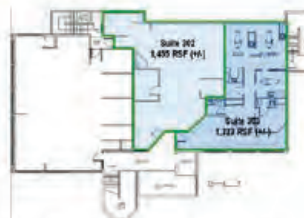
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