



Contact Point

"In Pursuit of Excellence Through Continuing Education"



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Utah Academy of General Dentistry

January 2009

Board Message

Happy New Year! 2008 left us with a new President elect and an international economic downturn. We hope for good results for you and yours in the coming year and beyond. One of the opportunities we all face during such financial challenges is our chance to get "lean and mean". Patients want value for their money, are using discretionary dollars more wisely and the number of "optional" dental procedures is increasing in their minds. As our businesses feel some of this crunch, we can become more efficient with fewer resources, become better clinicians to increase our value to patients and respond proactively to the problems we face.

Although we may feel some isolation in our own practices, AGD members are united as a group when it comes to education, comraderie and mentorship. As we meet together, it's a great perk to be able to trust our colleagues and learn from their experiences.

You may have heard about the new AGD website at KnowYourTeeth.com. This resource is a valuable way for your patients to search for accurate information about dental treatment and even to ask questions of an AGD dentist. Our familiarity with this website, other resources and more availability to our patients create value in our practices.

As our dollars available for CE get squeezed, the value of AGD CE courses becomes apparent. We are fortunate to have a constituency that can bring in excellent speakers at reasonable prices to us.

Giving back, community service and leadership may not give direct returns, but the indirect results are indisputably in our favor.

Professions throughout history have had to adapt to changes in economies, political restrictions, technology, obsolescence and historical developments. As we continually adapt to what is going on around us and make ourselves valuable, we can thrive even during seasons of discouragement.

Continuing Education Calendar

The UAGD Board continually strives to furnish the best possible CE courses at a reasonable price. There are at least four traditional CE courses offered per year. Two day hands on courses are given on the second or third weekend in March and the first or second weekend of November and follow the rotating schedule shown below. Attendees are often working on Mastership requirements that demand certain hours in each of several areas, but anyone is welcome to attend. Space is limited so register early. Lecture CE courses are usually offered in May and in conjunction with the UAGD Business Meeting in September. Suggestions for future course topics or speakers are welcome.

CE courses have also been offered at other UAGD sponsored activities such as the golf outing, cruise or special events.

2009	
March 13-14	Steve Christensen OSHA and Blow Yur Socks Off Photography
May 8	Dr. John Corollo, DMD Anterior Esthetics for Implants and Natural Teeth @Joseph Smith Memorial Bldg, SLC
September 11	Barry Barte, DDS, MD Esthetic Ridge Preservation for Implant and Pontic Site Development @ Joseph Smith Memorial Bldg, SLC
November	MPD/Occlusion hands on
2010	
March	Operative hands on
May	Perio Institute
September	Business meeting/ Practice Management
November	Fixed Prosthodontics hands on
2011	
March	Removable Prosthodontics hands on
May	TBA
September	Business meeting
November	Periodontics hands on
2012	
March	Endodontics hands on
May	TBA
September	Business meeting
November	Oral Surgery hands on



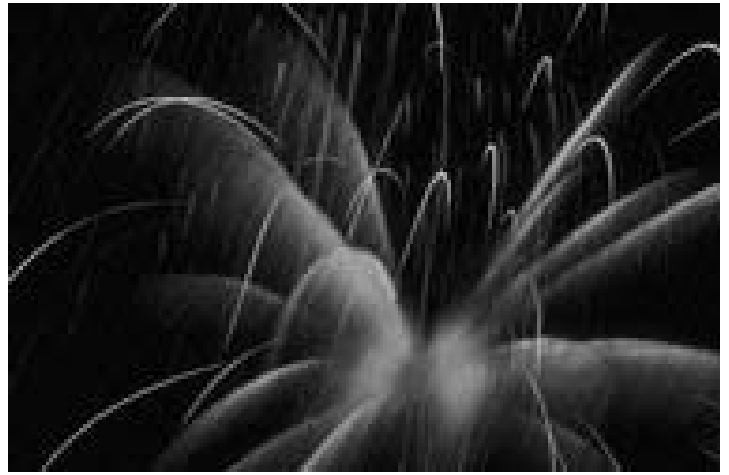
Oral Cancer and Mucosal Abnormalities CE Course

The November hands-on course at Ultradent was quite an eye opener. Dr. Scott Benjamin of New York state presented a two day course on oral cancer and the Velscope screening device. Dr. Benjamin is well recognized speaker, consultant and board member for many organizations both professional and public. His expert advice is sought on many fronts to educate people and shape public policy.

The course included a review of facts and statistics surrounding oral cancer. It is three times more common than cervical cancer and twice as deadly. It is the only cancer for which the mortality rate has not decreased in the last 50 years. It is the 6th most common cancer in the world. Patients treated for head and neck cancer have the highest rate of work disability and unemployment. Yet despite these morbid statistics, it remains largely unknown in the eye of the general public. Cancer watch groups and public information websites do not even include it on their list of cancers. Less money is spent on its presentation and research than any other common cancer.

Squamous cell carcinoma is the most commonly seen head and neck cancer accounting for 95% of all cases. The remaining 5% include salivary gland tumors, metastases from distant sites, soft tissue and osteo sarcomas, melanomas, lymphomas and leukemias. One of the interesting correlations presented about squamous cell carcinoma (SCC) is its relationship to human papilloma virus (HPV) infection. HPV is implicated in more than 60-90% of oral SCC. There are 100 strains of HPV, of which 13 carry the highest rates of oncogenic genotypes. In particular, HPV 16 is responsible for 50% and HPV 18 is responsible for 20% of cervical cancers. These two strains are found in the vast majority of HPV associated SCC. Statistics explaining the prevalence of HPV in people showed high correlations with HPV and oral sex habits. 50% of 15 year old teens and 75% of 19 year olds have had oral sex and 75% of people will be infected with HPV within their first 2-3 oral sexual partners. These numbers raise two important points: Potential prevalence for HPV is higher than most realize and at a younger age, and the HPV vaccine is more valuable than most realize for all teens and older people.

Screening tools for SCC were demonstrated and explained. Dentists fail to diagnose cancer 69% of the time. We miss it twice as often as we recognize it. Dr. Benjamin showed many of the adjunctive technologies available today. Understanding how these tools work was helpful to participants in deciding how to implement them in practice. Several available devices used aceto-whitening to identify problem areas: MicroLux DL, Orascope DK and ViziLite Plus all use a 5%acetic acid rinse to whiten affected cells and rely on a glow stick to illuminate for examination. These techniques help with white lesions only. The use of toluidine blue was also shown. T-blue stains abnormal nuclei, but is difficult to use as a screening tool because of the mess. Indeed, none in the course routinely use aceto-whitening or T-blue as every-patient screens. Dr. Benjamin is the developer of the Velscope, a new fluorescent



Welcome New Members!

The following new or renewed members have come into our ranks during 2008. We hope you feel welcome and will enjoy the comraderie and fellowship of the AGD as well as the many benefits offered to the general practitioner. We are stronger together! Apologies for errors or omissions.

Kyle W. Clark, DMD
Michael R. Bingham, DDS 8/15/2008
Jeffrey L. Buxton, DMD 9/10/2008
Caroline P. Carruth, DMD 5/1/2008
Heath R. Colledge, DMD 1/4/2008
Derek R. Evans, DMD 6/23/2008
Rodney S. Gleave, DMD 9/19/2008
Chad M. Goeckeritz, DDS 5/1/2008
William S. Hickman, DMD 10/2/2008
Travis Alan Hickok, DDS 5/23/2008
Nathan S. Horton, DMD 5/1/2008
Nathan J. McArthur, DMD 8/20/2008
Adam P. McLachlan, DDS 9/15/2008
Kody C. Mund, DMD 5/22/2008
Keith V. Nelson, DDS 5/1/2001
Hanhngan H. Nguyen-Tran, DDS 9/19/2008
Bradley C. Palmer, DDS 9/4/2008
Brian S. Palmer, DDS 9/4/2008
Jamie S. Pogue, DMD 9/19/2008
Ryan R. Saunders, DDS 5/1/2008
Gary G. Shaw, DDS 9/15/2008
Matt R. Stohl, DMD 2/20/2008
Shane T. Taylor, DDS 10/13/2008
Connor L. Thompson, DMD 5/1/2008
Adam Van Leeuwen, DDS 8/26/2008
Spencer G. Wade, DDS 5/1/2008
Jeffrey G. Allred, DDS 5/1/2008
Paul D. Anderson, DMD 3/24/2008
Robert M. Baird, DMD 2/18/2008
Shazmeena Bangash, DDS 9/19/2008
Randy S. Barahisel, DDS 9/19/2008
Jason G. Barton, DDS 8/27/2008
Charles C. Wall, DDS 9/3/2008
Jared M. Weaver, DDS 5/1/2008
Chase M. Williams, DDS 8/25/2008

UDA Luncheon

To all of the AGD members attending the UDA meeting, please be informed that we are again having our luncheon on Friday at the Joseph Smith Memorial Building main floor dining area. The cost will be \$30 and if you bring a friend, they can participate for free. The speaker will be Todd Shobe from ReliableNetworks. He will be speaking on various computer subjects including Backup and Encryption, Remote Access and Network Security, Anitivirus, Spyware and Phishing and will also answer your questions that you may have about computers. I know from my own experience that they are very helpful with Dentrix and other software. This year there will be 1/2 hour credit given for the luncheon. I hope that all of you will be able to make it. We will print CE certificates for those pre-registering for the luncheon. You may send your check or money order to UAGD, c/o Dr. Lynn Walker, UAGD Treasurer, 7679 S Center Sq, Midvale, UT 84047-7329

--Dan Boston

Online CE Available

If you need to pick up a few hours of CE you can do it online. Maybe you need a few hours in a specific area or maybe you don't want to take a day away from the office for a CE course.

I recently tried several different on line providers for CE. First I used the AGD web site. It is straightforward and when you take the CE test online it automatically adds the course to your transcript within a few weeks. By the way, your AGD transcript can be used to verify CE needed for your Utah License. I found many different courses available. I followed the instructions to sign up and within a few minutes was all set. CE articles are available in the AGD Journal or on the AGD web site.

To get to the online CE go to agd.org click on the black box labeled my CE at the top of the page. Then click on self instruction program in the gray box on the left side of the page. This takes you to the self instruction page. You can enroll from this page and select from various CE articles. You receive 2 hours credit for each test completed after reading a given article. You can complete the test on line or mail or fax the test in. Be sure to include your AGD number, course number, sponsor code and course code if you are mailing it in.

I also tried online CE courses from the ADA, Dentaltown, and Inside Dentistry. All were pretty straightforward. I was able to print a completion certificate from each of them that I then faxed to the AGD with my information.

As with any continuing education you must have an AGD sponsor code and course code to get credit. The AGD, Dentaltown, and ADA had this information. Inside Dentistry did include an AGD sponsor code on the completion certificate but I was unable to find AGD provider information before completing the course. I was unable to determine if all their course providers are AGD approved.

see Online CE continued on pg 5.

Optimal Anterior Esthetics for Implants and Natural Teeth

May 8, 2009 will feature Dr. John Carollo in the Joseph Smith Memorial Bldg Wasatch Room. He is scheduled to speak on several highlights including :

Esthetic guidelines
Diagnosis, treatment planning and data collection
Procera crowns, technique and application
PFM vs. Procera
CAD/CAM technology
light dynamics with all ceramics
shade communication
optimal esthetics for single teeth to full arch
adaptable implant abutments
soft tissue management
immediate placement, loading, function of implants
all on four cases
Procera implant FPDs
Nobel Guide

A second day of hands-on CE is also available on May 9 in the same room for those interested and who have attended on Friday. This portion will be co-sponsored by Nobel Biocare. Course cost is \$200 per day for AGD members. You may reserve your place by sending registration fee for the day or days desired to UAGD c/o Dr. Joe Stobbe, 715 E 3900 S #112, SLC, UT 84107.

Dr. Carollo attended the University of Medicine and Dentistry of New Jersey. He has presented extensively on the subjects of Treatment Planning Dental Implant Cases, Abutment Selection for Implant Dentistry and Management of the Successful Restorative Implant Practice. He has presented on Nobel Biocare's Implant system, Anterior Esthetics for Implants and Natural Teeth and the Procera system. Currently, he presents on Immediate Loading and Function of Implants, 3D guided surgery, and the All-On-4 Technique. Dr. Carollo has authored numerous articles on the Procera system the Procera Bridge and Digital Photography, Computerized Shade Mapping and Lab Communication, Patient Education, Treatment Planning and Increasing Case Acceptance, Contemporary Implant Perspectives, the Celara Denture System and the NobelGuide Implant technique. Dr. Carollo is the Team Dentist for the NY Jets of the NFL and maintains a full time GP private practice in Florham Park, NJ.

Dentist of the Year History

The UAGD has not had an historian position on its board. Records from past years have been sparse except for what has been published in newsletters. Newsletters are often discarded and not retained for their historical import (present editors' work being a notable exception). We are trying to develop a history of the Dentist of the Year. We encourage anyone with information as to the recipient for years not listed below to e-mail updates to the editor.
paulnvalerie@hotmail.com

2008 JC Cheney
2007 Lynn Walker
2005 Van Johnson
1997 Richard Engar

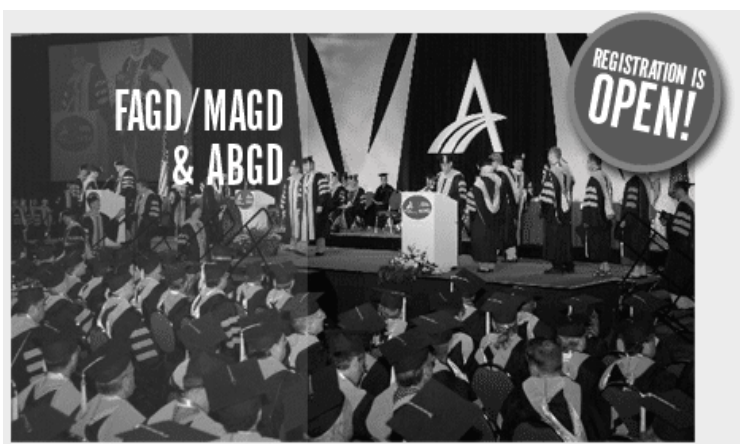
screening device, and argued the case for its superiority in identifying mucosal abnormalities. The Velscope illuminates the tissue with a 420nm light. The clinician looks through a 540nm filter to observe the tissue. The significance of these wavelengths lies in the fluorescent properties of neoplastic cells. Abnormal nuclei will block the fluoresced 540nm wavelength preventing its return to the clinician's eye. Thus, an abnormal area will appear dark through the Velscope. As learned in pathology, dysplasia is observed as having an irregular border with diffuse margins and may be poorly circumscribed. Examples shown of Velscope images showed lesions with irregular borders, but most margins were easier to identify than without the device. Perhaps most surprising to the participants were the dozens of images shown where color photography failed to show any reason for concern. The same area shown under the Velscope clearly showed an abnormal delineation which was histologically demonstrated to be dysplasia, carcinoma-in-situ or SCC.

Dr. Benjamin advocated the use of more intraoral pictures to show changes in abnormal tissue. On discovery, he takes a color photo and Velscope photo. If the need for biopsy is unclear, he does a two week followup with the patient to re-assess and re-photograph the lesion. Unchanged or uncertain lesions are biopsied. His statistics showed that in cases of atypia and mild dysplasia, visual detection was 20% accurate and the Velscope enhanced detection was 85%. In cases of moderate dysplasia, 50% were detected visually and 100% with the Velscope. These underscored the images shown where attendees could not see any abnormality on the color photographs, but readily detected concern in the Velscope photos.

A helpful part of the lecture was in contrasting normal tissue under the Velscope to assess what normal fluorescence looks like. Ultradent very generously made copies of the slides available to participants on CD. Fluorescent descriptors were defined. Retained fluorescence, loss of fluorescence, diascopic fluorescence, gain in fluorescence, porphyrin fluorescence and treatment response were explored and explained.

Once a biopsy is indicated, various tools exist. Although Dr. Benjamin has used OralCDx brush biopsy and liquid cytology extensively, he uses them less now because of their non-specificity in making a definitive diagnosis. Rather, he submits an incisional biopsy for pathologic examination. Punch biopsies and scalpel incisions were demonstrated and practiced by participants. He was impressed at the numbers of attendees performing their own biopsies.

Dr. Benjamin advocated that we all perform regular oral cancer screenings in order to lessen the impact of this very morbid disease process by catching it earlier. His technique used on each patient will help each of us as clinicians make a difference for the individuals we serve. The use of fluorescence is not new to dentistry. Many use it in caries detection already. Its use in mucosal abnormality detection is clearly helpful. Many of the forms, health histories and documentations are found on the Velscope.com website and are available for download. Participants walked away with a greater appreciation for what a normal visual, palpation examination may fail to show and what an enhanced fluorescent view provides.



Upcoming Annual Meetings.

The Annual Meeting is the AGD's best kept secret. No where in the country can you find the quality, quantity and level of CE that you find at the AGD meeting. Make plans to attend one or more of the upcoming extravaganzas.

July 8 through 12, 2009:	Baltimore
July 5 through 11, 2010:	New Orleans
July 25 through August 1, 2011:	San Diego
June 16 through 24, 2012:	Philadelphia
June 23 through 30, 2013:	Nashville, Tenn.

Steve Christensen Hands on Photography

If you'd like to get your hands on a great clinical photography course this is it! Space is extremely limited so act today! The dates are March 13 and 14 at Dr. Christensen's office. If you've seen Steve's presentations you're already sold on the idea. Steve has lectured nationally on the subject and is respected for his expertise. Come join us and improve your image! Contact Rod Maxfield for details. rodmaxfielddds@comcast.net





Online Ce continued from 3.

Only courses given by PACE or CERP approved providers count toward the FAGD and MAGD requirement. All other courses will count toward your membership maintenance requirement.

Podcasts and online case studies are also available at our web site AGD.ORG.

If you haven't tried it you may want to check out online CE.
--JC Cheney

Pick Up Your CE Certificates!

When you attend an AGD meeting, please pick up your certificate. They are presented at the end of the meeting to ensure that participants have stayed for the full meeting to merit credit for the number of hours earned. National AGD now requires written verification for all courses attended. If you do not remember to get your certificate, you will, after 60 days or so, need to provide a canceled check to obtain new verification. Usually, we try to send in all of the pertinent information to headquarters following a UAGD sponsored course. Following the course, please check your transcript at agd.org for hour posting. You may notice that this takes several weeks to accomplish. The national office apparently finds difficulty retaining past presidents whose exclusive duty is to enter this information tediously via abacus.

Records for attendance at courses should be maintained, retained, scatter brained, and complained (!) by the attendee.

Classified Ads

Please submit items for inclusion in the quarterly UAGD newsletter by the 31st of the following months: February, May, August, and November. Items may be sent to the UAGD Editor: by FAX to 435-787-8207, by mail to Paul Harris, 40 W Cache Valley Blvd, 2A, Logan, UT 84321 or E-mailed to paulnvalerie@agd.org

Cost is: AGD members - \$5 for each increment of 20 words, Non-AGD members - \$10 for each increment of 20 words, \$1 for bold or italics and \$5 for a border or word art per submission.

AGD Fellowship Award Requirements (simplified)

1. Current AGD membership for three (3) continuous years
2. Completion of 500 hours of FAGD/MAGD-approved continuing education credit, with at least 350 hours earned in course attendance. Mastership credit begins to accrue on the date that the 500-hours requirement has been met.
3. Successful completion of the Fellowship Examination.
4. Attendance at a Convocation Ceremony, held during the AGD Annual Meeting, to receive the award

AGD Mastership Award Requirements (simplified)

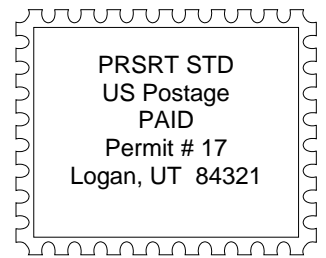
600 hours of MAGD-approved continuing dental education credit, 400 of which must be in participation courses. Mastership credit begins to accrue on the date that the 500-hour Fellowship Award requirement has been met. The 600 credit hours must be earned in specific disciplines, as outlined under "Subject Category requirements."

	Hands On	Total Hrs
Endodontics	30	46
Electives	30	46
MPD/Occlusion	30	46
Operative Dentistry	30	46
Oral & Maxillofacial Surgery	30	46
Orthodontics	12	12
Pediatric Dentistry	12	12
Periodontics	30	46
Practice Management	0	24
Fixed Prosthodontics	30	46
Removable Prosthodontics	30	46
Implants	30	46
Oral Med/Oral Diagnosis	12	12
Special Patient Care	12	12
Esthetics	30	46
TOTAL HOURS	360	544
TOTAL REQUIRED	400	600

KnowYourTeeth



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