

# Academy News



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## Academy News

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## 2003 Annual Meeting program to help attendees provide broader, more effective patient treatment

A pervasive emphasis on multidisciplinary collaboration in research and clinical care in the Academy's 2003 Annual Meeting program will enhance the ability of attendees to provide broader and more effective patient treatment.

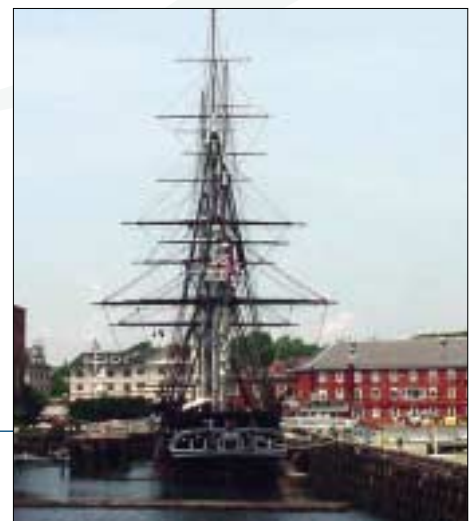
"The meeting symbolizes the importance and ever-increasing need for multidisciplinary collaboration. Implant dentistry requires a team approach. The most successful outcomes result when oral and maxillofacial surgeons, periodontists, prosthodontists, general dentists, scientists and others collaborate. That is the message of our program, 'Collaborative Strategies in Implant Dentistry,'" says **Dr. Bejan Iranpour**, Rochester, NY, Annual Meeting Chair.

The February 27-March 1 meeting in Boston marks the first time the Academy and the three leading dental specialties involved in implants — oral maxillofacial surgery, periodontics, and prosthodontics — have come together to sponsor a single meeting on implant dentistry. The 28 members of the Program Committee (see page 3) represent all four sponsoring

organizations: the AO, the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Academy of Periodontology (AAP) and the American College of Prosthodontists (ACP).

Speakers include some of the world's foremost authorities, led by two distinguished scholars, Drs. **Harold C. Slavkin**, Dean of the University of Southern California School of Dentistry, Los Angeles, and **Per-Ingvar Brånemark**, Goteborg, Sweden, whose pioneering scientific

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*Among Boston's unique attractions is a tour of the USS Constitution/Old Ironsides, launched in 1797 and now the oldest commissioned warship in the world.*

## PRESIDENT'S MESSAGE

# AO Annual Meeting in Boston the 'talk of the town!'

By Dr. James H. Doundoulakis

The dental implant meeting of the millennium is rapidly approaching! I encourage each of you to plan to join your colleagues and me in Boston for the AO's 18th Annual Meeting, "Collaborative Strategies in Implant Dentistry," February 27-March 1, 2003.

This meeting will be the first to have co-sponsorship by three of the premier specialty organizations in the U.S. — the American Association of Oral and Maxillofacial Surgeons (AAOMS), the American Academy of Periodontology (AAP), and the American College of Prosthodontists (ACP). This rare collaboration promises to create a truly world class event.

**We anticipate attendance will surpass all previous AO meetings.** Due to the overwhelming early response, I urge every AO member: please register early to lock in your hotel and program choices. Mark your calendars TODAY and plan to attend. You should already have Pre-Registration Packets.

The program will feature universally acclaimed speakers in the restorative and surgical fields. Dr. **Harold Slavkin**, Dean of the University of Southern California School of Dentistry, Los Angeles, will present a keynote address and Dr. **Per-Ingvar Bränemark**, Goteborg, Sweden, the closing address. The entire Hynes Convention Center, one of the largest and well-known in the country, will house exhibits by over 100 participating companies representing the entire implant industry.

It has been a delight for me to work with the Presidents, Boards and Executive Directors of the three co-sponsors. Mere words cannot express how fortunate the Planning and Program Committee has been in having Dr. **Bejan Iranpour**, Rochester, NY, orchestrate this historic collaboration. The AO, our co-sponsors and the dental implant "universe" are indebted to him for his hard work, limitless energy and devotion to this first-ever event.

Along with the main program and meeting highlights, Drs. **Iranpour** and **Robert Eskow**, Livingston, NJ, have worked hard to incorporate an **Allied Health Program** into the annual meeting content. It will offer one full day devoted to allied health topics, while also allowing participants access



*Greeting AO President Dr. James H. Doundoulakis (second from left) at the EAO meeting in Brussels are EAO President Dr. Massimo Simion (second from right), Milan, Italy, and two EAO past presidents, Drs. Daniel Van Steenberghe (left), Leuven, Belgium, and David D. Harris (right), Dublin, Ireland.*

to the general session for specific topics directly related to their needs.

Special thanks to our corporate sponsors for this year's annual meeting. Their support has enabled the Academy to keep its registrations in line with our costs. Also, our Corporate Forum participants and exhibitors add another element to our educational initiatives. They give our members access to in-depth scientific information — accumulated through their research and development efforts — and help keep us up to date with the latest technical advances in the field of implant dentistry.

### Regional meetings successful

Three regional meetings in Los Angeles, Washington, D.C., and Indianapolis generated good attendance and positive audience responses. The Board of Directors wishes to thank Committee Chair Dr. **Robert Garfield**, Los Angeles, and Regional Coordinators Drs. **Jay Beagle**, Indianapolis, and **Joseph Kravitz**, Bethesda, MD, organizing committees, and speakers for a job well done.

By recommendation of the Membership Committee and Dr. **David Guichet**,

Orange, CA, Newsletter Editor, we sent copies of *Academy News*, along with abstracts for oral/poster presentations and AO membership applications to all post-graduate and residency program directors. We hope this will increase awareness and build interest in the AO, leading to an increase in participation by graduate students and residents.

### Attended EAO meeting

In September, I attended the European Association of Osseointegration (EAO) meeting at the Palais Congres in Brussels, by invitation of their current President Dr. **Massimo Simion**, Milan, Italy, and the EAO Board of Directors. I presented a four-minute promotional "advertorial" for the 2003 AO meeting. Many of you may remember that in 1996 in

Amsterdam, Holland, the AO and the EAO initiated their first collaborative effort in co-sponsoring the First International Meeting on Implant Rehabilitation. Since then, both world-class organizations have grown in size and stature.

During my visit, I had several discussions with President Simion and several members of the EAO board, including Drs. **Marc Quirynen**, Leuven, Belgium, **Friedrich Neukam**, Erlangen, Germany, and **Daniel Van Steenberghe**, Leuven, Belgium, on the future of AO-EAO relations. All agreed that it is important to renew discussion and pursue closer ties for the benefit of both organizations in the future. At its October meeting, the AO Board of Directors approved the creation of an Ad Hoc committee on AO-EAO Relations to consider what shape and form this collaboration might take. In addition, we have invited Dr. Simion to give a special update on EAO activities during our Annual Meeting in Boston.

We can all be proud of what we have accomplished already this year, culminating in our implant meeting of the millennium

## Professional Profile

# Boston's Dr. Marjorie Jeffcoat makes smooth transition

A Bostonian who was born across the street from the Harvard School of Dental Medicine, Dr. **Marjorie K. Jeffcoat** has made a smooth transition to the South, where she has been Professor and Chair of Periodontology at the University of Alabama at Birmingham since 1988.

She even sounds just a faint bit southern when she says, "Nice people are nice people, wherever they are." She acknowledges, though, that when she and her husband Robert, an engineer, moved down from Boston, they hadn't expected to stay for 14 years.

The couple met while attending the Massachusetts Institute of Technology, where Dr. Jeffcoat took an undergraduate degree in Life Sciences.

She went on to earn a D.M.D. from the Harvard School of Dental Medicine in 1976, followed by a Certificate in Periodontology in 1978. She joined the faculty of the Harvard School of Dental Medicine as an Instructor in Periodontology in 1978, did research training in radiology and nuclear medicine from 1979 to 1981, and continued to teach at Harvard, rising to Associate Professor, until receiving the Alabama appointment. One of her students at Harvard was AO's current President, Dr. **James H. Doundoulakis**, New York.

When appointed Chair of Periodontology at the University of Alabama at Birmingham, Dr. Jeffcoat became the

first woman chair of a major university's periodontics department. Earlier this year, when named Editor of the *Journal of the American Dental Association*, she was again the first woman to hold the post. She is now in the line of succession to become the first woman president of AO in 2004.



**"I want to leave the profession better than I found it. I want to do that for the next generation." – Dr. Marjorie Jeffcoat**

There was a time, Dr. Jeffcoat remembers, when some people weren't sure whether she was a dentist, a dental hygienist, or a dental assistant. "There was a level of trust that you had to get over back then, but that is gone now. I have found dentistry to be very good to women — pretty well gender blind," she says.

When Dr. Jeffcoat first came to Birmingham, she couldn't open a department store charge account without her husband's signature. To this day, some patients call her "Mrs. Jeffcoat," because they have learned that is the proper way to address a woman. "Dr. Jeffcoat" could be demeaning, in their eyes.

Dr. Jeffcoat has always been active in professional and civic activities. She served as president of both the American Association of Dental Research and the

International Association for Dental Research. She currently serves on an advisory council to the office of women's health at the National Institutes of Health. She has been a member of the National Institutes of Dental Research Council since 1997.

Dr. Jeffcoat joined the Academy of Osseointegration shortly after accepting her current position in the late 1980s. She served as secretary and on the Ad Hoc Liaison Committee to the Osseointegration Foundation before being named AO Vice President this year.

While devoting most of her time to teaching and clinical research, she maintains a faculty practice. "The research involves putting implants in patients," she says.

Editing the *Journal of the American Dental Association* takes another major chunk of time. "Fortunately, I'm not a slow reader," she says. The editor's chair gives her an opportunity to write a monthly editorial, which she enjoys.

Dr. Jeffcoat's many honors include the Distinguished Alumnus and later Paul Goldhaber Awards from the Harvard School of Dental Medicine, the James Rosen Endowed Chair of Dental Research and President's Achievement Award from the University of Alabama at Birmingham, and the Gies Award from the American Academy of Periodontology.

## 2003 Joint Program Committee – 18th Annual Meeting

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Dr. **Michael S. Block**,  
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Dr. **James H. Doundoulakis**,  
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Dr. **Bejan Iranpour**, Rochester, NY,  
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Dr. **Louis F. Rose**, Philadelphia, PA  
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Dr. **David A. Felton**, Chapel Hill, NC  
Dr. **Jonathan L. Ferencz**,  
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Dr. **Kenneth A. Malament**,  
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Dr. **Thomas J. McGarry**,  
Oklahoma City, OK  
Mr. **Edward Cronin**, Chicago, IL,  
Executive Director

# Comments from the co-sponsor Presidents

**Dr. Larry W. Nissen,**  
Merritt Island, FL

**President, American Association of Oral & Maxillofacial Surgeons (AAOMS)**

*“We encourage all practitioners involved in implant dentistry to attend this rare collaborative meeting of the four major organizations. It’s a wonderful opportunity to share ideas and get information to continue to practice on the cutting edge of the implant dentistry world. The combined planning committee has assembled a program of absolute top speakers — the best of the best. We anticipate a truly spectacular meeting that will be remembered for a long time.”*



**Dr. Gordon L. Douglass,**  
Sacramento, CA

**President, American Academy of Periodontology (AAP)**

*“AAP members who attend this unique multidisciplinary meeting will benefit from three years of collaborative planning with our colleagues in AAOMS, ACP and AO. It will be an outstanding event that will offer periodontists an inclusive perspective on multidisciplinary treatment planning. The program will feature major symposia on implant complications and treatment planning which AAP has been deeply involved in planning.”*



**Dr. Jonathan L. Ferencz,**  
New York, NY  
**President, American College of Prosthodontists (ACP)**

*“There is tremendous value in our seeing treatment through the eyes of our surgical colleagues, and they through our eyes. All too often at individual meetings, we focus on our specialties. This meeting recognizes the value of multidisciplinary or collaborative care for patients requiring complex implant reconstruction. A meeting like this really reconfirms our commitment to the patient.”*



## Boston, history in the making

By, Kevin P. Smith, Executive Director

Founded in 1630, ten years after the Pilgrims landed in Plymouth, Boston is one of America’s oldest and most historically significant cities. Many original sites are still preserved, so one can turn back the pages of history and relive the bustling seaport days of colonial Boston and the Revolutionary War.

Today, Boston thrives as a center for medicine, high-tech, finance and education. The city has a population of 575,000, with a large metropolitan area of almost 3 million people. One of the world’s most popular tourist destinations, Boston hosts over 12 million visitors each year.

Boston will add to its important role in our nation’s history by playing a significant role in the Academy’s history, as we hold what promises to be the largest dental implant meeting ever in the U.S. The response to our preliminary meeting announcement has been overwhelming. The AO Executive Office received literally hundreds of phone calls from members and nonmembers requesting registration materials, long before they were due to be mailed in late October. By now, all Academy members and members of the co-sponsoring organizations should have received the advance program and registration packets.

A network of heated and covered walkways connects both the Sheraton Boston Hotel and the Westin Copley Place to the Hynes Convention Center. These walkways afford

weather-proof passage throughout the Prudential Center complex that houses many of Boston’s finest restaurants and shops. Meeting attendees can leave their hotel rooms and walk to the Hynes Convention Center without a winter coat.

Boston’s sightseeing tours board at both Annual Meeting hotels and take visitors throughout the city’s districts and attractions, including U.S.S. Constitution/Old Ironsides, Paul Revere’s home, the site of the Boston Tea Party, Beacon Hill, the Freedom Trail, the Old North Church and many other historical landmarks. Bring the family and enjoy all of the attractions that Boston has to offer.

Join your friends and colleagues at the AO President’s Reception, the Academy’s biggest social event of the year, Friday, February 28. The John F. Kennedy Library and Museum will be our site this year. The entire facility is reserved for us, with special round-trip bus transportation provided from both meeting hotels. Museum visitors can step back into the re-created 1960s’ world of the Kennedy Presidency.

The Academy’s 18th Annual Meeting, “Collaborative Strategies in Implant Dentistry,” brings a world-renowned faculty of speakers to a world-class city — all the makings of a world-class event that no one will want to miss. We look forward to seeing you in Boston.

# Indexing implants to produce dimensionally accurate master casts

By Braden M. Stauts, DDS

Achieving a passive fit with a multiple-implant prosthesis is a considerable technical challenge particularly when screw retention is being utilized. Cement retention provides



**Dr. Braden M. Stauts**, a board-certified prosthodontist practicing in Boise, ID, received his DDS degree and his Certificate in Advanced Prosthodontics from the University of Southern California. He has

taught both part- and full-time at USC and chaired the sections of Occlusion and Fixed Prosthodontics. An AO member, he has lectured extensively on implant prosthodontics and is currently the mentor for two implant study clubs.

some relief in short span restorations, but does not necessarily solve the problem in complex multi-implant restorations. Regardless of the retention mode, any multi-implant prosthesis depends upon its master cast for its ultimate fit. There have been a number of research studies that have investigated impression techniques and their impact upon the accuracy of multi-implant master casts.<sup>1,2,3</sup>

Without question, the impression technique can have an important effect on the master cast's ultimate accuracy. An additional concern is the setting characteristics of the material used to cast the master impression. Type IV improved dental stones are the most common materials used to produce implant master casts. The setting expansion of individual Type IV stones varies within a range of 0.08% to 0.20%.

## Conducted research project

To investigate the effect setting expansion can have on master cast distortion, we conducted a research project with the assistance of Hewlett Packard's Dimensional Metrology laboratory in Boise, Idaho.<sup>4</sup> In this study, the degree of cast distortion had a high correlation to the setting expansion exhibited by the

three casting materials used. The impression technique was standardized and statistically was not a factor in the distortion values. Die Keen, (Modern Materials, Heraeus Kulzer, Armonk, NY), with a setting expansion of 0.20%, produced distortion values in the Z-axis as great as 180µm. New Fuji Rock (GC America, Scottsdale, AZ) produced the smallest distortion values due to a setting expansion of 0.08%, but nonetheless the Z-axis values were still significant (60 to 80µm). In addition, all of the materials tested

demonstrated an erratic behavior that, in essence, precludes obtaining master cast accuracy to the degree needed for multiple implant restorations, without a corrective procedure.

The use of autopolymerizing poly (methyl methacrylate/PMMA) resin to

stabilize implant impression cylinders together dates back to the 1985 recommendations of Zarb and Jansson.<sup>5</sup> Autopolymerizing PMMA resins, however, have a linear shrinkage of from 0.2 to 0.5%.<sup>6</sup> Compensation for this shrinkage is essential for the accurate fabrication of either verification or correction jigs made of autopolymerizing PMMA resin. A logical approach to the linear contraction problem is to pre-make the jig on a preliminary cast and let the shrinkage stabilize overnight. The jig can then be cut in sections and re-joined in the patient's mouth.<sup>7,8</sup> This approach can improve the master cast's accuracy but is not the optimal solution.

Using thin diamond disks, the smallest gap created in separating the jig's cylinders is in the range of 200 to 300 µm. If autopolymerizing PMMA resin is added directly to a gap this size, the resin shrinkage will distort the final jig significantly. The solution to the problem is to reduce the inter-cylinder gap down to approximately 12 µm. The following technique was developed based upon this premise.

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**Figure 1.** The analogs for the distal four implants are coated with polyether impression material.



**Figure 2.** The correction jig is constructed on the five analogs.



**Figure 3.** The five sectioned elements of the jig reassembled on the patient's implant abutments.



**Figure 4.** GC Pattern Resin is flowed into the joints on both sides of the foil and allowed to set.

## Indexing implants...continued from page 7

The first step is to make a standard polyvinyl siloxane impression of the implants. Analogs are connected to the impression cylinders and all but one of the analogs is coated with a polyether impression material as described by McCartney and Pearson<sup>9</sup> (Fig. 1). The center implant remains uncoated and will be firmly imbedded in the gypsum when the cast is poured. Gold cylinders are gently screwed to be placed on the initial cast's analogs and then joined with a fast setting acrylic resin (GC Pattern Resin, GC America, Scottsdale, AZ).

### Polyether holds implants firmly

The polyether material holds the four distal implants firmly enough for the jig to be easily constructed (Fig. 2). The jig is allowed to autopolymerize for 24 hours and then sectioned between the gold cylinders with a diamond disk. The separated units are sequentially numbered, and then reassembled in the patient's mouth (Fig.3). Aluminum foil (Reynolds Metals Company, Richmond, VA) is cut into small squares and inserted between each unit. The thickness of this brand of foil is 12  $\mu\text{m}$ . Using the salt and pepper technique, fresh GC Resin is applied to both sides of the foil pieces in each joint and allowed to set (Fig.4). When the resin is hard, the foil is removed.

One by one the units on either side of the center implant are loosened and, using a disposable brush, the opened joint is coated with a slow setting cyanoacrylate (Slo-Zap CA, Pacer Technology, Rancho Cucamonga, CA). When the joint is completely coated, the unit is torqued back into place. The final set of the cyanoacrylate is achieved with a disposable brush

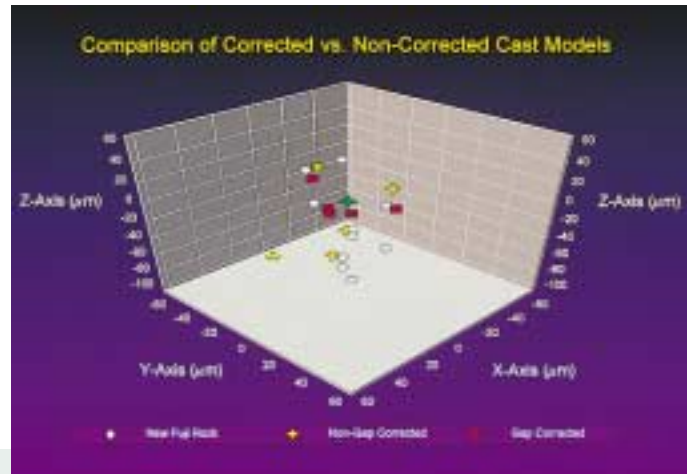
**Figure 5.** The polyether is removed and the hole relieved to provide a non-binding fit for the four distal analogs.



saturated with a rapid set catalyst (Zip Kicker, Pacer Technology, Cucamonga, CA). When the set is complete, a small addition of GC resin can be applied to each joint to prevent inadvertent separation

### Graph shows position of most distal right hand implant

A three-dimensional graph shows the position of the top center of the most distal right hand implant on the test die. As a note, distortion values are highest at the two terminal implants because the three dimensional zero point for measuring is the top center of the center implant. The area of green in the center of the graph represents the measuring error for twenty separate measurements of the top center of the right hand distal (#1) implant on the master die. The measuring error is approximately 3 $\mu\text{m}$ . The ten yellow points represent the original study's data for the ten uncorrected New Fuji rock casts. The white points represent the five corrected casts made with the non-gap corrected jigs. The red data points represent the five casts produced with the gap-corrected jigs. It is obvious from the graph that the gap correction jig produces a much more accurate final cast. In addition, it is evident that either set of jigs can greatly improve the master cast's precision.



of the units. (The above mentioned cyanoacrylate products are readily available in hobby shops.)

When the final set of the jig is achieved, the analogs are recovered from the master cast and attached to the jig's distal gold cylinders. The polyether material is removed from the master cast and each hole is relieved to provide clearance for the analogs. The jig is gently seated on the center analog while checking for any binding between the distal analogs and the relieved holes (Fig.5).

Once a completely passive fit to the center implant is confirmed, the jig is removed and the cast soaked for five minutes in slurry water. The final step is to make a thin mix of improved stone,



**Figure 6.** A thin mix of stone is added to each hole and the jig seated on the center analog.

fill each hole to half its depth, seat the jig assembly onto the cast, and torque the center gold cylinder (Fig.6). The set of the improved stone around the four distal analogs will produce very little distortional change, resulting in a highly accurate master cast.

### Pilot study verifies accuracy

We conducted a pilot study to verify the accuracy of this cast correction technique and made a comparison between the accuracy obtained with gap-corrected versus non-gap corrected jigs. Ten standardized impressions of the test die were made, per the original cast distortion study's protocol. The four distal analogs of each impression were coated with polyether impression material and the impressions poured in New Fuji Rock. A correction jig was fabricated with gold cylinders and sectioned and reused for each of the ten casts. For five corrected casts, foil was used to reduce the jig's inter-cylinder gap to 12  $\mu\text{m}$ . The remaining five casts were corrected by simply adding fresh resin to the inter-cylinder gap. The ten samples were measured on the Lietz 256 PMN and compared to the original study's data for New Fuji Rock.

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# Foundation survey yields valuable results

By Dr. David L. Guichet, Newsletter Editor

Applying the scientific method to a problem is often the best way to achieve valuable results. In this issue, Dr. Braden Stauts reports on research that has demonstrated improved accuracy in implant indexes and cast fabrications. Additionally, I will report on data from a recent Osseointegration Foundation (OF) survey.



Dr. David L. Guichet

To best serve the Academy membership and those affected by the breakthrough of osseointegration, the Foundation funded an online survey during October. It was conducted by onParc, an independent survey/consulting firm, and was limited to Academy members with e-mail addresses. We received 500 responses representing just fewer than 20% of those queried. Respondents represent each of the four major member groups: prosthodontists, periodontists, oral and maxillofacial surgeons, and general dentists.

A principal objective of the survey was to discover the membership's awareness of the Foundation's mission and activities. As Foundation President, I want to better understand just where the OF stands with Academy members. Results show that most respondents are aware of the OF, but some members remain lukewarm about its mission. This suggests that Foundation communication could improve via the Website, mailings and the newsletter.

Also, Foundation directors want to know how Academy members would like to see OF resources allocated. The Foundation's principal programs have been charitable grants and funding the Academy's research competition. Historically, charitable grants have received about 60%

of budgeted funds and research 40%.

The survey data yielded an unexpected result. Although most respondents generally support Foundation activities, they expressed a slight preference for research funding over charitable grants. The Board has concluded that the Foundation may more effectively achieve its mission by exercising discretion and flexibility when determining which initiatives deserve funding. We did learn, however, that most respondents are not aware of the charitable grant program and how it works. This information is outlined on the Academy Website at [osseio.org](http://osseio.org).

The membership and corporate supporters have supported the OF mission to the extent that the Foundation now has over \$500,000. Nevertheless, most respondents have limited themselves to contributions of less than \$200. If every member gave \$1,000 this year, the Foundation's assets would reach over \$4 million. Contributing now is easy with a printable fax-back form available on the Academy's Website. We appreciate your donations and will recognize every donor at the Annual Meeting and in the newsletter.

Survey respondents ranked the Academy extremely well in helping them stay current in the field of Implant dentistry. The Academy and the Foundation remain dedicated to serving the membership and everyone affected by the miracle of osseointegration.

The Osseointegration Foundation's mission — increasing awareness of osseointegration in ways that the Academy cannot through charitable grants and research — has helped distinguish the AO from other implant organizations.

## Indexing Implants...

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In summary:

1. Multiple implant prostheses require a high degree of master cast accuracy that is inherently difficult to obtain because of the setting expansion of common impression casting materials.
2. Cast correction is a viable and important procedure in obtaining an accurate implant master cast.
3. Reducing the size of the separation between correction jig cylinders creates the most accurate master cast.

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## Student Profile

# Dr. Lara Bakaeen plans to establish implant programs in Jordan

Dr. **Lara G. Bakaeen** was surprised and delighted to receive an e-mail message from Dr. **Melvyn S. Schwarz**, Torrance, CA, in 1999.



*Dr. Lara G. Bakaeen*

She was then a student member of the Academy and the only member in the entire country of Jordan.

Dr. Schwarz was the Academy's President-elect

and was visiting Egypt and the Mideast with his wife and daughter. He was planning to visit Jordan and lecture at the dental school in Amman. He wanted to be sure and meet the Academy's only member in Jordan, and she was eager to show him around.

Communicating only by e-mail, Dr. Schwarz mistakenly thought Dr. L. Bakaeen was a man. He invited Dr. Bakaeen to meet him at the hotel and "if appropriate, bring your wife." The mixup made their first meeting a very memorable one. She good naturedly took the Schwarzes out to dinner "and couldn't have shown more hospitality," Dr. Schwarz remembers.

They talked about implants, and Dr. Schwarz learned that no one was doing many implants in Jordan. He encouraged Dr. Bakaeen to further develop her expertise in the U.S.

Dr. Bakaeen's entrance into dentistry had come quite naturally. Her father, Ghazi, an oral surgeon and periodontist, established Jordan's first dental school

**"When I conclude my fellowship, I hope to return to Amman, Jordan to help serve the patients better and continue in research and teaching."**

at the University of Jordan in Amman. She studied there before coming to Temple University in Philadelphia to earn a master of science in oral biology (implants) and a certificate in prosthodontics.

Now she has an ITI Foundation scholarship to study implant dentistry under Dr. **David L. Cochran**, department

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## 2003 Annual Meeting program...continued from page 1

research and clinical studies have formed the foundation for the application of implants.

Dr. Slavkin's keynote, "Tissue Engineering — Modifying the Healing Response," will show how the practice is shifting or evolving from mechanical to bioengineering solutions. Dr. Brånemark's distinguished scholar presentation, "Osseointegration in Clinical Reality: Educational Mistakes and Prophylactic Collaboration," will report on three decades of experience and observations in international collaboration.

The program features major symposia on immediate versus delayed placement of implants and restorations, complications, and treatment planning:

- Two teams will offer different views of when to place and restore implants in Thursday's symposium. Drs. **Robert E. Lamb**, San Mateo, CA, and **Richard P. Kinsel**, Foster City, CA, will focus on the esthetic expectations of patients. Drs. **David A. Garber**, **Henry Salama**, and **Maurice A. Salama**, all of Atlanta, GA, will discuss when the trend toward early and immediate loading should be avoided.
- Saturday's comprehensive discussion on the prevention and management of soft tissue, hard tissue and restorative complications will follow a "speaker-reactor" format. "The format provides an opportunity to hear different views and conclusions from a cadre of experienced and knowledgeable experts," says Dr. Iranpour.

Speakers will include Drs. **Burton Langer**, New York, NY, **Jay P. Malmquist**, Portland, OR, **Norman J. Shepherd**, Haverhill, MA, **Bernard Touati**, Paris, France, **Glenn J. Wolfinger**, Ft. Washington, PA, and **Roy T. Yanase**, Torrance, CA. The symposium will conclude with a special presentation by Dr. **Lewis N. Estabrooks**, South Portland, ME, on legal and liabilities issues based

on actuarial data related specifically to dental implant claims and complications.

- Five distinguished practitioners will present cases designed to encourage audience interaction in diagnosis and treatment. Their presentations will show how interdisciplinary collaboration can maximize patient care outcomes. Treatment planning speakers are Drs. **Michael S. Block**, New Orleans, LA, **David A. Felton**, Chapel Hill, NC, **Stuart Froum**, New York, NY, **Stephen M. Parel**, Dallas, TX, and **Massimo Simion**, Milan, Italy. Dr. Parel will serve as moderator.

At the Corporate Forum held Thursday morning just before the Meeting's formal

*Dr. Slavkin's keynote, "Tissue Engineering — Modifying the Healing Response," will show how the practice is shifting or evolving from mechanical to bioengineering solutions.*



Harold Slavkin

opening, 14 manufacturer-hosted educational presentations will introduce the latest research and development in craniofacial implant technology. Over 60 commercial exhibits will be presented in the exhibit hall.

The program's 12 Limited Attendance Lectures feature leading experts addressing a variety of implant dentistry topic areas. The lectures will be repeated to allow each attendee to choose two.

Concurrent clinical tracks will address two difficult and challenging areas:

- "Atrophic partially edentulous maxilla — single tooth and segmental restorations;" presented by Drs. **Daniel Buser**, Berne, Switzerland, **Ueli Grunder**, Zurich, Switzerland, and **Avishai Sadan**, New Orleans, LA.



Per-Ingvar Brånemark

*Dr. Brånemark's distinguished scholar presentation, "Osseointegration in Clinical Reality: Educational Mistakes and Prophylactic Collaboration," will report on three decades of experience and observations in international collaboration.*

- "Risk management of the atrophic posterior mandible;" presented by Drs. **Myron Nevins**, Swampscott, MA, **Michael A. Pikos**, Palm Harbor, FL, and **Hans-Peter Weber**, Boston, MA.

Distinguished speakers representing the restorative and surgical disciplines will repeat to allow meeting participants to attend both tracks.

Other program features include Clinical Innovations, a series of 7-minute presentations on innovative developments in implant dentistry followed by 3-minute discussion periods, and 34 "lunch and learn" sessions that provide an opportunity for close interaction with international experts in a pleasant luncheon setting.

### Special program for allied staff

A special program Friday for allied staff — the dental hygienist, dental assistant and office administrator — covers "how to's" for recommending implant dentistry, collaborative staff interrelationships, interoffice staff communications, guidelines and precautions for e-mail communications with patients, and an "ask the experts" panel.

The AO's 18th Annual Meeting will be held in Boston's Hynes Convention Center and the Sheraton Boston Hotel. The Sheraton and the Westin Copley Place will serve as the AO meeting hotels.

## Dr. Lara Bakaeen...*continued from page 11*

chair, at the University of Texas Health Science Center in San Antonio. The scholarship provides an opportunity for research in implant dentistry and also “expanding my clinical knowledge and experience,” according to Dr. Bakaeen.

“The reason I decided to take a year off from my practice and teaching is the arising need in my country. In Jordan, people have begun accepting implant dentistry as a successful and predictable modality of treatment, although it is still behind when compared to the U.S. and some other countries,” Dr. Bakaeen says.

“When I conclude my fellowship, I hope to return to Amman, Jordan to help serve the patients better and continue in research and teaching. My desire is to one day establish graduate dental programs in the dental school curriculum that incorporate implant

dentistry and help bring the profession in Jordan to a higher level,” she adds.

Dr. Bakaeen is clearly a daughter following her father’s example and plans to carry on his work when she and her husband, Issa Kawalit, an M.D. specializing in nephrology at the University of Texas medical school, return to their native land.

Dr. Cochran accepted Dr. Bakaeen as an ITI Foundation scholar after receiving his friend, Dr. Schwarz’s, strong recommendation. As she finishes her year at the University of Texas Health Science Center, Dr. Cochran is very impressed with her clinical background, diligence, conscientiousness, pleasant and upbeat attitude, and eagerness to learn. “She is also a very good writer who has contributed significantly with protocol approvals, consent forms, and manuscript preparation. She’s really outstanding,” he says.

Her many scholarships and awards include first place in the John Sharry Prosthodontics Research Competition, September 1998, a King Hussein of Jordan Scholarship, 1995-98, University of Jordan Award for High Academic Achievement, June 1994, and Royal Medical Services of Jordan Scholarship, 1989-1994.

Dr. Bakaeen participated in private practice in Jordan from 1998-2001, while also serving as part-time lecturer in the Department of Prosthodontics at the University of Jordan. She has made presentations at several international conferences and published manuscripts in professional dental journals.

“I enjoy everything about this practice,” she said, “planning, seeing patients, learning. It’s exciting to be able to contribute to the quality of life our patients enjoy.”

## Why not forge closer ties between EAO and AO?

By Michael R. Norton

The astute reader will notice a subtle change to the standard heading for my report, which hails from the east side of the Atlantic Ocean. The reason for this change will become clearer as I relate the success of another European Association of Osseointegration (EAO) meeting, held in Brussels in September.

As the *de facto* capital of the European Union, Brussels would seem to be an ideal venue for some 1,500 European colleagues to gather to discuss the latest and greatest advances in implant technology and treatment. Indeed, it was the largest such gathering on record. For this, the conference chair, Dr. **Marc Quirynen**, Leuven, Belgium, is to be congratulated.

The EAO conference began on a Thursday with a series of lectures on the improvements in implant surfaces. A hot potato at the very least made all the more glowing by an assortment of counter presentations from clinicians presenting data for Osseotite, TiUnite, SLA, Tioblast and TPS/Frios. This was a good way to get the audience's attention and to turn up the heat for the conference proper, which began the following day.

The theme of the conference had been one of evidence-based dentistry. I was delighted to see that many speakers attempted to address their topics with appropriate references to the literature. The afternoon gave way to the Corporate Forum and later, in the evening, the gala dinner or the many private functions arranged by exhibiting companies.

Saturday at EAO was a day of parallel sessions and, as always, it was often difficult to choose between lectures. Perhaps the only disappointment was that at least two very popular lectures were presented in the smaller auditorium. Many delegates, including myself, did not get to hear those presentations, as there

was not even standing room available. One of these presentations was given by AO's Dr. **Sascha Jovanovic**, Los Angeles, one of the only U.S. speakers on the main or parallel podium this year.

It is to this very theme, "bridging the pond," that I wish now to draw your attention. It was a great delight to learn that the EAO had invited the President of the AO



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to give a short auditorium presentation regarding the AO's activities, in particular the forthcoming Annual Meeting in Boston. I had met with Dr. **James Doundoulakis**, New York, at the welcome reception the night before, where we both expounded on the virtues of trying to forge closer ties between our two continents. A significant volume of valuable information must fail to penetrate because of poor attendance by Americans at European meetings, and vice versa.

Implantology generally suffers from too much repetition, in particular of speakers. The same names appear time and again. This is certainly true in Europe, and I believe many colleagues in the U.S. share my concern. Equally, I have been touched by the many compliments received when lecturing in the U.S., often from people who freely admit having previously assumed that any dulcet English overtures would have little to offer the well-versed American audience. There is much to gain from scientific committees making

that extra effort to seek out fresh faces with new and interesting material.

This is, of course, a difficult judgment call. There's a risk in choosing speakers who are unfamiliar at best, and may prove to be unimpressive at worst. The simple solution is for those with program responsibility to be prepared to travel to seek out new talent.

It should, therefore, be seen as a very positive step in the right direction that our AO President took the time to attend the EAO conference. I know that those with the responsibility for planning our annual meetings are keen to extend the boundaries and attract new and enthusiastic names to the podium.

It is of a matter of historical account that an attempt to forge closer trans-Atlantic ties was made in 1996, when the EAO and AO joined forces to run a conference in Amsterdam, which I attended. Sadly, the turnout was lower than anticipated. In retrospect, I fear that it was perhaps too soon to expect success. However, today both organizations are routinely and successfully hosting large conferences for more than 1,000 delegates. Imagine the impact of bringing the best of both continents together and "bridging the pond," so to speak.

I understand that Dr. **Massimo Simion**, Milan, Italy, the current EAO President, received a counter invitation to address the floor at the Annual Meeting in Boston next February. I hope that delegates will take the opportunity to listen and come to see what EAO has to offer our American colleagues at the next EAO conference in the beautiful city of Vienna, Austria, October 9-12, 2003.

Equally, I hope to see an ever-increasing number of European colleagues attending the AO annual conference. It is a highlight of my calendar.