SUMMER 2018

PROBE

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Summer 2018 Meeting Event:

July 20 - 22, 2018

Eilan Hotel & Spa
17103 La Cantera Parkway
San Antonio, TX 78256

PRESIDENT'S MESSAGE

Becoming an Advocate for the Profession

Dear Colleagues:

First of all, I would like to thank the Members of the Southwest Society of Periodontists and the board of directors for allowing me to serve as your president over the last year. It has been an honor and privilege to serve an organization that has been pivotal in my development as a periodontist.

In my previous presidential address, I emphasized the need for future leaders and advocacy, which I think are crucial to the future of not only our organization, but also to the security and stability of the profession as a whole.

I would like to expand this idea and encourage us to build a culture of honor within the profession. I recently heard a sermon which was part of a series on creating a "culture of honor". It struck a chord with my wife and me, and we have had tried to incorporate this concept in our family. The basic concept is that we honor each other via service.

We honor the profession via service to others and the organizations that serve us. The idea that service to others is the primary way we honor them is a concept that I think we need to bring to the forefront and focus our efforts to achieve- not only in our organization, but within our day to day lives.

We honor those who created and lead this organization in the past, as well as those who are to come through our service today.

Please help me in creating a culture of honor through service not only to this organization but to those you encounter at home and work. I am honored to have served with this board of directors and I would to thank those of you who will graciously step forward to take on the task of serving this organization in the future.

In Service,

Dr. Scott Dowell
President 2017-2018

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Save The Date

2019 Winter Meeting
January 25-27, 2019
Marriott Las Colinas
223 West Las Colinas Blvd.
Irving, TX 75039
Visit www.swsp.org to stay updated on the details!

The beginning date listed for the meetings is the date preceding the opening day of the General Session. Registration and a welcome reception for ALL MEMBERS, as well as the Board of Directors meeting, are held on that date.

SUMMER MEETING
07.20-22.2018

Eilan Hotel & Spa

17103 La Cantera Parkway
San Antonio, TX 78256

TO REGISTER>
www.swsp.org/2018-summer-meeting-registration

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SPONSOR/EXHIBITOR>
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AGENDA>
www.swsp.org/2018-summer-meeting-agenda

Periodontics: A Profession in Transition with a Dynamic Laser Strategy!

Teaching Method: Lecture

Dr. Samuel Low, D.D.S., M.S, M.Ed.

Samuel B. Low, D.D.S, M.S, M.Ed., Professor Emeritus, University of Florida College of Dentistry; Associate faculty member of the Pankey Institute. Dr. Low has 30 years of private practice experience in periodontics, lasers, and implant placement. He is a Diplomate of the American Board of Periodontology and a Past President of the American Academy of Periodontology. Dr. Low is a Director at Large for the Academy of Laser Dentistry. He has been selected as "Dentist of the Year" by the Florida Dental Association, Distinguished Alumnus by the University of Texas Dental School, and the Gordon Christensen Lecturer Recognition Award. Dr. Low is also a Past President of the Florida Dental Association as well as a past ADA Trustee. Dr. Low provides periodontists, dentists, and dental hygienists with the tools for successfully managing the periodontal patient in the general and periodontal practice settings.

Presentation Abstract:

Dentistry is in rapid change and thus, our profession is in a state of flux. Technology, dentist/periodontist supply and demand, DSOs, politics, and third party interventions create unavoidable trends in dentistry. Each generation of periodontists may be perplexed by developing future strategies for success. This lecture will unlock the mystery of change by analyzing each trend contributor and generation and turn it into an opportunity. We will consider all de novo systems from the comprehensive care coordinator to the direct patient marketer to the itinerant clinician. We will evaluate the positioning of laser technology into the practice setting considering the return on investment via the addition of minimally invasive procedures with significant positive case acceptance. We will objectively present the science and rationale for laser indications with innovative techniques for the management of periodontitis, the elusive peri-implantitis, the rewarding esthetic crown lengthening, and an additional potpourri of treatments from extraction and socket preservation to sinus augmentation. Adjunctive pearls, such as marketing, scripts, and third party coding will enhance your implementation of lasers in your practice.

Educational Objectives:

1. Review generational influence and outside forces on both our patients and us as practitioners.
2. Assess new strategies as to direct patient referral to the perio gatekeeper.
3. Evaluate the role of lasers as a change agent.
4. Discuss the success of minimally invasive laser procedures for the treatment of periodontitis and peri-implantitis, esthetic crown lengthening, and extraction and socket preservation.

Disclosure of relevant financial relationships: Consultant: PerioScience Phillips; Stock Shareholder: Florida Probe; Employee: Biolase; Other financial/material support: Dentsply Sirona (equipment)

REGISTRATION IS NOW OPEN!

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The 2018 Summer Meeting will provide educational and networking opportunities for periodontists and dental professionals in the Southwest region.

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HOTEL
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www.swsp.org/2018-summer-meeting-sponsorships

AGENDA
www.swsp.org/2018-summer-meeting-agenda

SCHEDULE OF EVENTS

FRIDAY, July 20, 2018

		Location
4:30 PM – 6:00 PM	Board of Directors Meeting	Sala Mezzo
6:00 PM – 7:00 PM	Welcome Reception and Meeting Registration	Sustenio Private Dining Room

SATURDAY, July 21, 2018

		Location
6:30 AM – 7:30 AM	Exhibitor Set-Up	Grand Foyer
7:30 AM – 8:30 AM	Committee Meetings	Sala Cristallo
7:30 AM	Meeting Registration and Breakfast	Grand Foyer
7:30 AM	Exhibits Open	Grand Foyer
8:30 AM – 10:00 AM	GENERAL SCIENTIFIC SESSION BEGINS Guest Speaker: Samuel B. Low, D.D.S., M.S., M.Ed. **Periodontics: A Profession in Transition with a Dynamic Laser Strategy!**	Incanto Ballroom
10:00 AM – 10:30 PM	Break with Exhibitors	Grand Foyer
10:30 AM – 12:30 PM	GENERAL SCIENTIFIC SESSION CONTINUES	Incanto Ballroom
12:30 PM – 1:00 PM	Break with Exhibitors	Grand Foyer
1:00 PM – 2:30 PM	Luncheon and SWSP Member Business Meeting	Incanto Ballroom
3:00 AM – 5:00 PM	New Member and Resident Social	To Be Announced

SUNDAY, July 22, 2018

		Location
7:30 AM – 9:00 AM	Board of Directors Breakfast Meeting	Sala Mezzo
7:30 AM	Meeting Registration and Breakfast	Grand Foyer
7:30 AM	Exhibits Open	Grand Foyer
9:00 AM – 10:30 AM	GENERAL SCIENTIFIC SESSION CONTINUES Guest Speaker: Samuel B. Low, D.D.S., M.S., M.Ed. **Periodontics: A Profession in Transition with a Dynamic Laser Strategy!**	Incanto Ballroom
10:30 AM – 11:00 AM	Break with Exhibitors	Grand Foyer
11:00 AM - 12:30 PM	GENERAL SCIENTIFIC SESSION CONCLUDES	Incanto Ballroom

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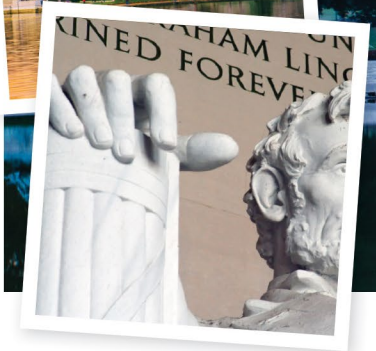

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THANK YOU TO OUR EXHIBITORS

Many, many thanks to the Exhibitors who supported the Southwest Society of Periodontists by exhibiting at the Winter 2018 Meeting at the Marriott Las Colinas. We appreciate your kind comments and look forward to welcoming you to our future meetings.

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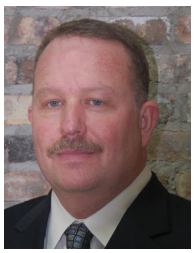

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Owner, Helm Dental Laboratory

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Gregory A. Toback, DMD, MS
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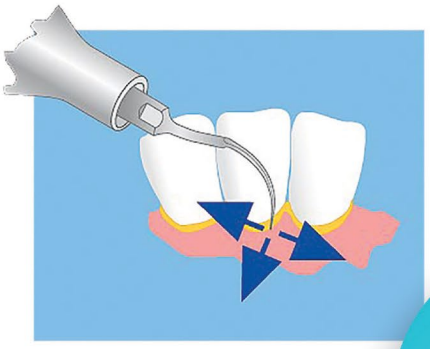

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SWSP 2018 WINTER MEETING WRAP-UP

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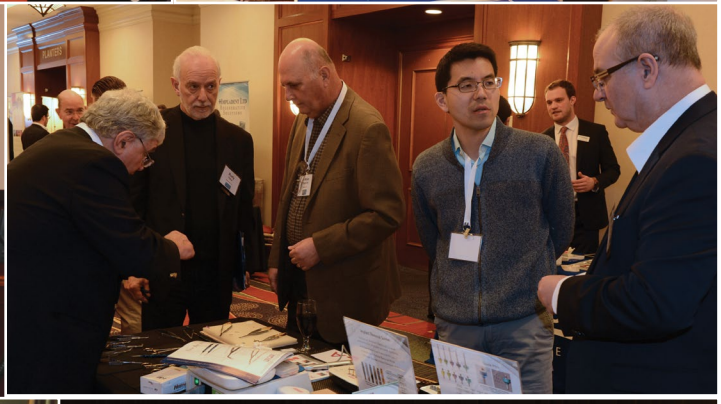

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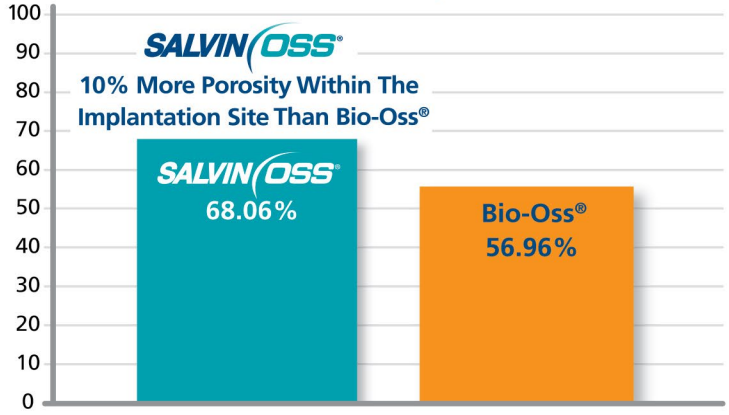

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REV. 04-2018

SWSP 2018 WINTER MEETING WRAP-UP

BUSINESS LUNCHEON MEETING MINUTES
SOUTHWEST SOCIETY OF PERIODONTISTS

Saturday, January 27, 2018 – 12:30 pm – 2:00 pm

I. CALL TO ORDER:

Dr. Scott M. Dowell called the meeting to order at 12:45 PM.

II. INVOCATION:

Dr. Matt Steffer gave an invocation.

III. SPONSOR/EXHIBITOR RECOGNITION:

Dr. Jeff Pope thanked the Sponsors for their support of the Society and asked them to give an introduction for their organization. Dr. Pope then thanked the exhibitors and asked them to provide an introduction for their company.

IV. AAP TRUSTEE REPORT:

Dr. Stephen Bass provided a report on the activities of the AAP. The AAP recently completed two best evidence reports to be published in the spring. The AAP also held a World Workshop on disease classification with over 150 experts in attendance. There was a transition of the publication of the AAP Journal which will now be hosted on a user friendly web platform. The consumer awareness campaign, "Love the Gums You're With", is in its fourth year. During the 2017 year there was great reach for the campaign through social media channels. There will also be the ability to vote on bylaws changes electronically without being present at the upcoming meeting in Vancouver. 2018 AAP Elections are approaching and Dr. Bass introduced the candidates. Dr. Lou Rubino and Dr. Chris Richardson provided brief statements of their candidacy including background, qualifications, experience and service to the AAP as well as their goals for the organization.

V. SECRETARY'S REPORT:

Dr. Pilar Valderrama

a. Approval of Minutes from the July 23, 2017 Business Meeting as published in the PROBE Newsletter.

b. Dr. Pilar Valderrama moved approval of the minutes as presented in the PROBE. Dr. Brian Mealey seconded the motion. Motion passed.

VI. TREASURER'S REPORT:

Dr. Guy Huynh-Ba presented the finances of the Society. The Society is in good financial standing.

VII. CENTRAL OFFICE REPORT:

Debbie Peterson reported that operations are routine.

VIII. PROBE EDITOR'S REPORT:

Dr. Kayleigh Eaves Temple –No report.

IX. WEBMASTER'S REPORT:

Vacant

X. STANDING COMMITTEE REPORTS:

a. ANNUAL MEETINGS COMMITTEE:

Dr. Matt Steffer reported on the upcoming meeting in San Antonio. In the summer of 2019, the Society will host its meeting in New Orleans.

b. CENTRAL OFFICE COMMITTEE:

Dr. John J. Dmytryk – No report.

c. MEMBERSHIP COMMITTEE:

Dr. Natalie Frost reported on the new members to the society. Dr. Natalie Frost moved to accept these new memberships. Dr. Eduardo Lorenzana seconded the motion.

d. NOMINATING COMMITTEE:

Dr. Cora Marsaw reported the Slate of Candidates will be announced in the next edition of the PROBE.

BUSINESS LUNCHEON MEETING MINUTES
SOUTHWEST SOCIETY OF PERIODONTISTS

Saturday, January 27, 2018 – 12:30 pm – 2:00 pm

e. SCIENTIFIC AFFAIRS COMMITTEE:

Dr. Charles Powell

i. John F. Prichard Prize for Graduate Research Subcommittee – Dr. Natalie Frost thanked everyone for their support of the Prichard including the Sponsors and Judges. Dr. Frost presented the certificates, plaques and trophy to the participants and recipients of this year's awards. Dr. Debbie Lee, a resident of the United States Air Force Periodontics Program, was the winner of the Prichard Competition. The Runner-Up, Dr. Phillip Garrett, is a resident of the University of Texas Health Science Center at San Antonio Graduate Periodontics Residency Program.

f. STRATEGIC LONG-RANGE PLANNING COMMITTEE:

Dr. John J. Dmytryk – No report.

g. EXECUTIVE COMMITTEE:

Dr. Scott M. Dowell – No report.

h. BUDGET AND FINANCE COMMITTEE:

Dr. Pilar Valderrama –No report.

I. BY-LAWS, POLICIES & PROCEDURES:

Dr. Bradley Crump – no report.

XI. AD HOC COMMITTEE REPORTS

a. EXHIBITOR COMMITTEE:

Dr. Jeff Pope

b. GOVERNMENTAL AND REGULATORY AFFAIRS COMMITTEE:

Dr. John Dmytryk – No report.

c. SEDATION COMMITTEE:

Dr. Todd Scheyer/Dr. Chuck Rader provided an update on anesthesia and sedation. A SWSP member, Dr. Charles Radar, is on the AAP Anesthesia Committee. Dr. David Yu has been appointed to Texas State Board of Dental Examiners. Dr. Lisa Masters will serve on the Dental Anesthesia Advisory Committee and was appointed by the TSBDE. Dr Radar asked everyone to stay tuned in to what is happening with each state. Dr. Tyler Borg is on the Anesthesia Committee in Colorado and the AAP.

XII. Old Business

None

XIII. New Business

a. CANDIDATES AAP SECRETARY-TREASURER

Lou Rubino and Chris Richardson – Completed above in the agenda.

XIV. Adjournment

Dr. Stephen Bass moved to adjourn the meeting. Dr. Lorenzana seconded the motion. The meeting adjourned at 1:42 pm.

2018 NOMINATING COMMITTEE REPORT

The Nominating Committee will put forward the following Slate of Candidates at the Summer Meeting for election by the SWSP Membership.

OFFICERS:

1. President-Elect: Dr. Pilar Valderrama
2. Secretary: Dr. Kristi Soileau
3. Secretary -Elect: Dr. Natalie Frost
4. Treasurer: Dr. Takanari Miyamoto
5. Treasurer-Elect: Dr. Matt Steffer

BOARD MEMBERS AT LARGE:

6. Dr. Scott Bedicheck
7. Dr. Edwin Sutherland

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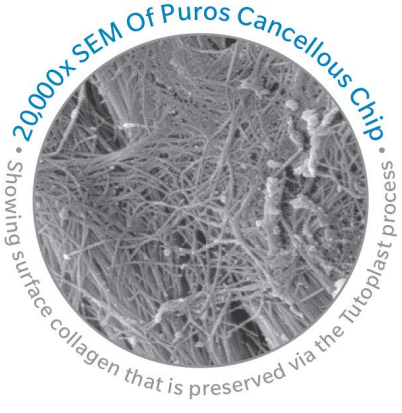

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ANNOUNCEMENTS

STUDENT MEMBERS ATTEND SWSP MEETINGS AT NO CHARGE
The SWSP Board of Directors invites Student Members of the SWSP to attend the 2018 Summer Meeting of the SWSP at no charge during Early Registration. Please register online at www.swsp.org.

We value you as Student Members and this offer is made to encourage you to attend the meetings of the SWSP and become Active Members upon completion of your Graduate Program.

WELCOME NEW MEMBERS

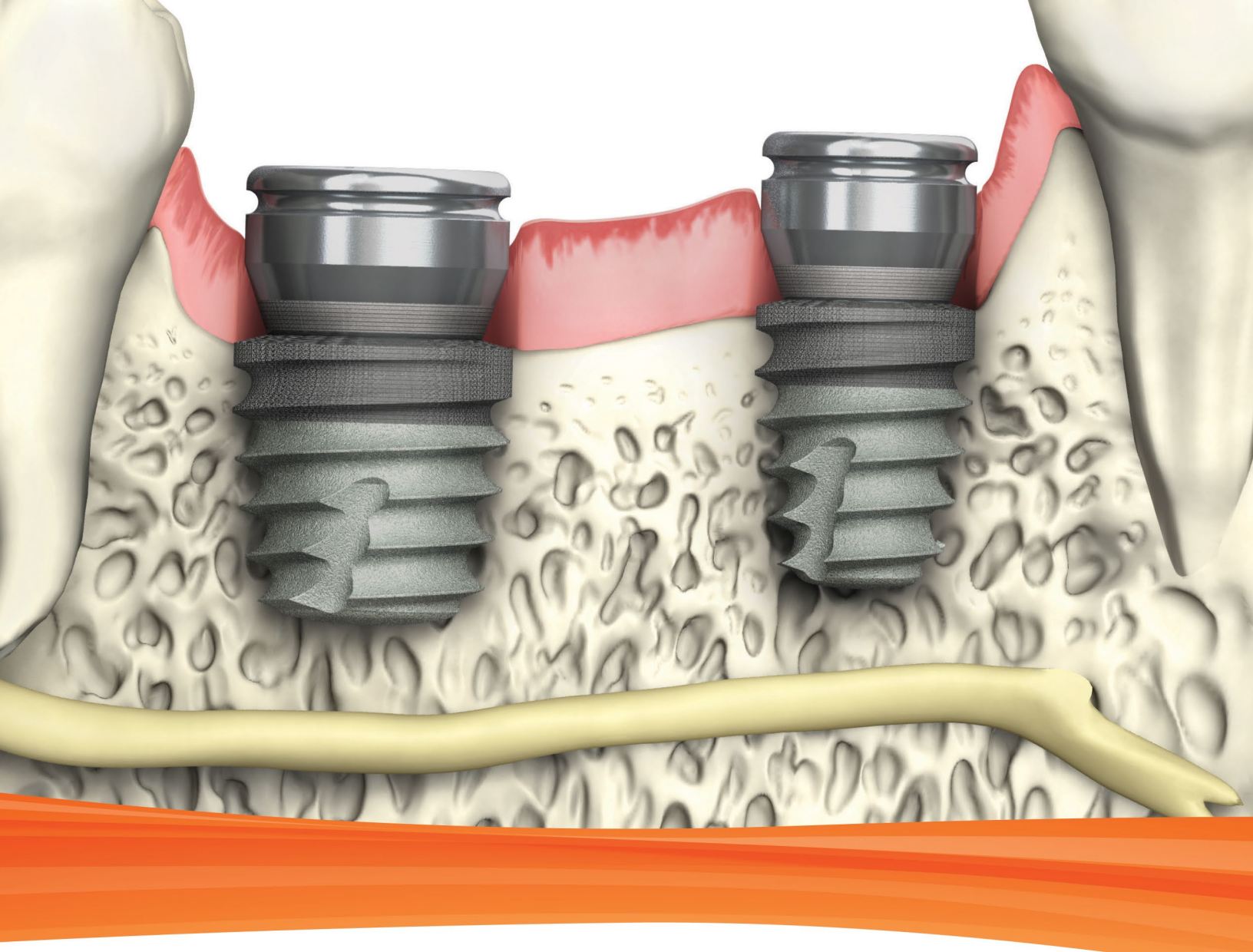
Name	Organization	Location
Dr. Gregory F. Shanbour	Periodontal Implant Associates	Oklahoma City, OK
Dr. Demitri Villarreal	United States Air Force	Lackland AFB, TX
Dr. Garth Griffiths	Texas A&M College of Dentistry	Dallas, TX
Dr. Jared Harvey	Texas A&M College of Dentistry	Dallas, TX
Dr. Trevor Kanack	Texas A&M College of Dentistry	Dallas, TX
Dr. Brian Alent	United States Air Force	San Antonio, TX
Akemi Arzouman	UT Health Science Center at San Antonio School of Dentistry	San Antonio, TX
Dr. Zahraa Alghabban	UT Health Science Center at Houston School of Dentistry	Houston, TX
Dr. Alexandra Brummerhop	UT Health Science Center at Houston School of Dentistry	Houston, TX
Dr. Asfia Husain	UT Health Science Center at Houston School of Dentistry	Houston, TX
Dr. Aaron Nelson	UT Health Science Center at San Antonio School of Dentistry	San Antonio, TX
Dr. Edidiong Umoh	UT Health Science Center at Houston School of Dentistry	Houston, TX
Omar Al Bayati	University of Colorado Denver School of Dental Medicine	Aurora, CO
Dr. Zaid Al Salman	University of Colorado Denver School of Dental Medicine	Aurora, CO
Dr. Kevin Hertich	University of Colorado Denver School of Dental Medicine	Aurora, CO
Lauren Metzger	University of Colorado Denver School of Dental Medicine	Aurora, CO
Dr. Ala Yassin	University of Colorado Denver School of Dental Medicine	Aurora, CO
Dr. Ahmad Sedeqi	OU College of Dentistry	Oklahoma City, OK
Dr. Fernando Suarez Lopez del Amo	OU College of Dentistry	Oklahoma City, OK
Tracy Whitley	OU College of Dentistry	Oklahoma City, OK
Dr. Xixi Wu	OU College of Dentistry	Oklahoma City, OK
Shakeel Khan	Creighton University School of Dentistry	Omaha, NE
Dr. Zackery Krei	University of Nebraska College of Dentistry	Lincoln, NE
Dr. Bryan Saunders	University of Nebraska College of Dentistry	Lincoln, NE

Time to Renew Your Membership!

Membership Renewals are still being accepted for the 2018 Membership Year. We hope you'll take a few minutes and renew your membership as well as review your membership profile to be sure all of your information is still correct. SWSP is happy to provide your login credentials so you may access the renewal on the SWSP website. Simply contact us at info@swsp.org and we'll be glad to assist! Members receive discounted meeting registration rates as well as the PROBE Newsletter.

Update Your Contact Information!

If your contact information, including email address has changed, please notify the SWSP Central Office at info@swsp.org so that you will not miss out on SWSP information and reminders.



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ANNOUNCEMENTS

ARTHUR MERRIT LECTURE FOR 2018 – AUGUST 4, 2018

SPEAKER: **Dr. Nico Geurs**
DATE: **Saturday, August 4, 2018**
TIME: **7:30 AM – 1:30 PM**
PLACE: **Beasley Auditorium**
Baylor Scott & White Hospital

The Department of Periodontics at Texas A & M University College of Dentistry is pleased to invite you to be our guest at the 47th Annual Arthur H. Merritt Memorial Lecture in Advanced Periodontics. Our distinguished lecturer this year is Dr. Nico Geurs and his presentation will be "Success in oral reconstruction and regeneration through minimally invasive techniques".

Dr. Nico Geurs is Weatherford /Palcanis endowed Professor and chair of Periodontology at the University of Alabama at Birmingham. He received his dental degree at A.C.T.A. (Free University of Amsterdam, The Netherlands) in 1992. He completed his training in Periodontology and his Master's in Clinical Dentistry at the University of Alabama at Birmingham from 1992-1995. He is a Diplomate and serves as an examiner of the American Board of Periodontology. He is committed to education in periodontology and implantology to both the dental students and post graduate students. He was the director of the advanced education program in Periodontology for 10 years. His research interests include periodontitis and systemic health, regeneration, bone grafting, and dental implantology. He has published and lectured extensively on these topics.

Arthur Merritt Lecture attendance is by invitation. Its purpose is to provide new information on recent developments and concepts related to the specialty of Periodontology. It will be our pleasure to have you join us for this year's distinguished lectureship. Registration will be online with the CE Department at TAMUCOD.

The Arthur H. Merritt Memorial Lectureship is supported by a small endowment from the Merritt family and corporate sponsors. This annual event has never charged a registration fee; however, this year a small fee will be required to facilitate the continuation of this premier event. We appreciate your support and continued attendance.

This is the link to register for the event through our CE Department.
https://47tharthurmerritt2018.eventbrite.com

Contact Ms. Debbie Roberts for questions at droberts@tamhsc.edu

PRACTICE TRANSITION ANNOUNCEMENT

A new feature has been added to the SWSP website (www.swsp.org). If you are looking to purchase a practice, sell your practice, seek an associate, or some other type of change, you may now post this information to the SWSP website. This feature is available to members only, so you must be logged in to access the page. Click on the Member Login button on the Home Page. Under the Member Resources navigation item, the last option is Practice Transitions. This page has a button for submission of the posting you would like to make. This information will be posted to a page that will contain all submissions. This is a great resource for student members as well as other members who are interested in exploring new practice opportunities as well as members looking for practice transitions. If you have questions about this, please email us at info@swsp.org.

2018 John F. Prichard Graduate Research Competition Great Success

www.swsp.org/prichard-award

The 2018 John F. Prichard Graduate Research Competition was an outstanding success once again. Twelve abstracts were submitted from the University of Colorado, Texas A&M University, Louisiana State University, UT Health Science Center at Houston, United States Air Force Periodontics, and UT Health Science Center at San Antonio.

Twelve Judges, one for each residency program as well as four clinical judges, participated in the scoring of the abstracts. Based on this review, five abstracts were selected for oral presentation.

On January 27, 2018, eleven judges heard oral presentations of the selected abstracts. The winner of the Prichard Competition was Dr. Debbie Lee from the United States Air Force Periodontics. The Runner-up in the Prichard Competition was Dr. Phillip Garrett with the University of Texas Health Science Center at San Antonio.

Congratulations to Dr. Lee and Dr. Garrett as well as to the other three presenters.

The awards were presented on January 28th during the SWSP Business Meeting. Procter & Gamble was recognized for their support of the competition. The 2018 competition once again demonstrated the exceptional research being conducted within the residency programs within the Society. The written abstracts and oral presentations were outstanding. Many thanks to the Judges for their time and willingness to participate in this year's competition.

The purpose of the Prichard Award is to establish, maintain, and encourage participation in scientific presentations to fulfill the mission and goals of the Society and honor the memory of Dr. John F. Prichard.

Past Prichard Competition Award Winners

Dr. Thomas W. Mabry	LSU School of Dentistry	February 9, 1985
Dr. Jeffrey M. Snitzer	LSU School of Dentistry	February 8, 1986
Dr. Jon E. Piche'	UTHSCSA and Wilford Hall / USAF Medical Center	February 7, 1987
Dr. Robert Sabatini	UTHSCSA and Wilford Hall / USAF Medical Center	February 6, 1988
Dr. David E. Deas	UTHSCSA and Wilford Hall / USAF Medical Center	February 4, 1989
Dr. Brian L. Mealey	UTHSCSA and Wilford Hall / USAF Medical Center	February 17, 1990
Dr. Martha L. Garito	UTHSCSA and Wilford Hall / USAF Medical Center	February 9, 1991
Dr. Karl Allen Smith	UTHSCSA and Wilford Hall / USAF Medical Center	February 8, 1992
Dr. Dennis M. Anderson	UTHSCSA and Wilford Hall / USAF Medical Center	February 6, 1993
Dr. Sarah D. Shih	Baylor College of Dentistry	February 5, 1994
Dr. Janet Y. Martin	UTHSCSA and Wilford Hall/ USAF Medical Center	February 11, 1995
Dr. William C. Stentz, Jr.	UTHSCSA and Wilford Hall/ USAF Medical Center	June 21 1996 for Feb. 3, 1996 (Feb. Meeting was Cancelled)
Dr. Dennis M. Anderson	UTHSCSA and Wilford Hall / USAF Medical Center	February 6, 1993
Dr. Michael P. Najera	Baylor College of Dentistry	February 1, 1997
Dr. Paul J. Ezzo	The University of Texas Health Science Center at San Antonio	February 7, 1998
Dr. Edward A. Shinedling	Baylor College of Dentistry / Texas A&M University System	February 6, 1999
Dr. Theodore C. Weesner	The University of Texas Health Science Center at San Antonio	February 5, 2000
Dr. E. Todd Scheyer	The University of Texas Health Science Center at San Antonio	February 24, 2001
Dr. Michael McConnell Perry	Baylor College of Dentistry / Texas A&M University System	February 9, 2002
Dr. Elizabeth M. Tandy	UTHSCSA and Wilford Hall / USAF Medical Center	February 8, 2003
Dr. Edithann J. Graham	UTHSCSA and Wilford Hall / USAF Medical Center	February 8, 2003
Dr. Dwight L. Johnson	UTHSCSA and Wilford Hall / USAF Medical Center	February 5, 2005
Dr. Scott M. Dowell	The University of Texas Health Science Center at San Antonio	February 4, 2006
Dr. Scott Gruwell	UTHSCSA and Wilford Hall / USAF Medical Center	February 10, 20076
Dr. Brently A. Grimard	The University of Texas Health Science Center at San Antonio	February 9, 2008
Dr. Amy S. Kauvar	UTHSCSA and Wilford Hall / USAF Medical Center	February 7, 2009
Dr. Tina M. Beck	The University of Texas Health Science Center at San Antonio	February 13, 2010
Dr. Peter M. Pedalino	UTHSCSA and Wilford Hall / USAF Medical Center	February 12, 2011
Dr. Andrew W. Baker	UTHSCSA and Wilford Hall / USAF Ambulatory Surgical Center	February 11. 2012
Dr. Ryan S. Holbrook	UTHSCSA and U.S. Air Force Postgraduate Dental School	February 9, 2013
Dr. Stacy Renay Beltran	Texas A&M University / Baylor College of Dentistry	February 7, 2014
CLINICAL SCIENCES RESEARCH CATEGORY:		
Dr. Tyler D. Borg	The University of Texas Health Science Center at San Antonio	February 7, 2015
BASIC SCIENCES RESEARCH CATEGORY:		
Dr. Eirleen Y. Hyun	UTHSCSA and U.S. Air Force Postgraduate Dental School	February 7, 2015
BASIC SCIENCES RESEARCH CATEGORY:		
Dr. Erin Wyrick	JBSA – Lackland	January 30, 2016
CLINICAL SCIENCES RESEARCH CATEGORY:		
Dr. John W. Thousand IV	University of Colorado	January 30, 2016
BASIC SCIENCES RESEARCH CATEOGY:		
Dr. Haroon Ashraf	University of Colorado	January 27, 2017
CLINICAL SCIENCES RESEARCH CATEGORY:		
Dr. Blaine Calahan	The University of Texas Health Science Center at San Antonio	January 27, 2017
AWARD WINNER:		
Dr. Debbie Lee	United States Air Force Periodontics	January 26, 2018
RUNNER-UP:		
Dr. Phillip Garrett	University of Texas Health Science Center at San Antonio	January 26, 2018

Winner – John F. Prichard Prize for Graduate Research

"Anti-Tumor Effects of Thymol in Oral Squamous Cell Carcinoma"

Debbie R. Lee, Maj, USAF, DC
Air Force Periodontics Residency, JBSA-Lackland, TX
The University of Texas Health Science Center of San Antonio, San Antonio, TX

Debbie R. Lee, Maj, USAF, DC

Purpose: Oral squamous cell carcinoma (OSCC) represents 90% of all oropharyngeal cancers. Thymol, an essential oil and major component of thyme and oregano, was identified as having significant cytotoxic effects from a screening of plant extracts against numerous cancer cell lines. Thymol is a known agonist for several Transient Receptor Potential (TRP) ion channels (TRPA1, TRPM8, and TRPV1) whose activation is hypothesized to result in increased intracellular calcium and subsequent apoptosis. Preliminary data indicates that TRPA1 is not expressed in OSCC yet thymol retains its cytotoxicity. Therefore, the purpose of the study is to evaluate thymol for its anti-tumor effects in OSCC in vitro and in vivo, and determine if the cytotoxic effects of thymol are due to TRP channel activation or a novel mechanism of action.

Methods and Materials: Human OSCC cell lines Cal27, SCC4, and HSC3 cells were used in this study. Chinese hamster ovary (CHO) cells overexpressing TRPA1 and TRPV1 were also utilized. TRP channel expression in OSCC cells was evaluated with antibodies against vimentin, TRPA1, TRPV1, and TRPM8 using standard protocols. The effect of thymol on OSCC in vitro was demonstrated using the Cell Titer 96 Aqueous Non-Radioactive Cell Proliferation Assay Ð. Calcium influx was measured using the Fluo-4 Direct Calcium Assay Kit Ð and was used to determine if thymol activates TRP channels in OSCC. To evaluate the effect of Thymol in OSCC in vivo, a mouse xenograft model was used. Mice were injected subcutaneously in the right flank with OSCC cells. Two weeks post-inoculation, tumors grew to an average volume of 150 mm3. Mice were stratified into two experimental groups (n=8 per group), which received the following treatments via intra-tumor injection: Group A, vehicle control; and group B, 4.3 mM of Thymol. Mice were monitored daily for tumor growth and weight loss.

Results: The absence of TRPA1 expression and presence of TRPM8 and TRPV1 was confirmed via immunofluorescent staining and RT-PCR analyses of the SCC4 cell line. Cell viability assays of cell lines treated with Thymol for 24 hours demonstrated a dose-dependent cytotoxic response of OSCC to thymol. The greatest effect was demonstrated with a 2 mM concentration of Thymol. Intra-tumor administration of 4.3mM Thymol every other day for two weeks significantly inhibited SCC4 and Cal27 tumor growth in vivo. There was significant reduction in tumor growth by day 16 in the Cal27 derived tumors, and by day 18 in the SCC4 derived tumors. In the SCC4 cell line, there was a significant reduction in tumor growth that was maintained throughout the remainder of the study with median tumor volumes of 900 mm3 for control tumors and only 500 mm3 for thymol treated tumors. Calcium imaging revealed the absence of TRP channel activation in SCC4 cells.

Discussion: Thymol is a known agonist for TRPA1, TRPV1, and weakly activates TRPM8 and thus is deemed a potential therapy for cancers that over-express these channels. We demonstrate for the first time, expression of TRPV1 and TRPM8 in OSCC and reveal thymol cytotoxicity in the absence of calcium influx and TRP channel activation. This data suggests that while SCC4 cells express TRP channels, the anti-proliferative mechanism-of-action of thymol does not involve TRP channel activation.

Importantly, we show for the first time that thymol has significant anti-tumor effects in OSCC mouse xenografts with no adverse effects on adjacent non-malignant tissues at concentrations that are FDA-approved for commercial products.

Conclusions: Thymol has significant anti-tumor effects in OSCC via a novel mechanism-of-action that are independent of TRP channel activation. Additional studies evaluating this mechanism and developing thymol as a potential treatment for oral cancer are underway.

Runner-Up – John F. Prichard Prize for Graduate Research

"Hard and Soft Tissue Evaluation of Titanium Dental Implants and Abutments with Surface Nanotubes in Canines"

Phillip W. Garrett, Jr., DDS

The University of Texas Health Science Center at San Antonio, Graduate Periodontics

Phillip W. Garrett, Jr., DDS

Purpose: The adhesion of soft tissue around an abutment and formation of a biological seal are important in protecting the host against the pathogenic effects of bacteria and other external stimuli. Previous in vitro studies have shown that nanotubes interact favorably with hard tissue regarding bone-to-implant contact, removal torque, and pull-out testing. Little is known however regarding the interaction between the gingival tissue with implants and abutments using a nanotube surface. The primary objective of this study was to test the hypothesis that a nanotube surface on both implants and abutments can positively influence bone and soft tissue contact by comparing a gritblasted titanium surface to a titanium machined surface with nanotubes using histology and histomorphometrics. The analysis will include both a quantitative and qualitative description of peri-implant hard and soft tissues.

Methods and Materials: Six dogs underwent bilateral extraction of all premolars and the first molar tooth. Control and test groups consisted of the following: Group A (gritblasted implant with machined, unmodified surface abutment), Group B (gritblasted implant with nanotube abutment), and Group C (nanotube implant with nanotube abutment). After 12 weeks following teeth extractions, dental implants and abutments were randomized and placed on one side of the canine mandible. Two of each set (Groups A-C) were randomized on each side and per animal. Ten weeks later, implants and abutments were placed in a similar fashion on the opposite side of the mandible. All animals were sacrificed 2 weeks later, and block hemi-mandible specimens were harvested. This allowed for implants to heal on one side for 12 weeks, the other side having a total of 2 weeks healing prior to sacrifice. Quantitative and qualitative histological analysis was used to measure newly formed hard and soft tissue. Radiographic analysis using custom radiographic stents was used to evaluate marginal bone changes.

Results: The mean radiographic change in marginal bone level from weeks 0-12 between implant groups was not statistically significant ($p > 0.05$). Mean soft tissue contact (junctional epithelium + connective tissue) for groups A, B, and C were 2.29mm, 2.33mm, and 2.31 mm, respectively, with no statistical difference ($p > 0.05$) between the groups. All connective tissue fibers were oriented parallel to the abutment regardless of surface treatment. Mean implant platform to first bone-to-implant contact was statistically significant ($p=0.037$) when comparing Group B (1.23mm ± .89mm) and Group C (0.86mm ± .56mm). Mean buccal bone-to-implant contact at 12 weeks was not statistically significant ($p > 0.05$) between groups (A=31.5%, B=31.2%, C=30%). Mean lingual bone to implant contact at 12 weeks was statistically significant between Group A and Group B (45.1% ± 19.4%, 33.1% ± 18.2%; $p=0.033$), and Group A and Group C (45.1% ± 19.4%, 33.7% ± 10.7; $p=0.049$).

Discussion and Conclusion: The findings of this study suggest that healing of soft tissue around abutments is similar when comparing machined, turned surfaces to nanotube surfaces. Both resulted in similar soft tissue contact values, as well as connective tissue fiber orientation. It is unknown if the soft tissue contact was different around a nanotube surface. The data suggest that a nanotube surface may slightly hinder bone-to-implant contact.

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2 iData Research Inc., European Dental Bone Graft Substitutes and other Biomaterials Market, 2015.

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"Comparison Of Healing At Molar Extraction Sites With And Without Ridge Preservation: A Three-arm Clinical Trial"

Shaimaa M. Al Harthi, B.D.S.

The University of Texas Health Science Center at San Antonio, Graduate Periodontics

Purpose: Ridge preservation has been well documented to limit dimensional changes following tooth extraction. However, most of the literature published has reported on single rooted teeth. Moreover, it is still unclear if a membrane (resorbable or not) may have a clinical advantage over a collagen wound dressing. Therefore, the goal of this report is to evaluate the clinical and radiographic outcomes of ridge preservation using FDBA with either non-resorbable membrane or a collagen wound dressing compared to non ridge preserved sites at molars extraction sites.

Methods and Materials: Sixty-one patients requiring extraction and ridge preservation were included. Twenty sites received a collagen wound dressing alone (control) and another 20 sites received ridge preservation with FDBA and a dPTFE membrane (test1). These two groups were part of a previous randomized controlled trial conducted by our group. In the present study, 21 molar extraction sites received ridge preservation with FDBA and a collagen wound dressing (test2) using the same methodology as the previous study. In brief, patients had two cone beam computerized tomography (CBCT) scans taken with a rigid stent containing a radiographic marker. One CBCT was taken immediately post-extraction (initial scan) and the other one three months following extraction (final scan). The radiographic marker was used to align the initial and the final CBCT scans to measure changes in alveolar ridge dimensions of the extraction site including alveolar height and width changes, and, buccal and lingual plate thicknesses. Clinically, the change in keratinized tissue width was recorded.

Results: There were no statistical significant differences in buccal and lingual height of the alveolar ridge and keratinized tissue width change between the control and the test groups. Similarly, there was no statistical significant difference in alveolar ridge width reduction between control and test groups but a trend was observed showing less ridge width reduction in test groups compared to the control group. Ridge width reduction at 3mm from the crest amounted to 3.11± 0.66mm, 2.48±0.61mm and 1.64 ±0.60mm (Mean ± SE) in the control, test1 and test 2 groups, respectively (ANOVA , p=0.26). Five implants in the control group and 2 implants in test 1 group required additional grafting at the time of implant placement. In test 2 group, 2 implants could not be placed after three months due to inadequate consolidation of the graft. For the latter 2 extraction sites, after graft removal, bone augmentation was required before successful staged implant placement.

Discussion: This study indicated that ridge preservation using either dPTFE membrane or collagen wound dressing combined with FDBA tended to minimize ridge resorption in all dimensions compared to control sites. However, in about 10% of the cases using a collagen wound dressing, inadequate consolidation of the graft was observed. The results of this study indicated that in the majority of the cases collagen wound dressing could be used successfully for ridge preservation in molar sites.

Conclusions: This study showed that there is no significant difference in soft tissue or hard tissue dimensions when performing ridges preservation with FDBA, using a dPTFE membrane or a collagen wound dressing, compared to spontaneous healing. However, control sites tended to show more reduction in alveolar ridge width and required more often additional grafting at the time of implants placement after three month of healing.

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"Ridge Preservation Following Tooth Extraction Using Mineralized Freeze-Dried Bone Allograft Compared to Mineralized Solvent-Dehydrated Bone Allograft"

Patrick Corning D.M.D.

The University of Texas Health Science Center at San Antonio, Graduate Periodontics

Purpose: Ridge preservation has become a common dental procedure for predictable conservation of the physical dimensions of the alveolar ridge following tooth extraction. Despite the overwhelming evidence favoring ridge preservation over natural healing for stable ridge dimensions there is little consensus on the material of choice for ridge preservation. The primary objective of this ridge preservation wound healing study was to compare new bone formation using freeze dried cancellous bone allograft (FDBA) versus solvent-dehydrated cancellous bone allograft (SDBA); changes in alveolar ridge dimensions were evaluated as a secondary outcome.

Methods and Materials: A total of 44 subjects undergoing extraction and ridge preservation of single rooted teeth in preparation for implant placement were enrolled. After extraction of the tooth and degranulation of the site, morphometric measurements were taken of the alveolar ridge and socket using a customized acrylic stent. The subject was then randomized into the FDBA or SDBA group. The socket was filled with the assigned graft material and covered with a bovine pericardium membrane; flaps were replaced with no attempt at primary closure. At the time of implant placement 12 weeks after ridge preservation, morphometric measurements using the customized stent were again taken following flap reflection. A core biopsy at least 8mm in length was taken using a trephine bur in the planned implant osteotomy site, which was always within the confines of the former tooth socket. Core samples were evaluated histomorphometrically to determine the percentage of vital bone, residual graft material, and connective tissue/other for each site, and percentages were compared between treatment groups. Clinical measurements were evaluated for changes in ridge width, and in buccal and lingual ridge height.

Results: Thirty seven of the 44 enrolled subjects completed the study, 20 subjects in the FDBA group and 17 in the SDBA group. There was no significant difference in baseline ridge width, buccal plate thickness, or the amount of healing time. Analysis of the FDBA group showed a mean of 24.08% vital bone, 22.96% residual graft material, and 52.95 % CT/other. The SDBA group showed a mean of 27.19% vital bone, 23.38% residual graft material, and 49.41% CT/other. There were no statistically significant between-group differences for percent vital bone ($p=0.53$), percent residual graft ($p= 0.91$), or percent CT/other ($p=0.41$). There was no significant interaction between percent vital bone and tooth position (anterior or posterior), maxilla versus mandible, the presence or absence of a dehiscence ≤50% the socket depth, or patient smoking status. For secondary outcomes, there were no significant differences between FDBA and SDBA groups in change in buccal ridge height ($p=0.60$), lingual ridge height ($p = 0.47$), or ridge width ($p = 0.13$).

Discussion and Conclusion: This study provides the first histologic comparison between the wound healing of freeze-dried bone allograft and solvent-dehydrated bone allograft over a 12-week time period in a ridge preservation application. The findings suggest no significant benefit or drawback with the use of either FDBA or SDBA when comparing histomorphometric parameters. All subjects in both groups were able to achieve the end goal of restoratively driven implant placement with acceptable primary stability.

ATTENTION COMMITTEE CHAIRS

Please remember that as the Committee Chair, it is your responsibility to contact your committee members and encourage them to attend the Southwest Society of Periodontists meetings and to participate in the Committee Meeting on Saturday morning at the SWSP meetings. The **Committee Meetings at the 2018 Summer Meeting are scheduled from 7:30 – 8:30 AM on Saturday, July 21, 2018.** The committee members are listed in this issue of the PROBE. Please contact your committee members and encourage them to attend this very important meeting.

"Patient Outcomes and Gingival Blood Flow using Laser Doppler Flowmetry Following the Use of episil® on Free Gingival Graft Donor Sites"

Jennifer D. James, M.B.A., D.M.D., M.S.
The University of Texas Health Science Center at Houston School of Dentistry

Purpose: The free gingival graft (FGG) is a commonly used periodontal procedure, which leaves an open wound on the patient's palate causing postoperative pain. The aim of this study was to compare patient-based outcomes and wound healing for a new wound dressing material, episil®, to the widely used PeriAcryl®90.

Methods and Materials: Patients who received episil® (experimental) or PeriAcryl®90 (control) completed postoperative questionnaires at 1, 2, 3, 5, 7, 10, 14, and 21 days to assess pain and the number of analgesic pills taken. Postoperative pain was assessed using a visual analog scale (VAS, 0 – 3 – minimal pain, 4 – 6 = moderate pain and 7 – 10 = severe pain). Laser Doppler Flowmetry (LDF) and a peroxide test were used to assess wound healing.

Results: Thirty-four subjects (17 episil® and 17 PeriAcryl®90) completed the study. Differences between experimental and control groups in their median VAS pain scores did not reach statistical significance at any time point. The proportion of experimental subjects who received episil® reporting VAS scores of 0 – 3 (minimal pain, little or no discomfort) was significantly different from the proportion of control subjects on postoperative days 1, 2, and 3 (unadjusted $p<0.05$). The median and mean dosages of Ibuprofen 600mg tablets taken by experimental subjects who received episil® was significantly different from control subjects on postoperative day 2 (median) and days 1, 2, 3, and 5 (mean) (unadjusted $p<0.05$). Blood flow at O (operated) site compared to NO (non-operated) site in all subjects compared to baseline were statistically significant on postoperative days 7 and 14 ($p< 0.05$). No statistical significant difference was observed between groups at operated at anytime point. Dosages of Ibuprofen 600mg tablets and time were highly statistically significant predictors of VAS scores ($p<0.05$). On postoperative day 21, donor site re-epithelialization showed no difference in the subjects which received episil® (35%) or PeriAcryl® 90 (29%).

Discussion: It was found that a significantly higher proportion of experimental subjects reported a VAS score of 0 – 3 (minimal pain, little or no discomfort) on postoperative days 1, 2, and 3. This is important because this shows that the patient receiving the experimental agent reported that the discomfort did not affected their normal daily function

Conclusion: episil® appears to have a reduction in postoperative discomfort, from moderate (VAS 4 – 6) to mild (VAS 0 – 3) pain, and a reduction in the number of dosages of analgesics of FGG donor-sites compared to PeriAcryl®90 during the first 3 postoperative days of healing. No discernible effects were observed in the blood flow or on the timing of re-epithelialization of the FGG donor-sites.

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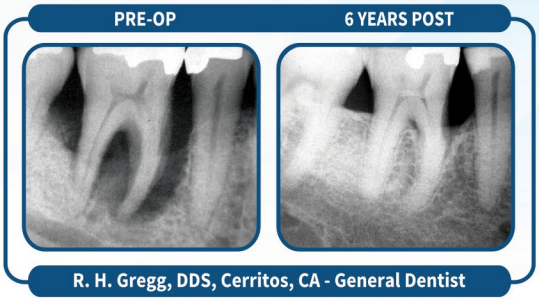
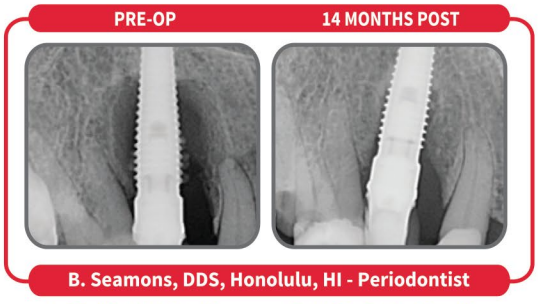


R. H. Gregg, DDS, Cerritos, CA - General Dentist

Initial Pocket Depths: 10, 13, 15 mm

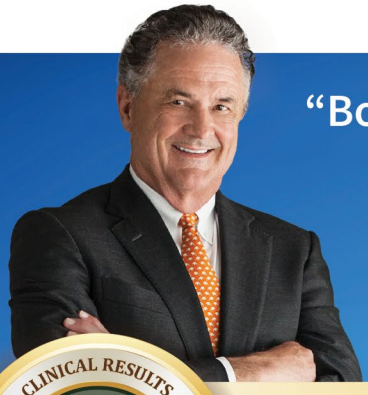
Post-Op Pocket Depths: 4, 3, 6 mm



B. Seamons, DDS, Honolulu, HI - Periodontist

Initial Pocket Depths: 14, 12, 14 mm

Post-Op Pocket Depths: 3, 3, 4 mm



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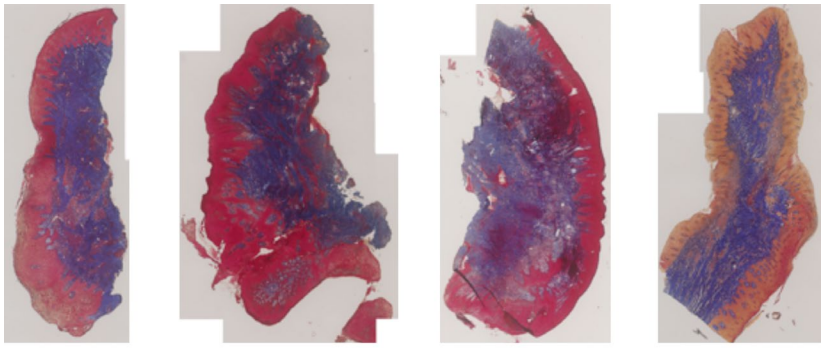
"Impact of Er:YAG Laser on Wound Healing Following Nonsurgical Therapy. A Pilot Study."

Kandice L. Klepper, DDS
The University of Texas Health Science Center San Antonio
Graduate Periodontics

Purpose: Periodontal disease is a multifactorial pathological process that leads to the loss of the surrounding periodontal structures. Traditional periodontal therapies have proven beneficial in halting the progression of disease. The aim of this study is to further investigate the role of early wound healing in periodontal patients following hand/ultrasonic instrumentation alone, Er:YAG instrumentation alone, or a combination of hand/ultrasonic instrumentation and Er:YAG instrumentation for the nonsurgical treatment of chronic periodontitis. The primary objective is to compare early wound healing through histological analysis by characterizing connective tissue distribution and organization in the treated periodontium.

Methods and Materials: TTwenty-one patients with moderate-severe chronic periodontitis were grouped by convenience sampling to receive nonsurgical therapy with either hand/ultrasonic therapy alone, Er:YAG laser therapy alone or a combination of hand/ultrasontic instrumentation and Er:YAG therapy. Inclusion criteria for study sites consisted of probing depth →6mm and bleeding on probing; root surfaces were thoroughly treated to remove plaque and calculus. Baseline and pre-surgical clinical measurements were obtained prior to treatment. Cavitron, hand scalers/curettes and the AdvErL Evo laser (Morita: 2940nm Er:YAG: 25pps, 80mJ) were utilized for initial therapy to remove local factors from the root surface. Wound



healing was assessed by obtaining an otherwise discarded tissue sample during surgical therapy of the selected study site. Samples were obtained at 2 or 6 weeks following initial therapy with a step-back incision and fixated for histological and immunohistochemical analysis. According to the manufacturer's protocol, tissue samples were stained with Heidenhain's Azan Trichrome and Picro Sirius Red to compare collagen distribution and organization.

Results: Eighteen of 21 individuals completed the study. All selected study sites were diagnosed with moderate-severe chronic periodontitis (PD→ 6mm with BOP) and received initial periodontal therapy. The age of the subjects ranged from 44 to 77 with a mean of 60.2 years. Preliminary histologic analysis of the tissue samples revealed normal collagen distribution and organization at both 2 and 6 weeks. Qualitatively, there were no differences between each of the groups at either time points. Dense collage maturation was observed along the connective tissue attachment apparatus as evident in the Azan stain seen in blue. Further histological analysis will include characterization of collagen orientation (see photo above).

The number of subjects in each group was insufficient to do meaningful statistics on the secondary clinical outcome measurements. Descriptive analysis showed no differences in probing depth change following initial therapy between the 3 treatment groups at 2 or 6 weeks.

Discussion and Conclusion: This pilot study provides the first histologic evidence of comparative wound healing outcomes following initial therapy with different modalities. The primary goal of this study was to histologically evaluate wound healing changes at 2 and 6 weeks following periodontal therapy to determine if further investigation is warranted. Based on this preliminary assessment, it appears there is no difference in histological and clinical parameters following initial therapy between the 3 groups and time points; Er:YAG therapy did not enhance wound healing in combination and/or in comparison to hand/ultrasonic instrumentation.

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"The Presence of Foreign Bodies in Proximity to Failing Dental Implants and the Inflammatory Response"

Mitchell W Ponsford, DMD

Texas A&M University College of Dentistry, Graduate Periodontics

Purpose: To aims of this study are: (1) to evaluate the presence of foreign particles found at the interface between failing dental implants and surrounding tissues; (2) examine the effect that these foreign particles have on the surrounding tissues.

Methods and Materials: This is a cross-sectional ex vivo study that attempts to further elucidate the presence of foreign bodies and the inflammatory response in failing and ailing dental implants. Patients of at least 18 years of age with controlled or negative health history, and an implant that required removal were recruited. Patient related data included medical and dental history, social history, radiographs, date of implant placement, and date of implant removal. The implant was extracted using standard surgical method and was stored for laboratory analysis.

Group 1 is a histologic and SEM analysis of ultrathin ground sections of the implants and attached tissues. Upon removal, these implants were immediately fixed in formalin, dehydrated, and embedded in Technovit plastic. Three longitudinal sections were made and ground to a thickness of approximately 30 microns using the Exakt Grinding System. The sections were imaged using both SEM and light microscopy. Briefly, the SEM sections were sputter coated in gold, viewed under SEM, and analyzed for the presence of foreign bodies using elemental analysis (Energy Dispersive Spectroscopy). The light microscopy sections were stained using Masson's Trichrome and imaged.

Group 2 entails the analysis of foreign particles embedded in the peri-implant tissues. Upon removal, these tissues were immediately placed in a digestive medium (Collagenase/Dispase), incubated at 37 degrees Celsius, and centrifuged to isolate any remaining foreign particles. These foreign particles were sputter coated in gold and analyzed using SEM and elemental analysis.

Results: This study is estimated to be complete by December, 2017 and only preliminary observations are available at this time. A total of 26 implants were collected for group 1, including 1 healthy implant (positive control), and 1 factory implant from the package (neutral control). Group 2 contains 3 failed implants, 2 healthy control implants, and 1 factory implant.

The diseased implants in Group 1 have revealed a wide array of findings. The most notable findings include the presence of titanium particles found in the inflamed soft tissue and even against the bone outside of the titanium oxide layer. Additionally, some of these implants were found to be infiltrated with bacterial plaque, which entailed pitting of the implant surface and the presence of titanium particles within the bacterial plaque. Two implants contained microfractures with bacterial ingrowth and exfoliation of titanium. The healthy control implant revealed one piece of titanium that exfoliated from the implant surface, but did not display an inflammatory response. The factory implant did not reveal any exfoliation of titanium from the implant surface.

The implants that underwent enzymatic digestion (group 2) all contained foreign bodies in the soft tissue. Detailed results are unavailable at this time.

Discussion: The results of this study are in agreement with several ex vivo and in vitro studies. Multiple theories exist regarding the cause of implant failure, including pitting corrosion of the implant surface, bacterial plaque, host immune response, foreign body reaction to titanium or cement, and occlusal overload. As is seen with periodontal disease, it seems that peri-implantitis and implant failure have multiple etiologies, both primary and secondary.

Conclusions: Titanium particles are found in the vicinity of failing and ailing dental implants and are associated with an inflammatory response. Additionally, titanium particles are found within the bacterial plaque that surrounds a diseased implant.

"The Relationship Between Fatty Liver Disease and Periodontal Disease"

Sarah Ringdahl, Capt, USAF, DC
United States Air Force Periodontics Resident
The University of Texas Health Science Center at San Antonio Graduate Periodontics

Periodontitis is a highly prevalent and destructive chronic disease affecting approximately 50% of the United States population. Numerous studies support an association between periodontal disease and a host of chronic conditions, such as diabetes, cardiovascular disease, chronic kidney disease, and adverse pregnancy outcome. Non-alcoholic fatty liver disease (NAFLD) is a spectrum of disorders characterized by fat accumulation with or without inflammation, fibrosis, and scarring of the liver. Fatty liver disease impacts up to 50% of the United States adult population with higher rates in Hispanics, males, and older individuals. Both diseases are also associated with type 2 diabetes mellitus and obesity. NAFLD may progress to cirrhosis and even hepatocellular carcinoma. As a remote site infection and reservoir of microbial byproducts, periodontal disease may play a role in the progression of liver destruction. Systemic release of cytokines and transient bacteremia following mastication and oral hygiene measures leads to an elevated systemic inflammatory burden that may exacerbate the hepatic destruction associated with NAFLD. This cross-sectional study is the first time the relationship between these two disease processes has been investigated.

Purpose: The purpose of this cross-sectional study is to 1) investigate the prevalence of periodontitis in patients with NAFLD compared to the US population; 2) explore any association between periodontitis severity or extent and the severity of NAFLD; 3) examine if specific serum biomarker levels are associated with increased severity of periodontal and fatty liver disease.

Methods and Materials: Patients from the San Antonio Military Medical Center diagnosed with varying stages of NAFLD using the gold standard liver biopsy were recruited for this study. All patients had full mouth periodontal examinations (6 sites/tooth) performed by a single calibrated and blinded examiner. Clinical measurements included probing depth (PD), clinical attachment level (CAL), bleeding index (BI), and plaque index (PI). Periodontitis was diagnosed using the Center for Disease Control and American Academy of Periodontology (CDC-AAP) disease criteria. Percentage of sites with PD 5mm and percentage of sites with CAL 3mm were used as a measure of extent of periodontal disease. Full mouth mean PD and mean CAL were used as a measure of severity. Subjects also had serum cytokine analysis of IL-1Đ, IL-6, IL-8, TNF-Đ, and C-Reactive Protein (CRP). Research subjects with less than 12 teeth, current use of systemic antibiotics, and coexisting autoimmune diseases were excluded.

Results: TA total of 71 patients were enrolled in this study, with 64 patients included in statistical analysis. Three patients were excluded and 4 did not return for periodontal examination. The mean age was 55.9 years (SD = 9.5); 67.2% of this population were male (n = 43) and 32.8% were female (n = 21). Type 2 diabetes was reported in 60.3% of subjects and 76.2% had hypertension. The mean BMI was 33.4 (SD = 4.7) with a total of 80% of subjects being considered obese (BMI >30). There were no current smokers in this study but 46 (71.9%) expressed previous tobacco use of 10 cigarettes per day. Periodontitis was diagnosed in 78% of this population (mild = 28.1%, moderate = 30.2%, and severe = 17.1%). The prevalence of periodontitis in this population was higher than the 45.9% prevalence of periodontitis estimated in the United States population (not statistically significant). None of the clinical parameters of periodontal disease (full mouth mean PD, mean CAL, percentage of sites with PD 5mm, percentage of sites with CAL 3mm, BI, and PI) were associated with the severity of NAFLD. Additionally, none of the investigated cytokines were found to have a positive association with any periodontal disease parameters or liver disease severity. A significant negative association was seen between IL-1Đ and TNF-Đ and the periodontal diagnosis, with a Spearman rank correlation coefficient of -0.27 (p=0.04) and -0.29 (p=0.02), respectively. Additionally, a negative association was seen between TNF-Đ and the percentage of sites with probing depth of5mm and the mean probing depth, with a Spearman rank correlation coefficient of -0.29 (p=0.02) and -0.32 (p=0.01),

continued on page 36

"Verruciform Xanthoma: A Retrospective Clinical and Histopathologic Analysis of 90 Cases"

Evan R. Santiago, DDS, MSD

Department of Periodontics, Louisiana State University School of Dentistry

Purpose: This study investigated the clinical and histopathologic findings of lesions diagnosed as verruciform xanthoma (VX) by the Louisiana State University Oral Pathology Biopsy Service from 1970 to 2014.

Methods and Materials: Demographic and clinical information was recorded for 99 cases. Following histopathologic evaluation of all 99 specimens, 90 cases were included in the study. A questionnaire was sent to clinicians who performed the biopsies from 1994 to 2014 to obtain further patient information regarding recurrence, tobacco use, health history, and history of oral trauma.

Results: Males made up 57.3% of the cases. The mean age was 56.6 and VX was most common in the sixth through eighth decades of life (57.8%). VX occurred most often on the gingiva (47.8%), with 58.1% of the gingival lesions occurring on the mandibular mucosa. The second most common location was the hard palate (27.78%), followed by buccal mucosa (11.11%), and tongue (6.67%). Chronic inflammation of varying intensity was present in 97.8% of cases. Foam cells extended below the rete ridges into the lamina propria in 23.3% of lesions. Epithelial mitotic figures were detectable in 70% of cases. There was one confirmed recurrence. Twenty-one clinicians returned surveys, four of whom reported a history of trauma near the site of the VX. Discussion: Two prevailing etiologic hypotheses for VX have been suggested in the literature: 1) localized chronic trauma causes epithelial degradation and release of lipids that are then phagocytized by macrophages, 2) foam cells are present first and affect epithelial metabolism which results in papillary changes. Based on lesion location and presence of inflammation noted in this case series, trauma appears to be the most probable causative factor and therefore the first hypothesis seems most likely.

In our study, no relationship between VX and other mucosal lesions was established. Recurrence rate was low and consistent with previous publications. We found a slight male predilection and the majority of VXs were from Caucasians, both of which are consistent with other case series. The mean age at the time of biopsy was 56.6 years old and the majority of cases in this series are from patients between the 6th and 8th decades. This deviates from previously published research that showed VX being more common in the 4th through 6th decades.

Histopathologic features of VX have been well established. The hallmark of VX is the presence of foam cells. Early publications indicated that foam cells were either not present below the epithelial rete ridges or only found in a very small percentage of cases. In the current study, foam cells were present below the rete ridges in 23.3% of cases, far more common than previous reports.

Conclusions: VX is a rare, benign, slow growing lesion with unknown etiology. It commonly affects patients between the 6th and 8th decade of life and has a low recurrence potential. Although the prognosis of VX is excellent, its clinical features may mimic those of serious pathologic entities such as squamous cell carcinoma. While further research is needed in order to determine the pathogenesis of VX, trauma appears to be a likely explanation for the etiology of at least a subset of the lesions investigated in this study.

ATTENTION OFFICERS, BOARD MEMBERS AND COMMITTEE CHAIRS

Please note that the Board of Directors Meeting will begin at 4:30 pm on Friday, July 20, 2018. Officers, Board members and Committee Chairs are encouraged to attend.

The Board of Directors Breakfast meeting is scheduled to begin at 7:30 am on Sunday, July 22, 2018.

"Retrospective Study to Identify Any Associations Between Clinician and Dental Implant Failure Rate Using MATLAB"

Jyoti Sonkar BDS, MPH

Department of Periodontics, Louisiana State University School of Dentistry

Purpose: To our knowledge, no study has been done to determine any association of clinician experience with the success rate of dental implants. Should an association between level of training and implant failure be identified, such a finding could lead to curriculum changes in order to better address potential weaknesses. The aim of this study is to identify any associations between predictor variables mainly clinician training and dental implant failure rate among the residents in the departments of Periodontics, Prosthodontics, Oral Maxillofacial Surgery (OMFS) and General Practice Residency (GPR) at Louisiana State University, School of Dentistry.

Methods and Materials: Dental records were reviewed from January 1st, 2011 till December 31st, 2015. 2437 dental implants were placed during that period. Only records that included at least one recall appointment and radiographs taken between 6 and 12 months after implant placement, were used to determine the outcome. A total of 1486 records were analyzed using Statistical and Machine Learning toolbox in MATLAB R2017a™. Since the outcomes are dependent on each clinician, a multilevel model was constructed with the clinicians as a random variable. The potential implant failure predictors such as gender, age, hypertension, diabetes, smoking, implant length, implant diameter, implant system, bone graft at the implant site, sinus-elevation, location of implant site, department, and residents' year of training were included based on univariate analysis. Multilevel logistic regression was performed with implant failure as a dependent variable. All tests of significance were evaluated at the 5% error level.

Results: Overall, 1379 (92.7%) implants had a successful outcome while 109 (7.3%) implants failed. Out of the predictor variables analyzed, Discipline (0.0187*), Residents' year of training (0.0541*) and Implant Systems (0.0007*) showed significant associations with implant failure. Of total number of implants placed by each clinician during their cumulative years of clinical training, the significant statistical difference comes from the overall implants success rates: GPR (97.3%), Periodontics (94.14%), Prosthodontics (91.48%), OMFS (89.64%). The residents' year of training showed significant association with implant failure rate, the success rates for the following residents includes: third year residents (94.20%), second year residents (89.38%), first year residents (90.13%). Furthermore, the significant statistical difference among numerous implant systems comes from implants success rate such as Straumann (96.8%), Zimmer (96.02%), Astra (95.58%), Nobel (92.69%), 3i (86.80%), Biohorizons (84.38%), Ankylos (82.36%), Keystone (50%). (* p value).

Discussion: The significant association between implant failure rate and residents' year of training supports numerous literature that relates increased surgical experience to improved outcomes. The correlation between discipline and implant failure rate indicates that surgical training play an important role in enhancing clinical skills. The implant systems including fortified surfaces like hydroxyapatite coating, sand blasting and acid etching were responsible in improved osseointegration leading successful outcomes.

Conclusion: Amongst the several predictor variables analyzed, discipline, implant system and type clinical training showed significant associations with implant failure. We conclude that the implants placed by the residents in General Practice Residency had the highest success rate followed by Periodontics, Prosthodontics and Oral Maxillofacial Surgery; however, the highest number of successful implants were placed by Periodontics (835) followed by Oral Maxillofacial Surgery (346), Prosthodontics (161), General Practice Residency (36). It is evident that the level and type of clinician training has an impact on implant failure rates in different residency programs. Further studies may be necessary to identify the reasons for the differences in implant failure rates. The results of such studies may be useful to help determine if certain curriculum changes are necessary in order to better standardize surgical implant training within residency programs to minimize implant failures.

"Correlating Papilla Height and Width to Gingival Recession."

Dan Thousand DDS

University of Colorado School of Dental Medicine, Graduate Periodontal Program

Purpose: To predict patient risk of gingival recession by correlating gingival recession to the dimensions of papilla height and width, as well as to papilla shape, in patients with Miller class I or II gingival recession.

Methods and Materials: 39 subjects were included for analysis of papilla dimensions, selected from patients of record. All subjects met the following inclusion criteria: >18 years of age; for teeth examined no history of toothbrush abrasion, no abfraction lesions and no restorations contacting the mesial or distal papilla, no history of smoking, no systemic complications, and no planned emergent dental treatment.

Teeth included for analysis were located in either the maxillary or mandibular arch from the first premolar to the central incisor tooth position. Papillas mesial and distal to the studied tooth were measured for height from the base of the papilla to the level of the tip of the papilla and for width from base to base. Gingival recession defects were measured from the cementoenamel junction to the gingival margin and laterally from the edge of the corresponding gingival margins. Tooth shape and biotype thickness was also assessed at the time of measurement. Additionally, the shape of the papilla was recorded as either triangular or rectangular. All measurements were made with a UNC-15 dental probe. Clinical photographs captured at a standardized distance and camera setting were obtained. A standardized JPEG grid was created and superimposed on each clinical photo to analyze tissue color, consistency and shape. A linear regression analysis was performed for all variables between the groups. Results of tests with p-values $\leq$ 0.05 were considered statistically significant.

Results: A total of 39 teeth with a healthy periodontium were evaluated with corresponding mesial and distal papilla dimensions. Eighteen teeth without the presence of facial gingival recession and 21 teeth with isolated Miller class I or II gingival recession defects were chosen for inclusion. Of the 39 teeth evaluated it was noted that 11 of 18 teeth without recession were scored as a thin biotype. There was a trend for males to have a thicker biotype compared to females. Linear regression analysis demonstrated that papilla with a triangular shape were associated with gingival recession ($p<0.05$, $R2=76.2\%$). Overall, mean width of the papilla ($p=0.28$, $R2=32.5\%$) had no association with gingival recession. The total area of the papilla was calculated however no relationship was found between the area of the papilla and gingival recession.

Discussion: Papilla height and papilla width had no influence on the presence of gingival recession, however, the shape of the papilla had a pronounced effect on the presence of gingival recession. Triangular shaped papilla but not rectangular shaped papilla were found to increase the presence of a recession defect. This is most likely due to the presence of a highly scalloped gingival architecture in these patients.

Conclusions: The shape of the papilla, particularly the triangular shape, are associated with a higher incidence of gingival recession defects as opposed to the broader rectangular shape. The data gathered clearly indicates that papilla heights and widths do not influence the presence of a recession defect. This information can help guide the clinician in informing patients about the long-term stability of the marginal gingival location around teeth.

"Survival Of Implants Replacing Previously Failed Implants: A Retrospective Study In A University Setting."

Nguyen R, Weltman R, Tran D, Soldatos N.

The University of Texas Health Science Center at Houston School of Dentistry

Purpose: The rate of implant failures range between 3-8% with that number increasing as the number of practitioners placing implants increase. When an implant fails, the survival rate drops significantly when a second or third attempt is performed. The aim of this study was to evaluate the survival rate of an implant placed in a previously failed implant site and to explore the risk factors that might affect the outcome of the second procedure.

Methods and Materials: A retrospective chart review was completed on patients receiving implants from 1985 to 2017. The medical history of these patients was reviewed. The original implant brand, width, height, loading protocol, and the time to implant failure, along with the replacement implant brand, width, height, loading protocol, and the maintenance schedule were reviewed and recorded as well.

Results: A total of 2,742 implants were included in the study. Implant failures were more common prior to functional loading. The cumulative survival rates for implants placed in previously failed implant sites, at 5 and 10 years, were 88% and 83% respectively. No significant difference was found in survival rates between the implant diameter, implant length, loading protocol, time to final restoration, and the type of the intervention.
The survival rates of the initial implant versus the replacement one showed statistical significance ($P < 0.001$).
The implant brand had a statistical significance on cumulative survival rates ($P = 0.007$) as well.
A multivariate analysis was completed on the initial versus the replaced implant and on the implant brand used. The results showed that the initially placed implant had a 57.9 hazard ratio when compared to the replacement one. Furthermore, the low and medium survival implant brand groups had a 3.35 and 1.8 hazard ratio, respectively, when compared to the high survival implant brand.

Conclusion: The cumulative survival rates for implants placed in previously failed implant sites, at 5 and 10 years respectively, were 88% and 83%. The survival rates of the initial implant versus the replacement one, showed statistical significance. The latter finding was confirmed between the implant brands used, as well.

THE RELATIONSHIP BETWEEN FATTY LIVER DISEASE AND PERIODONTAL DISEASE

continued from page 32

respectively. A negative association was also seen between TNF-Ð and the liver disease diagnosis with a Spearman rank correlation coefficient of -0.27 ($p=0.03$). These negative associations had non-significant odds ratios after controlling for confounding variables of age and smoking with the use of a multiple logistic regression analysis.

Discussion: To our knowledge, this is the first cross-sectional study to investigate the relationship between periodontal disease and NAFLD. Though non-significant, there is a trend of greater periodontitis prevalence in this population of NAFLD patients compared to the United States population. The lack of severe liver disease patients in this study may have limited any findings of significant association between periodontitis and NAFLD. Additionally, this sample of patients has numerous confounding variables, including type 2 diabetes, obesity, and previous tobacco use.

Conclusions A trend of higher prevalence of periodontitis was observed in this population of patients with NAFLD. Although systemic mechanisms exist to explain a possible association between periodontal disease and NAFLD, this cross-sectional study found no association between these two disease processes.

The Southwest Society would like to introduce you to Blaine Calahan, who joined the Southwest Society in 2014. We asked Blaine a few questions to learn why he joined the Society and what benefits he saw from membership. Here's what Blaine told us:

Q & A

SWSP

Why did you join SWSP?

BLAINE

As a new resident in my Periodontics program at San Antonio, it was clear that a cornerstone of profession is the participation in organized dentistry. I joined the Southwest Society of Periodontists along with my coresidents and have continued my membership into my career as a Periodontist in Shreveport, Louisiana. I maintain memberships with the American Dental Association, American Academy of Periodontology, Louisiana Society of Periodontists in addition to the SWSP, and I find that the SWSP is the most enriching gathering of my periodontal colleagues.

SWSP

What would you say to encourage someone to join the Society?

BLAINE

My advice to any prospective new member of the Southwest Society of Periodontists relates to the value the member receives from membership. The SWSP embodies the largest gathering of periodontists in our region and, to the credit of those on the meetings committee, consistently provides a high level of continuing education in the variety of topics and the quality of speakers. The meetings are reasonably priced and access to the Winter meeting in Dallas is convenient via the DFW and Dallas Love airports.

The society is also very supportive of the periodontal programs in the region through their hosting of the Inter-institutional Meeting which occurs in the Friday prior to each Winter meeting. This event provides a stage for senior residents from the region to display their cases. The Interinstitutional event is highlighted by a research competition for the Prichard Prize for Graduate Research with categories in clinical and basic sciences.

SWSP

What benefits do you see as a member of the Society?

BLAINE

The greatest aspect of membership for me as a new clinician in private practice has been the overwhelming support of periodontists around me in the region. As a resident member of the SWSP, I was able to get to know the periodontists of my hometown of Shreveport, LA where I now practice. I have been welcomed into high-end regional practices to gain insight into implementation of digital systems into my own practice. Finally, numerous colleagues who have preceded me in private practice have shared their experiences in development of their own local CE and study group programs as I

strategize the growth of my own referral base. As a new member in private practice, I quickly learned that there is a salesperson readily available to sell you their product which promises solutions beyond your wildest dreams; however, without the gifted advice of those fellow members of the Southwest Society of Periodontists, I would be lost in the navigation of my new business life!

SWSP

Thank you Blaine for taking the time to share your experience!

Want to share your story?

Contact info@swsp.org

2018 MEMBERSHIP DUES

(Effective date of payment is determined by the date of postmark or online payment)

January 1, 2018	**Payment of Membership Dues (current if paid by March 31, 2018)**
April 1, 2018	**Assessment of $50 Delinquent Dues Penalty**
June 1, 2018	**Automatic Termination of Membership for Non-Payment of Membership Dues**

Does the following information reflect a change to your SWSP member information? ❒ Yes ❒ No

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Please select one category of membership.

❒ **$175 Active Member** (includes Academic and Active Duty Military Periodontists)
Limited to Periodontists, including Academic and Active Duty Military who are licensed to practice in the United States and who reside in the states of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma or Texas, and who meet the qualifications for Active Member as listed in Article III of the By-laws of the Southwest Society of Periodontists.

❒ **$175 Academic Non-Periodontist Member**
Limited to individuals residing in the states of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma or Texas, who do not meet the qualifications for Active membership, but who are engaged in full-time research and/or teaching in Periodontics in accredited dental schools at the undergraduate and/or graduate level. Has all of the privileges and responsibilities of Active Members except the rights to vote, to make nominations and to hold office. May serve on special committees.

❒ **$0 Student Member**
Student members do not pay annual dues and dues are waived for the first year after graduation from their training program. During the first year after graduation, graduates should request transfer to Active or Non-Resident membership status and pay the appropriate dues. Please return this form to request transfer to Active or Non-Resident status and/or to notify SWSP of address, phone, fax, e-mail changes.

❒ **$135 Non-Resident Member**
Members residing outside of the geographic boundaries of the Southwest Society of Periodontists. The SWSP region includes the States of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma, and Texas.

❒ **$125 Life Active Member**
Active Member for the preceding 25 years and at least 65 years of age. Retains all of the privileges and responsibilities. of Active Members, including the rights to vote, to make nominations, to hold office and to serve on special committees.

❒ **$0 Life Non-Active Member**
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PROBE

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SAVE THE DATE

2019 Winter Meeting Event:
January 25-27, 2019
at the Dallas Marriott Las Colinas hotel, Irving, TX

2019 Summer Meeting Event:
July 26-28, 2019
at the Westin New Orleans Canal Place, New Orleans, LA

www.swsp.org

The PROBE is published by the Southwest Society of Periodontists to serve as a scientific newsletter and to report current events and scientific material in a concise, easily read format. The PROBE will maintain a current attitude related to called meetings and current events in the American Academy of Periodontology, District 5, of Region of Federated Organizations, as well as the Southwest Society of Periodontists. Letters and materials of scientific and clinical interest are solicited and should be submitted directly to the Central Office of the Southwest Society of Periodontists. Opinions expressed in the PROBE do not necessarily represent those of the Editor or the Southwest Society of Periodontists.

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