It has been a whirlwind year for the Southwest Society of Periodontists. In addition to continuing our tradition of great meetings and outstanding continuing education, we are transforming the way we do business and manage the Society through the help of Debbie Peterson, Carolyn Price, and the other staff of CMP Management. This continues to be a positive and productive partnership that will increase our operational efficiency, so that we can focus more on what we want to be and to become as a Society.

As I think back upon my own history and experience with the Southwest Society, I can’t imagine NOT being a member at any stage in my career. When I first moved here, as a new and unsure faculty member at OU, I found a warm and supportive group in SWSP who truly welcomed me into the profession. Now, I witness recent graduates connecting with mentors and developing friendships amongst their peers. Over the years, my family has often joined me for a quick vacation during summer meetings. Our daughter looked forward to those meetings and often brought a friend along. Now, I especially enjoy SWSP meetings as a time to catch up with former students and hear about their evolving careers and their own families. We have a strong tradition of recruiting outstanding speakers for our meetings, and these opportunities to interact with leaders in our specialty in a small informal setting have provided the very best in continuing education. At every stage of my career, the Southwest Society surrounded me with friendly, like-minded people who are dedicated to being the very best they can be for their profession, their patients, and their families. One of the great advantages of our Society is that we are large enough to support outstanding continuing education activities, but also small enough for our members to get to know one another and develop lifelong friendships. It has been an amazing journey to walk together with so many of you as we’ve traveled down the paths of our personal and professional lives. And the journey continues.

I just returned from a committee meeting at the American Dental Association, just in time to miss the freak April snow in Chicago. Unfortunately, I also got home in time to watch OU flounder in the Final Four! As you probably know, the ADA is struggling with declining membership. Their new overarching strategic priority is “member value.” Every ADA publication, program, activity, and effort is being gauged according to the perceived value it has for member dentists. This summer the SWSP Board will have our first strategic planning session continued on page 3
PROTECTS AGAINST ACID EROSION FOR STRONGER TEETH

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Save The Date
2017 Winter Meeting
January 27 – 29, 2017
Marriott Las Colinas

2017 Summer Meeting
July 21 – 23, 2017
Omni Barton Creek Resort & Spa, Austin Texas

Visit www.swsp.org to stay updated on the details!

Sponsor a Guest and Be Entered Into a Drawing!

Do you have a colleague that is not currently a member of the SWSP, but is interested in joining and becoming involved? There's no better way to have them learn about the SWSP than to have them join you at the upcoming summer meeting. Any member who sponsors a periodontist guest at either the Winter or Summer Meeting will be entered into a drawing to be held during the Business Meeting. The drawing will be for a free registration to another meeting within the next year. So bring a colleague to the summer meeting and be entered into the drawing! It’s a Win-Win for you and your guest.

Thank you for all that each of you does to make the Southwest Society valuable and relevant. Our Society and our specialty face a number of unique challenges for the future, and I can’t imagine a better or more able group of people to face them with.

Sincerely,
John Dmytryk
President 2015-2016

with CMP Management. This will be an opportunity for us to begin to redefine who we are as the Southwest Society of Periodontists and what we want to become. A clear focus will need to be “member value” so that each and every periodontist in our region will honestly feel that there is no stage in their career where they can imagine NOT being a member of SWSP.
The incidence of peri-implantitis seems to be increasing. Failures as a result of restoration or inadequate maintenance are of concern with implant companies trying to determine if their systems will induce such diseases. Cement manufacturers are also concerned with what is occurring. New implant designs may improve what we do, or do they increase the risks? Working with multiple universities and conducting research, this lecture not only identifies the very latest ideas on the problem, it also delivers solutions in an evidence-based manner. For the surgeon, restoring dentist and hygienist, this is not a lecture to be missed.

Bio:
Dr. Wadhwani received his dental degree from the University College London School of Dentistry in 1986. He received his specialty certificate in Prosthodontics and Masters Degree from the University of Washington. Dr. Wadhwani is an assistant professor at Loma Linda University and affiliate instructor in the Department of Restorative Dentistry at the University of Washington. He has a full time specialty practice (Prosthodontics) in Bellevue, Washington.

In 2014 he received the prestigious “Best Clinical Innovations Presentation” from the Academy of Osseointegration. Dr. Wadhwni is an ITI fellow and past president of the Washington State Society of Prosthodontists. He has lectured both nationally and internationally on topics related to clinical prosthodontics and implant dentistry. He is the primary author of over 40 implant related articles in peer reviewed dental journals including Journal of Prosthetic Dentistry, IJOMI, Journal of Esthetic and Restorative Dentistry, British Dental Journal, Dentistry Today, Quintessence Int., and CIDRR. He has just published an evidence based book dedicated to implant restoration and has contributed to chapters in other implant texts.

Dr. Wadhwani is presently involved in several aspects of dental research in Endodontics, Periodontics and Prosthodontics with a main emphasis is evidence based best practice. Currently he works in conjunction with the University of Washington, UCSF, University of Texas, OHSU and Loma Linda University. He has co-authored a book dedicated to implant restorations – ‘Cementation in Dental Implantology: An Evidence-Based Guide’, and contributed chapters to the books ‘Fundamentals of Implant Dentistry’ (John Beumer & others) and ‘Dental Implant Complications’ (Stuart J. Froum).
SCHEDULE OF EVENTS

FRIDAY July 22, 2016
4:30 PM – 6:00 PM  Board of Directors Meeting
6:00 PM – 7:00 PM  Welcome Reception and Meeting Registration

SATURDAY July 23, 2016
6:00 AM – 7:30 AM  Exhibitor Set-Up
7:00 AM – 8:00 AM  Committee Meetings
7:30 AM  Meeting Registration and Breakfast
7:30 AM  Exhibits Open
8:30 AM – 10:00 AM  GENERAL SCIENTIFIC SESSION BEGINS
Guest Speaker: Dr. Chandur Wadhwani – “Peri-Implantitis and Restoration: A New Understanding of the Disease”
10:00 AM – 10:30 AM  Break with Exhibitors
10:30 AM – 12:30 PM  GENERAL SCIENTIFIC SESSION CONTINUES
12:30 PM – 1:00 PM  Break with Exhibitors
1:00 PM – 2:30 PM  Luncheon and SWSP Member Business Meeting
(Lunch Provided for all Registrants and Exhibitors)

SUNDAY July 24, 2016
7:30 AM – 9:00 AM  Board of Directors Breakfast Meeting
7:30 AM  Meeting Registration and Breakfast
7:30 AM  Exhibits Open
9:00 AM – 10:30 AM  GENERAL SCIENTIFIC SESSION CONTINUES
10:30 AM – 11:00 AM  Break with Exhibitors
11:00 AM – 12:30 PM  GENERAL SCIENTIFIC SESSION CONCLUDES

Location
Private Dining Room
Sala Promenade
Grand Foyer
Sala Cristallo
Grand Foyer
Grand Foyer
Incanto Ballroom
Grand Foyer
Grand Foyer
Sala Promenade
Sala Mezzo
Grand Foyer
Grand Foyer
Incanto Ballroom
Incanto Ballroom

Hotel:  www.swsp.org/hotel
Speaker:  www.swsp.org/speaker
Salvin Dental Specialties, Inc, Through Its Salvin Regenerative Subsidiary, Has Acquired The Dental Division Of Exactech

If You Are An Existing Exactech Customer, We've Already Set Up A Salvin Account For You

If You Have Been Using Exactech Optecure®, Order Salvin AlloSculpt®
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They Are Exactly The Same Products

Case Study
Photos: Dr. Nick Shumaker

Failed Implant Removed
Large Buccal Defect
Grafted
New Host Bone Formation
20 Week X-Ray
Implant Placed

• AlloSculpt® Demineralized Allograft Putty
• AlloSculpt-3D® Demineralized Cortical Allograft Putty With Cortical Cancellous Chips
• Resorbable Hydrogel Carrier Resists Irrigation To Keep Graft In Place
• Rapid Mixing With Either Autogenous Blood Or Included Buffer Solution
THANK YOU TO OUR EXHIBITORS

Many, many thanks to the Exhibitors who supported the Southwest Society of Periodontists by exhibiting at the Winter 2016 Meeting at the Dallas Marriott Las Colinas. We appreciate your kind comments and look forward to welcoming you to our future meetings.

American Dental Software
BioHorizons
DENTSPLY Implants
Geistlich Biomaterials
iMagDent
Institute for Comprehensive Implant Therapy
Karl Schumacher Dental, LLC
Keystone Dental
Maxxeus Dental
Millennium Dental Technologies
MIS Implants Technologies Inc.
Nobel Biocare
Osteogenics Biomedical
Osteohealth / Luitpold Pharmaceuticals, Inc.
P&G, Crest - Oral B
Piezosurgery Incorporated
Quality Aspirators & Q-Optics
Salvin Dental Specialties, Inc.
Straumann
Sunstar Americas
SWEDEN & MARTINA
Thommen Medical
Vatech
Zimmer Biomet
Congratulations to Dr. Thousand and Dr. Wyrick as well as to the other four presenters.

The awards were presented on January 30th during the SWSP Business Meeting. Procter & Gamble, Straumann and Hu-Friedy were recognized for their support of the competition. The 2016 competition, both written and oral presentations in both categories was outstanding. Many thanks to the Judges for their willingness to give of their time to participate in this year’s competition.

The six abstracts presented at the 2016 oral competition are published in their entirety in this issue of the program.

Pilar Valderrama
Chair, John F. Prichard Prize for Graduate Research Subcommittee
Purpose: It is well documented that ridge preservation at the time of extraction can minimize the horizontal and vertical bone loss expected as a result of healing. In the posterior maxilla, an additional concern is the potential for sinus pneumatization following extraction, which may lead to the need for sinus augmentation for implant placement. There have been no studies on the effect of ridge preservation on the volumetric changes that occur within the maxillary sinus postextraction. The purpose of this study is to compare the amount of maxillary sinus volume change seen after extractions performed with ridge preservation versus those without.

Methods and Materials: This retrospective study utilized cone beam computed tomography (CBCT) from archived dental records of patients who had extractions of posterior maxillary teeth. Only patients with both pre- and post-extraction CBCT were included. Data included the date the radiographs were taken, date of extraction or extraction with graft placement, and tooth extracted. Pre- and Post-extraction DICOM files were opened in InVivo v5.3 software (Anatomage) for image manipulation. After the volumes of the sinuses were isolated utilizing a series of volumetric rendering views and trimming instruments in InVivo v5.3, the volume calculation tool was utilized to assess the size of the sinuses. Means, standard error of the mean (SEM), and unpaired t tests between the grafted and non-grafted sites were compared.

Results: A total of 39 patients with 36 grafted and 26 non-grafted sites were available for review. Sites receiving graft material showed a mean sinus volume increase of 0.16 cc, whereas non-grafted sites showed a mean sinus volume increase of 0.66 cc (mean difference of 0.50 cc). This difference was statistically significant (p = 0.0001, SEM ± 0.123 cc). In the pair of split mouth cases, the mean sinus volume change in grafted versus non-grafted sites was 0.29 cc and 1.21 cc respectively (mean difference 0.92 cc). Tooth position in the arch was directly related to the amount of post-extraction sinus pneumatization. (See Chart).

Discussion: The results of this study suggest that the placement of bone graft material in the extraction site will decrease the volumetric change in the maxillary sinus seen after tooth removal alone. These findings are in accordance with those reported by Sharan et al., (2008) who showed an increase in vertical sinus dimension as a result of sinus pneumatization after the extraction of maxillary posterior teeth, using panoramic radiographs. There appears to be a direct correlation between an extracted tooth’s position in the arch and the amount of maxillary sinus volume increase afterwards. Second molars resulted in the largest increase in maxillary sinus volumetric change, followed by first molars and lastly premolars. The volumetric change was reduced when graft material was placed at the extraction site following tooth extraction. Conclusions: The following conclusions were reached from this retrospective study:

1. Mean volumetric change of the maxillary sinus is significantly greater in non-grafted maxillary posterior tooth extraction sites, regardless of tooth position.
2. Maxillary sinus volume can be maintained by grafting of maxillary posterior tooth extraction sites.

As a result, site preservation at time of extraction may eliminate the need for sinus augmentation procedures.

<table>
<thead>
<tr>
<th></th>
<th>Grafted</th>
<th>No Graft</th>
<th>Volume Difference</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premolar Sites</td>
<td>0.03 + 0.12 cc</td>
<td>0.36 + 0.17 cc</td>
<td>0.33 cc</td>
<td>p = 0.0013</td>
</tr>
<tr>
<td>Molar Sites</td>
<td>0.15 + 0.13 cc</td>
<td>0.95 + 0.69 cc</td>
<td>0.80 cc</td>
<td>p = 0.0059</td>
</tr>
<tr>
<td>All Sites</td>
<td>0.15 + 0.13 cc</td>
<td>0.66 + 0.61 cc</td>
<td>0.50 cc</td>
<td>p = 0.0001</td>
</tr>
</tbody>
</table>
Purpose: The junctional epithelium (JE) is a unique structure that serves as a seal between the periodontium, the tooth, and the oral cavity. The purpose of the study was to determine the expression of basement membrane associated proteins throughout the formation of the JE. It was hypothesized that the genes expressed in the tooth associated basement membrane of the JE are derived from the oral enamel epithelium and subsequent reduced enamel epithelium (REE).

Methods and Materials: Samples of the enamel organ epithelium (EOE) were dissected from the mandibular first molars and the oral epithelium overlying/surrounding the mandibular first molars in wildtype C57Bl/6 mice on days 5, 11-21, 28, and 6 weeks. RNA was isolated, reverse transcribed to synthesize the first strand of DNA (cDNA) and then further transcribed to cRNA. The cRNA was then submitted for sequencing with Illumina HiSeq2000. The bioinformatic analysis processed data was analyzed with a Bowtie/Tophat/Cufflinks/Cuffdiff pipeline to obtain fragments per kilobase of transcript per million mapped reads (FPKM) to allow for differential expression comparison between time points. Additional samples were used for histologic sections stained with hematoxylin and treosin stain. Immunohistochemistry was performed using antibodies against enamel proteins ameloblastin (Ambn) and amelogenin (Amel), as well as a basement membrane protein, laminin-5 (Lama5), to analyze the immunolocalization of the respective Ambn, Amel, and Lama5 proteins throughout the EOE and JE.

Results: The histology series outlined the development of the mouse dentition from the enamel organ proper, through the eruption of the tooth, and the subsequent development and maturation of the JE. The immunohistochemistry series revealed that Amel was strongly localized to secretory stage ameloblasts and enamel matrix, weakly localized to the basement membrane of the REE, and absent from the JE. Ambn was strongly localized to secretory and maturation stage ameloblasts, to the basement membrane of the REE, and absent from the JE. Lama5 was localized to ameloblasts during secretory and maturation stage and to the basement membrane of the REE and the JE. The differential expression comparison revealed a high expression of Ambn, Amel, and a relatively low expressivity of Lama5 during the secretory phase of amelogenesis. Expression levels sharply decreased for Ambn and Amel following amelogenesis. Amel had relatively low expressivity in the REE and was marginally expressed in the JE. Ambn was continually expressed in decreasing FPKMs at each subsequent time point in the REE and JE. Lama5 was consistently expressed in ameloblasts, REE, and JE.

Discussion: Due to the JE’s unique function as an intermediary between the tooth and the periodontium, its attachment apparatus has evolved to be uniquely suited for its role. The mechanism by which the JE adheres to the tooth surface is via hemidesmosomes in association with proteoglycan adhesion proteins along both the internal basement membrane of the JE and the tooth associated dental cuticle. By outlining the expression of Ambn, Amel, and Lama5 through amelogenesis and the consequent formation and maturation of the JE, a viable molecular mechanism for facilitating the attachment of the JE to the tooth is proposed. In the JE, Ambn and Lama5 are co-expressed, suggesting a protein-protein interaction facilitating epithelial attachment to the enamel surface. Future research in this area is needed to fully elucidate the molecular mechanism by which Ambn, Lama5, and hemidesmosomes interact. Potential future applications include the enhancement of the epithelial attachment to prevent its disruption during chronic inflammatory states such as periodontitis.

Conclusions: Proteins expressed in the enamel organ during enamel formation continue to be expressed in the basement membrane of the junctional epithelium, possibly to provide epithelial attachment of the junctional epithelium to the enamel surface.
Purpose of Research: The purpose of this study is 2-fold: 1) To determine the clinical reproducibility of the early implant placement and simultaneous guided bone regeneration (GBR), as outlined by Buser in 2008; 2) To compare the clinical and radiographic outcomes of this GBR technique using either freeze-dried bone allograft (FDBA) or the combination of autogenous bone plus bovine bone mineral (BBM).

Methods and Materials: 48 human subjects in two clinical centers will be evaluated. For this abstract, data will only be collected and presented for 20 of those subjects. All subjects required extraction of a single maxillary incisor, canine, or premolar that was appropriate for type 2, early dental implant placement. Flapless extraction was completed and the sites were allowed to heal for 4 to 8 weeks. Following soft tissue healing, Straumann bone level SLActive implants of varying length and diameter were placed in conjunction with GBR. Subjects were randomly selected to receive either FDBA or a combination of autogenous bone chips plus BBM for GBR. All bone grafts were covered with a double layer of collagen membrane prior to tension free primary closure.

The implants were uncovered after 3 months and a screw-retained provisional was inserted 2 weeks after this appointment. After 6 weeks of tissue shaping, the patients returned to their restorative dentist for fabrication of the definitive restoration. Clinical parameters were evaluated at 6 and 12 months post loading, and CBCT evaluation was completed at implant placement and 12 months post loading. Facial bone height, as well as, thickness measurements were completed at 1mm, 3mm, and 5mm from the implant platform.

Results: Preliminary clinical measurements for 20 of the 48 patients reveal the following mean data: modified plaque index of 0.34 for autograft + BBM and 0.28 for FDBA; modified sulcus bleeding index of 0.33 for autograft + BBM and 0.38 for FDBA; probing depth of 3.22mm for autograft + BBM and 3.03mm for FDBA; keratinized mucosa of 5mm for autograft + BBM and 4.17mm for FDBA; recession of -0.17mm for autograft + BBM and +0.04mm for FDBA. Preliminary radiographic measurements for 20 of the 48 patients reveal the following mean data: implant platform to first bone to implant contact = 1.52mm for autograft + BBM and 1.02mm for FDBA; facial bone thickness at 1mm = 3.28mm for autograft + BBM and 2.40mm for FDBA; facial bone thickness at 3mm = 3.96mm for autograft + BBM and 2.96mm for FDBA; facial bone thickness at 5mm = 4.10mm for autograft + BBM and 3.04mm for FDBA. Data collection for this study is in progress until 1-year data has been collected for all patients.

Discussion: Overall, few documented GBR techniques show long-term data and reproducibility. The preservation of grafted and native bone around implants is critical for maintenance of health, function, and esthetic success. Buser described the biologic rationale and treatment sequence for early implant placement in 2008. While the technique has proven effective in his hands, few have documented its reproducibility. Furthermore, the technique has not been documented using materials other than those outlined by Buser. FDBA, if equally successful, is a more cost-effective bone alternative that would eliminate the need to harvest autogenous bone.

Conclusions: Preliminary results from this study suggest that both techniques are effective in augmenting buccal bone but that the combination of autogenous bone and BBM provide slightly enhanced facial bone thickness but slightly less bone height when compared with FDBA placed around implants in the anterior maxilla. Definitive conclusions are pending complete data collection and statistical analysis in December of 2016.
Purpose:
Clinicians and patients are continually searching for procedures to decrease time from tooth extraction to restoration. Immediate implant placement has been proven to be a predictable therapy to replace teeth. However, immediate implant placement isn’t always possible; therefore, tooth extraction with ridge preservation becomes a necessary procedure. Evidence to date is limited with regard to timing of healing for a ridge preservation graft and re-entry for implant placement. The primary objective of this study is to histologically evaluate and compare healing after tooth extraction of non-molar teeth at 8-10 weeks and 18-20 weeks after tooth extraction and ridge preservation with demineralized freeze-dried bone allograft. The secondary objective is to compare dimensional changes including ridge width and height at these two time points in healing.

Methods and Materials:
Forty-four patients had tooth extraction and ridge preservation with demineralized freeze-dried bone allograft (DFDBA). The DFDBA used for all study patients was obtained from a single donor to eliminate donor variability in inductivity and percent residual calcium. Clinical measurements were made to evaluate ridge height and width using customized acrylic measuring stents. Ridge measurements included ridge width and buccal and lingual ridge heights. The patients were randomly allocated to short-term (8-10 weeks) and long-term (18-20 weeks) healing groups immediately after ridge preservation was completed. Sites were re-entered at the designated healing time for each group. A core biopsy was obtained, and a dental implant was placed at that time. The same ridge dimensions were measured at time of implant placement with the same customized acrylic measuring stent. Histomorphometric analysis was performed to determine the percent new vital bone formation, percent residual graft and percent connective tissue/other.

Results:
A statistically significantly higher percent new vital bone formation was found in the long-term healing group, 47.41%, compared to the short-term healing group, 32.63% (p=0.012). There was no significant difference in percent residual graft with 26.80% in the long-term healing group compared to 27.42% in the short-term healing group (p=0.059). Also there was no significant difference in percent connective tissue/other with 25.78% in the long-term healing group and 29.94% in the short-term healing group (p=0.417). There was no significant difference in ridge dimensional changes between groups. In the short-term group, ridge width decrease was 1.41 mm compared to 0.66 mm in the long-term group (p = 0.208). There was no significant difference in change in buccal ridge height (p = 0.285) and lingual ridge height (0.998) between the short-term and long-term healing groups respectively. There were no meaningful correlations between new vital bone formation and ridge dimensional changes. Although a statistically significant difference (p<0.001) in initial buccal plate thickness was noted between the short-term healing group (0.614 mm) and the long-term healing group (1.010 mm), no meaningful correlations between initial buccal plate thickness and ridge dimensional changes were found.

Discussion and Conclusion:
This study indicates there is significantly greater new vital bone formation after tooth extraction and ridge preservation with DFDBA when the clinician waits 18-20 weeks compared to 8-10 weeks prior to dental implant placement. The significance of new vital bone formation on implant survival and success is unclear at this point. Intuitively, a higher percentage of new vital bone is desirable, as increased new vital bone may increase the bone to implant contact, or at least increase the rate at which the implant achieves stability and maximum bone to implant contact. Also, it is possible that use of a ridge preservation bone graft counteracts the impact of a thin buccal plate on loss of ridge width after tooth extraction.
Purpose of Research: Bone morphogenetic protein 2 (BMP2) and epidermal growth factor receptor (EGFR) are expressed in Oral Squamous Cell Carcinomas (OSCC) and are associated with increased disease severity. There is a paucity of clinical studies demonstrating effects from the use of recombinant human BMP2 (rhBMP2) in oral cancer patients. rhBMP2 is currently used off label for repair of mandibullectomy defects where resection is due to benign neoplasms or trauma. rhBMP2 could potentially reduce the morbidity and complications associated with large resective surgeries to treat OSCC, but is currently contraindicated due to the perceived potential to induce cancer recurrence. EGFR is highly expressed in OSCC and its signaling is shown to inhibit the actions of BMP2. Therefore we hypothesize that exogenous rhBMP2 will not adversely affect OSCC proliferation and migration. The purpose of this research is to delineate BMP2 and EGFR interactions and their effects on OSCC proliferation and migration.

Methods and Materials: Conventional and quantitative PCR (QPCR) were used to detect expression of BMP2 and EGFR signaling components in OSCC cell lines derived from human primary tongue tumors; HSC3 (invasive) and SCC4 (non-invasive). QPCR was performed, in triplicate, using Taqman® Gene Expression Assays (Applied Biosystems, Hercules, CA) for BMP2, BMPR1A, BMPR1B, BMPR2, EGFR, and the housekeeping gene Cyclophilin A according to the manufacturer’s protocol. Relative changes in mRNA expression were determined. Cell viability was assessed using the Cell Titer 96™ Aqueous Non-Radioactive Cell Proliferation Assay. Absorbance (490nm) values were read and normalized against control. Cell migration was assessed using the IncuCyte ZOOM live cell imaging system. A scratch was made in 80% confluent cells followed by treatments with rhBMP2, Iressa, or both and migration measured over 22 hrs. Protein activity was assessed by western blot analysis. HSC3 cells were treated with Iressa (500nM), BMP2 (100ng/ml), or both for 6 hrs to assess levels of the levels of signaling cytokines, activated STAT3, AKT, MAPK, and deactivated SMAD1. Data was evaluated using GraphPad Prism4 (San Diego, CA). Experiments were performed in triplicate and results represented as means ± SD with a p<0.05 considered significant. QPCR of gene expression and cell proliferation assays were analyzed using one-way analysis of variance with Tukey’s post-hoc test (n=3).

Results: Both HSC3 and SCC4 cell lines expressed BMP2 and EGFR signaling components. Iressa treated cells demonstrated a 2.5 fold increase in BMP2 mRNA expression in HSC3 cells with no effect in SCC4 cells. rhBMP2 and Noggin had no effect on proliferation and migration in both cell lines. Iressa alone and in combination with rhBMP2 failed to increase cell migration in both cell lines and reduced cell viability in HSC3 cells. Western blot analysis of key signaling pathways revealed BMP2 induced STAT3 and MAPK activation and compensatory STAT3 and MAPK activity was seen when EGFR signaling was inhibited. Both Iressa and rhBMP2 reversed the increased levels of STAT3 and MAPK activities. However, no phospho-SMAD1 linker was detected thus effects on SMAD1 signaling remain unknown.

Discussion: This novel data demonstrates, for the first time, that EGFR signaling may indeed negatively regulate BMP2 expression in invasive HSC3 cells. Importantly, no effect was seen in SCC4 cells therefore these interactions may be tumor specific. Since EGFR is highly expressed in OSCC and is shown to inhibit the action of BMP2, it is suggestive that exogenous rhBMP2 may not adversely affect progression or recurrence of OSCC. Conversely, BMP2 and EGFR signaling both led to increased phosphorylated STAT3, which is correlated with malignancy in OSCC. Treatment of OSCC cell lines with rhBMP2 failed to increase migration and proliferation.

Conclusion: EGFR and BMP2 crosstalk exists in OSCC, however, rhBMP2 failed to increase cell proliferation and migration in vitro indicating it may be safe for osseous reconstruction surgery in oral cancer patients. Future in vivo studies are needed to confirm the safety of rhBMP2 in oral cancer patients and to further delineate cross-talk between BMP2 and EGFR in OSCC.
Purpose: Cigarette smoking is a major risk factor for implant failure, potentially due to its toxic effect on the cells responsible for osseointegration. In non-smokers, stromal and osseous cell proliferation and attachment to implant surfaces is dependent upon titanium surface topography. The effect of cigarette smoke extract (CSE) on cell survival and attachment has shown decreased PDL survival in vitro (Bulmanski et. al, J Periodontol, 2012). The effect of CSE on human osteoblasts and their survival on implant surfaces has not been studied. The aim of our study is to evaluate the effect of CSE on cell survival on implant surfaces, with emphasis on human osteoblast cells. We hypothesize that the exposure of human osteoblasts to clinically relevant amounts of cigarette smoke extract will reduce cell survival on implant surfaces. We also predict that some surface modifications to these surfaces will improve cell survival and attachment even in the presence of cigarette smoke. This study will investigate the effect of implant surface topography on in vitro cell survival as a measure of putative healing in smokers.

Methods and Materials: Human gingival fibroblasts, periodontal ligament fibroblasts, and osteoblasts were analyzed for their ability to survive and attach to NiTi disks in the presence of physiologically relevant concentrations of cigarette smoke extract (CSE) for up to 7 days. The NiTi disks consisted of machined titanium (untreated control), acid etched titanium (Biomet 3i™), and titanium impregnated with nanoscale calcium phosphate (Biomet 3i ™). Each cell type was incubated on the different titanium surfaces and quantified after 7 days of being exposed to 2 and 3% CSE concentrations. Cells treated with Calcein AM® for 1 hour, fluorescently labeling the cytoplasm of live cells and examination of cell morphology by use of a Nikon inverted TE2000 microscope equipped with a CoolSNAP cfı camera (Photometrics) and MetaMorph software (Molecular Devices). Cell survival was quantified by using a BioTek Synergy2 (BioTek Instruments) fluorescent multiwell plate reader with filters appropriate for 480-nm excitation and 520-nm emission. Human osteoblast cultures were evaluated for their ability to survive and attach to three different commercially available implants. The dental implants consisted of anodic oxidized titanium (Nobel Biocare TiUnite™), hydroxyapatite coated titanium (Zimmer Dental HA™), and Dual-thermo-etched (Biomet 3i ™ Osseotite®). Implants were placed in agar coated plates, covered with osteoblasts, and allowed to attach for 48 hours. Subsequently, the cells adherent to implants were treated with 2% cigarette smoke extract (CSE) for 24 hours, and cell survival was assayed fluorometrically using Calcein-AM®. For quantitative analysis, eight samples were averaged, and the mean and standard deviations were calculated and compared to the control values for untreated cells. Experiments were repeated 3 times. Comparisons of cell survival were performed using two-tailed, paired Student’s t-test in which normality of the data were confirmed using the Shapiro-Wilk normality test, with P < 0.05 considered to be significant. Analysis of variance (ANOVA) to compare all samples.

Results: Cells on titanium disks: Gingival fibroblasts displayed no sensitivity to 2% or 3% CSE; no statistical difference between all surfaces. PDL cells displayed moderate sensitivity to 2% CSE, with Biomet 3i ™ Osseotite® supporting greater PDL cell survival than machined titanium, even when exposed to 2% CSE. Osteoblasts displayed moderate sensitivity to 2% CSE, with Biomet 3i ™ Osseotite® supporting greater osteoblast survival than machined titanium. Osteoblasts on dental implants: Biomet 3i ™ Osseotite® supported greater osteoblast survival than Nobel Biocare TiUnite™ and Zimmer Dental HA™ when exposed to 2% CSE.

Discussion: There is a strong clinical significance that can be derived from the results, answering the question of what implant surface would be best to use in a smoker. According to the results on the titanium disks, Osseotite would be the most beneficial implant surface to use in smokers compared to machined titanium and Nanotite, with Nanotite being the least desirable surface of the three. When looking at dental implants, Biomet 3i ™ Osseotite® would be more beneficial than Nobel.

continued on page 19
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Thomas W. Mabry</td>
<td>LSU School of Dentistry</td>
<td>February 9, 1985</td>
</tr>
<tr>
<td>Dr. Jeffrey M. Snitzer</td>
<td>LSU School of Dentistry</td>
<td>February 8, 1986</td>
</tr>
<tr>
<td>Dr. Jon E. Piche’</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 7, 1987</td>
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<td>Dr. Robert Sabatini</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 6, 1988</td>
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<td>Dr. David E. Deas</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 4, 1989</td>
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<td>Dr. Brian L. Mealey</td>
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<td>February 17, 1990</td>
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<td>Dr. Martha L. Garito</td>
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<td>February 5, 1994</td>
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<td>Dr. Janet Y. Martin</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 11, 1995</td>
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<tr>
<td>Dr. William C. Stentz, Jr.</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>June 21, 1996 for February 3, 1996 (February Meeting was Cancelled)</td>
</tr>
<tr>
<td>Dr. Michael P. Najera</td>
<td>Baylor College of Dentistry</td>
<td>February 1, 1997</td>
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<tr>
<td>Dr. Paul J. Ezzo</td>
<td>The University of Texas Health Science Center at San Antonio</td>
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<tr>
<td>Dr. Edward A. Shinedling</td>
<td>Baylor College of Dentistry Texas A&amp;M University System</td>
<td>February 6, 1999</td>
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<td>Dr. Theodore C. Weesner</td>
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<td>February 5, 2000</td>
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<td>Dr. E. Todd Scheyer</td>
<td>The University of Texas Health Science Center at San Antonio</td>
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<td>Dr. Michael McConnell Perry</td>
<td>Baylor College of Dentistry Texas A&amp;M University System</td>
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<td>Dr. Elizabeth M. Tandy</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 8, 2003</td>
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<td>Dr. Edithann J. Graham</td>
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<td>Dr. Dwight L. Johnson</td>
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<td>Dr. Scott M. Dowell</td>
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<td>Dr. Scott Gruwell</td>
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<tr>
<td>Dr. Brently A. Grimard</td>
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<td>February 9, 2008</td>
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<tr>
<td>Dr. Amy S. Kauvar</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
<td>February 7, 2009</td>
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<tr>
<td>Dr. Tina M. Beck</td>
<td>The University of Texas Health Science Center at San Antonio</td>
<td>February 13, 2010</td>
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<tr>
<td>Dr. Peter M. Pedalino</td>
<td>UTHSCSA and Wilford Hall USAF Medical Center</td>
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<tr>
<td>Dr. Andrew W. Baker</td>
<td>UTHSCSA and Wilford Hall USAF Ambulatory Surgical Center</td>
<td>February 11, 2012</td>
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<tr>
<td>Dr. Ryan S. Holbrook</td>
<td>UTHSCSA and U.S. Air Force Postgraduate Dental School</td>
<td>February 9, 2013</td>
</tr>
<tr>
<td>Dr. Stacy Renay Beltran</td>
<td>Texas A&amp;M University Baylor College of Dentistry</td>
<td>February 7, 2014</td>
</tr>
</tbody>
</table>

**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. Erileen Y. Hyun
  - UTHSCSA and U.S. Air Force Postgraduate Dental School
  - February 7, 2015

**Clinical Sciences Research Category:**

- Dr. John W. Thousand IV
  - University of Colorado
  - January 30, 2016
CALL TO ORDER: The President, Dr. John Dmytryk called the meeting to order at 12:35 PM and welcomed members and guests. Dr. Dmytryk shared opening remarks concerning the changes which have occurred with the Society including the transition to CMP Management. Dr. Dmytryk welcomed the residents from the various programs. Dr. Dmytryk also took a moment to remember those members who passed away over the past year. Dr. Dmytryk expressed the Society’s appreciation to the Sponsors and Exhibitors and their continued support of the Society.

INVOCATION: Dr. Dmytryk gave the Invocation.

EXHIBITORS WELCOME: Dr. Pope thanked and welcomed the Sponsors and Exhibitors. Dr. Pope extended recognition to the meeting Sponsors, BioHorizons and Nobel Biocare. Dr. Pope asked all Sponsor and Exhibitor representatives to provide a brief introduction and he encouraged all the meeting attendees to visit the exhibit hall.

PRICHARD COMPETITION AWARD RECIPIENT ANNOUNCEMENT: Dr. Pilar Valderrama thanked the supporters of the Prichard Competition, Procter and Gamble and Straumann. In addition, Hu-Friedy donated one instrument per presenter. Dr. Valderrama announced the competition had the largest number of abstracts submitted since the competition was started. Dr. Valderrama congratulated the residency directors and thanked all the participants in the competition. She also thanked the judges. Oral presentations were held on Friday, January 29th. In the Clinical Sciences Category, Dr. John Thousand was the recipient of the award. In the Basic Sciences Category, Dr. Erin Wyrick was the recipient of the award. Dr. Valderrama extended congratulations to Dr. Thousand and Dr. Wyrick.

ANNOUNCEMENTS: Dr. Dmytryk asked Dr. Steve Bass to provide an update from the American Academy of Periodontology Meeting. Dr. Bass reported that the Executive Director for the AAP was not renewed. The Academy is in the process of recruiting a new Executive Director. Dr. Bass also provided some additional information concerning the vote on the name change at the recent meeting. There were problems with the electronic voting devices which delayed the process. Dr. Bass expressed his appreciation for everyone’s patience while the problem was resolved. Dr. Bass also provided an update on the public awareness campaign and he shared some data regarding the success of the campaign. The campaign won six awards and reached 388 million people. Dr. Bass also updated the Society on a toolkit for membership which is available on the AAP Website. Dr. Bass noted there is a bill, HB4062, which will remove requirements for dentists to enroll in Medicare. Please review this bill and express your support to your Representative.

There are two candidates for AAP Secretary/Treasurer, Dr. Bryan Frantz and Dr. Richard Kahn. Dr. Kristi Soileau and Dr. Steve Bass are running for District 5 Trustee.

SECRETARY’S REPORT: Dr. Dmytryk asked if all in attendance had reviewed the minutes of the previous meeting left for review during the luncheon.

Motion to approve the minutes by Dr. Brian Mealey and seconded by Dr. Brad Crump. There was no discussion and the motion passed.

TREASURER REPORT: Dr. Valderrama reported that the SWSP society is in good financial condition. The Society has completed a financial audit and there were no negative findings. The Society is developing a budget for Fiscal Year 2016 and is working to provide more transparency in financial reporting.

CENTRAL OFFICE REPORT: Debbie Peterson of CMP Management introduced herself and provided an update on Central Office activities since September 2015.

PROBE EDITOR’S REPORT: No Report

WEBMASTER’S REPORT: No Report

STANDING COMMITTEE REPORTS:

ANNUAL MEETINGS REPORT: Dr. Chapa thanked the Sponsors once again and reminded everyone about the upcoming Summer Meeting in San Antonio.

BUDGET AND FINANCE REPORT: No Report

CENTRAL OFFICE COMMITTEE REPORT: No Report

EXECUTIVE COMMITTEE REPORT: No Report

MEMBERSHIP COMMITTEE REPORT: The Membership Committee presented the Members Petitioning for Active Membership or Change in Status. Motion by Dr. Brad Crump to accept the Membership Committee Report. The motion was seconded by Dr. Kristi Soileau. The motion passed.

continued on page 19
SWSP 2016 WINTER MEETING WRAP-UP
Biocare TiUnite™ and Zimmer Dental HA™ implants in smokers.

**Conclusion:** On titanium disks, osteoblast cells were more sensitive to CSE than PDL or gingival fibroblasts. Biomet 3i™ Osseotite® disk surface promoted better cell survival of osteoblasts and PDL fibroblasts after exposure with CSE.

On implants, osteoblasts displayed decreased survival and attachment after exposure to 2% CSE on all implant surfaces. The BioMet 3i™ Osseotite® surface supported the greatest amount of osteoblast survival as compared to Zimmer Dental™ HA® and Nobel Replace™ TiU® implant surfaces when exposed to 2% CSE.

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**Nominating Committee Report:**

The Nominating Committee is please to recommend the following Officers for consideration by the General Assembly at the Business Meeting to be held in conjunction with the Summer Meeting 2016:

**President-Elect**
Dr. Scott Dowell  
Abilene, Texas

**Secretary-Elect**
Dr. Pilar Valderrama  
Dallas, Texas

**Treasurer-Elect**
Dr. Alan Moritz  
San Antonio, Texas

**Board Members at Large:**

Dr. Gary DeWitt  
Alexandria, Louisiana (2016 – 2020)

Dr. Daniela Zambon  
Mansfield, Texas (2016 – 2020)

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**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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**Still Time To Renew Your Membership!**

If you have not yet renewed your membership, there's still time to renew in advance of the 2016 Summer Meeting!

Memberships may be renewed on-line at www.swsp.org or by calling 512-314-5885. Don't miss out on the great program offered at the Summer Meeting, renew today!
Arthur Merritt Meeting Information

The Department of Periodontics at Texas A & M University Baylor College of Dentistry is pleased to invite you to be our guest at the 45th Annual Arthur H. Merritt Memorial Lecture in Advanced Periodontics. Our distinguished lecturer this year is Dr. Daniel Buser and his presentation will be “Surgical procedures in partially edentulous implant patients: How to achieve long-term results, how to fix esthetic failures”.

Dr. Buser serves as Professor and Chairman at the Department of Oral Surgery at the University of Bern in Switzerland since 2000. He served as President of various academic associations including the European Association for Osseointegration (1996/97), the Swiss Society of Oral Implantology (1999-2002), and the Swiss Society of Oral Surgery and Stomatology (2002-07). Most recently, he was President of the ITI (2009-13), the world’s largest association in the field of implant dentistry. He is internationally recognized as an authority in implant dentistry with unparalleled expertise.

This lecture will focus on a good understanding of tissue biology; a careful preoperative assessment and risk profile; a correct 3-D implant placement; a contour augmentation with GBR for the facial thickness; and proper surgical technique for a successful outcome. Also the surgical treatment of esthetic failures will be presented with new techniques to address this issue.

PLACE: Beasley Auditorium Baylor UMC Hospital
DATE: Saturday, July 9, 2016 (Please note the date change from past meetings)
TIME: 7:30AM-1:30PM

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 lecturership. Registration will be online with the CE Department at TAMUBCD.

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, I urge you to consider a donation to help us continue to bring you this outstanding program at the level we have come to expect. Please make your donation when you register online for the meeting. We appreciate your support and continued attendance.

Please use this link to register for the Arthur Merritt lectureship to receive CE credit: 45tharthurmerritt.eventbrite.com

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

ATTENTION COMMITTEE MEMBERS

Please remember that all committees, except for the Budget and Finance and Scientific Affairs Committees, will be meeting on Saturday, July 23rd beginning at 7:00 AM. The work accomplished by committee members is very important to the operation of your Society. We appreciate your participation in the committee meetings!
WELCOME NEW MEMBERS

Student Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
<th>Address</th>
<th>City, State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Joseph Holland</td>
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<td>7500 Cambridge St.</td>
<td>Houston, TX 77054</td>
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<td>Dr. Bao Jabbar</td>
<td>UTSOD-Houston Periodontial</td>
<td>7500 Cambridge St.</td>
<td>Houston, TX 77054</td>
</tr>
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<td>Dr. Preston Alfred</td>
<td>UT Health at Houston School of Dentistry</td>
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<td>Houston, TX 77054</td>
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<tr>
<td>Dr. Kelsey Edmondson</td>
<td>University of Texas School of Dentistry at Houston</td>
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<td>Houston, TX 77054</td>
</tr>
<tr>
<td>Dr. Michelle Michael</td>
<td>UTHSC at Houston Dental School</td>
<td>7500 Cambridge St.</td>
<td>Houston, TX 77054</td>
</tr>
<tr>
<td>Dr. Eugenia Prokopets</td>
<td>LSU Dentistry</td>
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<td>New Orleans, LA 70112</td>
</tr>
<tr>
<td>Dr. Elisabeth Easley</td>
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<td>Lincoln, NE 68586</td>
</tr>
<tr>
<td>Dr. Jeffery Jensen</td>
<td>University of Nebraska Medical Center</td>
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<td>Lincoln, NE 68586</td>
</tr>
<tr>
<td>Dr. Carl Mentesana</td>
<td>Baylor College of Dentistry Department of Periodontics</td>
<td>2820 McKinnon St.</td>
<td>Dallas, TX 75201</td>
</tr>
<tr>
<td>Dr. Patrick Driver</td>
<td>University of Missouri-Kansas City</td>
<td>612 W. Mississippi St.</td>
<td>Liberty, MO 64068</td>
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<tr>
<td>Dr. Mohammed Felemban</td>
<td>University of Oklahoma Health Science Center - Collage of Dentistry</td>
<td>1201 N Stonewall Ave</td>
<td>Oklahoma City, OK 73117</td>
</tr>
<tr>
<td>Dr. Abdulwahab Alkandari</td>
<td>Oklahoma University</td>
<td>1201 N. Stonewall Ave</td>
<td>Oklahoma City, OK 73117</td>
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Active Members

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<th>Name</th>
<th>Institution</th>
<th>Address</th>
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</tr>
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<tr>
<td>Dr. Karen Luce</td>
<td>OU Department of Periodontics</td>
<td>1201 N. Stonewall Ave.</td>
<td>Oklahoma City, OK 73142</td>
</tr>
<tr>
<td>Dr. Sree Bodapati</td>
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<td>Austin, TX 78758</td>
</tr>
<tr>
<td>Dr. Lillian Lyons</td>
<td>Dental Specialists and Implant Center at the Woodlands</td>
<td>3117 College Park Dr.</td>
<td>The Woodlands, TX 77384</td>
</tr>
<tr>
<td>Dr. Madaline Saunders</td>
<td>Saunders Periodontics</td>
<td>7975 Allison Way</td>
<td>Aurora, CO 80005</td>
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<tr>
<td>Dr. John Thousand</td>
<td>University of Colorado</td>
<td>2948 Geneva St.</td>
<td>Denver, CO 80238</td>
</tr>
<tr>
<td>Dr. Matthew Carlisle</td>
<td>Pinnacle Periodontics &amp; Dental Implant Center</td>
<td>1225 Breckenridge Dr. #210</td>
<td>Little Rock, AR 72205</td>
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STUDENT MEMBERS ATTEND SWSP MEETINGS AT NO CHARGE

The SWSP Board of Directors invites Student Members of the SWSP to attend the summer 2016 meeting of the SWSP at No Charge for 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.

NEW DUES AMOUNT FOR STUDENT MEMBERS

Student Members who transition to Active SWSP Membership will receive a reduction of 50% in their dues amount for their first year of Active Membership. Graduating students will remain in the Membership Status of Student until the end of the year in which they graduated. After that initial year, the recent graduate may apply for Active Membership in the SWSP and dues would be reduced by 50%. If you are currently a student approaching graduation, please call or email SWSP and we’ll be happy to discuss transitioning your membership from Student to Active status.

PROBE
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- **Secretary-Elect**: Dr. Alan Moritz
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- **Treasurer-Elect**: Dr. Sara Bender
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- **Editor of the PROBE Newsletter**: Dr. Brian Mealey
- **Webmaster**: Dr. Edward Huynh-Ba

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- **Chair**: Dr. Josh Chapa
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- **Committee Member**: Dr. Bradley Crump, Dr. Pilar Valderrama, Dr. Todd Scheyer

### Membership Committee
- **Chair**: Dr. Aline Speer
- **Committee Member**: Dr. Natalie Frost, Dr. Gary DeWitt, Dr. Guy Huynh-Ba, Dr. Takanari Miyamoto, Dr. Daniella Zambon, Dr. Bill Reeves, Dr. Chris Bingham, Dr. Ali Sajadi, Dr. Ivette Plata, Dr. Matthew Johanson, Dr. Jon Biansett, Dr. Jeremiah Cook, Dr. Blaine Calahan

#### Student Member

### Nominating Committee
- **Chair**: Dr. Eduardo Lorenzana
- **Committee Member**: Dr. Natalie Frost, Dr. Pilar Valderrama, Dr. Daniella Zambon, Dr. Bill Reeves, Dr. Bradley Crump

### Scientific Affairs Committee
- **Chair**: Dr. Alan Moritz
- **Committee Member**: Dr. Charles Powell, Dr. Paul Ezzo, Dr. Nikola Angelov, Dr. Tapan Koticha, Dr. Matt Byarlay, Dr. Pooja Maney, Dr. Yong-Hee Chun, Dr. Pilar Valderrama

### John F. Prichard Prize for Graduate Research Subcommittee
- **Chair**: Dr. Pilar Valderrama

### Strategic Long Range Planning Committee
- **Chair**: Dr. Brian Mealey
- **Committee Member**: Dr. Bradley Crump, Dr. John Dmytryk, Dr. Eduardo Lorenzana, Dr. Terry Brooks Lovelace, Dr. Debbie Peterson

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- **Chair**: Dr. John Dmytryk
- **Committee Member**: Dr. Eduardo Lorenzana, Dr. Scott Dowell, Dr. Pilar Valderrama

#### Budget & Finance
- **Chair**: Dr. Sara Bender
- **Vice-Chair**: Dr. Scott Dowell
- **Committee Member**: Dr. Eduardo Lorenzana, Dr. Pilar Valderrama

#### By-Laws, Policies & Procedures
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- **Committee Member**: Dr. Terry Brooks Lovelace, Dr. Bradley Crump

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- **Chair**: Dr. Jeff Pope

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- **Committee Member-Arkansas**: Dr. Fred Church
- **Committee Member-Colorado**: Dr. Charles Powell
- **Committee Member-Louisiana**: Dr. Gary DeWitt
- **Committee Member-Nebraska**: Dr. Takanari Miyamoto
- **Committee Member-Oklahoma**: Dr. Bill Reeves
- **Committee Member-Texas**: Dr. Lisa Masters

### Sedation
- **Chair**: Dr. Charles Rader
The Implant Concierge
CAD/CAM surgical guide fit like a glove thanks to the digital work flow. I was able to perform a flapless surgery in significantly less time and place the implants in the ideal mesio-distal and inciso-gingival position which was critical in this complex restorative case.
- Eric Rindler, D.D.S
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dental implants with proven esthetic results

BioHorizons is committed to developing evidence-based and scientifically proven products. This commitment started with the launch of the Maestro implant system in 1997 and remains in full force today with our most recent launches, the Tapered Plus, Tapered Tissue Level and Tapered 3.0 implant systems.

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BioHorizons helps customers restore smiles in 85 markets throughout North America, Europe, South America, Asia, Africa and Australia.

SCIENCE
BioHorizons uses science and innovation to create unique dental implant products with proven surgical and esthetic results.

INNOVATION
Our advanced implant technologies, biologic products and guided surgery solutions have made BioHorizons a leading dental implant company.

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BioHorizons understands the importance of providing excellent service. Our global network of professional representatives and our highly trained customer care support team are well equipped to meet the needs of patients and clinicians.

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Customer Care: (phone number) or
(shop or visit us online) at www.biohorizons.com
(distributor contact information)
Zimmer Dental and Biomet 3i have joined forces. Together, the Zimmer Biomet dental division is pushing the boundaries of progress to help you achieve exceptional outcomes for your patients and your practice.

With more than 62 years combined experience in the dental implant industry, Zimmer Biomet stands strong on its commitment to respond to ever-changing demands. Our visionary solutions, world-class educational opportunities, and unprecedented service are ready to move you beyond expectations. Join us in shaping the future of implant dentistry.

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Improves visualization, comfort, and allows for open flap or tissue punch method.

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The first guide with unique retention features - snaps on dentition for increased stability.

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MAKE IT SIMPLE

Bring the best guided surgery solution to your practice now. Learn more about the MGUIDE and MIS at: www.misimplants.com and www.mcenterusa.com
The PROBE is published by the Southwest Society of Periodontists to serve as a newsletter, to report current events and scientific material in 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.

The PROBE is published by the Southwest Society of Periodontists, PO Box 27874, Austin, TX 78755. 512.314.5885. Correspondence regarding news and advertising should be directed to the above address. Correspondence regarding membership, subscriptions, and changes of address should be directed to the Executive Director at the above address.