50's
DR. FELIX L. GLAUBACH, Class of 1955, on receiving an honorary degree from Yeshiva University.

60's

DR. JOEL C. GELBMAN, Class of 1967, on being profiled in the West Essex Tribune.

70's
DR. STEPHEN B. GOLD, Class of 1974, on being elected President­Elect of the New York State Dental Association. He will serve as NYSDA president in 2008.


80's
DR. MERYL J. EFRON, Class of 1983, on being inducted as a Fellow of the International College of Dentists.

DR. STEVEN GOUNARDES, Class of 1984, on being installed as President of the New York State Dental Association for 2007.

DR. CARMEN SCHULLER, Class of 1987, on being granted privileges as a "Consultant Physician" at the New York Harbor Healthcare System Department of Veterans Affairs.

90's
DR. ROBERT ARBUCKLE, Class of 1997, on being featured in a Greenwich Time article about his volunteer work in Cambodia with Healing the Children, a nonprofit agency that provides health care to children in developing countries.

DR. GERARDO SANTIAGO, Class of 1991, on being awarded Fellowship in the Academy of Dentistry International, and on being honored by the N Media Group as "N Good Hearted Man" for 2007 in recognition of the dental care he has provided to underserved children in south Florida.

 Congratulations to:

Focus on Alumni

In Remembrance

David B. Ast, Class of 1924
Benjamin Falk, Class of 1929
George Hoffman, Class of 1945
Sidney Horowitz, Class of 1945
Benjamin Shoplik, Class of 1945
Alfred H. Schwartz, Class of 1947

SAVE THE DATE: 2007 ANNUAL ALUMNI ASSOCIATION MEETING

The NYUCD Alumni Association will hold its annual meeting on Tuesday, September 18, 2007. The meeting will begin at 6 pm at NYUCD, 345 E. 24th Street, corner of First Avenue. Room location to be announced.

Please call Patrick Minson at 212.998.9928 if you plan to attend.
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Enhancing Primary Care Outreach to the Dominican Republic

Jamaica Outreach 2007

Taiwanese Alumni Reunite

NYUCD Team Brings Free Dental Care to St. Thomas/St. Croix Youngsters

NYUCD’s Predoctoral Implant Curriculum is Focus of International Conference Sponsored by Nobel Biocare

Focus on International Faculty
Dr. Louis Lin: An Endodontist Returns to His Roots

Dr. Benjamin Godder: International Partnership Supports Caries Risk Assessment Research

Dr. Rajinder Jain: A Nearly Five-Decade Commitment to Teaching

Dr. Ziad Jaibout: Revising the Curriculum to Meet International Students’ Needs

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Witkin Graduate Center for Clinical Excellence Is Dedicated

NYUCD Receives NIH Funding to Study Development of Caries in HIV-Positive Women

Grant Will Study Effect of BOTOX® Injections on Trigeminal Neuralgia Pain

Acton Society Adds New Million-Dollar Donors

Curricular Development Challenge Fund Grant Will Train Dentists to Aid Victims of Domestic Abuse

Dr. and Mrs. Gerald Curatola Honored at Gala Celebration

Tarnow Wing Campaign Gains Added Momentum

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Defying the Odds: NYU’s Oral and Maxillofacial Surgery Program

Class of 2007, Michael C. Alfano and Mary Tyler Moore Honored at Graduation

NYU College of Nursing Cuts Ribbon on New Nursing Faculty Practice

Walking to Stamp Out Oral Cancer

American Museum of Natural History Exhibits NYUCD Professor’s “Lucy”

“Lucy” as Contemporary Art

Colleges of Dentistry and Nursing Present Cancer Awareness Day

NYUCD Issues Themed Postage Stamps for Applicant Acceptances

Dr. Ken Rothman is Featured Speaker at NYU Oral Cancer RAAHP Center Seminar

National Museum of Dentistry Exhibit Comes to NYUCD

NYUCD Hosts Fifth Annual Give Kids A Smile® Day

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Celebrating Our Community
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NYUCD Faculty Score Trio of Prestigious Awards

Susan Abraham Awarded NYU’s Highest Administrative Honor and Named U.S. Representative to International Sculpture Symposium

Marathon Man Raises Awareness of Childhood Obesity

Student Leadership Awards Presented

Dr. Antonella Milio is Litvak Fellowship Recipient

Gloria Turner: Bringing Cellular Research into Focus

NYUCD Students Receive President’s Service Awards

Seven Inducted into NYUCD Chapter of Dental Hygiene Honor Society

Service Recognition Awards Presented

Clinical Staff Honored

Student Lobbyists Meet with Senator Clinton

Spring Talent Show Breaks Attendance Records

Congratulations to...

Focus on Alumni In Remembrance
Hardly a day goes by when there isn’t some reference in the media to the “looming crisis in primary care.” These repeated warnings recount tales of current shortages in the number of primary healthcare providers and predict a future supply of primary caregivers that will be inadequate to meet the healthcare needs of the aging U.S. population.

According to the Institute of Medicine (IOM), primary care is “the provision of accessible, comprehensive, nutritious healthcare services by who are accountable for a large majority of personal needs, developing a partnership with patients, cing in the context of family munity.”

ary care provider, according M, is a clinician who:
- cures or alleviates common illnesses and disabilities;
- serves as an entry point to a system that includes secondary care (by community hospitals) and tertiary care (by medical centers and teaching hospitals); and
- provides ambulatory versus inpatient care.

Like family practitioners, dentists, according to Congress, are primary healthcare providers. But how often does one think of dentists in this role?

Given that all of the activities that broadly define primary care are well within the scope of dentistry, the question we seek to address in this issue of Global Health Nexus is: “What is the dentist’s role in primary care?”

To that end, we began by seeking patients’ perspectives through an informal survey conducted in several private dental practices. We asked patients, “What do you want and expect from your dentist?” Would we find that patients want and expect their dentists to recognize non-dental disease states and make appropriate referrals, as well as to diagnose and treat diseases traditionally thought to
IN PRIMARY CARE?

come under the umbrella of dentistry? Do patients expect dentists to play a role in preventing systemic as well as local diseases by actively recommending healthy lifestyles—all things that are part of primary care and that dentists are well trained and well positioned to do? Or would we get other answers? Below is a sampling of replies.

“I want low fees, reliability and convenient hours.” “I expect a clean, friendly environment.” “I expect my dentist to be on time for appointments and to be confident in rendering a diagnosis.” “I want my dentist to be well informed and able to answer all my questions until I’m completely satisfied that I understand the treatment plan.” “I expect my dentist to help me keep my teeth.”

When asked if they expect their dentist to be interested in their general health, patients said yes, but then spoke only about such things as bleeding gums, pain and the age at which a baby stops teething. For these people, the dentist’s role does not extend beyond the borders of the lips. Indeed, the thing that is most striking is that not one person mentioned the word “health” as part of dentistry! Their responses, while surely not definitive and not the result of a scientifically conducted survey, nevertheless suggest that dentistry may be in danger of not being considered by the public to be an integral component of the nation’s healthcare system.

If true, this would be a serious marginalization of our profession, and one that may be self-induced.

To discuss the dentist’s role in primary care, we have invited several of our nation’s most prominent thinkers in this area to share their views on the need and the opportunities that exist for practicing dentists to enhance the healthcare services they provide, thereby becoming active players in fulfilling the potential of the primary healthcare paradigm.

Our distinguished contributors include Dr. Michael Glick, Editor of the Journal of the American Dental Association; Dr. Bruce J. Baum, Chief of the Gene Transfer Section, Gene Therapy and Therapeutics Branch, National Institute of Dental and Cranofacial Research (NIDCR); and Dr. Jerold Goldberg, Dean of the Case Western Reserve University School of Dental Medicine, which recently introduced the first-ever dual degree, DMD-MD program. From the NYU Colleges of Dentistry and of Nursing, we are privileged to present essays by Professor Daniel Malamud on the evolving role of dentists in the emerging field of oral-based diagnostics; and Professors Madeleine Lloyd, Caroline Dorsen and Judith Haber on the oral-
systemic connection. We also offer a first look at a new smoking prevention program targeting preteens that NYUCD is about to introduce.

On a personal note, I am absolutely delighted that Dr. Charles Bertolami has accepted the University’s invitation to become Dean of the NYU College of Dentistry, effective September 1, 2007. Charles comes to NYUCD from the University of California at San Francisco School of Dentistry, where he has served as Dean and Professor of Oral and Maxillofacial Surgery since 1995. He is one of the most impressive individuals I have ever encountered and one of the most effective communicators in the world of dental education. Charles has a well-deserved reputation for succeeding at every challenge he takes on, and I know that he will take NYUCD to “the next level.” I invite you to read the following article, “Introducing the New Dean,” to learn more about what Charles brings to his new position, and to join me in welcoming him warmly to our campus.

It has been my distinct privilege and pleasure to serve as NYUCD’s Interim Dean for the past year. I am proud to have held this position and want to say to everyone I have worked with during the past year—faculty, staff, alumni, and students—I can’t thank you enough for your help and support. I look forward to continuing to work with you and with Dean Bertolami to ensure that NYUCD’s momentum in the world continues to grow and that NYUCD thrives as never before.

Charles N. Bertolami, DDS, DMedSc

“I never thought I would leave the University of California, but I was absolutely astonished by the excellence, commitment, and vision of the faculty, the students, the staff, and the senior administration at NYU. NYU is where the action is—and is going to remain for the foreseeable future.”
INTRODUCING THE NEW DEAN OF THE NYU COLLEGE OF DENTISTRY

Charles N. Bertolami, DDS, DMedSc, a leader in the dental research, education and clinical communities, has been named the 14th Dean of the NYU College of Dentistry. He will assume the post on September 1, 2007.

In making the announcement, NYU President John Sexton said, “Charles Bertolami is ideally suited not only to sustain the momentum generated during Mike Alfano’s deanship, but to accelerate it. He is a leader who can set an agenda for excellence in research, education and clinical care delivery and conceive of new possibilities for the role of the dental and nursing professions within the healthcare field.”

Dr. Bertolami is currently Dean and Professor of Oral and Maxillofacial Surgery at the University of California at San Francisco School of Dentistry, posts he has held since 1995. During the 12 years he has served in those posts, the UCSF School of Dentistry has led the nation in overall NIH funding for dental schools. In addition to expanding the school’s research capacity, he has also enhanced the school’s clinical and teaching programs, including renovating clinics and laboratories; implemented a new curriculum reinforcing integration of basic and clinical sciences in dental education; established and expanded joint degree programs; and established a year-long post-baccalaureate program for students from economically or educationally disadvantaged groups.

His research and scholarly interest has focused on orofacial tissue repair, the biochemistry of hyaluronic repair, the use of sodium hyaluronate in treatment of temporomandibular disorders and professional ethics. His research has been consistently funded by the NIH.

Dr. Bertolami is the recipient of many awards and honors. He is the President-Elect of the American Dental Education Association and is the former President of the American Association for Dental Research. A Diplomate of the American Board of Oral and Maxillofacial Surgeons, he has served as a two-term member of the Overseers’ Visiting Committee for the Faculty of Medicine and Dental Medicine at Harvard; was named as Distinguished Alumnus of the Ohio State University College of Dentistry (1996); Distinguished Alumnus, Harvard School of Dental Medicine (2000); served as the Percy T. Phillips Visiting Professor at Columbia University (2002); and received the Paul Goldhaber Award of the Harvard School of Dental Medicine (2003). He has been a frequently invited speaker for the Council for the Advancement and Support of Education (CASE), addressing deans and development officers on fundraising in higher education.

President Sexton concluded by saying: “Many thought it would be impossible to convince Charles Bertolami to leave the University of California, but we are glad to report that he was drawn to NYU by the same attributes that have brought us so many outstanding faculty members and deans: the quality and character of the faculty, the students, the staff, and the senior administration at NYU. It is a tribute to NYU in general and the Dental College in particular that he has chosen to join us as a colleague. We ask the NYU community to join us in congratulating Dr. Bertolami and welcoming him to our university.”

Dr. Bertolami said, “I never thought I would leave the University of California, but I was absolutely astonished by the excellence, commitment, and vision of the faculty, the students, the staff and the senior administration at NYU. The opportunity to help build on the legacy of prior dean, Mike Alfano, and to work with Terry Fulmer, Dean of the College of Nursing, in one of the most innovative relationships in the health professions, was too good to pass up. NYU is where the action is—and is going to remain for the foreseeable future. I see this as a great opportunity as the next chapter in my life where I hope to be able to make a substantive contribution.”
Oral healthcare professionals (OHCPs) today find themselves in a privileged position to influence general health and well being. Because oral infections may be linked to the risk for development and exacerbation of various systemic conditions outside of the oral cavity, opportunities exist for OHCPs to play a larger role in influencing healthcare services beyond safe and appropriate dental care. OHCPs also have an opportunity proactively to screen for and monitor a range of non-oral diseases, including such devastating maladies as hypertension and diabetes mellitus. This essay aims to highlight some of the options available to practicing dentists to significantly impact the overall health and well being of their patients, and hopefully to motivate them to exercise these options.

It may be too early to come to any definitive conclusions based on the existing literature, but the likelihood is that an infection any place in the body, including the oral cavity, will have some effect on other structures or bodily systems. A known example is the development of infective endocarditis secondary to viridans group streptococci, ostensibly originating in the oral cavity. The problem with most studies exploring the relationship between oral and non-oral disease is the paucity of intervention studies, which are the gold standard for establishing causality. During the past decade, numerous articles have been published describing the affect of periodontal diseases on various non-oral illnesses and conditions, including cardiovascular disease, diabetes mellitus, preterm birth
and low birth weight, stroke, lung, and pancreatic cancers, among others. Although some randomized, controlled intervention trials have been published on the influence of periodontitis and/or periodontal pathogen on non-oral disease, questions still remain to be answered. Two studies published recently in the prestigious New England Journal of Medicine look specifically at the effect of periodontal interventions on preterm birth and low birth weight, and at endothelial function as a marker for cardiovascular disease.1

On the one hand, although treatment of periodontitis improved periodontal disease, no significant differences were seen regarding the risk for preterm birth or low birth weight babies when comparing a periodontal treatment group of pregnant women to a non-treatment group of pregnant women with a similar gestational age.2 On the other hand, the second study showed that intensive periodontal therapy can improve endothelial function, which would suggest that this type of treatment may contribute to the prevention of atherosclerosis and cardiovascular events.3 An important question that has yet to be answered is whether the results from these and similar studies can be applied to a general population.

Studies looking at the association between diabetes mellitus and periodontal disease suggest a bidirectional relationship, where the presence of periodontal infection may influence glycemic control and where uncontrolled diabetes may exacerbate periodontal diseases. However, a recent meta-analysis looking at long-term glycemic control did not find a clinically significant improvement after periodontal therapy.4

It is not clear if the result of this meta-analysis could be applied to an individual patient.

Opportunities currently exist for dentists to provide expanded healthcare services in the areas of oral detection of systemic disease, oral fluid diagnostics, risk screening for cardiovascular disease and other potentially deadly conditions, and the treatment of medically complex patients.

Except for otolaryngologists and some plastic surgeons, very few medical residents have an opportunity to learn how to examine the oral cavity. As experts in oral pathologies, OHCPs are therefore often the first to see changes in the mouth. Some of these changes may be the earliest manifestation of systemic diseases, signs of immune suppression or exacerbation of a systemic condition. This has never been more evident than in patients infected with HIV disease.

The use of oral fluids and tissues as diagnostics is discussed elsewhere in this issue of Global Health Nexus in an article by Dr. Daniel Malamud (see page 20). However, I would be remiss in not pointing out the importance of OHCPs proactively taking on this emerging technology and establishing “ownership” of saliva. The ease of use and non-invasive nature of this technology lend themselves very well to utilization by non-physicians in non-traditional settings.

Another area in which dentists have a potentially significant role to play is that of diseases with high morbidity and mortality, including cardiovascular disease and type 2 diabetes mellitus, which are preventable if detected early. The first step in any prevention program is the identification of individuals at risk. More than 60 percent of adults visited a dental office last year, while less than 40 percent saw a physician. An important difference between seeking medical care and dental care is that patients usually seek out a physician when they have signs and symptoms of a systemic disease, but show up for recall appointments with a dentist when they feel well. This would suggest that OHCPs are in an excellent position to identify asymptomatic patients who are not aware of being ill.
individuals with a high risk (<20%) for developing an angina or myocardial infarction within the next ten years. However, to do so OHCPs would have to offer patients tests for measuring blood cholesterol or plasma glucose.

Lastly, OHCPs need to care for medically complex patients. Our patient population is graying, yet patients retain their dentition. Eighty percent of patients over age 65 have at least one chronic disease, while 50% have at least two or more chronic conditions and take at least three prescription medications. If we do not start to include more medicine into our dental curricula and increase the number of continuing education courses designed to teach dentists how to care for patients with multiple and sometimes complex medical conditions, we will soon not be able to provide appropriate dental care for more than half of our patient population.

So what is the role of OHCPs today and in the near future? We need to continue to explore the association between oral infections and non-oral diseases and conditions. We need to be aware that treatment of oral conditions may influence conditions beyond the oral cavity. We need to acknowledge that treatment of non-oral diseases may affect oral health. We need to realize that oral signs may be associated with onset and exacerbation of non-oral diseases. We need to embrace and incorporate the use of oral fluid diagnostics within the scope of health care in a dental setting. We need to shoulder the responsibility to screen and monitor for non-oral diseases and conditions. And we need to start to

learn how to provide dental care to medically complex patients.

This is a tall order, and I am not sure all OHCPs will be able to accomplish all of these tasks. In the meantime, it is essential that we make sure that students graduating from our dental schools are exposed to and are capable of taking on these challenges.

7 Glick M. Sialology, and who owns saliva anyway? JADA 2006;137:282-4
8 Glick M, Greenberg BL. The potential role of dentists in identifying patients’ risk of experiencing coronary heart disease. JADA Assoc 2005;136:1541-1546
9 Greenberg BL, Glick M, Goodchild J, Duda PW, Conte NR, Conte M. Screening for cardiovascular risk factors in a dental setting. JADA 2007;138(6):798-804
10 Baum BJ. Inadequate training in the biological sciences and medicine for dental students. An impending crisis for dentistry. JADA 2007;138:16-26
Training in General Internal Medicine for Dental Students: An Idea Whose Time Has Come

In a January 2007 commentary in the Journal of the American Dental Association (JADA), entitled “Inadequate Training in the Biological Sciences and Medicine for Dental Students: An Impending Crisis for Dentistry,” Dr. Baum argues that the future of dentistry as a respected and integral healthcare profession depends on dental students learning enough medicine to treat the growing numbers of older Americans who have chronic systemic illnesses.

If dental schools do not move in this direction, he contends, the profession will become self-marginalized. To prevent this outcome, Dr. Baum proposes that dental schools mandate a short substantive training experience in general internal medicine. In the conversation that follows, Dr. Baum elaborates on his thesis.

Global Health Nexus (GHN): Given existing demographic trends, plus the fact that it’s been more than 10 years since the Institute of Medicine (IOM) report declared that “Linkages between dentistry and medicine are insufficient to prepare students for a growing volume of patients with more medically complex problems and an increase in medically oriented strategies for prevention, diagnosis, and treatment,” why is there still no minimum requirement for dental students to train in general medicine?

Dr. Baum: There are three basic reasons. First, inertia; it’s easier to do nothing. Second, these are good times financially for dentistry, so dentists tend to be happy with the way things are. Third and most important, there is real angst over change. All professions, not just dentistry, tend to be conservative, to resist change. Society grants special privileges to professionals, who, in turn, want to preserve those privileges by preserving the status quo.

GHN: What does the lack of medical training say about the ability of recent dental graduates to care for increasing numbers of older dental patients with significant medical problems?

Dr. Baum: It says that they may be unable to care for such patients in
an ideal way unless there is some remediation. There are plenty of competent practitioners who can manage medically-compromised individuals. But as a generalization, it raises concerns. The issue of medical training for dental students is basically a matter of ensuring dentistry’s relevance. Today, more than eight decades after the publication of the Gies Report in 1926, very little has changed in the overall dental curriculum. I am convinced that dentistry’s ability to remain relevant depends on dentists being able to understand enough general medicine to provide quality dental care to medically-compromised people. It would be good for patients and good for dentistry.

**GHN:** The model of medical training that you propose for dental students is that of a third-year medical student. Why did you choose that model and, in practical terms, how would it fit into the dental curriculum?

**Dr. Baum:** I chose that model because I believe it would be the easiest to fit into the curriculum. Indeed, only minimal additional course work would be needed—a course in physical diagnosis and maybe one in the biology of the major medical diseases, including diabetes, hypertension, and cardiac disease. Thereafter, students would spend a three-month rotation in general internal medicine functioning as a third-year medical student. The additional course work would be taken before the third year and the rotations spaced out over the curriculum, beginning anytime after the end of the second year of study and continuing through the senior year. However, there are many ways that internal medicine training could be accomplished—what’s necessary is that dental schools do something to address this educational shortcoming and then undertake high quality pedagogical research to evaluate the results of their efforts. Right now, this is not happening.

**GHN:** As you know, in fall 2005, the NYU College of Dentistry entered into an alliance that created the NYU College of Nursing at the College of Dentistry. Although both nursing and dentistry at NYU continue to pursue independent academic agendas, the alliance has resulted in increased opportunities to improve health care.

One way in which this is occurring is through the establishment of a Nurse Practitioner Clinic housed at NYUCD to expand access to both general health care and dental care under one roof. Nurse Practitioner faculty and students work side-by-side with dental faculty and students to assess a patient’s medical status and suitability for dental treatment. This also allows dental students to develop a more comprehensive understanding of patients’ needs as they relate to oral health, and to work collaboratively with nurses to seize opportunities for early disease detection, intervention, and referral.

What are your thoughts on the value of this type of model as a means of enabling future dentists to care for greater numbers of ambulatory elderly patients who have significant medical conditions?
Dr. Baum: In general, I think it’s a very good idea. First, it has the potential to broaden the way the public understands dental care, because it signifies to someone walking into a school of dentistry that they have the opportunity to get more than their teeth treated. Also, it has great potential for expanding the scope of dental practice. If NYU trains dental students to work with nurse practitioners, NYU graduates with large practices might find it advantageous to have a fully based nurse practitioner. This would greatly expand the scope of the practice and greatly help the dentist to manage older and medically-compromised patients.

GHN: What are your thoughts on the new dual degree—DMD/MD—program recently introduced at Case Western Reserve University School of Dental Medicine?

Dr. Baum: I don’t really know very much about the program except that it exists. For some individuals, I would imagine that it would be very good, especially for oral surgeons and oral medicine practitioners. But it’s not for everybody. I don’t think it’s necessary for the overwhelming majority of dentists. I think you can practice high quality general dentistry having had focused and practical training in general medicine, absent the MD degree.

GHN: What exactly do you think will happen unless there is a major course correction by U.S. dental schools to provide training that enables most general dentists to offer care to patients with complex medical conditions?

Dr. Baum: I think that unless practical training in general internal medicine becomes a core competency for dental students, certain specialties of medicine will take over portions of oral health care. I can envision pediatrics taking over pediatric dentistry; ENT taking over oral surgery; and gastroenterology and dermatology taking over oral medicine. Moreover, because medicine, unlike dentistry, is very good at utilizing auxiliaries, I wouldn’t be surprised if physicians started training auxiliaries to become oral health assistants capable of performing simple operative dentistry procedures. For example, plastic surgeons could train and utilize people to perform a certain level of operative dental care. This could be similar to the successful New Zealand model of using dental nurses to provide routine dental care to the country’s children from 2 to 13 years of age, who would not otherwise have access to essential dental care. Although the dental nurse provides dental care with very little direct supervision, statistics over the past 50 years show that the program is meeting most of the dental needs of the children.

The bottom line is that I am a great believer in universal health care, and the key thing to keep in mind is that healthcare providers exist to serve the public—whatever is best for the public should guide the course of healthcare practice. If dentistry doesn’t change to meet the changing
needs of society, medicine could take over portions of oral health care.

GHN: You note that one reason that dental students are not provided with substantive general internal medicine training is because entrenched interests resist change. So until there is a critical mass of dentists trained in general internal medicine who can be groomed to become educators, what intermediate steps can dental schools take to overcome faculty resistance to this new direction?

Dr. Baum: I think that the most important thing dental schools can do is provide significant continuing education (CE) courses for both full- and part-time faculty in medicine, modern biology, and major medical concerns for ambulatory dental patients. This is something that would also benefit their own practices. Dentistry is losing ground day by day. We can’t afford to wait until a new generation of medically trained dentists emerges. In the interim, it is easier to address faculty CE needs. But I also think it is time for organized dentistry and the dental education community to take the long view—to take a hard look at where dentistry wants to be in 2030, and to design comprehensive curricula to achieve that goal. Let’s provide current dental students with the best tools to enable them to provide optimal care for middle-aged and elderly patients who are medically compromised.

GHN: How do you think this will play out?

Dr. Baum: It will take one or two schools to show that you can provide enough training to make dentists cognizant of medical problems so that they can best treat their patients. And to show that it can be done without incorporating a medical degree. Spending on dental care in the U.S. represents five percent of all healthcare dollars. It’s clear to me that the societal benefits of moving in this direction are worth the modest effort.

GHN: Have you received any feedback on your JADA commentary? If so, what has it been?

Dr. Baum: Yes, I have already received emails or letters from about 25 individuals concerning my JADA commentary. All but one of these were very positive and in agreement with the need to provide dental students with training in general internal medicine.
Dr. Paul Goldhaber, the former Dean at Harvard, is said to have remarked, “Dentists are the most over-educated people for what they do and the most under-educated people for what they might do.” In recent years, a number of dental schools have begun to address this imbalance, which is essentially a disconnect between the knowledge of basic science that dentists acquire in dental school and the clinical science that they practice. But how far have we actually come in our ability not only to produce clinicians, but also to educate dentists who demonstrate the added value that is the difference between a professional education and a technical education?

That question was on my mind in May 2003, during a faculty and staff retreat convened by the School of Dental Medicine at Case Western Reserve University to consider the skills, knowledge and values that will define the superior dentist in 2020. The retreat was intended as a first step in designing a new curriculum to provide Case students with the education required to become superior dentists of the future. As I listened to the discussions, I found myself wondering what that future might be. Would it be a refinement of the past, a continuation of the status quo, or could it be something bolder? And it occurred to me that perhaps before we rethink the curriculum, we should rethink the future of
dentistry. This essay is intended to share my thoughts on the subject, rather than to offer a prescription to others.

How well do we in dental education promote a culture of inquiry and continuing evaluation that consistently links basic biological and clinical sciences in order to produce not solely the next generation of practitioners, but also the next generation of educators and researchers? Are today’s practicing dentists critically evaluating their patients’ general health; frequently writing prescriptions; routinely updating their understanding of the new drugs their patients may be taking; and are they engaging in risk assessment and applying this information to patient care?

Dentists and all healthcare professionals must have a deep understanding of how the body works, how disease processes occur, and how interventions (both pharmacologic and surgical) work. But dentists tend not to think of themselves as treating disease, which puts dentistry at a disadvantage when it comes to public funding, because policymakers only fund those who treat disease. It is perhaps even more important that we dentists know how to monitor patients and help populations of patients to maintain their health. To do this, we must be able to find information, evaluate it, and apply it to patient care. How else can we continually evaluate new drugs and procedures and bring new understanding to issues related to health and disease? In this regard, are we doing enough to help our students understand newer technology, to learn to think critically, and to conceptualize, rather than to memorize. In short, are we doing enough to enable them to become lifelong learners?

Are we teaching students that an interdisciplinary approach is no longer optional? That whether we’re generalists or specialists, we are integral members of the larger medical and surgical healthcare team, professionals who share a similar background and vocabulary and bring interdisciplinary knowledge and skills to the challenge of improving the well being of individuals and populations?

I would hope that all dentists would recognize untreated COPD (chronic obstructive pulmonary disease) in a patient and would follow up to ensure that the condition is being addressed. Similarly, a prosthodontist might play a role in smoking cessation; a general dentist could assist his or her diabetic patients in relation to weight loss; and, on the flip side, physicians in rural areas could benefit their patients by applying fluoride varnishes. Perhaps it is time for a team consisting of a dentist, advanced technician, hygienist, and nurse practitioner or physician’s assistant all working together to provide a different array of care.
Ultimately, these thoughts helped to shape not one, but two curricula at Case. One curriculum focuses on restructuring the predoctoral program (our primary program) to ensure not only technical excellence — which remains the foundation on which all else is built — but also to foster a culture of inquiry. To this end, we are using a new pedagogy called the REAL curriculum, a set of core principles which promote communication skills, independent learning, leadership, the use of technology, lifelong learning, and careful evaluation of science and practice to nurture practitioners who are appropriately educated not only for what they do, but for what they might do. At Case we believe that what they might do is to evolve into a different kind of primary healthcare provider, one with a broader scope than currently exists.

The other curriculum supports a five-year, combined degree program (for between two and six students) that offers both a dental and a medical degree. The combined DMD/MD program shares all of the goals and methods of the REAL curriculum and, in addition, aims to create a new class of healthcare professionals who, by virtue of their dual training, transcend traditional categories, allowing them to think more expansively about the care they provide, especially in the areas of behavior modification and compliance with treatment for chronic conditions, two of the most important challenges in health care today.

REAL is an acronym for Relevant, Experiential, Active Learning. Because we at Case believe that dental education should be Relevant, we have deleted unnecessary information and replaced it with new information and emerging technologies. Dental education should also be Experiential, a focus derived from our extensive, health-promoting, first-year experience in which students travel to almost 100 elementary schools to provide care—including the placement of sealants—three months after entering dental school. Students tell us that their ability to learn concepts such as infection control, materials, child management, etc., is sharpened by the fact that they will so quickly be challenged to provide care. The REAL curriculum builds on this approach by including four similar experiences during the first two years so that students are continually challenged to prepare for something that is “just around the corner.”

The REAL curriculum also emphasizes small-group, Active Learning methods (problem-based, case-based, and team learning.) In addition, subject material has been reorganized according to themes that cut across traditional disciplines; namely, health and well being, maintenance of health disease processes and restoration of health. The curriculum also emphasizes comprehensive care in a multi-doctor office setting, the ability to apply management principles and vertical integration of clinical experiences over four years.

It is very difficult to paint a picture of the future, but I am convinced that these concepts point the way to dentistry’s potential and, indeed, obligation, to demonstrate increased professionalism and value to the public. A basic tenet of leadership is that you spend time doing the things that only you can do and delegate the rest to others. In this way of thinking, dentists learn to share
responsibility and to delegate so that they can involve themselves more with evaluation, diagnosis, treatment planning, office management, continuous learning, and communicating with patients and other healthcare providers.

Another core principle that emerged from our deliberations is the value and importance of students in different healthcare professional training programs working together to solve patient problems. This principle is reflected in Case’s new DMD/MD program, which will begin in fall 2008.

The DMD/MD curriculum is fully integrated between the dental school and the medical school so that the educational objectives of both programs are met and merged, rather than being presented as discrete entities, one followed by the other. The students in the DMD/MD program are required to achieve all the outcomes of the REAL curriculum, but they are also expected to develop an expanded ability to diagnose, treat, and prevent a much broader array of health problems. For many years, the Institute of Medicine (IOM) has called for health professional schools to stop educating students in ‘silos’ when patients expect them to work in collaborative teams in clinical practice. We feel that the DMD/MD program is a step in that direction. Importantly, it allows students to work together in the clinic, as well as the classroom. Equally important, it places Case in an excellent position to continue to research the many evolving links between oral health and general health. Another benefit is that students in the DMD/MD program are exposed to an additional group of professional role models. It is our hope that from this non-traditional education and experience will come a new kind of healthcare provider, one who synthesizes the best of both dentistry and medicine.

Both the REAL and the DMD/MD programs are part of a wave of change occurring in dental education. I believe it is important that many approaches be tried so that we can learn from and adopt the best practices. But it is also important to recognize that dental schools alone can’t determine the future of the profession. Students derive their values, knowledge and goals from what they see the American Dental Association (ADA) do, from their colleagues and associates, from the practicing community, and from what they see in magazines and movies, as much as from what they learn in the classroom and clinic. That’s why I say that rethinking the future of the profession is as important as rethinking the curriculum. That’s the journey we must all make, whether it be dental schools, the ADA, the licensing community or individual dentists.

On a personal note, I want to thank Dr. Richard Vogel and the staff of Global Health Nexus for the opportunity to share my views on the challenges and opportunities dental education faces in preparing students to become 21st century healthcare providers. I think that in making the decision to invite outside opinions, the NYU College of Dentistry has introduced a welcome innovation in dental school publications.
ORAL DIAGNOSTICS: THE DENTIST’S DOMAIN

As the role of the dentist continues to evolve, a unique opportunity exists for dental professionals to become leaders in the emerging field of oral-based diagnostics. The key to both prevention and therapy is diagnostics. Through early detection of drug abuse, infectious diseases, or environmental toxins, prevention becomes feasible and targeted, and therapy can be designed based on the identification of the lesion, the infectious agent, a metabolic disturbance, or demonstration of an abnormal growth. Diagnostic methods can also impact economics by preventing work interruptions and fostering a healthy lifestyle.

The realization that the oral cavity influences, and is influenced by, events occurring in the rest of the body has generated a great deal of interest in “oral-systemic links.” Much of this attention has focused on how the oral cavity affects a wide range of systemic conditions, such as the link between periodontal diseases and preterm birth, cardiovascular diseases, stroke, and diabetes. It is also well known that systemic diseases can have profound effects on the oral cavity, for example in the cases of untreated diabetes mellitus, HIV/AIDS, malnutrition, osteoporosis, pregnancy, drug-induced xerostomia and bulimia.

An equally important, but less appreciated, connection between the oral cavity and the rest of the body involves the ability to use saliva and other types of oral samples for the diagnosis of both local and systemic diseases. The mouth has served as a readily accessible window to the rest of the body dating back to the origin of medical practice, and investigators have utilized samples from the oral cavity to monitor a variety of systemic conditions. Oral-based diagnostics has evolved to include a range of approaches from merely visual inspection of the oral cavity to collecting a fluid or tissue sample and analyzing it using modern micro- or nano-based technologies.

The rationale for developing an oral diagnostic platform, as compared to existing blood-based tests, is simple. A non-invasive test is inherently more acceptable to the patient. Given a choice between providing either saliva or a blood sample, the majority of people will select the former. Salivary testing is also more

By Daniel Malamud, PhD
Professor of Basic Science and Craniofacial Biology and Director of the HIV/AIDS Research Program
NYU College of Dentistry
economical since it does not require a trained phlebotomist and it is clearly safer in terms of potential adverse events, such as the possibility of transmitting infectious agents or infection. In addition, for special populations including pediatric, geriatric, and field studies in geographically remote areas, blood draws can be complicated when compared to the collection of an oral sample.

We are all familiar with the practice whereby a physician, a dentist or a veterinarian looks into the mouth for telltale signs of infectious disease. Here the clinician may take note of color, presence or absence of lesions, or visible signs of inflammation. One of the first and most successful oral-based diagnostic devices designed to inform about systemic health was the oral thermometer. With this device, in less than one minute the body temperature can be measured and used to monitor fever or even predict ovulation. The development and acceptance of the oral thermometer, when compared to its predecessor the rectal thermometer, suggests that once it is demonstrated that an oral test has equivalent sensitivity and specificity to a blood test, the oral test will be preferred.

While one initially thinks of saliva as the vehicle for an oral diagnostic system, there are multiple types of samples that can be obtained from the oral cavity. Table 1 summarizes the types of oral samples that have been utilized for analysis of local and systemic conditions. Some of these require specific collection devices such as paper points for gingival crevicular fluid or different bio-probes to detect oral volatile substances while others employ saliva collected in various ways.

Table 1

<table>
<thead>
<tr>
<th>ORAL SAMPLES</th>
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<tbody>
<tr>
<td>• Whole Saliva (stimulated/unstimulated)</td>
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<tr>
<td>• Duct Saliva</td>
</tr>
<tr>
<td>• Gingival Crevicular Fluid</td>
</tr>
<tr>
<td>• Buccal Swabs</td>
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<tr>
<td>• Plaque</td>
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<td>• Volatiles</td>
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Table 2

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<tr>
<th>ANALYTES DETECTED IN ORAL SAMPLES</th>
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<tr>
<td>• Ions</td>
</tr>
<tr>
<td>• Drugs</td>
</tr>
<tr>
<td>• Pathogens</td>
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<tr>
<td>• Steroid Hormones</td>
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<tr>
<td>• Antibodies</td>
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<td>• DNA/RNA</td>
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AN IMPORTANT CONNECTION BETWEEN THE ORAL CAVITY AND THE REST OF THE BODY INVOLVES THE ABILITY TO USE SALIVA AND OTHER TYPES OF ORAL SAMPLES FOR THE DIAGNOSIS OF BOTH LOCAL AND SYSTEMIC DISEASES.

2 The Oral-Systemic Disease Connection, 2006. JADA Special Supplement 137: 1S-40S
Ductal saliva (collected directly from Wharton’s or Stensen’s ducts) has played a key role in determining the origins of salivary analytes, but in general this fluid is too difficult to collect for a commercial oral diagnostic device, where a simpler type of collection (e.g. oral swab or expectorate into a tube) is preferred.

Many therapeutic and recreational drugs can be monitored via salivary sampling and a partial list of the types of molecules detected in oral samples is shown in Table 2. Oral testing has potential for both home and workplace use and commercially available salivary tests are currently used to monitor steroid hormones and also systemic antibodies to bacterial and viral pathogens. In this latter category, the FDA approved tests for antibodies to HIV are increasingly being used in hospital settings, community health centers and anonymous testing sites in most major cities to screen for HIV+ individuals. The use of saliva or buccal swabs to collect DNA is an established technique that is used in forensics, and recently there have been several reports demonstrating the presence of messenger RNA in the “salivary transcriptome” for diagnosis of oral cancer.

Research funding from the NIH/NIDCR supports several groups developing point-of-care devices for detection of periodontal diseases, infectious diseases, oral cancer and cardiovascular biomarkers (http://www.nidcr.nih.gov/NewsAndReports/E-Newsletters/SalivaryDiagnosticsGroup.htm). In addition, a wide variety of diagnostic tests using saliva and other oral samples have already been developed (Table 3).

This list is certain to grow as results from the salivary proteome become available. The proteomic studies, also funded by NIDCR, are designed to identify all of the proteins produced by the parotid and submandibular salivary glands. The data from these studies will identify potential markers secreted by the major salivary glands that can be linked to specific diseases such as Sjogrens syndrome, diabetes mellitus, breast cancer, etc.

**Table 3**

<table>
<thead>
<tr>
<th>Widely Used Oral Tests</th>
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<tr>
<td>• Oral thermometer</td>
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<tr>
<td>• HIV antibody testing</td>
</tr>
<tr>
<td>• Blood alcohol levels</td>
</tr>
<tr>
<td>• Drugs of abuse</td>
</tr>
<tr>
<td>• Steroid hormones</td>
</tr>
<tr>
<td>• Strep throat swabs</td>
</tr>
<tr>
<td>• DNA from buccal swab</td>
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<tr>
<td>• Forensics</td>
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</table>

The time is now ideal for the dental community to come forward and claim the field of oral diagnostics as its domain.
There are many reasons why oral-based testing can be considered an appropriate replacement for blood tests, and interest in this field is increasing as biotechnology companies recognize that FDA approval for oral tests is possible and that the public is interested in non-invasive alternatives to tests that require blood. That said, I want to make two observations, which strike me as curious; (1) although oral samples are the basis of these new tests, relatively few have been developed for local oral diseases. Instead, most of the studies have focused on using oral samples to detect or monitor systemic conditions; and (2) notwithstanding the fact that these tests utilize oral samples, the dental community has not yet embraced the use of oral-based diagnostics.

I propose that dental professionals seize the opportunity to become involved, and indeed take the lead, in the emerging field of oral diagnostics. Oral-based diagnostics should be part of the dental professional’s regimen because dentists, dental hygienists and dental assistants are experts in the study of the oral cavity. Their knowledge of oral anatomy, physiology, biochemistry and pathology defines them as “clinicians of the mouth.” Patients expect the dental professional to know about oral-based diagnostics and generally find the collection of saliva, buccal cells, and gingival crevicular fluid or even oral volatiles an acceptable procedure. The time is now ideal for the dental community to come forward and claim the field of oral diagnostics as its domain.


THE EVOLUTION OF THE DENTIST AS A KEY PARTNER IN HEALTH CARE

FROM MOUTH TO HEART: THE ORAL-SYSTEMIC CONNECTION

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Editor’s Note:
On September 1, 2006, a Nursing Faculty Practice staffed by NYU Nurse Practitioners opened at the College of Dentistry (see story on page 84). The following article offers a glimpse at the activities taking place within this innovative new healthcare model.
Prior to initiating dental treatment for severe periodontal disease, a third-year NYU dental student referred his patient, Robert, a 62-year-old businessman, to the in-house NYU Nursing Faculty Practice for a medical consultation related to elevated blood pressure of 190/100. Because Robert’s periodontal disease was more severe than expected for his age, the dental student realized that Robert could have an undiagnosed systemic disease. Robert had no primary care provider and stated that he had not had any health care in over 20 years due to his self-disclosed “fear of doctors.” A comprehensive history, physical exam, and lab work were conducted by the NYU Nurse Practitioner (NP).

Nurse Practitioners are licensed, registered nurses who have completed either a master’s or doctoral degree and are board certified. They are qualified to assess, diagnose and treat common and acute health conditions. Nurse Practitioners are experts at managing chronic illnesses such as hypertension, diabetes and asthma. They order, perform and interpret diagnostic tests such as lab work, EKGs, and X-rays, as well as prescribe medications and adjust medication regimens.

On physical examination, Robert was obese (220 lbs, BMI 31), had elevated blood pressure (180/110), elevated fasting glucose (323) and evidence of dyslipidemia (LDL 198; HDL 32). The rest of his physical exam and EKG were normal. The NP prescribed antihypertensive medications and a statin to reduce his cholesterol, made a referral to cardiology for risk stratification and a stress test to detect asymptomatic atherosclerotic heart disease. His treatment plan included weekly counseling with the NP on therapeutic lifestyle behaviors with weight loss, exercise, smoking cessation and improved nutrition as priorities.

After three weeks, Robert’s blood pressure and blood sugar stabilized and he was referred back to his dental student for treatment of his periodontal disease, including extensive cleaning with root planing and scaling. Robert continued to make appointments to see his NP for management of his hypertension and related co-morbidities that included health promotion and disease prevention strategies such as prostate and colon cancer screening and immunizations.

Robert’s involvement in weekly lifestyle health education visits with the NP was key to the lifestyle modifications he made, all of which contributed to stabilizing and improving his blood pressure, blood sugar and cholesterol so that he could
begin treatment with his dental student for his periodontal disease.

At every visit, Robert commented on how grateful and satisfied he was with his NYUCD/NYUCN health team. As he put it, “What a great idea...getting your general health care and dental care under one roof. I like it enough to keep coming back!”

Every day at the NYU Nursing Faculty Practice, events occur that show the oral-systemic connection to be a two-way street. For example, Type 2 diabetes triples the risk of developing periodontal disease and consequently makes blood glucose control challenging, which was the case with Robert. This bi-directional relationship also has economic implications, because healthcare costs for people with severe periodontal disease are 21 percent higher than for people with good oral health.

Robert’s experience exemplifies the powerful links between oral health and general well-being that are documented in Healthy People 2010, the nation’s prescription for health improvement. The report lists a number of objectives aimed at reducing risk factors for both oral health problems, such as periodontal disease, and systemic health problems, such as diabetes, cardiovascular disease, autoimmune diseases, cancer and premature births. This concept is at the heart of the unique alliance between the NYU College of Dentistry and the College of Nursing, which aims to chart new interdisciplinary directions in education, research and patient care. As Dr. Terry
Fulmer, Dean of the College of Nursing, says, “Our goal is to create innovative, collaborative clinical practice models in which nurse practitioners and dentists partner to achieve high quality and cost-effective health outcomes.”

Since we know that approximately 60 percent of the American adult population visits a dentist each year, but not a general healthcare provider, we can conclude that the same percentage is reflected in the NYUCD patient population, which means that approximately 40 percent of our 60,000-member patient population lacks access to general health care. Working collaboratively, the NYU Colleges of Dentistry and Nursing therefore have an unprecedented opportunity to create an oral-systemic healthcare partnership that can address this need.

Our NP-managed NYUCN Nursing Faculty Practice works with dental students and faculty to identify this pool of dental patients, recruit them to our general healthcare practice through referrals, patient education programs, health promotion offerings, targeted health screenings, and community outreach. All of our Nurse Practitioners are prepared to provide a unique and full range of general healthcare services to NYUCD patients and to the residents of the surrounding community, especially the elderly.

Given that older adults have a high prevalence of chronic illnesses which puts them at risk for increased morbidity with resulting disability and decreased quality of life, and in light of NYUCN’s national leadership in geriatric nursing, the elderly are an especially important target population. Accordingly, a special component of our practice mission is to help older adults make decisions that meet their healthcare needs and help improve their quality of life in relation to both their oral and systemic health.

At the NYU Colleges of Dentistry and Nursing, we are convinced that our pioneering “one-stop shopping” approach to healthcare has the potential to become a 21st century national model that will demonstrate how both high quality general health care and dental care can be delivered in a synergistic way to improve health outcomes.
NYUCD is set to launch an innovative new smoking prevention program aimed at preteens 8 to 14 years of age. According to Dr. Andrew I. Spielman, Associate Dean for Academic Affairs, who developed the program, “Current smoking prevention programs aimed at this demographic tend to fail for several reasons. First, peer pressure to smoke is a major factor. Second, most smoking prevention programs are concerned with the long-term impact on the individual, a concept that is lost on youngsters who don’t think about what will happen to them later in life. Our approach is exactly the opposite. We aim to achieve a short-term, collective impact that will use reverse peer pressure to prevent preteens from smoking.”

The chief mechanism that Dr. Spielman believes will help to achieve these objectives is a three-by-four inch “scratch and sniff” card* that features nicotine-stained teeth and fingers and emits a disgusting odor when scratched with a thumbnail. The idea is that youngsters will instantly understand how rank they smell if they smoke, and will pressure their peers away from smoking by telling them, “You Stink!”

Along with the “scratch and sniff” card, Dr. Spielman has adapted a software technology that allows a youngster to see the aging effects of smoking on his or her face 20 to 30 years from now. The focus is on the youngsters’ physical appearance, rather than on what their lungs will look like in the future.

A pilot version of the program will begin in fall 2007 in NYU’s pediatric dental clinic. With parental consent, every child between the ages of 8 and 14 will be enrolled in the program at no charge. The children will be divided into four groups:

- Group one will use the “scratch and sniff” cards.
- Group two will be exposed to the aging software.
- Group three will use both the “scratch and sniff” cards and the aging software.
- Group four will be the control group. The youngsters in this group will be exposed to a conventional anti-smoking program using neither of the new anti-smoking strategies.

THE IDEA IS THAT YOUNGSTERS WILL INSTANTLY UNDERSTAND HOW RANK THEY SMELL IF THEY SMOKE, AND WILL PRESSURE THEIR PEERS AWAY FROM SMOKING BY TELLING THEM, “YOU STINK!”

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* Scratch and sniff card is a device that features nicotine-stained teeth and fingers and emits a disgusting odor when scratched with a thumbnail.
The children will be monitored at six-month intervals as part of the regular pediatric dentistry recall program. After the first year of operation, results will show which strategy works best and on which age group. Subsequently, a larger program will be introduced to local public schools.

“We will track the youngsters from the time they begin the program until they turn 17,” says Dr. Spielman. “Since most youngsters start to smoke by age 17, if results show that the majority of adolescents participating in the program have not started by that age or have quit right after they started, the program’s effectiveness will be proven. Once the data are established, we plan to disseminate the program to private dentists and to any institution that deals with children and has an anti-smoking program.”

According to Dr. Spielman, dentists, especially pediatric dentists and orthodontists, are in an exceptional position to implement this program. “Just think,” he says, “orthodontists are the only pediatric healthcare providers who see youngsters every four to six weeks. What a wonderful opportunity for reinforcement and follow up! And pediatric dentists see youngsters in all age groups and in a less threatening environment than pediatricians do—another reason why these dentists are in a privileged position to make the program work.

“As dentists we have both an opportunity and an obligation to provide primary health care. The oral cavity is the window to the health of the body. We look at oral cancer, or we should; we look at child abuse; why not look at smoking prevention? Sometimes dentists look in the mouth but don’t necessarily see all that there is to see. Taking up the cause of smoking prevention allows us to add an important new dimension to our professional capabilities as primary healthcare providers.”

*Editor’s Note: Cards are in production.*
Dr. Michael P. O’Connor Appointed Executive Associate Dean for Administration & Finance

Dr. Michael P. O’Connor, formerly Vice President and Senior Associate Dean for Organization & Development at Columbia University Medical Center (CUMC), has been appointed Executive Associate Dean for Administration & Finance. Dr. O’Connor succeeds Mr. Steven Donofrio, who was named NYU’s Vice President for Administration in December. Dr. O’Connor serves as NYUCD’s chief financial officer (CFO), as well as the officer in charge of comprehensive operational and organizational issues, real estate, facilities and construction management, human resources and government relations.

Prior to joining NYUCD, Dr. O’Connor also served as CUMC’s Vice President & Senior Associate Dean for Budget & Finance and CFO. CUMC comprises Columbia’s four health-related colleges—Physicians & Surgeons, the School of Dental & Oral Surgery, the Mailman School of Public Health and the College of Nursing.

Prior to that he served for 23 years as the Vice Dean for Finance & Administration at the Mailman School of Public Health, where he led the growth and development of the Columbia University Mailman School of Public Health operating budget from $3 million per year to $130 million over a period of 15 years.

Dr. O’Connor holds a doctoral degree in education from Columbia University and an MPA from the City University of New York.

“Michael was without question the best-qualified candidate to become Executive Associate Dean for Administration & Finance,” said Interim Dean Richard I. Vogel. “In addition to bringing valuable, closely related experience in a similar academic, research and patient-care environment, Michael also brings great energy, sophistication and an outstanding service ethic to his new position. By any measure, Michael is an excellent fit for the position.”
DR. GENE S. FISCH, formerly an Investigator and Senior Research Statistician at the North Shore/Long Island Jewish Research Institute, and a Senior Research Scientist in Epidemiology and Public Health at Yale University’s Division of Biostatistics and Child Study Center, has been appointed a Research Professor of Epidemiology & Health Promotion. Dr. Fisch holds an MA degree in economics from Queens College, an MS degree in mathematics education from Yeshiva University and a PhD in psychology from the City University of New York.

DR. ARLENE R. CURRY has been appointed a Clinical Associate Professor of Oral and Maxillofacial Pathology, Radiology and Medicine. Dr. Curry is also the physician in charge of NYUCD’s Health Screening Unit and an attending physician at Huntington Hospital. She holds an MD degree from the State University of New York at Buffalo School of Medicine and completed an internship and residency in internal medicine at St. Vincent’s Hospital and Medical Center.

DR. ROBERT G. NORMAN, a Research Assistant Professor of Pulmonary and Critical Care Medicine at NYU’s School of Medicine, and a former Adjunct Assistant Professor of Humanities and Social Sciences at NYU’s Steinhardt School of Education, has been appointed a Research Associate Professor of Epidemiology & Health Promotion. Dr. Norman holds an MS degree in statistics from NYU’s Stern School of Business, and a PhD in quantitative studies from the Steinhardt School.
MORE of the BEST

**DR. MANI ALIKHANI**, Advanced Education Program in Orthodontics, ’99, and a former Assistant Professor of Orthodontics at Boston University’s Goldman School of Dental Medicine, has been appointed an Assistant Professor of Orthodontics. Dr. Alikhani holds a DDS degree from Tehran University in Iran, a DMD degree from Tufts University School of Dental Medicine and a DSc degree in Oral Biology from the Goldman School. He also completed a research fellowship in biomedical engineering at Stony Brook University.

**DR. JOSEPHINE LOMANGINO-CHEUNG**, ‘88, has been appointed a Clinical Assistant Professor of Cariology and Comprehensive Care. Dr. Lomangino-Cheung, who also holds an MS degree in chemistry from Creighton University, was formerly a Research Scientist at the Eppley Cancer Institute of the University of Nebraska.

**DR. BRENDAN G. O’CONNOR**, formerly an attending oral and maxillofacial surgeon at Jacobi Medical Center and a Clinical Assistant Professor of Oral Surgery at Marquette University School of Dentistry, has been appointed a Clinical Assistant Professor of Oral and Maxillofacial Surgery. Dr. O’Connor holds a BDS degree and an MB BCh BAO (equivalent of an MD) degree from the Queen’s University in Belfast, Northern Ireland; a Certificate in Advanced General Dentistry from the Eastman Dental Center; and a Certificate in Oral and Maxillofacial Surgery from the University of Washington School of Dentistry.
Dr. Glenn K. Rochlen, ’86, has been appointed a Full-Time Clinical Assistant Professor of Cariology and Comprehensive Care. Dr. Rochlen, who completed a general practice residency at Peninsula Hospital Center, has been in private practice for 20 years, and writes a weekly dental advice column for the Culvert Chronicle, a newspaper in Queens, New York.

Dr. Sonal S. Shah has been appointed a Clinical Assistant Professor of Oral and Maxillofacial Pathology, Radiology and Medicine. Dr. Shah holds a DDS degree from the University of Texas Health Science Center at Houston Dental Branch, and completed a general practice residency at Wyckoff Heights Medical Center and a residency in oral and maxillofacial pathology at New York Hospital Queens.

Dr. Gary R. Ten Eyck, formerly an Assistant Professor of Biological Sciences at Idaho State University, has been appointed an Assistant Professor of Basic Science and Craniofacial Biology. Dr. Ten Eyck holds master’s degrees in biology and chemistry from Central Michigan University and a PhD in biology and neuroscience from the University of South Dakota.
Promoting our Own

MR. JACK WIGGIN, formerly Senior Director for Clinical Operations, has been promoted to Assistant Dean for Clinical Systems & Patient Care. In this newly created position, he is responsible for providing direction and leadership in the management of clinical operations; ensuring compliance with all protocols and standards; identifying areas of deficiency; and implementing changes in, and/or, new processes that improve the efficiency of delivery systems, quality of patient care and patient satisfaction.

MS. LAUREN SIEGEL, formerly a Development Associate, has been promoted to Associate Director of Campaign Operations. Ms. Siegel is responsible for managing and acknowledging all gifts and pledges contributed to the College’s numerous fundraising campaigns, and for administering stewardship programs for individual, corporate and foundation donors.

MR. ARNOLD SCHINDEL has been promoted to Manager of the Restorative Support Unit (formerly known as the Central Dental Laboratory) in recognition of his role in developing more efficient procedures for fabricating restorations.

MS. LAUREN E. MEYERS, formerly a Program Administrator, has been promoted to Assistant Director in the Office of the Associate Dean for International Programs and Development. Ms. Meyers develops new programs in collaboration with the Office of International Programs, the Faculty-Staff Development Center, the Continuing Dental Education Program and the Office of Development and Alumni Affairs. She also oversees international dental outreach.
MR. CHIRAG SADANA, formerly a Multimedia Technology Specialist, has been promoted to Informatics Manager. Mr. Sadana is responsible for managing the Office of Dental Informatics and for helping students and faculty better utilize technology.

MS. CHERYL VILLA-ABRILLE, formerly a Human Resources Generalist, has been promoted to Assistant Director of Faculty Services. Ms. Villa-Abrille’s new responsibilities include managing compensation budgets and facilitating faculty recruitment, appointments, promotion and tenure.

MS. DOLORES SPINELLI, formerly Director of International Programs, has been promoted to Senior Director of International Programs, in recognition of her success in managing the programs, increasing enrollments, and promoting NYUCD’s involvement with the international dental community.

MS. MARGARET THOMPSEN, formerly Associate Director of Faculty Services, has been promoted to Director of Faculty Services in recognition of her central role in overseeing all administrative aspects of appointments, promotions and tenure, compensation budgets, benefits and visas.

MS. ANNETTE CUTUGNO-DEMARCO, formerly a Facilities Manager, has been promoted to Assistant Director of Operations. Ms. Cutugno-DeMarco oversees a variety of essential services, including telecommunications, non-academic room scheduling, parking facilities, mail services, locker distribution and laundry services.
Why Should a Practicing Dentist Conduct In-Office Clinical Research?
A Conversation with Dr. Kenneth Goldberg,
Principal Investigator of the PEARL ONJ Study

Dr. Kenneth Goldberg, a private practitioner for more than 25 years in Cliffside Park, New Jersey, is the principal investigator on the PEARL* Network’s new study on osteonecrosis of the jaw (ONJ). He has also been the PI on studies sponsored by pharmaceutical and dental product companies, in such areas as dentin hypersensitivity, xerostomia, tooth whitening, chewable oral contraceptives, experimental dentifrices and nicotine mouth strips for smoking cessation.

Dr. Goldberg recently spoke with Global Health Nexus about his reasons for joining the PEARL Network and conducting clinical research in his private practice.

Global Health Nexus (GHN): Why did you choose to join PEARL, a network of practicing dentists involved in clinical research?

Dr. Goldberg: Like many solo practitioners, I’d like to have a network of peers I can count on for practical advice on patient care. The PEARL Network serves this purpose by bringing together practitioners with an

*PEARL (Practitioners Engaged in Applied Research and Learning) Network is the name of the NYU practice-based research network (PBRN), an NIDCR-supported grant to network dental offices in research projects in order to bring greater scientific rigor to “everyday” issues in the practice and delivery of oral health care.
interest in enhancing patient care. It creates a community that empowers its members to solve difficult questions relating to patient care through cutting-edge research in dental science and technique.

**GHN:** Why did you choose to lead a study on ONJ?

**Dr. Goldberg:** This study examines an issue that should be of concern to every practitioner; namely, do patients who use bisphosphonate drugs for osteoporosis and bone tumor treatment risk developing ONJ, and do certain oral surgery procedures, such as tooth extraction, pose an added risk of ONJ for these patients?

**GHN:** Why is this study particularly important now?

**Dr. Goldberg:** More evidence is urgently needed to clarify whether there is a link between the use of bisphosphonate drugs and ONJ because as the population ages, the percentage of dental patients taking bisphosphonate drugs—particularly women suffering from osteoporosis—is growing. And today, with oral and systemic health increasingly seen as being interconnected, it’s essential that every practitioner understand the relationship between dental treatment and his or her patient’s entire physiology. By evaluating whether certain oral surgical procedures, such as tooth extraction, pose an added risk of ONJ in bisphosphonate users, this study will help us to better anticipate and manage our patients’ needs.

**How to Participate in the ONJ Study**

If you have treated a patient with ONJ in the past five years, but have not yet registered for this study, please contact PEARL Senior Clinical Research Associate Eileen Capstraw at 212.998.9636 or emc7@nyu.edu

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**Osteonecrosis of the Jaw (ONJ)**

Over three million people in the U.S. are either intravenously or orally taking a group of drugs called bisphosphonates for metastatic bone cancer, osteoporosis, Paget’s disease, or acute hypercalcemia. These include Fosamax (alendronate), Boniva (ibandronate sodium), Actonal (risedronate sodium), as well as Aredia ( pamidronate disodium) and Zometa (zoledronic acid). Some of these drugs can reduce the survival and function of osteoclasts (i.e., bone resorbing cells). In addition, they can also reduce the formation of new blood vessels. Perhaps due to the above properties of these drugs, a disease called osteonecrosis of the jaw (ONJ) recently has been linked to bisphosphonates. ONJ is a clinical entity that is characterized by an area of exposed bone in the mandible, maxilla, or palate that heals poorly and unusually slowly. The PEARL Network, with the two other U.S. practice based research networks, is conducting a study aimed at understanding the role of oral diseases and dental treatment in the etiology of ONJ in patients who are taking bisphosphonates.
‘Ancestral Eve’ Was Mother of All Tooth Decay
Study Finds Humans and Their Oral Bacteria Evolved From a Common African Ancestor

A study by the NYU College of Dentistry has found the first oral bacterial evidence supporting the dispersal of modern Homo sapiens out of Africa to Asia.

The study, led by Dr. Page Caufield, a Professor of Cariology and Comprehensive Care at NYUCD, discovered that Streptococcus mutans, a bacterium associated with dental caries, has evolved along with its human hosts in a clear line that can be traced back to a single common ancestor who lived in Africa between 100,000 and 200,000 years ago.

S. mutans is transmitted from mothers to infants, and first appears in an infant’s mouth at about two years of age. Dr. Caufield’s findings were reported in an article in the February issue of the Journal of Bacteriology.

In his analysis of the bacterium, Dr. Caufield used DNA fingerprints and other biomarkers that scientists have also employed to trace human evolution back to a single common African ancestor, known as “ancestral Eve.”

“As humans migrated around the world and evolved into the different races and ethnicities we know today,” Dr. Caufield said, “this oral bacterium evolved with them in a simultaneous process called coevolution.”

“It is relatively easy to trace the evolution of S. mutans, since it reproduces through simple cell division,” says Dr. Caufield, who gathered over 600 samples of the bacterium on six continents over the past two decades. His final analysis focused on over 60 strains of S. mutans collected from Chinese and Japanese; Africans; African-Americans and Hispanics in the United States; Caucasians in the United States, Sweden, and Australia; and Amazon Indians in Brazil and Guyana.

“By tracing the DNA lineages of these strains,” Dr. Caufield said, “We have constructed an evolutionary family tree with its roots in Africa and its main branch extending to Asia. A second branch, extending from Asia back to Europe, traces the migration of a small group of Asians who founded at least one group of modern-day Caucasians.”

Additional branches, tracing the coevolution of humans and bacteria from Asia into North and South America, will be drawn in the next phase of Dr. Caufield’s analysis.

Dr. Caufield’s coauthors were Dr. Deepak Saxena, Adjunct Associate Professor of Basic Science and Craniofacial Biology; Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology, both at NYU College of Dentistry; and Dr. David Fitch, an Associate Professor in NYU’s Department of Biology.
The *Streptococcus mutans* family tree

This tree depicts the evolutionary history of *S. mutans*, which is closely linked to the migratory history of its human hosts out of Africa. The letters and numbers along the branches represent different strains of the bacterium.
Man’s Earliest Direct Ancestors Looked More Apelike Than Previously Believed

Modern man’s earliest known close ancestor was significantly more apelike than previously believed, a New York University College of Dentistry professor has found.

A computer-generated reconstruction by Dr. Timothy Bromage, a paleoanthropologist and Adjunct Professor of Biomaterials and of Basic Science and Craniofacial Biology, shows a 1.9 million-year-old skull belonging to *Homo rudolfensis*, the earliest member of the human genus, with a surprisingly small brain and distinctly protruding jaw—features commonly associated with more apelike members of the hominid family living as much as three million years ago.

Dr. Bromage’s findings call into question the extent to which *H. rudolfensis* differed from earlier, more apelike hominid species. Specifically, he is the first scientist to produce a reconstruction of the skull that questions renowned paleontologist and archeologist Richard Leakey’s depiction of modern man’s earliest direct ancestor as having a vertical facial profile and a relatively large brain—an interpretation widely accepted until now.

Dr. Bromage’s reconstruction also suggests that humans developed a larger brain and more vertical face with a less pronounced jaw and smaller teeth at least 300,000 years later than commonly believed—perhaps as recently as 1.6 million to one million years ago, when two later species, *H. ergaster* and *H. erectus*, lived. Dr. Bromage presented his findings at the 2007 annual scientific session of the International Association for Dental Research in New Orleans.

The fragmented skull Dr. Bromage reconstructed was originally discovered in Kenya in 1972 by Dr. Leakey, who reassembled it by hand and dated it near three million years of age, an estimate revised to 1.9 million years by scientists who later discovered problems with the dating.

“Dr. Leakey produced a biased reconstruction based on erroneous, preconceived expectations of early human appearance that violated principles of craniofacial development,” said Dr. Bromage, whose reconstruction, by contrast, shows a sharply protruding jaw and a brain less than half the size of a modern human’s. These characteristics make the 1.9 million-year-old early human skull more like those of two archaic, apelike hominids, *Australopithecus* and early *Paranthropus*, living at least three million and 2.5 million years ago, respectively.

Dr. Bromage developed his reconstruction according to biological principles holding that the eyes, ears and mouth must be in precise relationship to one another in all mammals.

“Because he did not employ such principles, Dr. Leakey produced a reconstruction that could not have existed in real life,” Dr. Bromage concluded.
NYUCD Moves Up to 5th Place in National Research Rankings

It's official. NYUCD now ranks in the top five U.S. dental schools to receive funding from the National Institute of Dental and Craniofacial Research (NIDCR), part of the NIH. NYUCD was sixth on the list last year and is now only $59,000 away from fourth place and $202,000 away from third place.

According to Dr. Louis Terracio, Associate Dean for Research, “The most telling thing is that, with the funding crunch at the NIH, everyone in the top five went down in terms of total dollars this year except North Carolina and NYUCD. Our improvement is due to the great research faculty recruiting we have done in recent years.”

Interim Dean Richard I. Vogel added, “NYUCD's entry into the top five federally funded dental schools is evidence of our continuing upward trajectory and it owes much to the intellectual and scientific vigor that our faculty bring to the research enterprise. Congratulations to Lou Terracio and all our wonderful research faculty.”

Top: Dr. Richard Leakey’s reconstruction shows an erroneous vertical facial profile on a 1.9 million-year-old early human skull. Bottom: Dr. Timothy Bromage's computer-simulated reconstruction shows the same skull with a distinctly protruding jaw. Dr. Bromage used the green and red lines to compare the location of the eyes, ears, and mouth, which must be in precise relationship to one another in all mammals.
A New York University College of Dentistry research team has found that immigrants’ ethnicity and country of origin predispose them to caries and periodontal disease.

The team leader, Dr. Gustavo D. Cruz, an Associate Professor of Epidemiology & Health Promotion and Oral Health Concentration Leader for the MS Program in Global Public Health at NYU, undertook the largest-ever study on the oral health of immigrants to the United States, analyzing caries and periodontal disease rates in over 1,500 Chinese, Haitian, Indian, West Indian, and Puerto Rican, Dominican, and Central and South American immigrants of Hispanic origin living in New York City.

Dr. Cruz, who presented his findings at the 2007 annual scientific meeting of the International Association for Dental Research (IADR), said the study revealed significant differences among the ethnic groups. Puerto Ricans, Haitians, and Indians, for example, were more likely to suffer from periodontal disease, while Hispanics were more likely to have dental caries.

“These differences,” Dr. Cruz said, “are deeply rooted in an immigrant’s country of origin, where early cultural influences can set the stage for oral health problems later in life.

“For example, some ethnic groups may be more prone to tooth decay partly because their traditional foods are high in refined carbohydrates, while other groups may be less susceptible to decay because refined carbohydrates are almost absent from their diet.

“Other factors include oral health practices and environmental influences, as in the case of developing countries that don’t have a fluoridated water supply to provide protection against tooth decay. Heredity can play a role as well. Some ethnic groups may be more susceptible to decay-causing oral bacteria.”

Dr. Cruz found that rates of tooth decay and periodontal disease can be linked to ethnicity and country of origin even among immigrants who have lived for many years.
in the United States and have increased income and education levels.

Ethnicity is also a significant factor among those whose oral health is already at risk because they smoke or suffer from systemic health conditions, such as diabetes, that are believed to contribute to oral infections.

“My future research will aim to identify which specific factors are behind individual ethnic differences,” said Dr. Cruz, “so that preventive measures can be developed, such as diagnostic tests that pinpoint the presence of harmful oral bacteria that may be more common in certain ethnic groups.”

Dr. Cruz’s research was funded by a grant from the National Institute of Dental and Craniofacial Research, part of the National Institutes of Health. His coinvestigators were Dr. Yu Chen, an Assistant Professor of Environmental Medicine at NYU School of Medicine; Dr. Christian R. Salazar, an Assistant Research Scientist in the Department of Epidemiology & Health Promotion at NYU College of Dentistry; and Dr. Racquel Z. LeGeros, Professor and Associate Chair of Biomaterials and Biomimetics and Linkow Professor of Implant Dentistry at NYU College of Dentistry.

A Visit from the Executive Director of AADR/IADR

Dr. Christopher Fox (far right), Executive Director of the American Association for Dental Research (AADR)/International Association for Dental Research (IADR), visited NYUCD in February and was given a tour of the Bluestone Center for Clinical Research. From left are: Dr. Louis Terracio, Associate Dean for Research; Dr. Patricia Corby, Assistant Director of the Bluestone Center; Dr. Jonathan Ship, Director of the Bluestone Center; and Dr. Dianne Rekow, Chair of the Department of Basic Science and Craniofacial Biology and immediate Past President of the AADR.
Research Day 2007: University of North Carolina Distinguished Professor Steven Offenbacher Shares Spotlight with Student Researchers

Eighteen students from the NYU College of Dentistry (NYUCD) and the College of Nursing (NYUCN) were awarded prizes in April at Research Day 2007. The prize-winning students presented posters selected from more than 100 entries, the largest ever in the history of Research Day. The students shared the spotlight with Dr. Steven Offenbacher, Distinguished Professor and Director of the Center for Oral and Systemic Diseases at the University of North Carolina School of Dentistry, who spoke on “Periodontal Disease and Maternal-Infant Health.” Associate Dean for Research Dr. Louis Terracio presided at the ceremony and presented the fifth annual NYUCD Distinguished Scientist Award to Dr. Offenbacher.

The winning entries are listed below.

Outstanding Research Poster in the DDS Honors Program
Dr. Richard Grufi, DDS ’07
Autofluorescence of Oral Lesions
Advisor: Dr. A. Ross Kerr

Outstanding Case Presentation by a DDS Student
Dr. Jasmin Kasamali, DDS ’07
Leukoplakia
Advisors: Dr. Ricardo Boyce, Dr. Jan Levy, Dr. Maureen McAndrew

Student Research Group Award for Excellence in Research
Mr. Hee Song Seo, DDS ’09
3D Evaluation of Comparative Osteocyte Lacunar Density
Advisor: Dr. Timothy G. Bromage

Omicron Kappa Upsilon, Omega Chapter Award
Ms. Magdalena Sowka, DDS ’09
Fatigue Test Analysis of All-Ceramic Three-Unit Fixed Partial Dentures
Advisors: Dr. Christian Stappert, Dr. Van P. Thompson

ADA/Dentsply Student Research Award
Mr. Michael Weiner, DDS ’09
PDL Stem Cells With EMD for Mineralized Tissue Regeneration
Advisors: Dr. John Ricci, Dr. Ronald Craig

Dean’s Research Award
Dr. David Treff, DDS ’08
Quality of Saliva-Derived mRNA
Advisor: Dr. Robert Glickman

Postgraduate Research in Implant Dentistry*
Dr. Woong-Bee Kim, PG ’07
Guided Bone Regeneration, Block Bone Grafts and Distraction Osteogenesis: A Comparison of Implant Survival and Success
Advisor: Dr. Stuart Froum

Dr. Dae Won Haam, PG ’07
Factors Affecting the Accuracy of Computerized Axial Tomography (CAT) Scan Images
Advisor: Dr. Stuart Froum

Postgraduate Research in Periodontics
Dr. Oran Pachtar, PG ’07
Comparison of the Mesh Diagram and Traditional Surgical Prediction in Planning Maxillary Repositioning Lefort I Orthognathic Surgery
Advisor: Dr. Claudia Cruz

Postgraduate Research in Pediatric Dentistry
Dr. Youngjoo Kim, PG ’07
Tunes that Promote Healthy Brushing
Advisor: Dr. Linda Rosenberg

Postgraduate Research in Periodontics
Dr. Helena Francisco, Advanced Program for International Dentists ’08
Periodontal Therapy, Systemic Antibody and Glycemic Response in Type 2 Diabetes Mellitus
Advisor: Dr. Ronald Craig

Postgraduate Research in Prosthodontics
Dr. Luis Grisolia, Advanced Program for International Dentists ’07
Esthetic Zone Use of Less Rigid Resin Bonded Fixed Partial Dentures
Advisor: Dr. Kenneth Kurtz

Master of Science Research Award
Dr. Dindo Q. Mijares, MS in Biomaterials Science ’08
Alveolar Bone Loss Prevention: Effects of Mg/Zn/F-CaPs
Advisor: Dr. Racquel Z. Legeros

Dean’s Research Award for Postgraduate Research
Dr. Dindo Q. Mijares, MS in Biomaterials Science ’08
Alveolar Bone Loss Prevention: Effects of Mg/Zn/F-CaPs
Advisor: Dr. Racquel Z. Legeros

*Tied
Postdoctoral Research Award
Dr. Zhou Chen, Department of Basic Science and Craniofacial Biology
The Identification of the Similarity of Cariogenic Bacterial Profiles Between Mother-Child Pairs
Advisor: Dr. Yihong Li

Nursing Research Award
Dr. Marie Boltz, PhD '07
Hospital Nurses’ Perceptions of the Geriatric Care Environment
Advisor: Dr. Liz Capezuti

Department of Oral and Maxillofacial Pathology, Radiology and Medicine
Student Research Award*
Given by the Diagnostic Pathology Laboratory
Dr. Priya Tonseker, DDS '07
Training Novices to Perform Oral Cancer Screening in an Indian Population
Advisor: Dr. A. Ross Kerr

Mr. Rudolph Saint Jean, MS Program in Global Public Health
Relationship of Early Childhood Malnutrition and Salivary Gland Hypofunction
Advisor: Dr. Walter Psoter
A Major Presence for NYUCD at IADR Meeting

NYUCD faculty and students presented 44 scientific abstracts at the March 2007, annual meeting of the International Association for Dental Research in New Orleans, giving the College a major presence there. Among those attending the scientific session were, from left: Dr. Mark Wolff, Professor and Chairman of the Department of Cariology and Comprehensive Care; Dr. Page Caufield, Professor of Cariology and Comprehensive Care; and Dr. Louis Terracio, Associate Dean for Research.
International Partners in Health

Travels with Dr. Tarnow: Implant Leader Warmly Welcomed in Saudi Arabia and South Korea

Dr. Dennis P. Tarnow, Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry, received a warm welcome in Riyadh, Saudi Arabia, in April at the New Dental Era First National Guard Dental Symposium, where he presented a lecture entitled “The Interdisciplinary Approach to Advanced Esthetics with Implants.” Dr. Tarnow was hosted by a group of Saudi alumni of the Advanced Program in Implant Dentistry.

Then it was on to South Korea, where Dr. Tarnow spoke on “When to Extract or Save A Tooth in the Esthetic Zone” at a meeting of the international Federation of Esthetic Dentistry, which drew over 2,500 attendees from around the world. Dr. Tarnow was joined in Korea by Dr. Sang-choon Cho, Clinical Associate Professor of Periodontology and Implant Dentistry, who presented a lecture entitled “Treatment of Alveolar Ridge Deformities in the Esthetic Zone Utilizing Block and Soft Tissue Grafts—A Technique to Increase Predictability.” NYUCD was also represented at the meeting by three graduates of the Advanced Program in Implant Dentistry, Dr. Constantinos Kountouras, Dr. Sung-Il Eom and Dr. Yoonje Jang.

A highlight of the visit was a private dinner in honor of Dr. Tarnow and Dr. Cho hosted by 45 Korean dentists who had graduated from the Advanced Program in Implant Dentistry. As a symbol of the high esteem in which they hold their former teacher and mentor, the group pledged more than $250,000 to the campaign to create the Tarnow Wing for Periodontology and Implant Dentistry at NYUCD. (See related story on page 69).
Nurses and Endodontists Join Second Nicaragua Outreach

With its high rates of unemployment, illiteracy and poverty, Nicaragua is one of the poorest countries in Central America. Last year, at the urging of Aura Caldera, Class of 2008—whose family is from Nicaragua—NYUCD conducted its first Nicaraguan outreach to provide screenings and treatment for children and adults in the rural village of Chiquilistagua. Because of the extraordinary need for dental care that they found, members of that outreach—together with new team members from the Advanced Education Program in Endodontics and the College of Nursing—returned in March to Chiquilistagua, home to more than 11,000 inhabitants, but no local dentist.

In addition to DDS students, an international program student, pediatric and oral surgery residents, and general dentistry and pediatric dentistry faculty and staff, the team included six postgraduate endodontic residents; two nursing students, one endodontic faculty member; and one nursing faculty member—35 people in all.
The team set up a temporary clinic at the Centro Escolar de Chiquilistagua, a small school in Chiquilistagua, where a total of 751 patients were seen and 1,828 treatments were provided over a one-week period. Services included 25 prophies, 152 fluoride varnishes, 557 sealants, 351 restorations, 364 extractions, 57 post and/or core build-ups and 266 X-rays. In addition, almost 100 teeth were endodontically treated and saved; local school children and their teachers attended hygiene awareness presentations; and a fluoride and sealant program was initiated.

“We are trying to expand from a traditional outreach focus on oral disease prevention and health promotion to encompass both more complex dental care and general health and well-being,” said Dr. Stuart M. Hirsch, Associate Dean for International Affairs and Development. “The addition of both nurses and endodontists allowed us to do this and greatly enhanced the program’s impact. The nurses improved upon the triage area by examining each patient, providing treatments for specific healthcare needs, expanding health education and processing patients through the clinic.”

Another team member, Dr. Paul Rosenberg, Professor and Chair of the Ignatius N. and Sally Quartararo Department of Endodontics, called it “an extraordinary opportunity for our residents to become sensitized to the needs of the underserved in other, far less affluent, countries. The visit was a profound, moving experience for all of us. Hours of hard work in difficult conditions, but highly productive and satisfying for the heart and soul.”
First India Outreach Celebrates New Year’s Eve by Setting Up a Temporary Clinic

Arriving in Mumbai, India, on December 30, 2006, on route to the rural village of Gadhshisha, an NYUCD team began its first-ever outreach to the sub-Asian continent.

The program, coordinated by Dr. Girish Shah, Clinical Associate Professor of Oral and Maxillofacial Pathology, Radiology, & Medicine and Ms. Lauren Meyers, Assistant Director in the Office of International Programs and Development, consisted of 15 DDS students and six faculty and staff members. Because of a dearth of clinical resources in Gadhshisha, the team traveled with a massive amount of dental supplies, instruments, and equipment, the weight of which required that special arrangements be made with Air India, which graciously waived the overweight luggage charge in recognition of the trip as a humanitarian mission.

The next day, December 31, the team left for Bhuj—the site of a free hospital and rehabilitation center established 30 years ago by a charitable trust, the Shree Bidada Sarvodya Trust—to provide medical care for the people of surrounding villages, including Gadhshisha, a village of 60,000 people with no local dentist. In Bhuj, they were welcomed by Mr. Devchand Furia, a representative of the Shree Bidada Sarvodya Trust, their host for the visit.

The team then traveled for an hour through the desert to reach Gadhshisha, where they rang in the New Year by setting up a temporary clinic at a local school. The next morning, New Year’s Day, they were welcomed in a formal ceremony by religious and spiritual leaders, trustees of Bidada Sarvodaya Trust, community leaders, businessmen
and villagers. To mark the occasion, candles were lit and cultural programs and traditional dances were performed.

During the five-day outreach, the NYUCD team screened 1,027 patients and performed 625 restorations, 324 extractions, 683 sealants, 168 prophies, 36 scaling and root planing procedures and 86 X-rays. Many patients had never seen a dentist, while others had a history of irregular visits, mainly to treat tooth decay that had already reached an advanced stage. Some patients presented with mild to severe fluorosis stains on their teeth. Team members also made presentations on oral health to school children and their teachers.

On the last day, the Shree Bidada Sarvodaya Trust and the villagers held an appreciation ceremony featuring the presentation of certificates of excellence to every member of the outreach team.
Enhancing Primary Care Outreach to the Dominican Republic

Last fall marked the eleventh year of NYUCD’s outreach to the Dominican Republic. Since its inception, the program has provided nearly 30,000 treatments to people living in rural areas of the Dominican Republic with little or no access to health care.

The 2006 outreach had an expanded primary care mission, thanks to enhanced program resources. For example, the addition of two pediatric dentistry residents and of Dr. Amy Truesdale, Assistant Professor of Pediatric Dentistry, enabled the team to manage and treat very young children, which had not been possible before. In addition, the outreach team benefited from the skills of a Family Nurse Practitioner, Ms. Sherry Herdman, from Jones Memorial Hospital in Wellsville, New York, and her assistant. They were stationed in the triage area and reviewed patients’ medical histories, recorded their blood pressure, provided wound treatments related to diabetes, treated rashes and ring-worm infections, and provided support for patients who fainted because of dehydration and/or lack of food.

From November 11 through November 19, 2006, the team visited Veragua, a very underserved community initially visited in 1999, and surrounding villages in the Province of Espaillat. The team consisted of 13 DDS students (two third-year students and 11 fourth-year students); two International Program students, two pediatric dentistry residents, and six faculty and staff members, who provided a total of 3,279 treatments, including 575 full exams, 407 sealants, 43 fluoride varnishes, 1,056 restorations, 393 extractions, 45 minor surgeries, 579 X-rays and 181 prophylactic treatments. According to the program’s founder, Dr. Lidia Kiremidjian-Schumacher, Professor Emerita of Basic Science and Craniofacial Biology, “these results make our annual outreach a tremendously satisfying humanitarian experience.”

Patient care was also enhanced by the addition of a portable dental X-ray unit, which generated images that were displayed on a computer, improving diagnostic accuracy and enhancing the learning experience for students.
The portable X-ray unit was administered by Dr. Roy Sonkin, Clinical Assistant Professor of Cariology and Comprehensive Care, who also set up a Web site that allowed the outreach team to share daily activities with the entire NYUCD community. Special thanks also go to Dr. Girish Shah, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, who coordinated all clinical activities. As in the past, the trip was generously cosponsored by NYUCD, the Dominican Air Force and Cabarete Palm Beach Condos.

“Nothing can possibly prepare you for the experience of sudden immersion in a culture so different from your own,” said Dr. Christine Calamia, Class of 2007. “We take so many things for granted that are considered impossible luxuries in the Dominican Republic. As a result, there are a lot of heartbreaking moments, but the importance of the work we do and the gratitude of our patients make it all worthwhile.”
Jamaica Outreach 2007

NYUCD’s annual outreach to Jamaica, West Indies, in January provided care in the form of screenings, scalings, restorations, emergency treatments, and health promotion education to underserved school children and adults at a different island site each day. The team consisted of 13 DDS students, two hygiene students, a Department of Pediatric Dentistry faculty member, two pediatric dentistry residents, an oral and maxillofacial surgeon, three faculty members from the Department of Cariology and Comprehensive Care and one staff member.
Taiwanese Alumni Reunite

Dr. Grace Yi-Ying Su (standing, second from right), a Clinical Assistant Professor of Cariology and Comprehensive Care, organized a reunion in Taipei last October for the NYUCD Alumni Association of Taiwan. The reunion was held in conjunction with the 24th International Congress of Oral Implantology, which featured presentations by Dr. Dennis Tarnow (front, center), Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry, and six Taiwanese alumni of the Advanced Program in Implant Dentistry.
NYUCD Team Brings Free Dental Care to St. Thomas/St. Croix Youngsters

An eight-member team of NYUCD pediatric residents and faculty traveled recently to St. Thomas and St. Croix in the Virgin Islands to provide free dental screenings and treatment services to children enrolled in the V.I. Department of Human Services’ Head Start and Lutheran Social Services’ Early Head Start Programs. Head Start mandates that all children entering the program receive an oral health exam within 90 days of enrollment.

The Head Start Programs and the V.I. Department of Health have an agreement with NYUCD to conduct free examinations every six months for up to 500 children enrolled in the program. In addition to exams, NYUCD provides teeth cleaning, fluoride treatment, oral health education and triage. Head Start and DOH are providing transportation, housing and facilities.

Under the leadership of Dr. Amr Moursi, Professor and Chair of the Department of Pediatric Dentistry, and Dr. Neal Herman, Clinical Professor of Pediatric Dentistry, the four-resident, four-faculty member team conducted more than 300 screenings on St. Croix and more than 100 screenings on St. Thomas over a one-week period.

Dr. Herman, who also serves as the U.S. Department of Health and Human Services Administrator for Children and Families, Region II, said that the difference in screening numbers is explained by the fact that children on St. Thomas have had access to pediatric dental care and have received ongoing treatment, while St. Croix has no pediatric dentist.

“Each visit is better than the last,” said Dr. Herman. “Over time, because the children are getting the care they need, things should improve dramatically. Youngsters with serious dental problems should be fewer and fewer.”

The program is supported by a grant from the American Dental Association Foundation’s (ADAF) Samuel Harris Fund.
NYUCD’s Predoctoral Implant Curriculum is Focus of International Conference Sponsored by Nobel Biocare

How many hours should a dental school devote to predoctoral implant instruction and how many professors should be assigned to it? Those were among the issues addressed at a two-day conference in January sponsored by Nobel Biocare™ at its training institute in New Jersey for representatives from NYUCD and 16 other dental schools in the United States, Canada, China, Germany and Australia.

The conference was organized by Dr. Leila Jahangiri, Assistant Professor and Chair of the Dr. Louis Blatterfein Department of Prosthodontics, who oversaw the integration of implant training into NYUCD’s predoctoral curriculum in 2005, thanks to major funding from Nobel Biocare™. At that time, the company made a $5 million gift to NYUCD, half of it earmarked for implant education and half for research and other institutional priorities. Nobel Biocare™ recently provided grants to the 16 additional schools to help them also to incorporate implant training into their predoctoral curricula.

Dr. Jahangiri met with representatives of all the schools to review their curriculum development plans and hosted several of them for a half day at NYUCD to allow them to observe predoctoral implant training first hand.

In addition to NYUCD, the participating schools were:

- Peking University School of Stomatology
- Shanghai Jiao Tong University College of Stomatology
- Sun Yat sen University Guanghua School of Stomatology
- The 4th Military Medical University School of Stomatology
- Tufts University
- UCLA
- University of British Columbia
- University of Freiburg
- University of Hong Kong
- University of Maryland
- University of Sydney
- University of Toronto
- Wuhan University School of Stomatology
- Case Western Reserve University School of Dental Medicine
- Louisiana State University
- Medical College of Georgia
Focus on International Faculty

DR. LOUIS LIN: AN ENDODONTIST RETURNS TO HIS ROOTS

In the mid-1960’s, when Dr. Louis Lin began to practice dentistry, endodontics was not yet a recognized specialty in his native Taiwan. Pulp disease was treated by general dentists who lacked access to advanced education programs in endodontics.

So in 1966, when Dr. Lin decided to pursue a career in endodontics, he left Taiwan for the United States to earn a U.S. dental degree, an advanced education certificate in endodontics and a PhD in pathology. Then he opened a private endodontics practice in New Jersey and joined the endodontics faculty at the University of Medicine and Dentistry of New Jersey Dental School.

Over the next 35 years, Dr. Lin became an expert in pulp and periapical biology, pathology and treatment. In 2000 he was appointed Professor and Chair of Endodontics at the University of California at Los Angeles, and in 2003 he became Professor of Endodontics at NYU and Director of the Advanced Education Program in Endodontics.

“Dr. Lin is an internationally recognized scholar and clinician whose commitment to patient care, students and research has elevated the postgraduate program to national prominence,” says Dr. Paul A. Rosenberg, Professor and Chair of the Dr. Ignatius N. and Sally Quartararo Department of Endodontics. “He is also an outstanding mentor who has forged enduring relationships with the program’s graduates.”

Yet Dr. Lin never forgot his roots. He travels frequently to Taiwan to encourage dentists there to specialize in endodontics, and to lecture about the causes of endodontic disease and the newest treatment strategies available to combat it. Thanks in part to his efforts, endodontics has been recognized as a certified specialty in Taiwan since 1995. Today, a half-dozen Taiwanese dental schools offer postdoctoral endodontic specialty training programs.

More recently, Dr. Lin traveled to the People’s Republic of China, where the number of practicing endodontists is still relatively small. In November, he lectured on periapical disease treatment at the 10th annual China International Dental Symposium in Shanghai. “By sharing our knowledge,” says Dr. Lin, “American educators like me ultimately hope to make endodontic care more available in the People’s Republic.”
The sounds of multiple languages drift through a dental facility filled with Eastern European, African and South American immigrants.

It’s easy to imagine this scene at NYUCD, with its large, multiethnic patient population. But this particular dental clinic is in Israel, where approximately one quarter of the population is foreign-born, making it too, a melting pot of religions and cultures.

“Israel’s diversity makes it a natural partner for research on caries risk factors related to culture, ethnicity, and country of origin,” says Dr. Benjamin Godder, a Clinical Associate Professor of Cariology and Comprehensive Care, who grew up in Israel, graduated from the Hebrew University Hadassah School of Dental Medicine in Jerusalem, trained further at NYUCD and joined the faculty in 1987.

NYUCD and Hadassah have both recently begun programs that assess their clinic patients’ risk of caries according to a number of variables. NYUCD, for example, gathers information about the level of refined carbohydrates in a patient’s diet. Dr. Godder and Dr. Jonathan Mann, Professor and Chairman of Hadassah’s Department of Community Dentistry, are preparing a protocol for a study that will analyze patient data for clues on whether caries risk varies significantly according to ethnicity or country of origin.

Dr. Godder’s interest in ethnicity and oral health dates back to a student research project he conducted at Hadassah that compared tooth and arch dimensions in Israeli Jewish and non-Jewish children and determined that the mesiodistal lengths of some permanent teeth differed substantially between the groups.

“Of course, determining if a person’s risk of developing caries is influenced by their country of origin is a far more complex task than comparing tooth and arch dimensions among ethnic groups,” Dr. Godder remarked.

“But through our collaborative research and information exchange, I believe that NYUCD and Hadassah can meet the challenge.”
Not long after graduating from Punjab University School of Dentistry in India in 1963, Dr. Rajinder K. Jain considered moving to the U.S. to establish a private practice. But an opportunity arose to conduct research on oral cancer risks Indians face as a result of the widespread practice of chewing tobacco, so Dr. Jain put off his plans to leave. “I believed that I could save lives by staying in India and raising oral cancer awareness through my research,” says Dr. Jain, now an Associate Professor of Oral and Maxillofacial Pathology, Radiology and Medicine. His decision led to the publication of a pioneering study, which established a link between tobacco chewing and the development of precancerous lesions, helping to begin a much-needed discussion about oral cancer prevention. At that time, Dr. Jain conducted research and developed his teaching skills as a faculty member at the Indore College of Dentistry.

Dr. Jain did eventually come to the U.S. in 1971 for additional training at NYUCD. He joined the faculty two years later. Today, Dr. Jain spends four days a week teaching radiology at NYUCD and one day practicing privately in Brooklyn.

“After 34 years, Dr. Jain still takes on every new teaching challenge with passion,” says Dr. Joan Phelan, Professor and Chairman of the Department of Oral and Maxillofacial Pathology, Radiology and Medicine. “Last January, for example, when we reduced the new patient admissions and screening protocol from two appointments to one, Dr. Jain took the lead in showing students how to continue to maintain the highest radiology standards under the new system.”

“Indian students especially rely on him for advice on communicating effectively with American patients and preparing for multiple choice tests, which are less common in India,” says Dr. Fiza Singh, a 2007 graduate of the Advanced Placement DDS Program, who is originally from Bangalore. And because Dr. Jain has strong ties to the local Indian community, new arrivals find him to be a good source for referrals on everything from childcare to housing.

Asked why he has made such a long-term commitment to teaching at NYUCD, Dr. Jain offers a simple explanation. “When you work with young people,” he says, “you stay young.”
When Dr. Ziad Jalbout, a Clinical Assistant Professor of Periodontology and Implant Dentistry, discovered that some of his students in the Advanced Programs for International Dentists were unfamiliar with the minimally invasive restoration preparation methods that are standard procedure in NYUCD’s clinics, he realized that a revision to the curriculum was in order.

Dr. Jalbout, a native of Lebanon and a graduate of the DDS program, the International Program in Implant Dentistry, and the Implant Dentistry Fellowship Program, says, “I felt that our international general and aesthetic dentistry program students needed to be brought up-to-date on basic preparation techniques if they were to successfully learn advanced concepts, such as smile analysis and implant overdenture fabrication. So I created *Lab Procedures in Operative Dentistry*, the first required course in standard restorative techniques for students in the Advanced Programs for International Dentists.

“Since introducing the course in September 2005,” he says, “our students have become more skilled in composite and endodontic restorations, as well as in veneers, inlays and onlays.” According to Ms. Dolores Spinelli, Senior Director for the Advanced Programs for International Dentists, “Helping students to master the fundamentals has made Dr. Jalbout a role model for students from around the world and earned him the title Director of Preclinical Training for the Advanced Programs for International Dentists.”

Many students continue to stay in touch with Dr. Jalbout after they graduate through membership in the International Implant Dentistry Alumni Association, which Dr. Jalbout cofounded five years ago. “One of my main goals when I become the Alumni Association’s President next year,” Dr. Jalbout says, “will be to make our annual meeting more of an international showcase, with a greater number of presentations on innovative research and treatment by professors from schools overseas.

“As we move forward,” he adds, “we’ll continue to emphasize the new and the novel—without ever forgetting the basics.”
“We have a lot to celebrate,” said Interim Dean Richard I. Vogel at the elegant evening he hosted at The Carlyle Hotel in Manhattan last fall in honor of Dr. George Witkin, Class of 1942, and his wife Ann. The event marked the official naming of the George and Ann Witkin Graduate Center for Clinical Excellence. The Witkins’ $5 million gift to fund the Center is the largest-ever alumni gift to NYUCD.

The Witkin Center reflects the belief that interaction and collaboration among the specialties is essential to the provision both of the finest specialty training and the finest patient care. To that end, the Witkin Center will bring together prosthodontists, periodontists, implant dentists and oral surgeons, all of whom will collaborate in the treatment of patients and the teaching of students. Groundbreaking for the first phase of the Witkin Center will begin this summer with one floor dedicated to periodontology and implant dentistry connected by an internal glass elevator to the floor above, which will focus on prosthodontic care.

Dr. Stuart M. Hirsch, Associate Dean for International Affairs and Development, worked with the Witkins to help shape their gift to fulfill their wishes. Dr. Hirsch paid personal tribute to Dr. Witkin, who was associated with

From left: Dr. Hirsch, Mrs. Witkin, Interim Dean Vogel, Dr. Witkin and Mrs. Hirsch
“Our appreciation for what George and Ann Witkin have done is boundless,” said Dean Vogel. “They believe that NYUCD can set the standard for specialty training and care, and we will not disappoint them.”
NYUCD Receives NIH Funding to Study Development of Caries in HIV-Positive Women

The National Institute of Dental and Craniofacial Research (NIDCR), part of the National Institutes of Health (NIH), has awarded NYUCD a two-year, $230,000 grant to assess whether HIV-positive women have a higher risk of developing caries than HIV-negative women.

The study is being conducted by Dr. Stefanie Russell, an Assistant Professor of Epidemiology & Health Promotion, using results gathered from the Women’s Interagency HIV Study (WIHS), the most comprehensive effort ever undertaken to collect data on the systemic health and oral health of HIV-infected women. Dr. Russell’s study compares caries development in 892 seropositive women and 125 seronegative women who participated in WIHS at U.S. colleges and research centers, including NYUCD, from 1995 through 2004. The study was conducted under the joint sponsorship of the NIDCR, the National Institute of Allergy and Infectious Diseases and the Centers for Disease Control and Prevention.

An initial analysis of the data gathered during WIHS’s first five years showed that HIV-infected women have significantly more caries than seronegative women. But the reasons for the difference were unclear, Dr. Russell said.

In her new study, Dr. Russell takes a broader approach, examining the incidence of caries over the full nine years of WIHS, and the role of possible risk factors, including demographics (income, education, race/ethnicity); behavior (smoking, illicit drug use, oral hygiene, and use of dental services); the impact of HIV medications that cause a decrease in saliva flow; the influence of other oral health problems, such as periodontal disease; and the severity of HIV infection. Dr. Russell said she would examine whether xerostomia (dry mouth) and salivary gland hypofunction (diminished functional activity)—which appear to be significantly higher in HIV-positive women—may be linked to caries development.

Dr. Russell’s coinvestigators are Dr. Joan Phelan, Professor and Chair of the Department of Oral & Maxillofacial Pathology, Radiology & Medicine; Dr. Evelyn Nelson, Assistant Professor of Cariology and Comprehensive Care and of Epidemiology & Health Promotion; and Dr. Robert Norman, Research Associate Professor of Epidemiology & Health Promotion, all at the College of Dentistry; and Dr. Wei Gao, a biostatistician in the Department of Epidemiology & Population Health at Montefiore Medical Center.
Grant Will Study Effect of BOTOX® Injections on Trigeminal Neuralgia Pain

which is injected in small, diluted amounts to soften wrinkles, and to stop muscle contractions in order to alleviate blepharospasm (uncontrolled blinking) and cervical dystonia (involuntary contractions of the neck and shoulder muscles that cause the head to twist in abnormal positions). BOTOX® can also block the release of certain neurotransmitters, making it an effective treatment for migraine and tension headache pain. Similarly, it is hypothesized that BOTOX® can inhibit the neurotransmitters that cause trigeminal neuralgia pain.

The NYUCD study marks the first time that researchers are comparing BOTOX® against other medications for trigeminal neuralgia pain, said the coinvestigators, Dr. David Sirois, an Associate Professor of Oral and Maxillofacial Pathology, Radiology and Medicine at the NYU College of Dentistry, and Dr. Andrew Blitzer, a Professor of Clinical Otolaryngology at Columbia University College of Physicians and Surgeons. Although BOTOX® proved effective against trigeminal neuralgia pain in one earlier study, that trial had only 13 subjects and did not include other medications or a placebo, for comparison.

Thirty subjects are enrolled in the NYUCD study, with half receiving BOTOX® and half a placebo injection. The subjects may also take other medications, such as anticonvulsant and anti-depressant drugs commonly used for trigeminal neuralgia pain. The researchers are assessing whether BOTOX® provides enough pain relief to enable a reduction in the other medications, thereby leading to a decrease in side effects and an improved quality of life.

If BOTOX® proves effective in this pilot study, a second, larger trial will be required to gain Food and Drug Administration approval to market BOTOX® for trigeminal neuralgia pain.

It is hypothesized that BOTOX® can inhibit the neurotransmitters that cause trigeminal neuralgia pain.
The Sir Harold Acton Society, established by NYU in 1995, honors its most prestigious group of benefactors—donors who have made gifts of $1 million or more.

The members of the Sir Harold Acton Society Class of 2006 were honored recently for their exemplary role in shaping the future of the University. The new Acton Society members from NYUCD are Dr. Gerald P. Curatola, ’83, (see story on page 68), Dr. George, ’42, and Ann Witkin (see story on page 62), Dr. Dennis P., ’72, and Karen Tarnow (see story on page 69), and a fourth $1 million donor who wishes to be anonymous.

“Through their generous support of The Campaign for NYU, these exceptional benefactors are facilitating New York University’s continued tradition of innovation and accomplishment,” said Interim Dean Richard I. Vogel. “We are very grateful to all of them and very proud of their role in making NYUCD a leadership school in the campaign.”
Curricular Development Challenge Fund Grant Will Train Dentists to Aid Victims of Domestic Abuse

Although most domestic violence results in head or neck injuries, few dentists have been trained to identify patients who have been abused and to encourage them to seek help. That is about to change thanks to a grant from NYU’s Humanities Council, which funds innovative programs through its Curricular Development Challenge Fund. The Fund recently awarded NYUCD a one-year grant that will enable Dr. Maureen McAndrew and Dr. Jan Levy, both Clinical Associate Professors of Cariology and Comprehensive Care, to create an online tutorial that will guide NYUCD students and faculty through the process of assisting patients who have been victimized.

The tutorial will include photos of typical domestic abuse injuries; a guide to counseling, shelter, medical and legal resources; and role-playing videos that demonstrate how dentists should address this sensitive subject. The tutorial is expected to be completed and incorporated into the predoctoral curriculum by September 2009.
Dr. and Mrs. Gerald Curatola Honored at Gala Celebration

Last November, more than 100 friends and colleagues of Dr. and Mrs. Gerald P. Curatola, ’83, paid tribute to the couple’s generosity and commitment to NYUCD by participating in a gala celebration at the legendary Le Cirque restaurant in Manhattan. Last year, Dr. and Mrs. Curatola donated $1 million to create the Curatola Wing for Clinical Research, to be located in the Bluestone Center for Clinical Research.

In his remarks, Interim Dean Richard I. Vogel said, “Dr. Curatola has always given generously to his alma mater. This wonderful, latest philanthropic act by Gerry and Georgia Curatola ensures that clinical research at NYUCD will continue to set standards for the nation.”

![The Curatola Family](image)

The Curatola Family from left: Gia, Georgia, Gerry, Grant, Vincent and Grace, with Assistant Dean Rita Startup
Tarnow Wing Campaign Gains Added Momentum

Dr. Dennis P. Tarnow, Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry, recently returned from a trip to South Korea, where 45 alumni of the Advanced Program in Implant Dentistry pledged more than $250,000 to the campaign to create the Tarnow Wing for Periodontology and Implant Dentistry at NYUCD. The Tarnow Wing Campaign honors a global leader in both periodontology and implant dentistry. The Tarnow Wing, to be located in the Witkin Graduate Center for Clinical Excellence, will be a full floor dedicated to the concept that patients requiring implant dentistry and periodontal care are best served by an interdisciplinary approach to care. (See related story on page 47).

Dr. Dennis and Mrs. Karen Tarnow
NYUCD in the News
A sampling of recent news coverage:

The New York Times
reported on a study led by Dr. Page Caufield, Professor of Cariology and Comprehensive Care, which found that humans and their oral bacteria evolved from a common African ancestor. The study was also reported in Science Daily, The Riverside Press Enterprise, Natural History magazine, MicrobeWorld Radio, ADA News, Newsday, Physorg.com, Science Blog, Pharma and Business Week.

The New York Times
reported on an NYUCD study that found a link between pregnancy and tooth loss.

The New York Times
also quoted Dr. Mark Wolff, Professor and Chairman of the Department of Cariology and Comprehensive Care, in an article about toothpaste marketing.

The New York Post and
Univision TV Channel 41 interviewed Dr. Michael Ghalili, Clinical Associate Professor of Prosthodontics, for a story on veneers.

Good Morning America
announced the kick off of Give Kids a Smile® Day at NYUCD. NY1 News, NY1 Noticias, ABC 7 Eyewitness News, UPN9 News, and ADA News carried reports on the event.

Newsday quoted Dr. Eugene Hittleman, Associate Professor of Epidemiology & Health Promotion, in an article on easing dental phobia. The story also appeared in AM New York and the South Florida Sun-Sentinel, and on the Web sites of CW11 and WXMI.

Genetics & Environmental Health Week reported on an NYUCD study that used genetic profiling techniques to characterize lactobacilli bacteria in the oral cavities of young women with dental caries. The story also appeared in Genomics & Genetics Weekly.
The New York Daily News reported on the opening of the Nursing Faculty Practice at NYUCD. Crain’s Health Pulse also reported the event.

The New York Daily News also featured an interview with Dr. Elliot Moskowitz, Clinical Professor of Orthodontics, in an article about orthodontics for adults.

Dentistry Today reported on a study led by Dr. Racquel Z. LeGeros, Professor of Biomaterials and Biomimetics and Linkow Professor of Implant Dentistry, which found that a new coating shows promise of inhibiting plaque and calculus around braces.

The Washington Post reported on a study by Dr. Gustavo Cruz, Associate Professor of Epidemiology & Health Promotion, which linked tooth decay and gum infections to ethnicity and country of origin. The story also appeared on the Web sites of MSNBC, Discovery Health Channel, and on Healthscout.com. The Hispanic Communications Network also interviewed Dr. Cruz on this topic.

Health & Medicine Week reported on a sinus augmentation study led by Dr. Stuart Froum, Clinical Professor of Periodontology and Implant Dentistry.

The New York State Dental Association News reported the launch of a new NYU dual-degree program combining dentistry and global public health.

New York Magazine featured NYUCD in an article on affordable health care for the uninsured; CW11 Morning News featured NYUCD in a story based on the article.

The Reelz Channel, a cable and satellite TV movie network, interviewed Dr. Page Caufield, Professor of Cariology and Comprehensive Care, for a program on how Hollywood depicts emergency response to a bioterrorist attack.
El Correo de Queens reported that NYUCD has established a scholarship that aims to increase the number of underrepresented young people pursuing careers in dentistry.

Town & Village carried an announcement about a no-cost Hepatitis B testing, cancer information, and counseling program for the general public cosponsored by the NYU Colleges of Dentistry and Nursing.

The Philadelphia Inquirer quoted Dr. Shane Methal, Clinical Assistant Professor of Cariology and Comprehensive Care, in an article about lip tattoos. The article also appeared in the San Bernardino Sun.

Spotlight, a weekly newspaper in Albany, NY, reported on the Smiling Faces, Going Places mobile dental van program’s visit to Albany.

Access reported on a collaborative grant to NYUCD and the NYU School of Medicine to study a possible link between periodontal disease and Alzheimer’s disease.

Looking Good Now reported on a study led by Dr. Walter A. Bretz, Associate Professor of Cariology and Comprehensive Care, which found that a two-week regimen of tongue and tooth brushing in combination with dental flossing decreased gingival bleeding by 38 percent. Health Rx also carried the story.


Dental Town Magazine reported the appointments of Dr. Walter A. Bretz as Associate Professor of Cariology and Comprehensive Care, and of Dr. Patricia Corby as Assistant Professor of Periodontology and Implant Dentistry and Assistant Director of the Bluestone Center for Clinical Research.

Looking Good Now
United Press International reported on a study led by Dr. Ralph V. Katz, Professor and Chair of the Department of Epidemiology & Health Promotion, which found that contrary to popular belief, black Americans are equally as willing as white Americans to participate in biomedical research studies, although they are more wary. The results of the study were also reported by the Washington Times Insider, American Medical News, Medical News Today, and Newswise.

Science reported on a study led by Dr. Timothy Bromage, Adjunct Professor of Biomaterials and Biomimetics and of Basic Science and Craniofacial Biology, which found that man’s earliest direct ancestor had more apelike features than previously believed. News of the study also appeared in National Geographic News, on the Web sites of Fox News, MSNBC, and History News Network, and in Livescience, Science Daily, Cosmos, Physorg.com, and Biologyblog.com.

The Dental Tribune reported on the launch of “Smiles Across America,” a program co-sponsored by Oral Health America and NYUCD to bring essential oral health services to New York City school children who would not otherwise have access to care.

The Ridgewood Times Newsweekly reported that the Newtown Civic Association selected Ms. Constance Turner, Administrator of the Smiling Faces, Going Places mobile dental van program, to receive an award for outreach to underserved children in Elmhurst, Queens.
News from the College

Defying the Odds: NYU’s Oral and Maxillofacial Surgery Program

On any given day, at any given time, NYU’s oral and maxillofacial surgery program is delivering care, making discoveries and impacting lives. It’s the place people come to when their conditions are especially severe and complex, calling for the most sophisticated, innovative treatment approaches.

An integral part of both the New York University College of Dentistry and the NYU Medical Center, the program draws on a unique set of assets, including operating privileges at both NYU’s Tisch Hospital and the legendary Bellevue Hospital Center. Above all, the program is defined by the matchless skills of NYU College of Dentistry oral and maxillofacial surgeons, who are leaders in developing newer surgical techniques for treating diseases and caring for patients. Their innovation and experience unite with compassion and understanding to provide patients with the best care possible, particularly in the areas of trauma and reconstruction, sleep apnea, salivary gland disease, oral cancer and pediatric cleft lip and palate. “Patients are our top priority,” says Dr. Robert Glickman, Professor and Chair of the Mecca Department of Oral and Maxillofacial Surgery, “and that focuses everything we do.”

In the pages that follow, we offer a glimpse at the lives of people whose stories will touch your heart and at the highly skilled faculty who are making a difference in their lives.
Endoscopic Surgery for Salivary Gland Disease

NYUCD is at the forefront of minimally invasive techniques in oral and maxillofacial surgery and is the only institution in the New York area and one of only a handful in the nation to perform minimally invasive diagnosis and treatment for sialoadenitis, or salivary gland inflammation.

Sialoadenitis, which constitutes about half of all major salivary gland diseases, occurs when saliva cannot exit the ducts, causing pain and swelling that can be particularly acute when a patient eats.

Sialoadenitis can be caused by scar tissue formation, foreign bodies and salivary gland stones (sialolithiasis).

Michael Turner, DDS, MD, an Assistant Professor of Oral and Maxillofacial Surgery, is one of only six surgeons in the United States who performs this kind of surgery.

Dr. Turner recalls the case of one patient, a 56-year old woman, whose sialoadenitis began developing after a childhood infection left scar tissue obstructing her ducts. With her condition worsening and surgeons advising her to have the gland removed, the woman’s hopes for a recovery had faded until she was referred to NYU for treatment by Dr. Turner.

In a procedure known as a sialoendoscopy, Dr. Turner used a specially designed, FDA-approved endoscope to pinpoint the woman’s inflammation and then applied hydrostatic pressure through a balloon to break up the scar tissue obstructing her ducts. Within two weeks, she regained her ability to taste without the scarring and prolonged recovery common to patients who have had glands removed.

“The beauty of the minimally invasive approach,” says Dr. Turner, “is that we can isolate our optimal entry site, and then use the endoscope to plan the ideal trajectory to reach the gland. We know exactly where the tip of our instrument is at all times within one to two millimeters. This minimizes disruption to surrounding tissue and improves chances of a full and speedy recovery.

“This is a new paradigm for treating salivary gland disease,” says Dr. Turner, who notes that it may also lead to new technology and treatment for other diseases. “What comes out of the salivary gland is representative of what is in other areas of the body. NYUCD is in the vanguard of this research, which we are conducting in

A sialoendoscopy of the right parotid gland in a seven-year-old boy with juvenile recurrent parotitis (inflammation of the parotid glands). The orange light is from the tip of the camera in the middle of the parotid gland.
collaboration with some of the nation’s leading scientists in patient-based molecular diagnostics and technologies, including Dr. David Wong at UCLA, Dr. Bruce Baum at the NIH, and Dr. Daniel Malamud at NYUCD."

Pediatric Cleft Lip and Cleft Palate Treatment

NYUCD is a leader in offering the full range of pediatric oral and maxillofacial surgery care. Key to this program is Vasiliki Karlis, DMD, MD, an Associate Professor of Oral and Maxillofacial Surgery and the Director of NYU’s Advanced Education Program in Oral and Maxillofacial Surgery, who has dedicated herself to restoring young jaws ravaged by cleft lip and cleft palate and to the management of the pediatric patient.

Dr. Karlis performs major jaw surgery at Bellevue Hospital Center and at the NYU Medical Center, and is the Director of the Outpatient Pediatric Anesthesia Program at NYUCD. Many of the youngsters Dr. Karlis treats are immigrants, like the two young cousins born in the Dominican Republic who were referred to her through NYUCD’s orthodontics program.

The 12-year old cousins were born with cleft lip and palate, one unilateral and one bilateral. Cleft palate is a birth defect of the mouth. It occurs when the palate does not grow as expected during fetal development. This leaves an opening, or cleft, in the roof of the mouth that may go through to the nasal cavity. Cleft lip is one or more splits in the upper lip.

These can range from a small indentation to a split in the lip that may extend up into one or both nostrils. Both conditions can cause a host of related problems, including eating problems, ear infection and hearing loss, speech problems, and dental problems, such as missing, extra,
malformed or displaced teeth requiring dental and orthodontic treatment. Both girls originally had cleft lip surgery in the Dominican Republic. As they grew older they began experiencing breathing and eating problems. To enable them to function better, Dr. Karlis grafted bone from their hips and put it into their jaws. They will need additional lip surgeries later to achieve better aesthetics, but for now, they have the foundation in place that will allow their teeth to erupt properly into their mouths. With their family’s meager financial resources, the girls would not have found the expert care they received were it not for the NYU program.

In addition to her work at NYU, Dr. Karlis also organizes global outreach visits to parts of the world with the highest numbers of cleft palates. Foremost among these is Mexico, where a combination of genetic and environmental factors is believed to cause a high incidence of cleft lip and palate deformities, creating a demand for treatment far exceeding available resources.

For over 15 years, Dr. Karlis and her oral and maxillofacial surgery residents have traveled each summer to underserved areas in Mexico to provide care for cleft lip and palate patients ranging in age from newborns to people in their twenties, and to train Mexican dentists in newer treatment methods. “I see these trips as an important part of our obligation to improve health globally, both by providing care and by training the next generation of trainers,” she says.

Newer Approaches to Treating Sleep Apnea

“There are certain areas in which dentists can make a life-altering difference,” says Kenneth Fleisher, DDS, an Assistant Professor of Oral and Maxillofacial Surgery. Obstructive sleep apnea is one of these areas.”

Sleep apnea is as big a problem in the U.S. as diabetes and asthma and is a significant contributing factor in heart disease. Obstructive sleep apnea occurs when a portion of the upper airway becomes obstructed by the tongue, tonsils, soft palate and/or muscles along the throat, causing breathing during sleep to stop for 10 seconds or longer. Not only can their subsequent daytime drowsiness jeopardize their own and others’ safety, but such patients may also develop chronic, potentially fatal, health problems, including hypertension caused by low blood oxygen levels during sleep. All told, the cost of untreated sleep apnea in the United States is estimated at $3.4 billion, with at least one in 15 adults...
believed to be suffering from the condition.

For patients willing to wear nighttime breathing masks, which improve breathing, their conditions can be successfully managed 100 percent of the time. However, approximately 50 percent of patients who suffer from obstructive sleep apnea cannot tolerate these breathing masks.

Traditional surgical approaches do not always yield good, long-term results, largely because they do not address all areas of obstruction. Contemporary techniques focus on enlarging the entire upper airway, including the throat, tongue, and palate. But if the tongue or jaw is moved too far forward, it can result in an unattractive appearance. Moreover, with most sleep apnea patients, the upper airway, where the obstruction occurs, is related to the structure of the jaws, and only oral and maxillofacial surgeons deal specifically with abnormalities of the hard and soft tissues of the jaw.

Two years ago Dr. Fleisher began developing a treatment protocol that combines a more modest surgical approach with a tongue suspension, a process of creating additional space around the upper airway to compensate for the limited effects of the more modest jaw advancement procedure. And thanks to phenomenal advances in imaging technology, Dr. Fleisher has been able to increase the predictability of this technique and significantly reduce the risk of complications, such as jaw fracture or damage to teeth roots.

Dr. Fleisher uses an instrument called a cone beam computer tomography scanner, which eliminates the distortion commonly seen in panoramic X-rays and provides a more accurate depiction of bone levels in the jaw and mouth. He has used it to perform the combined procedure on 15 patients to date and all have experienced a significant decline in their sleep apnea symptoms, with no negative side effects in terms of appearance.

“Combining tongue suspension and jaw advancement,” Dr. Fleisher says, “is one example of how oral and maxillofacial surgeons individualize treatment based on location of the obstruction, facial bone dimensions and severity of the sleep apnea. As technology advances further, surgeons will continue to develop newer procedures tailored to patients’ specific needs.”

The Best in Cancer Care

David Hirsch, DDS, MD, a Clinical Assistant Professor of Oral and Maxillofacial Surgery, specializes in all aspects of head and neck cancer, and has a particularly keen interest in salivary gland cancer.

“Because more and more dentists and oral surgeons are doing oral can-
Stage II squamous cell carcinoma on left floor of mouth. Right: The newly-reconstructed floor of the mouth six-to-eight weeks after surgery.

Left: Stage II squamous cell carcinoma on left floor of mouth.
Right: The newly-reconstructed floor of the mouth six-to-eight weeks after surgery.

Recently Dr. Hirsch has started seeing oral cancer among young people.

One of Dr. Hirsch’s patients, a 32-year old woman, was three months pregnant when she discovered an ulcer on her tongue that wasn’t healing. Unfortunately, her obstetrician told her not to worry about it until after she gave birth, which turned out to be exactly the wrong advice. About four months after her baby was born, the ulcer still had not healed. Finally, she saw an oral surgeon who biopsied the lesion and diagnosed oral cancer. Then she was referred to Dr. Hirsch, who performed a partial glossotomy and full-neck dissection and sent her home two days later. While her prognosis is good, she does require radiation therapy because her tumor showed some aggressive characteristics, which tends to occur in younger people. This means she will require more radiation than an older
patient, making her more susceptible to its risks, including the possibility of developing a secondary carcinoma. Still, she’s one of the lucky ones.

Another patient, a 46-year old woman, was not so lucky. By the time she saw Dr. Hirsch, her oral cancer was so advanced that it required her to lose half her tongue and to stay in the hospital for two weeks. “We have to be extremely vigilant in screening patients,” says Dr. Hirsch, “and extremely aggressive in treating them.”

That aggressive approach often calls for Dr. Hirsch to excise large, composite blocks of tissue, which include mucosa, muscle, and bone, followed by a reconstruction often using microvascular free tissue transfer. This process requires taking tissues from other parts of the body along with their blood supply and bringing them up to the oral cavity in order to reconstruct it. This is done because there’s not a lot of tissue that can be taken from the oral cavity and the head and neck region.

Dr. Hirsch might take skin from the forearm, along with a portion of the radial bone and radial artery, and bring it up to the oral cavity to rebuild the tongue. The vessels that he takes with it get plugged into the vessels in the neck, allowing the tissue to live on its own. This is important because many oral and head and neck cancer patients also receive radiation and when you reconstruct with tissue that has its own blood supply, it resists the deleterious effects of the radiation. Similarly, the reconstruction might require tissue from the fibula, the scapula, the hip or the abdominal muscles, all with their own blood supply.

“What’s really key,” says Dr. Hirsch, “is that we halt the patient’s risk for oral cancer progression. And because we have more treatment options today than ever before, we can offer our patients a better future.”

Jaw Orthopedics: A New Paradigm for TMD Treatment

According to Dr. Glickman, “A new paradigm in the treatment of temporomandibular joint disease is emerging, one in which the guiding principle is recovery.”

Temporomandibular joint disease (TMD) is an umbrella term referring to problems causing acute or chronic inflammation of the temporomandibular joint, which connects the lower jaw to the skull. The temporomandibular joint is susceptible to all the conditions that affect other joints in the body, including ankylosis, arthritis, trauma, dislocations, developmental abnormalities, and neoplasia. Millions of people are afflicted with TMD, and most have some type of repetitive injury occurring in the joint.

3-D CAT Scan image depicting TMD erosion and destruction prior to reconstruction.
Although treatment for TMD is often similar to treatment for other joints in the body, some variations exist. Unlike every other joint in the body, in the temporomandibular joint, one side is directly connected to the other side. As a joint that not only hinges, but also slides, it places a lot of stress on the opposite joint, resulting in pain and/or dysfunction. For example, people suffering from TMD have difficulty opening their mouths to eat, which can vitally impact health as well as lifestyle. In fact, the disorder and resulting dysfunction can result in such significant chronic pain, impairment, stress and anxiety, that many people are no longer able to function.

In the past, dentists treated TMD pain as an occlusion issue, generally with uneven results, and pain specialists treated it with pain medication, which provided only temporary relief. But recent advances in microsurgical techniques and improvements in neuroimaging have allowed oral and maxillofacial surgeons greater access in reaching through the face and neck to the base of the skull in order to properly evaluate the articulation of the temporomandibular joint. The objective is to distinguish between mechanical determinants of pain, or pain that is distinctly joint related, such as from repetitive motion types of injuries and their effects, and pain that has contributing factors from other areas of the head and neck. The resulting treatment approach is both multidisciplinary and multimodal, because oral surgeons can determine precisely where the pain is coming from in order to treat the mechanical component, or jaw orthopedic component, and the pain specialist can focus on the pain.

One of Dr. Glickman’s patients, a 50-year old woman from upstate New York, recently benefited greatly from this newer approach. The woman suffers from osteolitic, or degenerative, joint disease. In the 1980s, when her pain began, she had what at the time looked like very promising therapy for the early signs of her condition. A deteriorating disk in her jaw was removed surgically and replaced with an artificial disk, a Teflon proplast substance. But her body rejected the implant, initiating a severe foreign body reaction, which exacerbated her pain. She subsequently had several additional procedures to remove the disk and manage the foreign body reaction, but her pain never completely subsided. Eventually, after four unsatisfactory surgeries, she was referred by her oral surgeon to Dr. Glickman.
Titanium-composite prosthesis in place.

Until recently, her only option was removal of the joint without reconstruction.

But the past several years have seen a refinement not only of imaging technologies but also of reconstruction materials that has made the kind of simultaneous surgery and reconstruction that Dr. Glickman performs the standard of care for adults.

To create a prosthesis that would fit her perfectly, Dr. Glickman and his team used the latest CAT scan imaging. From that imaging, a very accurate stereolithographic model was constructed, which enabled the construction of a joint prosthesis which reduced surgical time and increased reliability of fit. In the past, the surgery would have required two or three procedures; today it is all done in one surgery, which Dr. Glickman performed at Tisch Hospital. Her joint prosthesis, made of titanium and other synthetic materials that prevent excessive wear on the bony structures, has an estimated lifespan of between 20 and 30 years. Interviewed just weeks after her surgery, Dr. Glickman's patient described herself as "delighted" with the results. In addition to follow-up visits with Dr. Glickman, she is also seeing a pain management specialist at Tisch Hospital, Dr. John Delfino, an oral and maxillofacial surgeon in Dr. Glickman's group, who specializes in pain management of the head and neck.

"At NYU," says Dr. Glickman, "We are unique in having access both to unparalleled surgical resources and to the newest pain treatment strategies, including the most advanced technology. Through referrals from the NYU College of Dentistry, as well as from general dentists and ENT surgeons, we also see more challenging patients than many other programs in the nation. Thanks to all these assets, and especially to our great oral and maxillofacial surgical team, we are able to provide cutting-edge diagnosis and seamless treatment for TMD patients, who can now look forward to pursuing a pain-free life."
On May 22, 2007, the Class of 2007 was honored at a joyous graduation ceremony at Madison Square Garden. The College presented 46 Advanced Education Program Certificates; five certificates in clinical research; eight master of science degrees in clinical research; one master’s degree in biomaterials; 73 associate in applied science degrees in dental hygiene; one bachelor’s degree in dental hygiene; and 329 DDS degrees.

Additional highlights of the ceremony included the keynote address presented by former Dean Michael C. Alfano, now Executive Vice President of New York University, who received the David B. Kriser Medal; and presentation of the Strusser Memorial Award for distinguished contributions to improved public health to actress Mary Tyler Moore, for her service as International Chairman of the Juvenile Diabetes Foundation.

In presenting the Kriser Medal to Dean Alfano, Interim Dean Richard I. Vogel said, “As Dean of the NYU College of Dentistry from 1998 to 2006, you were an extraordinary leader, transforming NYUCD into an institution that is recognized today as one of the nation’s top schools, and setting it on a path to become the dental institution with the greatest impact globally on the health of society. Equally important, your vision catalyzed the growth of an outstanding community of scholars, and your collegiality, sincerity and decency fostered the creation of a remarkable esprit de corps among students, faculty and staff.”
NYU College of Nursing Cuts Ribbon on New Nursing Faculty Practice

INNOVATIVE CLINIC OPENS WITHIN NYU COLLEGE OF DENTISTRY

The New York University College of Nursing (NYUCN) has opened an innovative Nursing Faculty Practice—a nurse practitioner (NP) managed primary healthcare clinic that addresses the great need for primary care among New Yorkers, particularly older adults, whose high prevalence of chronic illness puts them at risk for increased illness and disability.

A ribbon-cutting celebration was held on February 26, 2007, at the Nursing Faculty Practice, located within the NYU College of Dentistry. NYUCN Dean Terry Fulmer; sponsors Barbara and Donald Jonas of the Jonas Center for Nursing Excellence; Mr. Juilo Urbina, Senior Program Officer, The Fan Fox and Leslie R. Samuels Foundation, Inc.; and Congresswoman Carolyn Maloney (D-NY); as well as leaders from NYU and the community turned out to celebrate the official opening.

“At NYUCN, we believe the standard of health care is all about creative synergies and advanced practice nursing,” said College of Nursing Dean Terry Fulmer. “Nurse practitioners, in particular, are really the future of primary care in America, particularly for older adults.

“I want to express deepest thanks to our benefactors, Barbara and Donald Jonas of the Barbara & Donald Jonas Family Fund at the Jewish Communal Fund and to The Fan Fox and Leslie R. Samuels Foundation, Inc., both of whom are spectacular healthcare visionaries who have made this practice possible. We are also indebted to our colleagues at the College of Dentistry for their enthusiastic support as we move forward to create new healthcare delivery systems that improve access to care,” said Dean Fulmer.

“Fifteen percent of Americans who visit their dentists each year—approximately 45 million people—do not have primary care providers,” said NYUCD Interim Dean Richard I. Vogel. “In a survey of NYU dental patients, one-third reported problems accessing primary care due to their socioeconomic status and lack of insurance, and 77 percent said that they would take advantage of primary care services were they offered at NYUCD. We are delighted that this collaboration is creating a new model for healthcare delivery.”

The Nursing Faculty Practice is a key part of the unique alliance between NYUCN and NYUCD. The Nursing Faculty Practice offers a core of primary care services provided by adult, geriatric and family nurse practitioners.
addressing health problems such as high blood pressure, asthma and diabetes, as well as emphasizing healthy behaviors and disease prevention. Patients are drawn largely from the population seen at the NYU dental clinics, which provide nearly 300,000 dental visits a year. The Nursing Faculty Practice also has reached out to older adults through NYUCN’s free flu shot campaign and through the 20 senior centers in Manhattan that are part of NYUCD’s Senior Smiles program.

“I’m thrilled to be here,” said Donald Jonas. “I honestly think we have something very exciting that can be duplicated. I’m happy to tell you the program started off really well; it’s moving along great; and we’re so pleased to be a part of it, especially with Julio and The Fan Fox and Leslie R. Samuels Foundation, Inc., on board as well. We’re going to do some great things together.”

“The Fan Fox and the Leslie R. Samuels Foundation’s healthcare mission is to improve the quality of life for the elderly in New York City,” said Julio Urbina, Senior Program Officer for The Fan Fox and Leslie R. Samuels Foundation. “Our foundation prides itself on supporting smart, well-managed, cool organizations which do some really great work. We are thankful for the opportunity to work with NYU because we know that this project is going to ultimately advance our mission of improving the quality of life for the elderly.”
Walking to Stamp Out Oral Cancer

SECOND ANNUAL ORAL CANCER WALK RAISES OVER $30,000

On April 14, 2007, the Second Annual New York City Oral Cancer Walk, organized by the NYUCD chapter of the Student National Dental Association (SNDA), drew some 500 participants, up from just shy of 300 walkers in 2006. The 2007 walk also increased its fund-raising success, bringing in over $30,000 to help combat a disease that kills over 7,000 American men and women each year.

The four-mile walk began and finished in Harlem’s Marcus Garvey Park, to underscore the fact that oral cancer disproportionately affects African-American men, who have the highest rates of oral cancer in the United States. Free oral cancer screenings were available, and this year additional health screenings and services (blood pressure, blood sugar, smoking cessation) were provided by NYU College of Nursing faculty and students. Also on hand were a gospel choir and a rock band.

In addition to the SNDA, organizational sponsors included The Oral Cancer Foundation, NYU College of Dentistry, the Oral Cancer Consortium of New York and New Jersey, ABC 7, and the Yul Brynner Head and Neck Cancer Foundation. An array of corporate sponsors, recognized with their logos on the walk’s official T-shirt, also participated.
Dr. Jocelyn Jeffries, ’07, the lead organizer, said, “It’s phenomenal to realize how a team of students, staff, faculty, and administrators can come together and find time in the midst of tremendously busy schedules to organize something that really makes a huge impact on the community. I feel confident that this will soon become a national event led by dental schools all across the U.S.”

In addition to Dr. Jeffries, the 2007 Oral Cancer Walk Committee consisted of Dr. Marcus Young, Class of 2007; Marcus Johnson, Class of 2008; Dmitry Baron, Class of 2009; Alexander Baron, Class of 2009; Stacy Wolf, Class of 2009; Dr. Alicia Andreula, Class of 2007; Dr. Elizabeth Powell, Class of 2007; Dr. Tameko Tomkins, Class of 2007; Mary Reichman, Dental Hygiene Program Class of 2008; and Marvin Baptiste, Class of 2008, Columbia University School of Dental and Oral Surgery.

The committee would like to express special thanks to Dr. Ross Kerr, Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, who went above and beyond the call of duty as their faculty mentor; Mr. Brian Hill, Founder and Executive Director of The Oral Cancer Foundation; ZIPS fraternity; ASDA; Mr. Steve Bolan, Director of Student Affairs; Assistant Dean for Development and Alumni Relations Rita Startup; Mrs. Constance Turner, Administrator of the Smiling Faces, Going Places mobile dental care program; Assistant Dean for Communications and Public Affairs Elyse Bloom; and Ms. Cynthia Busbee of Sonnenberg, Haviland & Partners.
American Museum of Natural History Exhibits NYUCD Professor’s “Lucy”

The American Museum of Natural History in New York is displaying Dr. Timothy Bromage’s exquisitely detailed image of a 3.2 million-year-old ancestral human bone in its newly opened Anne and Bernard Spitzer Hall of Human Origins, the site of the most comprehensive exhibition the museum has ever mounted on the history of human evolution.

Dr. Bromage, an Adjunct Professor of Biomaterials and Biomimetics and of Basic Science and Craniofacial Biology, is a paleoanthropologist with a strong interest in bone evolution. The image displayed in the new exhibit hall, which opened on February 10, shows wisps of bone fiber thinner than a human hair in the thigh bone of “Lucy,” a partial skeleton discovered in 1974 in Ethiopia that is perhaps the best known specimen of Australopithecus afarensis, an ancient ancestor of modern humans. Dr. Bromage used a microscope to photograph “Lucy” so he could compare her bone anatomy with that of other ancestral human species, as well as with modern humans.

The Hall of Human Origins is believed to be the first major exhibition in the world to trace human development through a combination of evidence from the fossil record and genomic science. The advent of genomics over the past decade and recent advances in paleontology have made such a comprehensive examination of the nature of humanity possible. The museum chose to display Dr. Bromage’s image because it illustrates how advanced imaging technology has enabled paleoanthropologists to characterize fossil discoveries with unprecedented detail.
Dr. Bromage created the image while working in a high-security vault at the Ethiopian National Museum in Addis Ababa, where the original "Lucy" fossil is stored. He analyzed the specimen with the first microscope in the world equipped with portable confocal scanning, an advanced technology that allows scientists to easily observe details below a fossil’s surface without cutting and damaging the bone.

At the American Museum of Natural History, a reproduction of the microscopic photo—which is color-coded green and white to highlight the different patterns of collagen in “Lucy’s” bone—is exhibited in a glass case beside a life-size cast of her skeleton. Swirling white patterns of bone fiber are also superimposed onto a pair of wall panels, where they appear to float above the dioramas and fossil casts arrayed along the exhibit floor.

“‘Lucy’s’ bone fiber composition bears a striking resemblance to bone fiber patterns in modern-day humans, an illustration of her well-developed ability to carry out daily activities in a bipedal posture,” Dr. Bromage says. “Although some scientists believe that Astralopithecus was well-adapted to climbing through trees, my analysis of the thigh bone supports the prevalent view that the species was almost exclusively bipedal.” Dr. Bromage’s future research will focus on the bone in “Lucy’s” upper arm to help determine the extent of her climbing activity.

"LUCY" AS CONTEMPORARY ART

Dr. Timothy Bromage's image of “Lucy” was also on display this past spring at the Contemporary Art Museum in La Coruna, in northern Spain, in an exhibit that includes more than three dozen of Dr. Bromage’s microscopic images presented as modern art. Entitled “Oseos Cosmos” (the “Skeletal Cosmos”), the exhibit—which first opened in Greece three years ago and is currently on a tour of Spain—highlights images of startling beauty that Dr. Bromage produced for his research on skeletal development.
On Wednesday, February 21, 2007, hundreds of people participated in a full-day program presented by the NYU Colleges of Dentistry and Nursing to offer Hepatitis B screenings and follow-up vaccinations at no cost to New Yorkers of all ages. Participants also received information and counseling on liver cancer, skin cancer, colon-rectal cancer, oral cancer, breast and cervical cancer, testicular and prostate cancer and lung cancer, including smoking cessation. The program was cosponsored by the Bfree NYC Hepatitis B Program and the New York City Council.

Hepatitis B is a virus that attacks the liver. Only a blood test can tell for certain if a person has the disease, which can cause infection, cirrhosis of the liver, liver cancer and death. Risk factors include intravenous drug use, having sex with someone infected with Hepatitis B or with more than one partner, having a job that involves contact with human blood and traveling to areas where Hepatitis B is common. The good news is that if a person has not been previously infected, there is a vaccine that can protect against infection. The process requires three vaccinations over a six to 12-month period to take effect.

A special feature of the day’s activities was an educational workshop on Hepatitis B, which drew 111 participants, 76 of whom elected to have their blood screened for the virus. Those who tested positive were asked to come back for no-cost vaccinations at the College of Nursing Faculty Practice.

There are over 1.5 million Hepatitis B carriers in the United States, with the highest rates found among Asians, Latinos, Caribbeans, Africans and Eastern Europeans/Russians. Most people infected with Hepatitis B do not show symptoms or feel sick until it is too late for treatment. As many as one out of four chronically infected people die of liver-related diseases if they are not under a doctor’s care.
NYUCD Issues Themed Postage Stamps for Applicant Acceptances

Dental school applicants typically receive large amounts of mail from different colleges. So Dr. Andrew Spielman, Associate Dean for Academic Affairs, thought it would be a good idea to make NYUCD’s mail stand out from the crowd by developing a series of unique, NYU-themed postage stamps. The postage stamps were used for the first time this spring to add a distinctive touch to NYUCD’s most important mailing—its acceptance letters to the Class of 2011. Dr. Spielman used software from stamps.com, an online postage site, to create stamps featuring photographs he took of an NYUCD predoctoral clinic, the Washington Square Arch and the NYU flag.

Dr. Ken Rothman is Featured Speaker at NYU Oral Cancer RAAHP Center Seminar

Dr. Ken Rothman, Vice President of Epidemiology Research at RTI Health Solutions, a non-profit consulting company in Research Triangle Park, North Carolina, was the featured speaker at the spring 2007 NYU Oral Cancer Research for Adolescent and Adult Health Promotion (RAAHP) Center Seminar. The program was co-sponsored by the NYU Faculty-Staff Development Center.

The mission of the seminar is to bring nationally and internationally respected scientists to NYUCD to talk about topics in cancer study. Dr. Rothman, who is also a Professor of Epidemiology at the Boston University School of Public Health and of Medicine at the Boston University School of Medicine, spoke on “What Proportion of Cancer Occurrence is Environmental?”
National Museum of Dentistry Exhibit Comes to NYUCD

150 YEARS OF HISTORY CELEBRATING AFRICAN AMERICANS IN DENTISTRY

From December 5, 2006, through January 12, 2007, the NYU College of Dentistry hosted the National Museum of Dentistry exhibit, “The Future is Now! African Americans in Dentistry,” a retrospective on 150 years of history focusing on African Americans in the dental profession.

The exhibit premiered in 2002 at the National Museum of Dentistry at the University of Maryland in Baltimore, an affiliate of the Smithsonian Institution. Sponsored by the National Dental Association Foundation and the Colgate-Palmolive Company, the exhibit tells the story of African-American dentists from the late 19th century to the present, including the challenges they faced in their struggle for professional acceptance and their impact on dental education, research, patient care, general practice, dental specialties, military service, and public health.

Highlights of the exhibit include photographs, charts, artifacts and memorabilia depicting the entry in 1895 of black dentists into the National Medical Association, a group founded by African-American physicians both to advance black physicians’ careers and to address the healthcare needs of African Americans; the creation in 1932 of an African-American dental association, the National Dental Association; and the attainment in 1964 of full membership by African-Americans in the American Dental Association, all set against a background of racial issues, socioeconomic developments, and civil rights activism spanning the 20th century.

Remarking on the event, Interim Dean Richard I. Vogel said, “NYUCD’s heritage has always been closely bound up with the academic and professional aspirations of members of underrepresented groups, so it is particularly gratifying that we were selected to host this depiction of such an important part of our nation’s history.”
NYUCD Hosts Fifth Annual *Give Kids A Smile®* Day

FOCUSBING A SPOTLIGHT ON A CHRONIC NATIONAL PROBLEM

Leaders in organized dentistry, the corporate sector, public policy, and academic dentistry gathered at NYUCD on February 2, 2007, for the Fifth Annual *Give Kids A Smile® Day*, a national advocacy and access to dental care day sponsored by the American Dental Association (ADA), Long Island-based healthcare products distributor Henry Schein, Colgate-Palmolive, and the DEXIS Corporation to focus attention on the barriers that poor and uninsured children face in accessing dental care.

NYUCD was the national host site for the event, which officially kicked-off National Children’s Dental Health Month. Two thousand additional sites across the nation also marked *Give Kids A Smile® Day*, with some 50,000 dental volunteers providing an estimated $75 million in free care.

“What today really should be about,” Interim Dean Vogel said, “goes beyond giving care on this day only. It should be about focusing a very large spotlight on healthcare disparities in our country.”

Dr. Kathy Roth, President of the American Dental Association, spoke of the importance of giving underserved children across the country the opportunity to realize their full potential.

Other speakers included Dr. James Branson, Executive Director of the ADA; New York City Councilmember Rosie Mendez; Mr. Stanley Bergman, a founding corporate sponsor of *Give Kids A Smile® Day*; Mr. Steve Kess, Chairman of the *Give Kids A Smile®* National Advisory Board; Dr. Foti Panagakos, Professional Relations, Clinical Studies Director for Colgate-Palmolive; Mr. Bob Joyce, President, Americas, Danaher Dental Equipment Platform, representing the DEXIS Corporation; and Dr. Amr Moursi, Professor and Chair of the NYU Department of Pediatric Dentistry, who noted that in national surveys, parents say that of all their children’s healthcare needs, dental care is the most difficult to access.
Teeth-In-An-Hour™ Joins CDE Curriculum

Dentists participating in NYUCD’s Continuing Education Program, *Implantology: Surgical and Prosthetic Treatment*, now have an added incentive to take the course—a bird’s eye view of Teeth-In-An-Hour™, an FDA-approved, minimally invasive, surgical approach that enables both fully- and partially-edentulous people to regain function in one visit, compared with traditional implant approaches, which may require several surgeries and as long as six months for the implants to fuse to bone.

Developed by Nobel Biocare™, Teeth-In-An-Hour™ was initially demonstrated at the 2006 Greater New York Dental Meeting by Dr. Trevor Bavar, a Clinical Professor of Prosthodontics and Director of the CDE Program in Implantology, and his faculty, who performed the surgery and insertion of the prosthetic teeth during a live broadcast from the CDE Program’s home in the Rosenthal Institute for Aesthetic Dentistry.

As participants look on, Dr. Bavar uses computer-simulation software to demonstrate how to prepare a surgical plan that precisely charts implant placement. The completed computer-designed plan is then sent electronically to Stockholm, Sweden, where a surgical guide is constructed.

Next, a bite registration and a mold of the patient’s opposing jaw are sent to a local laboratory, which fabricates the dental prosthesis. When the finished materials come back from the laboratory, the surgery is performed utilizing the surgical guide, and, during the same visit, the prosthesis is inserted into the patient’s mouth, immediately restoring the patient’s ability to function.
NYUCD Partners with Odyssey House

NYUCD has entered into an agreement with Odyssey House to provide comprehensive oral health screening and treatment to residents at a new dental clinic in the Odyssey House Family Center of Excellence in East Harlem. Odyssey House, which has branches across the country, provides substance abuse treatment, mental health, medical and housing services to adults and children. Each year 10 seniors in the DDS Program will have the opportunity to treat patients one day a week at the new clinic.

Steinhardt at Saklad Concert Series Debuts

On April 18, 2007, NYUCD hosted the first in a series of piano performances presented by the NYU Steinhardt School of Culture, Education, and Human Development, in partnership with NYUCD. The debut performance featured music by Bach, Berg, Chopin, Schubert, Liszt and Rachmaninov performed by members of the Steinhardt Department of Music and Performing Arts. Beginning in the fall, concerts will be held on the second Wednesday of every month, followed by a wine and cheese reception in the Commons featuring a jazz trio provided by Steinhardt’s Jazz Studies department.

All concerts are being presented in the Saklad Auditorium using the beautiful Steinway piano donated by the late Frank Sinatra in honor of his dentist, Dr. Maurice J. Saklad, Class of 1941.
Technology Briefs

**NEW CAD/CAM UNIT IMPROVES PATIENT CARE**

Last September, with the acquisition of a second computer-aided design and manufacture (CAD/CAM) system, third- and fourth-year DDS students gained new opportunities to use a technology that will give them a competitive edge over students in schools using less advanced technology.

CAD/CAM is integral to aesthetic dentistry as it enables dentists to fabricate a tooth restoration, such as a crown or inlay, in a matter of minutes.

“With two CAD/CAM units in operation, third- and fourth-year students are able to complete at least one CAD/CAM restoration per semester. As a result, more patients are receiving better-contoured, longer-lasting restorations,” said Dr. Mark Wolff, Professor and Chairman of the Department of Cariology and Comprehensive Care, who oversaw acquisition of the new system.

In the six months since the new system was introduced, students completed more than 300 inlay, onlay, veneer, and porcelain crown restorations—nearly ten times as many as in the previous year.

In February, NYUCD also became the first dental school in the country to acquire a new CAD/CAM system that operates without the reflective powders that older models use. The Bluestone Center for Clinical Research is evaluating whether the newer system significantly facilitates the restoration process.

*In the six months since the new system was introduced, students completed more than 300 inlay, onlay, veneer, and porcelain crown restorations—nearly ten times as many as in the previous year.*
COMPUTERIZED QUIZZES EASE BOARD EXAM PREPARATION

Getting ready for the dental board exams has become more convenient for students now that NYUCD has supplemented preparatory classes with year-round practice quizzes that students take on Blackboard, NYU’s testing Web site, at times of their own choosing.

Every time a student logs in, Blackboard generates a new quiz with 10 questions randomly chosen from over 1,000 in its online database, automatically grades the quiz and corrects mistakes. Students who do not receive a passing grade (seven correct answers) can retake the quiz with new questions.

“Students are spending more time preparing for the boards now that they have the convenience of online practice,” explains Dr. Mark Wolff, Professor and Chairman of the Department of Cariology and Comprehensive Care, which administers the quizzes.

The questions were coauthored by Dr. James Kaim, Professor of Cariology and Comprehensive Care, and Dr. Barnett Bucklan, Clinical Associate Professor of Cariology and Comprehensive Care, with assistance from Administrative Aide Elaine Bajana. The team will add 300 new questions to the database each semester.

PODCASTING COMES TO NYUCD

NYUCD has begun posting audio recordings of most of its predoctoral lectures on its Intranet site, where they can easily be downloaded to a computer or portable MP3 player.

“The process of podcasting—or playing back—recordings on an iPod or other MP3 player enables students to repeatedly access a lecture that they may have missed or need to hear again,” said Dr. Elise Eisenberg, Director of Dental Informatics and Digital Services, who worked with student leaders to get the system up and running. Dr. Eisenberg noted that the technology will improve even further next fall, when many of the audio recordings will be synchronized to PowerPoint presentations of professors’ lectures.
Celebrating Our Community

Mayor Bloomberg Declares March 8, 2007 “NYU College of Nursing Day”

On March 8, 2007, over 200 guests convened at Gracie Mansion to celebrate the launch of festivities to mark the 75th anniversary of nursing at New York University.

Carole A. Marchese, Director of Nursing Services for the Office of School Health at the New York City Department of Health presented College of Nursing Dean Terry Fulmer with a proclamation from Mayor Bloomberg’s office officially designating March 8, 2007, as New York University College of Nursing Day in the City of New York. The proclamation also stated, “The New York University College of Nursing plays a vital role in providing our future nursing professionals with the education and experience that they need to succeed in the challenging and rapidly evolving healthcare field. The College is a model educational institution and a crucial part of our healthcare community, thanks to the faculty’s expert teaching, outstanding scholarship and dedicated service to the city and global community.”

Speakers included Dr. Robert Berne, Senior Vice President for Health at New York University, and Susan Danilow, Director of the Gracie Mansion Conservancy, who were joined by faculty and staff both past and present, alums, and other distinguished guests.

Dean Fulmer expressed the College of Nursing’s joy at receiving the Mayor’s proclamation and discussed both the history and future of the College: “Ours is a rich and vibrant history with one continuous mission—improving the health of the public through our practice, education and research. As we mark our 75th anniversary and focus on the road ahead, our aim is to reach new heights, create new paradigms, spark innovation, impact outcomes in practice, and define nursing’s future in health care.”

Dean Fulmer continued, “On behalf of the College of Nursing faculty, staff and students as well as all of the New York University community here tonight, we thank the Mayor for this proclamation that is so very affirming and meaningful to us!”

The Celebration Continues

On Thursday, May 10, 2007, more than 400 guests, including alumni, friends, faculty, and nursing leaders from across the country, came together for Celebrating 75 Years of Nursing Excellence—a grand commemoration of nursing at NYU held at the Grand Hyatt Hotel in Manhattan.

While looking back on the College’s history, the event also served to kick off a $20 million capital campaign—the Defining Nursing’s Future Campaign—to create a state-of-the-art nursing building to secure the College’s growth and impact. The new building is a critical component of the College’s plan to expand its faculty, double its student body, and dramatically increase its capabilities in research and scholarship.
Donna Hanover, WOR-AM Morning Show co-host was the event’s emcee, and honorees included alumna, activist, and founder of the Jackie Robinson Foundation, Rachel Robinson, who received an MA in nursing from NYU in 1961; Special Advisor to the President of NYU Naomi Levine; and Emmy Award winning actress and children’s rights advocate Susan Lucci.

NYU President John Sexton emphasized the College of Nursing’s important contribution to the founding goal of NYU—a private university in the public service. “We embrace that part of humanity and could not do it without a College of Nursing that is fully integrated into the University,” he said. Introducing the former dean and current interim dean of the College of Dentistry, Drs. Michael Alfano and Richard Vogel, President Sexton underscored the great potential of the recent linkage between the Colleges of Nursing and Dentistry to advance both disciplines in care and research.

Over 400 guests attended the celebration.
NYUCD Faculty Score Trio of Prestigious Awards

Everyone knows that NYUCD faculty win awards all the time. But when three senior faculty members all receive major distinctions within weeks of each other, it merits special notice. So it is with a distinct sense of pride that we recognize the following faculty members.

**DR. ANDREW I. SPIELMAN**, Associate Dean for Academic Affairs, received the ADEA/Vital Source Technology—Educator Award presented by the American Dental Educators Association at the annual meeting of the ADEA on March 18. The chief architect of NYUCD’s pioneering, completely digital curriculum, Dr. Spielman was honored for significant contributions to advancing the use of technology in dental education. After each semester, students trade in an old DVD for an updated version containing the entire curriculum. This leap in technology was featured in a cover story in the “Circuits” section of *The New York Times* in 2000.

**DR. RALPH V. KATZ**, Professor and Chair of the Department of Epidemiology & Health Promotion, received the Columbia University College of Dental Medicine’s Birnberg Research Award on March 29, at Columbia’s “Birnberg Day,” which honors student research. The occasion included presentation of the Birnberg Lecture by Dr. Katz, who spoke on “Are We ‘Racing Towards Race’ or ‘Erasing Race’ in Research? Some Findings on Race in Research.” A recent study conducted by Dr. Katz found that, contrary to popular belief, black Americans are equally as willing as white Americans to participate in biomedical research studies, although they are more wary.

**DR. JONATHAN A. SHIP**, Professor of Oral and Maxillofacial Pathology, Radiology, & Medicine and Director of the Bluestone Center for Clinical Research at the College of Dentistry and a Professor of Medicine at the NYU School of Medicine, received the Samuel Charles Miller Award at the April 21st annual meeting of the American Academy of Oral Medicine, where he presented the Samuel Charles Miller Award Lecture, “Prevention of Radiotherapy-Induced Salivary Dysfunction.” The highest award given in the field of oral medicine, it was made especially meaningful for Dr. Ship by the fact that it was presented to his late father, Dr. Irwin Ship, exactly 30 years ago.

We offer hearty congratulations to Drs. Spielman, Katz, and Ship on garnering these great distinctions.
Susan Abraham Awarded NYU's Highest Administrative Honor and Named U.S. Representative to International Sculpture Symposium

Susan Abraham, NYUCD’s Director of Administration, has been awarded the prestigious 2006–2007 Distinguished Administrator Award presented by New York University in recognition of outstanding achievement as an administrator and dedicated service to students, faculty and staff. The award is a special acknowledgement of the value that NYU places on administrative excellence, and a way to formally honor the significant contributions of administrative and professional staff. It carries with it a $5,000 stipend.

Noting that only seven individuals from throughout the University received this distinction, Interim Dean Richard I. Vogel said, “Susan was selected for her remarkable ability to execute the demands of her many administrative responsibilities through thoughtful and compassionate interactions with staff, students, administrators and others throughout the Colleges of Dentistry and Nursing. She does this with apparent effortlessness through an unparalleled work ethic, exemplary prowess for organization and administrative excellence of the highest quality. I look forward to adding her name to the monolith in our lobby recognizing NYUCD University Distinguished Teachers and Administrators.”

And that’s not all. Susan has another big reason to celebrate. She has been invited to represent the United States at the First International Monterrey Marble Sculpture Symposium to be held in Monterrey, Mexico, in October 2007. The event, an international forum on world peace, is designed to celebrate encounters between Ameridian and Anglo-Sacon cultures by focusing on cultural diversity, sustainable development, indigenous knowledge, spirituality, education, technology, human rights and justice. Over one million people are expected to attend the event, which will run through October. Susan is one of only 10 artists from around the world selected to participate in the forum.

For the Monterrey forum, Susan will use black marble measuring 7 feet by 3 feet by 3 feet, weighing over 6,000 pounds, to carve a functional sculpture that will be donated to Mexico and placed on display at a local museum. To view photos of Susan’s sculptures, go to www.sabraham-sculpture.com.
Marathon Man Raises Awareness of Childhood Obesity

Dr. Charles D. Larsen, a Clinical Assistant Professor of Pediatric Dentistry, raced in the ING New York City Marathon last November with a very important mission in mind: to raise awareness of how dentists can help prevent childhood obesity. Dr. Larsen ran with the New York Road Runners’ Foundation “Team for Kids,” an organization that supports running-based physical education programs for children in underserved communities across the United States. He finished the 26.2 mile marathon in 3 hours 57 minutes and 55 seconds.

“Dentists in the community should focus not only on oral health, but also think about the overall health of the child, including exercise and nutrition,” said Dr. Larsen. “‘Team for Kids’ focus is to help with exercise, nutrition, academics, counseling and support to improve children’s and families’ lives.”

Dr. Larsen credits the idea to run the marathon to Dr. Stuart M. Hirsch, Associate Dean for Development and International Programs at NYUCD. “Dr. Hirsch told me running the marathon for a cause I believe in would be an excellent experience. Devoting my time to helping these kids and completing the marathon was the most exhilarating, spiritual thing I’ve done in 10 years,” he said.

Dr. Larsen raised approximately $2,500 in donations for “Team for Kids” from NYUCD faculty and residents in the Department of Pediatric Dentistry and from family in Kansas, Iowa, Texas, Washington, DC, and Nebraska. He hopes that other dentists will join him next year to run the marathon and continue to educate people about how dentists can contribute to the fight against childhood obesity.
Student Leadership Awards Presented

NYUCD inaugurated a new tradition last fall with the presentation of Student Leadership Awards in recognition of academic excellence and commitment to service. Each award carries a cash stipend funded by a named scholarship.

The inaugural Student Leadership Awards went to Dr. Joanne B. Castaneda, Class of 2007 (award funded by the Arnold Schwartz Memorial Scholarship and the Irma Tuck-Weiss and Louis Weiss Scholarship); Mr. Justin J. Seaman, Class of 2008 (award funded by the Dr. David and Roma Korris Scholarship and the Dr. Lyonel S. Hildes Memorial Student Scholarship); and Ms. Jennifer Frangos, Class of 2009 (award funded by the Dr. Gustav Durer Dental Scholarship).

Dr. Antonella Milio is Litvak Fellowship Recipient

Dr. Antonella Milio, a second-year student in the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics, has become the ninth recipient of the Dr. Harold Litvak Junior Fellowship in Prosthodontics.

Dr. Milio, who graduated from Tufts University School of Dental Medicine in 2005, plans to pursue a dual career in private practice and teaching after completing her specialty training.

“Dr. Milio was awarded the fellowship because of her ability to excel academically, in patient satisfaction, and in her interaction with faculty and peers,” said Dr. Farhad Vahidi, Director of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics.

The Litvak Fellowship was established in 1999 through a generous grant from Mrs. Adele Block in honor of Dr. Litvak, a Clinical Professor of Prosthodontics at NYUCD and a generous donor to the College. Mrs. Block is a member of the family that owned the Block Drug Company, Inc., a major producer of oral and general healthcare products, which is now a division of GlaxoSmithKline.
NYUCD researchers have long relied on Gloria Turner, Supervisor of the Histology/Pathology Laboratory in the Department of Oral and Maxillofacial Pathology, Radiology & Medicine, to provide richly-detailed images of their tissue samples’ cellular structure.

Mrs. Turner’s microscopic images have shown implanted cartilage cells sprouting inside the wings of an embryonic quail; head and neck tumors shrinking from a potent drug injection; and oral cancer at its earliest, most insidious stage.

Dr. Cristina Teixeira, an Assistant Professor of Orthodontics and of Basic Science and Craniofacial Biology, is one of the many faculty members who have been helped by Mrs. Turner, in one instance to understand the effects of osteoarthritis on human knee cartilage and bone. “Mrs. Turner worked painstakingly for weeks,” Dr. Teixeira recalls, “soaking slabs of bone and mineralized cartilage in demineralizing solution until they were soft, then shaving them down into perfectly-preserved slivers that revealed every layer of cellular structure under the microscope.”

Another faculty member, Dr. Ron Craig, was helped to document his periodontal tissue regeneration research. “Gloria knew how to preserve delicate, newly-grown connective tissue samples so that they wouldn’t rip when she cut them into thin sections for viewing under her microscope,” says Dr. Craig, an Associate Professor of Basic Science and Craniofacial Biology.

“When it comes to working with tissue samples, Gloria is like a craftsman who shapes a fine piece of jewelry bit by bit until it is just right,” adds Dr. Joan Phelan, Professor and Chair of the Department of Oral and Maxillofacial Pathology, Radiology & Medicine. “Her meticulous attention to detail makes her an invaluable member of our research team.”
Left: A close-up of a section of knee cartilage that still looks relatively normal.
Center: A close-up of a worn-away section of cartilage.
Right: Damaged by osteoarthritis, this cartilage cell produces a clone of itself instead of reproducing through normal cell division.

This image of an 18-day-old quail embryo’s head and lower body helped Dr. Teixeira document the early stages of a cartilage growth study. Although the wing buds, which Dr. Teixeira implanted with cartilage cells, are not yet visible, other features are shown in remarkable detail.

The head, showing an eye (soft tissue) and the beak (hard tissue).
The lower body, showing feathers (soft) and bone (hard).
NYUCD Students Receive President's Service Awards

Each year NYU President Dr. John Sexton presents a series of President’s Service Awards to very special NYU students who demonstrate exemplary leadership skills, display outstanding commitment to volunteerism and create unique and successful programs. This year NYUCD was the recipient of four awards—two to individual students, one to a student organization, and one to a fraternity.

DR. JOCELYN JEFFRIES, ’07, was recognized for her outstanding dedication and commitment to coordinating the 2007 annual Oral Cancer Walk, which drew some 500 participants and raised over $30,000 to help combat a disease that kills over 7,000 Americans each year.

MS. NICOLE SMITH, President of the Class of 2009, was recognized for organizing events and creating a newsletter that fostered a sense of class spirit, and for being a strong advocate for her classmates.

THE COMMUNITY SERVICE ORGANIZATION was recognized for numerous outreach activities over the past year, including organizing oral health screenings aboard the Smiling Faces, Going Places mobile dental van, raising money for holiday gift certificates for needy families, and participating in the annual Oral Cancer Walk. CSO members shown accepting the award from President Sexton, are, left to right: Adam Palmer, ’10; Marcus Johnson, ’08; CSO President Sheena Lambert, ’08; and Jamie Choi, ’10.
**ALPHA OMEGA**, the oldest dental fraternity in the United States, was recognized for reinvigorating itself this year by organizing study groups, tutorials and cultural programs at NYUCD. Chapter President Dr. Steven Davidovitz, ’07, accepted the award from President Sexton.

Seven Inducted into NYUCD Chapter of Dental Hygiene Honor Society

Seven top academically achieving students were inducted in April into the NYUCD chapter of Sigma Phi Alpha, the national dental hygiene honor society. Shown from left are: guest speaker Leslie Andrews, RHD, MBA, Sigma Phi Alpha Eastern Region Trustee, 2004-2007; student inductees Lisa Kang, Larysa Hauron, Elidea Anadoli-Saliaga, and Olga Karpenko; faculty member Su-Yan Barrow; student inductees Breanne Landrum, Sophia Protopov, and Rawan Samna; and Assistant Dean for Allied Health Programs Cheryl Westphal. Not shown: faculty member Winnie Furnari.
Service Recognition Awards Presented

Over one hundred full- and part-time faculty members, administrators, and staff were honored recently at NYUCD’s annual Service Recognition Ceremony, which recognizes individuals for a job well done over an extended period of time. College of Nursing faculty and staff were also recognized at the ceremony.

“These people have displayed exemplary dedication and play an important role in NYUCD’s continued success,” said Interim Dean Richard I. Vogel. “We are tremendously grateful to them all and salute their commitment to the Colleges of Dentistry and Nursing.”

The names of College of Dentistry recipients of Service Recognition Awards appear below.

50-Year Service Award
Biomaterials & Biomimetics
Dr. Racquel Z. LeGeros

35-Year Service Award
Basic Science & Craniofacial Biology
Dr. Inder J. Singh
Oral & Maxillofacial Surgery
Ms. Lindarose Perosi

30-Year Service Award
Basic Science & Craniofacial Biology
Dr. William Warner
Cariology & Comprehensive Care
Dr. James M. Kaím
Dr. William F. Skiba
Oral & Maxillofacial Pathology, Radiology & Medicine
Dr. Ronald P. Burakoff
Dr. Julie S. Mitnick
Oral & Maxillofacial Surgery
Ms. Deborah J. Granger
Dr. Peter C. Teng

25-Year Service Award
Cariology & Comprehensive Care
Dr. Stephen J. Cuchel
Dr. Scott M. Dubowsky
Dr. Arthur Marks
Dr. Kathy Udell-Martin

Endodontics
Dr. Chandurpal P. Gehani
International Programs
Ms. Dolores A. Spinelli
Oral & Maxillofacial Pathology, Radiology & Medicine
Dr. Milton Bloch
Dr. Jeffrey S. Burns
Dr. Vincent V. La Bruna
Dr. Frank A. Mazzapica
Orthodontics
Dr. Barry H. Grayson
Pediatric Dentistry
Dr. Silvia Perez-Spiess
Periodontology & Implant Dentistry
Dr. Gregory K. Kazandjian
Dr. Jeffrey Lemler
Prosthodontics
Dr. Michael I. Postol

Communications & Public Affairs
Ms. Elyse Bloom
20-Year Service Award
Administrative Affairs
Ms. Marie H. Gaudin

Biomaterials & Biomimetics
Dr. John P. Legeros

Cariology & Comprehensive Care
Dr. Paul Bernstein
Dr. Harmon J. Cooper

Clinic Operations
Ms. Luzmaria Acosta
Ms. Clotilde Irizarry

Oral & Maxillofacial Pathology, Radiology & Medicine
Dr. Herbert H. Frommer
Dr. Marc Henshel
Ms. June Osterman
Dr. Benjamin H. Solomowitz

Oral & Maxillofacial Surgery
Dr. Sidney R. Kupfer
Dr. Richard A. Salman
Dr. Moses P. Snead

Orthodontics
Dr. Robert J. Lopatkin

Periodontology & Implant Dentistry
Dr. Arthur Ashman
Ms. Brenda M. Dawkins
Dr. Paul D. Fletcher
Dr. Milton Palat

Prosthodontics
Dr. Trevor Bavar
Dr. Steven M. Butensky
Dr. David P. Panno
Mr. Joseph Passaro
Dr. Bruce G. Valauri

Restorative Support Unit
Mr. Roy R. Duhrke
Mr. Joel P. Edelson
Mr. Freddy N. Pimentel

15-Year Service Award
Administrative Affairs
Ms. Carmelita Maurentt

Cariology & Comprehensive Care
Dr. Nathan Bryks
Dr. Saifdar Chadda
Dr. Robert Coleman
Dr. Steven Sarin
Dr. G. Yi-Ying Su

Clinic Operations
Ms. Angela R. Greene
Ms. Maria H. Hurtado
Ms. Sharon Pavy-Rhett

Dental Hygiene
Dr. Allen J. Burdowski

Endodontics
Dr. Abraham Kedeshian
Dr. Leon Schertzer

Oral & Maxillofacial Pathology, Radiology & Medicine
Ms. Wilhelmina Carney
Ms. Silvia Esteves
Dr. Glenn A. Goldstein
Dr. Alex Mikhailov
Ms. Dawn Slomka

Oral & Maxillofacial Surgery
Dr. David E. Beller
Dr. William D. Riley

Orthodontics
Ms. Ana N. Cruz
Dr. Martin Epstein
Dr. Marina M. Gottfried
Dr. Yon H. La
Dr. Mitchell J. Lipp
Dr. Elliot Moskowitz
10-Year Service Award

Patient Accounts
Ms. Robin Webb

Pediatric Dentistry
Dr. Peter Catapano

Periodontology & Implant Dentistry
Dr. Robert Eskow
Dr. Stuart J. Froum
Dr. Ana B. Giglio
Dr. Michael Klein
Dr. Joel L. Rosenlicht

Central Sterilization
Ms. Imani Holland
Ms. Nicole Jordan

Clinic Operations
Ms. Elon Parkinson
Ms. Nancy Perez
Ms. Shirley Wilmers

10-Year Service Award

Cariology & Comprehensive Care
Dr. Charles Dorato
Dr. Albert A. Galante
Dr. Mara Greenwald
Dr. Haig H. Rickerby
Dr. Haniel Rosemond

Dental Hygiene
Ms. Piroska Szalma

Endodontics
Dr. Edward J. Lipke
Dr. Barnet B. Shulman

Epidemiology & Health Promotion
Dr. Gustavo D. Cruz

Faculty Practice
Mr. Anthony C. Price
Ms. Rosanna Vargas

Health Services & Compliance
Ms. Dina Figueroa-Bell
Ms. Rosemary T. Lipani

Information Systems
Mr. Daniel Ferraro

International Programs
Mr. Ronald A. Eckhardt

Oral & Maxillofacial Pathology, Radiology & Medicine
Dr. Alfred T. C. Peng
Ms. Letty Ponce
Dr. Harry G. Sacks
Ms. Jeanine Stabulas
Dr. Sheldon D. Stachel

Orthodontics
Dr. Rajendar M. Saini

Periodontology & Implant Dentistry
Dr. Stephen J. Chu
Mr. Francesco Mangini
Dr. Augusto L. Rodrigues
Dr. Mehdi Saber
Dr. Oscar J. Sarnachiaro

Prosthodontics
Dr. Irving P. Kessler

Recipients of 15-Year Service Awards
Clinical Staff Honored


“We credit NYUCD’s current stature not only to a superb faculty, spectacular students, and excellent administrative leadership,” said Interim Dean Richard I. Vogel, “but also to the amazing talents and dedication of our clinical staff.”

The occasion was NYUCD’s first recognition ceremony and reception held exclusively to salute the men and women who keep the NYUCD clinics running smoothly.

According to Dr. Francis V. Panno, Associate Dean for Clinical Affairs, “In a healthcare institution, clinical staff are key to how patients perceive the quality of care they receive. They serve both on the front lines and behind the scenes through direct, personal contact with patients as well as the provision of support services, including supplies and sterilization services and maintaining medical records and patient accounts. All of these people are critically important in shaping patient perceptions. Occasions like this allow us to honor and recognize the humanity—as well as the skills—of these individuals, and the essential role they play in advancing our patient care mission.”
Student Lobbyists Meet with Senator Clinton

NYUCD student lobbyists traveled to Washington, DC, in May to lobby legislators for support for dental education. The delegation, shown with Senator Hillary Rodham Clinton, included from left: Ryan Lee, ’10; Dmitry Baron, ’09; Jennifer Frangos, ’09; Aleks Baron (behind Senator Clinton) ’09; Stacy Wolf, ’09; Andrew Young, ’09; and LeAnn Clark, ’09.

Spring Talent Show Breaks Attendance Records

More than 500 people turned out for the spring talent show—the largest audience ever—to be entertained by the amazing talents of 15 dental and hygiene student performers. The performers wowed the crowd with song, dance, music, comedy and poetry readings.
Congratulations to...

**MS. TAMU AL-ISLAM**, formerly Senior Director of Human Resources & Operations, on assuming a new position at NYU as Senior Director in the Office of the President.

**DR. KENNETH L. ALLEN**, ’73, Assistant Professor of Cariology and Comprehensive Care, on winning the Education Research Group Award presented by the International Association for Dental Research; on coauthoring an article entitled “Peer Teaching: Easing the Faculty Shortage,” for the *Journal of Faculty Development*; on copresenting a workshop entitled “Technology: A Valuable Tool for Faculty Standardization” at the 2007 annual meeting of the American Dental Education Association, with Dr. James Kaim, Professor of Cariology and Comprehensive Care, and Dr. Elise Eisenberg, ’84, Clinical Professor of Epidemiology & Health Promotion and Director of Dental Informatics & Digital Services; and on copresenting a poster entitled “On Using the Simulation Laboratory for Clinical Faculty Standardization,” at the ADEA meeting. Dr. Allen’s copresenters were Dr. Kaim; Dr. Andrew B. Schenkel, Clinical Assistant Professor of Cariology and Comprehensive Care; Dr. Barnett Bucklan, Clinical Associate Professor of Cariology and Comprehensive Care; Dr. Benjamin Godder, Clinical Associate Professor of Cariology and Comprehensive Care; and Dr. Mark S. Wolff, Professor and Chair of the Department of Cariology and Comprehensive Care. Dr. Allen was also elected Chairman-Elect of the Clinical Simulation section of ADEA.

**MS. ELYSE BLOOM**, Assistant Dean for Communications & Public Affairs, on presenting “Global Health Nexus: Chronicling Transformation/Transforming Institutional Image” at the 2007 annual meeting of the American Dental Education Association.

**DR. PAGE CAUFIELD**, Professor of Cariology and Comprehensive Care, on being chosen by the American Dental Association to serve on a panel of experts to develop evidence-based recommendations for pit and fissure sealant placement.

**DR. STEVEN CHU**, Clinical Associate Professor of Periodontology and Implant Dentistry, on being quoted in an article entitled “Digital Transitions” in *Dental Lab Products* on the potential for adapting sonar technology to aesthetic dentistry procedures.

**DR. RONALD G. CRAIG**, Associate Professor of Basic Science and Craniofacial Biology, on authoring an article entitled “Effects of Periodontal Cell Grafts and Enamel Matrix Proteins on the Connective Tissue—Implant Interface: A Pilot Study in the Mini Pig,” for the *Journal of Oral Implantology*, with Dr. Angela R. Kamer, Assistant Professor of Periodontology and Implant Dentistry; Dr. Sathya P. Kallur, ’99, Clinical Assistant Professor of Endodontics; and Dr. Dennis P. Tarnow, ’72, Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry. Dr. Craig also coauthored an article entitled “Periodontal Diseases: A Modifiable Source of Systemic Inflammation in Chronic Kidney Disease Patients?” for *Nephrology, Dialysis & Transplantation*, with Dr. Kamer.
Professor of Epidemiology & Health Promotion and Director of Dental Informatics & Digital Services, and Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry.

**DR. MICHAEL B. FERGUSON,** Clinical Associate Professor of Prosthodontics, on authoring an article entitled “Recreating an Esthetic Smile: A Multidisciplinary Approach,” for the *International Journal of Periodontics & Restorative Dentistry.*

**MS. WINNIE FURNARI,** Clinical Assistant Professor of Dental Hygiene, on presenting a poster entitled “Clinical Journal Writing Assessment” at the 2007 annual meeting of the American Dental Education Association, coauthored with Ms. Lorilei Kirby, Clinical Assistant Professor of Dental Hygiene.

**DR. DAVID GLOTZER, ’58,** Clinical Professor of Cariology and Comprehensive Care, on coauthoring a series of articles entitled “Increasing First Responder and Public Health Capabilities During Times of Crisis,” for the NYU Center for Catastrophe Preparedness & Response, with Dr. Walter Psoter, Assistant Professor of Epidemiology & Health Promotion, and Dr. Dianne Rekow, Professor and Chair of the Department of Basic Science and Craniofacial Biology and Director of Translational Research; and on completing a course entitled “The Hospital Management of Chemical, Biological, Radiological/Nuclear, and Explosive Incidents,” conducted jointly by the US Army Medical Research Institutes of Chemical Defense and Infectious Diseases and the Armed Forces Radiobiology Research Institute.

**DR. BENJAMIN GODDER,** Clinical Associate Professor of Cariology and Comprehensive Care, on completing a course entitled “The Hospital Management of Chemical, Biological, Radiological/Nuclear, and Explosive Incidents,” conducted jointly by the US Army Medical Research Institutes of Chemical Defense and Infectious Diseases and the Armed Forces Radiobiology Research Institute.

**DR. JOSEPH GUTENPLAN,** Professor of Basic Science and Craniofacial Biology, on being named by the World Trade Organization to serve on a scientific panel examining the safety of importing hormone-treated beef to the European Union.

**MS. JILL FERNANDEZ,** Clinical Associate Professor of Pediatric Dentistry, on copresenting “The Use of Personal Digital Assistants in Pediatric Dentistry” at the 2007 annual meeting of the American Dental Education Association, with Dr. Elise Eisenberg, Clinical Professor of Epidemiology & Health Promotion and Director of Dental Informatics & Digital Services, and Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry.
**DR. DAE WON HAAM**, Advanced Program for International Dentists in Implant Dentistry, '07, on winning first place in the Academy of Osseointegration's 2007 annual meeting poster competition for “Accuracy Assessment of Computerized Axial Tomography-Scan Images Based on the Placement of the Reference Plane,” coauthored by Dr. Nancy Kim, Advanced Education Program in Periodontology; Dr. Jose Navarro, Advanced Program for International Dentists in Implant Dentistry, '06; Dr. Stuart L. Segelnick, Clinical Assistant Professor of Periodontology and Implant Dentistry; Dr. Sang-Choon Cho, '03, Clinical Assistant Professor of Periodontology and Implant Dentistry; Dr. Stuart J. Froum, '70, Clinical Professor of Periodontology and Implant Dentistry; and Dr. Nicolas Elian, '91, Assistant Professor of Periodontology and Implant Dentistry.

**DR. NEAL G. HERMAN**, '72, Clinical Professor of Pediatric Dentistry, on presenting a poster entitled “The Intersection of Dental Education & Community Service: The US Virgin Islands Experience” at the 2007 annual meeting of the American Dental Education Association, coauthored with Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry; Ms. Jill Fernandez, Clinical Associate Professor of Pediatric Dentistry; Dr. Torri Lynn-Catherine Chatman, Advanced Education Program in Pediatric Dentistry, '07; and Dr. Jacky Ha Thai, Advanced Education Program in Pediatric Dentistry, '07.

**DR. SHANKAR S. IYER**, '94, Clinical Assistant Professor of Prosthodontics, on being named an Honored Fellow of the American Academy of Implant Dentistry, and on being elected a Trustee of the Northeast District of the American Academy of Implant Dentistry.

**DR. LEILA JAHANGIRI**, Assistant Professor and Chair of the Blatterfein Department of Prosthodontics, on coauthoring “Evaluation of the Marginal Seal of CEREC 3D Restorations Using Two Different Luting Agents,” for General Dentistry, with Dr. Claudine A. Agosta, Advanced Education Program in Oral and Maxillofacial Surgery, '08, and Dr. Denise J. Estafan, Associate Professor of Cariology and Comprehensive Care.

**DR. JOCELYN JEFFRIES**, '07, on receiving the New York State Dental Foundation Award, presented to the graduating senior who has demonstrated outstanding leadership in promoting dental student participation in the American Dental Student Association, excellence in academics and commitment to the underserved. Added kudos to Dr. Jeffries on receiving the Listerine Preventive Dentistry Award for best student poster presentation at the annual meeting of ADEA. The poster, entitled “The 2006 Interim Analysis
Survey Review on Catastrophe Preparedness Studies” was coauthored with Dr. Yves Jean, MS in Clinical Research ’04; Dr. David L. Glotzer, ’58, Clinical Professor of Cariology and Comprehensive Care; Dr. Walter Psoter, Assistant Professor of Epidemiology & Health Promotion; Dr. Ruthie Barreau, MS in Clinical Research ’06; Dr. Frederick More, Professor of Epidemiology & Health Promotion and of Pediatric Dentistry; and Dr. Rajiv Karloopia, MS in Clinical Research ’06.

**Dr. A. Ross Kerr**, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, on authoring a commentary entitled “Efficacy of Oral Lycopene in the Management of Oral Submucous Fibrosis” for *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology.*

**Dr. Kathleen W. Kinnally**, Professor of Basic Science and Craniofacial Biology, on coauthoring an article entitled “The Nuclear Receptor Interacting Factor-3 Transcriptional Coregulator Mediates Rapid Apoptosis In Breast Cancer Cells Through Direct And Bystander-Mediated Events,” for *Cancer Research,* with Dr. Sonia Martinez-Caballero, a Postdoctoral Research Fellow in Basic Science and Craniofacial Biology.

**Ms. Judy Kreismann**, Clinical Associate Professor of Dental Hygiene, on presenting a poster entitled “Dental Hygiene Pre-Clinic Course Tutorial” at the 2007 annual meeting of the American Dental Education Association, coauthored with Ms. Eva M. Lupovici, Clinical Professor of Dental Hygiene, and Professor Cheryl M. Westphal, Assistant Dean for Allied Health Programs and Director of the Dental Hygiene Program.

**Dr. Charles D. Larsen**, Clinical Assistant Professor of Pediatric Dentistry, on completing the Health Professions Program for Dental School Faculty at the Institute for Teaching and Learning, a collaborative partnership between the Academy for Academic Leadership in Atlanta and the University of Missouri-Kansas School of Dentistry.

**Dr. Racquel Z. Legeros**, Professor and Associate Chair of the Department of Biomaterials and Biomimetics and Linkow Professor of Implant Dentistry, on authoring an article entitled “Coating on Braces May Inhibit Plaque Growth and Decalcification,” for the *Journal of the American Dental Association,* and on the following presentations: “Calcium Phosphate Biomaterials for Orthopedic and Dental Applications,” at the European Society for Biomaterials; “Calcium Phosphate Biomaterials for Dentistry and Medicine” at the Second International Conference on Valorization of Phosphates and Phosphorus Compounds; “Properties of Substituted Apatites and Substituted Tricalcium Phosphates,” at the International Conference on Design of Biomaterials; and “Calcium Phosphate-Based Biomaterials” at Congresso Latino Americano de Orgaos Artificiais e Biomaterials.

**Dr. Jan M. Levy**, Clinical Associate Professor of Cariology and Comprehensive Care, on presenting a poster entitled “Juristicprudence and Ethics of the Methamphetamine User in the Dental Office,” and “The Ethics and Jurisprudence of the New Cariology” at the 2007 annual meeting of the American Dental Education Association, both coauthored with Dr. Maureen McAndrew, Clinical Associate Professor of Cariology and Comprehensive Care.

**Dr. Daniel Malamud**, Professor of Basic Science and Craniofacial Biology and Director of the HIV/AIDS Research Program, on editing a book entitled *Oral-Based Diagnostics* published by the New York Academy of Sciences.

**Dr. Martine Mandracchia**, Clinical Assistant Professor of Cariology and Comprehensive Care, on presenting a poster entitled “CAD/CAM Technology: A Self-Assessment Tool,” at the 2007 annual...
meeting of the American Dental Education Association, coauthored with Dr. Steven K. Mark, Clinical Assistant Professor of Cariology and Comprehensive Care, and Dr. Denise Estafan, Clinical Associate Professor of Cariology and Comprehensive Care.

**DR. STEVEN K. MARK**, Clinical Assistant Professor of Cariology and Comprehensive Care, on presenting a poster entitled “Esthetic Dentistry: A Generational Balancing Act,” at the 2007 annual meeting of the American Dental Education Association, coauthored with Dr. Martine Mandracchia, Clinical Assistant Professor of Cariology and Comprehensive Care, and Dr. Denise Estafan, Clinical Associate Professor of Cariology and Comprehensive Care.

**MR. PATRICK MINSON**, Associate Director of Development, on winning the ACE (Assisting Our Community to Engage) Award presented by the NYU Office of Development and Alumni Relations for excellence in advancing NYUCD’s fund-raising momentum.

**DR. FREDERICK G. MORE**, Professor of Epidemiology & Health Promotion and of Pediatric Dentistry, on presenting “Gay-Straight Alliance: A Welcome Change of Climate - Achieving Diversity in Dentistry & Medicine,” at the 2007 annual meeting of the American Dental Education Association.

**DR. IVY PELTZ**, ’83, Clinical Associate Professor of Cariology and Comprehensive Care, on being named a Master of the Academy of General Dentistry, and on presenting “Virtually There: A Demonstration of the Use of Educational Software in Clinical Case Presentations” and “Into the Great Wide Open: Innovative Practices for Group Leaders,” at the 2007 annual meeting of the American Dental Education Association with Dr. Duane T. Culotta, Clinical Assistant Professor of Cariology and Comprehensive Care; Dr. Eric Studley, Clinical Assistant Professor of Cariology and Comprehensive Care; and Dr. Ralph Cunningham, Clinical Associate Professor of Cariology and Comprehensive Care. Dr. Peltz was also elected a Delegate to the ADEA Council of Faculties and NYUCD’s representative to the Sexual Boundaries Committee of ADEA.

**DR. MAUREEN MCANDREW**, ’83, Clinical Associate Professor of Cariology and Comprehensive Care, on being inducted into the Omicron Kappa Upsilon National Dental Honor Society; and on the following presentations at the 2007 annual meeting of the American Dental Education Association: a poster entitled “Excellence in Clinical Teaching: A New Program at NYUCD,” coauthored with Dr. Anthony Palatta, Clinical Associate Professor of Oral Maxillofacial Pathology, Radiology & Medicine and Assistant Dean for Student Affairs and Admissions, and Dr. Tracy E. Kamens, Director of the Faculty-Staff Development Center; a workshop entitled “Pedagogy for Practitioners: The Excellence in Clinical Teaching Program” and “Domestic Violence Identification Using a Palm Pilot,” copresented with Dr. Jan Levy, Clinical Associate Professor of Cariology and Comprehensive Care.

**DR. MIRIAM R. ROBBINS**, Clinical Associate Professor and Associate Chair of Oral and Maxillofacial Pathology, Radiology & Medicine, on copresenting “A New Adjunct Brings Lecturing into the 21st Century: New York University Implements the
Computer Performance System,” at the 2007 annual meeting of the American Dental Education Association, with Dr. Andrew B. Schenkel, Clinical Assistant Professor of Cariology and Comprehensive Care.

**DR. DIANNE REKOW**, Professor and Chair of the Department of Basic Science and Craniofacial Biology and Director of Translational Research, on completing her term as president of the American Association for Dental Research and becoming immediate past-president of the AADR; and on presenting a symposium entitled “Lions, Tigers, and Bears: Preparedness Leadership in Response to Crisis Events,” at the 2007 annual meeting of the American Dental Education Association.


**MS. ASHLEY SHARP**, Assistant Director for Alumni Affairs, on being elected Secretary for the Development, Alumni Affairs, and Public Relations section of ADEA.

**DR. JONATHAN SHIP**, Professor of Oral and Maxillofacial Pathology, Radiology \\& Medicine and Director of the Bluestone Center for Clinical Research, on coauthoring an article entitled “Dentistry on Frontline of
Diabetes Detection, Care" for Oral Health Research, a publication of the Friends of the National Institute of Dental and Craniofacial Research. Dr. Ship's coauthors included Dr. Anthony Vernillo, Professor of Oral & Maxillofacial Pathology, Radiology & Medicine; and on coauthoring a guest editorial entitled, "Practicing Dentistry Using Findings from Clinical Research," for the Journal of the American Dental Association, with Dr. Frederick A. Curro, Clinical Professor of Oral and Maxillofacial Pathology, Radiology & Medicine; Dr. Page Caufield, Professor of Cariology and Comprehensive Care; Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion; and Dr. Van Thompson, Professor and Chair of the Department of Biomaterials and Biomimetics.

**Diabetes Detection, Care** for Oral Health Research, a publication of the Friends of the National Institute of Dental and Craniofacial Research. Dr. Ship's coauthors included Dr. Anthony Vernillo, Professor of Oral & Maxillofacial Pathology, Radiology & Medicine; and on coauthoring a guest editorial entitled, "Practicing Dentistry Using Findings from Clinical Research," for the Journal of the American Dental Association, with Dr. Frederick A. Curro, Clinical Professor of Oral and Maxillofacial Pathology, Radiology & Medicine; Dr. Page Caufield, Professor of Cariology and Comprehensive Care; Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion; and Dr. Van Thompson, Professor and Chair of the Department of Biomaterials and Biomimetics.

**Dr. David A. Sirois**, Associate Professor of Oral and Maxillofacial Pathology, Radiology & Medicine and Associate Dean for Graduate Programs, on coauthoring an article entitled “Dental Care of Patients with Autoimmune Vesiculobullous Diseases: Case Reports and Literature Review,” for Quintessence International.

**Dr. Andrew I. Spielman**, on being appointed to the Joint Commission on National Dental Examinations until 2010, and on being elected Secretary of the Oral Biology Section and Chair-Elect of the Educational Research/Development and Curriculum section of ADEA.

**Ms. Rita Startup**, Assistant Dean for Development and Alumni Affairs, on being elected Chair-Elect of the Development, Alumni Affairs and Public Relations Section of ADEA.

**Ms. Lisa B. Stefanou**, Clinical Associate Professor of Dental Hygiene, on being profiled in Access, and on presenting a poster entitled “Assessment of Dental Hygiene Graduates’ Use of Technology” at the 2007 annual meeting of the American Dental Education Association, coauthored with Ms. Judy Kreisman, Clinical Associate Professor of Dental Hygiene; Ms. Eva M. Lupovici, Clinical Professor of Dental Hygiene; and Professor Cheryl M. Westphal, Assistant Dean for Allied Health Programs and Director of the Dental Hygiene Program.

**Dr. Marvin Simring**, ’44, Lecturer in Periodontology in the Continuing Dental Education Program, on completing 60 years of service to NYUCD as both a Clinical Professor of Periodontics and a member of the CDE program faculty.

**Dr. Christian Stappert**, Assistant Professor of Periodontology and Implant Dentistry, on coauthoring an article entitled “All-Ceramic Partial Coverage Restorations on Natural Molars: Masticatory Fatigue Loading and Fracture Resistance,” for the American Journal of Dentistry.
DR. HAROLD I. SUSSMAN, Clinical Professor of Periodontology and Implant Dentistry, on coauthoring “Use of a SIG Device to Accurately Place Permanent Miniature Dental Implants to Retain Mandibular Overdenture,” for the New York State Dental Journal.

DR. DENNIS P. TARNOW, ’72, Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry, on authoring an article entitled “The Evolution of Perio-Restorative Dental Care,” for Practical Procedures & Aesthetic Dentistry.

DR. MICHAEL D. TURNER, below left, Assistant Professor of Oral and Maxillofacial Surgery, on coauthoring an article entitled “Dental Management of the Gravid Patient,” for the New York State Dental Journal, with Dr. Fiza Singh, ’07, and Dr. Robert S. Glickman, Professor and Chair of the Mecca Department of Oral and Maxillofacial Surgery; and on completing the Health Professions Program for Dental School Faculty at the Institute for Teaching and Learning, a collaborative partnership between the Academy for Academic Leadership in Atlanta and the University of Missouri-Kansas City School of Dentistry.

DR. ANTHONY VERNILLO, Professor of Oral and Maxillofacial Pathology, Radiology & Medicine, on coauthoring an article entitled “Examining Ethical Obligations in the Intensive Care Unit: HIV Disclosure to Surrogates,” for Critical Care.

PROFESSOR CHERYL WESTPHAL, Assistant Dean for Allied Health Programs, on being elected Vice President for Allied Dental Program Directors of ADEA.

DR. MARK WOLFF, Professor and Chair of the Department of Cariology and Comprehensive Care, on being elected a Delegate to the Oral Biology Section and to the Council on Sections Task Force on Membership of ADEA.

DR. YU ZHANG, Assistant Professor of Biomaterials and Biomimetics, on receiving the International Association for Dental Research Arthur R. Frechette Prosthodontic Research Award.
Focus on Alumni

Congratulations to:

50’s
DR. FELIX L. GLAUBACH, Class of 1955, on receiving an honorary degree from Yeshiva University.

60’s

DR. JOEL C. GELBMAN, Class of 1967, on being profiled in the West Essex Tribune.

70’s
DR. STEPHEN B. GOLDBLUM, Class of 1974, on being elected President-Elect of the New York State Dental Association. He will serve as NYSDA president in 2008.


80’s
DR. MERYL J. EFRON, Class of 1983, on being inducted as a Fellow of the International College of Dentists.

DR. STEVEN GOUNARDES, Class of 1984, on being installed as President of the New York State Dental Association for 2007.

DR. CARMEN SCHULLEN, Class of 1987, on being granted privileges as a “Consultant Physician” at the New York Harbor Healthcare System, Department of Veterans Affairs.

90’s
DR. ROBERT ARBUCKLE, Class of 1997, on being featured in a Greenwich Time article about his volunteer work in Cambodia with Healing the Children, a nonprofit agency that provides health care to children in developing countries.

DR. GERARDO SANTIAGO, Class of 1991, on being awarded Fellowship in the Academy of Dentistry International, and on being honored by the N Media Group as “N Good Hearted Man” for 2007 in recognition of the dental care he has provided to underserved children in south Florida.

SAVE-THE-DATE: 2007 ANNUAL ALUMNI ASSOCIATION MEETING

The NYUCD Alumni Association will hold its annual meeting on Tuesday, September 18, 2007. The meeting will begin at 6 pm at NYUCD, 345 E. 24th Street, corner of First Avenue. Room location to be announced. Please call Patrick Minson at 212.998.9938 if you plan to attend.

In Remembrance

David B. Ast, Class of 1924
Benjamin Falk, Class of 1929
George Hoffman, Class of 1945
Sidney Horowitz, Class of 1945
Benjamin Shoplik, Class of 1945
Alfred H. Schwartz, Class of 1947
YOU STINK!
DENTISTRY'S ROLE IN PRIMARY HEALTH CARE

New York University
College of Dentistry
David B. Krise Dental Center
345 East 24th Street
New York, NY 10010-4086