If your dentist doesn’t do an oral cancer exam, change dentists!
Each year approximately 29,000 new cases of oral cavity and pharyngeal cancers are diagnosed in the United States and 7,300 people die.

**African-American men have the highest rates of oral cancer in the U.S.**

75% of oral and pharyngeal cancers are attributed to tobacco and heavy alcohol use.

**WHILE OVER 90% OF THOSE DIAGNOSED ARE OVER AGE 40, IN RECENT YEARS THERE HAS BEEN A SIGNIFICANT INCREASE IN THE UNDER-40 POPULATION.**

Oral cancer is the ninth most common cancer in men.

**LESS THAN 60% OF PATIENTS WILL SURVIVE 5 YEARS, AND ONLY 40% WILL SURVIVE 10 YEARS.**
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Honor Roll of Donors
Message from the Dean

If the cover art on this issue of Global Health Nexus gets under your skin, I am worried. Indeed, if you still don’t focus on soft tissue exams for oral cancer in your patients, you might be thinking, “Who do they think they are running this ad?”

Well, you don’t need to worry about NYUCD running this hypothetical ad in the consumer media, because we do not want to embarrass the profession in any way. Indeed, the six-year focus on oral cancer by NYUCD is designed not only to help improve the health of the citizenry, but also to elevate the stature of the dental profession. Nevertheless, if this fictitious ad offended you, I respectfully suggest that you rethink your oral exam priorities and technique.

This is the third issue of Global Health Nexus that is dedicated to raising awareness of oral cancer and the importance of prevention and early detection. In two previous issues, we talked about the urgent need to change attitudes about oral cancer exams — both the public’s and the profession’s — in order to save many of the over 7,000 American lives that are lost annually to this disease. In this issue of Nexus, which we’ve dubbed “The Oral Cancer Scorecard,” we take a hard look at how far we’ve come and how far we still have to go.

Yes, progress has been made. Since 1999, the Oral Cancer Consortium, of which NYU College of Dentistry was the initial member, has played a leadership role in increasing access to free screenings, consumer information, and education into the causes and prevention of oral cancer. Notably, the Oral Cancer Consortium helped to catalyze similar outreach initiatives in other states and a pilot national oral cancer awareness campaign.

NYUCD has also reached out to alumni and other dentists across the nation, encouraging them to build an oral cancer examination into their routine dental exam regimens. We sent our alumni — over 10,000 dentists — a guide
published by the National Institute of Dental and Craniofacial Research (NIDCR), which reviews the steps in a standardized oral cancer examination and helps the practitioner refresh the techniques necessary to ensure optimum patient health. We offered free continuing education courses focusing on the importance of performing oral cancer exams, and we developed a Web site on oral cancer, www.oral-cancer.org. We also coauthored a national supplement to the Journal of the American Dental Association, which focused entirely on oral cancer; developed an online course on oral cancer diagnosis; and paid for consumer ads on oral cancer in such publications as Time magazine, The New York Times, and the New York Daily News. Furthermore, we substantially increased our research on oral cancer; we partnered with the New York State Dental Association in providing continuing education on oral cancer throughout New York; and NYUCD faculty have written journal editorials and papers on the subject.

All this begs the question: Has oral cancer become a public health priority? The answer, sadly, is no. In the following pages, we ask why and also offer some thoughts on actions needed to bring about change.

In our lead editorial, Brian Hill, Founder and Executive Director of The Oral Cancer Foundation and a late-stage oral cancer survivor, asks tough, provocative questions about how well the profession and policymakers are fulfilling their responsibility to the public with regard to oral cancer awareness and screenings. His questions are especially timely in light of a recent study published in Lancet that provides solid evidence that nearly 40,000 lives could be saved worldwide every year through early detection of oral cancer.

On another front, an article about NYUCD’s $8.3 million NIH-funded Oral Cancer Research for Adolescent and Adult Health Promotion (RAAHP) Center provides an in-depth look at studies that are identifying factors contributing to oral cancer disparities, and developing and testing new strategies for eliminating them.

This project is an important part of NYUCD’s plan to become a national center for oral cancer research. In addition to RAAHP Center investigations, faculty are also contributing to a broader understanding of cancer’s progression and to the development of highly targeted prevention and treatment strategies. Projects include revealing novel targets in programmed cell death, testing the effect of chemoprevention on precancerous tissues, using anti-cancer immunotherapy, applying gene and mutation research to the prevention of oral cancer, and evaluating the feasibility of new oral cancer treatment approaches. It is noteworthy also that our colleague at UCLA, Dr. David Wong, is conducting some of the most exciting research around — on the use of saliva as a diagnostic test for oral cancer.

The path forward in oral cancer research is truly promising. In terms of empowering the public to ask their dentists for an oral cancer exam, however, we do not score very high.

In his article entitled “Taking Oral and Oropharyngeal Cancer Awareness and Action to the Next Level,” NYUCD faculty member and current Chairman of the Oral Cancer Consortium, Dr. Ross Kerr, focuses on this issue and also on why more dentists are not routinely doing the exam without being asked. And he proposes a plan of action for finally making an oral cancer exam a “must-have” healthcare procedure, like a pap smear for women or a prostate exam for men. Finally, Dr. Roger Levin, CEO and Founder of The Levin Group, discusses motivations for more private practitioners to do oral cancer exams, including the availability of new oral cancer detection technology, and he proposes the incorporation of a reimbursement system into private practices.

I hope that this issue of Global Health Nexus makes the compelling case that the defeat of oral cancer must be a collective effort. Please let me know how you feel about the issue by sending your comments to me at michael.alfano@nyu.edu. I look forward to including your views in a future issue.
Oral Cancer Awareness and Early Detection Efforts Fall Short

Agencies, Societies and Profession Not Doing Enough to Create A National Policy*

This year cancer replaced heart disease as the number one killer of Americans. Since 1972, when President Nixon officially declared a “war on cancer,” progress has been made, but we’re still far short of conquering the disease.

Accordingly, while we continue to explore and digest the reams of new data that research is producing daily, we must also look to those strategies that have yielded the best immediate, tangible results. If you look at those cancers in which there have been palpable gains against the death rate, i.e., cervical, prostate, colon, among others, they all have two things in common. The first is that they lend themselves to early detection methods, even if the method is somewhat invasive, as in the case of a colonoscopy. The “Katie Couric effect” on the rise of colon exams is clear evidence that Americans will become engaged in early detection if public literacy and awareness become priorities.

The second thing they have in common is that in their early stages, they respond well to existing, conventional treatment modalities; specifically, surgery, radiation, and chemotherapy. The message is clear: while science works on ultimate solutions, there are existing, viable mechanisms available to reduce the deadly toll of cancer deaths in the U.S., and the proven vehicles for achieving this objective are public awareness and early detection.

Another example is the dramatic change in cervical cancer mortality. During a 10-year period, with only the adoption of an annual screening by asymptomatic American women, the disease saw an approximately 70% drop in mortality rates.

This is extraordinary by any standards, and it came about because a motivated and informed public was effectively served by a community of physicians engaged in early detection. A cervical cancer examination is primarily visual and tactile; if suspect areas are found, a

*The views expressed in this article are not necessarily those of the NYU College of Dentistry and the editorial staff of Global Health Nexus.
A tissue biopsy is performed. I could just as easily be describing an oral cancer examination. Even the precursor tissue changes are identical.

Importantly, there was no landmark study indicating that adoption of cervical cancer screening would result in saving unprecedented numbers of lives. But in the late 1940’s and 1950’s, the American public, the government, professional medical societies, and physicians drew on what they knew to be sound clinical experience to initiate screening. I mention this because the argument I hear most often from those opposed to oral cancer screenings is that there is a lack of published evidence of positive outcomes. But now, in addition to these examples, there is published data that refutes the naysayers’ claims.

A peer-reviewed, long-term (10 years), high population (170,000 individuals) study, published in the June 3, 2005, issue of no less an authoritative source than Lancet showed an almost 30% reduction in the death rate among a group of people who had been screened for oral cancer versus a group which had not been screened. When broken down by high-risk persons who smoked or engaged in other risk behaviors, the results were even more dramatic.


This study provides sound scientific data for what we have known intuitively for decades. First, that discovery of disease in its early progression (early staging) yields better long-term outcomes. Second, that the cancer in question must be one that, in its early stages, responds well to the three established therapies mentioned earlier. Given this information, I would like to pose a question. Of the billions of dollars spent annually by our government to bring down cancer in the U.S., why is less than 2% of that money applied to those areas that have historically yielded the best results — public awareness/literacy and early detection programs?

What would it take to turn oral cancer into a success story, like that of cervical cancer? Oral cancer is arguably the cancer that lends itself most readily to detection and cure at early stages. Screening requires no invasive procedures, is inexpensive, and can detect oral cancer in a three-minute exam by the naked eye or palpation, even in its precancerous forms. Further, oral cancer is easy to biopsy, and, as an early-stage cancer, responds well to conventional therapies.

In my opinion, here’s what it would take:
(1) Evidence that early detection is of value, which is now available.
(2) A governmental agency such as the CDC to establish recommendations for a national policy and guidelines with the support of its partner organizations in the NIH (such as the NIDCR, NCI, etc.) and the Public Health Service.
(3) The full cooperation of professional organizations and societies whose members would be mandated to implement a national oral cancer initiative and policy. These would be groups that represent the interests of physicians, dentists, nurses, hygienists, etc., such as the ADA and the AMA.
(4) Guidelines established by these professional groups so that state licensing boards would require a demonstration of knowledge or CE credits in screening and early detection. After initial licensure, some continuation of this regulatory oversight would have to remain in place as new techniques and data become available.

(5) The commitment of practicing medical and dental professionals and their auxiliaries to follow those guidelines in the daily conduct of their practices, and the establishment of a reimbursement mechanism, be it private payer third party, for those who follow the guidelines.

(6) A long-term, cohesive public literacy and awareness campaign aimed at ensuring that the public understands the importance of an annual screening.

(7) A mechanism to attract and involve those segments of the American population that are burdened with socioeconomic issues and existing disparities in health care.

Unfortunately, my experience has taught me that all of the groups which would have to cooperate to make these things happen have their own, often competing agendas, their own budgetary constraints, their own profit motives, their own vested self-interest and their own institutional resistance to change. To develop a coalition based on agreement and consensus among them is a Herculean task. But the fact that neither consensus nor cooperation exists explains why oral cancer mortality rates have remained relatively unchanged for over 50 years, and why there is no likelihood that they will change in the near future.

Exactly what are we asking for here? Only that dentists become more conscientious about following a protocol that already exists. Dentistry has a well-defined referral process. A hygienist finds something that is suspect. It is referred to the general dentist for whom the hygienist works. Or a dentist finds a suspicious area and determines that it is something that he or she can or cannot identify, but which has existed for 14 days or longer. It is the dentist’s obligation to treat the patient or to refer the patient to a specialist for a biopsy and follow-up. If the dentist begins a treatment protocol, and no resolution occurs in a short, fixed period of time, the dentist must refer the patient to someone with more oral medicine experience. That new doctor, perhaps an oral surgeon doing a biopsy, assumes control of the diagnosis and with the help of a pathologist or an oral medicine specialist comes to a conclusive diagnosis. Should the condition be found to be malignant, the next step is a referral outside of dentistry to oncology. In this entire chain of events, the most important part is the initial discovery. Without that, an oral cancer is missed and continues to develop into a late-stage killer. No one is suggesting that hygienists or general dentists become pathologists; that’s why a strong referral chain exists. But DISCOVERY is key to making the system work, and the trained eyes and fingers of dentists and hygienists are the tools to early discovery.
to early discovery.

Unfortunately, because early discovery is not occurring often enough, 66% of oral cancer patients are found with late stage 3 and 4 disease. If anyone were actually looking and referring the questionable patients, this statistic would be lower. It is this statistic that, in my opinion, cancels out all arguments that dentistry is meeting its obligation to be part of the discovery process. In dentistry’s defense, only 60% of the American population sees a dentist every year. Even so, there is no evidence that the other 40% make up the majority of oral cancer victims.

While I have painted things with a very broad brush, I will say that there are individuals, albeit a minority, in dentistry, medicine, otolaryngology, nursing and hygiene who are very actively pursuing change. But because not all the necessary parties are willing to come aboard and put their own agendas on the backburner, measurable change has not taken place. Governmental agencies that have the ability and, indeed, are mandated to set policy designed to improve the public’s health, must finally take action. Professional societies entrenched in protectionism and decades of inaction must leave those policies behind and lead their members in implementing new guidelines. Private practitioners must shed their apathy about performing oral cancer exams and upgrade their knowledge to ensure that the exam is meaningful. Anything less is a disservice to the American public.

Mine is only a single voice, but my perspective is not new. For years there have been unheeded calls to action from editors of JADA, dental school deans, NIDCR scientists and others. I wasn’t angry six years ago when my dental team and my ENT team failed to diagnose my oral cancer for months while it developed into a late-stage disease. I was just glad to survive. Anyone can miss something, or make a mistake. Even in our litigious society, with failure-to-diagnose issues clearly on my side, my inclination was to try to turn a negative into a positive. My work through The Oral Cancer Foundation has been productive, and in areas including public awareness, patient support, and free public screenings, significant progress has been made. But in terms of developing a national policy that could reduce the death rate, those efforts have left me disappointed in the institutions and individuals I have sought to mobilize and, yes, finally angry.

While I have spoken out in public about the fact that organizations, policies, and individuals are resistant to change, I have not formally named names, because I feel
that ultimately these entities must be part of the solution. I have chosen to try to stay within the system in order to effect change. But since tangible results have been scant, it may be time to drive change via a different type of public awareness. Perhaps the only way to get these policymakers to change is to open a very public debate on their inaction and the reasons for it, thereby bringing about a public cry for official guidelines that will provide the simple, basic services necessary to reduce the morbidity and mortality wrought by oral cancer.

Since such a move will almost certainly create controversy, I would prefer that responsible individuals and organizations step up to the plate voluntarily. So for now I will continue my efforts to establish a coalition that can bring together the people who are essential to making a national policy a reality. Those who choose to maintain the status quo will not be able to claim the moral or scientific high ground if they allow things to continue as they are.

I ask you to think for a minute about the issues I have raised. If you feel defensive, perhaps you might ask yourself if you are actively part of the solution or passively part of the problem. If you believe the situation demands change, why not play a proactive role in creating change? It takes a single person of conscience to begin to change the status quo. That person understands that you actually have to be the change that you wish to see in the world. It’s said that a man who wishes to move a mountain starts with a handful of pebbles and stones. I’ll be curious to see who chooses to help me pick up the stones to move this mountain, and who chooses to throw them at me.

The Oral Cancer Foundation Inc. is a 501 (c3) non-profit charity that provides information and support to the public and professionals via a Web site, (www.oralcancerfoundation.org), which currently receives over 15 million hits per month. It represents over 39,000 patients, survivors, family members, and medical/dental professionals as members.

If you believe the situation demands change, why not play a proactive role in creating change?
Update on the NYU Oral Cancer RAAHP* Center

In 2001, as part of a national effort to redress disparities in our nation’s health, NYUCD received an $8.3 million, seven-year grant from the National Institute of Dental and Craniofacial Research (NIDCR) to establish the NYU Oral Cancer Research for Adolescent and Adult Health Promotion (RAAHP) Center. Like many other diseases, oral cancer takes a disproportionate toll on minorities. African-American males suffer the highest incidence of oral cancer of any group in the United States. Puerto Rican males residing in Puerto Rico also have a disproportionately high incidence of the disease.

The NYU Oral Cancer RAAHP Center, directed by Ralph V. Katz, DMD, MPH, PhD, Professor and Chair, Department of Epidemiology & Health Promotion, is one of five Centers for Research to Reduce Oral Health Disparities funded by the NIDCR in partnership with the National Center on Minority Health and Health Disparities. NYU’s major collaborating partner on this Center is the University of Puerto Rico. In addition, via this Center, NYUCD has collaborations with Boston University, Howard University, The Johns Hopkins University, the University of Pittsburgh, Tuskegee University, the University of Alabama at Birmingham, the Puerto Rican Health Department, Memorial Sloan-Kettering Cancer Center, NYU Medical Center, the University of New Mexico, Texas A&M University, the University of Maryland and the NYU School of Medicine.

At the end of the seven-year grant, each center is required to report findings that have the potential to directly impact the health of the public. The goal of the RAAHP Center, now in its fifth year, is to provide information that will change the behavior of both the public and the profession with regard to habits that may cause oral cancer and that will increase early detection of oral cancer to improve survival rates.

While the research has focused on identifying and examining factors contributing to oral cancer disparities, as well as on developing and testing new strategies for eliminating them, the project is also mandated to provide training and career development opportunities for scientists in underrepresented groups and others interested in establishing careers in oral cancer disparities research.

*RAAHP = Research for Adolescent and Adult Health Promotion
**Major Projects**

Since its inception, the NYU Oral Cancer RAAHP Center has sought to determine why minorities do not get oral cancer exams that might pick up the earliest signs of the disease. RAAHP Center researchers also looked at differences in willingness to participate in cancer screening exams among African Americans, Puerto Ricans residing in Puerto Rico, Puerto Ricans residing on the U.S. mainland, and whites. In addition to investigating clinical scientific questions, researchers looked at current and emerging technologies for detecting oral cancer and for ways to alter behavior to reduce risk factors such as tobacco and alcohol use. All of these initiatives are “firsts.”

Following are brief summaries of the four major projects conducted by the RAAHP Center that describe its strategy for effecting behavioral change and reducing the incidence of mortality from oral cancer.

**Risk Factors for Oral Epithelial Dysplasia.** Although the incidence of oral and pharyngeal cancer in Puerto Rican males is notably higher than among white males living on the U.S. mainland, few epidemiological studies have investigated environmental risk factors for Oral Epithelial Dysplasia (OED), a precancerous condition, and no such studies have been carried out in a Hispanic population. The primary aim of this study is to estimate the association between OED, which in 35 percent of cases converts to cancer, and the use of smoking tobacco and alcoholic beverages in a Hispanic population living in Puerto Rico. Seventy-five percent of the dentists participating in this study are from NYU, 25 percent are from Puerto Rico, and virtually all of the pathology labs in Puerto Rico are participating. Two-hour behavioral interviews are conducted with subjects regarding high risk behaviors, including smoking, drinking, and poor nutrition. Tissue specimens are then taken in order to build a data bank, which contains the behavioral data information for each patient — something which has never before existed. As genetic probes become more common, the data bank will be an indispensable resource for predicting and treating oral cancer. **Principal Investigator:** Dr. Doug Morse, Associate Professor, Department of Epidemiology & Health Promotion

**Oral Cancer Detection: Current and Emerging Technologies.** This project is systematically examining selected current and/or emerging technologies to determine their utility and optimal application, alone or in combination, to reliably detect oral cancer/precancer at its earliest stage by applying the tests to low-risk patients.

Dr. Katz congratulates Dr. Walter Psoter, the 2005 “RAAHP-er of the Year.”
populations, high-risk populations, and those with known oral cancer lesions. Unlike previous studies, this study takes subjects who have an oral lesion requiring a surgical biopsy and — prior to doing a “gold-standard” surgical biopsy — exposes each lesion to a series comprised of five ‘non-invasive’ intraoral diagnostic techniques now available to all dental practitioners (visual exam, salivary cell collection, toluidine blue staining, oral speculoscopy, and ‘brush’ cell biopsy). All these assessment tests will be analyzed with specific attention to the initial nature of the lesion and to the intended use of a test as a screening, surveillance, adjuvant or definitive diagnostic tool. Each of the five non-invasive tests is measured for accuracy against the current “gold standard” of a surgical biopsy. The inclusion of emerging technologies facilitates the analytical validation of tests. It is expected that insights gained from this study will be hypothesis-provoking, leading to new ideas about biomarkers for oral cancer and their exploitation for the prevention, early detection, and treatment of oral cancer. Ultimately, these tests could revolutionize the detection and diagnosis of oral cancer. Principal Investigator: Dr. David A. Sirois, Associate Professor, Department of Oral & Maxillofacial Pathology, Radiology & Medicine, and Associate Dean for Graduate Programs

Cancer Screening and Research Subject Participation by Minorities. The specific goals of this study are: 1) to determine whether there are differing levels of willingness to participate in cancer screening exams and in biomedical studies among African Americans, Puerto Ricans residing in Puerto Rico, and Puerto-Rican Hispanics residing on the U.S. mainland as compared to non-Hispanic Whites; 2) to explore those sociodemographic and psychosocial factors that might account for all observed differences; and 3) to identify factors which may positively influence individuals to participate in cancer-screening exams as well as to become research subjects in biomedical studies. Thanks to the RAAHP Center’s partnership with ORC Macro, Inc., an excellent data collection service, the major data collection phase of this study was completed 18 months ahead of schedule.

Using a Cancer Screening Questionnaire and a Research Subject Questionnaire adapted from questionnaires developed by the Tuskegee University National Center for Bioethics in Research and Health Care, data was collected from a total of 2,800 Hispanic, African-American, and non-Hispanic white participants from San Juan, Puerto Rico, New York City and Baltimore. We are now doing data analysis and interpretation, as well as disseminating research findings via participation at scientific meetings and publications. When completed, the study will be the first to assess, on a community level, the relationship between willingness to participate in cancer screening exams and willingness to participate in biomedical research across racial and ethnic groups. Principal Investigator: Dr. Ralph V. Katz, Professor and Chair, Department of Epidemiology & Health Promotion, and Director, NYU Oral Cancer RAAHP Center.
Personalized Risk Feedback Clinical Trial for Smoking Cessation in Dental Patients. The overall goal of this study, conducted in partnership with Memorial Sloan-Kettering Cancer Center, is to determine if, within the context of a dental practice, it is possible to effectively cause smoking cessation by pairing personalized risk feedback in a large, multiethnic public dental clinic with different levels of intervention — minimal, moderate, and maximum — to determine which are most effective. This is a randomized trial, which takes place on site at NYUCD, using our own students as dental practitioners.

The participating students are placed in one of three smoking-cessation treatment categories:
1) Standard Care (SC) trial participants receive only standard, dentist-provided smoking-cessation advice, assistance and follow up; 2) SC + Motivational Counseling (MC) participants receive standard care plus motivational smoking-cessation counseling provided by a trained dental hygienist; and 3) SC + MC + Personalized Risk Feedback (PRF) receive SC + MC + PRF.

Personalized risk feedback involves two components of biomarker feedback focusing on level of tobacco exposure and tobacco-related damages. The study uses an experimental prospective design to assess the effect of this intervention on smoking cessation, health and smoking-related cognitions and mood at three and 12 months. The premise of this study is that receiving personalized risk feedback in the dental setting, especially when paired with SC and MC, could increase smokers’ motivation for quitting, and thereby become an important translational, multidisciplinary strategy for tobacco-related cancer prevention.

This is the fifth and final year of the study. Principal Investigator: Dr. Jamie Ostroff, Professor and Chief of Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, with co-PI: Dr. Gustavo Cruz, Assistant Professor, Department of Epidemiology & Health Promotion, and Director of Public Health and Health Promotion.

Additional Center Activities and Components
In addition to the four major research projects, the RAAHP Center comprises three cores. An Administrative Core provides administrative oversight, guidance and coordination for the two other cores and the major projects, as well as grants management, organizational and grant review support, evaluation mechanisms, and monitoring to ensure that objectives are met. The two other cores are a Biostatistics Core, which provides a data repository for all RAAHP Center projects, and an Informatics Core, which provides an electronic infrastructure enabling participants to work together remotely; describes and analyzes the collaborative processes within the Center; disseminates Center results to interested audiences; and investigates the feasibility of improving oral cancer diagnosis and management practices using information technology-based interventions.

The RAAHP Center grant also supports two types of pilot studies: the typical Scientific Pilot Studies on Cancer, and the innovative Bioethics...
Pilot Studies related to Cancer. The Bioethics Pilot Studies Competition component is a collaborative partnership with the National Center for Bioethics in Research and Health Care at Tuskegee University that has served to initiate research activity at the National Center for Bioethics in Research and Health Care, a program initiated at Tuskegee University as a result of the mandate given by then-President Clinton when he made his historical apology to the African-American community for the wrongs done by the USPHS in its infamous Tuskegee Syphilis Study.

As the grant requirement was to provide research and career development opportunities, NYUCD was fortunate to be able to fulfill this requirement through our existing MS in Clinical Research program; our PhD program in epidemiology, which is run in collaboration with Columbia, Johns Hopkins, and Yale Universities; and a new short-term training grant for minorities.

In addition, the Center has been most fortunate to have attracted an External Advisory Board of internationally renowned and highly accomplished scientists and health administrators who convene twice a year to review the Center’s accomplishments, advise us on what could be done better, or what could be done beyond what is envisioned.

Their dedication and insights have improved the Center, both its spirit and its productivity.

Finally, this Center was funded by the NICHD under a relatively new, and evolving, grant mechanism, the U54 award mechanism. Under the U54, the NICHD program officers play a more active and contributory role in Center activities than existed under prior funding mechanisms. The RA AHP Center is fortunate to have Dr. Ruth Nowjack-Raymer as our major liaison with NICHD, as she has a deep passion for the goal of reducing health disparities. Dr. Nowjack-Raymer has materially and positively impacted the productivity and energy of the Center as she has carefully — and successfully — walked that ‘fine line’ between oversight and micro-management in this evolving-style partnership between universities and NIH within a U54 grant.

Each year the NYU Oral Cancer RA AHP Center, at its annual meeting of the External Advisory Board, presents the “RA AHP-er of the Year” Award to an individual in the Center who has made “outstanding contributions” in that year. This year the “RA AHP-er of the Year” Award was given to Dr. Walter Psoter for his accomplishments as a “Caribbean collaborator extraordinaire” in recognition of his superb mentoring of junior scientists at the University of Puerto Rico (UPR) and the University of Haiti. Dr. Psoter is an Assistant Professor in NYU’s Department of Epidemiology & Health Promotion and spends the spring semester at UPR as a jointly appointed faculty member.

Preparing for Phase II

Recently the NICHD announced that it will fund a Phase II competition for Oral Health Disparities Centers, which will be seven-year grants funded from 2008-2015. The goal of the Phase II grants will be to identify an “at-risk”
community with the goal of reducing, if not eliminating, health disparities for a targeted disease in that community. It is expected that Phase II will provide a level of funding at least comparable to Phase I, i.e., about $12-15 million per Center. The premise on which we will build the RAAHP Center’s application for Phase II funding is that the findings of every one of our four major studies and two pilot studies have the potential to bring about community change with regard to oral cancer. We will propose the creation of a minilab — a high-risk, geographically isolated community — in which to test our findings. We will propose to work closely with a wide variety of community and healthcare organizations in that community. Every two years we will survey community residents and healthcare providers, including dentists, to assess changes in knowledge, attitudes and behaviors. Taken together, these initiatives are expected to result in the creation of an oral cancer prevention and early detection model that can be replicated at the national level.

Since 2001, the NYU Oral Cancer RAAHP Center has built a solid foundation for implementing successful clinical, research, and public health oral cancer initiatives in a community-based setting. In Drs. Morse, Sirois, Ostroff and Cruz, we have a team of outstanding principal investigators; our collaborating institutions are all superb; Dr. Augusto Elias, Assistant Dean for Research at the University of Puerto Rico School of Dentistry, has continued to be instrumental in ensuring scientific rigor in our collaborative studies and in providing a pipeline to high-quality health researchers at UPR. At UPR he has been fully supported by both Dr. Jose Carlos, Chancellor of the UPR Health Sciences Campus, and the current Dental School Dean, Dr. Gilda Rivera. In addition, we have several “secret weapons” that deserve special recognition. Ms. Emilie Godfrey, the RAAHP Center administrator, is the true engine that not only drives the Administrative Core, but, more than anyone else, is able to overcome all logistical and administrative hurdles in order to ensure the grant’s forward momentum. Two other NYU grant administrators have been invaluable to Ms. Godfrey and to the Center, whose activities and budgetary arm span 15 universities and agencies. Both Ms. Lourdes Menendez, in the NYUCD grants office, and Mr. Richard Louth, Director of the Office of Sponsored Research for NYU, have brought their expertise, experience and insights into solving various budget management issues within this complex, multicenter, multidisciplinary Center.

More recently, the Center recruited a health promotion expert, Dr. Sheryl Strasser, who is helping to proactively initiate health promotion strategies during the last three years of current Phase I funding, as well as plan intervention strategies that will be especially critical in securing Phase II funding. Dr. Strasser’s participation ensures that the Center is aware of important public health promotion elements that can facilitate translation of findings from the four major epidemiologic and clinical studies into public health communications campaigns and health literacy studies designed to reach specific, high-risk segments of the population. Dr. Ananda Dasanayake, the NYUCD Associate Director of the RAAHP Center, will be taking the lead with Dr. Strasser in developing health promotion dissemination information and Web sites over the remaining three years of the current grant. Dr. Dasanayake is also the primary liaison to the Center’s newly formed South-Asian Health Initiative Advisory Board, composed of 16 South-Asian
community groups. Working together, they conducted pilot studies on one of the most devastating oral cancer-producing habits, the chewing of betel quid, so common in those new immigrant groups from India, Pakistan and Sri Lanka to New York City. The RAAHP Center has been partnering for the past two years with the Center for Immigrant Health at the NYU School of Medicine, specifically with Drs. Fran Gany and Jyotsna Changrani, to create questionnaires for pilot research studies on this habit.

Thanks to the RAAHP Center’s accomplishments to date and to these assets, the Center has targeted plans to create a highly competitive grant application for the Phase II awards. If the Center succeeds in winning a Phase II grant award, it will be able to successfully test its hypotheses, and, in 2015, be able to challenge other communities, dentists, and dental societies by saying, “If a collaboration among dentists, other healthcare providers, residents and community organizations in community X could accomplish something that has never been done before — namely, a marked improvement in preventing oral cancer and detecting it early enough to effect a cure — shouldn’t you be able to do so as well?”
Taking Oral and Oropharyngeal Cancer Awareness and Action to the Next Level

Until 1999, when the Oral Cancer Consortium was conceived in New York and New Jersey, there was no formal dental-based organization in the United States dedicated exclusively to raising awareness of the deadliness of oral cancer and the importance of prevention and early detection. Originally consisting of four dental schools in New York and New Jersey, the New York City Health and Hospitals Corporation, and a local television station, ABC7, the Consortium developed a media-driven strategy that was intended to galvanize public awareness of this largely unknown disease, and to motivate people to “Ask Their Dentists” for an oral cancer exam.

The premise was that if consumers began to ask for the exam, dentists who previously did not routinely screen for oral and pharyngeal cancer would feel compelled to do so.

The facts tell a powerful story:
- Each year approximately 29,000 Americans are diagnosed with oral cavity and pharyngeal cancers, and 7,300 of these people will likely die.
- While over 90% of those diagnosed are over age 40, in recent years there has been a significant increase in the under-40 population.
- Oral cancer is the 9th most common cancer in men, who are twice as much at risk as women. African-American men have the highest rates of oral cancer in the U.S.
- Less than 60% of oral cancer patients will survive for 5 years, and only 40% will survive for 10 years. This is because two-thirds of patients are diagnosed late with advanced disease, which is less amenable to treatment.

In contrast, if oral cancer is detected early, there is a greater than 80% 5-year survival rate.
- 75% of oral and pharyngeal cancers are attributed to tobacco and heavy alcohol use. The cause of the remaining 25% is not clear.
- The main treatments for oral cancer include surgery and
radiotherapy, both of which carry significant long-term side effects and have a major impact on quality of life.

In spring 1999, the Oral Cancer Consortium held the first of what has become an annual free screening day sponsored by an ever-expanding group of partners, who now include 29 metropolitan-area healthcare institutions and professional societies, hospitals, and corporations not only in New York and New Jersey, but also in Pennsylvania. These events have become models for other states across the nation. Indeed, the Oral Cancer Consortium’s importance was recognized recently with a grade of “A” from Oral Health America for its efforts to reduce the incidence of oral and pharyngeal cancer and to promote early diagnosis. But while we can take pride in what has been accomplished to date, the statistics remain virtually unchanged. Accordingly, we in the Oral Cancer Consortium must face the fact that our message is not effective enough.

Where Do We Go from Here?

Why, after five years, are 88% and 99% of people diagnosed with breast cancer and prostate cancers, respectively, still alive, compared to only 59% percent of people diagnosed with oral and pharyngeal cancer? One important reason is the public’s awareness of these cancers. Simply put, more people get screened regularly for breast and prostate cancer because of phenomenal marketing efforts to “brand” the cancers. Oral cancer must do the same. It’s clear that oral cancer has a high cure rate when detected before the cancer has metastasized to the local lymph nodes or beyond. Unfortunately, “frontline” dental and medical healthcare providers do not do a good enough job of performing a thorough visual and tactile oral cancer examination on every patient. Why this is the case is a complex and multifactorial issue that is not likely to be resolved soon. Be that as it may, if we are to realize the potential that exists to reduce mortality from this disease by detecting cancers earlier and, better yet, intercepting them when they are in the precancerous stage, we must work harder at raising awareness among both the public and healthcare professionals.

Why must there be so much suffering? Oral cancer is one of the
most devastating cancers — not only because it is so deadly, but also because it can have such major impact on one’s quality of life. Unlike breast cancer and prostate cancer, whose survivors can conceal their disease, oral cancer survivors typically undergo extensive disfiguring surgery and radiation therapy. And we live in a society where, for better or worse, appearance is very important. Moreover, the simple pleasures that we take for granted, like eating, drinking, talking or kissing, can be severely compromised forever as a result of oral cancer.

Accordingly, the Oral Cancer Consortium plans to add new initiatives that have the potential to take oral cancer awareness and action to the next level. Toward this end, Sam Champion and ABC7, who have been terrific partners in publicizing the free screenings since they began, will be invited to play an even larger role, both as consultants and on-camera. The new initiatives we are planning include:

- **Developing a “brand.”** One of the ideas that came out of an Oral Cancer Consortium “Think Tank” held last year at NYUCD was the need to look at the issue of oral and pharyngeal cancer from a marketing perspective and come up with an actual brand that will prompt instant recognition and therefore allow us to access our target audience more effectively.

- **Heightening professional awareness through our students.** In April, in advance of The Oral Cancer Consortium’s annual free screening day, we hope to attract widespread attention by holding an Oral Cancer Walk-A-Thon in conjunction with the Student National Dental Association. The idea came from one of our senior students, Khadine Alston. Brian Hill, Founder of The Oral Cancer Foundation, which hosted a similar event last spring, has offered to help Khadine organize the event and recruit participants and sponsors. One of the wonderful things about this plan is its potential to motivate dental students at other schools to lobby their institutions to join in the effort to promote awareness and early detection. With a critical mass of dental students dedicated to early detection, it is reasonable to expect that it will be second nature for tomorrow’s dentists to perform an oral cancer examination for every patient.

- **Telling survivors’ stories and recruiting celebrity spokespersons.**
We plan to invite oral cancer survivors, including dentists and hygienists who have survived oral cancer, to tell their stories in print and on TV. We will also invite African-American and Hispanic celebrities to do public service announcements targeted to high-risk peer audiences, who bear a disproportionate oral cancer burden.

- Enlisting other healthcare professions in conducting oral cancer exams and promoting prevention. NYUCD's alliance with nursing provides a wonderful opportunity to involve other healthcare providers in promoting early detection and prevention. To that end, we are exploring the possibility of a collaborative project to develop and test a continuing nursing education program on oral cancer that can be presented at national and regional nursing meetings.

- Forging new technologies that will make it easier to screen for oral cancer. Currently there is no separate ADA code for a standard visual and tactile oral cancer exam and therefore it is not reimbursed separately from a comprehensive dental/periodontal/soft tissue exam. As a consequence, while many dentists are charging for a comprehensive oral exam, they are not meeting their obligation to screen for oral cancer. The good news is that there is a growing field devoted to “predictive oncology” and important research is underway that will lead ultimately to new screening adjuncts to augment our standard visual examination and help us identify and characterize early cancers or precursor lesions with high potential for becoming cancers. Such adjuncts may include handheld detection devices coupled with cytological or salivary diagnostics. The introduction of such tests into the marketplace may very well facilitate further expansion of ADA reimbursement coding for oral cancer screening and, hopefully, motivate more private practitioners to screen for oral cancer. But that may be too long to wait.

Maybe it’s time to stop pulling our punches and start producing more aggressive marketing materials, as the cover of this issue of Global Health Nexus suggests, and to depict more vividly what the disease can do to a person’s face and quality of life.

Those of us who are involved in the campaign against oral cancer know that there are promising directions to follow that will ultimately allow us to downsize this disease. The only question is how bold we are prepared to be to reach our goal.
Dentistry has gone through monumental changes in the last 20 years. We have seen the introduction of composite resin, whitening products, osseointegrated implants, lasers, early caries detection devices and a host of other materials and technologies. Without question, the last two decades have been the most innovative in contemporary dentistry.

Oral cancer is one area where a minimal amount of progress has been made despite the introduction of a new early-detection diagnostic method. The mortality rate from oral cancer appears to be similar today to 20 years ago, according to the National Cancer Institute. While some other areas of cancer diagnosis and treatment have led to significant mortality rate improvements, oral cancer has remained stable. About 29,000 Americans will be diagnosed with oral cancer this year, according to the National Cancer Institute. Of those cases, 7,300 are expected to be fatal.

The future of dentistry lies at a crossroads where dentistry, medicine, and pharmacology become significantly more integrated. Even today, we are starting to see the effects of pharmacology on certain dental treatment and the relationship of oral health to systemic disease. Numerous studies today relate periodontitis to cardiovascular disease and other health problems. While this interrelationship among dentistry, medicine, and pharmacology is in its earliest stages, progress has begun and will certainly continue.

Oral Cancer Detection

Until recently, dentists relied on visual observation and scalpel biopsy to detect symptoms of oral cancer. A major problem with this diagnostic method was that detection often occurred after the cancer had
spread beyond the earliest stages. Today, dentists have another tool to detect oral cancer — an oral cancer brush biopsy approved by the Federal Drug Administration that allows for the early detection of oral cancer. The earlier oral cancer is detected, the sooner it can be treated with a far better result.

As with any new technique and technology, the question arises how to implement this tool into the practice in a way that the doctor and team feel comfortable and the patient understands the need for treatment.

Challenges for doctors incorporating this technology into their practices include the following:

1. The oral cancer brush biopsy is not typically covered by dental insurance. Although there is an opportunity for medical insurance reimbursement, most general practices are not participating members with medical insurance. Additionally, learning the administrative protocols of filing medical insurance is different from dealing with dental insurance and can often result in complications.

2. Unlike a great deal of diagnostic dentistry, the decision to use the brush biopsy test is not always clear. Practices are instructed to use the brush on atypical red and white spots. But questions arise — what is an atypical red or white spot? What spots should be tested? It is important at this point to understand that the main goal of testing with the brush biopsy is to “rule out” oral cancer and that the test is not meant to be used only when oral cancer is suspected. Similar to other medical tests, the brush biopsy is also a screening opportunity where most of the results will be negative.

3. When results were received from the laboratory, they were initially confusing for many general dentists. There were three result categories — positive, atypical and negative. The dental profession was not completely clear as to how to respond to each of the results. Currently, the manufacturer recommends that a positive or atypical result be referred to a specialist for further diagnosis and examination, while a negative result does not need referral and can be checked again in the future. To eliminate confusion, referral recommendations are now sent along with the test results.

Oral Cancer Testing in the Practice

The key to integrating any new product or technology into the practice is a systemized approach. Each dentist should make a decision regarding treatment protocols for brush biopsy testing and then clearly educate the hygiene staff. Once the protocols are in place, patients showing certain
signs or symptoms should simply be offered the test. Before implementing a new product or service, dentists need to determine an appropriate fee for the procedure. The brush biopsy requires 2-3 minutes to perform properly. The test is then sent to a laboratory that will directly charge its fees to the patient’s medical insurance. All these factors — time, labor and cost — must be considered when setting an appropriate fee.

Dental practices often experience difficulty receiving reimbursement from medical insurance companies. For this reason, it is strongly recommended that the fee simply be charged to the patient. These fees are not so high that patients cannot afford to pay for the brush biopsy, especially when they understand that the test is designed to rule out oral cancer. Some dentists feel uncomfortable because the majority of the tests come back negative. Remember, the primary focus should be on ruling out oral cancer.

Another challenge is that some dentists are hesitant to talk about oral cancer with patients. These practitioners are concerned that they are scaring patients who probably do not have the condition. One way to handle this is to use the following script:

The dentist looks at and feels the gums, the inside of the cheeks, the roof of the mouth and the throat and tonsils.

The dentist looks at and feels the outside of the neck, face and lips.
“Mr. Jones, during your examination, I noticed a small, flat, red spot on your gum. At first glance, it appears to be an inflammatory lesion. Although I believe that you have nothing to worry about, I would like to perform a very quick, painless and simple test that will allow us to assess the cause of the lesion. The test will more than likely be negative but it’s better to be sure.”

Summary
Oral cancer brush biopsy will not become a major financial or productivity factor for practices. What is important is that practices focus on identifying potential precancerous or cancerous conditions as early as possible while maintaining a high level of productivity and customer service. It is also valuable for patients to understand that they will be routinely screened for oral cancer and that there is a new FDA-approved diagnostic test for suspicious spots or lesions.

Oral cancer has been a long-term problem showing very little progress for many years. Dentistry now has the best opportunity to begin making a difference in this area by using all available technologies, including the brush biopsy. By detecting precancerous or cancerous cells as early as possible, dentists not only have the ability to prevent oral cancer from developing, but also the power to save lives.
Dr. Amr M. Moursi, a pediatric dentist and oral biologist, has been appointed Associate Professor and Chairman of the Department of Pediatric Dentistry. Dr. Moursi received a DDS degree from the University of Michigan School of Dentistry and a PhD in oral biology from the University of California at San Francisco.

Formerly an Associate Professor of Pediatric Dentistry at Ohio State University College of Dentistry and Director of the postdoctoral residency program in pediatric dentistry at Columbus Children’s Hospital, Dr. Moursi was also a member of the medical staff in pediatric dentistry at Columbus Children’s Hospital and a senior research fellow at the Eastman Dental Institute at the University of London.

Dr. Moursi’s research focuses on tissue engineering in cranial sutures. He is a recipient of the American Academy of Pediatric Dentistry Leadership Institute Award and the author or coauthor of over 50 published articles and abstracts. Dr. Moursi brings with him two major NIH grants: “Fibronectin antagonists in craniosynostosis,” which studies the effect of fibronectin antagonists on cranial suture development in normal and craniosynostotic rabbits, and “Cytokine therapy in craniosynostotic rabbits,” which utilizes the results of calvarial organ culture studies to study the effect of cytokine therapy in craniosynostotic rabbits, as well as an industry-sponsored grant for the study of collagen gel as a vehicle for protein and gene delivery.

Dr. Rosalynn Crawford, Class of 1998, and Advanced Education Program in Pediatric Dentistry Class of 2005, has been appointed a Clinical Assistant Professor of Pediatric Dentistry and one of the dentists supervising care on the Smiling Faces, Going Places mobile dental van. Dr. Crawford was formerly Chief Resident in the NYU Advanced Education Program in Pediatric Dentistry, as well as the Chief Resident at Bronx Lebanon Hospital’s Department of Dentistry.
Dr. Mark S. Wolff Appointed Chairman of the Department of Cariology and Comprehensive Care

Dr. Mark S. Wolff, who implemented major educational and patient care innovations during 24 years as a faculty member and administrator at Stony Brook University School of Dental Medicine, has been appointed Professor and Chair of the Department of Cariology and Comprehensive Care (see related article on p. 67).

Dr. Wolff’s accomplishments at Stony Brook included developing a first-year operative dentistry curriculum, a senior general practice training program, and a joint PhD/postdoctoral certificate program combining clinical and didactic training in general dentistry and diagnostic science. He also designed and implemented the nation’s first completely computerized clinical dental patient record. Dr. Wolff’s appointments at Stony Brook included Professor of General Dentistry and of Oral Biology and Pathology; Director of Operative Dentistry; and Associate Dean for Information Technology and Special Projects.

Dr. Wolff holds a DDS degree, a PhD in oral biology and pathology, and a general practice residency certificate, all from Stony Brook. He also completed an externship in periodontics at the Veterans Administration Medical Center in Northport, New York.

He is a past President of the American Association of Oral Biologists and a prolific researcher who has served as a principal or coinvestigator on more than 50 grants and contracts encompassing a broad range of clinical topics.

Dr. Hassem Geha Appointed Assistant Professor of Oral and Maxillofacial Pathology, Radiology & Medicine

Dr. Hassem Geha, an authority on digital imaging and diagnostic radiography, has been appointed an Assistant Professor of Oral and Maxillofacial Pathology, Radiology and Medicine. Dr. Geha holds a DDS degree from Saint Joseph University in Beirut, Lebanon, an MS degree in Dental Sciences and a Certificate in Oral and Maxillofacial Radiology from the University of Connecticut.
Ms. Wanda M. Nelson, formerly an Adjunct Professor of Dental Hygiene at the University of Bridgeport Fones School of Dental Hygiene, has been appointed a Clinical Assistant Professor of Dental Hygiene. Ms. Nelson holds a BS degree in Dental Hygiene from the Fones School, an AAS degree in Dental Hygiene from the New Hampshire Technical Institute, and an MS degree in Human Nutrition from the University of New Haven. Her responsibilities include overseeing clinical training and teaching pain management.

Dr. Scott W. Podell, formerly a Clinical Instructor in the Department of Operative Dentistry at Columbia University School of Dental and Oral Surgery, has been appointed a Clinical Assistant Professor of Cariology and Comprehensive Care. Dr. Podell holds a DMD degree from Fairleigh Dickinson University and a Master’s degree in Public Health Policy and Management from the Columbia University School of Public Health.

Dr. Nargiz Schmidt, Advanced Education Program in Prosthodontics Class of 2005, has been appointed a Visiting Instructor in Prosthodontics. Dr. Schmidt earned a DDS degree from Stony Brook University School of Dental Medicine, and was on the staff of the Louis Lasky Memorial Medical and Dental Center in Lindenhurst, NY, and the Developmentally Disabled Institute in Smithtown, NY.
DR. DIANNE REKOW NAMED CHAIR OF THE DEPARTMENT OF BASIC SCIENCE AND CRANIOFACIAL BIOLOGY

Dr. Dianne Rekow, Professor of Basic Science and Craniofacial Biology and of Orthodontics and the Director of Translational Research at NYUCD, has been named Chairman of the Department of Basic Science and Craniofacial Biology.

Dr. Rekow said that in addition to seeking innovative approaches to incorporating new material into the curriculum, she plans to step up her efforts to close the gap between basic science and clinical researchers. “The mapping of the human genome has narrowed the distance between basic science and clinical research,” she explained, “and with developments in biotechnology making once unimaginable clinical advances possible, there are increasing opportunities for basic scientists to consider how their research might evolve in the clinical setting.

“Encouraging our basic scientists and clinical researchers to share information will increase the prospects for translational research — so called because it translates novel basic science findings into testable hypotheses for evaluation in clinical trials. Although we will continue to conduct research in very basic areas that may never be tested in patient trials, I believe we can work towards incorporating clinical questions into more of our basic science research objectives.”

“Dr. Rekow is especially well qualified for this position,” said Dean Alfano. “She is the very model of a person who combines mastery of both the basic and clinical sciences.”

MS. NICOLE M. GRECO, BS in Dental Health Education, Class of 2005, an Instructor in Dental Hygiene, has been appointed to the rank of Full-Time Clinical Educator. Ms. Greco serves on the Dental Hygiene Program Admissions Committee and helps coordinate dental hygiene student training in the prosthodontics clinic. Appointed at age 23, she is the youngest-ever Dental Hygiene faculty member.

DR. RAID S. SADDA, Class of 1999 and a Clinical Assistant Professor of Oral and Maxillofacial Surgery, has been appointed to the rank of Full-Time Clinical Educator. Dr. Sadda, who completed an implant dentistry fellowship at NYUCD, trains postdoctoral residents in implant dentistry and in oral and maxillofacial surgery.

DR. MOREY J. GENDLER, Clinical Assistant Professor of Cariology and Comprehensive Care, has been appointed to the rank of Full-Time Clinical Educator. Dr. Gendler mentors third- and fourth-year students, with a focus on clinical proficiency and critical thinking.
Dr. Elena Cunningham: Teaching Anatomy and Studying Monkey Behavior

AN UNUSUAL CONVERGENCE OF CAREER PATHS

Dr. Elena Cunningham’s dual careers teaching head and neck anatomy and studying monkey behavior in South American forests seem, at first, to be unrelated.

But Dr. Cunningham, who joined NYUCD in the fall of 2004 as an Adjunct Assistant Professor of Basic Science and Craniofacial Biology, says both involve questioning established views on cognition.

As an instructor in the non-dissection anatomy curriculum at NYU that uses plastinated cadaver specimens, she has found herself challenging commonly held beliefs about how students learn the body’s structures.

“The prevailing view has been that you learn from the outside in, peeling back tissue layer by layer and dissecting it into sections to uncover the important structures,” she says. “But within the new curriculum, students work with pre-dissected specimens and slices of the head and neck preserved with reactive polymers in a process known as plastination, and I’ve come to believe that doing away with laborious dissections leaves students with more time to identify and remember the body’s structures.”

Before coming to NYUCD, Dr. Cunningham taught anatomy at Albert Einstein College of Medicine in the Bronx and Weill Medical College of Cornell University in Manhattan. She holds graduate degrees in anthropology, earning an MA from Hunter College and a PhD from the Graduate School and University Center of the City University of New York. It is common for anthropologists, who are trained in the physical development of humans, to teach anatomy.

Studying human development led to a parallel interest in researching monkeys because “the best way to
make inferences about humans is to look broadly at trends within the primate order.” Just as she questions established beliefs about human cognition and the study of anatomy, Dr. Cunningham also seeks to challenge long-held views on monkey cognition, spending time outside of the anatomy laboratory countering a widespread conviction that monkeys, who forage for berries, insects, and other food sources in groups ranging from about 30 to several hundred, choose feeding sites based solely on the location’s proximity to their habitat. Instead, she argues that they employ a more complex set of social and ecological factors in deciding where to find food, a hypothesis she developed during several visits to their rainforest habitats over the past decade, with more trips planned during future breaks in the academic calendar.

“On one visit to the Venezuelan forest, I observed a group of monkeys abandon a nearby feeding site after the scarcity of food there led to fights among group members. The monkeys then traveled a considerable distance, passing up other nearby food resources until they found a site farther away with enough food for everyone. The extra distance traveled was a small price to pay, as it allowed the monkeys to maintain group harmony and remain unified in the search for food that often leads rival groups of monkeys to clash. Moreover, the group’s leaders — those strong enough to dominate food gathering at any location — made what appears to have been a decision to forego their own instant gratification by taking the group to a distant feeding site in order to ensure its cohesion. Their decision to travel was a process that weighed both social and ecological factors.”

On a broader scale, Dr. Cunningham’s findings are another indication of the role that cognitive development has played in the ability of advanced primates, including humans, to form cohesive groups. She has published her findings on primate behavior in the American Journal of Physical Anthropology, the American Journal of Primatology, and Folia Primatologica.

Dr. Cunningham on primate patrol in Venezuela.
NYUCD Researchers Develop Alternative to Corrosive Sandblasting of Ceramic Crowns

A KINDER, GENTLER BONDING TECHNIQUE

At first, they seemed like the perfect alternative to all-metal dental crowns, which clouded many smiles with their dull gray reflection.

Two ceramic materials, alumina and zirconia, were touted as a significant advance when they were introduced in dental crowns a decade ago, because their crystalline structure combines the rock-solid durability of metal with a translucence that brings new luster to restorations.

But their reputation has been tarnished in the past few years by growing evidence that the sandblasting process for bonding crowns to teeth bombards the surface with hard particles, creating cracks that can increase the risk of fractures and reduce the crown’s life span.

Now, a new bonding technique has been developed at NYUCD that relies on priming the ceramic surface so that it attaches to teeth through a chemical bond, instead of through mechanical processes associated with sandblasting. Dr. Van P. Thompson and Dr. Grace Mendonca Dias de Souza discovered that a primer for treating metal surfaces would stick to alumina and zirconia because their surfaces contain metal oxides. They applied the primer to the ceramics, and then brushed a layer of resin
cement over the primer to fuse the crown to the tooth. “The resulting bond registered up to five times the strength of sandblast-assisted ceramic cementation,” Dr. Thompson reports. The technique offers potentially significant benefits to patients, because unlike sandblast-assisted cementation, the chemical bonding can be done quickly and efficiently chairside.

This research is part of a $5.9 million grant awarded to NYUCD by the National Institute of Dental and Craniofacial Research to enhance the machinability and performance of all-ceramic crowns. Over the coming year, Dr. Thompson and his coprincipal investigator, Dr. Dianne Rekow, will evaluate how the chemically bonded ceramic crowns perform under intense levels of simulated chewing and grinding. The testing will be conducted by Dr. Dias de Souza and a coinvestigator, Dr. Nelson da Silva.

**TWO VIEWS OF ZIRCONIA BOND-TESTED SPECIMENS, MAGNIFIED 500 TIMES.**

A sandblasted bond with the rough surface texture of the ceramic visible at top right, the adhesive bond at center, and cracks in the cement at bottom left.

A chemical bond showing the smooth surface at top right and the cement at bottom left.
A new study by NYU dental researchers suggests that women with dental caries who deliver Cesarean-section babies should pay special attention to their newborns’ oral health.

The NYU researchers focused on a caries-causing bacterium that mothers with caries transmit to their newborns. Known as *Streptococcus mutans*, the bacterium grows on tooth surfaces and in spaces between teeth just above the gingival margin, where it multiplies and converts foods, especially those containing sugar and starch, into acids that break into the tooth surface.

C-section deliveries were infected by the bacterium almost a year earlier than vaginally delivered infants in the four-year study of 156 mother-infant pairs published in the September issue of the *Journal of Dental Research*. The first signs of the bacterium appeared at an average of 17.1 months of age in C-section babies, compared to 28.8 months in vaginally delivered infants, a significant finding since previous studies have linked earlier bacterial infection with a higher rate of dental caries in children.

NYU’s study is the first to distinguish between bacterial infection in C-section and vaginally delivered babies. The findings suggest that mothers who have dental caries should inform their family dentists if
they had a C-section delivery because of the potentially higher risk that the child will also develop caries, said the study’s principal investigator, Dr. Yihong Li, an Associate Professor of Basic Science and Craniofacial Biology at NYU College of Dentistry.

“Vaginally delivered infants offer oral bacteria a less hospitable environment,” Dr. Li explained. “They develop more resistance to these bacteria in their first year of life, in part because of exposure to a greater variety and intensity of bacteria from their mothers and the surrounding environment at birth. C-section babies have less bacterial exposure at birth, and therefore less resistance.”

Mothers in Dr. Li’s study who delivered C-section babies had high levels of Streptococcus mutans infection and caries on an average of one-third of their teeth. A majority had an annual family income of $10,000 or less — a potential barrier to accessing dental care — and a history of sexually transmitted disease. These cofactors contributed to an earlier onset of bacterial infection, Dr. Li said.

The study followed a predominantly African-American group of women from an inner-city area of Birmingham, Alabama, beginning in their third trimester of pregnancy. There were 127 vaginal and 29 C-section births.

Further study in a broader cross-section of the population is needed to determine if C-section births can be linked to earlier acquisition of this and other oral bacteria and if a higher incidence of caries follows. The results of Dr. Li’s study add to a growing body of knowledge about a possible link between a mother’s level of tooth decay and her newborn’s health that was identified by NYU dental researchers in an earlier study of predominantly low-income African-American women in Birmingham, which found that pregnant women with high levels of oral bacteria associated with dental caries are at risk for delivering preterm low birth weight babies. Published last February in the Journal of Periodontology, that study was led by Dr. Ananda P. Dasanayake, an Associate Professor of Epidemiology & Health Promotion. Dr. Dasanayake is among a group of researchers in the U.S. and abroad who also have reported that periodontal diseases in pregnant women may be a risk factor for delivering preterm low birth weight babies.

Dr. Li’s coinvestigators on the C-section study were Dr. Dasanayake; Dr. Page W. Caufield, a Professor of Cariology and Comprehensive Care at NYU College of Dentistry; Dr. Howard W. Wiener, a Research Assistant at the School of Public Health at the University of Alabama at Birmingham; and Dr. Sten H. Vermund, a Professor of Epidemiology at the University of Alabama.

C-section babies have less bacterial exposure at birth, and therefore less resistance.
This scenario is envisioned by two infectious disease experts and members of NYUCD’s Bioterrorism and Catastrophe Response Task Force, Drs. Page Caufield and Deepak Saxena, in a plan to make detecting biological, radiological, and chemical agents a part of everyday street cleaning in New York City. Developed in conjunction with
Dean Michael C. Alfano, their plan calls for city officials to monitor all five boroughs daily for the dispersion of pathogens that settle in the streets, using the existing fleet of street-sweeping machines to collect samples during their morning cleaning operations and deliver them to sanitation substations, where pathogens would be isolated from other debris and sent to a city laboratory for analysis by late afternoon the same day. Private sanitation companies could also adopt the plan to monitor a more limited area.

The plan would supplement the U.S. Department of Homeland Security’s Biowatch air-monitoring system, which relies on fans placed atop buildings and in other elevated locations to trap airborne particles in New York and at least 30 other metropolitan areas.

“NYUCD’s plan uses routine sanitation operations for covert biosurveillance, offering a method for pinpointing the site of a bioterrorist attack by comparing samples from different street-cleaning grid patterns,” said Dr. Caufield.

The NYUCD plan also includes:

• a method for creating a unique DNA fingerprint of each sample in the laboratory, so that authorities can rapidly pinpoint contamination levels, decontaminate affected areas, assess the speed and course of the pathogen’s spread, and alert people exposed to seek immediate treatment.

Drs. Caufield and Saxena expect to begin testing the plan early in 2006 with a harmless surrogate for anthrax that Dr. Saxena derived from a bacterium used in agricultural pest control. NYUCD subsequently will offer the plan to officials in New York and other cities. Patents for the plan are pending.
Dr. Daniel Malamud: Using Saliva to Battle HIV Virus

By Christopher James, NYU Press Officer

Decades ago, when he was an undergraduate at the University of Michigan, Dr. Daniel Malamud was trying to settle on a career path. The career counselor at Michigan felt he was not well-suited to be a scientist — his test results showed him to be a rather outgoing person, one who likes people and group interactions — and thought perhaps he should be considering a career in medicine.

“My counselor told me, ‘Science is a solitary profession,’” said Dr. Malamud, “but nothing could have been further from the truth. In fact, scientists are very social creatures because science is so complex that you need to interact with a lot of people. And I think one of the things that I’ve enjoyed most in science is the social interaction with very smart people from different backgrounds.”

Today, Dr. Malamud, a biochemist by training, is one of the leading researchers in the fields specializing in anti-HIV agents and oral-based diagnostics. Last spring, Dr. Malamud joined the NYU College of Dentistry, from the University of Pennsylvania, as a Professor of Basic Science and Craniofacial Biology and Director of the HIV/AIDS Research Program at NYUCD. Dr. Malamud was recruited with the support of a $750,000 award from the New York State Office of Science, Technology and Academic Research (NYSTAR) Faculty Development Program, which assists universities in the recruitment and retention of leading research faculty in science and technology fields with strong commercial potential. One part of Dr. Malamud’s research deals with HIV pathogenesis and the design of anti-HIV drugs. He is also concurrently researching novel diagnostic techniques using oral samples.

Dr. Malamud first became interested in salivary proteins in his first position in the Department of Surgery at Massachusetts General Hospital. He was studying the phenomenon of why animals lick their wounds. In the course of interacting with surgeons, he was struck by the fact that abdominal surgery required a highly sterile environment, while oral surgery did not.

“If you do oral surgery, if you pull out a tooth or if you do periodontal surgery, or even if you bite your cheek, despite the fact that there’s hundreds of thousands of bacteria in your mouth — a whole range of types and species, and viruses — you almost never get an infection,” said Dr. Malamud. “Also, wounds in the mouth heal quickly with minimal scarring, so the notion I had then, as a young scientist, was that if I could understand the molecules that were present in saliva, which could be anti-infectious and promote wound healing, I could make them into drugs which could be used at other sites in the body.”

Dr. Malamud’s earlier research in antibacterial salivary proteins led him into HIV pathogenesis and ultimately to try to design anti-HIV drugs. In 1985, while at the dental school at the University of Pennsylvania, Dr. Malamud reproduced an experiment whereby HIV-1 is incubated with saliva and loses its infectivity. HIV-1 is responsible for the vast majority of
AIDS cases in the United States. Dr. Malamud and his team studied the phenomena and discovered it worked for many strains of the HIV-1 virus but not other viruses, such as herpes, adenovirus, SIV or HIV-2.

“So this meant that there was a very specific effect, and that was exciting to me as a biochemist,” said Dr. Malamud. “When we found the fraction that contained the anti-HIV activity, and we purified the protein, it was a protein that I had already studied several years earlier, as an antibacterial protein. I had named it SAG, for salivary agglutinin because of what it did in the mouth. This protein, produced by the salivary glands, when it binds to bacteria, it clumps them, thus preventing the bacteria from attaching to the tooth surface and causing infection.”

A second area of Dr. Malamud’s research involves unique oral-based diagnostic techniques to detect bacteria and viruses using Microfluidics to automate the process of extricating biomarkers present in saliva.

“Most molecules that are in blood are also in an oral fluid sample, but their levels are much lower, 1/100 or 1/1000 of what is found in the blood,” notes Dr. Malamud. “We use an amplification technique known as Polymerase Chain Reaction (PCR). This makes it possible to take a small amount of nucleic acid and make a lot of it by doing a series of replication cycles, thus enhancing the signal so it can be analyzed by the reader.”

After a saliva sample has been amplified, it is placed in a cassette and subsequently bound to a specific capture zone and the results are analyzed by a laser in a small tabletop unit in a matter of minutes.

There are numerous benefits to the oral sample over the drawing of blood.

“In the simplest case, this is generally cheaper, because you don’t need a trained phlebotomist, and if I gave you the choice of rubbing a wand or getting stuck with a needle, which one would you choose?” said Dr. Malamud.

Additionally, the immediacy of the results is crucial, especially in pediatric or geriatric care. Dr. Malamud’s team is working to develop what he calls point-of-care testing, whereby a child could be tested, diagnosed, and treated all in one visit.

“We want to know if it’s a virus or bacteria before the child leaves the doctor’s office, not in 48 hours,” said Dr. Malamud. “If it’s a virus, unfortunately we don’t have much we could treat it with. But if it’s bacteria, we’d like the tests to actually identify the bacteria, and then you know what antibiotic to prescribe.

“The plan is in two years to have a working prototype, and in five years to have a device ready for FDA approval that will be able to identify multiple viruses and bacteria. That’s our goal...and were stickin’ to it,” said Dr. Malamud, smiling broadly.

Dr. Malamud’s current funding consists of grants from the National Institutes of Health (NIH): Anti-HIV activity of lung SRCR (gp-340) in saliva; Point detection of pathogens in oral samples via Up-converting phosphor transfer; Role of gp-340 in HIV infection and transmission; and HIV Prevention Trial Unit Microbicide Study Group. Additional grants come from New York State Office of Science, Technology and Academic Research (NYSTAR): Infectious disease: Diagnosis and Prevention; and the NYU Center for AIDS Research: Effects of HIV infection on the interactions between salivary proteins, oral microbiota, and the innate immune system.
International Partners in Health

Tanzania Visit Provides Service, Education, and Research Opportunities

Since 2001, Miracle Corners of the World (MCW), a not-for-profit community development and revitalization organization, and NYUCD have partnered to bring desperately needed oral health education and dental care to residents of remote regions in Tanzania, East Africa. Beyond poverty, the most critical issue facing these communities is access to health care. So when an NYU/MCW dental outreach team returned to Songea, Tanzania, in August to establish a permanent dental clinic, the visit marked an important step in the right direction.

The dental team screened 600 school children and provided services for over 300 adults and children over a one-and-a-half week visit. Adult services included simple to complex surgical extractions, emergency treatment, restorations, and limited periodontal preventive services. Children received oral hygiene instruction, routine extractions, restorations, and emergency services. Henry Schein Cares, the global corporate citizenship program of Henry Schein, Inc., donated supplies to support the outreach mission and to help increase oral healthcare access in this extremely underserved region.

The group’s traditional healthcare services agenda also included a school-based community education and research program led by the organizers of the trip, Dr. Girish Shah, Clinical Associate Professor of Oral and Maxillofacial Pathology, Radiology & Medicine; Dr. Mitchell S. Pines, Clinical Professor of Biomaterials and Biomimetics and of Cariology and Comprehensive Care; and Mr. Keith Drayer, Director, Henry Schein Financial Services. Student participants included Courtney.
Russell, Class of 2006; Maria Cristina Kim, Class of 2007; Pompilia Belean, Class of 2007; and Tameko Tompkins, Class of 2007.

Local school children benefited from oral hygiene instruction and demonstrations in their classrooms. In addition, the team taught teachers techniques for continuing the oral hygiene and health education program once the outreach team had gone. At the same time, the NYU team collected data on the prevalence of dental caries among school children, ages 6 to 16. Dr. Shah, the principal investigator on a grant application to create school-based oral health education and disease prevention programs in Tanzania, is analyzing the findings.

If funded, the grant would allow Dr. Shah to develop an outreach program in collaboration with Dr. Lameck Mabalya, Dean of the School of Dentistry at Muhimbili University College of Health Sciences in Dar es Salaam. Muhimbili dental students from Dar es Salaam would rotate at the new dental clinic in Songea, where they would treat patients under the supervision of a local dentist.

The dental team plans to return to Tanzania in August 2006 and hopes to add four to six additional schools to the two they visited last year.
Last July, I had the opportunity to travel to the Amazon as part of the Helping Hands Medical Mission, a non-profit organization that provides healthcare assistance in rural areas of developing countries. It offers its volunteers a transforming experience through the opportunity to share their faith, while serving the needs of others. There was a total of 12 members in our group, consisting of general physicians, pediatricians, nurses and lay volunteers who served as translators. I was the only dentist and was assisted by two wonderful individuals, Robert Schwartz, an educator who translated for me, and Greg Voscopoulos, from Goldman Sachs, who acted as my dental assistant.

My group traveled to Itacoatiara, Brazil, about 200 miles east of the main town of Manau. We worked mainly in two health centers. Because of the rampant decay we found, we did some fillings and many extractions, a challenge for an orthodontist like myself who typically does not do extractions.

All of us in the mission were overwhelmed by the gratitude and generosity of the people we met. In fact, one woman took off the beautiful, handcrafted necklace she was wearing and insisted that I accept it as a gift.

So many people were responsible for the success of our mission. In particular, I want to thank Dean Alfano for his kindness and cooperation in providing essential supplies, equipment, and generous counsel, all of which helped open our clinic doors to the poor in this part of the Amazon. I also want to thank Dr. Francis V. Panno, Associate Dean for Clinical Affairs; Ms. Debra Morris, Director of Standards and Compliance; Ms. Juliet Charles, Supply Coordinator; and the central sterilization team, especially Mr.
Robert Crandelo. I also want to acknowledge the generous assistance of Henry Schein, Inc., in donating sterilization materials, and of Mr. Miguel Colmenares, who manages the Schein Dental Supply Store at NYUCD. Finally I would like to thank the Mecca Department of Oral and Maxillofacial Surgery for allowing me to “freshen up” my extraction skills.

As a Colombian raised in Paris and currently living in New York, I am so impressed by Americans’ generosity and willingness to help when asked. To ask and receive help from my professional colleagues in order to serve some of the medically neediest people in the world, has been a genuine privilege. I am deeply grateful and honored to be a naturalized American.

Dr. Munoz found many ways to extend care to children in rural Brazil.

TO ASK AND RECEIVE HELP FROM MY PROFESSIONAL COLLEAGUES IN ORDER TO SERVE SOME OF THE MEDICALLY NEEDIEST PEOPLE IN THE WORLD, HAS BEEN A GENUINE PRIVILEGE.
Outreach to Nigeria Provides Care for Hundreds of People

Esther O. Kuyinu, DDS
Clinical Associate Professor of Prosthodontics

Although blessed with an abundance of oil and other natural resources, Nigeria — Africa’s most populous nation — is burdened with health problems and a shortage of doctors. The Association of Nigerian Physicians in the Americas (ANPA) has responded by conducting annual volunteer medical missions over the past 10 years, and last August, I helped my New Jersey chapter organize the first dental team to participate in such a mission.

We traveled to Onitsha, a city of 875,000, on the banks of the Niger River in a region of southeastern Nigeria bustling with manufacturing and agricultural trade. Many of the patients we saw had never been to a dentist, relying instead on traditional herbal remedies and over-the-counter medications for temporary pain relief from oral health problems. At the invitation of the region’s tribal king and its ministry of health, our team screened over 500 patients, some of whom walked several hours from neighboring villages to see us. During the five days we spent in Onitsha, we treated 350 people — mostly extraction and restoration cases — and diagnosed several salivary gland tumors, mandibular tumors and fractures, and cleft lip and palate cases, which we referred to hospitals for treatment.
Our group included Clinical Assistant Professor of Dental Hygiene Su-Yan Barrow; Dr. Chimere Okezie, '93, an oral surgeon from Rochester, New York; Ms. Karen Thomas, a registered nurse from Belle Mead, New Jersey; Dr. Jonathan Min, '91, a general dentist from Matawan, New Jersey, and his daughter, Joyce. We were assisted by Onitsha General Hospital's Dental Clinic Director, Dr. Joseph Uyamadu; Ms. Esther Nduka, a hospital administrator; Dr. Olayide Adesanya, a dentist from Lagos, Nigeria; and Ms. Uju Okeke and Reverend Sister Esther Ekumnuo, two local dental hygienists. We used curing lights, sterilization equipment, toothbrushes and other equipment and supplies donated by NYUCD, Henry Schein, Inc., the Colgate-Palmolive Company, and Discus Dental. Since returning to the U.S., we have received invitations to provide urgently needed dental services from four other Nigerian regions with large underserved populations. We plan to reach out to Nigerians again next year.
Developing an Oral Health Profile of Haiti

NYUCD and University of Haiti Partner on Epidemiologic Research

NYUCD and the University of Haiti School of Dentistry have entered into a formal agreement to jointly research oral conditions in Haiti over the next five years in order to help the island nation’s government plan effective oral health programs for the future. The agreement has the added goal of building a cadre of epidemiologists who are qualified to conduct future oral health research on the island. To that end, University of Haiti students will be mentored to become epidemiologic researchers.

“This agreement helps us begin to correct the problems caused by a scarcity of data about oral health in Haiti,” said Dr. Ralph V. Katz, Professor and Chairman of NYU’s Department of Epidemiology & Health Promotion. Added Dr. Ernst Joseph, Dean of the University of Haiti School of Dentistry, “Because so little research has been conducted to date, the picture of oral health in Haiti today is virtually a blank canvas. With this agreement, we can begin to fill in the picture.”

By agreeing to jointly plan and implement a series of epidemiologic studies, the two schools are expanding a relationship that began eight years ago, when they collaborated on the first — and, to date, only — national survey of Haitian children’s oral health. That study, which was limited to 12- and 15-year-olds, found that while Haiti had the Western Hemisphere’s lowest prevalence of dental caries in these two age groups, the unmet treatment need, as measured by the ratio of treated to untreated lesions (i.e., D/D+F), was among the highest in the Western Hemisphere.

More recently, Dr. Walter Psoter, Assistant Professor of Epidemiology & Health Promotion, was able to secure a three-year, $1.6 million NIH grant to investigate the impact of early childhood malnutrition on the development and diseases of the permanent dentition in teenagers in rural Jeremie.

Despite an abundance of breadfruit, mango, and papaya, many in the rural mountain villages of Haiti lack basic nutrients, often subsisting on just one major meal daily — typically a bowl of corn meal porridge. In 1998, the Haitian Health Foundation, a Non-Governmental Health Organization (NGO) — created and administered by a Connecticut orthodontist Dr. Jerry Lowney and operated daily in Jeremie by Bette Gebrian, RN, PhD, a nurse anthropologist — stepped in. The Haitian Health Foundation sought to address the problem by enrolling over 16,000 children in a nutrition program, and creating a database to track each child’s weight. Using the database, Dr. Psoter was able to identify 1,000 children who could be categorized according to five levels of malnutrition status, ranging from none to severe. With the help of the NIH grant, he is examining

Dr. Christina LaFontaine takes saliva samples from children.
the children to determine whether specific levels of malnutrition correlate with the development of specific oral health problems, such as susceptibility to dental decay, decreased saliva flow, and enamel hypoplasia — a deterioration of the tooth surface.

The general immobility of the target population — most rural residents remain in the same village all their lives — provides Dr. Psoter with a relatively concentrated and easy-to-track population for long-term study.

Last summer, the field phase of the study was completed. All of the 1,000 13- to 18-year-olds were examined for dental caries by a research team consisting of NYUCD faculty, University of Haiti dental faculty, recent graduates of the University of Haiti School of Dentistry, and current MS in Clinical Research Program students at NYUCD. In addition to completing the main objectives of the study, the research team was able to conduct a pilot study on periodontal disease in a subset of these Haitian teenagers, as well as a pilot study on developing a survey instrument for establishing the prevalence of NOMA, a rapidly progressive and highly destructive infectious eroding of the face.

Dr. Psoter’s work in Haiti has already led one recent University of Haiti School of Dentistry graduate to consider a career in epidemiologic research. While working as his research assistant and observing the children’s malnutrition, Dr. Christina LaFontaine decided to postpone her plans to work in a private practice in relatively affluent Port-au-Prince in order to spend more time working on Dr. Psoter’s study and preparing to apply for advanced study programs.

The following is an excerpt from Dr. LaFontaine’s journal.

“Right after I gave my agreement to enroll for the study, I attended calibration sessions under the guidance of Dr. Walter Psoter and Dr. Ralph Katz (respectively Principal Investigator and Coinvestigator of the study). From May 3 to May 11, 2005, these sessions occurred in theoretical and practical phases. The main objectives of this calibration were to ensure standard and accurate assessment of dental status and salivary gland function by examiner and valid registration of oral data by recorders. The theoretical part covered overview of the study design and review of diagnostic and scoring criteria for visual-tactile dental examination. Then the examiners and the recorders proceeded to calibration for saliva tests for the children ... During these weeks we received our last shots of Typhoid, Tetanus and Hepatitis A vaccine. May 12 was free so everybody could set personal matters in order. We would be away from home for a long period of time.”
Fifty-seven used, A-Dec dental chairs from NYUCD are on their way to Ethiopia’s first dental school and to clinics in several East African and Central American countries, thanks to the efforts of a private practitioner in California and a 13-year-old boy in New Jersey.

Forty-five of the chairs were donated at the request of Dr. Brian Swann, a private practitioner in Oakland, California, who also co-chairs the National Dental Association’s International Committee, an advocacy group for minority dentists and the underserved. Fifteen of the chairs will be installed in Ethiopia’s first dental school, the Jimma University School of Dentistry, which opened last year in Jimma, a city about 100 miles south of Ethiopia’s capital, Addis Ababa. The other 30 chairs are currently stored in Djibouti and will be delivered by Dr. Swann to clinics in Ethiopia, Tanzania, Kenya and Uganda.

Ethiopia, a nation of approximately 75 million people, has only 48 licensed dentists, all of whom trained in other countries. Dr. Abraham Amlak, Vice President for Facilities and Health Services at Jimma University, led the initiative to open a dental school and recruited physicians to teach anatomy, physiology, and biochemistry to first-year students. Subsequently, several Ethiopian dentists were recruited to teach second-year courses, and efforts are underway to bring in additional faculty from overseas. With the installation of the dental chairs and other equipment donated by dental schools, organizations, and corporations around the world, the Jimma University School of Dentistry is moving closer to its goal of offering a comprehensive dental education.

Halfway around the world, in Guatemala, an additional four used dental chairs donated by NYUCD are to be installed this winter in a new dental clinic in Mataquesquintla, a coffee-growing town thrown into recession by staggeringly low prices in the coffee market.

The request for the chairs came from 13-year-old Evan S. Colten, whose father, Stephen D. Colten, heads ECOM, a worldwide coffee exporter.
To mark Evan’s Bar Mitzvah, his father encouraged Evan to seek donations for the new clinic and helped him set up an organization, La Fundacion de las Sonrisas (the Foundation of the Smiles), to coordinate the process. NYUCD also donated eight chairs to the foundation for installation in other clinics in Guatemala and Nicaragua.

“NYUCD is pleased to make these contributions to promote access to dental care in medically underserved regions of the world,” said Dean Alfano. “In the case of Dr. Swann and Evan Colten, the timing was right, because our facilities renovation project required that we buy new dental chairs for our clinics.”
an NYU Continuing Dental Education Program addressed the coexistence of such private and public facilities in a country that previously had only centrally planned public health care. Meeting with their Chinese colleagues, the delegation of faculty, alumni, and members of the Chinese-American Dental Association of Greater New York learned that growing public oral health awareness is gradually leading to a rising demand for dental care and a greater variety of facilities and treatment options. These changes have been brought about by more open public discussion of oral health issues, and by growing personal incomes that enable many urban Chinese to afford a higher standard of living, and with it, an enhanced level of personal health.

The visitors saw many signs of a rising dental IQ, such as more children wearing orthodontic braces and more people paying out of pocket for esthetic dentistry. They
also learned that China’s public health facilities range from small rural clinics with decades-old dental chairs to the big city world-class dental schools and hospitals they visited, which care for patients from all over China and handle an enormous number and variety of cases. A small network of private practitioners has emerged in the past several years to provide an alternative to the often-crowded public facilities, and it is expected to continue to grow.

China’s government faces a number of challenges as it tries to keep pace with the public’s rising oral health awareness. First, there is an urgent need to train more dentists to expand its current base of approximately 38,000 licensed practitioners for 1.3 billion people. The government also must develop and apply uniform regulations and standards of care to both the nascent private practice sector and the huge public health system. Some Chinese dentists have expressed the need for a stronger, more uniform system of malpractice insurance — a growing concern as patients become increasingly savvy about their rights.

New York University has launched a unique new MS Program, the Master of Public Health Program in Global Public Health. All students will share a common core curriculum and choose from four areas of concentration to develop the advanced skills and knowledge they need. One area of concentration is oral/dental public health, which focuses on the global implications and impact of oral public health policy, administration and research. Dr. Gustavo D. Cruz, Assistant Professor of Epidemiology & Health Promotion and Director of Public Health and Health Promotion, directs the curriculum in oral/dental public health.

The Master of Public Health Program in Global Public Health is a multidisciplinary program that aims to set a new standard in public health education to meet a global challenge. The program is not housed in a specific school; it draws on the best of the University’s resources, bringing together multiple disciplines and professions. It is the first degree to be offered through a unique collaboration among five of NYU’s professional schools: School of Medicine, College of Dentistry, with its College of Nursing, School of Social Work, Wagner Graduate School of Public Service, and Steinhardt School of Education. Faculty members from the NYU School of Law and the Faculty of Arts and Science are also participating.

Full-time and part-time tracks are available. For more information, please visit the program’s Web site at www.nyu.edu/mph.
The teaching of implant therapy in NYU’s predoctoral dental education program has received a significant boost from Nobel Biocare. The global leader in dental implant products and ceramic restorations has made a generous $5 million donation to the NYU College of Dentistry, half of which will be used to integrate implant therapy into the overall education of the general dentist. The remaining half of the gift is unrestricted and will be used to support additional institutional priorities, including research in the areas of tissue engineering, implant dentistry, dental esthetics and ceramics.

Dean Alfano explained the rationale for the new implant therapy curriculum. “While dental schools have done a fine job designing implant education programs at the post-graduate level, most dental schools have only recently begun to present these important therapies as preferred alternatives to conventional restorations in the predoctoral clinic in such areas as implant-retained overdentures and single tooth replacements,” he said. “In the past, for example, an edentulous patient in the predoctoral clinic might have been offered a conventional full lower denture as opposed to an implant-retained overdenture, which will minimize the loss of bone on the alveolar ridge.

“At NYU, we are determined to rectify the situation by integrating the teaching of implants into all four years of the DDS program. Our objective is to ensure that every NYU dental graduate is competent to provide implant care. Nobel Biocare’s remarkable gift ensures that this new educational process will flourish.”

This year marks the 40th anniversary of the first osseointegrated dental implant — a small, titanium structure, which takes the place of the natural root of the tooth and actually bonds or integrates with a patient’s bone as securely as the natural root. Commenting on the corporation’s gift to the NYU College of Dentistry, Nobel Biocare President and CEO Heliane Canepa said, “Every dental patient deserves to select from the best possible treatment alternatives available today. Limitations in dental education should not be a deciding factor in patient treatment options. To ensure patients are offered the best solution to increase their quality of life, dental implant training and education needs to be incorporated into the predoctoral program, and the NYU College of Dentistry is a perfect partner for us to cooperate with to develop such a program.”

The gift was facilitated by Dr. Jonathan L. Ferencz, special assistant to the Dean and a Clinical Professor of Prosthodontics at NYU College of Dentistry, who is also a consultant to Nobel Biocare.

“NYU College of Dentistry is one of only a handful of schools in the United States that are conducting a fully integrated implant therapy program,” said Dr. Ferencz. “I am thrilled that
Nobel Biocare is supporting this initiative and confident that the NYU/Nobel Biocare joint effort will produce meaningful breakthroughs in basic and clinical research, as well as significant improvements in patient care.”

Dr. Leila Jahangiri, an Assistant Professor of Prosthodontics and Chair of NYU’s Dr. Louis Blatterfein Department of Prosthodontics, will oversee the new predoctoral implant curriculum.

“We are enthusiastic about building a new, more proactive model of implant dentistry education that is more closely aligned with consumer expectations,” said Dr. Jahangiri.

“For the first time, predoctoral students at every stage of their education will be taught to integrate implant therapy into overall treatment plans for optimal patient care. For example, in studying the anatomy of the head and neck, first-year students will also study post-extraction changes in the edentulous jaw. Similarly, second-year students studying restorative options will learn how to develop a comprehensive treatment plan that values implant restorations appropriately compared with other options. Then, in the third and fourth years, students will be required to restore both a partially and a completely edentulous patient using single tooth implants and mandibular implant overdentures.”
Facilities Update:
NYUCD’s $100 Million Facilities Renovation Campaign

Over the past five years, NYU College of Dentistry has made great strides in transforming a 20th century clinical and research environment to reflect 21st century technology, design, and function. The budget for this ambitious facilities renovation and construction program is $100 million, of which we have already amassed over $50 million, thanks in part to individual, government, corporate, and foundation partners.

The result is a dramatically more productive research environment and vastly improved instructional and patient care facilities.

But more remains to be done, including completing the redesign of our predoctoral clinics, creating a Graduate Center for Clinical Excellence, a new sterilization facility and new laboratories.

The success of our capital plan is essential to building great futures for our students and faculty. We hope that these photos convince you to be more generous than ever before and help to ensure the completion of an exceptional environment in which students, faculty and patients can thrive.
Bluestone Center for Clinical Research

This 8,500-square-foot, $4 million facility is dedicated entirely to the development, implementation, performance, and analysis of clinical research in an environment that combines academic excellence with industry’s efficiency and speed. It is the largest center of its kind in any dental school in the world and the only one with overnight clinical research facilities.

Waldmann Library and Study Center

This 8,000-square-foot, $2 million renovation of a space on the second floor of the Manhattan Veterans Administration Medical Center, located directly across the street from NYUCD, provides optimal space for a collection that reflects the state of oral health science, plus expanded information technology and improved services for students, faculty, and staff.
New Lab

NYUCD has built the first new research lab in 27 years. The level of our federal research support has increased from approximately $2 million annually to $10 million in the past several years, and our scientists deserve laboratories that complement their considerable talents.

Rosenthal Institute for Aesthetic Dentistry

This 8,500-square-foot, $6 million facility features an elegant mahogany and marble décor, 16 state-of-the-art patient treatment areas, a corporate-style executive board room with remote broadcasting capabilities, a modern porcelain laboratory, and a 52-seat amphitheater with global videoconferencing reach, plus an “operatory under glass,” outfitted with multiple cameras to permit live, interactive clinical demonstrations around the world.

11th Floor Learning Center

This 8,000-square-foot, $7 million clinical simulation and laboratory technology center is designed to foster more innovative teaching. All student workstations are equipped with mannequins and instructional capabilities based on a multimedia network connecting all of the simulator stations to the instructor’s desk.
**New Clinics and Classrooms**

The newly renovated fifth and sixth floors encompass over 16,000 square feet at a cost of nearly $9 million. The fifth floor predoctoral clinic clusters clinic managers, receptionists and dispensary personnel in more efficient ways. The sixth floor features new classrooms, seminar rooms, a small clinical facility for students to practice on one another, a small bench and wet lab, and facilities that optimize the use of our unique collection of plastinated cadaver specimens, which improve the teaching of anatomy.

**Student Lounges**

NYUCD’s spectacular new 13,000-square-foot, $4 million College Commons features a food court offering a wide variety of delicious meal options, two new student lounges with plasma screen 60” wall-mounted TVs, a pool table and computer stations. The locker room, Schein Dental Supply Store, student council offices and laundry/lab coat room are also located in the Commons.

**Faculty Study**

This attractive, welcoming 800-square-foot facility features comfortable seating for 20 arranged to encourage quiet conversation, specially-designed lighting, two computers and two carousels, wireless connectivity for laptops, and a wall-mounted HD flat screen plasma TV with both NYU and external channels, plus a beverage and snack area, a library donated by faculty members, and chess and backgammon games.
NYUCD presented a two-day prosthodontics symposium in October to honor the contributions of Clinical Professor of Prosthodontics and international authority on occlusion, Dr. Harold Litvak, to prosthodontics education and patient care. The symposium featured 17 world-renowned educators, clinicians and researchers.

Immediately following the conclusion of the symposium, more than 100 colleagues, friends and family of Dr. and Mrs. Litvak gathered at Jazz at Lincoln Center to celebrate the rapidly increasing momentum of the Campaign to Establish the Harold and Sheila Litvak Prosthodontics Wing at NYUCD. The Litvak Prosthodontics Wing will be housed in the Graduate Center for Clinical Excellence, five floors to be built at NYUCD to enhance interaction and synergy among the various dental specialties. A highlight of the evening was a spectacular jazz performance by Dr. and Mrs. Litvak’s friends.

In his remarks, Dean Alfano said, “The name Harold Litvak is synonymous with excellence in prosthodontics. It is therefore altogether fitting that we name the new prosthodontics wing in his and Sheila’s honor. Now, because of the philanthropic and leadership example set by the Litvaks, and the generosity of their friends, family and colleagues, we can look forward to the Litvak Wing becoming a reality in the near future.”
Dr. John S. Evans is coinvestigator on a $300,000 Nanotechnology Research Grant

Dr. John S. Evans, an Associate Professor of Basic Science and Craniofacial Biology and of Chemistry, is a coinvestigator on a new $300,000, six-year nanotechnology research grant from the National Science Foundation. The principal investigator is Dr. Mehmet Sarikaya, a Professor of Materials Science at the University of Washington in Seattle.

Dr. Evans will broaden the research he began with the help of an earlier grant by adding viral-based proteins to his study of how organic molecules bind with inorganic atoms. The goal is to provide nanotechnology engineers with a better understanding of how to combine proteins with inorganic atoms, one molecule at a time, to build a new generation of stronger materials for applications ranging from consumer goods to industrial, dental, and medical devices.
NYUCD Receives Two Additional New York City Council Grants Totaling $1.5 Million

The New York City Council, led by Speaker Gifford Miller, has awarded two new grants to NYUCD: a grant of $1.25 million for facilities renovations at the NYU Dental Clinics and a grant of $268,000 in support of the *Smiling Faces, Going Places* mobile dental care program. This is in addition to the $268,000 in program funds for the van and the $1.75 million for the replacement and upgrading of clinical equipment that the Council awarded to NYUCD last year. The new grants will further expand access to care for those in need both at the NYU Dental Clinics and in underserved areas throughout the city.

In expressing thanks to Speaker Miller and the New York City Council, Dean Alfano said, “Because of Speaker Miller’s leadership and the City Council’s advocacy and support, NYUCD is strengthened in its quest to preserve quality, affordable care for poor and low-income New Yorkers. We are extremely grateful to the Speaker and his members for their commitment to lifting some of the many burdens shouldered by New Yorkers in need.”
Reaching for A Million!

Although the NYU College of Dentistry raised more than $19 million in total gifts last year, the impact of the Annual Fund has special significance because it is unrestricted. This unrestricted financial support allows Dean Alfano to address top priorities for the College, including student financial aid and scholarships, upgrading physical facilities, and introducing program enhancements.

For the fourth consecutive year, NYUCD has hit a new high in its Annual Fund. In 2005, NYUCD raised $877,000 and, in less than two years, has reported a nearly 80 percent increase in the Annual Fund. Our goal for the current year is to join the Million Dollar Club, which currently consists of four NYU Schools that raise $1 million or more annually. We hope that you will help NYUCD to join this select club.

Gifts can be made online at www.nyu.edu/alumni/giving/gift.shtml or by calling Patrick Minson, Assistant Director of Development, at 212.998.9928 or e-mail patrick.minson@nyu.edu.

What Will Be YOUR Legacy?

Over the years, bequests — large and small — have been one of the most significant sources of long-range support for the College of Dentistry. Your legacy can perpetuate your annual support or establish a named and permanent fund for scholarships, professorships, program support, or other purposes.

Bequests can be designed to fit your planning needs and can take any of a number of forms. You can bequeath a specific dollar amount, or a percentage of your estate that remains after your legacies to loved ones. Your bequest to NYU also yields a valuable estate tax charitable deduction. Your legacy can be a crucial part of your overall estate planning.

Our gift-planning office would be happy to provide information about estate planning and the benefits of leaving a legacy to NYU College of Dentistry. For more information, call Alan Shapiro, Esq., Director of Gift Planning, at 212.998.6960 or e-mail him at gift.planning@nyu.edu.
NYUCD in the News
The following is a sampling of recent media coverage of NYUCD:

**The New York Times**
Science section carried a story on NYUCD’s mandatory Emergency Preparedness Training curriculum entitled “Dentists Prepare to be on Front Line of Civil Defense.” The story featured an interview with Dr. Dianne Rekow, Chair of NYUCD’s Bioterrorism and Catastrophe Response Task Force.

**The New York Times** Science section also reported results of a study led by Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology, which suggested that some infants delivered by C-section may be at higher risk for developing cavities later in life. More than 100 other media outlets nationwide also reported results of the study, including Reuters, NBC-TV national affiliates, The Detroit Free Press, WFLD-TV and WMAQ-TV, Chicago; WCCO-TV, Minneapolis/St. Paul; and KWGN-TV, Denver.

**ABC7 Eyewitness News**
broadcast a series on oral health during the 2005 NYU, ABC7, Colgate Free Screening in September. The series included interviews with Dr. Dennis Tarnow, Professor and Chair of the Ashman Department of Implant Dentistry, on the benefits of single tooth implants; Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry, on the importance of oral health care for expectant mothers and their newborns and on dental ID’s for children; and Dr. Daniel Malamud, Professor of Basic Science and Craniofacial Biology and Director of the HIV/AIDS Research Program, on using saliva as a diagnostic technique.

**ABC7 Eyewitness News** also broadcast a story on the merits of over-the-counter teeth-whitening products relative to whitening treatment in a dentist’s office. The story featured Dr. Denise Estafan, Director of Aesthetics and Associate Professor of Cariology and Comprehensive Care and of Biomaterials and Biomimetics.

**Reuters** quoted Dr. Robert Glickman, Professor and Chair of the Mecca Department of Oral and Maxillofacial Surgery, in an article on the health risks faced by young adults who have not had their third molars removed.

**ABC7 Eyewitness News** broadcast an interview with Dr. Glickman on the urgent need to treat pediatric tooth infections with swelling. The story was picked up by numerous other wire services and print outlets in the U.S. and overseas.

**NBC’s Today Show**
interviewed Dr. Kenneth L. Allen, Assistant Professor of Cariology and Comprehensive Care, about a study he led that found that chewing gum and CDs may help students master dental anatomy. The Toledo Blade also reported on the study.

**CBS Evening News**
interviewed NYUCD Visiting Professor Dr. Gunther von Hagens about his “Body Worlds” Exhibit at the Museum of Science and Industry in Chicago. The exhibit was also featured in the Chicago Tribune Magazine, which noted that NYUCD is using Dr. von Hagens’ non-dissection, plastinated anatomy specimens to teach anatomy.

**U.S. News & World Report** featured Dr. Stephen Chu, Clinical Assistant Professor of Periodontology and Implant Dentistry, in an article on tooth whitening.
Forbes quoted Dr. Jonathan L. Ferencz, Clinical Professor of Prosthodontics, in an article entitled “Teeth While You Wait,” about a new minimally invasive procedure developed by Nobel Biocare called “Teeth in an Hour,” which allows dentists to replace several or all of a patient’s teeth in about an hour.

Forbes also reported that NYUCD is the first dental school in the U.S. to incorporate Epocrates and personal digital assistants (PDAs) into its curriculum. Marketwatch was among the other media outlets covering the story.

Discover Magazine interviewed Dr. Daniel Malamud, Professor of Basic Science and Craniofacial Biology and Director of the HIV/AIDS Research Program, on the biology of saliva and its use as a diagnostic technique. Sciencenews, a partner of Discover, also interviewed Dr. Malamud on the subject and plans to air the interview on ABC-TV affiliates nationwide.

New York State Dental Journal reported that NYUCD received a $26.7 million grant from the National Institutes of Health to establish a regional “practice-based” research network in dentists’ offices over the next seven years. Registered Dental Hygienist and Medical Newstoday also carried stories on the award.

New York State Dental Journal also reported the presentation of the NYU Irwin Smigel Prize in Aesthetic Dentistry to Dr. Gordon Christensen, founder and director of Practical Clinical Courses.

The Philadelphia Inquirer reported on NYUCD Visiting Professor Gunther von Hagens’ “Body Worlds” Exhibit at the Franklin Institute.
**New York Jewish Week** quoted Dr. Dennis Tarnow, Professor and Chair of the Department of Periodontology and Implant Dentistry, in an article about Tactile Technologies, an Israeli company developing disposable probes, scanning software, and robotic guides for instruments used in dental implant surgery.

**Woman’s World** quoted Dr. Warren Scherer, Professor of Cardiology and Comprehensive Care, in an article on oral health tips.

**The Jersey Journal** reported on an annual trip overseas by NYUCD students and faculty to provide dental care to Jamaica’s underserved communities.

**AGD Impact** featured the LaserLok™ implant developed by Associate Professor of Biomaterials and Biomimetics Dr. John Ricci. The story also appeared in Dental Products Report.

A **Lancet Oncology** article on xerostomia in cancer patients featured comments from Dr. Jonathan Ship, Professor of Basic Science and Craniofacial Biology and of Oral and Maxillofacial Pathology, Radiology & Medicine, and Director of the Bluestone Center for Clinical Research.

**ABC TV** network affiliates in Pittsburgh, Milwaukee, Salt Lake City, and Austin featured an interview with Dr. Timothy Bromage, Adjunct Professor of Biomaterials and of Basic Science and Craniofacial Biology, on X-ray fluorescence technology.

**View** ran a feature-length interview with Dr. Terry Fulmer, Dean of the College of Nursing, on protecting yourself and your loved ones from elder mistreatment.

**Health and Medicine Week** reported results of a study led by Dr. Joan Phelan, Professor and Chair of the Department of Oral and Maxillofacial Pathology, Radiology & Medicine, which found that anti-retroviral therapy doesn’t increase risk of dental caries in HIV-positive women. **Biotech Week** also reported Dr. Phelan’s findings.
New York Daily News reported the establishment of the Barbara M. Clark New York State Legislative Scholarship, which aims to increase the number of underrepresented minorities in dentistry.

New York Daily News also reported on a visit by the Smiling Faces, Going Places dental van to a school in Astoria, Queens. The Queens Gazette and Nursing Homes Long Term Care Management also reported the van’s visit.

New York Resident interviewed Dr. Denise Estafan, Director of Aesthetics, for an article on advances in aesthetic dentistry.

WOR Radio interviewed Dr. Amr Moursi, Associate Professor and Chair of the Department of Pediatric Dentistry, on the topic, “Can bottled water cause cavities?”

Health & Medicine Week announced the alliance between NYUCD and Epocrates, Inc., a medical information company.

American Baby Magazine reported the findings of a study by Assistant Professor of Epidemiology & Health Promotion Stefanie Russell that showed a link between pregnancy and tooth loss.

The Wall Street Journal interviewed Dr. Ananda P. Dasanayake, Associate Professor of Epidemiology & Health Promotion and Director of the MS Program in Clinical Research, about a study he led that found a link between caries bacteria and preterm low birth-weight babies. Reports on the study also appeared in a dozen other media outlets, including Elle, AGD Impact, Family Practice News, Preemie Magazine and OB GYN News.

Fine Living cable television network interviewed Dr. Ron Craig, Associate Professor of Basic Science and Craniofacial Biology and of Periodontology and Implant Dentistry, on the relationship between gingivitis and heart disease for its “Wall Street Journal Weekend” program.

Self interviewed Professor Cheryl Westphal, Assistant Dean for Allied Health Programs, for an article on how to select a toothbrush.
Seeking to create a “mega-department” of “versatile-specialists,” the NYU College of Dentistry has merged the Department of Periodontics and the Ashman Department of Implant Dentistry to create a new, integrated Ashman Department of Periodontology and Implant Dentistry, effective November 1.

“The time has come to forge new educational approaches not only to predoctoral education, but also to specialty training,” said Dean Alfano. “This department is a development that launches a new model for specialty training.”

Dr. Dennis P. Tarnow, previously the chairman of the Ashman Department of Implant Dentistry, has been named Chairman of the new Ashman Department of Periodontology and Implant Dentistry.

Dr. Tarnow, who trained in both prosthodontics and periodontics and is Board-certified in periodontics, explained that the objective is to create a whole that is greater than the sum of its parts.

“The strength of the Ashman Department of Implant Dentistry has always been its distinctive, interdisciplinary faculty mix, consisting of prosthodontists, periodontists, and oral and maxillofacial surgeons all working together collaboratively, whereas the periodontology department consisted exclusively of periodontists. Now, this philosophy of interaction and collaboration will also drive the practice of periodontology. The result is expected to be a much richer learning and treatment planning experience for students and faculty in periodontics, who will be exposed, simultaneously, to periodontists, prosthodontists and implant dentists in the clinic setting.

“Specialty training in periodontics is already benefiting from the merger in terms of a sharing of resources and faculty mobility between clinic floors,” he said, “and in a year or two, when NYUCD builds its Graduate Center for Clinical Excellence, we will all physically be together on the same floor.”
Effective November 1, the Departments of Cariology and Operative Dentistry and of General Dentistry and Management Science were merged to form the Department of Cariology and Comprehensive Care. Dr. Mark S. Wolff, a veteran educator and clinician who joined NYUCD in July [see related article, page 27], has been appointed Professor and Chairman of the new Department.

Dr. Wolff explained that the objective is to better integrate preclinical education and clinical training. “We believe that integrating these two faculties will enable predoctoral students to make a smoother transition from the classroom to the clinic, and ultimately, to their professional careers,” Dr. Wolff said. “Until now, one set of faculty has taught preclinical cariology and operative dentistry, while another has directed clinical training. With this merger, we ensure that third- and fourth-year clinical training follows the same principles taught in the first and second years.”

To that end, clinical training will place a greater emphasis on the prevention of caries, while offering more opportunities for students to practice esthetic, endodontic, prosthodontic, periodontic, and implant dentistry techniques, which have been introduced into the curriculum at a growing rate in recent years.

“These changes are designed to give our graduates the best possible preparation for 21st century dental practice, while challenging our faculty to integrate two distinct fields into a new model of multidisciplinary teaching and research.” Dr. Wolff added that he plans to more fully empower the individual Group Practice Directors as a means of promoting improved patient care.
She plowed through sausage, eggs, cereal and toast, finishing everything on her plate, yet tasting nothing.

So began another day for the 56-year-old New Rochelle, New York, woman who suffered from sialoadenitis, a salivary gland inflammation that robbed her of virtually all of her ability to taste, making her so desperate that she sometimes resorted to pouring massive amounts of salt, pepper and garlic on virtually everything she ate. Sialoadenitis, which constitutes about half of all major salivary gland disease, occurs when saliva cannot exit the ducts, causing pain and swelling that can be particularly acute when the patient eats. In this woman’s case, 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 faded until last year, when she was referred to NYUCD for treatment by Clinical Assistant Professor of Oral
and Maxillofacial Surgery Dr. Michael Turner. Dr. Turner is one of only a handful of surgeons in the United States who are performing minimally invasive diagnosis and treatment for sialoadenitis. Using a specially designed, FDA-approved, endoscope developed by his mentor, Dr. Oded Nahlieli, a Professor of Oral and Maxillofacial Surgery at Israel's Hebrew University, Dr. Turner was able to pinpoint the woman's inflammation and then apply hydrostatic pressure through a balloon to break up the scar tissue obstructing her ducts. Within two weeks, the woman regained her ability to taste without the scarring and prolonged recovery common to patients who have had glands removed.

“This is a new paradigm for treating salivary gland disease,” said Dr. Turner, adding that he hopes to incorporate instruction in the procedure into the curriculum for residents in the Advanced Education Program in Oral and Maxillofacial Surgery.
Mr. Gary K. Kunkle, Jr., Dr. Jonathan L. Ferencz, and Dr. Robert Gottlander Join Dean’s Advisory Council

Mr. Gary K. Kunkle, Jr., Chairman and CEO of DENTSPLY, International, Dr. Jonathan L. Ferencz, ’71, a Clinical Professor of Prosthodontics and special assistant to the Dean, and Dr. Robert Gottlander, Nobel Biocare Executive Vice President for Marketing and Products, have joined the Dean’s Advisory Council, a group of distinguished business leaders, alumni, and friends who advise the Dean on ways to increase advocacy and philanthropic support for the College.

“As the head of the largest manufacturer of professional dental products in the world, Gary Kunkle oversees 7,700 employees in 34 locations on six continents,” said Dean Alfano. “Under his leadership, DENTSPLY, International, has continued to broaden its product portfolio on a global basis. Gary Kunkle is a true strategic thinker, and we are honored to have his participation in steering the future course of the College.

“Dr. Jonathan Ferencz, who with his wife Maxine donated $1 million to name the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics, has long been a powerful advocate for his alma mater. Most recently, Dr. Ferencz played a pivotal role in facilitating a $5 million gift to

Mr. Gary K. Kunkle, Jr.

Dr. Jonathan L. Ferencz
NYUCD from Nobel Biocare. His consistently wise counsel and innovative thinking will enhance the Advisory Council’s deliberations. “I am equally delighted to announce the appointment of Dr. Robert Gottlander. As Executive Vice President for Marketing and Products at Nobel Biocare, Dr. Gottlander was the driving force in developing and establishing Nobel Biocare’s world leadership in innovative esthetic dental solutions. A dentist by training, he played a key role in the global launches of the Branemark System and the Procera System. His knowledge of dentistry, creative thinking and international outlook will add an important dimension to the Council.”

Congressman Rangel Welcomes NYU’s Dental Van to His Harlem District

In response to an invitation from Representative Charles B. Rangel (D-NY), NYU College of Dentistry’s Smiling Faces, Going Places mobile dental van visited Representative Rangel’s district in Harlem on September 10th and 11th to provide free oral health screenings to local youngsters. Congressman Rangel (second from left) was in town to promote the candidacy of his protégé, Inez Dickens (center, in yellow jacket), for the New York City Council, District 9 seat.
NYU College of Dentistry, ABC7, and Colgate Cosponsor Weeklong Free Screenings

Over 1,800 New Yorkers Participate and ABC7 Reports Significant Viewer Share Increase for Oral Health Broadcasts

From Monday, September 19, through Friday, September 23, the NYU College of Dentistry opened its doors to over 1,800 adults and children for five days of free oral health screenings cosponsored by ABC7 and Colgate. In addition to dental screenings, the event included free oral cancer exams, blood glucose testing, dental IDs, sealants and mouth guards for children, and full denture replacements for senior citizens.

Complimentary oral healthcare products, courtesy of Colgate, were also provided, and a panel of dental experts was on hand to answer questions about oral health.

The College’s long-time screening partner, ABC7, promoted the screenings with public service announcements, and popular ABC7 meteorologist Sam Champion once again broadcast stories on oral health, which ABC7 officials report significantly increased their audience share each evening.

The stories included dental IDs for children — a new technique that makes unique dental imprints of children’s teeth that provide a way of safeguarding youngsters who might get lost, or worse, be abducted; the uses of saliva as a diagnostic tool in detecting cancer, HIV disease and other conditions; the link between a...
mother’s oral health and her newborn’s health, including the risk for premature birth and low birth-weight infants; and the advantages of a single tooth implant rather than a traditional three-unit bridge.

“Screening week 2005, which attracted hundreds more participants than last year’s event, underscored the critical need for expanded access to oral health care for New Yorkers of all ages,” said NYU College of Dentistry Dean Michael C. Alfano. “NYU, ABC7, and Colgate are proud to partner to offer as much care as possible to our fellow New Yorkers.”

Screening week 2005 underscored the critical need for expanded access to oral health care for New Yorkers of all ages.

A young patient gets a dental ID.

Dr. Amr Moursi, Chairman of the Department of Pediatric Dentistry, tells a mother-to-be about the link between a mother’s oral health and her newborn’s health.

Above: A single tooth implant.
Left: Dr. Daniel Malamud with a saliva sample.
In keeping with its plan to implement a four-year curriculum utilizing personal digital assistant (PDA) handheld devices, NYU College of Dentistry has provided the Epocrates Rx Pro and Epocrates Dx mobile medical and drug reference guides to all second-year students. Eventually all students will utilize the Epocrates guides, which put patient information and healthcare reference information in the hands of caregivers at the point of care. Every U.S. medical school and over 200 medical residency programs participate in the Epocrates program; NYU College of Dentistry is the first dental school to do so. According to Dr. Elise S. Eisenberg, Director of Dental Informatics, “NYUCD is one of the first dental schools in the nation to adopt a four-year PDA curriculum plan beginning with the very first course in dental school. The premise for a PDA curriculum is to enable students and faculty to access state-of-the-art instructional technology to help improve the quality of care they provide. Epocrates, which provides quick access to consistent, up-to-date information on medications, drug interactions and related topics in an easy-to-use format, is a key part of this strategy.”

Added Associate Dean for Graduate Programs Dr. David Sirois, “People are living longer with associated chronic illnesses and ingesting increasing numbers of prescription medications. The potential for adverse effects and drug interactions is increasing. Doctors must rely on automated information systems to access drug information and interactions on demand. Epocrates is an outstanding tool for accessing medication and other important health information, and will help advance our goal of making NYU dental graduates competent in the use of information technology required to make sound clinical judgments.”

The potential for adverse effects and drug interactions is increasing. Doctors must rely on automated information systems to access drug information and interactions on demand.
The NYU PEARL (Practitioners Engaged in Applied Research and Learning) Network, a $26.7 million, NIH-funded “practice-based” research network, has appointed a Practitioner Advisory Group to help identify and develop five research proposals to be implemented as clinical trial protocols in 2006. These will be the first of 13 to 20 protocols to be implemented over the grant’s seven-year period. The Practitioner Advisory Group will review over 200 proposals and select those that most closely meet the PEARL Network’s mission to expand the evidence base in dentistry by addressing key patient-care problems routinely encountered by dentists in private practice.

The Practitioner Advisory Group members include Clinical Assistant Professor of Cariology and Comprehensive Care Dr. Gary Berkowitz, a general practitioner in East Meadow, New York; Clinical Assistant Professor of Cariology and Comprehensive Care Dr. Irene Brandes, a Manhattan dentist specializing in aesthetic restorations; Dr. Kenneth Goldberg, a Cliffside Park, New Jersey, general practitioner; Dr. David A. Hamlin, founder of Contract Dental Evaluations, a Langhorne, Pennsylvania, esthetic dental practice and clinical research facility; Clinical Assistant Professor of Oral and Maxillofacial Pathology, Radiology & Medicine Dr. Analia Veitz-Keenan, a Brooklyn general practitioner; Dr. Robert Margolin, a private practitioner in the Bronx, Director of the General Practice Residency Program at St. Barnabas Hospital, and member of the board of the New York State Academy of General Dentistry; and Dr. Kay Oen, a Port Chester, New York, private practitioner who recently completed two terms as National Trustee of the Academy of General Dentistry. For more on the Practitioner Advisory Group and to learn how to become a PEARL Network practitioner, please visit the PEARL Network Web site at www.pearlnetwork.org.
Dr. Dennis P. Tarnow, Professor and Chair of the Department of Periodontology and Implant Dentistry, has been recognized by the American Academy of Periodontology (AAP) with its prestigious Master Clinician Award. Presented to “a practitioner who has demonstrated consistent clinical excellence in periodontics and who has willingly and unselfishly shared that clinical experience with members of the profession,” the Master Clinician Award is given only rarely, when an outstanding candidate is nominated.

“Dr. Tarnow received the award for his devotion to clinical excellence and dedication to the profession, and in recognition of the high esteem in which he is held by the periodontal community,” said Dr. Vincent J. Iacono, President of the AAP. A member of the NYU dental faculty for 28 years and a recipient of New York University’s highest teaching honor, the NYU Distinguished Teaching Award, Dr. Tarnow is a Diplomate of the American Board of Periodontology, a reviewer for the Journal of Periodontology Editorial Board, a past member of the AAP Board of Trustees, and past Chair of its Clinical Affairs Committee. He is also a past President of the Northeastern Society of Periodontists and of the Greater New York Academy of Prosthodontists.

Dr. Tarnow, who trained in both periodontics and prosthodontics, is also internationally renowned in the field of implant dentistry. His leadership in introducing innovative implant concepts at NYUCD and around the world has revolutionized the way practitioners, students, and patients view this technique.

“Dennis Tarnow is a person of immense knowledge and skill and it is extremely fitting that he be formally recognized as the Master Clinician that he is,” said Dean Alfano. “All of us at NYUCD congratulate Dennis on receiving this wonderful, well-deserved award in tribute to his stature in the profession.”
DEAN TERRY FULMER CONCLUDES SUCCESSFUL YEAR AS PRESIDENT OF THE GERONTOLOGICAL SOCIETY OF AMERICA

FIRST NURSE TO HOLD POSITION

Dr. Terry Fulmer, Dean of the NYU College of Nursing, concluded her term as President of the Gerontological Society of America (GSA) on a high note, presiding over the society’s annual conference in November, with over 3,000 people in attendance. The GSA is a non-profit professional organization with more than 5,000 members in the field of aging. Dean Fulmer is the first nurse to hold the position of President.

An expert in the care of older adults whose research has focused on acute care of the elderly and, specifically, elder abuse and neglect, Dean Fulmer has also brought much attention to the need for interdisciplinary training and collaboration among caregivers for older adults through her extensive scholarship and teaching.

“As the first nurse to lead the GSA, I have been very pleased to represent the growing role that nurses play as researchers who shape policy and best practices in the care of older adults and all people,” said Dean Fulmer.

As President of the GSA, Dr. Fulmer was responsible for developing the theme of the 2005 GSA annual conference, “The Interdisciplinary Mandate of the GSA.” The conference, held in Orlando, Florida, featured symposia led by the two organizations Dean Fulmer heads at NYU: the Consortium of New York Geriatric Education Centers and the Hartford Institute. Among the topics covered were interdisciplinary approaches to oral health and eldercare mistreatment.

Within the GSA, Dean Fulmer has been instrumental in promoting the Nursing Interest Group and the Humanities and Arts Committee, the latter to be led in 2006 by NYU faculty.

“Terry’s achievements as President of the GSA,” said Dean Alfano, “are representative of the high level of excellence that she brings to all her activities. NYUCD is extremely proud of her leadership in the critically important field of aging.”
**GLOBAL HEALTH**

**DR. JAN MARC LEVY APPOINTED TO MAYORAL COMMITTEES TO COMBAT DOMESTIC VIOLENCE**

Dr. Jan Marc Levy, a Clinical Associate Professor of Cariology and Comprehensive Care, has been appointed by Mayor Michael Bloomberg to the Mayoral Committee to Combat Domestic Violence and to the Project HEAL Training Curriculum Committee, which reports to the Mayor’s Office for the Prevention of Domestic Violence. Dr. Levy, who holds both a law degree and a dental degree, conducts research on domestic violence at NYUCD. He was invited to attend a reception at Gracie Mansion to celebrate 50 years of mental hygiene services for New Yorkers.

**STUDENTS BENEFIT FROM NYUCD-PUBLISHED COMPREHENSIVE IMPLANT THERAPY INSTRUCTION MANUAL**

For the first time, predoctoral students studying implant dentistry at NYUCD have access to a comprehensive manual of implant procedures created especially to facilitate their learning. The new manual, entitled *Restore Your Smile*, was coauthored by Dr. Leila Jahangiri, Assistant Professor and Chair of the Louis Blatterfein Department of Prosthodontics, and Dr. Ashok Soni, Associate Professor and Associate Chair of the Blatterfein Department of Prosthodontics. The fully illustrated manual covers topics including implant definitions, dental examination and treatment planning for implant therapy, treatment approaches for both the partially and fully edentulous patient, laboratory protocols and implant maintenance. Congratulations to Drs. Jahangiri and Soni on their achievement.
On November 4, 2005, His Holiness the Fourteenth Dalai Lama was presented with a specially commissioned, black and white marble sculpture created by Susan Abraham, Executive Assistant to Executive Associate Dean Steven Donofrio.

The occasion was a luncheon at Stanford University given in his honor by friends, donors and guests of the Tibet Studies Program at Stanford. Susan was told that the piece would be placed on a table alongside the Guest Book, which the Dalai Lama and his guests would sign as they arrived. “The opportunity to create a sculpture in honor of His Holiness the Dalai Lama presented challenges both physical and philosophical,” says Susan. “I chose to carve a simple, low, sculpture that wouldn’t intrude or compete with the Guest Book, and could be viewed easily and appreciated from a standing position. As I explored Buddhist philosophy and read about the Dalai Lama’s life and beliefs, I felt that imagery of a drop of water (his name means “little wave”) and the resulting radiating movement created would best capture the spirit of his visit and an aspect of Buddhism that has meaning for me.”

Susan’s sculpture depicts a gentle pool whose concentric rings emanate from the center in a wheel of soft, deep ripples. It is a metaphor for the inevitable and natural sequence and consequence of a single act — one pebble thrown into a pond, a single drop of water landing in a still stream, one thought or act, either kind or cruel — and the effect it creates of ever-widening rings of different depths and shapes that ultimately disappear and become still water again.

Susan’s sculpture is currently on exhibit at the Smith-Anderson Gallery in Palo Alto. To view photos of Susan’s other sculptures, please visit www.sabraham-sculpture.com.

Above: Susan Abraham greets His Holiness, the 14th Dalai Lama. Left: The sculpture Susan presented to the Dalai Lama.
Hundres of NYU dental and nursing students, faculty and staff came together under the Big Top in October as guests of Dean Alfano at a special, private performance of Grandma Goes to Hollywood, the 2005-2006 program presented by the Big Apple Circus at Lincoln Center. In addition to Grandma the Clown, the show featured acrobats, jugglers, trapeze flyers, performing horses and dogs, humorists and superheroes. Earlier fall celebrations have been held at Madame Tussaud’s Wax Museum and the United Nations, among other locations.

“At NYU’s Colleges of Dentistry and Nursing, we work hard and so several times a year we look for opportunities also to celebrate with one another,” said Dean Alfano. “These are great occasions for people from different areas and disciplines to get to know one another in a relaxed, fun setting. They allow us to recharge our batteries in ways that make us a more cohesive community. I think those who attended the Big Apple Circus will agree with me that it was one of our very best events.”
ADVANCED PROGRAMS WELCOME STUDENTS FROM 29 COUNTRIES

All 87 students in the 2005 entering class of the Advanced Programs for International Dentists attended two welcome events in their honor in September. Above, Dr. Kambiz M. Ghalili (in light suit), Clinical Assistant Professor of Prosthodontics and Director of the Advanced Program in General Dentistry, visits with students at a Fifth Avenue penthouse reception. At right, students from Korea, Morocco, Taiwan, and Greece enjoy a Manhattan boat cruise.

A THANK-YOU FROM INDIANA UNIVERSITY

Dr. David L. Glotzer and the College’s Bioterrorism and Catastrophe Response Task Force received special thanks for providing the materials used in the “Emergency Preparedness Guide for Dentists,” a recent publication of the Indiana University School of Medicine Department of Public Health. The guide’s editors wrote: “NYU is leading the country in preparing for and responding to crisis in the United States.”
A DOUBLEHEADER FOR DR. NEAL G. HERMAN: DIPLOMATE OF THE AMERICAN BOARD OF SPECIAL CARE DENTISTRY AND REGION II HEAD START ORAL HEALTH CONSULTANT

Dr. Neal G. Herman, Professor of Pediatric Dentistry has been awarded Diplomate status by the American Board of Special Care Dentistry with proficiency in hospital dentistry. This is the highest honor and recognition available for dentists who have devoted their professional careers to the oral health needs of this very diverse population of people. Dr. Herman is one of only 107 dentists to be so recognized.

And there’s still another reason for Dr. Herman to celebrate. He has been appointed the Region II Head Start Oral Health Consultant. This is a part-time, one-day-a-week position that was created to help “promote, advocate for, and improve the oral health of Head Start and Early Head Start children and their families.” It is positioned within the Administration for Children and Families (ACF) in the Department of Health and Human Services (HHS). Dr. Herman will be collaborating with nine other Regional Consultants across the nation.

2005 NYUCD BLOOD DRIVE DONATIONS MORE THAN DOUBLE PAST YEARS’ TOTALS

Recently, NYUCD completed its third annual New York Blood Center Blood Drive, collecting 94 pints of blood in just five-and-a-half hours. In both 2003 and 2004, the blood drive was conducted over two days, but the totals were 46 pints and 39 pints, respectively. A total of 131 NYUCD students, faculty, and staff donated blood; at least 100 additional people had to be turned away because of time constraints.

Special thanks for the success of this drive go to project coordinator Dr. Andrew I. Spielman, Associate Dean for Academic Affairs, and to ASDA representatives Michael Vilacarlos, Class of 2007; Rachel Karni, Class of 2007; and Justin Seaman, Class of 2008, who mobilized the student body. “We are very proud of our volunteers,” said Dr. Spielman. “They demonstrated a true ‘esprit de corps’ on behalf of a life-saving community mission.”
Congratulations to:

DR. MICHAEL C. ALFANO, Dean of NYUCD, on receiving the 2005 Maes-MacInnes Award presented by the NYU College of Nursing, in recognition of “an outstanding contribution (the partnership between dentistry and nursing at NYU), which has made a singular impact on the nursing profession.” In addition, Dean Alfano was quoted extensively on “The Crisis in Dental Education” in the inaugural issue of Inside Dentistry, and his portrait was featured on the cover of The Seattle Study Club Journal, which published a tribute to him, stating that “Dean Alfano epitomizes the strength, innovation and creativity needed in a Dean leading a dental school in the 21st century.” Dean Alfano also chaired the Annual Meeting of the Council of Deans in November, where the theme of dental education reform was discussed; he gave the keynote address at the University of Kentucky College of Dentistry faculty retreat; he lectured at the Annual Meeting of the Dental Trade Alliance; and he was recognized by the Journal of the New Jersey Dental Association as a leader in founding the Oral Cancer Consortium in 1999.

DR. DAVID J. AHEARN, Clinical Assistant Professor of General Dentistry and Management Science, on authoring an article entitled “Creating the High Performance Dental Practice,” for Practical Procedures & Aesthetic Dentistry.

DR. KENNETH L. ALLEN, ’73, Assistant Professor of General Dentistry and Management Science, on coauthoring an article entitled “Removing Carious Dentin Using a Polymer Instrument Without Anesthesia Versus a Carbide Bur With Anesthesia,” for the Journal of the American Dental Association. His coauthors included Dr. Teresita Salgado, Clinical Assistant Professor of Cariology and Comprehensive Care, and Dr. Van P. Thompson, Professor and Chair of the Department of Biomaterials and Biomimetics.

DR. RASHMI V. AMBEWADIKAR, ’05, and Advanced Education Program in Pediatric Dentistry, ’07, on being awarded the New York State Dental Association’s Student Leadership Award.

MS. SU-YAN L. BARROW, Clinical Assistant Professor of Dental Hygiene, on authoring an article entitled “The Digital Dental Office” for Dimensions of Dental Hygiene. Added kudos to Professor Barrow on presenting a periodontal review course and clinical training program to the dental auxiliary of the Barbados Ministry of Health and on presenting two lectures at a meeting of the Dental Hygiene Association of Italy.

MS. CHRISTINE CALAMIA, ’07 (above right with her father, Dr. John R. Calamia, Professor of Cariology and Comprehensive Care), on presenting a poster entitled “The Effects of Different Testing Rates on Microtensile Testing” at the ADA Annual Session in October as part of the ADA/DENTSPLY Student Clinician Program.

MS. RASHIDA CHEATHAM, ’09 (left), on being selected as the first recipient of NYUCD’s Barbara M. Clark New York State Legislative Scholarship, which aims to increase the number of underrepresented minorities in dentistry. Assemblywoman Clark is at the right.
DR. ROSALYNN Y. CRAWFORD, Clinical Assistant Professor of Pediatric Dentistry, on being selected to join the 2005 ADA Institute for Diversity in Leadership Class. The Institute is a three-part program designed to enhance leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles. Dr. Crawford was one of 12 applicants selected from a national pool of 72.

MR. HARPREET DHILLON, ’06 (left), with Executive Associate Dean Richard Vogel on receiving the Pierre Fauchard Academy Student Scholarship Award in recognition of leadership and accomplishment in dental school.

DR. ELISE S. EISENBERG, ’84 (above right), Director of Dental Informatics and Clinical Associate Professor of Epidemiology & Health Promotion, has been named a Fellow by the Executive Leadership in Academic Medicine (ELAM) Program for Women. ELAM is the only in-depth national program that prepares senior women faculty for leadership at academic health centers. The one-year ELAM curriculum combines traditional MBA training in issues and strategies pertinent to academic health management with personal and professional development focused on leadership, career advancement, communication, and the use of new information/learning technologies. Dr. Eisenberg is one of only 45 senior women faculty from U.S. medical and dental schools to be selected for the 2005-06 program.

DR. DIONNE FINLAY, ’04, and Advanced Education Program in Pediatric Dentistry, ’06, on being quoted by the Jersey Journal in an article about the annual NYUCD outreach mission to Jamaica, which she helps to organize.

DR. HERBERT H. FROMMER, Professor of Oral and Maxillofacial Pathology, Radiology and Medicine and Director of Radiology, on the publication of the eighth edition of Radiology for the Dental Professional, which he coauthored with Ms. Jeanine J. Stabulas-Savage, Instructor in Oral and Maxillofacial Pathology, Radiology, and Medicine.

DR. STUART J. FROUM, ’70, Clinical Professor of Periodontology and Implant Dentistry, on coauthoring an article entitled “The Use of a Mineralized Allograft for Sinus Augmentation: An Interim Histological Case Report from a Prospective Clinical Study,” for Compendium of Continuing Education in Dentistry. His coauthors included Dr. Sang Choon Cho, ’03, and Advanced Program in Implant Dentistry for International Dentists, ’97, and Clinical Assistant Professor of Implant Dentistry; Dr. Ziad Jalbout, ’03, Instructor in Periodontology and Implant Dentistry; Dr. Dennis P. Tarnow, ’72, Professor and Chair of the Department of Periodontology and Implant Dentistry; and Dr. Stephen S. Wallace, ’67, Clinical Associate Professor of Periodontology and Implant Dentistry.

DR. STANLEY GERSCH, Clinical Assistant Professor of Orthodontics, on being honored by the American Association of Orthodontists as one of the top 100 Invisalign providers in North America.

DR. DONALD B. GIDDON, Clinical Professor of Epidemiology & Health Promotion, on being honored with
the naming of the Professor Donald B. Giddon Behavioral Science Research Area and Conference Room at the Harvard School of Dental Medicine.

**DR. YIHONG LI**, Associate Professor of Basic Science and Craniofacial Biology and Director of International Research Collaboration, on coauthoring an article entitled “Mode of Delivery and Other Maternal Factors Influence the Acquisition of *Streptococcus mutans* in Infants” for the *Journal of Dental Research*. Her coauthors included Dr. Page W. Caufield, Professor of Cariology and Comprehensive Care, and Dr. Ananda P. Dasanayake, Associate Professor of Epidemiology & Health Promotion and Director of the Master of Science Program in Clinical Research.

**DR. WILLIAM J. MALONEY, ’92,** Instructor in Cariology and Comprehensive Care, on authoring an article entitled “Overseas Dentistry,” for the *New York State Dental Association News*.

**MR. GLENN A. MARRUS,** Assistant Dean for Quality Assurance, on moderating a session on “Bioterrorism — Dentistry’s Response” at the 2005 annual meeting of the Organization for Safety & Asepsis Procedures.

**DR. MARJAN MOGHADAM,** ’02, and Advanced Education Program in Prosthodontics, ’06, on coauthoring an article with Dr. Bijan Moghadam, Associate Professor of Prosthodontics, entitled “A Simplified Technique for Making an Interocclusal Record in Fixed Prosthodontics” for the *New York State Dental Journal*.

**DR. FREDERICK G. MORE,** Professor of Pediatric Dentistry and of Epidemiology & Health Promotion, on coauthoring an article entitled “Collaboration Between Dietetics and Dentistry: Dietetic Internship in Pediatric Dentistry,” for *Topics in Clinical Nutrition*. Dr. More’s coauthors included Ms. Emilie Godfrey, Administrator of the Oral Cancer RAAHP Center, and Dr. Rima Bachiman Sehl, Associate Professor and Associate Chair of the Department of Epidemiology & Health Promotion.

**DR. IVY D. PELTZ,** ’83, Clinical Assistant Professor of Cariology and Comprehensive Care, on becoming a Fellow of the American College of Dentists. Dr. Peltz was sponsored for fellowship by Dr. Kalman Einbender (above right). Dr. Peltz also presented...
a poster entitled “Comparative Study of Four At-Home Tooth Whitening Products” at the annual meeting of the International Association for Dental Research. The poster was coauthored by Dr. Eric S. Studley, Clinical Assistant Professor of Cariology and Comprehensive Care; Dr. Evelyn A. Nelson, Clinical Assistant Professor of Cariology and Comprehensive Care and of Epidemiology & Health Promotion; Dr. Andrew B. Schenkel, Clinical Assistant Professor of Periodontology and Implant Dentistry; Dr. Arnold Rosenstock, Clinical Associate Professor of Cariology and Comprehensive Care; and Dr. Jay W. Schwarz, Clinical Associate Professor of Cariology and Comprehensive Care.

**DR. MIRIAM R. ROBBINS**, Clinical Associate Professor and Associate Chair of the Department of Oral and Maxillofacial Pathology, Radiology and Medicine, on presenting a lecture on “Oral Health Care for the HIV/AIDS Patient,” at Housing Works, an organization that provides services to clients who have been diagnosed with HIV/AIDS.


**DR. DEEPAK SAXENA**, Adjunct Associate Professor of Basic Science and Craniofacial Biology, on coauthoring an article entitled “Identification of Unique Bacterial Gene Segments from *Streptococcus mutans* with Potential Relevance to Dental Caries by Subtraction DNA Hybridization,” for the *Journal of Clinical Microbiology*. Dr. Saxena’s coauthors were Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology and Director of International Research Collaboration, and Dr. Page W. Caufield, Professor of Cariology and Comprehensive Care.

**DR. JOSEPH A. SHIP**, Professor of Basic Science and Craniofacial Biology and of Oral and Maxillofacial Pathology, Radiology and Medicine and Director of the Bluestone Center for Clinical Research, on being quoted in a *Lancet Oncology* article on xerostomia in cancer patients. Dr. Ship was also featured in an *ADAA News* article on the NIH-funded Practice-Based Research Networks. Dr. Ship is the Chair of the NYU PEARL (Practitioners Engaged in Applied Research and Learning) Network, which was funded last April with a $26.7 million, seven-year grant from the NIDCR.

**DR. DAVID A. SIROIS**, Associate Professor of Oral and Maxillofacial Pathology, Radiology and Medicine and Associate Dean for Graduate Programs, on being appointed to the...
Dental Advisory Board of Zila Pharmaceuticals and on being elected President of the Board of Directors of the International Pemphigus Foundation. Dr. Sirois, who has been on the Foundation’s medical advisory board for the past four years, is one of only two dentists in leadership positions with this organization.

**DR. MICHAEL SPINK**, a resident in the Advanced Education Program in Oral and Maxillofacial Surgery, on coauthoring an article entitled “Clinical Implications of Cyclo-oxygenase-2 Inhibitors for Acute Pain Dental Management: Benefits and Risks” for the *Journal of the American Dental Association*. Dr. Spink’s coauthors included Dr. Saul Bahn, Professor of Oral and Maxillofacial Surgery, and Dr. Robert S. Glickman, Professor and Chairman of the Mecca Department of Oral and Maxillofacial Surgery.

**DR. SILVIA SPIVAKOVSKY**, Clinical Assistant Professor of Oral and Maxillofacial Pathology, Radiology and Medicine, on authoring an article entitled “Diagnosis and Management of Recurrent Aphthous Stomatitis and Recurrent Oral Herpes” for the *Journal of Practical Hygiene*.

**DR. CHRISTIAN F.J. STAPPERT**, a Visiting Scholar in the Department of Biomaterials and Biomimetics, on coauthoring an article entitled “Longevity and Failure Load of Ceramic Veneers with Different Preparation Designs After Exposure to Masticatory Simulation” for the *Journal of Prosthetic Dentistry*.

**DR. DENNIS P. TARNOW, ’72**, Professor and Chair of the Department of Periodontology and Implant Dentistry, on coauthoring an article entitled “Interdental Papilla Length and the Perception of Aesthetics” for *Practical Procedures & Aesthetic Dentistry*. His coauthors included Dr. George J. Cisneros, Professor and Chair of the Department of Orthodontics.

**DR. CRISTINA TEIXEIRA**, Assistant Professor of Orthodontics and of Basic Science and Craniofacial Biology, on becoming a member of the Edward H. Angle Society of Orthodontics and on presenting a poster entitled “Nitric Oxide Synthases Regulate Maturation of Growth Plate Chondrocytes,” at the Congress of the European Orthodontic Society. Added kudos to Dr. Teixeira on the inclusion of her timelapse video of cartilage cells undergoing apoptosis in the CD version of the book *World of the Cell* and on being featured in the newsletter of the Northeastern Society of Orthodontics.

**DR. HOWARD A. WEINER**, Advanced Education Program in Endodontics, ’75, and Clinical Associate Professor of Endodontics, on his installation as President of the Nassau County Dental Society.
Focus on Alumni

Dr. Francis V. Murphy, ’72, Installed as President of the Alumni Association

At a gathering of Alumni Association Directors, Past Presidents, and members held in October at NYU’s Glucksman Ireland House, Dr. Francis V. Murphy, Class of 1972, was installed as the 2005-2006 President of the NYU Dental Alumni Association. Other Alumni Association officers for 2005-2006 are President-Elect: Dr. Ivy D. Peltz, Class of 1983; Vice President: Dr. Kenneth L. Allen, Class of 1973; Secretary: Dr. Lucy Troncoso, Class of 1994; and Treasurer: Dr. Maura Maloney, Class of 1992.

Class of ’42: Still Reuniting After All These Years

The Class of 1942, which has built an unbroken record of annual reunions since the end of World War Two, has witnessed incredible moments in history, including the inauguration of 11 presidents, a walk on the moon, the attacks on Pearl Harbor and the World Trade Center, a cure for polio, the emergence of the Internet, and both the rise and fall of the Berlin Wall.

“I think it’s safe to say that we had a love-hate relationship with NYUCD,” says Class of 1942 President Dr. Milton Jaffe. “But despite trying circumstances, we never doubted that we were receiving a great education that ultimately prepared us to become competent, successful healthcare professionals.”

The Class of ’42 can boast its fair share of leaders, including a former Associate Dean of NYUCD, a former Executive Director of the New York State Dental Association, Past Presidents and Executive Directors of numerous dental societies, an admiral in the U.S. Navy, an expert on African history, the director of a free dental clinic, and an Orange County, New York, “Man of the Decade.”

Some years ago, a decision was made to support alma mater and provide a lasting tribute to their class by naming the Alumni Relations Office. The dedication plaque reads: The Alumni Relations Office is dedicated to the Class of 1942, which has contributed so much to the community, the profession, the College, and each other.

Says Dr. Jaffe, “Because of NYUCD, we are united in lifelong friendship. That’s our wish for every class.”
Quinquennial Classes of Past
60 Years Gather for Reunion Gala

Over 300 alumni representing all of the graduating classes ending in “0” and “5” going back to 1945 gathered recently for a reunion gala hosted by NYUCD and held at the Waldorf-Astoria Hotel. Earlier in the day, alumni toured NYUCD’s newly renovated facilities, pronouncing them “astonishing.”

Highlights of the gala included a slideshow featuring yearbook photos of members of the participating classes and a screen flashing digital photos of the new facilities. Committees are now being formed to plan for 2006 reunions. If you would like to serve on a 2006 reunion-planning committee, please contact Ashley Sharp at 212.998.9739 or e-mail ashley.sharp@nyu.edu.
Congratulations to:

**70’s**

**DR. LARRY W. ROSENTHAL,** Class of 1972, on being quoted by the *New York State Dental Association News* in an article about an NYUCD continuing education course in practice management, and by CBS Marketwatch and Lycos Finance in an article about designing the perfect smile.

**DR. MARC BALSON,** Class of 1978, and President of the American Association of Endodontists, on being profiled by the *Journal of Endodontics*.

**DR. GARY J. KAPLOWITZ,** Class of 1979, on creating a continuing education course for the ADA and Academy of Dental Therapeutics and Stomatology entitled “Understanding Inflammation and Its Connection to Oral and Systemic Health.”

**DR. MAITREYA P. PADUKONE,** Class of 1979, on being installed as Secretary of the New York County Dental Society.

**80’s**

**DR. MERYL J. EFRON,** Class of 1983, on being appointed to the board of directors of the Staten Island Historical Society.

**DR. CARMEN Z. SCHULLER-LEMLER,** Class of 1987, on being honored for her commitment to empower youth by the SNAP Student Foundation, which provides students in grades K-12 an opportunity to develop critical educational and communications skills through photography.

**90’s**

**DR. WADE L. HASLAM,** Advanced Education Program in Orthodontics, 1994, on being certified by the American Board of Orthodontics.

**DR. LEE R. COHEN,** Class of 1998, and Vice President of the South Palm Beach County Dental Association, on becoming a Fellow of the International College of Dentists, and on being elected as a Florida Dental Association delegate to the ADA House of Delegates.

**00’s**

**DR. YAKIR A. ARTEAGA,** Class of 2000, on receiving the 2005 New Dentist Leadership Award from the New York State Dental Association.

**DR. JENNIFER CHOE,** Class of 2001 and Advanced Education Program in Periodontics, 2004, on coauthoring an article entitled “Tongue Piercing: Risk Factor to Periodontal Health” for the *New York State Dental Journal,* with Dr. Khalid Almas, Visiting Associate Professor of Periodontology and Implant Dentistry, and Dr. Robert Schoor, Clinical Associate Professor of Periodontology and Implant Dentistry and Director of the Advanced Education Program in Periodontology and Implant Dentistry.

**DR. RAVNEET HIRA,** Class of 2005, on coauthoring an abstract entitled “Pre-Eruptive Prediction of Developing Class III Malocclusion,” which she presented at a meeting of the International Association for Dental Research. Her coauthors included Dr. Mladen M. Kufinec, Professor of Orthodontics and Director of the Advanced Program in Orthodontics for International Dentists.
Dr. Samuel F. Dworkin, ’58, Honored with Ross and Fordyce Awards

Dr. Samuel F. Dworkin, Class of 1958, has received the American Dental Association’s prestigious Norton M. Ross Award for Excellence in Clinical Research. The Ross Award recognizes scientists whose clinical research has had a meaningful impact on diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases, as well as outstanding research endeavors in other areas. The award is sponsored by the ADA through the ADA Foundation, with support from Pfizer Consumer Healthcare. Dr. Dworkin is also to receive the Wilbert E. Fordyce Clinical Investigator Award, which will be presented to him in May 2006 by the American Pain Society (APS), the largest national scientific, professional and pain research society in the world. The Fordyce Award recognizes individual excellence and achievements in clinical pain scholarship by a pain professional whose total career achievements have significantly advanced clinical practice.

A Professor Emeritus both of Oral Medicine at the University of Washington (UW)-Health Sciences School of Dentistry and of Psychiatry and Behavioral Sciences at the UW School of Medicine, Dr. Dworkin became interested in behavioral issues surrounding acute dental pain during his 16 years as a general practitioner in Manhattan. He went on to complete a PhD in clinical psychology at NYU with the help of a special fellowship from the NIDCR.

“After I earned my PhD, I decided to get into research and education as a way to give back,” says Dr. Dworkin. His work expanded from acute pain to chronic orofacial pain, and his body of work includes extensive research in treating temporomandibular disorders and chronic pain. He spearheaded the development of Research Diagnostic Criteria for Temporomandibular Disorders, which has become the standard diagnostic classification system used in scientific TMD research worldwide.

“All of us at NYUCD extend well-earned congratulations to Dr. Dworkin on these recent recognitions of his extraordinary career,” said Dean Alfano. “He is an exemplary clinician, scientist, and alumnus and it is an honor for NYUCD to claim him as one of our own.”

In Remembrance

Dr. Bernard Kilbourn, Class of 1951
Dr. Richard Mascola, Class of 1968
Dr. Robert Z. Rosenthal, Class of 1955
Dr. Marvin Rubin, Class of 1942
Dr. Richard Sterman, Class of 1942
Dr. Myron H. Winter, Class of 1957
We thank our benefactors

Alumni, faculty, friends, corporations, foundations, and organizations—for their generous support of the College. We are proud to recognize your gifts of cash, pledge payments, planned gifts, gifts-in-kind, and pledges over $25,000, which were made between September 1, 2004, and August 31, 2005.

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