DIABETES
Special Guest Editorial
Diabetes and Oral Health: A Call to Action
Dr. D. Walter Cohen
Dear Dental Professionals:

As you may know, recent research has shown an association between oral health and systemic health. The implications of these findings make it as important as ever for dental professionals to recognize how systemic diseases manifest orally in their patients.

Colgate is pleased to help bring you this excellent publication in partnership with the NYU College of Dentistry to further an understanding of this connection in the practicing community.

This issue of NEXUS includes an article on the link between periodontal disease and diabetes, and offers treatment considerations for your patients with diabetes. This is an area of significant interest to Colgate because Colgate® Total® is the only toothpaste with an antibacterial ingredient, triclosan, and a copolymer that offers your patients 12 hour protection against gingivitis, plaque, calculus build-up and bad breath.

Colgate is committed to providing the very best technology, products and education to the dental community and their patients. We hope you enjoy this publication, and we look forward to bringing you future issues of this informative and timely bulletin.

Sincerely,

Marsha Butler, D.D.S.
Vice President,
Global Professional Relations & Marketing

Dear Colleagues:

This issue of Global Health Nexus, is one example of a new, cooperative relationship that the NYU College of Dentistry and Colgate have forged with the aim of improving health both locally and globally. In addition, Colgate is sponsoring a forthcoming supplement to the Journal of the American Dental Association (JADA) on diabetes, which is edited by Dr. Jonathan Ship and several other authors from NYUCD. This JADA supplement promises to be a major additional contribution to a better understanding of the link between oral health and diabetes.

Another goal of our relationship is to leverage our distinctive strengths in order to enhance the services we provide to the public. We recently concluded a five-day free health screening program, in collaboration with a third partner, ABC 7, and we look forward to partnering with our respective mobile dental vans to provide care for greater numbers of needy youngsters. Colgate has also become a primary supplier of a broad range of preventive health care supplies that are being used throughout the College, including free oral home care products and oral pharmaceuticals.

We look forward to sharing future joint accomplishments with you.

Sincerely,

Michael C. Alfano, D.M.D., Ph.D.
Dean
G L O B A L  H E A L T H
NEXUS
Summer 2003 Vol. 5, No. 2

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Grants and Philanthropy
$1 Million Gift From Dr. Jonathan and Maxine Ferencz Establishes the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics

NYUCD Awarded $488,000 to Improve Head and Neck Cancer Treatments and Reduce Side Effects

Support From Senator Clinton Brings NYUCD $250,000 in Federal Funds for Facilities Renovation
A Gift from the Quade Foundation Extends Scholarship Support

New York State and The Starr Foundation Award Major Grants in Support of Smiling Faces, Going Places
Seniors Build Support for Alma Mater

NYUCD in the News

Applause! Applause!
Faculty, Student, and Staff News
NYUCD Unveils Monolith Honoring Recipients of All-University Distinguished Teaching and Administrator Awards

Part-Time Faculty Honored for the First Time at Longer-Service Awards Ceremony

Dr. Jonathan L. Ferencz Installed as President of the American College of Prosthodontics

Dr. Farhad Vahidi Appointed Acting Director of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics

Dr. Daniel Schweitzer Receives Fifth Annual Litvak Fellowship

Research Day 2003: In Search of Answers

ADEA Preventive Dentistry Awards Go to Brian Houston and Thomas Kolodge, Class of 2004
Drs. Joan Phelan and Denise Murphy Appointed to Bioterrorism and Catastrophe Response Task Force

ICOI Supports Bioterrorism Preparedness Initiative

Administrators and Staff Retreats: A New Tradition Takes Root

Bashes, Barbecues, and Beat-the-Blah Blasts
NYUCD Students, Faculty, and Staff Build Camaraderie and Community

Celebrating Our Community

Focus on Alumni

Another Chance to Say “Thank You”

Looking for a Way to Increase Your Investment Income and Make a Gift to Alma Mater?
Despite evidence of a growing link between diabetes and periodontal disease, along with recent studies confirming that treatment of periodontal disease is one of the most important things that can be done for diabetes patients, dentists generally do not screen their patients for diabetes. Similarly, physicians generally do not monitor a variety of signs to determine whether their diabetic patients are at risk for oral health problems and do not generally refer their diabetic patients to dentists. As a result, most diabetic patients are not aware of the oral health implications associated with their disease and the importance of preventive care.

This gap in monitoring has staggering public health implications, since nearly one-third of the 17 million Americans with diabetes also have severe periodontal disease, with loss of attachment measuring five millimeters or more. While it’s true that, until recently, there has been little understanding of the mechanisms by which periodontal infections can contribute to diabetes and other significant systemic conditions, the past five to ten years have brought promising investigations in this area. There is now mounting evidence that dentists need to be much more aggressive in treating periodontal disease in people with diabetes, and in educating their
medical colleagues on the importance of consulting and referring diabetic patients to dentists.

In this issue of Global Health Nexus, we shine a much-needed light on the relationship between diabetes and periodontal disease. Our goal is to persuade dentists to pay more attention to diabetes in their patients, and to interact more readily and actively with their physician-colleagues in the management of diabetes. An added goal is that this enhanced understanding among professionals will lead to greater knowledge about the importance of oral health among people who suffer with diabetes.

Joining us in this endeavor is one of our nation’s most distinguished researchers and educators, Dr. D. Walter Cohen, Dean Emeritus of the University of Pennsylvania School of Dental Medicine and Chancellor Emeritus of the Drexel University College of Medicine. Among the highlights of Dr. Cohen’s article is a case study of a diabetic patient whom he treated for 39 years! We are also privileged to have two outstanding NYU College of Dentistry faculty contributors, Dr. Ron G. Craig, Associate Professor of Basic Science and Craniofacial Biology and of Periodontics, and Dr. Anthony T. Vernillo, Professor of Oral Pathology. Indeed, in our “Practicing for LifeSM” column, Dr. Vernillo brings to bear his unique perspective as a dentist, basic science researcher, and a diabetic. I am pleased to report that Drs. Vernillo and Craig have also been invited to write feature articles for a forthcoming supplement on diabetes to the Journal of the American Dental Association (JADA), which is being cosponsored by Colgate-Palmolive. Among the many promising developments in diabetes research that Tony plans to cover in his article is the therapeutic cloning of stem cells to make them into mature, insulin-producing cells, an event that will likely provide a definitive cure for diabetes.

Residency Program Transformation
Thanks to the generosity and vision of Dr. Jonathan Ferencz, a distinguished alumnus, prosthodontist, and faculty member at NYU, and his wife Maxine, their dream of helping to build the 21st century’s definitive specialty training program in prosthodontics is now guaranteed to become a reality. In recognition of a $1 million pledge from Jonathan and Maxine, our Advanced Education Program in Prosthodontics has been named the Dr. Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics. Their pledge ensures the financial support needed to catapult an already distinguished program into the ranks of the world’s leading prosthodontics specialty training programs.

Enterprises That Span Borders and Cultures
This issue’s “International Partners in Health” section provides a number of dramatic examples of the depth and breadth of NYUCD’s commitment to bring the oral and craniofacial health needs of nations across the globe into sharp focus, including a report from Dr. Yihong Li, Director of International Research, on the oral health status of Cubans and NYUCD’s first-ever dental videoconference broadcast to Saudi Arabia. These initiatives and others that you will read about in this issue all share the same goal: to illuminate new directions and new opportunities for optimizing dental education, research, and patient care.
Diabetes and Oral Health:

Diabetes mellitus is a devastating disease that affects 17 million Americans and kills 210,000 people each year, making it the sixth leading cause of death in the United States. According to the American Diabetes Association, approximately one-third of the millions affected by the disease, or nearly six million people, are not aware that they have it, while at least another 16 million people are at increased risk for type 2 diabetes. In New York City alone, 8 percent of adults are affected—double the rate of eight years ago.

Each year research yields more information on the links between oral and systemic health. Indeed, over the past decade, researchers have noted that in addition to such traditional complications of diabetes as retinopathy, nephropathy, neuropathy, cardiovascular disease, and obstetrical complications, there may be oral manifestations associated with diabetes, especially if the glycemic regulation is not well controlled (table 1). But even as far back as the 1930s, Isadore Hirschfeld described a triad of periodontal manifestations associated with diabetes, which consisted of multiple periodontal abscesses, advanced alveolar bone destruction, and fungating masses of granulomatous tissue growing out of periodontal pockets. Michael Cohen showed similar oral changes in young patients and Cheraskin later suggested that gingival tenderness, dry mouth, and burning tongue may also be associated with hyperglycemia. As similar reports appeared, dental researchers began to suggest that periodontal changes may be a sixth major complication of diabetes. Most recently, a conference supported by the National Institute of Dental and Craniofacial Research and the American Academy of Periodontology reached the conclusion that dentists and physicians need to work more collaboratively in light of increasing evidence connecting oral diseases with preterm, low birth-weight infants, cardiovascular diseases, and diabetes mellitus. Such findings place a great responsibility on the dental team to recognize oral problems that may have important relationships to systemic manifestations, and on the physician to increase his or her knowledge of oral diseases. Indeed, we can expect to see an end to the era when the physician took a tongue blade and looked past the oral structures into the pharynx of his or her patient and the beginning of a new era when physicians and dentists are united in their care of patients with systemic diseases, such as diabetes.
Types of Diabetes
Type 1 diabetes constitutes about 10 percent of all diabetic cases and is most common in Caucasians. Since it frequently occurs before age 30, it was once known as “juvenile” diabetes. Type 1 diabetes is caused by cell-mediated autoimmune destruction of the insulin-producing BETA cell in the pancreas. Individuals with type 1 diabetes are highly susceptible to ketoacidosis. Diabetic ketoacidosis frequently results from accumulation of ketones in body fluids, increased loss of electrolytes in the urine, and subsequent alteration in the bicarbonate buffer system. Ketoacidosis usually occurs in a type 1 diabetic who has not been diagnosed, or in a known diabetic who is poorly controlled for his or her glycemic state. If not recognized and treated properly, severe cases of acidosis may lead to coma and death (tables 2 and 3).

Type 2 diabetes is the much more common form of the disease, accounting for 90 percent of all cases. Type 2 is not characterized by autoimmune destruction of the BETA cells, but it does demonstrate peripheral resistance to insulin in muscle, also impaired pancreatic insulin secretion, and increased glucose production by the liver. It is frequently referred to as “insulin resistance syndrome” and results in hyperglycemia, which is similar to type 1 diabetes.

TABLE 1
CLASSIC COMPLICATIONS OF DIABETES MELLITUS

- Retinopathy
  - Blindness
- Nephropathy
  - Renal failure
- Neuropathy
  - Sensory
  - Autonomic
- Macrovascular disease
  (accelerated atherosclerosis)
  - Peripheral
  - Cardiovascular
    (coronary artery disease)
  - Cerebrovascular (stroke)
- Altered wound healing
It is also important to ask what medications the type 2 diabetic patient is receiving. It is advisable as well for dental offices to be equipped with glucose-monitoring devices, which can give a reading in less than 30 seconds after a drop of blood from a finger prick is placed on a strip and then entered into the glucometer. Recently the health insurer Ameri-Choice began encouraging dentists to use the hemoglobin A1C device, which also utilizes a drop of blood, but takes about nine minutes to indicate the level of glucose control during the preceding 60 to 90 days (figure 1). Less than a 7 percent reading is desirable, and the test can be performed by the dental team with minimum inconvenience to the patient (table 4). The HbA1C reading is much more informative, since it provides a broader time perspective on glucose control in contrast to a glucometer, which measures only the instant of the finger prick. If diabetes is suspected based on oral findings or history given by the patient,

<table>
<thead>
<tr>
<th></th>
<th>Type 1 Diabetes</th>
<th>Type 2 Diabetes</th>
</tr>
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<tbody>
<tr>
<td><strong>Age at onset</strong></td>
<td>Generally &lt; 30 years</td>
<td>Generally in adulthood</td>
</tr>
<tr>
<td><strong>Most common body type</strong></td>
<td>Thin or normal stature</td>
<td>Obese</td>
</tr>
<tr>
<td><strong>Race most commonly affected (in the United States)</strong></td>
<td>White</td>
<td>African Americans, Hispanics, American Indians, Pacific Islanders</td>
</tr>
<tr>
<td><strong>Family history</strong></td>
<td>Common</td>
<td>More common</td>
</tr>
<tr>
<td><strong>Rapidity of clinical onset</strong></td>
<td>Abrupt</td>
<td>Slow</td>
</tr>
<tr>
<td><strong>Pathogenesis</strong></td>
<td>Autoimmune β cell destruction</td>
<td>Insulin resistance, impaired insulin secretion, increased liver glucose production</td>
</tr>
<tr>
<td><strong>Endogenous insulin production</strong></td>
<td>None</td>
<td>Decreased, normal, or elevated</td>
</tr>
<tr>
<td><strong>Susceptibility to ketoacidosis</strong></td>
<td>High</td>
<td>Low</td>
</tr>
<tr>
<td><strong>Treatment may include</strong></td>
<td>Diet, exercise, insulin</td>
<td>Diet, exercise, oral agents, insulin</td>
</tr>
</tbody>
</table>

**The Dental Team’s Responsibility in Treating the Diabetic Patient**

In taking a patient’s medical history, the dental team needs to know which patients are insulin dependent, what type of insulin they are taking, and when it is being administered.

![Figure 1. A disposable hemoglobin A1C device](image-url)
or HbA1C data, the dental team has an obligation to tell the physician that the oral status of the patient suggests the possibility of an underlying undiagnosed or poorly controlled diabetic condition, but the diagnosis is ultimately the physician’s responsibility.

**The Impact of Periodontal Research on the Health of Society**

While some of the early studies on diabetes and periodontal diseases indicate that reducing or eliminating oral infections can result in reduced insulin requirement in diabetic patients, the means of eliminating the oral infection in most cases were to extract the involved teeth. Today, all that has changed and we have evidence dating from the studies of Hirschfeld and Wasserman in 1978 and others, that periodontal therapy is effective in allowing Americans, who are living longer than ever before, to retain their natural dentition as they grow older.

This is pretty amazing, considering that one of the first departments of periodontics at a U.S. dental school was established at NYU in 1924, only 79 years ago, and that most dental schools did not start to teach the subject until after World War II. We have made great progress in a relatively short time, but it took a major revision in the way dental education was taught. For many decades, most dental school curricula addressed only one disease—dental caries. Today, the other major dental disease, periodontitis, has taken its rightful place in the dental curriculum.

We now know that the antimicrobial therapy involved in periodontal treatment is no longer exclusively mechanical. Although scaling and root planing have long been the cornerstone of periodontal treatment, chemotherapeutics, recently coined “pericuistics,” are beginning to play a role in therapy. Pharmacology is becoming a much more important part of the dental curriculum and the use of drugs to detoxify the periodontal lesion will become even more prevalent. This is another development that requires close collaboration between the dentist and the physician, especially since certain cardiologists are prohibiting scaling and root planing procedures on patients who are at risk for coronary heart disease.

We may also see an increase in oral microbiology testing for patients with periodontal disease because one of the advantages of using this testing, in addition to the identification of the flora, is learning which drugs they are sensitive to. And now that a drop of blood from a finger prick will provide results in 9 to 10 minutes, more dentists will be doing glucose testing and hemoglobin A1C evaluations in their practices. With physicians and dentists working more closely together, more patients with systemic disease will be managed more successfully and will retain their dentition longer. As though in anticipation of the new emphasis on the role of medicine in dental education, numerous dental institutions have elected to change the degree they offer from D.D.S. to D.M.D.

**TABLE 3**

**Signs and Symptoms, and Laboratory Findings in Diabetic Ketoacidosis**

<table>
<thead>
<tr>
<th>Nausea and vomiting</th>
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<tbody>
<tr>
<td>Abdominal pain</td>
</tr>
<tr>
<td>Dehydration</td>
</tr>
<tr>
<td>• Dry mucous membranes</td>
</tr>
<tr>
<td>• Tachycardia</td>
</tr>
<tr>
<td>• Hypotension</td>
</tr>
<tr>
<td>• Abnormal skin turgor</td>
</tr>
<tr>
<td>Kussmaul’s respiration</td>
</tr>
<tr>
<td>Altered mental state</td>
</tr>
<tr>
<td>Possible coma</td>
</tr>
<tr>
<td>Hyperglycemia</td>
</tr>
<tr>
<td>Increased blood urea nitrogen (BUN) and serum creatinine</td>
</tr>
<tr>
<td>Decreased serum potassium and phosphorus</td>
</tr>
<tr>
<td>Acidosis (arterial pH &lt; 7.3)</td>
</tr>
</tbody>
</table>

**TABLE 4**

**Laboratory Evaluation of Diabetes Control**

<table>
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<th>Glycated Hemoglobin Assay (HbA1C):</th>
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<tbody>
<tr>
<td>4 to 6% Normal</td>
</tr>
<tr>
<td>&lt;7% Good diabetes control</td>
</tr>
<tr>
<td>7 to 8% Moderate diabetes control</td>
</tr>
<tr>
<td>&gt;8% Action suggested to improve diabetes control</td>
</tr>
</tbody>
</table>
A Retrospective Case Study

The case of a patient with diabetes mellitus whom I treated over a period of 39 years illustrates the success of periodontal therapy and also supports the conclusion that periodontal disease should be viewed as a sixth major complication of diabetes mellitus.

This 18-year-old juvenile diabetic presented in 1955 with several of the periodontal manifestations of diabetes described by Hirschfeld in the 1930s. The patient had advanced alveolar bone loss in the maxillary right lateral incisor region along with a fungating mass of granulomatous tissue emerging from a 10 mm suprabony pocket. Her diabetologist was concerned about her being extremely brittle and suggested prophylactic use of penicillin in association with each periodontal visit (figure 2).

Initial treatment consisted of scaling and root planing and instruction in personal hygiene. Her mouth responded well and occlusal adjustment was followed by the use of a removable maxillary appliance to close the diastema in the maxillary lateral incisor areas. In 1957, at age 20, the patient was delighted with the cosmetic appearance of her mouth and was extremely diligent with her oral hygiene (figure 3).

During the period 1957 through 1994, the patient was seen quarterly on a maintenance program and continued to be conscientious about her personal care. During these three decades, she developed the major complications of diabetes, including nephropathy, neuropathy retinopathy, and cardiovascular disease. She had a kidney transplant, which was rejected in 1984. Tragically, she died from kidney failure in 1995 at age 58. The clinical photos taken one year before her death show that despite taking the immunosuppressant drug cyclosporine she was maintaining her oral health extremely well (figure 4).

It is interesting, as well as unusual, to follow a patient for more than 39 years with this type of systemic involvement and to note that the periodontal destruction was arrested (figure 5) despite the deterioration of other organ systems as a result of the diabetes. The patient was extremely careful, using self-monitoring glucose extract devices to help her keep her blood sugar as close to the normal range as possible.

This story illustrates that when well informed of a patient’s medical history and possible oral symptoms at each maintenance visit, the dental team of dentist, dental hygienist, dental assistant, and other staff may be in a position to identify undiagnosed diabetes in their patients and, ultimately, help...
to reduce the figure of six million undiagnosed diabetics in the U.S. Another important reason for the dental team to be knowledgeable about the management of known diabetics is to reduce possible hyper- and hypoglycemic reactions during dental treatment (table 5).

How does the team keep current in the area of diagnosis and therapy of diabetics? The dental literature is one method. Other opportunities include study clubs that frequently review significant articles and lectures and postdoctoral continuing education courses.

Understanding the role of nutrition in the care of diabetics is also important, and the dental team needs to interact more frequently with diabetologists, endocrinologists, and internists who treat diabetics, so that the quality of care provided to the diabetic patient continues to improve. The results of information sharing among dentists and physicians will benefit both patients and the dental profession, which will achieve yet another advance in the area of prevention.

Acknowledgments
Tables 1 through 5, courtesy of Dr. Brian Mealey, Periodontal Medicine, B.C. Decker, publisher.
Figures 2 through 5, courtesy of Dr. D.W. Cohen, in Compendium of Continuing Education in Dentistry, Dental Learning Systems, Publisher.
Although dentistry has long insisted on the concept of oral health as essential to general health, as a profession we are just beginning to realize the specific role that oral diseases can play in systemic disease. The past decade has seen a growing body of studies reporting that inflammation arising from oral infections, and, in particular, those associated with destructive periodontal diseases, need not be limited to the oral cavity, but can also have significant systemic effects.

To date, the majority of studies have focused on three systemic conditions: diabetes, atherosclerosis, and delivery of preterm, low birth-weight babies. For example, the presence of periodontitis has been associated with an increased incidence of type 2 diabetes mellitus, formerly termed adult onset diabetes. In addition, decreased glycemic control has been reported for diabetic patients who also have moderate to severe periodontitis. Increased incidence of atherosclerotic complications including myocardial infarction and stroke has been reported for individuals with destructive periodontal diseases, and pregnant women with periodontitis have been reported to be at increased risk to give birth to preterm, low birth-weight babies.

What Causes the Link?
While no single underlying mechanism has been found to explain the association between destructive periodontal disease and the systemic conditions mentioned above, intensive investigations are under way to determine if such a mechanism exists, and several working hypotheses have been put forward. One potential mechanism involves the direct seeding of oral bacteria or bacterial products into the blood with subsequent vascular dissemination to distant sites such as atheromatous plaques or fetal tissues. Another potential mechanism suggests that inflammatory cells, including polymorphonuclear leukocytes and monocytes, assume a hyper-responsive phenotype as they pass through inflamed periodontal tissues. These same cells then exhibit increased destructive activity at distant inflammatory sites. Yet another study has suggested that the association between destructive periodontal diseases and systemic diseases may actually be due to failure to adequately control for confounding variables that would confer increased risk for both diseases, such as current or past cigarette smoking.
The NYUCD Research Focus
At NYUCD we are focusing on a fourth possible mechanism that may account for the systemic effects of periodontitis: the induction of an acute phase response by destructive periodontal diseases. The acute phase response is a general systemic response triggered by infection, trauma, or malignancy. A more primitive host response than cellular or humoral immunity, the acute phase response functions to facilitate the removal of the inciting agent, such as bacterial infection, and promote healing. Components of the acute phase response include fever, neutrophilia, altered serum lipids, decreased serum iron, increased serum glucose, and induction of acute phase proteins. Acute phase proteins are synthesized mainly by the liver under the regulations of pro-inflammatory cytokines, such as IL-1, IL-6, and TNF-a that are released locally by inflammatory cells recruited to sites of infection or inflammation. In humans, the major acute phase proteins are C-reactive protein (CRP), serum amyloid A, fibrinogen and haptoglobin, whose serum concentration increases with inflammation, and albumin and transferrin, whose concentration decreases with inflammation.

CRP values are routinely monitored in hospital settings as a marker of inflammatory status. Greatly elevated CRP values (greater than 100 mg/L) are indicative of acute bacterial infections. Recently, CRP values previously regarded as “high normal” (2-10 mg/L), which may possibly reflect an underlying inflammatory process, have been found to be a major risk factor for atherosclerotic complications, including heart attack and stroke. As a group, end stage renal disease (ESRD) patients on hemodialysis maintenance therapy suffer one of the highest rates of atherosclerotic complications known. A 25 percent mortality rate was reported nationally in 1998 with 50 percent of all deaths attributed to atherosclerotic complications.

In contrast to the general population, altered serum lipids, including cholesterol or LDL, are not predictive of atherosclerotic complications in ESRD populations; instead, elevated CRP is the single best predictor of all causes of death, including those arising from atherosclerotic complications. However, many ESRD patients exhibit elevated CRP values without clinically apparent sources of infection or inflammation. Since an analysis of the third National Health and Nutrition Survey (NHANES III) reported that subjects with destructive periodontal disease had higher CRP values than subjects who were periodontally healthy, we investigated whether destructive periodontal diseases could contribute to elevated CRP values for a subset of this population. Serum samples from 120 consecutive ESRD patients were analyzed for serum antibody levels to six periodontal pathogens as well as a battery of acute phase proteins. Subjects with elevated CRP values (greater than 10 mg/ml) were found to have changes in serum components consistent with an acute phase response including decreased hemoglobin, iron, and albumin values. Elevated CRP values were also associated with elevated antibody levels to P. gingivalis but not to B. forsythus, A. actinomycetemcomitans serotypes a or b, C. rectus or P. intermedia. These associations remained significant after adjustment for age, duration of dialysis, ethnic/racial group, smoking, and route of vascular
access. Since elevated antibody to \textit{P. gingivalis} had been associated with chronic adult periodontitis by our laboratory and others, this study suggests that an acute phase response including elevated CRP values was associated with destructive periodontal diseases for a subset of the ESRD population. It’s worth noting that a primary cause for renal disease in the U.S. is type 2 diabetes, and, recently, elevated CRP values have been identified as a risk factor for the development of type 2 diabetes.

**ESRD Patient Responses and the General Population**

Could destructive periodontal disease also induce an acute phase response in the general population? To address this possibility, we measured the serum concentration of several acute phase proteins in samples from an earlier risk assessment study that examines a group of clinical, demographic, immunologic, and microbiologic variables for destructive periodontal disease status and progression. Periodontally diseased subjects were found to have increased glucose, cholesterol and LDL, and decreased HDL and iron values when compared to periodontally healthy subjects. In addition, elevated CRP, glucose, and cholesterol values were found in subjects whose periodontal disease progressed, as evidenced by the loss of periodontal connective tissue attachment over the two-month study protocol. These results suggest that in the general as well as ESRD populations, destructive periodontal diseases are associated with changes in serum components that are
consistent with an acute phase response, including the elevation of CRP values.

Additional prospective and interceptive studies will be required to determine whether the induction of an acute phase response is the mechanistic link between destructive periodontal diseases and systemic diseases. At present we are conducting a multicenter study to determine whether initial periodontal therapy, consisting of oral hygiene instruction, scaling, and root planing and the local application of antibiotics will increase diabetic control in type 2 diabetic subjects who also have moderate to severe chronic adult periodontitis. Our collaborators include the Eastman Dental Institute in London, the University of Connecticut Health Center, and the Washington, D.C., Veterans Administration Hospital. Outcome variables to be measured in this study include several markers of glycemic control, such as glycosylated hemoglobin, fructosamine, and fasting blood glucose, as well as serum antibody to subgingival species and acute phase proteins including CRP. The results of this multicenter study will suggest whether treatment of periodontal infections can decrease a systemic acute phase response and provide the foundation for larger interception studies in the future.
The oral complications of diabetes mellitus, particularly from poorly controlled disease, are numerous and devastating. They include xerostomia (dry mouth), an increased susceptibility to bacterial, viral, and fungal infections (oral candidiasis), poor wound healing, increased incidence and severity of caries, gingivitis, and periodontal disease, periapical abscesses, taste impairment, and burning mouth syndrome.

Periodontal disease is the most common oral complication of diabetes, and has been labeled the “sixth complication of diabetes mellitus.” There is evidence that a history of chronic periodontal disease can disrupt diabetic control, suggesting that periodontal infections may have systemic repercussions. Although the exact nature of this complex relationship is not yet clear, it has been shown that dental infections in diabetics may exacerbate problems with metabolic control, leading to elevated blood sugar (hyperglycemia) and acidosis, the loss of teeth, and the inability to wear dental prostheses.

The dentist plays a pivotal role in managing the diabetic patient. As part of the health care team, along with the patient’s physician and nutritionist, the dentist’s goal is controlling the patient’s diabetes through prevention. The patient’s physical examination should therefore include an oral examination and the management plan should include consultation for dental services and dental hygiene. Oral exams should be provided every six months.

It is now well established that the control of blood sugar (glycemic control) is most critical in possibly preventing, or delaying progression of, systemic complications. Moreover, patients with marginal control, as opposed to tight control of their diabetes, are at higher risk of oral disease progression as well as systemic problems.

Accordingly, the dentist must motivate the patient to maintain glycemic control in order to minimize the occurrence of oral complications, and can assess this control in consultation with the patient’s physician. For example, glycosylated hemoglobin (HbA1c) values provide a marker for metabolic control over a three- to four-month period. The goal of medical therapy is to lower this value to less than 7.0%. Another parameter for assessing even tighter metabolic control, particularly in the management of type 1, or insulin-dependent diabetes, is testing the blood sugar level one hour after a meal (one hour postprandial glucose) to assure that it falls within an acceptable range. Type 1 diabetics test blood sugar at least two to four times a day with a glucometer. Such an aggressive approach has become a mainstay in the medical management of insulin-dependent diabetes, especially for patients controlled with an insulin pump. Walking this metabolic tightrope, however, is not without risks. The patient may fall into profound low blood sugar or hypoglycemia (insulin shock) while using multiple insulin injections or into severe hyperglycemia with ketoacidosis (diabetic coma) while using an insulin pump.

Steps the Dentist Should Take
There are important reasons why a dentist should consider purchasing a glucometer for his or her practice. In those patients with diagnosed diabetes, insulin shock or diabetic coma may be avoided. Furthermore, if the diabetic patient has hyperglycemia, the dentist can consult with the patient’s physician to determine if antibiotics are needed or whether additional medication should be administered to the patient before and after surgery. Finally, testing patients’ blood sugar, particularly those with a family history of diabetes, or those with signs and symptoms suggestive of diabetes mellitus, would
be an enormous public service. Patients who may have undiagnosed diabetes can then be referred to their physician for further evaluation.

The dentist must educate the patient on how to perform effective oral hygiene that includes flossing and brushing after every meal. For those patients wearing dentures, the dentist must inform them to clean dentures and perform oral hygiene daily (including brushing the tongue); to remove dentures at nighttime; and to notify the dentist if the denture is ill fitting or causes an irritation or injury. Given the increased risk for infection in diabetics, it is particularly important for the dentist to remove fibromas due to irritation or treat ulcers related to trauma from poorly fitting prostheses, as well as to treat traumatic ulcers with antibiotics to prevent secondary infections, especially in poorly or marginally controlled diabetics.

In addition, the dentist should be prepared to use behavior modification techniques. For example, since smokers with diabetes are five times more likely than non-smokers to have gingivitis, it is the dentist’s obligation to refer the diabetic patient to smoking cessation programs and to provide support and follow up. In consultation with the patient’s nutritionist, the dentist can also help develop an effective prevention plan, and can encourage the patient to eat healthful snacks that are low in sugar.

In the diabetic patient with xerostomia or reduced salivary flow, the risk progression for oral disease is moderate to high. Accordingly, the dentist can prescribe saliva substitutes to minimize discomfort, monitor for caries, periodontal, and oral fungal disease (candidiasis), and recommend the use of fluoride-containing mouth rinses and toothpaste.

Managing Oral Infections in the Diabetic Patient

While the comprehensive management of oral infections in diabetic patients is beyond the scope of this article, some final comments on the treatment of common oral infections are in order. In general, well-controlled diabetics, type 1 (insulin-dependent) or type 2 (non-insulin dependent), may have no more significant risk for oral disease progression than their non-diabetic counterparts and, hence, can be treated similarly. The well-controlled diabetic generally does not require antibiotics following surgical procedures. However, the administration of antibiotics following surgery is appropriate, particularly if there is significant infection, pain, and stress. Several published papers have reported an additional therapeutic benefit from tetracyclines, independent of their antimicrobial action, thereby adding another dimension to the therapeutic management of periodontal disease. Supportive periodontal therapy should also be provided at relatively close intervals (two to three months) because there is a persistent tendency to progressive periodontal destruction, despite effective metabolic control. It is also extremely important for the dentist to make sure that the patient maintains a normal, sound diet following surgery in order to avoid low blood sugar episodes (hypoglycemia) and to promote effective healing and repair.

Carious lesions may be managed differently in diabetics, depending primarily on the degree of the patient’s glycemic control. For example, a coronal carious lesion that has not yet penetrated dentin in a well-controlled diabetic may require no immediate intervention, whereas a similar lesion in a poorly controlled diabetic (moderate to severe hyperglycemia) may need immediate operative treatment, given its higher risk of progression. Oral candidiasis, an opportunistic fungal infection, is commonly associated with hyperglycemia and is a frequent complication of diabetes. The dentist therefore must carefully evaluate his or her choice of antifungal agents. Some of these drugs have a significant sugar content (e.g., Clotrimazole troches), whereas others (e.g., Ketoconazole) can cause liver damage and, therefore, require the dentist to monitor the patient’s liver function tests in consultation with the patient’s physician.

The author has had type 1, or insulin-dependent diabetes, for the past 31 years and, for the past two years, has been on the insulin pump. To date, he has had no significant complications from diabetes.
Dean Alfano has appointed an Advisory Council composed of distinguished business leaders, alumni, and friends of the College to advise him on advancing NYUCD’s impact on oral and systemic health and its ability to attract major philanthropy.

Stanley L. Bergman, CEO and President of Henry Schein, Inc., has been appointed to chair the Advisory Council. Members include Burton Borgelt, Chairman Emeritus of Dentsply, Inc.; Ian Cook, Executive Vice President of Colgate-Palmolive, Inc.; Peggy Danziger, a private philanthropist; Stephen Cooper, Senior Vice President of Wyeth Consumer Products; Larry Rosenthal, an alumnus and the principal benefactor of the new Rosenthal Institute for Aesthetic Dentistry; and Kenneth Judy, an alumnus and cofounder of the International Congress of Oral Implantologists (ICOI).

“As we chart an ever more important role for NYUCD in both the profession and the public sector, we are blessed to have such a talented, dedicated group of individuals to guide me in shaping the College’s future,” said Dean Alfano.
Nearly 3,000 guests turned out on May 16 to celebrate the academic achievements of over 400 candidates for the D.D.S. degree, the A.A.S. degree in dental hygiene, the B.S. degree in dental health education, the M.S. degree in clinical research, the M.S. degree in biomaterials, and certificates in the postgraduate dental specialties.

Dr. Dominick P. DePaola, President and CEO of The Forsyth Institute, received the David B. Kriser Medal, NYUCD’s highest honor, in recognition of lifetime contributions to the public good. Dr. DePaola delivered a rousing keynote address in which he called on the graduates to connect to a larger purpose and to the global community, focus on the importance of lifelong learning and dreaming, and commit to the primacy of ethics and integrity in all their endeavors.

An added highlight of the event was the presentation of the Strusser Award for outstanding public health contributions to Ossie Davis, the celebrated actor, writer, producer, and director. Mr. Davis was honored for his powerful activism on behalf of MESAB, a collaborative partnership of South Africans and Americans dedicated to improving the health of South Africa’s Black majority by training Black medical and dental professionals.
Bioterrorism Preparedness Update: NYUCD Hosts Army Training Course on Chemical, Biological, and Nuclear Agent Threats

From April 26 through April 28, 2003, the NYU College of Dentistry, in association with the Associated Medical Schools of New York, the Medical Society of New York State, the New York State Academic Dental Centers, and the New York City Department of Health, hosted a training course, “The Medical Management of Chemical, Biological, and Nuclear Agent Threats,” taught by experts from the U.S. Army Medical Research Institute for Chemical Defense. Nearly 100 people completed the course, and many more expressed interest or stopped by over the three-day period. The course, which was free, was open to faculty and students from medical and dental institutions across the city and state. Faculty received CME/CDE credits, and students received a certificate of participation upon completion of the course.

The event marked the first time that dentists have participated in such a comprehensive program in New York City. The goal was to give participants the opportunity to educate and prepare themselves to respond appropriately in the event of a catastrophic public health crisis. Training included classroom lectures and demonstrations, as well as hands-on demonstrations of triage and decontamination of people exposed to chemical and biological agents.

Dean Alfano said, “NYU as well as other medical and dental centers in the New York City area have been working together on this particular issue of terrorism preparedness, and we are pleased that the Army agreed to produce this course for medical and dental faculty and students in the NYC/NYS area. As 9/11 demonstrated, it is important, as health care providers, that we educate ourselves for

Photos on this page and the following page show procedures used by the Army to decontaminate people exposed to chemical and biological agents.
potential catastrophic events, such as a chemical attack.”

Dr. Dianne Rekow, Director of Translational Research at the NYU College of Dentistry and Chairperson of NYUCD’s Bioterrorism and Catastrophe Response Task Force, who helped organize the course, said, “Experts from disparate disciplines, such as academic and clinical dentistry, medicine and public health, emergency management, fire departments, and the military, had the opportunity to engage in discussions that we hope will set the stage for future collaboration. The outcomes of such collaboration should further strengthen New York City’s ability to respond to threats and reaffirm its innovation and leadership in catastrophe preparedness principles and policy.”

Recent months have seen a great deal of activity surrounding the issue of a role for dentistry in bioterrorism preparedness. Here are some highlights:

- The ADEA annual meeting included a symposium on dentistry and terrorism preparedness. The featured speaker at the annual meeting, New York State Health Commissioner Dr. Antonia C. Novello, subsequently invited Dean Alfano to meet with her in Albany to present his ideas on this issue.
- The ADA and HHS cosponsored a major conference on bioterrorism and dentistry’s response at which Dean Alfano and Dr. Rekow were featured speakers.
- Dean Alfano made a presentation to Dr. Thomas Frieden, NYC’s Health Commissioner, about using dentists’ offices as inoculation sites or places to dispense medications in the event of an emergency, thereby greatly expanding access to care for the general public and sparing physicians and other health professionals to do other things in times of crisis. His presentation led to the inclusion of dentists in the NYC emergency plan for mass inoculations for smallpox. The plan calls for about 2,000 dentists to receive certification to deliver the vaccine, along with other health care providers. This action makes NYC the first city to officially “sanction” dentists to do these inoculations.
- Under Dr. Rekow’s direction, NYUCD is implementing the creation of educational modules related to terrorism preparedness and response as part of the overall curriculum. This initiative has garnered support from state and national dental organizations and academic dental centers.
- The University of Medicine and Dentistry of New Jersey Dental School (UMDNJ) and NYUCD have independently developed catastrophe preparedness plans, including a “shelter in place” component. The two schools will get together soon to compare notes.
- Dr. Rekow was part of an all-university group that traveled to Washington, D.C., to brief the New York Congressional delegation on activities in progress at the NYU Center for Catastrophe Preparedness.
From Tuesday, April 22, through Saturday, April 26, NYUCD opened its doors to more than 3,500 New York adults and children for five days of free oral health screenings, plus oral cancer exams, sealants and mouth guards for children, and full denture replacements for senior citizens. Two new services were also added to the screening program: blood glucose testing and an on-site panel of experts, who provided screening participants the opportunity to “Ask the Experts” any question about oral health.

NYUCD’s long time screening partner, ABC 7, once again led a vigorous campaign of public service announcements in advance of the screening week, and popular ABC 7 meteorologist Sam Champion hosted the screenings and broadcast stories directly from the College on cutting-edge issues in dentistry, including the dentist’s role in monitoring the diabetic patient and the link between periodontal disease and preterm, low birth-weight infants. This year, for the first time, NYUCD and ABC 7 were joined by a new partner, Colgate-Palmolive, which provided complimentary oral health products.

“With so many people in need,” said Dean Alfano, NYUCD, ABC 7, and Colgate-Palmolive felt it essential to join forces in order to offer as much free care as possible to the people of New York. The screening week was a massive undertaking, and in addition to thanking our media and corporate partners, I also want to recognize Associate Dean for Clinical Affairs Dr. Francis V. Panno and his team, who coordinated a flawless event. Indeed, everyone at NYUCD worked very hard to make it successful and should feel extremely proud of their contribution to increased access to health care for New Yorkers.”
Free Oral Health Screenings
for 3,500 New Yorkers

Oral Cancer Consortium Screenings Move to April

Move Will Bolster Efforts to Raise Awareness of Oral Cancer

The Oral Cancer Consortium, cofounded by NYUCD in 1998, has moved its annual, free screening day from November to April to coincide with Oral, Head, and Neck Cancer Awareness Week, an international event sponsored annually in April by the Yul Brynner Head and Neck Cancer Foundation.

“We hope that health care institutions and organizations everywhere throughout the United States who conduct free oral cancer screenings will join us in scheduling them during Oral, Head, and Neck Cancer Awareness Week,” said Dr. Hillel Ephros, the 2003-2004 Consortium Chairman.

He noted that since the Charleston, South Carolina-based Yul Brynner Foundation had already gotten sites throughout the southeastern U.S. to conduct screenings during this week, the Oral Cancer Consortium’s move to April has virtually doubled its reach.

The Oral Cancer Consortium, which began in 1998 as a local and regional effort by five founding partners – NYUCD, Columbia University School of Dental and Oral Surgery, the SUNY Stony Brook School of Dental Medicine, the UMDNJ New Jersey Dental School, and the New York City Health and Hospitals Corporation – now includes more than 30 institutions and professional societies. The Consortium’s success spurred Boston-area hospitals and colleges to form a similar organization, and also catalyzed a national oral cancer awareness campaign sponsored by the American Dental Association in 2001. Dr. Ephros said he hoped that the ADA would soon sponsor an annual national oral cancer screening day as part of Oral, Head, and Neck Cancer Awareness Week.
“Take Two And Call Me in the Morning”
Noted Analgesic Researcher, Dr. Paul Desjardins, Presents Sackler Distinguished Lecture

Dr. Paul Desjardins, Senior Vice President for clinical analgesic research at the SCIREX Corporation in Austin, Texas, presented the sixth Dr. Alvin M. Sackler Distinguished Lecture in Oral Medicine at NYUCD on Monday, April 21, 2003. Entitled “Advances in Acute Pain Research: From Dental Pain to Foot Pain,” the lecture was held in the new Rosenthal Institute for Aesthetic Dentistry.

A former Professor of Diagnostic Sciences and of Oral and Maxillofacial surgery and Associate Dean for Academic Affairs at the University of Medicine and Dentistry of New Jersey (UMDNJ) Dental School, Dr. Desjardins holds a dental degree from Tufts University and a Ph.D. in pharmacology from Georgetown University. Dr. Desjardins is a world-renowned investigator in the field of clinical pharmacology and, in particular, the human pharmacology of pain-relieving drugs.

In his current position as Senior Vice President at the SCIREX Corporation, Dr. Desjardins is responsible for five clinical research centers throughout the United States and one new center in London, England. His research team of over 135 physicians, dentists, nurses, clinical coordinators, and research staff performs over 40 clinical trials of analgesic drugs per year.

The Dr. Alvin M. Sackler Distinguished Lectures in Oral Medicine are supported by an endowment from the Raymond and Beverly Sackler Foundation in honor of Dr. Alvin Sackler, a noted periodontist and researcher in the field of oral medicine. Previous Sackler Distinguished Lecturers have included Dr. Israel Kleinberg, Dr. S. Sigmund Socransky, Dr. Harold Slavkin, and Dr. Robert Genco.

Giving Kids a Smile: NYUCD Helps Kick Off National Access to Care Day

On February 21, NYUCD joined forces with the New York County Dental Society and industry sponsor Sullivan-Schein Dental to help kick off the American Dental Association’s first-annual “Give Kids a Smile Day,” to help increase access nationwide to oral health care and offer free dental services to underserved and low-income children.

The day marked the culmination of a weeklong effort by NYUCD to provide free educational, preventive, and restorative services to children, including free sealants and custom-fitted mouth guards. During the event, a total of 39 volunteers, students, residents, and faculty treated 127 children, who were entertained by a magician, face painting, and sing-a-longs at NYUCD’s pediatric dentistry clinic.

Joining the group were a number of dental dignitaries, including Dean Alfano, New York County Dental Society (NYCDS) Executive Director Ellen Gerber, NYCDS Vice President Dr. Lawrence Bailey, and Henry Schein Chief Executive Officer and President Stanley Bergman.
Dental Assisting Program Celebrates Final Graduation

On February 11, 2003, more than 400 guests in Saklad Auditorium cheered the achievements of the 80 men and women who represent the Dental Assisting Program’s final graduating class.

After more than 30 years, NYUCD’s dental assisting certificate program has closed its doors as a result of cutbacks in government support, changing trends in health care employment opportunities, and the growth of inexpensive community college programs in dental assisting.

According to Judith L. Cleary, a Clinical Associate Professor of Dental Hygiene and the program’s Director since 1980, “In the program’s early years, before the elimination of gender barriers—and a public becoming accustomed to the presence of women in all spheres of activity—the majority of Dental Assisting students were women seeking careers in one of the few health professions which actively welcomed them at the time. Later, after the explosion in career opportunities for women in the late 1970s, that demographic declined and the program began to target primarily people on public assistance and in government-sponsored education programs for New Americans.

Because the program could be completed in under a year and required only a high school diploma or GED, it proved very attractive to people who were eager to improve their status by learning a marketable skill that would lead to steady employment in a professional setting, and in a relatively short period of time. Indeed, some graduates went on to pursue higher education opportunities, including dental hygiene and D.D.S. programs.”

In recent years, however, dramatic reductions in government aid and new regulations requiring public assistance recipients to work 20 hours a week combined to discourage many potential applicants from entering the program. As a result, from a high of 120 students per class in the 1970s and 1980s, the numbers dropped to as low as 80 per class in the late 1990s, with a consequent drain on the College’s budget.

Reluctantly, NYUCD was forced to make the decision to terminate the program. Happily, however, all program faculty and staff have been offered new positions at the College.

“The Dental Assisting Program’s spirit of personal advancement through education lives on,” said Dean Alfano. “We at NYUCD owe a debt of gratitude to all dental assisting faculty through the years, but in particular to Professor Cleary. Judy Cleary is an outstanding leader, a tireless recruiter, and an exemplary role model for the thousands of young people who entered the dental assisting profession over these many years.”
Now, more than ever, knowledge is power. The participants in NYUCD’s Continuing Education (CE) program are successful before they arrive. But they know that NYUCD’s CE program will give them the tools to go farther and perform even better. It’s about leadership. Making things happen. Putting your stamp on the future of dentistry.

Choosing the Right CE Program.
How do you choose the right CE program? By selecting a program that has the resources, expertise, and experience to help you build your future.

- NYUCD’s CE program attracts over 4,000 dental health professionals from more than 20 countries each year, making it the largest program of its type in the world.
- Set in the most diverse and exciting city in the world, the program offers access to the single largest, most diversified site-based pool of dental patients anywhere.

Further taking advantage of its New York City location, which attracts the world’s top professionals in all fields, the program draws on the expertise of the best, most competitive, and most successful CE faculty.

Then there are the facilities.
With the opening last fall of the Rosenthal Institute for Aesthetic Dentistry, NYUCD’s CE program gained educational resources that are unparalleled in the world:
- 8,500 square feet of space featuring an elegant mahogany and marble reception area,
- 16 state-of-the-art patient treatment areas,
- a corporate-style executive board room with remote broadcasting capabilities,
- a modern dental laboratory,
- a 52-seat amphitheater with global videoconferencing reach, and
- an “operatory under glass,” outfitted with multiple cameras to permit live, interactive clinical demonstrations around the world.

Global Reach. In recent months, the CE program has broadcast two live, interactive international CE videoconferences—to Riyadh, Saudi Arabia, and Florence, Italy. This innovation, which other CE programs cannot offer, is geared toward the sharing of information technology at the global level. The videoconferences offer opportunities to view stimulating cases being performed live in another country, learn about emerging dental techniques around the world, and engage in illuminating question-and-answer sessions conducted in real time among participants in several countries.

What the Future Holds. Look for more “hands-on” clinical participation courses in implant dentistry, aesthetic dentistry, and periodontics.

Also: Specially Designed Courses for Study Clubs. The CE program is now offering customized courses for dental study clubs. If you belong to a study club and would like to arrange a CE course tailored to your members’ special interests, it’s now easy to do. For more information about this or other aspects of the NYU Continuing Education program, please call H. Kendall Beacham, Assistant Dean for Continuing Education, at 212-998-9971, or email him at kendall.beacham@nyu.edu.
NYUCD is deep into preparations for the upcoming site visit by the American Dental Association’s Commission on Dental Accreditation, scheduled for November 4 to 6, 2003. Like all U.S. dental schools, NYUCD undergoes an extensive on-site survey of its facilities and programs every seven years in order to be accredited by the Commission on Dental Accreditation, a specialized body recognized by the Commission on Recognition of Postsecondary Accreditation and the U.S. Department of Education.

Since the site visitors will examine every aspect of our education and patient care programs, the main thrust of preparation for the past several years has been conducting a required self-study. Under the leadership of Executive Associate Dean for Academic Programs Richard I. Vogel, teams of faculty and administrators have carefully reviewed every aspect of the College’s operation, and a final document will be submitted this summer.

During the visit, a committee from the ADA council will meet with subgroups of faculty, students, and staff. To help ensure that the NYUCD community will be fully prepared to answer questions and provide input, Dean Alfano hosted a full-day faculty retreat at the College on May 5, 2003. The event featured a talk by Dr. Frank Licari, a former Director of the Dental Education Staff for the Commission on Accreditation and the Associate Dean for Patient Care and Clinical Education at the University of Illinois at Chicago Circle.

“The dedication and effort necessary to achieve reaccreditation are substantial,” said Dean Alfano. Everyone has a vital role to play in articulating the College’s mission, vision, and values to the site visitors. The fact that nearly 500 members of our community elected to participate in the retreat assures me that the site visit’s success is the highest priority for our College.”

Smiling Faces, Going Places Visits City Hall

On March 26, NYUCD’s Smiling Faces, Going Places dental van was on site at New York City’s City Hall to draw attention to the important community outreach and dental services the van provides for the city’s neediest individuals. City Council members, staff, and city hall employees received free oral cancer screenings.

From left to right: City Council members David Weprin, Christine Quinn, and Simcha Felder.
I had no idea how significantly my career goals would change when I enrolled in the Advanced Study Program in Comprehensive Care General Dentistry in 1999, one year after receiving my dental degree from La Sapienza University Faculty of Medicine and Surgery in Rome, Italy. When I arrived at NYUCD, I saw myself as a student on a narrowly focused, one-year mission to improve my clinical skills and then return immediately to Italy to enter general practice. But I ended up staying for three additional years, during which I added specialty training in implant dentistry and esthetic dentistry, became a Clinical Assistant Fellow who helped train other international students, and was a front-line responder helping victims of the September 11 terrorist attacks. This summer I am finally ready to make that return trip to Rome—with a broader, more ambitious career path carved out for myself.

First Impressions
When I began the Comprehensive Care General Dentistry program, I quickly found that NYUCD students are expected to devote significant amounts of time to training in the College’s clinics. The bustling clinics were a world away from La Sapienza’s serene libraries, where I had spent long hours preparing for the rigorous theoretical examinations that are a mainstay of Italian dental education. Patients from the seemingly limitless range of ethnic and racial backgrounds found in New York City streamed into the NYUCD clinics with an extensive array of problems unlike anything I’d seen before. Each passing day brought new challenges and increased self-confidence. I began to feel that I could go even beyond my program’s goals, which are to train generalists to provide quality comprehensive care with specialist support. I became increasingly interested in specializing, and spent a good deal of time observing students and faculty in the College’s specialty care clinics. The advanced techniques taught in the implant dentistry clinic, and the attractive prospects for implant specialists in Italy, led me to decide to postpone my return to Rome and
to enroll instead in the two-year Advanced Study Program in Implant Dentistry.

Led by Dr. Dennis P. Tarnow, Chairman of the Ashman Department of Implant Dentistry, and Dr. Nicholas Elian, Director of the Implant Dentistry Program, implant faculty members all treat students as equals and encourage us to take on challenging cases. I was thrilled to have the opportunity to help Dr. Tarnow treat endentulous patients needing full-mouth rehabilitation—a process that produces dramatic improvements in the patient’s quality of life.

The September 11 attacks struck shortly after I had finished the first half of the implant program. After watching the Twin Towers crumble, I grabbed some basic medical supplies, such as eye drops and bandages, and, at Dr. Tarnow’s suggestion, rode down on a bicycle to the disaster site, where I helped set up an emergency hospital in a damaged building.

When the implant program ended, Dr. Tarnow asked me to stay on to become a Clinical Assistant Fellow. He wanted me to assist with lectures and help incoming international students make the same successful transition I had made from a theoretical, textbook-based learning style to a hands-on clinical approach. I agreed to remain at NYUCD for an additional year, during which I also helped coordinate the College’s 2002 annual implant symposium, which brings alumni from around the world to NYUCD to learn about advances in implant dentistry. I also took advantage of the additional year to enroll in the Advanced Study Program in Esthetic Dentistry, which uses the technologically sophisticated new Rosenthal Institute for Aesthetic Dentistry as its prime training site.

When I finish the program this summer and finally head back to Italy, I plan to pursue my dream of creating an advanced dental study program modeled on NYUCD’s hands-on approach to clinical training.
Caribbean Outreach

Return to Jamaica

In January 2003, a delegation of 12 students from the NYUCD chapter of the Student National Dental Association, accompanied by Dr. Ralph Cunningham, Group Practice Director and Clinical Associate Professor of General Dentistry and Management Science, and Dr. William Maloney, Instructor in General Dentistry and Management Science, joined a 34-member team of dental and medical volunteers from HealthCare International for NYUCD’s twelfth annual trip to provide dental care to Jamaica’s underserved communities.

During their six-day stay, the dental team screened over 4,000 patients at nine sites, including schools, shelters, infirmaries, and a resort hotel where locals work without medical or dental benefits. The team distributed dental care products, provided training in basic oral health care, and performed over 630 extractions and a variety of other dental procedures at no cost to the patients.

The trip had special meaning for Dionne Finlay, a third-year student who is also a native of Jamaica. “I have been anxiously waiting to get to my third year of training so that I could participate. I extracted teeth on a number of young patients, and found myself treating the children who were afraid to see a dentist. One day a six-year-old girl came to me crying. When I asked her why she was crying she said she was afraid I was going to hurt her. I felt a bit sad to hear her say that, so I assured her that it would be OK, that I was only going to look and tell her how well she has been brushing, and if she needed to improve. She was so happy she gave me a big hug, and I remember thinking, ‘Lord, please let her mouth be OK.’ I think I was happier than she was when I told her that her mouth was in great condition and she should continue to brush well. She left with a big smile and later brought her friend back to see me. Moments like those made me realize that my goal of becoming a pediatric dentist is very valid and worth pursuing.”

At several sites, the team was accompanied by the Colgate Mobile Dental Van, which enabled them to perform operative procedures in the van’s fully furnished dental unit. Other sites featured impromptu clinic set-ups in classrooms and lounges.

Above: Dionne Finlay, ’04, tends to a patient. Right: Donita Dyaram, ’03, with local schoolchildren waiting to be treated.
emphasis of the dental clinics was as much on education and prevention as treatment. Children were treated to brushing demonstrations on “the big mouth,” a visual teaching tool, and taught to sing “The Brushing Song” to make the oral hygiene instruction fun.

The dental delegation was hosted by Jamaica’s May Pen Rotary Club, including Dr. Noel Brown, ’88, now practicing in Jamaica, and Dr. Patrick Brown, ’93, president of HealthCare International.

A Continuing Commitment to the Dominican Republic

Last November, during NYUCD’s seventh annual outreach trip to the Dominican Republic, where the need for dental care is more desperate than in even the most underserved parts of the U.S., one woman walked all night to get to NYUCD’s temporary clinic. A patient seen on a previous trip returned to the clinic to thank our students and faculty for saving his life after they identified oral cancer.

While the demand for care far exceeded available resources, the trip did achieve significant results. The outreach team provided over 2,000 treatments, including exams, extractions, fillings, and sealants, and diagnosed cases of leukoplakia and fibroosseous lesions, according to team leaders Dr. Lidia Kiremidjian-Schumacher, Professor of Basic Science and Craniofacial Biology, and Dr. Stan Dawkins, Associate Professor of General Dentistry and Management Science and Director of Advanced Education in General Dentistry.

The team of 10 students, three general dentistry residents, and six faculty members bonded well with the community. Johanna Camilo and Gilberto Nunez, both Class of 2003, made the trip as an expression of solidarity with their native country. Ms. Camilo, who is Past President of the NYUCD student chapter of the Hispanic Dental Association said, “While I’ve organized many outreach programs during my years at NYU, I’ve never experienced one that so directly and immediately impacts health and the quality of life for so many people of all ages.” Sponsors included Colgate, which provided its mobile dental van and donated gift bags; American Airlines and Cabarete Palm Beach Condos, which donated discount airfare and accommodations; and the Dominican Air Force, which provided 24-hour security. A Dominican television station and newspaper reported on the trip, and local residents wrote letters expressing love, gratitude, and the hope that the team would return again next year.
Spring break may be a time for kicking back for many students, but for 10 NYUCD students and four faculty members, community service was the priority this year. During the March break, Dr. Stuart M. Hirsch, NYUCD’s Associate Dean for Development and International Programs, led the group on the College’s first outreach mission to Honduras. There they teamed up with local dentists and dental students from the Autonomous University of Honduras to screen and treat 531 patients in an underserved area of this Central American nation.

Third-year NYUCD student Aneta Kozyra-Mejia proposed the eight-day trip to Dr. Hirsch after learning about the needs of underserved Hondurans from her brother- and sister-in-law, both of whom practice dentistry in Honduras. Ms. Kozyra-Mejia worked closely with the Honduran government to plan the trip.

The outreach team focused its efforts in and around Copan, a town of 6,000 people that includes a large number of local laborers from the coffee plantations that dot this lush, mountainous region where dental care is a luxury few can afford. The team provided basic oral health care education and performed approximately 300 extractions and 240 fillings.

Since Copan has no public dental facilities, the team transformed its city hall into a clinic, hanging bed sheets from the walls to create separate areas for screenings, fillings, and extractions. In place of dental chairs, patients sat on white plastic lounge chairs as the tropical sun streamed through the wood-framed windows of the Spanish colonial-style building.

The team also visited several outlying areas in an old dental van donated years ago to Copan by a U.S. church group, but never used due to a lack of supplies and qualified staff. NYUCD faculty stocked the van with supplies they brought from New York, and, since the van had no generator to power its operatories, they hired a local electrician to connect it to utility poles at each stop.

Associate Dean Hirsch said he hoped to send another mission to Honduras next year. “The need was so great,” he said, “we could have worked there forever. And now that our students know the opportunity exists, I expect that many of them will be interested in going back next spring.”
On March 17, the Rosenthal Institute for Aesthetic Dentistry broadcast its first, live, interactive dental videoconference—to Riyadh, Saudi Arabia. Dr. Stuart M. Hirsch, Associate Dean for Development and International Programs, and Dr. Nicholas Elian, Director of the Implant Dentistry Program, traveled to Saudi Arabia to host the event, provide commentary, and moderate a question-and-answer session among participants in New York and Riyadh.

In New York, 52 NYUCD students and faculty filled the Rosenthal Institute amphitheater to watch an implant procedure performed by four Saudi-born students enrolled in NYUCD’s Advanced Study Program in Implant Dentistry for International Dentists. All four are graduates of King Saud University College of Dentistry in Riyadh. They are Drs. Mohammed Al-Garni, Abdullah Alkeraidis, Khalil Al-Ali, and Mohammed Al-Harbi. Dr. Brian Ehrlich, Clinical Assistant Professor of Implant Dentistry, oversaw the procedure. At the same time, 65 people in Riyadh watched the same procedure being performed via satellite. They included alumni of NYUCD’s postgraduate specialty training programs and advanced study programs for international dentists now practicing privately in Saudi Arabia; the entire dental faculty of King Saud University; Dr. Hassan M. Abdelwassie, Director and Chief Dental Officer of the Saudi Ministry of Health; Dr. Khalid A. Al-Ruhaime, Dean of King Saud University College of Dentistry; Dr. Youssef Fouad Talec, Director of Postgraduate Dental Education at King Saud University College of Dentistry; Dr. Abdulrahman Al-Dawood, Chairman of the Department of Dentistry at King Faisal Specialist Hospital; and Dr. Fawzi AlGhamdi, a 2001 graduate of the advanced study programs in implant dentistry and prosthodontics, who was instrumental in coordinating the event.

“Thanks to today’s extraordinary technology, it’s possible to share resources instantly with people around the globe,” said Dr. Hirsch. “The Riyadh event was a landmark advance in international continuing dental education, and one that we look forward to replicating in many other countries around the world.”

Live From New York: NYUCD Broadcasts First Dental Videoconference to Saudi Arabia

Clockwise from top: Dr. Hassan M. Abdelwassie, Director and Chief Dental Officer of the Saudi’s Ministry of Health, with Dr. Stuart Hirsch; Dr. Khalid A. Al-Ruhaime, Dean of the College of Dentistry, King Saud University, receiving a gift from Dr. Hirsch; Dr. Khaled Bin Saleh Al Sultan, Saudi Under Secretary of Educational Affairs, with Dr. Nicolas Elian.
A Visit to Guyana Inspires a How-To Guide for Dentists in Remote Regions

Dr. Meredith Glen, Class of 2000, is a first-year postdoctoral student in pediatric dentistry.

Although many people living in Guyana’s jungle villages rarely use a toothbrush or see a dentist, they nevertheless consider dental care a good thing. So last October, when the local villagers learned that Dr. Page Caufield, Professor and Head of the Division of Diagnostics, Infectious Disease, and Health Promotion, and I were scheduled to visit their homeland in South America’s Amazon Basin, they waited for hours in the oppressive equatorial heat outside local health clinics hoping to be seen. When we discovered that the clinics were little more than bare-walled rooms with no electricity, I wondered how we could possibly meet their expectations. True, we had brought some instruments from New York, but how could we efficiently treat a range of chronic conditions when we didn’t even have a dental chair at our disposal?

Before long, I was busy adapting techniques I had learned at NYUCD to this strange new environment. But it was a trial and error process that left me wishing that I could simply open a book for advice on working in a remote, isolated setting. Amazingly, by the conclusion of our two-week trip, I felt I had learned enough to write such a guide myself.

Dr. Caufield and I began our trip by visiting a series of rudimentary clinics set up deep inside Guyana’s rain forest by Rural Area Medical, an organization founded by Stan Brock, former host of TV’s Wild Kingdom, and a local Rotary Club. At our first stop, we found dozens of people of all ages waiting for us. Given our time constraints, we decided to focus on extractions to relieve the most acute decay. Second, we figured out how to use our scant resources most efficiently. Lacking plumbing, we used buckets instead of spittoons. We made fidgety children comfortable by placing them in a chair borrowed from the schoolhouse. This enabled a child to lean back and relax his or her head in my lap. No electricity? I had brought along a solar-powered drill that worked wonders in the tropical sun and helped us replace the standard amalgam filling with a rapid atraumatic restorative treatment (ART) based on a glass ionomer sealed with a self-adhesive bonding agent donated by 3M ESPE.

We also learned first-hand about the effects of the villagers’ longstanding poor oral hygiene. There were many cases of hypoplastic teeth apparently caused by childhood malnutrition progressing to more serious decay in adulthood. Children and adults alike consumed large quantities of tropical cassava root and refined sugar, but few bothered to brush away the sweet, starchy residue. And there were many instances in which we had to apply extensive sutures and pressure to stop excessive bleeding caused by extractions in people with severe decay.

I quickly realized that we could make a bigger impact on long-term health by shifting our focus from extractions and fillings to preventive sealants. So our goal became to place

Dr. Meredith Glen with a patient.
sealants on as many people’s teeth as possible, while continuing to relieve acute pain. Once again, we found a way around limited resources. We set the liquid sealant with a battery-operated 1,000-watt handheld curing light, also donated by 3M ESPE. By the time we left, we had placed sealants on 500 villagers, and I returned to New York feeling like we had made a lasting difference in people’s lives.

Back home, I began to write my guide for dentists working in remote regions. When it’s completed, it will include advice on everything from packing equipment to comfortably positioning patients in ordinary chairs. It’s my hope that it will encourage other dentists to reach out to people in medically underserved areas of the world.

Last April I was part of the first-ever United States public health delegation to travel to Cuba to assess the state of oral health in a nation with a system of free, universal access to health care. Although Cuba’s ability to provide technologically advanced therapies has been hampered by a 40-year U.S. trade embargo, I can report that the nation has developed some surprisingly effective approaches to preventive care.

For example, the percentage of caries-free five-year-old Cuban children increased from 30 percent in 1984 to 55 percent in 1998, according to the World Health Organization. And between 1973 and 1999, the mean number of carious teeth in 12-year-old Cuban children dropped from 6.0 to 1.4. There have been achievements in adult oral health as well, including oral cancer screenings for 71 percent of adults over age 60.

Preventive efforts center on a network of primary care clinics throughout this island nation, where 9,877 dentists serve 11 million people (a ratio of approximately 1:1,100). The clinics care for an average of 700 to 900 local residents from cradle to grave. They provide annual dental examinations for all Cubans (twice annually for those under four years old or over 60), pre- and postnatal infant oral health instruction, and 16 annual fluoride mouth rinse treatments for all school-age children.

Since returning to the U.S. my colleagues and I have been discussing ways to help Cuban dentists learn about advanced dental technologies and therapies. Just how far our efforts will go remains to be seen, given the trade embargo’s continuing restrictions. But those of us who made the trip remain hopeful that our mission has laid the groundwork for an ongoing productive relationship with the Cuban dental community.
Dean Alfano has announced the naming of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics in recognition of a $1 million pledge to fund the program from Dr. and Mrs. Ferencz. “There can be no more fitting name for this program,” said Dean Alfano. “Dr. Ferencz, a prominent prosthodontist in New York City, a graduate of both NYUCD and its Advanced Education Program in Prosthodontics, a Clinical Professor of Prosthodontics at NYUCD, and the current President of the American College of Prosthodontists, has always given generously of both his time and his financial support to his alma mater. This wonderful, new philanthropic act ensures that our postdoctoral program in prosthodontics will not only maintain its preeminence far into the future, but that it will also become the model of a 21st-century specialty training program. Jonathan and Maxine’s gift truly exemplifies our goal of transformation.”

“I envision a future in which NYU’s Advanced Education Program in Prosthodontics reaches new heights of greatness,” said Dr. Ferencz, “and Maxine and I have made it our personal mission to ensure that this vision becomes reality. Although my predoctoral education at NYU prepared me well for my early years in private practice, it was my graduate training in prosthodontics at NYU that truly shaped my career over the past 20 years. The program has a long history of outstanding scholarly activity coupled with clinical excellence and has produced some of the great leaders in our specialty. We are hopeful that this gift will enable Dean Alfano to move ahead more rapidly in transforming NYUCD into the dental institution with the greatest impact in the world on the health of society.”

$1 Million Gift From Dr. Jonathan and Maxine Ferencz Establishes the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics

Dr. Jonathan and Mrs. Maxine Ferencz
NYUCD Awarded $488,000 to Improve Head and Neck Cancer Treatments and Reduce Side Effects

Investigators theorize that by adding tumor-bed radiation, they can reduce the time needed for external-beam radiation by 25 percent...

Biotechnology developer MedImmune, Inc., and Ortho-McNeil Pharmaceutical, Inc., a Johnson & Johnson company, have awarded NYUCD two separate grants totaling $488,888 to conduct two head and neck cancer studies in collaboration with New York’s Beth Israel Hospital Medical Center. The principal investigators are Dr. Jonathan Ship, Professor of Oral Medicine and Director of the Bluestone Center for Clinical Research (BCCR), and Dr. Kenneth Hu, an Attending Physician in the Department of Radiation Oncology at Beth Israel Hospital Medical Center.

The first study, a two-and-a-half-year investigation, will evaluate whether a new head and neck cancer treatment regimen can increase life expectancy and reduce treatment side effects. The investigators want to establish if applying a dose of radiation intraoperatively—that is, directly to the tumor bed—immediately after surgery reduces the need for external beam radiation therapy later in the post-surgical period. They theorize that by adding tumor-bed radiation, they can reduce the time needed for external-beam radiation by 25 percent, to four to five weeks instead of six to seven, while decreasing tumor recurrence and increasing life expectancy. They also believe that they can reduce the incidence of two common side effects—xerostomia and oral mucositis—by giving subjects daily injections of a radioprotectant.

The second, one-year, double-blind, placebo-controlled investigation will determine whether a medicated mouth rinse reduces the incidence and severity of oral mucositis in head and neck cancer patients receiving radiation therapy. Drs. Ship and Hu anticipate that the mouth rinse will reduce mucous membrane inflammation and improve oral function and quality of life for cancer patients.
Support From Senator Clinton Brings NYUCD $250,000 In Federal Funds for Facilities Renovation

NYUCD has received a U.S. Congressional grant of $250,000 for facilities renovation, thanks to the staunch advocacy of Senator Hillary Rodham Clinton (D-NY).

Dean Alfano praised Senator Clinton for her legislative leadership, saying, “It’s very clear to me that Senator Clinton understands the urgency of our need to renovate NYUCD’s treatment facilities in order to preserve quality, affordable care for poor and low-income New Yorkers. While we are raising some of this money privately, we cannot raise it all. We are grateful to Senator Clinton for enabling this legislation, and hopeful that as we continue to make our case, she and her colleagues will provide additional support to help us maintain and expand New York’s oral health safety net.”

A Gift from the Quade Foundation Extends Scholarship Support

NYUCD has received a grant of $10,000 from the Henry and Henrietta Quade Foundation to increase scholarship funds at the College. The gift extends the resources of the Henry and Henrietta Quade Scholarship Fund, which was established in 1998 with a gift of $250,000 from the Quade Foundation. The Quade scholarships provide financial support for outstanding applicants to encourage them to make NYUCD their dental school of choice.

In announcing the gift, Dean Alfano commended the efforts of Dr. Donna J. Rumberger, Class of 1980, who serves as an officer of the Quade Foundation. “Dr. Rumberger epitomizes the caring dentist,” said Dean Alfano, “and the vitality of the Henry and Henrietta Quade Scholarship Fund is a tribute both to her great devotion to the memory of the Quades, who were her patients, and to her commitment to alma mater.”
The Smiling Faces, Going Places mobile dental care program, which brings dental care to underserved populations in New York City and State, has received grants of $250,000 each from New York State and The Starr Foundation. Each grant represents the third consecutive time that New York State and The Starr Foundation have awarded major support for the program.

The van was launched in January 2000, and each year performs over 7,000 pediatric procedures on children who have no other means of obtaining dental care. Last year alone, the dental van program provided a total of 10,324 visits for screenings, preventive services, and comprehensive care to 5,162 children ages 2 to 14. Eighty percent of those children lacked dental insurance and were treated for free.

Dean Alfano commended the public-private sector philanthropic partnership represented by New York State and The Starr Foundation, and added, “We express profound gratitude to New York State Assembly Speaker Sheldon Silver and the New York State Legislature, and to the officers and trustees of The Starr Foundation, one of the most respected philanthropies in the world, for sending a clear message that helping to improve the oral health and well-being of underserved New York youngsters is a priority.”

In a show of support for Dean Alfano and his leadership of the College, members of the graduating class of 2003 turned out on April 29 and April 30, 2003, for NYUCD’s first-annual senior fund-raising phonathon.

“This is a celebration,” said Matthew Chang, president of the Class of 2003, who spearheaded the event. “During our years at NYU, the Class of 2003 and the faculty have been engaged in an active, productive partnership. It is only natural that as we assume the role of alumni, we continue to build this relationship by helping to build support for alma mater.”
NYUCD in the News:

**Fox 5-TV News** interviewed 
Dr. Rima Bachiman Sehl, Associate Professor and Associate Chairwoman, Department of Epidemiology & Health Promotion, on when people should visit a dentist.

**Fox 5-TV News** showed a videoclip of the *Smiling Faces, Going Places* van at City Hall to lobby for funding.

**WNBC-TV** Health and Science Editor Dr. Max Gomez broadcast an interview with Dr. Dennis P. Tarnow, Professor and Chairman of the Ashman Department of Implant Dentistry, on the effects of bone resorption on dentures. The broadcast showed Dr. Tarnow performing an implant procedure on a senior citizen with this condition, and Dr. Tarnow made a powerful case for every patient with a lower denture having at least two implants placed to preserve the bone so that the denture can be retained for many years.

In a separate broadcast to promote the April 2003 free oral cancer screening sponsored by the Oral Cancer Consortium, Dr. Gomez interviewed Dr. Jonathan Ship, Professor of Oral Medicine and Director of the Bluestone Center for Clinical Research, on the risk factors for oral cancer and the importance of early detection.
Dr. Jay Adlerberg interviewed Dr. Andrew Spielman, Associate Dean for Academic Affairs, about trimethylaminuria, or TMA, a condition in which people emit a strong body odor as the result of damage to an enzyme that normally gets rid of the smelly byproducts of food breakdown.

ABC 7 interviewed Dr. Anthony Vernillo, Professor of Oral Pathology, on the link between oral health and diabetes, and Dr. David Sirois, Head of the Division of Reconstructive and Comprehensive Care, on the relationship between periodontal disease and preterm, low birth-weight deliveries. Both stories were broadcast during the free oral health screening week for New Yorkers cosponsored in April by NYUCD, ABC 7, and Colgate-Palmolive.

The Discovery Channel videotaped a corrective surgery procedure on a woman with an upper and lower jaw deformity performed by Dr. Stuart Super, Director of the Dr. Stuart and Tibby Super Center for Dento-Facial Deformities and Corrective Jaw Surgery.

The Discovery Channel’s Canadian affiliate broadcast a program featuring Dr. Page Caulfield, Head of the Division of Diagnostics, Infectious Disease, and Health Promotion, on how oral bacteria foster immunization in infants.
Saying that he wanted to provide a formal place of honor for NYUCD recipients of the University’s highest teaching and administrative awards over the past 10 years, Dean Alfano recently unveiled a 70-inch-high by 24-inch-wide monolith made of stainless steel. The monolith, inscribed with the awardees’ names and set atop a black marbleized base, is on permanent display in the Arnold Schwartz Memorial Lobby.

“Although these outstanding individuals were honored by NYU the year they received their all-University awards, until now no formal recognition has been provided to them as a group on their home turf,” said Dean Alfano. With the unveiling of this monolith, we will rectify that omission.”

The Distinguished Teaching Award recognizes faculty members who have contributed significantly to the intellectual life of New York University through their teaching. The Distinguished Teaching Medalists from NYUCD over the past decade are: Dr. Herbert Frommer, Professor of Diagnostic Science and Urgent Care and Director of Radiology (1984); Dr. Lidia Kiremidjian-Schumacher, Professor of Basic Science and Craniofacial Biology (1998); Dr. Paul A. Rosenberg, Associate Dean for Graduate Programs and Professor and Chairman of the Dr. I.N. and Sally Quartararo Department of Endodontics (1999); and Dr. Anthony T. Vernillo, Professor of Oral Pathology (2002).

The Distinguished Administrator award recognizes outstanding achievements as an administrator and dedicated service to faculty, students, and staff. In recent years, NYUCD has been represented in this category by Ms. Novella Jones, Assistant Dean for Student Affairs and Admissions (1999), and Mr. Glenn Marrus, Director of Quality Assurance (2002).
Part-Time Faculty Honored for the First Time at Longer-Service Awards Ceremony

Last February, for the first time, NYUCD’s part-time faculty participated in the College’s annual Longer-Service Awards Program, which recognizes individuals for a job well done over extended periods of time. In the past, Longer-Service Awards had gone exclusively to full-time faculty, administrators, and staff.

“We owe our part-time faculty a huge debt of gratitude,” said Dean Alfano, “and we are now using multiple vehicles to express our appreciation. Part-time faculty are invited to the annual graduation ceremony; they serve on all major committees at the College; they have their own Advisory Committee to the Dean; they are invited to all College-wide parties; they are granted pro rata voting rights; and now they are honored both in Global Health Nexus and at our service awards ceremony. But we can never do enough to thank them.”

30-Year Service Awards
Prosthodontics
Dr. Juliet Y. Kafka-Bergen
General Dentistry and Management Science
Dr. Richard A. Kiman

25-Year Faculty Service Awards
General Dentistry and Management Science
Dr. Gabriel Fulop
Prosthodontics
Dr. Steven Lee

20-Year Faculty Service Awards
Oral and Maxillofacial Surgery
Dr. Jack P. Barak
Prosthodontics
Dr. Marvin Carmen
Oral Pathology
Dr. Paul D. Freedman
General Dentistry and Management Science
Dr. Stanley H. Heller
Hospital Dentistry
Dr. William F. Ward

15-Year Faculty Service Awards
Periodontics
Dr. Sanford J. Bier
Dr. Richard Sheinblatt
Cariology and Operative Dentistry
Dr. Barnett Bucklan
Orthodontics and Implant Dentistry
Dr. Frank Celenza, Jr.
General Dentistry and Management Science
Dr. Terencia S. Conejero
Dr. Robert A. Danti
Dr. Samuel T. Jung
Dr. Irving L. Shapiro
Dr. Stanley A. Small

Oral and Maxillofacial Surgery
Dr. Paul S. Kaufman
Orthodontics
Dr. Gustave Lasoff
Dr. Rolland Rogers
Dr. Anthony A. Siriani
Implant Dentistry
Dr. Leonard I. Linkow
Oral Medicine
Dr. Steven R. Rosenblith
Endodontics
Dr. Howard A. Weiner

10-Year Faculty Service Awards
General Dentistry and Management Science
Mr. Vincent Alleluia
Mr. Paul Federico
Dr. Dolores M. Franklin
Dr. George L. Hoffman
Dr. Nahid Javaheery-Maroff
Dr. David Korris
Dr. Martin J. Lapidus
Mr. Patrick E. Reid
Dr. Frank Resillez-Uroste
Dr. Stewart Rosenblatt
Oral and Maxillofacial Surgery
Dr. Philip Artenberg
Dr. Morton Brod
Dr. Clarence Calman
Dr. Regina Landesberg
Dr. Gayle T. Miranda
Endodontics
Dr. Peter Babick
Dr. Les Muldorf
Prosthodontics
Dr. Debra H. Cohn
Dr. Caroline Grasso
Dr. Alexander Kmeta
Dr. Todd H. Lerner
Epidemiology & Health Promotion
Ms. Nancy F. Fink
Periodontics
Dr. Luis Fujimoto
Orthodontics
Dr. Trevor R. Gottfried
Dr. Robert H. Harris
Pediatric Dentistry
Dr. Steven R. Grossman
Dental Hygiene
Ms. Rosemary Hays
Ms. Susan H. Schroeder-Davide
Diagnostic Science and Urgent Care
Dr. Thomas G. Jacoby
Oral Medicine
Dr. Ram D. Phull

From left: Dr. Stanley Heller, Dr. Marvin Carmen, Dr. David Korris, Dr. Irving Shapiro, and Dr. Richard Kiman.
Dr. Jonathan L. Ferencz Installed as President of the American College of Prosthodontics

Jonathan L. Ferencz, D.D.S. Class of 1971 and Advanced Education in Prosthodontics Program Class of 1984, has been installed as President of the American College of Prosthodontics (ACP), the official sponsoring organization for the specialty of prosthodontics. Dr. Ferencz will serve as President through October 2003.

Dr. Francis V. Panno, Associate Dean for Clinical Affairs, Ira E. Klein Professor of Prosthodontics, and a Past President of the Greater New York Academy of Prosthodontics, has been Dr. Ferencz’s mentor and friend for 34 years, and influenced his choice of specialty training. Associate Dean Panno describes Dr. Ferencz as the “right person for the job at the right time.” “Jonathan Ferencz is an outstanding clinician and lecturer with an international reputation. He is a leader in redefining the breadth and scope of prosthodontics for a new century, and the perfect person to lead the ACP at this time.”

A Board-certified prosthodontist, Dr. Ferencz has a long history of service and leadership within the ACP as well as other leading professional organizations. He has served as President of the Greater New York Academy of Prosthodontics and the Northeastern Gnathological Society. He is a Fellow of the Academy of Prosthodontics and the New York Academy of Dentistry, and a member of the American Academy of Restorative Dentistry and the American Academy of Fixed Prosthodontics.

As a Board member, Secretary, Vice President, and President-Elect of the ACP, Dr. Ferencz has been responsible for Annual Sessions, revamping the American Board of Prosthodontics examiner selection process, and strategic planning for the future of the specialty. During the past year, he has focused his energies on advancing the ACP Education Foundation as cochair of its fund-raising campaign. The campaign exceeded its $5 million goal when it concluded in November 2002.

Since 1990, Dr. Ferencz has served as a Clinical Professor of Prosthodontics at NYUCD. “We’re proud that a graduate of both our D.D.S. and Advanced Education in Prosthodontics Programs, and a distinguished faculty member, has become the articulate spokesperson for his specialty organization as it moves forward in the new century,” said Dean Alfano.
Dr. Farhad Vahidi
Appointed Acting Director of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics

Dr. Farhad Vahidi, an Associate Professor of Prosthodontics, has recently been named Acting Director of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics. Dr. Vahidi succeeds Dr. Gary R. Goldstein, who had been Program Director since 1995.

Dr. Vahidi, along with Dr. Goldstein and other colleagues, has been a major force in the program’s rise to become one of the nation’s top prosthodontics specialty training programs.

Dr. Vahidi joined NYUCD as a full-time faculty member in 1984, and has been a highly effective educator, clinician, and researcher.

“We thank Dr. Goldstein for his many years of service and productivity at the helm of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics,” said Dean Alfano, “and we wish Dr. Vahidi success as he strives to add additional luster to the program’s reputation.”

Dr. Daniel Schweitzer
Receives Fifth Annual Litvak Fellowship

Dr. Daniel Schweitzer, a second-year student in the Advanced Education Program in Prosthodontics, has become the fifth recipient of the annual Dr. Harold Litvak Junior Fellowship in Prosthodontics.

A 1996 graduate of NYUCD, Dr. Schweitzer practiced privately for six years before returning to the College for postdoctoral studies. After completing his specialty training, he plans to return to private practice and may also pursue a career in teaching. Dr. Farhad Vahidi, Acting Director of the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics, calls Dr. Schweitzer’s achievement particularly impressive. “The majority of postdoctoral students come to us directly from dental school, when they are most familiar with academic rigors. But despite Dr. Schweitzer’s six-year absence from academia, he returned to win top honors for his performance.”

The Litvak Fellowship was established in 1999 through a generous grant from Mrs. Adele Block in honor of her dentist, Dr. Litvak, a clinical professor of prosthodontics at NYUCD. Mrs. Block is a member of the family that owned the Block Drug Company, Inc., a major producer of oral and general health care products, which is now a division of Glaxo Smith Kline.
Research Day 2003: In Search of Answers
Renowned Geneticist Shares Spotlight With Students

This year’s Student Research Day took on added significance with the presentation of NYUCD’s first annual Distinguished Scientist Award to Dr. Bruce Baum, Chief of the Gene Therapy and Therapeutics Branch of the National Institute of Dental and Craniofacial Research of the National Institutes of Health (NIH), in recognition of significant and sustained research accomplishments and a proven record of training students for successful research careers. Dr. Baum was cited for increasing the relevance of biological science in dental education and for developing novel applications of gene transfer technology and tissue engineering for the repair of severely damaged salivary glands.

The names of the 2003 Research Day winners and their mentors are listed at the right.

ADA/Dentsply Student Research Table Clinic Award
Chia-Yu Sherry Ku, D.D.S., ’06
Denaturing Gradient Gel Electrophoresis (DGGE) Analysis of 16S rDNA Amplicon Mobility of Oral Bacteria.
Mentors: Dr. Yihong Li and Dr. Page Caufield

Omicron Kappa Upsilon, Omega Chapter Award
Chia-Yu Sherry Ku, D.D.S., ’06
Denaturing Gradient Gel Electrophoresis (DGGE) Analysis of 16S rDNA Amplicon Mobility of Oral Bacteria.
Mentors: Dr. Yihong Li and Dr. Page Caufield

Jasdeep Sagoo, D.D.S., ’05
Analysis of Gene Expression Alterations by Subtractive Cloning in the Spinal Cord During Inflammatory Hyperalgesia.
Mentors: Dr. Hsiu-Ying Yang and Dr. Michael Iadarola, Pain and Neurosensory Mechanisms Branch, National Institute of Dental and Craniofacial Research, NIH.

Dean’s Research Award
Philip Zaveloff, D.D.S., ’03
The Use of Heteroduplex Analysis to Find Bacterial Transmission in the Oral Cavity.
Mentors: Dr. Mea Weinberg, Dr. Upinder Fotadar, Dr. Peter Di Fiore, Dr. Louis Terracio, and Dr. Robert Boylan.

Chananin Zweihorn, D.D.S., ’03
Ion Selectivity Switch Is a Permeability Gating Mechanism With Physiological Relevance.
Mentor: Dr. Kathleen Kinnally

Postgraduate Resident Research Award
Maria Kuriakose, PG Orthodontics, ’03
Mentor: Dr. Kathleen Kinnally

Postdoctoral Resident Research Award
Shujie Lin, Department of Biomaterials and Biomimetics
Biphasic Calcium Phosphate (BCP) Bioceramics: Preparation and Properties.
Mentors: Dr. Racquel Z. LeGeros, Dr. Ramin Rohanizadeh, Dr. Dindo Mijares, and Dr. John LeGeros.

Dental Hygiene Student Research Award
Ana Alegre, A.A.S., ’03, and Larissa Artemieva, A.A.S., ’03
Oral Manifestations of Vitamin Inadequacies and Nutritional Counseling.
Mentor: Eva Lupovici

From left: Dr. Jonathan Ship, Director of the Bluestone Center for Clinical Research, Dr. Bruce Baum, and Dr. Louis Terracio, Associate Dean for Research.
A DEA Preventive Dentistry Awards Go to Brian Houston and Thomas Kolodge, Class of 2004

Brian Houston and Thomas Kolodge, both Class of 2004, were the only students from the same dental school to win American Dental Education Association (ADEA)/Listerine® Preventive Dentistry Scholarships in 2003. A total of 12 students nationwide received the scholarships, which are sponsored by Pfizer Consumer Healthcare. Each scholarship provides a grant of $2,500 to predoctoral students who demonstrate academic excellence in preventive dentistry. The awards were presented at the 2003 ADEA Annual Session in San Antonio, Texas, in March.

Drs. Joan Phelan and Denise Murphy Appointed to Bioterrorism and Catastrophe Response Task Force

NYUCD’s Bioterrorism and Catastrophe Response Task Force has gained two new members: Dr. Joan Phelan, Professor and Chairperson of the Department of Oral Pathology, and Dr. Denise Murphy, Clinical Associate Professor of General Dentistry and Management Science.

“With the addition of these two individuals,” said Dr. Dianne Rekow, Director of Translational Research and the Task Force Chairperson, “NYUCD’s Bioterrorism and Catastrophe Response Task Force gains substantial expertise that will add to our ability to develop strategies and a structure for a coordinated, collaborative response effort to deal with the threat of terrorism, including bioterrorism and other catastrophes.”
The officers of the International Congress of Oral Implantologists, who include Dr. Kenneth W. Judy, the ICOI’s Cofounder and Cochairman, a member of the Class of 1968, and a Clinical Professor of Implant Dentistry at NYU CD, have sent their membership copies of the AMA’s updated Quick Reference Guide to Biological Weapons, along with their endorsement of bioterrorism preparedness education for dentists. Their letter cited Dean Alfano for his help in making the guide available. Dean Alfano had earlier sent copies of the guide to all NYUCD alumni.

“I congratulate Dr. Judy and his colleagues on their initiative and leadership,” said Dean Alfano. “Having the support of the prestigious ICOI in raising awareness of the potential role of dentists in bioterrorism preparedness sets an example for other organizations to get involved and help educate their own members about what dentists can do to make our world a safer place in which to live.”

Administrators and Staff Retreats: A New Tradition Takes Root

Wouldn’t it be nice if NYUCD patients were always welcomed with a smile whenever they visited our clinics? This was one of the suggestions made at NYUCD’s first annual Staff Retreat, which drew 71 people to Hilton Woodcliff Lake in Woodcliff Lake, New Jersey, on March 11. Two days later, 43 administrators gathered for their second annual retreat at the Harrison Conference Center in Glen Cove, Long Island. At both sites a professional facilitator encouraged participants to imagine creative ways to defuse tense situations, such as an encounter with an argumentative patient.

“We had fun letting our imaginations run wild,” said Alecia Lewis Dore, a participating staff member. Networking and problem-solving issues topped the agenda at the Administrators Retreat, where the focus was on new ways to foster a sense of community among the College’s 146 administrators. One idea was to create a listserv, or e-mail network, on which administrators could pose questions and get advice on issues of concern from a broad cross-section of their peers.

“We wanted both staff and administrators to have their own getaway to allow them to build team spirit and brainstorm solutions to problems,” said Tracy E. Kamens, Director of the Faculty & Staff Development Center, who organized both events. “Because taking people out of their everyday environment gives them a fresh perspective,” Ms. Kamens said, “I expect the staff and administrator retreats to deliver many more good ideas in the years to come.”
Bashes, Barbecues, and Beat-the-Blah Blasts

NYUCD Students, Faculty, and Staff
Build Camaraderie and Community

For the past five years, NYUCD has pursued an ambitious agenda designed to take innovation in dental education, research, and clinical care to a new level. Anyone who has spent time at NYUCD during this period, or has been reading Global Health Nexus, knows that we are making amazing progress toward our goal. One reason is the profoundly intertwined community of students, faculty, and staff that has developed on campus. NYUCD has become a place where the commitment to make a difference by working together has never mattered more. And part of the reason for the growing spirit of camaraderie comes from the campus-wide social events that Dean Alfano introduced to bring us all together at various times throughout the academic year. In addition to the annual winter holiday bash, and the beginning of summer barbecue, last March there was an added opportunity to party at a “beat the winter blahs” event held at the famed Copacabana in New York City.
Celebrating Our Community

Congratulations to:

**DR. MICHAEL C. ALFANO,** Dean of NYUCD, on authoring an article entitled “Titanium and Terrorism: The Role of the Implant Dentist,” for the *International Magazine of Oral Implantology.*

**DR. STEPHEN J. CHU,** Clinical Assistant Professor of Implant Dentistry, on coauthoring an article entitled “Light Dynamic Properties of a Synthetic, Low-Fusing, Quartz Glass-Ceramic Material,” for *Practical Procedures & Aesthetic Dentistry.*

**DR. GUSTAVO D. CRUZ,** Assistant Professor of Epidemiology & Health Promotion and Director, Public Health and Health Promotion, on serving as Scientific Chair of the Hispanic Dental Association’s 2002 Annual Meeting.

**DR. DENISE J. ESTAFAN,** Associate Professor of General Dentistry and Management Science and of Biomaterials and Biomimetics, on coauthoring an abstract entitled “Integrating CAD/CAM Technology Into the Dental School Esthetics Curriculum,” which was presented at the ADEA annual meeting. Her coauthor was Claudine Agosta, Class of 2004.

**PROFESSOR JILL B. FERNANDEZ-WILSON,** Clinical Associate Professor of Pediatric Dentistry, on presenting a session entitled “Growing Up Caries-Free—The Early Years” and “Disparities Among Hispanic Children” during the national Hispanic Dental Association’s annual meeting in San Diego.

**DR. DONALD B. GIDDON,** Clinical Professor of Epidemiology & Health Promotion, on coauthoring an article entitled “Investigation of Previously Reported Mucosal Swellings After Injection With Citanest® Forte,” for *Anesthesia Progress.*

**DR. HERBERT FROMMER,** (second from right) Professor of Diagnostic Science and Urgent Care and Director of Radiology, on the dedication of “The Herb Frommer,” a rowing shell presented by the Frommer Family and Friends to NYU Crew in honor of Dr. Frommer’s birthday.

**DR. ANDERSON T. HUANG,** ’90, Clinical Associate Professor of Orthodontics, on being awarded Fellowship in the American College of Dentists.

**DR. HARALD A.B. LINKE,** Professor Emeritus of Basic Science (Microbiology), on coauthoring an article entitled “Black Tea Extract and Dental Caries Formation in Hamsters,” for the *International Journal of Food Sciences and Nutrition.* Dr. Linke’s coauthor was Dr. Racquel Z. LeGeros, Professor of Biomaterials and Biomimetics and Linkow Professor of Implant Dentistry. Dr. Linke also coauthored an article entitled “Microbial Composition of Whole Saliva and Caries Experience in Minority Populations,” for *Dental Clinics of North America.* His coauthors included Dr. LeGeros; Dr. Esther O. Kuyinu, ’94, Clinical Associate Professor of Prosthodontics; Dr. Bolaji O. Ogundare, ’98, Instructor in Oral and Maxillofacial Surgery; Dr. Mohammed M. Imam, Clinical Assistant Professor of Oral and Maxillofacial Surgery; and Dr. Shahzad M. Khan, Clinical Assistant Professor of Periodontics.

**DR. IVY PELTZ,** ’83, Clinical Assistant Professor of General Dentistry and Management Science, on coauthoring an article...
entitled “Bleaching: Lightening the Dental School Curriculum,” which was presented at the ADEA annual meeting. Her coauthors included Dr. Eric S. Studley, ’85, Clinical Assistant Professor of General Dentistry and Management Science; Dr. Ralph P. Cunningham, ’72, Clinical Associate Professor of General Dentistry and Management Science; and Dr. Alan H. Rattet, ’61, Clinical Associate Professor of General Dentistry and Management Science.

DR. JEANINE STABULAS, Instructor in Diagnostics and Urgent Care, on authoring “Vertical Bitewings: The Other Option” for the Journal of Practical Hygiene.

DR. HAROLD I. SUSSMAN, (at left) ’42, Clinical Associate Professor of Periodontics, and his wife Jackie, on producing a set of storybooks and videotapes entitled “A Smile for Samarra Comes to Your School,” which are designed to increase the oral hygiene understanding and skills of New York City special education schoolchildren. Funding for the project was made possible through a grant from the ADA Health Foundation’s Harris Fund.

DR. ALAN H. BROOKMAN, Class of 1952, on being honored for 50 years of dedicated service to Newark Beth Israel Medical Center’s Department of Dentistry.

DR. RICHARD R. KARLEN, Class of 1957, on teaching a course entitled “Fiction Writing, Short Story, Novel and Memoir,” at the South Plainfield Adult School in New Jersey.

DR. SIDNEY A. WHITMAN, Class of 1968, on a Trenton Times article recognizing his more than 30 years of service to Trenton Head Start children.

DR. G. KIRK GLEASON, Class of 1970, on his installation as ADA Second District Trustee.

DR. MICHAEL L. CALI, Class of 1985, on being elected President-Elect of the Second District Dental Society.


DR. TOVA (LEVI) WEINBERG, Class of 1981, on a Keesport Daily News article about her as Pittsburgh’s premier Jewish matchmaker.

DR. GRACE CHIN, Class of 1999, on joining the pediatric dentistry practice of Dr. Donald G. Greiner, Dr. W. Fred Thal, and Dr. Eddie Rostenberg in Sanibel, Florida.

DR. KEITH H. KANER, Class of 1990, on his appointment as a Clinical Assistant Professor in the Department of Oral and Maxillofacial Surgery at Nova Southeastern University College of Dental Medicine.

DR. SAMSON SOLOMON (SULEYMANOV), Class of 1998, and Dr. Simkha Solomon (Suleymanov), Class of 1998, on the publication of a New York Daily News article profiling their Forest Hills dental practice, where patients sometimes have trouble telling the two identical twins apart.

Another Chance to Say “Thank You”

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