What is Beauty?
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Cover: Gillian Murphy, a principal ballerina of the American Ballet Theatre, is a former NYUCD patient. The cost of Ms. Murphy’s care was underwritten by a grant from the Smigel Aesthetic Dentistry Fund, which supports aesthetic dental care at NYU for young people pursuing careers in the performing arts. For more on Ms. Murphy, see page 14: “Our Favorite Ballerina Opted for a Natural Look.” Cover photo courtesy of Gaynor Minden, Inc.
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Each day for all of us, beauty is a factor drawing us to people, places, and things — inviting us to change our smiles, decorate our homes in a distinctive style, buy a particular car, computer, bathing suit, or briefcase. But what defines the very essence of beauty? Why is one architectural style more beautiful than another, one computer so much more aesthetically pleasing than its competitor? Beginning with the Egyptians, philosophers, theologians, architects, builders, decorators, designers, psychologists, sociologists, and artists of all types have tried to develop a unified theory that would clarify the meaning of beauty.

But if there is one thing that our postmodern, relativist culture has taught us, it is that beauty varies in different groups in different societies, and according to which group is making the determination. The old cliché that “beauty is in the eye of the beholder” today means not only that beauty is subjective but also that it is culturally constructed and unquestionably valid only at a particular time in the culture’s history.

That argument would help to explain the variability and dizzying rapidity of change regarding acceptable standards of human beauty in 21st century America. From body piercings to snow-white teeth, these standards seem to change daily and to be defined largely by age group and other demographic factors, rather than by a common culture.

Along with constantly shifting standards of beauty, popular TV reality shows like “Extreme Makeover” and “Queer Eye for the Straight Guy” further...
complicate the issue by creating the impression, if not the expectation, that everyone can be beautiful. Indeed, an end-of-the-year article in The New York Times alluded to our national attraction to “quick fixes” and “cosmetic makeovers” by noting that “An essential component of beauty is being undermined and will soon be practically eliminated, and that is its scarcity. Botox is to cosmetics what cut-and-paste software is to music production. Whatever was precious five minutes ago becomes overbearingly omnipresent five minutes from now. The quest for beauty coupled with technological proficiency undermines the relative value of each Beautiful invention.”

In this issue of Global Health Nexus, we invite you to join us in exploring the question: What is beauty? We begin with an essay by author-illustrator Sheila Samton on beauty and its manifestations in our specific culture, followed by an explanation of the guidelines that dentists use to determine what constitutes a beautiful smile. Next, we hear from four giants in the field of aesthetic dentistry: Dr. Irwin Smigel, Dr. Ronald E. Goldstein, Dr. K. William Mopper, and Dr. Larry Rosenthal. We’ll also take a look at what NYUCD is doing to introduce predoctoral students to aesthetics — the fastest-growing area in dentistry today — and at a new technology that is enabling dentists to select the aesthetically perfect shade for veneers. We conclude our discussion with another kind of aesthetic focus — this one on treating patients with cleft lip and palate to enable them to lead more fully integrated lives.

A Flawless Accreditation Site Visit

For all of us at NYUCD who have been preparing rigorously for the past several years, the November 2003 visit of reviewers for the Commission on Dental Accreditation (CODA) culminated in what can only be described as a “beautiful” result. NYUCD received the highest level of accreditation accorded by the CODA: zero recommendations for improvement in any of its programs.

In addition, NYUCD was awarded 27 commendations recognizing the quality of its clinical care and basic science programs, research, and the enthusiasm of students, faculty, and staff. The next issue of Global Health Nexus will include a detailed discussion of the accreditation process and its outcomes. But I want to take this opportunity to pay tribute to the outstanding teamwork of our entire community — the true engine of our success.

Other significant achievements that you’ll read about in this issue include the elimination of a proposed rule that would have effectively nullified the dental Graduate Medical Education (GME) program retroactively; becoming the first U.S. dental school to mandate student terrorism preparedness training; the expansion and modernization of NYUCD’s library facilities; a unique partnership between NYUCD and the Colgate-Palmolive Company’s Bright Smiles, Bright Futures program to bring more dental services to needy New York City youngsters; and a number of competitive federal grants as well as private-sector awards that reflect NYUCD’s thriving research environment. NYUCD also continues to broaden its influence globally in the areas of continuing education, research, and clinical care, and in this issue you’ll have a chance to hear from people who are involved on all these fronts.

All of us at NYUCD take pride in the achievements of the past year and look forward to continuing to foster innovations that will enable us to stay ahead of changing times. If the past several years are an indication, we’re in for a very exciting and rewarding future.

...
What is beauty? According to the ancient Egyptians and Greeks, it was: 1.6:1:0.6. This is the “golden ratio,” a.k.a. the “golden mean,” the “golden section,” and the “divine proportion.” It is a proportional relation obtained by dividing a line, or a plane figure, so that the shorter part is to the longer part as the longer part is to the whole. If you take a “golden rectangle” — one whose length-to-breadth is in the golden ratio — and snip out a square, what remains is another, smaller golden rectangle. What makes the golden ratio special to mathematicians is the number of properties it possesses. But what makes it extraordinary to the world is its relation to beauty. The golden ratio has been evoked through the ages to express perfection.

Examples abound. The Egyptians called it the “sacred ratio,” and applied it to the building of the pyramids. The Greeks used it in the construction of the Parthenon. It is said that daVinci painted the face of the Mona Lisa to fit inside a golden rectangle. People like the architect Corbusier and the composer Bartók have consciously embodied it in their work. And daily in art and science classrooms students discover that geometric forms expressing the golden ratio are simply the most appealing to the eye.

The entertaining BBC series “The Human Face,” televised here two years ago, created a transparent template of an ideal face. Features and facial dimensions related to each other on the template in the ratio of 1.6:1:0.6. The template was transposed to the face of a beautiful actress. And lo, it fitted perfectly.

So beauty is 1.6:1:0.6.

That’s the easy answer. My own feeling is that we are in denial if we think beauty can be defined by a formula. Consider this story from my youth:

I was a child in Brooklyn in the nineteen-fifties. All the elementary school girls in my apartment house worshipped the glamorous Nelda, a woman who lived with her husband and a toy poodle in a one-bedroom apartment on the second floor.

She was our icon of beauty. Her long hair was an extraordinary color, a hitherto-unseen (by us) white gold known as “platinum,” while her eyebrows were tweezed to nothingness and replaced by a bold black pencil line. Her full lips were painted a glossy replica of the maroon Crayola in our boxes. She was voluptuous; she wore midriffs and shorts and three-inch-high cork-soled sandals. By contrast our scarcely made-up mothers in their housedresses and flats seemed unbearably plain.

I could go on to tell you about the night a bat got into our building and somehow became enmeshed in Nelda’s pale hair. It is one of the cautionary
tales of my childhood and explains why I docilely submitted thereafter to so many short haircuts. But I brought up Nelda to point out how time and change affect one’s perception of beauty. Within a few years Nelda’s looks lost their luster for me, as my aesthetic world broadened beyond the neighborhood. I began to find her appearance silly, and eventually embarrassing, as if my early adoration revealed something flawed in me. Nelda had stopped being beautiful to me, and it was not because she changed but because I did.

Background, conditioning, education, history, time, change. When we discuss beauty we bring all these to the table. At one time I believed that the phrase “form follows function” perfectly expressed the American ideal of beauty. Coined originally by the architect Louis Sullivan as “form ever follows function” in an 1896 article in Lippincott’s Magazine and later embraced by the Bauhaus architects and designers who popularized the phrase in its shorter version, “form follows function,” it means that the function of a building or object determines its form. And further, that the more it expresses its function, the more beautiful it is.

An example of this often cited (and worshipped) by architects concept is the famous Shaker round barn of Hancock, Massachusetts. Hay wagons entered the barn on its upper level, a railed wooden track around the inner perimeter of the building. As the wagons followed the track and circled the building, hay was pitched into the central area below. There waited the cows, facing the center, standing radially. Each wagon delivered its load and left the building by the same door it entered. The round form of the barn totally followed the function of hay pitching.

“Form follows function.” We think of the handles of our own precordless telephones, of well-balanced shears, of knives designed to fit the hands of surgeons and chefs, early sneakers, the first airplanes. Of the first big, square, bulky computers, testaments to their own complexity and unwieldiness. Were these beautiful, or simply possessed of organic reality? And when did it all start to change? Perhaps in Mike Nichols’ 1967 film The Graduate when someone looked young Dustin Hoffman in the eye, told him he had one thing to say to him, and uttered the word “Plastics.”

Perhaps it changed for me when I chose to bring an elegant olive green Olivetti typewriter to college with me, rather than the more reliable and chunky Smith-Corona. The Olivetti looked like a piece of art, the Smith-Corona looked like a typewriter. I needed the Olivetti to advertise that I was cool and artistic. Unfortunately, the Olivetti was also a piece of junk, or at least mine was, and I spent four years borrowing my roommates’ less splashy machines.

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What is beauty? Industrial designers today certainly think they know. I turn to their work and I see: “cool” objects. Softened, biomorphic, futuristic, stunning, “cool” objects. Like Apple products — the candy-colored iMacs and iBooks, the recently revitalized iMac that sits like a pod on a stalk, the iPod music player. The curvy, reborn Volkswagen bug; the rounded, grooved, ultra-designed, candy-colored running shoe. The cell phone, designed with many of the visual components of the running shoe. At the time of this writing running shoes are still not able to take photographs. But is Louis Sullivan turning over in his grave as form moves away from function? Or is he laughing because our culture is adoring coolness and thinking it is beauty?

The entertaining BBC series “The Human Face,” televised here two years ago, created a transparent template of an ideal face. Features and facial dimensions related to each other on the template in the ratio of 1.6:1:0.6. The template was transposed to the face of a beautiful actress. And lo, it fitted perfectly.

So beauty is 1.6:1:0.6.
"What is beauty?" I ask a stylist friend. "Beauty today is what the fashion industry says it is," she answers. If she is right then beauty today is indeed an ephemeral concept, since the fashion industry is constantly looking for a “new” face and ready to discard the “old” look it celebrated yesterday. But my friend has something to add: “In the last couple of decades,” she continues, “beauty has become a lot more unconventional.” I call to mind the fair-skinned, rigidly waved Breck shampoo ladies from the fashion magazines of my childhood, and I agree with her. Breck has morphed into Benetton and The Gap, the fair-skinned ladies into a many-hued, multiethnic coalition of young people with dazzling smiles. It occurs to me that those Breck ladies rarely smiled and never showed us their teeth.

Our ads also demonstrate that health and fitness (check those sparkling teeth) are an implicit part of beauty now, at least as the fashion world sees it. Indeed, our athletes, who exemplify fitness and once ignored fashion, today market and model their own lines of clothes. This pairing of fitness and beauty has led us to accept the idea of a man being described as beautiful. Men were not called beautiful when I was growing up unless there was something feminine about them. No one would argue today with a sentence like: “Boy, that Michael Jordan is a beautiful man!”

“The Human Face,” the BBC series I mentioned earlier, put an interesting spin on the fitness-beauty connection. It reminded us that symmetrical faces have always been perceived as more beautiful than asymmetrical ones and went on to say that British scientists have proven that athletes with the most symmetrical bodies are not only the most beautiful but the most gifted and successful. Yes, symmetry has long been considered a component of beauty. But it has its good and bad aspects. If we look at our own New York City architecture, we may be struck by the grace and elegance of our symmetrically winged City Hall. But nearby stands the monstrous Municipal Building, also symmetrically winged, a building that would not be out of place in Stalinist Russia.

What is beauty? As an artist, I ask myself this question all the time. I am chronically occupied with the creation of “beautiful” images, with representing, as Webster defines it, “the quality or...qualities in a person or thing that gives pleasure to the senses or pleasurably exalts the mind or spirit.” The poet Keats puts it a lovelier way: “A thing of beauty is a joy forever:/Its loveliness increases; it will never/Pass into nothingness...”

Thomas Mann, in his novel Joseph and His Brothers, has something somewhat sterner to say:

“I confess that I do not care for talk about beauty. The word and the idea are alike tiresome. For beauty is a conception as pallid as it is lofty — a pedant’s dream. There are supposed to be laws of beauty. But a law addresses itself to the understanding and not to the emotions — for these do not brook the understanding’s control. Hence the vapidness of perfect beauty, which leaves nothing to be forgiven. For the emotions need something to forgive, else they turn away in sheer boredom.”
Something to forgive. With this in mind I study the portraits by El Greco in his retrospective recently at the Metropolitan Museum. All are lauded as “psychological interpretations” of the sitters’ personalities. All are beautiful to me beyond belief, but none so much as “An Elderly Gentleman” and “Diego de Covarrubias,” both of which portray men whose mouths are just a bit off center.

Something to forgive. I like this phrase, when applied to beauty, because it is so unclassical, because it links beauty with feelings. I repeat it to my dentist. He gets it; he’s after “naturalness.” When creating a new mouth for someone, he says, he strives for some irregularity, “to subtly depart from a perfect arrangement of teeth.”

But can beauty be explained — or explained away — by a formula? What is beauty? Let’s look at modern literature. There’s an answer I like implicit in the description of my favorite J. D. Salinger character in his story “Down at the Dinghy”:

The swinging door opened from the dining room and Boo Boo Tannenbaum, the lady of the house, came into the kitchen. She was a small, almost hipless girl of twenty-five, with styleless, colorless, brittle hair pushed back behind her ears, which were very large. She was dressed in knee-length jeans, a black turtleneck pullover, and socks and loafers. Her joke of a name aside, her general unprettiness aside, she was — in terms of permanently memorable, immoderately perceptive, small-area faces — a stunning and final girl.

There is nothing about Boo Boo’s appearance that can be considered beautiful by fashionable or classical standards or by perceived notions of what is “cool.” One knows instinctively that no “golden ratio” will apply to her face. But Salinger makes a distinction here between inner and outer beauty, and has us believing that Boo Boo’s inner beauty is manifest enough for us to recognize it when we see her.

*Beauty fades, beauty passes, beauty is ephemeral.* These are buzz phrases in our culture. We accept them so thoroughly that we are constantly saying, “She must have been a beauty once,” about lovely elderly women, as if beauty is something that applies only to the young. But faces like Boo Boo’s, or that of El Greco’s “Elderly Gentleman,” are beautiful forever. “Beauty is truth, truth beauty,” wrote Keats to end his *Ode on a Grecian Urn.* Truly beautiful faces express the truth about their wearers.

What is beauty? The debate inherent in the question will go on forever. We are bound to return again and again to the timeless simplicity of form following function, bound to be pulled away by our appetite for

Sheila Samton is the author-illustrator of many award-winning books for children, as well as a designer and muralist. Her first children’s book, *The World from My Window* (Crown, 1985), also dealt with the subject of beauty. Ms. Samton has two sons and lives in New York City.
How Dentists Decide What Constitutes a Beautiful Smile

Over the past two decades, the advent of new aesthetic materials, the embrace of aesthetic dentistry by a generation of aging baby boomers eager to maintain a youthful appearance, and the effective marketing of the concept of “feel good dentistry” or “self-esteem dentistry,” have all combined to put aesthetic dentistry on the fast track, making it the most rapidly growing area in dentistry today.

And just as the ancient quest for a stable definition of beauty has yielded over the years to a more subjective, relativist perspective, so too has the aesthetic dentist’s quest for what constitutes a beautiful smile evolved over time.

Indeed, only a generation ago, dentists specializing in aesthetic restorations tended to be guided by the same “golden proportion” of 1.6:1:0.6 that Sheila Samton cites in the preceding essay. In dentistry, that means that the width of the central incisor is in “golden proportion” to that of the lateral incisor. The width of the lateral incisor to the width of the canine is also in “golden proportion.” According to this mathematical formula, when the dentist is looking directly at a frontal view of the patient, the central incisor should appear to be 1.6x the width of the lateral. As we proceed distally from the same view, the canine should appear to be 0.6x the width of the lateral. The reason this formula has long remained the standard is because although people’s teeth can become shorter with age, the widths do not change.

While some dentists still follow the “golden ratio” formula in working toward their aesthetic objective, it is more common today for dentists to rely on eye coordination, or how they perceive the patient’s mouth and teeth in relation to the rest of the face. This more subjective approach, accepted by the American Dental Association, emphasizes the importance of harmony, balance, phonetic ability, and function.

When a patient smiles, three types of liplines are possible: high, medium, and low. A high lipline exposes a lot of gingiva above the front teeth. A medium lipline reveals a moderate amount of gingiva. A low lipline doesn’t reveal the gum tissue at all. Under ideal conditions the gingival margin and the lipline should be harmonious; that is, there should be a 1-2 mm. display of gingival tissue.

When evaluating where the maxillary incisal edges should be, dentists analyze the contour of the lower lip when smiling. An imaginary line around the incisal edges of the upper front teeth should follow the superior border of the lower lip. This is called the “smile line.” When the centrals appear shorter than the canines, it is referred to as the “reverse smile line.” This is unfavorable and can be corrected in many cases.
To ensure that balance is achieved, the dentist identifies the “midline,” or the point at which the two central incisors contact each other. This is easily done by holding a piece of dental floss vertically descending from the forehead to the nose, the philtrum (the concavity beneath the nose), and the chin. The floss should bisect the papilla between the two central incisors, be perpendicular to an imaginary line between the patient’s eyes, and be perpendicular to the occlusal plane.

The incisal edge position determines the patient’s ability to make the “f”, “v”, “s” and “t” sounds as well as the lip support (the way the anterior teeth support the upper lip). Varying these positions and having the patient speak can help determine the ideal position for the incisal edges. Along with lingual contours and tooth position, incisal edge position also determines the patient’s bite, or what dentists call the “guidance pattern.”

The gingival contour must be closely evaluated. Ideally, the height of the gingival margins of the central incisors should be higher than that of the laterals, but should be even with that of the canines.

Using an articulator, the dentist then proceeds to create a wax rendition that will act as a guide toward the treatment goal.

The two central incisors are indicative of age, with flat incisor edges indicating old age. Accordingly, the dentist creates rounded central incisor edges to give a more youthful appearance. Similarly, the lateral incisors are indicative of gender (a lateral incisor that narrows toward the gum line suggests femininity and a less tapered, square shape suggests masculinity). As the dentist considers the canines, which are indicative of personality, a sharper-edged point on a canine will be used to create an aggressive look, while a rounder, softer point will create a more passive appearance.

Another of the dentist’s objectives is called “tooth reveal,” which means that when a patient smiles, it should be possible to see a lot of teeth. In an aesthetically pleasing smile design, the anterior teeth should be taller than they are wide. The midline is vertical, perpendicular to the ground. As we move distally, the axial inclinations of the teeth are mesially inclined. The “buccal corridor” refers to the way posterior teeth appear to be aligned with the natural curvature of the smile. If the alignment is not perfect, a black space appears in the corridor. Finally, color selection must be customized for each patient to achieve a natural, polychromatic appearance.

The above information was provided by Dr. Denise J. Estafan, Associate Professor and Director of Aesthetics, Department of General Dentistry and Management Science. An article by Dr. Estafan, “A New Dimension in Dental Education: The Preclinical Course in Aesthetics,” appears on page 22.
Recently Global Health Nexus spoke with three pioneers who helped to usher in the era of aesthetic dentistry — Dr. Irwin Smigel, Dr. Ronald E. Goldstein, and Dr. K. William Mopper — and asked them to talk about their roles in bringing aesthetic dentistry into the mainstream of American life.

Global Health Nexus (GHN): I understand that you were one of the first practitioners to use the popular media to introduce aesthetic dentistry to the public. Could you talk about your experiences?

Dr. Smigel: In 1975, I was invited to appear on a New York radio program, the “Long John” Nebel show to talk about what was then known as acid etching, a reference to the acid that bonds restorative material to a tooth. On an earlier program, a well-known oral surgeon had walked out of Long John’s studio in a rage after the famously cantankerous host insisted that he discuss the potential dangers of X-ray radiation, rather than his surgical techniques. Having heard about this incident, I arrived for the interview with a sense of trepidation, but the usually belligerent Long John was so fascinated by the wonders of acid etching that his disposition that night was closer to a pussycat’s than a tiger’s. In fact, during a commercial break, he said: “People will be frightened by the thought of acid used in their mouths. Why not call it ‘bonding’ instead?” And it’s been known as bonding ever since.

But it wasn’t until 1980 that an opportunity arose to publicize bonding to a national audience. After reading my book, Dental Health, Dental Beauty, Los Angeles–based television talk show host Mike Douglas invited me to demonstrate bonding live on the air. Although I had a tough act to follow (Sonny Bono of Sonny and Cher sang a song just before my segment), and just 40 minutes to repair a broken tooth and close a gap for a man from the studio audience, I managed to get the job done.

On my return to New York, I learned from Mike Douglas’s staff that the segment had attracted the largest response in the show’s history. Then, in 1981, after devoting 11 years to developing dental bonding and lecturing on it throughout the United States, I was invited to demonstrate the technique on That’s Incredible — at the time the second highest-rated show on TV — where I proceeded to whiten and reshape a young ballerina’s tetracycline-stained teeth before the largest viewing audience ever to watch a dental procedure.

GHN: What was the response to that landmark telecast?

Dr. Smigel: There was such a surge in demand for bonding that it became necessary to quickly train more dentists, and to ensure that they were skilled enough to take on a large number of new cases. Accordingly, we
restructured a professional organization that I had created in 1976, the American Society for Dental Aesthetics, to administer a training and certification program that would generate a base for referrals. I taught classes with several colleagues who were already adept at bonding, and then selected the most proficient students to become instructors. They, in turn, helped spread awareness of the technique not only in the United States but internationally as well. Today the American Society for Dental Aesthetics has probably taught more aesthetic dentistry to more dentists around the world than any other organization.

**IN TRIBUTE TO HIS PIONEERING ACHIEVEMENTS AND THE HIGH STANDARDS HE HAS SET IN AESTHETIC DENTAL CARE, NYUCD, HIS ALMA MATER, ESTABLISHED THE IRWIN SMIGEL PRIZE IN AESTHETIC DENTISTRY IN 2000.**

introduced the revolutionary concept of acid etching to prepare teeth for fillings without invading them beyond the area of decay. Another pioneer, Dr. Raphael Bowen, created the original composite by incorporating a filler material into the plastic filling, making it stronger, longer lasting, and more aesthetically pleasing. The work of these two pioneers catalyzed developments that transformed dentistry’s scope and sent patients’ expectations soaring. In addition to bonded bridges, porcelain laminates, and infinitely stronger and more stable all-porcelain crowns, there came improved techniques for maintaining teeth, both endodontically and periodontically. Moreover, missing teeth were no longer automatically replaced with removable dentures. Now there were implants, which often rendered dentures unnecessary.

**GHN:** As you look back on your extraordinary career, what are your proudest achievements?

**Dr. Smigel:** I’m extremely proud that aesthetic dentistry has shown millions of people that it is possible to improve the smile you were born with and that it has changed forever people’s perceptions about dentistry’s role in enhancing the quality of life. I take added pride in having established the Smigel Aesthetic Dentistry Fund at NYU to provide aesthetic dental care for young people pursuing careers in the performing arts who would not otherwise be able to afford such care. Above all, I am proud and honored that NYUCD has chosen to recognize me as the “father of aesthetic dentistry.”

**Dr. Irwin Smigel, the founder and president of the American Society for Dental Aesthetics, has been at the forefront of developments in bonding, veneers, changing facial structures, and laser whitening.**
COVER STORY: Several years ago, Gillian Murphy, the American Ballet Theater dancer featured on our cover, began aesthetic dental care at NYUCD with the help of a grant from the Smigel Aesthetic Dentistry Fund. “I want to have a nice smile,” she said, “but I want to have the minimal amount of dentistry necessary.”

Gillian required a combination of prosthodontic and orthodontic care, which was provided by Dr. Edward B. Goldin, a third-year postdoctoral student in the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics and Dr. T. J. Albert, a 2003 graduate of the Advanced Education Program in Orthodontics, who developed her treatment plan in consultation with faculty members in their respective programs. The before and after photos of Ms. Murphy’s mouth are shown below.

The beautiful young ballerina’s teeth were crowded together on the bottom and twisted side to side on the top with some awkward spacing. She was also congenitally missing her lateral incisors (the teeth on either side of the front two teeth). Using digital diagnostic photography, Drs. Goldin and Albert were able to give Gillian an idea of what she would look like even before treatment began.
Ultimately, they extracted one lower tooth to relieve the crowded condition, and did traditional orthodontics (placed braces) on both her top and bottom teeth. Gillian wore the braces for a year and a half so that Dr. Albert could align her teeth, close all the spaces, and eliminate the need to replace the missing upper lateral incisor on one side. However, this procedure could not be performed on both sides, because of potential problems with her bite.

A resin-bonded prosthesis (a false tooth that hangs off the canine) was made to replace Gillian’s lateral incisor on that side, since the small size of the space made it impossible to place an implant. On the other side, since the canine was moved into the position where the lateral incisor would normally be, a porcelain laminate veneer was created in order to reshape the canine. Finally, enameloplasty (recontouring) of all the anterior teeth was done to make the smile harmonious. This was followed by tooth whitening.

Following her treatment at NYUCD, Ms. Murphy was elevated to the status of principal ballerina at the ABT, where she has scored notable successes in full-length classics including Don Quixote, Giselle, La Bayadere, Swan Lake, and La Fille Mal Gardée.

ALTHOUGH MORE COULD HAVE BEEN DONE TO MAKE GILLIAN’S SMILE “PERFECT,” SHE HAD SPECIFICALLY REQUESTED THAT HER TEETH BE MADE TO LOOK AS NATURAL AS POSSIBLE, AND HAD SAID THAT SHE DID NOT MIND SMALL IRREGULARITIES IN HER EXISTING NATURAL TEETH. ACCORDINGLY, HER AESTHETIC TEAM HONORED HER REQUEST TO PROVIDE MINIMAL DENTISTRY WITH OPTIMAL RESULTS.
A Pioneer’s Perspective on the Origins of the Esthetic Revolution

Dr. Ronald E. Goldstein

Global Health Nexus (GHN): Dr. Goldstein, how did your approach to esthetic dentistry evolve?

Dr. Goldstein: After I completed the first two studies on factors motivating dentists toward esthetics in dentistry, published in The Journal of Prosthetic Dentistry in 1968, I began to map out a concept of what needed to be done in order to expand dentistry’s preoccupation with occlusion and function of the stomatognathic system in order to incorporate esthetics as well. I then spent seven years working on what would become the first comprehensive interdisciplinary textbook on esthetic dentistry, Esthetics in Dentistry (J.P. Lippincott Publishing, 1976; B.C. Decker Publishing, 1998), which addressed the role of each dental specialty, plus plastic surgery and cosmetology, in making the total face more attractive. This was followed by Change Your Smile (Quintessence Publishing, 1984), a comprehensive consumer guide written in response to a thirst for knowledge that had been stoked by the media.

GHN: What role did consumer demand play in dentistry’s decision to embrace esthetics?

Dr. Goldstein: Beginning in the mid-1960s, consumers began to feel that gold and silver restorations were no longer attractive or natural looking, especially given the “black smiles” that silver produced. So, in order to satisfy the patient’s desire for a more attractive smile, dentists began to experiment with tooth-colored filling materials which were esthetically attractive, but which failed miserably in life expectancy.

Then, in 1965, I received a call from Dr. Michael Buonocore, a co-inventor of the BisGMA formula, who told me that he and Dr. Raphael Bowen had developed a material that would repair fractured teeth, and they wanted to know what else it might be used for esthetically. My challenge was to come up with various esthetic techniques and to let him know specifically which ones endured over a period of time. In fact, when I received the first batches of the material, there was no manufacturer’s name attached to the labeling. (The material later became known as 3M’s Addent.) You cannot believe how excited I was to be utilizing material that enabled us to achieve immediate transformations of esthetic deformities. This is when we came up with techniques such as closing spaces, building out teeth to create the illusion of straighter teeth, and masking discolored teeth.

I still recall the excitement of dentists when I reported my five-year results, showing that not only was instant transformation possible, but that it held up as well. However, the polishability, staining, and self-curing nature of the composites were limiting factors. This motivated manufacturers to develop microfill to be used in “sandwich techniques” to make the restorations look better.

This still left the problem of the self-cured restorations, which cured too fast and were difficult for dentists to use.
You had to work extremely fast to get the desired shape. So experimentation continued and in 1972 the next advance arrived: light-cured composites. This time I received a call from L. D. Caulk, announcing that they had developed a material that could be cured with an ultraviolet light, and informing me that they were sending me a prototype of the first curing light, and that I would have 90 days to evaluate it. When the light arrived, it was actually chained to a courier, and he would not take the chain off the package until he was ushered into my operatory and could release it into my personal care. This was a huge ultraviolet light, using a material called Nuvafile, but the results were spectacular. Despite a negative response from the profession, I predicted that these lights would be effective, and they have since far exceeded my predictions to become the gold standard for functional and esthetic procedures today.

**GHN:** In addition to the shift in emphasis from function to esthetics in dentistry and the advent of improved materials, what other factors helped bring about the esthetic revolution?

**Dr. Goldstein:** The economics of esthetic dentistry also helped to popularize the field. Suddenly, people who could not afford gold restorations and did not like the appearance of silver were able to have a bonded restoration for 20 to 25 percent of the cost of a crown. And even if the restoration had to be replaced later, it was still more affordable than the cost of one crown.

Finally, the ability to show patients what they would look like prior to treatment, using computer imaging or “trial smiles,” has been a major factor in helping to convince Americans that, by giving them great smiles, dentists could enhance their appearance and self esteem—a skill previously associated mainly with plastic surgeons.

**GHN:** As the esthetic revolution has advanced, have there been drawbacks?

**Dr. Goldstein:** Once a national conversation about dental esthetics got under way, much of the information being disseminated was inaccurate, not easily accessible, or the results shown in the media were not reproducible. Moreover, not all dentists are equally proficient in esthetics. There were and still are many costly esthetic failures, with a loss to patients of approximately $13 billion annually. In a course I teach called “Esthetic Failures,” I am adamant that as a profession we need to do a better job of referring patients for esthetic dentistry to the most skilled professionals. Indeed, I always tell consumers: “Match your desire for esthetic dentistry with the dentist’s ability to provide it for you.”

We also need to do a better job training our colleagues to recognize, and avoid, patients who are body dysmorphic—who believe that by changing their smiles, all the problems in their lives will be solved. In those cases, failure is virtually guaranteed.

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**Dr. Goldstein,** the inaugural recipient of the NYU Irwin Smigel Prize in Aesthetic Dentistry, is a cofounder and past president of the American Academy of Esthetic Dentistry, a past president of the International Federation for Esthetic Dentistry, and holds professorships at the Medical College of Georgia, the University of Southern California, Boston University, and the University of Texas Health Science Center.
Global Health Nexus (GHN): Based on your 30 years in practice, what would you say has been the biggest boon to dentists in their quest for aesthetic perfection?

Dr. Mopper: That would have to be composites. I am convinced that composites are dentistry’s most versatile material. Not only in the quest for aesthetic perfection, but in all areas of restorative dentistry, I believe that composites yield the best possible results.

I have found composites to be more biologically compatible than all other dental materials, when used properly. In observing the effects of composites in patients over decades, I have found minimal recession of tissue, no appearance of toxicity, and that the gingival tissue responds to the direct composite resin in a manner similar to normal tooth structure. Another benefit of using composite resins is that they allow the dentist to fabricate the tooth structure directly in the patient’s mouth, without sending it to a lab. This puts the dentist in control of the material and minimizes the need for laboratory fabrication. Since lab fees are always going up, this is a practice management plus.

Composite resins are here to stay; they are getting stronger all the time; and they offer many more uses than just veneers. Dentists should be able to use them for virtually any restorative or aesthetic procedure, including class 3, 4, and 5 restorations, a diastoma closure, to invisibly restore an enamel defect, or for any desired restorative orthodontic technique.

GHN: Are there any problems using composites?

Dr. Mopper: Problems arise because many dentists don’t have a sufficient understanding of the science of composites and how to use them to achieve consistent, reliable, durable results every time. Instead of mastering one system, there is a tendency to switch every few years, whenever a new system comes along. This is a case where overreliance on new technology can be counterproductive.

Another problem is the belief that there’s one material that can do the job. The reality is that no one material can produce a perfect aesthetic result.
What’s required is a combination of multiple composite materials that have different properties in order to achieve an optimal aesthetic result. For example, microfill is a very important part of the system because it replicates the enamel structure beautifully. Hybrid is a necessary component as well, because it replicates the dentin both in strength and opacity. So the use of the two materials in combination provides the best possible results. I’m very proud to have played a role in producing many of the composite materials now available that allow dentists to achieve any color, any opacity, any translucency necessary to create a realistic tooth surface and accurate morphology.

**GHN:** How would you sum up your philosophy of aesthetic dentistry?

**Dr. Mopper:** My philosophy is very simple: Aesthetic dentistry is both an art and a science. The art depends on the skill of the dentist and the science on understanding composites and the proper application of these materials. The key is continuing education based on materials that are systematic and concepts that are presented in a cookbook-type format that demystifies the process and makes it easily accessible.

**GHN:** Now, let’s say that the dentist has mastered the art and science of composite resins. The next step is getting the patient to say yes. What is your approach?

**Dr. Mopper:** Patients select a dentist because they believe that person to be an expert in the field. Show the patient that you care. Listen to the patient and to the patient’s expectations. Then express confidence in your ability to give the patient what he or she wants and outline the benefits of your proposed treatment plan. Show the patient many examples of your treatment results and especially those that relate to the treatment that you have proposed for the patient.

But actions speak louder than words, so I also recommend demonstrating your expertise by creating a mock-up of the aesthetic results directly in the patient’s mouth. You can do this with an intraoral camera and imaging, but I don’t think it has the same impact. Using a material called “show off,” which self-adheres to the tooth structure, I prepare a three-dimensional mock-up that very rapidly shows patients what they will look like. Fully 99 percent of my patients say yes on the spot.

**Dr. Mopper,** the 2003 recipient of the NYU Irwin Smigel Prize in Aesthetic Dentistry, is Cofounder and Chairman of Cosmedent, Inc., an Illinois-based corporation dedicated to training dentists in the field of aesthetic dentistry and to developing and marketing aesthetic dental materials to the profession.
In the early 1980s, aesthetic dentistry was still considered by some people to be “experimental.” Today it is a highly respected practice modality embraced by both the profession and the public, and its influence is felt everywhere, from supermarkets and pharmacies to the latest reality-based television shows. Aesthetic dentistry is here to stay; indeed, it is the future of dentistry. But what accounts for its tremendous, ever-increasing popularity?

The best answer is probably America’s quest for a fountain of youth. People want to look better, to feel better, to BE better, and aesthetic dentistry offers them the opportunity to fulfill these desires. A synonym for aesthetic dentistry might be “self-esteem dentistry,” and it rests on a new equation: Dentistry = Science + Beauty. Because of better methods of prevention and treatment, people today have less decay, less periodontal disease, less loss of teeth than ever before. Therefore, dental procedures have become more elective, and, if this trend continues, as it no doubt will, it is predictable that dentistry’s primary goal in the future will be to enhance smiles.

What makes a successful aesthetic dentist? As with any business or profession, success depends on commitment — a commitment to excellence, and to the acquisition of top-notch clinical, business, and leadership skills. Gaining knowledge and keeping current are vital to success, along with an ability to implement sound, proven business principles and to demonstrate strong leadership skills.

Within the field of aesthetic dentistry, continuing education at the lecture, demonstration, and hands-on levels is easily accessible, both nationally and internationally. For example, the programs that I conduct at NYU, in Palm Beach,

Dr. Larry Rosenthal, DDS

Dr. Larry Rosenthal, a 1972 graduate of NYUCD, has one of the busiest, most glamorous private practices in the world and teaches postgraduate courses on advanced aesthetics at the NYU College of Dentistry. He is the principal benefactor of the Larry Rosenthal Institute for Aesthetic Dentistry at NYU, and is widely recognized for his ability to market the benefits of aesthetic dentistry to the public. Below, Dr. Rosenthal talks about the qualities that make a successful aesthetic dentist.
Indianapolis, and London, all provide high-quality, hands-on opportunities for dentists to gain the most up-to-date knowledge about treatment planning and diagnosis, with special emphasis on technical knowledge, preparation, smile design, and occlusal principles.

Sound business principles are also a key ingredient in success, although they are frequently overlooked. Many practices are conducted as if they were non-profit organizations, which they most certainly are not! Often dentists think that because they have a dental degree, they are immune from the need for business knowledge. Our profession is laden with practices debilitated by huge debt, overhead, and accounts receivable. Having or acquiring good business acumen is critical to success in general, and particularly for success in aesthetic dentistry, because of the unique opportunities the field offers in terms of marketing, promotion, and internal systems structure.

Should dentists expect automatically to know all there is to know? Absolutely not! But we should be willing to admit that there is more to learn than we already know and also be wise enough to invest in gaining knowledge from those who know more. As Disraeli said, “To be conscious that you are ignorant of the facts is a great step toward knowledge.” We are privileged to have outstanding management leaders in our profession: Cathy Jameson, Bill Blatchford, and Bobbi Anthony are among the many who have helped hundreds of dental offices across the globe to become more successful.

The third ingredient for success is a determination to develop leadership skills. For some, leadership comes comfortably and naturally. For most, it is an acquired skill that takes time and commitment. Successful leaders are learners! Becoming a strong leader requires patience! It is akin to investing in the stock market: If one hopes to make a fortune in a day, he or she is not likely to succeed. Continued, methodical, consistent investment in acquiring leadership skills will yield the knowledge needed for dentists to successfully navigate their practices through the changing tides of the health-care marketplace.

Our willingness to embrace this model or our reluctance to commit to it sends a clear signal of the depth of our motivation and the strength of our aspirations. Knowledge is freedom and does not come without a price; it costs time, energy, and money. Are you willing to pay?
NYUCD’s new predoctoral curriculum recognizes that the process of training clinically competent, 21st century dentists, requires exposing students early in their professional education to how new knowledge in aesthetic dentistry is gained, how to evaluate new materials and new diagnostic techniques as they become available, and how to keep pace with the oral health needs and desires created by changing demographics and technologies.

Accordingly, students in their second year take a standardized, preclinical aesthetics course as a first step in preparing them to become knowledgeable in diagnosing and treating patients who require aesthetic procedures. The course, taught in our new, state-of-the-art simulation facility, begins with an introduction to aesthetic smile design and smile analysis, and includes a focus on the aesthetic principles and concepts to be followed in creating aesthetically pleasing smiles. Students also learn when to treat a patient, when to refer the patient to a specialist, and when multi-specialist treatment is indicated. They learn how to communicate with the laboratory technician, how to achieve color modifications and case evaluation as a therapeutic alternative, and the differences in aesthetic dentistry techniques for adult, geriatric, and pediatric patients.

But since the art of aesthetic dentistry is a lot more than simply knowing the techniques, students are also taught to be aware of and to manage patient expectations which may extend beyond the limits of appropriate dental care and the capabilities of available dental materials. For example, if a patient requests the removal of a gold or silver filling without a diagnosis of caries or fracture, it is the student’s responsibility to tell the patient that to do so would be unethical and unprofessional. In most cases, however, restorative aesthetic procedures are indeed indicated, and students learn how to sequence and carry out the treatment.

In addition to allowing students to learn the conventional methods of preparing and fabricating tooth-colored restorative materials, including inlays, onlays, and ceramic crowns, the preclinical course includes CAD/CAM (computer-aided design and computer-aided manufacture) technology, thereby providing students with hands-on training in fabricating a tooth restoration in a matter of minutes after an optical impression of the tooth has been made. Students practice designing these restorations on their own computers with the same ceramic restoration software, CEREC 3, which is used chairside in our clinics. In the coming year, an updated version of CEREC, CEREC 3D, will be included in the VitalBook™ Technology system — a completely digital curriculum, which all NYUCD students now use. After each semester students trade in their old DVD for an updated version of the entire curriculum.
This leap in technology allows us to continually monitor and evaluate how information is transmitted to students and to ask what meaningful changes should be made in the course. For example, for the first time in the history of any of the predoctoral programs, we were able to produce digital recordings of the procedures the students performed in the course. These procedures will be included in next year’s DVD, so that students may own a reference copy of a variety of preclinical and clinical procedures that they will be able to preview before the course begins and to review before the exam. Prior to the introduction of the video DVD, preclinical demonstration videos were viewed only once by the students. The opportunity for repeated viewings will be especially valuable for third- and fourth-year students, who are preparing to perform these procedures on patients. In addition, video snippets of procedures are being converted to PDA (personal digital assistant or hand-held device) formats to further expand our students’ access to information and technology.

All of these innovations are adding a new dimension to preclinical aesthetic dentistry education for both students and faculty, who view them as enhancing dentistry’s ability to meet the ever-evolving needs of patients.

The author wishes to thank Dr. Elise Eisenberg, Director of Dental Informatics, and the NYUCD Department of Audiovisual Services for their help in integrating computer-assisted learning technologies into the preclinical course in aesthetics.

The Color Question

What method would you like your dentist to use to select the perfect shade for your veneers? The dentist can either use his or her naked eye to select among conventional shade tabs and hope that the dental technician matches it correctly, or he or she can go high-tech by using computer-integrated technology to digitally analyze and verify the exact shade of surrounding teeth in order to get an exact mapping of the color for duplication.

This is an area in which Dr. Stephen Chu is an expert. A Clinical Assistant Professor of Implant Dentistry and Director of the Advanced Education and International Study Programs in Aesthetic Dentistry at NYUCD, Dr. Chu has written a book called The Fundamentals of Color: Understanding Color Theory, Shade Matching, and Color Communication in Dentistry, to be published in June 2004 by Quintessence Publishing.

Two years ago Dr. Chu completed the first clinical trials on patients using a reliable science laboratory instrument, a spectrophotometer, to literally throw light at the tooth in order to create a perfect map of its color. According to Dr. Chu, this new technology saves time and money for both the patient and the dentist since it not only creates a perfect color match, but also is less expensive than custom-coloring a tooth by hand.

There is only one drawback. At $6,000-$10,000 per unit, purchasing a spectrophotometer is currently quite costly. So while Dr. Chu is convinced that the technology is a boon to aesthetic dentists and their patients, he feels that it has to become more affordable in order to be adopted by large numbers of practitioners.

“Once the unit becomes more user-friendly from a cost standpoint, I predict that it will gain wide acceptance,” he says.
Since 1991, I have participated in annual summer outreach missions to underserved areas in Mexico sponsored by the Universidad Nacional Autonoma de Mexico in Mexico City. Led by the Chairman of the Department of Oral and Maxillofacial Surgery, Dr. Rafael Ruiz Rodriguez, and its Residency Director, Dr. Juan Carlos Lopez Noriega, last year’s trip was a whirlwind, two-day mission to provide care for 76 cleft lip and palate patients at Manuel DeCampos Hospital in the Yucatan City of Campeche, Mexico. During our stay, a remarkable thing happened.

A woman who had had cleft palate surgery at the hospital 17 years earlier returned to the operating room to try to assuage the fears of current patients awaiting this life-changing operation. Her goal was to calm our patients by relating how she had recovered not just from the facial deformities associated with her condition, but also from the psychological scars it can create. Cleft palate patients tend to suffer
from depression, panic, and agoraphobia. Watching this now confident young woman, who aspires to become an oral surgeon herself, was a deeply moving experience for me, my senior oral and maxillofacial surgery resident, Dr. David L. Hirsch, Class of 2000, and our team of seven oral and maxillofacial surgeons from the University of Mexico as we worked 18-hour days to treat patients ranging in age from newborns to people in their late twenties.

In Mexico, as in other Latin American countries, a combination of genetic and environmental factors is believed to cause a high incidence of cleft lip and palate deformities, creating a demand for treatment far exceeding available resources. Cleft palate is a birth defect of the mouth. It occurs when the palate does not grow as expected during fetal development. This leaves an opening, or cleft, in the roof of the mouth that may go through to the nasal cavity. Cleft lip is one or more splits in the upper lip. These can range from a small indentation to a split in the lip that may extend up into one or both nostrils. Both conditions can cause a host of related problems, including eating problems, ear infection and hearing loss, speech problems, and dental problems, such as missing, extra, malformed, or displaced teeth requiring dental and orthodontic treatment.

Primary cleft lip surgery restores lip function and anatomical features, restores nose form and function, limits growth abnormalities, minimizes scar formation, improves maxillary alveolar segment alignment and, most importantly, minimizes the psychological impact on the patient and his or her family. Primary cleft palate surgery creates a functional palate, which is crucial for normal speech development, and improves Eustachian tube and middle ear function. Corrective maxillofacial surgery, coupled with plastic surgery and treatment by other specialists to correct related health problems, allows patients to achieve a sense of normalcy and to become better integrated into society.

On our trip to Mexico, I brought sutures, anesthesia tubes, blades, plates, and screws to help augment the limited supplies available at Campeche’s hospital. But outreach missions and supplies alone are not enough. Given the great demand for treatment and the limited amount of resources available in Mexico and other developing countries, NYUCD plans to create a formal exchange program with the Universidad Nacional Autonoma de Mexico, which will allow our residents to travel to Mexico to help treat that country’s large population of cleft palate patients, and Mexican residents to come to NYUCD to learn different treatment methods, such as new approaches to reconstructive and orthognathic surgery. As a matter of fact, last September we had two oral and maxillofacial surgery residents from Mexico with us at NYU. For millions of cleft lip and palate sufferers worldwide, such study-abroad programs hold the key to a profoundly improved quality of life.
NYUCD has become the first dental school in the United States to implement a full, four-year curriculum in terrorism preparedness training that all dental students must take in order to graduate. “Our reasoning is based on two premises,” said Dean Alfano. “First, that the country is vulnerable to catastrophic events originating as natural disasters, industrial accidents, or terrorist crimes; and second, that all graduates must know the early warning signs and symptoms of attack along with appropriate ways to respond to the needs of patients and staff, as well as how to interact with other health professionals and first responders to strengthen the community response.”

Dr. Dianne Rekow, Director of Translational Research and Chairperson of NYUCD’s Bioterrorism and Catastrophe Response Task Force, led the development of the bioterrorism preparedness curriculum. Other faculty members who played key roles in the project include Dr. Frederick More, Professor of Epidemiology & Health Promotion and of Pediatric Dentistry; Dr. Robert Boylan, Associate Professor of Basic Science and Craniofacial Biology; Dr. Joan Phelan, Professor and Chairperson of the Department of Oral Pathology; Dr. Miriam Robbins, Clinical Associate Professor of Oral Medicine and Coordinator of Emergency Dental Services; and Dr. Walter J. Psoter, Assistant Professor of Epidemiology & Health Promotion.

“The program is designed to educate as well as to prepare future dentists to participate fully in community, state, and national biodefense teams,” said Dr. Rekow.

In fall 2003, students in all four years of the curriculum began to learn specific aspects of terrorism preparedness and response. In their freshman year, in the ethics program, they learn about the ethical responsibilities of a dentist to society, and they also learn the emergency response behaviors to follow within the college, with regard to fire, infection control, evacuation, and shelter-in-place requirements. Sophomores study general pathology and infectious diseases, with the goal of becoming knowledgeable about potential agents of bioterror (microbial, radiation, chemical), their actions and human responses. Students in their junior year study clinical signs of bioterror agents in order to identify the signs and symptoms that signal a bioterrorist attack. They also perform differential diagnosis between response to natural and to bioterror agents, and become knowledgeable about vaccination and antidote availability and Army instructors demonstrate personal protective gear.
policies. And seniors learn how to assess risk of attack, identify potential agents and how they might be used, describe likely modes of dissemination, identify signs and symptoms, communicate information to patients and the community, and consider their role in national, state, and local preparations and responses. In addition, a practice management course addresses office equipment and staff training in biodefense.

Six second- and third-year students at the NYU College of Dentistry got a preview of things to come last summer when they participated in a week-long Army training course at Fort Sam Houston, Texas, on the medical management of chemical, biological, radiological, and nuclear agent threats. The program was conducted in cooperation with the Associated Medical Schools of New York (AMS).

In another example of civilian-military collaboration, NYUCD cosponsored a weekend conference entitled “New York City CBRNE (Chemical, Biological, Radiological, Nuclear, Explosive) Training for Emergency Responders & Medical Professionals” in January 2004. Cospromoters included the New York City Department of Health & Mental Hygiene, US AMEDDC & S, New York Critical Response Medical Service, Associated Medical Schools of New York, and the US Army Medical Detachment, 1st Recruiting Brigade. NYUCD’s plans call for continuing to work closely with the military, the New York City Department of Health and Mental Hygiene, and other medical and public safety professionals, to build a cadre of dental graduates who will be able to respond appropriately within their communities in the event of a catastrophic public health crisis.

The New York State Dental Foundation Unveils New Bioterrorism Course at NYUCD

The New York State Dental Foundation unveiled its new bioterrorism course, “Taking Action: Preparing the Dental Team Against Bioterrorism,” on November 7, 2003, at NYUCD. The course carries three mandatory continuing education credits. The course was developed for the foundation by NYUCD experts in the field of terrorism preparedness. It will be presented throughout New York State beginning in early 2004.

The objective of the course is to empower the dental team to recognize warning signs of an attack, the appropriate response to an attack, and the clinical symptoms of potential agents. NYUCD faculty who have signed on to teach the course include Dr. Rekow, Dr. More, Dr. Boylan, Dr. Phelan, Dr. Robbins, and Dr. Psoter, along with Dr. Ryan McCafferty, a 2003 graduate of the MS Program in Clinical Research and a first-year resident in the Advanced Education Program in Endodontics.
NYUCD and GNYDM Partnership Broadcasts First Live Patient Demonstration at Major Dental Congress

For the first time in the Greater New York Dental Meeting’s 79-year history, participants attending the 2003 meeting had access to a live, interactive dental videoconference, courtesy of an NYUCD program featuring an implant procedure performed and broadcast live from the Rosenthal Institute for Aesthetic Dentistry to the Javits Center, site of the GNYDM, one of the largest annual dental congresses in the world.

The three-hour, continuing education program, entitled “Critical Factors in Implant Esthetics and Ridge Preservation,” showed Dr. Nicholas Elian, Clinical Assistant Professor of Implant Dentistry and Director of the Implant Dentistry Program, using the Rosenthal Institute facilities to perform an implant overdenture procedure on a patient, while Dr. Dennis P. Tarnow, Professor and Chairman of the Ashman Department of Implant Dentistry, simultaneously narrated the program from the Javits Center.

The program was offered free of charge to NYUCD alumni donors. Immediately following the live videoconference, alumni donors were invited to be Dean Alfano’s guests at a special luncheon featuring remarks by former First Lady Barbara Bush.

“Since I assumed the deanship in 1998,” said Dean Alfano, “alumni contributions to the College have more than doubled. Inviting alumni donors to the videoconference and luncheon as my guests enabled me to say ‘thank you’ for their steadfast support which has propelled NYUCD’s great progress over the past several years.

“Special thanks are due to GNYDM Executive Director Dr. Howard Lieb for helping to make the videoconference possible, and to both the Colgate-Palmolive Company and Henry Schein, Inc., for enabling NYUCD to cosponsor the Barbara Bush Celebrity Luncheon.”

Dean Alfano gives invocation at Barbara Bush Celebrity Luncheon. At center is GNYDM Executive Director Dr. Howard Lieb.
Friends of the NIDCR’S Media Award of Excellence
Presented to New York City Broadcaster Sam Champion

Award Recognizes Efforts to Leverage the Media to Promote Improved Public Health

The Friends of the National Institute of Dental and Craniofacial Research (FNIDCR) has presented its 2003 Media Award of Excellence to ABC7 New York meteorologist Sam Champion. The award is presented annually to a journalist “who has demonstrated distinction in reporting on craniofacial, oral, and dental health research and/or in disseminating oral health information.” The award was presented at the annual Gala of the FNIDCR held at the National Press Club in Washington, D.C., in November.

Mr. Champion, one of the tri-state area’s most-watched news personalities, was recognized for his “enthusiastic on-air features on oral health, including the interactions of diabetes and oral health and the possible role of periodontal disease in preterm birth, and his long-standing work with the Oral Cancer Consortium in which he aggressively promotes the importance of oral cancer exams to help reduce the 50 percent mortality from this killer disease.”

Dean Alfano nominated Mr. Champion for the award and presented it to him on a videotape shown at the gala. In presenting the award, Dean Alfano spoke of Mr. Champion’s deep commitment to improved access to health care for needy New Yorkers.

Mr. Champion responded by saying that he felt “privileged to work with NYUCD and the Oral Cancer Consortium” and expressed his hope that the relationship would continue “for years and years and years.”
NYUCD was both the site and a cosponsor for an international oral medicine symposium held in Saklad Auditorium in November, when the American Academy of Oral Medicine, NYUCD, and the New York County Dental Society cosponsored “Oral Medicine Symposium: A Practical, State-of-the-Art Review,” a two-day forum dedicated to helping dentists face the challenge of providing care for patients with medical, salivary, and chronic facial pain problems. One hundred and forty-six dentists from eight countries and 21 states participated in the symposium, which was organized by Dr. David Sirois, Associate Professor of Oral Medicine and of Diagnostic Science and Urgent Care, and Chairman of the Department of Oral Medicine.

The program focused on topics in four major categories: oral cancer and tobacco cessation, medicine and pharmacology, oral mucosal diseases, and chronic orofacial pain. According to Dr. Sirois, “In addition to providing primary care directed toward the dentition and periodontium, every dentist will face the challenge of helping patients with oral health problems that may include oral cancer, xerostomia (dry mouth), risk factors for systemic illness, and many kinds of pain. As an educational institution, NYUCD has a responsibility to help shape, in partnership with organized dentistry, the knowledge base in this area and to provide the tools to help dentists better serve their patients.”
NIDCR Director Argues for Multidisciplinary Training in a Post-Genomic Age

In a talk at NYUCD entitled “The Post-Genomic Era Enters the Mouth,” NIDCR Director Dr. Lawrence Tabak told students and faculty that dental schools should make it a priority to recruit students who are interested in scientific inquiry, and should partner with schools of medicine, engineering, and public health to ensure that dentists are trained in multidisciplinary research in order to understand the many factors contributing to oral, craniofacial, and dental diseases. “Science must be valued throughout all four years of the curriculum,” he said, “it cannot be something to be ‘gotten over with’ before getting into the clinic.”

“Multidisciplinary research is also essential,” he added, “if dentistry is to play a role in follow-up studies emerging from the Human Genome Project, such as the effort to detect cancer through DNA analysis of saliva.”

Associate Dean for Research Dr. Louis Terracio, whose office sponsored Dr. Tabak’s presentation, noted that the NIDCR recently awarded NYUCD a $147,500 grant to analyze approaches to expand its recruitment and training of researchers and its collaborations with other schools and research institutions (see article page 53).

NIDCR’s Education and Clinical Affairs Directors Also Pay a Visit

Education and training opportunities available through the NIDCR were the focus of a recent talk by Dr. Sharon Gordon, above. Dr. Gordon, Education Director of the NIDCR, received a plaque from the NYUCD Student Research Group honoring her dedication to education and scientific research. Her colleague at the federal agency, Clinical Director Dr. Raymond Dionne, spoke about his research in the area of novel therapeutic agents and neurohumoral responses to acute pain and surgical stress.
Update on GME Funding Battle: A Bittersweet Victory

Had the ruling stood, it would have removed millions of dollars in federal GME funds from 40 dental schools retroactively! The consequences for NYUCD would have included a drastic reduction in the number of available residency slots, cuts in programs and services for both students and patients, budget deficits, and large layoffs.

Ultimately, CMS agreed to eliminate the retroactive aspects of the proposed rule and to honor commitments to dental residents who entered residency programs on or before October 1, 2003, through the end of their residencies or for three years, whichever comes first. As a result, budget deficits at NYUCD were eliminated and disastrous consequences avoided. However, in October 2006, the GME program will formally end, and the intent of Congress in establishing dental GME through the Balanced Budget Act of 1997 — to encourage and support the expansion of dental residency training programs in nonhospital locations — will be voided.

Health Care E-Marketing and E-Learning Pioneer Joins Dean’s Advisory Council

Stephen Sweeney, the founder, President, and CEO of Montage Media Corporation, a multimedia marketing firm for health-care product manufacturers, and also of Mindspan, a company specializing in interactive brand promotion and physician/dentist learning, has joined the NYUCD Dean’s Advisory Council. The Advisory Council, a group of distinguished business leaders, alumni, and friends of the College, was established last spring to advise Dean Alfano on ways to create the larger circle of advocacy and philanthropic support required to keep the College moving forward so rapidly.

“Steve Sweeney is an innovator in the areas of e-marketing and e-learning, and publishes what are arguably the best illustrated magazines in dentistry,” said Dean Alfano. “He is a great addition to the Dean’s Advisory Council as we seek to advance NYUCD’s ability to influence the nature of dental learning and practice.”
The NYU College of Dentistry and the Colgate-Palmolive Company have teamed up their respective mobile dental van programs to expand access to essential dental services for medically underserved, local school children.

Under the new partnership, children will be screened on board Colgate’s *Bright Smiles, Bright Futures* (BSBF) van. They will then be escorted directly to the NYU *Smiling Faces, Going Places* van to receive comprehensive dental services based on the screening results. Children will also watch a fun and educational video on dental care and will receive a free dental care kit with a Colgate toothbrush and toothpaste, as well as brushing instructions.

“The goal of the Colgate *Bright Smiles, Bright Futures* program is to reach children and families who are in need of oral health education and preventive services to reduce oral health problems that affect children,” said Dr. Marsha E. Butler, Vice President of Global Relations and Professional Marketing for Colgate-Palmolive, and BSBF founder. “We are pleased that we are able to partner with the NYU mobile care program so we can reach even more children in New York City and get closer to our goal of reaching 100 million children worldwide by the year 2010,” she concluded.

Added Dean Alfano, “By leveraging the resources of our respective mobile dental vans, more care will be provided more quickly to greater numbers of needy children. We are proud to partner with Colgate to ensure that more of our city’s youngsters get the health care they deserve.”
Waldmann Memorial Library Moves to Larger Facilities at the Manhattan VA Medical Center

In recent years, the Waldmann Memorial Library has swallowed up acres of cyberspace for its online collection of 6,000 electronic journals and over 100 bibliographic databases, but the windowless library located on the lower level of the Schwartz Hall of Dental Sciences had remained virtually unchanged since it opened in 1978. Then, last September, the physical space caught up with the virtual one, as the library moved into spacious new quarters on the second floor of the Manhattan Veterans Administration Medical Center located directly across the street from the college.

“We’ve melded virtual reality with on-the-ground technology,” said Waldmann Library Director Van B. Afes, as he surveyed the impressive glass-enclosed reading room where each seat is neatly appointed with a semi-private glass partition, Internet access, and laptop wiring.

The 8,000-square-foot new Library Technology and Study Center — home to 25,000 books on dentistry and related subjects, 575 professional journals, and 2,500 electronic textbooks — seats 158 students, more than double the old library’s seating capacity, has six group study rooms and a computer training laboratory, and is open 24 hours a day, seven days a week.

“By relocating the Waldmann Library to a larger, more professional environment,” said Dean Alfano, “NYUCD has provided optimal space for a collection that reflects the state of oral health science, improved services for students, faculty, and staff, and expanded information technology.”
Dr. Augustus Elias, Director of Research at the University of Puerto Rico School of Dentistry, has won the 2003 RAAHPer of the Year Award, presented annually by the NYU Oral Cancer Research for Adolescent and Adult Health Promotion (RAAHP) Center to the individual who has excelled in RAAHP Center activities during the preceding year. The RAAHP Center was established in 2001, with a seven-year, $8.3 million grant from the NIH to investigate why African Americans and Hispanics have a higher incidence of oral cancer and higher mortality rates from oral cancer than other groups.

The award was presented at the RAAHP Center’s annual banquet for the External Advisory Board, a dinner preceding a two-day working meeting which reviewed the progress of the NYU Oral Cancer RAAHP Center to date, and this year also featured guest speakers on oral cancer from India and Sri Lanka/England, as well as from the NYU School of Medicine's Center for Immigrant Health.

In presenting the award to Dr. Elias, Dr. Ralph V. Katz, Director of the RAAHP Center and Professor and Chairman of the Department of Epidemiology & Health Promotion, said: “Dr. Elias’s vision, scientific interests, and administrative diligence not only have made the University of Puerto Rico our major partner in the RAAHP Center, they have also been central in making our RAAHP Center a reality for all 48 participants at the 15 collaborating universities and agencies. Simply put, without Dr. Elias there would not have been, could not have been, an NYU Oral Cancer RAAHP Center. Tonight we thank him, and honor him.”
Aiming High: First Graduates of MS Program in Clinical Research

Last spring Drs. Ryan McCafferty and Hanae Saito became the first graduates of a program especially designed for a small group of students with big ambitions — the MS Program in Clinical Research. “Most dental school graduates choose among private practice, research, or teaching,” says Dr. Saito. “I wanted all three. That’s why I chose the MS Program in Clinical Research.”

Today Dr. Saito, who briefly practiced dentistry in Japan after receiving her dental degree in 2000 from the Iwate Medical University School of Dentistry, is honing her research and teaching skills at the Bluestone Center for Clinical Research, where she is a Senior Research Fellow. She helps manage clinical trials and mentors students from the MS Program in Clinical Research.

Dr. McCafferty says that the program inspired him to carve out a particular niche as an endodontist. “An endodontist with a master’s degree in clinical research is a valuable commodity,” explains Dr. McCafferty, now a first-year student in NYUCD’s postgraduate program in endodontics. “I don’t think there is anyone else in the country pursuing this career track. It opens up more options for me. It helps me as a practitioner by empowering me to apply data more intelligently to patient care. It helps my career in academia, where an advanced degree is essential. And it’s great for my research career, since most people in the field don’t have a research degree and rely mainly on their on-the-job training.”

“Our program teaches students how to apply their critical thinking skills to real-life research,” says Dr. Ananda P. Dasanayake, Director of the MS Program in Clinical Research, which began in 2001 with just two students and has now grown to 16 students. Says Dr. Dasanayake, “Our current students come from all walks of life. They include physicians, dentists, computer scientists, agronomists, dental assistants, hygienists, and aspiring dentists. The common denominator is that they are all interested in clinical research.”

Adds Dr. Carla Dersarkissian, a second-year MS Program student who received her DDS degree from NYU in 2001, “I’ve learned that there are more options beyond the traditional career path that most dental school graduates pursue.”

Given the current shortage of trained clinical researchers in all health fields, the MS Program in Clinical Research comes at the right time. Industry-sponsored trials are expected to employ 56,000 principal investigators in 2005, up from 33,000 in 2000, according to an industry newsletter. Thousands more will be needed for government, academic, and other nonprofit-sponsored research.

The MS Program in Clinical Research prepares students for careers in any health field. “Although we have a responsibility to help meet the acute need for oral health researchers, we also want our students to be able to take advantage of the wide range of other career options available to them,” says Dr. Dasanayake. “Few programs provide such broad-based training.”
Give Kids A Smile Day
National Kick Off at NYUCD

For the second year in a row, NYUCD served as an official site for the American Dental Association’s (ADA’s) Give Kids A Smile (GKAS) kick off event on February 6 to call national attention to the silent epidemic of dental disease among underserved children. Hundreds of children received oral care at NYUCD’s Pediatric Clinic on Give Kids A Smile Day. The ADA estimated this nationwide initiative provided oral healthcare screening and treatment to more than one million underserved children.

Overall, thousands of sites across the country participated in the event to provide free pediatric dental services to needy children. In conjunction with the ADA and Long Island-based healthcare products distributor Henry Schein, Inc., NYUCD provided free check ups, X-rays, sealants, and custom-fitted mouth guards to all participating children. Each child also received a gift bag filled with oral care products. Four local television stations covered the event, including NBC and ABC in New York.

NYUCD Joins Tribute to City’s 9/11 Forensic Dentists

The second anniversary of the terrorist attack on the World Trade Center was the occasion for a ceremony in NYUCD’s Saklad Auditorium hosted by the Chief Medical Examiner of the City of New York to recognize 475 dentists who helped medical examiners identify more than 500 victims of the attack. The participating dentists were cited for their “outstanding service and extraordinary unselfish efforts as members of the Dental Identification Unit whose responsibility it was to identify the victims.”

Visiting the clinic (from l to r): ADA Treasurer Dr. Mark Feldman; ADA President-Elect Dr. Richard Haught; Henry Schein Chairman, Chief Executive Officer and President Stanley M. Bergman; ADA Executive Director Dr. James Bramson; and Dean Michael Alfano.
Dr. Frederick A. Curro, an academician, clinical researcher, and pharmacologist, has been appointed a Clinical Professor of Oral Medicine and Chief of Pharmacotherapeutic Research at the Bluestone Center for Clinical Research. Dr. Curro holds both a DMD degree and a PhD in pharmacology and chaired the Department of Pharmacology at Fairleigh Dickinson University College of Dental Medicine. He has also been appointed coordinator of NYUCD’s pharmacology program and a Clinical Professor of Oral Medicine.

Dr. Curro served most recently as Vice President/Director of Corporate Clinical and Medical Affairs at GlaxoSmithKline and at Block Drug Company, Inc., and as Executive Director of Clinical Research and Operations for biotechnology developer Transkaryotic Therapies, Inc., a Cambridge, Massachusetts-based proteomic/genetic biotechnology company.

In addition to his appointments at NYUCD, Dr. Curro will continue to serve as a consultant on clinical pharmacology and regulatory affairs to The Forsyth Institute and the Coast Guard Academy’s dental clinic in New London, Connecticut, and as a visiting professor at Tufts University School of Dental Medicine.
Dr. Ronald Katz, a member of the NYUCD faculty from 1996 to 1999, has rejoined NYUCD as a Clinical Associate Professor of Oral Medicine. Prior to returning to NYUCD, Dr. Katz was the John Richter Assistant Professor of Oral Pathology at the Columbia University School of Dental and Oral Surgery. Dr. Katz received his dental degree from Fairleigh Dickinson University School of Dental Medicine and a PhD in cellular and molecular biology from the University of Michigan, and was awarded an endocrinology fellowship from Emery University. He has been a principal investigator and a coinvestigator on a number of NIH grants and is the author or coauthor of over 20 papers in peer-reviewed publications. Dr. Katz’s research interests focus on mucosal diseases affecting the oral cavity, especially “burning tongue syndrome,” and on translational research in the use of pharmacotherapeutics for jawbone disease and the design of advanced bioactive coating for dental implants.

Dr. John L. Ricci
Appointed Associate Professor of Biomaterials and Biomimetics

Bioengineering expert Dr. John L. Ricci has joined the NYUCD faculty as an Associate Professor of Biomaterials and Biomimetics. Dr. Ricci comes to NYUCD from the University of Medicine and Dentistry of New Jersey, where he served as an Associate Professor of Orthopedics at UMDNJ’s medical school and as an Associate Professor of Prosthodontics and of Biomaterials/Restorative Dentistry at UMDNJ’s dental school. He was also an Associate Professor of Biomedical Engineering at Rutgers University and at City College of New York. Dr. Ricci received his PhD in anatomy from UMDNJ, where he also completed a postdoctoral fellowship in orthopedic surgery. He has published and lectured widely on modifying and texturing implant surfaces to increase their adhesion to bone tissue.
Last spring a group of young Brazilian orthodontists eager to pursue continuing education in the United States were looking for a customized program covering a wide range of topics presented by top experts from universities across the United States. Initially, they were not very optimistic. “We thought it would be difficult to find the right combination of classes, facilities, and instructors,” said Dr. Celestino Nobrega, International Program Director for Ortogeo, an independent Brazilian dental school where the orthodontists did their specialty training.

But after learning that NYUCD was working closely with groups of overseas dentists at its newly opened continuing education center housed in the Rosenthal Institute for Aesthetic Dentistry, Dr. Nobrega knew that he was moving in the right direction. Weeks later, Dr. Nobrega and 39 of his former students arrived for a one-week program created especially for them by NYUCD with participation by faculty members from the orthodontics departments at Boston University’s Goldman School of Dental Medicine, the University of the Pacific School of Dentistry, the University of Louisville School of Dentistry, the Louisiana State University School of Dentistry, and the University of Connecticut School of Dental Medicine. The program was organized by Assistant Dean for Continuing Education H. Kendall Beacham, in cooperation with Dr. Mladen M. Kufinec, Professor of Orthodontics and Director of NYUCD’s International Program in Orthodontics, and Dr. George J. Cisneros, Professor and Chairman of the Department of Orthodontics.
Workshops included a demonstration of Invisalign®, a method of teeth straightening without wires and brackets that is gaining wide acceptance in the U.S. but is not yet commonly used in Brazil; a seminar on the relationship between periodontics and orthodontics, both taught by Dr. Robert Boyd, Professor and Chairman of the Department of Orthodontics at the University of the Pacific School of Dentistry; and a class on the Bidimensional Technique, a system of brackets which allows orthodontists to fine-tune treatment for different parts of the mouth, presented by Dr. Anthony Gianelly, Professor and Chairman of the Department of Orthodontics at the Goldman School of Dental Medicine. The group also toured NYUCD’s orthodontics clinics. Describing himself and his group as “very satisfied with the courses,” Dr. Nobrega added that he plans to bring additional groups of Brazilian orthodontists to NYUCD to take advantage of the customized continuing education experience.
Korean Implant Program Alumni
Stay Connected through Continuing Education

Sang-Choon Cho, DDS, MS
Clinical Assistant Professor of Implant Dentistry

Dr. Sang-Choon Cho is a 1997 graduate of the Advanced Study Program in Implant Dentistry for International Dentists and a 2003 DDS Program graduate. Prior to coming to NYUCD, Dr. Cho earned a dental degree (1984) and a Master of Science degree (1991) from Kyung-Pook National University in South Korea, and practiced privately in South Korea for eight years.

The first thing a private practitioner in South Korea shows his visitors is usually a room in his office dedicated to ongoing training and education. “Korean dentists — especially NYUCD alumni — are passionate about continuing education,” said Dr. Yoonje Jang, a 1997 graduate of the Advanced Study Program in Implant Dentistry, as he pointed out a spacious classroom stocked with instructional CDs and videos during my trip to Korea last August with Dr. Stuart M. Hirsch, Associate Dean for Development and International Programs; Dr. Nicholas Elian, Director of the Implant Dentistry Program; and Mr. H. Kendall Beacham, Assistant Dean for Continuing Education. Enthusiasm for continuing education is a pivotal part of a competitive culture that has made many South Korean dental offices showcases for the latest digital technology, meticulously kept patient charts, and distinctive decor, some featuring waiting areas set amidst rock gardens and ponds brimming with exotic fish.

The high value that South Korean alumni place on keeping up with the latest advances in dentistry has led them to create a model for continuing education so successful that NYUCD alumni in other countries, including Italy, Taiwan, and Saudi Arabia, are working to emulate it. It was a desire to see this model first-hand that led Dr. Hirsch and Dr. Elian to invite me on their week-long trip to my native South Korea, where I helped to arrange meetings with graduates of our international implant dentistry program who have established study clubs over the past five years in the capital, Seoul, and in three other cities, Daegu, Inchon, and Pusan. Some 25 alumni train over 200 Korean dentists annually in these clubs, as well as in continuing education classes and brief seminars, including some accredited by the Korean Dental Association (KDA).

NYUCD wants to do all it can to help our international alumni to continue to build a cohesive network for advancing knowledge in their countries. Dr. Elian and I presented implant workshops at study club meetings in Seoul and Daegu, and invited attendees to NYUCD to participate in an intensive continuing education program covering the latest developments in implant dentistry. In addition, Dr. Hirsch nominated three Korean study club leaders — Drs. Dal-Joon Yoo, Hyung Goog Ko, and Yoonje Jang — for faculty positions at NYUCD; the Korean alumni group...
donated $15,000 for the purchase of a new implant dentistry operatory at NYUCD; and several Korean alumni participated in NYUCD’s annual international implant symposium in December 2003.

Each year increasing numbers of South Koreans enroll in advanced study programs for international dentists. There are a total of 25 Koreans enrolled in all advanced study programs at NYUCD this year, up from 14 in 1995, when I began my implant training. That year, I was one of five Koreans studying implant dentistry at NYUCD; today there are 20 Korean implant students, reflecting the attractive professional prospects for implant dentists in South Korea. Although some postgraduate Korean students arrive at NYUCD knowing implant technique, few have learned the scientific principles behind it. They find that learning the science helps them to develop comprehensive, multidisciplinary treatment plans.

While most of our international students go on to work in private practice, I hope that at least a few more will choose a teaching career, as I have. Students who come to NYUCD from South Korea and around the world are an inspiration to me. I see my interaction with them as a global exchange of ideas. To me, that’s what continuing dental education is all about.
In July 2003, I traveled to Mumbai (formerly Bombay), India, for 10 days on behalf of NYU’s Oral Cancer RAAHP Center to collaborate with Dr. Jyotsna Changrani, who had organized the trip, and Dr. Francesca Gany, both of the NYU School of Medicine’s Center for Immigrant Health, on its Smokeless Tobacco, Oral Pathology Prevention, and Awareness Network (STOP PANN) project. We were joined by Dr. Hetal Marfatia-Patel of the Mumbai-based Seth G.S. Medical College’s Department of Otolaryngology. Our objective was to train four medical students (two from the NYU School of Medicine and two from Seth G.S. Medical College) to conduct oral cancer examinations and to oversee the piloting of a survey instrument to be used to assess the demographics, knowledge, attitudes, and practices of South Asian immigrant populations in New York City with respect to their use of paan and gutkha, both forms of smokeless tobacco whose consumption is a deeply rooted cultural tradition in South Asia.

Paan, a form of betel quid, is a mixture of areca nut, slaked lime, spices, seeds, and tobacco wrapped in a betel leaf. Over the past decade, gutkha, a powdered or granulated mixture of tobacco, areca nut, limes, and spices, available in handy foil sachets, has also become immensely popular with both men and women across all socioeconomic levels. Importantly, the use of paan and gutkha has been clearly documented as a risk factor for oral cancer and precancer and both tobacco and areca nut have been shown to be independent risk factors for oral cancer and precancer. Since New York City is a magnet for the 1.67 million Asian
Indians, primarily Indians, Bangladeshis, and Pakistanis, who have made the United States their home, the need for public health interventions is critical.

I was also responsible for overseeing an oral cancer screening at the general out-patient medical clinic at the government-run King Edward VII Memorial Hospital. We met with high-level health-care administrators, head and neck surgeons, oral cancer epidemiologists, preventive oncologists, and oral medicine specialists in Mumbai. As a result of this visit:

• Approximately 200 subjects were surveyed and the data is being analyzed to help us learn more about the smokeless tobacco chewing habits of New York City’s South Asian immigrant populations, and to refine the surveys to be conducted among this population,

• Medical students learned both how to conduct a survey and how to perform oral cancer screenings, an important examination technique rarely taught in medical school curricula. The medical students subsequently chose the topic of oral cancer screening for their research reports,

• My colleagues and I learned about the Indian oral cancer scene, and ideas for future research collaborations were born, including possible risk-factor intervention studies, surveys to assess the systemic effects of areca/tobacco chewing habits, and studies to test emerging technology for the early detection of oral cancer and precancer.

In short, the collaboration between medicine and dentistry on this project was extremely fruitful and will very likely lead to future joint efforts involving information-sharing and problem-solving to reduce the incidence of oral cancer and precancer in South Asian populations both in their homelands and in the U.S.
In August 2003, an NYU-led dental team paid a return visit to Tanzania in East Africa to provide care over a three-week period to hundreds of medically indigent residents of Songea, a remote district just north of the Mozambican border. As with our initial 2001 visit to the Tanzanian village of Arusha, our return trip was sponsored by Miracle Corners of the World (MCW), a not-for-profit community development and revitalization organization, with additional generous support provided by Henry Schein, Inc.

Our team consisted of five licensed dentists, including one dentist from Zimbabwe, who is pursuing postgraduate studies in South Africa, myself, and one senior student from the University of Pennsylvania School of Dental Medicine. We were warmly welcomed by the District Commissioner of Songea, the Honorable Bertha Mende, and by the Honorable Health Minister Anna Margareth Abdallah, whose office struggles against tremendous odds in its efforts to oversee health care for the entire country. In Songea alone, there are only two dentists to provide care for nearly 1.2 million people, many of whom have lost relatives and friends to AIDS.

Working in an improvised dental clinic in a nearby hospital, we treated some 450 patients, including many with multiple, decayed teeth with retained root tips and acute facial infections. Each day adults and their children formed lines outside our clinic, as word spread about free dental care.

All MCW initiatives are designed for sustainability, so it was a distinct advantage to be joined by Dr. Jo Frencken of the University of Nijmegen in The Netherlands, who is an expert in Atraumatic Restorative Treatment (ART), a technique that he has used in other impoverished countries to successfully treat minimal carious lesions without portable equipment, electricity, or anesthesia.

We began to use this technique and also taught it to Dr. Daniel Malekela, one of the two dentists in Songea, who will subsequently train his auxiliaries. Dr. Frencken generously
provided restorative glass ionomer and our team donated several sets of ART instruments and restorative material, important first steps in developing sustainability of our outreach.’

Our next outreach to Tanzania, tentatively scheduled for August 2004, will include more dentists, especially from South Africa and Tanzania, and several NYUCD students. Going forward, we hope to reach out to additional African countries. To find out more about our work with MCW, please visit www.miraclecorners.org.

* GC America, Inc., generously donated glass ionomer for ART. Dr. Stan Hoovers of Henry Schein, Inc., designed the dental instruments for ART.
The New York City Council, led by Speaker Gifford Miller, has awarded a grant to NYUCD to enable the Smiling Faces, Going Places mobile dental van program to provide additional care each week to needy youngsters throughout New York City. Since the Smiling Faces, Going Places van is out every weekday during school hours, the additional care is being provided after school on selected days. As a result, many more New York City youngsters are receiving comprehensive pediatric oral health care.

"Every child in this city should have access to proper dental care," said Speaker Miller. "NYU’s mobile dental care program and others like it enable more and more children to access this critical care that otherwise would be out of reach."

The need for dental care is especially acute among impoverished children, who have 60 percent more untreated cavities than their peers at higher socioeconomic levels. Since it was launched in early 2000, the van's dental team has provided over 10,000 visits to more than 5,000 children in areas with limited access to oral health care.

Youngsters receive oral health instruction, sealants, prophylaxis/flouride treatments, radiographs, amalgam restorations, resin restorations, pulpotomies, crowns, space maintainers, extractions, and mouth guards.

Eighty percent of the children have no dental coverage and are treated free of charge. The children range in age from 2 to 14 and are primarily African American, Hispanic, Haitian, Russian, and Asian. In addition to providing care for needy youngsters, the Smiling Faces, Going Places van also serves as a mobile site for facilitated enrollment in Child Health Plus and the regular Medicaid program.

“Speaker Miller and the Councilmembers are to be congratulated for recognizing that oral care is not just about teeth — it’s an important way to identify and treat malnutrition and other serious health problems, as well as to increase the self-esteem and confidence of youngsters who suffer from unattractive teeth and smiles,” said Associate Dean for Clinical Affairs Dr. Francis V. Panno, who has oversight responsibility for the van program.
The National Institute of Biomedical Imaging and Bioengineering of the National Institutes of Health (NIH) has awarded the NYU College of Dentistry a four-year grant in the amount of $1.99 million to develop biomaterials that promote bone formation and inhibit bone loss in osteoporosis. The grant’s principal investigator is Dr. Racquel Z. LeGeros, Professor of Biomaterials and Biomimetics and the Leonard I. Linkow Professor of Implant Dentistry.

Osteoporosis is characterized by brittle bones, and occurs when the rate of bone loss becomes much greater than the bone formation rate. It’s estimated that 80 percent of osteoporosis cases occur in women, particularly after menopause, and that a woman’s risk of hip fracture from osteoporosis is equal to her combined risk of breast, uterine, and ovarian cancer. As the industrialized world’s population ages, the number of hip fractures due to osteoporosis is projected to rise worldwide to 6.3 million by 2050, from 1.7 million in 1990. In the United States, where an estimated 10 million Americans suffer from osteoporosis, the disease is responsible for more than 1.5 million fractures a year.

Although some osteoporosis treatments can reduce the rate of bone loss, these have not been shown to be very effective in rebuilding bone that has already been lost. Many treatments also have serious side effects. For example, supplements of estrogen, a hormone that dwindles at menopause, can prevent bone loss, but may slightly increase the risk of breast cancer. Last fall, a group of researchers recommended that estrogen not be prescribed solely to treat or prevent osteoporosis because of this risk.

Dr. LeGeros’s research aims to develop novel materials from three ions that have separately been associated with bone formation, biomineralization, and the management of bone loss. “We will combine the three ions — magnesium, zinc, and fluoride — in a calcium phosphate matrix,” she said. “Then we will see if these biomaterials affect the strength, density, quality, and composition of bones in rats with induced osteoporosis.”

Although Dr. LeGeros has researched calcium phosphate-based materials for bone repair before, this is the first time that she has headed a study on osteoporosis. Her previous major research has focused on calcium phosphates associated with normal and pathological calcification, and on calcium phosphate coatings for orthopedic and dental implants.

From 1992 to 2001, Dr. LeGeros was the principal investigator and the director of a $6.55 million NIDCR grant, which established the Northeast Minority Oral Health Research Center at NYU. The grant was conducted in collaboration with The Forsyth Institute in Boston.
Responding to concerns about a chronic shortage of minority oral health researchers, the NIH, through its Institute of Dental and Craniofacial Research, has awarded the NYU College of Dentistry a grant of $100,000 to establish an intensive research training program for minority predoctoral dental students from NYU, Howard University, Tuskegee University, and the University of Puerto Rico. A group of faculty members from the four institutions is responsible for identifying and selecting student participants.

“Blacks and Hispanics have more untreated oral disease than the population as a whole, and are underrepresented as both dentists and dental faculty,” said principal investigator and program director Dr. Kathleen C. Kinnally, a Professor of Basic Science and Craniofacial Biology at the NYU College of Dentistry.

“Targeted recruitment, training, and retention of minorities in health-care professions and research are critical to resolving this dilemma. Ultimately, greater representation of minorities in faculty positions should increase the number of role models, and positively impact the candidate pool of underrepresented minorities.”

The grant supports training for five students a year within the NYU College of Dentistry’s Bluestone Center for Clinical Research and in its basic science laboratories. Each student is assigned an NYU College of Dentistry faculty mentor and is responsible for preparing a research project culminating in a poster presentation at his or her college’s annual student research day. The first group of students completed their training in summer 2003.

Prior to receiving this grant, NYUCD had already established close ties with the other universities participating in the program. The college has a partnership with the University of Puerto Rico School of Dentistry on both a pre- and a postdoctoral student exchange program and on three major NIH grants totaling over $10 million, and the two schools share a jointly appointed faculty member, Dr. Walter J. Psoter, an Assistant Professor of Epidemiology & Health Promotion.

Last year the college established a combined BA-DDS program with Tuskegee University — the first time that Tuskegee, a member of the nation’s Historically Black Colleges and Universities, has collaborated on a BA-DDS program, and the first time that NYUCD has done so with a Historically Black University. The college also has a program to provide epidemiology training and grant writing assistance to Howard University junior faculty.
NYU College of Dentistry’s Bluestone Center for Clinical Research is one of four sites — and the only dental school — to participate in a Phase I study involving oral manifestations of a dermatological disorder. The other sites participating in the study are Johns Hopkins School of Medicine, Case Western Reserve School of Medicine, and the University of California at San Francisco (UCSF) School of Medicine.

The new study will assess an investigational drug therapy for Pemphigus Vulgaris, a dermatological disorder, which causes burn-like lesions or blisters to develop on the skin and mucous membranes, including in the mouth. NYU will enroll one-fifth of the trial’s subjects. The two-year trial is sponsored by biotechnology developer Peptimmune, Inc.

Classified as a rare disorder by the FDA, Pemphigus Vulgaris causes the body to produce an immune response to a specific portion of desmoglein 3, a protein found in normal healthy skin and oral mucosa. This results in painful eruptions on the face and neck or in the mouth, which, if left untreated, can lead to disfigurement and even death.

“Most Pemphigus Vulgaris patients experience oral lesions,” says Dr. Jonathan Ship, Director of the Bluestone Center for Clinical Research, and a coinvestigator in the trial.

“One of the advantages of this project is that we’ve been able to overcome traditional obstacles to dentist-physician collaboration, thanks to having a research facility designed specifically for studies involving both medical and oral health components. The Bluestone Center enables physician-dentist involvement in both the development and implementation of a research protocol,” said Dr. Ship.

The Pemphigus trial evaluates the safety of PI0824, a tolerizing peptide that is intended to desensitize the immune system by targeting and disabling defective T cells before they can start an abnormal immune reaction against healthy skin and oral mucosal cells. The treatment has the potential to relieve symptoms without the serious side effects associated with corticosteroids and immunosuppressants, which are commonly prescribed for Pemphigus treatment. Subjects in the Peptimmune study continue to receive daily corticosteroid therapy.

Dermatologic medications are commonly used off-label to treat some two dozen oral mucosal conditions, such as chronic canker sores (aphthous stomatitis) and lesions caused by candida (fungal) infections, Dr. Ship said. But drug-makers have been reluctant to sponsor research to support applications for oral indications in part because of a shortage of clinical research facilities that can efficiently carry out studies requiring oversight by both dentists and dermatologists.

He noted that the Pemphigus trial involves systemic drug administration via infusion requiring close medical supervision throughout the day, as well as dermatology and oral medicine expertise in assessing Pemphigus-associated lesions. The Bluestone Center’s research nurses are using US Holter’s new digital ECG continuous monitoring system for this study.

Dr. Jonathan Ship
Drs. Teixeira, Kamer, and Li Receive All-University Research Challenge Fund Grants

Three NYUCD faculty members have received All-University Research Challenge Fund grants, which recognize innovative, faculty-initiated research judged on a competitive basis by senior faculty from a cross-section of disciplines at New York University. The three are: Dr. Cristina Teixeira, Assistant Professor of Orthodontics and Basic Science and of Craniofacial Biology, for her grant entitled “Phosphate-Induced Apoptosis in Avian Growth Plate Chondrocytes”; Dr. Angela R. Kamer, Assistant Professor of Periodontics, for “Role of Integrins & MMPs in Premalignant to Malignant Conversion”; and Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology and Director, International Research Collaboration, for “Genetic Diversity of Streptococcus Mutans in a Mother-Child Cohort.”

Dr. Teixeira’s grant will fund a pilot study that aims to explain the process by which cartilage evolves into endochondral bone. Cartilage cells (chondrocytes) at the ends of long bones are responsible for postnatal growth. These cells undergo a series of changes that lead to the gradual replacement of cartilage by bone. Understanding the mechanism responsible for this evolution could lead to new approaches for treating growth disorders and for accelerating fracture repair, and could contribute vital information to the fast-growing fields of cartilage and bone-tissue engineering.

Dr. Kamer’s grant, a pilot study that could lead to the development of new chemopreventive treatments for oral cancer, will examine the role of integrins (proteins that cells use to attach to other cells or extracellular material), and MMPs (enzymes that degrade various extracellular material) in the conversion of premalignant to malignant lesions.

Dr. Li’s grant will support a pilot study to identify the strains of an acid-forming bacteria found in dental plaque, *mutans streptococci*, that are most likely to cause caries. She will analyze more than 1,500 *mutans streptococci* samples to determine which strains survive and colonize in the oral cavities of young children. This research could ultimately lead to genetic tests to help identify children at risk for caries at an early age.
The NIDCR has awarded NYUCD a one-year grant in the amount of $147,500 to enhance research infrastructure planning and to identify synergistic opportunities with other research institutions.

“We are redefining what it means to ‘do research,’ said Dr. Louis Terracio, Associate Dean for Research and the grant’s principal investigator. There is growing recognition that the mouth is a mirror reflecting our health, well-being, and identity. Now is the time to build relationships with other schools and research centers that want to explore the link between oral and systemic health. In the past, people tried to be all things to all people, doing any kind of research they could. In today’s market, research institutions can no longer remain competitive that way. In order to remain productive, individuals and institutions must work together synergistically. At the same time, we have to improve our ability to recruit and train researchers and to provide them with time protected from excessive paperwork and bureaucracy. The NIDCR grant bolsters all these objectives.”

Dean Alfano has announced the naming of an operatory in the Bluestone Center for Clinical Research in honor of Ms. Judith Cleary, a Clinical Associate Professor of Dental Hygiene and the longstanding Director of the Dental Assistant Program, which closed last year. Funding for the operatory was made possible by Professor Cleary’s friends and colleagues.

The idea for a naming gift in Professor Cleary’s honor came from Assistant Dean for Development and Alumni Programs Rita A. Startup, who had been a student of Professor Cleary’s and later an instructor in the Dental Assistant Program.

“Judy Cleary epitomizes loyalty, hard work, and dedication,” said Dean Startup. “She continues to make her mark on the College in her new position dedicated to improving patient, faculty, and student relations within a model group practice.”

“I am honored, overwhelmed, and ecstatic,” said Professor Cleary. “NYUCD had already given so much to me — education, friends, the opportunity to help others. To be recognized with the naming of an operatory in my honor exceeds any further expectations I might have had.”
NYUCD Participates in Federally Funded Breast Cancer Research Project

$680,000 Award to Study How Estrogen Reacts with DNA

NYUCD has received a four-year, $680,000 grant to study how the metabolites of hormone estrogens react with DNA to create mutations leading to breast cancer. The NYUCD study is part of a larger breast cancer prevention and treatment study involving several other institutions cooperating in a Center Grant consortium under the auspices of the U.S. Department of Defense. This research could pave the way for the development of new approaches to breast cancer prevention, according to Dr. Joseph B. Guttenplan, Professor of Basic Science and Craniofacial Biology, and principal investigator on one subproject of the grant which will study mutations in mice and rats. Dr. Guttenplan’s laboratory is one of only a handful in the U.S. that can analyze and measure mutations in rat and mouse organs. Dr. Guttenplan is using the same mutation analysis model in oral cancer research studies.

“Estrogen increases the cell division rate, including the rate at which breast cells reproduce. However, if estrogens also cause mutations, the chance that the cellular reproduction leads to cancer would be greatly increased,” Dr. Guttenplan said. “My research, which is being conducted in cooperation with investigators at the University of Nebraska Medical School, examines the process by which estrogen damages DNA and triggers breast cancer in mice and rats.

“I will also look at the role that two substances may play in inhibiting estrogen-induced mutations. One of these substances — 1, 2-dithiole-3-thione — is found in cruciferous vegetables, such as cauliflower and broccoli. The other substance, N-acetylcysteine, has been used in Europe for many years to treat cold symptoms and has chemical properties that indicate that it may play a role in cancer prevention. Results of these analyses could be used to incorporate the substances into the development of a drug or dietary supplement for breast cancer prevention.”

In another arm of the study, researchers will examine questions left unanswered by recent trials that found that new drug regimens can markedly reduce the chance that breast cancer will recur in postmenopausal women whose cancer was fueled by estrogen. Those women had stopped taking the drug tamoxifen, which blocks estrogen, because tamoxifen’s effectiveness diminishes after five years, or took another class of drugs (aromatase inhibitors) instead. The study found that members of this latter class of drugs, such as letrozole, can cut the yearly risk of cancer recurrence in half. In one case, the results were so strongly, and surprisingly, positive that the investigators ended the study early and offered the drug to women taking a placebo. However, questions remain, including how long women should take letrozole and at what doses. In addition, the important details in the mechanism by which drugs such as letrozole act have not been established. If these details are known, it may be possible to design even more effective treatments and/or better use for the current drugs.

The results of research conducted by Dr. Guttenplan and his colleagues will be combined with the letrozole study results and with findings from another trial on the prevention of mutations in cultured human breast cells. It is hoped that the combined results will ultimately be used to design and prepare a breast cancer prevention trial in women.

Other institutions participating in the research consortium include the Fox-Chase Cancer Center in Philadelphia, the Mayo Clinic in Rochester, Minnesota, the University of Virginia Health System in Charlottesville, and the University of Memphis in Tennessee.
Dr. John E. Evans, Associate Professor of Basic Science and Craniofacial Biology and of Chemistry, is analyzing seashells for clues that could aid in the development of nanotechnology engineering, a process in which particles one billionth of a meter in diameter would be used to build a new generation of stronger materials, one molecule at a time, for applications ranging from consumer goods to industrial, dental, and medical devices.

Dr. Evans is the principal or coinvestigator on three federal grants designed to provide nanotechnology engineers with a better understanding of the natural processes by which proteins bind to inorganic atoms at ambient temperatures, as they do in the development of seashells. Understanding these processes will help engineers to design nanoscopic assemblers — tiny machines that bind proteins and inorganic atoms, one by one, into finished products, a development that could lead to more efficient manufacturing processes. Each grant examines a different example of binding proteins to inorganic matter.

The seashell study, on which Dr. Evans is the principal investigator, is supported by a four-year grant in the amount of $497,000 from the U.S. Department of Energy. Dr. Evans is also the principal investigator on a three-year grant totaling $178,000, which was awarded by the U.S. Army for a study examining how proteins can be engineered to crystallize in a test tube at room temperatures. And the Department of Defense has awarded a three-year grant in the amount of $120,000 for a study of the mechanisms by which protein chains interact with gold, silver, cadmium sulfide, and other inorganic substances. Dr. Evans is a coinvestigator on this grant, which is being conducted in collaboration with the University of Washington.
Remember those bubble-gum blowing contests in elementary school that drove teachers crazy? Well, now it turns out that chewing gum and CDs may have a beneficial effect on learning — at least when it comes to studying dental anatomy, according to a four-month pilot study to assess the effects of chewing gum on learning and to compare traditional versus computer-assisted methods of teaching dental anatomy. The study was funded by chewing gum manufacturer, Wm. Wrigley, Jr., Company, and conducted by Dr. Kenneth L. Allen, Assistant Professor of General Dentistry and Management Science; Dr. Diana L. Galvis, Instructor in Cariology and Operative Dentistry; and Dr. Ralph V. Katz, Professor and Chairman of the Department of Epidemiology & Health Promotion.

They divided 56 first-year students into two groups: One group was required to chew gum while studying dental anatomy, and the other group was required to refrain from gum-chewing. When written examination scores for the two groups were evaluated, the gum-chewing group scored better, with an average score of 83.6 on a 25-question written examination, versus 78.8 for the nonchewing group. Dr. Allen said that while this difference is not statistically significant, it did represent the spread between a B- and a C+. “Past research has shown an increase in hemoglobin in human brain tissue after mastication,” said Dr. Allen, “but findings suggesting a direct correlation between chewing gum and increased learning have been anecdotal, prior to our study. Dental anatomy as taught to DDS candidates is a course well suited to study the effect of chewing gum, since it involves mastering both theory and the hands-on skill needed to duplicate the tooth in wax.”

In addition, one group of students received a standard, 50-minute anatomy lecture, while the comparison group received only an instructional, commercially available compact disk on dental anatomy. Both groups had standard dental anatomy laboratory training over three days. When average written examination scores were reviewed, the CD group scored 83.7, versus 81.3 for the lecture group, suggesting that a self-study CD is as effective as a standard lecture. There was no difference in scores on the practical examination.

“It has been reported that approximately 61 percent of all households and most dentists have access to personal computers,” Dr. Allen noted. “Our study used the premise that the presence of PCs in the home will contribute to computer-assisted learning becoming increasingly influential in all learning, not solely in learning dental anatomy. The next step is to conduct a larger study to see if the data can be replicated.”
Dental products manufacturer Heraeus Kulzer, Inc., has awarded NYUCD a two-year, $120,000 grant to study the clinical performance and handling characteristics of a new micro-hybrid composite resin claiming to offer improved handling and fluorescence and an extensive range of shades and opacities that can be closely matched to surrounding teeth for both anterior and posterior restorations. Two one-bottle adhesives that can be used interchangeably with the resin will also be evaluated. The Bluestone Center for Clinical Research (BCCR) will be the site for all research-related examinations and procedures.

The principal investigators are Dr. Van P. Thompson, Professor and Chairman of the Department of Biomaterials and Biomimetics and Acting Chairman of the Department of Cariology and Operative Dentistry, and Dr. Benjamin Godder, Clinical Associate Professor of Cariology and Operative Dentistry. United States Public Health Service criteria are being used to evaluate wear, marginal discoloration, and any post-operative sensitivity of the Venus™ composite. This micro-hybrid composite is available in 27 shades in three opacities, and is made from a typical aromatic bifunctional methacrylate monomer (BIG-GMA) resin combined with a unique filler that includes barium aluminum fluoride glass and highly dispersed silicon dioxide. The two, 4-META-based one-bottle adhesives to be evaluated are: Gluma® Comfort Bond, which is used with a total etch bonding technique, and iBond™, a self-etching adhesive.

Approximately 70 subjects will be enrolled in order to study 120 restorations on carious posterior teeth. Each tooth will be randomly assigned to one or the other bonding agent. Most subjects are expected to require at least two similar procedures, thus enabling a comparison of Gluma Comfort Bond and iBond within the same individual. The investigators plan to make the majority of the restorations on molars to enable evaluation in a high-stress environment. Periodic independent evaluation of the restorations will be conducted by calibrated teams of faculty from the Department of Cariology and Operative Dentistry.
NYUCD in the News
The following is a sampling of recent media coverage of NYUCD:

The ADA News carried a story about NYUCD’s new combined BA-DDS degree program in collaboration with Tuskegee University. The story was also reported by the Bulletin of Dental Education, The New York State Dental Journal, Black Issues in Higher Education, Tuskegee News, the Nashville Pride, and the Winston-Salem Chronicle.

Women’s Health Advisor featured comments by Dr. Christian R. Carter, a Clinical Fellow in Periodontics, on the dentist’s role in spotting the earliest signs of osteoporosis.

The New York Times published a special issue entitled “More Than Willing and Able: Dentists at the Ready to Respond When Called,” which featured an editorial by Dean Alfano (“Terrorism Preparedness for Flag, Family, and Future”), and an article coauthored by Dr. Walter J. Psoter, Assistant Professor of Epidemiology & Health Promotion, Dr. Douglas E. Morse, Assistant Professor of Epidemiology & Health Promotion, and Dr. Dianne Rekow, Director of Translational Research and Chairperson of NYUCD’s Bioterrorism and Catastrophe Response Task Force (“Enhancing Medical and Public Health Capabilities in Times of Crisis”).

Extreme Makeovers, an ABC-TV program, featured an aesthetic dentistry makeover, at right, performed by Dr. Brian Chadroff, Clinical Assistant Professor of Periodontics and of Implant Dentistry.

The New York Times published a photo of Dean Alfano serving on the F.D.A. advisory panel concerning the “morning after” pill.

NY1 News featured the Rosenthal Institute for Aesthetic Dentistry in a story entitled “Dentistry Goes High Tech.”

Reuters Health Information reported on a study by Dr. Jane A. McCutcheon, Associate Professor of Basic Science and Craniofacial Biology, that describes how compounds in cigarettes allow cancer to slip past the body’s immune system.
**El Diario-La Prensa**

interviewed Dr. Gustavo Cruz, Assistant Professor of Epidemiology & Health Promotion and Director of Public Health and Health Promotion, about tobacco cessation techniques.

**Biophotonics International**

quoted Dr. David Ahearn, a Clinical Assistant Professor of General Dentistry and Management Science, on a new stereoscopic imaging device that will provide dentists and surgeons with the sort of depth perception previously available only through the binocular eyepieces of a standard microscope.

**New York Magazine**

featured Dr. Larry Rosenthal, Class of 1972 and principal benefactor of the Rosenthal Institute for Aesthetic Dentistry, in an article entitled “Best Beauty Docs.” Also featured in the article was NYUCD alumnus Dr. Irwin Smigel for whom NYUCD’s Smigel Prize in Aesthetic Dentistry is named. Dr. Rosenthal was also featured in a Crain’s New York Business story entitled “Service for a Smile” on job seekers investing in brighter smiles, in a Good Housekeeping Magazine story entitled “How to Score a Perfect Smile,” also carried in the Las Vegas Review-Journal and The Staten Island Advance, and in an O, The Oprah Magazine story entitled “The Pearly Gates.”
The New York Sun quoted Executive Associate Dean for Administration Steven Donofrio on legislation that would allow Medicaid recipients enrolled in private HMOs to seek care from academic dental centers regardless of whether those centers are part of their HMO’s network of providers. The Sun also quoted Ms. Rita Startup, Assistant Dean for Development and Alumni Programs, in an article entitled “Breaking Out the Ball Gowns, Black Ties & Checkbooks.”

Crain’s Health Pulse carried an item on the April 2003, U.S. Army-sponsored course for health professionals on handling chemical, radiological, and biological attacks, which was held at NYUCD.

AGDImpact featured comments by Dean Alfano and Dr. Diane Rekow at the March 2003 conference cosponsored by the ADA and the Department of Health and Human Services on “Dentistry’s Role in Bioterrorism and Other Catastrophic Events.” The story, entitled “Homeland Security,” described Dean Alfano as “the point man in mobilizing dentists for the cause.” The ADA News also reported on NYUCD’s participation in the conference.

Dental Practice quoted Dean Alfano in an editorial on the NIH’s 2001 Consensus Development Conference on the Diagnosis and Management of Dental Caries Throughout Life. The same issue of Dental Practice quoted Dr. Ralph Katz, Professor and Chairman of the Department of Epidemiology & Health Promotion, on the importance of looking for “counter information” in assessing published studies. Illinois Dental News and CDS Review both reported on NYUCD’s Bioterrorism and Catastrophe Response Task Force initiatives.

Hoover’s Online carried a story entitled “NYU Integrates Invisalign® Into Dental School Curriculum.”

The Wetherfield Post reported on NYUCD’s participation in biodontics training in an article entitled “Biodontics Promotes Biotechnology from Scientists to Dental Practitioners.”
Brutus, a lifestyle magazine published in Japanese in Tokyo and New York, highlighted the availability of affordable aesthetic dentistry care at the Rosenthal Institute for Aesthetic Dentistry.

Newsday quoted Dean Alfano on demographic and health trends in an article describing Henry Schein, Inc.’s growth (“No Gap on Success”). The story was also carried on CNNMoney (World Wide Web Edition).

RDH-Dental Hygienist quoted Dean Alfano on the results of a nationwide poll that found that 77 percent of Americans view their oral health as very important to their overall health.

New York Resident carried an interview with Dr. Eugene Hittelman, Associate Professor of Epidemiology & Health Promotion, on helping patients deal with dental phobias.

A New York Post story quoted Dr. Andrew I. Spielman, Associate Dean for Academic Affairs, on preventing bad breath in a story entitled “Mouthing Off Without Making Scents.”


The Journal of the American Dental Association published the NYUCD-compiled “Bioterrorism and Catastrophe Response: A Quick-Reference Guide to Resources,” which was also publicized on the ADA News Web site.

Ebony Magazine featured NYUCD student Alicia Samuels, Class of 2007, in an article entitled “Getting Into the Swim of Things.”

Mouthing off without making scents

It’s better to [brush and floss] than three times a day. To diminish the damage of garlic and onions, try parsley or raw tomatoes, says Dr. Andrew I. Spielman, professor of basic science.

G.I. Joes-of-all-trades

Shawish is all part of redshirts, U.S. soldiers. ‘We’re a pro-golfer, a stand-up comic, a ‘who’s who’ in Baghdad yesterday.

A soldier’s work is never done. In his role as contact person, Bill Collier, a combat medic, works the phone. He’s the go-between for the soldiers at the creative arts center and Baghdad’s main theater.

The challenges still remain: How to get them engaged with us, he says. We want to make sure that we get things better than when we arrived.”
Dr. Esther Colchamiro, a public health icon for six decades, has received the prestigious John W. Knutson Distinguished Service Award in Dental Public Health. Presented by the American Association of Public Health Dentistry, the Knutson Distinguished Service Award recognizes a distinguished career in dental public health, leadership in the profession, and significant accomplishments in the field of public health.

A Clinical Professor of Pediatric Dentistry at NYU for the past 21 years, Dr. Colchamiro had earlier devoted 25 years to working with needy city children at the Guggenheim Dental Clinic at NYU, followed by 14 years with the New York City Department of Health as part of the New York City Evaluation Unit in the Office of Professional Standards and Review, where she rose to become administrator of the New York City Medicaid program covering all health care.

One of only two women to graduate from Tufts University’s dental school during World War II, Dr. Colchamiro went on to earn an MPH degree from Columbia University. Dr. Colchamiro is a fellow of the American College of Dentists, a fellow of the American Society for Geriatric Dentistry, a former trustee of the American Fund for Dental Health, and a recipient of the Columbia University Distinguished Service Award, the Lucy Hobbs Taylor Award presented by the American Association of Women Dentists, the Humanitarian Award of the Academy of General Dentistry, and the Tufts University Meritorious Service Award.

In accepting the award on her behalf, Dr. Stephen Colchamiro, a nephew, spoke admiringly of his aunt’s ability to “do things quietly, efficiently, and with enormous results.” He noted that if Esther had been present, she would have responded with a brief, modest, “thank-you,” and then invited everyone to enjoy her home-baked cookies.

Applause! Applause!
Faculty, Student, and Staff News

Dr. Esther Colchamiro Honored with John W. Knutson Distinguished Service Award
Award Honors 60 Years of Educational and Public Health Service
Dr. Daniel Schweitzer, a third-year student in the Jonathan and Maxine Ferencz Advanced Education Program in Prosthodontics, has won the 2003 John J. Sharry National Research Award of the American Academy of Prosthodontics (ACP) for his presentation entitled "Comparison of Bond Strength of a Pressed Ceramic to Metal vs. Feldspathic Porcelain Fused to Metal."

In addition, two third-year prosthodontics program students won awards in the ACP’s national table clinics competition. Dr. Ashraf Estafan won for his presentation entitled “In Vivo Correlation of Non-Carious Cervical Lesions and Occlusal Wear”; and Dr. Edward B. Goldin won for “Marginal Fit of Lucite Glass Pressable Ceramic Restorations and Ceramic Pressed to Metal Restorations.”
When students from P.S. 4, a Brooklyn elementary school for physically challenged youngsters, wanted to express their appreciation to the Smiling Faces, Going Places mobile dental care team for the care they received, they sent a giant “thank-you” card with all their signatures to Mrs. Connie Turner, the van’s administrator. “This kind of appreciation makes us value every minute of our job,” said Mrs. Turner. Dr. Anthony Johnson, Clinical Assistant Professor of Pediatric Dentistry, and the supervising dentist for the van program, added, “Although we’re used to receiving thank-you notes from school principals and nurses, it’s especially charming when it comes directly from the kids.”

Speaking of Smiling Faces, Going Places, we thought you would be interested in the following letter from Assemblyman Thomas W. Alfano (no relation to Dean Alfano), who represents the 21st Assembly District in Nassau County.
Thank-You!

AND FROM SOME OF OUR PATIENTS

From time to time, Global Health Nexus will print letters from grateful patients, who have written to tell us about the excellent care they received at NYUCD.

A patient since 1961 spoke of the high quality care provided by our students. Another correspondent, a native of Jamaica, who wanted us to know that she has “never forgotten all the free dental work when I was in need,” enclosed a Jamaican guide book and a check for $10, with her thanks.

The Right Relationship: NYUCD Volunteers and New York City Community Service Organizations

NYU College of Dentistry has a proud tradition of volunteer service tailored to the changing needs of our city. This was especially apparent in recent months as students, faculty, and staff came out in force to support the annual New York Special Olympics Metro Tournament, the AIDS Walk, the New York Blood Center Drive, and Ronald McDonald House. Hats off to our wonderful volunteers!
Chia-Yu Sherry Ku, Class of 2006, Wins First Prize in ADA Dentsply Competition for Basic Science and Research Achievement

Chia-Yu Sherry Ku, Class of 2006, shown at left, has won first prize in the Basic Science and Research category of the ADA Dentsply Student Clinician Program competition for her project entitled “Denaturing Gradient Gel Electrophoresis (DGGE) Analysis of 16S rDNA Amplicon Mobility of Oral Bacteria.” Ms. Ku’s mentors were Dr. Page W. Caufield, Professor of Cariology and Operative Dentistry and Head of the Division of Diagnostics, Infectious Disease, and Health Promotion; Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology; and Dr. Jie Xu, Senior Research Scientist in the Department of Pediatrics and Neonatology at the NYU School of Medicine.
On October 7, 2003, the City of Yonkers formally unveiled “Sculpture Meadow on the Hudson,” a permanent public sculpture park on the Hudson River waterfront featuring four individual marble and limestone “outdoor rooms” embodying the artists’ personal feelings about Yonkers, the Hudson, and art itself. One of the “rooms,” “River Bedroom” weighing 30,000 pounds, is the creation of NYUCD’s Susan Abraham, Executive Assistant to Executive Associate Dean Steven Donofrio.

Susan’s “River Bedroom,” reflective of waves and water, was inspired by the Hudson River and created over a two-year period of weekend sculpting. It consists of an undulating “River Bed,” weighing 25,000 pounds and two end tables, “Endtable Embankment,” fashioned as swirling pools of water. At the foot of the bed sits the full-length frame of the “Wave Mirror,” an illusory mirror that beckons children and adults to walk through it. Like the other rooms in the permanent installation, the “River Bedroom” is family friendly, functional, and interactive.

Susan is hopeful that her next commission will be to carve marble seats in an outdoor Jacuzzi on a beach in the Caribbean. When it’s suggested that working full time as an administrator at NYUCD and carving massive works of stone art on weekends sound a bit overwhelming, Susan says, “It’s just the opposite. While the two activities in some ways are very different, they manage to nourish one another and to energize me by allowing me to tap into different skills. As a result, I feel balanced and more accomplished in both areas.”
Celebrating Our Community

Congratulations to:

Dr. Michael C. Alfano, Dean of NYUCD, on his election to the Board of Trustees of The New York State Dental Foundation and to the Administrative Board of the ADEA Council of Deans, and on being awarded honorary membership in the American Academy of Oral Medicine. Dean Alfano also authored “Terrorism Preparedness for The New York State Dental Journal; spoke on “Career Options” at the University of Nebraska Dental School and on “Industry Relationships” at the American Dental Education Association (ADEA) Dean’s meeting; and was interviewed by the Dallas/Fort Worth publication, Doctor of Dentistry, on the importance of oral cancer screening and treatment. He also has been appointed Chairman of the NYU Health Benefits Study Group, and he will be a featured speaker in March 2004 at the launch of a new organization of Rutgers University graduates who went on to become dentists.

Dr. Kenneth L. Allen, ’73, Assistant Professor of General Dentistry and Management Science, on his review of Stewart’s Clinical Removable Partial Prosthodontics published in The New York State Dental Journal.

Ms. Elyse Bloom, Director of Public Affairs, on her election as Vice Chairperson of the Board of Directors of Dentcare Delivery Systems, Inc.

Dr. John R. Calamia, Professor of Cariology and Operative Dentistry, on his appointment to the Board of Directors of the American Academy of Cosmetic Dentistry.

Dr. Ronald G. Craig, Associate Professor of Basic Science and Craniofacial Biology and of Periodontics, on coauthoring an article entitled “Relationship of Destructive Periodontal Disease to the Acute Phase Response,” for the Journal of Periodontology. Dr. Craig’s coauthors included Dr. Man KiSo, ’03; Dr. Julie K. Yip, Assistant Professor of Periodontics; and Dr. Robert J. Boylan, Associate Professor of Basic Science and Craniofacial Biology.

Dr. Seng Douangpanya, ’03, Advanced Education Program in Endodontics, Dr. John W. L. Sung, Instructor in General Dentistry and Management Science; and Dr. Paul A. Rosenberg, ’62, Associate Dean for DDS Class of 2007 and Advanced Placement Class of 2006 on being formally welcomed and cloaked at the Annual White Coat Ceremony held at NYUCD on September 4. The ceremony included both a Student Pledge and a Faculty Pledge affirming mutual commitment to professionalism, partnership, integrity, and ethics.
Graduate Programs and Professor and Chairman of the Dr. Ignatius N. and Sally Quartararo Department of Endodontics, on coauthoring an abstract entitled “Patient Satisfaction Survey: A Valuable Tool in Patient Management,” for the Journal of Endodontics.

**Dr. Elise S. Eisenberg,** '84, Clinical Associate Professor of Epidemiology & Health Promotion and Director of Dental Informatics, on authoring an article entitled “Educational Resources on Diabetes Mellitus,” for the a special supplement to the Journal of the American Dental Association (JADA) on “Diabetes and Oral Health: Treating the Patient with Diabetes Mellitus.”

**Ms. Dionne Finlay,** '04, on being elected a Student National Dental Association (SNDA) representative to the National Dental Association (NDA) House of Delegates.

**Mr. Ami Finkelthal,** marketing manager, on organizing “Opportunity and Innovation in Healthcare Communications,” a seminar for the International Association of Business Communicators.

**Dr. Edward S. Fisher,** '71, Clinical Associate Professor of Pediatric Dentistry, on being honored by the Jewish Federation of Rockland with the establishment of the Edward Fisher Youth Israel Scholarship Fund to help young people to travel to Israel.

**Dr. Kenneth E. Fleisher,** Assistant Professor of Oral and Maxillofacial Surgery, on receiving the 2003 Faculty Educator Development Award of the American Association of Oral and Maxillofacial Surgeons. Added kudos to Dr. Fleisher on authoring “Sentinel Lymph Node Mapping of Oral and Pharyngeal Squamous Cell Carcinoma — Results of a Prospective Study,” for the Journal of Oral and Maxillofacial Surgery.

**Dr. David L. Hirsch,** '00, a Teaching Fellow in the Dr. Anthony S. Mecca Department of Oral and Maxillofacial Surgery, on authoring “Genomic Profiling of Head and Neck Cancer by cDNA Microarray Analysis,” for the Journal of Oral and Maxillofacial Surgery.

**Dr. Shankar Iyer,** '94, Clinical Assistant Professor of Prosthodontics, on being appointed Coscientific Chair of the 2004 World Congress for Oral Implantology.

**Dr. Vasiliki Karlis,** Associate Professor of Oral and Maxillofacial Surgery, on her appointment to the Board of Regents of the National Library of Medicine at the NIH for a four-year term, beginning August 2003. Added congratulations to Dr. Karlis on coauthoring an article entitled “Management of the Aging Forehead: A Review,” for Oral Surgery, Medicine and Pathology.
Dr. Eliaz Kaufman,
Assistant Professor of Implant Dentistry, on authoring an article entitled “Maxillary Sinus Elevation Surgery: An Overview,” for the Journal of Esthetic and Restorative Dentistry.

Dr. Mladen M. Kuftinec,
Professor of Orthodontics and Director of the International Program in Orthodontics, on coauthoring the book Excellence and Efficiency: Interactive Twin Self-Ligation; and on serving as International Vice President of the First International Orthodontic Congress of Serbia and Montenegro, where he also presented a workshop on “Interactive Auto-Ligatures System: Fluid Mechanics for Optimal Efficacy of Orthodontic Treatment,” and also cochaired several sessions devoted to “Functional Disorders of the Orofacial Region: Diagnostics and Therapy.”

Dr. Racquel Z. LeGeros,
Leonard I. Linkow Professor of Implant Dentistry and Professor of Biomaterials and Biomimetics, on coediting a Dental Clinics of North America special issue on “Minority Oral Health”; on serving as Session Chair at the 2003 International Association of Dental Research meeting, where she presented a paper entitled “F-Substituted Apatites: Properties and Cell Response”; and on presenting a paper entitled “Effect of Firing Temperature on Properties of Biphasic Calcium Phosphates,” at the annual meeting of the Society for Biomaterials. During the past year Dr. LeGeros has also been a Visiting Professor in biomaterials at Wuhan University of Technology in Wuhan, China, at the National Institute of Advanced Industrial Science and Technology in Tsukuba, Japan, and at the Biomaterials Center in Nantes, France.

Dr. Yihong Li,
Associate Professor of Basic Science and Craniofacial Biology, on coauthoring an article entitled “Identification of Streptococcus Sanguinis with a PCR-Generated Species-Specific DNA Probe,” for the Journal of Clinical Microbiology. Dr. Li’s coauthors included Dr. Page W. Caufield, Professor of Cariology and Operative Dentistry and Head of the Division of Diagnostics, Infectious Disease, and Health Promotion.

Dr. Yehia Massoud,
Clinical Assistant Professor of General Dentistry and Management Science and of Prosthodontics, on authoring an article entitled “A Method for Fabricating a Cast Post and Core that Is Esthetic When Used Under an All-Ceramic Crown,” for The Journal of Prosthetic Dentistry.

Dr. Alan Meltzer,
Clinical Associate Professor of Periodontics, on authoring an article entitled “Osseotite NT Implants for Optimal Stability and Aesthetics” for Practical Procedures & Aesthetic Dentistry.

Dr. Elliott Moskowitz,
’72, Clinical Associate Professor of Orthodontics, on receiving the Dr. Edward “Doc” McNulty Memorial Award in Orthodontics presented by the NYU Department of Orthodontics. Dr. Moskowitz’s co-award recipient was Dr. Mladen M. Kuftinec.

Dr. Bolaji O. Ogundare,

Dr. Walter J. Psoter,
’79, Assistant Professor of Epidemiology & Health Promotion, on coauthoring “Enhancing Medical and Public Health Capabilities During Times of Crisis,” for The New York State Dental Journal. Dr. Psoter’s coauthors included Dr. Douglas E. Morse, Assistant Professor of Epidemiology & Health Promotion, and Dr. Dianne Rekow, Professor of Basic Science and Craniofacial Biology and of Orthodontics; Director of Translational Research; and Chairperson of the Bioterrorism and Catastrophe Response Task Force.
Dr. Paul A. Rosenberg, ’62, Associate Dean for Graduate Programs and Professor and Chairman of the Dr. Ignatius N. and Sally Quartararo Department of Endodontics, on presenting a paper entitled “Pain Preventive Strategies” at the biannual meeting of the European Endodontic Association.

Dr. Jonathan Ship, Professor of Basic Science and Craniofacial Biology and of Oral Medicine, and Director of the Bluestone Center for Clinical Research, on serving as Guest Editor for a special supplement to the Journal of the American Dental Association (JADA) on “Diabetes and Oral Health: Treating the Patient with Diabetes Mellitus”; and on authoring an article for the supplement entitled “Diabetes and Oral Health: An Overview.” Dr. Ship also coauthored an article entitled “Aging and Secretory Reserve Capacity of Major Salivary Glands,” for the Journal of Dental Research.

Dr. David A. Sirois, Associate Professor and Chairman of the Department of Oral Medicine, on coauthoring an article entitled “Structural and Functional Injury in Minipig Salivary Glands Following Fractionated Exposure to 70 Gy of Ionizing Radiation: An Animal Model for Human Radiation-Induced Salivary Gland Injury,” for Oral Surgery, Medicine & Pathology.

Dr. Van P. Thompson, Professor and Chairman of the Department of Biomaterials and Biomimetics and Acting Chairman of the Department of Cariology and Operative Dentistry, on receiving the 2003 Jerome M. and Dorothy H. Schweitzer Research Award of the Greater New York Academy of Prosthodontics.

Dr. Anthony T. Vernillo, Professor of Oral Pathology, on authoring an article entitled “Dental Considerations for the Treatment of Patients with Diabetes Mellitus,” for the special supplement of the Journal of the American Dental Association (JADA) on “Diabetes and Oral Health: Treating the Patient with Diabetes Mellitus.”

Dr. Mea A. Weinberg, Clinical Associate Professor of Periodontics, and Dr. Robert Eskow, Clinical Professor of Implant Dentistry, on coauthoring “Periodontal Terminology Revisited,” a commentary published in the Journal of Periodontology.

Dr. Howard A. Weiner, ’75, Clinical Associate Professor of Endodontics, on his election as President-Elect of the Nassau County Dental Society. Dr. Weiner is also a recent inductee into the American College of Dentists.

Focus on Alumni
THE PRIDE OF NYUCD

JACK DILLENBERG, NYUCD ALUMNUS, NAMED DEAN OF THE ARIZONA SCHOOL OF DENTISTRY & ORAL HEALTH

Dr. Jack Dillenberg, a Class of 1971 graduate, has been named the inaugural dean of the Arizona School of Dentistry & Oral Health. The school, which opened in fall 2003, is Arizona's first dental school.

Prior to joining the Arizona dental school, Dr. Dillenberg was associate director for Public Health Programs in the California Department of Human Services and prior to that he was Area Health Officer serving the West Area of the Los Angeles County Department of Health Services. Dr. Dillenberg also is President of Dillenberg & Friends Health Services Consulting. He has served in numerous positions on health-related boards and associations and is a recipient of the U.S. Public Health Service Chief Dental Officer’s Service Award, and the Harvard School of Public Health Alumni Award of Merit. In addition to his dental degree, Dr. Dillenberg holds an MPH degree from Harvard.

NYUCD takes great pride in Dr. Dillenberg’s achievement and wishes him every success as Dean of the nation’s newest dental school.

Congratulations to:

60’s
Dr. Richard A. Kraut,
Class of 1968, on being appointed Chairman of the Department of Dentistry at Montefiore Medical Center and Albert Einstein College of Medicine.

70’s
Dr. Marc Balson,
Class of 1978, on being elected Vice President of the American Association of Endodontists.

80’s
Dr. Eugene L. Antenucci,
Class of 1983, on being appointed National Italian American Foundation (NIAF) area coordinator for Long Island, New York. Dr. Antenucci will coordinate activities and programs with NIAF’s regional vice president to increase NIAF’s visibility throughout Long Island. Added kudos to Dr. Antenucci on receiving an award of appreciation from the City of New York for his help with victim identification following the World Trade Center terrorist attack.
Dr. Gerry Curatola,
Class of 1983, on being invited by singer Billy Joel, his patient, to sing at the MGM Grand Garden Arena in Las Vegas. Midway into his set before a sold-out crowd at two weekend concerts featuring Joel and Elton John, the singer stopped the performance to introduce a special guest — his dentist. Backed by Billy Joel on piano, Dr. Curatola sang the Frank Sinatra classic “The Lady Is a Tramp.”

Dr. Maxine A. Feinberg,
Class of 1980, on completing her term as President of the New Jersey Dental Association (NJDA). Dr. Feinberg is the first woman president in NJDA’s 133-year history.

Dr. Donna J. Rumberger,
Class of 1980, on being profiled by Quintessence International in an article entitled “Organized Dentistry as an Agent for Helping Others: The Leadership of Donna J. Rumberger.”

90’s
Dr. Mario J. Capuano,
Class of 1992, on becoming President of the Medical Staff at St. Charles Hospital in Port Jefferson, New York.

Dr. Alban C. Burke,
Class of 1994, on joining Harlem Dental Associates, one of the oldest continuous dental practices in Harlem.

Dr. Lee R. Cohen,
Class of 1998, on becoming a Diplomate of the American Board of Periodontology, and on his appointments to the clinical staff at the University of Florida/Shands Hospital in Gainesville and at Boca Raton Community Hospital. Dr. Cohen also maintains a private practice in Boca Raton.

OO’s
Dr. Edo Lavi,
Class of 2003, Advanced Education Program in Orthodontics, on receiving a grant from Nefesh B’Nefesh, an organization that encourages North American immigration to Israel, where he will practice for three weeks each month, while returning to practice one week in New York.
In Remembrance

Dr. Alfred A. Hallman,
Class of 1942. A leading prosthodontist and educator with more than four decades of service to NYUCD. Dr. Hallman was beloved and admired by generations of students and colleagues.

Dr. Ira E. Klein,
Class of 1934. A distinguished member of the NYUCD prosthodontics faculty for over 50 years. Dr. Klein was also an effective advocate for private support for the College, exemplified by his ability to secure a major gift from Arnold and Marie Schwartz to establish the Schwartz Hall of Dental Sciences in 1978.

Dr. Alvin M. Sackler,
Class of 1943. Dr. Sackler, a noted periodontist, former NYUCD faculty member, and dear friend, was honored with the naming in 1995 of the Dr. Alvin M. Sackler Distinguished Lectures in Oral Medicine, which were made possible by a grant from the Raymond and Beverly Sackler Foundation.

Dr. William B. Sweder,
Class of 1936. A member of the oral and maxillofacial surgery faculty for nearly seven decades. Dr. Sweder was a model of alumni devotion, professional excellence, and compassion.

Dr. Augustus J. Valauri,
Class of 1949. Dr. Valauri, a pioneer in the area of maxillofacial prosthetics and maxillofacial surgical reconstruction, was a founding member of the Institute of Plastic and Reconstructive Surgery at the NYU Medical Center. An oral and maxillofacial surgeon, Dr. Valauri held clinical professorships at both NYUCD and the NYU Medical Center.

Dr. Milton B. Wolin,
Class of 1951. Dr. Wolin maintained a private practice in Brooklyn for nearly 50 years.

Save the Date: Annual Alumni Association Meeting

The annual meeting of the NYUCD Alumni Association will be held on April 20th, 2004, at 6:00 p.m. at the NYU College of Dentistry, 345 E. 24th Street (corner of First Avenue), New York City, in the 11th floor Conference Room.

Got News?

You can e-mail news of your professional activities during the past year to elyse.bloom@nyu.edu and then look for your name in a future issue of Global Health Nexus.
Looking for Income in All the Wrong Places?

*Make the Right Choice for the Right Reasons: An NYU Charitable Gift Annuity*

In these days of low market interest rates, you can provide a high, secure source of income for yourself by contributing to the NYU Charitable Gift Annuity. Earn a higher income than you can get from bonds or CD’s — and make a gift that will ultimately support NYU. Providing for NYU is also a tax-wise investment strategy: You obtain an income tax deduction, and your annuity income will be taxed advantageously to you. If you make your gift with appreciated stock, you avoid up-front capital gains tax, so the entire value of your gift is available to pay you a high level of income. Enjoy the flexibility of income from your gift. Your gift can pay income to you alone, or to you and your spouse, or to another loved one. Begin earning income immediately, or direct that the income begin at a specified date in the future, such as retirement. It’s rewarding, tax-wise, and simple, and it adds up to an intelligent investment for you and NYU.

**SOUND FINANCIAL PLANNING FOR YOU AND YOUR FAMILY**

If you are 75 years of age and contribute $10,000 (in cash) to the NYU gift annuity, you receive the following benefits:

- **Rate of return:** 7.1%
- **Guaranteed annual income for life:** $710.00
- **Tax-free portion (first 12 years):** $484.00
- **Income tax charitable deduction:** $4,000.00

*(may vary slightly)*

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<th>Age at date of gift</th>
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<td>85</td>
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<td>90+</td>
<td>11.3%</td>
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alumni, faculty, friends, corporations, foundations and organizations—for their generous support of the College. We are proud to recognize your gifts of cash, pledge payments, planned gifts, giftsin-kind, and pledges over $25,000, which were made between September 1, 2002, and August 31, 2003.

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