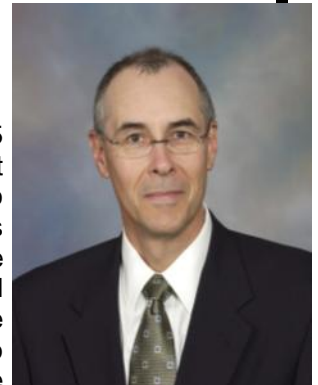




SUMMER 2010

AAMP Connections

PRESIDENTIAL MESSAGE



In Gerald Ford's first State of the Union address in January 1975 President Ford stated, "I must say to you that the state of the Union is not good." He later said, "Some people question their Government's ability to make hard decisions and stick with them; they expect Washington politics as usual." President Ford was not re-elected. Fortunately, I seek only one term as AAMP president. Perhaps the state of the union in maxillofacial prosthetics might have been described by Charles Dickens, "It was the best of times, it was the worst of times." This phrase could easily apply to the management of maxillofacial defect patients and to the future of the accredited subspecialty of maxillofacial prosthetics.

Today, the management of maxillofacial defects has changed dramatically. It is a true rarity when a patient presents with an unrepaired cleft. Surgical management of the congenital defect patient has become the norm. For years, the management of the hard and soft palate defect through surgical intervention has proven quite beneficial for this patient group, while the management of the cleft lip often raised both functional and aesthetic challenges. Today, many of these aesthetic challenges are being addressed through the coordinated efforts of craniofacial teams. The best of times are indeed just around the corner because, although this group of patients remains as prevalent as ever, the management of this group of patients has never been better.

Likewise, the group of patients that we treat with acquired defects has also been addressed through a number of new interactive techniques. The worst of times is the realization that the processes that lead to these defects have not been conquered and the prevalence has not been dramatically altered. What has changed, however, is the quality of life of the afflicted patients. Perhaps this is the best of time.

The forgotten patient, the patient with the unrestored mandibular discontinuity, is today being forgotten for new reasons. The primary reason is that these patients are becoming fewer and fewer in number. Mandibular discontinuity is often restored primarily at the major centers throughout the United States. It is truly a rarity when a patient presents with an unrestored discontinuity defect. Indeed, these patients still have difficulty relative to diminished mass of residual structures, particularly the tongue, that results in difficulty with management of the food bolus. However, patients seem quite likely to trade this functional deficit for the cosmetic advantages associated with restoration of continuity. Truly, the forgotten patient is benefiting from surgical advances. Once again this may be the best of times.

The trauma patient remains one area of maxillofacial prosthetics in which the demand for services has remained constant. Ongoing world conflicts will continue to create a need for future maxillofacial prosthetic services in this realm. Fortunately, the quality of surgical reconstruction continues to improve, resulting in more favorable residual defects that may be restored to a much more acceptable level than in the past.

Patients with maxillary defects are also being addressed with reconstructive surgery. Although this is a topic that has been discussed for the better part of two decades, the surgical intervention has not reached a level of maturity, yet! The future for it, however, is quite bright and it would be hard to identify an individual patient who would prefer to use traditional prostheses if surgical reconstruction could provide similar functional and aesthetic results. Today, the maxillary defect patient remains as the primary field for maxillofacial prosthetics. We continue to see a mixture of patients with open and closed defects. Both remain challenging from a prosthetic standpoint and only time will tell if this is the best or the worst of times.

Patients with facial defects are managed with surgical reconstruction and prosthetic replacement. Perhaps the best testimony to a patient's desire for natural tissue replacement is evidenced by the number of surgical procedures to which patients will subject themselves. Indeed, plastic and reconstructive surgical approaches may not provide natural aesthetic beauty. However, many of us have observed a willingness on the part of patients to continue along this path rather than seeking prosthetic replacement that may, from a short distance, be far more aesthetically pleasing.

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So, the best of times relates to the management of patients who have experienced maxillofacial or craniofacial disfigurement. Natural replacements for these patients provided through surgical intervention are here today and will likely improve dramatically in the future. Although the quality of these patients' lives has been enriched historically through the efforts of maxillofacial prosthodontists, it is likely that this specialty will treat a declining number of patients in the future and the ones who are treated may present increasingly complex challenges.

What about the worst of times? Today an organization devoted to maxillofacial prosthetics must realize that the field is changing dramatically. As I've already mentioned, maxillofacial prosthodontists no longer find themselves as primary caregivers in many of the areas that used to find them as such. Our patients are changing and we, as a subspecialty, will either respond by changing or pass them by, stubbornly clinging to yesterday's therapeutic model as the science and art. I sincerely believe that if we embrace the old model, we are doomed to failure and this organization, although one that is near and dear to all of us, will not have a bright future.

The goal for all of us at this point needs to be the identification of a new path for the maxillofacial prosthodontist. Today, we have more individuals leaving the subspecialty for retirement than we have entering the subspecialty through accredited graduate programs. The number of maxillofacial programs has dwindled (remaining are Memorial, Anderson, UAB, UCLA, Indiana and Mayo, along with two military programs that are administered by the Navy and the Air Force). In contrast, the specialty of prosthodontics has seen an increase in the number of general prosthodontic programs with firm plans to add even more specialty training programs. We are even seeing unaccredited fellowships in implant dentistry and surgical prosthodontics, while our accredited subspecialty dwindles. I think it is critical that we understand that maxillofacial prosthetics is the only accredited subspecialty of prosthodontics, gaining this recognition through the Commission on Dental Accreditation. This is a major difference between this subspecialty and some of the "pretend subspecialties."

With declining numbers of programs, there is also the realization that not every graduate stays in this country or joins organizations such as the AAMP. As it now stands, we can no longer maintain our "active core" membership by gaining new members to offset those who enter into retirement. We are almost at the point today where membership is evenly divided between active and life members. PLEASE DON'T MISINTERPRET THIS STATEMENT; we value our life members and certainly enjoy their fellowship, but we also recognize that no academy can remain financially viable if half its members pay no dues and pay a reduced rate to attend our meetings.

What should we do to address these perilous times? Do we change our policy regarding life fellowship, asking our retired fellows to help fund the organization? Do we attempt to become stricter regarding attendance by members in the assumption that mandatory attendance at our meetings will ensure our survival? Do we watch our numbers gradually diminish to the point where this Academy becomes a study group rather than a leader in the prosthodontic community? Do we dare to consider new models for maxillofacial prosthetics that are strategically aligned to the organizing bodies of prosthodontics in the United States or internationally, remembering all the while that it is CODA that accredits this subspecialty? Do we embrace expanded models of care such as the surgical placement of implants as a natural extension of maxillofacial prosthetics, thereby providing justification for the additional time spent in maxillofacial prosthetic training?

As I enter into my presidential year, I have no illusions regarding my ability to provide answers to these questions. These are questions that all of us need to be involved in answering. The future of this organization could follow the bleak path that Dickens sometimes portrays, or it might identify that light at the end of the tunnel that ensures an enduring place for maxillofacial prosthetics in general prosthodontics. My friend and past president, Rhonda Jacob, described the maxillofacial prosthodontist as the bulletproof prosthodontist. Indeed, we treat some of the most difficult problems that prosthodontists will ever face. Our knowledge of alternative methods to secure retention support and stability for our patients is one of our greatest assets. Our creativity is another.

As we face the future of this organization, we need to be open to new ideas. For example, who better to lead the charge for incorporation of surgical practices into the prosthodontic practice than a maxillofacial prosthodontist who spends so much time working hand-in-hand with the surgical teams? Who better to address the quality of life issues facing our patients than the maxillofacial prosthodontist who historically has held the hands of so many patients who were so afflicted? Who better to advance the science of tissue engineering? Indeed, we need to accept the label of the bulletproof prosthodontist and wear it proudly as this is the reason for our existence.

Less than a decade ago, Bill Laney, John Chalian and Jonathan Wiens published the "First 50 years of the AAMP." The question that remains is whether our "Second 50 Years" will be a simple recapitulation of the first, or will it be an innovative response to the challenges described in this address.

I certainly look forward to addressing some of these challenges in the upcoming year and can assure you that the organization will progress as we embrace the future.

Steven E. Eckert, D.D.S., M.S.

President, American Academy of Maxillofacial Prosthetics

AAMP EXECUTIVE OFFICERS

President: Dr. Steven E. Eckert

Clear Choice Dental Implant Centers
Minneapolis, Minn.

President Elect: Dr. Robert M. Taft

Naval Postgraduate Dental School
Bethesda, Md.

Vice-President: Dr. Steven P. Haug

Indiana University School of Dentistry
Indianapolis, Ind.

Vice-President Elect: Dr. Lawrence E. Brecht

New York University
New York, N.Y.

Exec. Secretary/Treasurer: Dr. Mark S. Chambers

MD Anderson Cancer Center
Houston, Texas

Recording Secretary: Dr. Jeffery C. Markt

University of Nebraska Medical Center
Omaha, Neb.

Immediate Past President: Dr. Glenn E. Turner

University of Florida, College of Dentistry
Gainesville, Fla.

Current AAMP Membership

Total Membership	344
Life Fellows	86
Life Affiliate Fellows	5
Fellows	113
Associate Fellows	56
Allied Technicians	2
Affiliates	13

AAMP BOARD of DIRECTORS 2010

Dr. Betsy K. Davis (Charleston, S.C.)

Dr. Craig A. Van Dongen (Providence, R.I.)

Dr. Alvin G. Wee (Omaha, Neb.)

Dr. Samuel R. Zwetchkenbaum (Ann Arbor, Mich.)

2011

Dr. Gerald T. Grant (Bethesda, Md.)

Dr. Beth E. Brosky (Minneapolis, Minn.)

2012

Dr. Arun B. Sharma (San Francisco, Calif.)

Dr. Joseph M. Huryn (New York, N.Y.)



(L to R): AAMP Executive Officers Dr. Robert M. Taft, Dr. Steven E. Eckert, Dr. Mark S. Chambers, Dr. Jeffery C. Markt and Dr. Glenn E. Turner (Not pictured: Dr. Steven P. Haug and Dr. Lawrence E. Brecht.)



(L to R): AAMP Board of Directors Dr. Craig A. Van Dongen, Dr. Betsy K. Davis, Dr. Gerald T. Grant, Dr. Samuel R. Zwetchkenbaum and Dr. Arun B. Sharma. (Not pictured: Dr. Alvin G. Wee, Dr. Beth E. Brosky and Dr. Joseph M. Huryn.)

AAMP COMMITTEE CHAIRS 2010-11

Reorganization and Streamlining (Ad Hoc)

Dr. Kenneth Kent

Public and Professional Relations

Dr. Peter J. Gerngross

Awards

Dr. Rhonda F. Jacob

Insurance and Oral Health

Dr. Betsy K. Davis

Program

Dr. Robert M. Taft

By-Laws

Dr. Alvin G. Wee

International Relations

Dr. John F. Wolfaardt

Historical Archives

Dr. Paul R. David

Committee of External Nominations

Dr. Lawrence B. Brecht

Internet / Home Page

Dr. Samuel R. Zwetchkenbaum

Liaison to the ISMR

Dr. Arun B. Sharma

Auditing

Dr. Villa L. Guillory

Publications and Nomenclature

Dr. Alvin G. Wee

Past Presidents

Dr. Glen E. Turner

Education

Dr. Stephen G. Alfano

Materials and Devices

Dr. Gerald T. Grant

Research

Dr. Joseph M. Huryn

Educational Standards

Dr. Joseph M. Huryn

Memorial

Dr. Thomas J. Vergo, Jr.

Ectodermal Dysplasia Foundation (Ad Hoc)

Dr. Thomas J. Vergo

Ethics and Medico-legal

Dr. Alan B. Carr

Nominating

Dr. Glen E. Turner

Resource Development Committee

Dr. Steven E. Eckert

Federal Services

Dr. Gerald T. Grant

Parameters of Care (Ad Hoc)

Dr. Jeffrey E. Rubenstein

Student Membership

Dr. Joseph A. Toljanic

Fellowship

Dr. Thomas J. Salinas

Strategic Planning

Dr. Terry M. Kelly

Time and Place

Dr. Mark S. Chambers

AAMP members interested in joining a particular committee should contact the Committee Chair.

2010 Silent Auction

A Silent Auction will be an exciting addition to the upcoming 2010 Orlando annual meeting. All registrants will receive a silent auction handbook with all listed merchandise and travel/sporting packages, as well as rules of the event. It is assured to be an exciting fundraiser. All proceeds will be provided to the AAMP for the enhancement of academic programs. Our corporate response has been outstanding. We will need you to respond as well in donating generously in helping our organization meet the academic expectations of our membership.

Become An AAMP Sponsor

The AAMP welcomes the assistance of private and commercial interests to advance the art and science of maxillofacial prosthetics. Support is used to conduct workshops, symposia, continuing education programs and to conduct joint programs with allied professional organizations.

For more information, or to become a sponsor, please contact Dr. Mark Chambers, executive secretary/treasurer at: mchamber@mdanderson.org

Highlights from the 57th Annual Session

The American Academy of Maxillofacial Prosthetics (AAMP) held its national 57th annual scientific session at the Westin San Diego Hotel, San Diego, Calif., on Oct. 31-Nov. 3, 2009. The meeting was dedicated in memoriam to Dr. Sebastian A. Bruno (Scarsdale, N.Y.). Founded in 1953, the AAMP is an organization dedicated to the prosthetic correction and management of maxillofacial (head and neck) defects acquired from surgical ablation of cancer or traumatic injuries, congenital-birth defects and alterations in growth and development. The three-day scientific program provided multiple evidence-based lectures, poster presentations and continuing education courses. These courses focused on advancing mainstream concepts and new developments in head and neck surgical oncology, craniofacial reconstruction and maxillofacial biomaterials and rehabilitation.

Multiple awards were given during the meeting. Andrew J. Ackerman Award, the highest honor of the AAMP, was presented to Dr. Jonathan P. Wiens from West Bloomfield, Mich., for having made significant contributions to the advancement of maxillofacial prosthodontics. The Joseph B. Barron Award was presented to a maxillofacial prosthodontic trainee who recently graduated, demonstrating accomplishment in research, publication and patient care. Receiving this award was Dr. James A. Kelly who graduated from The University of Texas MD Anderson Cancer Center (Houston, Texas). Dr. Kelly recently accepted a position at UCLA and is currently the graduate director of the Maxillofacial Prosthetics Fellowship program.



Dr. Rhonda F. Jacob and Dr. James A. Kelly



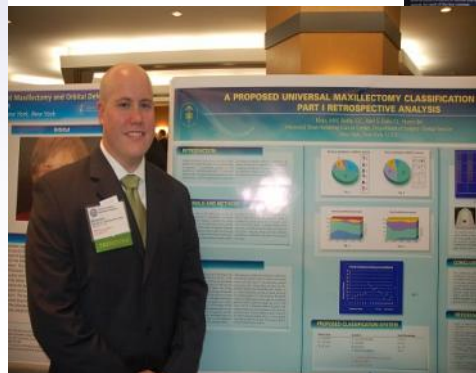
Dr. Rhonda F. Jacob and Dr. Jonathan P. Wiens

The Annual Poster Competition

The first prize winner of the Annual Research Poster Competition was awarded to Dr. Avinash S. Bidra for his poster on “Antimicrobial efficacy of various oral topical agents on common microorganisms associated with radiated head and neck cancer patients: An in-vitro study.”

Second place winner was Dr. Michael Klotz for his poster on “A proposed universal maxillectomy classification system, Part 1: Retrospective analysis.”

Right: Dr. Avinash S. Bidra, first prize winner, from MD Anderson Cancer Center



Left: Dr. Michael Klotz, second place winner, from Memorial Sloan-Kettering Cancer Center

58th Annual AAMP Meeting



Venue: Hyatt Regency Grand Cypress Hotel

Location: Orlando, Fla.

Dates: Oct. 30-Nov. 2, 2010

(Saturday through Tuesday)

Room Rate: \$229

The program for this year's meeting is "Endless Possibilities, through Science, Innovation and Collaboration." The CE workshops will be hosted by 3dMD and Factor II; an insurance CE workshop will also be offered. We look forward to being able to share this experience with you, and hope to see you in Florida.

Endless Possibilities, Through Science, Innovation and Collaboration

Sunday, Oct. 31, 2010

Session Title: Multidisciplinary Patient Care

Moderator: **Dr. Lawrence E. Brecht**

Dr. Don-Jon Summerlin	HPV and Oral Cancer; Fact or Fiction
Dr. Eric Blom	The Evolution of the Voice Prosthesis
Dr. Tod Huntley	The Micro Vascular Free Flap Foundation for Prosthetic Rehabilitation
Dr. Trevor Treasure	Current Management of Bis-Phosphonate Induced Osteonecrosis
Dr. Robert Hale	Treatment of Severe Maxillofacial Battle Injuries: The Past, the Present, and the Future

Monday, Nov. 1, 2010

Moderator: **Dr. Robert M. Taft**

Session Title: Implants in Head and Neck Rehabilitation

Dr. Eleni Roumanas	Prosthetic Rehabilitation of Maxillectomy Defects – Clinical Outcomes
Dr. Lawrence Brecht	Implant Placement in Free Flaps
Dr. George Bohle	Use of Mini Dental Implants in Maxillofacial Prosthetic

Session Title: Sleep Medicine

Dr. Sabin Bista	Obstructive Sleep Apnea: Current Concepts and Management
Dr. Alvin Wee	Dental Management of Obstructive Sleep Apnea in a Maxillofacial Prosthodontic Practice

Tuesday, Nov. 2, 2010

Session Title: The Practice of Maxillofacial Prosthodontics

Moderator: **Dr. Alvin G. Wee**

Dr. Samuel Zwetchkenbaum	Wikipedia: How to Contribute and Edit Information on Maxillofacial Prosthodontics
Dr. Craig Van Dongen	Reimbursement in Private Practice
Dr. Betsy Davis	Institutional Reimbursement
Dr. Candice Zernick	The Adjustable Palatal Lift Prosthesis
Pattii Montgomery	Trauma, Disfigurement, Fame and Facial Prosthetics
Dr. Sudarat Kiatamnuay	Ten Year Results of Color Stability of Silicones
Dr. Theresa Hofstede	Radiation-Induced Salivary Gland Dysfunction: Burden, Biomarkers, and Alternative Therapies

For more information regarding this meeting, visit: <http://www.maxillofacialprosth.org/Orlando/Index.html>

Advances in Maxillofacial Prosthetics

AAMP members have been invited to attend ACP CE workshops scheduled on Wednesday, Nov. 3 (1-5 p.m.) for the cost of an individual workshop fee only. For information and registration, visit: www.prosthodontics.org. This superb, popular workshop is for all attendees – not just maxillofacial prosthodontists. Featuring recognized leaders in maxillofacial prosthetics, this session will provide an overview of the specialty and current technology and techniques in the discipline. Advances in restoring maxillary and mandibular defects, implant surgery and restorations, extra oral prosthetics, as well as chemotherapy and radiation therapy will be discussed. Limited seating available and four CE credits.

Moderator: Capt. Robert M. Taft, D.D.S., M.S.

Restoration of the Maxillary Defect: Current Approaches and Controversies

Joe Huryn, D.D.S., Memorial Hospital, Sloan-Kettering Cancer Center

Implant Therapy for the Maxillofacial Patient: Placement to Restoration

Rhonda Jacob, D.D.S., University of Texas, MD Anderson Cancer Center

Maxillofacial Esthetics

David Reisberg, D.D.S., University of Illinois at Chicago

Chemo & Radiation Therapy: What Every Prosthodontist Should Know

Mark Chambers, D.D.S., University of Texas, MD Anderson Cancer Center

Treatment Planning Outside the Box: Restoration of the Patient with a Congenital Anomaly

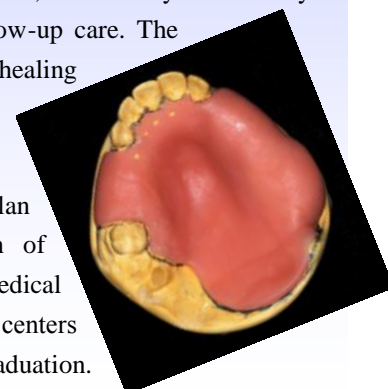
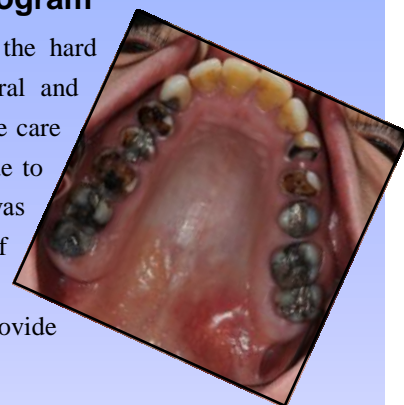
Kenneth S. Kurtz, D.D.S., New York University

Clinical Perspective of HSDM Advanced Graduate Prosthodontics Program

A 44-year-old Hispanic female was diagnosed with low grade adenocarcinoma of the hard and soft palate and referred to Harvard School of Dental Medicine (HSDM) from the Oral and Maxillofacial Surgery Department at Massachusetts General Hospital (MGH) for comprehensive care and fabrication of surgical obturator, interim obturator and eventually a maxillary obturator. Due to the patient's financial limitations and lack of insurance approval, the patient's treatment was offered pro bono by the HSDM Advanced Graduate Prosthodontics program as part of Prosthodontics Awareness Week. With the guidance of program director Robert F. Wright, D.D.S., F.A.C.P., prosthodontics residents Dr. Siamak Abai and Dr. John Madden were able to provide the necessary treatment.

Following a comprehensive exam at HSDM and the fabrication of diagnostic and working casts, the patient's treatment plan was finalized in preparation for a hemi-maxillectomy. Several teeth required restorations and prosthodontics met with OMS pre-surgically to carefully plan the surgical resection. The surgery was completed at the MGH Oral Surgery Department. Drs. Abai and Madden accompanied the patient to the surgery and assisted in the procedure, followed by the delivery of the surgical obturator. The patient returned to the HSDM clinic 10 days postoperatively for follow-up care. The surgical stent was removed and an interim obturator was delivered. The patient is currently in the healing phase and has been seen at HSDM for follow-up care weekly. Following protocol, a definitive partial denture with obturator will be fabricated for the patient in three to six months.

The advanced graduate prosthodontics program at HSDM has developed a strategic plan to enhance its program and curriculum. The program fully supports the school's mission of developing clinical and research collaborations with Harvard Medical School and the associated medical center. The program built ties with Brigham and Woman's Hospital, MGH and other area medical centers for referral of maxillofacial prosthetics patients. The program has a maxillofacial requirement for graduation.



Spotlight on the AAMP President Elect

Page 8

Interview by: Dr. Peter Gerngross

As many of you know, Dr. Robert Taft will be inducted as our next president later this year. We felt that a few questions to our incoming president would let you know a little bit more about him. We would like to thank Dr. Taft for taking time out of his demanding schedule to share a little about himself with us.

Please tell us a little about your personal life, i.e. where you grew up and about your family? What do you enjoy doing when you are not working?

Taft: As many of you know, I am very much a family man, so most that has transpired and continues forward is geared toward my family. I met Camille in high school and we married while I was in dental school at Emory University. We have three sons, Tim and Chris (twins) and Geoff. My GPR residency occurred during my first year in the Navy, which also coincided with the birth of our twins.

Our next duty station was in San Miguel, Philippines, where Geoffrey was born. Our subsequent duty stations included: Brunswick, Maine; Bethesda, Md.; San Antonio, Texas; and San Diego, Calif. It was while we were in San Diego that our sons became involved in swimming, propelling us into spending many nights and weekends cheering for them. As a result of their swimming successes, we were afforded many travel opportunities, which enveloped much of our free time! With all our sons being independent productive citizens, we adopted Bailey, our miniature labradoodle. He now occupies all of our free time when we are not traveling as a result of my participation in organized dentistry. Most recently, we were in Italy at the ISMR, making new friends and exploring a different country. As for non-dental activities, some of you may know that I am a car aficionado, especially those of a German persuasion. So as much as I will enjoy the vendors at the meeting, I am looking forward to what Audi will be showing us as well.

What training led you to become a dentist and eventually a maxillofacial prosthodontist?

Taft: I was born in New York City, and we lived there for my first eight years before we were relocated. As my father was a prominent electrical engineer for General Electric, we frequently bounced up and down the East coast. I am quite proud to say that my father was responsible for much of the development of Cape Canaveral (now Cape Kennedy) in Florida.

I attended the State University of New York at Buffalo for undergraduate studies with a dual major in Biology and Psychology. After graduation, I worked as a teacher at a special education school in Connecticut (Grove School), during which time I also received my master's in Special Education from Yale University. Afterwards, I became a pharmaceutical representative for Parke Davis (Warner Lambert) while saving money to attend dental school. After two years and enough funds, I was accepted to Emory University Dental School where I did a cancer fellowship at the Veteran's Administration. It was there that I had my first exposure to a maxillofacial prosthodontist and the patients treated. It was this experience of being able to impact the quality of life for these patients that motivated me to pursue further training. While at Emory, I joined the Navy and after graduation completed a GPR at Portsmouth Hospital. The Navy has been a great opportunity, as it has not only provided my prosthodontic training at the Naval Postgraduate Dental School (Bethesda, Md.) but also maxillofacial prosthetics training with the Air Force at Wilford Hall (San Antonio, Texas). This has also given me the opportunity to treat the very people who offer their lives on a daily basis in the defense of our country.

What events led you to your current position in the U. S. Navy as Dean of Graduate Medicine?

Taft: As a maxillofacial prosthodontist in the Navy, most of my tours have been hospital based either at San Diego or Bethesda. I was the Maxillofacial Prosthodontic Program Director and Specialty Leader to the Surgeon General for both Maxillofacial Prosthetics and Implant Dentistry for over seven years. During this journey, my extreme interest in education was rekindled and I was later asked to take on some leadership roles in Navy medicine, which eventually led to my current position as dean, Naval Postgraduate Dental School. In this position, we have had to make many organizational changes and alignments to meet the changing military requirements. Current challenges include developing two new centers of excellence within the school in oral pathology and 3d modeling/imaging. Both of these centers will have a major impact on our maxillofacial prosthetics officer and technician training programs. The future for the school is both exciting and cutting edge, which has become both my work and my hobby.

Where do you see the AAMP and maxillofacial prosthetics in general in the next five years?

Taft: I was first introduced to the AAMP as a second year prosthodontic resident and attended my first meeting while in that program. The group was warm and inviting; I was eager to become a member. Since that time, I have strived to be a part of the leadership team. Historically, maxillofacial prosthetics has been on the cutting edge of most of the dental material and technique advances in patient care. The acrylic ocular prosthesis is just one example. I see our future as leaders in prosthodontics and a major driver with these continued advances such as in the areas of advanced digital technology. This fits perfectly in our scope of practice and our members will continue to take the lead in all areas of organized dentistry. Thanks for the opportunity to comment.



Dr. Robert Taft and his lovely wife,
Camille

Maxillofacial Prosthetics Training Programs Directed by AAMP Fellows

Mayo Graduate School of Medicine

Program Director: Dr. Thomas Salinas
Mayo Clinic, School of Medicine
Department of Dental Specialties
Rochester, Minn.

MD Anderson Cancer Center

Program Director: Dr. Rhonda Jacob
University of Texas MD Anderson Cancer Center
Department of Head and Neck Surgery
Houston, Texas

Memorial Sloan-Kettering Cancer Center

Program Director: Dr. George Bohle III
Memorial Sloan-Kettering Cancer Center
Department of Surgery Dental Service
New York, N.Y.

UCLA

Program Director: Dr. James Kelly
UCLA School of Dentistry
Division of Advanced Prosthodontics, Biomaterials,
and Hospital Dentistry
Los Angeles, Calif.

United States Air Force

Program Director: Dr. Villa Guillory
Wilford Hall Medical Center
Lackland AFB
San Antonio, Texas

United States Navy

Program Director: Dr. William O. Wilson
Maxillofacial Prosthetics Department
Navy Postgraduate Dental School
National Naval Medical Center
Bethesda, Md.

Oncologic-Based Maxillofacial Implant Fellowship Program

MD Anderson Oncologic-based Maxillofacial Implant Fellowship Program is a 12-month training program (one fellow per year) based on the science and study of dispositioning, reconstruction and maintenance of oral competency in the oncologic patient through replacement of teeth and contiguous structures with implants and associated biomaterials. The overall educational goals of this fellowship program in implant dentistry are to prepare the trainee with the knowledge of the biologic, technical, clinical and economic data to successfully deliver implant therapy in this complicated patient population. For more information please contact: Dr. Rhonda Jacob at rjacob@mdanderson.org

Elevation of AAMP Status

Life Fellows: Israel Finger, Jonathan Wiens
and Donald Smitha

Life Affiliate: Hari Parkash

Full Fellows: Michael Bleeker, Amir Khatami,
William Wilson, Fong Wong
and Candice Zernick

Associate

Fellows: Elizabeth Feldman, Reza Heshmati,
James Kelly, Henry Miller, Anthony Sallustio
and Robert Schneider

Affiliate Fellows: Oladimeji Akomolafe, Engin Aras,
Naveen Gopi Chander and
Crystianne Seignermartin

CONGRATULATIONS

We would like to congratulate the following AAMP members on successfully challenging the American Board of Prosthodontics:

Dr. Myung W. Bryan Chang

Dr. Amir H. Katami

Dr. Michael W. Klotz

Dr. Pimrumpai Rochanakit

Dr. Angela K. Stanton

UPCOMING RELEVANT CONFERENCES & WORKSHOPS

American College of Prosthodontists

Immediate Placement/Immediate Loading
Full Arch Restorations Workshop.
Friday, **Sept. 24, 2010**. Chicago, Ill.
For information and registration:
<http://www.prosthodontics.org>

American Dental Association

2010 Annual Meeting of the ADA.
Oct. 9-12, 2010. Orlando, Fla.
For information and registration:
<https://www.ada.org>

International College of Prosthodontics

Young Prosthodontic Educators' Workshop.
Oct. 17-20, 2010. Orlando, Fla.
For information and registration:
<https://www.icp-org.com>

American College of Prosthodontists

40th Annual Session of the ACP.
Nov. 3-6, 2010. Hyatt Regency Grand
Cypress in Orlando, Fla. For information and
registration: <http://www.prosthodontics.org>

American College of Prosthodontists

Bone Graft for Implant Site Development –
Cadaver Workshop. Saturday, **Nov. 6, 2010**.
Hyatt Grand Cypress Hotel. Orlando, Fla.
For information and registration:
<http://www.prosthodontics.org>

International Anaplastology Association

25th Annual Conference. **March 23-26, 2011**.
Sarasota, Fla. For information and
registration: <http://www.anaplastology.org>

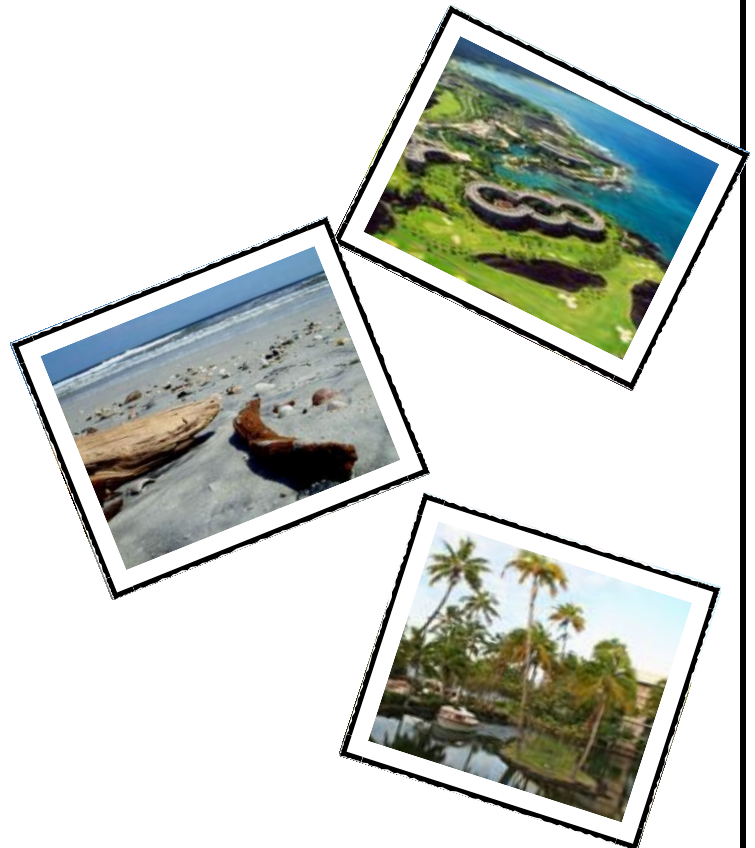
American Cleft Palate–

Craniofacial Association

68th Annual Meeting of the ACPA.
April 5-9, 2011. Caribe Hilton in San Juan,
Puerto Rico. For information and registration:
<https://www.acpa-cpf.org>

International College of Prosthodontics

14th Biennial Meeting of the ICP.
Sept. 9-12, 2011. Big Island of Hawaii.
For information and registration:
<https://www.icp-org.com>





A Few Thoughts About What Fellowship Means to Me....

Before I start, if this seems like some random, non-sequential musings, please hang in there with me – I promise to bring it all full circle.

This summer I purchased this piece of technology (iPhone). Those who know me well, know that I usually run screaming from new technology, but this phone has changed my life. I can download a Spanish App and study Spanish while I have my tires balanced and rotated. I can register for the AAMP meeting. I can use the GPS to help me find the meeting hotel once I arrive at the airport. In short, I can use it to communicate about and conduct all kinds of Academy business. But, more about that in a moment.

At our business meeting, I referred to the Life Fellows and Life Affiliate Fellows as the “sages” of the group. It got me thinking about the true meaning of the word “sage:”

1- “A profoundly wise person.” 2- “Someone venerated for the possession of wisdom, judgment and experience.” 3- “A savory aromatic herb prized since ancient times because it was thought to prolong life and to increase wisdom by strengthening the memory.”

Next, let’s consider the definition of “academy:”

1- “A school or college for special instruction or training in a subject.” 2- “A group of authorities and leaders in a field of scholarship, who dictate standards, prescribe methods and criticize new ideas.”

Not only am I a prosthodontist, but I am Aunt Donna to a nephew and two nieces. When niece Caitlin celebrated her 7th birthday, I bought her an add-a-pearl necklace with seven pearls. The card read, “A Keepsake for Caitlin from Aunt Donna.” I asked her if she knew what a keepsake was?

Before she could respond, her older brother Collin (then 8 ½ years) piped in and said, “It’s something special that you need to take care of.” The dictionary defines keepsake as: “anything kept, or given to be kept as a token of friendship or remembrance.” I think I like Collin’s definition better.

So, to me the Fellowship of this Academy represents the savory blending of the wisdom imparted by our sages with the enthusiasm of our newest Fellows in an environment where we can dictate the standards of our specialty, share methods and exchange new ideas.

But Fellowship is also a keepsake.....something special that we need to take care of. And by the way, there is no App for that.

Donna Hecker, DDS, MS

In Loving Memory of Anna Nakamoto

It is with a great sadness that I inform you that Anna Nakamoto, wife of Life Fellow Roy Nakamoto, passed away on Thursday, Jan. 7, 2010, in San Francisco. She attended the AAMP meetings regularly for almost 30 years as Roy’s “better-half.”

AAMP meetings without Anna will never be the same. The spouses’ events were always times of fun and laughter when she was with us. Anna’s colorful clothes, her ready smile, her enthusiastic greetings of friendship and her quick wit were a joy to most. She was a lady of grace and caring and every meeting became an adventure of fun and sharing with her present. Anna will be missed at the spouses’ breakfasts and trips. Almost every member will remember her smiling face and her fun-loving personality. Elizabeth and I never knew if she would be a blond, redhead or brunette, but we always knew that her laughter and smiling face would be part of every moment we were with her.

Our heartfelt condolences to Roy!

Dr. Thomas and Elizabeth Vergo



In memory of Carl "Jerry" Andres

CARL J. "JERRY" ANDRES, D.D.S., M.S.D., of Indianapolis passed away June 16, 2010. Jerry married Ida Kerstiens on Aug. 31, 1963. He graduated from the Indiana School of Dentistry in 1966 and then signed up for a tour of duty in the United States Air Force. Carl served 20 years in the Air Force and retired as a colonel. While in the Air Force, he completed his M.S.D. in dentistry at Indiana University in Indianapolis and had a maxillofacial prosthetics fellowship at the MD Anderson Medical Center in Houston. Jerry had a second 20-year career as a tenured professor in the Indiana University School of Dentistry where he served as the director of the Graduate Prosthodontics and Maxillofacial Prosthetics program.



Jerry led a life of service to others. He completed six trips to perform dental services on Native American reservations and volunteered at the Gennesaret Free Dental Clinic. He served as a Cub Master, Scout Master, District Commissioner and District Vice-Commissioner in the Boy Scouts of America. He was a member of the Knights of Columbus. Jerry was actively involved with several professional organizations, including the American Board of Prosthodontics, American Dental Association, American Academy of Maxillofacial Prosthetics, American College of Prosthodontics, American Academy of Fixed Prosthodontics, Academy of Prosthodontics, Indianapolis District Dental Society and John F. Johnston Society. He served on the editorial review board for the International Journal of Prosthodontics, Journal of Prosthetic Dentistry, Journal of Dental Materials and Journal of Prosthodontics. Jerry had many hobbies. A farmer at heart, he loved gardening. He was an avid woodworker and applied his dental skills to wildlife carvings. He enjoyed fishing and boating. The AAMP will truly miss the past president and previous Ackerman Award Recipient.

KUDOS

Dr. Paul M. Cashman, former fellow at MD Anderson Cancer Center, was the recipient of the 1st Place Research Award in implant biotechnology (John J. Sharry Award) at the American College of Prosthodontists meeting in November 2009.

Dr. Gerald T. Grant was awarded \$700,000/- for his research proposal entitled "Design and Fabrication of Rapid Prototyped Custom Titanium Implants for Head and Neck Reconstruction" as part of the Congressional Add for Medical Dental Research.

Dr. Zafrulla Khan from J.G. Brown Cancer Center located in Louisville, Ky., contributed to the textbook "Practical Head and Neck Oncology" written by Guy J. Petruzzelli. Dr. Khan's contribution is found in the chapter titled, "Pre-treatment and Post-treatment of Dental Considerations in Head and Neck Oncology."

Dr. Jeffrey E. Rubenstein was listed in the February 2010 edition of Seattle Metropolitan Magazine as one of the top dentists in prosthetics.

AAMP NEWSLETTER CONTEST RESULTS

There were 26 names for the AAMP Newsletter that were suggested by the membership with a deadline of Dec. 31, 2009. The membership voted for their top three choices. A total of 129 votes was received and the results of the voting are:

62 votes: AAMP Connections

34 votes: Face to Face with AAMP

30 votes: MFP News

The winner of the Name the AAMP Newsletter Contest goes to **Mrs. Lisa Wee**, spouse of Dr. Alvin Wee. The Wees have graciously donated the \$100 Visa gift card back to the AAMP. The BOD voted to adopt the name "AAMP Connections" at its interim BOD meeting in Chicago on Feb. 27, 2010.



"Vision is not enough, it must be combined with venture. It is not enough to stare up the steps, we must step up the stairs." ~ Vaclav Havel

Wikipedia.org

Do you know that Wikipedia is in the top five of websites in hits in America (and perhaps the world)? Have you taken a look at entries related to topics in maxillofacial prosthetics? This is where internet-comfortable patients go to learn about treatment, and unfortunately the information is often incomplete. AAMP members may wish to look and, when able, correct or supplement information so that the information patients receive is as complete and informative as possible. The AAMP wishes to lead the way in this effort and will be teaching members how to use and provide content to Wikipedia. If you think you can help, stay tuned for more information at the AAMP annual meeting in Orlando, or contact Sam Zwetchkenbaum at: szwetch@umich.edu

WIKIPEDIA



Facebook

This is a great opportunity to network, join in on discussions, share pictures and keep informed. We are still in the nascent stages, but as more people sign up, there is sure to be more activity. Look up AAMP of Facebook and join both the "Group Page" to participate in discussions (members must be approved) and the "Fan Page," which will be used as a source of announcements which can be posted to your news feed. Suggestions and questions can be addressed to: Sam Zwetchkenbaum at szwetch@umich.edu

Meeting Pictures

Did you know that all those great pictures from recent annual meetings taken by our trusty photography team are now available online? Go to <http://aamppix.fotki.com> and you will see a list of folders. It's free to look and e-mail pictures, and you can also order mugs, shirts, etc. with your favorite picture! For questions and passwords, please contact:

Sam Zwetchkenbaum at szwetch@umich.edu



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University of Illinois Medical Center

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Division of Maxillofacial Prosthodontics
Medical University of South Carolina



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Dr. Alan B. Carr, professor at the Mayo Clinic in Rochester, Minn., is currently serving as vice-chair of the institution's IRB.

Dr. Steven E. Eckert has retired from the Mayo Clinic and is pursuing a career with Clear Choice Dental Implant Center. In addition, Dr. Eckert serves as vice president for the Academy of Prosthodontics.

Dr. Gerald T. Grant has two new positions: acting department head of the Naval Postgraduate Dental School Research and integrated chief of Medical/ Dental 3D Applications for Walter Reed Army Medical Center and the National Naval Medical Center. In June 2010, Dr. Grant was awarded 700K for research into "Design and Fabrication of Rapid Prototyped Custom Titanium Implants for Head and Neck Reconstruction.

Dr. Rhonda F. Jacob has assumed the directorship of the Maxillofacial Prosthetics / Oncologic Dentistry Fellowship Program and the new Oncologic-based Maxillofacial Implant Fellowship Program at MD Anderson Cancer Center.

Dr. James A. Kelly has recently moved to UCLA and is now the new graduate director for the Maxillofacial Prosthetics Fellowship program.

Dr. Thomas J. Salinas, associate professor at the Mayo Clinic in Rochester Minn., has recently been appointed director of the Post Graduate Prosthodontic Residency program.

MEMBERSHIP HIGHLIGHTS

Dr. Salvatore J. Esposito is currently serving as president of the American Prosthodontic Society.

Dr. Harry Kolodney, professor and maxillofacial prosthodontist at the University of Mississippi Medical Center Cancer Institute, was elected 2nd vice-president of the Mississippi Dental Association at its Annual Session in June 2009. He will advance to 1st vice president, president elect and president over the next three years. This is the first time in the Mississippi Dental Association that a university faculty member has been elected to this office.

Dr. John F. Wolfaardt, professor at the University of Alberta / Institute for Reconstructive Sciences in Medicine, located in Edmonton, Alberta, is currently serving as president for the International Society for Maxillofacial Rehabilitation.

Dr. Arun B. Sharma, professor at the University of California in San Francisco, is currently serving as the president of the Pacific Coast Society for Prosthodontics.

Dr. Thomas D. Taylor, professor and department head of Reconstructive Sciences at the University of Connecticut, is serving as co-president of the International College of Prosthodontists.

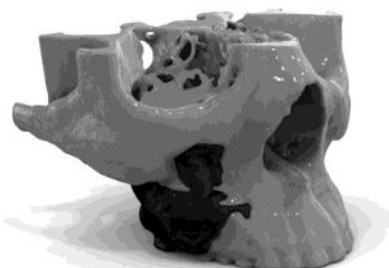
Dr. Jonathan P. Weins headed the Oral Screening activity during the ACP meeting last fall. Other members who participated who are also AAMP members include: **Drs. Rhonda F. Jacobs, Robert E. Gillis, Robert M. Taft, Russell D. Nishimura, Mark A. George, Jeffrey E. Rubenstein, Terry M. Kelly and Peter J. Gerngross.** Additional information regarding this event can be found on p. 33 of the February edition of the ADA News.

There are several members of the AAMP who serve on the board and are officers of the ACP. They include: **Dr. Jonathan P. Weins** serves as vice-president, **Dr. Steven E. Eckert** serves as secretary/treasurer, **Dr. Larry E. Brecht** serves as program chair, **Dr. Terry M. Kelly** serves on the Region 2 board of directors and **Dr. Eleni D. Roumanas** serves as membership division director.

"Destiny is not a matter of chance. It is a matter of choice; it is not to be waited for, it is a thing to be achieved."

William Jennings Bryan





For a complete position description, or to submit curriculum vitae and summary of clinical and research accomplishments, contact:

Myka Osinchuk, Executive Director
iRSM, 16940-87 Ave.
Edmonton, AB Canada T5R 4H5
[Phone] 780-735-2660
[Email] irms@albertahealthservices.ca

www.irms-canada.com

Maxillofacial Prosthodontist

The Department of Surgery at the University of Alberta and the Institute for Reconstructive Sciences in Medicine (iRSM) invite applications for a full-time maxillofacial prosthodontist. The prosthodontic position will be based in the Department of Surgery, Faculty of Medicine and Dentistry as a contingent, tenure track position with a secondment to iRSM. iRSM is an internationally recognized clinical and research centre. iRSM's clinical activity is focused on reconstruction of the head and neck and its research activity is strategically directed to a broad base of reconstructive science and technology.

Profile:

Clinical Care (60%) | Research (30%) | Education (5%) | Service: (5%)

Qualifications:

Undergraduate degree in dentistry; successful completion of a graduate program (MSc or equivalent) in prosthodontics; and completion of an advanced research degree (doctorate preferred).



THE UNIVERSITY of
TENNESSEE **UT**
HEALTH SCIENCE CENTER

The University of Tennessee Health Science Center, College of Dentistry is conducting a national search for a Maxillofacial Prosthodontist interested in a full-time clinical or tenure-track academic position. This position will be unique in academic dentistry in that it will be restricted, almost exclusively, to clinical activities and direct patient care.

The University has active Otolaryngology and Oral & Maxillofacial Surgery services that accomplish significant numbers of resective procedures at the dental school, the university hospital, the cancer institute, and a variety of other area hospitals. Operating room, prosthodontic clinic, and consultative support activities at these patient management facilities will be essential duties for the newly hired maxillofacial prosthodontist. The College of Dentistry currently works closely with an anaplastologist. Coordinated extraoral therapy with this individual is encouraged. Extramural practice opportunities are available within the dental school and are negotiable.

The College of Dentistry's Advanced Prosthodontics Program enrolls six enthusiastic and clinically active residents interested in receiving maxillofacial prosthodontic experience as part of their overall training. These residents are available for local travel to operating room procedures in support of patient care. Additionally, time is provided in their clinical schedules for maxilla facial prosthodontic treatment in the Advanced Prosthodontics Clinic. Providing maxillofacial prosthodontic didactic instruction and literature seminars to the residents on a regular basis is an integral aspect of this position.

The opportunity to support active and ongoing clinical research originating from the College of Dentistry and the UTHSC Cancer Institute is also an essential component of the position.

If you are familiar with colleagues or energetic graduating maxillofacial prosthodontic residents who are interested in an academic position, are considering a move, or would appreciate more information regarding employment at UTHSC, please contact:

David R. Cagna, DMD, MS,

Phone: 901-448-6642, E-mail: dcagna@uthsc.edu,

AAMP Publication and Nomenclature Committee



“Synergy of Teamwork”

It is inherent in our training as prosthodontists that we carry out clinical procedures ourselves to ensure high quality and good patient outcomes. Many times we bring this mentality outside the patient care into our daily lives in how we interact with our fellow colleagues. The phrase “**United we stand, divided we fall,**” which was from one of Aesop’s fables “The Four Oxen and the Lion,” is very valid in our subspecialty today.

Just observing in our field of prosthodontics, or specifically maxillofacial prosthetics, we can see that teams that work together and have synergy are more productive, well known and attractive to other high energy individuals. It is important that we realize that we should not be competing among ourselves.

Perhaps as a subspecialty, we need to learn how to work together in synergy to further our subspecialty as a group and not as individuals. Those who work alone can only do so much by themselves. Individuals who team up and work as a group not only are more productive, but they are more visible and enjoy the life-long friendships that develop.

So reconsider this possible need to change in the paradigm in how you interact and work with fellow prosthodontists. Also, take this opportunity to be involved within the AAMP as it is a great organization to find colleagues with similar interests and common goals. There are multiple opportunities to do this through our annual meeting and committee work, etc.

Again, it is that time of the year to produce the fourth annual AAMP Newsletter with a new name AAMP Connections. This issue would not be possible without the support from the AAMP Board of Directors, Publication and Nomenclature Committee and Alisa Seidler. Thank you all once again.

Sincerely, *Alvin*

Chair / Editor in Chief Dr. Alvin G. Wee
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Dr. Peter J. Gerngross
Dr. Robert B. Stewart
Consultant: Dr. Kenneth Kent
Board Liaison: Dr. Lawrence E. Brecht

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