



AAMP Connections

PRESIDENTIAL MESSAGE



Summer 2011

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I believe each and every one of us in the Academy are today's leaders in the healthcare system. That being said, the philosophies of leadership are in many ways like fingerprints. They are distinctive and very individual. These philosophies can be expressed in a variety of ways. Throughout my Presidential year, I have emphasized the essence of family and friendship in an attempt to eliminate barriers, possibly developed over past experiences, and to bring us together so we could refocus our mission and guide us to the next century. This address is an attempt to express some of the tenants that guide my thoughts and actions. There are no new ideas or maxims here. In fact, many of you will recognize some of the themes. Mentors and leaders who have influenced my life have shaped this philosophy. Most of them have come from this Academy, and I can't thank them enough, for that is what sets the standard for other organizations and will be the lifeblood for our future survival. This simple document is neither subtle nor artful...it isn't intended to be. It contains nothing more or less than a series of personal maxims that describe the things that are important to me.

The Most Important Perspective: Everyone in this Academy has a full measure of value unto him or herself. When practiced, we will strive to get the very best from every person.

The Vertical Pronoun: "We" is a much better and stronger word than "I". Pulling together, teamwork, all for one, one for all. ". . . the strength of the pack is the wolf and the strength of the wolf is the pack." The whole idea here is that "it's not about you or me, but us." The power of the team cannot be overstated. Individual performance is only important in that it contributes to the mission of the unit or team. What "I" can accomplish is insignificant...what "We" can accomplish is virtually limitless. We need to continue to cultivate this element of our ethos.. We are in the business of service to each other and to the patients we care for everyday. By strengthening the "WE", we make the AAMP a stronger, more vibrant and dynamic organization.

Leadership: We must recognize that there are only two kinds of people -- leaders and those aspiring to be leaders. As a result, all must be given the opportunity to practice leadership without fear of failure. "Let leaders lead" is a great maxim. Those young members aspiring to be leaders must be given their reins from time to time so that they can experiment with leadership styles and practices. Initiative and imagination must be encouraged, recognized and rewarded. It is the ultimate responsibility of each and every one of us to train and mentor our successors. "Supervision" is not a four-letter-word, nor does it insinuate a lack of trust or confidence - it is an important element of leadership. With a shared and common understanding of intent, nothing is impossible.

Initiative: I am convinced that our membership is the best of the best. As we move further into the information age, the creativity of our younger people has never been more important. We must strive to develop a true learning organization -- one that welcomes rather than resists change. Encourage "out of the box" thinking; expose new ideas to the light of day. "WE" will be surprised at how many of their good ideas are adopted or acted upon. Don't allow good and useful thoughts to become the casualties of preconceived notions and/or bureaucracy. Ideas that flow from our youngest members could very well become the initiatives at the "tip of the spear" for our future.

Moral and Physical Courage: We should always welcome discussion and debate. It's good for you. It's good for me, and it's good for the organization, as well as the specialty. Of even greater importance, it relieves any one person of the responsibility for having to be always right!

Priorities: Show me an organization where everything is first priority, and I'll show you an organization that has no priorities. Some things are more important than others. Some things need to be done sooner than others. This is a complex organization with complex goals. We must decide which undertakings are most critical to us and those we support, and then allocate our efforts and resources accordingly. Insofar as priorities are concerned, I subscribe to a "five finger rule". Simply stated, I think that you can count on the fingers of one hand the number of honest-to-goodness, hot button tasks a Board of Directors, membership, or organization can effectively address at any one time. So, we should continue to do our best to assure that we live by the "five finger rule". In planning and executing, we will never enjoy the luxury of completing one task before starting another. Simultaneous execution of multiple initiatives will challenge us all to handle multiple tasks while shifting priorities to support success. At the risk of making a dazzling statement of the obvious - our priorities will be as dynamic as our ever-changing environment.

In my opinion, our future is bright, for our strength comes from our membership and the bonds between each and every one of us. We should and will form new friendships outside our traditional borders, as that diversity will allow us to grow and reshape.

**CAPT (Dr.) Robert M. Taft, DC, USN
President, American Academy of Maxillofacial Prosthetics**

AAMP EXECUTIVE OFFICERS (2010 to 2011)

***Vice-President Elect:* Dr. Betsy K. Davis**
Medical University of South Carolina, Charleston, SC

***President:* Dr. Robert M. Taft**
Bureau of Medicine and Surgery, Washington, DC

***Exec. Secretary/Treasurer:* Dr. Mark S. Chambers**
MD Anderson Cancer Center, Houston, TX

***President Elect:* Dr. Steven P. Haug**
IU School of Dentistry, Indianapolis, IN

***Recording Secretary:* Dr. Jeffery C. Markt**
University of Nebraska Medical Center, Omaha, NE

***Vice-President:* Dr. Lawrence E. Brecht**
New York University, New York, NY

***Immediate Past President:* Dr. Steven E. Eckert**
ClearChoice Dental Implant Center, Minneapolis, MN



From Left to Right: Drs. Betsy K. Davis, Mark S. Chambers, Steven E. Eckert, Robert M. Taft, Steven P. Haug & Lawrence E. Brecht

AAMP COMMITTEE CHAIRS 2010 - 11

Committee of External Nominations

Dr. Lawrence B. Brecht

Public and Professional Relations

Dr. Peter J. Gerngross

Awards

Dr. Terry M. Kelly

Insurance and Oral Health

Dr. Betsy K. Davis

Program

Dr. Lawrence E. Brecht

By-Laws

Dr. Alvin G. Wee

International Relations

Dr. John F. Wolfaardt

Historical Archives

Dr. Paul R. David

Publications and Nomenclature

Dr. Alvin G. Wee

Internet / Home Page

Dr. Steve A. Wagner

Liaison to the ISMR

Dr. Arun B. Sharma

Auditing

Dr. Villa L. Guillory

Ethics and Medico-legal

Dr. Alan B. Carr

Past Presidents

Dr. Steven E. Eckert

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. Craig A. Van Dongen

Strategic Alliances

Dr. John Wolfaardt

Federal Services

Dr. Alan J. Sutton

Nominating

Dr. Steven E. Eckert

Student Membership

Dr. Glenn E. Turner

Wikipedia

Dr. George C. Bohle, III

Fellowship

Dr. Thomas J. Salinas

Time and Place

Dr. Mark S. Chambers

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

AAMP BOARD of DIRECTORS

2011

Dr. Gerald T. Grant (Bethesda, MD)

Dr. Beth E. Brosky (Minneapolis, MN)

2012

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

Dr. Joseph M. Huryn (New York, NY)

2013

Dr. Peter J. Gerngross (Houston, TX)

Dr. Thomas J. Salinas (Rochester, MN)

Current AAMP Membership

Total Members 413

Life Fellows 88

Life Affiliate Fellows 5

Fellows 108

Associate Fellows 59

Allied Technicians 3

Affiliates 16

CONGRATULATIONS

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

Dr. Aaron Segal
 Dr. Harshit A. Aggarwal
 Dr. Omaid Khalid Ahmad
 Dr. Abdulmohsin Alhashim
 Dr. Mohamed Elsafi
 Dr. George Syros
 Dr. Ghadeer Thalji
 Dr. Ryan Christopher Wallace

Elevation of AAMP Status

Life Fellows: Drs. Jeffrey Rubenstein, Ron Myers, Steve Bergen and Benard Segal

Full Fellow: Dr. Stephen Wagner

Associate Fellows: Drs. Avinash Bidra, Sujey Rodriguez-Lozano, Bruno Sharp, Michael Huband, Sanjay Karunakaran, Jonathan Rasmussen, Jennifer Sabol, Daniel Dunham and Anton Petrich

Affiliate Fellows: Drs. Oleg Demegi Akomaloti, Agim Islami and Martin Oswald

Maxillofacial Prosthetic Technician: David Trainer

Highlights from the 58th Annual AAMP Meeting in Orlando Florida 2010



The **first prize winner** of the Annual Research Poster Competition was awarded to **Dr. Terry Lin** for his poster on "A Novel Bioactive Collagen Membrane Carrying PDGF For Tissue Engineering." Dr. Lin is from the New York College of Dentistry's Advanced Education in Prosthodontics Program. (Left to right: Drs. Joseph Huryn and Terry Lin)



The **second place winner** of the Annual Research Poster Competition was awarded to **Dr. Beatrice Maritim** from Memorial Sloan-Kettering Cancer Center's program. Her poster was entitled "Use of Laser Doppler Flowmeter To Evaluate The Effect Of Radiation Therapy On Blood Flow To Maxilla and Mandible". (Left to right: Drs. Joseph Huryn and Beatrice Maritim)



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 **Major (Dr.) Thomas Gunnel** who graduated from the US Air Force program.

(Left to right: Drs. Terry Kelly, Thomas Gunnel, Steven Eckert)

AAMP's
 58th Annual
 2010 Meeting
 Social Outing
 to see the
 Blue Man Group





ACP 41ST
annual
session

NOVEMBER 2-5, 2011
WESTIN KIERLAND RESORT & SPA,
SCOTTSDALE, AZ

Advances in Maxillofacial Prosthetics

AAMP members have been invited to attend ACP CE workshops scheduled on Wednesday, Nov. 2 (1-5 p.m.) for the cost of an individual workshop fee only. For information and registration, visit: www.prostodontics.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: **Steven P. Haug, D.D.S., M.S.D.**, Indiana University School of Dentistry

1:00—1:45 p.m.

Maxillofacial Prosthetics Embracing the Future Today: The Use of Digital Imaging Impressions and Rapid Prototyping in Support of the Maxillofacial Patient

Captain Robert M. Taft, D.D.S., M.S., Bureau of Medicine and Surgery

1:45—2:30 p.m.

Treatment Planning and Restoring the Patient with a Maxillary Defect—Surgery or Prosthetics?

James A. Kelly, D.D.S., M.S., University of California, Los Angeles School of Dentistry

2:30—3:15 p.m.

Dental Management of Obstructive Sleep Apnea in a Prosthodontic Practice

Alvin G. Wee, D.D.S., M.S., M.P.H., Creighton University School of Dentistry

3:30—4:15 p.m.

Prosthodontic Management of the Patient with a Congenital Craniofacial Condition

Betsy K. Davis, D.M.D., M.S., Medical University of South Carolina

4:15—5:00 p.m.

Functionally Designed and Prosthetically-Driven Mandibular Reconstruction

Lawrence E. Brecht, D.D.S., Langone Medical Center & NY University College of Dentistry

Spotlight on the AAMP President Elect

Interview by: Dr. Candice Zemnick



Dr. Steve Haug and his lovely wife, Michelle

As many of you know, Dr. Steven Haug 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. Haug for taking time out of his demanding schedule to share a little about himself with us.

Dr Zemnick: 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?

Dr Haug: I grew up on Long Island, where I met my wife Michelle. We now live in Indianapolis and have two children -- Beth who is eighteen, and Eric who is fifteen. Both of my children are excellent students and devoted athletes. Beth dives and plays lacrosse, and Eric plays soccer and lacrosse.

I enjoy coaching and refereeing men's and women's lacrosse. At present, I am Assistant Varsity Coach for our high school women's team, and I referee men's lacrosse in central Indiana. I am also the Faculty Advisor for our IUPUI campus Lacrosse Club.

I enjoy all types of motor sports and sponsor a Kart Racing team. I can usually be found on a Saturday night with my family rooting for our team.

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

Dr Haug: I attended Long Island University where I earned a degree in chemistry. Like most dentists, I have always enjoyed working with my hands fixing and building things. It seemed logical that dentistry would allow me to do just that while applying the knowledge I learned in college.

I attended Dental School at SUNY Stony Brook and did a GPR at University Hospital Stony Brook, where I learned to manage patients with significant medical issues. It was there that I had the opportunity to follow a patient who underwent a maxillectomy, and was subsequently managed prosthodontically. That is when I decided to specialize in Prosthodontics.

I then moved to Georgia where I did my Prosthodontic training at Medical College of Georgia, and then moved to Kansas City where I did a Maxillofacial Prosthetics Fellowship at the University of Missouri.

Dr Zemnick: What events led you to your current position as Professor of Prosthodontics at the Indiana University School of Dentistry?

Dr Haug: I have always enjoyed teaching and learning and was interested in a career in academics. I was recruited to Indiana University to direct their complete denture curriculum. While working full time on tenure track in the Department of Prosthodontics, I studied part time and earned a Master's of Science of Dentistry in Dental Materials. Eventually, I was promoted to professor. I believe I have the perfect job...I spend time with young folks teaching them prosthodontics and spend time caring for cancer survivors making a difference in the quality of their lives.

Dr Zemnick: As a fellow of the Academy for over 16 years, where do you see the AAMP and maxillofacial prosthetics in general over the next decade?

Dr Haug: I suspect the AAMP will continue to be a leader in prosthodontics, bringing cutting- edge advances in science and technology to the clinical setting. Historically, the AAMP has been an advocate for patients with oral and facial deficits, and I imagine we will continue to do so, while we continue to educate and motivate younger practitioners to care for these patients. I would also like to see the AAMP continue to be leaders in health policy, improving third party understanding and recognition of the needs of our patients.

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, Minnesota

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, New York

UCLA

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

United States Air Force

Program Director: Dr. Alan J. Sutton
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, Maryland

Mayo Clinic College of Medicine

48-Month Curriculum in Prosthodontics and Maxillofacial Prosthetics

The program is a comprehensive curriculum aimed at preparing a student for the practice of prosthodontics and maxillofacial prosthetics. It is the only combined program in the United States dedicated to education of the specialty and subspecialty.

Specific Goals:

- Become familiar with the general scope of the dental specialty of prosthodontics.
- Gain experience dealing with patient situations requiring prosthodontic services.
- Demonstrate patient care requiring the coordinated inter- and intradisciplinary services of the physician and dentist.
- Review professional ethics as they pertain to doctor-patient relationships and the unethical dissemination of prosthetic services.

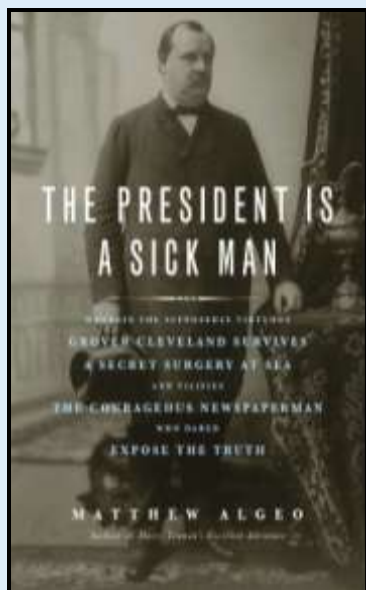


Left: to Right: Drs. Tom Salinas (Program Director), Sree Koka, and Alan Carr

Activity Outline: Students review typical oral and orofacial patient situations requiring the services of a prosthodontist. They also review abnormal responses to oral prostheses and management options and observe demonstration of various types of fixed and removable oral and orofacial prostheses, their physical nature, advantages and disadvantages. Incorporation of various prosthesis design using tooth or implant supported restorations prepares a student for a complete offering to patients requiring these services. Finally, students address questions patients often ask regarding denture adhesives and cleansers, denture liners, mouthwashes, diet for denture wearers, management of denture "sore spots," conditioning of diseased tissues, recognition of the need to have prostheses and dental implants.

Didactic Overview: Students are guided through classic and contemporary literature dedicated to a thorough understanding of prosthodontics and maxillofacial prosthetics.

Method of Evaluation: Students are graded on the basis of general knowledge, participation in scheduled activities and attendance.



Grover Cleveland's Secret Obturator

On June 1, 1893, a cancerous tumor was removed from the mouth of President Grover Cleveland. The operation took place on a boat on Long Island Sound. The unusual location was dictated by Cleveland's insistence on keeping his condition secret. He feared Wall Street would panic if it came to be known he had cancer. During the 90-minute operation, five teeth, about a third of the upper palate, and a large piece of the upper left jawbone were removed.

About two weeks after the operation, Kasson Gibson, a New York prosthodontist, fashioned a vulcanized-rubber obturator to plug the hole inside Cleveland's mouth. "The vulcanite plate," Gibson explained, "was made without teeth, gold clasping the cuspid tooth on the left, second bicuspid and molar on right, bridging across the opening, with a thick round edge where it came in contact with the cheek." The obturator was instrumental in maintaining the secret. As one of Cleveland's surgeons later wrote, "This supported the cheek in its natural position and prevented it from falling in.

When it was in place, the president's speech was excellent, even its quality not being altered."

After Gibson sent the president a second prosthesis in October, Cleveland responded with a fulsome letter of thanks. "My dear Doctor," he wrote, "the new plate came last night...I have worn it all day with the utmost ease and comfort without a shred of packing of any kind."

Cleveland would live until 1908. His cancer surgery remained a secret until 1917, when one of his doctors wrote an article about it for the *Saturday Evening Post*. *Book Author, Matthew Algeo*

(Signed copies will be available at this year's Silent Auction. Negotiated by Dr. Peter Gerngross)

Maxillofacial Prosthetic Workshop in Australia

In Australia, the number of prosthodontists that have studied maxillofacial prosthetics is limited. The dental board deemed in 1990 that in order to be registered in this field one had to seek training in the US. Currently, I am the only board-recognized Maxillofacial Prosthodontist, although there are at least six other clinicians who have been trained over seas in this field in the past thirty or so years.

Thus, Maxillofacial Prosthodontics is not taught as an independent specialty in Australia, but as part of the Doctorate of Clinical Dentistry (Prosthodontics). Members of The Academy of Australian and New Zealand Prosthodontists and Australian Dental Council form a peer-review body who assess each of the postgraduate training programs in Australia every three years. Currently, there are three universities who offer postgraduate training in prosthodontics. In 2010 following peer review, I was approached by the Heads of each program from the Universities of Adelaide and Melbourne to undertake the training of their postgraduate students in Maxillofacial Prosthetics.

May 2011 saw the first pilot program being undertaken for the University of Sydney and Adelaide. Unfortunately, students from the University of Melbourne were unable to attend. There were ten students in total who attended the three-week program at Westmead Centre for Oral Health. The program was both didactic and clinical in nature. Lectures covered all topics within maxillofacial prosthetics, and each student was given his/her own maxillectomy, mandibulectomy, cleft, irradiated and palatal lift case. Each candidate was expected to complete treatment within the three-week period, including all laboratory work associated with each case. A review day of all surviving past patients was also included, as well as personal chat with a 20-year survivor who now volunteers his time to help others through their journey. Hours were long, but the course was very rewarding. The exchange of ideas and teaching perspectives from the two universities were excellent. The candidates found the course exciting, challenging and a big personal stretch; however, friendships were forged, and the feedback from the students was positive. Planning will now commence in November for 2012. The only modification that may occur will be further technical assistance with laboratory work, as the current candidates now have limited prosthetic laboratory skills. This is a reflection of the change in emphasis in training of the current dental student. As an aside, in order to undertake a program such as this, I need to thank staff at many of the Head and Neck clinics in Sydney, including my own for graciously giving of their time to help foster and encourage a love for this specialty.

By Dr. Christine Wallace



(Dr. Christine Wallace in center)

In memory of AAMP Fellows...

January 27, 1923 - August 6, 2010

The AAMP mourns the passing of **Dr. John D. Piro**, longtime Fellow (1966), Diplomate of the ABP, and attending faculty in maxillofacial prosthetics at Columbia/NY Presbyterian, Westchester Medical Center, the Veterans Affairs Medical Center, and several other hospitals in New York City. He coauthored numerous publications featured in various prosthodontic, surgical, medical and dental journals. He never truly retired.

There are no words to describe how deeply he will be missed or how he helped to restore the quality and dignity of life, as well as the quality and dignity of dying for so many patients. The patients and families that have been asking me about him, the graduated fellows and residents, as well as various medical and dental colleagues, will all continue to remember him for many years to come. Every one of us who knew him has a number of amusing stories or "Piroisms". His wry engaging humor & unrestrained candid observations were unforgettable. Dr. Piro's dedication to teaching, his leadership, his sincerity & compassion enhanced the lives of everyone he encountered. It is why he was known as simply "Coach."



Married to Margaret "Maggie" Piro for 53 years until her passing, he is survived by four children and nine grandchildren- three of whom are currently serving in the armed forces. As a WWII Navy veteran, Dr. Piro was especially proud of them and had a great love of country, while having a profound appreciation for his career and his friends.

By Dr. Candice Zemnick

December 22, 1954 - September 17, 2010

The AAMP mourns the passing of Associate Fellow Dr. **Steven R. Sevedge** who passed away on September 17, 2010, after a five-week fight with infection following gastrointestinal surgery. He leaves behind his wife, Cindy, his daughters, Kimberly and Stephanie, and his father, Bill. Steve was a spiritual man, coming to faith later in life but always attributing his faith to his early upbringing. Steve displayed his faith through active participation at St. Andrew's Methodist Church.

Steve was born on December 22, 1954, in Kansas City, MO. He completed his doctorate of dental surgery from the University of Missouri-Kansas City School of Dentistry in 1980. He joined the United States Army as a general dentist and then completed a prosthodontic residency program at Walter Reed Medical Center from 1987-1989. Steve became board-certified by the American Board of Prosthodontics in 1991. He later completed his maxillofacial prosthetic fellowship program at the University of Missouri-Kansas City in 1993. Steve retired from the United States Army with the rank of Colonel in 2000. Prior to joining the VA Healthcare System, Steve was in private practice in St. Louis, MO, for five years.

Steve moved to the VA Nebraska Western Iowa Healthcare System in 2006. He also taught part-time at Creighton University School of Dentistry. Steve was working toward setting up a VA Midwest regional center for maxillofacial prosthetic care. In addition, he had obtained approval and funding to set up a maxillofacial prosthetic fellowship program in collaboration with Creighton University and the University of Nebraska Medical Center.

Steve will be remembered for his outstanding work ethic and devotion to excellent patient care. He enjoyed getting to know others and especially liked to debate with colleagues about prosthodontic treatment plans and techniques. There is no question that Steve is sincerely missed by his family, friends, colleagues and his patients.

By: Dr. Alvin G. Wee



RESEARCH HIGHLIGHT



3D Medical Applications



Recent advances in head and reconstruction owe their success to the use of 3D medical reconstructions, both as computer and physical models. Continued advances in software have allowed providers the opportunity to visualize bony and soft tissue from various angles and to take measurements to develop an operative and reconstructive plan prior to any patient surgery. In addition, the industrial process of rapid prototype fabrication has been used to support surgical guides to drill and position, as well as fabricate custom implantable devices, and dental prosthetics.

The use of this technology has a lot of its roots in the US military; the Air Force at MacKown Dental Clinic purchased the first rapid prototype (RP) device in the mid 90's, followed by the Navy in the late 90's at the National Naval Medical Center. The Army began to develop a 3D medical applications center at Walter Reed Army Medical Center in 2002. Without exception, all of these initiatives were developed by dentists in each of the services. These have all proven to be wise initiatives. The exceptional level of care that is provided by the military medical services in head and neck, as well as orthopedic reconstruction could not be performed without the use of 3D modeling and RP technologies for the treatment of today's wounded warriors.

The Base Realignment and Closure (BRAC) offered the opportunity for the 3D modeling to become a more viable service for the DoD, VA, and other federal institutions. The new 3D Medical Applications Service (3D MAPS), Department of Radiology, Walter Reed National Military Medical Center, will be one of the only full-service Medical Modeling Services that resides in a hospital in the US. In an open search for a Chief of Services, once again a dentist was selected, CAPT Gerald Grant, DC, USN. The service presently can provide 3D printing, Stereolithography, and deposition models, guides, and devices. In addition, an ARCAM system which can produce titanium custom devices will be available, and multiple materials printing will soon be available. Also located with the Maxillofacial Prosthetics Laboratory at the Naval Postgraduate Dental School's new laboratory spaces, 3D MAPS will be able to increase service with milled dental restorations and will provide 3D modeling training to the Maxillofacial Prosthetics Laboratory training program. Along with RP services, there will be an active research branch concentrating on imaging and custom implant fabrication, as well as support for inter service research, and a surgical treatment service is planned. Access to the service will be worldwide via a military website and is expected to increase services throughout the DoD on a grander scale.

Captain Gerald Grant, DC, USN is attached to the Naval Postgraduate Dental School, Bethesda, MD. The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U.S. Government.

CAREER

Dr. Omaid Ahmad recently accepted the position as Assistant Professor in the Department of Adult Restorative Dentistry at the University of Nebraska Medical Center.

Dr. Avinash Bidra recently moved to the University of Connecticut Health Center as an Assistant Professor in the Department of Reconstructive Sciences.

Dr. Anton (Tony) Petrich was promoted to rank of COMMANDER in the US Navy.

Dr. Robert M. Taft assumed the position as Deputy Chief, Dental Corps, Bureau of Medicine and Surgery in the US Navy.

Dr. Alvin G. Wee recently moved to Creighton University as Associate Professor of Prosthodontics and Director of Maxillofacial Prosthodontics.

KUDOS

Dr. Geral T. Grant was recently awarded two research grants: (1) "Custom Titanium Implant Prototypes" for \$184,000/-, and (2) "Craniofacial Imaging Research" for \$251,500.

Dr. Zafrulla Khan is sponsored by SciClone Pharmaceuticals, Inc., for a clinical study, entitled "A Phase 2b, Multi-center, Randomized, Double-blind, Placebo-controlled Study to Evaluate the Efficacy and Safety of Three Different Doses of SCV-07 in Attenuating Oral Mucositis in Subjects with Head and Neck Cancer Receiving Concurrent Chemotherapy and Radiotherapy."

Dr. Tony Petrich and Evangeline Rizal Muldon were married on July 2, 2011. Evangeline is a high school principal.



Dr. Alvin G. Wee was awarded \$100,000/- as Co-Investigator of a RR&D Merit Review Award: Pilot Project Grant from the Department of Veterans Affairs, entitled "Viscoelastic Properties of Human Facial Skin".

Dr. Fong Wong was recently promoted to associate professor with tenure in the Department of Restorative Dental Sciences at the University of Florida.

MEMBERSHIP HIGHLIGHTS

Dr. Lawrence E. Brecht, Associate Professor and Director of Craniofacial Prosthetics, Institute of Reconstructive Plastic Surgery, NYU, is currently serving as Regional Director and on the Board of Directors for the American College of Prosthodontics.

Dr. Betsy K. Davis, Associate Professor and Director of the Maxillofacial Prosthetic Clinic, is currently serving as Treasurer of the International Society of Maxillofacial Rehabilitation.

MEMBERSHIP HIGHLIGHTS

Dr. Steven E. Eckert, Professor Emeritus at the Mayo Clinic, is serving as President of the Academy of Prosthodontics.

Dr. Salvatore J. Esposito, from Beachwood, Ohio, is currently serving as Second Past President of the American Prosthodontic Society.

Dr. Peter J. Gerngross from Michael E. DeBakey VA Medical Center, Houston, TX, has recently been appointed as Assistant Dental Chief of Dental Service.

Dr. Joseph M. Huryn, Professor at the Memorial Sloan-Kettering Cancer Center, is currently serving as Board Councilor for the American Prosthodontic Society.

Dr. Rhonda Jacob, Professor at the MD Anderson Cancer Center, is currently serving as Secretary of the International College of Prosthodontists.

Dr. Terry M. Kelly, Director of Maxillofacial Prosthetics/Dental Oncology at the Moffitt Cancer Center in Tampa, Florida, is currently serving as Regional Director and on the Board of Directors for the American College of Prosthodontics.

Dr. Dorsey Moore, HGB Professor Emeritus at the University of Missouri-Kansas City who was involved with the development of MDX 4-4210 silicone, has the following paper in progress: "Evaluation of glossectomy patient and development of a functional tongue prosthesis."

Dr. Lori G. Ransohoff from Tampa, Florida, is currently serving as Secretary/Treasurer of the Florida Prosthodontic Association.

Dr. Arrun B. Sharma, Professor at the University of California in San Francisco, is currently serving as Immediate Past President of the Pacific Coast Society for Prosthodontics, as well as on the Board of Councilors for the International Society of Maxillofacial Rehabilitation and the American Prosthodontic Society.

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 and President Elect of Academy of Prosthodontics.

Dr. Jonathan P. Weins from West Bloomfield, Michigan, is currently serving as President of the American College of Prosthodontists.

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 of the International Society for Maxillofacial Rehabilitation and as Board Councilor for the International College of Prosthodontists.

AAMP Publication and Nomenclature Committee



“The AAMP Family”

Thank you to all who have contributed and supported the publication of the fifth *AAMP Connections*. Without the support and contribution from the AAMP Board of Directors, Publication and Nomenclature Committee, Ms. Carla Danielson and Mrs. Lisa Wee, this effort would not be possible.

Membership is essential to the vitality and survival of any organization, including the AAMP. We are a small organization, with our membership having a very specific skill set. In lieu of this, it is even more crucial that each trained maxillofacial prosthodontist is or becomes a member of the AAMP. Each year, an average of 12 colleagues will graduate from a one-year maxillofacial prosthetic fellowship. Unfortunately, only a handful join our organization.

Many prosthodontic organizations attract their core membership by being exclusive and selective in their membership. This exclusivity often lures membership to their organization. Others ensure that program directors are included in the leadership team to secure that the prosthodontic residents attend their meetings and eventually apply for membership. Each organization is different, and I urge the membership of the AAMP to formulate and share their ideas of a paradigm that ensures the sustainability of our organization.

On that note, I suggest that we build on our strength of having a family-like organization, as mentioned in President Taft’s message, to grow our membership. Even today, amidst our amazing technology, the power of the “personal touch” cannot be underestimated. A supportive telephone call, encouraging email, a copy of this newsletter and/or a sincere invitation may lure our colleagues to consider and pursue membership in the AAMP. Taking a few extra moments to explain the benefits of membership, the professional stimulation, and the personal rewards of our involvement in the AAMP may help those who are “sitting on the fence” to join.

Sincerely, *Alvin*

“Call it a clan, call it a network, call it a tribe, call it a family: Whatever you call it, whoever you are, you need one.” — Jane Howard

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