



# AAMP CONNECTIONS

Summer 2013 Edition

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## **PRESIDENTIAL MESSAGE**



### **AAMP – Stronger than the Storm!**

Those of you living in New Jersey or the greater New York City area might wonder if this message was penned by Governor Chris Christie or maybe even Bruce Springsteen. In reality, the new promotional slogan of New Jersey, "New Jersey –Stronger than the Storm," is just as applicable to the AAMP as it is to the Garden State. Here we are... approaching the anniversary of the cataclysmic storm that cancelled our joint AAMP-ISMR meeting in Baltimore, and we have bounced back. Indeed, New Jersey and the AAMP are "Stronger than the Storm!" The Program Committee, led by Betsy Davis, Harry Reintsema and Mark Chambers, has worked diligently to reproduce the excellent 2012 program again in New Mexico for 2013. Nearly all presenters slated for 2012 are returning this year. While many of you have already signed up for the meeting this year, we ask those of you who have not registered for the meeting to consider making the trip to beautiful New Mexico to show your support for the Academy. Sometimes, the "cost" of membership is more than just writing a check for our annual dues. Sometimes, we have to actually show up and help reaffirm the ties that bind us together in the fellowship of the Academy. Many of us may have traveled to places far away from home this summer to attend family reunions with cherished ones. While the travel may not have been the fun part, being in the company of loved ones and family makes it all worthwhile. Consider the trip to this year's AAMP-ISMR meeting a "professional family reunion." Help us reaffirm that we are all truly "Stronger than the Storm!"

### **What's In A Name?**

When asked, "What do you do?" in a social setting, how do you respond? Is it, "I'm a dentist", or perhaps, "I'm a prosthodontist"? Maybe you actually go with, "I'm a maxillofacial prosthodontist". But what exactly does THAT mean? So often, we struggle to describe just what it is that we do. At the 2011 Annual Session in Scottsdale, AZ, we asked AAMP Fellow John Wolfaardt to explore the question: How do we describe what it is we do? Do the terms maxillofacial prosthetics or maxillofacial prosthodontics adequately describe our day-to-day activities? In his excellent presentation, John shared data with us, resulting in us asking even more questions. This year, the AAMP Board of Directors charged Academy Fellow Gerald Grant with leading an ad hoc committee to explore this issue in detail. Where the committee will take us as a subspecialty and as an Academy may be very interesting. For those of us helping to digitally plan surgical procedures or to care for an infant with a cleft, the term maxillofacial prosthodontist may not really do the job in explaining what we do and who we are to our professional colleagues, our patients, or the public at large. Perhaps, after a thorough analysis, a name change may even be in order. If that seems like just a bit too much, just remember that the current AAMP was once named, The National Association for Stomato Prosthetics and Rehabilitation! If you have thoughts on this subject, please feel free to contact Gerald at [makesfaces@me.com](mailto:makesfaces@me.com) and weigh in!

### **"Fundamental Transformation" of Healthcare**

Very shortly, the most sweeping government intervention in how healthcare is distributed in the United States will begin taking effect –The Patient Protection and Affordable Care Act. Already, the "Sunshine Act" has taken effect. Both pieces of legislation provide opportunities and pitfalls for the practice of medicine here in America. Both will affect all aspects of maxillofacial prosthetics – education, research, and patient care. Neither academia, hospital-based programs, nor private practitioners will be spared the provisions of these pieces of legislation.

How will they affect us, our programs, and our practices? How will they affect the AAMP? These are questions we are certainly about to explore. I would urge all AAMP members who are residents of the United States to become familiar with these pieces of legislation and become involved. Share your thoughts with your elected officials – pro or con - and work to make "The System" we have been given as effective as possible. If you don't like what has been given to us, perhaps it is time to select one or two of us to use our skills to really get involved. As recently as 2010, there were two members of Congress with dental degrees. Currently in the 113th Congress, there are 20 physicians or surgeons serving. Anyone game?

Sincerely in fellowship, *Larry Brecht*

# AAMP Executive Officers 2013-2014



## **President**

**Dr. Lawrence E. Brecht**

New York University-Langone Medical Center  
New York, NY



## **Executive Secretary/Treasurer**

**Dr. Jeffery C. Markt**

University of Nebraska Medical Center  
Omaha, NE



## **President Elect**

**Dr. Betsy K. Davis**

Medical University of South Carolina  
Charleston, SC



## **Recording Secretary**

**Dr. Thomas J. Salinas**

Mayo Clinic  
Rochester, MN



## **Vice President**

**Dr. Mark S. Chambers**

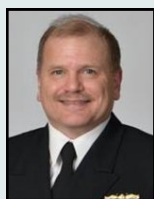
MD Anderson Cancer Center  
Houston, TX



## **Immediate Past President**

**Dr. Steven P. Haug**

Indiana University School of Dentistry  
Indianapolis, IN



## **Vice President Elect**

**Dr. Gerald T. Grant**

Walter Reed National Military Medical Center  
Bethesda, MD

# AAMP Board of Directors

**2013**

**Dr. Peter J. Gerngross**

(Houston, TX)

**2014**

**Dr. Paul R. David**

(Chesapeake, VA)

**2015**

**Dr. Joseph M. Huryn**

(New York, NY)

**Dr. Craig A. Van Dongen**

(Providence, RI)

**Dr. Alvin G. Wee**

(Omaha, NE)

**Dr. Arun B. Sharma**

(San Francisco, CA)



## **AAMP Board of Directors**

**(Left to Right):**

Drs. Peter Gerngross, Gerald Grant,  
Alvin Wee, Craig Van Dongen,  
Joseph Huryn, & Arun Sharma.

# AAMP Committee Chairs 2013-2014

## Dr. Terry Kelly

» External Organization Nominations

## Dr. Steve A. Wagner

» Internet / Home Page

## Dr. Theresa M. Hofstede

» Educational Standards

## Dr. Peter J. Gerngross

» Public and Professional Relations

## Dr. Arun B. Sharma

» Liaison to the ISMR

## Dr. Joseph M. Huryn

» Research

## Dr. Jeffrey E. Rubenstein

» Awards

## Dr. Villa L. Guillory

» Auditing

## Dr. Alan J. Sutton

» Federal Services

## Dr. Craig A. Van Dongen

» Insurance and Oral Health

» Memorial

## Dr. Harold Kolodney

» Ethics and Medico-legal

## Dr. Robert M. Taft

» Strategic Alliances

## Dr. Jeffery C. Markt

» Time and Place

## Dr. Stephen G. Alfano

» Education

## Dr. George C. Bohle, III

» Wikipedia

## Dr. Alvin G. Wee

» By-Laws

» Publications and Nomenclature

## Dr. Gerald T. Grant

» Material & Devices

» Organizational Identity

## Dr. Thomas J. Salinas

» Fellowship

» Student Membership

## Dr. Martin Osswald

» International Relations

## Dr. Steven P. Haug

» Nominating

» Past Presidents

## Drs. Betsy K. Davis

Harry Reintsema

Mark S. Chambers

## Dr. Paul R. David

» Historical Archives

» Annual Program

## Current AAMP Membership Status

*\*Growth/decrease since July 2012*

16	↑	<b>Current membership</b>	<b>482</b>
9	↑	Fellows	129
6	↑	Associate Fellows	51
2	↑	Affiliates Fellows	24
		Technician Auxiliary	3
2	↑	Life Fellows	97
		Life Affiliate Fellows	5
2	↓	Students	173

## Elevation of AAMP Status

**Life Fellow:** Drs. Michael Carpenter and Jack Meyer.

**Full Fellow:** Drs. Harold Kolodney, James Kelly, Aaron Segal, Andrew Van Blarcom, Robert Schneider, and Reza Heshmati.

**Associate Fellow:** Drs. Ruth Aponte-Wesson, Igor Pesun, Jennifer Wiens-Priebe, Omaid Ahmad, Terry Lin, Caroline Nguyen, Paul Cashman, Richard Cardoso, Ghassan Sinada, Leslee Timm, and Mounir Kharchaf.

**Affiliate Fellow:** Drs. Suhasini Nagda and Raghuwar Singh.



# Spotlight on the AAMP President Elect: Dr. Betsy Davis

By: Dr. C. Wallace

As many of you know, Dr. Betsy Davis will be inducted as our next president later this year. We felt a few questions to our incoming president would let you know a little bit more about her. Through this interview, Dr. Davis has shared her views on prosthodontics, particularly maxillofacial prosthodontics, what inspires and motivates her to keep moving forward, and her gratitude for her family.

## **Q: What was your journey into dentistry, prosthodontics and eventually maxillofacial prosthetics?**

**A:** Growing up, I was the science “geek”. I had undertaken a science project in high school and won the SC competition. This gave me the opportunity to present my science project to the American Academy of Science in Houston, Texas. From there, I won a trip to present at the International Science and Engineering Fair in Anaheim, California. Truthfully, I thought that I would be going into medicine but decided on dentistry because I thought that I could have both – family and career. Ironically, I chose a specialty in dentistry that is much more medicine-based than dental. I chose prosthodontics because it always came easy to me, and it was my greatest strength.

With respect to maxillofacial prosthetics, Dr. Bill Lavelle and Ann Flyer at the University of Iowa were the ones who made Maxillofacial Prosthetics fun and exciting. From then on, I knew that I wanted to do Maxillofacial Prosthetics once my rotation with them was completed.

Growing up, I had great parents, and they were my inspiration (although I had a lot of great mentors). My motivation is the pursuit of excellence. As my staff will tell you, I don’t care “how much” of each procedure that I do – I just want to do it with quality.

## **Q: How do you maintain such energy to be involved with so many organizations, lectures, and publications over the years?**

**A:** There are so many other people in our profession who have a lot more energy than I have, who are involved with many more organizations, lectures, and publications. Now that I am older, I always ask myself, “Will this bring me joy?” or “Do I really need to do this?” During different parts of my life, my priorities have changed and along with that my choices. Being famous was never my priority – so I have never felt the need to belong to a lot of organizations. I think that our specialty is so small that we need to work together. My concern is that we have a lot of organizations, and we tend to “compete” with one another. If we work together, we can accomplish more.

## **Q: Where do you see our specialty heading? How is the field changing/evolving? Where do you see our future?**

**A:** I think that our specialty, like all of medicine, at least in the US, will need to change. This year ahead, 2014, will be remembered as the year for change in medicine. So, it is important that our specialty changes in a positive manner in order for us to continue to serve our patients – that means



we have to look at how we define our specialty. Our “value” has to increase – so we have to look at incorporating more technology into our practice model. We have to partner more with bioengineering to solve clinical problems, and we have to start defining our outcomes. The Obama healthcare plan is changing the reimbursement model. In the past, our reimbursements were dictated by our expenses; in the future, our reimbursement will be dictated by our outcomes. Hence, we need to define our outcomes in order to obtain a better reimbursement.

## **Q: How do you maintain a balance between your career and personal life?**

**A:** I do not know if I am the one to ask about that – but, I am at peace with my decisions. Finding a balance between your career and personal life is difficult, especially in the hospital, given the urgency of the medical diagnosis. I think being flexible helps one through the difficult times when patient need is great and perhaps the personal life has to take a back seat to the career. Most importantly, I think having a sense of gratitude is also important. As my parents taught me years ago – don’t look at what you don’t have, look at what you do have. All of us have difficult times in our lives. What is important is that we try to learn our life lessons and develop a sense of peace about the choices that we make.

## **Q: Let us know about your family, friends, likes and dislikes?**

**A:** I am one of four children. I have an older brother and sister who are twins and are 11 months older than me, and I have a sister who is 5 years younger. My parents emphasized education, and so we always knew from a young age that education was important. My brother has his MBA and is Vice-President of Transportation for North American Composites in Minneapolis, MN. His twin sister received her Ph.D. in psychology from NYU and is on faculty at Georgia Southern University. My younger sister is a midwife who works for a hospital in South Carolina. Equally as important as my career is my role as “Aunt Betsy” to Will (17), and Elizabeth (12) and my role as “Aunt BB” to James (3), and Caroline (1 ½). When time allows, my hobbies include painting (watercolor and oil), swimming, reading, and golf.

*On behalf of the Academy, we would like to thank Dr. Davis for taking the time from her demanding schedule to share a little about herself.*

# The Joy of Maxillofacial Prosthetics

In 1972, my life changed when I was completing a prosthodontics program in Brooklyn and decided to attend a continuing education program sponsored by AAMP. There I learned of a maxillofacial prosthetic (MFP) residency opportunity in Buffalo. I ended up training in MFP for one year, and it made a great impact on my life. There are only a small percentage of prosthodontists that have taken up this challenge. Be one of them. You will never regret it. I want to share my experiences as a MFP because I believe that your lives can be just as full and rewarding as mine has been.

Back in the 1970's, MFP programs were in regional cancer centers and were usually just a one-year program. When I joined the AAMP in 1973, MFP was just starting to gain popularity. Mainstream prosthodontics often viewed MFP as a "gypsy" part of prosthodontics. Without formal education, you could be a specialist in MFP just because you liked it. It was not until the late 70's that the American Board of Prosthodontists was beginning to recognize the MFP as an integral part of prosthodontics. This allowed applicants to take the board in fixed, removable and maxillofacial prosthetics. Although I was unsuccessful in my first attempt at boards, I continued to follow my MFP patient who I used for my case presentation. Soon, things began to change and the National Cancer Institute did not continue to fund MFP education.

In 1973, I replaced a classical prosthodontist (identified as CH) when I took a faculty position as an assistant professor in oral and maxillofacial surgery where I taught in the prosthodontics department part-time. In this role, I wrote grants and papers, lectured and spoke about MFP in a variety of venues. Although I was not a mainstream AAMP lecturer or even an officer in the Academy, MFP allowed me the opportunity to share my expertise and grow professionally while helping MFP patients rehabilitate. During this time, I must have taken over 10,000 slides to share with students and other prosthodontists. When CH died, his wife asked if I wanted his glass mounted slide collection for my lectures. Boy, what a find! Now at 70, I wonder what will happen to my slide collection and those re-focused digital images when I pass on.

As I progressed in my career, my interests and clinical skills were focused on MFP. I believe specializing in MFP and treating patients with complex functional problems is a magical experience. I can only hope that feeling resonates with all MFP prosthodontists. I also know that not all prosthodontists are interested in MFP. It turns many off, but once "the bug bites", it's over. You never lose the excitement, the challenge or the desire to do MFP.

As time moves on, I always remember the Academy and its small, but congenial membership. When met with challenges in my professional career, I was always able to ask someone in the Academy for help. As a national academy, we only met once a year. The Board ran the organization, but each member in their own local areas ran their branch of the Academy. We all promoted the Academy, and whether we realized it or not, the AAMP was our parent. We shared common experiences with all our members. As I enter partial retirement from prosthodontics, I work primarily in MFP and teach prosthodontics locally. Whenever I am in need of lecture materials, I have always been and am still able to reach out to fellow Academy members who are happy to share their resources.

There are too many memories and experiences with MFP and the AAMP to share them all here. My dislike of flying has kept me from attending the annual meetings over the last several years. When I attended my last meeting, I looked around to find that my mentors were gone and that I didn't recognize many of the membership. I then realized that I was now the old guard and mentor. I hope that new attendees and members become attached to the Academy and prosper from the organization as we older members have.

As an addendum, I recently noted in a journal that more than 50% of the American Board of Prosthodontics are classically trained in MFP and that the last president was a trained MFP prosthodontist. I also just completed a prosthetic digit for a finger amputee patient and have two surgical obturators to place next week in the operating room.

# Wellin Endowed Chair

By: J. Watkins, MUSC PR Department

Betsy K. Davis, D.M.D., M.S., occupies a rare position in academic medicine. As recipient of the recently established Wendy and Keith Wellin Endowed Chair in Maxillofacial Prosthodontics and Dental Oncology, Dr. Betsy Davis is part of a triumvirate of elite faculty, sponsored by the Wellins at the Head and Neck Cancer Center of the Medical University of South Carolina. Her colleagues in this exclusive group include Terry Day, M.D., Wendy and Keith Wellin Endowed Chair in Head and Neck Surgery, and Anand Sharma, M.B.B.S., Wendy and Keith Wellin Endowed Chair in Radiation Oncology.

The establishment of three endowed chairs representing different disciplines in head and neck cancer is believed to be the only such assemblage in the nation, if not the world.

"The Wendy and Keith Wellin Endowed Chair in Maxillofacial Prosthodontics and Dental Oncology is a reflection of their commitment to excellence in interdisciplinary care for the head and neck cancer patient," Davis said. "It means that for years to come, patients will benefit from their generosity, and maxillofacial prosthodontics will forever play a role in head and neck cancer treatment at the Medical University of South Carolina. As the recipient of the Endowed Chair, I am grateful and humbled by their generosity."

Keith Wellin was treated by Drs. Day, Davis, and Sharma for two different cancers, and has since been restored to full health. The Wellin couple was impressed not only by the physicians' expertise, but also by the personal care they received. Their experience, in part, prompted them to establish the Head and Neck Cancer Clinic in the three disciplines.

The Charleston couple has established a legacy of

generosity touching many different areas. Keith Wellin, an Army veteran and a highly successful financier, has been a steadfast supporter of his alma mater, Hamilton College. He and Wendy have just built another building, The Ruth and Elmer Wellin Museum, in honor of his parents, at Hamilton College in Clinton, New York.

"I believe in putting the 'arts' in liberal arts," he said of their gift to the college. They also believe in putting the "care" in health care, by giving freely of their time and expertise in the administration and creation of the Head and Neck Cancer Clinic and, concurrently, a new Stroke Center in another facility in Charleston. Over the years, they have also generously supported The Weill Cornell Presbyterian Hospital, NYC.

"Wendy and Keith are the type of people who unselfishly give to others. They are transforming care in head and neck cancer in the United States through their support of this Head and Neck Clinic of Excellence," Day said. "Their commitment, compassion, and patient-centered approach for improving the cancer experience is going to result in better outcomes for all. Patients will now be able to receive the finest care in a state-of-the art center that we expect to be second to none."



Back  
(left to right):  
Drs. Terry Day,  
Betsy Davis, &  
Anand Sharma.

Front  
(left to right):  
Wendy and Keith  
Wellin.

## Maxillofacial Prosthetic Training & Educational Programs

Directed by AAMP Fellows

### Mayo Graduate School of Medicine

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

### Memorial Sloan-Kettering Cancer Center

Program Chair: Dr. Joseph M. Huryn  
Department of Surgery, Dental Service  
New York, New York

### United States Air Force

Program Director: Dr. Alan J. Sutton  
Wilford Hall Medical Center  
Lackland Air Force Base  
San Antonio, Texas

### MD Anderson Cancer Center

Program Director: Dr. Theresa M. Hofstede  
University of Texas, MD Anderson Cancer Center  
Department of Head & Neck Surgery  
Houston, Texas

### UCLA

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

### United States Navy

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



# The Development of Wagner Universal Impression Trays

By: L. Ridgway

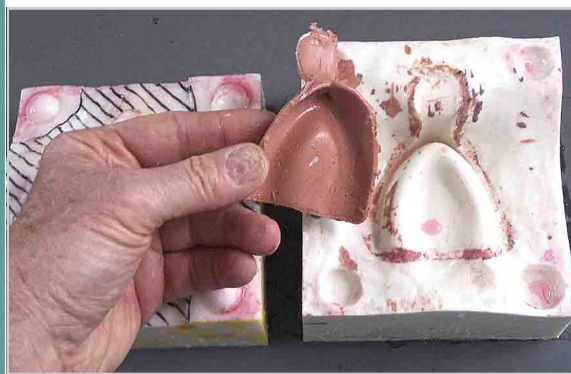
Dental prosthetics is a specialty field characterized by innovation and excellence, two principles to which prosthodontist Dr. Stephen Wagner has dedicated much of his career. Over the past decade, Dr. Wagner invented and put into market the Wagner Universal Impression Tray system, which allows dental practitioners to more easily create a textbook-quality final impression in just one visit. Through this interview, Dr. Wagner shares his experience in developing the Universal Impression Tray System.

Like most prosthodontists, Dr. Wagner does not compromise on quality. As he mentioned during the interview, however, “creating high-quality work can take time.” He recognized early on in his career the need for the field of prosthodontics to become more efficient in order for it to be a profitable business. The traditional process of creating high-quality dentures is not cost-effective for private practices, as it often requires approximately five 60- to 90-minute patient visits, which ends up costing about \$300 in time. With this in mind, Dr. Wagner sought to develop a technique that would allow for a high-quality final impression to be done in one visit.

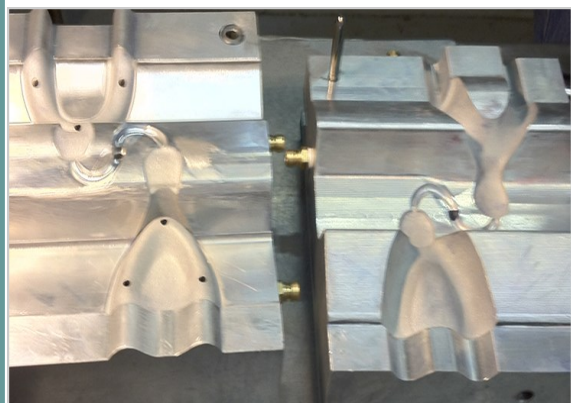
When his two children were young, Dr. Wagner would make frequent visits to the local toy store. There, he noticed “Friendly Plastic Modeling Material” which softened when submerged in water and could be molded into any shape. He purchased the material and headed home where he tried to make an impression. Although he did not fully succeed, he reasoned that the primary material (polycaprolactone) could be altered by adding and mixing in other materials. For five years, Dr. Wagner conducted research and worked with polycaprolactone until he was able to create his final prototype.



Figure 1. Finished maxillary tray.



During the development, impression tray were created from compression molds.



Currently, the tray material is taken and squeezed into shape by aluminum injection molds by a hydraulic press.

After his final prototype was formed, Dr. Wagner took steps to finalize and patent his invention. He approached several patent attorneys over the course of seven years before he received an actual patent. This was just one of several challenges experienced by Dr. Wagner during his journey of invention. He first presented his idea to a company for development but quickly realized that the person with the most passion for the product should be the one to develop it, and that was him. He launched his own company called Big Jawbone, Inc. and worked with a local vendor in order to produce mass numbers of impression trays.

During the interview, Dr. Wagner explained and outlined four phases of invention: idea, working prototype, product commercialization, and marketing. Currently in the final phase of invention, Dr. Wagner markets his invention through lectures to prosthodontists and dentists across the nation.

Dr. Wagner's Universal Impression Trays are now utilized in several dental schools, which is a clear sign of success and progress for the future of prosthodontics. Universal impression trays have the potential to significantly impact the entire field of dentistry as they reduce the burden of making dentures for both skilled prosthodontists and general dentists alike. As Dr. Wagner mentioned, “it is a self-working system that allows for dental practitioners to perfect their art.”

Career choices in maxillofacial prosthetics are similar to other specialties and usually encompass private practice, dental school, medical center or federal services. In 1981, I completed a maxillofacial prosthetics residency at UCLA. My geographic location selection of Michigan was related to home and family. Initially, I started a specialist private practice in Toledo, Ohio, with a very heavy emphasis on maxillofacial prosthetics. There were no institutional positions available at that time. This practice did very well and within a few years, I started consulting one half-day per week at Harper Hospital (now Karmanos Cancer Center) and Wayne State University in Detroit, Michigan. The practice and activity at both sites steadily expanded. By my fifth year out, I was offered a full-time faculty position in the Department of Otolaryngology at Wayne State University Medical School, with the option of treating patients from my private practice base at the medical center.

The career choice was private practice vs. university medical center. Although private practice was very lucrative, it alone did not satisfy my career goals. I decided that the university setting offered the best opportunity for what I wanted, treating maxillofacial prosthetic patients over the long term, teaching and academics. Fortunately, my goals aligned with the university medical center, as they saw value in the unique clinical care provided with intraoral and extraoral prostheses, my expertise in radiation therapy effects, research collaboration, and teaching residents and medical students. The decision was based on mutual respect among the Chairman of the Department of Otolaryngology, the Chief of Dentistry at the hospital, hospital administrators and myself. The consulting part-time position provided the appropriate interaction with the key people noted above for the position to evolve and develop. Initial negotiations resulted in adequate clinical and laboratory space, equipment, a full-time assistant who also did the billing, secretarial support on the academic side, and an operational budget to cover supplies and the use of outside laboratories. The operational budget gave me full autonomy as a maxillofacial prosthetic service independent from Otolaryngology and the Dental Service. This resulted in the first independent, free-standing university maxillofacial prosthetic service in the state, and it still is.

Your negotiations have to be reasonable and demonstrate fiscal responsibility. Requesting an in-house lab, a full-time laboratory technician and equipment that does and will not result in increased revenues frequently will result in increased cost overruns and the need for more support from the institution if clinic or research revenues can't offset these. Clinical volume of maxillofacial prosthetic patients has to be astounding given the reimbursement rates to offset a top heavy elaborate operation. It is important to keep your operation reasonable and functional, and not a fiscal burden on your institution. These principles are no



*From left to right: Martha Barron, Office Manager and Assistant; Mark Marunick, D.D.S., M.S.; Karen Mielke, Administrative Asst.*

different than running an efficient private practice. To make this work, you have to be multidimensional, doing intraoral and extraoral prostheses, and a good part of your own laboratory work. This all requires more work and energy. Fortunately, this does not go unnoticed.

Be aware of institution personalities and politics. They can help or hinder your service, and you should interact accordingly. Be visible, attend grand rounds and conferences, and provide input. Your knowledge base will be recognized by your medical colleagues, and they will interact rather than direct or disregard. Be available to assist and interact regarding patient care for optimal outcome. Your clinical care and outcomes will be a great source of support, as this will be noted. Be willing to collaborate on any research project or study where you feel you can contribute. Accept all teaching and lecturing opportunities as these expose your knowledge base and willingness to share.

While I have not established a formal maxillofacial prosthetic education program, residents in accredited advanced programs in prosthodontics at the University of Michigan and the VA Medical Center in Detroit receive didactic instruction and are exposed to clinical procedures in the maxillofacial prosthetic area.

Over the years, I have taught well over a hundred ENT and Oral Surgery residents and thousands of medical students. If these residents are not educated and do not learn to understand and appreciate maxillofacial prosthetics, there will be no place or opportunities for future maxillofacial prosthodontists, let alone potentially less-than-optimal patient care. We have to promote and preserve our subspecialty for its long-term health and viability. A strong medical center presence is a great forum to accomplish this, along with your career goals.

**Mark Marunick**, DDS, MS, FACP

Past AAMP President

Chief of Dentistry, Detroit Medical Center

Director of Maxillofacial Prosthetics, Karmanos Cancer Center

Professor, Wayne State University School of Medicine



## Kudos

**Dr. Zafrulla Khan**, Professor and Director of Maxillofacial/Oncologic Dentistry at the J.G. Brown Cancer Center, Louisville, KY, was recently invited to speak on "Computed Maxillofacial Imaging in Head and Neck Oncology" at the Computer Assisted Radiology 2013, 27th International Congress and Exhibition in Germany.

**Dr. Alvin G. Wee** was recently awarded the Dr. George F. Haddix President's Faculty Research Fund from Creighton University, Omaha, NE, as PI to conduct the study entitled, "Importance of Conducting Routine Oral Cancer Examination by Medical professionals at Primary Care Clinics in Nebraska."

## Career Highlights

**Dr. Ruth Aponte-Wesson** recently moved from the University of Alabama School of Dentistry as Program Director of their Maxillofacial Prosthetic Training Program to the Department of Head and Neck Surgery, The University of Texas MD Anderson Cancer Center, Houston, TX.

**Dr. Kenneth Kent** recently accepted the position as Director of Removable Prosthodontics within the Department of Preventive and Restorative Sciences, University of Pennsylvania School of Dental Medicine, Philadelphia, PA.

**Dr. Robert M. Taft** recently accepted a position as Chairman of the Prosthodontic Department, Naval Postgraduate Dental School, Bethesda, MD.

**Dr. Christine Wallace**, Head of the Department of Oral Restorative Sciences and Clinical Director of the Doctorate in Clinical Dentistry (Prosthodontics), Sydney, Australia, was recently promoted to Associate Professor, Discipline of Rehabilitation, Faculty of Dentistry.

**Dr. Robert F. Wright** recently moved from Harvard School of Dental Medicine as Director of Advanced Graduate Prosthodontics to The University of North Carolina at Chapel Hill as a tenured Professor and Department Chair of Prosthodontics.

## Membership Highlights

**Dr. Lawrence E. Brecht**, Associate Professor and Director of Craniofacial Prosthetics, Institute of Reconstructive Plastic Surgery, New York University, NY, is currently the President-elect of the Greater New York Academy of Prosthodontics and will assume the Presidency in December 2013.

**Dr. Betsy K. Davis**, Associate Professor and Director of Maxillofacial Prosthetic Clinic, Medical University of South Carolina, Charleston, SC, is currently serving as Treasurer of the International Society of Maxillofacial Rehabilitation.

**Dr. Steven E. Eckert**, Professor Emeritus at the Mayo Clinic, is serving as Treasurer of the International College of Prosthodontists, Vice President and Examiner of the American Board of Prosthodontics and Editor-in-Chief of *The International Journal of Oral and Maxillofacial Implants*.

**Dr. Salvatore J. Esposito**, from Beachwood, OH, is currently serving as Executive Director of the American Prosthodontic Society.

**Dr. Peter J. Gerngross**, Assistant Dental Chief of Dental Service at the Michael E. DeBakey VA Medical Center, Houston, TX, and Director of the VA Dental Practice-based Research Network, is serving on the Board of Councilors for the International Society of Maxillofacial Rehabilitation.

**Dr. Joseph M. Huryn**, Professor and Chief of Dental Service, Department of Surgery at the Memorial Sloan-Kettering Cancer Center, was recently elected as Vice President-Elect of the American Prosthodontic Society. He is also serving on the Board of Councilors for the International Society of Maxillofacial Rehabilitation.

**Dr. Rhonda F. Jacob**, Professor Emeritus at MD Anderson Cancer Center, is currently serving as Co-President of the International College of Prosthodontics.

**Dr. Russell D. Nishimura**, Professor Emeritus at UCLA and currently in private practice in Westlake Village, CA, was recently elected as Vice President of the Academy of Osseointegration, after serving as its secretary for several years.

**Dr. Harry Reintsema**, Professor and Director of Center for Special Dental Care and Maxillofacial Prosthetics, Department of Oral and Maxillofacial Surgery, University of Groningen, The Netherlands, is currently serving as President of the International Society of Maxillofacial Rehabilitation.

**Dr. Arun B. Sharma**, Professor at the University of California in San Francisco, is currently serving on the Board of Councilors for the American Prosthodontic Society.

**Dr. Robert M. Taft**, Chairman of the Prosthodontic Department at the Naval Postgraduate Dental School, is currently serving as Director of Maxillofacial Prosthetics / Board of Directors of the American College of Prosthodontics and on the Board of Councilors for the International Society for Maxillofacial Rehabilitation. He is also serving as Secretary-Treasurer and Examiner for the American Board of Prosthodontics.

**Dr. Thomas D. Taylor**, Professor and Department Head of Reconstructive Science at the University of Connecticut School of Dental Medicine, serves as the Immediate Past President of the Academy of Prosthodontics and as Executive Director of the American Board of Prosthodontics for his 13<sup>th</sup> year.

**Dr. Alvin G. Wee**, Associate Professor at Creighton University, Omaha, NE, is currently serving as Treasurer of the International Academy of Oral Facial Rehabilitation, Membership Director (Region IV) / Board of Directors for the American College of Prosthodontics, as well as serving on the Board of Councilors for the International Society for Maxillofacial Rehabilitation.

**Dr. Jonathan P. Weins**, from West Bloomfield, MI, is currently serving as President and Examiner for the American Board of Prosthodontics.

**Dr. John F. Wolfaardt**, Professor at the University of Alberta / Institute of Reconstructive Science in Medicine, Edmonton, Alberta, is currently serving as Immediate Past President of the International Society of Maxillofacial Rehabilitation.

## *New ABP Diplomates !*

**William Day Gates III  
Anton Petrich  
Fong Wong**



# MSKCC Maxillofacial Prosthetics Training Program *By: Drs. Huryn & Randazzo*

**Memorial Sloan-Kettering Cancer Center** (MSKCC), founded in 1884, is the world's oldest and largest private cancer center. It has devoted more than a century to patient care and innovative research, making significant contributions to better understand, diagnose, and treat cancer. Next year, the MSKCC Dental Service will celebrate its 80th anniversary.

The AAMP Ackerman Award is named for Andrew J. Ackerman, DDS, the first Chief of the MSKCC Dental Service (1934-1960). He is considered by many to be the 'father of modern maxillofacial prosthetics'. The Maxillofacial Prosthetics Fellowship at MSKCC (ADA Accredited) has been in existence for over 50 years and has graduated over 99 maxillofacial prosthetic fellows since its inception. Program fellows have since become directors of prosthodontics programs and hospital residencies, deans of dental schools, affiliated with hospital-based dental programs as mentors and educators, and active in promoting the subspecialty of maxillofacial prosthetics.

The goal of the 12-month (July 1<sup>st</sup> to June 30<sup>th</sup>) maxillofacial prosthetic fellowship is to prepare prosthodontists to provide the highest quality of maxillofacial prosthetic care for head and neck oncology patients by providing an appropriate clinical and didactic education in an environment conducive to learning. Two maxillofacial prosthetic fellows are selected each year.

## Our **objectives** are:

1. To prepare by clinical experience and advanced technique, a clinically competent maxillofacial prosthodontist.
2. To prepare by advanced study an educationally competent maxillofacial prosthodontist.
3. To develop by research experience, a competent fellow who can evaluate, design, and complete clinical research in the discipline of maxillofacial prosthetics.
4. To prepare by evaluation of the scientific method and literature, a maxillofacial prosthodontist who can incorporate new ideas, techniques, and advances into his/her future practice and career.
5. To represent as an alumnus/alumna of MSKCC training program, the ability to provide the highest clinical skills and knowledge in the field of maxillofacial prosthetics.
6. To take steps to become board eligible and to participate in at least one part on the American Board of Prosthodontics examination.

There are three arms to the MSKCC fellowship program. In the **first clinical arm**, each fellow is assigned patients to work up, diagnose, develop a treatment plan and follow through. The fellow works with the attending in forming the treatment plan and implementing treatment of patients with intraoral and extra-oral defects of the head and neck resulting from trauma, cancer ablation, and congenital abnormalities. Each fellow treats and completes treatment for over 300 patients in the course of their fellowship training. Treatment is conducted in either the dental clinic, surgical day hospital or main operating room (surgical obturators, comprehensive dental treatment, implant placement, etc.). Full-time dental technicians and a medical artist are available to assist the fellows in the fabrication of intraoral and extraoral prostheses for patients with head and neck defects.

The **second arm** is didactic. Maxillofacial fellows participate in weekly conferences relevant to maxillofacial prosthetics and dental oncology, are involved in weekly literature reviews of current and classic maxillofacial prosthetic articles, and are involved in case presentations. They are also expected to do a research project that can be published in a peer-reviewed journal.

The **third arm** consists of interactions with other hospital services. The main services are Head and Neck Surgery, Plastic and Reconstructive Surgery, Ophthalmic Oncology, and the Department of Radiation Oncology. The fellow has a rotation in each of these services to learn and discuss the treatment of the patient and how that treatment may influence the treatment rendered. Fellows also participate in weekly head and neck conferences that provide an understanding of the Head and Neck Disease Management Team algorithm in treating patients with head and neck cancer, as well as how to interpret medical CT and MRI images; and to instill confidence in the fellow to participate in the "team" approach of patient care. This "team" caring concept is also the emphasis of weekly surgical grand rounds, where the fellow receives a broad knowledge of oncology-related issues.



*From left to right: Joseph Huryn, DDS, Chief, Dental Services and Joseph Randazzo, DDS, Director, Maxillofacial Prosthetics Fellowship*

# Joseph B. Barron Award (cont'd from AAMP Connections Summer 2012 Edition) By: Dr. Zemnick

Established in remembrance of Dr. Joseph B. Barron, Past President of the AAMP and Ackerman Award Winner, to recognize Maxillofacial Prosthetic Residents who exemplify personal qualities and academic prowess with a potential to be major contributors to the specialty, Fellows in the Academy, and future leaders.

## 2008 Recipient: Michael Forde, DDS, MDS

Dr. Forde completed his residency in Prosthodontics and Maxillofacial Prosthetics at the Mayo Clinic in Rochester, MN in 2007. Dr. Forde and his wife, Dr. Heather Forde, moved to Roseville, CA, in July of 2008 when he became the owner of a private Prosthodontic and Maxillofacial Prosthetic practice. Since that time, the Drs. Forde have added two children, Charlotte and Elliott, to their ranks. In addition to his private practice, Dr. Forde has become active in lecturing on a variety of topics, typically focusing on the use of dental implants in restorative treatment.



## 2009 Recipient: James Kelly, DDS, MS



Dr. Kelly is currently educating, practicing, and researching at the University of California, Los Angeles (UCLA). His primary position is the Director of Maxillofacial Prosthetics. He is passionate about his fellows' care for patients, outreach projects specifically in the rural Dominican Republic, and the scholarly activity they are all involved in. When asked to elaborate further, he shared that, "Creating an environment of 'Magis', or 'the more' in which fellows embody inspiration and aspiration to deliver the ultimate care for our patients is very important. From the first week the fellows come to study, it is important for them to build relationships amongst our interdisciplinary team so communication and patient care is enhanced, and in turn, optimizing their educational experience. As being a part of such a limited number of graduates yearly in Maxillofacial Prosthetics, it is important for them to understand how vital their services are on a local, national, and international level." Dr. Kelly's annual outreach program in the Dominican Republic offers the residents an opportunity to gain professional experience and a personal appreciation for those less fortunate and the conditions of a rustic environment. Dr. Kelly hopes to expand the current dental interventions performed to include maxillofacial prosthetic work.

## In Memory of GLEN MCGIVNEY

Prosthodontics lost a giant when Dr. Glen P. McGivney, former Editor of *The Journal of Prosthetic Dentistry* passed away November 28, 2012, after a prolonged illness. Glen was born in Dillon, Montana, and was raised in Salmon, Idaho. He was a graduate of the University of Montana and Northwestern University Dental School, where he earned his dental degree and received his specialty training in prosthodontics. Glen also served as a Lieutenant in the U.S. Navy at Guantanamo Bay, Cuba.

After completing his prosthodontic training, Glen joined the faculty at Northwestern University. From 1974 to 1989, he served as Chair and Director of Graduate Prosthodontics at Marquette University. He was appointed as Chair of Removable Prosthodontics at the State University of New York at Buffalo in 1989 and then served as the Director of the Advanced Education Program in Prosthodontics at Buffalo until his retirement.

Glen was a tremendous advocate for students, particularly residents in prosthodontic training programs. As a graduate program director, he guided a continu-

ous stream of new clinicians and soon-to-be academics. He created forums for their presentations and the publication of their research. Glen always found time to mentor students.

He is perhaps most famous for his major contributions to and co-authorship of several editions of *McCracken's Removable Partial Prosthodontics*. This textbook continues to stand as the primary reference and major pillar of the clinical practice of removable partial prosthodontics.

Under Glen's direction as the third Editor of *The Journal of Prosthetic Dentistry* (1991-2002), he reduced journal publication times, created an annual editorial board workshop to standardize reviews, published a detailed guide for authors, launched the first electronic review and manuscript tracking programs, fostered the publication of an "Evidence-Based Dentistry" series of articles, presided over changes in the cover design, stressed outcome assessment via annual journal reviews, and improved the Impact Factor of the Journal. His stewardship on the Editorial Council and work with the American Academy of Restorative Dentistry estab-

lished a firm foundation for the Annual Scientific Review of the Literature published in the Journal.

Complementing his strong loyalty to prosthodontics, Glen was an avid golfer. He retired to a golfing community in Sanford to be next to a par three green so that he was never more than 50 feet away from the cup. He had a great sense of humor, a constant smile, and a contagious laugh. He loved people. In all his roles in life, he shared himself as a friend and mentor. Many will remember how much they enjoyed being around him.

Glen is survived by his wife, (Lydia) Lee, 3 children, Megan Mitschrich, Gregory McGivney, Erin Ramstack, and 3 grandchildren.



Glen P. McGivney,  
1937-2012

Carol A. Lefebvre, DDS, MS



# Contributors...



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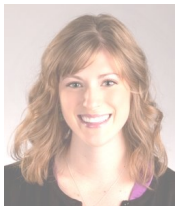
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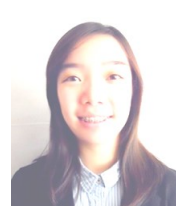
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## Preparing for the Long Haul: Succession and Continuity within the AAMP

Like many others this summer, our family took a long road trip vacation. Like any big adventure, much organization and planning were required, including how my wife and I would split the drive time, how to keep the kids engaged during the trip, and how to keep the energy flowing when we heard the dreaded words, "Are we there yet?"

Our participation in the AAMP is an adventure as well, not unlike a long road trip. Organization and planning are paramount, but succession of responsibility and continuity are just as crucial to the success of the organization's journey. Our individual participation in the AAMP is but a short period of time, compared to the full life or journey of the organization. However, to ensure continued success, our objectives during this short period should include pondering ways to improve the organization and to perpetuate these positive changes for the road ahead. If succession and continuity are left to "chance", set backs will likely ensue, with threats to the well being of the organization likely to follow.

Which leads us to consider the production of this newsletter. *AAMP Connections* is now in its 7<sup>th</sup> year of publication, as it was initiated in 2007. Although initiation of the newsletter required consensus, planning, and organization, it may have been the easier task when compared with the task of ensuring the continuity of the newsletter. The initial enthusiasm of idea generation and brainstorming was followed by a momentum fueled by the positive response and implementation of ideas. Naturally, though, this momentum gradually diminishes without a change in leadership. New ideas and fresh perspectives are needed to "recharge" the battery. In other words, new leadership is necessary to keep the energy flowing on the journey toward excellence.

With this in mind, we sincerely ask you, as individual members of this great Academy, to consider getting more involved with the newsletter. We seek leadership to continue this valued and important means of communication, as we journey together on this AAMP adventure.

*Alvin*