# AAMP 2015
## CONFERENCE PROGRAM

**Reaching to the Future:**
*Updates in Maxillofacial Prosthodontics*

**AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS**

**62nd Annual Meeting | October 17-20, 2015 | Orlando, Florida USA**

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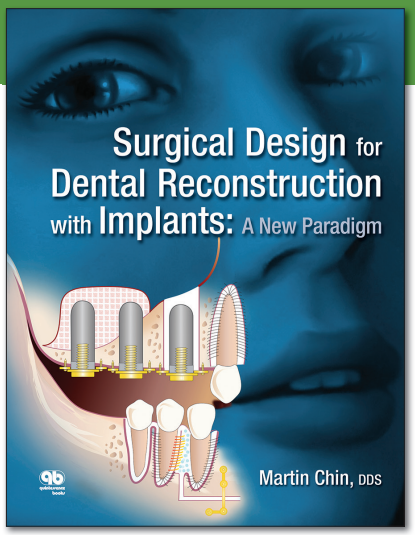


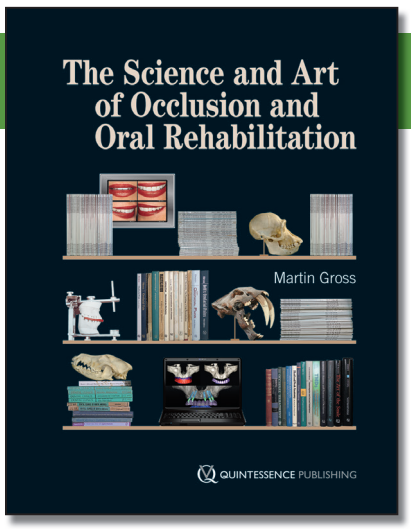

## Surgical Design for Dental Reconstruction with Implants: *A New Paradigm*

### Martin Chin

This book presents a novel strategy to improve the outcome of maxillofacial reconstruction by combining evolving principles of neurophysiology and tissue engineering with an integrated surgical and laboratory technique. The early chapters set down clear, specific treatment-planning principles that should be considered in every surgical design to optimize healing. Subsequent chapters detail the laboratory and surgical techniques that make precise skeletal movements predictable.

256 pp; 700 illus; ©2016;
ISBN 978-0-86715-684-3 (B6843); **US $172**

## The Science and Art of Occlusion and Oral Rehabilitation




### Martin Gross

This exhaustive book provides an overview of both current scholarly concepts and contemporary clinical practices for managing occlusion in restorative dentistry. With an emphasis on clinical historical context, the book explains the rationale behind treatment concepts and provides evidence-based protocols for simple treatments (eg, single restorations) to the most complex cases (eg, fixed and removable prostheses). Featuring overviews of the relevant biologic systems and the fundamentals of occlusion as well as pertinent contemporary cases, this book offers detailed, up-to-date information on all aspects of occlusion and oral rehabilitation.

544 pp; 3,406 illus; ©2015;
ISBN 978-1-85097-215-0 (B8854); **US $320**

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Welcome Colleagues
*to the 62nd meeting of the*

**American Academy of Maxillofacial Prosthetics**

Conference Dates: October 17-20, 2015
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Orlando, Florida

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*2015 Conference Title*

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## AAMP MISSION STATEMENT

*We are an association of prosthodontists who are engaged in the art and science of maxillofacial prosthetics. Our mission is to accumulate and disseminate knowledge and experience; and, to promote and maintain research programs involving methods, techniques and devices used in maxillofacial prosthetics.*

*The Academy is devoted to the study and practice of methods used to habilitate esthetics and function of patients with acquired, congenital and developmental defects of the head and neck; and of methods used to maintain the oral health of patients exposed to cancer-cidal doses of radiation or cytotoxic drugs.*

## MEMBERSHIP INFORMATION

### How to Become a Member:

If you are interested in becoming a member, attending our Annual Meeting is the best way to become familiar with the membership and educational process. There are three primary membership tracks for the AAMP:

***• Affiliate • Associate • Honorary Fellow •***

### Application Process and Membership Categories

Individuals eligible for membership in the AAMP include:

• Licensed dentists in good standing in the country in which they practice and retain citizenship

• Persons licensed, registered or otherwise permitted by law to practice as dental or maxillofacial prosthetic technicians who are involved in only non independent or indirect patient care as directed or prescribed by a licensed dentist

• Student Membership is also available. Please see the AAMP web site to view the qualifications and to apply.

For more information, please navigate to our website:
**www.maxillofacialprosthetics.org** and click **membership** tab

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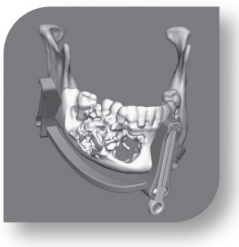

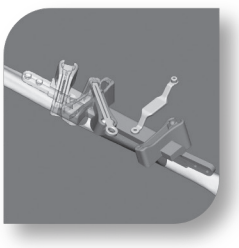

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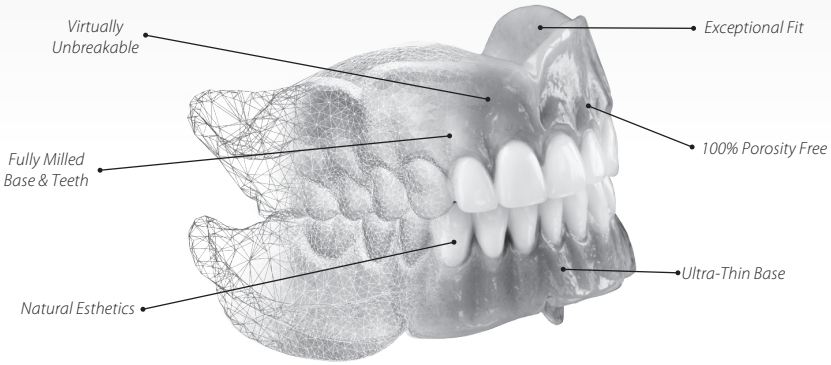


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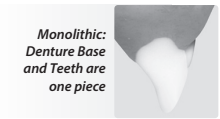


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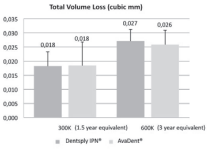
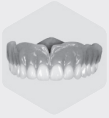
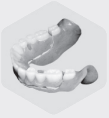



Wear testing was performed at the Minnesota Dental Research Center for Biomaterials in Minneapolis (USA).

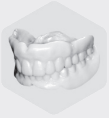
## *Also available are the following AvaDent Digital Dentures*



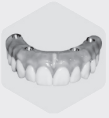
***Standard Digital Denture***



***Conversion Denture***



***Functional "Bouma" Try-in***



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## AAMP 2015 PRESIDENT

Welcome to the 62nd Annual Session of the American Academy of Maxillofacial Prosthetics "AAMP." My friend and Program Chair, Dr. Peter J. Gerngross, has assembled a renowned group of specialists in multidisciplinary care of the cancer patient who will teach us the ever changing dynamics of oncology and the integration of our subspecialty.

The Program theme "Reaching to the Future: Updates in Maxillofacial Prosthodontics," includes 3-days of educational sessions, October 17-20, and hands-on workshops with room to enjoy the social program and the exciting city of Orlando.

The major focus on this national session is technological advances in head and neck cancer therapy, maxillofacial rehabilitation, management of treatment-induced morbidities, and evidence-based supportive care. The workshops will be led by 3D Systems "virtual surgical planning," AvaDent "digital denture record process," and financial investing in today's volatile market.

As a leading organization in maxillofacial prosthodontics and oral oncology, the AAMP offers its membership and colleagues this annual education program in cutting-edge continuing education. Take time to review this year's Program and be prepared to participate in the courses you attend to enrich your experience in this exciting session.

Once again, I welcome you to this wonderful meeting. Take time to relax and enjoy the social venue or on your own exploring the magic of Orlando.

Mark S. Chambers, DMD, MS
President, American Academy of Maxillofacial Prosthetics

## BIOGRAPHY

Dr. Mark S. Chambers is a tenured Professor and Chair of the Section of Oral Oncology and Maxillofacial Prosthodontics at the University of Texas MD Anderson Cancer Center “UTMDACC.” He is the Vice Chair of Compliance and Regulatory Affairs in the Department of Head and Neck Surgery.

Dr. Chambers has an active research program as well as clinical practice. His clinical focus is on the oral morbidities of cancer patients and maxillofacial prosthetic rehabilitation. He serves as 1 of 5 Institutional Review Board “IRB” Chairman and is active in leading the e-Research transition at UTMDACC. Dr. Chambers has funded research “NIH, NCI, NIDCR” in multiple oral oncology outcomes assessments and novel therapeutic interventions in “supportive care industry-sponsored Phase I-II studies.”

Dr. Chambers is the President of the American Academy of Maxillofacial Prosthetics and serves on numerous Boards of supportive care foundations. He is a member of national-international medical and dental organizations. His second passion is in equine sports. Along with his wife, Rose Marie, he leads a breeding, training, and competition equine business specific to American Saddle breeds located at their Circle C Ranch in Montgomery, Texas.


AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS
1953

## AAMP 2015 CONFERENCE PROGRAM CHAIR

Welcome to Orlando and the 62st Annual Scientific Session of the American Academy of Maxillofacial Prosthetics!

Perhaps no other discipline in dentistry so thoroughly embraces technology to the degree as Maxillofacial Prosthetics. We as a subspecialty sit at the crossroads of dentistry, medicine and surgery and as a result, we define and develop the technologies that help all three healing arts and sciences to optimize our working together as a team.

Maxilliofacial Prosthodontists have put into daily practice the imagined innovations of years ago and many of our AAMP members are leading developers of these new technologies and early adopters of these innovations.

From basic science, and clinical practices, to imaging, to scan-plan-mill, to surgery, to aftercare – this year, the 2015 AAMP Program Committee has put together an information-packed 3 day meeting. In addition, we have organized 2 cutting–edge, hands-on workshops that will broaden your planning and clinical skills. A third workshop has been added to plan for your financial stability in the future.

Ideas are contagious! The fellowship of the AAMP is reinforced and friendships are made only when you are in the presence of others. Enjoy your stay in the land of the Mouse share your ideas with your friends and colleagues, spend time with our generous corporate sponsors and take the time to wonder and think for the future!

Peter J. Gerngross, DDS, MS
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| Varoujan A. Chalian, D.D.S. | 1978 |
| Thomas A. Curtis, D.D.S. | 1980 |
| John E. Robinson, Jr., D.D.S. | 1981 |
| Arthur O. Rahn, D.D.S. | 1982 |
| Sebastian A. Bruno, D.D.S. | 1984 |
| Mohammad Mazaheri, D.D.S. | 1989 |
| Ronald P. Desjardins, D.M.D. | 1991 |
| Norman G. Schaaf, D.D.S. | 1994 |
| Richard J. Grisius, D.D.S. | 1995 |
| Luis R. Guerra, D.D.S. | 1997 |
| Gordon E. King, D.D.S. | 1998 |
| Dorsey J. Moore, D.D.S. | 1999 |
| Stephen M. Parel, D.D.S. | 2000 |
| James P. Lepley, D.D.S. | 2001 |
| Cliff W. Van Blarcom, D.D.S. | 2002 |
| Carl J. Anders, D.D.S. | 2003 |
| John Beumer III, D.D.S., M.S. | 2005 |
| Salvatore J. Esposito, D.M.D. | 2007 |
| Thomas R. Cowper, D.D.S. | 2008 |
| Jonathan P. Wiens, D.D.S. | 2009 |
| Rhonda F. Jacob, D.D.S., M.S., F.A.C.P. | 2013 |
| Johan Wolfaardt, BDS, MDent, PhD. | 2014 |

## PAST ACADEMY PRESIDENTS

| | |
|---|---|
| *Aeldred C. Fonder, D.D.S. | 1953 Chicago, IL |
| *Robert E. Stewart, D.D.S. | 1954 Chicago, IL |
| *Thomas E. Knox, D.D.S. | 1955 Chicago, IL |
| *Arthur H. Bulbulian, D.D.S. | 1956 Chicago, IL |
| *Arthur H. Bulbulian, D.D.S. | 1957 Chicago, IL |
| *Mervin C. Cleaver, D.D.S. | 1958 Dallas, TX |
| *Joseph B. Barron, D.D.S. | 1959 Chicago, IL |
| *Joseph B. Barron, D.D.S. | 1960 Los Angeles, CA |
| *Benjamin B. Hoffman, D.D.S. | 1961 Philadelphia, PA |
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| *Joe B. Drane, D.D.S. | 1964 San Francisco, CA |
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| *Victor J. Niiranen, .D.D.S. | 1966 Dallas, TX |
| *Victor J. Niiranen, D.D.S. | 1967 Washington, DC |
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| *Thomas A. Curtis, D.D.S. | 1972 Las Vegas, NV |
| *Sebastian A. Bruno, D.D.S. | 1973 San Antonio, TX |
| Varoujan A. Chalian, D.D.S. | 1974 Williamsburg, VA |
| William R. Laney, D.M.D. | 1975 Lake Geneva, WS |
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| Arthur O. Rahn, D.D.S. | 1978 Las Vegas, NV |
| Dorsey J. Moore, D.D.S. | 1979 New Orleans, LA |
| James S. Brudvik, D.D.S. | 1980 San Antonio, TX |
| *Seymour Birnbach, D.D.S. | 1981 St. Louis, MO |
| James W. Schweiger, D.D.S. | 1982 Monterey, CA |
| Norman G. Schaaf, D.D.S. | 1983 San Diego, CA |
| *Verdi F. Carsten, D.D.S. | 1984 Nashville, TN |
| *David N. Firtell, D.D.S. | 1985 Seattle, WA |
| Ronald P. Desjardins, D.M.D. | 1986 Williamsburg, VA |
| Mohammad Mazaheri, D.D.S. | 1987 San Diego, CA |
| Richard J. Grisius, D.D.S. | 1988 Baltimore, MD |

| | |
|---|---|
| *Charles C. Swoope, D.D.S..... | 1989 Tucson, AZ |
| Stephen M. Parel, D.D.S..... | 1990 Charleston, SC |
| *Luis R. Guerra, D.D.S..... | 1991 Reno, NV |
| Donald L. Mitchell, D.D.S..... | 1992 Tampa, FL |
| Clifford W. VanBlarcom, D.D.S..... | 1993 Palm Springs, CA |
| Gordon E. King, D.D.S..... | 1994 New Orleans, LA |
| Gregory R. Parr, D.D.S. ..... | 1995 Washington, DC |
| James E. Ryan, D.D.S..... | 1996 Kansas City, MO |
| *Carl J. Andres, D.D.S..... | 1997 Orlando, FL |
| Salvatore J. Esposito, D.M.D..... | 1998 Victoria, BC |
| Timothy R. Saunders, D.D.S..... | 1999 Philadelphia, PA |
| Jonathan P. Wiens, D.D.S..... | 2000 Kauai, HI |
| Alan J. Hickey, D.M.D..... | 2001 New Orleans, LA |
| *Robert E. Gillis Jr., D.M.D, M.S.D. | 2002 Orlando, FL |
| *Thomas R. Cowper, D.D.S..... | 2003 Scottsdale, AZ |
| Mark T. Marunick, D.D.S, M.S..... | 2004 Ottawa, Canada |
| Thomas J. Vergo Jr., D.D.S..... | 2005 Los Angeles, CA |
| Rhonda F. Jacob., D.D.S., M.S..... | 2006 Maui, HI |
| Jeffrey E. Rubenstein, D.M.D, MS.. | 2007 Scottsdale, AZ |
| Terry M. Kelly, D.M.D..... | 2008 Nashville, TN |
| Glenn E. Turner, D.M.D., M.S.D..... | 2009 San Diego, CA |
| Steven E. Eckert, D.D.S., M.S..... | 2010 Orlando, FL |
| Robert M. Taft, D. D. S..... | 2011 Bathesda, MD |
| Steven P. Haug, D.D.S..... | 2012 Greenwood, IN |
| Lawrence E. Brecht, D.D.S..... | 2013 New York, NY |
| Betsy K. Davis, DMD, MS..... | 2014 Charleston, SC |

**Denotes Deceased*

**We thank all past AAMP Presidents for their dedication and service**

## Saturday, October 17th

07:00 - 16:00 AAMP Board of Directors Meeting
Location: Nomeus

17:30 - 20:00 Poster Session & Exhibit Reception
Location: Oceans 3-4

## Sunday, October 18th

07:00 - 08:00 Continental Breakfast
Location: Oceans 3-4

08:00 - 08:15 Welcome
Location: Oceans 1-2

08:15 - 22:00 General Session
Location: Oceans 1-2

10:45 - 14:45 Tour: Glass Blowing Activity (elective)
Meet in Main Hotel Lobby

13:05 - 14:25 AAMP Business Luncheon
*AAMP Members Only*
Location: Oceans 6-8

14:30 - 16:45 Financial Workshop 1
*Investment Basics*
Location: Coral A

17:30 - 22:00 AAMP Social Outing
Blue Man Group Show (elective)
Meet in Main Hotel Lobby

## Monday, October 19th

07:00 - 08:00 Continental Breakfast
Location: Oceans 3-4

07:00 - 08:00 New Members Breakfast
Location: Coral Sea

08:00 - 08:15 Welcome
Location: Oceans 1-2

08:15 - 13:30 General Session
Location: Oceans 1-2

10:45 - 14:45 Tour: Chocolate Making Class (elective)
Meet in Main Hotel Lobby

14:30 - 16:45 3DSystems Workshop 2
*Experience and Explore Virtual Surgical Planning for Mandibular Reconstruction*
Location: Coral A

19:00 - 22:00 Presidential Reception & Banquet (elective)
Location: Oceans 6-8

## Tuesday, October 20th

07:00 - 08:00 Continental Breakfast
Location: Oceans 3-4

08:00 - 08:15 Welome
Location: Oceans 1-2

08:15 - 13:00 General Session
Location: Oceans 1-2

14:30 - 16:45 AvaDent Workshop 3
*AvaDent Digital Denture Record Making Process*
Location: Imperial Room- Coral A

## Saturday, October 17th

| | |
|---|---|
| 07:00 - 16:00 | **AAMP Board of Directors Meeting**<br>*Board Members only* |
| 12:00 - 16:00 | **Exhibit Set-Up** |
| 13:00 - 16:30 | **Industry Session** |
| 16:30 | **Poster Set-Up** |
| 17:30 - 20:00 | **Poster Session & Exhibit Reception**<br>Room: Oceans 3-4 |

## Sunday, October 18th

| | |
|---|---|
| 07:00 - 08:00 | **Continental Breakfast**<br>Location: Oceans 3-4 |
| 08:00 - 08:15 | **Welcome Address**<br>Room: Oceans 1-2 |

### The Future in Reconstruction

**Moderator: Richard Cardoso**

| | |
|---|---|
| 08:15 - 09:00 | **Gerald T. Grant, DMD, MS, FACP & Robert M. Taft, DMD, MS, FACP**<br>*Overview of Maxillofacial Prosthodontics Then and Now* |
| 09:00 - 09:45 | **Jana Rieger, BSc, MSc, PhD**<br>*Dysphagia Prehabilitation: Potential Indication for Mobile Technology* |

09:45 - 10:00 **Austin Leong, DDS**
*Maxillofacial Prosthetic Rehabilitation for Children with Head and Neck Rhabdomyosarcoma*

10:00 - 10:45 Break

**Moderator: Sujey Morgan**

10:45 - 11:30 **Jan S. Lewin, PhD, BCS-S**
*Customizing Voice Prostheses for the Alaryngeal Speaker: A Collaborative Approach*

11:30 - 11:45 **Melani Kapetanakos, DDS, FACP**
*Unconventional Obturators: Restoring the Total Maxillectomy Patient*

11:45 - 12:30 **Ronald C. Auvenshine, DDS, PhD**
*Update in Managing TMD in the Head and Neck Cancer Patient*

12:30 - 12:50 **Nathan J. Pettit, DMD, MSD**
*CBCT Analysis of Hyoid Position*

12:50 ***Session Adjourns***

13:05-14:25 **AAMP Busines Luncheon**
*AAMP Members only*
Location: Oceans 6-8

14:30-16:45 **Financial Workshop 1**
*Investment Basics*
Location: Coral A

17:30 - 22:00 **AAMP Social Outing: Blue Man Group Show**
Meet in Main Hotel Lobby

## Monday, October 19th

07:00-08:00 **Continental Breakfast**
Location: Oceans 3-4

07:00-08:00 **New Members Breakfast**
Location: Coral Sea

08:00 - 08:15 **Welcome**
Room: Oceans 1-2

### The Future Speaks

**Moderator: Cynthia Aita-Holmes**

08:15 - 09:15 **John O. Burgess, DDS, MS**
*Updates in Materials in Managing the High Caries Rate Patient Head*

09:15 - 10:00 **Erich M. Sturgis, MD, MPH**
*Updates on HPV in the Head and Neck Cancer Patient*

10:00 - 10:45 Break

**Moderator: Mike Huband**

10:45 - 11:45 **Lawrence E. Brecht, DDS &**
**Katie Weimer, MS**
*Virtual Surgical Planning and its Impact on Craniofacial Reconstructions*

11:45 - 12:25 **Karen Scuilli, RN, MSN, MBA**
*The Healing Journey: Oral Health and Disfigurement Challenges*

12:25 - 13:25 **John Chamberlain, DMD, MS**
*Laryngopharyngeal Reflux: A Silent Killer*

13:30 ***Session Adjourns***

14:30 - 17:00 **3DSystems Workshop 2**
*Experience and Explore Virtual Surgical Planning for Mandibular Reconstruction*
Location: Coral A

19:00 - 22:00 **Presidential Reception & Banquet**
Location: Oceans 6-8

## Tuesday, October 20th

07:00 - 08:00 **Continental Breakfast**
Location: Oceans 3-4

08:00 - 08:15 **Welcome**
Room: Oceans 1-2

### Future Trends in Oral Cancer

**Moderator: Harry Reintsema**

08:15 - 09:00 **Steven J. Frank, MD**
*Proton Therapy Eliminates Unnecessary Radiation During the Treatment of Head and Neck Tumors- Hope or Hype for the Oral and Maxillofacial Surgeon?*

09:00 - 09:15 **Travis D. Bellicchi, DMD, MS, CAPT, USAF**
*Digital Scanning, CAD and 3D Printing: Challenges and Successes with Two Clinical Cases*

09:15 - 10:00 **Martin Osswald, BDS, MDent**
*The Utilization of Micro Vascular Free Flap Surgery Changed Maxillofacial Prosthodontic Practice in the Rehabilitation of Maxillary Defect*

10:00 - 10:45 Break

**Moderator: Hassan Abed**

10:45 - 11:00 **Stephen G. Alfano, DDS, MS**
*Transitioning from Federal to Private Practice*

11:00 - 12:00 **Charles J. Goodacre, DDS, MSD**
*Computer Aided Engineering of Complete Dentures, Implant Prostheses, and Monolithic Prostheses (Now Including Maxillofacial Prostheses)*

12:00 - 12:15 **J. Rhet Tucker, DMD, FACP**
*Osteoradionecrosis after Radiotherapy for Salivary Gland Malignancies*

12:15 - 13:00 **Mark S. Montana, DDS**
*Treatment of the Fully Edentulous Jaw with a Fixed-Removable Prosthesis*

13:00 ***Session Adjourns***

14:30 - 16:45 **AvaDent Workshop 3**
*AvaDent Digital Denture Record Making Process*
Location: Coral A


AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS
1953

## Sunday, October 18th

08:00 - 08:15 **Welcome Address**
Room: Oceans 1-2

**Moderator: Richard Cardoso**

08:15 - 09:00 **Gerald T. Grant, DMD, MS, FACP**
Professor, Oral Health and Rehabilitation
University of Louisville School of Dentistry
Louisville, KY, USA

**Robert M. Taft, DMD, MS, FACP**
Chair, Prosthodontics
Naval Postgraduate Dental School
Bethesda, MD, USA

***Overview of Maxillofacial Prosthodontics Then and Now***

Recent developments in science, technology, and surgical techniques have had a profound influence on the current practice of Maxillofacial Prosthetics. This very interactive presentation that will follow Maxillofacial prosthetics technology throughout time, outlining the needs, the science and the application from ancient times to the current day due to trauma form war and surgical intervention. Significant advancements in technology will be emphasized from facial prostheses in WWI, advances in materials in WW II, and traditional treatment modalities. In a unique twist, all of this will be contrasted with the current trends in the use of virtual planning, the use of Advanced Digital Technologies in impression, design, and fabrication. It is remarkable how far we have evolved in technology and its application, and will open the discussion of our current practices of Maxillofacial Prosthetics.

09:00 - 09:45 **Jana Rieger, BSc, MSc, PhD**
Institute for Reconstructive Sciences in Medicine
University of Alberta
Edmonton, Alberta, CA

### *Dysphagia Prehabilitation: Potential Indication for Mobile Technoloy*

The first article on swallowing therapy appeared in the literature forty years ago. It wasn't until twenty years later that articles related specifically to head and neck cancer dysphagia therapy began to appear. In that early research, strategies such as diet modifications (e.g., pureed food, thickened liquids), positional modifications (e.g., head turn, chin tuck), and behavioral interventions (e.g., effortful swallow, Mendelsohn maneuver) were explored. Behavioral interventions described by these early researchers were aimed at post-treatment rehabilitation. In 2006, however, the first report of pre-treatment swallowing exercises for prevention of dysphagia in head and neck cancer patients appeared. Nearly a decade later, the jury is still out on the efficacy of prehabilitation for prevention of dysphagia in this population. In this presentation, you will be provided with an overview of the efficacy of behavioral interventions for dysphagia rehabilitation. Following this, prehabilitation will be explored from the perspective of cancer in general and, then, in relation to head and neck cancer. Issues of compliance, program flexibility, and standardization of therapy will be explored. The presentation will close with a discussion of how mobile technology could influence prehabilitation as we move into the future of personalized medicine for head and neck cancer patients.

09:45 - 10:00 **Austin Leong, DDS**
Prosthodontics Private Practice
New York, NY, USA

***Maxillofacial Prosthetic Rehabilitation for Children with Head and Neck Rhabdomyosarcoma***

Rhabdomyosarcomas are malignant neoplasms of skeletal muscle origin that primarily occur in the first decade of life. The head and neck region is the most frequent site for rhabdomyosarcomas, and account for 40% of these cases.

Although multimodality treatments (including surgical excision, chemotherapy and radiation therapy) have dramatically increased survival in these young patients, they also alter the growth and development of the treated structures. Hypoplasia of the face often results, and if dentoalveolar structures are effected, oligodontia and altered dental development may occur. These sequelae lead to particularly difficult reconstructive challenges in these children. Here, we present a case series of maxillofacial prosthetic rehabilitation for children with head and neck rhabdomyosarcomas.

10:00 - 10:45 Break

**Moderator: Sujey Morgan**

10:45 - 11:30 **Jan S. Lewin, PhD, BCS-S**

Professor, Dept. of Head & Neck Surgery
Section Chief, Speech Pathology & Audiology
The University of Texas
MD Anderson Cancer Center
Houston, TX, USA

***Customizing Voice Prostheses for the Alaryngeal Speaker: A Collaborative Approach***

Tracheoesophageal (TE) voice production is the preferred method of contemporary alaryngeal voice restoration after total laryngectomy by clinicians and patients alike. A small TE puncture (TEP) is performed primarily, at the time of laryngectomy, or secondarily, after recovery from treatment, into the tracheoesophageal party wall that is easily accessible through the tracheostoma. A removable, one-way valved voice prosthesis stents the TE tract to allow pulmonary airflow into the esophagus for voice production while preventing food and liquid from entering the trachea. Esophageal sound is articulated in the mouth for verbal speech production. The method requires stomal occlusion either manually using a finger or digit, or automatically using a 2-way tracheostoma breathing valve (TBV) to shunt air through the prosthesis for speech production. The TBV is attached to the peristomal skin using glue or adhesive, or intraluminally using a button or tube that allows hands-free speech production without the need for adhesives or glues.

The 2 most frequent problems encountered by TE speakers is leakage through or around the TE voice prosthesis, and an inability to maintain an airtight seal during hands-free TE speech production. Standard voice prostheses that have increased resistance to airflow or enlarged esophageal flanges that provide more tissue surface coverage, are often needed to prevent leakage through or around a voice prosthesis. However, many patients require customized

prostheses to control leakage around enlarged TE punctures when standard, commercially available devices are inadequate. In addition, collaborative efforts between the maxillofacial prosthodontist, anaplastologist, and speech pathologist are crucial for patients with irregular, post-surgical stomal and neck contours to achieve an optimal tracheostomal seal that prevents air leakage because of breakage of the peristomal or intraluminal seal while speaking.

Our experience shows that 80% of TE speakers can prevent leakage when voice prostheses have been appropriately customized, and a majority of patients will be able to acquire hands-free TE speech using customized stomal attachments fabricated by expert maxillofacial prosthodontists and anaplastologists. This presentation will review our clinical and research experience at MD Anderson Cancer Center with customized TE speech prostheses in laryngectomized patients who speak with a TEP.

11:30 - 11:45 **Melani Kapetanakos, DDS, FACP**
Clinical Assistant Professor
New York University College of Dentistry
Department of Prosthodontics
New York, NY, USA

### *Unconventional Obturators: Restoring the Total Maxillectomy Patient*

The goal of maxillofacial prosthetics is to restore function and aesthetics to patients with maxillofacial defects. Some maxillary defects are a result of surgical treatment of neoplasms. Palatal defects of any extent can cause multiple problems in speech, mastication and aesthetics. The design of a sectional prosthesis is determined by taking into consideration function as well as convenience of insertion and removal of large prostheses. This clinical report describes the rehabilitation of a maxillectomy patient

using a magnetically retained two-piece obturator. This patient was status post radiation with persisting disease and his resection consisted of bilateral maxillectomies. Resection of a malignant lesion involving the maxilla can produce severe oromaxillary defects that will significantly jeopardize the patient's normal daily function. This patient presented with difficulty in speech and deglutition with his current obturator due to the fact that his remaining tuberosities were incapable of supporting the prosthesis and the prosthesis was therefore lacking in retention and stability. Historically, various types of magnets have been used to connect segments of sectional prostheses. Over time, improvements in corrosion resistance and attractive forces of magnets for dental applications have reduced their size and expanded their application. The patient's maxillary defect includes a scar band behind his nose that, if engaged, conflicted with the path of insertion and withdrawal, so a two-piece sectional prosthesis was designed. With incorporation of neodymium magnets, the patient was able to insert and remove the prosthesis, which included the engagement of the anterior and posterior undercuts, without difficulty. The ability to engage both undercuts resulted in increased retention and stability as well as improvement in speech and deglutition.

11:45 - 12:30 **Ronald C. Auvenshine, DDS, PhD**
Private Practice
Director of the Orofacial Pain Clinic,
M.E. DeBakey V.A. Medical Center
Houston, TX, USA

***Update in Managing TMD in the Head and Neck Cancer Patient***

Temporomandibular Disorders (TMD) is a collective term that refers to a group of conditions which affects the jaws, muscles, and teeth. Due to its complex etiology, TMD is often difficult to recognize and diagnose. A thorough and adequate diagnosis leads to a more

accurate treatment plan. This presentation will enable the participants to better differentiate the various components, which cause TMD and will help them formulate a more appropriate treatment plan. Special emphasis will be given to the cancer patients who experience symptoms related to TMD.

12:30 - 12:50 **Nathan J. Pettit, DMD, MSD**
Prosthodontist at MedCenter TMJ
Houston, TX, USA

***CBCT Analysis of Hyoid Position***

The hyoid bone is a frequently overlooked structure in the dental field. Its unique relationship to other structures gives it a pivotal role in craniomandibular functions. The hyoid bone has no bony articulations making its movement and posture dependent on the attachments of ligaments, fascia, and muscles. 3D CBCT has made it possible to produce cephalometric measurements in three dimensions. Traditional lateral cephalometrics for hyoid position will be reviewed, as well as the introduction of a new technique for tracking hyoid position in CBCT scans. In addition, the clinical connection of hyoid position as it relates to coordinated muscle function and airway will be discussed.

## Monday, October 19th

07:00-08:00 **Continental Breakfast**
Location: Oceans 3-4

07:00-08:00 **New Members Breakfast**
Location: Coral Sea

08:00 - 08:15 **Welcome**
Room: Oceans 1-2

**Moderator: Cynthia Aita-Holmes**

08:15 - 09:15 **John O. Burgess, DDS, MS**
Assistant Dean for Clinical Research
Professor- Department of Clinical & Community Sciences
Division of Biomaterials
University of Alabama at Birmingham
School of Dentistry
Birmingham, AL, USA

***Updates in Materials in Managing the High Caries Rate Patient Head***

Replacing recently placed dentistry due to caries is frustrating and time consuming. Not only do you not want to show this case to other dentists as an example of your typical dentistry; your first reaction is to hide the patient. Beginning with an easy to use caries risk assessment to quickly identify high risk patients, this lecture discusses factors which increase tooth decay and details in a logical step by step manner how to motivate patients to remove those factors. Modified oral hygiene instruments and use of remineralizing agents are detailed for at-home and in-office use to treat caries prone patients. But that is just the start as new materials have developed with significantly different mechanisms of action which are extremely useful for high risk patients. Activia, amorphous calcium phosphate, MI Paste Plus, Novamin, ICON, pH modifiers, fluoride calcium and phosphate releasing restorative

materials, as well as Xylitol, will be advocated as methods for treating high caries risk patients. Useful websites and instrument modifications will be shown to improve the patient's ability to maintain your restorative treatments. This lecture also addresses caries management by risk assessment to identify an individual's risk level for dental caries, and provide proper current preventive treatment modalities and recommendations. The history and utility of traditional and non-traditional alternative (artificial) sweeteners for effective caries control is also included. In addition to traditional risk factors, the influence of genetics on caries risk is addressed. Using several case studies, participants will review and discuss how they can select appropriate therapies and home-applied practices to reverse or minimize caries. Emphasis is given on recognizing the changing paradigm in preventive care and how the dental professional is responsible for keeping patients informed and healthier using a minimally-invasive approach to care.

09:15 - 10:00 **Erich M. Sturgis, MD, MPH**
Professor, Department of Head and Neck Surgery and Department of Epidemiology
Christopher and Susan Damico Chair in Viral Associated Malignancies
The Univeristy of Texas- MD Anderson Cancer Center
Houston, TX, USA

***Updates on HPV in the Head and Neck Cancer Patient***

It is now well accepted that virtually all cervical cancers, the overwhelming majority of oropharyngeal and anal cancers, and a major proportion of penile, vaginal and vulvar cancers are attributable to oncogenic types of human papillomavirus (HPV). In most of the developing world, cervical cancer is a leading cause of cancer death in women, the developed world is experiencing an epidemic of oropharyngeal cancers in men, and anal cancer incidence in the U.S. is significantly increasing in both men and women. Because cervical premalignant disease is identifiable and

treatable prior to the development of invasive cervical cancer, cancer prevention through routine examinations with Pap/HPV testing has been very effective in reducing cervical cancer incidence and mortality in the developed world. However, the HPV-related oropharyngeal premalignant process is almost never identifiable prior to the development of invasive HPV-associated oropharyngeal cancer.

This presentation will feature an overview of the changing incidence of HPV-associated cancers with a more detailed attention to the increasing incidence of oropharyngeal cancer. The demographic details of these increases will be presented both at a national level and within our institution. The risk factors for HPV oral infection and HPV-associated oropharyngeal will be discussed. Current preventive vaccines will be reviewed along with recommendations on their use. The presentation will explain the need for the development of novel screening methods for oropharyngeal cancers to the generation(s) who are beyond the age of recommended vaccination. The typical clinical presentation of HPV-associated oropharyngeal cancer will be reviewed along with standards of treatment.

10:00 - 10:45 Break

**Moderator: Mike Huband**

10:45 - 11:45 **Lawrence E. Brecht, DDS**

Institute of Reconstructive Plastic Surgery
Department of Plastic Surgery
New York University-Langone Medical Center
Jonathan & Maxine Ferencz Advanced Education Program in Prosthodontics
New York University College of Dentistry
New York, NY, USA

**Katie Weimer, MS**

Vice President of Medical Devices
3D Systems - Healthcare
Denver, CO, USA

## *Virtual Surgical Planning and its Impact on Craniofacial Reconstructions*

At its most basic level, virtual surgical planning is about utilizing medical image data to accurately plan surgery in a computer environment and then transferring that virtual plan to the patient using customized instruments. The clinician brings his/her clinical knowledge and desired surgical and reconstructive plan to an online webmeeting (or it remains on the clinician's desktop) and the three-dimensional patient data is digitally measured, osteotomized, moved and manipulated until the clinician digitally completes the surgical plan just as they would in the operating room. Patient-specific/plan specific disposable instruments are then 3d printed for use in the operation. This digital thread of medical imaging, planning, design and manufacturing is changing the standard of care in craniofacial as well as prosthetic reconstructions.

Common applications of this technology include 1) Orthognathic surgical planning with CAD/CAM intermediate and final splints 2) Mandibular or maxillary reconstruction with free flaps, 3) Trauma reduction surgery including repositioning guides and augmented

DICOM data for navigation assistance, and 4) Distraction osteogenesis planning including vector positioning and distractor placement. Less common but growing applications include cranial vault remodeling, microtia reconstruction and even facial transplantation planning. A large group of peer-reviewed journal articles substantiate the clinical uses of virtual surgical planning. Improved surgical planning, enhanced surgeon confidence, surgical time savings, improved surgical outcomes/accuracy and a more efficient workflow are just a few of the ways that virtual surgical planning has impacted clinical care.

11:45 - 12:25 **Karen Scuilli, RN, MSN, MBA**
Founder/Executive Director of
Face2Face Healing, Inc.
Pittsburgh, PA, USA

***The Healing Journey: Oral Health and Disfigurement Challenges***

Health challenges impact each of us and as a clinician, spouse, parent or a caregiver, we struggle to overcome these obstacles and at times may even find ourselves on the other side of the stethoscope! Challenges associated with oral disease and disfigurement will be reviewed with an updated compilation of recommendations/solutions. This presentation will provide you with a renewed insight into the healing journey from diagnosis, treatment, rehabilitation and daily survival. My journey began as a Registered Nurse turned Case Manager and Clinical Consultant, working for one of the largest insurance providers in Pennsylvania. My life fit together like the pieces of a puzzle and I was both professionally and personally satisfied and thriving. I was diagnosed with a late stage, mucinous adenocarinoma of the right parotid gland in May of 2012. The life I once knew was pulled apart as if a grenade had rolled into my 'life puzzle' and shattered the life I once lived. The pieces no longer fit, some were too big, too small or even missing, and it was my mission to create a new 'life puzzle' with the shattered pieces. My experience has allowed me to interface with the healing process in ways I never imagined. I have come to realize,

along with many of my oncology team members, that there are gaps in the care and recovery models. The complexities of the mind, body and spirit of individuals dealing with disfigurement must be addressed with rigor. Participants will be provided with updated resources to easily share with staff and patients. Renew your understanding of what it is like to be on the other side of a catastrophic event with greater attention to the mind, body and spirit of individuals living with oral health challenges and disfigurement.

12:25 - 13:25 **John Chamberlain, DMD, MS**
Diplomate, American Board of Prosthodontics
Member, American College of Prosthodontics
Prosthodontist, BHC-Dental
Parris Island, SC, USA

***Laryngopharyngeal Reflux: A Silent Killer***

Most clinicians are familiar with the process of dental erosion and the resulting destruction of hard tissues within the oral cavity. This phenomenon is often associated with gastroesophageal reflux (GERD) and has been well documented in the literature. A related but lesser known clinical disorder is laryngopharyngeal reflux (LPR), which features differences in symptomology, clinical presentation, pathophysiology and treatment options. Because LPR typically does not present with classic GERD symptoms such as heartburn or acid reflux, patients typically do not seek treatment for the condition which would lead to a diagnosis. Like GERD, LPR can present with a number of potential dental and medical complications, the most severe being laryngeal carcinoma. LPR is often referred to in the literature as extraesophageal reflux disease, extra-esophageal GERD, silent erosive esophagitis, silent GERD or silent reflux disease. Because of its association with cancer in the upper airway spaces, it can be considered a silent killer.

## Tuesday, October 20th

07:00 - 08:00 **Continental Breakfast**
Location: Oceans 3-4

08:00 - 08:15 **Welcome**
Room: Oceans 1-2

**Moderator: Harry Reintsema**

08:15 - 09:00 **Steven J. Frank, MD**
Associate Professor of Radiation Oncology
Deputy Department Chair,
Strategic Programs
Proton Center Medical Director
Houston, TX, USA

### *Proton Therapy Eliminates Unnecessary Radiation During the Treatment of Head and Neck Tumors- Hope or Hype for the Oral and Maxillofacial Surgeon?*

Proton therapy is the most advanced form of radiation therapy for the treatment of head and neck tumors. The unique physical properties of proton therapy results in a 'Bragg Peak' that focuses the radiation on the cancer and eliminates the exit dose that is common in standard photon-based radiation therapy like IMRT.
The reduction of radiation dose to the oral and maxillofacial region with proton therapy can reduce the acute side effects during treatment like dysguesia, mucositis, pain, xerostomia, and dysphagia. Opportunities exist to reduce long-term oral complications from radiation treatment such as trismus, dental caries, infection, and osteoradionecrosis. Surgical management of the oral cavity and maxillofacial region following radiation therapy is challenging and can result in complications requiring additional surgery, reconstruction, and hyperbaric oxygen to promote wound healing. This presentation describes the recent advances in proton therapy, current challenges, and future opportunities to define the value of eliminating unnecessary radiation in the management of head and neck tumors for the Oral and Maxillofacial surgeon.

09:00 - 09:15 **Travis D. Bellicchi, DMD, MS, CAPT, USAF**
Graduate Prosthodontics
Indiana University School of Dentistry
Indianapolis, IN, USA

### *Digital Scanning, CAD and 3D Printing: Challenges and Successes with Two Clinical Cases*

Maxillofacial prosthetic fabrication may be streamlined using digital scanning and CAD/CAM technology. This reduces cost, saves time, and improves prosthetic predictability. Digital technology eliminates the impression process and reduces the number of patient visits. Unfortunately, current digital design software is not optimized for maxillofacial prosthetics, and high-resolution 3-dimensional printing hardware is cost-prohibitive. This limits the viability and practicality of a fully digital workflow. Combining both traditional and digital techniques (hybrid process) overcomes limitations in digital design, improves patient experience, and provides predictable outcomes. The purpose of this study was to explore alternatives to traditional maxillofacial prosthetic protocol using facial scanning, 3-dimensional design and printing. We intend to fabricate multiple facial prostheses for a mandibulectomy patient via three methods: traditional, digital, and hybrid of both. Methods and materials included PVS impression, prosthetic wax, and oil-based clay for prosthetic mock-ups, digital facial scanning (3dMD; Atlanta, GA), computed tomography for soft tissue digital modeling, digital design software (Rhino, 3D Slicer, GeoMagic Design X) to merge scanning and CT data, and 3-dimensional printing (MedCAD, Materialise, Whip Mix Corp). We prefer the hybrid protocol combining traditional impression, wax / clay prosthetic mock-up, digital scanning, computer aided design, and 3-dimensional printing to overcome limitations in CT soft tissue data, facial scanning, and digital design software.

09:15 - 10:00 **Martin Osswald, BDS, MDent**

Associate Professor, Division of Otolaryngology Head and Neck Surgery
Department of Surgery
Faculty of Medicine and Dentistry
University of Alberta
Prosthodontist, iRSM
Edmonton, Alberta, CA

### *The Utilization of Micro Vascular Free Flap Surgery Changed Maxillofacial Prosthodontic Practice in the Rehabilitation of Maxillary Defects*

Free flap micro vascular surgery in the rehabilitation of head and neck cancer patients in Edmonton, has become the mainstay surgical approach in restoring maxillary defects following tumor resection. This surgical approach to reconstruction has resulted in a paradigm shift in the practice and services offered by the Maxillofacial Prosthodontist in the treatment trajectory of our patients. Developing simultaneously has been the utilization of advanced digital technologies for surgical design, and development of prefabricated osseous flaps for prosthetic dental implant rehabilitation. With an emphasis on functional rehabilitation as an end point in head neck cancer treatment and the evolving utilization of digital technologies available, the Maxillofacial Prosthodontists' roles and expertise have changed in response. Close working collaborations with disciplines not traditionally associated with Maxillofacial Prosthodontics, such as Industrial (Surgical) Design and new disciplines such Surgical Design Simulation have been established, and the roles of the more traditional players in the treatment pathway of patients in our care, have advanced. This presentation aims to describe the evolutionary path and ever changing role and practice of the Maxillofacial Prosthodontist related to the experiences of the Edmonton team.

10:00 - 10:45 Break

**Moderator: Hassan Abed**

10:45 - 11:00 **Stephen G. Alfano, DDS, MS**
Balboa Island Dentistry
Newport Beach, CA, USA

***Transitioning from Federal to Private Practice***

Transitioning from a career in one the federal services to private practice can elicit many emotions. Many details need to be accomplished and much help and assistance is available. Our profession is unlike many of our fellow shipmates, servicemen, or federal employees. We have a definite skill, talent and training that directs us in our post federal life. Deciding what to do is not the challenge. We can teach, treat patients, a combination of the two, or in a few select cases become administrators. Deciding how to do what we choose is where we can best focus our energy and efforts. This presentation will focus on different transitions from the Navy to private practice based on previous time spent in the service. The details of setting up a practice and the differences and similarities between private practice and dentistry in a federal service facility will be discussed. Focus will be given to the steps in evaluating and purchasing a practice.

11:00 - 12:00 **Charles J. Goodacre, DDS, MSD**
Distinguished Professor
Loma Linda University School of Dentistry
Loma Linda, CA, USA

***Computer Aided Engineering of Complete Dentures, Implant Prostheses, and Monolithic Prostheses (Now Including Maxillofacial Prostheses)***

The process of using computer-aided engineering of complete

dentures continues to be enhanced and now includes the option of fabricating an immediately loaded implant fixed complete denture (hybrid prosthesis). Additionally, prostheses can be fabricated using a monolithic design where the teeth and base are fabricated as one unit. This presentation will show the latest capabilities of computer aided design and fabrication of both conventional complete dentures and implant prostheses.

12:00 - 12:15 **J. Rhet Tucker, DMD, FACP**
Maxillofacial Prosthodontic Clinic
Department of Otolaryngology- Head and Neck Surgery
Medical University of South Carolina
Charleston, SC, USA

## *Osteoradionecrosis after Radiotherapy for Salivary Gland Malignancies*

J Rhet Tucker, DMD, Li Xu PhD, Erich M. Sturgis MD, PhD,
Theresa M. Hofstede, DDS. Mark S. Chambers, DMD, G. Brandon Gunn MD,
C. David Fuller, MD, PhD, Abdallah SR Mohamed MD, Stephen Y. Lai, MD, PhD,
Katherine A. Hutcheson PhD

**Purpose:** The present study was undertaken to evaluate osteoradionecrosis (ORN) in patients with salivary gland malignancies (SGM) after treatment with radiation therapy.

**Methods:** The medical records of 172 patients treated with radiation therapy for SGM during a 12-year period (August 2001 to November 2013) were reviewed. Incidence, time to event, staging and management of ORN were analyzed. Analysis of mandibular dose-volume effects on ORN is underway.

**Results:** 7 of the 172 patients (4%) developed ORN (median latency: 19 months, range: 4-72 months). Of those 7 patients, 4 required major surgery, 1 required hyperbaric oxygen therapy (HBO), one

required minor debridement, and one required conservative management. Total radiation dose varied from 50 Gy (1 case) to 70 Gy (1 case) among those patients who developed ORN. 3 of the 7 cases of ORN occurred after traumatic injury to the bone. Of the 7 patients who developed ORN, 3 had SGM of the major glands, 3 had other sites of the oral cavity or oropharynx, and 1 had a sinonasal location.

**Conclusion:** While the rate of ORN associated after radiotherapy for SGM was lower (4%) than previously published data on patients with squamous cell carcinomas of the head and neck treated with radiation therapy (8% to 14%), clinically significant ORN necessitating major surgery should not be ignored as a possible late effect of radiotherapy in SGM survivors. Almost all cases that developed ORN had SGM of the major glands or minor gland arising in the oral cavity or oropharynx.

12:15 - 13:00 **Mark S. Montana, DDS**
Private Practice in Tempe, AZ
Clinical Instructor and Lecturer
Arizona School of Dentistry and Oral Health
Mesa, AZ, USA

### *Treatment of the Fully Edentulous Jaw with a Fixed-Removable Prosthesis*

Dissatisfaction by edentulous patients with the functional limitations of complete dentures has fueled the dynamic growth in implant-assisted overdentures and implant-supported fixed prostheses. While both options are generally successful, they are not without pitfalls. Overdenture success can be unpredictable and the number of implants required to stabilize the prosthesis is too often a case-by-case decision. The fixed hybrid is a structured treatment approach with well-defined guidelines; however the restoration itself can result in compromises in esthetics, phonetics,

home care and maintenance/repair. Developing a prosthesis that: delivers the convenience of an overdenture with the optimal performance of a fixed restoration, offers correction of implant placement angles and is available for all major implant systems is an answer to the limitations of the overdenture and hybrid respectively. The fixed-removable prosthesis is a valuable solution that offers fully edentulous patients a removable solution with the comfort of a fixed restoration.

## SPEAKER BIOGRAPHIES
*IN ORDER OF APPEARANCE ON THE PROGRAM*

## Sunday, October 17th

**Gerald T. Grant, DMD, MS, FACP**
Professor, Oral Health and Rehabilitation
University of Louisville School of Dentistry
Louisville, KY, USA

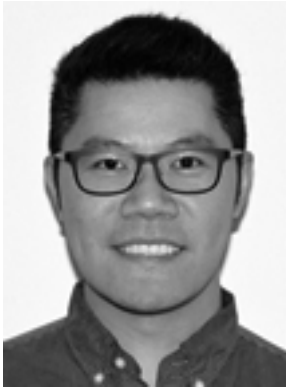
Dr. Grant is currently a full Professor of Prosthodontics, Oral Health and Rehabilitation Department, University of Louisville, Kentucky. He recently retired after 30 years with the United States Navy where he was the Service Chief of the 3D Medical Applications Center, Department of Radiology at Walter Reed National Military Medical Center. He received his D.M.D. degree from the University of Louisville, School of Dentistry in 1985, a certificate in Prosthodontics from the Naval Postgraduate Dental School, Bethesda, MD and a Masters from George Washington University in 1995, and a certificate in Maxillofacial Prosthetics from the Naval Postgraduate Dental School in 1999. He is a Diplomat of the American Board of Prosthodontics. Dr. Grant continues his area of research from the military with the University of Louisville in the validation and applications of Advanced Digital Dental Technologies, virtual surgical applications, and Advanced Digital Applications in the design and fabrication of medical devices for craniofacial reconstruction and rehabilitation. He has held positions as a Board member of the American College of Dentists and the AAMP, the chair of the research committee of the International Society of Maxillofacial Reconstruction, and is the President Elect of the AAMP.

**Robert M. Taft, DMD, MS, FACP**
Chair, Prosthodontics
Naval Postgraduate Dental School
Bethesda, MD, USA

Captain Taft was born and grew up in Littleneck Long Island, New York. He received his D.D.S. degree from Emory University School of Dentistry in 1983. He entered the Navy in 1983 following graduation and was commissioned a Lieutenant in the U. S. Navy Dental Corps.
In 1988, Captain Taft entered the Prosthodontic residency program at the Naval Postgraduate School in Bethesda, MD and two years later received a certificate. Captain Taft then continued in a fellowship in Maxillofacial Prosthetics at Wilford Hall USAF Medical Center, San Antonio, TX receiving a certificate in 1992. Captain Taft next served as Chairman and Program Director for the Maxillofacial Fellowship Officer program, Naval Postgraduate Dental School from 1997 – 2001 and later as professor in the Naval Postgraduate Prosthodontics Residency Program, 2002. He then took assignment at the Navy Medicine Education and Training Command, Bethesda, MD, as Director, Graduate programs. Captain Taft served as Dean of the Naval Postgraduate Dental School and Specialty Leader to the Surgeon General for Postgraduate Dental Education from June 2006 to June 2011, Deputy Chief, United States Navy Dental Corps from June 2011 to June 2013 and is currently Department Chair, Prosthodontics, Naval Postgraduate Dental School.
Captain Taft is a Diplomate, Board Examiner and Vice President of the American Board of Prosthodontics, Fellow/BOD member of the American College of Prosthodontists, Fellow, Academy of Prosthodontics, and Past President of the American Academy of Maxillofacial Prosthetics.

**Jana Rieger, BSc, MSc, PhD**
Institute for Reconstructive Sciences in Medicine
University of Alberta
Edmonton, Alberta, CA

Jana Rieger is the Director of Research at the Institute for Reconstructive Sciences in Medicine and a Professor in the Faculty of Rehabilitation Medicine at the University of Alberta. Since 1999, her research has focused on understanding functional outcomes, including speech, swallowing, chewing and quality of life in patients with defects of the head and neck secondary to cancer and trauma. From 2004 – 2011, she was funded by the Alberta Heritage Foundation for Medical Research as a Population Health Clinician Researcher. More recently, Dr. Jana Rieger was one of four successful researchers to receive funding from the Alberta Cancer Foundation's Transformative Program Competition. Dr. Rieger and her team received $1.9 M to support research related to developing technological interfaces for dysphagia rehabilitation in patients with head and neck cancer. Dr. Rieger has lectured internationally by invitation on functional outcomes related to defects of the head and neck and has published over 50 articles on research in this area.



**Austin Leong, DDS**
Prosthodontics Private Practice
New York, NY, USA

Dr. Austin Leong is a maxillofacial prosthodontist and is an associate in prosthodontics private practice in New Jersey. He received his dental degree from Stony Brook University School of Dental Medicine in 2011. He then received his prosthodontics certificate from the University of North Carolina, Chapel Hill in 2014. Immediately following this, he completed his Maxillofacial Prosthetics Fellowship at Memorial Sloan Kettering Cancer Center. He is married to his wife Karen and they have two dogs.

**Jan S. Lewin, PhD, BCS-S**
Professor, Dept. of Head & Neck Surgery
Section Chief, Speech Pathology & Audiology
The University of Texas
MD Anderson Cancer Center
Houston, TX, USA

Jan S. Lewin, Ph.D. is a Professor in the Head and Neck Surgery Department, and Section Chief of Speech Pathology and Audiology at The University of Texas M.D. Anderson Cancer Center. Dr. Lewin received her undergraduate and graduate degrees from the University of Michigan and her Ph.D. from Michigan State University. She is a recognized authority on speech and swallowing outcomes in oncology patients. Dr. Lewin is a regularly invited faculty participant to national and international cancer survivorship programs and public education networks. She has authored over 85 journal articles, 18 book chapters, among other publications, on the topic of functional restoration of speech and swallowing. Under her direction, the Speech Pathology and Audiology program at M.D. Anderson is recognized as the premier program for functional rehabilitation of oncology patients.

**Melani Kapetanakos, DDS, FACP**
Clinical Assistant Professor
New York University College of Dentistry
Department of Prosthodontics
New York, NY, USA

Melani Kapetanakos is a Clinical Assistant Professor in the Department of Prosthodontics at New York University's College of Dentistry. She earned her Dental Degree from New York University and completed a General Practice Residency at Staten Island University Hospital. Dr. Kapetanakos went on to complete both her Specialty in Prosthodontics and Implant Surgical Training at New York University. She has held faculty positions at Staten Island Hospital as well as Columbia University's Post Graduate Prosthodontics Program. Prior to her current position, Dr. Kapetanakos completed a Maxillofacial Prosthetics Fellowship at Memorial Sloan Kettering Cancer Center in New York. She is currently a Fellow of the American College of Prosthodontics and remains committed to education as well as private practice in Bayside, New York.

**Ronald C. Auvenshine, DDS, PhD**
Private Practice
Director of the Orofacial Pain Clinic,
M.E. DeBakey V.A. Medical Center
Houston, TX, USA

Ronald C. Auvenshine, DDS, PhD, is a graduate of Baylor University with a BA degree in Chemistry (’66). He is also a graduate of Emory University School of Dentistry (’71) and earned a PhD in Human Anatomy from LSU Medical School in 1976. In addition to his private practice, he is the Founder and Director of the Orofacial Pain Clinic at DeBakey V.A. Hospital in Houston. He is an Adjunct Assistant Professor at the University of Texas, Dental Branch Houston. He lectures nationally and internationally, and serves on the editorial board of the Journal of the Texas Dental Association. Dr. Auvenshine has served on the Council on Membership for the American Dental Association and is Past-President of the Greater Houston Dental Society. He is also a Past-President of the American Academy of Orofacial Pain and is a founding member of the American Board of Orofacial Pain.

**Nathan J. Pettit, DMD, MSD**
Prosthodontist at MedCenter TMJ
Houston, TX, USA

Nathan Pettit is a graduate of Brigham Young University with a BS degree in Nutrition (2007). He is also a graduate of UNLV School of Dental Medicine (2011) and earned his certificate in Prosthodontics from the Michael E. DeBakey VA Medical Center in Houston TX (2014). He earned his MSD degree from University of Texas School of Dentistry at Houston (2014) with research focusing on CBCT imaging of the hyoid bone. Dr. Pettit now practices in Houston TX and is assistant director of the Orofacial Pain Clinic at the DeBakey Medical Center. When outside of the office, Dr. Pettit enjoys making music and spending time with his family.

## Monday, October 19th

**John O. Burgess, DDS, MS**
Assistant Dean for Clinical Research
Professor- Department of Clinical &
Community Sciences
Division of Biomaterials
University of Alabama at Birmingham
School of Dentistry
Birmingham, AL, USA

John O. Burgess is a 1975 graduate of Emory University School of Dentistry. He received his MS in Biomedical Sciences from the University of Texas Health Science Center in Houston, Texas; completing a one year General Practice Residency and a two year General Dentistry Residency. He served as a military consultant in general dentistry to the Air Force Surgeon General. Currently, Dr. Burgess is Professor and Director for the Division of Biomaterials, as well as Assistant Dean for Clinical Research at The University of Alabama in Birmingham—School of Dentistry.

He received certification from the American Board of Dentistry and is a diplomat of the Federal Services Board of General Dentistry, He is a member of many dental associations, including the American Academy of Restorative Dentistry, the American Dental Association, the Academy of Esthetic Dentistry, the American Association for Dental Research, the Academy of Operative Dentistry, and is a fellow of the Academy of Dental Materials. He is a past chair of the Biomaterials Section of the American Association for Dental Schools, and has served on the Executive Board for the American Association for Dental Research. In 2010 – 2012, Dr. Burgess served as a consultant to the American Dental Association's Council on Scientific Affairs, and was a member of two ADA committees on specification development for materials and devices. For his dedication and service to dental resident education and training, he received the UAB graduate school mentoring award in 2012. Dr. Burgess has

published more than 500 articles, abstracts and textbook chapters. He is a prolific researcher, with clinical protocols evaluating self etch and total etch adhesives, ceramic materials, self-adhesive and bulk fill composite resins, digital impression systems, vital pulp therapy agents, fluoride-releasing materials, low shrinkage posterior composites, impression materials, and bleaching agents.

Dr. Burgess has presented more than 1000 continuing education courses, and lectures extensively nationally and internationally. Dr. Burgess is married to a wonderful lady, Patricia. They make their home in Birmingham, AL.

**Erich M. Sturgis, MD, MPH**
Professor, Department of Head and Neck Surgery
and Department of Epidemiology
Christopher and Susan Damico Chair in Viral
Associated Malignancies
The Univeristy of Texas- MD Anderson Cancer Center
Houston, TX, USA

Dr. Sturgis received a B.S. degree in biochemistry cum laude from L.S.U., and he attended Georgetown University School of Medicine graduating cum laude with a M.D. in 1990. After an internship in general surgery at Tulane University and Charity Hospital in New Orleans and a research fellowship at Memorial Sloan-Kettering Cancer Center in New York. Dr. Sturgis completed a residency in Otolaryngology-Head & Neck Surgery at Tulane in 1996. After a head and neck surgery fellowship at Vrije University in Amsterdam, he completed a two-year research fellowship in molecular epidemiology in the Department of Epidemiology at The University of Texas-MD Anderson Cancer Center followed by a one-year clinical fellowship in the Department of Head & Neck Surgery. In 2000, he joined the faculty of the Department of Head & Neck Surgery as an assistant professor with a joint appointment in Epidemiology at MD Anderson. He completed a Master of Public Health at The University of Texas School of Public Health in 2004 and was promoted to associate professor with tenure in 2005 and full professor with tenure in 2010. He is the program director of the MD Anderson Oropharynx Program, an 8-year clinical and translational research effort supported by a 10 million dollar gift by Charles and Daneen Stiefel. He is the Administrative Leader of the MD Anderson Moon Shot for HPV-Associated Malignancies, an institutional investment with 5 million dollar annual budget, and in 2015 he was appointed the first Christopher and Susan Damico Chair in Viral Associated Malignancies.

**Lawrence E. Brecht, DDS**
Institute of Reconstructive Plastic Surgery
Department of Plastic Surgery
New York University-Langone Medical Center
Jonathan & Maxine Ferencz Advanced Education Program in Prosthodontics
New York University College of Dentistry
New York, NY, USA

Lawrence E. Brecht, DDS**,** is Clinical Associate Professor of Prosthodontics and Occlusion at New York University College of Dentistry where he serves as the Director of Maxillofacial Prosthetics in the Jonathan & Maxine Ferencz Advanced Education Program in Prosthodontics. He has a joint appointment at the Institute of Reconstructive Plastic Surgery of New York University School of Medicine where he is Director of the Dental Services & Craniofacial Prosthetics and serves on the Institute's Cleft Palate, Craniofacial and Ear Anomalies teams. In addition, he serves on the Executive Committee of the Institute. Dr. Brecht received his DDS from New York University and completed a residency at Boston's Brigham & Women's Hospital and a Fellowship at Harvard School of Dental Medicine. He then earned his Certificates in both Prosthodontics, as well as Maxillofacial Prosthetics from the New York Veterans Administration Hospital. Dr. Brecht is a member of the American College of Prosthodontists, and served on its Board of Directors. He is currently the President of the Greater New York Academy of Prosthodontics and the Immediate Past-President if the American Academy of Maxillofacial Prosthetics. He is a Fellow of the Academy of Prosthodontics, and a member of the American Cleft Palate/Craniofacial Association. He is a frequent contributor to the cleft, plastics and maxillofacial literature. He maintains a practice limited to prosthodontics and maxillofacial prosthetics in New York City.

**Katie Weimer, MS**
Vice President of Medical Devices
3D Systems - Healthcare
Denver, CO, USA

Katie—who developed the company's Virtual Surgical Planning (VSP) capabilities—began her efforts at Medical Modeling in 2008 and has taken on roles of increasing responsibility since the move to 3D Systems in April of 2014. Katie is drawing on her considerable experience to lead 3DS medical device development and sales and manufacturing activities, which include VSP, anatomical modeling, medical imaging and modeling, design services and direct metal printing services. Katie, who has been involved in 3D printing for almost a decade, aims to revolutionize Healthcare by combining proprietary and powerful workflows in a "digital thread" with the ability to create templates, guides, instruments and even implants using 3D printing technologies. Katie received her undergraduate degree in mechanical engineering from the University of Missouri - Kansas City. She then continued at the University of Missouri - Kansas City where she received her Master of Science degree in Mechanical Engineering. She has published over ten manuscripts in scientific/clinical journals, coauthored an upcoming book chapter and she speaks frequently on her area of expertise in personalized surgery nationally and internationally.

**Karen Scuilli, RN, MSN, MBA**
Founder/Executive Director of
Face2Face Healing, Inc.
Pittsburgh, PA, USA

Karen Scuilli has spent 28 years as a nurse, a case manager and a clinical consultant. Karen helped to develop the Case Management Program at The Washington Hospital (PA) in 1997 while completing her BSN and working in the Cardiothoracic Intensive Care Unit. She was on the Case Management Task Force under the VP and Executive Director of Patient Care Services at The Washington Hospital in 1999. In 2003 Karen moved to Highmark BCBS (health insurance provider) as a case manager and then became a National and Western Regional Conflicts Case Manager Supervisor where she led a team of 60 employees in 2006. Karen advanced to the position of Highmark Clinical Consultant in 2009 where she was responsible for analyzing large corporate accounts to establish plan-of-care solutions that improved large employer healthcare. In addition to her clinical and administrative experience, Karen is a survivor, having gone through treatment for head and neck cancer in 2012, allowing her to understand from personal experience the needs of individuals with facial and other disfigurements. She has a Masters in Nursing and Business focusing on Healthcare Administration. Along with Dr. Pituch, Ms. Scuilli is the co-founder and Executive Director of Face2Face Healing, Inc. which was formed to fill the gap in care for individuals with disfigurement.

**John Chamberlain, DMD, MS**
Diplomate, American Board of Prosthodontics
Member, American College of Prosthodontics
Prosthodontist, BHC-Dental
Parris Island, SC, USA

Dr. Chamberlain graduated from the Bluegrass Community and Technical College in Lexington, KY with an Associate Degree in Dental Laboratory Technology. From 1993-2002, he managed a small full-service dental laboratory in Lexington, Kentucky, specializing in the fabrication of fixed and removable prosthodontics, in addition to orthodontic appliances. From 2002-2008, he worked at the University of Kentucky College of Dentistry as a Ceramics Technician specializing in fixed prosthodontics including partial and full coverage single unit restorations, fixed partial dentures, implant restorations, ceramic veneers, pressed ceramics, RDP survey crowns and implant surgical guides. During this time, he also maintained status as a Certified Dental Technician from the National Board for Certification in Dental Laboratory Technology. In 2008, John began dental school at the University of Kentucky College of Dentistry and was the recipient of a four-year HPSP scholarship from the Univted States Navy. Following graduation in 2012, he reported to the Naval Postgraduate Dental School in Bethesda, Maryland for three-year specialty training in Prosthodontics. Following graduation from residency in 2015, he successfully challenged the requirements for Board Certification from the ACP. At this time he is stationed at Naval Branch Health Clinic Marine Corp Recruit Depot in Parris Island, SC as a staff Prosthodontist. Dr. Chamberlain and his wife, Rebecca, have two children, David (age 17) and Katherine (age 8). Personal hobbies include spending time with family, going to the beach, target shooting, hunting, fishing, and classic muscle cars.

## Tuesday, October 20th

**Steven J. Frank, MD**
Associate Professor of Radiation Oncology
Deputy Department Chair,
Strategic Programs
Proton Center Medical Director
Houston, TX, USA

Dr. Steven J. Frank is an Associate Professor in the Department of Radiation Oncology, Deputy Chair, Strategic Programs, Medical Director of the Proton Therapy Center, and Director of Advanced Technologies at the University of Texas MD Anderson Cancer Center in Houston, Texas. He received his medical degree from Emory University School of Medicine. Following completion of his clinical residency in Radiation Oncology at the University of Texas MD Anderson Cancer Center, he joined the faculty treating Genitourinary and Head and Neck tumors. He developed the Head and Neck Proton Therapy program in 2007 and is recognized as the Head and Neck Proton Therapy expert at MD Anderson. He has pioneerd the treatments of oropharyngeal and nasopharyngeal cancers with intensity modulated proton therapy (IMPT). He is recognized as an expert in the field of brachytherapy and is the Vice President of the American Brachytherapy Society. He co-invented the C4 technology and started C4 Imaging in order to license the technology from MD Anderson. He has given presentations nationally and internationally on head and neck proton therapy, is the PI on a Randomized Trial of IMPT vs. IMRT for patients with advanced stage oropharyngeal tumors. He is a member of the Head and Neck section of the American Board of Radiology for board certification and has over 120 peer-reviewed publications.

**Travis D. Bellicchi, DMD, MS, CAPT, USAF**
Graduate Prosthodontics
Indiana University School of Dentistry
Indianapolis, IN, USA

Travis Bellicchi is a second-year Prosthodontic Resident at Indiana University School of Dentistry and a Maxillofacial Prosthetics Fellow at Indiana University School of Medicine in Indianapolis, IN. He was a member of the second graduating class from Western University of Health Sciences School of Dentistry in Pomona, CA. He completed a Masters in Biotechnology at Rush University in Chicago, IL. He is a newly commissioned Captain in the United States Air Force. Dr. Bellicchi is proud to have Dr. John Levon and Dr. Steven Haug as his mentors. He finds great satisfaction in serving his fellow Hoosiers in the IU Health network, supporting Dr. Michael Moore and his team in Otolaryngology, Head and Neck Oncology, and Reconstructive Surgery. He is regularly found in Chicago on weekends spending time with his wife Jennifer Ferrer, a third year PhD candidate in Nanotechnology at Northwestern University. Travis likes to cook, exercise, and sleep: all things he sorely misses in his Residency.

**Martin Osswald, BDS, MDent**
Associate Professor, Division of Otolaryngology Head and Neck Surgery
Department of Surgery
Faculty of Medicine and Dentistry
University of Alberta
Prosthodontist, iRSM
Edmonton, Alberta, CA

Dr. Osswald is an Associate Professor in the Dept. of Surgery, in the Division of Otolaryngology and Head and Neck Surgery at the University of Alberta, Edmonton, Canada and practices as a Maxillofacial Prosthodontist at The Institute for Reconstructive Sciences (iRSM). Dr. Osswald is a graduate of the University of the Witwatersrand, Johannesburg, where he completed his undergraduate dental and postgraduate specialty training. From 2003-2006 he held concurrent positions as Principal Dentist with the Gauteng Department of Health and Prosthodontic Registrar with the Dept. of Prosthodontics, School of Oral Health Sciences, University of Witwatersrand. On completion of his prosthodontic specialty training in 2006, he held a Specialist Prosthodontist Consultant position at the University of the Witwatersrand and ran a private Prosthodontic practice in Johannesburg, before joining the University of Alberta and iRSM in 2009. His research activities have included the design of osseointegrated prostheses, associated material sciences, the relevant cost implications and digital technologies available. His current clinical and research interests are in the field of osseointegrated rehabilitation of maxillofacial defects, particularly in the surgical and functional reconstruction of the maxilla and mandible, utilizing advanced digital technologies in simulated digital surgical design pathways, for patient care. His research activities have expanded into the field of regenerative medicine and the development of customized functionalized scaffolds for replacement of structures in the head and neck. He enjoys cycling and traveling.

**Stephen G. Alfano, DDS, MS**
Balboa Island Dentistry
Newport Beach, CA, USA

Dr. Stephen Alfano is a board certified prosthodontist. He received his DDS from the University of Texas Health Science Center at San Antonio. Dr. Alfano joined the United States Navy following dental school and retired after 22 years of active duty. He served as a general dentist for four years prior to beginning his training in Prosthodontics and Maxillofacial Prosthetics at the Naval Post Graduate Dental School. Most recently he served as Associate Clinical Professor at Temple's Maurice H. Kornberg School of Dentistry while simultaneously working in private practice at the PI Dental Center in Fort Washington, PA. Dr. Alfano is currently transitioning into solo private practice. He has published articles on the topics of prosthetics, surgical techniques and dental materials. Dr. Alfano resides in Newport Beach, CA with his wife and children.

**Charles J. Goodacre, DDS, MSD**
Distinguished Professor
Loma Linda University School of Dentistry
Loma Linda, CA, USA

Dr. Goodacre received his DDS degree from Loma Linda University School of Dentistry in 1971. He completed a three year combined program in Prosthodontics and Dental Materials at Indiana University School of Dentistry and in 1974 earned his MSD degree. He served as Chair of the Dept of Prosthodontics at Indiana University and from 1994 to 2013 served as Dean of the Loma Linda University School of Dentistry. He currently teaches in the Advanced Education Program in Prosthodontics at Loma Linda University School of Dentistry. He is a Diplomate of the American Board of Prosthodontics, Past-President of the American Board of Prosthodontics, Past-President of the American College of Prosthodontists, and Past President of the Academy of Prosthodontics. He has received several awards such as Educator of the Year, Distinguished Lecturer, Distinguished Service Award, and Dan Gordon Lifetime Achievement Award from the American College of Prosthodontists; the George Moulton Award from the American Academy of Fixed Prosthodontics, the William J. Gies Award from the American Dental Education Association; Honorary Fellowship in the Faculty of Dentistry of the Royal College of Surgeons in Ireland; the Golden Medallion Award from the American Prosthodontic Society; the Distinguished Service Award from the Academy of Prosthodontics; the Jerome and Dorothy Schweitzer Research Award and also the Distinguished Lecturer Award from the Greater New York Academy of Prosthodontics. He received the Stephen H. Leeper Award for Teaching Excellence in 2015 from the Supreme Chapter of Omicron Kappa Upsilon.

**J. Rhet Tucker, DMD, FACP**
Maxillofacial Prosthodontic Clinic
Department of Otolaryngology- Head and Neck Surgery
Medical University of South Carolina
Charleston, SC, USA

Rhet Tucker is an Assistant Professor in the Department of Otolaryngology-Head & Neck Surgery, at the Medical University of South Carolina, Charleston, South Carolina, USA. After obtaining a Bachelor of Art from Florida State University, he attended the University of Pennsylvania Dental School. While completing his externship requirements, he was able to work with a Maxillofacial Prosthodontist, whose work inspired him to continue his education. After graduating from dental school, he joined the United States Army, where he completed an AEGD program (Fort Sill, OK.) and a Prosthodontic Residency (Fort Gordon, GA.). He was then assigned to Fort Benning, GA., where he was Chief of Prosthodontics and AEGD mentor in Prosthodontics. He successfully challenged the American Board of Prosthodontics in the fall of 2011, and was honored as mentor of the year in 2013. Upon separation from the military in 2014, Rhet was accepted to, and completed, the Maxillofacial Prosthodontic and Oncologic Dentistry Fellowship at the University of Texas MD Anderson Cancer Center in Houston, TX. It has been a blessing and honor to receive such amazing training from some of the world's greatest mentors and clinicians, and to treat patients whose bravery and determination continue to inspire him. He enjoys playing basketball and golf, and loves spending time with his wife, Jessica, and their 4 children. He is excited to be in South Carolina.

**Mark S. Montana, DDS**
Private Practice in Tempe, AZ
Clinical Instructor and Lecturer
Arizona School of Dentistry and Oral Health
Mesa, AZ, USA

Dr. Montana graduated from the University of Southern California School of Dentistry in 1987 and completed his certificate in Advanced Prosthodontics at USC in 1989. He also received a Bachelor of Science degree in Business Management in 1983 from Arizona State University. He has maintained a full-time private practice in Tempe, Arizona since 1989, emphasizing fixed, removable and implant prosthodontics. He has been a clinical instructor while attending USC and currently is a clinical instructor and lecturer in the Advanced Education of General Dentistry program at the Arizona School of Dental Health. He is a member of the Dentsply Implants' PEERS North America study club, the American College of Prosthodontists, the American Academy of Fixed Prosthodontics, the Pacific Coast Society for Prosthodontics, the Academy of Osseointegration and the American and Arizona Dental Associations. He has lectured extensively throughout North America on the topics of implant, fixed and removable prosthodontics.

## RESERVE SPEAKERS

**James A. Kelly, DDS, MS, FACP**
Assistant Professor of Dentistry
Department of Dental Specialties
Mayo Clinic
Rochester, MN, USA

James Kelly is an Assistant Professor of Dentistry at the Mayo Clinic. He is the current director of Maxillofacial Prosthetics and Dental Oncology. His research interests are in the area of Maxillofacial Prosthetics care, and outcomes of treatments. He enjoys active involvement in many various organizations.

### *ORONet: A Current Perspective on Strategies for Improving Comprehensive Health Based, Patient-centered Evaluations of Comparative Therapeutic Effectiveness for Oral Rehabilitation*

With a myriad of decision-making processes for oral rehabilitations, oral health care providers must synthesize much data to reflect the best care for each individual patient. Very often, the evidence based treatment modalities are driven by scientific data. However, much of the literature negates the patient's perspective of their individualized outcomes. A future focus of individual patient centered outcome desires will be discussed.

**Thomas J. Salinas, DDS**
Professor of Dentistry
Department of Dental Specialties
Mayo Clinic
Rochester, MN, USA

Thomas Salinas is a Professor of Dentistry at the Mayo Clinic, where his time is dedicated to rehabilitation of patients with complex care needs. He has authored over 75 publications related to prosthodontics and interdisciplinary care. His research interests are biomaterial behavior and clinical outcome studies.

### *Microvascular Maxillofacial Reconstruction: Misadventures, Theory and Reverse Engineering*

Microvascular grafting of craniofacial defects is the state of the art treatment for advanced cancers and reconstruction of the head and neck in many centers throughout the world. Although the technique has been in use for the last several decades, there are many factors of this care which still require refinement to address problems and comorbidities. Biomechanical design, soft tissue development, and maintenance are factors which, despite best efforts, are elusive as the knowledge base on this specialized treatment continues to become available. The advent of digitally assisted reconstruction continues to be supportive in this role and invokes the use of reverse engineering principles to arrive at a desired result.

**Sunday, October 18th**
**Financial Workshop 1**

## *Investment Basics*

14:30 - 16:45

Michael Rudelson will be providing information on investment basics. Michael will help determine investment goals, timelines, and risk tolerance. He will also discuss how to create an asset allocation model, how to select specific investments and manage, monitor, and modify your portfolio.
As a Financial Advisor that has been in the Investment industry service Medical Professionals for over 30 years, Michael is extremely knowledgeable on the ins and outs of the retirement plans offered.

**Monday, October 19th**
**3Dsystems Workshop 2**

## *Experience and Explore Virtual Surgical Planning for Mandibular Reconstruction*

14:45 - 17:00

This workshop allows attendees to explore Virtual Surgical Planning for mandible reconstruction and does so with one-on-one interactions with our skilled engineers – just as you would experience from your office! Virtual Surgical Planning (VSP®) utilizes medical image data to create digital models of the patient's anatomy and then with the collaboration of the surgeon and his/her clinical knowledge, and one of our engineers, a digital

surgical plan is developed. This digital plan is then transformed to the operating room by designing and 3D printing patient-specific instruments. Join us to learn more about Virtual Surgical Planning (VSP®) and how your office or hospital can incorporate VSP® into your current work flow.

3D Systems offers healthcare-centric 3D printing and 3D visualization technology. The company's surgical tools include accurate 3D printed anatomical models, advanced virtual reality simulators, direct metal printing for implants and instrumentation, virtual surgical planning (VSP®) and personalized 3D printed surgical guides. 3DS is developing true patient-specific healthcare solutions, one by one or at scale, designed to change the future of personalized medicine.

**Tuesday, October 20th**
**AvaDent Workshop 3**

## *AvaDent Digital Denture Record Making Process*

14:30 - 16:45

The hands on participation course will show attendees how to use the Anatomical Measuring Device (AMD) to record occlusal vertical dimension, centric relation, midline and anterior tooth positions. In addition, the program will include adaptation of the Good Fit denture into a custom impression tray for use in making an impression and records for denture fabrication.

## Poster 1

## DIGITAL PLANNING IN DENTAL IMPLANT TREATMENT

**Al Attas, Mohammed *, Al Garni Bishi**
**King Saud Medical City**
**Riyadh Dental Center**
**Riyadh, Middle City, Saudi Arabia**

**Case Presentation:** Recent development in digital technology is rapidly changing the way we approach planning and treating patients with dental implant supported restorations. Predictable outcomes are routinely derived through a coordinated efforts between the restorative dentist, surgeon and technician.

A 52 years old healthy male with edentulous maxillary and mandibular jaws presented to our dental clinic seeking replacement of his missing teeth by fixed prosthesis. Using the digital imaging technique for dental implant placement, we placed 16 dental implants distributed as 8 implants in the upper and 8 implants in the lower arches with immediate loading of fixed provisional prosthesis on the same day.

Digital planning in dental implant treatment is less invasive, more efficient, accurate and predictable. It prevents mistakes and unpleasant surprises during implant surgery, and it also more comfortable and less painful for patients.

The use of digital imaging technology in the field of implant dentistry improves the practice of dentistry and reduces the risk of complications for patients.

## Poster 2

# DENTAL COMPLICATIONS IN A PEDIATRIC NASOPHARYNGEAL PATIENT

**Alami, Arwa ***
**King Hussein Cancer Center**
**Oral Surgery**
**Amman, Jordan**

**Keywords:** dental, nasopharyngeal cancer, complications

**Case Presnetation:** Nasopharyngeal carcinoma (NPC) is very rare in childhood. It differs from its adult counterpart in the prevalence of the nonkeratinizing, undifferentiated subtype and by an advanced clinical stage at onset and better chances of survival. The treatment includes chemotherapy and radiotherapy. The risk of long-term treatment-related toxicity also may be a more important issue in younger individuals. The risks of long-term, treatment-related toxicity include growth retardation, dental problems, life-long xerostomia, endocrine problems, ototoxicity and occurrence of second malignancies. The patient presented in this case study, is a female patient who was diagnosed with NPC at age of four years. She was referred to dental treatment at start of radiotherapy and was followed during her treatment. The patient and her parents were educated about the effects of radiotherapy to the oral cavity and a prophylactic dental program given. The patient was seen at 4 months intervals, she suffered rampant caries, xerostomia, retarded skeletal growth and incomplete root formation of her permanent teeth. She was treated conservatively to insure preservation of her teeth during her development. At the age of twelve the patient did extract all of her teeth in a private practice and presented to our clinic. Oral and facial exam showed restricted mouth opening, small jaws, resorbed dental ridges and xerostomia. The patient was attending school and this appearance affected her and also decreased her ability to eat. The decision was to do complete upper and lower dentures and to re-fabricate as needed as she grows. Several problems were encountered including size of trays and shape of dental ridges. The patient was provided with complete dentures that she is using and happy with result, she will be planned for dental implants at age 18 years.

**Conclusion:** Treatment of NPC in children has a tremendous effect on the

facial and dental tissues, and the effect is greater when it affects them younger. Even with dental prophylactic programs the patients will suffer from rootless teeth that will cause them to become edentulous at an early stage. These patients should be followed dentally by experienced dentists to ensure best outcome.

## Poster 3

## AURICULAR PROSTHESIS FABRICATION UTILIZING AN INTRA-ORAL OPTICAL SCANNER FOR DATA ACQUISITION

**Cherrington, S. Shae *, Villalobos, Jose**
**Air Force Postgraduate Dental School**
**Maxillofacial Prosthetics Fellowship Program**
**San Antonio, TX, United States**

**Purpose:** Several methods exist for the fabrication and positioning of an auricular prosthesis. The size and shape of the prosthesis is ideally obtained from a pre-surgical impression. When this is not available the contralateral ear is used as a guide for contours, shape, and positioning of the prosthesis. Today digital imaging has influenced many aspects of Maxillofacial Prothodontics. This presentation introduces a novel way of acquiring 3D data necessary for fabrication of an auricular prosthesis utilizing digital image processing and mirroring technique through the use of an intra-oral optical scanner available in many dental facilities.

**Case Study:** A 17 year old female patient presents with total loss of her left outer ear as result of a motor vehicle accident. Using the contralateral ear as reference; the superior helix, tragus, inferior border of the lobe, and long axis orientation landmarks were transferred onto the defect side. The landmarks were transferred to diagnostic impressions of both the defect and contralateral ear; these impressions were then poured in type 4 dental stone. To facilitate transfer of the orientation landmarks into the 3D editing software, the orientation lines were lightly scribed on the casts. An intra-oral 3D optical scanner was used to individually capture both the defect and contralateral ear. The images were uploaded to 3D editing software and a mirror image of the contralateral ear was created, which was

positioned on the 3D image of the defect and oriented using the scribed lines. Rapid Prototyping (Stereolithography) was utilized to fabricate a prototype of the mirror image. The mirrored contralateral ear prototype was verified clinically and used as a template for fabrication of the auricular prosthesis.

**Conclusion:** Fabrication of a unilateral auricular prosthesis with accurate contours and shape can be challenging and time consuming without a pre-surgical cast or an existing prosthesis to reference. An intra-oral 3D optical scanner, found in many dental facilities, can be utilized to capture in great detail the contralateral ear for use with 3D editing software in the fabrication of an auricular prosthesis.

## Poster 4

## PREOPERATIVE 3D DESIGN & FABRICATION OF A SURGICAL OBTURATOR FOR A MAXILLECTOMY DEFECT

**Chicchon, Ivan *, Rodney, Jeff**
**University of Michigan**
**Department of Oral and Maxillofacial Surgery and Hospital Dentistry**
**Ann Arbor, MI, United States**

**Keywords:** 3D printing, maxillectomy, 3D design

**Case Presentation:** An Immediate Surgical Obturator can be fabricated pre-operatively for a maxillectomy defect by virtual manipulation of a patient's CT data. This technique can save chair time for the maxillofacial prosthodontist and reduce the number of appointments for the patient. This poster shows the following technique: 1) A 3D model of a patient is digitally obtained from preoperative CT data. 2) The virtual model is modified to incorporate the defect according to anticipated surgical margins. 3) The obturator is digitally designed and is fabricated by 3D printing or milling. 4) The fabricated surgical obturator can be adjusted and modified for proper fit for delivery

## Poster 5

# EVALUATION OF QUALITY OF LIFE AND FUNCTION IN MAXILLECTOMY DEFECTS RESTORED WITH OBTURATORS OR RECONSTRUCTED

**Dholam, Kanchan *, Jamtani Rekha**
**Tata Memorial Hospital**
**Dental and Prosthetic Services**
**Mumbai, Maharashtra, India**

**Purpose/Aim:** To evaluate quality of life (QOL) and function such as speech and swallowing of maxillectomy patients after defects rehabilitated with prosthetic obturators and defects reconstructed.

**Materials and Methods:** 15 patients treated for benign and malignant tumours of the mid facial region with maxillectomy and subsequent rehabilitation with a) Prosthetic obturators b) Reconstructed with flaps (bone or soft tissue flaps) will be assessed for quality of life and speech and swallowing.
Patients who completed 1-2 years of post rehabilitation period were included in the study
Informed consent will be taken and their records will be reviewed and demographic details, tumor sites, TNM classification, treatment details, classification of the maxillary defect will be noted.

**Results:** STATISTICAL ANALYSIS
Group comparisons will be made using independent t-test or Mann Whitney U test as per the distribution of the data for continuous variables.
P-value < 0.05 will be considered statistical significant.
SPSS version 20 will be used to analysis of data

**Conclusions:** Result of this study will be presented

## Poster 6

# MANDIBULAR PATHOLOGICAL FRACTURE DURING TREATMENT WITH A DYNAMIC MOUTH OPENING DEVICE- GUIDELINES FOR ITS USE

**Garcia-Gazaui, Sabrina *, Marunick, Mark**
**Wayne State University University of Michigan**
**Ann Arbor, MI, United States**

**Keywords:** trismus, fracture

**Case Presentation:** Trismus is a well-known complication of head and neck cancer treatment. It is defined as a progressive tonic contraction of the muscles of mastication that results in decreased mouth opening. This condition can lead to impairment of speech and eating, malnutrition, poor oral hygiene, and difficulty with dental treatment. Its prevalence in head and neck cancer patients ranges from 5% to 38%. Different treatments are available to improve the muscular hypofunction. Mouth opening devices along with exercising of the mandible immediately after surgery and/or radiation therapy are found to be effective in reducing the cancer therapy induced trismus. Presently, there are limited defined guidelines for initiating or monitoring trismus therapy in this patient population. This poster presents a clinical case report of a head and neck cancer patient with a history of progressive recurrent trismus as a sequela of extensive surgery and chemoradiation, who experienced a pathological fracture of the mandible during treatment with a mouth opening device.

## Poster 7

# SURGICAL STENTS FOR SOFT TISSUE ARCHITECTURE IN MICROVASCULAR GRAFTS

**Greenland, Robert *, Salinas, Thomas J.**
**Mayo School of Graduate Medical Education**
**Department of Dental Specialties Prosthodontics**
**Rochester, MN, United States**

**Keywords:** Surgical Stent

**Case Presentation:** Microvascular grafting for mandibular and maxillary discontinuity has been used as a common reconstructive technique over the last several decades. As transplanted tissue is beneficial in these areas, there are fundamental differences in architecture and physiology that warrant consideration before treatment. These tissues may contain dermal constituents as well as shape disparity that can be addressed by the use of tissue conformers or surgical stents. Topographical re-establishment of oral contours can be best facilitated by the use of this technique and a series of cases are presented to illustrate favorable prosthetic outcomes with soft tissue health. Case presentation will further elucidate advantages of surgical stent usage and its effect on tissue contour generating greater esthetic and functional outcomes of applied prosthesis. In addition to the cases presented, discussion of the outlined technique will be showcased with implant components and restorative materials. Elements of treatment demonstration include chair-side preparation steps leading up to acrylic resin application and contour refinement of surgical stent for proper tissue architecture. Sequence modeling will offer visual and conceptual gain to better understand technique of treatment.

## Poster 8

# CLEFT HARD AND SOFT PALATE REHABILITATION WITH IMPLANT-SUPPORTED RPD: CASE PRESENTATION

**Heckenbach, Eric *, Lee, Byung Joo; Khadivi, Ali; Azarbal, Mohsen; Engelmeier, Robert**
**University of Pittsburgh**
**Department of Prosthodontics**
**Pittsburgh, PA, United States**

**Keywords:** obturator, velopharyngeal incompetence, removable partial denture

**Introduction:**
Cleft palate is the most frequent congenital craniofacial deformity (1:1000 globally). Velopharyngeal incompetence is a contributing factor causing speech disorder and nasal regurgitation of food and liquid1. Obturation attempts to re-establish velopharyngeal closure, control nasal emission during speech and assist in preventing nasal regurgitation of food and fluids during swallowing3.

**Case:**
The patient in this case presentation is a 77 year old male measuring 6'3" tall while weight 175 lbs. The patient's oral health is significant for palatal insufficiency secondary to cleft hard and soft palate. Palatal insufficiency is defined as an insufficient length of hard or soft palate thereby adversely affecting velopharyngeal closure. Initial clinical exam revealed missing #1,4,13,16,17,21,29,31,32. All remaining dentition are heavily restored with amalgam restorations and crowns. There is a guarded to hopeless prognosis on all restorations except #7, 8 and 11. The patient has a corrected skeletal class III relationship with previous orthognathic surgery from a mandibular resection.

The patient's treatment plan involves occlusal plane discrepancies, speech therapy and implant-retained prostheses. The first phase of the treatment plan consists of disease control and entails extraction #2,3,4,14,15 and grafting, extraction of remaining mandibular dentition followed by alveoloplasty and locator placement on existing implants. The patient would then have maxillary and mandibular complete interim dentures fabricated. The second phase is definitive reconstruction. Four posterior maxillary implants at sites #4,5,12 and 13. Five unit PFM FPD spanning #7-

11 was fabricated. The third and final phase delivered the locator-borne maxillary RPD + speech obturator. The three pre-existing mandibular implants at sites #19, 24 and 30 were loaded for insertion of the implant-supported mandibular overdenture.

**Discussion:**
The incorporation of a pre-maxillary FPD emphasizes the importance of preserving the patient's character, personality, form as well as function. This arrangement fulfills an esthetic need by maintaining lip support and incisal edge display. A functional demand is accommodated by resisting torquing, rotational and dislodging forces. Preservation of pre-maxillary residual alveolar ridge imparts.

## Poster 9

## IMPLANT SURVIVAL RATE IN TWO RECONSTRUCTIVE TECHNIQUES UTILIZED IN HEAD AND NECK REHABILITATION: OBSERVATIONAL STUDY

**Huzaimi, Adel *, Nayar, Suresh; Osswald, Martin; Chuka, Richelle; O'connell, Daniel; Harris Jeffrey; Seikaly Hadi; Wolfaardt, Johan**
**Institute for Reconstructive Sciences In Medicine University of Alberta**
**Head and Neck Surgery**
**Edmonton, Alberta, Canada**

**Keywords:** implant survival, head and neck reconstruction, rehabilitation

**Purpose/Aim:** The purpose of the study was to assess osseointegrated dental implant survival in two head and neck reconstructive techniques employed at the Institute for Reconstructive Sciences in Medicine (iRSM) and the University of Alberta in Edmonton, Alberta, Canada. Both techniques utilized prefabricated fibular free flap (FFF) jaw reconstruction for head and neck rehabilitation (HNR).

**Materials and Methods:** Ethics approval was obtained from the Health Research Ethics Board at the University of Alberta. A retrospective chart review was conducted of cases that were surgically reconstructed with the Alberta Reconstructive Technique (ART) and a modification of the prefabricated fibula technique pioneered by Dr. Dennis Rohner (Rohner reconstruction), between 2010 and 2014. Twenty-one ART reconstructions

were completed between August 2011 and November 2014 and 5 Rohner reconstructions were completed between April 2010 and April 2013. The objective of the study was to assess osseointegrated implant survival rates (defined by implants that were present within the FFF reconstruction at the time of observation) in the two reconstructive techniques utilized.

**Results:** A total of 81 osseointegrated implants were installed in the ART group and 25 in the Rohner reconstruction group. In the ART group, a total of fourteen (17%) implants failed after primary installation; of those, 13 (93%) failed due to flap failure and one implant failed (7%) due to loss of osseointegration. The average time to flap failure was 386 days (range 182-758) and 344 days for the single implant failure. In the Rohner group, 1 (4%) implant failed due to loss of osseointegration 121 days after primary installation.

**Conclusions:** Current observation of osseointegrated implant survival rate in the ART and Rohner reconstruction techniques was 83% and 96%, respectively. Further longitudinal studies need to be carried out to assess the long-term implant survival rate data for these reconstructive techniques.

## Poster 10

## CUSTOMIZED BRACHYTHERAPY APPLICATOR FOR ENDOCAVITARY IRRADIATION OF AN ORBITAL EXENTERATION SITE

**Katsavochristou, Anastasia *, Katsavochristou a Dds Ms, Shyamal P Md, Demanes J Md, Jayanetti D Dds**
**University of California, Los Angeles**
**Maxillofacial Prosthetics**
**Los Angeles, CA, United States**

**Purpose/Aim:** The management of head and neck malignancies can involve surgery, radiation and/or chemotherapy. Brachytherapy can be used for primary, persistent or recurrent disease in localized areas. This method of radiation therapy allows for significant sparing of the normal tissues and thus for minimizing the complications. Modern imaging permits the precise distribution of the radioactive sources along the highly targeted surface

area to be treated. This case report describes the fabrication of an individual customized brachytherapy applicator for an orbital exenteration site.

**Materials and Methods:** A 44 year- old male presented in the Maxillofacial Prosthetic clinic with diagnosis of advanced stage malignancy of the left orbit area for initial rehabilitation consultation. The disease was treated primarily with orbital exenteration, extending to the nasal cavity and the maxillary sinus. Postoperative brachytherapy was decided for treatment of residual disease. A polysulfide/plaster impression of the defect was performed to generate a gypsum model. A wax pattern of the brachytherapy applicator was created. It was finalized to include the ideal positioning and distribution of the radiation sources, subsequently confirmed by imaging analysis. The wax pattern was then developed into a stable acrylic applicator.

**Results:** The fabrication of an individualized brachytherapy applicator was successfully created in order to allow for precise and uniform approximation of the highly targeted disease tissue margins.

**Conclusions:** The fruitful communication and collaboration between the disease management and rehabilitation providers can successfully result to the optimization of the patient care. In the case described, the Maxillofacial Prosthodontist can have an important role and facilitate the radiation treatment of the patient.

## Poster 11

## METHODS AND CONSIDERATIONS FOR NASAL RECONSTRUCTION

**Kim, Jiyeon J ***
**University of California, Los Angeles**
**Maxillofacial Prosthetics**
**Los Angeles, CA, United States**

**Case Presentation:** Facial prosthesis had been described in the medical literature since the 17th century and all kinds of different materials such as wax, alloy, porcelain, soft vulcanized rubber and silicon have been used.

Improvements of modern techniques in plastic facial surgery, especially the evolving use of microvascular flaps, have made acceptable surgical reconstruction of facial defects possible. In some cases, however, the reconstruction of a facial defect can only be sufficiently achieved with a prosthesis (Thiel et al. 2015).

Unlike reconstruction of other body parts, the reconstruction of in the head and neck require optimal esthetics and function that are vitally important for social integration and quality of life (Thiele OC et al. 2015). The nose is an aesthetically important midline facial structure, involved in 25% of head and neck skin malignancies (Chipp E et al. 2011). The mean 5 year survival rate for such patients is 51% (Stanley and Olsen 1998). The reconstruction method of nasal defects is determined by the extent and type of defect and the condition of the remaining tissue (Ko S et al.1980).

Surgical reconstruction of the nose is challenging as it requires an intricate three layer reconstruction of the internal nasal lining, hard tissue framework, and color matched external skin while maintaining a patent nasal airway (Pabla R et al. 2013) Patients are subject to many reconstructive and revision surgeries. Unfortunately, the surgical outcome of nasal reconstruction are frequently unsatisfactory even in the hands of the most skilled surgeon (Chipp E et al. 2011)

Prosthetic reconstruction must take into consideration the harmony of neighboring structures such as boney and soft tissue contours of the eyes, lips, forehead, chin, maxilla and mandible. It provides more predictably esthetics outcome, involves no surgical morbidities and allows easy monitoring of surgical sites. This is especially important since nasal malignancies have a high recurrence rate of 43% occurring after a mean of 9.4 months (Stanley and Olsen 1998). The success of prosthetic reconstruction is highly dependent on the surgical site preparation.

The introduction of implants has greatly improved the retention of facial prosthetics and therefore, the acceptance and frequency of use in patients (Chang et al, 2005). The reconstructive treatment options including implant-retained prosthetics should be thoroughly discussed with patient before any therapy is initiated. The placement of implants at time of tumor resection is preferred to speed up the rehabilitation process and improve the success rate of implants.

## Poster 12

# FINITE ELEMENT ANALYSIS OF FRAMEWORK DESIGN OF ARAMANY CLASS I, II AND IV OBTURATOR PROSTHESES

**Mattos, Beatriz *, Miyashita, Elcio; Noritomi, Pedro**
**University of São Paulo**
**Maxillofacial Surgery, Prosthesis and Traumatology**
**São Paulo, Brazil**

**Keywords:** Maxillofacial Prosthesis

**Purpose/Aim:** Considering that the principles of removable partial denture design apply to obturator prosthesis and that many specific aspects involved in the metallic framework design results from each clinical situation, this study evaluated the stress dissipation on the metal framework of Aramany Class I, II and IV obturator prostheses.

**Materials and Methods:** The CT data of an adult man, recorded as DICOM file, was exported to Invesalius Software v1.0 for image segmentation and conversion into a stereolithographic file (STL). Such files were then imported by Rhinoceros® v4.0 to generate the 3-D models of the maxillary defects. The corresponding obturator prosthesis for each Aramany Class was generated by the same software. The data from the CAD models were imported to Ansys® 14.0 software to generate the finite element mesh. A 120 N load was applied to the occlusal and incisal platforms, corresponding to the prosthetic teeth, in order to simulate the occlusal vertical force activated during mastication. Qualitative analysis of the metal framework was based on the scale of maximum principal stress; values obtained through quantitative analysis were expressed in MPa.

**Results:** Under anterior and posterior loads, stress was mainly dissipated in the rigid major connector for Aramany Class I, II and IV obturator prostheses. The larger the defect the higher the stress observed in the major connector. The 120 N load caused less stress dissipation when applied to the incisal platform. There was some stress dissipation in minor connectors and no noticeable stress in occlusal rests, clasps and guide planes.

**Conclusions:** The tensile stress dissipations observed do not indicate a risk

of eventual failure in the metal structure of the Co-Cr alloy. As the rigid major connector covered all the remaining hard palate, there was a dissipation of stress in a large area. The anterior or posterior placement of the load on the prosthesis and the size of the maxillary resection area affects the dissipation of tensile stress. The experimental conditions used in this study reflect optimal clinical conditions. Different situations require modifications that must obey the principles of preservation of the remaining teeth, support, stabilization and retention of the obturator prosthesis.

## Poster 13

## MAXILLOFACIAL PROSTHETIC REHABILITATION: A COMPARISON OF PRESENT AND EMERGING TECHNIQUES

**McQuigg, Charles ***
**University of California, Los Angeles**
**Maxillofacial Prosthetics**
**Miami, OK, United States**

**Purpose/Aim:** To review the present techniques used by used by prosthodontists and anaplastologists in the fabrication of maxillofacial prosthetics using a clinical case of an orbital prosthesis. Numerous emerging technologies are appearing as potential aids to the process of serving this patient base of orbital, nasal, auricular and extensive facial defects. Several technologies will be reviewed with special presentation of three dimensional printing research today as an aid or solution to a more rapid, less labor intensive method of production of these prosthetics.

**Materials and Methods:** The use of rubber base polysulfide impression material and laboratory plaster with reinforcement was used to create a cast of an orbital defect. Wax technique was used in creating a wax pattern which included multiple steps in setting the prosthetic eye and tissue surfaces, involving multiple patient try ins. maxillofacial prosthesis

fabrication. Each step is documented and photographed. The three dimensional printing of a nasal and auricular prosthesis is demonstrated through capturing a standard nose and ear using a digital scanning device. The information is downloaded to a computer with novel software developed at UCLA to design the respective prosthesis. The Three-D printing is accomplished on a commercial printing device. Various materials are used in the prosthetic printing.

**Results:** The commonly used present technique produced a very acceptable result based on patient, family members and observers based on a standard scale of one to ten on several aspects of the orbital prosthesis fabricated ranging from esthetics to positioning. The printed version of prosthetics were rated on comparison to the subject it was printed from based on a one to ten scale.

**Conclusions:** The traditional commonly used technique of prosthetic fabrication was a very acceptable result based on the ratings scale. The downfall is that the project is timely as noted by recorded hours on the project and patient visits. The development of three dimensional printing technology is a rapid technique in the production of maxillofacial prosthetics but more developmental research will be needed especially in the area of materials. Biocompatible materials such as silicone presently are not an acceptable printing material. The bioengineering of various materials is presently underway. At the present we must continue with traditional methods while using the printing technologies and other high tech options as additional tools in the prosthodontists armamentarium.

## Poster 14

# RECONSTRUCTION OF ORBIT DEFECTS WITH VASCULARIZED FREE FLAPS, CONFORMERS AND BONE ANCHORED PROSTHESES: CASE SERIES

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**Keywords:** Orbital defects, Micro vascular free flaps, Craniofacial implants, Prosthesis

**Case Presentation:** Orbital defects can cause significant facial disfigurement leading to emotional and social difficulties in patients. Often, these pose as barriers between the patient and the community, requiring a comprehensive team approach for rehabilitation. Microvascular flap anastomosis can aid to replace tissues lost in the orbital region from tumor ablative surgeries or other acquired etiologies. Among the sources of flaps, anterolateral thigh free flaps and Latissimus dorsi flaps are regarded as the best choices in restoring such large defects by establishing bulk replacement of lost soft tissues. In order to fill space created by the lost soft tissues, the excess volume of these flaps can be challenging to deliver a prosthesis that is acceptable and indiscernible from the surrounding tissues. This article presents a series of three patients who underwent reconstructive flap surgery for their acquired orbital defects at the Mayo Clinic in Rochester, MN. All the patients identified in this case series were males and the reason for reconstructive surgery was to repair facial defects resulting from either traumatic injury or removal of cutaneous malignancies. This case series describes the litany of procedures involved in fabricating aesthetically stable prostheses in patients with acquired defects of the orbital region by microvascular flap reconstruction, tissue conformers and titanium craniofacial implants.

## Poster 15

# MAGNET-RETAINED FACIAL PROSTHESIS COMBINED WITH MAXILLARY OBTURATOR: A CASE REPORT

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**Introduction:** The extensive facial defects of the middle third, rarely could be rehabilitated through surgical reconstruction; usually they require a facial prosthesis to recover function and aesthetics. Fabrication of an intraoral prosthesis seeks to restore the speech and swallowing of the patient. On the other hand, an extensive manufacturing challenges the artistic ability of the prosthodontist. In addition, the retention and stability of the prosthesis is also a difficult problem because of its size and weight. Therefore, we must avail ourselves of chemical and physical means to achieve this goal. This clinical report describes a technique of prosthetic rehabilitation of midfacial defect with a silicone orbital prosthesis and intraoral obturator that are retained by magnets.

**Objective:** To restore function of swallowing, phonation and speech; protect the exposed tissues, restore facial symmetry and aesthetics combining different means of retention

**Materials and Methods:** Male patient, 67 years old, with cancer diagnosis of epidermoid carcinoma invading left maxillary antrum with infiltration posterior and anterior wall; extending to subcutaneous tissue and skin, also infiltrate ipsilateral lacrimal gland. The patient underwent radical maxillectomy and left orbital exenteration in August 2014 in the oncology department of the General Hospital of Mexico. He attends to Maxillofacial Prosthetics Unit for prosthetic rehabilitation to the placement of a transitional obturator and a facial silicone prosthesis with magnetic and chemical retention by adhesives.

**Results:** The maxillary and facial defect were rehabilitated while recovering swallowing, phonation and improving the quality of life of patient.

**Conclusions:** The patients with a large midfacial defect and radical maxillectomy can be treated with maxillary obturator combined with extra oral silicone prosthesis and retained using magnets and adhesives. Both the phonatory, swallowing and speech functions were improved.

## Poster 16

# PROSTHETIC TREATMENT IN PATIENTS WITH CENTROFACIAL LYMPHOMA

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**Keywords:** Lymphoma, sequelae, rehabilitation

**Introduction:** Non Hodgkin Lymphoma is a disease that can develop and leave sequels anywhere in the body, its treatment is based on chemotherapy and radiotherapy. In the head and neck region it affects mainly the nose and palate, where it can cause oroantral communication due to the tissue destruction. Surgical reconstruction of these defects is limited due to the decreased tissue vascularity because of the radiotherapy; therefore, prosthetic rehabilitation is considered an adequate immediate alternative.

**Purpose**: To show the alternatives of odontologic management of a patient with Non Hodgkin Lymphoma sequelae treated with chemotherapy and radiotherapy.

**Materials and Methods:** Female, 53 year old patient, diagnosed with Non Hodgkin Lymphoma. She was treated with chemotherapy and radiotherapy in 2013 by the Hematology Department in the Hospital General de Mexico. During her treatment she was referred to the Maxillofacial Prosthetics Unit for her prosthetic rehabilitation. During the facial examination, postradiation dermatitis and depression of the nose is observed. On intraoral examination a palatal defect and several cavities are noticed. First, she was treated with an immediate maxillary prosthesis and a nasal prosthesis with mechanical retention; subsequently, the cavities were filled and a definitive prosthesis was elaborated.

**Conclusions:** The maxillofacial prosthodontist should consider the medical background in the prosthetic treatment of patients with oral sequelae of Non Hodgkin Lymphoma, which requires to perform minimally invasive procedures to reduce the risk of complications. The objectives that must be met when treating such patients involve a prosthetic rehabilitation to allow

the patients to recover the lost oral functions, as well as a complete dental rehabilitation, thus allowing to keep control of the sequelae sites during the follow-up period by the hematologist.

## Poster 17

## INTERDISCIPLINARY MANAGEMENT OF AN AURICULAR DEFECT

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**Introduction:** To approach quality oncological treatment to patients, interdisciplinary management is important. Clinicians involved at the interdisciplinary management are pathologists, radio-oncologists, psychologists, quimio-oncologists, oncological surgeons and maxillofacial prosthodontics. All clinicians make the treatment planning before any intervention.

**Objective:** Achieve an interdisciplinary management on maxillofacial rehabilitation. Give accurate treatment to an oncological patient. Reincorporate patient into society.

**Materials and Methods:** A 65 year old patient diagnostic with carcinoma. Surgeons made total auriculectomy. One month later ear prosthesis was made of medical grade silicone. The ear prosthesis was retained by medical adhesives.

**Results:** Auricular rehabilitation was made on time, due to the communication between clinicians, improved treatment and ear prosthesis delivery.

**Conclusions:** Treatment planning before any intervention improves quality in rehabilitation. Explaining all the process to the patient, gave him a better perspective of the prosthetic rehabilitation. Prosthetic rehabilitation reincorporated patient into society.

## Poster 18

# FIBULAR FREE GRAFT MANDIBULAR RECONSTRUCTIONS: CONVENTIONAL VERSE DIGITAL TECHNIQUES

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**Case Presentation:** Conventional reconstruction of mandibular defects has been an evolution over the past few decades. The definition of success can be assessed by each of the team members associated in the care of the patient. The goals and expectations vary between the surgeons, oncologist, and maxillofacial prosthodontists. Perhaps, most important are the patient's goals. To better understand the challenges for each, it is best to be truly collaborative and employ the latest techniques and technologies to provide the patient optimal outcomes. Cancer is a debilitating disease that can leave the patient with large facial defects to live with post operatively. The surgeons' aims are to first, and foremost, remove disease. If a patient's disease is not resected completely, the reconstructive modality means little. The next surgical objective is to restore form of anatomical structures. From the reconstructive perspective, both of the previous points are paramount, but the long-term prognosis for function is certainly important.
The Rohner technique for mandibular reconstruction has paved the way for the newer methods. The idea of preplanned, prosthetically driven reconstruction provides a greater outcome for patients with atrophic jaws. Arguably, those patient populations are not subject to time constraints, but with digital aides we can plan similarly for oncology reconstructions as well.
Often, disease eradication and restoring form fail to leave the prosthodontist with sufficient foundation to restore function. Merely replacing bone with dental implants does not always equate proper conditions for best outcomes for the patient. In particular, competent tongue function is essential for bolus control as it augments the continuity reconstructive goal. Team collaboration and frank discussions can help to guide the reconstruction with as few returns to the operating room as possible. The most predictable means to minimize the stepwise progression multi-procedural approach is to utilize digital planning to overcome this all too common hurdle. Digital technology will continue to drive our profession forward and we must have the foresight to seek better ways to treat our patients and have more predictable outcomes.

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We are an association of prosthodontists who are engaged in the art and science of maxillofacial prosthetics. Our mission is to accumulate and disseminate knowledge and experience; and, to promote and maintain research programs involving methods, techniques and devices used in maxillofacial prosthetics. The Academy is devoted to the study and practice of methods used to habilitate esthetics and function of patients with acquired, congenital and developmental defects of the head and neck; and of methods used to maintain the oral health of patients exposed to cancer-cidal doses of radiation or cytotoxic drugs.

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