AAMP 2016
CONFERENCE PROGRAM

CONVERGING DISCIPLINES: Maxillofacial Prosthetics and Art

AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS

63rd Annual Meeting | October 1-4, 2016 | San Diego, California USA

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to the 63rd annual meeting of the

American Academy of Maxillofacial Prosthetics

Conference Dates: October 1-4, 2016
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2016 Conference Title

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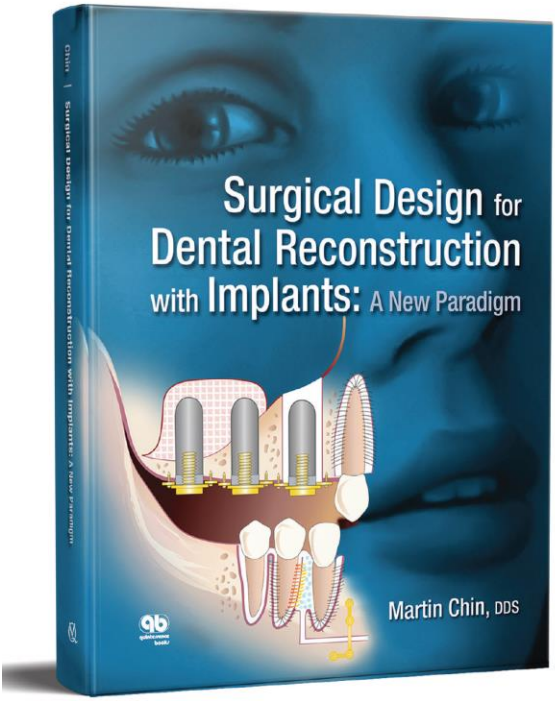

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AAMP MISSION STATEMENT

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*** • ***Allied Health*** • ***Student*** •

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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IN LOVING MEMORY…

DORSEY JEROME MOORE, DDS

FEBRUARY 8, 1935 – MARCH 7, 2016

Dr. Dorsey J. Moore was born Feb. 8, 1935, in Boonville, Mo., to Lloyd and Mary Elizabeth Moore. He died March 7, 2016, following a long battle with Parkinson's Disease and Diabetes. His wife and daughter were by his side. Dr. Moore attended CMSU as a music major, but changed to a pre-dental program after his sophomore year. He graduated from UMKC School of Dentistry in 1959 and entered active duty in the U.S. Navy the next month. He served 20 years active duty, retiring in 1979 as Captain. He served in several duty stations, including Okinawa, the U.S.S. Proteus and Vietnam. He competed his residency in General Prosthodontics and Maxillofacial Prosthetics at the Graduate Naval Dental School at Bethesda, Md., and Georgetown University. He was then assigned to Saigon to teach the Vietnamese dentists and physicians how to treat their own patients who had sustained facial trauma and cancer. He also went into villages to treat patients, and help identify patients needing more extensive care get to the hospitals and clinics he helped establish in Saigon. This work exposed him to Agent Orange, and he was often under mortar attacks. Because of his work there, he was awarded the Legion of Merit with Combat "V." After his Navy career, he returned to Kansas City to become the Hamilton B.G. Robinson Professor and chairman of the Removable Prosthodontics Department and Director of the Graduate Prosthetics and Maxillofacial Program. He graciously shared his wisdom, talent and experience with faculty, students and many facial trauma and cancer patients who had their lives transformed by Dr. Moore's ability and talent for placing facial prosthetics. His passion for his profession brought many opportunities for international lecturing and teaching engagements.

He served as AAMP President in 1979 and was engaged in mentoring academy fellows through his contagious enthusiasm. His professional organizations included OKU Dental Honor Fraternity, the Greater Kansas City Dental Society, the Missouri and American Dental Associations, American Academy of Maxillofacial Prosthetics, serving as president, the Academy of Prosthodontics, charter member of the College of Prosthodontics, the International College of Dentists and the American College of Dentists. He will be missed by all who he mentored and his friends and colleagues.

IN LOVING MEMORY…

ROBERT WRIGHT, JR., DDS
SEPTEMBER 30, 1955 – APRIL 10, 2016

Robert F. Wright, Jr., DDS 60 years, of Chapel Hill, NC and Kennebunk, ME died April 10, 2016 at his home in Chapel Hill.

Robert was born September 30, 1955 in Memphis, TN a son of Robert F. Wright, Sr. and Florence Lung Wright. Robert graduated from the University of Memphis with a Bachelor of Science degree in biology. He then went on to earn his DDS at the University of Tennessee Dental School. He continued his post graduate education by completing a fellowship in prosthodontics at the LSU Health Sciences Center in New Orleans, LA. Following that he completed a three-year fellowship at Memorial Sloan Kettering Cancer Center in New York City, with a specialty in maxillofacial surgery. Robert was devoted to academia and devoted his life to cultivating individuals that were interested in becoming board certified Prosthodontists. Robert taught at Columbia University from 1986 until 2004, Harvard University School of Dental Medicine from 2004 until 2013 and at the University of North Carolina at Chapel Hill from 2013 until present.

Robert was an ardent college sports fan, especially football and basketball, and most especially loved his beloved Memphis Tigers. He loved to travel, learn about and experience different cultures. He enjoyed urban life, as one of his goals was never having to drive to work. Despite his love of city life, he was also happy to get home for summers in Maine on Gooch's Beach in Kennebunk. He cherished the early mornings walking with the dogs, meeting people on the beach, and the evenings when the beach would quiet down and become his again. He was an ardent lover of all animals, especially the current ones, Kitty Carlisle and Gracesea, whom he adopted along with his partner, Bill, at the AWS dog walk on Kennebunk Beach five years ago. Most importantly, Robert loved his family. He was a good son to wonderful

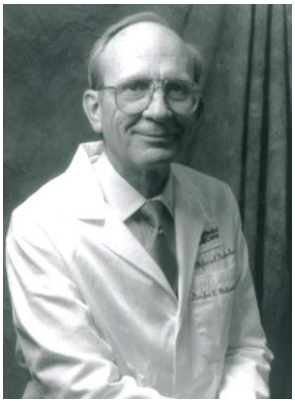
parents, a devoted partner to Bill DeSaulnier, and a loving brother for his sister and Bill's brothers and sister. He was intellectually curious and was gifted with a wonderful sense of humor which he mostly reserved for those to whom he felt closest.

Robert was a fellow of the American Academy of Maxillofacial Prosthetics and served on several committees that the Board of Directors governed. Robert belonged to many associations including The American College of Prosthodontics, The Academy of Prosthodontics, The Greater NY Academy of Prosthodontics and the American Society of Dental Educators among others. He was often asked by these organizations and others to lecture and share his extensive knowledge of his specialty.

He will be surely missed by all of his friends and colleagues.

IN LOVING MEMORY…

GORDON KENT MAHANNA, DDS, FAAMP, FACD
APRIL 30, 1938– JULY 19, 2016



Gordon "Gordy" Kent Mahanna was born in Norton, Kansas in 1938 and spent much of his life in western Kansas. His father, Raymond, was a prominent pharmacist who, with the help of Gordy's mother, Aileen, managed the family's drugstore.

Gordy enrolled in undergraduate studies at Kansas State University before entering dental school at The University of Missouri at Kansas City where he obtained his DDS in 1963. He and his late wife, Karen, had three children, Kent, Thane, and Kimberly. Gordy owned a general restorative dental practice in Hoxie, Kansas for 22 years. He was active in local and state dental societies and served as president of the Northwest Kansas Dental Society in 1981. Gordy also served as a liaison to the Sino-American Technology Exchange Council, a nonprofit organization devoted to sharing dental technology with Chinese dentists.

In 1986, at the age of 48, he chose to pursue postgraduate studies in prosthodontics at The University of Texas Health Science Center at San Antonio. After obtaining his certificate in prosthodontics, he enlisted in the maxillofacial prosthetictraining program at the University of Texas MD Anderson Cancer Center in Houston. After completing his training in 1989, Gordy joined the faculty at the College of Dentistry at the University of Nebraska in Lincoln. There he developed a unique practice offering maxillofacial prosthetic services. As the the demand for surgical services grew, he relocated his practice to the University of Nebraska Medical Center in Omaha where he founded the service that complements the head and neck oncology practice that exists today. The program he initiated continues to enjoy a regional referral base and maintains the collaborative principles he established upon its founding.

Gordy became a fellow of the AAMP in 1989 where he served the organization in a variety of capacities that chiefly included ad hoc committees devoted to quality of life issues. He too served as a member of the AAMP Board of Directors. As a consummate champion of maxillofacial prosthetics, he mentored several of our academy fellows with his essays, teaching roles, his management skills, and his presentations.

In his retirement, after 16 years of service to the University of Nebraska, Gordy remained an appreciated advisor to the Department of Otolaryngology – Head and Neck Surgery.

Being a motoring enthusiast, Gordy enjoyed watching NASCAR and drag races and he was particularly entertained by viewing Barret Jackson auctions. As a formidable antique glass authority, Gordy had an impressive collection of Nailsea glassware and was honored to be named a consultant for the Toledo Museum of Art's Glass Pavilion. Gordy passed away on July 19, 2016 with his loving wife, Nancy, and children by his side. Gordy will surely be missed by all who knew him and the impact he made on our specialty.

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AAMP 2016 PRESIDENT'S WELCOME

Welcome to the 63nd Annual Session of the American Academy of Maxillofacial Prosthetics "AAMP." This year's Program Chair, Dr. Jeff Markt, has assembled a renowned group of specialists in multi-disciplinary care to present a range of topics from treatment strategies in oncology and advances in facial reconstruction, to the art of prosthetic fabrication.

The Program theme "Converging Disciplines: Maxillofacial Prosthetics and Art," includes 3-days of educational sessions, October 2-4, and hands-on workshops with room to enjoy the social program and the exciting city of San Diego.

The major focus on this national session is how art influences maxillofacial care, current trends in oral cancer treatment and reconstruction. The workshops will be led by the iRSM and the University of Alberta in "Advanced Jaw Reconstruction" and Factor II for the "Art and Science of Silicone". Both workshops complement the general session very well.

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 San Diego

Gerald T. Grant, DMD, MS
President, American Academy of Maxillofacial Prosthetics

PRESIDENT'S BIOGRAPHY

Dr. Gerald T. Grant recently retired after 33 years in the Navy and accepted a position as a tenured Professor and Interim Chair of Oral Health and Rehabilitation at the University of Louisville School of Dentistry.

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, Advanced Digital Applications in the design and fabrication of medical devices for craniofacial reconstruction, dental restoration and rehabilitation, and more recently in bio-printing/bio-fabrication.

Dr. Grant is the President of the American Academy of Maxillofacial Prosthetics. He serves as on the board or as a member of national-international dental and engineering organizations and is a diplomate of the American Board of Prosthodontics. He is accompanied in life with his life-long friend and wife of over 30 years, Angela and is the proud father of two artists – Andrew, a gaming artist and Kate, an opera singer.

AAMP 2016 Conference Program Chair's Welcome

During any given week, I more than once find myself informing patients, colleagues, or interested parties that I would have been better served by studying art during my college years than I was by majoring in biology. This dialog customarily arises from the fascination so many express when they learn of the complexities of generating oral prostheses and includes descriptions of the fact that the production of dental prostheses traditionally involves the recording of impressions, sculpting, mold making, casting, and coloration. However, when patients are confused by the fact that they have been referred to a dental specialist for the fabrication of facial prostheses, the conversations invariably involve an explanation of the fact that the skill set and materials used to produce extraoral prostheses are remarkably similar to or identical to those used to construct oral prostheses.

Understanding this, those involved in the clinical practice of maxillofacial prosthetics or anaplastology are inextricably influenced by the traditions of art without regard for the formal academic tack that brought them to their various stations. While their practices might not be so steeped with the production of tangible products akin to prostheses, I believe surgeons, speech pathologists, medical oncologists, and oral medicine specialists are too influenced by these traditions.

With that said, this year's scientific session leads off with a world class portrait artist's description of his work with a cohort of patients with facial differences and the affect his work had on their psychologic wellbeing. Dr. Mark Gilbert's keynote address will be followed by the testimonial of Dr. James Van Arsdall, one of his University of Nebraska Medical Center patients, and Dr. Betsy Davis' description of her ongoing study of painting vis-à-vis her practice of maxillofacial prosthetics in a tertiary care setting. While the topical

direction of the conference will thereafter turn toward more traditional scientific matters, I have asked each speaker to allude to how they believe art informs them in their professional or personal lives.

It is thus my sincere hope that you will enjoy the slate of speakers, corporate supporters, workshops, cuisine, entertainment, and camaraderie that the annual AAMP meetings customarily offer in the comfort and hospitality San Diego so capably affords.

Jeffery C. Markt, DDS
AAMP 2016 Program Chair

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Victor J. Niiranen, D.D.S.	1968
Totten S. Malson, D.D.S.	1969
William R. Laney, D.M.D.	1971
I. Kenneth Adisman, D.D.S.	1972
Joseph B. Barron, D.M.D.	1974
Herbert Metz, D.D.S.	1976
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
Mark T. Marunick, DDS, MS	2015

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
*Edward J. Fredrickson, D.D.S.	1962 Miami Beach, FL
*Kenneth I. Adisman, D.D.S.	1963 Atlantic City, NJ
*Joe B. Drane, D.D.S.	1964 San Francisco, CA
*Louis J. Boucher, D.D.S.	1965 Las Vegas, NV
*Victor J. Niiranen, D.D.S.	1966 Dallas, TX
*Victor J. Niiranen, D.D.S.	1967 Washington, DC
*Ralph S. Lloyd, D.D.S.	1968 Miami, FL
*Herbert H. Metz, D.D.S.	1969 New York, NY
*Morton S. Rosen, D.D.S.	1970 Las Vegas, NV
*John E. Robinson, D.D.S.	1971 Cherry Hill, NJ
*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
*James B. Lepley, D.D.S.	1976 San Diego, CA
*Augustus J. Valauri, D.D.S.	1977 Orlando, FL
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 Scottsdale, AZ
Steven P. Haug, D.D.S.....	2012 Baltimore, MD
Lawrence E. Brecht, D.D.S.....	2013 Santa Ana Pueblo, NM
Betsy K. Davis, DMD, MS.....	2014 New Orleans, LA
Mark S. Chambers, DMD, MS.....	2015 Orlando, FL

**Denotes Deceased*

We thank all past AAMP Presidents for their dedication and service

Saturday, October 1st

07:00 - 16:00	AAMP Officers & Board of Directors Meeting *Oficers and Board Members only* Location: Sycuan Parlor
17:30 - 20:00	Poster Session & Exhibit Reception Location: Presidential Ballroom CD

Sunday, October 2nd

07:00 - 08:00	Continental Breakfast Location: Presidential Ballroom CD
08:00 - 08:15	Welcome Address Location: Presidential Ballroom AB
08:15 - 13:00	General Session Location: Presidential Ballroom AB
13:00 - 14:00	AAMP Networking Luncheon Location: Presidential Ballroom CD
13:30 - 14:45	AAMP Business Luncheon *AAMP Members Only* Location: Presidential Ballroom AB
14:45 - 17:45	AAMP Social Outing Brewery Tour (elective) Meet in US Grant Hotel Lobby
18:00 - 21:45	AAMP Social Outing San Diego Bay Dinner Cruise (elective) Meet in US Grant Hotel Lobby

Monday, October 3rd

07:00 - 07:45	New Members Breakfast Location: Sycuan Parlor
07:00 - 08:00	Continental Breakfast Location: Presidential Ballroom CD
08:00 - 08:15	Announcements Location: Presidential Ballroom AB
08:15 - 13:00	General Session Location: Presidential Ballroom AB
14:30 - 16:45	Workshop #1 (elective) *Advanced Jaw Reconstruction* iRSM & The University of Alberta Location: Executive Room
19:00 - 20:00	AAMP Happy Hour Reception- For All Silent Auction Closes Location: Presidential Ballroom CD
20:00 - 22:30	AAMP Presidential Banquet (elective) Location: Celestial Ballroom

Tuesday, October 4th

07:00 - 08:00	Continental Breakfast Location: Presidential Ballroom CD
08:00 - 08:15	Announcements Location: Presidential Ballroom AB
08:15 - 13:00	General Session Location: Presidential Ballroom AB
14:30 - 16:45	Workshop #2 (elective) *The Art & the Science of Silicone* Factor II, Inc Location: Executive Room

Saturday, October 1st

07:00 - 16:00 **AAMP Officers & Board of Directors Meeting**
Officers and Board Members only
Location: Sycuan Parlor

12:00 - 16:00 **Exhibit Set-Up**

16:00 - 17:30 **Poster Set-Up**

16:30 – 17:30 **Industry Session: AMAG Pharmaceuticals**
Room: Presidential Ballroom AB

17:30 - 20:00 **Poster Session & Exhibit Reception**
Room: Presidential Ballroom CD

Sunday, October 2nd

07:00 - 08:00 **Continental Breakfast**
Location: Presidential Ballroom CD

08:00 - 08:15 **Welcome Address**
Room: Presidential Ballroom AB

The Future in Reconstruction

Moderator: George Syros

08:15 - 09:00 **Mark Allan Gilbert**
EPICS: The Experience of Portraiture in Clinical Setting

09:00 - 09:30 **James E. Van Arsdall**
EPICS: The Experience of Portraiture in Clinical Setting

09:30 - 10:00 **Betsy K. Davis**
How Art Informs the Maxillofacial Prosthodontist

10:00 - 10:45 Coffee Break

Moderator: Russell D. Nishimura

10:45 - 11:30 **Joel Epstein**
Oral Care of Head and Neck Cancer Patients: Survivorship

11:30 - 12:00 **Ezra Cohen**
National Priorities and Advances in Head and Neck Cancer Research

12:00 - 12:30 **Parag Sanghvi**
Radiation Oncology in the Management of Head and Neck Cancers

12:30 - 13:00 **Mark T. Marunick & Paul R. David**
A History and Memories of the American Academy of Maxillofacial Prosthetics

13:00 ***Session Adjourns***

13:00 - 14:00 **AAMP Networking Luncheon**
Location: Presidential Ballroom CD

13:00 - 14:45 **AAMP Busines Luncheon**
AAMP Members only
Location: Presidential Ballroom AB

14:45 - 17:45 **AAMP Social Outing: Brewery Tour (elective)**
Meet in US Grant Hotel Lobby

18:00 - 21:45 **AAMP Social Outing:**
San Diego Bay Dinner Cruise (elective)
Meet in US Grant Hotel Lobby

Monday, October 3rd

07:00 – 07:45 **New Members Breakfast**
Location: Sycuan Parlor

07:00 - 08:00 **Continental Breakfast**
Location: Presidential Ballroom CD

08:00 - 08:15 **Announcements**
Room: Presidential Ballroom AB

The Future Speaks

Moderator: Joseph DiFazio

08:15 - 08:45 **Benjamin M. Wu**
Development of Full Color 3D Printed Facial Prostheses

08:45 - 09:15 **Michael P. Karnell**
Cleft Palate Speech: What is it and what can be done about it?

09:15 – 09:45 **Lawrence E. Brecht**
Facial Transplantation: The New York University Experience

09:45 - 10:15 **Sreenivas Koka**
The Sweet Spot: Lessons in Leadership and Career Development

10:15 – 11:00 Coffee Break

Moderator: Ghassan G. Sinada

11:00 - 11:30 **William M. Lydiatt**
Depression and its Management in the Head and Neck Cancer Patient

11:30 - 12:00 **Russell B. Smith**
An Evolution of Oropharyngeal Cancer Therapy

12:00 - 12:30 **Joseph A. Califano, III**
HPV Mediated Head and Neck Malignancies

12:30 - 13:00 **Martin Chin**
Reconstruction of Maxillofacial Defects Using Embryonic Processes

13:00 ***Session Adjourns***

14:30 - 16:45 **Workshop #1 (elective)**
Advanced Jaw Reconstruction
iRSM & The University of Alberta
Location: Executive Room

19:00 - 20:00 **AAMP Happy Hour Reception- For All**
Silent Auction Closes
Location: Presidential Ballroom CD

20:00 - 22:30 **AAMP Presidential Reception (elective)**
Location: Celestial Ballroom

Tuesday, October 4th

07:00 - 08:00 **Continental Breakfast**
Location: Presidential Ballroom CD

08:00 - 08:15 **Announcements**
Room: Presidential Ballroom AB

Future Trends in Oral Cancer

Moderator: Christine J. Wallace

08:15 - 08:45 **Susan W. Habakuk**
Osseointegrated Implants and the Rehabilitation of the Facially Disfigured Patient

08:45 - 09:15 **Michael L. Bleeker**
Fabrication of the Auricular Prosthesis

09:15 - 09:45 **Igor Pesun**
NCPAP in Premature Infants with a Cleft Lip and Palate

09:45 - 10:15 **Harold Kolodney**
The Landscape Architecture of Maxillofacial Prosthodontics- Soft Tissue Design

10:15 - 11:00 Coffee Break

Moderator: Jay Jayanetti

11:00 - 11:25 **Ruth Aponte-Wesson**
Oral Morbidities Trend:
An MD Anderson Experience

11:25 - 11:50 **David G. Gratton**
Dilemmas in Digital Dentistry

11:50 - 12:15 **Hassan Abed**
Maxillofacial Prosthetic Practices in Saudi Arabia

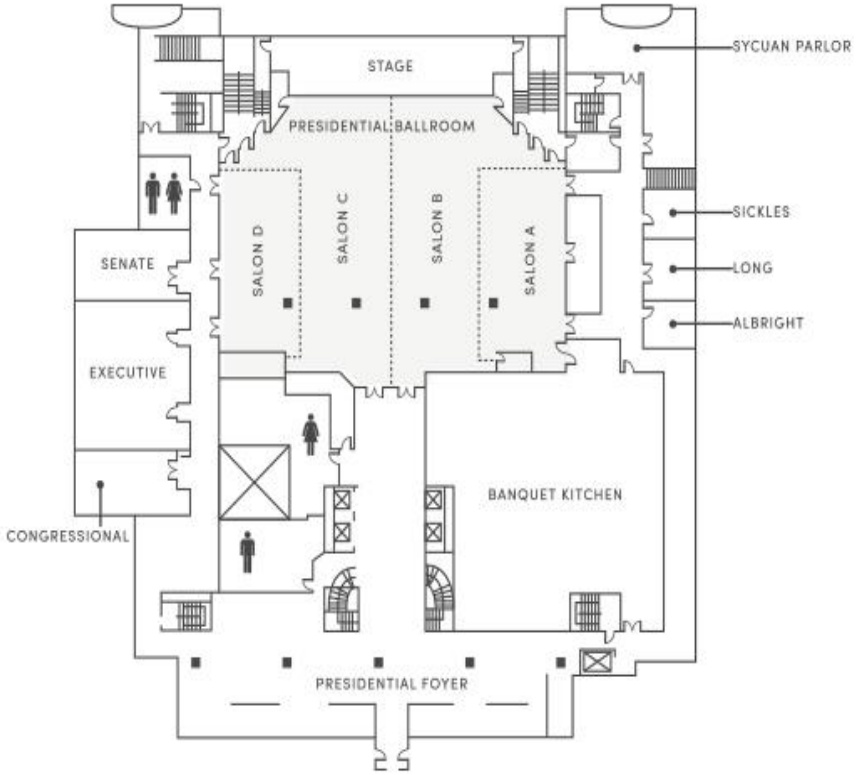
12:15 - 12:35 **Joshua C. Treesh**
Full Arch Accuracy of Intraoral Scanners: Are we there yet?

12:35 - 13:00 **Anastasia Katsavochristou**
Facing the Art

13:00 ***Session Adjourns***

14:30 - 16:45 **Workshop #2 (elective)**
The Art & the Science of Silicone
Factor II, Inc
Location: Executive Room

US GRANT HOTEL FLOORPLAN



Sunday, October 2nd

08:00 - 08:15 **Welcome Address**
Room: Presidential Ballroom AB

Moderator: George Syros

08:15 - 09:00 **Mark Allan Gilbert, PhD**
Researcher and Maxillofacial Artist- *Saving Faces*
Post Doctoral Fellow
Medical Humanities (HEALS) program
and Medical Division of Medical Education
Dalhousie University
Halifax, Nova Scotia, Canada

09:00 - 09:30 **James E. Van Arsdall, Ed.D.**
Faculty Member
Metropolitan Community College
Omaha, NE, USA

EPICS: The Experience of Portraiture in Clinical Setting

The artistic medium of portraiture and the tacit knowledge, actions and complex relationships that shape a portrait have yet to be explored in a clinical setting. This study sought to investigate the shared experiences within a professional artist-sitter relationship with patients undergoing cancer treatment in the Department of Otolaryngology at The University of Nebraska Medical Center (UNMC).

The study used arts-based research and narrative inquiry to explore the experience of the portraiture process in a cancer clinic. Five adult subjects, participated. Each subject collaborated with the author on a one-to-one basis to co-create portraits intended to represent each participant as a visual narrative. Over the course of five months, the author actively listened to each patient's experience of illness, suffering and recovery and created 24 artworks around which they co-constructed a shared narrative of the portraiture process. An

interdisciplinary analysis team evaluated the artist/researcher and sitters/patients dialogue transcripts, semi-structured interviews, and study portraits.

Investigators found the following emergent themes as representative of the portraiture process in clinical setting: participants embraced uncertainties, developed trusting relationships, engaged in reflective practices, shared stories and felt empowered.

The study discovered that the process and inherent dualities of portraiture apply to both artist/sitter and physician/patient relationships. The study has ongoing implications in the field of medicine as not only a research and teaching model but also a therapeutic intervention. The data generated may add to the collection of curricular tools to reinforce notions of the uniqueness of the individual as an important aspect of clinical medicine.

Both artist and sitter will deliver this presentation, as they describe and reflect on their experience of the study from both sides of the easel.

09:30 - 10:00 **Betsy K. Davis, DMD, MS**
Director, Division of Maxillofacial Prosthodontics
Associate Professor
Medical University of South Carolina
Charleston, SC, USA

How Art Informs the Maxillofacial Prosthodontist

Michelangelo once said that a man paints with his brains and not with his hands. Both in art and in maxillofacial prosthodontics, knowledge of artistic principles/elements is required. Just as a great painting, sculpture, or drawing incorporates artistic elements, those same artistic elements can be incorporated in the fabrication process of facial prostheses. Understanding both the artistic and prosthetic principles allows one to maximize both aspects of “right and left” brain thinking to create esthetically pleasing prostheses. The purpose of this presentation is to present the use of artistic principles/elements with facial prostheses. The presentation will emphasize the artistic elements

of color, shape, texture, form, and value with facial prostheses. Quality of art or quality of a facial prosthesis is never an accident. Rather, it is the result of knowledge, skill, and intelligent decision. This presentation will review the knowledge, skill, and decisions that are required to fabricate quality facial prostheses.

10:00 - 10:45 Coffee Break

Moderator: Russell D. Nishimura

10:45 - 11:30 **Joel B. Epstein, DMD, MSD, FRCD(C), FDS RCS(E)**
Medical-Dental Staff, Cancer Dentistry
Samuel Oschin Comprehensive Cancer Institute
Cedars-Sinia Health System
Los Angeles, CA, USA

Oral Care of Head and Neck Cancer Patients: Survivorship

The oral health care provider has a responsibility for continuing care of previously treated cancer patients. Appropriate care must be provided at the appropriate time and may require coordination with medical care. Oral complications of cancer therapy are common in survivors and can be the most debilitating of complications of cancer treatment. Cancer survivors represent approximately 4% of the general population, and may seek oral/dental care more frequently and in addition may have unique needs and special considerations in their management.

Basic Principles:
Oral Management Following cancer therapy: Survivorship issues,
Prevention, diagnosis and treatment of oral complications
Dental care: prevention and treatment
Impact of oncology care on dental management

11:30 - 12:00 **Ezra Cohen, MD**
Professor of Medicine
Associate Director for Translational Science
Moores Cancer Center
San Diego, CA, USA

National Priorities and Advances in Head and Neck Cancer Research

Squamous cell carcinoma of the head and neck is a complex and changing malignancy. The National Cancer Institute Head and Neck Cancer Steering Committee has been charged with coordinating national efforts to conduct large scale clinical trials in this disease. To that end, several planning meetings, task forces, and study designs have emerged in the last few years that reflect the priorities set by the Steering Committee. This presentation will review those priorities with an emphasis on how current efforts reflect the changing landscape and will impact future therapy of head and neck cancer.

12:00 - 12:30 **Parag Sanghvi, MD, MSPH**
Associate Professor
Department of Radiation Medicine and Applied Sciences
University of California, San Diego
San Diego, CA, USA

Radiation Oncology in the Management of Head and Neck Cancer Research

Objectives:

- Discuss the evolution of radiation treatment planning techniques in HN cancer
- Discuss complications of radiation therapy and its impact on dental health

12:30 - 13:00 **Mark T. Marunick, DDS, MS**

Professor, Dept. of Orolaryngology,
Head & Neck Surgery
Wayne State University School of Medicine
Director of Maxillofacial Prosthetics
Karmanos Cancer Center
Detroit, MI, USA

Paul R. David, DDS
United States Navy, Retired
Chesapeake, VA, USA

A History & Memories of the American Academy of Maxillofacial Prosthetics

Professional organizations usually maintain their history and chronologic events in their archives where they lie dormant and unknown to most of its members. The AAMP reviewed its history and published "The First 50 Years" which was presented by Dr. Bill Laney at the 2002 meeting in Orlando, FL. Knowing that much of who and what we are, as an organization, is based or related to who and what we were in the past, the authors will review the key events and people who founded and formed the organization and directed and shaped it over the years into what it is today. The story of the AAMP, as told, will include memories and recollections of the above in the context of the times to give a different perspective and appreciation of our fine organization and its dynamic and dedicated members.

Monday, October 3rd

07:00-07:45 **New Members Breakfast**
Location: Sycuan Parlor

07:00-08:00 **Continental Breakfast**
Location: Presidential Ballroom CD

08:00 - 08:15 **Announcements**
Room: Presidential Ballroom AB

Moderator: Joseph DiFazio

08:15 - 08:45 **Benjamin M. Wu, DDS, PhD**
Professor
Chairman, Division of Advanced Prosthodontics
Director for UCLA Weintraub Center for Reconstructive Biotechnology
Los Angeles, CA, USA

Development of Full Color 3D Printed Facial Prostheses

The goal of our exciting multi-disciplinary program is to develop advanced technology and materials to create full smart, full color, net-shape facial prostheses to restore maxillofacial defects. Many current technologies can create anatomically accurate molds for indirect casting of life changing prostheses. Compared to indirect printing, direct 3D Printing may reduce clinical appointments, reduce laboratory processing time, control internal colors, and enable the preservation and modification of digital artistry over the lifetime of the patient. This talk will present the challenges and opportunities of our development efforts, and describe the intense efforts ahead to transform an idea into reality.

08:45 - 09:15 **Michael P. Karnell, PhD, CCC-SP, FASHA**

Clinical Speech and Swallowing Programs
University of Iowa
Iowa City, IA, USA

Cleft Palate Speech: What is it and what can be done about it?

Cleft lip and palate is a common congenital disorder that occurs approximately once in every 750 live births. The resulting cosmetic and function problems require a team management approach involving dental professionals, surgeons, speech pathologists, and others.

To encourage proper treatment of disorders in the cleft lip and palate population the American Academy of Cleft Palate Prosthesis was established in Harrisburg, PA in 1943. Its goals were the encouragement of research to improve the rehabilitation of individuals with cleft palate and cleft lip, the promotion of cooperation among the disciplines and specialties needed to treat cleft patients and the stimulation of lay groups concerned with the care and treatment of children and adults affected by cleft lip and palate. The organization evolved into the American Cleft Palate-Craniofacial Association. The purpose of this presentation is to review, simplify, and clarify the common speech disorders related to cleft lip and palate and to review current management practices, including prosthetic management.

Normal speech production requires an adequately functioning velopharyngeal mechanism. Disorders such as cleft palate, craniofacial anomalies, neuromotor disease, and trauma may result in velopharyngeal inadequacy (VPI) leading to abnormal speech quality and/or speech intelligibility. Subjective perceptual effects as well as objective measurement based effects will be described. Velopharyngeal inadequacy will be shown to exist in varying degrees resulting in mild changes in speech quality to severe changes in speech quality and intelligibility. Similarly, management approaches vary from behavioral therapy to physical management.

Physical management of velopharyngeal inadequacy most commonly consists of surgical procedures designed to restore normal velopharyngeal valving for speech. Speech prostheses such as obturators or palatal lifts are required for some children for whom surgery is not an option. Each of these options will be reviewed and case examples will be presented.

09:15 - 09:45 **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

Facial Transplantation: The New York University Experience

Experience gained in the treatment of complex congenital and acquired facial deformities has provided a unique platform for advancing the field of facial reconstruction. Fundamental principles of aesthetic, craniofacial, and microsurgery have also blended together to improve the quality of life for our patients. Additionally, innovative technologies including the combination of computer-assisted planning and intraoperative navigation has provided innovative solutions to previously unpredictable problems. The advance of medicine and dentistry has allowed facial transplantation to become a clinical reality. As of June 2016, approximately 35 face transplants have been performed worldwide since Dr. Bernard Devauchelle in Amiens, France introduced the procedure in November 2005. In August 2015, the most extensive face transplantation to date was performed by a team at NYU Langone Medical Center. The creation of a comprehensive and multi-disciplinary team provides the avenue for the restoration of human appearance and function for individuals with devastating composite facial disfigurement. This presentation will review the NYU

Langone Medical Center experience in the evolution of facial transplantation.

Course Objectives:

- Outline the development of a facial transplantation team at NYU Langone Medical Center from inception to its culmination in a transplant procedure.
- Describe the role of the maxillofacial prosthodontist on the facial transplantation team.
- Define the requirements for creating a comprehensive and innovative facial transplant program.

09:45 - 10:15 **Sreenivas Koka, DDS, MS, MBA, PhD**
Loma Linda University & UCLA Schools of Dentistry
Private Practice
San Diego, CA, USA

The Sweet Spot: Lessons in Leadership and Career Development

Leadership is hard. In theory there are many ways to learn the principles of leadership; there are currently over 150,000 students enrolled in MBA programs in the United States and over another 100,000 in the rest of the world. Furthermore, the world is replete with textbooks, TED talks, Kahn Academy material, consultants, MOOCs and CE programs and workshops. Despite all of these educational venues covering how to lead well, top quality leadership appears to escape many in leadership positions. So if traditional education in how to lead does not work - how does one learn? This presentation will draw upon real life successes and failures to showcase some of the ways to lead effectively that are not often written about and yet are key to establishing and perpetuating a highly motivated and successful team that accomplishes much together.

10:15 - 11:00 Coffee Break

Moderator: Ghassan G. Sinada

11:00 - 11:30 **William M. Lydiatt, M.D., F.A.C.S**
Professor and Vice Chair, Department of Otolaryngology
Director of Head & Neck Surgery
University of Nebraska Medical Center
Faculty- Veterans Administration Hospital, Omaha
Omaha, NE, USA

Depression and its Management in the Head and Neck Cancer Population

Head and neck cancer patients undergo extensive life changing events as they come to terms with their diagnosis and make their way through treatment. Depression can be a significant manifestation of this journey. Preservation of quality of life is also a fundamental goal of clinicians caring for these patients. Strategies designed to prevent depression and improve outcomes are clearly needed. This presentation will discuss an evidenced-based approach to depression prevention and how to better maintain quality of life.

11:30 - 12:00 **Russell B. Smith, MD**
Professor, Department of Otolaryngology-
Head & Neck Surgery
University of Nebraska Medical Center
Nebraska Methodist Hospital, Omaha
Faculty- Veterans Administration Hospital, Omaha
Omaha, NE USA

An Evolution of Oropharyngeal Cancer Therapy

Over the last 2 decades, significant epidemiologic changes have occurred for oropharyngeal cancer. Historically, this disease was most commonly associated with heavy alcohol and tobacco use. While these

remain risk factors today, exposure to high-risk human papillomavirus (HPV) is the most common etiologic factor for the development of carcinoma of the tonsil and tongue base. With this substantial change in disease etiology, there has also been a change in disease presentation. Alcohol and tobacco related oropharyngeal carcinomas were typically large infiltrative tumors associated with metastatic disease in the neck. Today, instead of having large infiltrative symptomatic primary tumors, most patients present with large cystic neck masses and small asymptomatic primary tumors which are frequently difficult to identify.

During this same time period in which disease etiology and presentation have been changing for oropharyngeal carcinoma, advances have been made in the surgical technology. Specifically, robotic surgery was initially developed in the 1980s with its goal being applications for providing caring to those in space and the battlefield. In 1995, Intuitive Surgical Inc developed the da Vinci Surgical Robot with its first clinical applications being in abdominal surgery in 1999. By 2005, the first head and neck procedure was performed with subsequent FDA approval occurring for head and neck surgery in 2009. Transoral robotic surgery (TORS) now plays a major role in the treatment of patients with oropharyngeal carcinoma.

Treatment paradigms for oropharyngeal cancer include the use of surgery, radiation therapy, and chemotherapy. While surgery with adjuvant radiation therapy was the mainstay of therapy prior to this century, non-surgical treatment with chemoradiation therapy become common in the early 2000s. These organ preservation approaches were based upon the success of similar protocols for patients with advanced laryngeal cancers with the hope of eliminating large, frequently debilitating, surgeries. With the changing "faces" of disease etiology, presentation, and surgical technology, therapy for oropharyngeal carcinoma is currently a complex decision making process. This presentation will explore the current use of surgical and non-surgical approaches to oropharyngeal carcinoma.

12:00 - 12:30 **Joseph A. Califano, III, MD**

Head and Neck Surgeon
Director, Head and Neck Cancer Center
Vice Chief of Division of Otolaryngology,
Department of Surgery UC San Diego
San Diego, CA, USA

HPV Mediated Head and Neck Malignancies

Head and neck cancers related to high risk human papilloma virus (HPV) have increased dramatically in the United States over the past decade, and are expected to continue to increase as one of the fastest growing cancers in the US. This presentation will focus on HPV related head and neck cancer, including the most common form in the oropharynx. The unique epidemiology, clinical presentation, and upcoming staging system revisions related to HPV related oropharynx cancer will be discussed. In addition, evolving treatment paradigms for oropharynx cancer, clinical trials directed and HPV related oropharynx cancer, as well as survivorship strategies will be presented.

12:30 - 13:00 **Martin Chin, DDS**

Oral and Maxillofacial Surgeon
Private Practice
California Pacific Medical Center
San Francisco, CA, USA

Reconstruction of Maxillofacial Defects Using Embryonic Processes

This presentation demonstrates a new approach to reconstruction of maxillofacial defects. The strategy involves incorporating newly discovered bone regulation systems into the design of surgical procedures. The effect is to promote regeneration of skeletal systems. This technique is equally applicable to osseointegration, bone reconstruction, and periodontal regeneration. In this presentation, the focus will be on management of major maxillofacial defects. When

skeletal regulatory systems are combined with recombinant morphogenetic proteins a powerful bone forming construct is created that is capable of assembly of a fully functional, stable anatomic unit. This is a major departure from conventional surgical treatment that focuses on mechanical assembly of tissue replacements.

Recent discoveries have revealed the mechanisms that form bone in the embryo. Scientists have also demonstrated that these processes are preserved and remain active in the adult. This contradicts preconceptions that embryonic processes cease to operate as a consequence of growth and development. Modern investigators used advanced imaging technology to show how embryos create a skeleton through a process involving a collagen fiber network precursor, and that the same mechanism of embryogenesis operates in the adult. This underappreciated mechanism is basic to the healing of injuries and regeneration. Surgical procedures for bone regeneration and dental implant procedures can be crafted to exploit these mechanisms to the advantage of the patient. Deliberate surgical design offers the option of positioning dental implants within the regeneration site resulting in newly formed skeletal units containing healed osseointegrated implants.

Discoveries in biotechnology and developmental biology can now be applied to clinical dentistry resulting in new procedures that can solve disorders that were previously untreatable. Realization of the full potential of these powerful new treatment tools requires thoughtful and deliberate design of new surgical procedures. These procedures are equally applicable to the full range of maxillofacial defects. This presentation focuses specifically on the most challenging maxillofacial defects. No one agent can solve a complex biologic disorder. The key is to carefully craft new treatments combining and coordinating multiple agents and techniques. Surgical design is the subject of this presentation.

Tuesday, October 4th

07:00 - 08:00 **Continental Breakfast**
Location: Presidential Ballroom CD

08:00 - 08:15 **Announcements**
Room: Presidential Ballroom AB

Moderator: Christine J. Wallace

08:15 - 08:45 **Susan W. Habakuk, MEd, CCA**
Clinical Assistant Professor
Department of Surgery
University of New Mexico
Albuquerque, NM, USA

Osseointegrated Implants and the Rehabilitation of the Facially Disfigured Patient

Research on and clinical application of the osseointegrated implant over the past four decades have expanded the successful use of the tissue integrated concept to provide patients with craniofacial prostheses that restore their self-image. The purpose of this presentation is to describe the clinical and laboratory steps involved in creating bone anchored facial prostheses with special emphasis on the artistic principles of color and form. Selected congenital and acquired cases illustrating prosthetic rehabilitation through the use of osseointegrated implants that require the use of the multidisciplinary team approach will be presented. Topics that will be addressed include: patient selection, pre-surgical planning, surgical procedures, impression taking, sculpting and coloring techniques, mold making and casting, hygiene procedures and follow up care.

08:45 - 09:15 **Michael L. Bleeker, DMD, FACP**

Maxillofacial Prosthodontist-Craniofacial Team
St. Joseph's Medical Center
Phoenix, AZ, USA

Fabrication of the Auricular Prosthesis

Dr. Bleeker will discuss a technique to fabricate an auricular prosthesis. The discussion will include topics of patient examination, impression technique, mold fabrication, processing, coloring and delivering the final prosthesis. The discussion is focused on techniques that providers can use in their clinical setting with an emphasis on minimizing chair time creating predictable results. Dr Bleeker provides Maxillofacial Prosthetic care in his private practice and has developed techniques to streamline treatment time and would like to take this opportunity to share techniques that attendants can easily incorporate in their clinical practice.

09:15 - 09:45 **Igor Pesun, DMD, MSc, FACP, FRCD(C)**

Associate Professor and Head of Prosthodontics
Department of Restorative Dentistry
University of Manitoba
Winnipeg, Canada

NCPAP in Premature Infants with a Cleft Lip and Palate

Neonatal intensive care places great emphasis on the prevention of adverse long-term outcomes in infants born prematurely (less than 37 wks gestation). Premature infants have under developed lungs and require supplemental oxygen. Premature infants frequently develop a disease called Respiratory Distress Syndrome (RDS), from a lack of sufficient endogenous surfactant that is required to maintain lung alveolar stability. Many Neonatal Units have begun to utilizing Nasal Continuous Positive Airway Pressure (nCPAP) more aggressively with the result being shorter intubation times or avoidance of intubation altogether thus reducing the burden of ventilatory injury by trying to minimize exposure to invasive ventilation.

Nasal CPAP must be applied with an interface that allows for pressure stability around the clock with the smallest infants remaining on this type of support for weeks. Thus the device must not increase work of breathing and have interfaces that can facilitate long term use without adverse consequence to the infant's face as it develops. To accomplish these goals, one must utilize an infant flow device, with a variable flow style of nCPAP. The delivery of oxygen is alternated between nasal cannulas and nasal masks

For adequate amount of oxygen to enter the lungs the palate needs to be intact. Premature infants with cleft lip and palate end up being intubated for extended periods of time with the risks inherent in long-term intubation due to lack of ability to maintain an adequate seal for the nCPAP.

The airway management for preterm cleft lip and palate infants require the health care providers to work together to develop unique devices. This presentation provides a description of the utilization of nCPAP in premature infants and the fabrication of a custom designed obturator attached to an nCPAP variable flow generator tubing for use along with DynaCleft® in a premature infant. This allowed for infants to get adequate oxygen through Infant Flow Variable Flow device to allow for adequate lung development without the complications related to long-term intubation.

09:45 - 10:15 **Harold Kolodney, DMD**
Director
Post-graduate Prosthodontic Residency Program
Michael E. DeBakey VAMC
Houston, TX, USA

The Landscape Architecture of Maxillofacial Prosthodontics- Soft Tissue Design

Establishing a prosthetically favorable soft tissue landscape is critical for successful implant reconstruction in maxillofacial prosthodontics. The importance of successful hard tissue reconstruction often takes precedence. Reconstruction following ablative surgery and major

trauma often requires bone containing microvascular free flaps. Successful bony reconstruction is often accompanied by a soft tissue landscape inhospitable to implant restoration.

These soft tissue roadblocks include: lack of keratinized tissue, minimal or complete absence of a buccal or lingual vestibule, excessive bulky tissue, and proximity to active musculature. The resultant soft tissue anatomy must often be dramatically altered to achieve long-term implant success. This requires additional surgical procedures and treatment time.

The most predictable tool in shaping favorable soft tissue architecture is the implant retained surgical stent. Proper design of the stent is important, particularly in the operating room where immediate modification is limited.

This presentation covers several major implant reconstructive cases and discusses successful techniques for establishing favorable soft tissue architecture. Frequently encountered maxillofacial reconstructions vary from tumor resection, motor vehicle accidents to gunshot trauma. Interventions to soft tissue make the difference in success and failure in these cases.

10:15 - 11:00 Coffee Break

Moderator: Jay Jayanetti

11:00 - 11:25 **Ruth Aponte-Wesson, DDS, MS**

Associate Professor
Oral Oncology and Maxillofacial Prosthodontics
Department of Head and Neck Surgery
University of Texas MD Anderson Cancer Center
Houston, TX, USA

Oral Morbidities Trend: An MD Anderson Experience

Head and neck cancer therapies have been expanding and improving over twenty years resulting in longer overall survival through dose intensification. The oral sequelae of these therapies have resulted in complex manifestations requiring acute and chronic care. In general, these oral burdens can be minimized by prevention and early intervention, as well as customization of delivery of care. The oral complications vary by patient and are dependent on the individual's overall oral and dental status, type of malignancy, comorbid challenges, and combination of multimodality therapies. Transient complications such as nausea, mucosal injury and oral pain can be debilitating because they affect essential every day functions such as swallowing, speech, and taste. This presentation will reveal ongoing toxicity data from a Phase II/III Randomized Trial of Intensity – Modulated Proton Therapy (IMPT) versus Intensity-Modulated Radiation Therapy (IMRT) for the treatment of oropharynx cancer. The trial goal is to identify a less toxic approach to the delivery of conformal radiation therapy for patients with cancers of the oropharynx. Data will be presented regarding burden of acute and late oral toxicity, as well as speed of recovery and return to function and long-term survivorship data comparing IMPT vs IMRT.

11:25 - 11:50 **David G. Gratton**

Associate Professor
Department of Oral and Maxillofacial Surgery
Director, Division of Maxillofacial Prosthodontics
University of Iowa
Iowa City, IA, USA

Dilemmas in Digital Dentistry

Technology is deeply engrained in our personal and social lives, but what about our professional lives as Prosthodontists? Clinical dentistry (well, at least the dental laboratory industry) has adopted the application of digital technologies. Have they been the promised panacea or have there been problems along the pathway? With a plethora of digital technologies now available for all facets of removable, fixed, implant, and maxillofacial prosthodontics, has the all-encompassing digital prosthodontics workflow become an everyday reality? Or are there still technological, materials, workforce or regulatory issues that create dilemmas in the progression of digital dentistry? Having a greater appreciation of these issues will equip the clinician to make appropriate decisions in the adoption of the digital workflow and to recognize the critical impact that the integration of digital prosthodontics has on patient care and clinical outcomes. These outcomes should be *always* primary in consideration.

Course Objectives:

- Discuss limitations and challenges in the prosthodontic digital workflow
- Explore potential future technology applications in prosthodontics
- Highlight evidence for the application of current digital technologies in prosthodontics

11:50 - 12:15 **Hassan M. Abed, BDS, MS, FAAMP**

Consultant Maxillofacial Prosthodontist
Glamour Dental and Dermatology Centers
Al-Khobar, Kingdom of Saudi Arabia

Maxillofacial Prosthetic Practices in Saudi Arabia

Throughout the years, major and renowned cancer centers within the United States of America, Canada and Europe have trained prosthodontists in the illustrious and highly demanding, field of maxillofacial prosthodontics.

The American Academy of Maxillofacial Prosthetics, Being the spearhead in the field, continued to embrace so many International fellows that created an impact on the field of maxillofacial prosthetics and played a vital role in the medical and dental services in their countries.

Maxillofacial prosthodontic services in The Kingdom of Saudi Arabia are relatively new, the first Saudi formally trained maxillofacial prosthodontist started practicing in med nineties. As those highly trained, specialized and sub-specialized clinicians will return home to Saudi Arabia from their training programs abroad, maxillofacial prosthodontists will have to face the tedious challenge, as their international counterparts, and that is to educate the dental governing body about the type of services they can provide to their patients. Earlier the Ministry of health in Saudi Arabia used to send patients abroad for lengthy, exhausting and expensive trips only to fabricate a set of overdentures, this is no more the case since many newly graduated Young Saudi maxillofacial prosthodontists are now back and practicing in many sectors of the governmental and private medical centers all over the vast area of the country.

This presentation is supposed to shed the lights on some of the clinical cases that have been managed by maxillofacial prosthetic service in the eastern province of the Kingdom of Saudi Arabia and the neighboring Arabian Gulf States.

12:15 - 12:35 **Joshua C. Treesh, DMD**
NPDS Prosthodontics Resident
Navy Medicine Professional Development
Bethesda, MD, USA

Full Arch Accuracy of Intraoral Scanners: Are we there yet?

This presentation will highlight not yet published research pertaining to the full arch scanning accuracy of four intraoral scanners: CEREC Omni Cam, CEREC Blue Cam, Trios, and Carestream CS 3500.

Multiple studies have analyzed and validated the accuracy of internal fit and marginal integrity of restorations produced from an intraoral scan of a single tooth or short span segment. The past several years have seen researchers exploring the accuracy of the intraoral scanners and applicability of using the scanners for digital protocols requiring full arch scans. This method, if proven accurate and efficient could, in the future, replace conventional impressions. The idea of achieving a highly accurate full arch digital impression could be an attractive workflow for the dentist as well as the patient. Recently, Yuzbasioglu et al, reported that the digital full arch impression was more time-efficient than the conventional impression and was preferred by the patient. The current body of evidence pertaining to the accuracy of full arch scans using intraoral scanners shows promise, however, additional research is needed. Additionally, while an ISO standard for accuracy exists for the laboratory based dental scanners (ISO 12836:2015), there is not currently an ISO standard for the accuracy of intraoral scanners.

This research utilized a reference model, which was digitized with a laboratory based white-light scanner. A Standard Tessellation Language (STL) file from the scan was then created and served as the reference. The reference model was then scanned ten times with each of the intraoral scanners. Three-dimensional modeling software was then used to compare the intraoral scans to the reference stl using best-fit analysis. The scans from each scanner were also compared against each other to determine the precision of each scanner. The null hypothesis was that there is no difference in the accuracy of different intraoral scanners when compared based on a full arch scan and that

there is no difference in the precision of intraoral scanners when files from the same scanner are compared to each other.

12:35 - 13:00 **Anastasia Katsavochristou, DDS, MS**
Fellow-Maxillofacial Prosthetics
UCLA School of Dentistry
Los Angeles, CA, USA

Facing the Art

The facial prosthetic reconstruction asks for visual perception, manual dexterity and techniques far beyond the dento-alveolar perspective. The revolutionary digital progress imposes the necessity of re-evaluation and adaptation of the traditionally established manual techniques for facial prosthetics, in order for the optimal application of the digital potential.

This presentation explores the:

- Art behind a facial reconstruction
- Equipment and materials available
- Digital evolution on facial prostheses
- Potential areas for further research

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The American Academy of Maxillofacial Prosthetics (AAMP) is an ADA CERP recognized provider. The ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the **Commission for Continuing Education Provider Recognition** at ADA.org/CERP.

Attendees are cautioned regarding the risks of using limited knowledge when incorporating into their practices techniques and procedures illustrated, discussed, or demonstrated during any American Academy of Maxillofacial Prosthetics conferences.

SPEAKER BIOGRAPHIES
IN ORDER OF APPEARANCE ON THE PROGRAM

Sunday, October 2nd

Mark Allan Gilbert, PhD
Researcher and Maxillofacial Artist- *Saving Faces*
Post Doctoral Fellow
Medical Humanities (HEALS) program
Medical Division of Medical Education
Dalhousie University
Halifax, Nova Scotia, Canada

Scottish researcher and artist, Dr. Mark Gilbert graduated from Glasgow School of Art in 1991. He has exhibited at numerous venues in Europe and North America. In 2002, his life and working practices changed dramatically when The Royal London Hospital, England offered him a post as artist in residence. There he worked in collaboration with maxillofacial surgeon, Prof Iain Hutchison and his patients to create a series of artworks that portrayed the patients as they experienced their illness, surgery and recovery. The resultant exhibition, *Saving Faces*, was exhibited at the National Portrait Gallery, London. This led to his next study; a two-year residency at the University of Nebraska Medical Center (UNMC) creating images of patients and caregivers. The exhibition was entitled *Here I am and Nowhere Else: Portraits of Care*. The study used portraiture to investigate ideas about care and care giving at the intersection of art and medicine.

In 2014 he received his PhD. His doctoral dissertation explored the experience of portraiture in a clinical setting for both artist and a small cohort of head and neck cancer patients at UNMC. He continues to explore the relationship between art and medicine, and is currently the recipient of a Post Doctoral Fellowship in the division of Medical Education at Dalhousie University, Nova Scotia, Canada.

James E. Van Arsdall, Ed.D.
Faculty Member
Metropolitan Community College
Omaha, NE, USA

Dr. Van Arsdall worked for the University of Nebraska Medical Center as a continuing education administrator from 1976 to 2000 involved primarily with the colleges of Medicine, Pharmacy and Dentistry. Some significant projects were the Nebraska Vietnamese Education, development of early Advanced Trauma Life Support provider and instructor courses and development of Emergency Medicine Review and Family Practice Review courses.

Currently he is a faculty member at Metropolitan Community College in Omaha, Nebraska where he teaches political science, military history, Latin American history and world civilization courses. He also serves as the college online lead faculty. Dr. Van Arsdall received his BS degree in History and Political Science from Western Carolina University and his MA and Ed.D. degree from the University of Nebraska in Comparative/International Education and Adult Education Policy Studies

In 2001 when Jim was in his late 50's, he had surgery to remove a squamous cell carcinoma from his tongue and associated lymph nodes. For the last 15 years he has continued to visit UNMC clinics for related side effects of his treatment, including radiotherapy. In 2014 just after having surgery to rebuilt his jaw he met Scottish artist Mark Gilbert. In total, he visited Dr. Gilbert's studio 17 times over a 3-month period. Today Jim continues to work with the University of Nebraska Medical Center to promote the therapeutic effects of art in medicine.

Betsy K. Davis, DMD, MS
Director, Division of Maxillofacial Prosthodontics
Associate Professor
Medical University of South Carolina
Charleston, SC, USA

Dr. Betsy Davis is an Associate Professor of the Department of Otolaryngology - Head and Neck Surgery at the Medical University of South Carolina. Dr. Davis is a graduate of Wofford College and received her D.M.D. degree from the Medical University of South Carolina. Dr. Davis received her Certification and Master's degree in Prosthodontics from the University of Iowa. Davis completed her fellowship training in Maxillofacial Prosthodontics at M.D. Anderson Cancer Center, followed by a Maxillofacial Prosthetic/Implant Residency at UCLA. She returned to South Carolina in 1994 to develop the MUSC Maxillofacial Prosthodontic Clinic.

Dr. Davis is an adjunct faculty member in the Department of Bioengineering at Clemson University. She is Past-President of the American Academy of Maxillofacial Prosthetics and past Treasurer of the International Society of Maxillofacial Rehabilitation. She is a member of the Academy of Osseointegration, American Academy of Maxillofacial Prosthetics, American College of Prosthodontists, American Dental Association, International College of Prosthodontists, International Society of Maxillofacial Rehabilitation, and the American Academy of Dental Sleep Medicine. She has been selected to be in the Consumers' Research Council of America in their "Guide to America's Top Dentists", 2006-2015. She has been inducted into the International Academy of Dentistry and the American College of Dentists.

Joel B. Epstein, DMD, MSD, FRCD(C), FDS RCS(E)
Medical-Dental Staff, Cancer Dentistry
Samuel Oschin Comprehensive Cancer Institute
Cedars-Sinia Health System
Los Angeles, CA, USA

Dr. Epstein is currently Medical Director, Cancer Dentistry at the Samuel Oschin Comprehensive Cancer Institute at Cedars-Sinai Health System in Los Angeles, CA and Consulting Staff Member, Otolaryngology and Head and Neck Surgery, City of Hope National Medical Center, Duarte, CA. He conducts a referral practice in Oral Medicine and Oral Oncology (Oralmedicinepacific.com). Dr. Epstein has published extensively in early detection of oral potentially malignant disorders and cancer, oral complications of cancer therapy including mucositis, infection, dry mouth, neurosensory dysfunction including pain and taste dysfunction and broad issues of cancer survivorship, and in general areas of oral medicine.

Ezra Cohen, MD
Professor of Medicine
Associate Director for Translational Science
San Diego, CA, USA

Ezra Cohen, MD, an internationally renowned translational researcher, has been acknowledged for his contribution to development of novel agents in head and neck and thyroid cancers as well as immuno-oncology. A physician-scientist, Dr. Cohen led an independently funded laboratory interested in mechanisms of action of novel therapeutics. He has made major contributions to targeted therapy. His recent National Institutes of Health-funded work in the study of epidermal growth factor receptor inhibitors in head and neck cancer has contributed to the understanding of the biology of this critical signaling network, integration of these agents into standard of care, and definition of mechanisms to overcome resistance. He currently serves as chair of the NCI Head and Neck Cancer Steering Committee that oversees NCI-funded clinical research (including all NCI Cooperative Group trials) in this disease.

Dr. Cohen is Associate Director for Translational Science and team leader in Head and Neck Oncology as well as the Solid Tumor Therapeutics research program. His expertise and preeminent reputation in head and neck cancer research and patient care has expanded to solid tumor therapeutics especially in immunotherapy. Among other roles, he directs the Cancer Immunotherapy Program, chairs the Protocol Review and Monitoring Committee (PRMC), and serves as a member of the Cancer Council, C3 steering committee, and the cancer center's Executive Committee.

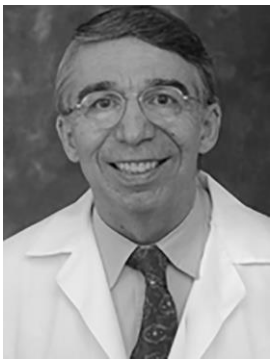
Dr. Cohen is editor-in-chief of Oral Oncology, the highest impact specialty journal in head and neck cancer, and has chaired the most

recent two Multidisciplinary Head and Neck Cancer Symposia—the largest international meeting of its kind—sponsored by the American Society for Radiation Oncology, the American Society of Clinical Oncology and the American Head and Neck Society. He has been the principal investigator on multiple studies of novel agents in head and neck cancer and other solid tumors in all phases of development including chemoprevention, phase I, II, and III trials. Dr. Cohen has authored more than 130 papers and has presented his research at national and international meetings. In addition, he is Chair of the Career Development Subcommittee of the American Society of Clinical Oncology and has served as a grant reviewer for the NIH, American Association for Cancer Research, American Society of Clinical Oncology, and the Ontario Institute for Cancer Research.

Dr. Cohen completed residencies in Family Medicine at the University of Toronto and in Internal Medicine at Albert Einstein College of Medicine. He completed a Hematology/Oncology fellowship at the University of Chicago where he was named chief fellow. Prior to his arrival in San Diego, Dr. Cohen was Co-Director of the Head and Neck Cancer Program, Associate Director for Education and Program Director for the Hematology/Oncology Fellowship at the University of Chicago Comprehensive Cancer Center. A dedicated educator, Dr. Cohen also mentored and developed young faculty in his program.

Parag Sanghvi, MD, MSPH
Associate Professor
Department of Radiation Medicine and Applied Sciences
University of California, San Diego
San Diego, CA, USA

Dr. Sanghvi is an associate professor in the department of Radiation Medicine and Applied Sciences at the University of California, San Diego. He specializes in the treatment of head and neck malignancies and lymphoma. He treats H&N cancer patients with external beam radiation, brachytherapy and proton radiotherapy. His clinical and research interests are in modern radiotherapy treatment planning and functional preservation.



Mark T. Marunick, DDS, MS
Professor, Dept. of Orolaryngology,
Head & Neck Surgery
Wayne State University School of Medicine
Director of Maxillofacial Prosthetics
Karmanos Cancer Center
Detroit, MI, USA

Dr. Marunick received his DDS from the University of Michigan in 1975. He then entered the US Public Health Service, completed a General Practice Residency at Staten Island, NY, and served as Chief Dental Officer of a USPHS Dental Clinic on Eglin AFB in Florida for two years. He received his MS in Prosthodontics from the University of Michigan in 1980 and completed a Residency in Maxillofacial Prosthetics at UCLA in 1981 before going into private practice in Toledo, OH. In 1986, he accepted a full-time position in the Department of Otolaryngology, Head and Neck Surgery at Wayne State University School of Medicine where he is a Professor. He is Chief of Dentistry at the Detroit Medical Center and is Director of Maxillofacial Prosthetics at the Barbara Ann Karmanos Comprehensive Cancer Center. He is a Consultant to the John Dingell VA Medical Center in Detroit and to the Henry Ford Health System. He is an Adjunct Clinical Professor in the Department of Biologic and Material Science, Division of Prosthodontics at the University of Michigan where he teaches Maxillofacial Prosthetics to the Prosthodontic Graduate Residents.

Dr. Marunick has been involved in NIH funded research studying rehabilitation of Head and Neck Cancer patients and is a past recipient of the American Cancer Society Clinical Oncology Career Developmental Award. He is a Life Fellow of the American Academy of Maxillofacial Prosthetics and of the American College of Prosthodontists, a member of the International Society for Maxillofacial Rehabilitation, Academy of Osseointegration, and the Michigan Section of the American College of Prosthodontists. He is Past President of the AAMP, the Michigan Society of Prosthodontists and the Michigan Section of the American College of Prosthodontists. He is a recipient of the Andrew J. Ackerman Memorial Award. He is a Diplomate of the American Board of Prosthodontics.

Dr. Marunick has written numerous articles, book chapters, and has co-authored two textbooks on Maxillofacial Prosthetics.

Paul R. David, DDS
United States Navy, Retired
Chesapeake, VA, USA

Dr. David received his DDS degree in 1982 from the Baltimore College of Dental Surgery in Baltimore, Maryland. He received his prosthodontic specialty certificate from the Baltimore College of Dental Surgery in 1984 and entered the United States Navy in August of that year. He completed his fellowship training in Maxillofacial Prosthetics in June of 1990 at the Willford Hall USAF Medical Center in San Antonio, Texas. Dr. David retired from the Navy in September of 2014 after 30 years of active duty naval service. He is a member of the American Dental Association, the American College of Prosthodontists, and the American Academy of Maxillofacial Prosthetics.

Monday, October 3rd

Benjamin M. Wu, DDS, PhD
Professor
Chairman, Division of Advanced Prosthodontics
Director for UCLA Weintraub Center for
Reconstructive Biotechnology
Los Angeles, CA, USA

Dr. Ben Wu obtained his residency training in Advanced Prosthodontics at Harvard, and his Ph.D. in Materials Engineering at the Massachusetts Institute of Technology. At MIT, he investigated the powder-binder interaction physics for 3D Printing and published the first papers on 3D Printed drug delivery devices and tissue engineering scaffolds. His research applies bioengineering approaches to regenerate lost tissues and control wound healing by developing biomimetic strategies. He has also developed advanced material processing technologies to enable the production of novel structures and functions; and created novel medical devices that will impact the way we diagnose and treat diseases. He has published over 170 journal articles papers and delivered over 100 lectures around the world. His innovations have resulted in commercial licenses and several start-up biotech companies to address real world problems in dentistry and medicine. Dr. Wu is an internationally renowned innovator and leader in dentistry and bioengineering. He is Professor and Chair of the Division of Advanced Prosthodontics, and the Director of the Weintraub Center for Reconstructive Biotechnology at the UCLA School of Dentistry. Until recently, he also chaired the Department of Bioengineering at UCLA School of Engineering, and holds formal faculty appointments in the Department of Orthopedic Surgery and the Department of Materials Science. All four departments are highly ranked within their respective disciplines. As a clinician, Dr. Wu provides multidisciplinary patient care in the UCLA Faculty Group Dental Practice, where he focuses on the treatment of advanced, complex oral rehabilitation using implant, fixed, and removable prosthodontics. He is a fellow of the Academy of Prosthodontics, and serves on numerous advisory committees in academia and industry.

Michael P. Karnell, PhD, CCC-SP, FASHA
Clinical Speech and Swallowing Programs
University of Iowa
Iowa City, IA, USA

Dr. Karnell has directed hospital based clinical speech and swallowing programs at the University of Chicago (1984-1993) and the University of Iowa (1993-present). His work involves use of videoendoscopic, videofluoroscopic, acoustic, and aeryodynamic procedures for the purposes of diagnosing velopharyngeal insufficiency, vocal dysfunction, and swallowing disorders. He authored or co-author of more than 50 peer reviewed articles and more than 100 presentations given at various scientific and clinical meetings including the American Speech-Language-Hearing Association, the American Cleft Palate-Craniofacial Association, and The Voice Foundation of America. A past president of the American Cleft Palate-Craniofacial Association, Dr. has authored a book entitled Videoendoscopy: From Velopharynx to Larynx and is co-author of The Clinician's Guide to Treating Cleft Palate Speech and Cleft Palate Speech.

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.

Sreenivas Koka, DDS, MS, MBA, PhD
Loma Linda University & UCLA Schools of Dentistry
Private Practice
San Diego, CA, USA

Dr. Sreenivas Koka received DDS and MS degrees from The University of Michigan. He joined the University of Nebraska faculty in 1992, became a Diplomate of the American Board of Prosthodontics in 1995, and received his PhD from the University of Nebraska in 1999. While at the University of Nebaska, Dr. Koka received the Outstanding Teacher Award eight times and was the first faculty member to be appointed as the Merritt C. Pedersen Professor of Dentistry. He joined the Staff of Mayo Clinic in 2004 and is former Professor and former Chairman of the Department of Dental Specialties. In 2013, Dr. Koka received an MBA from the Massachusetts Institute of Technology (MIT) and left Mayo Clinic to move to Zurich, Switzerland to be Executive Director of the Foundation for Oral Rehabilitation. Dr. Koka moved back to the US in 2014 to focus on patient care and student education. Currently Dr. Koka is on the faculty of both the Loma Linda University and UCLA Schools of Dentistry and engaged in a private practice focused on implant and removable prosthodontics in San Diego, California, USA. He is a Fellow and Past-President of the Academy of Prosthodontics, a Fellow of the American College of Dentists and a member of the Board of Councilors of the International College of Prosthodontics. Dr. Koka has published over 90 journal articles and book chapters, is a former Associate Editor of the International Journal of Oral and Maxillofacial Implants and serves on the editorial board of the Journal of Prosthodontic Research.

William M. Lydiatt, M.D., F.A.C.S
Professor and Vice Chair, Department of Otolaryngology
Director of Head & Neck Surgery
University of Nebraska Medical Center
Faculty- Veterans Administration Hospital, Omaha
Omaha, NE, USA

Dr. Bill Lydiatt attained his BS from Stanford University and his MD and residency in otolaryngology – head and neck surgery at the University of Nebraska Medical Center, Omaha. He then completed a 2 ½ year fellowship in head and neck oncologic surgery, sponsored by the National Cancer Institute, at Memorial Sloan Kettering Cancer Center in New York. Dr. Lydiatt is board certified in Otolaryngology – Head and Neck Surgery. Currently he is a surgeon at Nebraska Methodist Hospital, Omaha, Nebraska. His research and academic interests are in prevention of depression in head and neck cancer, staging of head and neck cancers and exploring novel means of educating medical students including using art in teaching observational skills.

Russell B. Smith, MD
Professor, Department of Otolaryngology-
Head & Neck Surgery
University of Nebraska Medical Center
Nebraska Methodist Hospital, Omaha
Faculty- Veterans Administration Hospital, Omaha
Omaha, NE USA

Dr. Russell B. Smith is Clinical Professor of Surgery at Creighton University and Staff Surgeon in Head and Neck Surgical Oncology at Nebraska Methodist Hospital. He also serves as the Director of the Head and Neck Surgical Oncology and Advanced Reconstruction Fellowship at Nebraska Methodist Hospital. He completed his residency training in Otolaryngology-Head and Neck Surgery at the University of Missouri-Columbia and his fellowship in Head and Neck Surgical Oncology and Advanced Reconstruction at the University of Iowa. His clinical interests include H+N endocrine diseases, skull base neoplasms and management of oropharyngeal cancers. He has special interest in the use of minimally invasive surgical approaches to these diseases. His clinical research focuses on optimal use of imaging in the management of head and neck cancer. He is internationally recognized for his expertise in surgeon performed ultrasound of the head and neck and is the co-director of the ACS Thyroid, Parathyroid, and Neck Ultrasound course. He is currently involved in multiple national clinical trials for patients with oropharyngeal cancer.

Joseph A. Califano, III, MD
Head and Neck Surgeon
Director, Head and Neck Cancer Center
Vice Chief of Division of Otolaryngology,
Department of Surgery UC San Diego
San Diego, CA, USA

Joseph A. Califano, III, MD, is a board-certified otolaryngologist. He is an internationally recognized head and neck surgeon who specializes in tumors of the oral cavity (mouth), salivary glands, pharynx (throat), larynx (voice box), sinuses, thyroid, and skull base. Dr. Califano has expertise in minimally invasive surgical techniques, including endoscopic laser and robotic surgery, to help best preserve function and appearance in his patients. He has an interest in HPV-related cancers of the throat, as well as premalignant conditions of the upper aerodigestive tract.

Dr. Califano is a professor and vice chief of the Division of Otolaryngology at UC San Diego School of Medicine's Department of Surgery. His research focuses on the molecular biologic basis of head and neck cancer development. Dr. Califano also leads clinical trials investigating the use of Cialis to modulate immune suppression in head and neck cancer.

His other areas of investigation include integrative network-based molecular analysis of head and neck tumors; detection of recurrent and occult primary cancer within blood and saliva using molecular biologic techniques; and defining the underlying biology of head and neck cancers.

A frequent speaker at national and international meetings, Dr. Califano has coauthored numerous textbooks and book chapters and over 230 peer-reviewed articles related to both clinical and scientific aspects of

cancer. His work has appeared in *Nature*, *Oral Oncology* and *Clinical Cancer Research*, among others. He reviews and serves on the editorial board for a variety of medical journals, including *Oral Oncology*, the most respected specialty journal in head and neck cancer.
Prior to joining UC San Diego Health in 2015, Dr. Califano was a professor in the Department of Otolaryngology - Head and Neck Surgery at Johns Hopkins School of Medicine in Baltimore. He also served as the medical director of Milton J. Dance, Jr. Head and Neck Cancer Center at Greater Baltimore Medical Center.

Dr. Califano completed a fellowship in the Department of Surgery at Memorial Sloan Kettering Cancer Center and a residency in otolaryngology – head and neck surgery at Johns Hopkins Hospital. He earned his medical degree from Harvard Medical School. Dr. Califano is board-certified in otolaryngology.

He is a fellow of the American College of Surgeons and member of numerous professional organizations, including the American Association for Cancer Research, the American Academy of Otolaryngology Head and Neck Surgery and the American Head and Neck Society. He is also a founding fellow and councilor of the International Academy of Oral Oncology. An active member of these organizations, Dr. Califano has served on committees for several of the societies.

He is consistently elected as a top physician in the annual survey for Castle Connolly's America's Top Doctors® for Cancer.

In his free time, Dr. Califano enjoys rock climbing, and is learning how to surf. He and his wife, Beth, have two children.

Martin Chin, DDS
Oral and Maxillofacial Surgeon
Private Practice
California Pacific Medical Center
San Francisco, CA, USA

Martin Chin DDS is an oral and maxillofacial surgeon who maintains a private practice at California Pacific Medical Center in San Francisco. His practice focuses on orthognathic, craniofacial, and dental implant surgery. He is also an attending surgeon at the University of California Children's Hospital in Oakland. He maintains an active research program directed at innovations to improve the treatment options for challenging craniomaxillofacial disorders. This has resulted in development of distraction osteogenesis techniques and instruments for reconstruction of the alveolar process, orbits, and midface. He has been granted multiple US and international patents for these inventions. Effective, practical application of recombinant bone morphogenetic proteins has been the objective of recent research. He is the founder of the Beyond Faces Foundation, which supports the treatment of children with craniofacial disorders. Dr. Chin is a diplomate of the American Board of Oral and Maxillofacial Surgery and a fellow of the American College of Dentists.

Tuesday, October 4th

Susan W. Habakuk, M.Ed, CCA
Clinical Assistant Professor
Department of Surgery
University of New Mexico
Albuquerque, NM, USA

Susan Habakuk is a certified clinical anaplastologist and Clinical Associate Professor in the Department of Surgery at the University of New Mexico in Albuquerque and Adjunct Clinical Associate Professor at the University of Illinois Medical Center at Chicago. Her teaching, research and clinical interests focus on the role of the clinical anaplastologist and the use of osseointegrated implants in the provision of craniofacial rehabilitation services. Professor Habakuk received her Bachelor of Science Degree in Medical Art at the University of Illinois at Chicago where she specialized in 3D models and facial prosthetics. Ten years later she received her Masters Degree in Medical Education from the University of Illinois Medical Center in Chicago. For over thirty years, she provided facial prosthetic services at the UIC Craniofacial Center where she served as a member of the maxillofacial prosthetic team. She also directed a graduate program in clinical anaplastology/medical art at the University of Illinois at Chicago which has gained international recognition for setting the standards in the field of anaplastology. Professor Habakuk has been an active member in her professional and peer associations which include the International Anaplastology Association, American Society of Ocularists, Association of Medical Illustrators, Academy of Osseointegration, International Society of Maxillofacial Rehabilitation, American Academy of Maxillofacial Prosthetics, Institute of Maxillofacial Prosthetists and Technologists, About Face and Lets Face It. She has been invited to present lectures and workshops nationally and internationally, served as a consultant and an editor of journals and authored articles and book chapters on her research interests and clinical experience. Throughout her professional career, she has received honors and awards for her academic and clinical achievements.

Michael L. Bleeker, DMD, FACP
Maxillofacial Prosthodontist-Craniofacial Team
St. Joseph's Medical Center
Phoenix, AZ, USA

Dr. Bleeker attended dental school at the Medical University of South Carolina and graduated with the Doctor of Dental Medicine degree. Following dental school, he completed the General Practice Residency program at the University of Virginia Medical Center in Charlottesville, Virginia. Dr. Bleeker completed the Combined Prosthodontics Residency at the Veterans Administration Medical Center and The University of Texas Dental Branch at Houston. Dr. Bleeker continued his study of Prosthodontics by completing the Fellowship in Maxillofacial Prosthetics at the University of Texas, M. D. Anderson Cancer Center. He completed the Implant Fellowship at The Ohio State University, College of Dentistry in Columbus, Ohio. Dr. Bleeker is a board Certified Prosthodontist and is a Diplomate of The American Board of Prosthodontics. He is a Fellow in The American College of Prosthodontics and a Fellow in The American Academy of Maxillofacial Prosthetics. Dr Bleeker is a member of the American Dental Association, a member of the Arizona Dental Association and Vice President of the Central Arizona Dental Society. Dr. Bleeker is the Maxillofacial Prosthodontist for the Craniofacial Team at St. Joseph’s Medical center, Phoenix Dr. Bleeker is in private practice at Villa Canyon Prosthodontics. He is available to assist in treatment planning and accepts referrals from restorative dentists and surgeons. Information regarding his practice is available upon request.

Igor Pesun, DMD, MSc, FACP, FRCD(C)
Associate Professor and Head of Prosthodontics
Department of Restorative Dentistry
University of Manitoba
Winnipeg, Canada

Dr. Igor Pesun is an Associate Professor and Head of Prosthodontics in the Department of Restorative Dentistry at the University of Manitoba, Winnipeg Canada. He is a dental graduate of the University of Manitoba, completed a General Practice Residency at the Royal University Hospital in Saskatoon, Canada and a Certificate in Prosthodontics and a Masters in Oral Biology from the Medical College of Georgia. He taught at the University of Minnesota's School of Dentistry. Dr Pesun is a Board Certified Prosthodontist in both the USA and Canada. He was awarded the Judson C. Hickey Scientific Writing Award and is a member of the Beta Beta Chapter of the Omicron Kappa Upsilon National Honor Society and the International College of Dentists (Canada). Dr. Pesun lectures and is involved in local, provincial, state, and national dental organizations and serves as a reviewer for a number of local, national and international dental journals.

Harold Kolodney, DMD
Director
Post-graduate Prosthodontic Residency Program
Michael E. DeBakey VAMC
Houston, TX, USA

Dr. Kolodney received his D.M.D. degree from Tufts University, G.P.R from Eastman Dental Center/Genesee Hospital and completed his General and Maxillofacial Prosthodontic training at Memorial Sloan-Kettering Cancer Center. He is a Diplomate of the American Board of Prosthodontics and Fellow in the American College of Prosthodontics.

He recently assumed the position as Director of the Post-graduate Prosthodontic Residency Program at the Michael E. DeBakey VAMC in Houston. Immediately prior to that, he served as Maxillofacial Prosthodontist, Professor, and Director of the Oral Oncology Division at the University of Mississippi Medical Center Cancer Institute. He was previously in full-time private practice of Prosthodontics in Madison County, Mississippi for over 15 years.

Dr. Kolodney is a past President of the Mississippi Dental Association and alternate delegate to the ADA House of Delegates. He is a past Chair of the Mississippi Section of the American College of Dentists. He is currently Chair of the ByLaws Committee and Ethics and Medico-Legal Committee of the AAMP. He is married to the former Mary Gail Thomas of Jackson, MS and they have two sons in college.

Ruth Aponte-Wesson DDS, MS
Associate Professor
Oral Oncology and Maxillofacial Prosthodontics
Department of Head and Neck Surgery
University of Texas MD Anderson Cancer Center
Houston, TX, USA

Dr. Ruth Aponte Wesson is an Associate Professor in the Section of Oral Oncology and Maxillofacial Prosthodontics of the Department of Head and Neck Surgery at the University of Texas MD Anderson Cancer Center. She received her DDS from the University of The Andes Merida Venezuela. She completed residency and fellowship training at the University of Alabama at Birmingham where she also served as the Director of the Maxillofacial Prosthetic Program for several years. She is a Diplomat of the American Board of Prosthodontics. Dr. Aponte Wesson has recently joined MDACC and is a member of a large multidisciplinary practice. Her current focus is on the treatment of head and neck cancer patients requiring radiation as well as those in need of facial reconstruction and hematopoietic stem cell transplantation. Her research has been on quality of life outcome assessments after neoplastic therapy. She is married and has a lovely nine-year-old daughter.

David G. Gratton
Associate Professor
Department of Oral and Maxillofacial Surgery
Director, Division of Maxillofacial Prosthodontics
University of Iowa
Iowa City, IA, USA

Dr. David G. Gratton is Associate Professor, Department of Oral and Maxillofacial Surgery and Director, Division of Maxillofacial Prosthodontics at the University of Iowa, a position he assumed in 2015. Dr. Gratton received his DDS from The University of Michigan (1994), and his Certificate in Prosthodontics (1996) and Master's of Science (1997) from The University of Iowa. Before joining the UI College of Dentistry and Dental Clinics faculty in 2002, Dr. Gratton was Assistant Professor, Schulich School of Medicine & Dentistry, University of Western Ontario, Canada. He has achieved Fellow status in the Academy of Prosthodontics and the International Team for Implantology. His scholarly and lecturing activity comprises evolving digital prosthodontic technologies and CAD/CAM materials. Dr. Gratton's prosthodontic and maxillofacial prosthetics practice incorporates multiple digital technologies to restore function, form, and aesthetics for straightforward through complex patients at the Hospital Dentistry Institute at the University of Iowa Hospital and Clinics.

Hassan M. Abed, BDS, MS, FAAMP
Consultant Maxillofacial Prosthodontist
Glamour Dental and Dermatology Centers
Al-Khobar, Kingdom of Saudi Arabia

Dr. Abed is a consultant Maxillofacial Prosthodontist that works in Private Practice in Al-Khobar, Kingdom of Saudi Arabia. He graduated from King Saud University - Riyadh in 1989, then joined Saudi Aramco (Arab American Oil Company) Dental Services.
He got further certification in:

- A.E.G.D. (Advanced Education in General Dentistry) and G.P.R. (General Practice Residency) from The University of Maryland – Baltimore.
- Certificate and Masters in Prosthetic Dentistry from The University of Michigan – Ann Arbor.
- Fellowship certificate in Maxillofacial Prosthetics from M. D. Anderson Cancer Center – Houston.

Dr. Abed Served as The Head of Prosthodontic Services unit at SAUDI ARAMCO Dental Services and The Head of Dental Services Department at SAAD SPECIALIST HOSPITAL, Al-Khobar, Saudi Arabia. He is a Full Fellow and a former Co-Chair of the International Relations Committee of the AAMP. He was involved in many research projects and lectured extensively on all aspects of Clinical Prosthodontics in Local, Regional and International Dental Meetings.

Joshua C. Treesh, DMD
NPDS Prosthodontics Resident
Navy Medicine Professional Development
Bethesda, MD, USA

Josh Treesh is a graduate of the University of Kentucky College of Dentistry and more recently, the United States Navy Post-Graduate Dental School with a certificate in Prosthodontics. Since graduating dental school, Dr. Treesh has spent time in active duty military service, private practice, and academics. His private practice experience has included both practice ownership as well as associate positions; he has served on staff with New York University College of Dentistry as a part time clinical instructor; and on active duty with both the United States Air Force and the US Navy. He is currently a fellow in the Maxillofacial Program at the US Navy Post-Graduate Dental School.

Anastasia Katsavochristou, DDS, MS
Fellow-Maxillofacial Prosthetics
UCLA School of Dentistry
Los Angeles, CA, USA

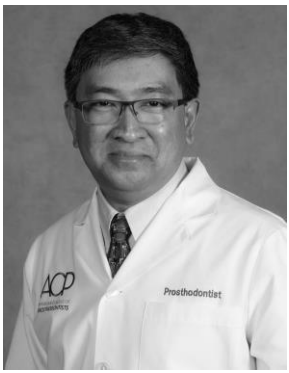
Dr. Anastasia Katsavochristou received her DDS degree from the University of Athens School of Dentistry in Greece (2010). After working in private practice, she moved to the US to specialize in Prosthodontics. She earned her Master of Science and certificate in Prosthodontics (2015) from the University of Michigan in Ann Arbor, MI. In 2016, she completed the Maxillofacial Prosthetics fellowship at UCLA School of Dentistry in Los Angeles, CA. Dr. Katsavochristou has presently joined the academia as Assistant Professor in Prosthodontics.

Paul Tanner, MBA, CCA
Clinical Anaplastologist
Feeling Whole Again
Bountiful, UT, USA

Paul's passion for making facial prosthetics started as a teenager when a relative lost his ear to melanoma. With a unique career in mind, studied arts and sciences and tailored an undergraduate degree to anaplastology. He earned a graduate degree in business and was certified in clinical anaplastology in 2010. For the past 13 years, he has helped hundreds of people affected with cancer or microtia at the University of Utah. In 2008, Paul created www.feelingwholeagain.com and has made thousands of nipple/areola prosthetics for those in 19 different countries who had a mastectomy and reconstruction. Paul loves to travel and help others around the world learn methods and materials. He's worked with 49 patients while conducting continuing education courses in Brazil, Turkey, and Colombia.

Color Discrimination for Realistic Prostheses

Color matching a prosthesis to a patient's skin color is likely our greatest challenge and has been my focus for over a decade. The challenge is to match skin colors while maintaining the appropriate translucency. To accomplish this, we must learn about the anatomy of human skin; then learn about the materials we use; then learn about the way we perceive color in a given light. Using a spectrophotometer, we can apply science to art and create efficient and reliable coloring methods.



Alvin G. Wee, DDS, PhD, MPH
Section Head in Maxillofacial Prosthodontics
Veterans Affairs Nebraksa-
Western Iowa Health Care Systems
Omaha, NE, USA

His academic career started at The Ohio State University College of Dentistry in 1998 and continued at the University of Nebraska Medical Center (Department of Otolaryngology – Head and Neck Surgery) and then at Creighton University. In 2014, he accepted a position as Section Head of Maxillofacial Prosthodontics, Veterans Affairs Nebraska-Western Iowa Health Care System in Omaha, Nebraska. He continues to teach part time and directs his research laboratory at Creighton University. Dr. Wee has received research funding as principal and co-investigator from the National Institutes of Health, Department of Veteran's Affairs, as well as several other agencies, totaling more than $2.6 million in grant funding. Dr. Wee has authored 77 peer-reviewed publications, 56 peer-reviewed abstracts, and chapters in three textbooks.

Complications and Proposed Solutions for Implant Supported Complete Dentures

The original design for a prosthesis over dental implants was the implant supported complete denture (i.e. the hybrid prosthesis) in the mandibular arch. The design has evolved from requiring implant placement perpendicular to the occlusal plane to using four strategically placed angulated implants per arch (i.e., the "On-All-Four" concept). This lecture will discuss the clinical complications of implant supported complete dentures in the following categories: (1) Diagnostic, (2) Prosthetic, (3) Biologic, and (4) Patient satisfaction. The lecture will present published data on clinical complications associated with these prostheses, as well as proposed solutions to minimize these complications.

Monday, October 3rd

Workshop #1

Advanced Jaw Reconstruction

iRSM & The University of Alberta
Martin Osswald and Hadi Seikaly
14:30 - 16:45

The utilization of micro vascular free flap grafts changed maxillofacial prosthodontic practice in the rehabilitation of jaw defects. Free flap surgery in the rehabilitation of head and neck cancer patients in Edmonton has become the mainstay surgical approach in restoring head and neck defects following resection of tumors.

This almost exclusively surgical approach to treatment has resulted in a paradigm shift in the practice and services offered by Maxillofacial Prosthodontists at the Institute for Reconstructive Sciences in Medicine (iRSM) and the University of Alberta in Edmonton. Combined with free flap surgeries is the utilization of advanced digital technologies and the development of prefabricated osseous flaps for implant rehabilitation. Maxillofacial prosthodontits' roles, expertise and tools have changed in response to these developments and they need to collaborate and work closely with their surgeons, technicians and new disciplines such Surgical Design Simulation, as the treatment trajectory for our patients has evolved and changed.

The workshop aims to demonstrate these processes, describing the surgical simulation and reconstruction techniques for the maxilla and mandible utilized by the reconstruction team at iRSM and the University of Alberta in Edmonton.

Tuesday, October 4th
Workshop #2

The Art & the Science of Silicone
Factor II, Inc
John D. McFall
14:30 - 16:45

The purpose of this workshop is to identify the choice of silicones; the Maxillofacial community is a limited market; what materials are available. The ideal approach on choosing the best silicone is to know what to use and why! The ability to create a quality facial prosthesis is a combination of art (artistic talent) as well as the Science (knowledge) of the silicone, and mold making skills.

What silicone choice and variations will be demonstrated and the participants will have the ability to work with a multitude of silicones. Participants will be exposed to a variety of Platinum (addition) cure silicone elastomers from Shore 05 A to Shore 80 A.

Poster 1

IMPLANT UTILIZATION AND TIME TO PROSTHETIC REHABILITATION IN ADVANCED FIBULAR JAW RECONSTRUCTION: A FOLLOW UP

Al Attas, Mohammed *; Chuka, Richelle; Osswald, Martin; Nayar, Suresh; Rieger, Jana; Seikaly, Hadi; Wolfaardt, Johan
Institute for Reconstructive Sciences in Medicine Covenant Health
University of Alberta, Alberta Health Services
Edmonton, Alberta, Canada

Keywords: Head and neck tumour, digital surgical design, fibular jaw reconstruction

Purpose/Aim: Advanced three-dimensional digital surgical design and simulation (SDS) techniques is an emerging area of interest in the area of jaw reconstruction rehabilitation (JRR). Advanced digitally designed surgical techniques have the potential for early functional oral rehabilitation through improved patient treatment times for prosthetic rehabilitation.

In the previous study, the advanced three-dimensional digital surgical design and simulation group completed their prosthetic rehabilitation with significantly higher utilization of osseointegrated dental implants as well as a significantly shorter time to prosthetic delivery. The purpose of this follow-up study included a larger sample size and longer follow up data to compare treatment outcomes between conventional and advanced JRR to assess dental implant utilization and time to prosthetic connection.

Materials and Methods: This follow-up study is a retrospective analysis of 35 adult head and neck tumor (HNT) participants treated at the Institute for Reconstructive Sciences in Medicine (iRSM). Participants completed JRR treatment with a fibular free flap reconstruction (FFF) and had undergone two treatment approaches, advanced three-dimensional (3D) SDS technique (with-SDS) and conventional or a non-digitally planned (without-SDS) technique, both treatment approaches included the use of osseointegrated dental implants. The current study continued data collected up to July 1, 2016. The same methods were applied to the follow-up study where participants were excluded participants if they underwent additional bone containing augmentation to the FFF. The conventional (without-SDS) group underwent a conventional, non-guided FFF reconstruction, and non-guided implant installation after the FFF. The advanced (with-SDS) group underwent a guided FFF reconstruction, and guided implant installation during the FFF surgery. The outcome measures implant utilization (ratio of implants installed to connected), time to

prosthetic connection after FFF and patient demographics were analysized using the Mann-Whitney U test

Results: Thirty-five subjects (19 with-SDS, 16 without-SDS) fulfilled the inclusion criteria for the study. The time to prosthetic connection for the SDS group was statistically significant ($p < 0.001$) shorter number of day (422 days) compared to the without-SDS group (1391 days). The advanced three-dimensional (3D) SDS technique (with-SDS) group completed their prosthetic rehabilitation with a higher utilization of implants (94%) compared to the without SDS (78%), although this was not statistically significant.

Conclusions: The findings support the previous study that advanced three-dimensional digital SDS techniques lead to a higher implant utilization as well as reduced time to prosthetic connection.

Poster 2

3D PRINTED CAST AND INTERIM OBTURATOR FOR MAXILLECTOMY WITH PEDICLED BUCCAL FAT PAD FLAP

Bellicchi, Travis *; Jacobs, Cade; Ghoneima, Ahmed; Wood, Zebulun; Levon, John
Indiana University
Maxillofacial Prosthetics
Indianapolis, IN, United States

Keywords: 3D Printing, Maxillectomy, Obturator

Case Presentation: Objective: This poster presents a hydrid workflow using intra-oral digital scanning, 3D printing, Biocryl vacuform matrix, and soft denture reline material to obturate a partially-healed pedicled buccal fat pad flap maxillectomy. The goal of this poster is to demonstrate an effective workflow for interim obturatation for recent post-surgical reconstruction patients unable tolerate traditional intra-oral impression techniques and materials.

Background: Patient with squamous cell carcinoma treated with upfront surgery. Surgery completed prior to maxillofacial prosthodontic referral. 5 days following surgery, patient was referred for an interim obturator to help close the partially healed pedicled buccal fat pad flap. Due to delicate nature of recently reconstructed pedicled flap, traditional intra-oral impression of the partially healed surgical site was not ideal.

Methods and Materials: A CareStream 3500 intraoral scanner was used to capture the majority of the maxillary arch. However, the intraoral scanner software could not

adequately recognize the maxillectomy surgical defect. ZBrush from Pixologic, traditionally a digital design software for the entertainment industry, was used to model the missing data from the palate and the lateral wall of throat, including palatoglossal and palatopharyngeal arches. The digital model was rapidly prototyped using a Form2 stereolithographic printer from FormLabs. A Biocryl vacuform matrix was created on the 3D printed cast. OrthoResin was utilized on the cameo surface of the distal extension of the matrix for strength. Finally, the matrix was relined with CoeSoft denture reline material.

Conclusion: Intraoral scanning, digital modeling, 3D printing, traditional vacuform matrix fabrication, and chair-side reline for an interim obturator is an accurate, reliable workflow in situations where patients cannot tolerate traditional intraoral impression techniques and materials. When recent surgical reconstruction is not fully healed, a digital solution can reliably capture data, remodel missing surface topology, precisely 3D print a cast of the maxillary arch, and serve as a template for Biocryl vacuform matrix fabrication. This creates a well-fitting base upon which OrthoResin and CoeSoft may be used to complete safe, comfortable obturation.

Poster 3

FACIAL SCANNING, DIGITAL SCULPTING AND STEREOLITHOGRAPHIC RAPID PROTOTYPING: AURICULAR, ORBITAL AND NASAL PROSTHETIC CASE REPORTS

Bellicchi, Travis *, Jacobs, Cade; Ghoneima, Ahmed; Wood, Zebulun; Levon, John
Indiana University
Maxillofacial Prosthetics
Indianapolis, IN, United States

Case Presentation: Objective: This poster presents a digital workflow for three facial prosthetic patients. The goal of this poster is to demonstrate the use of facial surface imaging, computer-aided design, and rapid prototyping resin molds for silicone facial prosthetics. Pre-surgical scan data and contralateral anatomy informs prosthetic design.

Background: Case 1 auricular prosthesis patient involves VistaFix and BAHA retained silicone prosthesis with 3D printed substructure. Case 2 orbital prosthesis involves prosthetic rehabilitation in limited prosthetic space. Case 3 involves an immediate nasal prosthesis scanned intra-operatively, designed / fabricated during the surgical healing phase and delivered at time of surgical pack removal.

Methods and Materials: 3DMD Face and Creaform Go!Scan 3D used to capture patient facial data. Geomagic Design X from 3D Systems used to align stereophotogrammetry data. ZBrush from Pixologic used to refine patient facial data, design facial prosthetics and molds for silicone investment. Digital models and molds are rapidly prototyped using a Form2 stereolithographic printer from FormLabs. Factor 2 VST 30 platinum silicone used for prosthetic investment.

Conclusions: A digital workflow for silicone facial prosthetics is a viable option for prosthetic rehabilitation. Facial scanning can be used to replace traditional impression techniques. Digital design accurately recreates auricular, orbital, and nasal anatomy. Stereolithographic printing provides precise molds with silicone prosthetics demonstrating pore-level detail and feather-edge margins.

Poster 4

FABRICATION OF AN INTERIM NASAL PROSTHESIS VIA RAPID PROTOTYPING

Cagino, Catherine *; Jayanetti, Jay; Lee, Yun Chang; Wu, Benjamin
University of California Los Angeles
Division of Advanced Prosthodontics, Maxillofacial Prosthetics
Los Angeles, CA, United States

Case Presentation: Introduction: Conventional methods of fabricating facial prosthetics require many hours of work chair side and in the laboratory on the part of the maxillofacial prosthodontist, patient and anaplastologist. Many patients devote time and finances to traveling to cancer treatment centers. Currently, at UCLA, the use of 3D printing technology is being developed to fabricate facial prostheses. The goal of such technology is to decrease time involved for fabrication and increase access to care, as 3D printers are commercially available. This case report describes a technique for prosthetic reconstruction of a nasal defect using an extra oral scan and 3D printing to fabricate an interim prosthesis.

Materials and Methods: The Artec EVA-M-3-D scanner was utilized to capture the site and the Artec 10 Studio Professional software to develop the contours. Project 660 Pro Printer was used to print the prosthesis in color.
Discussion: The color calibration and prosthesis flexibility are still being developed. As the prosthesis requires a supporting scaffold it is quite rigid. The final goal is to utilize rapid prototyping to decrease the treatment time and cost to the patient.

Conclusions: Advances in rapid prototyping allow for the development of 3D printing as a technique to generate facial prostheses; however, given the material limitations to date we are currently utilizing this technique exclusively for interim facial prostheses.

Poster 5

THE FABRICATION OF A DIGIT SOMATOPROSTHESIS

Ghunaim, Dima *; Golden Mams CCA, Marjorie; Huryn DDS, Joseph
Memorial Sloan Kettering Cancer Center
Surgery- Dental Service
New York, NY, United States

Case Presentation: Patients with physical disabilities that cannot be reconstructed with surgery rely on maxillofacial prosthodontists for fabrication of somatoprosthesis to rehabilitate them. Somatoprosthesis such as breasts, ears, orbits, digits, and even shoulders have been fabricated to replace structures lost to malignancies and trauma. In the literature, case report by Blumenfeld and Shortz, in 1981, described the steps of the fabrication of a shoulder somatoprosthesis for the rehabilitation of a patient after intrascapulothoracic amputation to help improve the patient's physical appearance. Although the digit amputations are seen more commonly due to trauma, in other cases it could be due to malignancies or even congenital malformations. Aggarwal et al. described the replacement of congenitally malformed third and fourth digits in a 21-year-old female with silicone somatoprosthesis. Saxena et al. described the fabrication of fifth digit lost to trauma in a 55-year-old farmer. Each of these cases reports stresses the mental and physical trauma that the patients experience due to their loss and reports enhancement of confidence and social acceptance after reconstruction. This presentation will discuss the clinical and laboratory steps for the fabrication of missing third and fifth digits lost to subungual melanoma. We will illustrate method of impression making, selection of shade, characterization and processing of these somatoprostheses.

Blumenfeld I, Schortz RH, Levy M, Lepley JB. Fabricating a shoulder somatoprosthesis. J Prosthet Dent. 1981 May;45(5):542-4.

Aggarwal H1, Singh SV2, Singh AK3, Kumar P1, Singh BP1. Interdisciplinary approach for somatoprosthetic rehabilitation of a patient with clino-syndactyly and unusual dermatoglyphics. Prosthet Orthot Int. 2016 Mar 3. pii: 0309364616631345. [Epub ahead of print]

Saxena D1, Jurel S2, Gupta A3, Dhillon M4, Tomar D5. Rehabilitation of digital defect with silicone finger prosthesis: a case report. J Clin Diagn Res. 2014 Aug;8(8):ZD25-7. doi: 10.7860/JCDR/2014/8739.4708. Epub 2014 Aug 20.

Poster 6

PROSTHETIC REHABILITATION FOR A PATIENT WITH EXTENSIVE VASCULAR MALFORMATION IN THE HEAD AND NECK REGION

Haraguchi, Mihoko *; Tanaka, Kentaro; Sumita, I. Yuka; Okazaki, Mutsumi; Taniguchi, Hisashi
Tokyo Medical and Dental University, Graduate School
Department of Maxillofacial Prosthetics, Department of Plastic and Reconstructive Surgery
Tokyo, Japan

Keywords: vascular malformation, prosthetic rehabilitation, plastic surgeon

Case Presentation: Purpose: As vascular malformation occurs often in the face and intraoral area, and may cause bleeding problems, prosthetic rehabilitation for the patients is challenging. In this case report, we report the prosthetic rehabilitation for a patient with extensive vascular malformation in the head and neck region.

Methods & Materials: A 71-year-old man patient was referred to our clinic for prosthetic rehabilitation in July, 2011. He had the extensive vascular malformation in the head and neck region, body and lower limbs. He had undergone a lot of the surgery for reducing the lesion everywhere in the whole body. His chief complaints were mastication and speech disorders following the loss of teeth.

Results: As his vascular malformation lesion was too large and much, we planned surgical removal. In September, 2011, firstly he underwent the surgery for reducing lesion in the lower lip by a plastic surgeon. After the surgery, a removable partial denture was inserted in the left mandible in November. In January, 2012, secondly he underwent the surgery for reducing lesion in the upper lip again. Unfortunately, he came across a car accident and lost his incisor teeth in the maxillary. Then, the molar teeth in the left mandible also fell out. In July, 2014, for the purpose of occlusal restoration adding artificial teeth to the right mandible, thirdly he underwent the surgery for reducing lesion in the right buccal mucosa. However, as it was not enough to masticate, he was eager for wearing a denture in the maxilla. In June, 2015, finally we planned the surgery for reducing lesion in the vestibule and palate. It was possible to insert the definitive removable partial dentures in the maxilla and mandible in June, 2016.

Conclusion: Because of prosthetic rehabilitation, this case needed several surgical operations for reducing the extensive vascular malformation in the lip and intraoral area. However, as vascular malformation may cause uncontrollable bleeding, plastic surgeons usually want to resect the minimum required lesion. Therefore, collaborative rehabilitation efforts between plastic surgeons and prosthodontists through pre- and

post-surgery are important for improvement of patients' QOL and the prosthetic rehabilitation for the patients are always challenging. In this case report, we reported the successful prosthetic rehabilitation for the patient with extensive vascular malformation in the head and neck region.

Poster 7

AN APPLICATION OF MAXILLOFACIAL PROSTHESIS IN A MAXILLECTOMY PATIENT WITH EDENTULOUS MAXILLAE AND THE FLAP

Hatano, Noriko *; Sumita, Yuka 1); Otomaru, Takafumi 1); Takato, Tsuyoshi 2); Taniguchi, Hisashi 1)
1) Department of Maxillofacial Prosthesis, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University (TMDU)
2) Department Oral-Maxillofacial Surgery, Dentistry and Orthodontics, the Tokyo University Hospital
Bunkyo, Tokyo, Japan

Keywords: maxillofacial prosthesis, edentulous maxillae, rectus abdominis musculocutaneous flap (RAMF)

Case Presentation: It is difficult and challenging to fabricate a maxillofacial prosthesis in maxillectomy patients with edentulous maxillae. In addition, in case of the reconstruction using rectus abdominis musculocutaneous flap (RAMF) for the defect area, the stability of the prosthesis would become difficult because of moving the flap. Here we report an application of a maxillofacial prosthesis maxillectomy patients with edentulous maxillae and with rectus abdominis musculocutaneous flap.

A 58-year-old male patient had undergone total maxillectomy of the left side, the left neck dissection, postoperative chemotherapy and radiotherapy due to maxillary left sinus cancer. As the patient had the right-sided brain infarction during chemotherapy, he started the rehabilitation for his activities of daily living. Nine half months after the surgical operation, his activity was improved and the fabrication of the prosthesis started. It was thought that it is difficult to fabricate based on the design of conventional complete dentures because the flap was very wide and flabby. The prosthesis that extended onto the flap and balancing contact was applied. Though the adjustment with soft relining material for the maxillary prosthesis, the maxillary prosthesis stability was obtained only two days after adjustment. The first fabrication of the prosthesis was finally not able to work nevertheless use of the denture adhesive.

Two years passed after the first delivery, we planed the new design of the maxillary prosthesis that extend only the non defect side, did not extend onto the flap site. During

fabrication of the prosthesis, we checked the teeth alignment and occluding contact and finally we found that the prosthesis became stable when he opened his mouth widely. After delivery and adjustment, though he needed to get accustomed to use the prosthesis, his masticatory function improved with the denture adhesive.

Poster 8

REHABILITATION OF A MID-FACIAL DEFECT WITH A COMBINATION PROSTHESIS

Lee, Sarah *; Baker, Suzanne; Bak, Sun-Yung; Minsley, Glenn
UNC School of Dentistry
Graduate Prosthodontics
Chapel Hill, NC, United States

Keywords: combination prosthesis, oralmaxillofacial, head neck cancer

Case Presentation: This clinical case reports on the construction of a 3-piece combination obturator and nasal prosthesis utilizing magnetic retention to rehabilitate a head and neck cancer patient with a mid-facial defect. The patient was diagnosed with basaloid squamous cell carcinoma of the left nasal cavity resulting in the resection of the anterior maxilla and a partial left rhinectomy. Previous restoration consisted of individual prostheses - an interim obturator and an adhesive-retained nasal prosthesis. However, due to insufficient skin surface for adequate adhesive placement, the nasal prosthesis had frequent detachment and the remaining, unresected portion of the nose was unsupported and collapsed into the nasal defect. This prevented the proper use of the nasal prosthesis and patient dissatisfaction with the restoration due to functional and esthetic deficiencies.

A combination prosthesis, involving a definitive obturator, a segmental superstructure, and a nasal prosthesis retained with a system of magnetic attachments, was proposed as a solution for improving the retention of the nasal prosthesis. The definitive obturator was fabricated initially followed by the fabrication of the nasal prosthesis. An acrylic resin superstructure with embedded magnetic attachments was retained to the obturator and supported the non-resected portion of the nose. The superstructure then connected with the nasal prosthesis to aid in its retention. The nasal prosthesis overlaid the partial unresected right portion of the nose and the nasal defect. The use of a superstructure was instrumental in housing the magnetic attachment system to retain the nasal prosthesis as well as support the remaining unsupported portion of the patient’s nose in a proper orientation for nasal function and esthetics.

Poster 9

SLEEP SURVEY IN LONG-TERM HEAD AND NECK CANCER SURVIVORS WITH DENTO-MAXILLARY PROSTHESES

Li, Na *; Takafumi Otomaru, Hisashi Taniguchi
Graduate School of Medical and Dental Sciences
Tokyo Medical and Dental University (TMDU)
Department of Maxillofacial Prosthetics
Tokyo, Japan

Keywords: head and neck cancer, long term survivors, sleep quality

Purpose/Aim: Sleep disorders are common in head and neck cancer patients, yet little is known about the prevalence, determinants and effects on sleep quality in long-term head and neck cancer survivors. Our aim was to provide a more detailed description of sleep disturbances in head and neck cancer survivors by determining prevalence rate and risk factors for these sleep problems.

Materials and Methods: A cross-sectional investigation was conducted to assess the sleep quality of 77 head and neck cancer survivors (more than 3 years after surgery treatment) with dento-maxillary prostheses. Sleep surveys included the Pittsburgh Sleep Quality Index (PSQI) and the Epworth Sleepiness Scale (ESS). OHIP-14 and SF-36 were correlated with clinical parameters. Associations between the variables and sleep quality were calculated with a chi-square test. Spearman correlation coefficients were computed to examine the relationships with variables. Logistic regression was performed to establish the set of independent variables ($P<0.05$).

Results: Eighty-three percent patients had poor sleep quality (global scores ? 5), and 40% participants presented a global PSQI score ?8 indicating significant poor sleep quality. Nocturnal enuresis, daytime sleepiness and early morning awakening were the most common complaints. Women significantly had worse sleep disturbance than men ($p= 0.014$). Younger patients with head and neck cancer suffer worse sleep disturbance ($p= 0.007$). Logistic regression analysis showed that neck dissection ($P=.005$), post-operation time ($P=.043$), SF-36 MCS ($P = .024$), OHIP14 psychological disability ($P=.016$) were associated independently with sleep quality. In addition, OHIP 14 global score was linked independently with daytime sleepiness.

Conclusions: The present study suggests the high prevalence of poor sleep quality in long-term head and neck cancer survivors. Neck dissection, post-operation time, lower SF-36 MCS, OHIP14 psychological disability could contribute to poor sleep quality. Daytime sleepiness was associated with low oral health quality of life. These information and support are useful and important for long-term head and neck cancer survivors to plan supportive care services.

Logistic regression analyses assessing independent associations with sleep quality. (n = 77)

Outcome	Variables	Coefficient	P value	95%CI for coefficient
Sleep quality (PSQI)	Age	0.297	0.073	0.079, 1.118
	Gender	1.797	0.367	0.503, 6.421
	Neck dissection	0.296	0.005	0.127, 0.690
	Post-operation time	2.602	0.043	1.032, 6.562
	SF-36 MCS	0.894	0.024	0.810, 0.985
	Psychological disability	1.590	0.016	1.092, 2.315
Daytime sleepiness (ESS)	BMI	0.429	0.216	0.112, 1.639
	OHIP14 global scores	1.079	0.009	1.019, 1.143

Poster 10

THREE DIMENSIONAL SURFACE IMAGING OF ACQUIRED FACIAL DEFECTS- A CASE STUDY

Lincoln, Ketu *
Air Force Postgraduate Dental School
Maxillofacial Prosthetics Fellowship Program
San Antonio, TX, United States

Purpose: Traditional facial moulage techniques utilized in the fabrication of facial prostheses can be time consuming and invasive. Today, various three-dimensional surface imaging systems are available which enable the capture of facial features and soft tissue defects. When utilizing 3D surface imaging systems, a problem often encountered is difficulty capturing desirable retentive undercuts within the defect. This presentation illustrates how this problem can be overcome using relatively familiar 3D imaging systems.

Case Study: A 52-year-old female patient presents following a total rhinectomy procedure resulting from squamous cell carcinoma of the nasal cavity. 3D stereophotogrammetry was used to capture the patient's facial surface morphology including the nasal defect. Capture of anatomic detail within the nasal defect was attempted using a hand-held laser scanner. An intra-oral 3D optical scanner, available in many dental offices, was also utilized chairside to capture desirable retentive areas within the defect. Retentive undercuts which were inaccessible, due to the size of the intraoral scanning wand, were managed using an individual polyvinylsiloxane impression of the unregistered area. The impression was subsequently scanned using a benchtop laboratory optical scanner. STL data from all 3D imaging systems utilized were uploaded to CAD software and collectively merged resulting in a complete virtual reconstruction of the patient’s face and nasal defect including areas desirable for retention.

Conclusion: 3D stereophotogrammetry provided an accurate facial image with limited information of potential retentive areas within the nasal defect. The hand held laser scanner data provided an image with excessive scatter and was not useful. The chairside intraoral 3D optical scanner captured areas beneficial for prosthetic retention with the exception of a hard to reach superior undercut. An impression of the superior undercut was accurately scanned using the benchtop laboratory optical scanner. The data from the laboratory optical scanner, intraoral 3D optical scanner and 3D stereophotogrammetry were merged together to provide a complete virtual reconstruction of the facial morphology and retentive areas within the nasal defect.

Poster 11

A NAM BY ANY OTHER NAME

Manalili, Taylor *; Ferguson, Fred; Somohano, Tanya
Stony Brook University
Prosthodontics and Digital Technology
Stony Brook, NY, United States

Case Presentation: A presurgical orthopedic (POS) appliance is a simple method for approximation of the maxillary alveolar segments and nasoalveolar molding (NAM) in infants with unilateral or bilateral cleft lip and palate. This poster introduces a modification of the therapy, which separates the alveolar reduction and the nasal molding components. Use of this appliance yields results consistent with previously introduced PSO appliances but greatly simplifies many aspects of the PSO treatment process.

Poster 12

DEVELOPMENT OF MODELS WITH FACIAL EXPRESSION MOVEMENTS

Matsuoka, Ayumi *; Yoshioka, Fumi; Ozawa, Shogo; Takebe, Jun
Aichi Gakuin University
Department of Removable Prosthodontics, School of Dentistry
Nagoya, Japan

Keywords: Facial prosthesis, Facial expression, model

Purpose/Aim: Currently facial prostheses are designed on models which are acquired by either conventional or digital impressions. The marginal fitting of the prosthesis is often compromised due to facial movements such as smiling and articulating sounds. In order to fabricate a well-fitted facial prosthesis, we propose a new model which contains the

movement involved with different facial expressions. The aim of this study is to develop a “Facial expression model” using three dimensional digital data of facial expressions ranging from normal to smiling; a process known as “morphing”.

Materials and Methods: In this study three normal subjects participated. Four distinct facial expressions (i.e., rest position, smiling, slight and maximum openings of the mouth) were digitally acquired by a 3dMD facial scanner. In order to make a facial expression model, the vertexes of one of the facial expressions needs to correspond to the vertexes of one of the other facial expressions. Therefore, several data scans were transferred to a template data at first, then we prepared each set of generic data. The template data consisted of dispositions of right-left symmetry, averaged shape and both flat and smooth surfaces. On the other hand, the generic data contained original surface characters and had the same vertexes. Finally, facial expression models were completed by generating a morphing image based on two sets of generic data. The accuracy of the generic data was evaluated by 3D manufacturing software. This study was approved by the ethics committee at Aichi Gakuin University.

Results: After several trials of preparing the generic data, we succeeded at generating a facial expression model. Using the morphing method, movement of facial skin could be simulated from the rest position to smiling and to mouth opening positions. The differences between the generic data and the original scan data were within 0.2mm.

Conclusions: From this study we established a method of generating a facial expression model, which could digitally simulate the precise movement of facial skin in normal subjects. In the future, we could apply this method to patients who have facial defects, and simulate marginal skin movement around the facial defect. We believe that the success of making the facial expression model could change the design of facial prostheses from three to four dimensions, adding a time factor. We also believe that if a facial prosthesis could be designed on a facial expression model in the future, highly precise facial prostheses that follow skin movement could be manufactured.

Poster 13

OUTCOMES OF DIGITAL SURGICAL TREATMENT PLANNING VERSUS INTUITIVE SURGERY IN MANDIBULAR RECONSTRUCTION

Muller, Olivia *
The Mayo Clinic
Department of Dental Services: Maxillofacial Prosthetics and Dental Oncology
Rochester, MN, United States

Case Presentation: The use of digital surgical treatment planning in dentistry has

become an established technique for implant treatment planning and placement. With continued enhancements in this technology, it has become possible to digitally plan a mandibular resection and reconstruction with a fibula flap. Multiple surgeries have been completed at the Mayo Clinic by utilizing this digital surgical technique. It is the goal of this article to retrospectively compare the results of the digitally planned and reconstructed cases to the traditional intuitive surgical cases. The size and the location of the resections were controlled for in the comparison of the various surgeries completed. A comparison of: number of operating room visits, amount of time in the operating room over all, time from surgery to completed restoration, and implant utilization was completed. Additionally, the types of final prosthesis planned versus the finished final prosthesis were compared.

Poster 14

A CASE OF MANDIBULAR RETROGNATHIA WITH NEUROFIBROMATOSIS TYPE 1 AND MEDICATION-RELATED OSTEONECROSIS OF THE JAW

Murase, Mai *; Sumita, Yuka; Taniguchi, Hisashi
Graduate School of Medical and Dental Sciences
Tokyo Medical and Dental University
Department of Maxillofacial Prosthetics
Tokyo, Japan

Keywords: Neurofibromatosis type 1, retrognathia, Medication-related osteonecrosis of the jaw

Case Presentation: Neurofibromatosis type 1 (NF1, also called von Recklinghaus disease) is an autosomal dominant, multisystem disorder affecting approximately 1 in 3000 people in Japan. Although many affected people inherit the disorder, between 30 and 50 percent of new cases result from a spontaneous genetic mutation of unknown cause. Once this mutation has taken place, the mutant gene can be passed to succeeding generations.NF1 is characterized by cafe-au-lait spots and multiple neurofibromas as major findings and eye lesions, bone lesions, and endocrine abnormalities as associated findings.

Medication-related osteonecrosis of the jaw (MRONJ) is a severe adverse drug reaction, consisting of progressive bone destruction in the maxillofacial region of patients. Besides exposed necrotic bone, pain and swelling of the surrounding soft tissues as well as intra- or extra-oral sinus tracts are typical signs of MRONJ. Furthermore, complications like abscess formation, pathological fractures, sinusitis and impairment of inferior alveolar nerve function might occur.

A 70-year-old woman with NF1 and MRONJ was referred to Tokyo Medical Dental University Dental Hospital in 2015. The patient's chief complaint was dull pain of mandible as poor healing of a postextraction wound of the lower left premolar. She was diagnosed NF1 at birth with a family history and she also lost her both sight at the age of fifty-nine. Her osteoporosis medication was started from 2012 using bisphosphonate. After conservative treatment with antibiotics and antibacterial irrigation of the lesion for MRONJ, the inflammatory symptoms almost completely disappeared. Because her symptom improved, oral surgeons consulted us for making denture. The denture design was mandibular complete denture and maxillary removable partial denture with double Akers clasp on maxillary right first molar and maxillary right second molar, Akers clasp on maxillary left first premolar and maxillary left first molar and both denture base were acrylic.

The remarkable points were three; the first point was that her malocclusion and retrognathia due to NF1 was recovered arranging artificial teeth in reverse articulation at the posterior region, the second point was we have to teach her adequately for treating denture by herself because she was completely blind, the third point was dentists should be aware of this potentially serious complication in patients receiving long-term treatment with bisphosphonate and need to adjust denture carefully. After completion of the prosthetic treatment, we have to need a long-term follow-up for this case.

Poster 15

SPEECH ASSESSMENT IN MANDIBULECTOMY PATIENTS WITH STENTS

Nagai, Hana *; Haraguchi, Mihoko; Hattori, Mariko; Sumita, I. Yuka; Taniguchi, Hisashi
Tokyo Dental College
Removable Prosthodontics and Gerodontology
Tokyo, Misakicho, Chiyoda-Ku, Japan

Keywords: mandibulectomy, stent, speech

Case Presentation: Postoperative outcomes after mandibulectomy may include deficits of speech, mastication and impairment of esthetics. During the early postoperative period, a stent is recommended for those patients who had alveolar ridge reconstruction to have the grafted skin in place. This case series presents the findings of objective and subjective speech assessments in 4 mandibulectomy patients (2 men, 2 women; age range, 50–79 years) who had stents placed. Two patients had undergone segmental mandibulectomy and reconstruction with a fibula flap, one patient had undergone marginal mandibulectomy for carcinoma of the mandible, and the remaining patient had undergone segmental mandibulectomy and reconstruction using a titanium plate and a rectus abdominis musculocutaneous flap for melanoma. All

stents were fabricated from clear autopolymerizing acrylic resin and were delivered 15–127 days after the operation. Patients were assessed using an objective speech intelligibility test comprised of 100 Japanese monosyllables and, on the same day, a subjective visual analog scale, 84–111 days after delivery. Although speech intelligibility score didn't change wearing stents, the score of visual analog scale for speech was improved with the stents in all patients. These findings suggest that the stent contributed the patients' satisfaction for speech, although the aim of wearing them was to retain the grafted skin.

Poster 16

THE USE OF PRE-FABRICATED TEMPLATES IN THE CONSTRUCTION OF RADIATION APPLIANCES

Oyama, Jeffrey *; Jayanetti, Jay
University of California Los Angeles School of Dentistry
Division of Advanced
Los Angeles, CA, United States

Keywords: Radiation, Tongue Depressors, Radiation Appliances

Case Presentation: Purpose: Radiation therapy is used as definitive primary treatment of head and neck malignancies or as an adjunct following surgical ablation the tumor. While certain functional morbidities have been associated with radiation therapy, utilization of appliances such as tongue depressors, tongue deviators, and shielding devices reduces the amount of radiation and scatter to surrounding, health tissue. Here, we present a technique of using pre-fabricated templates to expedite the construction of such radiation appliances.

Materials and Methods: This technique describes the preparation of pre-fabricated acrylic resin templates and the subsequent adaptation to the patient's existing dentition when radiation appliances are deemed useful. The templates are fabricated in a variety of sizes to accommodate differences in arch size and are indexed to the patient's teeth with occlusal registration material.

Results: Traditionally, radiation appliances were fabricated indirectly, which required the making of impressions, occlusal registration records, and a second appointment to deliver these appliances. By using a pre-fabricated template to construct such radiation appliances, the potential inaccuracies of impression making are eliminated, and delivery is expedited.

Conclusion: Use of pre-fabricated acrylic templates offers the advantages of a potential in increased accuracy since it bypasses the use of alginate impressions and casts. More importantly, because many patients are required to begin radiation therapy soon after their initial diagnosis, the elimination of a second appointment for delivery of the appliance offers the benefit of quickly getting them to treatment.

Poster 17

HEREDITARY RETINOBLASTOMA PROSTHETIC REHABILITATION: A CASE REPORT

Palin, Charles *; Golden, Marjorie; Huryn, Joseph
Memorial Sloan Kettering Cancer Center
Dental Service
New York, NY, United States

Keywords: retinoblastoma, orbital, obturator

Case Presentation: Retinoblastoma is a cancer of the retina that most commonly affects children. Though rare, it is the most prevalent primary ocular malignancy seen amongst this age group. Twenty-five to forty percent of retinoblastoma cases are hereditary and caused by a mutation in the tumor suppressor gene RB1. Patients with hereditary retinoblastoma are at high risk of developing secondary malignancies throughout their life. This can lead to a lifetime of uncertainty and constant medical interruptions. One such patient has been treated at Memorial Sloan Kettering Cancer Center for approximately 38 years. Since childhood she has endured bilateral retinoblastomas and subsequent osteogenic sarcoma of the nasal cavity and base of skull, resected leiomyosarcoma of the right leg, breast papilloma, and a resected myxosarcoma of the right knee. Now fifty-one years old, prosthetic rehabilitation for this patient has become increasingly challenging as her secondary malignancies and resections have left her with fewer anatomical structures to help retain her enlarging prostheses. This clinical presentation aims to provide an overview of retinoblastoma and a demonstration of a complex maxillofacial prosthesis involving both orbits and the maxilla. This was accomplished by connecting the left and right orbital prostheses behind the bridge of the nose with magnets. Additionally, a maxillary obturator prosthesis was fabricated and retained using magnets supported by dental implants. The three-piece prosthesis can be easily inserted by the patient and retained without adhesive. This prosthesis provides the patient with a very manageable treatment solution that allows her to live a normal life.

Poster 18

PREVENTION OF HPV-RELATED ORAL CANCER BY DENTISTS: ASSESSING THE OPINION OF DUTCH DENTAL STUDENTS

Poelman, Marcella *; Jager, Derk Jan; Daley, Ellen; Brand, Henk
Center for Special Care Dentistry (Stichting Bijzondere Tandheelkunde), Amsterdam, the Netherlands
Maxillofacial Prosthetics
Amsterdam, Noord-Holland, Netherlands

Keywords: human pappilomavirus, oral cancer, dental student

Purpose/Aim: To assess dental students' opinion of the dentists' role in primary prevention of human papillomavirus (HPV) related oral cancer.

Materials and Methods: Cross-sectional web based analysis. A questionnaire, containing questions about baseline knowledge of HPV and oral cancer, confidence in head and neck examination and role of the dentist in preventing HPV-related oral cancer, was sent to all students of the Academic Centre of Dentistry Amsterdam (n= 912).

Results: One hundred and twenty-six (n=126) students completed the questionnaire. Significantly more master students (76%) than bachelor students (55%) were aware that HPV is a causative factor for oral cancer. Master students had more knowledge of HPV than bachelor students, but knowledge about HPV vaccination was irrespective of the study phase. The majority of students agreed that it is important to discuss HPV vaccination with patients. 89% of the students think that more education about symptoms of oral cancer will increase screening for oral cancer. Development of a protocol for screening in dental practices was considered even more important.

Conclusions: According to dental students, dentists should discuss HPV as a risk factor for oral cancer with patients. This indicates that future dentists are willing to be involved in primary prevention of HPV related oral cancer and discuss HPV-vaccination with patients. Therefore, screening for oral cancer and education about HPV vaccination should be integral elements of the dental curriculum.

Poster 19

ORAL HEALTH-RELATED QUALITY OF LIFE IN PARTIAL MAXILLECTOMY PATIENTS WITH CLOSED AND OPEN DEFECTS

Said, Mohamed *; Otomaru, Takafumi; Yeerken, Yesiboli; Taniguchi, Hisashi
Tokyo Medical and Dental University
Graduate School, Department of Maxillofacial Prosthetics
Tokyo, Japan

Keywords: Maxillectomy, Quality of Life, Mastication

Purpose/Aim: To compare oral health-related quality of life (OHRQoL) between closed and open defect patients who had undergone partial maxillectomy and were wearing a dento-maxillary prosthesis.

Materials and Methods: Thirty-eight patients with partial maxillectomy who were wearing a dento-maxillary prosthesis were enrolled between September 2014 and April 2016. The patients were allocated to two groups according to the type of defect after healing: 19 patients had a closed defect and 19 patients had an open defect. OHRQoL was assessed using the Geriatric Oral Health Assessment Index (GOHAI). The GOHAI questionnaire comprises 12 items reflecting 3 hypothesized domains of the impact of oral disease: physical function, psychosocial function, and pain or discomfort. Differences in the scores were compared between the two groups using the Wilcoxon rank-sum test with the confidence level set at 95%.

Results: The medians (25%, 75%) GOHAI score were 52 (45, 56) in the closed defect group, and 46 (44, 53) in the open defect group. The GOHAI total score was not significantly different between the two groups (P=.174). However, regarding the GOHAI physical function domain, the swallowing item was significantly lower (P=.025) in patients with an open defect compared with patients with a closed defect. Regarding the GOHAI psychological function domain, patients' psychological worries or concerns about their teeth, gums, or dentures item was significantly lower (P=.045) in patients with an open defect compared with patients with a closed defect. Other items related to physical function, psychological function, and pain or discomfort were not significantly different (P>.05) between the two groups

Conclusions: The type of defect, closed or open, in patients with partial maxillectomy might not influence their overall OHRQoL if they have had adequate prosthetic rehabilitation. However, special consideration should be given to patients with an open defect, with regard to swallowing function and psychological concerns, in order to improve their OHRQoL.

Poster 20

IMPLANT-RETAINED ORBITAL PROSTHESIS IN PATIENT WITH SQUAMOUS CELL CARCINOMA.

Santiago, Sara *; Vicente Ernesto González Cardín
Instituto Nacional De Cancerología
Maxillofacial Prosthetics
Mexico City, Mexico

Keywords: implant-retained, orbital prosthesis, squamous cell carcinoma

Case Presentation: 60-year-old female patient from the National Institute of Cancerology (INCan) in Mexico, diagnosed with squamous cell carcinoma in the left eye; poorly differentiated, invasive and ulcerated that occupies the entire eyelid and eyeball. An exenteration and a reconstruction with temporalis muscle was executed. An orbital prosthesis was affixed with three titan-magnetics placed in the frontal and zygomatic bone. The prosthesis was developed with silicone and coloration materials of Factor II, Inc.

Poster 21

USE OF DIGITAL AND CONVENTIONAL TECHNIQUES IN FABRICATION OF AN AURICULAR PROSTHESIS

Schlam, Kimberly *; Minsley, Glenn; Bak, Sun-Yung; Zuniga, Dario
University of North Carolina (UNC)
Graduate Prosthodontic Clinic
Carrboro, NC, United States

Case Presentation: In 2007, a 61 y.o. Caucasian female was involved in an accident resulting in traumatic avulsion of the patient's scalp and right ear. Following multiple skin grafts to replace the scalp, the patient was referred to the University of North Carolina (UNC) Graduate Prosthodontic clinic where a craniofacial implant retained auricular prosthesis was fabricated to replace the missing right ear. Recently, the patient presented to the UNC Graduate Prosthodontic clinic for a remake of the prosthesis. The existing prosthesis consisted of a cast metal alloy bar retained by two craniofacial implants placed in the right post-auricular region. The bar housed two cobalt-samarium magnets. The existing auricular prosthesis contained corresponding magnets housed in an acrylic resin framework that was incorporated into the silicone overlay of the prosthesis.

Following the making of the moulage and generation of the master cast, new acrylic resin superstructures were fabricated for the new auricular prostheses. Two different

wax patterns were generated for the new prostheses. The first pattern was fabricated in a conventional manner using baseplate wax that was hand sculpted by the clinic's anaplastologist. The second wax pattern was generated by creating a digital impression of the patient's contralateral ear using a Trios scanner. A mirror-image of the digital impression was created and the pattern was milled in wax. Each wax pattern was fitted on the patient chairside and adjustments made for positioning over the acrylic resin superstructure that was retained to the underlying bar. Refinements to the anatomy were made as well at that time. Both patterns were converted into silicone prostheses incorporating intrinsic and extrinsic stains to match the skin tones of the patient's face. Scanning was performed to obtain STL files of the anatomy of the patient's contralateral, natural ear and of each new auricular prosthesis. The files will be overlapped to allow for comparison of images.

Poster 22

MAXILLECTOMY AND MIDFACIAL DEFECTS: LOST IN CLASSIFICATIONS?

Srivastava, Akanksha *; Bidra, Avinash S.; Agar, John R.
University of Connecticut School of Dental Medicine
Post-Graduate Prosthodontics, Department of Reconstructive Sciences
Farmington, Ct, United States

Purpose/Aim: Surgical defects from maxillary and midfacial resections are often compound and involve many anatomic structures. The purpose of this poster is to present a visualized depiction of a novel criteria-based universal description of maxillectomy and midfacial defects.

Materials and Methods: Existing maxillectomy and midfacial classification systems were identified through a systematic review published in 2012 in the Journal of Prosthetic Dentistry. These classification systems were used to formulate a universal description of maxillectomy and midfacial defects.

Results: Fourteen classification systems that describe maxillectomy and midfacial defects were described in the literature. These articles resulted in identification of 6 criteria that universally describe maxillectomy and midfacial defects, including: 1) dental status; 2) oroantral/nasal communication status; 3) soft palate and other contiguous structure involvement; 4) superior-inferior extent; 5) anterior-posterior extent; and 6) medial-lateral extent of the defect. However, none of the 14 existing classification systems included all the criteria and were found to be deficient in one or more descriptions, which render them minimally applicable for routine clinical use.

Conclusions: Surgically driven classifications for maxillectomy and midfacial defects are based on the nature of the surgical procedure or by the resultant tissue loss without

incorporation of any prosthetic considerations. Conversely, prosthodontic classifications group the defects from a prosthetic management perspective. A classification system that is consistent with both surgical and prosthodontic needs is lacking. A criteria-based universal description of maxillectomy and midfacial defects appears more amenable for effective communication and utilization amongst different care providers and treatment centres as compared to classification based descriptions.

Poster 23

3D IMAGING FOR FACIAL PROSTHESES

Timmons, Raven *; Davis, Betsy; Tucker, Rhet
Medical University of South Carolina
Otolaryngology/Head and Neck Surgery
Charleston, SC, United States

Keywords: imaging, facial prostheses

Case Presentation: The purpose of this pilot study was to develop a method of obtaining high quality 3D imaging at a lower cost than conventional medical imaging. Fuel-3D, a precalibrated, low cost 3D camera with a large scan area with a fixed focus, was used to determine if it would be accurate to obtain 3D images for facial prostheses. Fuel-3D captures a maximum size of approximately 40 cm/16" diagonal in a single scan to produce a 3D image. The results of this analysis will be used to verify that there is an easier, cost efficient method for obtaining 3D images for facial prostheses.

Literature Review: Out of the top 13 high income countries, the United States exceeds all other high income countries with higher healthcare costs and spending. Maxillofacial prosthodontics, in particular, is known for its high overhead and labor intensive effort. In order to access an adequate treatment plan for the patient, CT scans and other 3D imaging and technology are required to begin successful planning of facial prostheses. Unfortunately, this comes at a cost, not only for the patient, but for the physician as well. On average, approximately 21 billion dollars is spent for use of medical 3D imaging alone, per year. With or without healthcare coverage, medical bills can easily acquire over time which can place a burden on an individual. Low healthcare costs with high-quality treatment would lead to a better outcome of health for society; however, the accuracy of cheaper 3D imaging instruments still needs to be determined.
Methods and Materials: Our hypothesis is to determine a cost efficient 3D device that can be used versus common medical scanning for facial prostheses fabrication. Fuel 3D system will be used to obtain 3D images of patients with facial defects. Our methodology includes scanning from all viewpoints, selecting only the best scans for stitching, stitching manually, inspecting and amending with stitching again, reconstructive and editing with printing in STL format with a 3D printer.

Results: Fuel 3D images will be compared with 3D images from medical CT scans.

Discussion: The advantages and disadvantages of Fuel 3D images will be discussed in comparison to 3D images from medical CT scans.

Conclusion: The advantages of Fuel 3D images include easy mobility, and less wait and processing time than common medical CT scans. However, the accuracy for the use with facial prostheses still needs to be determined.

Poster 24

BOLUS FABRICATION FOR NASAL SQUAMOUS CELL CARCINOMA: A DIGITAL APPROACH

Treesh, Joshua C. *
Navy Post Graduate Dental School
Maxillofacial Prosthodontics
Bethesda, MD, United States

Case Presentation: The format of the table clinic presentation will be a case presentation highlighting the use of a digital technique for bolus fabrication for a patient who presented with squamous cell carcinoma of the nares. The bolus is often needed in conjunction with radiation therapy when treating surfaces that display irregular topography (Driscoll). The bolus serves the purpose of distributing the dose of radiation in a more homogeneous manner (Brosky). This is due to the fact that the electron density of air is much lower than body tissues (Brosky). As such, the radiation beam will transverse an air cavity resulting in a higher dose beyond the cavity and a lower dose at the surface (Brosky). Typically, water, wax or acrylic resins have been used due to their similar radio density when compared to soft tissue. Traditional fabrication methods have included a moulage of the affected site, fabrication of a stone cast, creation of a wax bolus of proper dimension, followed by flasking and processing with methlmethacrylate resin (Driscoll). In 2001, Perkins introduced a method for digital design and milling of a custom bolus for post mastectomy radiation, yet described the technique as very time and labor intensive. Recent advancements in digital technology have helped to simplify the process. In this patient presentation a medical grade CT was obtained. The CT data was then transferred to a 3D modeling software program. Additionally, extra oral imaging was obtained providing 3D rendering of the radiation zone. This data was also transferred into the 3D modeling software. Utilizing the CT as well as the extra oral imaging, 3 individual custom bolus compensators were designed. Two of the devices were designed to obturate the airspaces of the nares, and one to provide a uniform thickness of material over the zone of radiation. Once designed the bolus compensators were printed in an acrylic resin, molds were then fabricated, and wax was flowed into the molds. The wax bolus compensators were then tried on the patient to ensure intimate skin contact. In this case wax was utilized because the density of the printed resin was unknown and untested. This technique highlights a new efficient and more patient friendly method of bolus fabrication for hard to reach cavities utilizing advanced digital techniques and serves as a viable alternative to traditional fabrication methods.

Poster 25

TECHNICAL REPORT: FABRICATION OF CUSTOM OCULAR GLOBE

Valentin, Sasha *; Jayanetti, Jay
UCLA
Maxillofacial Prosthesis
Los Angeles, CA, United States

Keywords: Ocular globe, Ocular prosthesis, Ocular defect

Purpose/Aim: Prosthetic rehabilitation of an ocular and orbital defects represents one of the most challenging tasks in terms of achieving a natural appearance for maxillofacial patients. Stock globes and painted discs are limited in their capacity to mirror the healthy contralateral eye. A custom-made prosthesis is considered the best choice for achieving the best cosmesis. There are different techniques available for custom fabrication of an ocular globes as alternatives to stock globes: The conventional technique, photo printing, paper-punch, and in the near future, 3D printing. This report introduces a novel and simplified technique for fabrication of custom-made ocular prosthesis.

Objective: This technical report illustrates a new technique for fabrication of a custom made ocular globes as compared to other available options.

Materials and Methods: An ocular globe wax pattern is made. The wax pattern is invested in a flask and a scleral white acrylic resin is processed (Factor II, Inc. Lakeside, Arizona). A cut-back is performed, the iris and sclera are custom painted and finalized with a clear acrylic resin. Digital photography is used as an aid for characterizing the iris and sclera.

Conclusions: The method presented enables fabrication of an ocular globe without the use of an ocular disc or ocular button, thereby reducing the amount for stock components.

Poster 26

REHABILITATION OCULOPALPEBRAL WITH ATTACHMENT OF METHYL METHACRYLATE AND MAGNETS IN PATIENT WITH DISEASE OF ROSAI-DORFMAN

Yépez Torres, Marisol *; Diaz Aguirre, Celia Minerva;
Garcia Becerra, Raquel Mayo
Hospital General De México
Oncología
CDMX, Cuahutemoc, Mexico

Keywords: Rosai-Dorfman, oculopalpebral, attachment

Introduction: The disease of Rosai-Dorfman, called also Histiocytosis sinus with massive Lymphadenopathy (HSLM), is considered a benign condition of unknown cause. It was described in 1969 by Rosai and Dorfman, and 14 cases from 1970 to 2008 are known in Mexico.
The loss of the eyeball and adjacent tissues, such as the eyelids, can cause severe sequelae in self-esteem and aesthetics of patients, which can be rehabilitated aesthetically through an oculopalpebral prosthesis, however, the facial area presents much gesticulation, causing problems in the retention of the prosthesis.

Case report: Male patient of 37-year-old who starts two years ago with increased volume in the left upper eyelid, ptosis, conjunctival erythema and tenderness. In October, 2013 is diagnosed as probable Lymphoma by what radiotherapy treatment of 20 Gy in 10 fractions is given, and not sending left eye exenteration is performed on November 14, 2013 performing biopsy where Immunohistochemistry demonstrated a definitive diagnosis for Rosai Dorfman disease; and in August, 2015 it is referred to the service of maxillofacial prosthesis for esthetic rehabilitation.

Treatment: Rehabilitation aesthetic through left prosthetic oculopalpebral of silicone with retention by means of attachment of methyl methacrylate and magnets.

Conclusion: The reconditioning with prosthesis oculopalpebral allows us to return the aesthetics, facial continuity and patient self-esteem. When adding attachments of methyl methacrylate and magnets, we can give greater stability and retention to the prosthesis, thus giving greater comfort and security to patients.

Poster 27

TWO PART MAXILLARY OBTURATOR WITH A FLEXIBLE BULB IN AN EDENTULOUS MAXILECTOMIZED PATIENT

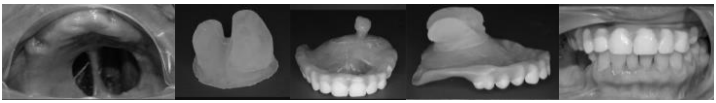
Aguilar, Guillermo *; Díaz, Minerva
General Hospital of Mexico
Maxillofacial Prosthetics Department
Mexico City, Mexico

Keywords: two part, maxillary, obturator

Case Presentation: Acquired palatal defects are clinically characterized by a communication between the oral cavity and the nasopharynx. These defects can appear as a consequence of trauma, malignant neoplasms, surgery or radiotherapy. The treatment of most of the paranasal sinuses' tumors consists in a partial or total maxillectomy. A maxillary obturator solves the problems caused by the communication between cavities of the facial middle third, and restores the lost functions such as phonation, mastication and swallowing, as well as aesthetics. In several cases, the lack of teeth and the features of the remaining palate and the adjacent tissues can make the retention of the maxillary obturator difficult. In these cases, it is necessary to use the maxillary defect to give the obturador adequate retention, support and stability to make it functional.

This case describes a 59-year-old female patient, with a cystical adenoid carcinoma of the left palate, treated in the Head and Neck Tumors Unit in the General Hospital of Mexico with a left infrastructure maxillectomy with the placing of a surgical and later a transitional maxillary obturator. The patient underwent a radiotherapy treatment with 45Gy in 25 fractions. The patient presents trismus after radiotherapy, with a maximum aperture of 10 millimeters, that prevents the patient from using the maxillary obturator.

A two-piece maxillary obturator is elaborated with a silicone flexible bulb and a hard PMMA palatal portion to give the obturator retention, stability, support and to make the insertion of the prosthesis possible.




AMERICAN ACADEMY OF MAXILLOFACIAL PROSTHETICS
1953
AAMP

Abdolazadeh, Laleh
Delegate Category:
Associate Fellow
Year Joined: *2010*
Rockville, MD, USA
E: lsa414@me.com

Abdullah, Wael
Delegate Category:
Affiliate Fellow
Year Joined: *2014*
Kuwait
E: Waelabul@aol.com

Abrahamian, Hratch
Delegate Category:
Life Fellow
Year Joined: *1953*
Washington, DC, USA

Abuhammoud, salahaldeen
Delegate Category:
Student Member
Year Joined: *2015*
Iowa city, IA, USA
E: salahdds@gmail.com

Adegbenga, Otun
Delegate Category:
Associate Fellow
Year Joined: *2016*
Houston, TX, USA
E: aootun@mdanderson.org

Abdulateef, Saraa
Delegate Category:
Student Member
Year Joined: *2016*
Vancouver, BC, CA
E: saraa.albedri@gmail.com

Abed, Hassan
Delegate Category:
Affiliate Fellow
Year Joined: *2000*
USA
E: abedhm@yahoo.com

Abrahams, Howard
Delegate Category:
Associate Fellow
Year Joined: *2007*
Miami Beach, FL, USA
E: dr.abrahams@gmail.com

Acharya, Varun
Delegate Category:
Affiliate Fellow
Year Joined: *2010*
USA
E: va451@nyu.edu

Afify, Ahmed
Delegate Category:
Student Member
Year Joined: *2014*
San Antonio, TX, USA
E: afify@uthscsa.edu

Afshari, Azadeh
Delegate Category:
Associate Fellow
Year Joined: *2015*
Saint Louis, MO, USA
E: azafsharidds@gmail.com

Agrawal, Pratiksha
Delegate Category:
Student Member
Year Joined: *2015*
Shorewood, WI, USA
E: Dr.pratikshab@gmail.com

Ahmad, Omaid
Delegate Category:
Associate Fellow
Year Joined: *2008*
Green Bay, WI, USA

Aita-Holmes, Cynthia
Delegate Category:
Associate Fellow
Year Joined: *2014*
Appling, GA, USA
E: caitaholmes@gmail.com

Al Attas, Mohammed
Delegate Category:
Student Member
Year Joined: *2015*
Middle City, Saudi Arabia
E: dr.attas988@hotmail.com

Aggarwal, Harshit
Delegate Category:
Associate Fellow
Year Joined: *2009*
Annandale, VA, USA
E: dr.h.aggarwal@gmail.com

Aguilar, Guillermo
Delegate Category:
Student Member
Year Joined: *2016*
Mexico City, Mexico, MX
E: gaguilardental@gmail.com

Ainoosah, Sultan
Delegate Category:
Student Member
Year Joined: *2016*
Indianapolis, IN, USA
E: Sultan_ea@hotmail.com

Akkus, Fatos
Delegate Category:
Student Member
Year Joined: *2014*
Izmir, Turkey
E: akkusfato@hotmail.com

AL Farawati, Fadi
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: falfarawati@dental.ufl.edu

Al Maaz, Adel
Delegate Category:
Student Member
Year Joined: *2015*
Milwaukee, WI, USA
E: adel.almaaz@gmail.com

Al Mardini, Majd
Delegate Category:
Fellow
Year Joined: *2007*
Hamilton, Ontario, CA
E: malmardini@yahoo.com

Alalawi, Haidar
Delegate Category:
Student Member
Year Joined: *2016*
boston, MA, USA
E: halalawi@bu.edu

Alawadhi, Naser
Delegate Category:
Student Member
Year Joined: *2015*
Indianapolis, IN, USA
E: nbalawadhi@gmail.com

Albahri, Rami
Delegate Category:
Student Member
Year Joined: *2016*
Boston, MA, USA
E: rami_albahri@hsdm.harvard.edu

Alburawi, Omar
Delegate Category:
Student Member
Year Joined: *2015*
Passaic, NJ, USA
E: oa387@nyu.edu

Aldhaian, Bader
Delegate Category:
Student Member
Year Joined: *2015*
Indianapolis, IN, USA
E: Baldhaia@iupui.edu

Alfano, Stephen
Delegate Category:
Fellow
Year Joined: *2005*
Newport Beach, CA, USA
E: sgalfano@mac.com

Alghamdi, Reem
Delegate Category:
Student Member
Year Joined: *2016*
Amherst, NY, USA
E: reemabdu@buffalo.edu

AlHelal, Abdulaziz
Delegate Category:
Student Member
Year Joined: *2015*
Redlands, CA, USA
E: aalhelal@llu.edu

Al-Naser, Abdullah
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: dr.abdullah@ufl.edu

Al-Sahan, Maha
Delegate Category:
Student Member
Year Joined: *2016*
Vancouver, BC, CA
E: m.alsahan@alumni.ubc.ca

Alshehri, Abdulkareem
Delegate Category:
Student Member
Year Joined: *2015*
Redlands, CA, USA
E: alshehri2008@live.com

Ammori, Crystal
Delegate Category:
Student Member
Year Joined: *2014*
Ann Arbor, MI, USA
E: cammori@umich.edu

Ampil, Jose
Delegate Category:
Life Fellow
Year Joined: *1991*
Dallas, TX, USA

Alqahtani, Nasser M.
Delegate Category:
Student Member
Year Joined: *2014*
Indianapolis, IN, USA
E: nalqahta@iupui.edu

Al-Shahrani, Ahid
Delegate Category:
Student Member
Year Joined: *2016*
Indianapolis, IN, USA
E: ahalshah@iu.edu

Alvarado, Luis M.
Delegate Category:
Student Member
Year Joined: *2014*
Metairie, LA, USA
E: lalvar@lsuhsc.edu

Ammoun, Rami
Delegate Category:
Student Member
Year Joined: *2015*
Loma Linda, CA, USA
E: rammoun@llu.edu

Anderson, Richard
Delegate Category:
Life Fellow
Year Joined: *1972*
Shawnee, KS, USA
E: ARR@prodigy.net

Andresen, Craig
Delegate Category:
Associate Fellow
Year Joined: *2016*
Reno, NV, USA
E: andresendds@gmail.com

Aponte-Wesson, Ruth
Delegate Category:
Associate Fellow
Year Joined: *2012*
Houston, TX, USA
E: raponte@mdanderson.org

Aquino, Eugenio
Delegate Category:
Student Member
Year Joined: *2016*
Houston, TX, USA
E: aquino_eugenio11@yahoo.com

Aragon, Cecilia
Delegate Category:
Associate Fellow
Year Joined: *2016*
London, Ontario, CA
E: doctor@aragonprosthodontics.com

Aras, Engin
Delegate Category:
Affiliate Fellow
Year Joined: *2009*
Toronto, Ontario, CA
E: arasmeister@gmail.com

Arcuri, Michael
Delegate Category:
Fellow
Year Joined: *1988*
New Hartford, IA, USA
E: mrarcuri@cfu.net

Asfar, Midhat
Delegate Category:
Student Member
Year Joined: *2014*
Jersey City, NJ, USA
E: ma2720@nyu.edu

Ashkanane, Ali A.
Delegate Category:
Student Member
Year Joined: *2014*
Indianapolis, IN, USA
E: aashkana@iupui.edu

Asiri, Waleed
Delegate Category:
Student Member
Year Joined: *2015*
Milwaukee, WI, USA
E: WALEED.ASIRI@MARQUETTE.EDU

Atwa, Mohanad
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: matwa@dental.ufl.edu

Baar, Michael
Delegate Category:
Student Member
Year Joined: *2014*
San Diego, CA, USA

Badr, Fouad
Delegate Category:
Student Member
Year Joined: *2014*
USA
E: badrx006@umn.edu

Bagherdaei, Ailar
Delegate Category:
Student Member
Year Joined: *2014*
Pittsburgh, PA, USA
E: Ailarb.dds@gmail.com

Bahramzadeh Gendeshmin, Shahram
Delegate Category:
Student Member
Year Joined: *2016*
istanbul, Turkey
E: Prosthodontist34@icloud.com

Baima, Robert F.
Delegate Category:
Fellow
Year Joined: *1998*
Oak Park, IL, USA
E: baimarf@gmail.com

Bak, Sun-Yung
Delegate Category:
Associate Fellow
Year Joined: *2015*
Morrisville, NC, USA
E: sybakdds@gmail.com

Barbash, Bruce
Delegate Category:
Fellow
Year Joined: *1987*
Dallas, TX, USA
E: drbarbash@texasdentalsolutions.com

Barczak, Michael
Delegate Category:
Associate Fellow
Year Joined: *2016*
Winnipeg, Manitoba, CA
E: karpatymike@yahoo.com

Bartlett, Stephen
Delegate Category:
Life Fellow
Year Joined: *1971*
Folly Beach, SC, USA

Bashiri, Hassan
Delegate Category:
Life Fellow
Year Joined: *2010*
USA
E: drhb7@yahoo.com

Bassas, Saad
Delegate Category:
Student Member
Year Joined: *2014*
Minneapolis, MN, USA
E: bassa006@umn.edu

Becerra, García
Delegate Category:
Student Member
Year Joined: *2014*
México City, MX
E: mayogar@yahoo.com.mx

Becker, Ryan
Delegate Category:
Student Member
Year Joined: *2015*
Loma Linda, CA, USA
E: rbecker@llu.edu

Bellicchi, Travis
Delegate Category:
Student Member
Year Joined: *2015*
Chicago, IL, USA
E: travisbellicchi@gmail.com

Bengtsson, Nicole
Delegate Category:
Fellow
Year Joined: *2009*
USA
E: eben@res-inc.com

BERCIAN, YNDIRA
Delegate Category:
Student Member
Year Joined: *2014*
México City, MX
E: aridny_21@hotmail.com

Bergen, Stephen
Delegate Category:
Life Fellow
Year Joined: *1992*
West Orange, NJ, USA
E: stephen.bergen@va.gov

Beumer, Iii, John
Delegate Category:
Life Fellow
Year Joined: *1973*
Los Angeles, CA, USA
E: jbeumer@dent.ucla.edu

Bichu, Ashwini
Delegate Category:
Student Member
Year Joined: *2015*
Cranberry township, PA, USA
E: ashbichu@gmail.com

Bichu, Ashwini
Delegate Category:
Student Member
Year Joined: *2015*
Cranberry Township, PA, USA
E: asb133@pitt.edu

Bidra, Avinash
Delegate Category:
Fellow
Year Joined: *2009*
Farmington, CT, USA
E: bidra@uchc.edu

Bleeker, Michael
Delegate Category:
Fellow
Year Joined: *2006*
Phoenix, AZ, USA
E: drbleeker@villacanyon.com

Bolding, Lauren
Delegate Category:
Associate Fellow
Year Joined: *2010*
Rockville, MD, USA
E: lauren.bolding@gmail.com

Brady, Timothy
Delegate Category:
Associate Fellow
Year Joined: *1995*
Virginia Beach, VA, USA
E: drbrady@drtimbrady.com

Brafford, Mary
Delegate Category:
Associate Fellow
Year Joined: *2005*
Newport, RI, USA
E: angiebrafford@gmail.com

Brecht, Lawrence
Delegate Category:
Fellow
Year Joined: *1998*
Stamford, CT, USA
E: lebrecht@nycpros.com

Brooks, Michael
Delegate Category:
Fellow
Year Joined: *2006*
Bainbridge Island, WA, USA
E: mdbrooks@me.com

Brosky, Mary
Delegate Category:
Fellow
Year Joined: *2003*
Plymouth, MN, USA
E: bethimdieke@gmail.com

Brudvik, James
Delegate Category:
Life Fellow
Year Joined: *1969*
Seattle, WA, USA
E: brudvik@u.washington.edu

Bryant, Arthur
Delegate Category:
Fellow
Year Joined: *1997*
San Antonio, TX, USA
E: bryanttenn@aol.com

Bukhari, Sarah
Delegate Category:
Student Member
Year Joined: *2015*
Redlands, CA, USA
E: sbukhari@llu.edu

Burns, Christopher
Delegate Category:
Associate Fellow
Year Joined: *2000*
Milford, DE, USA
E: delmarvaprosthodontics@comcast.net

Burt, Gordon
Delegate Category:
Affiliate Fellow
Year Joined: *1998*
North Fitzroy, VIC, Australia
E: gsoburt@icloud.com

Buzayan, Muaiyed
Delegate Category:
Affiliate Fellow
Year Joined: *2014*
Tripoli, Centre, Libya
E: muaiyed_zyan@hotmail.com

Cable, Cheryl
Delegate Category:
Associate Fellow
Year Joined: *2006*
Edmonton, Alberta, CA
E: cecable@hotmail.com

Cabrera, Jesus E.
Delegate Category:
Student Member
Year Joined: *2014*
Houston, TX, USA
E: Jesus.E.Cabrera@uth.tmc.edu

Caffroni, Ehesar
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: ehesarcaffroni@me.com

Cagino, Catherine
Delegate Category:
Student Member
Year Joined: *2016*
Los Angeles, CA, USA
E: ccagino@g.ucla.edu

Cain, Joseph
Delegate Category:
Life Fellow
Year Joined: *1978*
Sierra Madre, CA, USA
E: jcaindds@gmail.com

Cardoso, Richard
Delegate Category:
Fellow
Year Joined: *2009*
Houston, TX, USA
E: rcardoso@mdanderson.org

Carpenter, Lewis
Delegate Category:
Fellow
Year Joined: *2005*
San Diego, CA, USA
E: ltcarpenter@me.com

Carpenter, Michael
Delegate Category:
Life Fellow
Year Joined: *1994*
Decatur, GA, USA
E: 8ntcy3692@gmail.com

Cashman, Paul
Delegate Category:
Affiliate Fellow
Year Joined: *2010*
Christchurch, Canterbury, New Zealand
E: info@cpd.nz

Castro Lapeira, Juliana
Delegate Category:
Student Member
Year Joined: *2014*
Ann Arbor, MI, USA
E: jcaslap@umich.edu

Chalian, Varoujan
Delegate Category:
Life Fellow
Year Joined: *1960*
Indianapolis, IN, USA
E: zvchalian@aol.com

Chamberlain, John
Delegate Category:
Student Member
Year Joined: *2015*
Clarksburg, MD, USA
E: overunderhunter@yahoo.com

Chambers, Mark
Delegate Category:
Fellow
Year Joined: *1994*
Montgomery, TX, USA
E: mchamber@mdanderson.org

Chang, Brian (Myung)
Delegate Category:
Fellow
Year Joined: *2002*
Beachwood, OH, USA
E: Changm2@ccf.org

Chea, Yannie
Delegate Category:
Student Member
Year Joined: *2016*
Minneapolis, MN, USA
E: cheax012@umn.edu

Chadella Venkata, Sharath Chandra
Delegate Category:
Student Member
Year Joined: *2015*
Rochester, NY, USA
E: sharath_chedella@urmc.rochester.edu

Chen, David
Delegate Category:
Student Member
Year Joined: *2016*
Baltimore, MD, USA
E: dwchen@umaryland.edu

Cherrington, S. Shae
Delegate Category:
Student Member
Year Joined: *2015*
San Antonio, TX, USA
E: stephen.s.cherrington.mil@mail.mil

Chicchon, Ivan
Delegate Category:
Student Member
Year Joined: *2014*
ann arbor, MI, USA
E: ichicchon@gmail.com

Cho, Sopanis
Delegate Category:
Student Member
Year Joined: *2015*
Indianapolis, IN, USA
E: sdhanvar@iu.edu

Choe, Robert
Delegate Category:
Student Member
Year Joined: *2016*
Baltimore, MD, USA
E: rhchoe@umaryland.edu

Choi, Seung Kee
Delegate Category:
Student Member
Year Joined: *2014*
Baltimore, MD, USA
E: schoi@umaryland.edu

Choy, Eugene
Delegate Category:
Life Fellow
Year Joined: *1979*
Tacoma, WA, USA
E: eugene_choy@comcast.net

Chung, Min
Delegate Category:
Associate Fellow
Year Joined: *2010*
Los Angeles, CA, USA
E: min.chung@gmail.com

Clark, Jefferson
Delegate Category:
Student Member
Year Joined: *2016*
Loma Linda, CA, USA
E: jclark_55@hotmail.com

Clary, Jacqueline
Delegate Category:
Student Member
Year Joined: *2014*
Houston, TX, USA
E: jacqueline.clary@gmail.com

Cole, Diana
Delegate Category:
Student Member
Year Joined: *2015*
Bethesda, MD, USA
E: diana.cole@ucdenver.edu

Colebeck, Amanda
Delegate Category:
Associate Fellow
Year Joined: *2011*
Williamsville, NY, USA
E: amanda.colebeck@gmail.com

Cortese, Michael
Delegate Category:
Associate Fellow
Year Joined: *2001*
Princeton, NJ, USA
E: CorMchl@aol.com

Cushen, Sarra
Delegate Category:
Associate Fellow
Year Joined: *2014*
Biloxi, MS, USA
E: sec285@gmail.com

Dancykier, Nathaniel
Delegate Category:
Student Member
Year Joined: *2015*
Chicago, IL, USA
E: panama.dental@gmail.com

Danielak, Michael
Delegate Category:
Student Member
Year Joined: *2016*
Los Angeles, CA, USA
E: michaend@usc.edu

Darwish, Ghaith
Delegate Category:
Student Member
Year Joined: *2015*
Chicago, IL, USA
E: Gdarwi3@uic.edu

David, Paul
Delegate Category:
Fellow
Year Joined: *2000*
Chesapeake, VA, USA
E: paul134@cox.net

Davila, C. Edgar
Delegate Category:
Fellow
Year Joined: *1994*
Tampa, FL, USA
E: drcdavila@tampasmiles.net

Davis, Betsy
Delegate Category:
Fellow
Year Joined: *1999*
Mt. Pleasant, SC, USA
E: davisb@musc.edu

Davis, Jr., James
Delegate Category:
Fellow
Year Joined: *1993*
Stockbridge, GA, USA
E: jamesadavisjr@bellsouth.net

De Paula Lima Pereira, Samela Thais
Delegate Category:
Student Member
Year Joined: *2016*
Rochester, NY, USA
E: samela_depaulalima@urmc.rochester.edu

Desjardins, Ronald
Delegate Category:
Life Fellow
Year Joined: *1970*
Venice, FL, USA
E: mcpask6@gmail.com

Dhima, Matilda
Delegate Category:
Associate Fellow
Year Joined: *2013*
Pittsburgh, PA, USA
E: matildadmd@gmail.com

Diaz, Joel
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: joel.e.diazarana@uth.tmc.edu

Difazio, Joseph
Delegate Category:
Fellow
Year Joined: *2008*
Holmdel, NJ, USA
E: jdifazio@comcast.net

Donovan, Michael
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: mgd307@nyu.edu

Drew, Alexander
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: asdrew1@gmail.com

Drew, Hannah
Delegate Category:
Student Member
Year Joined: *2014*
San Antonio, TX, USA
E: hannah.drew2011@gmail.com

Dumbrigue, Herman
Delegate Category:
Fellow
Year Joined: *1995*
Plano, TX, USA
E: hdumbrigue@msn.com

Dunham, Daniel
Delegate Category:
Associate Fellow
Year Joined: *2010*
Augusta, GA, USA
E: ddunham4@gmail.com

Dutilh, Jan
Delegate Category:
Affiliate Fellow
Year Joined: *2011*
Campinas, São Paulo, Brazil
E: dutilh@uol.com.br

Edgerley, Paul
Delegate Category:
Student Member
Year Joined: *2016*
Memphis, TN, USA
E: pedgerle@uthsc.edu

Elbashti, Mahmoud
Delegate Category:
Student Member
Year Joined: *2014*
Tokyo, Japan
E: mahmmfp@tmd.ac.jp

Elsafi, Mohamed
Delegate Category:
Fellow
Year Joined: *2009*
Des Peres, MO, USA
E: melsafi@gmail.com

Dutilh, Celia
Delegate Category:
Affiliate Fellow
Year Joined: *2011*
USA
E: dutilh@uol.com.br

Eckert, Steven
Delegate Category:
Fellow
Year Joined: *1992*
Byron, MN, USA
E: seckert@clearchoice.com

Edler, Thomas
Delegate Category:
Fellow
Year Joined: *1995*
Silver Spring, MD, USA
E: tedler@comcast.net

Elrefai, Rami M.
Delegate Category:
Student Member
Year Joined: *2014*
Agusta, GA, USA
E: raelrefai@gru.edu

Engelmeier, Robert
Delegate Category:
Life Fellow
Year Joined: *1995*
Pittsburgh, PA, USA
E: rle14@pitt.edu

England, Jacob
Delegate Category:
Student Member
Year Joined: *2016*
Silver Spring, MD, USA
E: englandjake@yahoo.com

ESTRELLA, ALICIA
Delegate Category:
Student Member
Year Joined: *2015*
HOUSTON, TX, USA
E: allieestrella@gmail.com

Feit, Daniel
Delegate Category:
Associate Fellow
Year Joined: *1999*
Tenafly, NJ, USA
E: drfeit@optonline.net

Finger, Israel
Delegate Category:
Life Fellow
Year Joined: *1990*
Metairie, LA, USA
E: ifinger@cox.net

Fisher, Ronald
Delegate Category:
Fellow
Year Joined: *1982*
Delray Beach, FL, USA
E: dentist930@bellsouth.net

Esposito, Salvatore
Delegate Category:
Life Fellow
Year Joined: *1978*
Bentleyville, OH, USA
E: esposis@eowdental.com

Farah, Sally
Delegate Category:
Associate Fellow
Year Joined: *2009*
Pittsburgh, PA, USA
E: sallyfarah@gmail.com

Feldman, Elizabeth
Delegate Category:
Associate Fellow
Year Joined: *2009*
Orlando, FL, USA
E: elizabeth.feldman@orlandohealth.com

Finocchiaro, Donna
Delegate Category:
Fellow
Year Joined: *2002*
Danvers, MA, USA
E: drdonnadmd@gmail.com

Fitzharris, Benjamin
Delegate Category:
Student Member
Year Joined: *2014*
Bethesda, MD, USA
E: benjamin.fitzharris@gmail.com

Fleming, Terence
Delegate Category:
Life Fellow
Year Joined: *1978*
Steamboat Springs, CO, USA

Florencio, Sergio
Delegate Category:
Student Member
Year Joined: *2014*
Boston, MA, USA
E: Sergio_Florencio@hsdm.harvard.edu

Flores, Carlos
Delegate Category:
Student Member
Year Joined: *2016*
Mexico City, Mexico City, MX
E: kmel14@hotmail.com

Forde, Michael
Delegate Category:
Fellow
Year Joined: *2007*
Granite Bay, CA, USA
E: forde.michael@gmail.com

Forgo, Gyula
Delegate Category:
Student Member
Year Joined: *2016*
Buffalo, NY, USA
E: glforgo@buffalo.edu

Fritch, Kent
Delegate Category:
Life Fellow
Year Joined: *1977*
Scottsdale, AZ, USA
E: kentfritch@aol.com

Gagne, Alexandre
Delegate Category:
Student Member
Year Joined: *2016*
Brookline, MA, USA
E: algagne@bu.edu

Gale, Marie
Delegate Category:
Fellow
Year Joined: *1994*
Fort Myers, FL, USA
E: mariegaledds@gmail.com

Garcia, Miguel
Delegate Category:
Student Member
Year Joined: *2016*
Mexico city, mexico city, MX
E: garciadavila_ma@hotmail.com

Garcia-Gazaui, Sabrina
Delegate Category:
Student Member
Year Joined: *2014*
Ann Arbor, MI, USA
E: samireth@umich.edu

Gardner, Kirk L.
Delegate Category:
Fellow
Year Joined: *1992*
USA
E: dadpbj@aol.com

Gay, W. Donald
Delegate Category:
Life Fellow
Year Joined: *1978*
Wildwood, MO, USA
E: gayd@ent.wustl.edu

Geneviciute, Loreta
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: lg1416@nyu.edu

George, Mark
Delegate Category:
Fellow
Year Joined: *1987*
Santa Ana, CA, USA
E: mag@markgeorgedds.com

Gerngross, Peter
Delegate Category:
Fellow
Year Joined: *2003*
Pearland, TX, USA
E: pjgerngross@mac.com

Gates, William
Delegate Category:
Associate Fellow
Year Joined: *1993*
Durham, NC, USA
E: bill@billgatesdds.com

Gazdeck, Robert
Delegate Category:
Student Member
Year Joined: *2016*
Chicago, IL, USA
E: rkgazdeck@gmail.com

Gentz, Frank
Delegate Category:
Student Member
Year Joined: *2016*
Rockville, MD, USA
E: frankgentz@gmail.com

Gerace, Kenneth
Delegate Category:
Student Member
Year Joined: *2014*
Flushing, NY, USA
E: kvgerace@gmail.com

Gettleman, Lawrence
Delegate Category:
Fellow
Year Joined: *2002*
Louisville, KY, USA
E: gettleman@louisville.edu

Ghalichebaf, Mohssen
Delegate Category:
Life Fellow
Year Joined: *1992*
Morgantown, WV, USA
E: mghalichebaf@hsc.wvu.edu

Ghunaim, Dima
Delegate Category:
Student Member
Year Joined: *2016*
New York, NY, USA
E: ghunaimd@mskcc.org

Gitto, Christina
Delegate Category:
Fellow
Year Joined: *1994*
Portland, ME, USA
E: cgitto@maine.rr.com

Goodare-Rosenthal, Nancy
Delegate Category:
Associate Fellow
Year Joined: *2016*
Chicago, IL, USA
E: ngoodare@uic.edu

Gragg, Anthony
Delegate Category:
Student Member
Year Joined: *2014*
Carrboro, NC, USA
E: anthonygragg@gmail.com

Ghoujal, Bashar
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: bashar@nyu.edu

Giannotta, Heather
Delegate Category:
Student Member
Year Joined: *2014*
Washington, DC, USA
E: hgiannotta@gmail.com

Glassman, Andrew
Delegate Category:
Life Fellow
Year Joined: *1981*
Pembroke Pines, FL, USA
E: bigbones2@gmail.com

Gotsch, Gary
Delegate Category:
Fellow
Year Joined: *1995*
Fort Wayne, IN, USA
E: dr.gotsch@frontier.com

Graham, George
Delegate Category:
Life Fellow
Year Joined: *1959*
Aventura, FL, USA

Grant, Gerald
Delegate Category:
Fellow
Year Joined: *2004*
Goshen, KY, USA
E: makesfaces@me.com

Grant III, Joseph
Delegate Category:
Student Member
Year Joined: *2015*
Annapolis, MD, USA
E: josephgrantiii@aol.com

Greenland, Robert
Delegate Category:
Student Member
Year Joined: *2015*
Rochester, MN, USA
E: greenland.robert@mayo.edu

Grisius, Richard
Delegate Category:
Life Fellow
Year Joined: *1974*
Potomac, MD, USA
E: rjgrisius@aol.com

Gronet, Peter
Delegate Category:
Fellow
Year Joined: *2002*
Louisville, KY, USA
E: peter.gronet@va.gov

Guerra, Oscar
Delegate Category:
Life Fellow
Year Joined: *1975*
Hartsburg, MO, USA
E: o.alto@verizon.net

Guillory, Villa
Delegate Category:
Fellow
Year Joined: *2004*
Boerne, TX, USA
E: villa.guillory@us.af.mil

Gulbransen, Harold
Delegate Category:
Fellow
Year Joined: *1995*
San Diego, CA, USA
E: drg@sdprostho.com

Gullard, Angela
Delegate Category:
Student Member
Year Joined: *2016*
Memphis, TN, USA
E: agullard@uthsc.edu

Gunnell, Thomas
Delegate Category:
Fellow
Year Joined: *2009*
El Paso, TX, USA
E: thomas.r.gunnell.mil@mail.mil

Gupta, Sharad
Delegate Category:
Associate Fellow
Year Joined: *2011*
New Delhi, India
E: sharadssv@gmail.com

Haraguchi, Mihoko
Delegate Category:
Affiliate Fellow
Year Joined: *2011*
Bunkyo-ku, Tokyo, Japan
E: pararotti.mfp@tmd.ac.jp

Hatano, Noriko
Delegate Category:
Student Member
Year Joined: *2016*
Bunkyo, Tokyo, Japan
E: hatamfp@tmd.ac.jp

Heckenbach, Eric
Delegate Category:
Student Member
Year Joined: *2015*
Pittsburgh, PA, USA
E: eah62@pitt.edu

Heshmati, Reza
Delegate Category:
Associate Fellow
Year Joined: *2010*
Columbus, OH, USA
E: heshmati.1@osu.edu

Habakuk, Susan
Delegate Category:
Allied Health Tech Auxiliary
Year Joined: *2002*
Santa Fe, NM, USA
E: Shabakuk@aol.com

Hasbun, Marcela
Delegate Category:
Student Member
Year Joined: *2016*
West Covina, CA, USA
E: Mhasbun@usc.edu

Haug, Steven
Delegate Category:
Fellow
Year Joined: *1991*
Greenwood, IN, USA
E: sphaug@iu.edu

Hecker, Donna
Delegate Category:
Fellow
Year Joined: *1998*
St. Louis Park, MN, USA
E: citywestprosth@integra.net

Hickey, Alan
Delegate Category:
Life Fellow
Year Joined: *1979*
Yarmouth, ME, USA
E: ajhickey78@gmail.com

Hickman, Samuel
Delegate Category:
Student Member
Year Joined: *2014*
Minneapolis, MN, USA
E: hickm117@umn.edu

Hijazi, Fawzi
Delegate Category:
Student Member
Year Joined: *2016*
San antonio, TX, USA
E: fraserbds@aol.com

Hoar, Robert
Delegate Category:
Life Fellow
Year Joined: *1981*
Halifax County, Nova Scotia, CA

Hofstede, Theresa M.
Delegate Category:
Fellow
Year Joined: *2008*
Houston, TX, USA
E: thofstede@mdanderson.org

Horkowitz-Tsaoussis, Carol
Delegate Category:
Associate Fellow
Year Joined: *2015*
Miami, FL, USA
E: carol@miamiprostho.com

Houston, Kirk
Delegate Category:
Associate Fellow
Year Joined: *2014*
Lyman, SC, USA
E: kirkhoustonedmd@bellsouth.net

Hu, Eric
Delegate Category:
Student Member
Year Joined: *2016*
North Bethesda, MD, USA
E: ehu570@gmail.com

Huband, Michael
Delegate Category:
Fellow
Year Joined: *2011*
Midlothian, VA, USA
E: mhuband@vcu.edu

Hughart, Amanda
Delegate Category:
Student Member
Year Joined: *2015*
San Antonio, TX, USA
E: hugharta@uthscsa.edu

Huntress, Gordon
Delegate Category:
Fellow
Year Joined: *1994*
Cincinnati, OH, USA
E: gordon.huntress@ucphysicians.com

Huryn, Joseph
Delegate Category:
Fellow
Year Joined: *1993*
Jackson Heights, NY, USA
E: hurynj@mskcc.org

Hutten, Mark
Delegate Category:
Associate Fellow
Year Joined: *2015*
Hinsdale, IL, USA
E: mhutten@northwesterndental.com

Huzaimi, Adel
Delegate Category:
Student Member
Year Joined: *2015*
Edmonton, AB, Canada, CA
E: adel.huzaimi@albertahealthservices.ca

Huzaimi, Adel
Delegate Category:
Affiliate Fellow
Year Joined: *2013*
Riyadh, Saudi Arabia, Saudi Arabia
E: huzaimi@live.com

Jacob, Rhonda
Delegate Category:
Fellow
Year Joined: *1984*
Houston, TX, USA
E: rhonda.jacob@comcast.net

Jain, Vinay
Delegate Category:
Student Member
Year Joined: *2014*
Memphis, TN, USA
E: vinayjan27@gmail.com

Jamison, Kerin
Delegate Category:
Student Member
Year Joined: *2016*
Augusta, GA, USA
E: kmjami01@gmail.com

Jandali, Rami
Delegate Category:
Fellow
Year Joined: *1999*
Novi, MI, USA
E: rami.jandali@med.va.gov

Jankielewicz, Isabel
Delegate Category:
Affiliate Fellow
Year Joined: *1991*
USA
E: isabelj@movinet.com.uy

Javid, Nikzad
Delegate Category:
Life Fellow
Year Joined: *1985*
Lancaster, CA, USA

Jayanetti, Jay
Delegate Category:
Associate Fellow
Year Joined: *2015*
Los Angeles, CA, USA
E: jjayanetti@ucla.edu

Jepsen, Carlos
Delegate Category:
Associate Fellow
Year Joined: *2014*
Lewisville, TX, USA
E: cjepsen1@yahoo.com

Johnson, Michael
Delegate Category:
Fellow
Year Joined: *1995*
Sammamish, WA, USA
E: MWMRJOHNSON@MSN.COM

Jones, Richard
Delegate Category:
Life Fellow
Year Joined: *1993*
Schererville, IN, USA
E: INJones@aol.com

Jurel, Sunit
Delegate Category:
Affiliate Fellow
Year Joined: *2016*
Lucknow, UTTAR Pradesh, India
E: dentistmj1110@yahoo.co.ir

Kadempour, Arvin
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: amk699@nyu.edu

Kapetanakos, Melani
Delegate Category:
Student Member
Year Joined: *2014*
Brooklyn, NY, USA
E: drmelani@gmail.com

Karimi, Kiarash
Delegate Category:
Student Member
Year Joined: *2016*
Los Angeles, CA, USA
E: kiakarimi.dds@gmail.com

Kase, Michael
Delegate Category:
Associate Fellow
Year Joined: *2011*
Park Ridge, IL, USA
E: mkase@lumc.edu

Katsavochristou, Anastasia
Delegate Category:
Student Member
Year Joined: *2014*
MI, USA
E: katsavochristou@g.ucla.edu

Katz, Lauren
Delegate Category:
Student Member
Year Joined: *2015*
Chapel Hill, NC, USA
E: lauren_katz@unc.edu

Kaweewongprasert, Peerapat
Delegate Category:
Student Member
Year Joined: *2015*
Indianapolis, IN, USA
E: pat_kwps@hotmail.com

Kazanoglu, Altug
Delegate Category:
Life Fellow
Year Joined: *1976*
Richmond, VA, USA
E: akazanoglu@vcu.edu

Kelly, James
Delegate Category:
Fellow
Year Joined: *2009*
Byron, MN, USA
E: kelly.james@mayo.edu

Kelly, Terry
Delegate Category:
Fellow
Year Joined: *1988*
Tampa, FL, USA
E: tkelly@clearchoice.com

Kent, Kenneth
Delegate Category:
Fellow
Year Joined: *1998*
Cherry Hill, NJ, USA
E: kenkent@dental.upenn.edu

Keskin, Yasemin
Delegate Category:
Affiliate Fellow
Year Joined: *2014*
Ankara, Turkey
E: ykeskin35@gmail.com

Kessling, Tiffany
Delegate Category:
Associate Fellow
Year Joined: *2010*
Dublin, OH, USA
E: Tiffany.Kessling@osumc.edu

Khan, Zafrulla
Delegate Category:
Life Fellow
Year Joined: *1989*
Louisville, KY, USA
E: zafkhan@louisville.edu

Khatami, Amir
Delegate Category:
Fellow
Year Joined: *2006*
Anaheim Hills, CA, USA
E: ahkhatami@llu.edu

Khatra, Navpreet
Delegate Category:
Student Member
Year Joined: *2015*
Windsormill, MD, USA
E: navi.khatra@gmail.com

Kiat-amnuay, Sudarat
Delegate Category:
Fellow
Year Joined: *2000*
Bellaire, TX, USA
E: sudarat.kiat-amnuay@uth.tmc.edu

Kim, Chin
Delegate Category:
Student Member
Year Joined: *2016*
Indianapolis, IN, USA
E: chinkim@iu.edu

Kim, Jiyeon J
Delegate Category:
Student Member
Year Joined: *2015*
Los Angeles, CA, USA
E: j.jiyeonkim@gmail.com

Kleiman, Caryn
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: ckleiman@dental.ufl.edu

Kiangsoontra, Jason P.
Delegate Category:
Student Member
Year Joined: *2014*
Minneapolis, MN, USA
E: kiang005@umn.edu

Kim, Chin
Delegate Category:
Student Member
Year Joined: *2016*
Indianapolis, IN, USA
E: chinkim@iu.edu

Kim, Hye Soo
Delegate Category:
Student Member
Year Joined: *2015*
Fresh Meadows, NY, USA
E: hsk397@nyu.edu

King, Gordon
Delegate Category:
Life Fellow
Year Joined: *1971*
Houston, TX, USA
E: gking333@att.net

Klotz, Michael
Delegate Category:
Fellow
Year Joined: *2009*
Ho-Ho-Kus, NJ, USA
E: mwkdmd@gmail.com

Knudson, Rodney
Delegate Category:
Life Fellow
Year Joined: *1989*
Blanco, TX, USA
E: jakesam@winet.com

Kolodney, Harold
Delegate Category:
Fellow
Year Joined: *2009*
Houston, TX, USA
E: hkolodney@aol.com

Kosiba, Nathan
Delegate Category:
Student Member
Year Joined: *2016*
Augusta, GA, USA
E: Nathan.kosiba113@hotmail.com

Koumjian, Jack
Delegate Category:
Fellow
Year Joined: *1986*
Palo Alto, CA, USA
E: koumjiandds@gmail.com

Kramer, Donald
Delegate Category:
Life Fellow
Year Joined: *1985*
Missouri City, TX, USA
E: dkram@comcast.net

Kulkarni, Aditi
Delegate Category:
Student Member
Year Joined: *2015*
Davie, FL, USA
E: ak880@nova.edu

Kuyunov, Isaac
Delegate Category:
Student Member
Year Joined: *2016*
Rochester, NY, USA
E: isaac_kuyunov@URMC.rochester.edu

Kwok, Vernon
Delegate Category:
Life Fellow
Year Joined: *1981*
Simsbury, CT, USA
E: vkwok@harthosp.org

Kwun, Thomas
Delegate Category:
Student Member
Year Joined: *2014*
Ann Arbor, MI, USA
E: tkwun@umich.edu

LAGRECA, GABRIELA
Delegate Category:
Student Member
Year Joined: *2014*
Boston, MA, USA
E: gabriela.lagreca@tufts.edu

Lamb, Eldon
Delegate Category:
Student Member
Year Joined: *2015*
San Antonio, TX, USA
E: lambem@uthscsa.edu

Lane, Jules
Delegate Category:
Life Fellow
Year Joined: *1958*
Sands Point, NY, USA

Laney, William
Delegate Category:
Life Fellow
Year Joined: *1960*
Cable, WI, USA
E: quinjomi@aol.com

Lara, Bryan
Delegate Category:
Student Member
Year Joined: *2015*
Augusta, GA, USA
E: blara@gru.edu

Latthe, Vaibhav
Delegate Category:
Student Member
Year Joined: *2016*
Homewood, AL, USA
E: vaibhavlatthe04@gmail.com

LaVelle, William
Delegate Category:
Life Fellow
Year Joined: *1981*
Iowa City, IA, USA
E: LWLAV@IA.Net

Le, Jenny
Delegate Category:
Student Member
Year Joined: *2016*
Garden Grove, CA, USA
E: jennykimle@gmail.com

Lee, James
Delegate Category:
Student Member
Year Joined: *2015*
Minneapolis, MN, USA
E: leex8218@umn.edu

Lee, Sarah
Delegate Category:
Student Member
Year Joined: *2015*
Cary, NC, USA
E: sklee@dentistry.unc.edu

Lee, Byung Joo
Delegate Category:
Student Member
Year Joined: *2014*
Pittsburgh, PA, USA
E: bjlee.dds@gmail.com

Legg, Lydia
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: llegg@dental.ufl.edu

Leong, Austin
Delegate Category:
Student Member
Year Joined: *2014*
New York, NY, USA
E: leong.austin@gmail.com

LI, NA
Delegate Category:
Student Member
Year Joined: *2015*
Tokyo, Japan
E: linamfp@tmd.ac.jp

LIAO, PEIXI
Delegate Category:
Student Member
Year Joined: *2016*
Boston, MA, USA
E: liaopx@bu.edu

Lin, Terry
Delegate Category:
Associate Fellow
Year Joined: *2010*
New York, NY, USA
E: terrylin@nyu.edu

Lemon, James
Delegate Category:
Life Fellow
Year Joined: *1989*
Slaton, TX, USA
E: lemon.jc@gmail.com

LI, NA
Delegate Category:
Student Member
Year Joined: *2015*
TOKYO
E: linamfp@tmd.ac.jp

Liang, Qiuyi
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: qiuyiliang@gmail.com

Limchoa, Jenny
Delegate Category:
Student Member
Year Joined: *2016*
Houston, TX, USA
E: jlimchoa@gmail.com

Lincoln, Ketu
Delegate Category:
Student Member
Year Joined: *2016*
San Antonio, TX, USA
E: toddketu@yahoo.com

LLaka Perez, Elizabeth
Delegate Category:
Student Member
Year Joined: *2014*
MEXICO, D.F, MX
E: llakap@hotmail.com

Lloyd, Ralph
Delegate Category:
Life Fellow
Year Joined: *1953*
W. Palm Beach, FL, USA

Loeb, Mitchell
Delegate Category:
Student Member
Year Joined: *2016*
Minneapolis, MN, USA
E: loebx022@umn.edu

Lopez, Hilda
Delegate Category:
Student Member
Year Joined: *2016*
Tijuana, MX
E: hilda.lg@hotmail.com

Lucero, Joseph
Delegate Category:
Student Member
Year Joined: *2014*
Lauderdale, MN, USA
E: lucer023@umn.edu

Lund, Todd
Delegate Category:
Life Fellow
Year Joined: *1986*
Apple Valley, MN, USA
E: twlund19@gmail.com

MacGregor, Kimberly
Delegate Category:
Student Member
Year Joined: *2015*
new york, NY, USA
E: kjm514@nyu.edu

Manalili, Taylor
Delegate Category:
Student Member
Year Joined: *2016*
Calverton, NY, USA
E: Manalili.t@gmail.com

Mangaoang, Rhugielyn
Delegate Category:
Student Member
Year Joined: *2016*
San Francisco, CA, USA
E: Rhugielyn.Mangaoang@UCSF.edu

Marable, Andrea
Delegate Category:
Student Member
Year Joined: *2016*
Gainesville, FL, USA
E: amarable@dental.ufl.edu

Marghalani, Amin
Delegate Category:
Student Member
Year Joined: *2014*
Malden, MA, USA
E: amin.marghalani@tufts.edu

Martino, Nicole
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: nicole.c.martino@gmail.com

Masella, Roger
Delegate Category:
Life Fellow
Year Joined: *1976*
Verdun, Quebec, CA
E: rpmasella@ca.inter.net

Mazaheri, Mohammad
Delegate Category:
Life Fellow
Year Joined: *1958*
Lancaster, PA, USA
E: drmomaz@gmail.com

McCarty, Gird
Delegate Category:
Life Fellow
Year Joined: *1972*
Chuckey, TN, USA

Markt, Jeffery Craig
Delegate Category:
Fellow
Year Joined: *1995*
Omaha, NE, USA
E: jmarkt@unmc.edu

Marunick, Mark
Delegate Category:
Life Fellow
Year Joined: *1983*
Farmington Hills, MI, USA
E: mmarunic@med.wayne.edu

Mattos, Beatriz
Delegate Category:
Affiliate Fellow
Year Joined: *2011*
USA
E: bscmatto@usp.br

McCartney, John
Delegate Category:
Life Fellow
Year Joined: *1987*
Annapolis, MD, USA
E: John.McCartney@med.va.gov

McCarville, Kirstin
Delegate Category:
Associate Fellow
Year Joined: *2014*
Omaha, NE, USA
E: KirstinMcCarville@creighton.edu

McCasland, John
Delegate Category:
Life Fellow
Year Joined: *1971*
Midlothian, VA, USA

McCurdy, Patrick
Delegate Category:
Student Member
Year Joined: *2015*
Bethesda, MD, USA
E: mccurdydt@hotmail.com

McKinstry, Robert
Delegate Category:
Fellow
Year Joined: *1985*
Pittsburgh, PA, USA
E: emckin1135@aol.com

McMillan, Kale
Delegate Category:
Student Member
Year Joined: *2015*
Grande Prairie, Alberta, CA
E: mcmil221@umn.edu

McMillan, Dane
Delegate Category:
Student Member
Year Joined: *2015*
Grande Prairie, Alberta, CA
E: mcmil222@umn.edu

McQuigg, Charles
Delegate Category:
Associate Fellow
Year Joined: *2014*
Miami, OK, USA
E: alanmcquigg@gmail.com

Mendbayar, Khongorzul
Delegate Category:
Student Member
Year Joined: *2016*
Ulaanbaatar, Mongolia
E: gms502727@gmail.com

Menon, Rohit S.
Delegate Category:
Student Member
Year Joined: *2016*
Thrissur, Kerala, India
E: rohitmenon90@gmail.com

Merritt, Ezra
Delegate Category:
Student Member
Year Joined: *2015*
North Bethesda, MD, USA
E: emerritt06@gmail.com

Meyer, Jack
Delegate Category:
Life Fellow
Year Joined: *1989*
San Antonio, TX, USA
E: jmeyer001@satx.rr.com

Miller, Nicholas
Delegate Category:
Student Member
Year Joined: *2015*
Grovetown, GA, USA
E: nicholas.miller.15@gmail.com

Mitchell, Donald
Delegate Category:
Life Fellow
Year Joined: *1974*
Edmond, OK, USA
E: donmitchell1396@cox.net

Moergeli, Jr., James
Delegate Category:
Life Fellow
Year Joined: *1981*
Gig Harbor, WA, USA
E: jmoergeli@maniilaq.org

Mohan, Sidharth
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: sidharthmohan23@gmail.com

Monaco, Edward
Delegate Category:
Life Fellow
Year Joined: *1987*
Grand Island, NY, USA
E: edwardjr@buffalo.edu

Montgomery, Pattii
Delegate Category:
Allied Health Tech Auxiliary
Year Joined: *2014*
Houston, TX, USA
E: pmontgo13@mac.com

Moon, Marty
Delegate Category:
Fellow
Year Joined: *1999*
Mount Airy, MD, USA
E: marty.moon83@yahoo.com

Moran, Hayleen
Delegate Category:
Student Member
Year Joined: *2016*
Bronx, NY, USA
E: Hayleen@hotmail.com

Morgan, Sujey
Delegate Category:
Fellow
Year Joined: *2009*
Boston, MA, USA
E: sujey.morgan@tufts.edu

Mourad, Firas
Delegate Category:
Student Member
Year Joined: *2016*
Birmingham, AL, USA
E: firios80@hotmail.com

Mullasseril, Paul
Delegate Category:
Associate Fellow
Year Joined: *1999*
Emond, OK, USA
E: paul-mullasseril@ouhsc.edu

Muller, Olvia
Delegate Category:
Student Member
Year Joined: *2015*
Los Angeles, CA, USA
E: liv.m.riley@gmail.com

Murphy, Hugh
Delegate Category:
Student Member
Year Joined: *2015*
Chapel Hill, NC, USA
E: hughmurphy28@gmail.com

Murray, Christopher
Delegate Category:
Life Affiliate Fellow
Year Joined: *1980*
Melbourne, Australia
E: murray.chris.g@gmail.com

Musciano, Frank
Delegate Category:
Fellow
Year Joined: *1992*
Falmouth, ME, USA
E: AJHFAM@MAINE.RR.COM

Myers, Ronald
Delegate Category:
Life Fellow
Year Joined: *1986*
Brooksville, FL, USA
E: remyers10@earthlink.net

Myshin, Heidi
Delegate Category:
Fellow
Year Joined: *1998*
Harrisburg, PA, USA
E: hmyshin@verizon.net

Nadjmi, Sassan
Delegate Category:
Associate Fellow
Year Joined: *2013*
San Antonio, TX, USA
E: snadjmi@gmail.com

NAGAI, Hana
Delegate Category:
Student Member
Year Joined: *2016*
Tokyo, Japan
E: hananagai@tdc.ac.jp

Nakamoto, Roy
Delegate Category:
Life Fellow
Year Joined: *1973*
San Francisco, CA, USA
E: roy.nakamoto@va.gov

Nakaparksin, Jurai
Delegate Category:
Life Affiliate Fellow
Year Joined: *1973*
Bangkok, Thailand

Nakayama, Leroy
Delegate Category:
Life Fellow
Year Joined: *1972*
Kansas City, MO, USA

Nayar, Suresh
Delegate Category:
Associate Fellow
Year Joined: *2014*
Edmonton, Alberta, CA
E: svnayar@gmail.com

Nazar, Ali
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: An1924@nyu.edu

Nethery, W.
Delegate Category:
Life Fellow
Year Joined: *1968*
Anaheim Hills, CA, USA
E: jimnethery@aol.com

Newton, Alan D.
Delegate Category:
Life Fellow
Year Joined: *1986*
Cumberland Foreside, ME, USA
E: newtonalan@maine.rr.com

Nguyen, Caroline
Delegate Category:
Associate Fellow
Year Joined: *2010*
Vancouver, British Columbia, CA
E: caroline.nguyen@ubc.ca

Nichols, Cindy
Delegate Category:
Associate Fellow
Year Joined: *2009*
Columbia, SC, USA
E: cynthia.nichols@palmettohealth.org

Nirkhiwale, Arpit
Delegate Category:
Student Member
Year Joined: *2015*
Gainesville, FL, USA
E: drarpitnirkhiwale@yahoo.com

Nishimura, Russell D.
Delegate Category:
Fellow
Year Joined: *1993*
Thousand Oaks, CA, USA
E: rdnishi@dent.ucla.edu

Norvell, Nicholas G.
Delegate Category:
Student Member
Year Joined: *2014*
Memphis, TN, USA
E: norvell.nick@gmail.com

O'Brien, William
Delegate Category:
Associate Fellow
Year Joined: *2016*
Milwaukee, WI, USA
E: wjodds@wi.rr.com

Omura, Aaron
Delegate Category:
Student Member
Year Joined: *2014*
Memphis, TN, USA
E: aomura@tennessee.edu

Osswald, Martin
Delegate Category:
Affiliate Fellow
Year Joined: *2010*
Edmonton, Alberta, CA
E: martin.osswald@albertahealthservices.ca

Over, Larry
Delegate Category:
Fellow
Year Joined: *1992*
Eugene, OR, USA
E: info@drlmover.net

Oakes, Kevin
Delegate Category:
Fellow
Year Joined: *2005*
Frederick, MD, USA
E: kevin.oakes.dds@gmail.com

Okay, Devin
Delegate Category:
Fellow
Year Joined: *1995*
Mamaroneck, NY, USA
E: dokay@chpnet.org

Ortega, Alejandra
Delegate Category:
Student Member
Year Joined: *2014*
Potomac, MD, USA
E: aletobar12@gmail.com

Ostrowski, John
Delegate Category:
Life Fellow
Year Joined: *1973*
Annapolis, MD, USA

Oyama, Jeffrey
Delegate Category:
Student Member
Year Joined: *2016*
Newhall, CA, USA
E: joyama@ucla.edu

Palin, Charles
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: charule@gmail.com

Pang, Yiu Chung
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: ycp219@nyu.edu

Papadopoulos, Georgios
Delegate Category:
Associate Fellow
Year Joined: *1995*
Thessaloniki, Greece
E: georgepapadopoulos100@gmail.com

Parel, Stephen
Delegate Category:
Life Fellow
Year Joined: *1973*
Dallas, TX, USA
E: sparel@tambcd.edu

Parkash, Hari
Delegate Category:
Life Affiliate Fellow
Year Joined: *1978*
Green Park Extension, India
E: drhariparkash@yahoo.com

Pan, Qiuyue
Delegate Category:
Student Member
Year Joined: *2014*
Okayama, Japan
E: moon8688@hotmail.com

Panittaveekul, Meenarin
Delegate Category:
Student Member
Year Joined: *2016*
Indianapolis, IN, USA
E: mpanitta@iu.edu

Paprocki, Gregory
Delegate Category:
Fellow
Year Joined: *1989*
Collierville, TN, USA
E: gpaprock@uthsc.edu

Parikh, Deep
Delegate Category:
Student Member
Year Joined: *2015*
Fairfield, NJ, USA
E: drdeepparikh@gmail.com

Parr, Gregory
Delegate Category:
Life Fellow
Year Joined: *1978*
Dalton, GA, USA
E: GRParr@gmail.com

Patel, Nisha
Delegate Category:
Student Member
Year Joined: *2015*
Grovetown, GA, USA
E: patnisha2013@gmail.com

Patel, Mit
Delegate Category:
Student Member
Year Joined: *2014*
Palanpur, Gujarat, India
E: mitpatidar@gmail.com

Patil, Pravinkumar
Delegate Category:
Affiliate Fellow
Year Joined: *2015*
Kuala Lumpur, WP KL, Malaysia
E: pravinandsmita@yahoo.co.in

Peerbhoy, Sana
Delegate Category:
Student Member
Year Joined: *2016*
Los Angeles, CA, USA
E: peerbhoy@usc.edu

Perry, Johvin
Delegate Category:
Associate Fellow
Year Joined: *2016*
FPO, AE, USA
E: johvinp@yahoo.com

Persiani, Richard
Delegate Category:
Life Fellow
Year Joined: *1989*
Birmingham, MI, USA
E: rpersiani@aol.com

Pesun, Igor
Delegate Category:
Associate Fellow
Year Joined: *2012*
East St. Paul, MB, CA
E: pesun001@mymts.net

Petrich, Anton
Delegate Category:
Fellow
Year Joined: *2009*
Bethesda, MD, USA
E: tonypetrich@hotmail.com

Phasuk, Kamolphob
Delegate Category:
Associate Fellow
Year Joined: *2015*
Indianapolis, IN, USA
E: kamolphobphasuk@gmail.com

Pickett, Thomas
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: tpickett30@gmail.com

Pickle, B. Todd
Delegate Category:
Fellow
Year Joined: *1999*
Colorado Springs, CO, USA
E: business@pickledental.com

Piper II, James
Delegate Category:
Associate Fellow
Year Joined: *2011*
Zionville, NC, USA
E: jmpiidmd@gmail.com

Poelman, Marcella
Delegate Category:
Student Member
Year Joined: *2016*
Amsterdam, Noord-Holland, Netherlands
E: marcellapoelman@gmail.com

Porr, Douglas
Delegate Category:
Student Member
Year Joined: *2015*
North Bethesda, MD, USA
E: doug.porr@gmail.com

Prince, Ivin
Delegate Category:
Life Fellow
Year Joined: *1961*
Boca Raton, FL, USA

Pigno, Mark
Delegate Category:
Fellow
Year Joined: *1994*
Orange, TX, USA
E: mpigno@gt.rr.com

Plank, David
Delegate Category:
Life Fellow
Year Joined: *1981*
Maitland, FL, USA
E: dmplankdds@earthlink.net

Polus, Alexandra
Delegate Category:
Associate Fellow
Year Joined: *2011*
Crown Point, IN, USA
E: alexandra.polus@gmail.com

Priebe, Jennifer
Delegate Category:
Associate Fellow
Year Joined: *2011*
Birmingham, MI, USA
E: jentist75@gmail.com

Rad, Afsaneh
Delegate Category:
Student Member
Year Joined: *2014*
Boston, MA, USA
E: afsaneh_rad@hsdm.harvard.edu

Rahim, Tariq
Delegate Category:
Student Member
Year Joined: *2014*
Pakistan
E: tariqrahim9@gmail.com

Rahn, Arthur
Delegate Category:
Life Fellow
Year Joined: *1966*
Evans, GA, USA

Rainville, Louis
Delegate Category:
Student Member
Year Joined: *2016*
Minneapolis, MN, USA
E: rainv009@umn.edu

Ramos Hernandez, Ana Karen Lizette
Delegate Category:
Student Member
Year Joined: *2014*
Puerto Vallarta, Jalisco, MX
E: karen_assh@hotmail.com

Randazzo, Joseph
Delegate Category:
Associate Fellow
Year Joined: *2013*
USA
E: jrandazzodds@verizon.net

Ransohoff, Lori
Delegate Category:
Fellow
Year Joined: *1992*
Tampa, FL, USA
E: lransohoff@gmail.com

Rasmussen, Jonathan
Delegate Category:
Associate Fellow
Year Joined: *2010*
Salt Lake City, UT, USA
E: raspros@ymail.com

Ravindran, Anjana
Delegate Category:
Student Member
Year Joined: *2016*
Trivandrum, Kerala, India
E: anjana311@gmail.com

Ravindran, Anjana
Delegate Category:
Student Member
Year Joined: *2016*
Trivandrum, Kerala, India
E: anjana311@gmail.com

Razavi, Ramin
Delegate Category:
Fellow
Year Joined: *1995*
Mc Lean, VA, USA
E: drrazavi@aol.com

Recksiedler, Scott
Delegate Category:
Associate Fellow
Year Joined: *2014*
La Mesa, CA, USA
E: drrex@sdprostho.com

Reisberg, David
Delegate Category:
Fellow
Year Joined: *1986*
Oak Park, IL, USA
E: dreisber@uic.edu

Rice, Colin
Delegate Category:
Student Member
Year Joined: *2016*
Augusta, GA, USA
E: colinricedmd@gmail.com

Rieger, William
Delegate Category:
Fellow
Year Joined: *1995*
Philadelphia, PA, USA
E: wrieger@dental.temple.edu

Rodney, Jeffrey
Delegate Category:
Associate Fellow
Year Joined: *2014*
Philadelphia, PA, USA
E: exist10763@yahoo.com

Reintsema, Harry
Delegate Category:
Affiliate Fellow
Year Joined: *2008*
Netherlands
E: h.reintsema@umcg.nl

Revelo, Milton
Delegate Category:
Student Member
Year Joined: *2015*
Indianapolis, IN, USA
E: micer57@hotmail.com

Richards, Samuel
Delegate Category:
Student Member
Year Joined: *2014*
Baltimore, MD, USA
E: srich008@umaryland.edu

Rivera Rivera, Llelenys
Delegate Category:
Student Member
Year Joined: *2016*
Houston, TX, USA
E: llelenys.p.riverarivera@uth.tmc.edu

Rojanasakul, Nuntaporn
Delegate Category:
Student Member
Year Joined: *2015*
Ann Arbor, MI, USA
E: Nrojan@umich.edu

Rokaya, Dinesh
Delegate Category:
Student Member
Year Joined: *2014*
Bangkok, Thailand
E: dineshrokaya115@hotmail.com

Romanowski, Rianna
Delegate Category:
Associate Fellow
Year Joined: *2009*
Miami Beach, FL, USA
E: rianna.romanowski@va.gov

Romay, Leah
Delegate Category:
Student Member
Year Joined: *2016*
Baltimore, MD, USA
E: leah.romay@umaryland.edu

Romero, Amparo
Delegate Category:
Student Member
Year Joined: *2016*
Cuidad De Mexico, MX
E: stefannyromerooyuela@gmail.com

Rosen, Evan
Delegate Category:
Fellow
Year Joined: *2010*
Long Island City, NY, USA
E: rosenprostho@gmail.com

Rosenstein, Harry
Delegate Category:
Fellow
Year Joined: *1986*
Slingerlands, NY, USA
E: drhrosenstein@aol.com

Rubenstein, Jeffrey
Delegate Category:
Life Fellow
Year Joined: *1981*
Mercer Island, WA, USA
E: jeruben@u.washington.edu

Russell, Jean E.
Delegate Category:
Student Member
Year Joined: *2014*
Baltimore, MD, USA
E: jeanrussell2013@gmail.com

Rusthoven, David
Delegate Category:
Associate Fellow
Year Joined: *2010*
USA
E: david.rusthoven@med.navy.mil

Ryan, James
Delegate Category:
Life Fellow
Year Joined: *1975*
Charleston, SC, USA
E: jojiryan@aol.com

Sahan, Makbule Heval
Delegate Category:
Student Member
Year Joined: *2014*
İzmir, Turkey
E: hevalsahan@gmail.com

Said, Mohamed
Delegate Category:
Student Member
Year Joined: *2015*
Tokyo, Japan
E: mohamfp@tmd.ac.jp

Salinas, Thomas
Delegate Category:
Fellow
Year Joined: *1994*
Rochester, MN, USA
E: salinas.thomas@mayo.edu

Sallustio, Anthony
Delegate Category:
Associate Fellow
Year Joined: *2010*
Ocean, NJ, USA
E: asallustio@icloud.com

Santacruz Benitez, Geyli Anayanci
Delegate Category:
Student Member
Year Joined: *2015*
Mexico City, MX
E: cdgey.pro@hotmail.com

Santiago, Sara
Delegate Category:
Student Member
Year Joined: *2016*
Mexico City, MX
E: saraelenasantiago@gmail.com

Santiago, Arturo
Delegate Category:
Life Fellow
Year Joined: *1964*
Guaynabo, PR, USA

Sasik, Christopher
Delegate Category:
Fellow
Year Joined: *1995*
Victoria, MN, USA
E: csasik@embarqmail.com

Saunders, Timothy
Delegate Category:
Life Fellow
Year Joined: *1978*
Bloomfield Hills, MI, USA
E: saundetr@udmercy.edu

Schaaf, Norman
Delegate Category:
Life Fellow
Year Joined: *1965*
Elma, NY, USA
E: 2thdr@roadrunner.com

Schlam, Kimberly
Delegate Category:
Student Member
Year Joined: *2016*
Carrboro, NC, USA
E: kimberly.kocak@gmail.com

Schlottke, SaeEun
Delegate Category:
Student Member
Year Joined: *2014*
St. Paul, MN, USA
E: joyschlottke@gmail.com

Schneid, Thomas
Delegate Category:
Fellow
Year Joined: *1995*
Fair Oaks Ranch, TX, USA
E: T.Schneid@outlook.com

Schneider, Robert
Delegate Category:
Life Fellow
Year Joined: *2009*
USA
E: robert-schneider@uiowa.edu

Schortz, Robert
Delegate Category:
Fellow
Year Joined: *1982*
Matthews, NC, USA
E: rhschortzdds@gmail.com

Schreiner, James
Delegate Category:
Life Fellow
Year Joined: *1992*
Iowa Park, TX, USA
E: jbschrein@aol.com

Schweiger, James
Delegate Category:
Life Fellow
Year Joined: *1968*
Fayetteville, PA, USA
E: boomer17222@comcast.net

Segal, Aaron
Delegate Category:
Fellow
Year Joined: *2005*
Meadowbrook, PA, USA
E: agsdds54@aol.com

Segall, Bernard
Delegate Category:
Life Fellow
Year Joined: *1971*
Coconut Grove, FL, USA
E: mbsegall@aol.com

Seignermartin, Crystianne
Delegate Category:
Affiliate Fellow
Year Joined: *2009*
USA
E: cryseigne@globo.com

Shahi, Parisa
Delegate Category:
Student Member
Year Joined: *2015*
Pasadena, CA, USA
E: pshahidds@gmail.com

Sharma, Arun
Delegate Category:
Fellow
Year Joined: *1996*
San Francisco, CA, USA
E: arun.sharma@ucsf.edu

Sharp, Bruno
Delegate Category:
Associate Fellow
Year Joined: *2011*
Miami, FL, USA
E: bsharp@sharpdentistry.com

Sheridan, Ryan
Delegate Category:
Student Member
Year Joined: *2015*
San Antonio, TX, USA
E: Sheridrr@sdm.rutgers.edu

Sheridan, Paul J.
Delegate Category:
Fellow
Year Joined: *1998*
Omaha, NE, USA
E: psheridan4@cox.net

Shimada, Kelly
Delegate Category:
Student Member
Year Joined: *2014*
Los Angeles, CA, USA
E: kelly.shimada@gmail.com

Shin, DongJin
Delegate Category:
Student Member
Year Joined: *2016*
Stamford, CT, USA
E: djinshin@gmail.com

Shipman, Barry
Delegate Category:
Life Fellow
Year Joined: *1974*
Bay Harbor Islands, FL, USA
E: bshipmandmd@earthlink.net

Shivani, Shivani
Delegate Category:
Student Member
Year Joined: *2015*
Glendale, CA, USA
E: drshivani04@gmail.com

Shoajei, Azadeh
Delegate Category:
Student Member
Year Joined: *2014*
Vancouver, British Columbia, CA
E: azadehsh@dentistry.ubc.ca

Shyamsunder, Nodesh
Delegate Category:
Associate Fellow
Year Joined: *2014*
Miromar Lakes, FL, USA
E: nodeshs@yahoo.com

Sia, Jo Ann
Delegate Category:
Student Member
Year Joined: *2015*
Raub, Malaysia
E: siajoann@gmail.com

Sia, Priscilla
Delegate Category:
Student Member
Year Joined: *2014*
Baltimore, MD, USA
E: priscillasia@hotmail.com

Sierra, Jose A.
Delegate Category:
Student Member
Year Joined: *2014*
Milwaukee, WI, USA
E: d.jose.sierra@gmail.com

Sinada, Ghassan G.
Delegate Category:
Associate Fellow
Year Joined: *2012*
Baltimore, MD, USA
E: gsinada@marylandprostho.com

Singer, Michael
Delegate Category:
Fellow
Year Joined: *1987*
Upper Marlboro, MD, USA
E: michaeltsinger@cs.com

Singh, Raghuwar
Delegate Category:
Affiliate Fellow
Year Joined: *2013*
Lucknow, Uttar Pradesh, India
E: raghuwards@rediffmail.com

Singh, Balendra Pratap
Delegate Category:
Affiliate Fellow
Year Joined: *2013*
Lucknow, Uttar Pradesh, India
E: balendra02@yahoo.com

Smallidge, Martin
Delegate Category:
Student Member
Year Joined: *2015*
Augusta, GA, USA
E: martinsmallidge@gmail.com

Smith, Nicole
Delegate Category:
Associate Fellow
Year Joined: *2011*
Eagle River, AK, USA
E: navazquez1208@yahoo.com

Smith, Rick
Delegate Category:
Fellow
Year Joined: *1997*
Gilbert, AZ, USA
E: drrmsmith@cox.net

Smitha, Donald
Delegate Category:
Life Fellow
Year Joined: *1983*
Jacksonville, FL, USA
E: DLSMITHA@aol.com

Snober, Bashar S.
Delegate Category:
Student Member
Year Joined: *2014*
Metairie, LA, USA
E: bashar.snober@gmail.com

Soltanzadeh, Pooya
Delegate Category:
Student Member
Year Joined: *2015*
Loma Linda, CA, USA
E: pooyasz@yahoo.com

Sommerfeld, Robert
Delegate Category:
Life Fellow
Year Joined: *1970*
Northbrook, IL, USA

Somogyi-Ganss, Eszter
Delegate Category:
Associate Fellow
Year Joined: *2016*
Toronto, Ontario, CA
E: e.s.ganss@utoronto.ca

Somohano-Marquez, Tanya
Delegate Category:
Associate Fellow
Year Joined: *2011*
Farmingdale, NY, USA
E: tanya.somohanomarquez@stonybrookmedicine.edu

Song, Seung Jun
Delegate Category:
Student Member
Year Joined: *2016*
New York, NY, USA
E: ss5080@cumc.columbia.edu

Sooudi, Iradj
Delegate Category:
Life Fellow
Year Joined: *1977*
Vestavia Hills, AL, USA
E: isooudi@uab.edu

Srivastava, Akanksha
Delegate Category:
Student Member
Year Joined: *2015*
New Britain, CT, USA
E: aksrivastava@uchc.edu

Stafford, Jesse
Delegate Category:
Student Member
Year Joined: *2016*
San Antonio, TX, USA
E: jastaf@yahoo.com

Stanton, Angela
Delegate Category:
Associate Fellow
Year Joined: *2009*
Fairfield, CA, USA
E: drangelastanton@hotmail.com

Steinberg, Howard
Delegate Category:
Fellow
Year Joined: *1994*
Tucson, AZ, USA
E: DrSteinberg@tucsonsmile.com

Sternberger, Rebecca
Delegate Category:
Student Member
Year Joined: *2014*
Lawrence, NY, USA
E: rebecca.sternberger@gmail.com

Stewart, Robert
Delegate Category:
Fellow
Year Joined: *1996*
Grosse Pointe Farms, MI, USA
E: stewartdental1@sbcglobal.net

Studer, Stephan
Delegate Category:
Affiliate Fellow
Year Joined: *1999*
Wettingen, Switzerland
E: tumorprothetik@gmail.com

Sultan, Delsaz
Delegate Category:
Student Member
Year Joined: *2014*
Pittsburgh, PA, USA
E: des131@pitt.edu

Sumita, Yuka
Delegate Category:
Affiliate Fellow
Year Joined: *2004*
Tokyo, Japan
E: yuka.mfp@tmd.ac.jp

Sutton, Alan
Delegate Category:
Fellow
Year Joined: *1998*
Castle Pines, CO, USA
E: sutton2265@gmail.com

Suzuki, Marcelo
Delegate Category:
Associate Fellow
Year Joined: *2014*
Boston, MA, USA
E: marcelo.suzuki@tufts.edu

Svec, Barry R.
Delegate Category:
Associate Fellow
Year Joined: *1992*
Johnston, IA, USA

Swanson, Patricia
Delegate Category:
Student Member
Year Joined: *2016*
Huntington, NY, USA
E: patricia.swanson@stonybrookmedicine.edu

Synnott, Scott
Delegate Category:
Fellow
Year Joined: *1989*
Reston, VA, USA
E: drsynnott@verizon.net

Syros, George
Delegate Category:
Associate Fellow
Year Joined: *2009*
Houston, TX, USA
E: syros.george@gmail.com

Taft, Robert
Delegate Category:
Fellow
Year Joined: *1993*
San Antonio, TX, USA
E: robtaft1@me.com

Taniguchi, Hisashi
Delegate Category:
Affiliate Fellow
Year Joined: *2004*
Yokohama, Japan
E: h.taniguchi.mfp@tmd.ac.jp

tatwadiya, riddhi
Delegate Category:
Student Member
Year Joined: *2013*
Indore, India
E: rtatwadiya@yahoo.com

Taylor, Thomas
Delegate Category:
Life Fellow
Year Joined: *1981*
West Hartford, CT, USA
E: TTAYLOR@uchc.edu

Tello, Carlos
Delegate Category:
Associate Fellow
Year Joined: *2011*
Forth Worth, TX, USA
E: tellobender@sbcglobal.net

Terrill, Justin
Delegate Category:
Student Member
Year Joined: *2015*
Loma Linda, CA, USA
E: jterrill@llu.edu

Terry, James
Delegate Category:
Life Fellow
Year Joined: *1990*
Houston, TX, USA
E: jimterry31@yahoo.com

Thames, Walter
Delegate Category:
Associate Fellow
Year Joined: *2014*
FPO, AP, USA
E: docthames@icloud.com

Thomas, Tyler J.
Delegate Category:
Student Member
Year Joined: *2014*
Farmington, CT, USA
E: tylerthomasdmd@gmail.com

Thompson, Frederick
Delegate Category:
Fellow
Year Joined: *1990*
Flushing, MI, USA
E: sthom40529@sbcglobal.net

Thomson, Joseph
Delegate Category:
Life Fellow
Year Joined: *1960*
Denville, NJ, USA

Tofighbakhsh, Seyed M.
Delegate Category:
Student Member
Year Joined: *2014*
Pittsburgh, PA, USA
E: set52@pitt.edu

Toljanic, Joseph
Delegate Category:
Fellow
Year Joined: *1991*
Darian, IL, USA
E: Joseph.Toljanic@va.gov

Tomsett, Kelley
Delegate Category:
Fellow
Year Joined: *2003*
San Antonio, TX, USA
E: drkelley@flash.net

Trainer, David
Delegate Category:
Allied Health Tech Auxiliary
Year Joined: *2010*
Naples, FL, USA
E: davidtrainer@bestprosthetics.com

Treesh, Joshua C.
Delegate Category:
Student Member
Year Joined: *2015*
Potomac, MD, USA
E: jctreesh@hotmail.com

Trinh, Owen
Delegate Category:
Student Member
Year Joined: *2015*
St. Paul, MN, USA
E: trin0072@umn.edu

Tsai, Chia-Chen
Delegate Category:
Student Member
Year Joined: *2015*
Metairie, LA, USA
E: ctsai@lsuhsc.edu

Tso, Theodore
Delegate Category:
Student Member
Year Joined: *2016*
Boston, MA, USA
E: tedtso88@gmail.com

Tso, Vincent
Delegate Category:
Associate Fellow
Year Joined: *2014*
South Pasadena, CA, USA
E: tsotjbn@yahoo.com

Tucker, Rhet
Delegate Category:
Associate Fellow
Year Joined: *2014*
Summerville, SC, USA
E: jrhet@hotmail.com

vakili nejhad, nava
Delegate Category:
Student Member
Year Joined: *2014*
Tehran, Iran
E: navavakili@yahoo.com

Valentin, Sasha
Delegate Category:
Student Member
Year Joined: *2016*
Los Angeles, CA, USA
E: svpierluissi6@gmail.com

Valle Gonzales, Ivette Maricela
Delegate Category:
Student Member
Year Joined: *2015*
Mexico City, MX
E: keru_anul@hotmail.com

Van Dongen, Craig
Delegate Category:
Fellow
Year Joined: *1994*
East Greenwich, RI, USA
E: craig@cvd.necoxmail.com

Vanblarcom, Andrew B.
Delegate Category:
Fellow
Year Joined: *2008*
USA
E: andrewvanblarcom@sbcglobal.net

VanBlarcom, Cliff
Delegate Category:
Life Fellow
Year Joined: *1981*
Prairie Village, KS, USA
E: cliffvanblarcom@outlook.com

Vega, Rudy
Delegate Category:
Student Member
Year Joined: *2015*
Augusta, GA, USA
E: rudy_vega@hotmail.com

Vey Voda, Denise
Delegate Category:
Fellow
Year Joined: *1995*
Bayville, NY, USA
E: dveyvoda@gmail.com

Vitter, Roger
Delegate Category:
Fellow
Year Joined: *2011*
USA
E: Roger@rogervitterdds.com

Vu, Kevin
Delegate Category:
Student Member
Year Joined: *2015*
Baton Rouge, LA, USA
E: KVU715@gmail.com

Varthis, Spyridon
Delegate Category:
Associate Fellow
Year Joined: *2015*
New York, NY, USA
E: drvarthis@gmail.com

Vergo, Jr., Thomas
Delegate Category:
Life Fellow
Year Joined: *1980*
Shrewsbury, MA, USA
E: thomasvergo01@earthlink.net

Villalobos, Joe
Delegate Category:
Fellow
Year Joined: *2002*
San Antonio, TX, USA
E: jose.villalobos@us.af.mil

Von Gonten, Ann
Delegate Category:
Fellow
Year Joined: *1995*
San Antonio, TX, USA
E: avongonten@gmail.com

Wadud, Asikul
Delegate Category:
Student Member
Year Joined: *2014*
Dhaka, Mirpur, Bangladesh
E: asikul_wadud@hotmail.com

Wagner, Elyse
Delegate Category:
Student Member
Year Joined: *2015*
New York, NY, USA
E: elyseawagner@gmail.com

Wagner, Stephen
Delegate Category:
Fellow
Year Joined: *2003*
Albuquerque, NM, USA
E: bigjawbone@mac.com

Wallace, Christine
Delegate Category:
Affiliate Fellow
Year Joined: *2010*
Lane Cove, NSW, Australia
E: christine.wallace@health.nsw.gov.au

Walowitz, Charles
Delegate Category:
Life Fellow
Year Joined: *1994*
Brooklyn, NY, USA
E: walowitz@aol.com

Walter, Leora
Delegate Category:
Student Member
Year Joined: *2014*
Flushing, NY, USA
E: leora.walter@gmail.com

Walworth, Patricia
Delegate Category:
Student Member
Year Joined: *2016*
Augusta, GA, USA
E: pmwalworth@gmail.com

Wang, Joy
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: joy.k.hagan@uth.tmc.edu

Ward, Geoffrey
Delegate Category:
Student Member
Year Joined: *2014*
Silver Spring, MD, USA
E: geoffrey.l.ward.mil@health.mil

Warneke, Sydney
Delegate Category:
Life Affiliate Fellow
Year Joined: *1976*
Camberwell, Victoria, Australia

Waskewicz, Gregory
Delegate Category:
Fellow
Year Joined: *1992*
Virginia Beach, VA, USA
E: gregory.a.waskewicz.mil@mail.mil

Wee, Alvin
Delegate Category:
Fellow
Year Joined: *1999*
Omaha, NE, USA
E: alvingwee@gmail.com

Wenchou, Wu
Delegate Category:
Associate Fellow
Year Joined: *2016*
Birmingham, AL, USA
E: wwu@uab.edu

Westover, Brock B.
Delegate Category:
Fellow
Year Joined: *1988*
Ridgeland, MS, USA
E: bbwestov@bellsouth.net

Wheeler, Robert
Delegate Category:
Life Fellow
Year Joined: *1969*
Tucson, AZ, USA
E: rwheelerjr@aol.com

Wiens, Jonathan
Delegate Category:
Life Fellow
Year Joined: *1984*
Orchard Lake, MI, USA
E: jonatwiens@comcast.net

Williams, Earl
Delegate Category:
Life Fellow
Year Joined: *1972*
Corpus Cristi, TX, USA

Wilson Jr, William
Delegate Category:
Fellow
Year Joined: *2006*
Olney, MD, USA
E: wwilsonjr@mac.com

Wolfaardt, John
Delegate Category:
Fellow
Year Joined: *1984*
Edmonton, Alberta, CA
E: johan.wolfaardt@
albertahealthservices.ca

Womack, James
Delegate Category:
Student Member
Year Joined: *2015*
San Antonio, TX, USA
E: mwomackgoes2uiw@yahoo.com

Won, Alex
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: amwon@mdanderson.org

Wong, Angela
Delegate Category:
Student Member
Year Joined: *2015*
Houston, TX, USA
E: angewong@mac.com

Wong, Fong
Delegate Category:
Fellow
Year Joined: *2005*
Ocala, FL, USA
E: fwong@dental.ufl.edu

Woo, Evelyn Seungmin
Delegate Category:
Student Member
Year Joined: *2015*
Nanuet, NY, USA
E: evelynwoo@nyu.edu

Wu, Henry
Delegate Category:
Fellow
Year Joined: *1998*
Alameda, CA, USA
E: wudentaloffice@yahoo.com

Yadav, Jaiveer
Delegate Category:
Student Member
Year Joined: *2014*
New Delhi, India
E: jaiveer.yadav38@gmail.com

Yahya, Jenin
Delegate Category:
Student Member
Year Joined: *2014*
Baltimore, MD, USA
E: j_yahya@umaryland.edu

Yen, Ting-Wey
Delegate Category:
Fellow
Year Joined: *1990*
Long Beach, CA, USA
E: dr.dreamsmile@gmail.com

Yépez Torres, Marisol
Delegate Category:
Student Member
Year Joined: *2016*
Venustiano Carranza, MX
E: marisol.yepez@hotmail.com

Yerci Kosor, Begüm
Delegate Category:
Student Member
Year Joined: *2014*
İzmir, Turkey
E: dtyim@windowslive.com

Yue, Xuan
Delegate Category:
Student Member
Year Joined: *2015*
Simi Valley, CA, USA
E: xuanzis@ucla.edu

Zaher, Ahmed
Delegate Category:
Student Member
Year Joined: *2014*
Metairie, LA, USA
E: drahmedzaher@yahoo.com

Zaki, Hussein
Delegate Category:
Life Fellow
Year Joined: *1983*
Pittsburgh, PA, USA
E: hzaki238@comcast.net

Zavada, Richard
Delegate Category:
Student Member
Year Joined: *2014*
Rochester, MN, USA
E: zavada.richard@mayo.edu

Zemnick, Candice
Delegate Category:
Fellow
Year Joined: *2006*
Yonkers, NY, USA
E: czemnick@aol.com

Zharkina, Hanna
Delegate Category:
Student Member
Year Joined: *2015*
Brooklyn, NY, USA
E: hz416@nyu.edu

Zwetchkenbaum, Samuel
Delegate Category:
Fellow
Year Joined: *1995*
Highland Park, NJ, USA
E: szwetch@gmail.com

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Our Mission

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.

Cover Artwork Generously Provided By
Mark Allan Gilbert

American Academy of Maxillofacial Prosthetics

RES Seminars
4425 Cass St., Suite A
San Diego, CA 92109 USA
T. 858-272-1018
F. 858-272-7687
aamp@maxillofacialprosthetics.org
www.res-inc.com

www.maxillofacialprosthetics.org