NEWSLETTER FALL 2023

AAMP Connections

President'sGreetings

To the members and friends of the AAMP,

I hope this message finds you well and that you have enjoyed your summer. I am pleased to provide you with an update on highlights of the past year, and a look at what's to come in the fall. The AAMP officers and Board of Directors have been meeting monthly, and the program planning committee has been working diligently to make our annual scientific session a great success.

I hope you all had the opportunity to join the free webinar in March 2023, regarding the transition from prosthodontic student to private practice. During that session, Drs. Davila, Wilson, DiFazio, and Hutten provided excellent information for those looking to start a practice.

As you may recall the AAMP and The British Society of Prosthodontics (BSSPD) formalized their alliance at the 2022 Austin meeting. This spring, I was fortunate to travel to Birmingham, England to attend the BSSPD meeting. It was such a pleasure to meet and network with our European colleagues. The Strategic Alliance committee has continued to expand the alliance with organizations that have mutual interests. I am pleased to announce that the AAMP has recently created an alliance with the Japanese Academy of Maxillofacial Prosthetics (JAMP). We look forward to welcoming our colleagues from the JAMP at the meeting in San Diego.

The Academy also continues to work towards the goal of obtaining subspecialty recognition as well as a Fair Market Value analysis for Maxillofacial Prosthodontists. As a reminder, the annual scientific meeting will be held in San Diego from October 21-24. This year we will be returning to the 3-day meeting format. Dr. Wilson and the Program planning committee have organized an exceptional meeting which will include a phenomenal scientific session, as well as many work shops and social events. Also, a rolling digital photo album highlighting meetings from the past has been compiled by Dr. Steve Wagner. It will be wonderful to reminisce with our friends and colleagues as we view these photos.

-Theresa Hofstede
President of the AAMP

REGISTER NOW!

Registration, program information and call for abstracts for poster presentations can be found here:
https://www.aampconference.com

Program chaired by Dr. William Wilson

Invited Speakers

"The Art, Science and Evolution of Maxillofacial Prosthetics"

Mike Andersen
Eduardo Arias-Amezquita
Arthur Bigsby
Christine Blass
Tim Daudelin
Vladimir Frias
Dan Hammer
Ken Kronstadt
Sarah Lee
Michael Markiewicz
Jill Meyer-Lippert
Nupur Patel
Gurkaran Preet
Samuel Richards
Christopher Viozzi
Steve Wagner
Johan Wolfaardt
Candice Zemnick
David Reisberg

Accepting donations for the Silent Auction

Please contact Akanksha Srivastava
akanksha.srivastava@mail.mcgill.ca

Meet our upcoming President Dr. Wee

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

Figure 1: Caption: Dr. Wee with his dad, mom and sister, the year he graduated from dental school in Singapore.

I grew up in the multi-racial and multi-religious country of Singapore. My mother was a teacher in elementary education, while my father was a Professor in Botany at the National University of Singapore. My parents' commitment to education inspired me to become an educator as well **(Figure 1).** My mother passed away from cancer in 1993, the same year that I was accepted into a prosthodontic program in the United States. I declined the acceptance to spend time with my mom while she was receiving radiation and chemotherapy. I was fortunate to be awarded a Rotary International Foundation Multi-Year Ambassadorial

Scholarship and was accepted to the University of Iowa's prosthodontic program in 1994. During my years at Iowa City, I met my best friend and the love of my life, Lisa Davidson, during Bible study at the Newman Catholic Student Center.

After my residency, Lisa and I were married. I then spent an additional year as a Maxillofacial Prosthetic Fellow at the University of Pittsburgh Medical Center. Although I had originally intended to return to work in Singapore following my training, we decided to stay in North America when I was offered an academic position. My academic career began at The Ohio State University in 1998.

After the birth of our two daughters and nine years in Columbus, Ohio, we moved to Omaha, Nebraska, where we spent the next 11 years raising our growing family, with the addition of twin sons.

In 2019, we moved closer to Lisa's family in Minnesota, settling in a suburb of the Twin Cities.

Over the years, we have enjoyed spending time with family, supporting our children's activities, engaging in our faith life, exploring the outdoors, and traveling abroad and in the United States.

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The Road to Fellowship Start-Up and the Incredible Support of Dr. Betsy Davis and an Anonymous Donor

After completing a Maxillofacial Prosthetics Fellowship at Memorial Sloan Kettering Cancer Center (MSKCC) in 2014, I was motivated to obtain my prosthodontic board certification and start a Fellowship in my home-base of Buffalo, New York. I wanted to give back to the community, profession, and mentors who have given so much to me. While in dental school at the University of Buffalo, I was inspired by my teacher, Dr. Terrence McLean, who is my colleague now. He was my course director for pre-clinical removable prosthetics and gave a lecture on the treatment he provided as a Maxillofacial Prosthodontist. It really lit a fire in me. I loved the idea of restoring this necessary form, function, and esthetic for a patient and giving them back what they have lost. I found it very fulfilling to shadow Dr. McLean and see how he could change the lives of the people he was able to treat.

My training at MSKCC provided me with the skills and confidence needed to join a hospital practice. Immediately after fellowship, I became an attending at Erie County Medical Center (ECMC) in Buffalo. ECMC is a verified Level 1 Adult Trauma Center, as well as a regional center for burn care, behavioral services, transplantation, orthopedics, medical oncology, head and neck cancer rehabilitation, and is a major teaching facility for the University at Buffalo. The Center for Cancer Care is a state-of-the-art facility adjacent to the main ECMC hospital. Here patients are treated in the Oral Oncology and Maxillofacial Prosthetics Department before, during and after diagnosis and treatment of cancer, and other oral and head and neck conditions including congenital malformations and trauma-related deformities. There is a large surgical service in the main hospital where head and neck oncology patients undergo ablative surgery under general anesthesia.

Erie County Medical Center (ECMC) healthcare campus in Buffalo, New York.

There is also a nearby pediatric Craniofacial Center that refers to our providers at ECMC for oral prosthetics including nasal alveolar molding devices (NAM) for pre-surgical cleft lip and palate modifications. My department consists of three full-time maxillofacial prosthodontic faculty, one part-time prosthodontic faculty, five full-time dental oncology faculty, two full-time laboratory technicians and dedicated staff.

The year of 2020 and the tragic events that unfolded as a result of the novel coronavirus, came as a surprise and shock to all of us. I was fortunate to be able to utilize Covid downtime to put together the required documents and application for fellowship start-up. In May 2021, I submitted the application to the Commission on Dental Accreditation (CODA). We had a CODA site visit at ECMC in March 2022 with favorable review, and following CODA's summer meeting and board review, we were granted accreditation with a planned start date of July 2023. In our review for accreditation, the site visitor recommended that we add additional digital technologies to our department armamentarium including intraoral and benchtop scanners, and a three-dimensional printer. It was noted that this technology would enhance the educational experience of our fellow and allow us to remain current in our curriculum. It would also allow for research projects in the space of digitalizing maxillofacial prosthetics, which is a vastly unchartered space.

Soon after our site visit, I reached out to Dr. Betsy Davis asking for advice and mentorship in becoming more involved with AAMP committees and increasing my presence in the maxillofacial prosthetics community.

I highly regard Dr. Davis as a pioneer in our profession and had previously sought out her expertise when my hospital was struggling with properly coding, billing, and receiving reimbursement for our Maxillofacial Prosthetics services. Upon discussing the new fellowship, Dr. Davis asked if there were any needs we had that were unfulfilled. I told her about the site visitor's recommendation of increasing our digital footprint and how our hospital administration was giving us push-back on the cost of acquisition. Dr. Davis immediately understood and offered to help.

Maxillofacial Prosthodontists at ECMC. From left to right: Dr. Amanda Colebeck, Fellowship Program Director; Dr. Paul Canallatos; Dr. Terrence McLean.

She identified an anonymous donor who wished to help support advancements in maxillofacial prosthetics. Dr. Davis connected me with the donor who was able to establish a grant and fund transfer through our non-for-profit ECMC Foundation for the purchase of a 3Shape Trios 5 intraoral scanner and 3Shape E4 lab scanner. Dr. Davis also went above and beyond to make a donation of her own funds and my department chair matched her contribution! With this, we were able to purchase a 3D printer to make our digital armamentarium complete.

Since acquisition of the equipment, we have been able to enhance the lives of our patients through various intraoral and extraoral scanning of maxillofacial defects and printing of prosthetics. I could not be more grateful to Dr. Davis and the donor for their support of our fellowship program, and ultimately, the care of our patients.

Dr. Ariana Mendel, ECMC's first maxillofacial prosthetics fellow, utilizing the new digital lab. From left to right: Dr. Colebeck, Dr. Mendel (center), Dr. Canallatos.

Variety of 3D printed models and prosthetics fabricated in-house at ECMC with use of the new donated digital armamentarium.

-By Amanda Colebeck

Maxillofacial Prosthetic Training Programs

Mayo Graduate School of Medicine
Program Director
Dr. Olivia Muller
Rochester, Minnesota

MD Anderson Cancer Center
Program Director
Dr. Theresa Hofstede
Houston, Texas

Memorial Sloan Kettering Cancer Center
Program Director
Dr. Joseph Randazzo
New York, New York

Erie County Medical Center (ECMC)
Program Director
Amanda Colebeck
Buffalo, New York

UCLA
Associate Program
Director Dr. Jay Jayanetti
Los Angeles, California

United States Air Force
Program Director
Dr. Josh Vess
San Antonio, Texas

United States Navy
Program Director
Dr. Sam Richards Bethesda,
Maryland

UAB School of Dentistry
Program Director
Dr. Fu
Birmingham, Alabama

Congratulations to the 2023 graduates of the Maxillofacial Prosthodontics Fellowship Programs.
We are looking forward to continued interactions in the future.

Job Opportunities full details on our website

https://www.maxillofacialprosthetics.org/membership/Job_Board/

Reflection on the 2022 Head and Neck Symposium SC

In November of 2022, Trident Medical Center and Sarah Cannon Cancer Institute hosted the inaugural Head & Neck Oncology Symposium in Isle of Palms, South Carolina. The event connected leaders in the field of Otorhinolaryngology to discuss the latest advancements in head and neck cancer care and the progressions in treatment that further support and aid quality patient experience.

The event featured presentations from several cancer care leaders around the nation, including keynote speaker Mark S. Chambers, DMD, MS of The University of Texas MD Anderson Cancer Center. Dr. Mark S. Chambers is a tenured Professor and clinical investigator in the Department of Head and Neck Surgery, Division of Surgery, and in the Department of Radiation Oncology, Division of Radiation Oncology, at The University of Texas MD Anderson Cancer Center in Houston, Texas.

He is the Susan and Christopher Damico Chair in Viral Associated Malignancies and also serves as Deputy Chair for the Department of Head and Neck Surgery and Chief of the Section of Oral Oncology and Maxillofacial Prosthodontics. Dr. Chambers is nationally and internationally recognized as an oral oncologist, maxillofacial prosthodontist, and clinical investigator with a focus on developing new approaches to treat oral-related side effects of cancer therapy.

During his presentation, Dr. Chambers discussed the diagnosis, analysis and treatment of Oral Morbidities in the development of head and neck cancer care and the special role oral maxillofacial specialists play in supporting a patient's quality of life.

Dr. David Neskey M.D., MSCR, FACS at Head and Neck Specialists commented on the Symposium, "This is how cancer treatment is advanced. Treating cancer requires more collaboration among specialists than many other diseases. I, and the other attendees at the symposium, will take what we learned and apply it to the patients we care for in our respective hospitals."

Nearly 50 physicians attended the event and left with knowledge to better their understanding of treating head and neck cancer.

-By: Betsy Davis

Insurance News

On February 3, 2023, Dr. Mark Chambers and Dr. Theresa Hofstede from M.D. Anderson Cancer Center hosted a billing course for all of the Maxillofacial Prosthodontic fellows nationally. The course: "Billing for Maxillofacial Prosthodontics, What I learned in 30 Years of Medical and Dental Billing" was presented by Dr. Betsy Davis. The MDA fellows were present in person with virtual representation from UCLA, Sloan Memorial Kettering, University of Alabama, and Mayo. A total of 30 participants attended.

At the course, Dr. Davis reviewed the following Medicare Changes for 2023:

· Medicare will begin making payment in 2023 for dental services necessary to identify and eliminate oral and dental infections prior to, and contemporaneously with, organ transplant, cardiac valve replacement, and valvuloplasty procedures. The agency specifically recognizes that dental services may be "inextricably linked, substantially related and integral to" the clinical success of those covered medical treatments. In 2024, Medicare will implement similar coverage for dental care required in the context of head and neck cancer treatment.

· Medicare Article A53497, effective January 1, 2023, states:Implants, which could be considered dental but are beinginserted to secure, attach, or support the maxillofacial prosthesis, will be covered when the prosthesis is to be used secondary to maxillofacial surgery or repair of traumatic injury. Use CPT® code 21299 to bill the implants with an explanation of the intended use. Please note dates of trauma or tumor biopsy/resection, dates of radiation treatment and other pertinent medical history.

· Report CPT 21299 (Unlisted craniofacial and maxillofacial procedure) Do not report with other codes describing dental implants include narrative/chart notes clearly and accurately supporting medical necessity. This includes dates/nature of trauma or nature/extent of cancer treatment as well any relevant medical history.

-By: Betsy Davis

Alliance with The British Society of Prosthodontics

The British Society of Prosthodontics celebrated its Platinum Jubilee with a successful conference on March 24 and 25, 2023, at the Millennium Point in Birmingham. The conference's theme was "One World, One Prosthodontics", and this conference showcased BSSPD to the world! The event was attended by over 260 attendees from the UK and worldwide from The Netherlands, USA, Canada, India, Thailand, Malaysia, South Korea, Israel, Qatar, Switzerland, and Saudi Arabia.

The conference was inaugurated by the traditional Indian lamp-lighting ceremony keeping in with the cultural background of the President, BSSPD. The lighting of these seven wicks fell to seven individuals from around the world to illustrate the theme of the conference: One World, One Prosthodontics! In Indian culture, the Elder is given respect, and our Elder in BSSPD on the day was Dr. Richard Welfare, who lit the first wick. Next to light in order were Dr. Theresa Hofstede (President, AAMP) from the US representing the American continent, Dr. Rangarajan from India representing the Asian continent, Dr. Susanne Scherrer from Switzerland representing Europe, Dr. Dinesh Rokaya from Thailand representing Southeast Asia and Australia, Dr. In-Sung Yeo from South Korea representing the Pacific region and I, represented the remaining world and BSSPD.

The conference featured a wide range of topics covering all aspects of prosthodontics, from basic principles to advanced techniques. The agenda on the first day included subjects relating to dental ceramics; the evidence base in removable prosthesis fabrication; Occlusion as related to fixed and removable prosthodontics, and the rise in digital technologies in maxillofacial prosthodontics – both intraoral and facial prosthetics. The agenda on the conference's second day included presentations on contemporary prosthodontic research, implantology and new horizons on removable partial dentures in the implant and digital era by experts in the field. We had 12 international experts who regaled and imparted their wisdom over two days on the topics mentioned above.

For our graduate students and trainees, there was the opportunity to present their work in poster format. This year we had 46 poster submissions which was a record. These were displayed on the Platform site for the delegates to view.

The prestigious Schottlander oral presentations had eight submissions this year, of which three were selected to present their scientific work.

The conference dinner was the highlight of the day, with Indian cuisine and Bhangra and Bollywood dancing. The dinner guests were welcomed by the drumming of the 'Dhol', a traditional drum used in Bhangra, and by the Bhangra dancers in their colourful costumes on the steps leading down to the Atrium. At 730pm, the first performance of the Bhangra dancers commenced along with the start of the Indian buffet service. An energetic Bollywood performance by Desinach followed the Bhangra performance. Another set of Bhangra and Bollywood dances entertained the guests at around 815pm. DJ Manj provided the music. After desserts, Desinach invited guests to participate in a Bollywood dance workshop where the various Bollywood dance moves were demonstrated, and guests were invited to learn. After this, the dance floor was opened with DJ Manj regaling the guests with his mix of Bollywood and Western foot-tapping songs, which kept the guests entertained. After an initial hesitation from guests, the dance floor was packed, and guests got an opportunity to let their hair down until midnight.

Attendees and Participants:

The conference was well-attended, with over 260 delegates, including prosthodontists, speciality, graduate and foundation trainees, maxillofacial prosthetists, dental practitioners, researchers, and dental students. The participants came from various countries, making the event an international forum for exchanging ideas and knowledge. We also had the pleasure of hosting Dr. Theresa Hofstede, President of the American Academy of Maxillofacial Prosthetics; Dr. V Rangarajan, Immediate Past President of the Indian Prosthodontic Society; Dr. Eitan Mijiritsky, Second President-Elect of the European Prosthodontic Society and Dr. Hadi Seikaly, President of the Canadian Society of Otolaryngology-Head and Neck Surgery.

The Platinum Jubilee conference of the British Society of Prosthodontics was a resounding success, providing a platform for exchanging knowledge, ideas, and best practices in prosthodontics. The conference demonstrated the importance of collaboration and innovation in advancing the field of prosthodontics. It highlighted the vital role prosthodontists play in restoring oral health and improving the quality of life for patients.

Suresh Nayar

Immediate Past President, BSSPD

On the left: Dr. Nayar with guests speakers. On the right: AAMP President Dr. Hofstede and AAMP past President Dr. Salinas.

Southern Implants Craniofacial Experience

On April 15, 2023, members of the AAMP attended the course, **Southern Implants: The Craniofacial Experience** at the Surgical Innovation Training Laboratory (SITL) on the University of Illinois medical campus in Chicago. The program was organized by AAMP past president Dr. David Reisberg in partnership with the International Anaplastology Association. The course introduced AAMP members and others to the Southern Implant Craniofacial Implant System. The day long program included presentations on the history of craniofacial implants in the US, advantages of implant-retained facial prostheses, hands-on surgical and prosthetics training in the Southern Implants system, and an opportunity to plan these surgical cases utilizing virtual reality. Needless to say, a good time was had by all.

AAMP wishes to thank Graham Blackbeard, Tamsin Cracknell, David Luiz, Sean Walsh of Southern Implants for sponsoring the course.

Photos above: Lecture hall upper and lower right some the participants of the course. Hands on activity at the Surgical Innovation Training Laboratory (SITL) on the University of Illinois medical campus in Chicago.

By: David Reisberg

The Maxillofacial Foundation

The Maxillofacial Foundation is a not-for-profit organization that is instrumental in providing financial support for scholarly endeavors, seminars, research and other activities related to the advancement of
Maxillofacial Prosthetics and the mission of the American Academy of Maxillofacial Prosthetics.
Foundation members include President Larry Brecht, Executive Vice President Mark Chambers, Vice President
Rob Taft, Treasurer Betsy Davis, Secretary Peter Gerngross, and Board Directors David Reisberg, Jeff Rubenstein, and Arun
Sharma. The Foundation meets monthly to update plans for project support and to consider grant applications.
In the coming year, the Foundation will be supporting student attendance at the AAMP meeting, the annual Maxillofacial
Award as well as the first annual Maxillofacial Foundation Lecture. The inaugural lecture will be given by Dr.
Johan Wolfaardt and his topic will be, "The Future of Maxillofacial Prosthodontics in North America: The Role of Advanced Digital Technology and Artificial Intelligence."

One of the highlights of the AAMP annual scientific session is always the Silent Auction, one of the Maxillofacial Foundation's
fundraising efforts. As a show of thanks for your support of The Foundation, all winners of Silent Auction items as well as
anyone who has made a donation since our last AAMP meeting or makes a donation in San Diego via QR code at the meeting or
at https://www.maxillofacialprosthetics.org/cgi/ex.cgi/page/AAMP/membership/donations.
will be eligible to win a $250 gift card for the retailer of their choice.
The drawing will occur at the final session of the meeting and the gift card is from an anonymous donor.
We look forward to seeing everyone in San Diego and participating in the Silent Auction and supporting the Foundation.

Remember, The Maxillofacial Foundation is OUR organization, here to serve THE AAMP!

In memory of...

Dr. Isabel Jankielewicz Wasserfisz
Nov 29, 2021.

A painful farewell.
As many of you know, last November 29th the profession was in mourning, the law of life deprived us of a very valuable colleague, I am referring to Prof. Dr. Isabel Jankielewicz Wasserfisz.
She was a teacher of great capacity, with very solid theoretical and practical foundations, which she transmitted with a fluent and simple academic language, with great practical skill in her demonstrations.
Those of us who knew her know that she embraced the profession from the very beginning and made it her life.

Her concerns led her to constantly improve herself in order to broaden her knowledge and seek new techniques in the Institutions, Universities or countries where these advances were developed.

In 1980 she brought to our House of Studies the concern of incorporating a new discipline, the Somato-prosthesis that in other places of the first world was performed by dentists. Thus, in that year she created the Oral-Maxillo-Facial Prosthesis Service, which she directed until his retirement in 2005. This Service is still the only one in Uruguay and since its inception, the entire population has had access to it without any kind of restrictions.
Her vision of the Service from the beginning was the multi and interdisciplinary work, training dental professionals and laboratory specialists, incorporating to the team psychologist, speech therapist and social worker, working in coordination with the medical specialties that treat patients with facial mutilation. She constantly had the vocation to receive and transmit knowledge in a systematic way, giving with great generosity and all her strength to stimulate and develop the new generations. She formed us transmitting the love for the specialty, achieving under her direction that the Service was a reference at national and international level.
She took the discipline to almost all Latin American countries, enthusing local colleagues and cooperating in their training. She revitalized the Latin American Society of Maxillofacial Rehabilitation with biannual academic meetings. She brought together 37 co-authors from all over Latin America in the first book of the specialty published in Spanish (Quintessence 2003).
Thank you Isabel for everything you gave us, you were a great teacher and guide, your seed continues to germinate. As you always told us: "everything is in nature, you just have to give it shape".
She passed away on Nov 29, 2021.
Prof. Dr. Roberto Soler
Former Director of the PBMF Service - UDELAR Uruguay

Dr. William J. Rieger
1946- January 19, 2022

William J. Rieger, DDS, passed suddenly on January 19, 2022. Son of the late Honorable William and Lucy Rieger. Loving brother of the late Patricia Vittorelli. Survived by his brother-in-law Donald Vittorelli, Sr., his niece Donna Vittorelli (Angelo Pulini), and Donald Vittorelli, Jr. (Lisa); also survived by his great nephews Donnie and Zachary and niece Patty Rose. A professor at Temple University Kornberg School of Dentistry, Dr. William specialized in maxillofacial prosthodontics. He was also the owner of Charlies Pizzeria.
Services and Interment are Private for the Family.
However, everyone is invited to Livestream his Service Monday, January 24, 2022, 12:00 PM.

-A man who supported what was right; so much to learn from Dr. Rieger. His legacy lives on in many dental offices managed by students who he taught compassion and love for their patients. Miss you Doc.

William Bozek
July 29, 2022 | Duncansville, PA | Student

Dr. Richard J Grisius
1935-2023

Richard J. Grisius (87) passed away peacefully on July 7, 2023 with his wife, Sylvia, lovingly by his side.
Richard was born in Chicago in 1935 as the only son of Lithuanian immigrants, Stanley and Magdalena. He was raised in Chicago where he developed lifelong friendships and a regard for hard work and an appreciation for education. He often told the story of fibbing about his age to get his first job on the loading dock. More stories followed of working in a cannery, as a service station attendant and a caddie. He was a proud product of his Jesuit education, attending Loyola Academy, Loyola University and Loyola School of Dentistry.
It was in high school that he met the love of his life, Sylvia Williams, when they were just 15 and 16. They married on July 4, 1959 and departed the next day for his first assignment in the U.S. Navy. and Marine Corps Commendation Medal.

He retired from the Navy in the Fall of 1981 and joined the staff at Georgetown University as Director of Graduate Prosthodontics. In 1990, when Georgetown School of Dentistry announced its closure, he became the Director of Dental Medicine and Surgery at Geisinger Medical Center in Danville, PA. After retiring from Geisinger Medical Center, he instructed at the Graduate Prosthodontic program at the University of Maryland on a part time basis.

Richard served as president of the American Academy of Maxillofacial Prosthetics in 1988 and was recipient of its prestigious Ackerman Award in 1995. He was an examiner on the American Board of Prosthodontics from 1991 to 1998 and served as president from 1997 to 1998. He also had the honor of serving as the president of the Academy of Prosthodontics from 2001 to 2002. He was a fellow in the American College of Prosthodontics. Among his many academic accomplishments, he published numerous professional journal articles and textbooks chapters.

While his professional achievements were notable, his stated greatest accomplishments were the bonds he formed with his family, colleagues, residents, patients, and friends. Richard had a prodigious work ethic that he instilled in all of his children. While he was often serious and focused on accomplishments, he also knew how to live in the moment and appreciate the simple joys of life. He had a gregarious nature and loved to tell jokes and share laughter. No one was a stranger to Richard, and he treated everyone with equal respect. He was a generous and caring person who earnestly embraced his roles as husband, father, grandfather, doctor, teacher, mentor, and friend.

Richard loved Sylvia dearly; she was the light of his life. Her strength and devotion caring for him over the last 19 years since his cancer diagnosis were truly extraordinary, and their relationship was one he cherished. Richard touched the lives of so many - he will never be forgotten.

A visitation will be held on July 15, 2023 at 11:30 a.m. at Our Lady of Mercy Catholic Church, located at 9200 Kentsdale Drive, Potomac, MD 20854. The visitation will be followed by a Mass of Christian Burial, beginning at 12:30 p.m. A luncheon will be held after the service at Congressional Country Club, 8500 River Road, Bethesda, MD 20817 from 2 p.m. to 4 p.m. All are welcome to attend.

Burial will be at Arlington National Cemetery at a later date to be determined.
Contributions in honor of Richard may be made to Little Sisters of the Poor, 4200 Harewood Road, NE, Washington, DC 20017 (https://www.littlesistersofthepoorwashingtondc.org).

By: David Reisberg

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Upcoming Symposium

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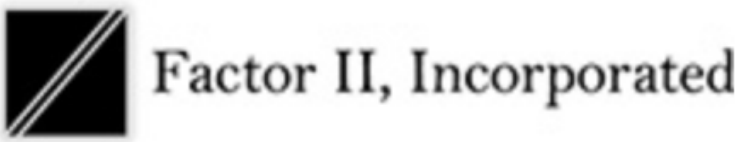


Registration information can be found here:

https://www.aampconference.com

Cont Dr. Wee…

Our four children are now transitioning into adulthood, with our oldest daughter embarking on her career in business after graduating from the University of Nebraska Omaha, our second daughter beginning her college journey at the University of Iowa, and our twin sons enjoying the ups and downs of high school life. Milo, our miniature poodle, joined the family as a puppy in 2020. **Figure 2**.

Figure 2: Dr. Wee and family, 2023.

Q: What training or experiences have led you to become a dentist and eventually a maxillofacial prosthodontist?

Although I originally planned to study neurosurgery, I was steered toward dentistry during my medical school interview. After shadowing my family dentist and investigating the profession, I applied to the National University of Singapore Faculty of Dentistry and accepted the offer. The years in dental school were exciting, as I expanded my knowledge, contacts, and skills as a student leader. The satisfaction while helping patients, development of hand and artistic skills, and the mental stimulation that I have gained through the profession have been very rewarding. My interest in maxillofacial prosthodontics developed as I grew up with a sister who had a physical disability (Osteogenesis Imperfecta) and as I witnessed my mother endure the oral side effects of adjunctive therapy for cancer that had metastasized to her brain. My own experiences and feelings of helplessness have helped me to empathize and connect with patients and families that I serve.

Over the years I have been inspired and mentored by several prosthodontist educators and colleagues. During my dental studies in Singapore, Professor (and then Dean) Chew Chong Lin, who trained at Indiana University and University of Southern California, Dr. David Tay, who trained at Northwestern University, and Dr. Low Poey Ling, who trained at Indiana University, guided my development of a firm foundation in dentistry, as well as professional contacts in the field. A good friend and colleague, Dr. Ansgar Cheng from Hong Kong University, also influenced me greatly to explore the specialty. Ansgar's enthusiasm and excellent training in maxillofacial prosthodontics under Dr. John Beaumer at UCLA continue to inspire me. These events cumulated in my training in Maxillofacial Prosthetics with Dr. Hussein Zaki at the University of Pittsburgh Medical Center, following my prosthodontics training at the University of Iowa.

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

The paradigm shift from analogue toward the **digital realm** has begun and will continue for not only dentistry and prosthodontics, but also maxillofacial prosthetics. This shift has resulted in more streamlined, straightforward clinical protocols, greater efficiency of service, and more profitable results, once the investment of hardware, software and learning digital protocols have been made. Adapting to the ever-changing world of digital dentistry is necessary, exciting, and challenging.

I feel strongly that maxillofacial prosthetics will eventually obtain **sub-specialty recognition**, which would help our efforts on three specific fronts. First, reimbursement of our services, which is currently estimated at 20%, is a barrier to recruitment, provision of treatment, and access to care for patients who need these services. Sub-specialty recognition will also clarify or educate our medical colleagues to differentiate between a general dentist, a specialist in prosthodontics and a fellowship-trained prosthodontist. Our medical colleagues may not be knowledgeable regarding our educational backgrounds when they are referring their patients who need head and neck prosthetic rehabilitation. The third area where sub-specialty may contribute is the AAMP's work in obtaining a benchmark for institutional salaries for maxillofacial prosthodontists. These three areas will move our pending sub-specialty of maxillofacial prosthodontics forward.

The **AAMP** currently has a strong national presence (Figure 3) and is attracting international prosthodontists to our meetings, given the void in the representation of maxillofacial prosthodontists worldwide.

The AAMP has the means to fill this void, while continuing to be more inclusive to dentists who are interested in maxillofacial prosthetics and dental oncology worldwide. We have changed our bylaws to allow elevation to *Full AAMP Fellow* for prosthodontists who are trained overseas and those without fellowship training. I see the AAMP eventually evolving into an international organization based in the US to represent all those who are interested in maxillofacial prosthetics and dental oncology. We should eventually consider a name change and initiation of an international meeting every several years.

Cont Dr. Wee…

Figure 3 Caption: AAMP Board of Directors at the 2022 Annual Scientific Meeting in Austin, TX.

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

Balancing my career and personal life in terms of American standards has been challenging. I love my work; it is rewarding and has become my hobby as well. I have developed life-long friendships and many personal connections through my career, so that the line between professional and personal may appear blurred. This is quite a different approach from maintaining distinct divisions between personal and professional life. I believe that my perspective about work-life balance is culturally influenced. In Singapore, networking and building professional connections aren't limited to work hours or locations, but often extend into personal life and social activities.

Drive, ambition to improve, and contributions to society are also highly valued and encouraged. As a prosthodontic resident, struggling in a new culture, I used that drive and motivation to put in long hours to learn, improve and connect. This continued during my fellowship year when I was writing manuscripts at night. Initiating research and writing NIH grants during my initial academic appointment at The Ohio State University extended my work hours too, as I obitained tenure and promotion and then later earned part-time degrees, including an MPH, DDS and eventually a PhD.

After 25 years, the blurring of my personal and professional life has become part habit, part enjoyment, and part of who I am.

Naturally, through raising a family, we have enjoyed activities like biking, canoeing, and traveling, and personal connections have extended outside the profession through faith life and the kids' activities, such as Scouts. Whether professional or personal, I believe that building relationships is a key component in maintaining balance. Engagement with all of you through the AAMP is highly rewarding on a very personal level, and it is with gratitude that I encourage the members of the Academy to continue seeking to build relationships both professionally and personally.

By: Kamolphob Phasuk (AEK)

Maxillofacial Prosthodontics and the Digital Journey

Dr. John Wolfaardt

Q: Tell us a little about your personal life.

I was born and grew up in Central Africa. As children, we roamed freely in the bush around town and on family farms. We enjoyed incredible freedom in a very beautiful environment and so began my love of being in the outdoors. As was common, at age twelve I went to boarding school, which in my case was one country away in South Africa where I completed high school. I then went to university in Johannesburg and while in dental school, I met Phillipa-Jane (Pips), my wife to be. Four days after completing dental school, I was required to report for a year of compulsory military service. I was fortunate to serve in the navy as a general dentist. During that time Pips and I were married.

Pips and John

Later, our son Ulrich arrived. I returned to my alma mater to pursue graduate studies and to specialize in prosthodontics. Having completed doctoral and specialty programs, I remained on Faculty for a time and started a private prosthodontic practice. In 1987, I was recruited by Dentistry at the University of Alberta, Edmonton, Alberta, Canada and so began a great adventure. We learned to enjoy Alberta winters and spent much time exploring in the Rocky Mountains with hiking, mountain biking and skiing.

Our son Ulrich married Mia and they blessed us with two grandsons. Edmonton was a wonderful home to us for 30 years and with retiring, we decided to relocate to Kelowna in the beautiful Okanagan in British Columbia. Pips is a great companion who enjoys time in her home and serves as president of our community. My interests remain in the outdoors. Cycling has been a lifetime passion and in particular road biking.

At a soccer practice.

(Left to right: Ulrich, Santi, Mia, Basti, John and Pips)

I had sailed for many years prior to relocating to Edmonton and with Okanagan Lake on our doorstep, I found I was not yet done with sailing. I had always wanted to refit a sailboat and have been able to fulfill this long held idea. I have spent the last 12 years refitting *Jabula* and enjoying sailing her on Okanagan Lake.

Captain and his mates (Left to right: Santi, Captain and Basti)

Q: Tell us about your journey to become a dentist, a prosthodontist, and a maxillofacial prosthodontist

I owe much to the headmaster of my high school who mentored me in my career choice and suggested I consider medicine or dentistry. I gained acceptance to medicine, but dentistry remained my first choice and I graduated from the Faculty of Dentistry, University of Witwatersrand, Johannesburg. After a period in general practice, I concluded that my interest lay strongly in prosthodontics.

I joined the faculty of my alma mater and embarked on a research program that resulted in a doctorate. I also completed the three year full-time specialty program in prosthodontics. As a dental student, I had opportunity to observe maxillofacial prosthodontic care. When I joined the faculty staff, I expressed interest in maxillofacial prosthodontics and was assigned to work with two senior staff members in the maxillofacial prosthodontic service. They were patient teachers and generous mentors. I soon became committed to maxillofacial prosthodontics and spent as much time as I could in the maxillofacial prosthodontic service. When it came to the prosthodontic specialty program, residents were expected to undertake an experience in maxillofacial prosthodontic care. While on faculty staff prior to entering the prosthodontic program, I had already gained several years of experience in maxillofacial prosthodontics, As a result, in the prosthodontic program, once I had completed the required experience with fixed and removable prosthodontic conformal cases, I was permitted to undertake fixed and removable maxillofacial prosthodontic care to complete the program. After completing the prosthodontic program, I remained on staff for a time and was assigned to the maxillofacial prosthodontics service to provide care, teaching of residents and eventually being responsible for the maxillofacial prosthodontic service. I continued with my faculty responsibilities but also established a private practice that rapidly developed a maxillofacial prosthodontic service. From early on, my career focus was maxillofacial prosthodontics. With hindsight, I cannot imagine having had a career doing anything other than maxillofacial prosthodontics.

Q: Tell us about your practice of maxillofacial prosthodontics at the Institute for Reconstructive Sciences in Medicine (iRSM) and how technology changed care delivery

After relocating to the University of Alberta in 1987, it was evident that in the absence of a dedicated maxillofacial prosthodontic service, the head and neck surgeons needed a maxillofacial prosthodontist integrated into their activity. Equally, rehabilitation medicine needed support with resonance care. Also, there was no facial prosthetic care was available. Soon after arriving in Edmonton, I met Dr. Gordon Wilkes, a plastic and reconstructive surgeon and we found we shared common interest in initiating craniofacial osseointegration care. We completed training in Gothenburg and began providing craniofacial osteointegration care in 1989.

Gordon Wilkes and John

We also established the Craniofacial Osseointegration Research Group (CORU) to guide and manage clinical and research work. Through this case-by-case funded activity, in 1992 the Alberta Provincial Government decided to develop a dedicated surgical-maxillofacial prosthodontic facility, the Craniofacial Osseointegration and Maxillofacial Prosthetic Rehabilitation Unit (COMPRU). COMPRU while already functional was formally opened in September 1993.

As COMRU evolved, three technology driven developments changed maxillofacial prosthodontic care delivery in unprecedented ways:

1. Firstly, osseointegration. Dr. Gordon Wilkes initiated craniofacial osseointegration surgery and where possible, all facial prosthetic patients were managed with craniofacial osseointegration. Similarly, in head and neck cancer management, osseointegrated implants were used on a selective basis in the treatment of jaw resection patients.

2. Secondly, microvascular reconstruction with bone containing free flaps. Dr. Hadi Seikaly, a head and neck surgeon, returned to the University of Alberta and introduced microvascular reconstruction with use of bone containing free flaps in jaw reconstruction. This found the team needing to reconsider conventional approaches to maxillofacial prosthodontic care.

By 2006, we no longer needed to use maxillary obturation as a primary treatment selection for maxillary resections. Through this approach to jaw reconstruction, it became important to functionally integrate COMPRU/iRSM with the University of Alberta Hospital head and neck team of which Dr. Hadi Seikaly was head.

3. Thirdly, objective digital functional assessment. Dr. Jana Rieger, a speech-language pathologist established the Head and Neck Surgery Functional Assessment Laboratory (HNSFAL) at COMPRU in 2000. The availability of objective digital functional assessment that included video nasopharyngoscopy was a remarkable advancement for treatment planning, treatment, ongoing care, and outcomes assessment.

As a result of the above, as well as other innovations in advanced digital technology (ADT) driven care delivery, COMPRU had left the mechanistic/materials era of maxillofacial prosthodontics to enter the biological/digital era in the early 2000s. Suffice it to say that maxillofacial prosthodontic care delivered by the end of my clinical career in the biological/digital era no longer resembled anything like where I had started in the mechanistic/materials era.

Q: You have been a pioneer in adopting disruptive advanced digital technology with developing innovative techniques and protocols within our field. Please share with us the inception, some of the challenges, and the journey you encountered.

The following provides a brief summation of the digital journey during my 25-year tenure at COMPRU/iRSM up until it concluded at the end of 2017. My interest in ADT was born out of need. Largely, I was the only maxillofacial prosthodontist at COMPRU for some 15 years with a challenging workload. By the mid 1990s, I had three pressing needs. Firstly, to improve predictability for planning sites of craniofacial osseointegrated implant placement, secondly, to improve the consistency of color matching facial prostheses and thirdly to reduce time to treatment completion for auricular prostheses. Interestingly, for that early time, all three challenges were met with digital solutions. We located an early dental implant planning software application developed by Columbia Scientific that could be manipulated for craniofacial osseointegrated implant planning. This considerably improved predictability of craniofacial osseointegrated implant surgical site planning. COMPRU began work with portable spectrophotometry and through research demonstrated that ΔE in digital color matching of silicone elastomer to skin could be reduced to a clinically appropriate level. By 1999, after much development work, COMPRU was producing mirror imaged ears in milled wax using a computer design application, a surface probe scanner and a 3-axis milling machine. It is remarkable that all three defined needs and other ADT work was achieved by around the time of the Millennium. By this time, we were convinced that ADT would be important to the future of maxillofacial prosthodontics. Confident of the ADT work achieved, COMPRU staff began to present on ADT subjects at meetings. While there were those who responded positively to the prospect of ADT use in maxillofacial prosthodontics, the negative response encountered from some had not been anticipated. International colleagues also encountered challenges. Of importance was that some

early ADT adopters became detractors as they found ADT difficult to operate, a challenge to manage and anticipated results were not readily achieved. At that time, I became aware of the work of Clayton Christensen on disruptive technology and his book, *The Innovator's Dilemma*. It appeared that what we were experiencing was a working example of Christensen theory of disruptive innovation. Early adopters of ADT had not fully appreciated the challenges of introducing disruptive technology. This required a different approach, and with time, many began to understand the challenges that lay ahead. As but one example, COMPRU together with Mr. Adrian Sugar, a maxillofacial surgeon at Morriston Hospital, Swansea, Wales, and Prof. Rainer Schmelzeisen, Head of Maxillofacial Surgery, Albert Ludwig University, Freiburg, Germany held biennial ADT conferences starting in 2002. Also of particular importance was the AAMP as it played a pivotal role in providing opportunity to present on ADT at annual conferences. The AAMP continues to play a critical role in the evolution of ADT in maxillofacial prosthodontics.

There were two sentinel disruptive technology developments in ADT engagement at COMPRU/iRSM. The first was significant enhancement of ADT capability by establishing a point-of-care ADT laboratory. This also required development of technical and knowledge worker capability. The second involved adoption of a highly innovative clinical workflow to make possible Level 4 jaw reconstruction. Both developments had further profound effect on clinical care at COMPRU/iRSM:

1. **Point-of-care ADT laboratory**. The first of the sentinel disruptive technology developments was establishment of the Medical Modeling Research Laboratory (MMRL). MMRL provided non-invasive image acquisition, digital surgical design (DSD) and additive manufacturing (AM). MMRL was functional in 2004 and officially opened in 2005. In these early stages, anaplastology and maxillofacial technology served an essential role as ADT knowledge workers. Respectively, Rosemary Seelaus and Andrew Grosvenor were extremely important in this regard. MMRL became central to head and neck care in the resection-reconstruction-rehabilitation continuum, as well as in craniofacial osseointegration and facial prosthetic care. What was critical to enhancing approaches to care was that MMRL was a dedicated ADT clinical and research point-of-care laboratory service that allowed for innovation of workflow and control of cycle times. By 2007, iRSM committed to digital surgical planning (DSP) for all head and neck surgery patients deemed suitable. Having a digital workflow for head and neck care required educating and training knowledge workers in surgical design to be competent in digital imaging, DSP and AM. As a result, a Master of Science in surgical design and simulation was established in conjunction with the Faculty of Rehabilitation Medicine, University in Alberta. The first candidate, Heather Logan, graduated in 2011 and continues in her position in MMRL. Likewise, staff in the Osseointegration Laboratory also needed to become ADT knowledge workers and underwent a remarkable transformation. A one-year fellowship was also created with Continuing Medical Education, University of Alberta for maxillofacial prosthodontists to gain education and training in digital surgical design and its clinical applications. The first candidate completed the fellowship in 2011. The transition of COMPRU/iRSM to ADT took time, patience, and a great deal of effort. Although an experience in disruptive technology innovation, the transition to an ADT driven workplace

resulted in iRSM being near fully digitally driven with a profound and positive effect on patient care.

2. **Occlusion-based and digitally driven microvascular bone containing free flap functional jaw reconstruction.** The second sentinel disruptive technology development was being able to move from Levels 2 and 3 to Level 4 reconstruction. This was made possible by the work of Dr. Dennis Rohner, a Swiss surgeon. Dr. Dennis Rohner innovated a manual inverse planning system that allowed for occlusion-based microvascular functional jaw reconstruction using the prefabricated fibular flap approach to jaw reconstruction. After 2009, when Dr. Rohner trained the IRSM team, iRSM began using the Rohner approach to reconstruction. It was soon realized at iRSM that the Rohner workflow algorithm could be almost fully digitized. The Rohner approach was particularly suitable for benign disease reconstruction. Through further innovation by Dr. Hadi Seikaly, it was made suitable for managing malignancy and this was termed the ART approach (Alberta Reconstructive Technique). The Rohner approach followed by the ART approach being provided with a digital workflow provided an important advance in the resection-reconstruction-rehabilitation continuum at iRSM. Among other positive outcomes of care, this resulted in a major reduction in time to complete treatment, reduced cost of care, and increased quality of life.

   As the major category of maxillofacial prosthodontic care is repeatedly reported as being related to jaw resection, the foregoing focused on this subject. While limitation of space precluded elaboration, at the same time, similar ADT developments at iRSM were taking place in facial prosthetic work.

It is not possible to fully capture the complexity of the digital journey in the limits of the present article. The digital journey was at times frustrating, disruptive, and even exhausting but it was a meaningful journey, and just as it remains today, always full of promise. It was a journey for which I am profoundly thankful as it delivered many significant advancements with new treatment options for patients, reduction in treatment times, reduced costs of care and improved outcomes. iRSM was fortunate to recruit the second and third maxillofacial prosthodontists, Dr. Osswald and Dr. Nayar respectively. These two colleagues understood the value of embracing disruptive ADT technologies at iRSM and soon made valuable contributions to the work of the iRSM team. They continue the collective ADT endeavor, through their own vision, for the future. Likewise, I remain thankful to Dr. Wilkes and Dr. Seikaly as, from the outset of the digital journey, they intuitively understood the potential benefits of ADT in head and neck care. Without the vision and support of these two surgeons, the ADT journey would not have been possible. So many past and present staff, as well as other collaborators, made invaluable contributions to the COMPRU/iRSM journey of digital transformation. It is not possible to mention all who contributed but all involved were and remain a truly remarkable group with whom I had the privilege of serving

If nothing else, it is evident from the above that the digital journey required it to never be about one thing or one individual. Instead, it required a long-term, patient, and persistent collective

effort that exploited the potential of disruptive ADT to bring innovation and new treatment options to benefit patients who entrusted us with their care.

Q: Can you share with us your vision for the future of ADT in our specialty and our organization?

Technology is accelerating at a pace that makes elusive the forming of a clear vision of the future of our subspecialty. An element of the challenge is deciding the balance between leaving the future to evolution by chance as opposed to developing a considered future. Maxillofacial prosthodontics may do well to depend on a collective response to considered planning, preparing, and position our subspecialty for the future. It will be valuable to understand the anticipated positioning of our subspecialty as it sits in the crossroad of the integrative approach advocated by the National Science Foundation and the US Department of Commerce by way of NBIC technology convergence (Nanotechnology, Biotechnology, Information Technology, Cognitive Science) as it applies to health care applications. In relation to this construct, ADT will be an important domain for the future of our subspecialty. That being said, ADT is not the only domain to be considered. It also requires understanding other critical domains that will be valuable for the future of maxillofacial prosthodontics. Where possible, the process should also seek integration of the identified domains. If, as a subspecialty, we believe that what we offer will have future relevance for patient care, we need a realistic but aspirational approach to defining the future of maxillofacial prosthodontics. In this regard, there have been lessons learned from the collective experience of ADT adoption in maxillofacial prosthodontics. One such lesson is loss of opportunity when evolution by chance is adopted with engaging an advanced technology. As ADT arrived, it provided previously unencountered challenges with the effects of disruptive technology. This inevitably resulted in those with, and those without access to ADT. The problem goes further as those with ADT access also vary considerably in available technology, ADT knowledge and ADT skill levels. The consequence it that access to ADT has begun to directly influence capability in care delivery instead of what it should do, and that is to contribute to a commonly shared competency with elevation to a standard of care. Today, head and neck teams in developed economies should be able to deliver Level 4 reconstructions. While not established, it is thought that many may remain at Level 2 or 3 capability. Moreover, we are yet to establish what constitutes ADT clinical competency for maxillofacial prosthodontics let alone establish what constitutes knowledge worker competency for maxillofacial prosthodontics. The failure to realize these fundamentals is not the fault of technology. It is we who have approached the entry of ADT to our subspecialty as an individual interest and not a planned competency. Some other groups have begun to consider this differently. Furthermore, artificial intelligence has arrived in our ADT clinical space, and this will increasingly provide us with benefit but also confront and disrupt us in ways that potentially will be unlike anything we have yet experienced. As an example, many aspects of our work are based on algorithms. AI is particularly adept at exploiting algorithms and without AI knowledge we may, in part or in whole, find clinical vulnerability. As maxillofacial prosthodontics begins the process of understanding what will constitute the critical care domains

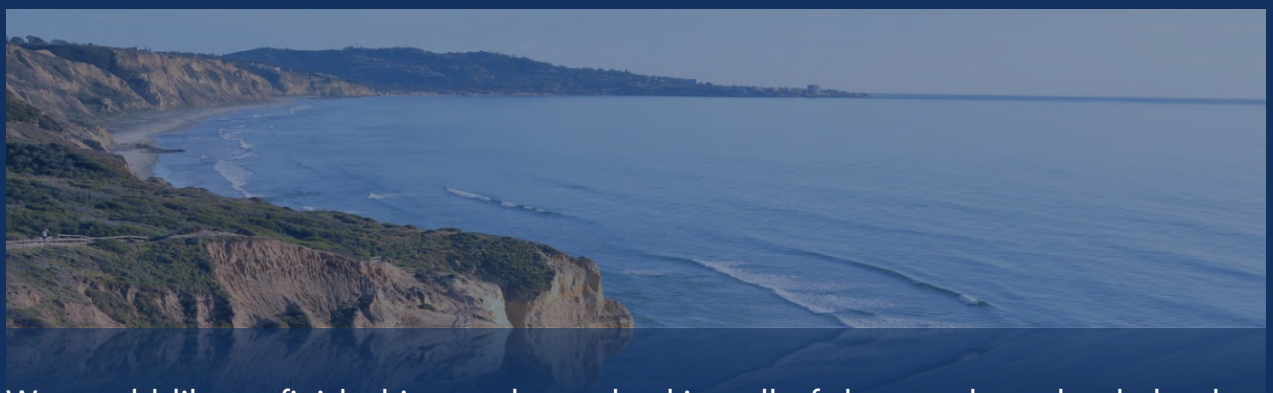
of the future as well as the attendant knowledge domains, we may then begin shaping the beginnings of a vision for maxillofacial prosthodontics of the future.

To address the impact and influence of ADT on maxillofacial prosthodontics, a discussion document, *The Future of Maxillofacial Prosthodontics in North America: The Role of Advanced Digital Technology and Artificial Intelligence*. *Johan Wolfaardt, Lawrence Brecht, Robert Taft, Gerald* Grant,*2022,1-94* was prepared, as a voluntary work, for the AAMP. The document was provided to the AAMP for the AAMP membership in November 2022 by The Maxillofacial Foundation. The discussion document was written to assist the AAMP in its important work to guide maxillofacial prosthodontics to the future.

The discussion document is in process of being published and will be found on the AAMP website shortly after. Be on the look for it!.

-By Akanksha Srivastava

In Closing…



We would like to finish this newsletter thanking all of the members that helped us accomplish the fall edition. Most grateful to another year of achievements and advancements in the academy. We thank Dr. Hofstede for her leadership and dedication. We are excited to announce an in person meeting in San Diego, CA. Note that this year the meeting will be three days. October 21st - 24th , 2023.

The academy is a platform rich in opportunities. It does not matter in what category you may fall into, a student member or a life fellow, the enthusiasm and contribution can be endless and so rewarding. Some of the most valuable features of our group are the collegial environment, the never ending pursuit of cutting edge knowledge, mentorships and achieving life long friendships. We hope you enjoyed the selected items in this Falls newsletter.

Ruth Aponte-Wesson &
e-Communications Committee

See you all in San Diego!