BULLETIN OF THE SAN FERNANDO VALLEY DENTAL SOCIETY

DENTAL DIMENSIONS

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Fall 2013

Tea Time with the Tripartite's Female Leadership

- Celebrating Diversity: A Tripartite Forum
- Financial Planning
- Non Invasive Detection Tools for Oral Cancer

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DENTAL DIMENSIONS

In This Issue

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Call for Submissions

Do you have an unusual case study or an interesting article you would like to have published? Dental Dimensions is looking for articles from our members so we can share our collective knowledge. Articles should be 500-1000 words with references where applicable and photos if possible. Send your submissions to: editor.sfvds@sbcglobal.net or contact the dental society office at 818-576-0116

On The Cover.....

Female leadership of the ADA and SFVDS at the Afternoon Tea Party at Sportsmen's Lodge. (L-R) Wendy Jo Tomayo, SrVP, MembershipTripartite Relations & Marketing, Dr. Chi Leung, SFVDS Foothills Liaison and board member; Dr. Carol Summerhays, CDA Past President and ADA 13th District Trustee; Dr. Kathleen O'Loughlin, ADA Executive Director; Dr. Nita Dixit, SFVDS President; Dr. Karin Irani, SFVDS Membership chair and board member.

Photo by: Bella Penate

From the Desk of the Editor

The Stuff We're Made Of

I am honored to have served as your editor for the past six years and look forward to being the associate editor as I hand over the reigns of Dental Dimensions to the very competent, Dr. Shukan Kanuga. After serving as the SFVDS secretary and editor this year, I will be stepping into the position of treasurer in 2014. I hope I have kept you informed as well as educated on the issues important to our profession, our practices, our patients and our component.

The past year has been a challenging one for me on a personal and professional note. As this is my last column as editor, I'd like to take the personal privilege of writing about my father, Joginger Singh Rathee, who I lost unexpectedly this year. I still remember the numbness and confusion I felt when my sister called me from Toronto and said that dad had collapsed on the kitchen floor and the paramedics were trying to revive him. But wait, it was Mom that had just come home two days ago from being in the hospital for six weeks and we had almost lost! I grappled with the reality of what was happening as I wandered around the gift shop where I had just finished brunch with my girlfriends. My parents lived in Halifax, Nova Scotia, 3,000 miles away, so there was nothing I could do but wait and pray that my dad was okay. How could he not be, as he was the only one there to look after my mom! After an agonizing 45 minutes, I couldn't wait any longer. I called my parents' home to learn that the hospital had just called and my dad did not make it. I don't know how my family got through the following weeks and months but the support and help of close friends, not just ours, but our parents' made all the difference.

Many people have asked me how I do all the things I do: run my own practice, raise two great children as a single mom, and serve the various roles in organized dentistry that I have over the past 16 years. It really is about the mentors I've had in my life, both professionally and personally. I have been fortunate to have great mentors as my role models in dentistry. Not everyone is fortunate to have parents as great role models. I can say that I am. My father came from a wealthy business family in India, but left it all behind to come to Canada as a high school teacher with only $5 in his pocket. My parents worked hard to make a better life for themselves and their three children. Education was very important in our family, as was honesty, integrity, discipline and hard work. These were the key ingredients that resulted in all three of their children becoming doctors: I became a dentist and my brother and sister became physicians. Throughout the difficult times in my life: school, divorce, being a single mom, and running my own practice, my parents supported me not just financially, but emotionally. My dad always encouraged me to keep my hands in my profession even through the difficult years of marriage, young children, divorce and economic downturns when the future of dentistry seemed uncertain. It was good advice!

My dad was always helping others without expecting anything in return. So many people shared their stories of how my dad had helped them. I knew he was a great father and grandfather but I learned that he was also a great teacher, friend, husband, neighbor, tutor, and was well loved and respected among his friends, colleagues and the community. He maintained and repaired his own car and home and even helped others with his handyman skills. I saw him change and adapt from being an old world opinionated disciplinarian to an understanding, tolerant and patient man. Although he was not rich or famous, he touched the lives of those around him in ways that made their lives better. He taught me to have higher standards and expectations of myself than those around me. He taught me that if you work honestly, treat people well and always strive to do your best, you may not become rich and famous, but you will sleep well at night. He taught me how to be a good parent, not only by his example but with his advice and words of wisdom as I raised my own children. Over the years, he became more of a friend with whom I shared my life's ups and downs.

Running my practice has had its challenges, particularly this past year. I can't finish this column without saying a few words about my mom. Until her diagnosis of an autoimmune disorder called Wegner's disease three years ago, she was the pillar of our family, quietly taking care of and supporting all of us while maintaining a full time job and busy social life. Just months ago, she was 90 lbs and unable to walk even a few steps on her own. I cannot imagine how she got through losing her physical strength, her husband, her home and friends of 44 years, and moving to Toronto. Through my frequent visits to Toronto to provide some moral support, I saw her getting stronger. She is diligently walking twice a day now. She not only looks after herself, but has started cooking for my brother and sister's family when she is able. She is still only able to do a fraction of what she used to, but her strength and her determination to not be a burden to her children, inspires me to continue when I feel the challenges in my life become overwhelming.

Thank you for allowing me to share a little bit of my amazing family with you. I hope all of you have people in your lives who support and inspire you to be the best person you can be.

Anita Rathee, D.D.S., M.P.H.,
Editor, SFVDS

From the Desk of the President

Dear Friends,
I am entering the fourth quarter of my year as the President of SFVDS as I write this column. This will also be my last column.

The fall has been a busy time as the SFVDS prepared and hosted the Afternoon Tea Party at the Sportsmen's Lodge on Sept. 21, 2013. The Diversity Forum was also held the same evening at the Airtel Hotel. Another big event was the first fundraiser for the SFVDS Foundation held at the Knollwood Country Club on Oct. 26th, 2013. It was a costume party and the guest of honor was Supervisor Michael Antonovich.

The staff at our central office in Chatsworth has been extremely busy with organizing and coordinating these events while supervising the work being done to renovate part of the central office as a venue for holding hands-on-clinics. The Board approved the plan as it was seen as a member benefit to have our central office offer a place for our members to improve their clinical skills.

A big thank you to Andy, Wendy and Bella for their patience and their hard work in seeing all the events through while putting up with the uncertainties and aggravations that come with renovations and construction of any kind.

A lot of credit is also due to our immediate Past President, Dr. Afshin Mazdey, for envisioning and overseeing this ambitious project that will help establish our central office as a campus of sorts for our members. He is working hard to get the space ready by early December 2013 so that the installation of the next SFVDS President, Dr. Mahrouz Cohen, can be held there on Dec. 13, 2013 at 7 pm.

I had established the Relevance Task Force (RTF) chaired by past president, Dr. Virginia Hughson-Otte, at the beginning of my year as the president to ensure that our component remains relevant and is ready to serve the needs of our younger members for years to come. Dr. Marko Vujicic, Ph.D., from the Dental Practice and Professional Affairs of ADA made a presentation to the SFVDS Board on the changing face and nature of ADA membership. This further supported the rationale for the RTF's recommendations to the Board.

I have also made efforts to get our fledgling SFVDS Foundation off the ground. There is a great need for dental care for indigent adults as was confirmed when I volunteered at a charity, 'Bridge to Home' in Saugus recently. Our first fundraiser will have been held by the time this issue is in your hands. I hope you will continue to support the foundation and confirm our commitment to help provide dental care to the less fortunate.

The Public Service Announcements (PSAs) that the foundation created have been aired on Time Warner Cable extensively and have helped create awareness of the need for proper care of infant teeth. They were created in English and Spanish. Another PSA focusing on the role of proper diet in maintaining good oral health is in the works.

Well, that's all folks! It sounds trite to say that it has been an honor and a privilege but I mean it. I would like to thank the board members, committee chairs and committee members for all their work and their support during the year. I wish Dr. Mahrouz Cohen the best in her year as the president of SFVDS and will continue to support her and the dental society as the immediate past president.

Best wishes,
Nita Dixit, DDS

Legislation Report

By: Jim Mertzel, DDS

CDA invited members of the legislative committee to Sacramento to meet with some of our local legislators, re-establishing a program that had been discontinued five years ago.

The committee members, Jorge Alvarez, Mahfouz Gereis, Jim Jensvold, Chi Leung, Anette Masters, Jim Mertzel and Executive Director Andy Ozols had the opportunity to meet with Assemblymen Steve Fox, Scott Wilk, Raul Bocanegra, Mike Gato, Adrin Nazarian, and State Senators Steve Knight and Bill Emmerson.

Dentist Senator Bill Emmerson hosted a tour of the senate chambers and lunch in the capitol cafeteria.

The primary issue discussed was the possible threat of legislation or an initiative being brought to the ballot to increase the cap under the Medical Injury Compensation Reform Act (MICRA) for non-economic damages from the present $250,000.00 to more than $1,000,000.00. CDA is strongly opposed to raising the cap.

Prior to 1975, liability insurance rates were increasing exponentially, as there was no limit to the amount a patient could collect in a medical liability suit for non-economic "pain and suffering" claims. As a result many medical and dental practitioners, burdened with excessive liability rates were leaving the state or closing their practices. Presently there is a push by defense lawyers to raise that limit.

Under the present law injured patients can receive unlimited compensation for any and all economic damages including any and all past and future medial expenses, any past and future lost wages and unlimited punitive damage recovery. MICRA includes a descending fee schedule for determining attorney fees while limiting the amount a lawyer can take for representing an injured patient

As advocates we asked the cooperation of the legislators with whom we met to support our position. At the present time there does not seem to be a push by legislators to support this issue. HOWEVER, WE SUGGEST THAT AS HEALTH CARE PROVIDERS, YOU BE VIGILANT OF ANY INITIATIVE OR LEGISLATION SEEKING AN INCREASE IN THE NON-ECONOMIC CAP FOR MICRA.

In the next session of the state legislature there will be discussion regarding the exchanges under the Affordable Health Care Act (In CA referred to as Covered California). CDA is concerned that both dental insurance policies presented under Covered California and other dental insurance policies outside of the ACA, that dental insurance companies limit the amount the companies allocate for administrative costs as opposed to the amount of money set aside to pay actual patient benefits. The term Medical Loss Ratio (MLR) is used.

CDA proposes that 85 percent of the cost of the insurance premium be used to pay the dental claims and only 15 percent be allocated for administrative costs. This is in line with medical insurance. If the insurance company does not pay out 85% in clams then the excess amount is required to be reimbursed to the insured, rather than retained as excess profit to the insurance company. Presently dental insurance companies are demanding a MLR of 70/30.

Please be aware of the requirement under Covered California that as an employer you are required to inform your employees who are not provided health insurance by your practice that they may have the opportunity to receive health coverage beginning January 1, 2014 under the CA Exchange. Enrollment begins October 1, 2013.

A 'Virtual Dentistry' bill, introduced by Assemblyman Raul Bocanegra would allow assistants and registered dental hygienists to work in areas remote from an attending dentist, to determine what x-rays are necessary, to use hand held x-ray units and cameras connected to a computer, and give a visual report to a dentist in a remote area by tele-dentistry. The dentist would then make recommendations to the attending mid-level provider as to whether that patient should be referred or if the mid-level provider could place an interim restoration (glass ionomer). The hygienist could perform a prophy, fluoride treatment and place sealants. The theory for this program is that only the patients who need actual restorations, RCT or surgery would be seen by the dentist, thus utilizing the dentist's time for only the treatment he/she could provide. It would save the patient from traveling from a remote area if the patient could be treated at the place of the exam. There is some controversy regarding this legislation and CDA dentists will be having their input over the next year. As seen on the cover of the last issue, your SFVDS leadership has already met with Assemblyman Raul Bocanegra to express our concerns and offer our help as the bill eventually works its way through the legislature.

One more thought:
Jim Wood, a dentist who has been very active in CDA affairs as Cal-D-Pac chair, has served on the Government Affairs Council, is running for the State Assembly. Although I am a registered Republican, I strongly endorse Jim to represent organized Dentistry in the Assembly. As a Democrat, Jim will carry more weight in the highly polarized Democratic legislature. I have worked with Jim on the Cal-D-Pac committee and on the GAC. He not only has served CDA well, but has served on his City Council. I am proud to endorse Jim and ask for your financial support in his campaign.

Send your check to:
James Wood for Assembly • 102 South Main Street
Cloverdale, CA 95425
Email: jwooddds@comcast.net

Trustees' Report

By: George Maranon, DDS

On behalf of its members, the California Dental Association, along with several individual dentist providers, has taken legal action against Delta Dental of California by filing a demand for binding arbitration in response to Delta's notice dated Aug.1, informing providers of changes to key provisions in their agreements.

TDIC Insurance Solutions has previously notified insured members that Anthem Blue Cross will no longer offer the plan that has been available to them. These changes will take effect beginning January 1, 2014. To help members transition to a new plan, TDIC will be reaching out to members soon after October 1. TDIC is waiting to receive confirmation that state regulatory agencies have approved the rates and plans submitted by new carriers. Insured members' current health insurance coverage will remain in effect until December 31, 2013. They must select a new plan by December 15 in order to have coverage effective January 1, 2014. Selecting a new plan by December 15 will ensure that there will be no lapse in your health insurance coverage. TDIC has identified three primary carriers Kaiser, Blue Shield and Anthem Blue Cross along with other carriers, which meet the quality standards expected from TDIC Insurance Solutions. Each of these carriers will offer multiple individual plan options with varying deductibles and physician networks.

The Council on Endorsed Programs and the Practice Support Center Task Force will be dissolved, and a new Council on Practice Support will be created. The mission of the new Council on Practice Support will be to facilitate members' efforts to develop, maintain and enhance successful dental practices through the identification, evaluation, development, and educational support of services and programs critical to the business aspects of a dental practice. The previous Practice Support Center and Compass will be shifted from the Council on Membership to the Council on Practice Support.

The next CDA Cares event will be held December 6 and 7 at the Del Mar fairgrounds just north of San Diego. . Registration information can be found on the CDA Cares website. The Board of Trustees approved dates and locations for the 2014-2015 CDA Cares dental clinics:

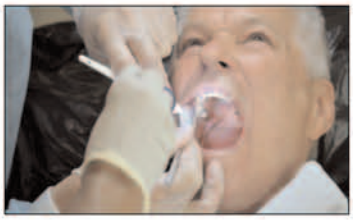
- April 24-27, 2014-the Solano County clinic at that the Solano County Fairgrounds in Vallejo
- November 20-23, 2014-Los Angeles area clinic at the Pomona Fairplex in Pomona
- Sacramento clinic at that Cal Expo Fairgrounds in Sacramento

Search is currently under way to identify a site and date for a Central Valley clinic in the fall of 2015. All members are encouraged to participate in these events

Lastly, the Board of Trustees nominated current CDA president, Lindsey A. Robinson, DDS, as the candidate for Thirteenth District Trustee to the ADA. This nomination will be brought forward for consideration at the 2013 CDA House of Delegates in November.

San Fernando Valley Dental Society Foundation

Our 'Smiles From the Heart' program has started providing free oral health care to low/no income adults in our component's jurisdiction and needs your help to provide services to our targeted populations.



If you are willing to accept a few patients per year in your offices, pro bono, please contact the central office. You will be able to schedule patients in your open schedule times AND the SFVDS Foundation will reimburse you for any and all materials and lab fees (at cost) that may be required.

Won't you please pitch in and help adults and seniors who have no state or federal support, no private insurance and no financial means to pay for their dental treatment? All patients have been pre-screened for financial need, health histories and ability to get to your offices for your generous help.

Call Bella at 818.576.0116 or email: bella.sfvds@sbcglobal.net

General Meetings - Preview

JANUARY 29, 2014

2014: Your Year to Extraordinary Professional and Personal Success
Steve Rasner, DMD, MAGD

2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

Dr. Rasner founded "Realizing the Dream," a collection of professional practice tools, including speaker's services, books, in-office training tapes, videos, and practice management products which he will share with our membership. Predicated on the protocols and philosophy of his 25 years in practice, these easy-to-implement concepts and products enable new and seasoned practitioners of elective healthcare services to realize their dream of professional and financial fulfillment. Speaking with a passionate, original, and rapid-fire delivery, Dr. Rasner challenges, inspires, and shares the same principles and practices that he used to build one of the most respected models of success in the country.

FEBRUARY 26, 2014

How to Achieve Predictable Excellence in Cosmetic Dentistry
Mike Malone, DDS

2PM – 9PM Airtel Plaza Hotel, 7277 Valjean Ave., Van Nuys, CA 91406 818.997.7676

Dr. Mike Malone has combined the occlusion and restorative teachings of L D Pankey, Alvin Filastre, Pete Dawson, et al, with a passion for learning from the best and brightest in cosmetic dentistry. He has developed systems for combining predictable restorative techniques with ideal cosmetic procedures. This lecture will highlight those key areas that guided Dr. Malone in developing a highly successful cosmetic-oriented, fee-for-service practice in a blue-collar, middle-class community. He will discuss techniques he uses to get most patients to schedule, to look forward to, and to rave about their comprehensive new patient examination. He will go over his step-by-step process (utilizing advanced digital photography and presentations) for achieving predictable case acceptance for optimum dentistry.

General Meeting Review

September 18, 2013
Esthetic Implant Dentistry – From the Simple to the Most Complex
Saj Jivraj D.D.S., MS.Ed, and Mamaly Reshad D.D.S, MSc
Sponsored by: Nobel BioCare

This course presented the treatment concepts for the handling of single tooth gaps and extended edentulous spaces in the anterior maxilla. Emphasis was placed on diagnosis and treatment planning. Important aspects of treatment planning, surgical procedures and prosthetic rehabilitation with provisional and definitive restorations were presented with excellent slide illustrations and their rationale was discussed at length. Attendees participated with follow-through questions and were impressed with the passion with which both presenters conducted the course.

October 16, 2013
Restorative Materials: Is There Any Difference, Or Are They All the Same?
Charles W. Wakefield, DDS
Sponsored by: Garrison Dental Solutions and Kavo Kerr Group

This lecture reviewed much of the confusing array of current restorative materials and the rationale for selection and clinical use of the most appropriate materials in a wide variety of clinical situations. The confusion between marketing and evidence based dentistry was brought to the forefront as Dr. Wakefield answered specific questions in addition to his exhaustive presentation of the issue. The application of color in dentistry, principles of smile design and clinical restoration of cosmetic cases for the general dentist were also described and illustrated.

An Update on Non Invasive Detection Tools for Oral Cancer

By: Diana V. Messadi., DDS., MMSc., DMSc
Professor and Chair,
Section of Oral Medicine and Orofacial Pain
UCLA School of Dentistry

The incidence of oral cancer worldwide is around 500,000 new cases every year, accounting for approximately 3% of all malignancies, thus creating a significant worldwide health problem.[1] The American Cancer Society estimated 40,250 new cases of these cancers for 2012 in the United States alone. Tobacco use and alcohol consumption are regarded as the main risk factors for oral squamous cell carcinoma (OSCC), while human papilloma virus (HPV) infection is emerging as the leading risk factor in cancers of the oropharynx. The most common form of oral cancer is squamous cell carcinoma (SCC), which accounts for 96% of all cancers of the oral cavity.[2] The American Dental Association Council on Scientific Affairs recommends that clinicians remain alert for signs of potential malignancy when performing a routine visual and tactile examination in dental patients, especially those with a history of smoking and heavy alcohol use.[3]

Oral Precancerous Lesions

It is well established that oral SCC occurs as a result of several molecular and biochemical cellular alterations and changes in the underlying fibrovascular stroma including neovascularization. In conjunction with cellular alterations, clinical changes in the affected epithelial tissues are observed as well, known as precancerous lesions. The clinical significance of oral precancerous lesions lies in its association with malignant transformation into (OSCC).

The most common precancerous lesions present clinically as white, red or a mix of white and red mucosal changes. These clinical conditions are known as leukoplakia including proliferative verrucous leukoplakia (PVL), erythroplakia, erosive oral lichen planus and oral submucous fibrosis [4]. The malignant potential of the above mentioned oral lesions cannot be accurately predicted solely on the basis of their clinical characteristics, histologic evaluation is essential for all suspicious lesions. Unfortunately histologic findings only indicate that a given lesion may have malignant potential (dysplasia), and cannot be used for the prediction of malignant changes. Thus, the presence of dysplasia only indicates that an oral lesion may have an increased risk of malignant transformation.[4]

Human Papilloma Virus and Oral Precancerous Lesions

Human papilloma viruses (HPVs) are deoxyribonucleic acid (DNA) viruses that can cause infection of either cutaneous or mucosal epithelium depending on their genotype. The ones that infect the mucosal epithelium have been categorized, depending on their oncogenic potential, as either high risk subtypes (HPV-16, 18, 31, 33, and 35), or low risk subtypes (HPV-6, 11, 13, and 32). Low-risk HPVs have been implicated in the pathogenesis of the benign oral proliferative epithelial lesions, squamous cell papilloma, common wart (verrucous vulgaris), condyloma acuminatum, and focal epithelial hyperplasia (Heck disease), while high-risk types, in particular HPVs 16 and 18, have been associated with precancerous and cancerous oral and oropharyngeal epithelial lesions.[5]

The role of HPV in oral and oropharyngeal cancers is still being investigated; although the reported prevalence varies considerably, several studies have confirmed the presence of HPVs in oral samples such as biopsies or brush samples of mucosa. In addition, HPV positive normal oral mucosa have also been found in biopsies from healthy mouths, but their prevalence is typically reported to be higher in biopsies from oral lesions such as leukoplakia or cancers. High-risk HPV genotypes, in particular HPV-16, are the most prevalent in oral leukoplakias, including PVL. Although the incidence of tobacco- and alcohol-induced cancers is declining, there are solid indications that the incidence as well as the prevalence of HPV-associated head and neck squamous cell carcinomas is increasing.[6]

Importance of Early Detection

There is general consensus that the clinical stage at the time of diagnosis is the most important predictor of recurrence and mortality in oral cancer patients. The time to diagnosis is influenced by multiple clinical and sociodemographic variables, including patient reluctance to consult a health care professional due to lack of access to health care, especially in patients

Continued on page 10

with low socioeconomic status (SES), as well as professional delay in diagnosing and treating the disease. Clinicians can improve patients' survival rates if a cancerous lesion is detected at an early stage, or if a precursor lesion (dysplasia) is discovered and treated prior to malignant progression. A major challenge for early diagnosis of the at-risk tissue is our limited ability to differentiate oral precancerous lesions at high risk of progressing into invasive SCC from those at low risk. Thus, the prevention of oral cancer and its associated morbidity and mortality, hinges upon the early detection of oral precancerous lesions, allowing for histologic evaluation and subsequent treatment depending on the stage of diagnosis. Early detection and screening for oral cancer has the potential to decrease the morbidity and mortality of disease, but methods for screening have not been proven successful. Although a typical routine oral cancer examination requires a 90 second visual and tactile examination, too few practitioners and dentists in particular are conducting these exams.[7]

Non-Invasive Tools for Early Detection

Recent advancements in oral cancer research have led to the development of potentially useful diagnostic tools at the clinical and molecular level for the early detection of oral cancer. The gold standard for oral cancer diagnosis remains tissue biopsy with histologic assessment, but this technique needs a trained health care provider, and is considered invasive, painful, expensive and time consuming. Recent clinical diagnostic tools for early detection of oral cancer include tolonium chloride or toluidine blue dye, Oral CDx® brush biopsy kits, salivary diagnostics and lastly optical imaging systems. Depending on the type of light and the imaging approaches used, optical imaging of the oral tissues can detect minimal changes within the tissues, such as alterations in tissue architecture and composition; expression of specific biomarkers and vascularity/angiogenesis.The most common ones that have been marketed to dentists include: ViziLite™ (Zila, Batesville, AR USA), VELscope™ (LED Dental Inc., Vancouver, Canada), DIFOTI™ (Electro-Optical Sciences, Inc., Irvington NY USA), and IdentafiTM (StarDent, USA). All these methods have their own advantages and disadvantages but unfortunately these non-invasive tools have failed in their practical implication in the community setup, as patients are still being diagnosed in advanced stages of oral cancer.[4]

Toluidine Blue

Toluidine Blue (TB) is a member of the thiazine group of metachromatic dyes that binds to DNA and is partially soluble both in water and in alcohol. Theoretically, dysplastic and malignant cells have higher nucleic acid content than normal, and thus staining of suspicious lesions with this dye can aid recognition of mucosal changes. TB has been used as a vital stain to highlight potentially malignant oral lesions since the early 80s. A positive staining of TB may appear as a dark royal blue (Figure 1B). TB test appears to be highly sensitive (97.8–93.5%) but less specific (92.9–73.3%), mainly because of high false-positive results.

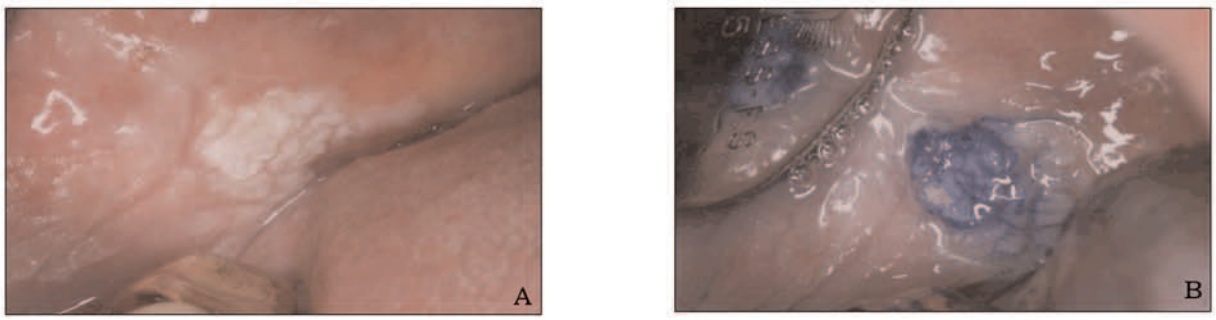


Figure 1: (A) A leukoplakia lesion on right buccal mucosa of a 52-year-old female. (B) Same lesion after application of the TB stain. TB was retained in some areas and not others. A biopsy was taken from the dark stained blue area which showed severe dysplasia.

Oral CDx

Oral CDx brush biopsy uses the concept of exfoliative cytology to provide a cytological evaluation of a cellular dysplastic change. The Oral CDx provides a complete transepithelial sample as the brush extends deep in the epithelial layers. The oral cytological epithelial samples are fixed onto a glass slide, stained with a modified Papanicolaou test and analyzed microscopi-

Continued on page 11

cally via a computer-based imaging system. A scalpel biopsy is still suggested if there is clinical suspicion of a lesion regardless of the Oral CDx result.

Chemiluminescence: ViziLite™

This imaging device has been approved for use in the United States by the Food and Drug Administration (FDA) since November 2001. It involves the use of a hand-held, single use, disposable chemiluminescent light stick that emits light at 430, 540 and 580 nm wavelengths. The use of the light stick is intended to improve the visual distinction between normal mucosa and oral white lesions. Normal epithelium will absorb light and appear dark whereas hyperkeratinized or dysplastic lesions appear white. Lately, a combination of both Toluidine Blue and ViziLite™ systems (ViziLite Plus with TBlue system™, Zila, Batesville, AR USA), received FDA clearance as an adjunct to visual examination of the oral cavity.

VELscope™ System

The use of tissue autofluorescence in the screening and diagnosis of precancerous lesions in the lung, uterine cervix, skin has been well documented. Using the tissue autofluorescence concept for diagnosis of dysplastic lesions in the oral cavity hinges on the changes in the structure and metabolism of the epithelium and the subepithelial stroma when interacting with light. Specifically, loss of autofluorescence in dysplastic and cancerous tissue is believed to reflect a complex mixture of alterations to intrinsic tissue fluorophore distribution, due to tissue remodeling such as the breakdown of the collagen matrix and elastin composition as well as alterations to metabolism such as the decrease in Favin Adenine Dinucleotide (FAD) concentration, and increase the reduction form of Nicotinamide Adenine Dinucleotide (NADH) associated with progression of the disease. Further, these structural changes in tissue morphology are associated with alterations not only in the epithelium but also in the lamina propria (e.g., thickening of the epithelium, hyperchromatin, and increased cellular/nuclear pleomorphism, or increased microvascularity). The latter changes lead to increased absorption and/or scattering of light, which in turn reduces and modifies the detectable autofluorescence signal.[8-10]

In the past decade, several forms of autofluorescence technology have been developed for inspection of the oral mucosa. In partnership with the British Columbia Cancer Agency, LED Medical Diagnostics Inc markets the hand-held VELscope™ system. It is a simple hand-held fluorescence visualization tool for the direct visualization of tissue fluorescence, and it is quick and easy to use. The site of interest is viewed through the instrument eye piece. Normal oral mucosa appears pale green due to the tissue autofluorescence resulting from stimulation with intense blue light excitation at 400 to 460 nm wavelength. In contrast, dysplastic and malignant lesions will appear darker than the surrounding healthy tissues as they have decreased autofluorescence. Two recent studies emphasized the controversial use of this system for early diagnosis. One study, demonstrated that VELscope examination did not provide a definitive diagnosis regarding the presence of epithelial dysplasia, and that loss of autofluorescence is not useful in diagnosing epithelial dysplasia, without relevant clinical interpretation. While the other study showed that the VELscope was useful in confirming the presence of oral leukoplakia and erythroplakia and other oral mucosal disorders, but the device was unable to discriminate high-risk from low-risk lesions.[11-13]

Identafi System

The Identafi technology combines anatomical imaging with fluorescence, fiber optics and confocal microscopy to map and delineate precisely the lesion in the area being screened. The advantage of this device over the VelscopeTM is its small size and easy accessibility to all tissues in the oral cavity. Besides detection of autofluorescence similar to the Velscope system, this device also examines tissue reflectance which is based on the premise of detecting changes in angiogenesis with green-amber light (540- to 575-nm wavelength) illumination (Figure 2B). The amber light is thought to enhance the reflective properties of the oral mucosa, allowing a distinction between normal and abnormal tissue vasculature 14. Increased angiogenesis is a known process during oral carcinogenesis and oral cancer progression.

Recently ADA recognized the importance of early detection with the consequence that several reimbursement codes have been designated specifically for oral cancer screening including CDT-5 D0431, used for oral cancer screening procedures that apply to the adjunctive light screening devices. Moreover, medical reimbursement code 2009 ICD-9- CM V76.42 is used for screening for malignant neoplasms of the oral cavity and CPT 82397 is used specifically for a chemiluminescent assay.

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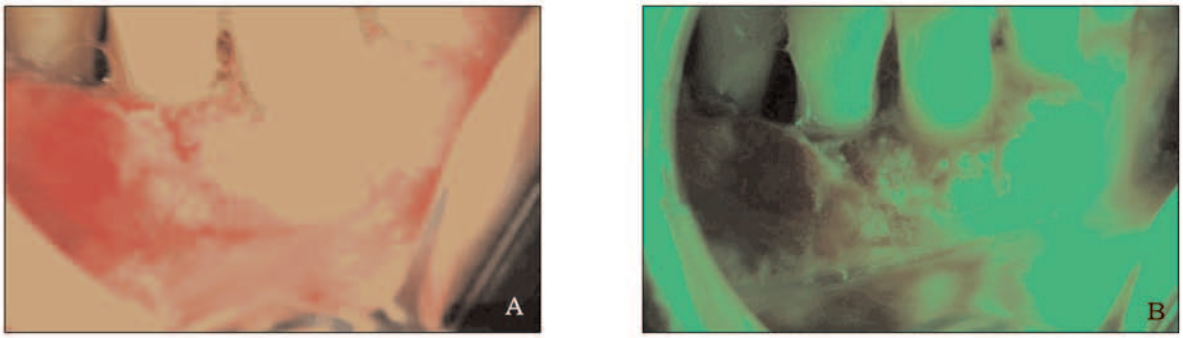

Figure 2: (A) Picture of an erythroplakia lesion on the lower gingiva of a 62-year-old male taken with the white reflectance (regular light) Identafi StarDental optical device. (B) Application of the Identafi system with the green amber reflectance light show increase vascularity in the suspicious areas. A biopsy taken from this area showed a moderately differentiated squamous cell carcinoma

Saliva as a Diagnostic Tool

Saliva from patients has been used in a novel way to provide molecular biomarkers for oral cancer detection. Saliva is a mirror of the body, reflecting virtually the entire spectrum of normal and disease states and its use as a diagnostic fluid meets the demands for an inexpensive, non-invasive and accessible diagnostic tool. Discovery of analytes in saliva of normal and diseased subjects suggests a very promising function of saliva as a local and systematic diagnostic tool. The ability to analyze saliva to monitor health and disease is a highly desirable goal for oral health promotion and research. However, due to lack of knowledge of disease markers and an overall low concentration of these markers in saliva when compared to serum, the diagnostic value of saliva has not been fully realized. Nowadays, highly sensitive and high-throughput assays such as DNA microarray, mass spectrometry, and nano-scale sensors can measure protein and RNA markers at low concentrations in saliva, thus expanding the utility of saliva as a diagnostic tool.[15]

Conclusion

Dentists' knowledge and education in detecting oral cancer at its precancerous phase is the key to preventing its progression to later stages. In order to improve early detection, it is necessary to increase the health care providers' depth of knowledge about oral cancer, their risk factors and oral precancerous conditions.

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Diana V. Messadi, DDS., MMSc., DMSc is the Professor and Chair, Section of Oral Medicine and Orofacial Pain, UCLA School of Dentistry
She received her Bachelor of Dental Surgery (B.D.S., D.D.S) in 1979 from the Faculty of Dentistry, Alexandria University, EGYPT. In 1982 she moved to Boston to pursue her postdoctoral training in the USA. She earned her Master of Medical Sciences, (MMSc) and a Residency Certificate in Oral Pathology and Oral Medicine in 1985 from Harvard School of Dental Medicine (HSDM), and earned her Doctorate of Medical Sciences in Oral Biology, (DMSc) in 1987, also from Harvard School of Dental Medicine. Her clinical practice is limited to Oral Medicine.
Dr. Messadi has written more than 50 research articles, review papers, eight chapters in textbooks and 80 abstracts. She is the recipient of several NIH grants and private Foundations grants to study the effect of growth factors on wound healing and role of apoptosis in keloid formation. Her clinical research focuses on new diagnostic tools for detection of oral precancerous and cancerous lesions and she is presently the PI on clinical trials on oral cancer chemoprevention and early detection, and on an NIH education grant to train dentals students for academic dental careers.

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Second Annual Afternoon Tea Party

CDA President, Dr. Lindsey Robinson

Above, Dr. Armina Gharpetian shows off her picture on the cover of Dental Dimensions, Taken after she won election to the Glendale School Board

Dr. Raymond Gist, ADA Past President

By: Karin Irani, DDS
SFVDS Membership Chair

(L-R) Dr. Karin Irani, SFVDS Membership chair & Dr. Nita Dixit, SFVDS President

(L-R) SFVDS office staff Bella Penate & Wendy Abrams with Dr. Karin Arani

Once again women dentists of Los Angeles County met for SFVDS' second 'Annual Afternoon Tea Party' on Sep 21 at the Sportsmen's Lodge in Studio City. Drs. O'Loughlin, Summerhays and Robinson were joined by Dr. Nita Dixit, SFVDS President, Dr. Armina Gharpetian (Glendale School District Board Member), Dr. Evis Babo from Atlanta Georgia, and Dr. Maria Maranga from New York, attended and helped to moderate table discussions about the challenges facing female dentists. Dr. Raymond Gist, an ADA past president, was able to join the group for a little while and later shared his experience as an African-American dentist.

Attendees were able to discuss and exchange ideas on topics such as how to develop and manage a better team in the office, how to ask for support from family, the unique challenges of being a female dentist and so on. The interactive nature of the gathering allowed a greater exchange of ideas not only at each table, but also when each table shared the results of their conversations with the entire group. In a relaxed and fun atmosphere, guests were able to meet other female dentists, including those in top leadership positions at all three levels of the tripartite.

Sharing their successes and challenges, learning from each other and establishing new friends made this afternoon event difficult to end... but let's just say that by popular demand, it was adjourned until next year!

ADA Executive Director, Dr. Kathleen O'Loughlin

Above, Dr. Nadia Chugal won a raffle prize, presented by Dr. Arani

First Annual "Celebrate Diversity Forum"

Iliana Hernandez, DDS & Josue Fong

Dr. Jorge Alvarez & Eva Alvarez

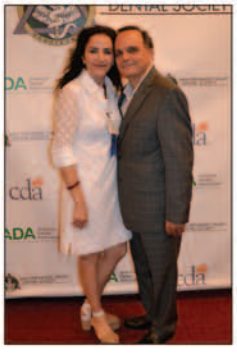
Dental Students, Yesena Valencia & Kenny Robles

(L-R) Drs. Susan Frederichs & Mark Amunden

(L-R) Drs. Chi Leung, Mahrouz Cohen, Nita Dixit, Karin Irani, Anita Rathee

(L-R) Drs. Kathleen O'Loughlin, Raymond Gist, Carol Summerhays, Afshin Mazdey and Azita Mazdey

(L-R) Drs. Mahrouz Cohen & John Cohen

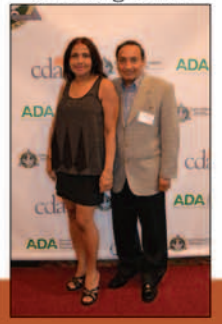


Members of the Iranian Dental Association with SFVDS leadership

(L-R) Drs. Mahfonz, Gereis, Nita Dixit, Emad Bassali, Hosney Benjamin & Wadid Fattoouh

Dental Students, Adnen Hemadi, Kenny Robles, Richard Morris

Dr. Kishore Shah & Rekhg Shah

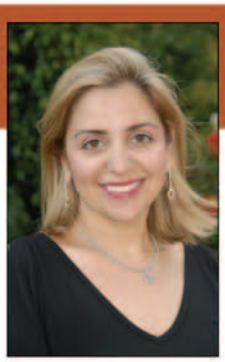


Recognizing the need to acknowledge and respect dentists of all ethnic backgrounds, and encourage all dentists to speak with one voice, SFVDS celebrated the diversity of the dental community by hosting a wide variety of ethnic dental societies from Southern California to meet SFVDS, CDA and ADA leaders: Dr. Eugene Sekiguchi, ADA past-president 2003; Dr. Raymond Gist, ADA past-president 2010, Dr. Brian Scott, current ADA second vice- president; Dr. Kathleen O'Loughlin, ADA executive director; Dr. Carol Summerhays, ADA 13th district trustee and past-president of CDA; and Dr. Lindsey Robinson, current CDA President were present. These leaders took turns discussing and answering questions about their views on the strength of diversity within the dental profession. Each speaker emphasized the importance of a unified voice for dentistry in order to effectively manage and influence the legal, regulatory, ethical, and professional issues important to all dentists, regardless of a dentist's ethnic background.

Attendees included:

- Dr. Fariba Kalantari, Chair of CDA Forum
- Dr. Irubiel Barbosa, Hispanic Dental Association President.
- Dr. Boren Chen, Chinese Dental Association President
- Dr. Seanho Ha, Korean Dental Association President
- Dr. Sean Naffas, Iranian-American Dental Association President-Elect

By Karin Irani, DDS
SFVDS Membership Chair



Dr. Raymond Gist, Past Presidnet, ADA

- Dr. Kiran Trivedi, Indian Dental Association President-Elect
- Dr. Sonia Molina, Hispanic Dental Association Past President
- Dr. Stephen Moradian from the Armenian Dental Association
- Dr. Tushar Doshi , Indian Dental Association
- Dr. Katrina Eagilen, Angel City Dental Society Executive Director
- Dr. Lenise Yarber, Angel City Dental Society

Our guests were able to meet leaders of other dental societies and voice their concerns on the current and future issues facing dentistry. Attendees all agreed that united we have a stronger voice as dentists, and that regardless of our backgrounds, we will achieve the goals of improving our practices and service to our patients by working together to secure the future of our profession and the public trust.

(L-R) Panelists: Drs. Eugene Sakiguchi, Raymond Gist, Kathleen O'Loughlin, Carol Summerhays, Lindsey Robinso, & Brian Soctt

Dr. Carol Summerhays

(L-R) Yogini Gandhi Devang Gandhi, DDS

Drs. Janice & Brian Scott

(R-L) Maria Maranga, DDS, NY, NY and Karin Irani, DDS

Angel City Dental Society Members

(L-R) CDA President, Dr. Lindsey Robinson, Dr. Tushar Doshi, SFVDS President, Dr. Nita Dixit, Dr. Devang Gandhi, Dr. Carol Summerhays, Mrs. Devang Gandhi, Ms. Rekha Shah, Dr. Kishore Sah

(L-R) Drs. Seonho Ha, Nita Dixit, Mindo Le, James Kim

(L-R) Dr. Isubiel Barbosa, President of the Hispanic Dental Society, Dr. Raymond Gist & Ms. Adriana Galvan

(Far Right) Dr. Luke Lee

Dr.& Mrs. Eugene Sekiguchi chat with ADA executive director, Dr. Kathleen O'Loughlin

Financial Planning -- Helping You See the Big Picture

Common financial goals

- Saving and investing for retirement
- saving and investing for college
- Establishing an emergency fund
- Providing for your family in the event of your death
- Minmizing income or estate taxes

Do you picture yourself owning a new home, starting a dental practice, helping your kids with college, or retiring comfortably? These are a few of the financial goals that may be important to you, and each comes with a price tag attached. That's where financial planning comes in. Financial planning is a process that can help you reach your goals by evaluating your whole financial picture, then outlining strategies that are tailored to your individual needs and available resources.

Why is financial planning important?

A comprehensive financial plan serves as a framework for organizing the pieces of your financial picture. With a financial plan in place, you'll be better able to focus on your goals and understand what it will take to reach them. One of the main benefits of having a financial plan is that it can help you balance competing financial priorities. A financial plan will clearly show you how your financial goals are related-for example, how saving for your children's college education might impact your ability to save for retirement. Then you can use the information you've gleaned to decide how to prioritize your goals, implement specific strategies, and choose suitable products or services. Best of all, you'll have the peace of mind that comes from knowing that your financial life is on track.

The financial planning process

Creating and implementing a comprehensive financial plan generally involves working with a CERTIFIED FINANCIAL PLANNER™ to:

- Develop a clear picture of your current financial situation by reviewing your income, assets, and liabilities, and evaluating your insurance coverage, your investment portfolio, your tax exposure, and your estate plan
- Establish and prioritize financial goals and time frames for achieving these goals
- Implement strategies that address your current financial weaknesses and build on your financial strengths
- Choose specific products and services that are tailored to meet your financial objectives
- Monitor your plan, making adjustments as your goals, time frames or circumstances change

Some members of your team

The financial planning process can involve a number of professionals.

Financial planners typically play a central role in the process, focusing on your overall financial plan and often coordinating the activities of other professionals who have expertise in specific areas. Most people think all financial planners are "certified," but this isn't true. Anyone can call himself a "financial planner." Only those who have fulfilled the certification and renewal requirements of the CFP Board can display the CFP® certification marks, which represent a high level of competency, ethics and professionalism. CFP Board's Standards of Professional Conduct require CFP® professionals to look out for your interests above their own.

Accountants or tax attorneys provide advice on federal and state tax issues.

Estate planning attorneys help you plan your estate and give advice on transferring and managing your assets before and after your death.

Insurance professionals evaluate insurance needs and recommend appropriate products and strategies.

Investment advisors provide advice about investment options and asset allocation, and can help you plan a strategy to manage your investment portfolio.

The most important member of the team, however, is you. Your needs and objectives drive the team, and once you've carefully considered any recommendations, all decisions lay in your hands.

Why can't I do it myself?

You can, if you have enough time and knowledge, but developing a comprehensive financial plan may require expertise in

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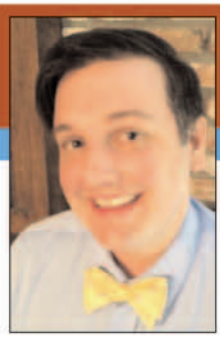

several areas. A CFP® professional can give you objective information and help you weigh your alternatives, saving you time and ensuring that all angles of your financial picture are covered.

Staying on track

The financial planning process doesn't end once your initial plan has been created. Your plan should generally be reviewed at least once a year to make sure that it's up-to-date. It's also possible that you'll need to modify your plan due to changes in your personal circumstances or the economy. Here are some of the events that might trigger a review of your financial plan:

- Your goals or time horizons change
- You experience a life-changing event such as marriage, the birth of a child, health problems or a job loss
- You have a specific or immediate financial planning need (e.g., drafting a will, managing a distribution from a retirement account, paying long-term care expenses)
- Your income or expenses substantially increase or decrease
- Your portfolio hasn't performed as expected
- You're affected by changes to the economy or tax laws

Common questions about financial planning

What if I'm too busy?

Don't wait until you're in the midst of a financial crisis before beginning the planning process. The sooner you start, the more options you may have.

Is the financial planning process complicated?

Each financial plan is tailored to the needs of the individual, so how complicated the process will be depends on your individual circumstances. But no matter what type of help you need, a CFP® professional will work hard to make the process as easy as possible and will gladly answer all of your questions.

What if my spouse and I disagree?

A CFP® professional is trained to listen to your concerns, identify any underlying issues and help you find common ground.

Can I still control my own finances?

CFP® professionals make recommendations, not decisions. You retain control over your finances. Recommendations will be based on your needs, values, goals and time frames. You decide which recommendations to follow, then work with a CFP® professional to implement them.

It's been said that "failing to plan is planning to fail." If you don't have a plan in place or lost confidence in your current plan now is a great time to start. If you don't know how to get started, visit www.mcneelyfs.com to get FREE financial planning tips and resources.

Tim McNeely earned a degree in Economics/Math from The Master's College and Seminary in 2002. He received his CIMA® Certification from The Wharton School of The University of Pennsylvania in 2008, and his CFP® Certification from the College for Financial Planning in 2005. Tim McNeely was recently named to the "2013 Best Financial Advisers for Dentists" by Dental Practice Report, a leading publication of the dental profession.

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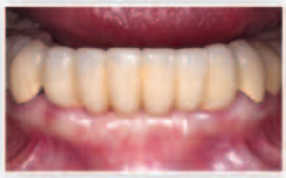
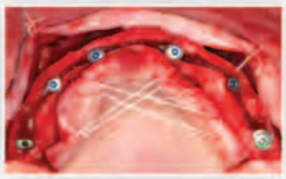


Session One
Basics of oral implantology
Jan. 15-19 , 2014 Or
April 9-13, 2014



Session Two
Beyond Osseointegration
Feb. 19-23 , 2014 Or
May 14-18, 2014

Session Three
Advanced implant techniques
June 18-22, 2014

Session Four
Advanced bone grafting
July 16-20, 2014

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Please join your colleagues in supporting the SFVDS Foundation as it begins its programs of oral health literacy and free restorative services to low/no income adults and seniors who have no insurance, and do not qualify for any other forms of assistance. Please use the form below to send in your tax-deductible donation and to volunteer to help deliver much needed services to the adult and senior populations.

Contribution Form

(All contributions to the SFVDS Foundation are tax deductible, charitable contributions.
You will receive a confirmation letter for your tax records)

Name:_____

Contact phone and/ or email:_____

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❒ Provide screening for GKAS ❒ Follow-up care for GKAS
❒ Help with Fundraising ❒ Join a Foundation Committee

Once completed, please fax/email/mail this form to the foundation office at (818) 576-0122. exec.sfvds@sbcglobal.net or SFVDSF, 9205 Alabama Ave., Ste B, Chatsworth, CA 91311

Antelope Valley Report

By: Char Brash

Research has shown that tooth decay is the most common disease among children in the United States. Poor oral health is the number one reason for absence in our schools, and it keeps children out of school far more often than any other medical problems like asthma and allergies.

Now that the 2013-2014 school year has begun, so have the free school screenings in the Antelope Valley. Last year over 5,000 students from approximately 25 local schools were screened. Prior to a school screening, a consent form is sent home asking permission to examine each student. The students are given a short presentation regarding the importance of good oral health. The school screening form for each student is given directly to the health clerk, who in turn sends the information home to the parents and/or guardians. Students who need immediate dental care and cannot afford it, are referred by the school health clerks to the Hi Desert Childrens' Dental Clinic. The clinic provides free dental care to children from low income families without insurance. The clinic's motto is that "no child should go without dental care" and is responsible for treating approximately 100 children each year.

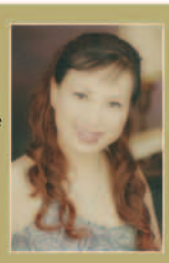
UPCOMING EVENTS

The 5th Annual ROP Dental Fair is scheduled for December 14, 2013. More than 100 attendees are expected to attend this year's event; and each will receive five continuing education credits which help to keep their license current for practice in the State of California. Topics at this year's event include: Invisalign; Early Childhood Caries; Cosmetic Dentistry; Periodontics and more. For more information on this event contact:
Kathy McKay @ 661-945-7868.

CPR Certification is available for SFVDS members at a cost of $35 per person. If you are interested in scheduling a class, contact Bella at the central office at (818) 576-0116. When you schedule a CPR Certification in your office, $5 of the fee per participant is donated to the SFVDS Foundation!

Glendale/Burbank/Foothills Report

By: Chi Leung, DDS



Greetings! The summer is over and we are speedily heading toward the holiday season! I hope everyone had a great summer!

We held a zone meeting in Glendale on Aug 1, 2013 with 27 people in attendance at Clancy's Seafood restaurant. Dr. Richard Hoefke, the former chairman of the peer review committee for the San Fernando Valley Dental Society presented a detailed review of the peer review process. Peer review is a wonderful ADA and CDA member benefit, especially if you understand the committee's function. Yes, peer review is a process frequently initiated by patients, but it is also used by our members to help with insurance company claims. Many insurance companies will accept a peer review ruling to overturn a claim denial.

In lieu of a lawsuit against a member dentist, when a patient has a complaint, we can refer them to the committee for an impartial review. No less than three committee members will review all case documents, examine the patient and interview the doctor. The written records are the most important aspect to support or deny the patient's complaints. Dr. Hoefke reminded us that all records must be appropriate and accurate for the treatment rendered. The statute of limitations is three years from last treatment or one year from when reasonable knowledge of, or the identification that a problem exists. The statute of limitations period continues to run during the peer review process. Further, the peer review process is not available to a patient who has retained an attorney. The examining committee will report back to the full committee following the patient examination for review, discussion and final report preparation. The peer review committee's findings and decisions will be reviewed and forwarded by CDA to both the patient and dentist member. The results of a peer review decision are not discoverable by a third party, unless they are made a part of the patient's chart.

Dr. Hoefke also gave us detailed information on how to keep our treatment records clear and organized. The information provided was useful and benefited our practices the very next day. Numerous members said they appreciated this type of meeting, suggesting that we do this type of meeting more often . Thank you SFVDS! We are trying to schedule regular zone meetings in Glendale. I hope to see you all soon.

Welcome New Members

Igor Roshkovan, DDS
14100 Victory Blvd.
Van Nuys, CA 91401
General
818.908.9799
Univ del Bajio A C, Mexico, 2012

Philomena O. Oboh, DDS
14434 Hamlin St.
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General

Mona Hadaya, DDS
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USC, 2008

Deema Saad, DDS
4910 Van Nuys Blvd Ste. 100
Sherman Oaks, CA 91403
Endodontics
818.319.4342
UCLA, 2010

Rebekah Ehde, DDS
General
USC, 2010

Lucia Paxton, DDS
20301 Ventura Blvd. #218
Woodland Hills, CA 91364
General
818.378.0708
UCLA, 1981

Saman Saghizadeh, DDS
General
NYU, 2013

Peyman Saghizadeh, DDS
General
NYU, 2013

Andre Eliasian, DDS
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NYU, 2013

Razmik Galustian, DDS
10400 W. Magnolia Blvd.
North Hollywood, CA 91601
General
UCLA, 2010

Gloria Garcia-Gonzalez, DMD
12926 Sherman Way
North Hollywood, CA 91605
University of Puerto Rico, 2011

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1138 North Brand Blvd.
Glendale, CA 91202
Endodontics
818.552.3636
Oregon Health Science University, 2006

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