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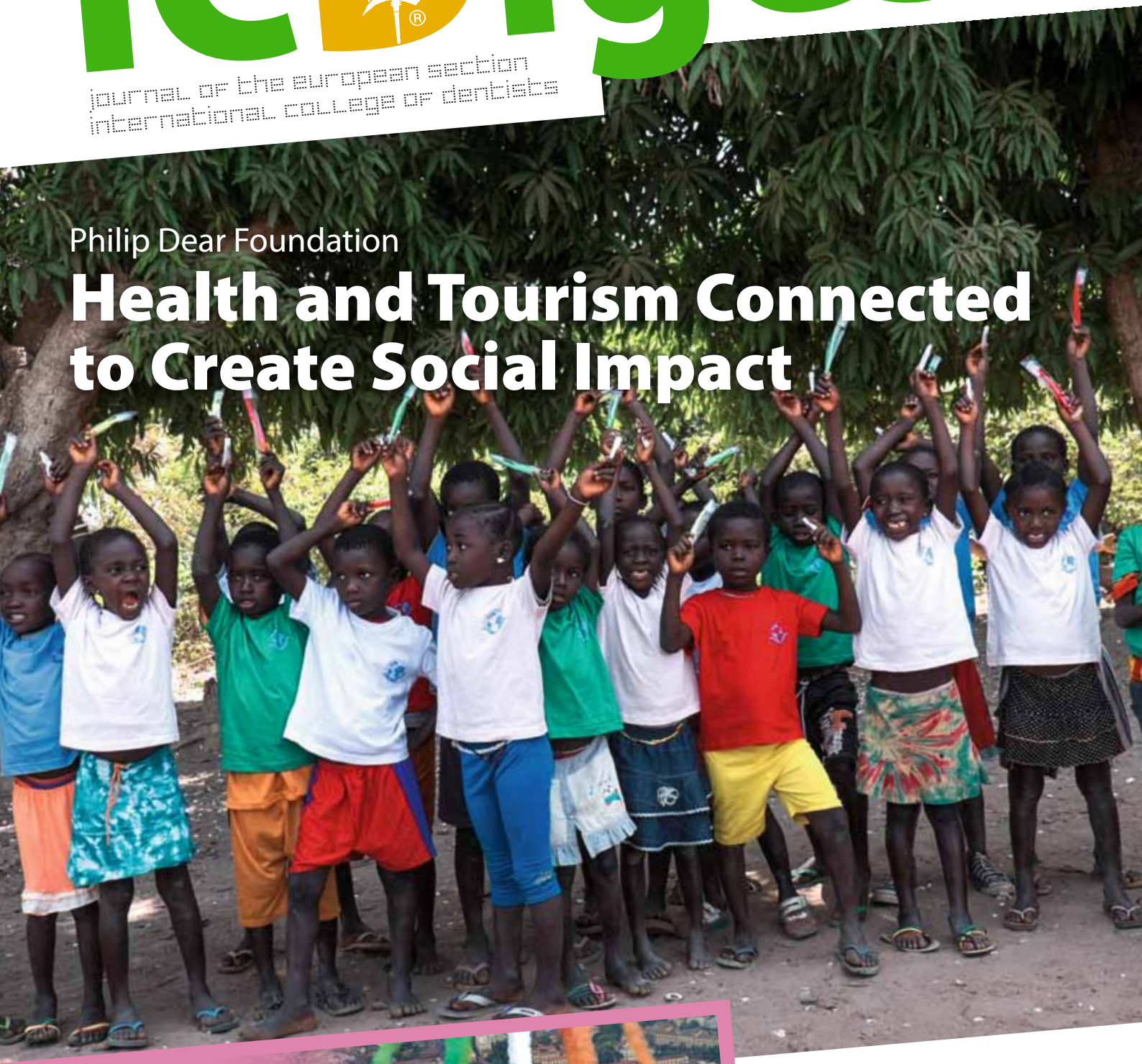

Philip Dear Foundation

Health and Tourism Connected to Create Social Impact

MILAN 2016

Frecce Tricolori: a teambuilding experience

Interview Phillip Dowell

'2016 Presidential Year of the College at Large'

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The International College of Dentists is a leading honorary dental organisation dedicated to the recognition of outstanding professional achievement and meritorious service and the continued progress of the profession of dentistry for the benefit of all mankind.

Motto
Recognising Service as well as the Opportunity to Serve.

Core Values
Leadership Uphold the highest standard of professional competence and personal ethics.

Recognition Recognise distinguished service to the profession and the public worldwide.

Humanitarianism Foster measures for the prevention and treatment of oral disease by encouraging and supporting humanitarian projects.

Education Contribute to the advancement of the profession of dentistry by fostering the growth and diffusion of dental knowledge worldwide.

Professional Relations Provide a universal forum for the cultivation of cordial relations within the profession and to assist in preserving the highest perception of the profession.

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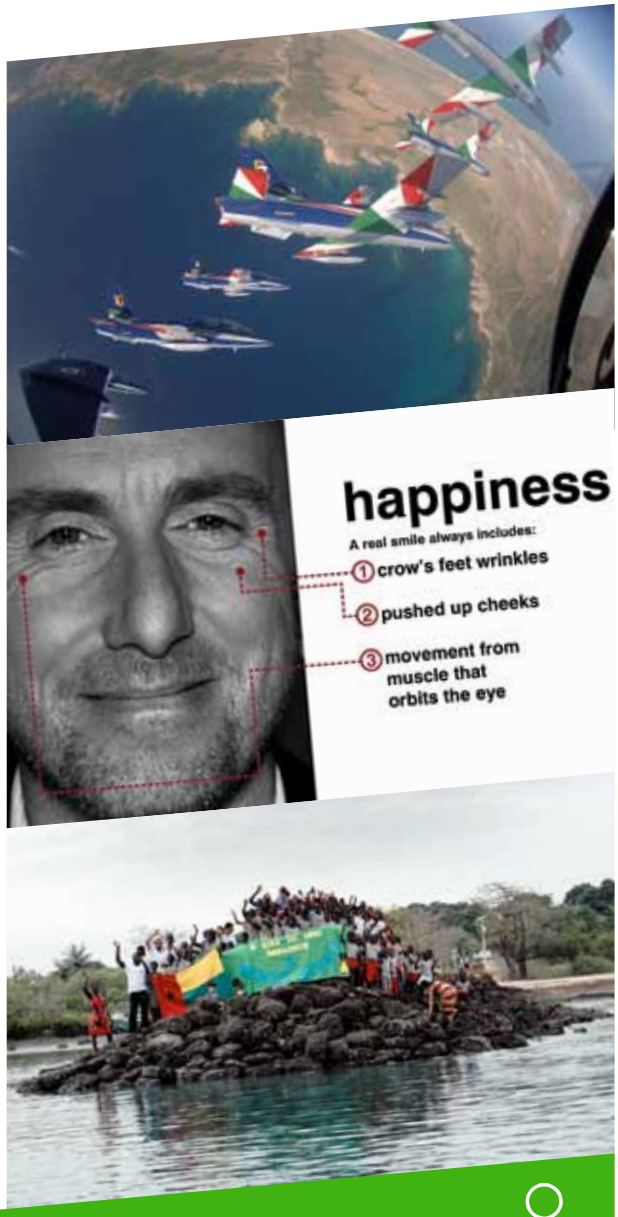

ICDigest 2017 Volume 61

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Please Hold ... I Will Connect You

The time of telephone operators is rapidly falling behind the horizon of our recent memory and experience. Except where secretaries and receptionists handle incoming calls, we can usually reach most of our intended conversation partners directly. But as a fan of connectivity, I do like the image: a connection between two people facilitated by a third, who expects nothing in return. I like to think of our College as a huge switchboard of potential communications where two, three or more Fellows connect and contribute in ways that benefit the people they serve, the College and, in so doing, not in the least themselves also.

As ICD Fellows, our interconnectivity peaks at our gatherings, both within our Districts and once a year at our annual conference. Those of you who attended our Milan conference last year will agree it was once again a splendid event, where our hosts Corrado Paganelli and Mauro Labanca successfully blended our rich tradition with a broad and innovative approach to personal and professional self-management in dentistry. I sincerely hope that in addition to the valuable insights this conference provided, the friendships forged and refreshed there will sustain a momentum of interaction between us that will help us add meaning and depth to our Fellowship as we work to further the vision and values of our College. I desire for each of you the satisfaction and fulfilment of thoughtful and proactive participation. Let us not be satisfied with merely enjoying Fellowship in this honorary society, but keenly sense and act on our obligation to give society something back for the opportunities and honour we received.

This is now my lustrum fifth year as your Editor. (I do confess that as well as breathtakingly framing Paolo Tarantino's powerful presentation on Teambuilding and adding a nice Italian touch to this ICDigest, the spectacular Frecce Tricolore smoke trails over Rome's Colosseum hold secret additional symbolism to me.) Looking back on my editorship so far, I feel both conviction and concern. Conviction, because these past five years, and recent global developments in particular, have only deepened my belief that where current trends may seem to divide people and nations, we as a College are in a unique position to stem that tide in small but significant ways by our humanitarian and other relevant outreaches that promote mutual kindness, inclusion and respect. Concern also, because it would seem we are at times still struggling to, as our P&F Chairman Gil Alcoforado put it in his interview in our 2014 ICDigest, 'overcome inertia' – where we are satisfied to stay in our comfort zone and overlook opportunities to render needed and selfless service.

This ICDigest once again contains several splendid examples of such service, as reported by Gil Alcoforado, Mariana Dolores and Miguel Pavão. Perhaps as an afterthought to these contributions, there is something to learn from the unassuming telephone switchboard operator who serves and connects people without expecting anything in return – as the above Fellows will testify, it is just then that the harvest of reward and fulfilment is truly bounteous. It is the privilege of being your Editor to highlight such achievements as part of our core values Leadership, Recognition, Humanitarianism, Professional Relations and Education.

Walter van Driel, Editor

May we keenly sense and act on our obligation to give society something back for what we received, and reap the satisfaction of thoughtful and proactive participation

The 61st Annual European Section Meeting

Milan Memories

Excitement hung tangibly in the air as Fellows, Inductees, their partners and guests descended on Milan to join in the 61st Annual Meeting of the European Section of the International College of Dentists. Indeed, expectations were high. In his invitation, Section President Corrado Paganelli expressed a fervent desire to both share his beloved Italy as 'the cradle of art and good food, traditions that blend with the pleasures and enjoyment of life', and offer a programme as 'an opportunity for cultural and scientific growth' to help us 'improve not only as dentists, but as human beings and professionals'. Looking back, it is safe to say our now Past-President, working in seemingly perfect unison with Italian District Regent Mauro Labanca, delivered on the promise.

Merryn Jongkees

The Milan conference was both traditional but in some ways also a definite departure from tradition. Traditional were of course the gladness of meeting old and new friends, the atmosphere of conviviality in a splendid ambiance of comfort, culture and culinary delights, a compelling and inspirational scientific programme, and of course the solemn induction ceremony for our new Fellows. But, in the words of Corrado Paganelli, marrying tradition with innovation, this conference also introduced novelties, such as opening our ranks to non-Fellows, and exploring a broad range of themes in addition to dentistry in the scientific programme. To some, it took a bit of getting used to; for others, it was a refreshing foretaste of the dynamic change process in which we as a College are immersing ourselves with caution but determination.

Wednesday 29 June

Early arrivers and golf lovers were welcomed warmly at the beautiful Barlassina Country Club for the ICD Europe Annual Golf Tournament – a wonderful way to tee off the 2016 Annual Meeting.

Thursday 30 June

After checking into their selected hotel, many of those arriving on Thursday used the sunny Mediterranean afternoon to do some exploring in beautiful and historic Milan. For instance, the main venue hotel Rosa Grand sits immediately next to one of the city's main attractions, the Duomo di Milano, a magnificent Gothic cathedral which


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took nearly six centuries to complete. Those who braved the waiting lines for a ticket were handsomely rewarded with unique architecture and sculpture, stained-glass windows and a breathtaking view over the city from the roof.
The Board of Regents used this day for the ever present business that needed attending to. This meant they could not mix with their Fellows as they would have liked on this day, but the programme offered ample opportunity for them over the remaining days.

The Rosa Grand hotel lobby served as the point of departure for all excursions, including the welcome dinner in El Brellin restaurant, located in a popular canal area where guests are served traditional Italian fare – according to some Italian Fellows, exactly as they remembered from their youth. With the restaurant filled to capacity, the ICD crowd's cheerful mood set the tone that would carry naturally and spontaneously through the remainder of the conference programme.

Friday 1 July

In an attempt to provide a comprehensive, wide-ranging spectrum of topics and promote a holistic approach to patient care, Mauro Labanca had carefully selected topics and recruited speakers from diverse ranks and specialisms. Colonel Paolo Tarantino opened with an impressive and exciting presentation on his teambuilding experience with the Italian Frecce Tricolori aerial acrobatics team, followed by Tiziano Testori, who presented a practical guideline to writing scientific papers. The ICD Open Forum, described by our Section President as 'a wonderful stage for member input', provided opportunity to discuss current issues, report on humanitarian efforts, and encourage Fellows to become involved in projects either abroad or at home to improve dental care and general well-being. College President Philip Dowell used this opportunity to urge Fellows to see what the College is doing and then see how they can contribute.

After lunch, Cristina Brondoni delivered a fascinating presentation on patient profiling and the importance of being able to gauge the people who step into your practice. Sergio Borra 'seeded stars' with his both entertaining and inspiring lecture on the value of investing in people, ending on an appropriate meaning of the word TEAM: Together Everyone Achieves More. Massimo Pasi closed the scientific part of the day by pointing out the relationship between lifestyle and oral pathology, with valuable and practical dietary and lifestyle suggestions. Humorous interludes erupted as each speaker was rewarded with a handmade terracotta caricature, with in some cases truly striking resemblance!

By the end of the scientific programme, accompanying persons had returned from their Bergamo, Discover Milan or Serravalle Outlet & Monferrato tours and buses took us out of the city to a truly pleasing location in the countryside at Torre dei Gelsi restaurant. The green surroundings provided a refreshing contrast to the stony environs of the city, with the menu and music bringing this day to a fitting close.

Saturday 2 July

After some free time in the morning and early afternoon, all attendees dressed to their best for the traditional Induction Ceremony in the prestigious Cinema Odeon, at walking distance from the Rosa Grand hotel. Master of Ceremonies and Section Editor Walter van Driel led the proceedings with dignity and efficiency, setting an appropriate atmosphere for this most revered part of our Annual Meetings. It was a happy sight to see inductees step forward one by one, hear their Regent present their names and brief histories, and realise that each new Fellow represents a reservoir of talent, strength and inspiration for the College's future. It was also the moment to hand over the reins to incoming Section President Shelagh Farrell, Regent of the District England Scotland and Wales. In her brief remarks, she foreshadowed our upcoming 2017 Annual Meeting in London, with not-to-be-missed venues and programmes.

Another highlight followed later that evening: the formal black-tie gala dinner, this time in the Leonardo da Vinci Museum of Science and Technology. A truly unique setting for a unique group of people, who by now had renewed old friendships and discovered new ones and were thoroughly enjoying their conference experience, organised and executed with warm hospitality and clockwork precision by the omnipresent Corrado Paganelli and Mauro Labanca, assisted by Walter van Driel who introduced the various intermezzos of the evening and skilfully succeeded each time in kindly hushing the crowd for the various announcements. As always, the food was delicious, the music delightful, and the ambiance unforgettable. Unwilling to let the evening end, some even hung around for some impromptu entertainment at the piano before proceeding to the bus back to the hotel, where the enjoyment of the evening lingered into the small hours of the night.

Thank you!

Indeed, the 61st Annual Meeting of the European Section of the International College of Dentists will go down into ICD history as the conference where all that is old and good was cherished and celebrated, and new avenues were opened to a bright future for the College.

Corrado and Mauro and all who assisted, *mille grazie* for working so hard to offer us a conference and programme that has enriched our personal and professional lives, has provided us with yet another opportunity to feel the goodness of our associations and share our ideals and values, and has opened our eyes to many different ways how we can improve the lives of our patients and give something back to our societies. Your dedication and inspiration have been received with gratitude and will long be remembered! ■

Patient Profiling

Patient profiling is about understanding who your patient is. You may have your patients' names, addresses and dental histories, but do you really know them? Do you know who they are and what they do? Indeed, you may know them because they have been your patient for many years. And usually you don't have to know everything about your patients to do a great job restoring their teeth. But in some cases, it is important have some clue about the person coming to you for dental work.

Cristina Brondoni

Over the last few years, lawsuits against dentists in Italy have increased – possibly a spin-off of the economic crisis. There are two types of lawsuits against dentists:
1) Dentist does something wrong and the patient sues
2) Dentist does nothing wrong and the patient still sues

In the first case, patients usually bear the evidence of the dentist's poor performance. In such cases, the lawsuit will be a medical lawsuit.

In the second case, however, patients have no evidence of poor performance, but they can say he developed frequent headaches immediately after the procedure, or her sense of taste has changed. Patients may claim biological damage. Just before the dental procedure, your patient may have enrolled in a course to pursue a sommelier career; because of your work, he will never become a sommelier. With the help of a good lawyer, they may claim millions because your procedure ruined their career.

This second case has two variations. The first involves premeditation: there are patients who want to fraud the dentist. They simply come to the dentist – with a real problem, of course – and after the procedure they call their lawyer claiming headaches or the loss of their sense of taste. Usually this is a new patient and the dentist doesn't know him, or only vaguely. In most cases, this patient doesn't ask for prices, discounts or information, because he needs to be "clean": he pays the bill, he wants the invoice, he keeps a low profile.

Profiling can protect your business

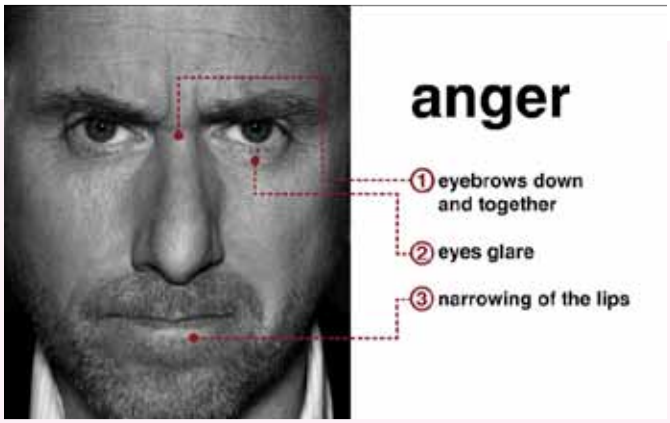
In the second variation, patients get angry during the procedure. This type of patient sues without premeditation or professional errors, but perhaps something unfortunate happened during the procedure, e.g. poor communication or bad behaviour by the dentist. Some behaviours are objectively good, like giving help to someone in need; other behaviours are objectively bad, like using offensive language. But when it comes to behaviour and communication, there are many shades of grey, and people may be very creative and persuasive in arguing how in your case, they suffered damage because of it.

As suggested above, knowing your patient's mouth and clinical history doesn't mean you know your patient. You may not know anything about their lives: are they happy? Or sad? Or even depressed? Are they married? Are they happy? Maybe they fight with their husband or wife every morning. Do they have a job? Do they enjoy their job or are they frustrated? You cannot always tell if and when your patient is happy or sad, or what he may decide to do that might involve you. One important clue, however, and a line of defence for you, is the ability to read body language.

Connecting the Dots

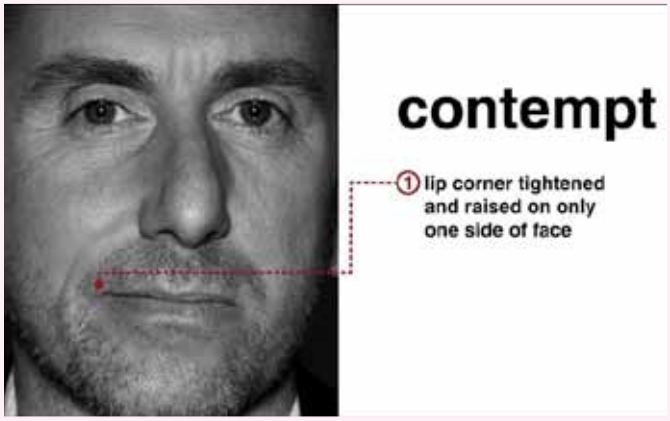
Our life is a constant flow of emotions. Emotions come in many varieties, but for the sake of simplicity we will reduce them to comfort and discomfort. These two may swing back and forth many times a day, sometimes without us even realizing it. But when we feel comfortable or uncomfortable, and when we feel emotions in general, it shows. We call this body language, and it says much about us, even when we want to keep it to ourselves.

Reading body language is key to the art of profiling. Profiling takes the reading of body language to a higher level and make inferences about people. The technique was first pioneered in the US to catch serial killers, but that isn't its only use. Marketing managers and advertising ▶

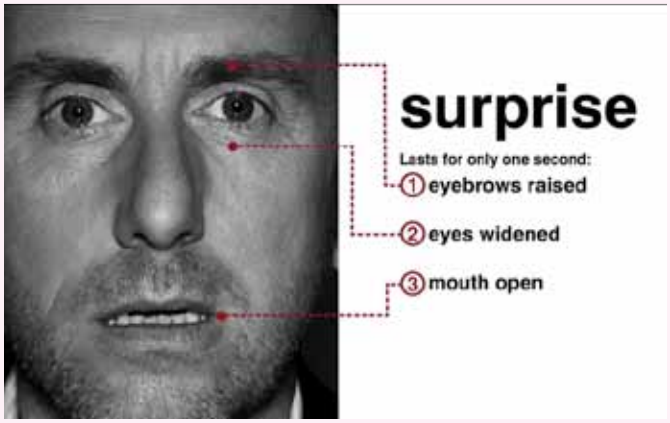


Eyebrows down is not a good sign to see in your patient. It means that he/she is angry. Maybe he/she is not angry with you, but you need to recognise and understand anger and its potential impact on you and your work.

If you see the whites of the eyes, it could be fear. It is quite normal on the face of your patients, they are likely not eager and perhaps dreading to see you. If you see fear: respect it. Ask your patient why he/she is afraid and try to understand.

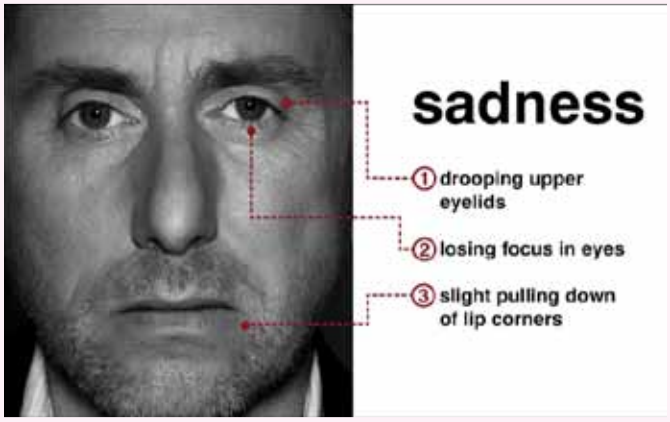


People, including your patients, may feel contempt in a wide range of situations. Perhaps your patient has misconceptions about dentists. Perhaps the dentist is wealthy and he/she despises wealthy people. Or he/she despises anyone who had the opportunity to study or become successful. If you see contempt on your patient's face, talk with the patient and try to understand what the problem is.

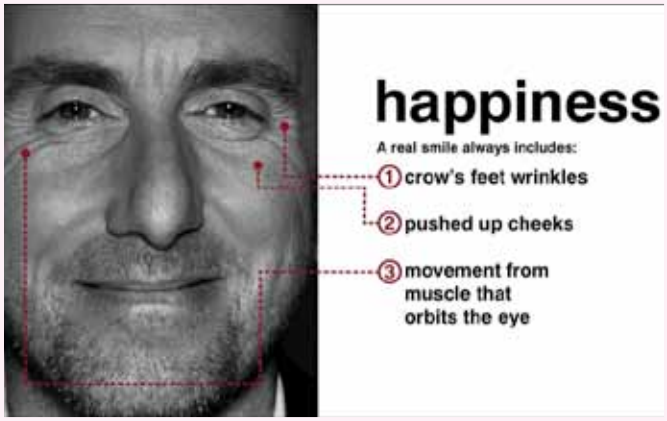


The shortest expression ever. Sincere surprise has an extremely short lifespan. It may appear and suddenly disappear. Surprise usually gives way to other emotions: fear, anger, disgust, happiness...

An expression you may frequently see on your patient's face. Disgust for instruments, maybe for the odour, 'smell of the dentist's office'. Or maybe your patient is disgusted with him/herself, wanting to be brave but nevertheless afraid and despising his/her own fear.



Very common expression on patients' faces. If you have a health problem, it is quite normal to feel a little bit down. Try to comfort and reassure your patient. Also, sadness could be a symptom of depression.



At the end of your work you may see happiness on your patient's face. It is a good thing, of course. You could see happiness also if you try to create a comfortable situation before to start your job.

Real smiles have wrinkles

Body Language

companies use profiling techniques to profile customers and create targets (to sell anything).

If body language places some of the dots, profilers try to add a few more by looking for additional information (either correct or assumed correct) that will allow them to make certain inferences about the person in question. These inferences and pieces of information can then help them to connect the dots.

Profiling is complex: you may have much data but still go down the wrong path. As a dentist, however, you deal with patients. Being aware of and watching for body language in your direct contacts with patients will give you many clues and help you infer relevant things about the person in front of you; in most cases, you will connect the dots correctly and make appropriate assumptions about them. ■

Profiling … in most cases, you will connect the dots correctly and make appropriate assumptions about the person in front of you

Lifestyle and Oral Pa
facing the diagnosti

There is a correlation between lifestyle and oral and gastrointestinal pathologies. Dentists have an opportunity to be "educators" or trainers of their patients and should consider the health of the whole body, not only oral health. With a correct lifestyle (including diet), many pathologies may be prevented and treated to some extent. Some examples are given below.

Massimo Pasi

Microbiota is a "team" of bacteria living in our body, especially in the intestine. These bacteria have a great diversity of genomes. Understanding microbiota is important to improving individual health. The most important factors impacting microbiota are the way of childbirth (natural or C-section), the variety and amount of interaction with the surrounding world, the use or abuse of antibiotics, and an active or sedentary lifestyle.

The so-called "western diseases", or disorders caused by progress, are a group of pathologies including autoimmune disease, intestinal inflammation (often non-symptomatic), psychiatric disorders, neurologic degeneration like Parkinson, tumours, diabetes and obesity, and metabolic and heart disease. Not only calory intake in terms of quantity, but also calory source and lack of movement make our lifestyle pathogenic. Some of the above-mentioned pathologies increasingly affect younger people more aggressively, leading to very severe conditions.

Osteoporosis

Dietary causes of osteoporosis may not only include calcium deficiency, but also the excessive intake of animal proteins. These are more acid than vegetable proteins and tend to acidify the blood. Calcium salts are released by the bones to buffer blood acidity. In order to control osteoporosis, many women use bisphosphonates during and after menopause, but these medicines may be associated with side effects including, in extreme cases, jaw necrosis.
To promote calcium absorption, one could opt for foods that contain calcium in a readily absorbable form, e.g. wholemeal food, dry fruit (almonds), green vegetables, pulses, cabbage (in particular broccoli), sea products (seaweeds), fish, sesame seeds, some spring or mineral waters, herbs as chives, chervil, watercress, parsley, sage. A balanced diet should include many of these foods. Cheese contains calcium, but also

European Code Against Cancer

(October 2014)

- Eat plenty of whole grain, pulses, vegetables and fruit.
- Limit high-calorie foods (foods high in sugar or fat) and avoid sugary drinks.
- Avoid processed meat; limit red meat and foods high in salt.

thology: c challenge

phosphates which limit its absorption and promote its clearance with diuresis. Physical activity in sunlight and open air can significantly support the control of osteoporosis.

Obesity and Coeliac Disease

For the treatment of obesity, it is not sufficient to reduce calory intake. The bacterial flora must also be changed, and this is done by selecting different types of food. Bacterial flora can change significantly within 72 hours. The bacteria selection is co-determined by the presence or absence of meat and dairy products in every diet.
Also in non-coeliac subjects, gluten increases intestinal permeability, where bacteria and protein in the blood activate immune defenses. This may have contributed significantly to the increase in autoimmune pathologies in the last 20 years and suggests reduced intake of white refined grains.

Metabolic Syndrome

Excess weight contributes to a cluster of disorders called "metabolic syndrome": the dyslipidaemia it causes is often associated with insulin resistance and a state of general inflammation. It may trigger pathologies including cardiovascular disease, gastrointestinal disease, cancer, hormonal deficiencies, diabetes, psychological implications, bone and joint problems, and impaired immune system. Many patients with "metabolic syndrome" have so-called Burning Mouth Syndrome, causing very unpleasant burning sensations in the mouth without identifiable cause.

WHO Recommendation

Dentists can contribute meaningfully to their patients' health by explaining how oral health is related to body health and suggesting dietary improvements as recommended by the WHO (see table). Helping our patients change their lifestyle and diet may be challenging indeed, but highly fulfilling when successful. ■

From Return on Inves to Return on People

Gaining competitive advantage by investing in human capital is the new frontier. Many organisations today understand that onboarding committed, talented collaborators is much more effective than simply hiring employees. As a matter of fact, higher employee loyalty leads to higher productivity standards. Companies turning to human capital to differentiate themselves understand that intellectual capital is at the core of their success.

Sergio Borra

But what does it mean being a company of success today? Is it just new products and advanced services offered in a constant flow to clients, or is there something more? Technology and innovation, we know, are developing at an ever-increasing rate, boosting income, well-being, and success. But how can companies consolidate their success, especially when research tells us that over 40% of the top 500 companies ranked in Fortune's in 2000 were no longer ranked in 2010? Investing in and focusing on people is turning out to be the key to the solution!

We should keep in mind that any organisation's success comes from both excellent products/services as well as effectively trained and engaged collaborators. Does it apply in the world of dentistry? The answer is yes! To be sure, outstanding clinical expertise and well-trained staff generate business, but in healthcare, one other significant aspect emerges, perhaps more so than in other sectors: it is crucial to build strong relationships!

Who then should be responsible for building these relationships in dentistry? The dentist only? Certainly not; all dental staff play a key role and everyone has the opportunity and responsibility to begin this rapport-building process and give patients the best possible experience. This creates value that makes a difference: where consistent professional excellence is what patients expect from you, giving them the best possible personal treatment – the way you yourself like to be treated – is what makes them come back!

What people tend to remember most is how we made them feel. So handle every detail with renewed dedication; do all you can to let your patients feel at home and at ease. Building an environment of comfort and trust will give you a significant competitive advantage that will be remembered much longer than the price they paid for your services.

So let your service be legendary! Get to know your patients with sincere interest, learn to listen to them attentively with both heart and ears. Remember to be cordial, pleasant and always work with integrity. Empathise with your patients, assuring them of your care and concern for them.

What people remember most is how you made them feel

There is a statue in Kaunas, Lithuania, called the Seeder of Stars. During the day, it's just a random spray of stars by a statue of a farmer; but at night, the farmer comes to life sowing stars behind him. It reminds us that we all as professionals should constantly seed stars behind us, even when, seemingly, they are not seen or noticed.

This is true in terms of patients, but no less when it comes to our own team… because **T**ogether **E**veryone **A**chieves **M**ore! ■

tment

During the day, the stars seem to hang randomly by the Seeder statue.

But at night, the visual effect of seeding stars comes to life.

Frecce Tricolori: a team

Spectacular display over Rome's Colosseum

building experience

The Frecce Tricolori Italian Air Force Aerobatic Team is one of the most successful groups worldwide, renowned for their breath-taking performances and perfect safety record (zero crashes in 30 years). As their current Senior Command Pilot, I have been long intrigued by the question what makes teams – in any discipline – successful. After a period of study, analysis and discussion with subject experts, I have come to the conclusion that success comes to those teams that effectively focus on: 1) a common objective; 2) respect for each other's role; 3) leadership; 4) organisation; 5) own behaviour; 6) communication.

Paolo Tarantino

Common Objective

Any aerobatics team has one primary objective: present an exciting display in accordance with all regulations and flight safety procedures. Safety always comes first, but maximum safety would mean staying on the ground. So we must strike a balance between the difficulty level of the performance and the imperative to have zero mistakes.

Respect for Each Other's Role

Each pilot in the team has two different roles: the first is based on his team experience, the second on his rank. Regardless of previous experience or rank, each Frecce Tricolori pilot starts his career flying as number 7, 8 or 9. Given a standard tour duration of 4 to 5 years, at the end of each season they will be trained to fly different positions toward the front section, closer to the Leader. After a minimum of 4 seasons in the team they may be selected to fly as Leader, First Slot or Solo. The competence-based role takes priority over rank; even if a Colonel joins the team, he will start flying as 7, 8 or 9. For the same reason, promotion does not necessarily mean he will move up to a leading position.

Leadership

In terms of leadership, the Commander is an Officer and a pilot who started his career in the team from the very basic positions up to becoming Formation Leader and then Squadron Commander. He is the most experienced and knows what flying in the team involves. So when he speaks, he is trusted for his experience. This is not a mere manager; it is impossible to take on the leading role without a rock-solid technical background. His leadership is assertive, constantly challenging the whole team, especially when debriefing performance after a training sortie or show.

Organisation

A clear example of organisation is the team pilot selection. As a rule, 2 pilots are replaced every year; those most experienced leave and 2 'newbies' join and are trained. The pool from which to choose is formed by fighter pilots who volunteer to join the team, 5 to 10 pilots each year. A major advantage the team has is that there is no doubt about the technical skills of the selected pilots; they have flown for at least 4 years in much more powerful jets on significantly more demanding missions. So the team focuses on choosing the best man rather than the best pilot. The characteristics we look for are those who give us the chance for a smooth join; we look for pilots best suited for teamwork, with humility and self-confidence.

Own Behaviour

Tutoring is a key factor for those who join and for the rest of the team as well. Each team has its own rules; for the Frecce, nothing is written other than general guidelines developed over time, not even specific aerobatic flying manuals. The challenge is to let pilots adapt their behaviour to better fit in the team way of doing things. For example, the team has no spare pilots, 10 aircraft, 10 pilots. If you join and your favourite sport is bicycle racing and you want time off for that, the team will have an issue. Especially during the airshow season, all pilots must keep themselves in their optimal psychophysical condition because they cannot miss an engagement. So the rules must be clear and fixed, even when challenged, and all must keep to them and adapt their behaviour accordingly to serve the team objective.

Tough Job

Flying 3 times a day, every day is a tough job. Even tougher is to debrief 3 times a day. The zero mistakes attitude therefore requires a tough approach to performance evaluation. Pilots must have the humility to accept criticism, but even more important is how you communicate the criticism. A winning behaviour is to clearly distinguish between the technical mistake and the person who did it. The interest of the team is to concentrate on the best manoeuvre possible, not the person who failed to fly that way.

These 6 characteristics have been at the heart of the Frecce Tricolori philosphy since their earliest days. They ensure the focus is on managing people rather than technical issues. It has put the team among the top performers worldwide in terms of safety and showmanship. ■

The Frecce Tricolori team: as solid in the air as on the ground

Unbearable Bone

The unique story of Fibrodysplasia Ossificans Progressiva a

Dutch Fellow and Benelux Vice-Regent Elinor Bouvy dedicated her professional career to the treatment of patients in need of 'Special Care Dentistry'. Her path intersected with patients suffering from an extremely rare disease: Fibrodysplasia Ossificans Progressiva (FOP – see box), marking the start of a passionate involvement that has brought her to her current role as President of the Dutch FOP Foundation. As such, during the Benelux District meeting in November 2016, Elinor invited Fellow Frans Kroon to attend the Foundation's Annual Symposium, which aimed at connecting and informing patients, their families and caregivers, and presenting promising recent research advancements.

Walter van Driel, Frans Kroon and Merryn Jongkees

In order to help raise awareness of this disease and its dental implications, Walter van Driel, Frans Kroon and Merryn Jongkees visited Elinor and two of her colleagues, Emeritus Professor Coen Netelenbos, MD, PhD, Department of Endocrinology, Amsterdam Free University (VUmc), and Dr Teun J. de Vries, Associate Professor of Periodontology, Academic Center for Dentistry Amsterdam (ACTA), to find out more about this ultra-rare disease and the valuable clues it is giving us to the hidden complexities of bone biology.

Introduction

The way FOP is now emerging from obscurity seems reminiscent of a case of neuroblastoma in a Dutch child, which at the time was a largely unknown phenomenon but where a mother single-handedly petitioned for research and funds and was the start of break-through studies and outcomes.

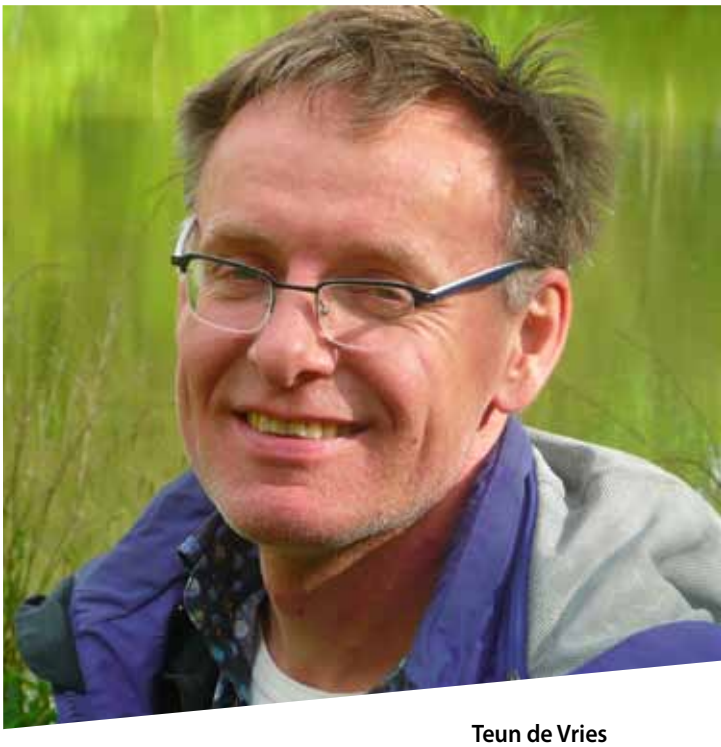
'Our FOP initiative started in exactly the same way', says Elinor. 'It is often the parents who catalyse research because their child suffers from an unknown disease.' 'In our case,' Coen adds, 'the FOP gene had already been discovered by Dr Frederick Kaplan in the US, but the Dutch patient group provided a great stimulus to the work in this field. The Amsterdam VU University Medical Center, together with ACTA, is now a state-recognised FOP centre of excellence, serving a patient population of about 10 in the Netherlands out of a worldwide total of about 750.' To provide some perspective on incidence, Teun illustrates: 'You need to fill 20 football stadiums in order to find just one FOP patient.'

Fibrodysplasia Ossificans Progressiva

Fibrodysplasia ossificans progressiva (FOP), also called 'mannequin disease' or 'second skeleton', is an extremely rare connective tissue disease, caused by an activating mutation of a bone morphogenic protein receptor-1 (BMP-1), which causes fibrous tissue (including muscle, tendon, and ligament) to be ossified spontaneously or when damaged. In many cases, injuries can cause joints to become permanently frozen in place. Surgical removal of the extra bone growths has been shown to cause the body to 'repair' the affected area with even more bone.

nd its dental implications

Elinor Bouvy



Teun de Vries

Late Diagnosis

'One problem we are encountering is that the disease is not recognised until it has progressed', says Coen. 'If a child develops an indurated lump, it is frequently referred to an oncologist, who takes biopsies and operates, or amputates a limb because they suspect a very rare bone cancer. But these children should *never* be operated and should *never* receive intramuscular injections or intraoral anaesthesia, as rampant bone growth will result. Early diagnosis is therefore of paramount importance.'

Nodding in agreement, Elinor adds: 'Because the disease is so rare, the hallmark of FOP is frequently overlooked, which is abnormally formed large toes at birth. This occurs in 99% of classical FOP cases. We tried to have the toe check included in child health centre evaluations, without success so far, but we have succeeded in distributing information about the disease and its hallmark toe sign. We need to get this information out to the public and help parents make a first evaluation whether their child has this disease or not. It is crucial to do so before attempting interventions of any kind.'

Elinor, you told of an article you wrote on FOP that was refused by a dental journal because the disease was too rare. Perhaps the dental implications were not clear enough at the time?

'This was 2005, shortly before the discovery of the FOP gene, and looking back we should have perhaps chosen a different perspective to illustrate its dental implications more persuasively. But these implications, e.g. the trismus or lockjaw and the imperative to exercise restraint in interventions, are of course enormous. Firstly, this patient group *en masse* avoids seeing a dentist in the first place because it makes them feel extremely unsafe. They fear the dentist is unaware of their disease, and they are terrified by the idea of being given anaesthesia and what it will trigger in their mouth. So where do they go? In the Netherlands I refer them to specialised dental care centres, but as it turns out, most patients simply withdraw from dental care.'

Teun adds: 'In my work at ACTA, I am finding that there is much focus on caries, periodontology, bone etc., but

that there continues to be a relative unawareness of the availability of specialised dental care and its potential role in research. This is unfortunate, because this disease can teach us so much about bone biology and mechanisms we are currently unaware of.' Coen agrees: 'It is hugely important. In these patients, 80% develop lockjaw, in some cases complete. Formerly these patients could die from starvation, their inability to take in enough food. And they are extremely afraid of suffocation, e.g. in the event of nausea and vomiting. We are able to provide some relief by removing the wisdom teeth, but our object is of course to improve and normalise their quality of life in more refined ways.'

Dental Issues Poorly Addressed

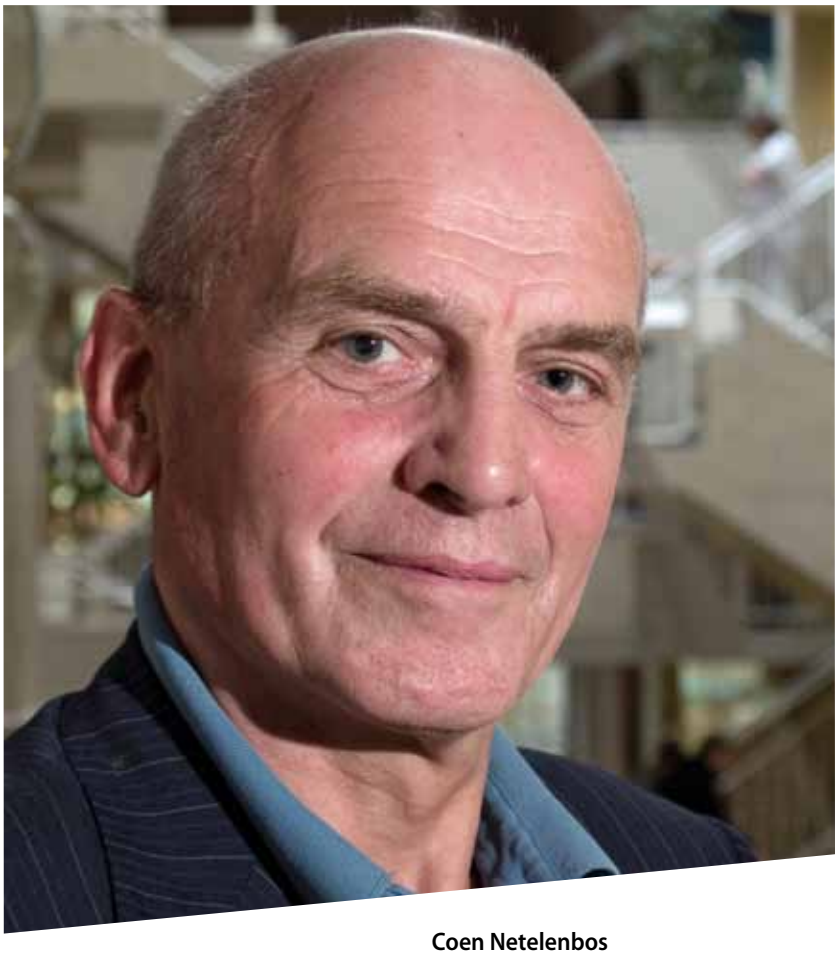
'What troubles me,' says Elinor, 'is that the dental issues of FOP are poorly addressed in the otherwise robust medical guidelines, and that improvements in e.g. anaesthesia techniques do not seem to get across to our target populations. We need to improve the dissemination of this important new information, and we are in the process of developing professional strategies to achieve this and improve issues such as diagnostics, advance care planning, etc.'

It would seem that especially in this population, you would need to invest heavily in prevention, despite the problematic access to the oral cavity. What can be done for these people?

'Prevention is important indeed,' Elinor agrees, 'some patients are obsessed with oral health. In the US, the occlusal surfaces of the deciduous and the permanent dentition would be sealed; European guidelines are rather individually oriented in recommending this. This is a population where you may have to think differently in order to help them. For instance, some jaw disorders like a partial, vertical or horizontal open bite – normally unwanted – can be a blessing when it affords easier access for food despite the lockjaw. And you may need to consider removing certain teeth in the premolar area to optimise the intake of food while preserving the vertical dimensions and support in the molar region. All clinical treatments should be evaluated on their effect or impact. Anything you do will have to be customised to individual patients.'

Psychosocial Burden

'Understanding and addressing the psychosocial burden is also very important', Coen points out. 'Many patients never eat in public, always in private, for obvious reasons, but with high impact on their social lives. They can also have nightmares about suffocating, when they get a cold or are nauseous, because if they vomit, where does it go out? Through the nose? The burden can be such that patients



Coen Netelenbos

push for surgery despite the risks. We always do what we can to persuade them otherwise. For instance, one of our patients was a woman with complete trismus who wanted surgery when she was 16, but we did not operate until she was 25. The procedure had a dual outcome: after a year, the jaw was locked in place again with immense ossification, but now with a 5-6-mm gap between the teeth, which made the patient very happy (see Figure 3). She no longer had nightmares and even started a new study. Her case illustrates the complexity of the disease, the implications you need to be aware of, and the fact that you need to work by entirely different parameters. We hope that with new medication, we can operate people and prevent the ossification from recurring.'

In that connection, Teun, please tell us more about the research you are now conducting in this field in relation to dentistry.

'The bone in our body is constantly being remodelled, meaning old bone is resorbed and new bone formed.

In our jaws and around our teeth, these processes are mediated by a tissue called the periodontal ligament (PDL). We decided to use this tissue to study the increased bone formation and resorption in FOP patients. Though understandable, the resorption aspect has been largely neglected in the FOP research community. With our osteoclast expertise, which is unique in the FOP field, we hope to contribute to FOP-related osteoclast formation research in the near future. Furthermore, extracted teeth have a small gingival tissue rim which behaves differently from PDL. The benefit of studying both tissues is that in addition to learning about bone formation and resorption in these patients, you also obtain new information about periodontal biology.

'By a method called RNA sequencing, we cultured gingival and PDL fibroblast cells from extracted wisdom teeth from 6 healthy and 6 FOP patients. Though it is still work in progress, we will discover a lot about the gene expression patterns in these FOP fibroblasts. And, since control periodontal and gingival cells are included in this experiment, we will also learn much more about the normal periodontium. Though in situ millimetres apart, expression analysis of gingival and periodontal ligament fibroblasts could potentially reveal a world of a difference.

We already knew that the inhibitor of the bone morphogenetic protein (BMP), which induces bone formation, did not bind correctly to its receptor because of a mutation in the ACVR1 gene, a type 1 receptor of the BMP/TGF-B superfamily. Consequently, under specific triggers, bone formation is switched on permanently. In addition, it was discovered that mutated ACVR1 binds strongly to activin, causing it to become overactive and induce bone formation where it would normally not. So now there are two promising targets for intervening in FOP: the dysfunctional BMP inhibitor/receptor binding, and mutated ACVR1/activin binding. It was recently shown in mouse models that adding activin antibodies actually prevents artificially induced heterotopic bone formation. We are now studying the role of activin antibodies on bone formation and also bone resorption, in hopes of eventually being able to "switch off" the heterotopic bone formation in FOP.'

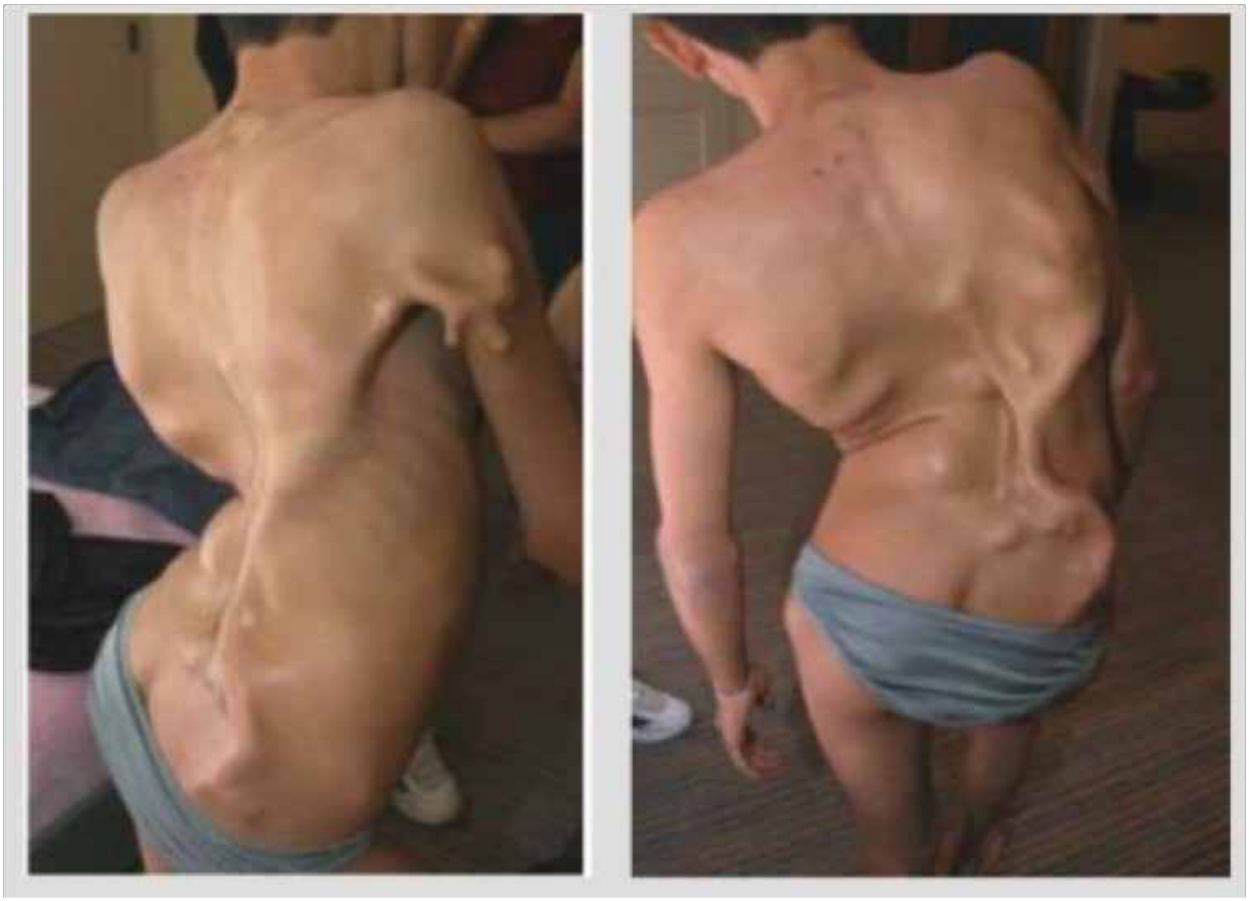


Figure 1: Dramatic heterotopic ossification in an FOP patient.

Figure 2: The hallmark toe sign of FOP

Research Diversity

To illustrate the unfolding diversity of this research field, Coen adds: 'Significantly, only mutated ACVR1 activates activin, and only activin triggers FOP, so this is a unique target for the development of an anti-activin to control this dramatic disease. It is drawing increasing interest among industries, and R&D in this field is picking up momentum with promising developments. For instance, it was recently found that a tyrosine kinase inhibitor currently used in other diseases has excellent activity in FOP also and will be studied for use in this setting. Also, a vitamin A compound, palovarotene, inhibits the formation of bone cartilage, which is an early form of bone. So as you can see, developments are in a crescendo upbeat in FOP.'

Offspring

This research field is not only significant in terms of rarity and intense patient suffering, but also its scientific offspring. 'For instance, heterotopic ossification is trauma-induced bone formation, causing complications after e.g. a burn, amputation or after a blast injury, highly prevalent in veterans of war', Coen explains. 'FOP, which is genetically induced, is now pointing us to pathways that will help us address these complications and is generating a high level of interest in the disease among a broad spectrum of medical disciplines and research fields, including cancer. Illustratively, no less than 12 industries are currently developing medicines for a disease which is among the rarest we know of. In this way, our work in FOP is benefitting a much larger population than only the FOP patients, much like how research in the space programme sparked developments in technology and IT – today, we cannot imagine life without all the resources, tools and devices these efforts have given us.'

Advance Care Planning

Elinor, let's say I have a 17-year-old hypothetical FOP patient who develops excruciating tooth pain. I can't even get a finger into his mouth. I refer him to you. What do you do?

'If the patient is suffering excruciating pain, we would consult the maxillo-facial surgeon in our Special Care Dentistry unit, who is able to carry out the extraction, by keyhole surgery if needed. Even with lockjaw there are ways to access such a tooth.

'On a side line to your question, we actually do have a patient with rather serious problems in multiple teeth who was followed for years and was in fact a case of "supervised wait and see". Using the intraoral scan that has recently become available in combination with a CBCT, we now have a better diagnostic tool to advise and propose proper timely treatment. As a dentist, my question is: shouldn't carious teeth be removed in an early stage when there is better access to the oral cavity, and the remaining teeth be moved forward? Like we do in patients with Down's syndrome: take action early and remove milk teeth to achieve the best possible balance between oral health and cosmetics without orthodontics. Again, it illustrates the out-of-the-box approach and way of thinking that is required in FOP, and the focus we need to place on advance care planning.'

Would it be worthwhile to consider removing the germ cells of multiple-root teeth in these patients?

Elinor: 'That is exactly the kind of systematic thinking we are promoting and where we need to go in terms of advance care planning. We are working to draw international attention to the need of improved oral care in FOP. Our current guideline set is too limited. For instance, the guidelines still recommend grinding down teeth, which we now know is unadvisable. For far too long, the dental implications of FOP have been overlooked against the background of all the other effects of the disease, but we need to turn this trend.'

How do you handle anaesthesia?

Elinor: 'Here too, a specialised approach is required, and only very few anaesthetists have the background and experience to handle such situations. We now work with

a very select group of oral surgeons and anaesthetists, who get together regularly to review novel procedures including local anaesthesia, and to share best practices and transfer their know-how as best as possible.'

At what age is FOP usually discovered, and what is the life expectancy?

Coen: 'Usually around age 2-5. The disease starts in the neck, sometimes very early. Parents may notice their child is unable to crawl because they can't lift their head because the neck has stiffened. According to the books, patients have a life expectancy of about 40 years, when they may die of pneumonia as their rib cage excursion is reduced to zero. We have also had death caused by embolism and even suicide. We have one 66-year-old patient who is still in relatively good health, but another patient died at age 24.'

Elinor: 'As soon as FOP is detected, special care dentistry is one of the disciplines the child is immediately referred to. In the Netherlands we have the benefit of being a small country where it is relatively easy to set up a special care dentistry structure for these children. Other countries, like France, are much larger and it becomes increasingly difficult to put and keep effective specialised systems in place.' 'Special care dentistry systems are well organised in the Nordic countries and the UK,' Coen adds, 'but some countries lack physicians with FOP expertise who can adequately care for these patients. That is why we are actively advancing know-how and expertise of FOP among our European colleagues.'

Research Imperative

Is it safe to say there is a strong imperative to continue research in this field?

Teun confirms emphatically: 'Absolutely. With the samples containing this one single mutation we now have from patients, we will be able to identify additional targets that will keep the research momentum going once our current targets have been explored and agents developed. And in addition to unravelling the mechanisms that drive FOP, we are also working to better understand the biology of the periodontium and bone in general. Bone studies generally focus on bone formation, but bone resorption is a very interesting field worth more attention than it is getting now.'

Donations are welcome, we presume?

'Absolutely, that would be wonderful!' Elinor says with a smile. 'In the Netherlands we are in a privileged position to have government grants, but globally, fundraising is vital. In the US, a number of families have raised enough funds to equip a full laboratory. The US perception of fundraising is quite different from Europe, but funds will be indispensable to move our research forward. So yes, donations are very welcome!'

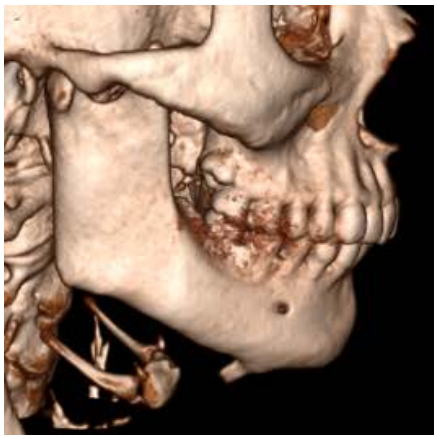


Figure 3a.

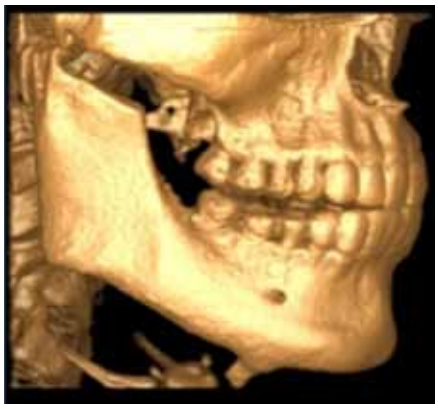


Figure 3b.

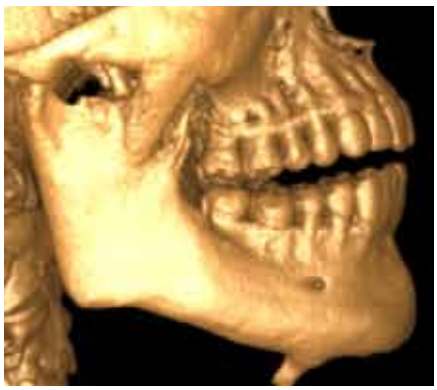


Figure 3c.

Figure 3: Trismus scans in an FOP patient before, shortly after and one year after surgery. The bony bridge (the connection between the mandibular coronoid process and the zygomatic bone – 3a) was surgically removed (3b) but has regrown (3c), only this time leaving 5-6 mm between the upper and lower teeth, greatly improving the patient's quality of life. (Pictures published with patient's consent)

Additional information: www.ifopa.org. Detailed national contact and donations information on www.icd-europe.com

A Visit to Kifangondo

During a recent trip to Angola, I had the opportunity to visit Father Emil Kalka, who runs the St Luke Medical Centre in Kifangondo, 18 km north of the capital Luanda. I witnessed first-hand the fantastic work he and his team have been accomplishing in treating, educating and following up all the patients who seek help at that health centre.

Gil Alcoforado

This centre was inaugurated in 1996 by the missionaries of the Congregation of the Fathers of the Divine Word and to this day provides assistance to the residents of Kifangondo and other localities of the Cacuaco municipality. Most of the Centre's patients are poor people who suffer from the most serious and chronic diseases. St Luke Medical Centre has considerable experience in the treatment of malaria, tuberculosis and HIV/AIDS. The ongoing operation of the Centre has been the fruit of the tireless work of Father Andrzej Fecko SVD, and more recently Father Emil Kalka. From 2004 onwards, the St Luke Centre has had the collaboration of the Polish Ministry of Foreign Affairs and the Polish Embassy in Luanda under the "Polish Cooperation" programme. Thanks to Polish funding, the Centre's facilities were extended, rehabilitated and equipped with modern diagnostic equipment a few years ago.

Father Emil Kalka and Gil Alcoforado in front of the St Luke Health Centre.

Father Emil Kalka was kind enough to show me around the centre and I was very impressed with the amount of work he and all the centre's personnel have been doing in order to help the population from the municipality of Cacuaco and other regions of Angola. It is the only centre in Angola which has a complete computerised record of patients who have developed AIDS and have been treated at this centre.

Hopefully next month, dental equipment will be installed there and the NGO Smiling World "Mundo a Sorrir" will start sending dental volunteers to tend to the oral health of those patients. It will probably be one of the centres that ICD Fellows who want to join forces with projects sponsored by the Philip Dear Foundation (of the ICD European Section) could collaborate with. During the Open Forum at the Scientific Meeting of the ICD Annual Meeting in London, more concrete information will be given to all those who want to contribute to this cause. ■

Kifangondo will probably be one of the centres that ICD Fellows will want to collaborate with

Patients waiting for radiographs to be taken.

Health and Tourism to Create Social Imp

11 years have passed since Mundo a Sorrir was founded with its main mission of promoting health and oral health as a universal right.

Mariana Dolores and Miguel Pavão

Mundo a Sorrir is currently developing projects in Portugal and 4 African countries. Focusing on 4 different areas – prevention, medical assistance, training and research – it has given us knowledge to understand that much still needs to be done in order to make health accessible to all.

São Tomé and Príncipe is an island nation located on the African coast, comprising two small islands (São Tomé being the largest and Príncipe the smaller one). Their beauty, cocoa plantations and marvelous beaches attract a significant number of tourists each year.

In a country where access to candy is somewhat limited, we realised in 2013 by screenings in 1st-grade school children, that they showed a higher DMF index than we initially expected.

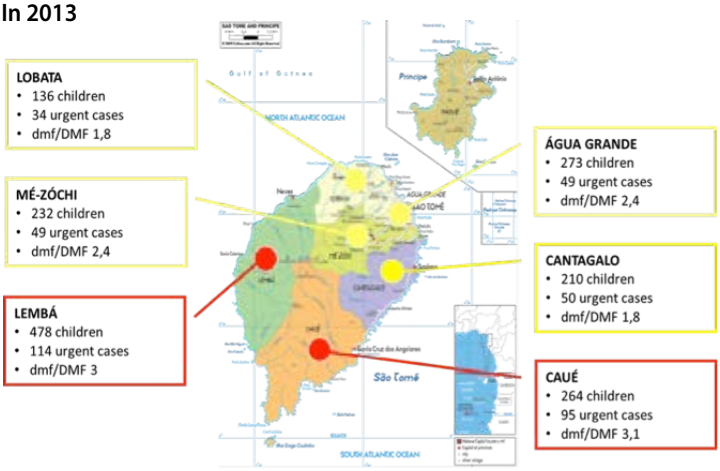
This reality prompted us to evaluate the situation and we found that tourists, by distributing candy to the children on a day to day basis, were part of the problem. We therefore initiated a marketing campaign together with the hotels to encourage the donation of other goods than candy to the local children.

Since 2013 we have been developing our activities, benefitting over 14,500 socioeconomically underprivileged people. The impact of our work there can, to some degree, be evaluated by the comparison below, showing that the work our volunteers are doing in the field is decreasing the DMF index.

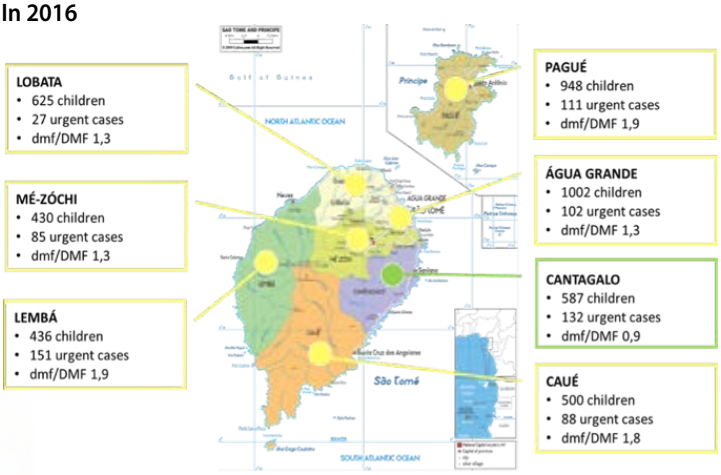
Help us build smiles the size of the world, help us make health accessible to all!

Connected act

In 2013



In 2016



2013		2016
LEMBÁ • 478 children • 114 urgent cases • dmf/DMF **3**	→	**LEMBÁ** • 436 children • 151 urgent cases • dmf/DMF **1,9**
CANTAGALO • 210 children • 50 urgent cases • dmf/DMF **1,8**	→	**CANTAGALO** • 587 children • 132 urgent cases • dmf/DMF **0,9**
CAUÉ • 264 children • 95 urgent cases • dmf/DMF **3,1**	→	**CAUÉ** • 500 children • 88 urgent cases • dmf/DMF **1,8**

ICD has helped reduce the DMF index and has been part of the solution for Mundo a Sorrir to be able to grow its preventive activities to 1st-grade school children in all districts of the country.

Linking tourism and health made us consider the opportunity to see tourism not only as part of the problem but also as part of the solution by using tourists to do volunteer specialised medical work.

Volunteering is a concept that combines holidays with help and relaxation with work, allowing tourists to visit, feel and experience the country and its inhabitants with a proximity that otherwise would not be possible.

The proximity to the population, the opportunity to work together with local professionals and the possibility to feel useful during holiday time has made this concept grow around the world; there is already a significant number of people that prefer this type of holidays.

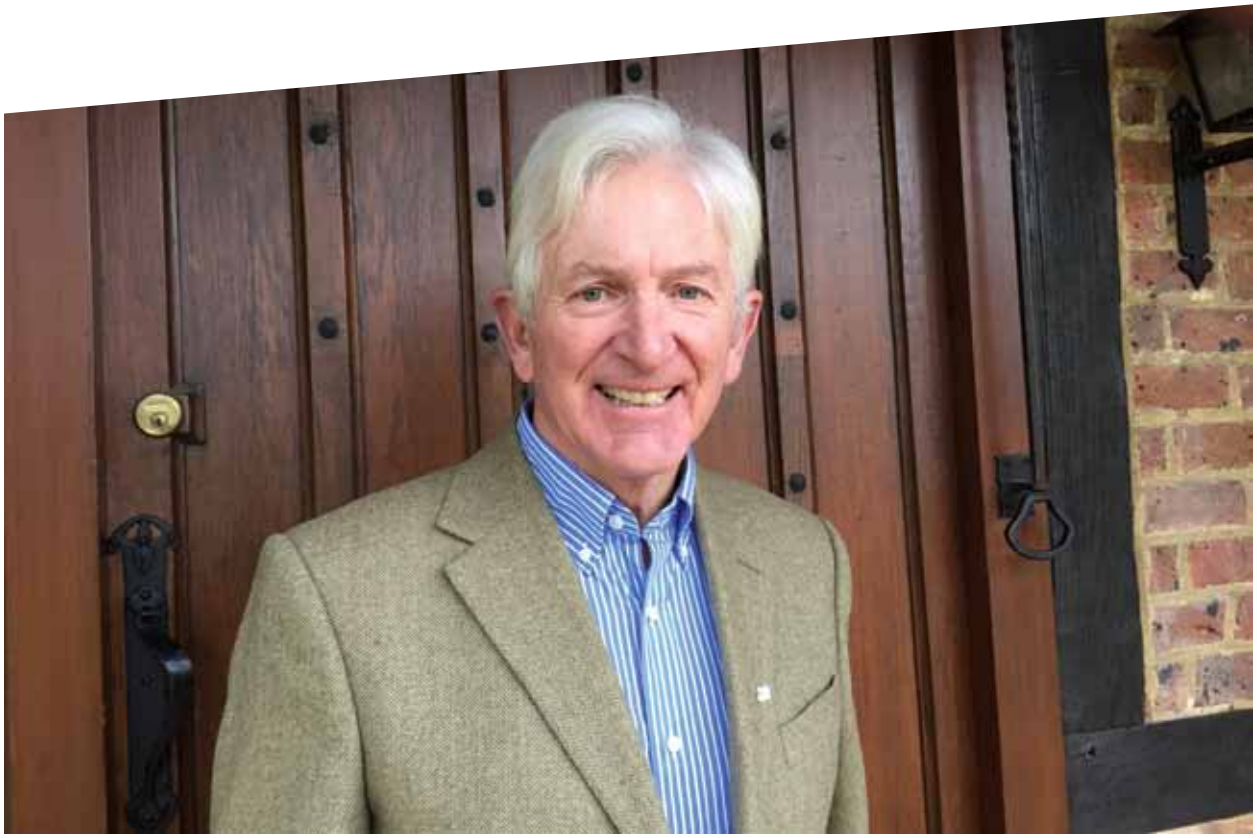
Mundo a Sorrir also develops activities in Guinea-Bissau, Mozambique and Cape Vert, having worked with more than 120 volunteers in this African context.

Cape Vert is also a paradise on the African coast and a perfect spot to bring together amazing holidays and volunteer work to help local people by doing what we do best: promoting health!

We invite the ICD Fellows to become members of Mundo a Sorrir and to participate in this volunteering programme. Every human being should be entitled to health! ■

Phillip Dowell's 2016 of the College at Larg

Interviewed by Frans Kroon



1. Thank you for sharing with us in this interview your experience as last year's President of the International College, Phillip, and your views on the future for both the College at Large and our European Section. Before we go into detail, how would you summarise in general your experience as the 2016 President of the College at Large?

Being the International President was an honour that I will always cherish. I did a huge amount of travelling, which to an extent is at the discretion of the President, mostly accompanied by my wife Sheila. Everywhere I visited we were treated royally and looked after in a very friendly, relaxed and Collegiate way. Every Section of the College is different with differing cultures and ways of organising their affairs, but it is important to stress that there is an overall theme of governance stemming from the College executive and the International council. All the Sections have some similar problems but it is essential to share best practices and to communicate regularly with the Fellows in all the Districts. The Regents and deputy Regents are the pillars of the Sections and as such need to be very proactive in organising regular meetings with their constituents. Keeping our Fellows engaged is a key component of success for the future of the ICD.

2. The world is changing rapidly around us, with massive shifts in the political arena and pressing humanitarian issues. How does this impact you personally, and how do you think it will influence the College in general and its Fellows individually?

There are always going to be both political and humanitarian issues and one of the main thrusts of the College is to help its Fellows to engage in giving aid to underserved communities. It is important that the College can help Fellows to find their niche in helping the poorest in our society and we are developing ways to do that via an interactive Dental Project Registry.

Presidential Year
e

3. Do you see a clear path forward amidst these developments? Will current tides oppose or perhaps favour our objectives in the short and long term?
It is difficult to have political influence and the world is still by and large struggling with the aftereffects of the economic crash. However, as oral health professionals it is our duty to seek ways in combination with governments and other NGO's to try to redress the balance in terms of oral healthcare, we can do no more than that except perhaps to lobby for improved oral health from our ruling bodies.

4. Education and humanitarian work are ICD values that have always been close to your heart and a central focus of your work in the College. How have these values developed and matured over the years, and what has 2016 brought you and the College in this respect?
The College has engaged in more educational projects worldwide, particularly in respect of the Dental Safety Program, which came about from a close collaboration with OSAP (Organisation for Safety, Asepsis and Prevention).
More recently we have run courses on antibiotic stewardship in Southeast Asia, indeed in Vietnam the meeting attracted over 500 participants. New regions are developing in areas such as Pakistan and Bangladesh and are being served by Regents with a very active philosophy in both education and humanitarian aid.

5. You have developed a keen interest in fundraising for the College, even sailing the Atlantic Ocean for the Global Visionary Fund, an initiative of a number of American Fellows and where you now serve as board member. Can you tell us more about this experience, and the objectives of the fund?
The Global Visionary Fund (GVF) was started only a few years ago as the International council's fund for Educational and Humanitarian aid. The Fund belongs to the WHOLE College irrespective of whether the Section has it's own Foundation and is a tax-exempt fund created by the Council for the purpose of collecting and distributing monies in support of oral health care. At this point in time the fund has not reached a sustainable level but we are able to support projects in terms of supplying materials or equipment via a significant donation given to us by Henry Schein. Indeed the GVF has supported humanitarian projects from European and American Fellows as well as many others. The donation given by the International Congress of Oral Implantologists (ICOI) has given a significant boost to our Fund and it is hoped that the Misch Legacy Endowment created in memory of Carl Misch will further enhance the GVF.

As chair of the GVF I receive grant applications and send them out to Board members for approval or rejection, the process looks for properly written protocols with attention to reporting and outcome measures. Sailing the Atlantic on behalf of the GVF was part of my Fellow Inspires Fellow (FIF) initiative and I hope that others may carry this on with their own particular challenge.

6. You have also become an 'additional non-paid member' of the ICD Staff. Having been President yourself, does such a position carry a risk of interfering with the position of the current new President?
As President you learn much about the working of the College office and realise how stretched they sometimes get with insufficient staff and funding. There is much that needs to be done in terms of development and as Director of Global College Development I hope that I can help with efficiencies and fundraising. This work is carried out with the full knowledge of the College office and executive and will be an interesting challenge. I have just visited the IDS meeting in Cologne to meet company executives with a view to looking for sponsorship.

7. Has your presidential year of the College brought specific growth of your own District in the UK?
Without a doubt my own District has the largest numbers of new Inductees this year than it has had for many years. It may however be linked to the fact that the European meeting is taking place in London!! We will have to see if the trend continues but I am cautiously optimistic.

8. Do you have any additional comments?
I believe that the role of the International President and indeed Section Presidents should entail more than organising a meeting or just conducting Induction ceremonies. There has to be an overall strategic plan for the good of the Section or Sections that has relevance and continuity. A change of President should not necessarily mean a change of direction and we need to be ever mindful of the needs of our own building blocks, the Fellows themselves. ■

Shelagh Farrell, European Section Pr

Interviewed by Frans Kroon

Shelagh, could you tell us what prompted you to pursue a career in dentistry? Was it encouraged by family or others, and if so, how have they influenced you?

My grandfather and his brother were doctors and my father was sent to medical school but did not continue – he wanted to be a soldier. There were no dentists in our family. The idea of dentistry came to me in my last year at school when I heard that a friend had got into Bristol to read dentistry but had studied arts subjects while she was at school. I also had not done physics and chemistry to a sufficient level, but discovered I could catch up on this at university by adding a year to the course. It was one of the best decisions I ever made.

How did your career develop from then on, and what made you chose your specialty of prosthetic dentistry? Does it feel like a specialty to you?

Actually it's only now that I specialise in prosthetics. My master's degree from the Eastman Dental Hospital was in conservative dentistry, but I learned a great deal of prosthetics from my first husband John Farrell, who was consultant in prosthetics at the Bristol Dental Hospital. After qualifying, I spent 18 months at the dental hospital as a houseman and senior houseman and then bought a house on the outskirts of Bristol and set up my own general practice from scratch. John died in 1981 and by the late 1980s I wanted a change, and so applied for a place at the Eastman and was lucky enough to be accepted. This really changed my level of dentistry and was the second really good decision I made. Going back to prosthetics – many of the young dentists have very little experience of complete dentures. When I qualified in the 1970s, 40% of the population in England and Wales were edentulous – now it is 6%. I feel that it is an essential specialty – placing implants, which happens more and more now, must be restoratively driven.

As our dentistry becomes more sophisticated, the need for daily maintenance also increases – a very difficult scenario when the patient has for example arthritic hands or dementia.

Failure to see and diagnose oral ulcers can result in serious illness - 30-50% of hospital acquired pneumonia results from dirty mouths.

Care of the elderly is an increasing problem and the quality of older persons' lives would improve with better oral hygiene.

You have a long history and valued track record in ICD. How did you learn about the College and what made you such an energetic proponent?

A dentist I knew in Jersey was a Fellow of the ICD. At that time, I was a member of the General Dental Council and a past member of the Council of the British Dental Association. At the Royal College of Surgeons in London we had just formed a new Faculty of General Dental Practitioners and this friend asked if I would propose him to be a member through the grandfathering arrangements. This I did and he very kindly proposed me for Fellowship of the ICD! Some years later Philip Dowell asked me if I would stand as Vice-Regent. We had an election, in which I was successful, and in due time became Regent.

Can you share experiences with us from your time as Fellow and Regent in your own UK District, and what is your vision on the need for our Districts and Section to grow and expand. Does 'Honour' still count or are Education and Humanitarian more important in the eyes of new candidates?

I enjoyed my eight years as Regent. It was always a privilege to introduce eminent colleagues at our annual meetings. The worst side of the job was collecting the fees. I obviously feel very honoured to have been made European President and hope that we have a very successful meeting in London in June.

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I think that 'honour' is the major factor to new Fellows joining the ICD. Many of our Fellows are already involved in humanitarian projects outside the ICD. However, participation in existing projects or combining those with other societies should be greatly stimulated. In that respect, it is important that the College at Large is in constant communication with other organisations such as WHO regarding humanitarian and oral health issues

Along that line, how far do you think your own District should grow in terms of number of Fellows, and what is the time frame in which you could see that happening?

I am delighted that this year we are inducting 19 new fellows in our District of England, Scotland and Wales. I think this is a record. Hopefully it stimulates the other Districts in the same way to achieve 'growth'.

Two are Past Presidents of The General Dental Council, our regulatory body – Hew Matthewson and Professor Nairn Wilson, who are both Scottish. We also have three other new Scottish Fellows – thanks to their nomination by two other Scottish colleagues, which greatly improves our representation from Scotland. We now need to build up our numbers from Wales. Obviously Fellowship nominations rely on personal contacts. I am glad to see two Deans of dental schools being inducted – again Nairn Wilson, past Dean of Kings and Guys Dental School in London and Professor Iain Chapple, Dean of the Birmingham Dental School – who will be lecturing at the scientific meeting. It is good to see academics and senior hospital specialists joining us as in the past most Fellows in our district have been practitioners. The ICD is an expensive organisation to join, and this may be a stumbling block for colleagues. Also because we are so diverse in our specialties, it is perhaps difficult for academics to give time for our meetings when there are so many of their own specialty meetings to attend. I would value the viewpoint of Fellows who are academics as to how to improve this scenario.

In your opinion, should Districts have more frequent local meetings to improve involvement in general with the ICD as a society and with its activities? If so, what type of gatherings would you would like to organise or see organised?

In my own District, I think it is difficult to put on dental events to attract Fellows. As pointed out under the previous question, there are so many congresses and post-graduate courses around the country and of course we have quite diverse interests. Therefore we have given preference to the social aspect of meeting each other and hold an annual dinner in London in the autumn but it is only moderately attended. Perhaps our new Regent, Mark Wright, will have some new ideas.

We very much look forward to our upcoming Annual Conference in London, which you will host. What are your plans and ambitions in terms of content, Open Forum and such? Do you have a teaser to wet our appetite for an undoubtedly splendid programme?

Our scientific meeting to be held at the Royal Society will start with lectures from Prof. Iain Chapple, Dean of the Birmingham Dental School and a periodontist, and Craig Gershater who is not a dentist. I feel that even the non-periodontists like me will enjoy Iain's lecture, and Craig is also introducing new thoughts. I first heard him speak at a British Dental Association meeting in Chichester and was so impressed that I invited him to speak at our Fellows' dinner in London a couple of years ago. Our Vice-Regent Peter Floyd thought his lecture would go well with Iain Chapple's. We then have the Open Forum which Gil Alcoforado will chair and I am sure there will be some interesting presentations. In the afternoon, there are four lecturers from around Europe speaking on the delivery of dental care in their own countries.

The venues for the evenings are at the Middle Temple – the barristers' chambers (lawyers' offices), the Royal Festival Hall and the Royal College of Physicians in Regents' Park – all very prestigious places. The accompanying persons can go to the Tower of London, have a traditional fish and chips lunch and then a tour of Westminster Abbey. After the conference, there is a tour to Windsor Castle and the Savill Garden. By the way, on the Saturday morning is the Trooping of the Colour on the Queen's official birthday. This always ends at lunchtime with the Queen and her family on the balcony of Buckingham Palace and a fly-past of the Red Arrows jets (aerobatic display jets of the Royal Air Force) in very close formation.

I hope you will all enjoy it and very much look forward to welcoming you there! ■

International College of Dentists
European Section

62nd Annual Meeting European Section
London, England
14 - 18 June 2017

WELCOME

Dear Fellows and Guests,

It is a great honour and privilege to have been elected President for the European Section of the International College of Dentists in 2017, and to be able to welcome you to London for the 62nd annual conference.

Many of you may already have visited London, but there is always something new to see. From the time the city was first founded by the Romans in the 1st Century AD to the present day, it has been an exciting place to be. In 1777 Dr Samuel Johnson, a famous literary figure of his time and author of the very influential Dictionary of the English Language, said: "When a man is tired of London, he is tired of life; for there is in London all that life can afford".

Shelagh Farrell, President ICD-Europe 2017

ICD European Section 2017

Complete overview of the programme on www.icd-europe.com

PROGRAMME

Wednesday - 14th of June

07.00 - 16.00 **Preconference golf tournament**
19.00 - 22.00 **Regents' Dinner** at The House of Lords

Thursday - 15th of June

12.00 - 17.00 **Board of Regents Meeting** at the Oxford and Cambridge Club
18.30 – 22.00 **Welcome Dinner** at The Middle Temple Hall

Friday - 16th of June

09.00 - 16.00 **Scientific Day** at The Royal Society, 6-9 Carlton House Terrace
09.30 - 14.00 **Accompanying Persons' Tour** to Tower of London and the Crown Jewels
09.30 - 10.00 Depart The Royal Horseguards Hotel by underground accompanied by the guide
10.00 - 11.30 Tour to the Tower of London
11.30 - 12.15 Coffee break
12.15 - 12.45 The Crown Jewels
12.50 - 14.00 Lunch (fish & chips) - End of the first tour
14.00 - 16.00 **Accompanying Persons' Tour add-on** to Westminster Abbey
14.00 - 14.20 Depart Pub after lunch by underground accompanied by the guide
14.20 - 15.35 Tour to Westminster Abbey - End of the add-on tour
18.15 - 19.15 **River cruise** from the Embankment Pier
19.30 - 23.00 **Dinner** at the Skylon Restaurant at the Royal Festival Hall, South Bank

Saturday - 17th of June

15.00 **Induction Ceremony** at the Royal College of Physicians, Regents Park
18.00 **Reception** in the Physic Garden
19.00 – 23.30 **Gala Dinner** at the Royal College of Physicians and dancing in the Library to The Berkeley Square Society Band

Sunday - 18th of June

10.00 - 16.30 **Postcongress Tour** to Windsor Castle and Savill Gardens
10.00 **Depart** - The Royal HorseguardsHotel
11.00 **Arrive** - Windsor Castle for 2-hour tour
13.00 **Lunch** - in Windsor
14.15 **Arrive** - Savill Gardens – time at leisure
15.30 **Depart** - Savill Gardens
16.30 **Arrive** - Royal Horseguards Hotel

College at Large Past-President Phillip Dowell addresses the 2016 Inductees

Ladies and Gentlemen, Masters, Fellows, Guests, and most importantly Inductees. *Buongiorno, sono molto felice di essere a Milano, soprattutto con i miei amici italiani.* I hope that meant that I am very happy to be in Milan, especially with my Italian friends!

I want to thank Corrado Paganelli and his team including of course our new Italian Regent Mauro Labanca for putting on such a great programme in this wonderful city, where Guiseppe Verdi spent much of his life and wrote some of those amazing operas.

At the outset of my address I want to make it abundantly clear that the District of England, Scotland and Wales has no intention of leaving the European Section!

Since the last time I addressed our Section in Dublin last October, I have taken part in Convocations in the USA, where we inducted over 300 new Fellows, Mexico and India, Malaysia, where the newly constituted Asian Union inducted over 150 Fellows including the Minister of Health, China, Korea, Taiwan, Japan and lastly Canada. I also conducted charter ceremonies of new Regions in Cape Town South Africa, where the new Regent Prof. Yusuf Osman is the Dean of the largest dental school in Africa at the University of the Western Cape, and in Alexandria, Egypt for the region of Egypt and Sudan.

It was a humbling experience to induct the Minister of Foreign Affairs for Sudan, Prof. Ibrahim Ghandour, who was Professor of Prosthodontics, then Dean, then Vice-Chancellor of the University and now Foreign Minister. He told me that he had recently had a meeting in the White House with President Barack Obama and Secretary of State John Kerry on the South Sudan problem but seemed delighted to join the ranks of ICD Fellows!

Why am I telling you all of this?
Well, it underlines not only the international nature of our College, and the theme of my Presidential term is Internationalism, but also the prestige and high standard of Inductees that our College aspires to. During my travels, ably abetted by my wife Sheila, I have found that Fellows in other Sections are always interested in what goes on elsewhere in the College but not many of them travel to other Sections meetings. This may now change because you can go to the icd.org website and look at dates of Sectional meetings. You may decide to go to the ADA meeting or the Greater New York meeting where there is a large scientific component for CPD. OR you may find that a meeting is taking place in a holiday destination and you can fit in a few CPD points. OR you can just discover the wonderful friendship that is offered by Fellows in other countries! I urge you not only to come to our own European meetings but also to travel the World with the ICD.

Most Sections put on a Fellow Orientation Programme known as an FOP, which explains the history and aims of the College as well as its structure, committees, leadership, etc. It would be remiss of me therefore not to mention the Core Values which are:
LEADERSHIP: Upholding the highest standard of professional competence and personal ethics.
RECOGNITION: Recognising distinguished service to the profession and the public worldwide.
HUMANITARIANISM: Fostering measures for the prevention and treatment of oral disease by encouraging and supporting humanitarian projects.
EDUCATION: Contribute to the advancement of dentistry by fostering the growth and diffusion of dental knowledge worldwide.
PROFESSIONAL RELATIONS: Providing a universal forum for the cultivation of cordial relations within the profession and to assist in preserving the highest perception of the profession.

One of the important aspects of being a Fellow of the ICD is not mentioned in any of the writings about the College, and that is a phrase, well known to our French colleagues, called "Esprit de Corps".
This is defined as "a sense of unity and of common interests, as developed among a group of persons closely associated in a task, cause or enterprise".

Perhaps the word used by our American colleagues, "Collegiality" comes close, but I particularly like the term "Esprit"

The European Section 2016 Inductees


Nicoletta Mensdorff


Bettina Schreder


Rob Barnasconi


Paul Sipos


Agne Nihlson


Auriel Gibson


Roy Morris


Alison Roberts


Mihaela C. Losfeld


Patrick Hescot


Leonardo A. Matossian


Bernard Bengs


Ady Palti


Gerhard W. Paulus


Aikaterini Douma


Konstantinos Valavanis


Jennifer Allen


Ray McCarthy


Josette Camillieri


Alona Emodi-Perlman


Roberto Calvisi


Enrico Conserva


Joseph Garibaldi


Luciano Garulli


Giuseppe Luongo


Carlo Mangano


Simone Moschini


Andrea Papini


Giuseppe Paro Vidolin


Mariana Dolores


Helena Sofia Lopes


Joel Santos


Gloria Calsina


Guillermo G.-Guerrero


Pilar Lobo-Valentin


Léonard Brazzola


Mutlu Özcan


Natasa Ihan Hren


Natia Nizharadze


Alenka Pavlič

Astrid Ražem

because it means sprightliness of spirit or wit; lively intelligence! And of course, corps is the body. We are the body and you are now part of the body of the International College of Dentists.
Those of us who, like myself attended many years of ICD meetings, will know the warmth of friendship shared between Fellows from different countries, the spirit of wanting to help, and the exchange of views and ideas that give this vibrancy to our College.

I could speak all day about this wonderful College of ours, but you'll be pleased to know that I want to finish by congratulating all you new Inductees on joining over 12,000 Fellows in 122 countries. I am always impressed by your achievements!

As you now see, you are part of a new world, a world much larger than previously and a world that needs you!
Let this be the beginning of your journey! Embrace the College and it will embrace you. Wherever you travel you can find an ICD Fellow in every corner of the world. They are waiting to hear from you and help in any way.

We value the warmth of friendship shared between Fellows from different countries, the spirit of wanting to help, and the exchange of views and ideas that give vibrancy to our College

Remember that what you put in directly correlates with what you get out!! Be involved, be active! And share your pride in being a Fellow of the International College of Dentists!

Spero, cari amici, di vedervi presto.

I hope, dear friends, to see you soon.
Thank you. ■

European Section Officers and Regents

June 2015 through June 2016
Annual Congress in Milan of ICD-Section V, Europe (From Left to Right)

Front Row
Mauro Labanca, Regent, Italy
Shelagh Farrell, Incoming President, European Section
Corrado Paganelli, President, European Section
Phillip Dowell, College at Large, Past-President

Middle Row
Dov Sydney, Editor, College at Large and Regent, Israel, Malta and Baltic States
Argirios Pissiotis, Registrar and International Councilor, European Section
Henk Donker, Treasurer, European Section
Mies Buisman, Regent, Benelux
Werner Lill, Regent, Austria

Back Row
Jean-Louis Portugal, Regent, France
Ljubo Marion, Regent, Eastern and Central Europe
Christian Robin, Vice President, European Section and Regent, Switzerland
Ilia Roussou, Regent, Greece and Cyprus
Gil Alvas Alcoforado, Regent, Portugal
Matthias Bimler, Regent, Germany
Mark Wright, Regent, United Kingdom
Henrik Harmsen, Regent, Denmark, Finland, Iceland, Norway, Sweden
Richard Graham, Regent, Ireland
Jané Santiago, Regent, Spain

Not in the picture
Walter van Driel, Editor, European Section and Master of Ceremonies

Current Officers and Regents of the European Section on www.icd-europe.com

Future Annual Meetings of the European Section International College of Dentists

2017 London, England • 14-18 June

2018 Geneva, Switzerland • 21-23 June

2019 Thessaloniki, Greece • June