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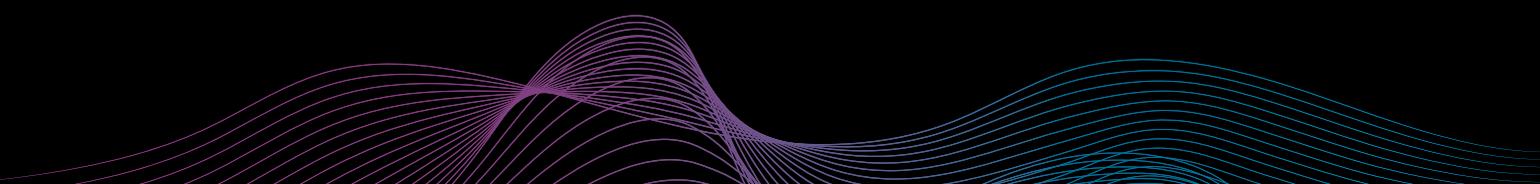


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Well-Root PT & Well-Root ST Clinical Application



Case Report :

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Dr.Mina Moheb Endodontist

BDS/MDS researcher October 6 University
Bioceramic user & researcher
Endodontics private practice



Pre operative x-ray shows huge calcification



DB canal



Cone Fit



Post obturation with Well-Root ST & Perfo Seal with Well-Root PT

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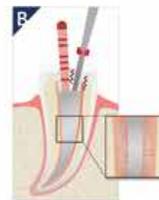


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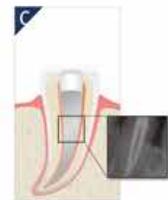
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Gender Gap: Due to Covid, Gender Equality in 132 Years



It is sad to still be here talking about it, but new concerning data reveals the systemic challenges facing women in the global labor market.

In Europe, as in the rest of the world, the effects of the Covid pandemic have contributed significantly to the erosion of women's rights, changing an already critical situation for the worse.

As we head into a period of multi-layered and compounding crises, including the rising cost of living, the ongoing pandemic, the climate emergency and large-scale conflict and displacement, the progress towards gender parity is stalling. According to the World Economic Forum's "Gender Gap Report 2022", the gender gap hasn't bounced back from the enormous damage done during the COVID-19 pandemic. The report benchmarks the evolution of gender-based gaps in four areas: economic participation and opportunity; educational attainment; health and survival; and political empowerment. Scarily, pandemic disruptions and a weak recovery means it's now going to take another 132 years to close the global gender gap. This represents a slight four-year improvement compared to the 2021 estimate (136 years to parity). However, it does not compensate for the generational loss which occurred between 2020 and 2021: according to trends leading up to 2020, the gender gap was set to close within 100 years.

While more women have been moving into paid work over the last decades and, increasingly, into leadership positions in industry, there have been continued headwinds: societal expectations, employer policies, the legal environment, and the availability of care infrastructure. This has continued to limit the educational opportunities women access, as well as the

career possibilities they can pursue. The economic and social consequences of the pandemic and geopolitical conflict have paused progress and worsened outcomes for women and girls around the world, risking in creating permanent scarring in the labor market. Not nearly enough employers stepped in to meet them halfway and offer the flexibility they needed.

Clearly, women's careers are more vulnerable to systemic shocks, but schooling and domestic violence are also linked to job opportunities. To cite some world figures: in the first few months of 2020, 250 million women and girls suffered some form of domestic violence, figures which have grown exponentially during lockdowns; 11 million girls did not go to school during the first year of pandemic, and 20 million are not returning to school in 2022, according to estimates.

Another 151 years are needed to achieve workplace equality, the report states. Almost every country and industry in the world has a gender imbalance in leadership roles. Women are severely under-represented, holding less than a third of leadership positions globally. Men have a significantly higher chance of being promoted into leadership roles than their female colleagues. Comparing the global average for men and women in 2021, men were 33% more likely to receive an internal leadership promotion than women. In countries like the Netherlands and Spain, men are 69% and 65% more likely to get promoted internally.

Yet, gender parity can have a significant impact on whether an economy or society will thrive. As leaders tackle a growing series of economic and political shocks, the risk of reversal is intensifying. Not only are millions of women and girls losing out on access and opportunity at present, this halt in progress towards parity is a catastrophe for the future of our economies, societies, and communities. Accelerating parity must be a core part of the public and private agenda. *Infodent International*, as international media, has the duty, and the tools, to a gender analysis that respects the differences as required by our code of ethic. I hope that this editorial might serve as a reflection, and a call to action to embed gender parity as a central goal to build a sustained and robust recovery. The future of our economies, societies and communities depends on us all.



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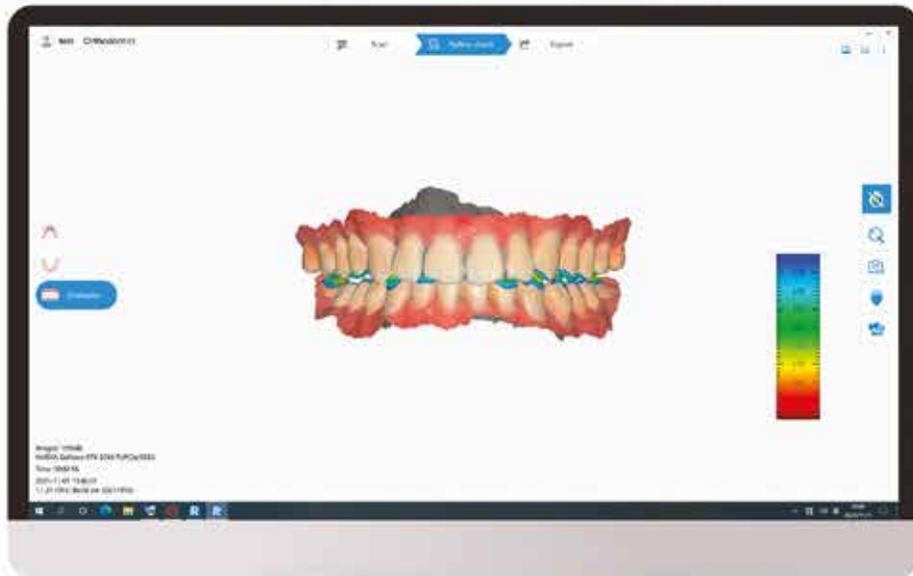
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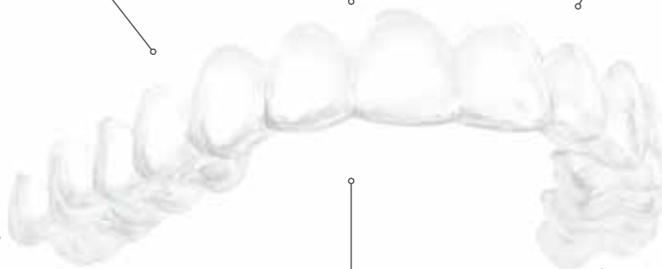
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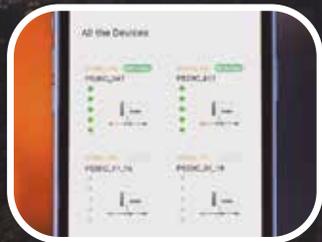
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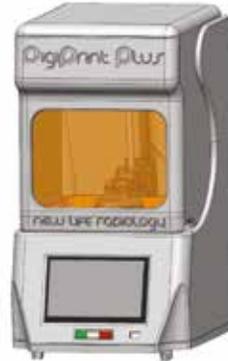
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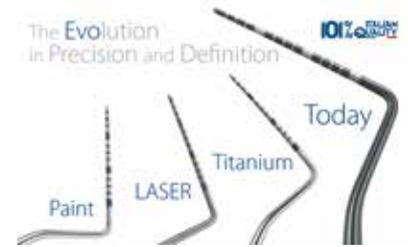
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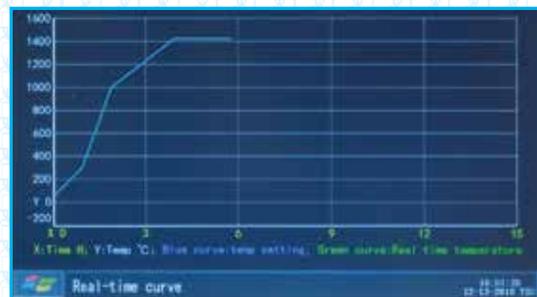


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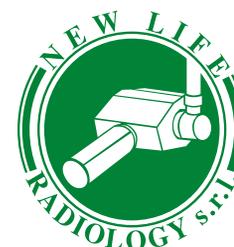


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The Patient Protection and Affordable Care Act (ACA)

- The ACA of 2010 is generally thought to be the most significant health reform in the United States since Medicare. Over the years since its adoption, it has come to be accepted by a small majority in the USA.
- The Trump Administration adopted measures, mainly through executive action, to weaken the ACA, although it has not been successful in keeping its promise to repeal it in its entirety.
- The courts, including the Supreme Court, have been called to rule on several points within the ACA and new legal challenges are likely to emerge in the future.
- The absence of a robust public insurance plan to compete with the private sector insurers may have contributed to less than adequate competition in the health insurance market.
- The number of individuals remaining uninsured – about 8.6 % of the US population – may require attention in the future as premiums rise and more people take advantage of the repeal of the penalty attached to the individual mandate



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Accessibility of Dental Care in the USA



Having some form of dental insurance is a strong predictor of dental visits and oral health. In the US, barriers to access oral care are mostly financial and the costs of dental care, combined with low income and lack of dental insurance, make dental care prohibitive for many.

In 2016 only 68.7% of Americans over the age of 2 years received dental care at least once in the past year. This percentage has increased slightly since 1997 when it was 65.1%. When broken down by age group, the increases occurred mostly in children under 18 years of age and in adults 65 and older. Among adults aged 18–64 dental visits declined from 64.1% in 1997 to 61.1% in 2010, then rose to just above the 1997 level, at 65.5% in 2019. **The financing of dental care may be related to these utilization patterns. Only 8% of dental care is funded through public agencies (ADA, 2012).** Most of this funding is from the *Medicaid* program for low-income families. In the Medicaid program, states are only mandated to cover the dental care for children; coverage of adults is optional. The *Children's Health Insurance Program (CHIP)* may or may not cover children. *Medicare* only pays for a small fraction of dental care because it only covers dental care when it is linked to the treatment of a medical problem.

Only 12% of Medicare beneficiaries had at least some dental insurance to help pay bills. The remaining 92% of dental care financing is from private sources, 48% of which is from dental insurance and the rest from out-of-pocket (OOP) payments. Americans may receive dental care in private settings, for which they must have dental insurance or pay out-of-pocket, or in community settings, where they pay a sliding scale fee for the service. Community-based clinics form the dental safety-net for those with limited incomes. They are sponsored by local public health departments, Community health centers (CHCs), not-for-profit service agencies, dental schools, and school-based clinics. Community based services are usually provided in fixed locations, but the use of dental vans allows for mobility of services in some areas. There are 178,867 estimated dental businesses in the US, with half being solo private practices (2019).

“When broken down by age group, the increases occurred mostly in children under 18 years of age and in adults 65 and older. Among adults aged 18–64 dental visits declined from 64.1% in 1997 to 61.1% in 2010, then rose to just above the 1997 level, at 65.5% in 2019.”

Dentist, Average Age	47.5
Average salary	USD 181,479
Average male salary	USD 199,343
Average female salary	USD 147,465

Source: <https://datausa.io/profile/soc/dentists>

Professional Active Dentists	2020	Per 100,000 pop.	Female Share of Dentists
Age under 35	34,254		50.6%
Age 35-44	48,216		44.8%
Age 45-54	43,396		37.3%
Age 55-64	42,395		26.0%
Age 65-74	28,449		12.1%
Age 75-84	4,128		4.9%
Age 85 and over	279		34.5%
Total	201,117	61.0	34.5% (all ages)

Source: ADA Health Policy Institute analysis of ADA masterfile; ADA Survey of Dental Education. Data for 2020 are based on the ADA masterfile.

“ In general, having any type of dental insurance is associated with greater use of dental services. Low-income individuals with Medicaid coverage have a higher likelihood of a recent dental visit and a lower likelihood of untreated caries compared to those with no Medicaid.

The unmet dental needs and disparities in care indicate issues with access to dental care. In 2016 nearly 9% of Americans delayed or did not receive dental care due to the costs. In 2012 fewer than half of all Medicare beneficiaries had any dental visits in the past twelve months. Correspondingly, 16% of US children and adolescents aged 5–19 years have untreated caries, and untreated dental caries in the 20–64-year-old group have increased since the early 1990s.

Barriers to access are mostly financial: the costs of dental care, combined with low income and lack of dental insurance, make dental care prohibitive for many.

More people cite financial barriers to dental care than to any other type of healthcare and the income gap in dental care utilization between poor and nonpoor adults grew from 2002 to 2010.

In general, having any type of dental insurance is associated with greater use of dental services. Low-income individuals with Medicaid coverage have a higher likelihood of a recent dental visit and a lower likelihood of untreated caries compared to those with no Medicaid. Medicare beneficiaries with dental insurance have been found to have nearly twice as many visits as those without insurance.

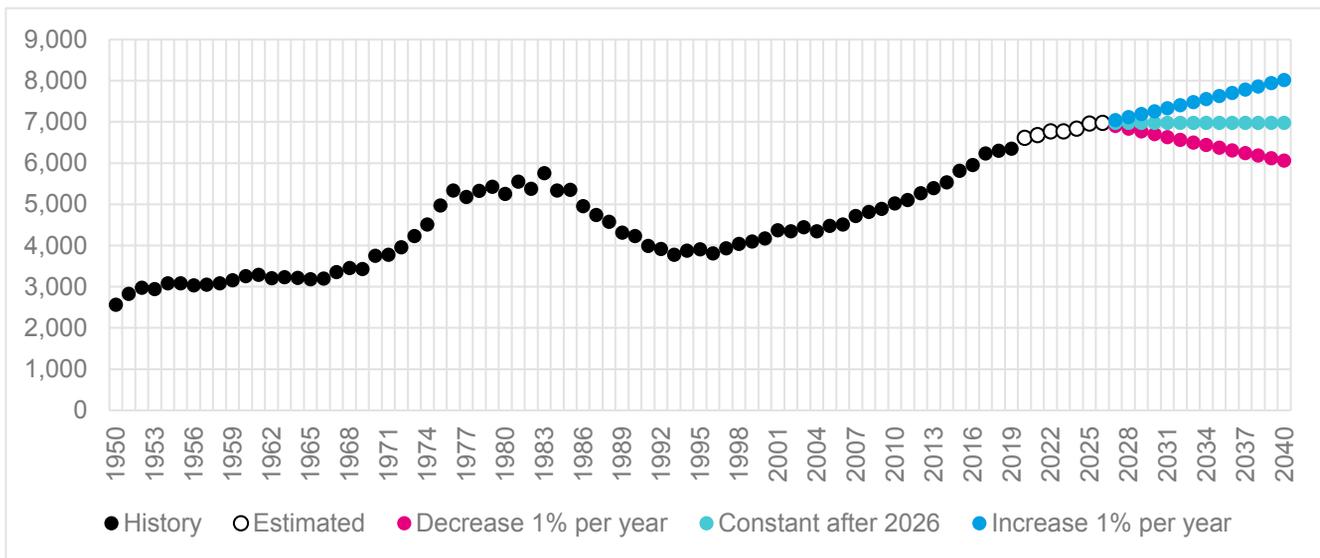
Although public or private insurance removes some of the financial barriers to dental care for a portion of the population, shortages of dental professionals are additional barriers that can exist even for those who are insured. The Health Resources and Services Administration (HRSA) estimates that there is a current shortage of 10,877

dentists in the United States so, in these areas extending dental coverage through Medicaid expansion may not improve utilization. Finally, dental professionals' reluctance to provide care to Medicaid patients creates a barrier for those with this insurance.

There is intense debate at the federal and state level on the adequacy of the dentist workforce in terms of meeting current and future population needs. Several dental schools that have opened in recent years cite insufficient supply of dentists as a key reason why more dental school graduates are needed.

The demand for dental care on the part of the population, the mix of patients in terms of payer type and geographic location, and a host of other factors determine whether the current and future dentist workforce is sufficient. For example, the aggregate supply of dentists may be adequate in size when compared to the aggregate demand for dental care. However, there may be an insufficient number of dentists relative to need or demand for dental care among disadvantaged populations or in certain geographic areas.

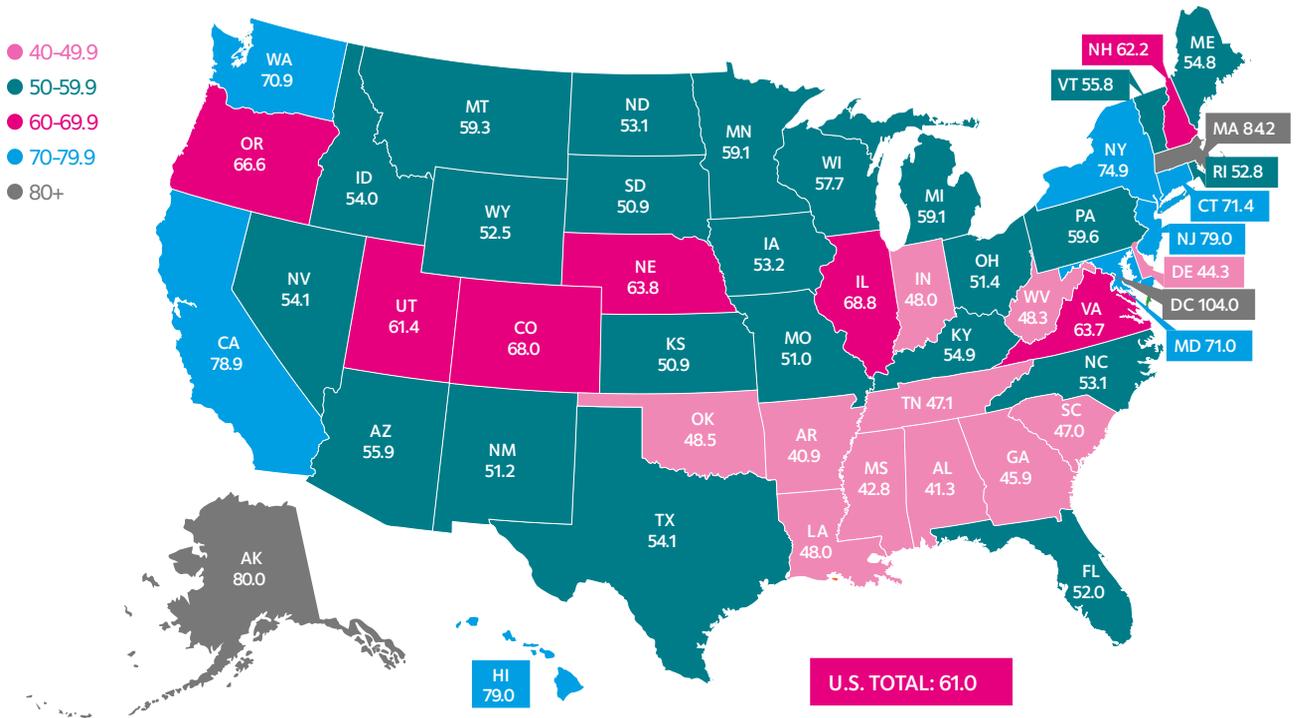
U.S. DENTAL SCHOOL GRADUATES PER YEAR, HISTORICAL, ESTIMATED, AND THREE INFLOW ASSUMPTIONS



Sources: ADA Health Policy Institute Survey of Dental Education, ADA Health Policy Institute estimates and assumptions. Notes: Data for years 1950-2019 are historical. Estimates for 2020-2026 assume that all dental schools in operation in 2020 will maintain current or expected levels of graduates per year until 2026. Data points after 2026 are assumptions about future numbers of U.S. dental school graduates.

DENTIST-TO-POPULATION RATIOS VARY ACROSS STATES

The number of dentists per 100,000 population in the United States was 61 in 2020 and varied across states. The District of Columbia (104), Massachusetts (84.2) and Alaska (80) had the highest ratios in the nation.



Source: ADA Health Policy Institute

The Patient Protection and Affordable Care Act (ACA)

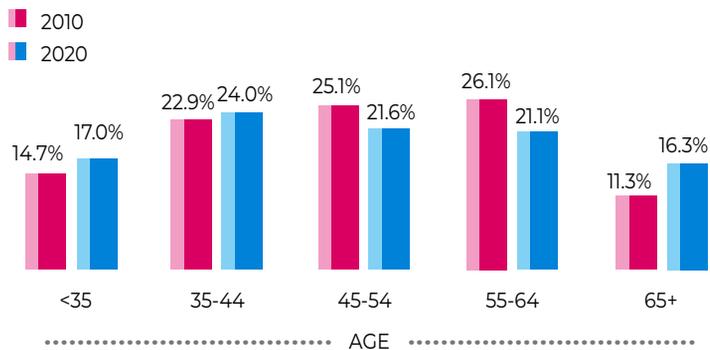
The ACA has expanded health insurance to a greater percentage of the population, and it mandates dental coverage of children and dependents up to age 25 (although as of 2019 coverage no longer has to meet an actuarial value range). **However, dental services for adults are not mandated under ACA plans, so dental coverage for this large age group tends to remain under stand-alone plans (employer health coverage usually does not cover dental care).** As a result, improvements in access to dental care through ACA plans have been slight. ACA support for CHCs (community health centers) has contributed to improving access to dental services through these centers. Finally, states that have expanded Medicaid through the ACA have improved access to dental services for children. This may be negatively affected by the Medicaid work requirements being implemented by a few states, which to date have reduced

the number of Medicaid beneficiaries in the states which have fully implemented the requirements. In order to increase the number of practicing dentists, a number of states (33 plus the District of Columbia) have funded dental loan repayment programs to attract graduating dental students to underserved areas. States are

also improving access through the increased use of dental hygienists and dental assistants. Thirty-six states allow dental hygienists to practice in settings such as schools and nursing homes and to perform some services without dentist authorization. Dental hygienists may be directly reimbursed by Medicaid in 16 states.

THE AGE DISTRIBUTION OF THE DENTIST WORKFORCE IS SHIFTING

The average dentist's age was 49.4 in 2010 and 49.3 in 2020.



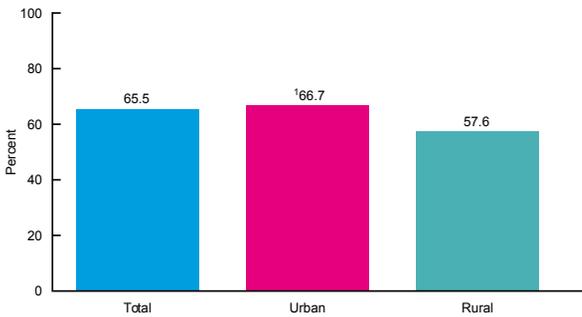
Source: ADA Health Policy Institute

PATIENT VISITS PER WEEK (INCLUDING HYGIENIST VISITS) BY DENTIST GENDER AND AGE GROUP

	Male	Female
Age under 35	80.4	65.4
Age 35-44	86.4	69.0
Age 45-54	80.5	64.8
Age 55-64	74.1	56.6
Age 65-74	61.3	49.3
Age 75 and older	45.7	29.0

Source: ADA Health Policy Institute, 2010-2019 results from the Survey of Dental Practice.

PERCENTAGE OF ADULTS AGED 18-64 WITH A DENTAL VISIT IN THE PAST 12 MONTHS, BY URBANICITY: UNITED STATES, 2019



NOTES: Estimates are based on responses to the question, "About how long has it been since you last had a dental examination or cleaning?" Response of "Within the past year (anytime less than 12 months ago)" was considered as having had a dental visit in the past 12 months. Access data table at: <https://www.cdc.gov/nchs/data/databriefs/db412-tables-508.pdf#1>.

Source: National Center for Health Statistics, National Health Interview Survey, 2019.



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COST-RELATED ACCESS PROBLEMS IN PAST YEAR, 2016

Percentage reported	Australia	Canada	France	Germany	Netherlands	New Zealand	Norway	Sweden	Switzerland	U.K.	USA
Had any cost-related access problem to receiving care from a doctor this year	14	16	17	7	8	18	10	8	22	7	33
Skipped dental care or check up because of cost in the past year	21	28	2	14	11	22	20	19	21	11	32
Had serious problems paying or was unable to pay medical bills	5	6	23	4	7	5	8	5	11	1	20

Source: Schneider et al., 2017, taken from *Healthcare in Transition*

Dental Technicians

The dental lab industry has been rapidly changing over the past two decades. The number of dental laboratories has declined dramatically, reflecting a 22% decline in the number of U.S. dental labs with multiple employees. The largest drop has been in the category of sole-proprietor labs. Today, only a few hundred sole-proprietor labs are estimated. While the number of dental labs has decreased, the number of U.S. lab workers has seen only a slight decline. According to research, 80% of the laboratory industry uses CAD/CAM as a primary manufacturing method for a wide range of products and services.

No. of dental laboratory technicians*	34,150
Mean annual wage	\$ 47,320
Dental laboratories (est.)	between 6,100-9,422

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

Sources: U.S. Bureau of Labor Statistics, 2021 and other reliable sources (statistics vary according to different sources)

INDUSTRIES WITH THE HIGHEST LEVELS OF EMPLOYMENT IN DENTAL LABORATORY TECHNICIANS

Industry	Employment*	Annual mean wage
Medical Equipment and Supplies Manufacturing	29,000	\$ 46,840
Offices of Dentists	4,000	\$ 49,340
Federal Executive Branch (OEWS Designation)	500	\$ 62,690
Colleges, Universities, and Professional Schools	130	\$ 47,990
Offices of Physicians	70	/

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers.

Source: U.S. Bureau of Labor Statistics, 2021

STATES WITH THE HIGHEST EMPLOYMENT LEVEL IN DENTAL LABORATORY TECHNICIANS

State	Employment *	Employment per thousand jobs
California	4,130	0.25
Florida	2,670	0.31
New York	2,440	0.28
Texas	1,690	0.14
Illinois	1,340	0.24

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers
Source: U.S. Bureau of Labor Statistics, 2021

No. of Dental Hygienists*	Mean annual wage
207,190	\$ 81,360

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers
Source: U.S. Bureau of Labor Statistics, 2021

INDUSTRIES WITH THE HIGHEST LEVELS OF EMPLOYMENT IN DENTAL HYGIENISTS

Industry	Employment *	Percent of industry employment	Hourly mean wage	Annual mean wage (2)
Offices of Dentists	196,190	20.20	\$ 39.21	\$ 81,560
Employment Services	3,040	0.09	\$ 40.06	\$ 83,330
Offices of Physicians	2,160	0.08	\$ 38.32	\$ 79,710
Outpatient Care Centers	1,810	0.18	\$ 38.91	\$ 80,930
Federal Executive Branch (OEWS Designation)	880	0.04	\$ 32.31	\$ 67,200

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers. Source: U.S. Bureau of Labor Statistics, 2021

STATES WITH THE HIGHEST EMPLOYMENT LEVEL IN DENTAL HYGIENISTS

State	Employment*
California	25,200
Texas	13,030
Florida	11,230
New York	10,020
Pennsylvania	9,690

*Estimates for detailed occupations do not sum to the totals because the totals include occupations not shown separately. Estimates do not include self-employed workers. Source: U.S. Bureau of Labor Statistics, 2021

Among main sources:

- Extracts from: Health Systems in Transition, USA, Vol.22 No.4 2020
- HPI Health Policy Institute, ADA American Dental Association https://www.ada.org/-/media/project/ada-organization/ada/ada-org/files/resources/research/hpi/hpibrief_0521_1.pdf
- <https://www.ada.org/resources/research/health-policy-institute/dentist-workforce>
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- U.S. Bureau of Labor Statistics. <https://www.bls.gov/Oes/current/oes519081.htm>
- <https://www.bls.gov/oes/current/oes519081.htm>
- <https://www.bls.gov/oes/current/oes291292.htm>
- <https://datausa.io/profile/soc/dentists>
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- <https://www.ibisworld.com/industry-statistics/number-of-businesses/dental-laboratories-united-states/>
- Extracts from The Commonwealth Fund (Roosa Tikkanen, Robin Osborn, Elias Mossialos, Ana Djordjevic, George A. Wharton), June 5, 2020: <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>
- Unites Sates Census Bureau: <https://www.census.gov/library/publications/2021/demo/p60-274.html>
- ISPOR -<https://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-1>
- <https://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-2/>
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- By Johonniuss Chemweno: <https://www.managedhealthcareexecutive.com/view/medicaid-programs-start-to-embrace-respite-care-for-unhoused>
- Comparisons of Health Care Systems in the United States, Germany and Canada, by Goran Ridic, Suzanne Gleason, and Ognjen Ridic: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3633404/>

Dealer Day South Asia - 6th Edition hosted by CIMsystem and DGSHAPE a Roland Company in Pattaya (Thailand)

From 11th to 13th October 2022 the **Dealer Day South Asia** - now in its sixth edition - took place in Pattaya (Thailand). The event involved the companies **CIMsystem (HK) Limited** and **DGSHAPE a Roland Company**.

The first day, 11th October, was dedicated to **Roland DG Corporation** factory visit near Bangkok and the presentation of the new milling machine DWX-53DC. Actually on July 2021 Roland DG Corporation, the world's leading manufacturer of wide-format inkjet printers and 3D devices, announced that it has begun construction on an expansion of its manufacturing facility in Samutsakhon, Thailand.

Through a network of sales subsidiaries and dealers, the Company's products and ser-



vices now reach 200 countries and regions around the world. Marketing and sales activities tailored to local culture and customs are headed up by a team of regional staff members to ensure a proper fit for the market and its customers.

The following day, 12th October, it was the turn of **CIMsystem (HK) Limited**.

CIMsystem history begins with the founding of our company back in 1999, when the founders of LAB Numerical Control Software decided to follow their creative vision of innovating the contemporary CAM mechanical software industry by providing customers with something different. They had envisioned something that could perform beyond pure software development. With multiple offices in the USA, Europe, and Asia, they are now able to serve and support customers all over the world thanks to various modern, versatile, and customizable solutions.

The last day, 13th October, the **"DGSHAPE SE ASIA: Digital Dentistry Day with Ambassador"** took place. At Grande Centre Point Pattaya (Thailand) one day was entirely dedicated to helping customers work, explaining what's new in DGSHAPE, and networking with other professionals in dental field. DGSHAPE SE Asia introduced the visi-

From left to right: Marco Cervini (CIMsystem HK Ltd Asian & Pacific Operations Directors), Baldo Pipitone (Infodent International CEO & Publisher), Valeria Centorame (DGSHAPE Corporation Global Digital Marketing) and Rodolphe Saidnattar (DGSHAPE Corporation BDM ASEAN Region)

” From 11th to 13th October 2022 the Dealer Day South Asia - now in its sixth edition - took place in Pattaya (Thailand). The event involved the companies CIMsystem (HK) Limited and DGSHAPE a Roland Company.

“ All the meetings were attended by dealers from all over Asia. The events were focused on new technologies and software development to improve dentistry products.



tors to the dental digital workflow and how they can benefit from it in their daily work: increase in clients, increase in margin, decrease and elimination of errors, and replicability.

Renowned professionals who have chosen DGSHAPE technologies to digitize their dental laboratories and dental clinics attended the event to show their daily practice through the use of digital, such as Dr Vencer Montes (Philippines), Dr Kelvin Tantonono (Indonesia) and Dr Neoh Ein Yau (Malaysia).

All the above-mentioned meetings were attended by dealers from all over Asia. The events were focused on new technologies and software development to improve dentistry products.

The host companies were represented by **Valeria Centorame** - DGSHAPE Corporation Global Digital Marketing, **Marco Cervini** - Asian & Pacific Operations Directors of CIM-system HK Ltd and President at CIMsystem China Company Limited, **Rodolphe Saidnatar** - DGSHAPE Corporation BDM ASEAN Region, **Rie Takano** - DGSHAPE Corporation Global Sales Unit and Market Development Department and **Takayuki Kawai** - DGSHAPE Corporation Product Planning.



Scan the QR codes for more information about the companies

www.cimsystem.com www.dgshape.com

exocad insights 2022:

a highly anticipated digital dentistry event

Two-day global education meeting on the future of open systems in digital dentistry

DARMSTADT, Germany – October 4, 2022– exocad, an Align Technology, Inc. company and a leading dental CAD/CAM software provider, successfully concluded Insights 2022, the third edition of its global digital dentistry event, under the motto “Learn. Connect. Enjoy.” The biennial meeting took place on October 3–4, 2022 in Palma de Mallorca, Spain. Dentists, dental technicians and industry partners from more than 45 countries attended the educational CAD/CAM event. The full, two-day program included informative presentations from top industry experts and in-depth learning sessions run by exocad software experts for both clinical and lab communities. Insights industry partners offered sessions as well, rounding out the diverse agenda of tips, tricks, and deep learning opportunities.

New Rijeka 3.1 release series and exocad software sessions

At Insights 2022, exocad’s software solutions *DentalCAD*, *ChairsideCAD* and *exoplan*, and the new *Rijeka 3.1* release series took center stage. MDT Michael Kohnen, Head of Global Application Support and Education at exocad, presented the 45 new and over 85 enhanced features for *DentalCAD 3.1 Rijeka* and provided a first look at the *Rijeka 3.1* version of *exoplan*, exocad’s open implant planning software. In dedicated software sessions, users were guided through new software features and demonstrated how to reap the full benefits of seamless digital workflows using exocad software.

International top speakers

Dental industry trailblazers ran presentations on how to use digital tools to achieve better esthetic treatment results for patients and to work even more productively. The speaker lineup covered all points along the treatment spectrum. Dentist and dental technician speaker duo, Prof. Dr. Guilherme Saavedra from Brazil and Spain’s MDT Waldo Zarco Nosti addressed the question of how digital dentistry works, from virtual planning to finished high-quality prosthetics. US-based restorative dentist Dr. Lori Trost inspired participants on the topic of dentures and presented her digital treatment concept. UK lab owner CDT Steven Campbell discussed how digital workflows can help address looming staff shortages for clinics and labs. MDT Sascha Hein from Germany offered valuable tips on how to reliably determine the correct tooth shade for esthetically high-quality resto-

“Insights 2022 truly exceeded our expectations. International speakers and attendees from around the world joined us to explore the future of digital dentistry together and share best practices.”

– Tillmann Steinbrecher, CEO at exocad –



The theme of the third exocad Insights event on October 3–4, 2022, in Palma de Mallorca (Spain) was “Learn. Connect. Enjoy.” Around 700 participants from more than 45 countries took part in the digital dentistry event.

rations in the digital age. “Dentist-lab synergy in the digital era” was the focus of Smile Design Founder, Dr. Christian Coachman, from Brazil. His lecture provided dentists and dental technicians with inspiration on ways to produce predictable high-quality esthetic restorations. UK’s Dr. Gulshan Murgai presented his digital workflow based on a patient case with a focus on implant planning with *exoplan*. He discussed the planning of single-tooth implants, also with immediate restoration, and the restoration of edentulous jaws. Dr. Diana Tadros from the US discussed esthetics in her clinical session, explaining her digital treatment concept and how exocad’s *Smile Creator* can be used in the patient journey to highly esthetic restorations.



CDT Steven Campbell (UK) explained how dental teams can equip themselves for the challenges ahead.

Partner exhibition, partner sessions and software integrations

More than 50 of the top companies in dental materials, equipment and CAD/CAM presented their latest innovations as part of the Insights partner exhibition. The Insights Diamond, Platinum and Gold partners ran a total of 14 special sessions to introduce attendees to their products and shared valuable ideas for the application of exocad software solutions in connection with digital hardware. Three new *DentalCAD Rijeka 3.1* features and modules were launched. *iTero Niri* technology and intraoral camera images are now automatically imported when designing restorations, enabling technicians to visualize the

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29th EAO congress explores cutting-edge innovations in the context of 30 years of implant dentistry



Over **2,200** delegates gathered in Geneva for the European Association for Osseointegration's first in-person congress since 2019. The meeting was presented by an international faculty of **90** speakers. Many more participants connected to the online congress, which featured highlights from the three-day event (29 September to 1 October).

The scientific programme took a broad sweep, exploring new concepts such as 'copy-paste dentistry', an emerging approach based on interdisciplinary guided surgery. These innovations were put in context by sessions such as 'What did we learn in 30 years of implant dentistry?'. This brought together scientific heavyweights, whose research and practice has informed the basis for core principles behind current best practice.

On the second day, the plenary session featured live surgery broadcast simultaneously from Budapest and Turin, exploring two approaches to bone augmentation. Delegates left the congress with a host of take-home messages for their daily practice. Highlights from the meeting will be available via the online platform until 31 October.

The congress also saw Ronald Jung take over as EAO President, replacing Luca Cordaro. A long-standing EAO member and an accom-

plished clinician, Dr Jung co-chaired this year's live surgery session and is the Chairman and Clinic Director of the Clinic of Reconstructive Dentistry, at the Center of Dental Medicine, University of Zürich, Switzerland.

During the meeting the association awarded a number of prestigious scientific prizes:

- European Prize for Basic Research in Implant Dentistry Awarded to: Jan Kwan (Canada)



- European Prize for Clinical Research – Surgery Awarded to: Algirdas Puisys (Lithuania)
- European Prize for Clinical Research – Prosthetics Awarded to: Chahak Seth (Denmark)
- European Prize for European Prize for Clinical Research - Peri-implant Biology Awarded to: Miha Pirc (Switzerland)

- European Prize for Clinical Innovations in Implant Dentistry Awarded to: Grazia Tommasato (Italy)

- European Prize for Clinical Video on Implant Dentistry Awarded to: Carmen Pomares Puig (Spain)

At the closing ceremony, 8 dentists received the EAO Certificate in Implant-based Therapy, while 28 others were awarded the EAO Master Diploma in Implant Dentistry, having completed the six-module programme.

During the meeting, Professor Georg Watzek was awarded EAO Honorary Membership for his landmark contribution to the development of implant dentistry. His career spans over 50 years, during which he has written ten books and authored almost 300 papers. Professor Watzek was President of the EAO from 2003–04.

Background: Dental implants replace the root of a missing natural tooth, providing a secure foundation for a crown, bridge or other dental prosthesis. They are scientifically proven to be a reliable long-term treatment option for many patients. Implants have a wide variety of uses, and can offer life-changing treatment options to dramatically improve patients' quality of life.

The European Association for Osseointegration (EAO) was founded in the early 1990s and its aim is to 'Bridge the gap between science and clinical practice'. It brings together researchers, scientists and dentists from around the world to discuss best practice in implant dentistry and promote cutting-edge research developments.



EAO website: www.eao.org

EAO congress website: www.congress.eao.org/

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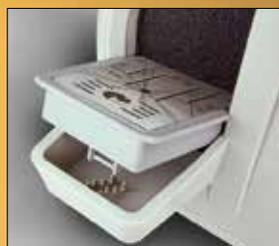
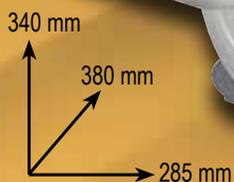
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