Engineer joins fight against oral cancer

Forward Science CEO on mission to reverse climb in oral cancer — with easy, affordable detection

“Your primary goal as a company is to help save lives,” is how Forward Science cofounder Robert Whitman describes his company’s mission. The biomedical engineer behind the company’s oral cancer screening device wants to play a role in marginalizing the illness, which has been described by many health care professionals as an “epidemic.”

“When we designed OralID,” Whitman said, “we went to the clinicians and asked what they wanted in a product. With that feedback, we designed a device around the user’s needs — portable, simple to use, no per-patient cost and under $1,000.”

Whitman recently answered a number of questions by Dental Tribune about his mission and the device.

Why should a dental practice be interested in your detection device?
Early discovery of oral cancer could be the difference in life or death. If found early, oral cancer has an 80—90 percent survival rate, but most oral cancers are found at late stages, giving patients less than a 50 percent survival rate. OralID enables a clinician to discover oral cancer, pre-cancer and other abnormal lesions at earlier stages, thus saving lives.

What makes OralID different than other early detection instruments?
OralID utilizes the same proven fluorescence technology that is the basis of other devices on the market. Our main goal for OralID was to address the concerns we frequently heard from our clinicians about the other devices: ease of use and affordability. While designing OralID, we had three goals: 1) Easy to use; 2) Affordable initial cost; and 3) No ongoing costs.

Is it difficult to learn how to correctly read what fluorescence technology reveals?
Fluorescence technology has been utilized for decades now in other parts of the body, and is not difficult to use. Fluorescence technology provides another piece of data to assist the clinicians in their discovery and differential diagnosis protocol. Abnormal cells do not fluoresce, as they appear darker than normal tissue. Clinicians are encouraged to participate in our team training session so that they can familiarize themselves with the technology and protocols.

What does your training cover? Many practitioners are fully confident in their ability to technically master the screening process, but might be less confident in their ability to effectively share their findings with individual patients. Do you help OralID users with that challenge?
We believe that every clinician deserves proper product training with every purchase. Our team training ensures that OralID is implemented properly and efficiently so it is utilized on every patient. Our training covers a variety of topics including: cancer education, latest trends in oral cancer, OralID’s clinical use and clinical cases, revenue opportunity and how to market using OralID. And we do cover how to talk to patients; rarely will a general dentist have to tell a patient they have cancer. Because OralID is not a diagnostic device, a specialist usually communicates the diagnosis once a biopsy is performed.

What type of reception are you seeing in the industry for the OralID device?
We now have hundreds of OralID users out there in just five months since the product’s release. The response has been fantastic.

With the ease of use, low cost, our commitment to education and the dental profession becoming aware of an alternative to the existing adjunctive devices, we are excited about the future possibilities.

What do you envision widespread use of your product ultimately accomplishing?
Several decades ago, cervical cancer was the No. 1 cancer among women. Because of regular screenings, cervical cancer today is not even in the top ten cancers in women in the U.S. Just as the mortality rates of cervical cancer have declined in the past half-century, we foresee regular oral-cancer screenings with adjunctive technology achieving the same results.

Robert Whitman's extensive clinical engineering experience enabled him to become a manager of technology achieving for the OralID device.

In New Orleans

Learn more about the OralID oral-cancer detection device by visiting the Forward Science (OralID) booth (No. 2957) in the exhibit hall at the American Dental Association Annual Session. Additionally, you can get details about a free OralID training session by visiting www.oralid.com or by calling the company at (866) 696-7254.

Robert Whitman, MSE, as cofounder, CEO and director of clinical education at Forward Science, the company that developed and manufactures OralID, brings a medical engineering mindset to the dental industry. A graduate of Tulane University with BS and MSE in biomedical engineering, he began his career at M.D. Anderson Cancer Center as a clinical engineer who used fluorescence technology to detect cervical cancer. Shortly thereafter, Whitman joined the research and development department for Remicade/Timira and engineered cancer screening products that incorporated the fluorescence technology developed at the M.D. Anderson Cancer Center. Whitman’s extensive clinical engineering experience enabled him to become a manager of technical sales for Timira, where he focused on teaching customers how to use fluorescence technology to detect oral cancer.

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Drive patient loyalty and profitability with online engagement management solution

By Diana P. Friedman

A loyal community of patients is the foundation of any successful dental practice. Loyal patients keep their appointments and pay on time, give referrals and engage in other behaviors that drive profitability for your practice.

Patient engagement management, the process of consistently interacting with patients to positively influence behaviors like these, should be a priority for your practice. The cornerstone of an effective patient engagement management strategy involves interacting with patients where they spend their time — online. Make sure the online patient engagement system you choose can deliver the following.

Provide anytime, anywhere patient access and interaction

According to research conducted by Sesame Communication, 74 percent of patients said being able to access information online anytime makes them more likely to stay with their dentist. Patients manage many aspects of their lives online on mobile smart devices, and they expect their dental practice to plug into this world too. Today patients want 24-hour access to information on their chosen Internet-connected device. An online patient engagement system that isn’t optimized for any mobile device a patient might use will compromise the patient experience and ultimately damage their loyalty to the practice.

Support comprehensive online patient engagement services

Automated reminders are a key aspect of any patient engagement system. A recent study from Sesame Communications found that 36 months after implementing an automated appointment reminder system, practices had reduced no-shows by 22.95 percent. This translated to $31,456.88 in incremental production revenue.

Automated reminders are just one component of an effective online patient engagement management system. A comprehensive portal should also let patients to:
- View and manage appointments
- Select contact methods and preferences
- Access financial records and image data
- Pay bills online
- Print insurance forms
- Provide feedback and referrals

Practices should make sure their system addresses a broad spectrum of patient engagement touch points and makes it easy for practice staff to manage patient interactions. Practices must also have an intuitive portal to administer the system, monitor key practice metrics and ROI, improve staff productivity and identify clear opportunities for improvement.

Final thoughts

Your practice faces a supreme challenge: Implement a loyalty-generating patient engagement strategy without straining resources or budget. Effective patient engagement tools are a cost-effective means of improving patient engagement and loyalty with the end results of improved practice efficiency and profitability.

References

Diana P. Friedman, MA, MBA, is president and chief executive officer of Sesame Communications. She has a 20-year success track record in leading dental innovation and marketing. She has served as a recognized practice management consultant, author and speaker. She holds an MA in sociology and an MBA from Arizona State University.
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<th>Procedure</th>
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Purchase Price:
- WaterLase Family: $100,000
- PerioLase: $100,000
- Diode Laser: $2,500

NOMAD Pro 2: Holds charge longer, is more durable and reliable

For almost a decade, Aribex has been quietly ripping the X-ray system off the wall and into the hands of the dental team. Aribex manufactures a handheld, completely mobile X-ray system called the NOMAD.

According to the company, one NOMAD does the work of multiple, wall-mounted X-ray systems, which can save the typical dental practice thousands of dollars in equipment costs. Moreover, because the NOMAD enables dental team members to safely and effectively stay with their patients during X-ray procedures, a bitewing series can be completed in half the time required by a wall-mounted system.

Unlike conventional wall-mount and portable X-ray systems, the NOMAD is lightweight, rechargeable (battery-powered), and can go anywhere. Dental professionals around the world have been choosing the NOMAD as their preferred X-ray device, in and out of the office, with almost 13,000 NOMADs now in use.

Building upon the successes of previous innovation and design, Aribex recently introduced the NOMAD Pro 2, providing the same mobile convenience and cost savings as previous models while increasing durability and performance.

“The Pro 2 is exactly what our customers want,” said Ken Kaufman, general manager of Aribex. “We asked our customers how we could improve our marquee product. We listened, designed prototypes, asked for feedback, and iterated until we met their requests. The end result of all of that hard work is the Pro 2. It’s simply the world’s best handheld X-ray system yet.”

The newly designed battery handset, with infrared connectors, together with a new charging cradle, improves the system’s durability and boosts battery performance. "One consistent comment we heard from our customers focused on the charging station," said Kaufman. "Our engineers spent hours working with customers, researching new solutions. Our final design is a big improvement, and our customers will agree."

Durability also is enhanced by a re-engineered user interface that is more scratch and moisture resistant. "The operatory environment can be hard on equipment, particularly with our products that are easily carried from operatory to operatory," said Kaufman. "The NOMAD Pro 2 will stand up to repetitive antiseptic and cross-contamination control."

To learn more, contact your equipment dealer, an Aribex sales representative, or visit www.aribex.com. "We’re excited to show our customers our new innovations and enhancements," said Kaufman. "We invite our customers to visit our exhibit at booth No. 2506 at the ADA New Orleans meeting for a special demonstration of our new NOMAD Pro 2.”

(Source: Aribex)

In New Orleans
See a demonstration of the new NOMAD Pro 2 at the Aribex booth (No. 2506) in the exhibit hall at the American Dental Association Annual Session. If you have an old, 8.5-pound, working NOMAD Dental, and the improved, sleeker 5.5-pound NOMAD Pro 2 sounds appealing, visit www.aribex.com/trade-in to learn how you can get a $1,400 rebate when you trade in for a NOMAD Pro 2. Trade in the oldest NOMAD out there and you might even win a free NOMAD Pro 2.

The NOMAD Pro 2 has a newly designed battery handset with infrared connectors that in tandem with a new charging cradle improves the system’s durability and boosts battery performance. Your old, working 8.5-pound NOMAD Dental can earn you a $1,400 rebate as a trade-in. Visit www.aribex.com/trade-in to learn more. Photo/Provided by Aribex
NSK launches new products in 2013, plans more for 2014

Engineers start with patient safety and handpiece efficacy, then keep improving versatility, accessibility, visibility, maneuverability and practitioner comfort

By Robert Selleck, Managing Editor

More than 17,000 individual parts go into the production of NSK handpieces, and close to 90 percent of those parts are built and tested in-house by NSK.

This total-control approach in the manufacturing of its products is how the company backs up its slogan, “Expect perfection.”

According to Rob Gochoel, NSK Dental director of sales and marketing, the company adheres to that same “expect perfection” philosophy in its commitment to product development.

Key to that commitment is the communications chain NSK continues to build in North America — linking dental professionals to NSK product engineers.

Because NSK handles every step of product development in-house — research, design, manufacturing and testing — feedback from customers is quickly funneled directly to the people who can take action.

“We’re constantly seeking out and receiving feedback in our product development efforts,” Gochoel said. “It’s all about making dentists more productive. Coming up with improvements that make dentists’ lives easier — and make their patients more comfortable is key.”

In 2013, with the year still not over, NSK has launched two major products. At least one more is expected to be out before year’s end. And at least two are far enough along that 2014 launches are already on the calendar.

Here’s a summary from Gochoel of the who, what, when and why of the products launching in 2014.

In New Orleans

Hold and test for yourself the new handpieces released by NSK in 2013 by visiting the NSK booth (No. 3039) in the exhibit hall at the American Dental Association Annual Session. You’ll be able to get a closer look at other popular NSK handpieces and products and learn more about products launching in 2014. It’s also an opportunity to share your own clinical needs with NSK staff (the result could be a product in your hand sooner than you think).

More details on upcoming product launches will be available soon on the NSK Dental website, www.nskdental.us. Or you can contact NSK Dental at (888) 675-1675 or info@nskamericacorp.com.

The world’s first 45-degree electric handpiece: the Ti-Max Z45L from NSK. Photo/Provided by NSK Dental

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Biolase focuses on dental laser education and new technology at ADA Annual Session

Laser educators to host mini-clinic learning events in Biolase booth in exhibit hall

As a world leader in dental lasers, Biolase kicks off the fall season with a strong emphasis on educating dentists on the clinical and practice benefits offered by the company’s technology lineup, including WaterLase iPlus. With a large presence at the American Dental Association Annual Session in New Orleans, anchored by its exhibit hall booth (No. 1539), Biolase is offering mini-clinics, lecture and other educational opportunities focused on its range of high-tech products, starting with WaterLase iPlus.

In addition to celebrating 15 years of WaterLase technology and innovation, Biolase will also be showcasing its newest award-winning products, including 3-D cone beam systems from NewTom and TRIOS digital intraoral scanners from 3Shape.

“It is more important to us than ever to offer as much education and learning opportunities for dental professionals,” said John Bernhard, Biolase director of marketing. “This booth at the ADA is a manifestation of the company’s commitment to sharing our years as a leader in dental lasers with dentists who are just now investigating the technology. We’ve also made sure we have plenty of hands-on time available with our 3-D imaging systems as well, which are truly some of the most exciting tools available in our profession.”

The primary focus of the Biolase ADA exhibit hall booth will be on the WaterLase iPlus, the company’s best-selling all-tissue laser system. Celebrating 15 years of innovation and advancement, Waterlase technology has reached the ultimate application with the WaterLase iPlus, the company’s most advanced laser system ever.

For tooth cutting, the WaterLase iPlus helps to eliminate microfractures associated with the traditional dental drill, as well as thermal damage and cross-contamination risks. Additionally, the laser’s...
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precision allows minimally invasive treatment with less removal of healthy tooth structure and soft tissues. WaterLase iPlus can greatly improve efficiency in a dental practice, minimizing time required for the onset of anesthetic, performing multi-quadrant procedures in a single patient visit and expanding the range of procedures offered.

WaterLase iPlus is indicated for a wide range of soft- and hard-tissue treatments, including comprehensive periodontal procedures (such as deep pocket therapy with new attachment and subgingival calculus removal) and endodontic treatment (such as root canal shaping and cleaning). Two types of educational opportunities are available in the Biolase booth (No. 1539), including traditional 20-minute lectures on specific clinical procedures that can be performed on day one by new WaterLase iPlus owners, as well as mini-clinics in the booth using the lasers and extracted teeth to show cutting techniques.

Also on display in booth No. 1539 at the ADA is the newest diode laser from Biolase, the EPIC Total Diode Solution. Packed with one category-exclusive feature after another, the EPIC sets a new standard in diode laser performance and value, according to the company. A graphical touch screen set with up to 20 common soft tissue procedure presets — plus 20-minute full mouth whitening and FDA-cleared temporary pain relief at the dentist’s fingertips. Plus, EPIC can be a financial boon for many practices because of the integrated, FDA-cleared protocols for laser hygiene and periodontal and endodontic treatment.

Finally, Biolase will be offering full-sized models of NewTom Cone-Beam Computed Tomography (CBCT) technology. The technology is relatively new to dentistry, and is a more compact version of standard medical CT imaging that uses a cone-shaped X-ray beam to obtain a multitude of radiographs that construct digital 3-D models of maxillofacial anatomies. NewTom VG3 has one of the finest image qualities of any CBCT system available in dentistry, along with a minimal dose of radiation to patients. A small footprint, a full 360-degree scan, a small focal spot, 50-percent higher resolution, seven fields of view — everything works to deliver super-sharp images.

Dentists who use NewTom CBCT technology in their practices report increased treatment plan acceptance, improved diagnostic capabilities and other advantages.

In recent months, Biolase launched the NewTom VG3, a panoramic device that is scalable and expandable to 3-D cone beam imaging at a later date. The VG3 offers entry-level affordability without sacrificing top-of-the-line features, including multiple fields of view, a removable 2-D sensor and much more. The VG3 also offers patented Safebeam™ Technology, which gives the lowest possible dose of radiation to patients.

(Source: Biolase)
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New Orleans American Dental Association Annual Session

2013 ADA Annual Session and World Congress
October 28-31, 2013
New Orleans, LA
Not all handheld X-ray systems created equal

By Dr. Joel Gray

As a recent article on [www.dental-tribune.com] points out, there are some safety issues with handheld X-ray units made in China and Korea, as well as elsewhere outside of the United States. There are two sources of radiation from an X-ray system — leakage radiation from the X-ray tube and scattered radiation from the patient.

The leakage radiation is minimized by placing highly absorbing material, such as lead, around the X-ray tube. The major issue with the handheld X-ray units is the scattered radiation — that is, X-rays that are scattered from the patient toward the operator. In fact, about 20 to 30 percent of the X-rays are scattered from the patient toward the person holding the device.

The X-ray units from outside the United States, which are under FDA scrutiny, do not provide any protection from X-rays scattered from the patient. These systems look like a large camera that you hold with both hands. There is no shielding provided by these handheld systems; that is, the user’s hands are exposed to all of the X-rays scattered from the patient. Consequently, the user’s hands are going to receive a radiation dose that will probably exceed the radiation-protection limits for skin and extremities. Therefore, these units should not be handheld.

Staff radiation dose lower with handheld X-ray than wall-mount

We evaluated one handheld X-ray unit manufactured in the United States (NOMAD, Aribex Inc.) and compared staff doses with those for the same staff using conventional wall-mounted systems prior to acquiring the handheld systems (Gray et al. 2012). This handheld system uses a proprietary shielding material around the X-ray tube, resulting in leakage radiation levels that are virtually immeasurable. In addition, it has an integral leaded-acrylic shield that protects the user from radiation scattered from the patient.

The results of our study indicated that the users of the handheld X-ray system received lower radiation doses than they did when they were using conventional wall-mounted systems.

Buyers should beware that not all handheld X-ray systems are created equal and not all of those being sold on the web have been reviewed by the FDA.

Handheld X-ray units should have sufficient shielding to minimize leakage radiation from the X-ray tube and an integral shield to protect from radiation scattered from the patient.
Custom tissue contouring around implants — because teeth aren’t round

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The patient presented with a fractured root on tooth #9. The patient wore a flipper, which served as a transitional appliance throughout the healing phase.

After extracting the tooth and placing an Inclusive® Tapered Implant, a custom healing abutment was installed to create an optimal emergence profile.

Following four months of integration, the soft tissue had healed nicely around the custom healing abutment, exhibiting optimal margins and gingival contours. The crown on tooth #8 was removed.

Removal of the custom healing abutment revealed an anatomically correct transitional contour between the implant and the restoration.

The matching gingival contours of the zirconia custom abutment conformed well to the emergence profile established during the healing phase.

The optimal esthetics, margins and emergence profile of the final IPS e.max® restoration were set up by the patient-specific contours of the custom healing abutment.

Clinical dentistry by Timothy F. Kasinski, DDS, MAGD

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