Study: Gum disease may increase lung cancer risk

By AAP Staff

Chinese researchers have found that individuals with periodontal disease might be at an increased risk of developing lung cancer. The report, published ahead-of-print in the Journal of Periodontology, found that individuals with periodontal disease have a 1.24-fold increased risk of developing lung cancer.

In the report, titled “Periodontal Disease and Incident Lung Cancer Risk: A Meta-Analysis of Cohort Studies,” the authors assess the findings of five cohort studies that evaluated 321,420 participants. The analysis notes an increased risk even after adjusting for participants’ alcohol consumption and smoking habits, both of which are common risk factors for periodontal disease. Study participants who were drinkers, smokers and had been diagnosed with diabetes — which is an independent risk factor for both lung cancer and periodontal disease — demonstrated a 1.36-fold increase in lung cancer risk.

The data also indicate that women with periodontal disease are more likely than males to develop lung cancer.

One of the studies cited in the report suggests that certain oral bacteria may be involved in the development of cancer cells in the lungs, while another indicates successful treatment of periodontal disease may lead to a substantially reduced lung cancer risk. Further research is needed to fully understand the link between lung cancer development and periodontal disease.

“This report can be added to the body of literature that associates periodontal disease with other conditions in the body, including diabetes and heart disease,” said Wayne A. Aldredge, DMD, New Jersey periodontist and president of the American Academy of Periodontology (AAP), which publishes the Journal of Periodontology.

“While additional research is needed on the possible links between lung cancer and periodontal disease, we know for sure that taking care of your teeth and gums can reduce periodontal disease risk and possibly the risk of other systemic conditions.”

Periodontal disease affects one of every two Americans age 30 and older and is 2.5 times more prevalent than diabetes. According to the American Cancer Society, lung cancer is the leading cause of cancer death in men and women. About 158,000 Americans are expected to die from lung cancer this year. More people die of lung cancer than colon, breast and prostate cancers combined.

For more information, visit peri.org.

About the American Academy of Periodontology

The American Academy of Periodontology (AAP) is an 8,200-member professional organization for periodontists — specialists in the prevention, diagnosis and treatment of diseases affecting the gums and supporting structures of the teeth. Periodontics is one of the nine dental specialties recognized by the American Dental Association.
AAID releases comprehensive implant dentistry benchmarking study

By AAID Staff

The American Academy of Implant Dentistry recently announced the release of the first benchmarking study for the implant dentistry practice in the United States. This comprehensive resource provides dental professionals with critical information and statistics about the implant dentistry field. The AAID Benchmarking Study helps dentists better understand trends related to:

- Staffing models, compensation and benefits
- Overall practice performance in terms of revenue and expenses
- Procedures and fees
- Effective marketing techniques used to drive business

The AAID retained McKinley Advisors, a highly regarded research and consulting firm, to develop the questions, collect and compile the data, and provide insights based on years of experience in analyzing research data. Nearly 600 dentists completed the online survey during late summer and early fall, 2015. Respondents included both AAID members and non-members.

Some of the key findings were published in the Spring 2016 issue of the AAID News. Here’s a sampling:

- 57 percent of implant dentists reported that implant dentistry represents less than 25 percent of the gross receipts of the practice. Another 25 percent said it represented between 26 percent and 50 percent.
- 75 percent practice both surgical and restorative phases of implant dentistry.
- 42 percent reported total receipts in the practice of less than $1 million.

The AAID study is an essential tool for all implant dentistry professionals. With it, practicing implant dental professionals can benchmark practice performance against peer practices of similar size and focus, and against the broader field as a whole.

Participants in the study received a free copy of the full report. The full 68-page report can be purchased from AAID for $245 to $295 for members of the AAID and $345 for non-members.

AAID News is available online or call (312) 335-1550.

The 2015-2016 OF Research Grant recipients presented their findings at AO’s 2016 Annual Meeting and are expected to submit manuscripts to the International Journal of Oral and Maxillofacial Implants (JOMI) later this year. A call for applications for the 2017-2018 OF Research Grants will be announced this fall. Follow AO on Facebook and Twitter to stay informed.

With 6,000 members in 70 countries around the world, the AO is recognized as a premier international association for professionals interested in implant dentistry.
Glidewell Dental announces release of 3.2-mm-diameter tapered implant

By Glidewell Dental Staff

Glidewell Dental, a leading provider of dental products, implant solutions and lab services, recently announced the Inclusive® Tapered Implant (www.inclusivedental.com/Implants/InclusiveTaperedImplants.aspx) is now available in a 3.2 mm diameter.

In a continuation of the company’s commitment to provide practitioners with the tools they need to achieve predictable results in a wide variety of clinical situations, the new implant size incorporates a narrow-diameter apex and was designed to ease positioning in areas of limited anatomical space, such as upper lateral incisors, lower incisors and narrow ridges.

With the latest addition, the Inclusive Tapered Implant is now available in 3.2 mm, 3.7 mm, 4.2 mm, 4.7 mm and 5.2 mm diameters.

The new 3.2-mm-diameter implant includes a 3.0 mm prosthetic platform, a design feature engineered to increase soft-tissue thickness at the abutment-implant connection, which can facilitate crestal bone preservation. Featuring an industry-standard, internally hexed conical connection, the implant is compatible with popular prosthetic components and instrumentation.

The implant’s deep conical interface encourages lateral stability, while its coronal micro-threads increase the surface area available for bone-to-implant contact at the crest of the ridge. The tapered body of the implant and buttress threads are designed to engage and gently compress the bone, increasing primary stability and aiding the osseointegration process.

The addition of the 3.2 mm implant is accompanied by the release of an all-new surgical kit, which has been redesigned for greater simplicity, durability and ease of use, and expanded to accommodate the full range of Inclusive Tapered Implants. Inclusive Tapered Implants have performed well in clinical studies, are machined from high-strength titanium alloy and include a surface that has been treated with resorbable blast media (RBM), a process that has been shown to promote bone development on the implant, according to the company.

Inclusive Tapered Implants are made in the United States by Prismatik Dentalcraft, Inc., the manufacturing arm of Glidewell Dental based in Irvine, Calif. Glidewell Dental is a privately owned corporation that has more than 45 years of history as a provider of high-quality restorations and implant solutions to dental practitioners nationwide. Its CAD/CAM processing capabilities are recognized as among the most advanced in the industry.

To view its large selection of clinical videos, C.E. courses, products and services, visit glidewelldental.com.

The Inclusive Tapered Implant is available in 3.2 mm, 3.7 mm, 4.2 mm, 4.7 mm and 5.2 mm. Photo/Provided by Glidewell Dental

AD
OUR WORLD IS NOT FLAT

NEITHER IS THE ANATOMY OF YOUR IMPLANT PATIENTS

Your world is already full of clinical challenges so why work harder because of conventional thinking? Instead of augmenting sloped ridges to accommodate flat-top implants, it’s time to discover a simpler solution by using an implant that follows the bone.

Because sloped-ridge situations call for anatomically designed sloped implants.

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It’s time to challenge conventional thinking