When I arrived at the School of Dental Medicine in February 2002, my two highest priorities were to obtain the human and material resources necessary to sustain the school’s tradition of academic excellence and to ensure its long-term financial stability and security.

In the past seven years, the faculty workforce problem has been addressed by a funded plan for an increase of about 20 full-time positions. This plan was developed through the creative use of our own resources and would have restored the faculty to the full-time strength enjoyed in 1990.

Unfortunately, the final 10 percent increase in faculty cannot be achieved now, because funding for eight of these positions must be used to meet new budget reduction targets. But the recruitment of faculty for the remaining nine positions will create a new platform of workforce strength—77 full-time positions—upon which to build again in the future.

Our recovery isn’t complete. But we’re in a better place than we had been in with respect to faculty workforce; and we have also achieved a significant renewal of our faculty during this period of growth.

With respect to material resources, our progress has been less successful. Our patient care and education facilities are obsolete. We now fabricate parts and cannibalize units. It has been 22 years since the state invested in the school’s clinical and research infrastructure.

The total amount of funding needed for a complete renewal of our clinical facilities is about $12 million. With our own resources and loans from the university, we have been able to make some progress. But we still need $9-10 million.

We hope to obtain support from industry for renewal of clinical areas associated with research-based tertiary care programs, specifically for a clinical research and education center and an implantology center. And we hope to obtain support through alumni contributions. But the bulk of the support must come from the school, the university, and state sources.

As you may already know, or you will read in these pages, I will be relinquishing my responsibilities as dean in the near future. But in the months I have remaining in this office, my highest priority will be the renewal of our clinical education and patient care facilities.

You will find more detail on our current budget situation in an article on Page 6 of this magazine. I will continue to keep you informed about our requests for support from our friends and from the university and the state.

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Buchanan to step down

Richard Buchanan, DMD, is ending his tenure as dean of the School of Dental Medicine. He will remain as dean until a successor is in place.

On Nov. 26, David L. Dunn, MD, PhD, UB vice president for health sciences, informed the dental school and the UB community that he had agreed to Buchanan’s request to step down as dean and as a member of the faculty.

“Rick has been a close colleague and friend, and he has been steadfast in his desire to raise an academically very strong school to even greater heights by the recruitment, mentoring and strong support of its faculty and academic leaders,” Dunn said in his statement. “He will be sorely missed here at UB.”

A national search to identify Buchanan’s successor will begin shortly.

“Those who have had the privilege of working with Rick recognize him as an intuitively smart and thoughtful leader—a person who enriches conversations with his wise and erudite perspective,” said Provost Satish K. Tripathi. “From the very beginning of my tenure at UB, I have known and have admired Rick for his intellectual leadership, his indefatigable pursuit of excellence and his ability to thrive in an interdisciplinary environment. This approach to his life’s work has contributed greatly to the UB School of Dental Medicine’s rise to prominence and our university’s success in pursuing our UB 2020 ambitions.”

Before coming to UB in 2002, Buchanan held academic and administrative positions at three dental schools—the University of Texas Health Science Center Dental School at San Antonio where he rose to the rank of professor and held several administrative positions, including interim dean; the New Jersey Dental School, University of Medicine and Dentistry of New Jersey, where he was dean; and Baylor College of Dentistry where he also was dean.

A graduate of the University of Texas-Austin, Buchanan earned a doctorate in dental medicine from the University of Pennsylvania School of Dental Medicine.

One of his first accomplishments at UB was guiding accreditation of the dental school by the Commission on Dental Accreditation for the maximum period of seven years, which garnered several commendations and no recommendations for improvement.

Buchanan will be leaving academia when he departs UB, but he will not be retiring completely.

“I look forward to continuing to meet many professional obligations,” he said. A member of the American Dental Association’s Commission on Dental Accreditation, he will be involved in accreditation activities at other dental schools, as well as the Dean’s Institute, a think tank and support organization for dental school deans that focuses on current challenges common to all dental schools, and the American Dental Education Association Task Force on Ethics and Professionalism.

Basic sciences curriculum moves ahead

Four subcommittees of the dental school’s curriculum committee are studying ways to implement the school’s new curriculum principles that were approved two years ago. The subcommittees—on pre-clinics and clinics, basic sciences, ethics, and bridge sciences—are seeking to reduce redundancy, provide new and needed content, and to plan the delivery of the improved content.

Frank Scannapieco, professor and chair of oral biology, chairs the basic sciences
subcommittee and says that it is in the process of formulating a new model for the basic sciences curriculum.

The basic sciences subcommittee is furthest along in its work, according to Joseph Zambon, associate dean for academic affairs, because basic sciences coursework will be the foundation for the other curricular changes.

One change under discussion would institute course blocking, staggering a smaller number of concurrent classes to reduce competition between them. A student taking biochemistry and gross anatomy, for example, would finish biochemistry a few weeks before anatomy, alleviating some end-of-semester pressure.

The subcommittee convened at a retreat in November and produced a list of changes to their area of the curriculum, including instituting a case-study element that would combine basic science principles with clinical problems. The committee plans to meet with basic sciences course directors early this year to finalize the model and implement it for first-year students in August 2009.

The case-based course will run through all four years of the curriculum and build on knowledge students have acquired in previous classes. A treatment-planning seminar is under consideration for third- and fourth-year students that would also be case-based.

At each step of the way, students would review how basic sciences and basic oral science are applied in dental practice by studying a specific patient-based dental problem (a patient with tooth pain and diabetes, for example). Through the patient cases, students would discover the dental applications of learning the histology of the pancreas, or the physiology of neuroconduction. “What’s important is to put the basic sciences information a dental student must absorb into some sort of practical, real-life context,” Scannapieco says.

How the school will teach the new curriculum is still in discussion. “It will be a big issue,” Scannapieco says. “Some schools have adopted problem-based and other alternative learning models, but instituting such learning strategies will take planning.”

The new curriculum will help the school provide new yet formalized learning experiences, and will offer students the opportunity to interact more directly with other students and faculty in smaller groups.

“We’re moving forward deliberately, and I think in the end it’s going to pay off for our
students,” Scannapieco says. “Dental school will never be easy, but we want to make it a little more enjoyable and less stressful for the students and the faculty.”

School, Sheehan, Kaleida partner in new clinic

UB has a new presence in downtown Buffalo in the newly opened Family Dental Clinic, an extension clinic of Sheehan Memorial Hospital at 425 Michigan Avenue. The clinic is a joint project of the School of Dental Medicine, Sheehan Health Network, and Kaleida Health System. Local officials held a soft opening in September and a grand opening ribbon cutting ceremony, reception and tour in October.

The clinic’s license was approved by the New York State Department of Health in April. The School of Dental Medicine also led work on an application to designate the City of Buffalo and the area surrounding the clinic as an HPSA (Healthcare Professional Shortage Area).

The designation gives the clinic more credibility for obtaining federal and other grant money in order to help reach its target audience: the underserved, Medicaid-only patient population on Buffalo’s East Side, where there are few options for quality dental and oral care.

“A scary thought is that only about 20 percent of children covered by Medicaid are being seen by dentists,” says Paul Creighton, the school’s assistant dean for community affairs. “This clinic is an amazing opportunity for Buffalo, and the public response has been very strong.”

“This is an example of creating access where there was none, or very little, and creating a unique community partnership between the school, Kaleida and a local hospital,” adds James Harris, assistant dean. The facility’s clinical staff is made up entirely of UB faculty—many of whom are community dentists. Their goal is to provide quality oral health care that complements a patient’s overall health care plan.

“From extractions to prosthetics, we provide cradle-to-grave services that take into account a patient’s systemic health,” Creighton says.

The state-of-the-art facility boasts a modern, paperless office and provides comprehensive dental services—complex corrections as well as preventive bi-yearly cleanings and checkups—tailored to children, adults, seniors and special-needs patients. The clinic’s location on the second floor of the hospital also makes it convenient for residents of Sheehan’s Schofield Adult Day Health Care Program housed on the third floor.

Sheehan obtained approximately $1 million split between a HEAL-NY grant and a major grant from the John R. Oishei Foundation to fund capital renovations of the facility and to purchase equipment.

The hospital leases the facility to Kaleida, which contracts services to UB pediatric dentists at Women and Children’s Hospital of Buffalo and other SDM dentists providing adult care.
Sebastiano Andreana, DDS, MS, has rejoined the School of Dental Medicine faculty as an associate professor in the Department of Restorative Dentistry. He is also director if the implant dentistry program. Before returning to UB, he was a professor in the Department of Periodontics at the School of Dentistry, Loma Linda University.

Andreana graduated from the University of Rome-La Sapienza and completed an MS in oral sciences at UB. For more than a decade, he was a member of the faculty of the UB departments of periodontology, oral and maxillofacial surgery and restorative dentistry.

He has published more than 80 articles in national and international scholarly journals and presented more than 90 research abstracts. He is a past president of the Buffalo Chapter of the American Association for Dental Research. He has received several awards, including Inventor of the Year from the State University of New York.

Andreana is a member of several national and international dental academies and associations; he is a reviewer for the Journal of Periodontology and the Journal of the American Dental Association, among others; and he has extensive experience with the dental industry.

David Brown, ’83, clinical assistant professor in the Department of Restorative Dentistry, has been appointed director of student admissions for the school. Brown has been a member of the School of Dental Medicine faculty since 1988.

The ADEAGies Foundation has selected UB and the School of Dental Medicine to receive the William J. Gies Award for Outstanding Achievement—Academic Dental Institution for the PhD program in oral biology. The award will be presented in March at the American Dental Education Association annual session in Phoenix, Ariz.

In a release announcing the award, the ADEAGies Foundation said, “The oral biology PhD program at the University at Buffalo, through its training of numerous successful oral health investigators and academicians, has achieved a significant record of accomplishment that has yielded a major impact on global oral health and oral health education.”

Since its inception, the program in oral biology has had 67 graduates and has supported more than 40 trainees who earned both the PhD and a clinical dental specialty certificate. These graduates have enjoyed productive careers as researchers and educators in dental schools and other research institutions in the U.S. and other countries around the world. There are presently 15 PhD candidates enrolled in this program.

John Crawford has been appointed director of development for the School of Dental Medicine. He comes to the school from UB’s School of Public Health and Health Professions, where he was assistant dean for development. Before coming to UB in 2005, Crawford was director of development at the American Red Cross, Greater Buffalo Chapter; he was also a capital campaign assistant for SUNY Brockport. He can be reached at (716) 829-3931 or johncraw@buffalo.edu.

SDM students help out in the community outside the scope of their studies. Here, Wes Shute, ’10, and Tansy Schoonmaker, ’09, two of a larger group from the school’s chapter of the American Student Dental Association, prepare a meal at Ronald McDonald House, the accommodation for families staying in Buffalo to be near their children receiving medical care. The ASDA does kitchen duty twice a year.
The deep national economic recession is magnified in New York State’s budget deficit projections by the precipitous decline in state revenue from Wall Street.

In his Dec. 16 executive budget statement, Governor David A. Paterson said the state was facing the largest deficit in its history—a cumulative total of $51.1 billion by 2012. Closing a $2 billion shortfall in the 2008-09 budget meant a $115 million cut for the State University of New York (SUNY), through which UB gets its state support. This follows cuts to SUNY earlier in the year.

In addition, proposed Medicaid cuts will impact our clinics and hospital-based programs, and cuts in the state labor force would also impact SUNY, UB and the school.

The direct effect of these cuts on the School of Dental Medicine budget has already been significant. The total reduction to the school’s permanent state base budget for 2008-09 is approximately 5.3 percent, or $803,000. The state appropriation that provides direct support for the dental school operations and faculty and staff salary and fringe benefits amounts to 29 percent of all school revenues. See the chart below.

Budget reductions have already disrupted plans to recruit new faculty and staff, meaning that eight faculty positions and four staff positions will not be filled. The school’s full-time faculty levels have fallen back to the level of seven years ago.

However, if no additional reductions are forthcoming, the school will be able to fill nine faculty positions vital to our programs and to assuring reaccreditation in 2010. These hires should bring the school’s full-time faculty to 77 by 2010-11. The student-faculty ratio will still be below peer dental schools but nonetheless better than the current level. Fortunately, we enjoy the benefit of many community dentists who join us as part-time faculty each year. Even here, the economy has an impact because community dentists are seeing reductions in their own practices and thus are not able to give the time they once could.

Budget reductions have also impacted the school’s research enterprise as both national and state funding for faculty to 77 by 2010-11. The student-faculty ratio will still be below peer dental schools but nonetheless better than the current level. Fortunately, we enjoy the benefit of many community dentists who join us as part-time faculty each year. Even here, the economy has an impact because community dentists are seeing reductions in their own practices and thus are not able to give the time they once could.

Budget reductions have also impacted the school’s research enterprise as both national and state funding for research have declined. Without sponsors, dental schools (and other higher education programs) are left to find their own operating funds to support these research programs between grants. New faculty recruits, especially those in the strategic areas of growth identified by the UB 2020 initiatives, need (and expect) start-up funding to move their research laboratories to the dental school. Without adequate resources for such capital investments, the dental school has a serious disadvantage in recruiting top research faculty.

Capital needs in our clinics are especially critical. The clinics have not been updated since the mid-1980s, when the school moved into Squire Hall. The dental school has prepared a carefully considered plan to modernize the clinics that includes replacing the operatories, renovating customer service areas, creating a dental support laboratory needed for clinical simulation, completing development of the school’s electronic oral health record and replacing the mobile dental van that now serves children in Chautauqua County. We estimate that this modernization will cost just over $10 million. Unfortunately, promised capital funds for a great part of...
this sum have been wiped out by the state’s budget crisis. Patient fee revenue from student clinics only generates 32 percent of the revenue needed to cover the expense of clinical education. The remainder is funded through student tuition and fees, state allocation and gifts (see chart, this page). There is no extra revenue available from student clinics to cover any capital expenses needed for a clinic renewal.

The budget situation has a direct impact on our students, beyond the indirect effects of lower funding for faculty, research and clinical facilities. This past fall, the governor called for a tuition increase to make up the costs of his proposed budget reductions for SUNY. In November, the SUNY board of trustees approved a SUNY 2009-10 state budget request that was identical to the tuition increase. Tuition will increase for SUNY students beginning in January 2009.

But whether any of these funds will actually be available for UB to spend won’t be known until after the legislature passes the 2009 budget.

The DDS program tuition will now be $18,500 per year for in-state students, a 14 percent increase; $39,420 for out-of-state students, a 21 percent increase. In-state and out-of-state graduatae tuition will increase to $7,880 and $13,250 respectively. Unfortunately, students will be paying more to maintain programs at the same level, at best.

UB has responded by asking the governor and the legislature for more operational flexibility in the way SUNY campuses do business, focusing on policy reforms. UB’s four legislative priorities are a rational tuition policy with regular increases; spending and contracting flexibility; easy access to market capital; and the ability to lease or purchase land and facilities.

The dental school has responded to the budget crisis by examining ways to better manage expenses, to create efficiencies through restructuring of staff functions and investments in technology. Dental school leadership has been making selective, strategic decisions to manage through this period of budget reductions and spending moratoriums in order to maintain core programs while investing in areas important to reaccreditation, to our research vision and that of UB 2020, and to curriculum reform.

We have continued to expand and diversify our revenue streams—specifically in the areas of sponsored research, industrial collaborations, graduate medical/dental education (GME) and clinic revenue. We have secured designation of a federal Healthcare Professional Shortage Area (HPSA) for dental and oral care in the City of Buffalo. This HPSA has been designated high needs due to the existing poverty, and a patient-to-dental-provider ratio of 5,210:1. The designation opens additional opportunities for funding by federal and state agencies for patient services, education and faculty recruitment.

The school has also responded by engaging community partners like the 8th District Dental Society and members of the UB Dental Alumni Association to educate the New York State legislators about the value of the school to the health of the state economic, education, research and patient care enterprise.

These are undeniably challenging times for the state and the nation and we in the dental school don’t expect to be excused from making our share of necessary sacrifices. But the greater challenge—for faculty, staff, alumni, friends and supporters, and community colleagues—is how to continue to improve the school. You can help with this if you tell New York State legislators (and their staffs and anyone who can influence them) that the oral health of New Yorkers depends to a large extent on the continued health of New York’s dental schools.

We are Western New York’s prime oral health care safety net as the largest provider of comprehensive, preventive, primary, and specialty oral health care to Medicaid recipients, the uninsured and the region’s most vulnerable groups. You can also help by supporting our efforts to raise funds for capital improvements of our clinical education and research facilities, which the state will no longer provide. Finally, you can help us by remaining engaged and interested in our education, research and service missions, sharing your time and talent as you are able. This is a time that demands creative solutions, including ways in which the school can help itself. We can’t afford to let dental education in New York decline.
After presenting at the Buffalo Niagara Dental Meeting this November and then joining his UB classmates for their 30th year reunion (see Page 20), Scott Benjamin flew to London for meetings with the World Health Organization, for which he consults on oral cancer, and a presentation for British parliamentarians. A few weeks later he was in Washington, D.C., facilitating a symposium sponsored by the Food and Drug Administration and the Academy of Laser Dentistry. After two days back at his practice in Sidney, N.Y., he was off to Germany for presentations and consulting.
This is the peripatetic existence of a man who couldn’t wait to graduate from dental school so he could get out of the big city and back to his corner of paradise in the hilly country around Binghamton, N.Y.

Scott Benjamin’s life is a catalog of contrasts. He practices in the same building he bought in 1979, just a few months out of school, but he logs more than 200,000 air miles a year; his practice is as technologically up-to-the-moment as any in the world, but the patient chairs in the treatment rooms are 30 years old because he doesn’t want to change what his patients are comfortable with; he can handle patients’ emergencies from anywhere in the world, but he has no cell phone coverage at work or at home.

And although he’s been one of the leaders in computerizing practice management since the 1980s, the greatest bane of his professional life is trying to manage the 300-500 e-mails he receives daily. He tells people who need to send him e-mail to notify him by telephone.

He has a solo practice in a rural community. He is also the working group chair for three subcommittees of the ADA Standards Committee on Dental Informatics, the working group chair for dental lasers for the ADA Standards Committee on Dental Informatics, the ADA Task Force on the National Health Information Infrastructure. Benjamin is also a past (2007) and future (2010) scientific program chair for the Academy of Laser Dentistry; a section editor for two journals and an editorial board member of two others; a visiting professor in restorative dentistry at UB and a research associate at the NYU College of Dentistry; and a consultant for such companies as Serona, Lexicomp, Kodak and LED Medical Diagnostics.

His personal best in nonstop consulting probably came a few years ago when in a nine-hour stretch he spent two hours on a conference call with a German manufacturer, flew to a meeting with another manufacturer in Pennsylvania, and then flew to yet another meeting in Rochester.

“I’m a workaholic,” he says. “I sleep 3-4 hours a night.” In fact, he packs his schedule by working all day, flying at night and working the next day. Benjamin started at full speed. He turned down athletic scholarship offers from other colleges in order to go to UB for undergraduate study because he wanted to go to the dental school at UB and he thought that would give him the best chance to get in. He co-captained the UB swimming team (with future dental classmate David Gaeth) and graduated in three years with a special major in health sciences, which was essentially a BS in physiology. In dental school he found enough time for side jobs coaching swimming at UB and unloading trucks at Freightways.

His father, who worked on the second shift at IBM in Endicott, N.Y., had given him two gifts: an interest in woodcarving that trained his hands, and an interest in technology that became the lodestar of his career. In 1970, Benjamin took the only formal computer course of his life at Union-Endicott High School, three blocks down the street from the IBM plant.

He didn’t take any computer science at UB because he only had time for coursework that directly served his admission to dental school and at the time there was no connection whatever between computers and dental medicine.

But when he bought his practice, one of the first pieces of equipment he added was a computer—a Commodore business computer with two single-sided floppy drives, 320k each, one for the programs it ran, one for storage. It was so big he had to cut out space for it in his reception area.

“I thought I could use it to compensate for my lack of any business background,” he says. He was reading anything he could get his hands on about how to move his business forward; he was talking with engineer friends; and he went to his first COMDEX, the celebrated annual computer trade show in Las Vegas. He’d essentially set the pattern for his future.

Benjamin went to COMDEX every year. He was the dentist on the trade show floor asking how information technology could be made to serve his profession. He exchanged business cards with anyone who would get into the conversation. He talked software, which, for dentists in the early ’80s, was limited to accounting programs with a few dental practice-specific features to manage insurance and billing. He talked hardware, trying to create interest for the kinds of modifications such as small-footprint keyboards and monitors that would help get the technology into practices.

“I was networking before that became a popular term,” he says. “I was on the phone all the time looking for people who could advise me and who I could advise about what dentists need.”

He tried to connect directly to insurance carriers to file claims electronically because when his practice was

“**We need to look at dental medicine as a healing rather than a surgical profession.**”

—Scott Benjamin
in its infancy, running the cash flow through the mail was perilously slow. But he was outrunning what was possible, so he got involved with a management systems company that pioneered a clearinghouse business model between dental practices and insurance companies.

Because he was talking with anyone he could interest in adapting technologies to dentistry, when anyone who knew anyone who knew him had a question about dentistry, he’d get the call. After a while, he knew everyone.

When the Vancouver, British Columbia, dental medicine equipment maker LED Dental was starting to build a team of science advisers, they thought they’d wandered into an echo chamber when they queried contacts on who were the most knowledgeable dental practitioners in different technology areas (informatics, lasers, imaging) and Benjamin’s name kept showing up at the top of the list in each area.

There is a straight line from Benjamin’s original Commodore to his expertise in the variety of technologies he commands. He started with the business side of practice management. That led him to document management, which also opened into electronic health records. Digital document storage and management led him to explore digitizing the images he recorded on acetate film (“my friends said I had rocks in my head”). That put him at the experimental edge of technologies related to imaging, from storage to manipulation to diagnosis. Refinements in imaging led to working on the smaller scale the images revealed, which meant picking up mini-laser and photonics technology, which meant looking into flowable composites.

While Benjamin was following the technologies, his industry contacts were taking him along as they moved from company to company. They learned new things they could feed back to him from their new jobs, and they connected him with new projects. It was his expertise in informatics and imaging that led somewhat circuitously to his involvement as a clinical advisor with LED Dental in their development and dissemination of an oral cancer screening technology that uses autofluorescence as a diagnostic modality.

As technologies available for dental practice evolved, so did Benjamin’s ideas about the role of dentists. When he was a young man just starting his practice, he wanted to spend his days making things—he jokes that dentists are really physicians with toys. But now he believes that it doesn’t make sense for someone trained in what he calls the most complex of medical specialities to spend the bulk of his or her time performing procedures that don’t require medical training. He imagines a day when the dentist would be primarily a diagnostician and much of the restoration work would have devolved into the hands of paraprofessionals or technicians.

“We need to look at dental medicine as a healing rather than a surgical profession,” Benjamin says. “Right now we’re rewarded for surgery, not diagnosis. For treatment, not prevention.”

What he wants most from the progression of technologies into everyday dentistry, is a head start in treating disease. The disease might be oral cancer—rising worldwide while most other cancers are declining—or simply caries. Find it early and treat it early, the earlier the better. And better yet, discover disease before it starts.

Benjamin is physically imposing. His intensely blue eyes are full of delight. He says he wants to change the world; that he never wants to grow up because he likes thinking like a kid; and that people do whatever they do for one reason, because it makes them feel good. Powered by those elemental goals and motivations, he embraces whatever he wants to do—whether it’s rewiring his office with his own hands or spreading the word about oral cancer detection—with gusto.

He says that he gets all of the relaxation he needs from his work, but he directs his leftover passion into two hobbies: waterskiing and snow skiing. He lives on a lake in Hancock, N.Y., where he can practice one, and bought a little house in Colorado 20 years ago in pursuit of the other.

So this is some of what Scott Benjamin has been up to in the 30 years since he graduated. And through all of his involvement with the evolution of dental technologies, his professional travels, his consulting, his presentations and his publishing, one constant has been his own dental practice. He won’t leave his patients behind: “They launched me.”
More than 60 species of spirochetes have been identified among human oral flora, and one, Treponema denticola, is strongly associated with periodontal disease.

Spirochetes have highly specialized features that play roles in their virulence. The coil-shaped microbes can move rapidly, practically sprinting compared with their less mobile bacterial cousins; more remarkably, they travel easily through viscous media such as cartilage or dental plaque that other bacteria can’t transit; and they can adapt to radically different host environments in one lifetime. And for such medically important bacteria, spirochetes are poorly understood.

Before coming to UB, Li spent seven years at the University of West Virginia as a postdoctoral researcher and then a faculty member working with Nyles Charon, one of the world’s leading experts on spirochetes. Now he directs his own lab on the third floor of Foster Hall. This summer Li’s lab was awarded three grants totaling more than $2 million from the National Institute of Dental and Craniofacial Research and the National Institute of Allergy and Infectious Diseases and a smaller grant from the American Heart Association to pursue research on three fronts.

Li is studying the ability to move in particular directions (motility) and the ability to select destination (chemotaxis) of the Lyme disease-causing spirochete Borrelia burgdorferi and the roles of both motility and chemotaxis in the disease it causes. He is also looking at how Borrelia burgdorferi regulates its host-adaptation, thriving in both ticks and humans. And he is studying the role of a particular toxin produced by Treponema denticola in periodontal disease.

Li’s lab currently employs a single postdoctoral researcher; the research funds will allow him to recruit three more postdocs and a full-time technician.

In earlier research, Li demonstrated that removing a particular gene interferes with Borrelia burgdorferi’s motility. Spirochetes are shaped like long coils and travel with a wave-like motion. Reversing course requires the coordination of their flagella from each end. The gene Li removed coded a protein that is essential for that coordination. Li showed in a mouse model that interfering with the spirochete’s motility in this way prevented it from causing disease. This suggests an avenue for attack on the spirochete.

A second potentially exploitable vulnerability is the internal signaling that allows Borrelia burgdorferi to switch genes on and off to adapt to the host environments of mammal and tick, with their different temperatures and immune responses. Li has described a two-stage signal sequence. If the sequence could be interrupted, the spirochete’s ability to infect humans through ticks would presumably be stopped.

The lab’s work on Treponema denticola is currently focused on a toxin it secretes that appears to cut up human immunoglobulin. Treponema denticola is particularly interesting in dental medicine because it is always found at the frontier in dental plaque, suggesting that it plays a role in periodontal infection. Li hopes to discover whether this protein is a virulence factor.

Although it is only now, using 21st-century tools, that researchers are discovering how it may cause disease, Treponema denticola was one of the first bacteria ever described, in 1683 by Antonio van Leeuwenhoek, who is known as the Father of Microbiology.

One of Li’s recent research successes is the development of a reliable method for producing genetic mutants of Treponema denticola in large enough quantity to study.

Li started research on spirochetes after graduating from medical school in China and working in a hospital for two years. He was interested in infectious diseases and went to graduate school for more study; his mentor and PhD director was an expert on spirochetes, and that set Li on a career path that led through West Virginia to Buffalo.

As it happens, Nyles Charon, Li’s mentor at West Virginia, whom he credits with his success as an independent researcher, has a daughter in medical school at UB, so he visits Buffalo occasionally, much to Li’s delight.
What are the duties of the associate dean for research?
I consider that my primary responsibilities are to keep track of what faculty members are doing in their research—to see where there might be connections between them and to look for research opportunities for faculty, particularly for new faculty and faculty who are not long experienced in research.

What's on your agenda for clinical research?
Where we can do good clinical research—and this is the most natural place for clinicians who are busy teaching and seeing patients in the clinic—is with products in development that need an objective evaluation in an academic-clinical environment.

The dental school, with Carlos Munoz-Viveros taking the lead, is developing plans for an expanded clinical research center that will build on the research center Sebastian Ciancio has been directing for a number of years. The expanded center will have a broadened scope and will involve faculty from several different departments, and will have more space so we can have something very identifiable as the school’s clinical research center.

Is there a divide in the school between clinical and basic science research?
I’ve been at the university since fall 1986 and I’ve always thought there was a dichotomy in the dental school—and this is more my perception than anything else—that there was Foster Hall and there was the rest of the school. I’d like to do what I can to make that border a little more permeable. Frank Scannapieco, chair of oral biology, has always been very open and very collaborative. In fact one of the new faculty members in orthodontics has his research lab in Foster because that’s where the cluster of researchers are who he’ll be most likely to collaborate and share equipment with.

What’s the value of research for DDS students?
I’m biased, but I really think it’s critical. I think it’s critical for all the students, whether they do research with their own hands or are simply exposed to it and to the value of it. There are practical reasons for that. For one, it is difficult to find academic dental faculty, so we need to be training future faculty now.

Research is also important for the students who might want to finish school and get involved in a practice right away to pay off their loans, who then want to come back to teach. If they’ve had research experience, that will make them more effective contributors to the teaching, research and service mission of the university.

Finally, clinicians need to know how to ask the kinds of questions a researcher asks. If they don’t have a solid basis for evaluating information, they will be followers instead of leaders in their professions.

What are the school’s research prospects in the near future?
We have a very strong cadre of researchers with many more years of productivity ahead of them. We were lucky over the past few years to make key research hires in oral biology, orthodontics, pediatric and community dentistry, restorative dentistry, and oral diagnostic sciences. Our new director of dental implants, Sebastiano Andreana, was on our faculty before and he has since taken a big loop out through industry and academia on the West Coast. The connections he’s made along the way will be a key to his success as a faculty researcher and to our success in building a clinical research center that will have new restorative projects, Sebastian Ciancio’s periodontal projects, and projects in implantology. Much of the groundbreaking work on dental implants was done here at UB and now it’s time to recapture our place in the field.

Do you still perform research?
Yes. I am the site director of the Industry/University Center for Biomaterials, which has been a National Science Foundation-funded center for about two decades. We are currently winding down our NSF funding, but my colleague Bob Baier and I will continue the center’s work with industry research sponsors.

You have significant institutional ties outside the school.
I am a past president of the Society for Biomaterials and I am currently finishing my term as chair of the Council of Societies for the American Institute for Medical and Biological Engineering (AIMBE). The council is a group of societies that have joined under AIMBE’s umbrella to work together on public policy. It represents about 50,000 members across the U.S.
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Sebastian G. Ciancio & Marilyn J. Ciancio
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To Yei Choy
Robert E. Cohen
David P. Croglio
Roger T. Czarnecki
Kevin A. D’Angelo & Elizabeth A. Schisa-D’Angelo
Mark A. Danziger & Randye S. Danziger
Peter J. D’Arrigo
Mark S. DeNunzio
Scott E. Dillingham
William Joseph Dillon
Discus Dental
Marc D. Doctors
Mary Beth E. Dunn
Steven H. Dweck
Robert H. Evans Jr.
Marshall D. Fagin
George W. Ferry
Stuart L. Fischman & Jane Vogel Fischman
Allen R. Fisgus
Stephen D. Fisher
Daniel B. Funk
Davis A. Garlapo
Jonathan R. Gellert
Robert J. Genco & Frances Genco
Robert L. Gibson
Jack L. Gish
Louis J. Goldberg & Carla P. Goldberg
Susanne T. Grennell
James Guttuso
William Guzik
James M. Harris & Elizabeth C. Harris
Donald L. Hayes Jr.
Edmund G. Hohmann
Stephen Hung
John T. Kahler Jr.
Michael K. Keating
Robert L. Kittredge & Suzanne E. Kittredge
Anthony R. Kritkausky & Jennifer A. Kuracina
Walter A. Kurosko
Joseph A. La Nasa
Angelo W. Lee
Ivan T. Lee
Melvyn M. Leifert
Jack N. Lipkin
John J. Lucia & Marianela E. Olivares
Patrick H. McCullough
Trevor N. Medbery
Anthony C. Mesolella
Norman D. Mohl & Eldene Mohl
Samuel C. Morreale
Carlos A. Munoz-Viveros & Jenny Sy-Munoz
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Eugene A. Pantera Jr. & Carole T. Pantera
James R. Predmore
Procter & Gamble Co.
Robert D. Putnam & Lucille M. Putnam
Susan G. Rifkin
Lois Mae Rinck
James D. Ritzenthaler
More than 140 exhibitors gave demos of their wares to 2,900 attendees at the annual Buffalo Niagara Dental Meeting, held at the Buffalo Niagara Convention Center last November.

Two dental experts, John A. Svirsky, professor of oral and maxillofacial pathology at Virginia Commonwealth University, and Kim Miller, director of the postgraduate curriculum certification program at the JP Institutes, were keynote speakers and also gave their own course presentations as part of a roster of 32 CE programs that addressed a wide range of topics including new techniques and equipment, best practices in office management and clinical know-how, emergency response training and non-surgical patient issues. An alumni speaker series tapped UB’s best and brightest to discuss transitioning practices, laser dentistry, risk management, oral pathology trends, infection control and more.

The combination of industry-leading instructors and vendors illustrates how SDM’s annual meeting continues to be one of the country’s best deals in continuing dental education and a marketplace for sharing the latest in dental technology and ideas.
Don’t miss out on this year’s meeting—mark your calendars for October 21-23, 2009!
Classes from 1948 through 2003 celebrated their five-year reunions at a dinner-dance on Friday evening, Nov. 7, at the close of the Buffalo Niagara Dental Meeting. The event drew more than 375 friends and alumni of the School of Dental Medicine.

The Golden Anniversary Class of 1958 celebrated with a great turnout (see Page 19)—nearly half the class returned to celebrate the milestone reunion. It is characteristic of the closeness of dental school classes, that widows and wives of classmates unable to attend due to death or illness joined their friends to honor the occasion. Relationships that begin in school have continued over the decades.

The Silver Anniversary Class of 1983 has established themselves as one of the greatest reunion classes of all time. Their strength in numbers—35 classmates in attendance—and voice, rival other storied reunion classes, including the renowned Class of ‘61. The ’83 entered the banquet room to the music of bagpipers followed by a troupe of Irish classical dancers. Their enthusiasm energized the crowd and kicked off a celebration that went on into the early morning hours.

The class of 2009—our immediate future alumni—were also well represented at the dinner. It has been a tradition for more than 20 years to invite the soon-to-be graduates to mingle and celebrate with the dental school alumni. The occasion gives the senior students a chance to learn from their predecessors that while the names may change, the stories and the experiences remain the same.

Congratulations to all of the reunion classes and their chairmen. The rewards of bringing the classes together are clear to see in the happy faces and to hear in the boisterous conversation. The Alumni Association and School of Dental Medicine are already looking forward to next year—get ready all you 9s and 4s!
HONOR AWARD

Robert Joynt

Robert Joynt, ’70, joined the faculty in 1970 as a teaching fellow in the Department of Operative Dentistry and Fixed Prosthetics. He was also in private practice in Albion, N.Y., until 1972, when he joined the faculty at the dental school full-time. After 38 years of service to the school, he retired in October 2008.

A consummate educator, Joynt was honored many times by the dental school and its students. He received the yearbook dedication as Educator of the Year in 1983, 1998 and 2002. In 1990 and again in 2008, he received the Richard A. Powell Award for Excellence in Teaching. In 2006, he received the Alan J. Gross Excellence in Teaching Award. The American Association of Dental Schools honored Joynt with second-place for the Lever Brothers Award for Educational Research. The UB Dental Student Association honored him in 1984 and 1985 with its Excellence in Teaching Award. In 1994, the school honored him with the Lipani Award for service to the School of Dental Medicine.

Joynt is the author of numerous articles in the dental literature and is a contributor to the “Atlas of Operative Dentistry.” From 1980 until 2007, he was director of pre-clinical courses in operative dentistry; he was also the director of the introduction to clinical operative dentistry, the students’ first exposure to clinical operative dentistry and Operative Dentistry II, in which students are introduced to diagnosis and treatment planning in their transition to the clinical care of patients.

Perhaps his most significant single mark on the UB dental community is his three decades of service in the admissions process, during which he may have ushered in almost half the school’s living alumni. He helped restructure admissions procedures, allowing more efficient use of faculty time, and computerized the process with custom software developed to meet the specific needs of the school.

HUMANITARIAN AWARD

William R. Calnon

William R. Calnon, ’78, grew up on his family’s farm in upstate New York. He entered the SUNY College of Environmental Science and Forestry planning to be a landscape architect. But after a few visits with his older brother, Tom, at the UB dental school, he changed his mind. He graduated cum laude from the DDS program.

He was a general practice resident at Strong Memorial Hospital of the University of Rochester and eventually purchased a small practice in Chili, N.Y. Thomas Cilano, ’85, has since become a partner in the practice.

Calnon was active from early in his career in both the Monroe County and Seventh District dental societies, serving on numerous committees and the boards of directors and eventually as president of both societies.

At the state level he served on the Council on Public and Professional Relations and chaired the group for six years. He became a member of the New York State Dental Association’s Board of Governors in 1999 and served as president of NYSDA in 2003. He was a member of the New York State Board of Dentistry (1994-2001) and has been a member of the Northeast Regional Board of Dental Examiners.

At the national level, Calnon was an alternate delegate to the ADA House of Delegates in 1995-96 and a delegate from 1999 to 2004. He also served a term (1998-2002) on the ADA Council on Dental Practice. In 2006, Calnon became a member of the ADA Board of Trustees for the term 2006-10, representing the Second Trustee District (New York).

He makes mentoring a major commitment. He participates in ethics in dentistry presentations at both UB and the Eastman Dental Center. He has delivered both the UB Dental Commencement and White Coat Ceremony addresses.

Happily, William Calnon’s sons are setting out to follow in his footsteps. Chris, ’08, is a resident at the University of Rochester. Tim, a senior at Geneseo, is applying to dental schools.
High honor for Genco

Robert J. Genco, '63, SUNY Distinguished Professor in the Department of Oral Biology at the School of Dental Medicine and the Department of Microbiology at the School of Medicine and Biomedical Sciences, received the New York State Dental Association’s highest honor, the Jarvie-Burkhart Award, at the New York State Dental Foundation awards luncheon October 24, 2008, at the St. Regis Hotel in Manhattan.

In announcing the award, the New York State Dental Foundation noted that Genco “is highly regarded for his landmark research on pathogenesis and management of periodontal diseases. In the past two decades, he has been a leader in identifying the role periodontal disease plays in the development of arteriosclerotic disease. More recently, he has undertaken a series of studies on the effects of oral infections on cardiovascular and cerebrovascular disease.”

Genco was elected to the Institute of Medicine, a component of the National Academy of Sciences, in 1988. He has received several national awards for clinical research from the American Dental Association, and recently was honored with the Lifetime Achievement Award from the Research Foundation of the State University of New York.

The Jarvie-Burkhart Award, established in 1905, is named after former New York State Dental Association leaders and dental pioneers, Drs. William Jarvie and Harvey Burkhart and recognizes outstanding service rendered to mankind through dentistry.

Alumni made fellows

The 2008 convocation of the American College of Dentists was held Oct. 16 at the San Antonio Marriott Rivercenter in San Antonio, Texas, immediately prior to the annual meeting of the American Dental Association. During the ceremony, 320 dentists were inducted as new fellows of the college. Five are UB alumni:

Jeffery A. Arigo, ’95, Fairport, N.Y.
David A. Banach, ’82, Jamestown, N.Y.
Chester J. Gary, ’78, Depew, N.Y.
Raymond G. Miller, ’85, Lancaster, N.Y.
Stuart Segelnick, ’82, Brooklyn, N.Y.

The American College of Dentists, which was founded in 1920, is the oldest national honorary organization for dentists. It was founded “to elevate the standards of dentistry, to encourage graduate study, and to grant fellowship to those who have done meritorious work.” The mission of the college today is to advance excellence, ethics, professionalism, and leadership in dentistry. Membership is by invitation only.

A call to serve

Over the past several months the officers of your UB Dental Alumni Association have worked diligently to help strengthen the organization. While we have a dedicated core of individuals who strive to help the alumni association, now we need your help. We’re looking for alumni to step up and help us help all of our members. Don’t hang back.

If you’re interested, please plan to attend one of our 2009 Executive Council meetings:

- January 20
- April 21
- June 16
- Sept. 15
- Dec. 1

Time: 7:00 p.m.
Location: Ruchlin Room, 325 Squire Hall
School of Dental Medicine, South Campus
THURSDAY, MAY 7 - JOIN US AFTER WORK!
Welcome Reception 5:30 p.m.
Mandates and Miscellaneous
Limited enrollment. Lectures begin 6:30 p.m.
Infection Control/OSHA Update* ($35)
Healthcare Provider CPR* ($45)
2 Sides of Human Resources in the Dental Office:
   The Employee and Employer
Tobacco Use and Counseling for Patients
DANB Exam Review for Dental Assistants
(continues all day Friday)

FRIDAY, MAY 8
Continental breakfast 8 a.m., lecture begins 9 a.m.
Functional Considerations in Esthetic Dentistry
Guest Faculty
Dr. Thomas McDonald
Prevention and Management of Medical Emergencies in the Dental Office
Guest Faculty
Frieda A. Pickett, RDH, MS

$125    Dental Team Member registered by April 1, 2009
$245    8th District/UB Dental Alumni Member Dentist or SDM Faculty registered by April 1, 2009
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* Indicates additional registration fee applies

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All information is correct as of press time - topics and/or speaker information may be changed or added as necessary.
Richard M. Jones, ’62, is retired and living in the mountains of Western North Carolina. He and his wife, Joyce, enjoy the beautiful area very much. They are very active and have many new friends who have come to the area from all over the country.

Salvatore J. Esposito, Prosth ’74, is president-elect of the American Prosthodontic Society. He recently received the prestigious Andrew Ackerman Award for outstanding contribution to the specialty from the American Academy of Maxillofacial Prosthetics.

Mirdza Neiders, Perio ’74, celebrated her 75th birthday with dental school faculty and staff at a surprise party at the Buffalo Yacht Club. Michael Hatton, ’82, masterminded the surprise.

Kevin J. Hanley, ’78, has been appointed editor of the New York State Dental Journal, effective January 1, 2009. Hanley had served as associate editor since 2003 and editor of the NYSDA News since its inception. He is also a member of the New York State Dental Association’s Board of Governors and Executive Committee. Hanley is currently treasurer of the UB Dental Alumni Association.

Stephen A. Chidlylo, ’82, has been appointed chief of plastic and reconstructive surgery at Jersey Shore University Medical Center and Regional Trauma Center, effective January 1, 2009. He is the first plastic surgeon who is dual trained and boarded in both dentistry and plastic surgery to hold this position. He also completed fellowship training in the field of cranio-maxillofacial surgery.

Peter F. Starkey, ’83, clinical director of Western New York Dental Group, is active with Boy Scout Troop 400, the Hamburg Junior Baseball League and the UB Dental Alumni Association. His wife, Mary Ann, has served as editor of SS. Peter & Paul’s Home-School Association newsletter and is also an active member of the Immaculata Parent Guild.

Caryn C. Massari, ’98, has been elected president of the Second District of the North Carolina Dental Society. She also recently married and is now Caryn Massari-Wilson.

Giuseppe Intini, MS ’00 and PhD ’07, was awarded a $50,000 teaching fellowship by the American Academy of Periodontology (AAP) Foundation at its annual meeting in September 2008. The foundation’s AAP Teaching Fellowship is awarded to outstanding young periodontal educators who are in their first three years of teaching at a U.S. periodontal training program. Intini is a clinical instructor in the advanced graduate programs in periodontology, orthodontics, and implantology at Harvard School of Dental Medicine, where he is also a postdoctoral fellow in the Department of Developmental Biology.

Intini has been the recipient of numerous awards and honors, most recently receiving an International Team of Implantology (ITI) Foundation grant; a Young Investigator Award, enabling him to present his research at the 7th International Conference on Bone Morphogenetic Protein; and the 2008 Harvard School of Dental Medicine Dean’s Scholars Award. He also received the 2006 Maryanne Mather Award and in 2002 was one of the top 16 inventors at the Collegiate Inventors Competition, a competition among colleges around the world sponsored by the National Inventors Hall of Fame.

Intini has published widely and is also a reviewer for the Journal of Periodontology, the Journal of Translational Medicine, Biomaterials, and Tissue Engineering.

Franklin Peterson, ’00, and Sara Grace, ’05, celebrated their daughter Sophie Grace Peterson’s first birthday on July 29, 2008.

Violet L. Haraszthy,’02, MS ’94, Prosth ’98, PhD ’99, recently received two research grants from Colgate Palmolive.

Richard A. Paternoster, ’02, has joined Coast Dental at 9721 U.S. 19 in Port Richey, Fla. Paternoster provides a full range of preventive, restorative and cosmetic dentistry services including professional whitening and porcelain veneers. He is a member of the American Dental Association, the Academy of General Dentistry and the Florida Dental Association.

Mailene Soyster, ’04, of Rochester has joined the Western New York Dental Group as an oral surgeon in the Henrietta, N.Y., office located in Southtown Plaza. Soyster completed her residency at Strong Memorial Hospital.

Amy Gallo, ’05, has been appointed to the Western New York Dental Group professional staff.

David Zeitlin, ’06, joined the practice of Charles Barotz in Denver, Colo. Zeitlin completed a GPR at Montefiore Medical Center in Bronx, N.Y., focusing on the placement of dental implants, the extraction of wisdom teeth, and root canal and periodontal therapy.
Soni Prasad, Prosth ’07, MS ’08, and Kwansiri Plengsombut, Prosth ’07, have passed the American Board of Prosthodontics certification examination and are now diplomates. Prasad is currently an implant fellow at the School of Dental Medicine.

Jeremy DeBottis, ’07, Amy Dawli, ’07, Thomas Martin, ’07, Sergiu Stoica, ’07, have all been appointed to the Western New York Dental Group professional staff.

Faramarz (Frank) Aryan, Oral Path ’08, is working for Kool Smiles in Dallas, Texas.

Timothy Votta, Oral Surgery ’08, has joined the Western New York Dental Group as an oral surgeon. He sees patients in the Greece, N.Y., office located in Stoneridge Plaza.

**Obituaries**

Dr. Peter L. Mecca, ’36, age 94, died on Oct. 25, 2008 at his home in North Collins, N.Y. A resident of North Collins and Lantana, Fla., he practiced in Silver Creek and Eden, N.Y., and then operated a successful farming business, Mecca Farms Inc., with his brothers in New York and Florida for many years.

Jack Weinberg, ’47, died May 4, 2008, at the age of 82. A native of Buffalo, Weinberg served in the U.S. Air Force in Texas and England after graduating from the School of Dental Medicine. He then attended the University of Illinois to study orthodontics. He practiced orthodontics in Buffalo for 35 years.

Sherwin M. Morris, ’48, age 81, died August 20, 2008, after a prolonged illness. He was a resident of Pittsford, N.Y., and is remembered as a devoted orthodontist and loving husband, father and grandfather.


Fred J. Dutton, ’52, age 85, died Aug. 19, 2008, after a long bout with Parkinson’s disease. A resident of the Woodlands, Texas, he served with the Marine Corps during World War II, in the Pacific theater, and was a decorated combat veteran. He practiced in Mohawk, N.Y. He was a passionate golfer and later in life became an accomplished cabinetmaker.

Daniel Breene Stanton, ’52, died Nov. 2, 2008, at the age of 81. He lived in Waco, Texas. He had a career in the United States Air Force, and was the first Air Force Fellow in the Academy of General Dentistry. He retired in 1975 with the rank of colonel and moved to Waco where he was dental director of the Waco McLennan County Health Dept. from 1975 until 1984.

William M. Viscardo, ’60, age 78, died Nov. 23, 2008, in the Erie County Medical Center, where he had worked for more than 45 years as an attending dentist and mentor to countless dental residents. He was a resident in the Department of Dentistry at the former E. J. Meyer Memorial Hospital, now ECMC, and eventually became the attending dentist for the hospital. He was also an associate clinical professor in the Department of Oral Diagnostic Sciences at the dental school. He was a resident in the Department of Dentistry at the former E. J. Meyer Memorial Hospital, now ECMC, and eventually became the attending dentist for the hospital. He was also an associate clinical professor in the Department of Oral Diagnostic Sciences at the dental school. He also helped develop and maintain dentistry at the Hemophilia Center of WNY. He was devoted to recruiting students to ECMC’s dentistry department, which, under his watch, grew from having one resident to five or more and is now one of the busiest outpatient clinics at ECMC. In 2005, Viscardo was recognized with the UB Dental Alumni Humanitarian Award and named ECMC Doctor of the Year.

**Saratoga Springs**

**Dr. David Sarver**

New York State Society of Orthodontists special guest faculty

**Contemporary Orthodontics: The Role of Appearance and Esthetics in Diagnosis and Treatment Planning**

9 a.m.-4 p.m. Friday, March 27, 2009

The Saratoga in Saratoga Springs, N.Y.

6 CE Credit Hours ADA/CERP

Tuition

$225 NYSSO Member DDS

$275 Nonmember Orthodontist

$95 Staff, per person

**Buffalo**

**Dr. Don Tyndall, Professor**

Department of Diagnostic Sciences and General Dentistry

UNC School of Dentistry

**Digital Imaging: Here and Now**

Comparison of film, direct digital and cone beam computed tomography

9 a.m.-4 p.m. Friday, May 29, 2009

University at Buffalo School of Dental Medicine

6 CE Credit Hours ADA/CERP

Tuition

$225 UB Dental Alumni

$245 Nonmember Dentist

$125 Team Member

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New sites
Canton 315-386-7102
Syracuse 315-464-4148
Olean 716-376-7572

WEDNESDAY, FEBRUARY 18
Creating Tight Anatomically Contoured Proximal Contacts in Class II Direct Composite Resin Restorations
Learn an effective technique for multiple adjacent proximal contacts that is applicable in nearly every clinical situation. The result will be anatomically correct contours and consistently tight proximal contacts in an efficient and profitable quadrant approach.

WEDNESDAY, MARCH 4
Current Concepts in Periodontal Disease
An increasing number of systemic diseases have been associated with poor oral health, especially periodontal inflammation and infection. Review some recent evidence linking poor oral health with systemic health and evaluate approaches to periodontal treatment.

WEDNESDAY, MARCH 25
Endodontics: Improve the Final Result
Review the essential steps in any endodontic procedure: Correct diagnosis, how to design the best straight-line access to establish proper cleaning and shaping of the root canal system, and, finally, get the three dimensions obturation.

WEDNESDAY, APRIL 1
Pizza by the Slice? Or the Whole Pie?
A fast-paced, interactive course on treatment planning your everyday restorative dentistry while learning how to bite off the "big case." At the end of this program, you will feel comfortable with the clinical foundations of treatment planning as well as how to make the "big case" part of your everyday routine.

WEDNESDAY, MAY 13
Serdentity (Dental Serenity): Behavior Modification for Increased Patient Compliance
This course offers information to educate, motivate and inspire dental professionals to achieve the highest level of patient care. It will leave you feeling hopeful, happy and renewed—ready to go back to the office and make positive changes for your patients! This course is appropriate for all dental professionals—clinical and clerical.