



# NORTHEASTERN SOCIETY OF PERIODONTISTS BULLETIN

VOLUME 35, No. 2

FALL 2006

## FALL MEETING • FRIDAY, NOVEMBER 3, 2006

*Emerging Science: Inflammation, Risk Assessment, and New Treatment Modalities*

New York Marriott Marquis Hotel • 1535 Broadway, New York, NY

**T**he strong evidence correlating periodontal inflammation with other systemic findings is the important topic at our upcoming fall meeting. NESP Program Chairman Dr. John Lanzetta has invited five distinguished speakers to discuss this issue, examining it on the molecular level, in maternal-infant health, from a cardiovascular perspective, and ultimately determining risk and management of periodontal disease and the prospect of advances in cell, protein, and gene therapy for repair. These topics reflect the most current findings that affect our ability to fully treatment plan and, ultimately, impact positively on the overall health of our patients.

**LAWRENCE A. TABAK, D.D.S., PH.D.** will present *Molecular Medicine Enters the Mouth*. This lecture will outline how stem cells, tissue engineering and gene transfer will be used to treat oral and craniofacial defects in the future. Further discussion on the advantages of saliva as a diagnostic medium will be offered.

8:00–8:30 A.M.	NESP Board of Governors Meeting
8:00–9:00 A.M.	Registration, Exhibits and Coffee
9:00–9:30 A.M.	<i>Molecular Medicine Enters the Mouth</i> Dr. Lawrence Tabak
9:30–10:30 A.M.	<i>Role of Periodontal Disease in Maternal-Infant Health</i> Dr. Steven Offenbacher
10:30–11:00 A.M.	Coffee Break (Visit with our Exhibitors)
11:00 A.M.	<i>Periodontal Infections and Cardiovascular Disease: Are we Nuts?</i> Dr. Moïse Desvarieux
12:15–1:30 P.M.	Luncheon for Learning Installation of 2007 Officers Hirshfeld Award—Dr. Lauren Langer Scopp Fellowship—Dr. Steven Gold
1:30–2:30 P.M.	<i>Assessment of Risk and Disease Status in the Management of Periodontitis</i> Dr. Roy C. Page
2:30–3:30 P.M.	<i>Future Prospects in Periodontal Regenerative Medicine</i> Dr. William Giannobile
3:30–4:00 P.M.	Discussion

(CONTINUED ON PAGE 5)



Lawrence Tabak



Steven Offenbacher



Moïse Desvarieux



Roy Page



William Giannobile



PROVIDER CODE 05397-58

*The NESP is a recognized ADA CERP provider.  
Attendance at the meeting is open to all dues-paying members. Guests have to pay the required fee as stated in the program. No refunds are allowed. There is no cancellation policy for dues-paying members.  
Attendees will receive 7 credit hours for the Spring 2005 Meeting lectures.*

## NESP MEETING PLATINUM SPONSORS

NESP would like to acknowledge our Platinum sponsors

### 3I-Implant Innovations

**Astra Tech**

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whose additional educational grants have enabled this society to provide excellent programming and parallel functions to our membership.

## EXHIBITOR LISTING

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## A View from the Other Side

Professor Branemark's remarkable observation that the Nobel metal titanium has the previously unappreciated ability to interact with bone cells in a way that produces a biologic connection (osseointegration) between these two electronically charged surfaces knocked our universe off its axis just enough to forever change the practice of dentistry. This discovery has altered the life of patients and practitioners alike, and truly has had immeasurable positive benefits on the quality of life of all those who have had the privilege of placing or receiving titanium fixtures for dental restoration prostheses.

The past 25 years have been 'golden' in terms of prosthetic rehabilitation, but I must confess that these procedures have always left me slightly uneasy. When thought of in the abstract, the act of placing a screw into a tissue as exquisitely elegant and vital as bone seems almost barbaric. Detaching the periosteal blood supply, drilling into bone causing immediate cell death, placing a screw into this hole under pressure, further compressing the surrounding structures, and ultimately causing die-back at great distances from the site leaves me with the feeling that there must be a more biologically compatible solution to achieve the same outcome (my respect for the bone organ runs deep and has been the topic of many of my lectures). Having said all this, the bone is not nearly as offended as I am and recovers quite nicely. The implant, too, integrates happily, which brings me to the focus of this editorial.

I was privileged to be present this spring at a day-long celebration of Columbia College of Dental Medicine honoring Dr. Robert Gottsegen with his first life time achievement award. I am honored to have had Dr. Gottsegen in my life as a friend, mentor, and partner for over 20 years and there is certainly no one more deserving of this honor. The guest lecturer at this celebratory day was Professor Niklaus P. Lang from the University of Bern in Switzerland. The brilliantly-delivered lecture by Dr. Lang (a long-time proponent of implant prostheses) was titled *How Valuable is a Tooth?* Dr. Lang examined a vast array of dental literature and meta-analyses evaluating the parameters of health, devitalization, and periodontally compromised teeth and compared them to implants in terms of strategic importance and longevity. He looked at teeth in light of their "tooth-age" – that is, number of years present in the mouth – and concluded that healthy teeth (without disease) had a 60 year survival rate of 99.5% (Schatzle, Loe, Lang et al, *Journal of Clinical Periodontology*, 2004).

When he looked at the data evaluating endodontically-treated teeth he concluded that "primary endodontic treatment was predictable," with the studies reporting high 80-90+% success rates. He also concluded that endodontic retreatment is predictable but with somewhat lower success rates. When evaluating the existing data on periodontally compromised teeth, he examined a variety of treatment options and survival rates for non-surgical, surgical-conservative, regenerative, and surgical-resective procedures for furcated and non-furcated teeth. He summarized with a paper by Carnavale et al in the *Journal of Clinical Periodontology* (1998) in which the overall survival rate over a 10-year period was 93%, taking into consideration extractions due to endodontic complications, root caries, recurrent periodontitis, root fractures, and loss of retention. Dr. Lang then compared this data to that of 10-year survival rates of implants considering implant to implant prostheses, implant to tooth prostheses and single tooth restorations with and without the presence of perimplantitis. The survival rate of teeth connected to implants was the lowest (as expected) at 82.1%, and the highest was single tooth restorations at 93.9%. The presence of perimplantitis further reduced survival rates. Dr. Lang was careful to point out that the "value of a compromised tooth decreases dramatically with combined or multiple risk factors" such as endodontic treatment plus periodontal disease. He summarized his talk by discussing factors affecting treatment planning and outcomes, such as cost, patient, medical profile, the clinical situation, individual tooth risk, the therapist, legal and ethical aspects, and clinical judgment. In his overall assessment of longevity and success rates, teeth far exceeded that of implants considering that tooth age is generally 30-50 years prior to the development of any significant complications. I wholly admit (and I am sure Dr. Lang would concur) that his analysis of the data is replete with bias. I present a summary of it here because it perfectly aligns with my own personal bias. For those of us who have been around since the beginning of the implant era, we have come to understand that the ravages of time and aging affect implants as well as teeth. Nothing is forever, not even implants.



Susan Karabin

## Message from the Editor

This summer my husband and I headed off one day to catch an early movie. What caught my attention while waiting for the feature film to start was the bombardment of advertisements shown to the unsuspecting and “captive” audience. The companies that create the movies now create the music CDs, the pop singer’s video, own the movie theaters, and probably the companies that make the snacks we eat. A recent Will Farrell movie mentioned more brand names in the movie than ever seen before (most assuredly by design), earning fees for the movie company, and in turn for the product manufacturers.

The current state of the world is highly motivated by products and profit, and as periodontists we are certainly in the center of these issues. In 2005, according to a January 2006 market summary article, **The Dental Market Techniques, Equipment and Materials**, sales of dental equipment and supplies totaled an estimated \$2.3 billion and are anticipated to increase 6.5% a year, reaching \$3.2 billion in 2010. We have many new and wonderful products to choose from and procedures that can benefit our patients. Yet how are we to know which product is best and why?

“It has become even more confusing in 2006 than it was 30 years ago for dentists to evaluate dental products”, says Gordon Christensen, DDS, MSD, PhD in the recent article, **How Do you Choose the Products that you Use** (*Inside Dentistry*, July/August 2006). In that article the author quotes many researchers, product sales representatives, and educators.

It is not unusual these days to read about scientific conflict of interest (**Correcting The Errors of Disclosure**, Benedict Carey, *The New York Times*, July 25, 2006; **Hospital Chiefs Get Pay and Perks for Advice on Selling to Hospitals**, Walt Bogdanich, *The New York Times*, July 17, 2006; **Charities Tied to Doctors Get Drug Industry Gifts**, Reed Abelson, *The New York Times*, July 28, 2006). These articles describe financial ties by authors reviewing a new treatment for depression; hospital executives paid thousands of dollars from major drug companies for advice on how to market and sell their products; and doctors with unclear associations with “non-profit research programs” being funded by the very company that makes the product being evaluated.

Often, presentations by excellent clinicians are indirectly sponsored by the products they use. Are they independent researchers, or are they benefiting from the company? Many dental publications are paid for and influenced by companies, and contain infor-

mation supplied by manufacturers. Even academic and research-oriented publications are not immune to potential bias as they are often heavily involved in research with a particular company.

In the last 15 years that I’ve placed implants, I have changed implant systems four times. With each system I had very high suc-

cess rates – all had in the high 90<sup>th</sup> percentile. Why did I switch systems and continue to feel compelled to survey my colleagues about the systems they were using? With the multitude of systems being used and offered, how are we to keep up with the inevitable need for parts replacement? It often feels like changing implant systems is more like getting the latest new car with a nicer cup holder rather than with a more reliable engine. Do we as practitioners and patients really benefit from all these changes?

Whenever I see a wonderful lecturer doing a procedure with great skill and results, I’m excited to add this to my treatment offerings and feel urged to purchase the products. The reality is that I have many implants left of systems I no longer use, along with many assorted graft materials, membranes, and products that seemed so promising at the time and that faded out by the next major meeting.

I’d just like to feel that my choices in products and procedures are based on sound scientific and clinical research, separate from the temptations of company perks and fancy packaging.

It is essential that we make our decisions for product choices by being skeptical, informed and evidence based. “It is important to allow sufficient time for products to have a track record that may include formal clinical trials and usage studies to document efficacy,” urges Harald O. Heymann, DDS, Med, professor at the University of North Carolina School of Dentistry and editor of the *Journal of Esthetic and Restorative Dentistry*. I’m hoping that the best practitioners among us – those who often stand front and center on the lecture circuit – choose products and endorsements they speak about with concern for those of us who eagerly listen to their recommendations, and with justification for efficacy. As periodontists, we have always considered our strength as a specialty to be in our insistence on high-quality research and honesty in our assessments. This is the standard on which we to assure our credibility. ■



Leslie Taynor

## PROGRAM DESCRIPTION (CONTINUED FROM PAGE 1)

Dr. Tabak is the director of the National Institute of Dental and Craniofacial Research (NIDCR) at the National Institutes of Health. Dr. Tabak received his D.D.S. from Columbia University and both a Ph.D. and certificate of endodontics from SUNY at Buffalo. He is on various committees of NIH involved with research, neuroscience, pain and IT and oversees 500 scientists, administrators, and support staff in his role of director.

**LEARNING OBJECTIVE:**

The attendees will:

- be able to outline how stem cells, tissue engineering and gene transfer will be used to treat oral and craniofacial defects in the future
- see the advantages of saliva as a diagnostic medium

**STEVEN OFFENBACHER, D.D.S., PH.D., M.MSC.** will present the *Role of Periodontal Disease in Maternal-Infant Health*. This lecture will discuss the role of inflammatory mediators in periodontal diseases, which have produced new and important findings between oral health and systemic conditions focusing on the relationship of periodontal disease to premature birth and pregnancy outcomes.

Dr. Offenbacher received his dental degree from Virginia Commonwealth University. He received his Ph.D. in Biochemistry from Virginia Commonwealth University and an additional post doctoral degree in pharmacology; he received his periodontal certificate and masters of oral biology from Harvard School of Dental Medicine. Dr. Offenbacher is currently director of the Center of Oral and Systemic Diseases at the School of Dentistry at the University of North Carolina, as well as professor in the department of periodontology. He has published over 165 documents and is past president of the American Association of Dental Research.

**LEARNING OBJECTIVES:**

The evidence supporting the link between periodontitis and pregnancy complications continues to evolve. This program will discuss recent research in the linkages between periodontal disease, pregnancy complications, and neonatal health. New findings from animal studies and in humans indicate the importance of fetal exposures that occur in utero on the pregnancy and the overall well-being of the infant.

Participants will leave with a greater understanding of

- how periodontal disease induces a microbial exposure that induces systemic inflammation

- the risk factors for pregnancy complications and the relative contribution that periodontal disease makes to overall risk
- what to tell patients about the risks and how to manage pregnant mothers in a practice
- how do you change overall clinical practices to incorporate these new findings
- what the research suggests about the future regarding the total impact of gum disease on infant and child health

**DR. MOISE DESVARIEUX, M.D., PH.D.** will lecture on *Periodontal Infections and Cardiovascular Disease: Are We Nuts?* This lecture will update our knowledge as to the most current research regarding the link between periodontal infections and cardiovascular disease. It will include the epidemiologic studies informing this association and the biases that may affect the conclusions drawn.

Dr. Desvarieux received his medical degree from the Faculte de Medecine Xavier Bichat, Universite de Paris. In addition, he earned an MPH in epidemiology and a Ph.D. in infectious disease epidemiology from Columbia University. He currently is on the faculty at the Mailman School of Public Health, Columbia University and has served as principal or co-principal investigator in eight externally funded research grants, one in particular collaborating with the School of Dentistry to assess the contribution of chronic periodontal infections to vascular disease in a large multi-ethnic study. He is the recipient of several prestigious awards and currently teaches the course, **Epidemiology of Cardiovascular Disease** at Columbia University Medical Center.

**LEARNING OBJECTIVE:**

The attendees will:

- become familiar with the status of current knowledge on periodontal infections and cardiovascular disease
- be made aware of the possible bias in epidemiologic studies of this association

**DR. ROY C. PAGE** will be presenting the lecture *Assessment of Risk and Disease Status in the Management of Periodontitis*. The understanding of periodontal pathogenesis and the ability to quantify periodontal disease risk and disease status is essential in the treatment planning stage as well as ultimate management outcomes. Dr. Page's current research

MESSAGE FROM THE PRESIDENT (CONTINUED FROM PAGE 3)

In life as in politics, it is important to leave your particular ethnocentricity behind and view the situation from the other hemisphere in order to gain a more global perspective. I believe it is time, after 25 years of implant dentistry, to look back over the years and landscape and take stock of what implants have done for dentistry: hence, *A View From The Other Side*. As with any decision or course of action, there is always a price to pay, an upside (read “winner”) and a downside (read “loser”). The upside of implant dentistry is pretty obvious and overwhelmingly successful in that hundreds of thousands of patients have been treated effectively. Dental cripples have been made whole, lives have been changed, and health has been restored. I do, however, think it is worthwhile as an intellectual exercise to contemplate the downside. I would venture to say that one of the “losses” would be the extraction of countless teeth that did not need to be sacrificed. Another might be the avenues of

research that were *not* pursued or funded during those years because we already had “the solution”. Finally, and maybe our most grievous sin, might be that we have forgotten the body’s miraculous ability to heal and renew. Taking a long hard look at the value of a tooth vs. an implant in terms of longevity and success rates may lead us to consider investing more of our dental dollars into saving the tooth at an earlier stage prior to placing an implant.

If you have known me long enough, you have probably overheard me say to both colleagues and patients, “Implants aren’t magic, they’re just screws in bone.” When I think of the thousands of cells, enzymes, cytokines, proteins, and tissues that interact and communicate with each other to maintain a tooth in a healthy integrated position in its local environment...now *that’s* magic. ■

*References to Dr. Lang’s lecture were made with his permission.*

## New Members

The NESP welcomes the following new members:

- Dr. Craig M. Anzur • Mechanicsburg, PA
- Dr. Yvonne Buischi • New York, NY
- Dr. Jennifer D’Costa • Tuckahoe, NY
- Dr. Edward Gottesman • New York, NY
- Dr. Wayne Kye • Woodside, NY
- Dr. Roya Mohajer • New York, NY
- Dr. Neha Shah • Morris Plains, NJ
- Dr. Sonia Varlamos • New Rochelle, NY

## MARK YOUR CALENDAR

**NOVEMBER 3, 2006**

**“Emerging Science:  
Inflammation, Risk Assessment,  
and New Treatment Modalities”**

PROGRAM DESCRIPTION (CONTINUED FROM PAGE 5)

has addressed this important relationship.

Dr. Page, D.D.S., Ph.D. received his dental degree from the University of Maryland and his certificate of periodontics and Ph.D. in experimental pathology from the University of Washington. Dr. Page is professor emeritus of periodontics and pathology as well as past director of Regional Clinical Dental Research Center at the University of Washington. Dr. Page has been president of both the American and international associations of dental research and served as editor of the *Journal of Periodontal Research*. He has written over 250 scientific articles as well as a textbook on periodontics, and is the recipient of many prestigious awards. Most recently he was named Distinguished Scientist by the American Association for Dental Research.

### LEARNING OBJECTIVE:

The attendees will:

- understand the role of risk in diagnosis and treatment planning for periodontitis

PROGRAM DESCRIPTION (CONTINUED ON PAGE 8)

**Visit us at [www.nesp.org](http://www.nesp.org)**

## AAP Board of Trustees Update

### August 2006

The board met August 18-19, 2006. The agenda was aggressive and many activities were addressed at the meeting. Several task forces were appointed to address members' needs, and many of the previous initiatives were discussed and refined. The following are highlights of the August 2006 report. As always, if you have any questions please feel free to contact us.

The President appointed the following task force members to address specialty participation in the commission on dental accreditation: David Cochran, Chair; Gerald Bowers, Jack Caton, Alice DeForest, Robert Ferris, Brian Mealey, Preston Miller, Jr., and Vincent Iacono (CDA Commissioner).

Furthermore, the Board:

- approved the Guidelines for the Management of Patients with Periodontal Diseases marketing activities for 2007. They include:
  1. developing a study club kit on the guidelines to help members promote locally;
  2. placing articles on the guidelines in dental trade publications;
  3. distributing guidelines to insurance carriers;
  4. approval that the president or other members attend major regional/state periodontal society meetings to deliver the Academy's message regarding the guidelines.
- approved the proposed topic of bisphosphonates for an on-demand web-based distance learning course.
- approved a prototype of a web-based patient self-assessment tool that will now be used to develop a "live" online version. The plan is to have this up and running by the San Diego meeting.
- approved appointing a task force on membership value, comprised of board members and the chair of the membership committee. The charge of the task force is to:
  1. critically evaluate the value of Academy membership;
  2. identify the tangible-intangible benefits of membership for Academy members;
  3. recommend enhancements to increase value of the Academy to members;
  4. identify ways to communicate the value of the Academy to members.
- approved a 2007 budget proposal of revenue of \$10,687,344 and expenditures of \$10,409,437. The Board (over the fiscal year) usually adds from

\$300,000 to \$500,000 in expenditures for projects it feels are necessary.

- approved a capital budget of \$80,000.
- approved waiving the policy to increase dues by the Consumer Price Index in 2007.
- approved a revision to the bylaws that allows voting members to vote by mail or e-mail ballots for items such as approval of proposed bylaws changes, rather than have those decisions made by a small group that attends a General Assembly meeting.
- selected Dr. Vincent J. Iacono as the Periodontics Commissioner to the Commission on Dental Accreditation.
- approved that the Academy submit formal communications to all testing agencies, urging them to continue the periodontal components of their examinations; this includes periodontists in the examination construction process.
- approved a draft copy of proposed changes to the Accreditation Standards.
- approved accepting the AAO's invitation to conduct a joint conference in February 2009.
- approved surveying lapsed members in 2007 to identify reasons for not rejoining the AAP (\$15,000-\$17,500).
- received the report of the Task Force on Governance Study and approved, in concept, a phased-in approach to a smaller Board of Trustees and referred the concept back to the Task Force for further development. The Board also approved:
  - A leadership Development and Qualifications Committee.
  - A Standing Strategic Planning Committee.
  - A State/Regional Assembly (composed of leaders selected by State and Regional Periodontal Societies) to advise the AAP Board of Trustees of local issues.

I would like to take this opportunity to thank you for letting me represent District VII over the last 6 years. The Officers, Board and its Committees and Staff work hard on your behalf. You are well represented. To be more effective they need your thoughts and recommendations. Please keep in touch with them.

Barry WHO???

Report submitted by Stu, Wayne, Barry LAST NAMES PLEASE

## PROGRAM DESCRIPTION (CONTINUED FROM PAGE 6)

- accurately quantify risk and disease status and the changes that occur over time
- use risk and disease scores in the management of periodontitis

DR. WILLIAM GIANNOBILE, D.D.S., M.S., D.MED. SC. will be speaking on the topic *Future Prospects in Periodontal Regenerative Medicine*. The more knowledge we have regarding the role of various factors involved in wound healing and repair of soft and hard tissue defects the better we will be able to address these issues for our patients. Dr. Giannobile will be discussing the role of growth factor enhanced grafts for bone regeneration and the critical factors involved in the reconstruction of periodontal soft and hard tissue defects. In addition, he will discuss the future perspectives on advances in cell, protein, and gene delivery as they impact periodontal defects.

William Giannobile received his D.D.S. and M.S. degrees from the University of Missouri. He later received his certificate of periodontology and doctor of medical sci-

ence in oral biology from Harvard University. He is a diplomate of the American Board of Periodontology and is on faculty at the University of Michigan. Dr. Giannobile has published over 125 articles, textbook chapters, and abstracts and has lectured extensively on periodontal regenerative medicine and tissue engineering. He maintains a private practice.

**LEARNING OBJECTIVE:**

Attendees will understand:

- the role of growth factor-enhanced grafts for bone regeneration
- obtain information about critical factors involved in the reconstruction of periodontal soft and hard

This program is offered as an educational course only. The opinions and techniques offered today should be combined with additional educational experiences before considering them in your practice. Attendance at this program does not reflect specialty status, advanced training, specific skills, or educational status. ■

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**ACKNOWLEDGMENTS**

The NESP wishes to thank the sponsors of the fall meeting for their financial support. All members are urged to visit the exhibit booths and to acquire the latest information on periodontal products.

3I-Implant Innovations	IMMCO Diagnostics
AAP Foundation	Marriott Vacation Club
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