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**1-2019**

February - April

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- Healing cap



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### All-in-One Kit contains 1x

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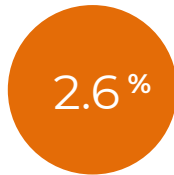
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+++++



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CELEBRATING TWENTY-FIVE YEARS OF CONSOLIDATED REALITY



2019 marks Infodent's 25th anniversary... of consolidated reality in the dental industry. Since 1994 we have been providing services to all those companies wanting to internationalize and increase their visibility in the world healthcare market, dedicating twenty-five years of communication to the medical and dental industry. Infodent S.r.l., owner of the Infodent brand at international level, started 25

years ago with its first worldwide publication to the dental sector, *Infodent International*. Our B2B magazine, designed for the dental trade and industry, is distributed today in 189 countries. Over the years we have witnessed, acquired, learned and gained experience working with international associations, schools, institutions, the media, trade fairs, congresses and enterprises, adding over time new publications. *Inews* - special editions dedicated to and distributed at international trade fairs and congresses of excellence, in particular IDS Cologne, FDI and IDEM Singapore, was created in 2001; *Infomedix International*, our landmark in the medical sector, in 2002; the *ImplantBook* - B2B & B2C directory, dedicated to dental implantology; the on-line monthly *Bulletin* - with reviews on world's dental and medical trade fairs. Among the many projects, we could not miss Italy, our headquarters and home country. Here, we are publishers of *SusoNews* - official trade union organ of the specialty in orthodontics; the on-line bimonthly *Dental Bulletin* with latest updates, sent to Italian dentists and last, but not least, the *Expodental Meeting Magazine* - official catalog for the Expodental Meeting in Rimini. But our dream came through in 2018, when we proudly closed the year with the very first edition of our Italian tabloid, *Infomedix Odontoiatria Italiana "la condivisione del sapere"*. The bimonthly journal reaches 40,000 Italian dentists and 10,000 dental technicians, all of them sharing knowledge on the dental practice, on the utilization of a product or the application of a technique, highlighting excellence in oral care.

Through our press office and travelling personnel we have created long-standing connections and content-based synergies with scientific and trade associations, trade show organizers, chambers of commerce and health ministries in most countries around the world. We collect reliable and quality information, we search, double check, compare data and we travel the world to participate at congresses and trade exhibitions, round tables, press conferences and all sorts of industrial and scientific gatherings to get as much knowledge and know-how as possible, building a network of meaningful connections.

Our contents focus on news, regulations and novelties in the international dental market with the intent to enhance awareness among our readers on the social and political aspects of the different markets to better approach different business en-

**Our contents focus on news, regulations and novelties in the international dental market with the intent to enhance awareness among our readers on the social and political aspects of the different markets to better approach different business environments**

vironments; we make deep research, using many different sources, to give our readers accurate and in-depth outlooks on world markets; previews and post-show reports on international exhibitions as well as latest products highlights; company profiles of dental companies and much more. In a world where consumers are more savvy, more demanding and more empowered than ever, we have tried to engage and inspire customers through quality content that is informative, innovative, entertaining and valuable, creating a highly targeted publication, free and unbiased. We've been hearing for decades

now that print is dead. And the debate over whether this is true will probably continue however, in these days of 140-character tweets, instant messages and texts, we believe print gives customers something to sink their teeth into. You can discuss topics at greater length and give readers something to hold onto for more than a few fleeting seconds. The reader can sit back and enjoy the reading in privacy, without being invaded by targeted digital ads being served up in real-time based on your browsing history or digital footprint. Since print is now considered "non-traditional," it's certainly the perfect medium to capture — and hold — attention! Mobile provides consumers on the go with short snippets of relevant news whilst tablets allow readers to manipulate the content in beautiful ways by touch to scroll and swipe seamlessly. We believe it's safe to say that print and digital will always co-exist together and we, at *Infodent International*, are working on this, to create a point of difference between our on-line and printed versions. Over the years we have chosen quality and hard work and we'd like our consolidated reality to be an opportunity of growth for us and our readers, sure to celebrate all together the next twenty-five years!



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- Superior compressive strength
- Antibacterial effects by alkaline pH
- Radiopaque
- Biocompatible elements



※  
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NB: New bone

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- Zero shrinkage
- Hydroxyapatite generation
- Optimal flowability
- Antibacterial effects by alkaline pH
- Biocompatible elements
- Radiopaque



Optical microscope image of microleakage test (dye penetration test)

: No dye penetration

### Well-Root™ ST



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Patent WO2018167594

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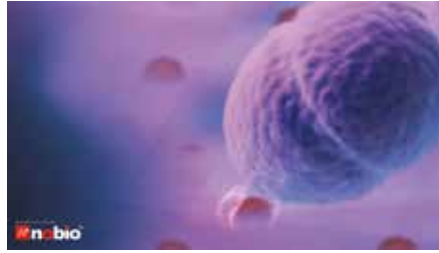
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AP 02/2019 1



# The Future of Dental Materials: Long Term Antimicrobial Protection



Bacteria is the main cause for failure of many dental treatments, particularly restorations. Common antimicrobials, like chlorhexidine, fluorides or silvers, kill bacteria by release mechanism, so the effect is short-term (because they deplete), weakens the material (causes mass loss), and interferes with the flora balance. Scientists from Hadassah Medical Center and Tel-Aviv University in

Israel developed a breakthrough antimicrobial technology that kills bacteria on contact, without releasing any chemicals. It stays active long-term (theoretically forever), without compromising the material's mechanical properties or the natural flora. The technology

was tested in many dental materials (composites, adhesives, liners, cements and sealants), including 2 clinical trials, and published in 22 articles. Israel-based Nobio Ltd. acquired the technology and incorporated it into a line of premium dental materials, called Infinix™. The company says it expects to launch Infinix™ this year, while also collaborating with major manufacturers who want this technology incorporated into their products.

[www.nobio.com/products](http://www.nobio.com/products)  
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## LEDERMIX™



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- For the management of inflammatory root resorption.
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- To inhibit & reduce the number of bacteria within infected root canals.

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BIOTECH DENTAL





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The Leetrac is B&L's new reflective periosteal elevator for surgical treatment. The Leetrac is offered in wide and narrow type with various shapes of reflective blades that are exchangeable. The mirrored surface of the blade makes it easier to view the surgical areas without the need of a secondary tool. The serrated edges help to stably secure the cortical bone plate, regardless of its shape. The Leetrac also offers an autoclavable wing to ensure



easy flap retraction with highly improved visibility and accessibility of the operation field. It also offers the autoclaving cap to prevent scratches while autoclaving. To find out more, visit our website [www.bnlbio.com](http://www.bnlbio.com) or email to [customerservice@bnlbio.com](mailto:customerservice@bnlbio.com).

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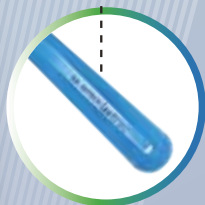
Blade Type - N



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Leetrac wing helps to prevent bruising



Handle designed to reduce fatigue on hand and wrist

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- Natural tooth-like esthetics and elasticity
- High flexural and compressive strength

- Excellent stain resistance
- Easy add-on with composite resin
- Excellent cementation
- Easy handling for adjustment of occlusal surface
- No firing and glazing; saving time, equipment and spaces
- Prosthesis treatment in 1-Day

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- Midwinter, Booth, #2716 & labday, Booth A41
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Tribest Dental Products Co., Ltd, has been operating in the dental material business in China for more than 15 years. Our value message is "with us your money is safe your business is safe". We can supply a lot of dental disposable products, such as dental bibs, saliva ejectors, air-water syringe tips, dental syringes, cotton rolls, sterilization pouches, gutta percha points, sterilization pouch, prebent needle tips, universal barrier films, micro applicators, orthodontic kits, etc. Our many products can help you enjoy one step purchasing to save your time, energy and money.

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- Take the new Kepler Advanced for a test drive at IDS 2019.



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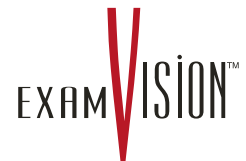


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## ALL-in-ONE Axelmed: a way to solve 80% of cases by ordering just 1 code

**ALL-in-ONE** is an innovative and rational product, manufactured by the implant company Axelmed. It has been developed with the aim to simplify the clinical daily routine in implant dentistry.

Inside the box there are 3 different vials: A. The main vial contains the Axelmed Paradigma implant, its cover screw and healing cap.

B. The vial with the blue cap contains the laboratory components (laboratory fixing screw, implant analog, castable abutment).

C. The vial with the white cap contains the components to perform the prosthetic phase in the dental office (aesthetic abutment, single use plastic transfer for closed tray impression technique, definitive fixing screw).

This kind of packaging allows to achieve different benefits:

- **simplification:** at the end of the surgery, the dentist sends to the dental technician the vial with the blue cap. Inside he can find everything he needs to create the prosthesis;
- **time saving:** the possibility to order 9 components, using only 1 code, allows to simplify the dental office organization and save time to order the implant materials;
- **money saving:** the price for the ALL-in-ONE kit is 20% lower than the price calculated by the sum of each component.

In case some components are not used in the procedure, they can be used with single implants in next cases.



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Microsandblaster with 2 containers - anti-moisture "TISSI" system - use abrasives 25/250 μ - precise sandblasting - ergonomic cabine - pneumatic foot switches - ready for Airbox GS aspirator (optional) - 3 synthesized extra-hard WIDIA nozzles 0,8 - 1,2 - 1,5 mm included - Dim. wdh 35X40X34 cm - weight: 16 kg



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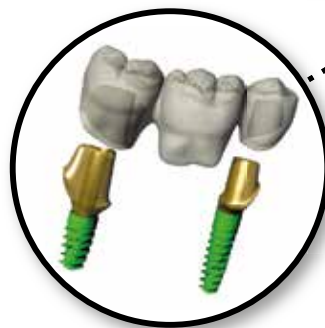
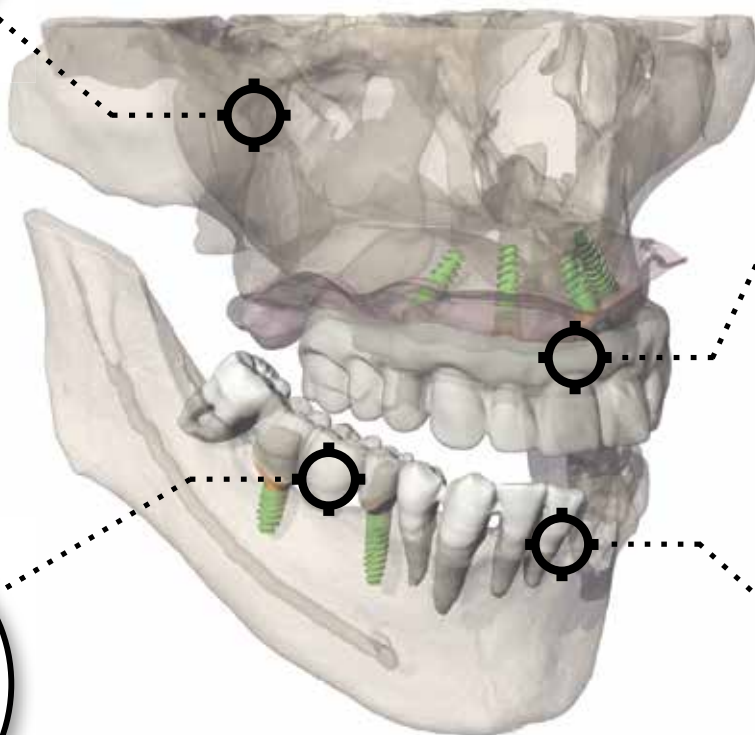
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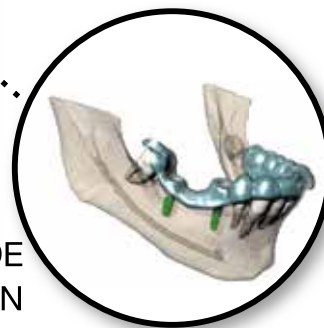
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The licensing system, mainly based on a monthly subscription model, is totally suited to the customer's needs.

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## V8 TOUCH NL, the new VITALI unit at IDS 2019



At the trade show in Cologne, VITALI exhibits its V8 TOUCH NL, an extremely versatile unit since it can meet diverse needs such as the reduced space of dental cabinets and the possibility to easily free the right side of the unit to facilitate both the patient's sitting down and standing up and the sanitisation and preparation of the instrument table for the next patient. The new model, first produced in 2018, is also the ideal solution for right-hand and left-hand dentists working on the same unit. Passion and authentic 100% Italian talent: this is the essence of the historical brand VITALI, appreciated since 1953 for its reliability, innovation and design. Carefully crafted near Bologna, VITALI's units use high-quality components that are equally designed and produced in Italy, and stand out for their ergonomics, attention to detail and low maintenance.

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It's the new  
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**Visit us at: IDS 2019, Hall 11.2, Booth O033**

 A large advertisement banner for Dental Medrano. On the left, there is a logo featuring a globe with a tooth inside it, and the text 'Dental Medrano' and 'WORLD CLASS DENTAL SOLUTIONS'. Below the logo is a list of product categories:
 

- WHITENING SYSTEM
- RESTORATE MATERIALS
- IMPRESSION MATERIALS
- DENTAL CEMENTS - MTA
- PREVENTIVE DENTISTRY
- ENDODONTIC MATERIALS
- INFECTION CONTROL

 In the center, the text 'PROVIDING VALUE PRODUCTS TO THE WORLD' is written in a bold, sans-serif font. On the right, there is contact information:
 

Paraguay Street 3026 (C1425BRL) City of Buenos Aires **Argentina**  
 Tel: ++ 54 11 4962-9000 / [www.dentalmedrano.com](http://www.dentalmedrano.com)  
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 At the bottom of the banner, there is a collection of various dental products, including tubes, boxes, and containers, similar to the ones shown in the previous image.



# MaCo Dental Care is creating its own digital future.



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Unbreakable™ (nylon based) & iFlex™ (polyolefin based)- Ideal for Flexible Partial. Available in 4 pink shades and natural.

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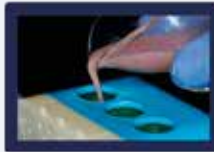
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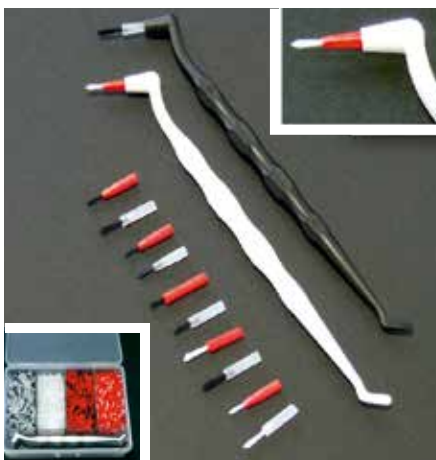
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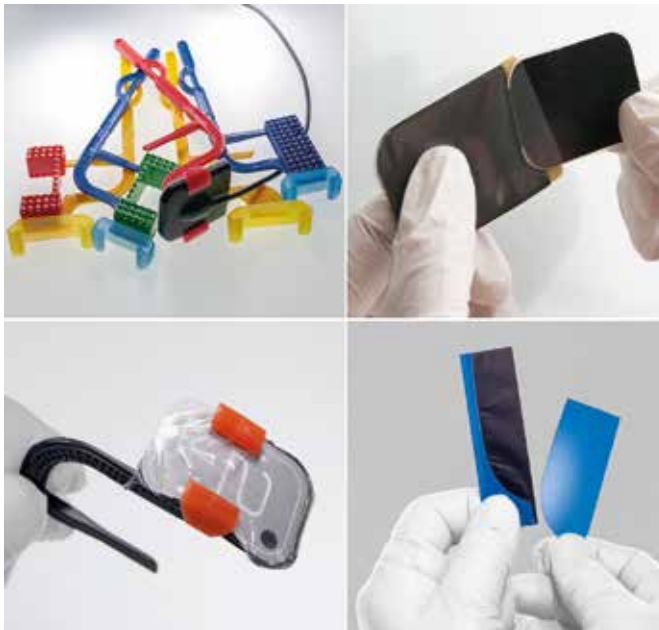
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The platelet growth factors have extremely high efficiency in every biological process, in which it is necessary to stimulate tissue repair, growth and modulation of cell life and self-control of the immune system. The technique of platelet concentrates moves plasma rich in growth factors from the blood to the treatment area, speeding and tracking the natural processes of healing. Concentrated Growth Factors (CGF), developed by Sacco in 2006, is a special type of platelet preparation with great potential for clinical application.

At the base of the regenerative process, three factors are particularly important: the scaffold (organic, natural or synthetic), growth factors and autologous cells. All these elements are present in the CGF which is obtained by a "one-step" centrifugation process of the blood samples, using a special centrifuge (Medi-

fuge Mf 200, Silfradent srl, Forli, Italy), without the addition of exogenous substances. Its main characteristic lies in its consistency; in fact CGF is an organic matrix rich in fibrin, thus more dense than other platelet concentrates, able to "trap" a large amount of platelets, leukocytes and growth factors, (Rodella et al. 2011) showing regenerative properties and versatility.

These features, together with the simple and standardized centrifugation protocol MEDIFUGE, make the CGF a superior autologous product which can be used in different areas of regenerative surgery; for example in dentistry, maxillofacial surgery, cosmetic surgery and orthopedics.

Its clinical efficacy, has so far been demonstrated in various situations ranging from filling of extraction sockets (Tadić et al., 2014), to the filling of the cavities after cystectomy (Mirković et al., 2015), to interventions of sinus lift and augmentation of the crestal profile (Kim et al., 2014; Del Fabbro et al., 2013; Sohn et al., 2011). In addition, CGF features, make it suitable to be used both alone and with bone particulate or autologous biomaterials (Gheno et al., 2014). In conclusion, if it is true that the blood is the "source of life" for the organism, platelets in it play an important role in the body's regenerative processes.

The research, however, does not stop and Silfradent has still in progress studies at several universities in Italy (University of Bari, University of Brescia), Europe (ACTA Amsterdam University, Dental School-Medical University Vienna; University of Warwick - UK) and also outside Europe (IPK center Hospital Havana-Cuba; Almejiera center Hospital Havana-Cuba).



CGF biological membrane



Bone-Ring graft material mixed with CGF



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**Focus**

# Japan's World-Class System

**Author:** Silvia Borriello  
[silvia.borriello@infodent.com](mailto:silvia.borriello@infodent.com)

The history of Japan's public health insurance system goes back more than a century and Japan has maintained its current world-class system, which is called a "Universal Health Insurance System", for over 50 years of this history. Nevertheless, in recent years, population aging and a declining birthrate have made for a rapidly progressing trend and the nation's financial situation has been worsening. It is therefore becoming increasingly difficult to maintain this valuable system that deserves being kept in place for the future.



Japan, located in Northeast Asia, is an archipelago set between the Sea of Japan to the west and the Pacific Ocean to the east. It shares no contiguous land borders with any other nation, but due to the large number of islands within its territory, it has an extensive maritime boundary. While Japan comprises 6,848 smaller islands, a large majority of its population inhabits the four main islands: Honshu, Kyushu, Hokkaido and Shikoku (in descending order of population). Its four island and the many small archipelagos are divided into 47 prefectures (regions). Due to mountainous terrain, the land available for urban development is limited. The country is a constitutional monarchy with a parliamentary system of government. It is a highly urbanized country and is host to one of the largest metropolises in the world, Tokyo. **The country's 127 million population is ageing rapidly and shrinking due to low birth rates, increased life expectancy and its immigration policy. This has led to what some claim is an imminent demographic crisis.**

World's third-largest economy, Japan's national gross domestic product (GDP) amounts to approximately 4.937 trillion US\$ (2016), with a GDP per capita of 40,686 US\$ (PPP) and a total health expenditure of around 10% of GDP, ranking 3rd, in health expenditure, among 34 OECD countries. With a corresponding high standard of living, level of development, safety and stability, it has made many noticeable successes in health since its universal health insurance system was founded in 1961. This includes the full

implementation of universal insurance coverage, providing comprehensive coverage to all Japanese citizens, achieving the world's highest life expectancy and the control and even eradication of common infectious diseases. In addition, alcohol consumption and transport accident deaths have decreased substantially over the past 50 years. **However, despite the many achievements, in recent decades, the incidence of noncommunicable (NCDs) and degenerative diseases has increased significantly. This increase, along with population ageing, has placed a strain on the national health system. Coupled with over two decades of economic slow-down, Japan must now find policies that balance universal insurance coverage, service quality and financial sustainability.** There is an urgent need to scale up effective coverage of preventive and public health interventions to further reduce the disease burden from NCDs. In addition, although the overall life expectancy and healthy life expectancy have been increasing in Japan, there are increasing disparities among prefectures, demonstrating a need for region-specific health policies.

#### The Healthcare System

Japan is called a welfare country and the Ministry of Health, Labour and Welfare (MHLW) is the central leading organization in the Japanese healthcare system, characterized by excellent health outcomes at a relatively low cost. **The system emphasizes equity, facilitated by**

**universal insurance coverage through social insurance premiums and tax subsidies, with virtually free access to healthcare facilities. The universal health insurance system covers almost all medical procedures, dental care and drugs and is operated by either the national or local government.**

The fee schedule is reviewed every two years and inclusions/exclusions of each treatment option within the insurance scheme is reviewed by an expert committee established through the MHLW.

While there are several official Japanese health insurance systems, all citizens must be covered by one of them. There are two major types of insurance schemes in Japan: *Employees' Health Insurance and National Health Insurance (NHI)*. Employees' Health Insurance is provided to employed workers (company employees and public servants) and their dependents, while the NHI is designed for self-employed and unemployed people and is run by municipal governments (i.e., cities, towns and villages). Employees' Health Insurance is further divided into four major categories: Japan Health Insurance Association (JHIA), Society Managed Health Insurance (SMHI), Mutual Aid Association and Seamen's Insurance. Japan does not have a single insurance fund; insurers are divided into approximately 3,000 organizations. **Moreover, the premium rate largely differs from one insurance scheme to the next; this fragmentation is a source of inefficiency in the system and inequity in premiums.** Although there are several cross-subsidy systems among insurance schemes, mainly for the financially weak NHI, financial sustainability and equity among insurance schemes remain major challenges for the Japanese health financing system, especially when considering the rapidly ageing society.

The government regulates and controls nearly all aspects of the health system, at three levels: national, prefectural (regional) and municipal (cities, towns and villages), where service delivery and implementation are mainly handled by prefectural and municipal governments. Several professional organizations such as the Japanese Medical Association, the Japanese Dental Association and the Japanese Nursing Association are also actively involved in health policy processes. The way in which the MHLW interacts

**World's third-largest economy, Japan's national gross domestic product (GDP) amounts to approximately 4.937 trillion US\$ (2016), with a GDP per capita of 40,686 US\$ (PPP) and a total health expenditure of around 10% of GDP, ranking 3rd, in health expenditure, among 34 OECD countries.**

Almost all practicing doctors and dentists are registered in the public national health insurance scheme as insured doctors and provide treatment according to a fee-for-service system.



with these professional organizations, including the private sector, care providers and patients, is however notably complex. Across the 47 prefectures, there are a total of 1,718 municipalities. There are three types of municipalities in Japan: cities, towns and villages. The Central and local (prefectural/municipal) governments are responsible by law for ensuring a system that efficiently provides quality health-care services. The Central Government sets the nationally uniform fee schedule for insurance reimbursement and subsidizes and supervises local governments, insurers and healthcare providers. It also establishes and enforces detailed regulations for insurers and healthcare providers at the prefecture levels. Japan's 47 prefectures implement those regulations and develop regional healthcare delivery with their own budgets and funds allocated by the national government.

Almost all practicing doctors and dentists are registered in the public national health insurance scheme as insured doctors and provide treatment according to a fee-for-service system. In general, after receiving treatment by an insured doctor or dentist, patients make partial payments (co-payments) of the total cost to the clinic or hospital. **The nationally uniform fee schedule (i.e., amount of reimbursement, including the patients' co-payment) covers most healthcare procedures and products, including drugs. The health insurance pays 70–90% of the cost while the**

**remainder is paid by the insured as co-payment.** The co-payment rate as of March 2017 is as follows: pre-elementary school = 20%; elementary school up to age 69 years = 30%; age 70–75 years = 20% and age 75 years or above = 10%. Thus, the cost of insurance treatment provided is the same, throughout the nation, fixed by the fee schedule. There is no price difference between private and public institutions. There are certain exemptions. Low income earners do not necessarily have to pay the cost directly to the clinic. In addition, elderly persons, as specified above, may pay directly but at a reduced rate (10–20% of the cost) according to their income. Moreover, the Japanese health insurance system has a reimbursement scheme for patients who receive costly treatment services such as cardiac surgery, where the patient's payment over a certain amount is refunded later: **Under this health insurance system, Japanese people can receive high-quality healthcare services at a relatively low cost, both in public and private institutions.**

In 2017, there were a total of 479 health centers throughout Japan. These health centers take the role of the central administrative management office for the regional public health services. There were also 8,442 hospitals and 101,529 clinics, predominantly privately owned. Compared with other OECD countries, inpatient care in Japan is characterized by longer average hospital stays, with a

larger number of inpatient beds per capita. **Japanese hospitals are in general well equipped with high-technology devices such as computed tomography (CT) and magnetic resonance imaging (MRI) scanners.** There is no restriction on hospitals that prohibits the purchase of medical equipment and hospitals are free to open any specialty department without authorization from the Central Government. Two out of every three hospitals, including psychiatric hospitals, have whole-body CT scanners.

Healthcare in Japan is predominantly financed by publicly sourced funding. **In 2015, 85% of health spending came from public sources, well above the average of 76% in OECD countries. Direct out-of-pocket (OOP) payments contributed only 11.7% of total health financing.** The health insurance coverage rate was nearly 100% while the share of household consumption spent on OOP payments was only 2.2%, 0.6% less than the OECD average of 2.8%. Despite the relatively low OOP payments, the key challenges in Japan are population ageing, rapid increases in chronic illness, escalating medical expenditure, contracting fiscal space and pressures on the healthcare workforce. Reforms of the financing system and greater efficiencies in health systems will be necessary to sustain good health at low cost with equity in the future.

To deal with the rapidly increasing ag-

Trends in Healthcare Expenditure in Japan, 1995–2014

| Expenditure                                 | 2000 | 2014 |
|---|------|------|
| Total health expenditure (% GDP)            | 8    | 10   |
| Public expenditure on health (% of THE)     | 81   | 84   |
| Private expenditure on health (% of THE)    | 19   | 16   |
| Government expenditure on health (% of GTE) | 15   | 20   |
| OOP payments (% of PHE)                     | 81   | 85   |
| OOP payments (% of THE)                     | 16   | 14   |

Notes: GDP: gross domestic product; THE: total healthcare expenditure; GTE: government total expenditure; PHE: private health expenditure; OOP: out-of-pocket Source: World Health Organization, 2017

ing population, in April 2000 Japan introduced the “long-term care insurance system” to deliver health and welfare services for the elderly (65 years or over), so that they can live independently as long as possible. The long-term care insurance covers 90% of the service-related costs, while the remaining 10% of costs are paid by the user. The services provided under this scheme include home visit nursing, day-care or short-stay medical service, etc. In-home healthcare guidance, doctors, nurses, dentists, dental hygienists or other medical professionals visit the homes of users who have difficulty in making a hospital visit. **The long-term care insurance system has now come to have an important role as a system designed to assure an affordable and comfortable life for elderly people and their family members.**

Furthermore, in 2000, a National Health Promotion Campaign for the 21st century, “Healthy Japan 21”, was proposed to prevent lifestyle-related diseases (non-communicable diseases such as cancers, cardiovascular diseases, diabetes and chronic obstructive pulmonary disease). **“Healthy Japan 21” set up national goals for improving lifestyles, reducing risk factors**

**and decreasing diseases. Oral health was one of the NCDs conditions identified and specific goals were set to prevent tooth loss.** In the second “Health Japan 21” specific goals are indicated and include: (1) nutrition and dietary habits; (2) physical activity and exercise; (3) rest; (4) alcohol use; (5) tobacco use and (6) oral health. Among the goal related to oral health for 2022 are the increase in proportion of persons aged 60–69 years with good mastication function to 80%; increase in the proportion of 40-year-old persons with no missing teeth to 75%; decrease in the proportion of persons in their 40s with progressive periodontitis to 25%; increase in the number of prefectures where 12-year-old children have fewer than 1 DMFT and increase in the proportion of persons who received a dental check-up during the past year to 65%.

**Oral Health**

Dental care in Japan dates back to the late 1980s. In 1989, the Ministry of Health and Welfare started to advocate for the “8020” (eighty-twenty) campaign, which attempts to improve dental health among those aged 80 years older by maintaining the presence of at least 20 natural teeth.

Because major reasons for the natural loss of teeth are periodontal disease and cavities, attention has been paid to these diseases, including annual check-ups for elementary and junior high school students. People can use the dental healthcare services provided by the health insurance system and dentists are paid using a fee-for-service system, although some restrictions apply to the materials that can be used. **Consequently, dental services under the national health insurance system are available for most restorative, prosthetic and oral surgery treatment. They include services such as fillings, endodontic treatment, crowns, bridges, dentures and extractions. Higher cost items (e.g. gold crowns and bridges, metal plate dentures, implants and orthodontic treatment for cosmetic purposes) are excluded. Preventive services are also excluded as the current health insurance system only covers treatments for existing diseases.** In such cases, dental fees are negotiated between the dentist and patient, with the patient paying the entire sum out-of-pocket directly to the practitioner. Delivery of dental treatment services to bed-ridden



Therefore, all people can receive dental treatment at a relatively low cost, with the same fees applying throughout the nation.

### Workforce Data (2016)

|             | Total Number | Female          |
|-------------|--------------|-----------------|
| Physicians  | 319,480      | 67,493 (21.1%)  |
| Dentists    | 104,533      | 24,344 (23.3%)  |
| Pharmacists | 301,323      | 184,497 (61.2%) |

Source: Ministry of Health, Labour and Welfare Survey of Physicians, Dentists and Pharmacists in 2016. Available online: [http://www.mhlw.go.jp/english/database/db-hss/dll/spdp\\_2016.pdf](http://www.mhlw.go.jp/english/database/db-hss/dll/spdp_2016.pdf)

people at home or in aged care centers by dentists are also covered in this public health insurance scheme. Therefore, all people can receive dental treatment at a relatively low cost, with the same fees applying throughout the nation. These services are mainly conducted by private dental practitioners under contracts with local governments.

#### Dental Workforce

Three regulatory professional dental licenses are issued in Japan: dentists, dental hygienists and dental technicians. There is no licensing system for dental chairside assistants. **In 2016, the total number of dentists was 104,533. The dentist ratio per**

**100,000 people is 82.4 practitioners and as in many nations, the distribution is unequal.** The highest dentist to population ratio is in Tokyo (118.2) and the lowest is Fukui Prefecture (54.7); more than twice the regional difference of dentist distribution is observed. Compared with the OECD average, Japan has a larger number of dentists. **There are over 68,730 dental facilities (mainly private dental clinics) in total throughout Japan.**

More than 97% of the dentists engage in providing dental treatment at private or public dental institutions. The number of public dentists who engage in full-time

administration work is only 348 (0.3%). Therefore, in Japan, most of the public dental activities are conducted by private dentists on a part-time basis.

For example, a local government municipality contracts with a private dental practitioner to carry out the role of a school dentist. Local government pays the contracting dentist as a school dentist and the dentist is responsible for the performance of school oral health activities, usually in a part-time capacity. **This public and private mixed dental performance is one of the unique characteristics of the Japanese oral health-care system.**

After a 6-year course at dental school, all students must take a national board dental

### Numbers of dentists in Japan (2016)

|                                      | Number         | %             |
|--------------------------------------|----------------|---------------|
| <b>Dental practice</b>               | <b>101,551</b> | <b>97.1%</b>  |
| Private office (employer)            | (59,482)       | (56.9%)       |
| Private office (employed)            | (29,684)       | (28.4%)       |
| Hospital                             | (3,077)        | (2.9%)        |
| Education institute                  | (9,308)        | (8.9%)        |
| <b>Research institute</b>            | <b>1,195</b>   | <b>1.2%</b>   |
| <b>Administration/public service</b> | <b>348</b>     | <b>0.3%</b>   |
| <b>Others</b>                        | <b>1,430</b>   | <b>1.4%</b>   |
| <b>Total</b>                         | <b>104,533</b> | <b>100.0%</b> |

Number of Dental Schools

11 National  
1 Local Governmental  
17 Private Universities  
Total enrolment (2017) – 2,720

In Japan national programs for pre-school children are conducted by local government free.

examination. The MHLW manages this national board examination and regulates the issuing of dental licenses. The pass rate of the national board examination is relatively low, around 65–70%. In 2018, 3,159 dental students took the examination and 2,039 passed (64.5%). Without passing this examination, a dental graduate cannot get a dental license. At least one year's worth of clinical postgraduate training has been mandatory since 2006.

Most hygienists' institutions are 3-year-period vocational schools. Eleven schools however provide a 4-year-period university bachelor's degree programs in the universities. Hygienists also need a national license and the proportion of dental hygienists who pass the national examination is high and around 95%. Every year around 6,500 new dental hygienists are produced.

Most of the schools provide 2-year-period education. Three universities have 4-year-period bachelor's degree programs for dental technicians. After graduation, a pass in the national board examination is necessary to get a license to practice as a dental technician.

Oral Prevention

**Pre-school children** - In Japan national programs for pre-school children are conducted by local government free of charge. They include physical, medical and dental examinations of all children. Private practitioners (i.e., doctors and dentists) contribute to the conduct of these examinations in turns at the community health centers. This means they

Workforce Data (2016)

| Active Dental Hygienists  | 123,831       |
|---|---------------|
| Working in private dental clinics   | 112,221 (90%) |
| Working in hospitals  | 6,259 (5%)    |
| Working in Public Sector (i.e. prefectures, municipalities, health centers) | 2,754 (2.2%)  |
| Teaching staff in Education Institutes                                      | 873 (0.7%)    |
| Dental hygienists' education institutes                                     | 166           |

Number of Dental Technicians (2016)

| Active Dental Technicians              | 34,640         |
|--|----------------|
| Working in dental laboratory offices   | 24,972 (72.1%) |
| Working in hospitals or dental clinics | 9,166 (26.5%)  |
| Dental Technicians' schools            | 54             |

become part-time "public doctors/dentists". Medical or dental treatment is not provided at the health centers and only preventive services are available. Oral health education is also offered to mothers and children by dental hygienists.

**Schoolchildren** - Every public primary, junior and senior high school has an appointed school dentist. The roles of school dentists include the conduct of an oral health examination at least once a year on each child at school and contributing to implementing the school's oral health education. According to the standard procedures and guidelines, school dentists check the oral health status of all the students for conditions such as dental caries, malocclusion, gingival status, dental plaque and temporomandibular disorders. School dentists do not provide dental treatment in the school but if oral health problems are detected, the school dentist recommends that they should seek dental treatment under the public health

insurance scheme. Schoolchildren can receive comprehensive dental care at any public or private dental offices.

**Adults** - According to the "Industrial Safety and Health Act", employers must provide annual medical check-ups for all the employees in any company which has more than 50 workers. On the other hand, the Act does not include a duty for dental check-ups for employees as such, the number of companies providing good oral health promotion programs is very small. According to the "Health Promotion Law", local governments (municipalities) are to provide free or low-cost "periodontal disease examination programs" for their adult population by way of contracts with private dental practitioners. However, the rate of participation for the eligible persons in these programs is very low, about 10–15%. Therefore, in Japan, the oral health program for the adult population is based on an individual's personal responsibility for care, self-



Every public primary, junior and senior high school has an appointed school dentist.

support and self-motivation. Many dental facilities and a public insurance system contribute to easy access for dental treatment for adults, but the proportion of regular (check-up or preventive) visits to dental clinics is not high.

Elderly - Over the past several decades, Ja-

The concept of the “8020” campaign, a community and clinic-based initiative, started in 1989 to ensure that all Japanese people were able to enjoy a healthy diet and a good social life by preventing tooth loss that leads to masticatory dysfunction

pan has become increasingly concerned at the pace of population aging and the challenges this brings to dealing with changing social systems. Dentistry is no exception. The concept of the “8020” campaign, a community and clinic-based initiative, started in 1989 to ensure that all Japanese people were able to enjoy a healthy diet and a good social life by preventing tooth loss that leads to masticatory dysfunction. The “8020” campaign has contributed to a dramatic improvement in the oral health of older people in Japan. This was followed by an accumulation

Prevalence of Dental Caries in Deciduous Teeth

|            | Year 1957 | Year 2016 |
|------------|-----------|-----------|
| 5-year-old | 94.5%     | 39.0%     |
| 3-year-old | 81.8%     | 8.6%      |

of evidence, culminating in oral health being integrated into health policy in the form of the “Act on the Promotion of Dental and Oral Health” in 2011, for the purpose of oral disease prevention and general health improvement. Latest findings show that the proportion of the elderly aged 80 years and above who have at least 20 teeth has increased from 40.2% in 2011 to 51.2% in 2016.

Oral Health Status

Japan has developed a system for providing high-quality and appropriate oral healthcare efficiently. Therefore, the oral health status of the Japanese population has improved markedly. Dental caries in children decreased remarkably. In adults and older populations, untreated decayed teeth decreased and people are keeping more natural teeth than ever before. Many factors are thought to contribute to these changes. Public oral health services are provided according to the life stage of their populations and these services are mainly conducted by private dental practitioners under contracts with local governments. The number of dental facilities increased and the health insurance system helps by providing easy access to receiving dental treatment at reasonable price. Fluoride usage has increased, and sugar consumption has decreased. People’s awareness and behavior toward oral health have also improved. The eleventh national survey on oral health was conducted by the MHLW in 2016. Surveys are now conducted every five years and according to data the changing patterns of oral health status of Japanese population can be well described below.

In 1957, most carious teeth were untreated and 5-year-olds had on average 8.7 decayed teeth. As time went on, children could access and receive dental treatment and the number of filled teeth increased. Also, the number of healthy teeth increased remarkably in all ages.

For the 65–74-year age group, the increase

Decayed, Missing and Filled Permanent Teeth (DMFT) of 12-year-olds (National School Oral Health Survey data)

| Year | DMFT     |
|------|----------|
| 1985 | 4.6 DMFT |
| 2016 | 0.8 DMFT |

Mean Number of Natural Teeth Present for Adults

|                       | Year 1957 | Year 2016 |
|-----------------------|-----------|-----------|
| 35–44 years age group | 25.1      | 28.2      |
| 65–75 years age group | 10.1      | 20.8      |

in the number of natural teeth was more remarkable than younger adults; that is twice the number of natural teeth present over this time period. This implies that recent Japanese populations, especially elderly people, are keeping more natural teeth than the past. On the other hand, the proportion of edentulous persons decreased each year in all age groups.

Recent Japanese populations, especially elderly people, are keeping more natural teeth than the past.

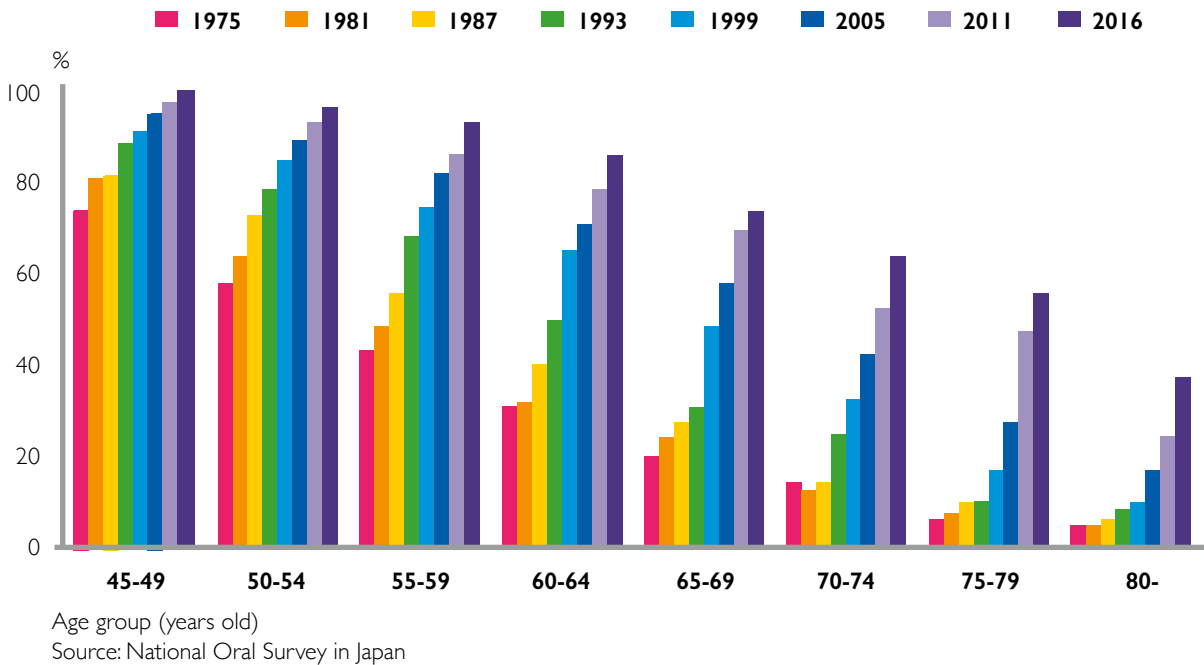
% of Elderly with No Natural Teeth

|                          | Year 1957 | Year 2016 |
|--------------------------|-----------|-----------|
| 65-74-year-old age group | 35.5%     | 4.1%      |
| 75 years and over        | 57.2%     | 14.3%     |



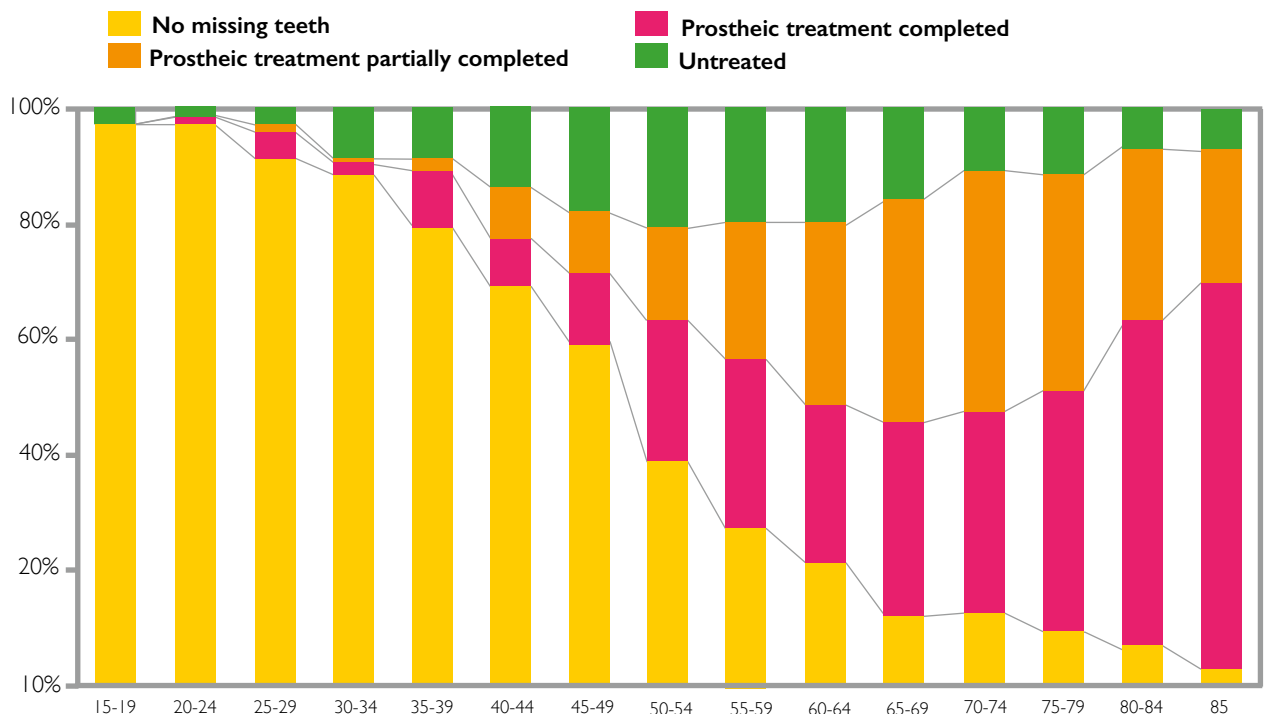
The graph below shows the changing pattern of the proportion of persons with 20 or more teeth. In all age groups, the proportion of those retaining 20 or more natural teeth had increased, with a substantial increase observed, especially in older age groups. This might be attributed to the national "8020" campaign which was initiated in 1989, and people's awareness for oral health which has been improving and changing oral health behaviors.

**PROPORTIONS OF PERSONS WITH 20 OR MORE TEETH BY AGE GROUP**



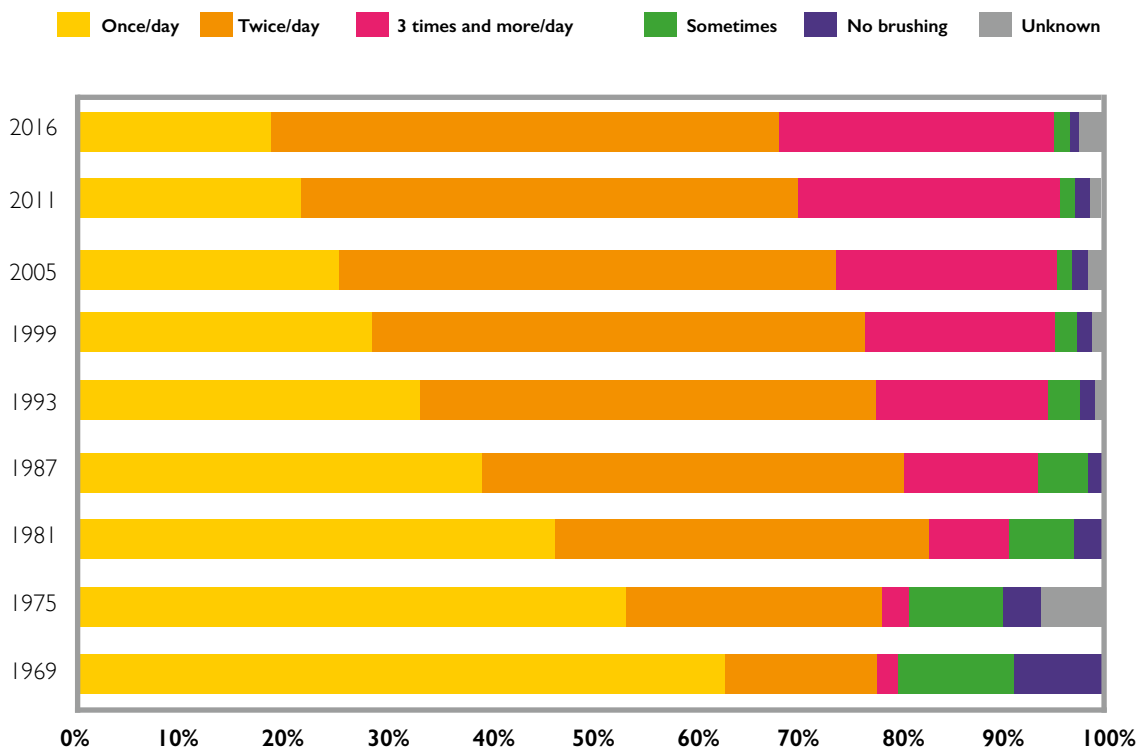
According to the graph below, in total, the proportion of Japanese without missing teeth (not needing prosthetic treatment) was 34.0%, and those who completed prosthetic treatment was 28.3%. In Japan, the public insurance covers most prosthetic treatments, such as dentures and bridges. Therefore, people can receive the prosthetic treatment they require also at a reasonable price.

**PROPORTIONS OF PERSONS WITH 20 OR MORE TEETH BY AGE GROUP**



Many factors are thought to be involved in the caries reduction of both deciduous teeth and permanent teeth in Japanese children. They include increased usage of different fluoride strategies, improvement of tooth brushing behavior; reduced sugar consumption as well as improved awareness of oral health through the public oral health check-up system for preschool and school children.

**REPORTED TOOTH BRUSHING HABIT (1969-2016). 1 YEAR OF AGE AND OVER**



Source: National Oral Survey in Japan

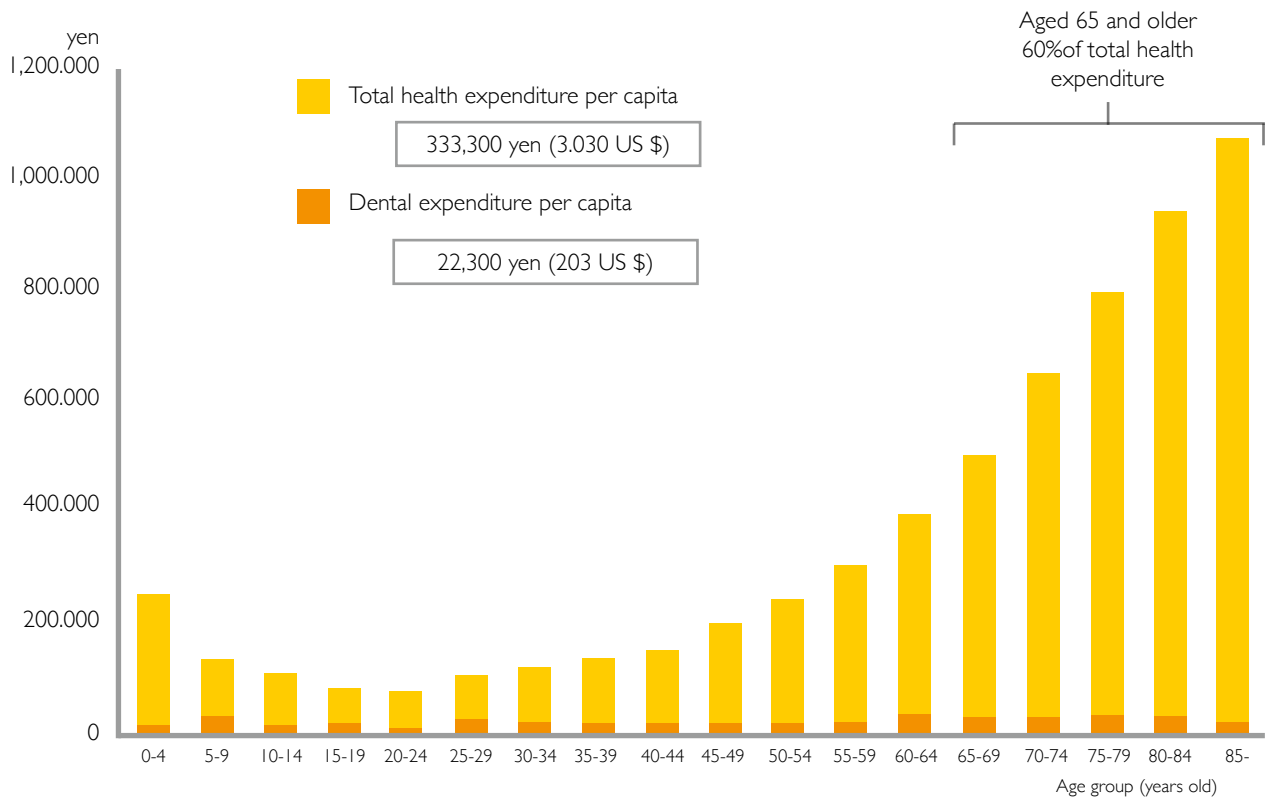
In Japan there is no systemic fluoride use and only topical fluorides are available. **In 1969, only 6% of children received topical fluoride application. Recent data shows that this increased to about 60% and indicated a 10-times increase in exposure.** The market share of fluoride toothpaste has also increased dramatically from 12% (1985) to 91% in 2015. According to the National Oral Health Survey, tooth brushing behavior also improved for the whole population. Sugar consumption per person per year decreased from on average 27.5 kg per person in 1970 to 16.1 kg in 2015, a difference of 11.4 kg. These factors, as well as the sufficient numbers in the dental workforce and the universal coverage of the public health insurance system have contributed to the improved oral health of all Japanese people. Although national oral health data shows that the oral health of the Japanese population has improved over the last several decades. Future challenges and perspectives for Japanese dentistry include: tackling the regional differences

**Sugar consumption per person per year decreased from on average 27.5 kg per person in 1970 to 16.1 kg in 2015, a difference of 11.4 kg**

in oral health, decreasing the cost of health expenditure, establishment of sustainable emergency oral healthcare services in times of disaster and the development of a new tele-dental system for remote or rural areas with limited or no access to dental professionals. In such situations, oral self-care and prevention of dental diseases are the most important strategies. By giving adequate advice using recent advanced technologies, dentists can help

these isolated population groups. According to the Survey on Economic Conditions in Health Care in 2015, the proportion of dental expenses provided by the public health insurance scheme is about 85.8% of total dental health expenditure. The proportion of medical expenses borne by private fees was only 1.2% in 2015. So, this figure can explain the general outline of Japanese health expenditure between the medical and dental components of the insurance scheme. Personal contributions for dental services are far higher than for medical care. Total health expenditure per capita is 333,300 yen (3030 US\$) and dental expenditure per capita is 22,300 yen (203 US\$). Dental expenditure occupies 6.7% of total expenditure in general. It is amazing that those aged 65 years and older use 60% of the total health expenditure. Effective oral health promotion programs targeting younger generations can therefore be expected to contribute to the escalation of medical health expenditure for the elderly population.

**TOTAL HEALTH EXPENDITURE AND DENTAL EXPENDITURE PER CAPITA BY AGE GROUP, JAPAN, 2015 (110 YEN= 1USD)**



Source: Ministry of Health, Labour and Welfare National Health Expenditures in Fiscal Year 2015 (accessed on 6 June 2018) <https://www.mhlw.go.jp/toukei/saikin/hw/k-iryohi/15/index.html>. [Ref list].

**USEFUL CONTACTS**

**• Japan Dental Association (JDA)**

Over 65,000 dentists in Japan are members of the JDA  
 4-1-20, Kudankita, Chiyoda-ku, Tokyo 102-0073, Japan  
 Phone: +81 3 3262 9212

[www.jda.or.jp/en/introduction.html](http://www.jda.or.jp/en/introduction.html)

**• Japanese Association for Dental Science (JADS)**

(Academic organization organized within the Japan Dental Association)

[www.jads.jp/about/outlineenglish.html](http://www.jads.jp/about/outlineenglish.html)

**• Japan Dental Trade Association**

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[www.jdta.org/eng/index.html](http://www.jdta.org/eng/index.html)

**Sources:**

-Extracts and graphs/charts taken from "The Oral Healthcare System in Japan" by Takashi Zaito, Tomoya Saito, and Yoko Kawaguchi (Healthcare (Basel). 2018 Sep; 6(3): 79. Published online 2018 Jul 10. doi: 10.3390/healthcare6030079). For full and detailed report: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6163272/>

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 -Japan Dental Association: [https://www.jda.or.jp/en/introduction.html](http://www.jda.or.jp/en/introduction.html)





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**On the occasion of the European Press Talk for the 38th International Dental show (IDS) on 23 January 2019 at the Telekom Gallery in Bonn, Dr. Peter Engel, President of the German Dental Association and Dr. Dominik Kruchen, President of the Association of German Dental Technicians (VDZI), talked about the opportunities of digitalization**

# Digitalisation: Taking Opportunities, Avoiding Dangers

by Dr. Peter Engel

Every other year, the International Dental Show (IDS) in Cologne presents the global state of the art of dentistry and dental technology. IDS always has its finger on the pulse of the times – this is where you will first see the trends and innovations that will be commonplace in dental practices tomorrow. Together with its partners, the Federal Chamber of Dentists (Bundeszahnärztekammer, BZÄK) always likes to take the opportunity to present itself to visitors with its own stand in this international and dynamic environment.

Digitalisation will remain the dominant topic in the dental industry in 2019. No previous development has had such a significant effect on the structures of the healthcare system in general or on pro-

fessional practice and the relationship between dentists and patients in particular. The majority of dentists view the enormous transformation potential of digitalisation with relaxed optimism. That's

because our profession has always been receptive to digital opportunities – indeed, you could say that they are part and parcel of day-to-day work in a number of areas, from IT networks and 3D printing



Dr. Peter Engel, President BZÄK, Dominik Kruchen, President VDZI, Markus Heibach, CEO of the Association of German Dental Manufacturers (VDDI) and the Society for the Promotion of Dental Industry, GFDI - the commercial enterprise of the VDDI, Dr. Bernd Rebmann, Rebmann Research GmbH & Co. KG



Telekom Design Gallery, Bonn (Germany)



Dr. Markus Heibach, CEO of the Association of German Dental Manufacturers (VDDI) and the Society for the Promotion of Dental Industry, GFDI - the commercial enterprise of the VDDI, Dr. Peter Engel, President BZÄK, Gundula Gause, Journalist, Dominik Kruchen, President VDZI, Mark Stephen Pace, Chairman of the Board, Association of German Dental Manufacturers (VDDI), Gerald Böse, President and Chief Executive Officer of Koelnmesse GmbH, Frank A. Schloße, Vice President Sales Healthcare of Deutsche Telekom Healthcare, Telekom Design Gallery, Bonn

to forms of treatment and process management. These developments must in the end be reflected in the remuneration. Adjustments to the scale of charges for dentistry (Gebührenordnung für Zahnärzte, GOZ) are urgently required.

### Digital innovations must serve patient welfare

One example of how the advantages offered by digitalisation can be safely applied is the online dental reporting and learning system "CIRS dent – Jeder Zahn zählt!". This platform allows dentists to discuss undesirable incidents from their everyday practice anonymously and in private. However, there are also negative developments in the digitalised fields of dentistry. One example is how various dental suppliers offer courses for dental assistants on a CAD/CAM method for reconstructing dental restorations. After having attended a course lasting only a day and a half, they are then supposedly qualified to carry out dental services such as the construction and customisation of dentures. This is a contravention of the Dentistry Act since dental assistants are hereby carrying out tasks that only dentists are legally allowed

to do. The (State) Dental Chambers have quality-assured and technically competent service offerings in this regard.

This most recent example shows that we – despite all the digital euphoria – must insist, because of our professional ethics commitment, that digital innovations always serve the well-being of patients.

### The data sovereignty of patients must be maintained

One important fact the digital transformation over the last few years has taught us is that this development comes with both opportunities and risks. There are practically no limits to the use of digital processes – they can lead to truly pioneering results in foundational and health-services research, in new forms of treatment and in diagnostic techniques.

But we observe with concern the way health insurance funds, insurance companies, tech groups and even some public institutions infringe on the data sovereignty of patients under the pretext of cost saving, user friendliness or administrative necessity. We would also warn against the use of apps and platforms that provide treatment tips and reviews of medical practitioners.

This opens the door for abuse if positive reviews can be easily bought by the dozen for a few hundred euros.

Our politicians are also struggling to keep up with the fast pace of digital reality – see for example the electronic patient file. The Digitalisation in Healthcare Act that has been announced is therefore urgently needed.

When it comes to providing medical care and advice to patients, "Dr Google & Co." cannot hope to replace dentists. And patients are also reliant on the support provided by dentists in another way: when it comes to their data protection rights.

It is unacceptable that insurance companies and health insurance funds use patient data to offer them treatments. It is for patients – in consultation with their doctor or dentist – to decide on a medically indicated treatment. That should not be up to the algorithms of a health insurance company app!

The Federal Chamber of Dentists, together with the State Dental Chambers, is campaigning to ensure that the data sovereignty of patients and therefore also of dentists is not violated when it comes to processing the enormous volumes of unstructured health data that is collected everywhere. This is our priority because it defends the highest principle of our profession, namely the relationship of trust between patient and dentist.

Digitalisation brings with it an almost infinite range of possibilities. These, however, must not be used if they limit the free choice of doctor/dentist, the medical practitioner's freedom to provide a treatment, our self-employed status or our professional rights. These principles guarantee the best possible quality of care for our patients. And that is the essence of our professional ethics commitment.

*The Federal Chamber of Dentists is, once again, represented with its partners at IDS in Hall 11.2, Aisle O/P, Stand 50/59. You will find an overview of what's going on at the stand here: [www.bzaek.de/fileadmin/PDFs/ids/ids\\_programmflyer\\_bzaek.pdf](http://www.bzaek.de/fileadmin/PDFs/ids/ids_programmflyer_bzaek.pdf)*

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# Innovative Trade, Digitalisation and System Partnership

by Dominik Kruchen

The innovative dental technician trade always accompanies developments in the dental industry with specialised expertise and knowledge based on experience. This is why dental technician masters and dental technicians once again look to continuing developments in technologies and materials through the filter of their trade expertise at IDS 2019.

The basis for the application of the innovations shown in Cologne is the knowledge acquired in the three-and-a-half-year dental technician course of training and in the master training. As a medical product, each dental prosthesis is and remains a unique piece manufactured individually for patients. Manufacture is subject to the clear rules of the Medical Devices Act. For this reason, the presence of the master is obligatory in the dental technician trade, which tends to involve risks. This must also remain so in future. These proven structures ensure the entire spectrum of individual dental prosthesis solutions for patients. Technical aptitude, intuition, the ability to concentrate, comprehensive anatomical and medical knowledge, expertise in physics and chemistry, visual perception and aesthetic judgment - all of these qualities still characterise analogue dental technology. Alongside this, digital data processing and production with the help of computers are playing an increasing role in the "master" trade. This involves knowledge of modern materials and procedures for the processing of these, which are continuously being expanded upon in the laboratory by the masters and the teams.

**Digital production in the "master" trade**  
Digital production technologies are al-

Digital production technologies are already replacing partial steps in the production of dental prostheses as a supplementary tool

ready replacing partial steps in the production of dental prostheses as a supplementary tool, for example, in the provision of crowns and bridges. Dental technology master laboratories use scanning technologies, open CAD/CAM systems, processing machines and rapid prototyping methods in routine laboratory work. Digital additive production (3D printing) has been available to the laboratories for work preparation for several years now. In the so-called laser sintering method, for example, frames for crowns, bridges and even bases for prostheses can be produced additively from metal.

The thesis has generally become widespread in past years that the introduction of 3D printing will soon make the dental technician obsolete. However, this is and remains an illusory claim, because it will also not be possible in future to automatically produce a definitive dental prosthesis at the push of a button using a 3D printer.

**Digitalisation – training and occupational profile**

When one looks at the possibilities of the dental technology manufacturing processes in the context of digitalisation being shown in Cologne in March, one can recognise the considerable restructuring these involve for the operative processes in the master laboratory. This will have a sustained impact on the occupational profile in the dental technology health care profession. For this reason, the VDZI is striving to revise the training regulations together with the responsible partners after more than 20 years. Thus, the digital workflow should now also be fundamentally and bindingly implemented in the testing system. Already in 2010, the VDZI strived for the introduction of digital training content into the dental technician trade and implemented this at the national level with the ÜLU ZAHN4/11 (Inter-company apprenticeship training). This is having a highly positive ef-



fect as the basis for qualified apprenticeship training, and especially apprentices with little professional experience in the field of CAD/CAM are also gathering experiences they can subsequently apply in their training companies.

In the case of "Scanning with various methods, for example, intraoral and extraoral, tactile and visual", the trainees also acquire experience with digital impressions in the context of the ÜLU. Here it can be seen that so-called oral scanning principally represents an activity within the occupational profile of the dental technician that shapes the occupational profile. The oral scan is an alternative to the classic impression. A digital cast is made with an intraoral scanner. When considering the protective interest of the state with regard to overall health, which is regulated in the Dentistry Act and may

**In the case of  
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of the ÜLU.**

apply to conservative impressions, there is no adequate reason to assign the oral scan exclusively to one occupational profile. With this question in mind, the VDZI is striving for the creation of legally binding regulations allowing dental technology masters to carry out the oral scanning of patients ordered by dentists.

**Data security and data protection important for all participants**

However, digital technologies are not only used in production. Many dental technology laboratories use these for their internal processes in planning, procurement, production or logistics. Communication with suppliers of dental technology materials and technologies, such as dental depots or dental customers is being increasingly maintained digitally. Questions of data security and data processing are



therefore important for all participants. In the context of the General Data Protection Regulation, a great deal of uncertainty prevailed with regard to the question of the processing of order data for the manufacture of dental prostheses. Because the contractual relations between the dentist and the laboratory are regulated by a contract for specific work, from the perspective of the VDZI there is no order processing and no cooperation based on the division of labour between a responsible person and an order processor for the purpose of processing personal data. Support came from the umbrella organisation of the trade, as well as from the relevant data protection authorities, such as the data protection officer for Hessen and the Bavarian state office for data protection monitoring (BayLDA). With regard to this question, the VDZI continues to strive for the corresponding clarification with the aim of establishing legal clarity for all participants.

**Despite all of the technological development, the close technical cooperation in a spirit of partnership between the commercial dental technology laboratory and the dentist's surgery remains the pillar of the supply of dental prostheses.**

**System partnership ensures supply structures close to the place of residence**

Despite all of the technological development, the close technical cooperation in a spirit of partnership between the commercial dental technology laboratory and the dentist's surgery remains the pillar of the supply of dental prostheses. This system partnership is the decisive prerequisite for a local patient supply structure. Profit-oriented providers of outside capital that are infiltrating the dental panel doctor supply through the so-called medical service centres endanger these structures and the free health care profession of dentistry. With regard to this question, the VDZI agrees with the skeptical attitude of dentists.

Yet another aspect is important for the dental technician trade. The so-called "practice laboratory" in the medical service centre serves as an internal profit centre from the perspective of the VDZI. The service is taken from the competition and the commercial dental tech-





nology laboratories thus suffer massive damage. To the extent that the political system continues to favour and promote the occupational group medical service centres, as demonstrated by the draft for the schedule service and care act (TSVG), the currently still permitted owning and operation of a dental laboratory in a dental medical service centre should be prohibited.

### **The economic situation in the dental technician trade**

The 71,500 practising dentists in Germany can rely on the practical and local services of 8,150 professional dental technology laboratories. In 2017, 64,668 people (dental technicians, dental technology assistants and other laboratory workers) were covered by statutory occupational accident insurance by the trade association (BGETEM/Trade Association for Electrical Engineering, Textile and Precision Mechanics) responsible for the dental technology trade.

Around 35,000 qualified dental technicians are currently employed full time in production. These are joined by around 5,500 young people currently completing highly qualified training in a commercial dental technology laboratory.

The total market for dental technology services (material and lab costs, not including dentist fee) in Germany amounted to around 7.5 billion Euro according to the latest figures provided by the Federal Statistical Office.

In the first nine months of 2018, as in previous years, a stagnating demand for dental technology services from the commercial master laboratory was registered. Following a decline in turnover in the first quarter of 1.7 percent in comparison with 2017, a slight turnover increase was documented in the second quarter in comparison to the corresponding quarter of the previous year. The plus amounted to 1.1 percent, but the determined mid-year result was still 0.2 percent lower than the first six months of the previous year. A very similar picture is found when one considers the financial development of the statutory health insurance system: in the first half of 2018, the expenditures for fixed allowances for dental prosthe-

ses were hardly 0.35 percent higher than those of the previous year, according to the preliminary reporting of the Federal Ministry of Health.

The evaluations of the VDZI economic situation survey showed an increase in turnover for the third quarter of 2018 of 1.7 percent in comparison with the same quarter of the previous year; the cumulative result of the first three quarters amounts to a marginal turnover increase of 0.4 percent in comparison to the first nine months of the previous year.

### **The dental technician trade at the IDS - strong young generation presents itself**

IDS 2019 will once again be a display window for the dental technicians of tomorrow. The strong young generation demonstrates its ability for the Gysi Prize, the "competition of the apprentices" in the dental technology trade. All visitors to the

IDS can once again see for themselves this year.

The best dental technology works of the participants from the 2nd, 3rd and 4th years of apprenticeship will be honoured with the Gysi Prize, named for the researcher and teacher Alfred Gysi (1865-1957). The participants will complete their competition works by the end of January, and these will then be anonymously evaluated by a jury of experts at the beginning of February.

The award ceremony for the renowned VDZI young generation competition takes place on 14 March from 3:00 to 5:00 p.m. in the Europasaal, Congress Centre East of Koelnmesse.

The dental technician trade is looking forward to the International Dental Show in March. The trade fair stand of the VDZI in hall 11.2, corridor S 10/12 will be the meeting place for all questions concerning dental technology during the trade fair.

## **ABOUT VDZI**

**The VDZI, with its head office in Berlin, represents the economic interests of the dental technology master laboratories in the guilds as the federal guild association.**

**President Dominik Kruchen and his deputy Klaus Bartsch currently head the VDZI. The main task of the VDZI and of the guilds is to represent the professional and economic interests of the German dental technology trade.**

**The supreme goal is to secure the performance capability of the dental technology master laboratories as a prerequisite for a quality-assured supply of dental prostheses for the population of Germany. Fourteen guilds belong to the VDZI.**

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# Prevention as the real well-being therapy: advanced technologies and tailor-made approach from concordance to compliance

by Prof. Gianna Maria Nardi

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Periodontal disease is a deceitful pathology because its progression often leads patient to underestimate symptoms like inflammation and bleeding of the gums. The blood-loss leads patients to ineffective dental plaque control, makes periodontium healthy status worse and alters oral microbioma.

Patients go through check up when they are unable to treat themselves either because of spontaneous blood loss, dental mobility, or, in few occasions, of perceived halitosis because of lack of kindness (Gaurilcikaite et al., 2017).

Prevention as **“true well-being therapy”** should be the first reason for professionals to urge their patients to face follow-up, with customised protocols, based also on the systemic conditions. The prevention culture needs to consider the lifestyle risks which are defined as dangerous by scientific evidence. In addition, the professional clinician must adapt prevention therapies to the concordance approach, due to the dynamism of periodontal disease. The concordance approach is based on an exchange of information that respects the autonomy of individuals in taking decisions about their own lives. This produces the sharing of power in the professional-patient interaction. It is expected from this approach to lead to an effective compliance and, therefore, adherence to the treatment.

The important role of research is to validate

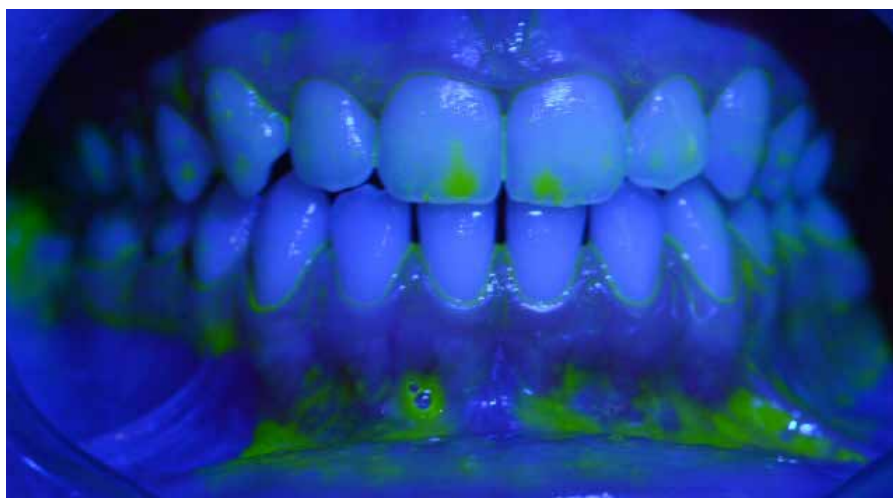
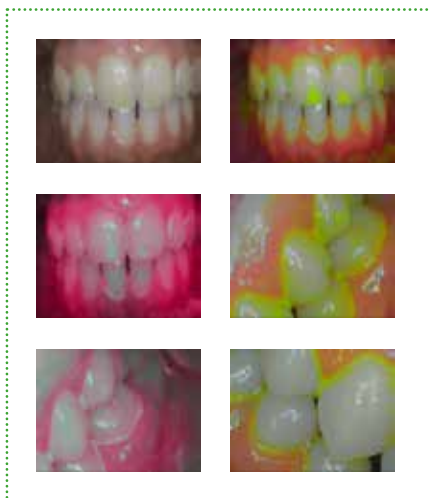


the advanced technologies through which it is possible to suggest effective operational and least invasive protocols, however also the clinical evidence, and also recent technologies need to be considered. The main goal of the **tailor-made** approach is selecting the most suitable technology for every clinical condition: this helps the professionals in the non-surgical periodontal disease

treatment field in carefully observing anatomical and tissue characteristics, potential pathologies, and any other characteristic of the surface to be treated, allowing, therefore, efficient and least invasive activities that can be presented to the patients in order to assist their choices.

Lastly, the oral cavity pathologies which have a higher epidemiological relevance





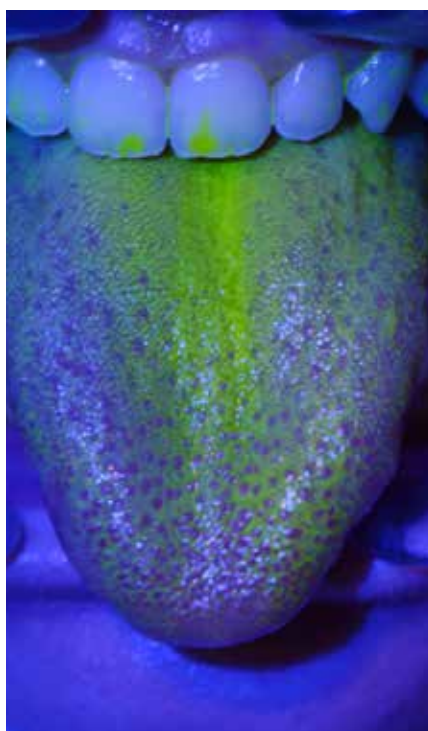
(cavities, gingivitis, periodontitis) are caused by the bacterial biofilm. Its mechanical removal and control is mainly important in the prevention and management of the same diseases.

In the end, the clinician will be easy to choose the appropriate tool for the age, to manage clinical, anatomical and tissue conditions, by selecting with the patients themselves the most suitable operational protocol to enhance the home-based and professional bacterial biofilm control.

#### **Tailor-Made Approach: from Compliance to Concordance**

The patients can be guided towards healthy oral hygiene lifestyles, through a careful analysis of their clinical and extra-clinical needs, which will motivate them to initiate an internalisation process that will help the **change** towards correct health habits. The professional's goal is not the mere communication of "behavioural rules" and the accurate but bare **passive** execution of instructions, but rather an **effective modification** of behaviours which are deemed incorrect and are often deeply-rooted and part of daily-life routines.

In order to achieve an efficient control over the bacterial biofilm, it is suitable to go from the **compliance** approach, in which the patient is passively subjected to the professional's teachings, to the **concordance approach**, where the patients can actively join the choice of tools and operational protocols. This innovative method easily enables **the change** to a healthier lifestyle and therefore a more



**effective adherence** to operational home-based hygienic protocols. Hence, it is important to switch from a plain empathy-based relationship with the patient to a genuine discussion based on receiving useful feedback in an interactive climate. The patients must not be considered passive manual components in a relationship based on their subjection to the professional: the latter should understand the patients' needs in depth and offer them the chance of choosing a personalised protocol of home-based hygiene maintenance, which is designed by the professional himself and later shared with them (Nardi et al., 2014).

Many clinical aspects still need to be analysed: tissue biotype, presence/absence of diastemata, dental alignment, manual skills and perceived predisposition of the patients toward technologies (Nardi et al., 2014). It is therefore obvious how teaching the patient about "dental plaque removal"







with brushing techniques from 1948, characterized by the use of tools specific of this time, is not enough anymore.

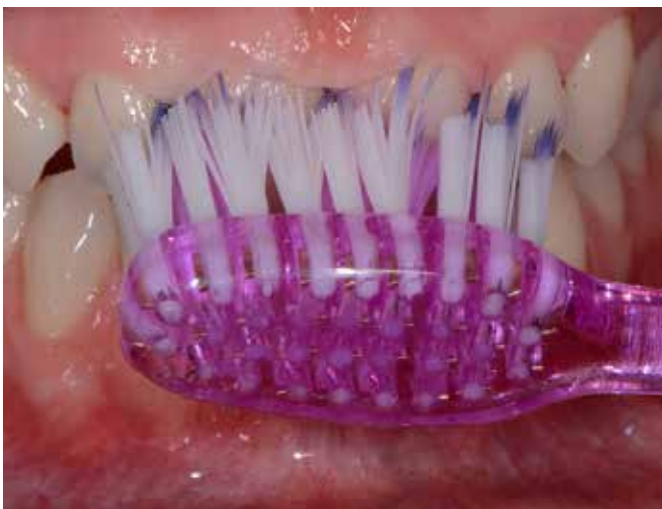
The **Tailored Brushing Method (TBM)**, when “customized” for each patient and later “shared” with them, does not suggest the right movements but the appropriate toothbrush, brush heads, and filaments technology. Additionally, this method adds tools designed for the management of the bacterial biofilm in interproximal spaces: these instruments are customized depending on the biological sizes of the gaps and are then shared with the patients according to their own manual ability (Nardi et al., 2016).

The use of advanced technologies should also provide a greater protocol effectiveness to the professional hygiene management. This is the case of periodontal deplaquing and debriment that are carried

out with the **Comby Touch** (Mectron) device: this technological tool comprises a multifunctional piezoelectric dental scaler and a water, air and sodium bicarbonate and glycine powders jet, and is specific for the complete treatment of supra- and subgingival prophylaxis. The Comby Touch *manipolo* is used for air-polishing with glycine powder, which is composed by smaller particles (<63 µm) (Fig. 11-12) suitable for deplaquing. The employment of 90°- or 120°-oriented *manipoli* helps in efficiently respecting the

fragility of tissues and implantology artefacts, by dispensing the jet in a customised and focused manner.

After a session of professional oral hygiene care, the potential inflammation of gingival tissues can be tended with the application of 10 minutes long Bioptron phototherapy, a medical device emitting incoherent, soft low intensity and polychromatic light. This advanced technology is functional in treating periodontal patients (Nardi et al., 2018) since it encourages the healing and regenerative processes of the organism (Aragona





how phototherapy can lead to the regression of inflammatory injuries (Aragona et al., 2017). The operative protocols in non-surgical periodontal therapy that employ the polarized Bioptron light improve the micro-circulation, enhance the regeneration, favour the healing processes and soothe the pain without any collateral damages.

Therefore, it is necessary for the professionals to choose the appropriate innovative operative protocols to improve the patients' quality of life, because of their least invasive, ergonomic and efficient nature in the health maintenance of the oral cavity.

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et al., 2017), harmonizes the metabolic paths and favours the healing of wounds. There are therefore many fields where this therapy can be applied, especially in the medical and dental clinical practice. Scientific evidence show







# Henry Schein Announces New Roles for Senior Dental Leaders

Tim Sullivan to become Executive Advisor, Global Dental.  
A.J. Caffentzis to become President, U.S. Dental Distribution

MELVILLE, N.Y., September 13, 2018 – Henry Schein, Inc. (Nasdaq: HSI), the world's largest provider of health care products and services to office-based dental, animal health and medical practitioners, announced new roles for two of its senior dental leaders. Tim Sullivan will assume the role of Executive Advisor, Global Dental, while A.J. Caffentzis will become President, U.S. Dental Distribution. Both Mr. Sullivan and Mr. Caffentzis will continue to report to Jonathan Koch, Senior Vice President and CEO of Henry Schein's Global Dental Group.

In his new role, Mr. Sullivan will continue to provide executive leadership for the Henry Schein Dental Canada team, to lead the development of customer-



Jonathan Koch, Senior Vice President and CEO of Henry Schein's Global Dental Group (left) and A.J. Caffentzis, President U.S. Dental Distribution (right) at the GNYDM 2018

focused strategic initiatives, and to help advance key supplier relationships. This

change is part of Henry Schein's formal, long-range succession planning effort. "Over the course of 21 years, Tim has been one of our most inspiring, effective, and respected business leaders," said Stanley M. Bergman, Chairman of the Board and Chief Executive Officer of Henry Schein. "Along with our Vice Chairman, Jim Breslawski, Tim played a significant leadership role in the successful integration of the teams from Sullivan Dental and Henry Schein to create the largest full-service dental business in the world.

"Tim has guided Henry Schein Dental North America through a period of tremendous growth, helped solidify our position as the leader in the global products market, and been a generous mentor to a new generation of leaders in our Company," Mr. Bergman said. "A while ago, Tim asked us if he might take on a new role with Henry Schein. With the addition of two seasoned executives in Jonathan Koch and A.J. Caffentzis to what is an already excellent dental leadership team, we now have in place the necessary resources to help Tim take this next step in his professional career."

"I am very excited to take on this advisory role as I transition to a new professional life," said Mr. Sullivan. "Sullivan Dental Products, Sullivan-Schein Dental, and Henry Schein Dental have been my profession and my passion for more than two decades. This business is my family's legacy, and I am most comfortable entrusting it to the capable hands of my Henry Schein colleagues, who have repeatedly proven themselves to be insightful, effective, and customer-focused business partners."



"Meet and Greet" with Henry Schein's senior leaders and international media at the Greater New York Dental Meeting 2018





As Mr. Sullivan moves into his new role, Mr. Caffentzis will assume responsibility for leadership of the U.S. Dental Distribution business. Mr. Caffentzis joined Henry Schein nearly two years ago following a successful career at AmerisourceBergen and before that at Johnson & Johnson.

For the past year, he has been working closely with Mr. Sullivan and the U.S. Dental executive leadership team while leading the Henry Schein Special Markets group. Mr. Caffentzis' team will include the leaders of all facets of the U.S. Dental Distribution and Special Markets businesses as he continues to increase internal collaboration and advance a "One Schein" offering to U.S. dental customers.

"My close partnership with Tim over the past 21 years has been inspiring and rewarding on both a professional and personal level," said James Breslawski, Vice Chairman of the Board and President of Henry Schein.

"In the relatively short time that he has been at Henry Schein, A.J. also has proven himself to be a most valuable partner and an effective leader. I am confident that A.J. and Jon Koch will forge the same strong partnership that Tim and I had, and work together to lead our U.S. dental business to even greater success."

"The legacy of leadership that Henry Schein has written across the global dental community is unprecedented, and our U.S. dental business is the cornerstone of that achievement," said Mr. Caffentzis.

"The U.S. dental leadership team that Tim has assembled is outstanding. We are focused on continuing our growth by understanding our customers' needs and providing our customers with innovative, comprehensive solutions to enhance efficiency and clinical success in this quickly changing world."

### More on Henry Schein...

**January 23, 2019 - Henry Schein, Inc. (Nasdaq: HSIC) announced that it ranks first in its category on the FORTUNE® "World's Most Admired Companies" list for 2019. This recognition by FORTUNE marks the 18th consecutive year that Henry Schein has been named to the overall list.**

**Henry Schein also ranked first in the Wholesalers: Health Care industry in eight sub categories that comprise the overall ranking: Innovation, People Management, Use of Corporate Assets, Social Responsibility, Quality of Management, Long-Term Investment Value, Quality of Products/Services, and Global Competitiveness.**

**"Since our founding 87 years ago, we at Henry Schein have been guided by the belief that we can do well in business by doing good for society, so it is an honor to be included on FORTUNE's list of the World's Most Admired Companies," said Stanley M. Bergman, Chairman of the Board and Chief Executive Officer of Henry Schein. "This recognition is a testament to Team Schein's commitment to serving our customers, suppliers, investors, and society, as well as our mission to 'help health happen' around the world."**

## Handler's Acquisition by Blackstone Industries



November 8, 2018 – Blackstone Industries, LLC is pleased to announce the acquisition of Handler Manufacturing Company Inc., now operating as Handler Manufacturing, LLC, to realize synergies across common markets served by both companies.

Handler, a leading manufacturer of Red Wing lathes, polishing machines, dust collection solutions, tools, furniture and equipment used in the dental lab, jewelry, podiatry and industrial industries, is a natural complement for Blackstone Industries and its leading brand Freedom. Together these leading brands will be able to offer complete solutions to the markets.

Handler Manufacturing, LLC will continue to operate and manufacture under its Handler and Red Wing International brands at its current manufacturing facility located in Westfield, NJ.

What does this mean for you?

On a day-to-day, it's business as usual only now we have new resources and capabilities to continue driving value for you and your customers. Contacts for both companies remain unchanged for all business-related activities.

Blackstone Industries, LLC  
[www.blackstoneind.com](http://www.blackstoneind.com)

Handler Manufacturing, LLC  
[www.handlermfg.com](http://www.handlermfg.com)



# PRESS CONFERENCE IDS 2019

## Telekom Gallery Bonn

by Gerald Böse,  
President and Chief Executive Officer of Koelnmesse  
GmbH

*23 January 2019, 2:30 p.m. - Koelnmesse and the Association of the German Dental Industry e.V. (VDDI) will be inviting the industry to join them for the 38th edition of the leading global trade fair and communication platform of the dental world from 12 to 16 March 2019. Over the course of five days, we will then inform the decision-makers from the dental profession, the dental technology trade, dental specialised trade and dental industry about the latest products, developments and trends of the industry. International research departments and development laboratories face the direct competition here. They present their latest product and process developments. IDS (International Dental Show) is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and is staged by Koelnmesse GmbH.*

2017 was once again a record year for IDS. 2,305 companies from 60 countries, which was once again well over 100 exhibitors more than at the 2015 event, presented their services portfolios in Cologne. Foreign exhibitors accounted for 72% of the total. In terms of the number of visitors, IDS recorded over 155,000 trade visitors from 156 countries, in comparison to the just under 139,000 trade visitors from 151 countries we registered in 2015, which is a remarkable increase.

**The declared aim of IDS is to continue to manifest its USP as the leading global tradefair for the dental community.**

The share of visitors from abroad was around 60%.

Of course, we - VDDI and Koelnmesse - are very pleased with the rapid development and the results achieved. They are the yardstick for our current joint efforts for the coming event. And we always see the success as an additional motivation to raise IDS to an even higher level and emphasise the prominent standing of the IDS brand within the dental world. Not to stand still, not to rest on our laurels, but instead recognise the potential at all levels and exploit it - to the benefit of our exhibitors and visitors.

In its capacity as organisers of IDS, GFDI has concisely divided up the market into clusters and has assigned the essential characteristics to the individual brand elements, which guarantees a continual strategic further development. Based on this brand strategy we develop concepts and measures to sustainably increase the success of IDS, especially in terms of the event's quality.

The declared aim of IDS is to continue to manifest its USP as the leading global

tradefair for the dental community. **In concrete figures: With 2,260 registrations to date, we are currently expecting around 2,300 exhibiting companies from 60 countries, more than 70% of which come from abroad. The most strongly represented countries among the exhibitors are Italy, the USA, the Republic of Korea, China, Switzerland, France and the UK.** In addition to this, numerous foreign group stands will be represented in Cologne again. **Up until now 19 groups have registered for IDS from Australia, Argentina, Brazil, Bulgaria, China, France, Great Britain, Hong Kong, India, Israel, Italy, Japan, the Republic of Korea, Pakistan, Russia, Spain, Taiwan, Turkey and the USA.**

As the most important international business platform of the global dental industry, IDS offers companies and experts from all over the world outstanding opportunities.

The demand for cutting-edge dental technology is increasing on a global basis. Which makes it all the more important for



Telekom Design Gallery, Bonn: Frank A. Schloße, Vice President Sales Healthcare of Deutsche Telekom Healthcare, Mark Stephen Pace, Chairman of the board, Association of German Dental Manufacturers (VDDI), Gundula Gause, Journalist, Gerald Böse, President and Chief Executive Officer of Koelnmesse GmbH

dentists, dental clinics, dental laboratories and also dental technicians to remain up-to-date with the treatment options and informed about the important trends and applications. All of this information can be found comprehensively only at IDS. The strong demand from home and abroad shows that as a platform for innovations, market trends and as a central business platform, IDS is the decisive management tool for the global trade. Companies that want to be successful in this industry and who want to inform themselves in full, have to attend IDS in Cologne.

With the integration of Hall 5, IDS is creating the necessary capacity for the strong demand on the part of the exhibitors and visitors. Here, among others several large suppliers of consumer prophylaxis will be exhibiting. Hall 5 fits in well with the natural tour of the trade fair and is perfectly connected to the 'mobile' Boulevard entrance area between Halls 5 and 10, which we will be opening in addition to the Entrances South, East and West. Here, the visitors will primarily be led to the fair grounds via shuttles from the trade fair car park and the external visitor car parks.

The integration of Hall 5 further enhances the overall quality of stay for the visitors of IDS: a "Food Court" in Hall 5.1, the wide aisles and the light-flooded passages provide an improved orientation and lend the event an even better structure. Furthermore, the smooth, visitor-friendly access situation guarantees a more even distribution of the visitors across all of the exhibition halls. IDS 2019 covers Halls 2, 3, 4, 5, 10 and 11, spanning a total gross floor area of over 170,000 m<sup>2</sup> - so the event is experiencing significant growth again in terms of the exhibition space as well.

Of course, it is our declared aim to achieve an increase in the number of visitors.

The signs are looking good because IDS is recognised as the leading global trade fair of the dental industry all over the world and is "the talk of the town". **At IDS 2017 we recorded a plus in the number of visitors from nearly all regions: Considerably more trade visitors attended IDS from Central and South America (+54%), Eastern Europe (+44%), the Middle East and Africa (+32%) as well as Asia (+29%). North America (+17%) and Europe (+14%)**

also showed significant growth. The highest number of foreign visitors came from Italy, the Netherlands, Switzerland, France, Spain, Russia, Turkey, Belgium, the USA, Brazil and China.

And the visitors of IDS were impressed and extremely satisfied as the results of the visitor survey on IDS 2017 impressively underlined. More than three quarters of those questioned are planning to visit the International Dental Show again in March 2019. The comprehensive product range and numerous new products ensured that 76% of the German and 82% of the foreign trade visitors rated the exhibition offerings of IDS 2017 as either very good or good. Accordingly, we expect a very good visitor response this coming March.

**The "Dealer's Day" on the first day of the trade fair, 12 March 2019, also contributes towards this. This concentrates on the dental specialised trade and the importers. The "Dealer's Day" offers all parties involved the opportunity to hold exclusive sales discussions at the stands of the exhibitors undisturbed.**

An important theme that is affecting all industries across the globe is "digitalisation". Digitalisation affects us all and is causing a dramatic change in all areas of life. The digital transformation opens up big chances for more quality of life, new business models and more efficient business economy. The international digital industry is also in a prominent position here, because the industry thinks digitally, develops digital products and lives in the future. This is why we have completely relaunched the website of IDS, turning it into a digital information platform, which inspires with its visual imagery and which is intuitive to navigate through. The IDS app for mobile phones and iPads, but also our newsletters are aligned with this digital "look & feel". Our digital services that we have been offering for several years already include the Business Matchmaking365 and the Online New Products Database for journalists. **Via the Busi-**





Press Conference, Telekom Design Gallery: Gundula Gause, Journalist, Gerald Böse, President and Chief Executive Officer of Koelnmesse GmbH

**The Online New Products Database provides contents for the preliminary and follow-up reporting. It is in the meantime an indispensable research tool for the trade media, since it allows a compact overview of the new products at IDS.**

**ness Matchmaking tool, visitors and exhibitors can already contact each other prior to the event, but also afterwards too - appointment scheduling with an optimised route around the halls is also part of the standard features.**

The Online New Products Database provides contents for the preliminary and follow-up reporting. It is in the meantime an indispensable research tool for the trade media, since it allows a compact overview of the new products at IDS.

In addition to extensive live demonstrations and presentations that take place alongside the product presentations at numerous stands, the 'Speakers Corner' of IDS opens up additional opportunities to gather information. The exhibitors can use the hosted visitor forum for lectures and product presentation as an additional means of presenting new products and trends from their offer of products and services.

**Ladies and Gentlemen, IDS is the international crowd-puller for exhibitors from all over the world and over 180,000 visitors from the dental industry, who make their way to Cologne every two years.** Many of them

come for one day, even more of them spend several days at IDS. Our exhibitors and visitors should feel at home in Cologne, should be able to plan their trade fair participation and travel arrangements simply and without hitches and their stay in Cologne should be pleasant. We want our trade fair guests to feel welcome and well looked after. The unique infrastructure, which enables many options for a smooth arrival and departure, makes your visit to Cologne very simple. The fourth largest city in Germany with the biggest economic area in Europe is the interface in the European transport network and offers a perfect connection to the world: 180 million Europeans can be reached after just a one-hour flight, who generate around 40% of the European gross domestic product. The Cologne/Bonn airport has direct connections to over 100 destinations. Four further international airports - Frankfurt, Amsterdam, Brussels and Düsseldorf - can be reached simply and directly via the ICE high-speed rail network of Deutsche Bahn. The best thing about this: The train stops right next to the fair grounds at the ICE train station "Köln Messe/Deutz". Every day 1,700 trains ensure a convenient arrival and departure. With its international customers, lead-

ing trade fairs like IDS generate every two years in the short period of time of good seven days - including the assembly and dismantling days - several hundreds of thousands of overnight stays in Cologne and the region. Capacities that the Cologne / Bonn / Düsseldorf metropolitan area can cope with. For example, for IDS around 30 hotel ships are implemented in order to secure additional capacities. There are a variety of accommodation options in all price and quality categories, starting from simple guest houses and private accommodation services through to luxurious five-star hotels. The accommodation offers in and around Cologne receive a good reception among our trade fair guests thanks to the excellent accessibility of the fair grounds through the local transport system. The cities Düsseldorf and Bonn are reachable in under 30 minutes. Hence, IDS trade fair guests can also take advantage of all categories of accommodation options in smaller cities and communities that lie on the Deutsche Bahn routes connecting the surrounding region with the Cologne trade fair location (Düren, Leverkusen, Solingen, Troisdorf, Siegburg, Hennef). We strive to fulfil the different needs and wishes



of our international guests as efficiently as possible.

And there is a further service that facilitates travelling to IDS for the trade visitors and what's more makes it less expensive. **Up until now one was able to use public transport in the Cologne region for free as an IDS admission ticket holder. For the coming event, this also applies for the entire Rhine-Ruhr region. That means that trade visitors who travel from the metropolitan area of Düsseldorf, Duisburg, Essen, Gelsenkirchen, Mülheim and Dortmund, who have booked accommodation there or who fly to Düsseldorf, can travel to the trade fair in Cologne using an Interregio and further local transport options free of charge.**

Useful information on a trade fair participation is available on the IDS website, but also direct travel and the desired accommodation reservations can be made at no extra cost. The online booking system contains numerous partner hotels

## Even if business is the focus at IDS, the visitors and exhibitors will no doubt explore and enjoy the cathedral city.

but also bed & breakfast offers - directly in Cologne or in the surrounding region. Reservations for groups of six rooms and above can also be made here.

Of course, you can also contact our colleagues in your country or region. With in the meantime six subsidiaries and representatives in 86 countries worldwide, Koelnmesse is intensely active on the international markets. This enables us to be close to our customers even when they are thousands of kilometres away from Cologne, enables us to learn to understand their issues and support

them with their trade fair participation. The colleagues will actively support you, of course in close cooperation with their colleagues in Cologne.

Even if business is the focus at IDS, the visitors and exhibitors will no doubt explore and enjoy the cathedral city. The heart of the metropolis with over a million inhabitants lies in the close vicinity of the fair grounds, separated only by the Rhine - the lifeline of the people from Cologne - with its liberal, friendly and cosmopolitan citizens. In addition to the cultural sights, which range from the Antique to the present day, the 'Cologne lifestyle' can best be experienced in the many restaurants, breweries and pubs.

*Ladies and Gentlemen, I would like to take this opportunity to thank you once again for coming. We, VDDI and Koelnmesse, would be delighted to welcome you to IDS in Cologne from 12 to 16 March 2019.*

<http://english.ids-cologne.de/>

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## DenTech China 2018 Show Review



Across four exhibition days, DenTech China 2018 attracted a total of 108,000 trade visits from over 61 different nations and regions. Attendance from Asia-Pacific and Europe were up significantly in particular.

There were 9 official visiting group delegations initiated and organized by national associations from Asia-Pacific nations this year.

The representing countries are Philippines, Malaysia, Thailand, Bangladesh, Afghanistan, Cambodia, Myanmar and Vietnam.

[www.dentech.com.cn/en-us/index](http://www.dentech.com.cn/en-us/index)



## Dental medicine to reveal its potential at the exhibition BULDENTAL



From 15 to 17 May 2019 at Inter Expo Center, Sofia, experts and leading companies will come together at the international place dedicated to dental medicine - BULDENTAL.

The potential of modern technologies and innovations will be unlocked in Bulgaria's capital city, and there will be presented high-end dental and prosthetic equipment and furniture, devices, tools, materials and consumables.

BULDENTAL will be held in parallel with the international exhibition dedicated to medicine - BULMEDICA.

DERMA & AESTHETICS will take place for the first time within the framework of Buldental.

The forum will focus on dermatology and aesthetic medicine, meeting professionals with manufacturers and distributors of specialized equipment and supplies.

More details about BULDENTAL exhibition can be found at: <https://bulmedica.bg/index.php/en/buldental>



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international  
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[www.bulmedica.bg](http://www.bulmedica.bg)

## The AIO Congress 2019 in Chia Sardegna focuses on causes and current treatment of periodontal disease



Periodontal pathology, its association with systemic disease, the role of erroneous orthodontic treatment and its treatment in the elderly will be explored during the 10th International AIO Congress held from 13-15 June.

Massimo De Santis, ex president of the Italian Society of Periodontics and Associate Professor in Odontostomatological Diseases at the University Vita e Salute San Raffaele in Milan, Italy, who will discuss coronal flap procedures for root coverage in areas of multiple recession, grafting techniques to guarantee stability in areas of high esthetic impact, factors leading to predictability and success even in multiple grafting procedures, when to use connective tissue grafts and the biological aspects of newly formed grafted tissue.

Magda Mensi researcher from the University of Brescia, Italy and lecturer in the Periodontal Masters Program at the University of the Sapienza in Rome will take a look at gingival recession not caused by periodontal disease..

Nitzan Bichacho director of the del Esthetic Dental Center of the Ronald Goldstein at the Hadassah Medical Campus in Israel will discuss state of the art in implant supported restorations in the smile zone looking at the advantages and limitations of materials used in the crown - abutment interface as well as techniques to construct a sound and healthy biological base surrounding implants.

Francesco Argentino from Florence, Italy and Roberto Scrascia from Venice, Italy will close the section.

Friday afternoon continue with the AIO Symposium, hosting speakers such as Gaetano Calesini from Rome), Marco Ferrari from Milan, the Romanian-Israeli Mirela Feraru and Ignazio Loi who will present his Biologically Oriented Preparation Technique-BOPT together with Mauro Fadda from Bologna, Italy but Sardinian by birth.

Saturday goes on with a friendly competition entitled "Esthetics in Dentistry: European and South American Visions". Making up the European team will be Irene Sailer, Division of Fixed Prosthetics and Biomaterials in Geneva, Switzerland and Daniel Edelhoff, Department of Prosthetics and the Science of Dental Materials from the University Ludwig-Maximilian in Munich, Germany while South Americans Paulo Kano from San Paulo, Brazil and Cilean Milko Villaroel (Curitiba) team together with the Italian team of Francesco Mangani from Rome, Roberto Spreafico from Busto Arsizio and Vincenzo Musella from Modena to take a deep look into new horizons in esthetic dentistry. Don't miss out on this exciting, one of a kind event!

Go to the congress website at <http://congressaio.it> and register. The earlier you register the more you save! For housing please visit <http://bit.ly/AIO2019> Prices for housing will be blocked only until the end of February, 2019. See you there!

Come to visit us at **booth #1Y13** for a special meeting offer



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## UNIDI - Italian Dental Industries Association



UNIDI - Italian Dental Industries Association associates the majority of Italian manufacturers of equipment and consumables for dentists and dental technicians – about 120 high-calibre companies, which are able to guarantee safety and performance of their products. In fact, membership of UNIDI entails the compliance to specific standards and to current Italian and EU legislation.

The Italian Dental Industry employs more than 3,300 people, achieving an annual revenue of more than € 933 million. Exports represent about 65% of the total with peaks rising to 80% when considering specific product categories. The Italian Dental Industry has confirmed its position in the forefront of international markets on the strength of products that are appreciated throughout the world for the reliability of their components, their avant-garde technological solutions and pleasing design.

UNIDI was set up in 1969 and in 50 years of activity it has made an all-important contribution to the growth of the Italian Dental Industry. Today, it is one of the world leaders, among the first for volume of business, technological innovation and exports.

UNIDI promotes “Made in Italy” through two important international events: Expodental Meeting in Rimini, the most relevant international trade-show for the dental sector in Italy; and IDEA – International Dental Exhibition Africa, the only international trade-show for dental professionals of all African Countries. Moreover, UNIDI carries out an intense foreign activity by attending several dental exhibitions in both emerging countries and developed markets. This activity is supported by ICE-Italian Trade Promotion Agency.

Expodental Meeting (Rimini, 16-18 May 2019) is the meeting hub for the dental industry, distribution and professionals in Italy; a melting pot of ideas, business opportunities and scientific training.

In 2018 more than 350 dental companies from all over the world exhibited in Rimini, and almost 20.000 distributors, buyers, dentists, dental technicians, hygienists and dental assistants visited the tradeshow, with a 11% increase over the 2017 edition.

Expodental Meeting reflects a more than vital sector: the Italian dental field confirms to be a world leader, with a strong industry that is very appreciated throughout the world, and a growing internal market with increasing investments by Italian dental practices and dental technicians' laboratories.

350 forward-looking dental companies had great expectations for this event and decided to show their latest innovations at Rimini Fiera, with a large commitment in terms of wonderful booths, strong promotion of the event, organization of workshops and leisure activities. Our Exhibitors gave a very important contribution to the success of this year edition.

Bringing together a wide range of professional associations, scientific organizations and universities in a single cultural program, Expodental Meeting represented a unique opportunity of scientific updating for the Italian oral care professionals: 12 training rooms with more than 40 clinical and extra-clinical events, ECM courses, more than 100 high-level international speakers and 25 workshops by the Exhibitors.

Thanks to the EXPO3D project, besides the display of materials, equipment and technologies used within the digital workflow, a conference room was entirely focused on digital technologies, including events by dental associations and scientific lectures by academic experts.

This year Expodental Meeting confirmed its international vocation, attracting a large number of foreign buyers and professionals. The 11,5% of the total visitors (more than twice compared to last year) came from abroad. Thanks to the cooperation with ICE/ITA (Italian Trade Agency) more than 80 foreign delegates from 24 Countries met the Italian Companies in almost 1.500 b2b meetings, with an increase of 21% over the past edition.

**Save the date for the next Expodental Meeting, from 16th to 18th May 2019.**

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UNIVERSITY OF BRESCIA

# Two International Dental Education Meetings Planned for 2019

In April 2019, the University of Brescia School of Dentistry will host two historically separate international meetings that share common goals related to dental education – advancing professional and personal development, encouraging cross collaboration, and increasing important networking opportunities.

## “ADEA/ADEE SHAPING THE FUTURE OF DENTAL EDUCATION II”

will be held in the University of Brescia, Italy on 25th to 27th April 2019

### A joint ADEA/ADEE partnership

In May 2017, the Association for dental Education in Europe (ADEE) and the American Dental Education Association (ADEA) hosted the first edition of “ADEA/ADEE Shaping the Future of Dental Education” at King’s College in London. The first truly global meeting in nearly a decade focused on dental education welcomed more than 270 dental educators from nearly 50 countries. The four workshop areas were *Global Networking, Interprofessional Education and Practice, Assessment, and Emerging Science and Technology*.

For more information

[www.adee.org/meetings/london2017/conclusions/index.html](http://www.adee.org/meetings/london2017/conclusions/index.html)

## “SIXTH ADEA INTERNATIONAL WOMEN’S LEADERSHIP CONFERENCE”

The ADEA International Women’s Leadership Conference is one of ADEA’s pioneering initiatives to support gender equity in global health and the inclusion of oral health in global targets for disease eradication. Established in 1999 to recognize the increased leadership role of women in the global health workforce, the previous five conferences (France, Canada, Sweden, Brazil, Spain) brought together participants from six continents to consider strategies for advancing women’s leadership in global health, academic dentistry and research. The meeting proceedings are published as supplements to the *Journal of Dental Education*.

### Meeting Objectives

- Maximize opportunities for international collaboration in education and research.
- Develop goals that promote WHO global health objectives for disease eradication.
- Promote interprofessional education and collaborative practice objectives for improved access, quality and health outcomes.
- Share best practices for academic/community partnerships for experiential learning and clinical care.
- Create faculty development opportunities for innovation, exchanges and international collaboration.
- Develop synergy among academic leaders that promotes change through collaborative efforts and mutual respect.
- Potentiate the effectiveness of the increasing role of women in academia, research and global community health. In the United States, 37% of full-time faculty are women.
- Lead curriculum innovation and changes that result from scientific discovery, emerging technologies and therapeutics.

### Why are these meetings important to corporations?

- The in-tandem schedule will potentiate outcomes of both meetings through strategic approaches that link leadership with academic goals and global health outcomes.
- The meetings will identify contributing factors that support the science base for dental education, opportunities for collaboration, advances in technology, and other visionary forecasts for clinical practice in the future.
- Diversity and gender equity are increasingly present on global forum agendas- economic, competitiveness, labor force, health, and value-added perspectives.

### About ADEA/ADEE Special Interest Group



The American Dental Education Association (ADEA) and the Association for Dental Education in

Europe (ADEE) have had a strong historical relationship based on a mutual desire for the advancement of dental education systems. While there are differences between the two associations’ contextual environments and operational activities, in recent years it has become clear that the challenges faced by the associations and by their respective memberships are becoming ever more interrelated.

To help explore and investigate these areas of commonality, the ADEE-ADEA collaborative’s Special Interest Group (SIG) was introduced at the ADEE annual meeting in Riga, Latvia in 2014. The SIG has since held collaborative meetings on the rapidly changing international dental education context.

<http://shapingdentaeducation.org>

[www.adee.org](http://www.adee.org)

[www.adea.org](http://www.adea.org)

For more information or to discuss sponsorship opportunities, please contact Ms. Alessia Murano at [alessia.murano@infodent.com](mailto:alessia.murano@infodent.com)





We interviewed Prof. Corrado Paganelli, Dean of the Dental School of Brescia, where these essential meetings will be hosted.



# Prof. Corrado Paganelli Interview



**Good morning Professor, could you please tell us what IFDEA, the Federation which you are Head of, is about?**

First, let me explain how we define "Educators", a term that means a lot abroad, but almost nothing here in Italy. All the people who put their effort in Training and Updating are considered by us as Educators, whether they are part of any Academic Structure or not. All these Colleagues identify themselves in International Associations that deal with the Training development: ADEE in Europe, ADEA in the US, AfDEA in Africa, SEAAD in the South-West and South-East of Asia, OFEDO/UDUAL in South America, JDEA in Japan. IFDEA, the International Federation of Educators and Associations, is the Federation that comprises all the previously listed Associations.

IFDEA assists the enhancement of the general health situation of the overall population through oral health improvement. The Federation distributes and promotes information, best practice, exchange programs, news and professional development for those Associations which provide Training in the dental sector in the Continent, for Academic Institutions and for each Educator in the world.

Also, IFDEA involves more than 30.000 dental sector Trainers in more than 900 dentistry schools worldwide.

**Why do you feel that the collaboration with the Industry might be important?**

You see, we think that a detailed knowl-

edge of technologies and their development prospects represents a very important part of Training. Who better than the Industry itself can provide students with this information?

**And which are the advantages that the Industry might gain from this co-operation?**

Look, as I said before, IFDEA involves 900 Dental Schools in the whole world: I believe the advantages of such a collaboration are evident if we consider that it is planned according to the strategies that a Company employs to face each Region's market, in collaboration with the local Dentistry School. Additionally, IFDEA certifies the Training and Updating Courses, in order to verify their equivalence to the principles of International Training. What do I mean by this? I mean that once an Upgrading Course, on whatever topic, for a Company is certified, not only it enters the Federation's global distribution system

of information, but also it becomes, you know, presentable regardless the reputation of the Mentor. It's like saying that the Course qualifies the Mentor/Supervisor and it's not the other way around. I hope that was clear enough.

**So, is it because of these reasons that you're organizing a meeting/summit with the Italian Industry?**

Of course. We already made our proposal to Mr. Pipitone, CEO of Infodent International, which is the communication network we are co-operating with, so that in such an important occasion, the meeting of two relevant parts of the dentistry context will start convenient and interesting relationships for everyone.

<https://yourfuture.unibs.it/en/medicine/single-cycle-masters-degree-programme/school-dentistry>

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# Courses Certification



## MEET IFDEA

The International Federation of Dental Educators and Associations (IFDEA) is **a global community of dental educators**, who have joined together to improve oral health worldwide by sharing knowledge and raising standards. University professors and Dental Educators refer to this Federation.

IFDEA contributes to improving global health by improving oral health. IFDEA serves as an axis of information, best practices, exchange programmes, news and professional development for the many dental education international associations (**ADEE** in Europe, **ADEA** in North America, **AfDEA** in Africa, **SEAADE** in South East Asia, in Latin America and Japan), dental academic institutions and individual dental educators worldwide.

## IFDEA TASKS

### IFDEA conferences in Italy

From 25th to 27th April 2019, the University of Brescia School of Dentistry will host two historically separate international meetings that share common goals related to dental education – advancing professional and personal development, encouraging cross collaboration, and increasing important network opportunities.

### ADEA/ADEE SHAPING THE FUTURE OF DENTAL EDUCATION II SIXTH ADEA INTERNATIONAL WOMEN'S LEADERSHIP CONFERENCE



*The President of IFDEA, Prof. Corrado Paganelli, Brescia University*



## IFDEA SKILLS

**IFDEA certifies Dental Courses and validates Dental Education Programs and Courses** to ensure compliance within international training principles. Moreover, IFDEA identifies and plans operational synergies with the Dental Schools in the countries in which you expect to operate.

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# Dental Mission in Malvar, Philippines

What started as a trial balloon project so to speak, with the Rotary Club of Malvar, Batangas, in the Philippines, turned out to be an outstanding project for the Dentistry For Every Village Foundation.

September 1-2, 2018 - Thanks to all the experiences gained from the various missions in the past years, particularly from the huge Calumpit Mission done early last year with the help of Lingkod Kapamilya Tulong Center, a charitable arm of the biggest media conglomerate in the Philippines, ABSCBN, the mission at Malvar turned out to be one of the most organized mission done by Foundation.

What turned out to be the game-changer was setting up the equipment a day ahead of the mission date. That alone saved the three hours needed to set up and test run the ever-increasing dental equipment for the mission. With that, from the get-go, when the mission started the next day, the flow of the patients and the treatment procedures went off smoothly.

Each patient, pre-selected by the Rotary Club from the five poorest villages in the municipality went through a triage section that directed them to what particular treatment area they needed to go.

What also made a difference was the introduction of three huge 18-liter steam sterilizers and the additional surgical hand instruments and small equipment brought from the Foundation central office at Canoga Park, California.

The new micromotor units dedicated for the Sealant and Fluoride Application section also changed the dynamics in the Restorative Section. There was no more sharing of dental units between the two sections, allowing the volunteers assigned to each section to see more patients.

The Sealant and the Fluoride Application section was a boom for the many youngsters seen at the mission. A good number of them were seen at this section. Thanks

to the sealant materials donated by International College of Dentists Global Visionary Fund of Flint, Michigan, the Henry Schein Cares Foundation of Melville, New York and the United Medical Enterprise of Atlanta, Georgia.

Twenty-four volunteer dentists from the Las Piñas Chapter of the Philippine Dental Association supported by two registered nurses and one physical therapist participated as well as numerous members of the community, staff of the local Department of Health and the Malvar Rotary Club headed by Dr. Roderick Macasaet, a local pediatrician.

ABSCBN Lingkod Kapamilya Tulong Center provided breakfast and the vans for the volunteers to travel to and from Malvar as well as many sundries and miscellaneous supplies for the mission. They also provided a soup kitchen for the patients and a mobile library. In addition, they had an ABSCBN News segment producer and camera crew to document the event for broadcast in their local affiliate stations.

The Rotary Club of Malvar took care of the snacks, lunch, and dinner for the volunteers and all the necessary items like the tables, chairs and directional signage for the patients and auxiliary volunteers. They set up a special "buffet lunch room" for the volunteer that served delectable dishes and was fully stocked with delicacies and tropical fruits from the municipality.

Two hundred forty-one patients were seen at the mission, a number way over the original pre-selected one hundred and sixty patients by the Rotary Club who are in most immediate need of dental treatment. The sudden increase in number was due to the many that simply walked-in, particularly parents that brought their chil-

dren who upon examinations showed that they are in dire need of dental services. Everyone that made the cut-off time was treated. Those that were beyond the treatment capabilities of the volunteers under the set up they brought for the mission were referred to public health care providers in other cities.

The services provided by the volunteers included oral prophylaxis, fluoride and sealant applications, resin bonded composite fillings, root canal therapy particularly in the front teeth, installation of polycarbonate crowns, and extractions that included removal of some troublesome impacted third molars and plenty of broken down teeth. The presence of a handheld portable digital x-ray and a laptop to run the program helped enormously the surgical and endodontic section.

The dental mission was the first ever dental mission in the municipality of Malvar, Batangas. "We had some people from the national government as well as many from foreign groups that occasionally do medical missions in our municipality, but this is the first ever dental mission done here" stated Dr. Roderick Macasaet, a local pediatrician and president of the Rotary Club of Malvar.

Dr. Amry Jane Chavez presented toothbrushing and flossing instructions to the patients as they waited their turn in the respective sections they were directed to go. Toothbrushes and fluoridated toothpaste were also passed to everyone in the waiting area.

The Municipal Government of Malvar headed by Mayor Alberto Lat, who happens to be a past president of the Malvar Rotary Club also provided plenty of assistance including the free use of the



**About the Dentistry For Every Village Foundation, Inc.**

Founded in 2015 by Edgardo A. de la Vega, DDS, a practicing dentist in Canoga Park, California. The Foundation, its donors and volunteers work to improve access to dental care to far out villages in the Philippines by building and donating fully equipped dental offices to responsible and established health care institutions who can run and manage a dental clinic and provide low cost and /or free dental care. The Foundation also sponsors and funds "dental missions" to underprivileged residents of poor villages in the Philippines carried out by licensed local dental professionals who work as unpaid volunteers. The Foundation also plans to award scholarships to senior dental students in the Philippines who are truly in need of funds to complete their course. The funding for the Foundation is generated from donations and grants. Therefore, the activities of the Foundation are wholly dependent to these donations and grants.

[www.dentistryforeveryvillagefoundation.com/](http://www.dentistryforeveryvillagefoundation.com/)

municipal cultural center where the mission was set up. The covered venue was a blessing as monsoon rains kept pouring as the mission was being conducted. Members of the municipal staff and the local Department of Health came to help direct patient traffic and assist the dentists. The maintenance personnel of the Cultural Center was there as well to assure no interruption in the air conditioning system and power.

Every patient that has completed treatment was asked to fill out a survey form that was designed by the members of the Rotary Club. The response to the project was an overwhelming appreciation for

the services provided. Out of a possible perfect score of 4.0, the average was a whopping 3.94 percent.

Following the successful mission, a Fellowship Night with the Malvar Rotarians was held at the residence of one of the town's most successful doctors, Dr. Teodoro Cabisucuelas. The good doctor opened his house to all the Rotarians and the D4EVF volunteers. The highlight of the event was the presentation of the first-ever Honorary Membership presented by the Malvar Rotary Club. Dr. Ed de la Vega was the recipient of the honor. Dr. Roderick Macasaet, the President of the Malvar Rotary Club, presented a Certificate indicating

the honor to him. Every single volunteer was likewise given an "Appreciation Certificate" and a basket of goodies in honor of the selfless services they provided for the people of Malvar. Needless to say, the mission was a rousing success! More importantly, it precisely hit the mission of the Foundation. It not only provided access to basic and emergency dental services to the indigent people of Malvar but it also opens an awareness to and an appreciation of the value of good oral health care.

**Source:** [www.dentistryforeveryvillagefoundation.com/news/project-malvar-post-mission-report-and-photos/](http://www.dentistryforeveryvillagefoundation.com/news/project-malvar-post-mission-report-and-photos/)

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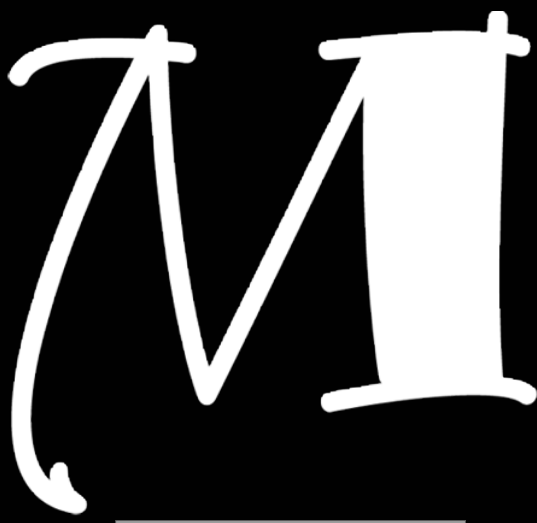


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**Proto-Fan Jakub Zdybel**  
**j.zdybel@protofan.pl**




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**Dental Salon**

April 22-25, 2019



**Dental-Expo**

September 23-26, 2019

Crocus Expo fairground,  
pavilion 2, halls 5, 7, 8



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[www.infodent.com/calendars/tradeshows](http://www.infodent.com/calendars/tradeshows)

## February

**21-23 02 2019**

### **154th Chicago Midwinter Meeting**

Chicago, IL - USA

Chicago Dental Society  
401 North Michigan Avenue Suite 200  
Chicago, Illinois 60611-4205, USA  
Phone: +1 312 836 7300 / 7327  
Fax: +1 312 836 7329 / 7339  
E-mail: [mwm@cds.org](mailto:mwm@cds.org)  
Website: [www.cds.org](http://www.cds.org)

Venue: McCormick Place West Building  
Level 3, Hall F  
2301 S. Indiana Ave.  
Chicago, IL 60616  
USA

[www.cds.org/meetings-events/midwinter-meeting](http://www.cds.org/meetings-events/midwinter-meeting)



## March

**03-06 03 2019**

### **Dental South China 2019 - The 24th Dental South China International Expo Infodent International Hall 14.1 K27**

Guangzhou - China

Organised by: Guangdong International Science & Technology Exhibition Company  
Address: c/o Department of Science & Technology of Guangdong Province, 171 Lianxin Road, Guangzhou, 510033, P.R. China  
Phone: +86 20 83549150 - 83558271 - 83561174 - 83517102 - 83547321  
Fax: +86 20 83549078  
E-mail: [dental@ste.cn](mailto:dental@ste.cn)  
Website: [www.dentalsouthchina.com](http://www.dentalsouthchina.com)

Venue: Block C, China Import & Export Fair Phazou Complex  
Xin Gang Dong Road  
Guangzhou - P.R.China

[www.dentalsouthchina.com/En](http://www.dentalsouthchina.com/En)



**12-16 03 2019**

### **IDS 2019 38th International Dental Show (Biennial Meeting) Infodent International Hall 4.1 B090 C091**

Cologne - Germany

Organised by VDDI - Verband der Deutschen Dental-Industrie e.V.  
Aachener Str. 1053-1055 - 50858 Koeln  
Phone: +49 221 50 06 87 -0  
Fax: +49 221 50 06 87 -21  
E-mail: [info@vddi.de](mailto:info@vddi.de)  
Website: [www.vddi.de](http://www.vddi.de), [www.ids-cologne.de](http://www.ids-cologne.de)  
GFDI Gesellschaft zur Foerderung der Dental-Industrie GmbH  
Aachener Str. 1053-1055 50858 Koeln  
Website: [www.gfdi.de](http://www.gfdi.de)  
Realization: Koelnmesse GmbH  
Dept. Health, Lifestyle & Facilities  
Messeplatz 1 D 50679 Koeln  
Contact: Thomas Maxein  
Email: [t.maxein@koelnmesse.de](mailto:t.maxein@koelnmesse.de)  
Venue: Koeln Messe/Deutz  
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Cologne - Germany

[www.ids-cologne.de](http://www.ids-cologne.de)



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**2019**

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For additional information,  
email Rita Dommermuth:  
[r.dommermuth@koelnmesse.de](mailto:r.dommermuth@koelnmesse.de)

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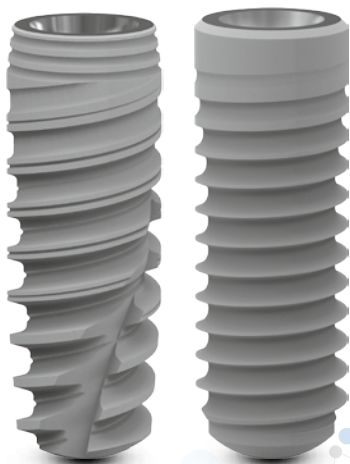


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Stand #A078/B079  
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**11-14 04 2019**

**IDEX 2019 - 16th Istanbul  
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**Istanbul - Turkey**

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Yesilkoy-Bakirkoy-Istanbul  
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Fax: +90 212 465 74 76  
Website: [www.cnrexpo.com](http://www.cnrexpo.com)

Venue: CNR Expo  
Istanbul  
Turkey

[www.cnridex.com](http://www.cnridex.com)



**22-25 04 2019**

**Dental Salon Moscow  
2019 - 45th International  
Dental Forum &  
Exhibition**

**Moscow - Russia**

Organised by: Dental Expo  
Postal Address  
119049 Moscow, P.O. BOX 27, ZAO  
"DE-5"  
General manager: Ilya Brodetski  
Email: [brodetski@dental-expo.com](mailto:brodetski@dental-expo.com)  
General manager consultant:  
Natalia Khokhlova  
Email: [rus@dental-expo.com](mailto:rus@dental-expo.com)

Venue: International Exhibition Center  
"CROCUS EXPO" - Pavilion 2 Halls  
5,7,8 - Moscow - Russia

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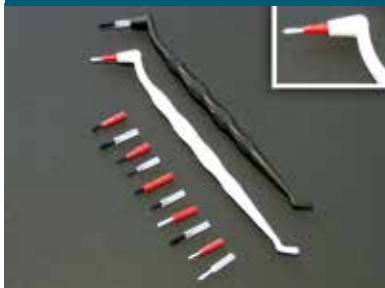
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 sales@novobrush.de  
 www.novobrush.de



## May

**10-12 05 2019**

### SIDEX 2019

**The 16th Seoul International Dental Exhibition & Scientific Congress**

**Seoul - Korea, South**

Organized by: Seoul Dental Association (SDA)  
 Managed by: SIDEX Organizing Committee  
 81-7 Songjeong-dong Seongdong-gu Seoul 133-837, Korea  
 Phone: +82 2 498 9146  
 Fax: +82 2 498 9147  
 E-mail: sda@sda.or.kr  
 Website: www.sidex.or.kr  
 Venue: COEX (Seoul Conversion and Exhibition Center) Hall B1, Hall C, Hall D Seoul Korea, South

[www.eng.sidex.or.kr](http://www.eng.sidex.or.kr)



**14-16 05 2019**

### Stomatology

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**St Petersburg - Russia**

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Exhibition

**SIDEX 2019**

May 10(Fri)-12(Sun), 2019 | coex

**May**

**15-17 05 2019**

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9655 279 Fax: +359 2 9655 231  
Email: [iec@iec.bg](mailto:iec@iec.bg)  
Website: <http://bulmedica.bg/en>  
Project Manager: Gabriela Lubenova  
Email: [glubenova@iec.bg](mailto:glubenova@iec.bg)  
Phone: +359 2 4013 279  
Fax: +359 2 9655 231, +359 2 4013  
231  
Venue: Inter Expo Center  
Add: 147, Tsarigradsko shose blvd  
Sofia - Bulgaria

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**01-04 12 2019**

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E-mail: [exhibits@gnydm.com](mailto:exhibits@gnydm.com)  
Exhibition venue: Jacob K. Javits  
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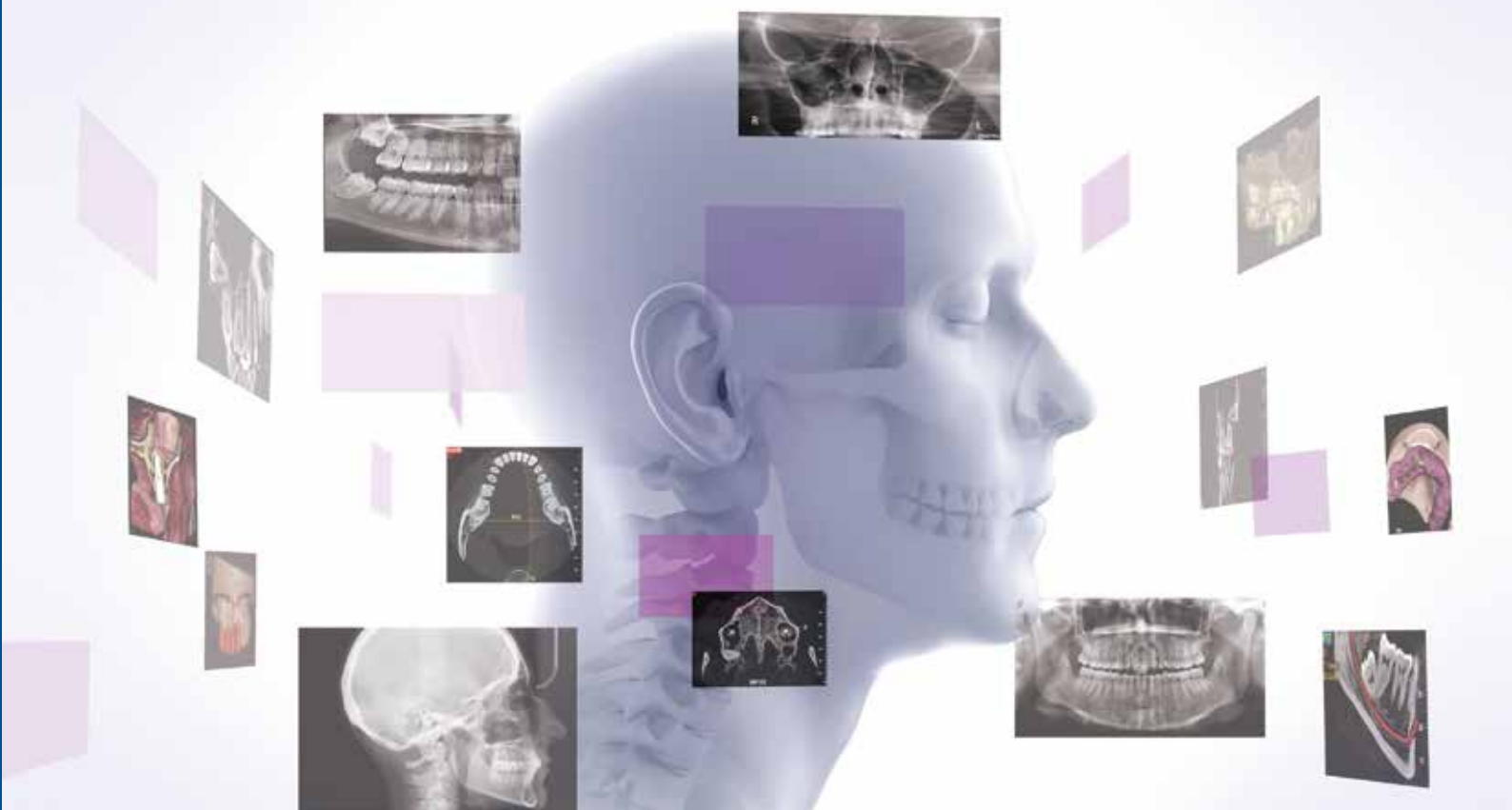


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