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2-2021
MAY - JULY

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III COVER PAGE
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BRIGHT smiles



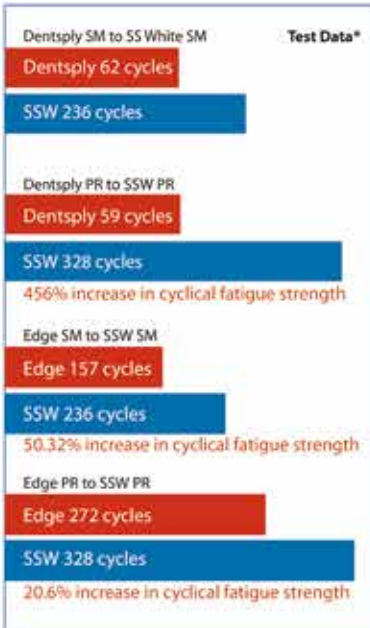
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EXACTFlowH[™] files are the instrument of choice for the general dental practice.



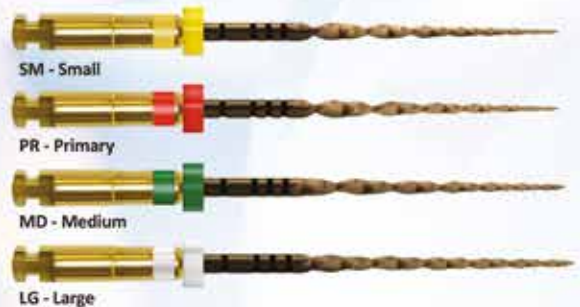
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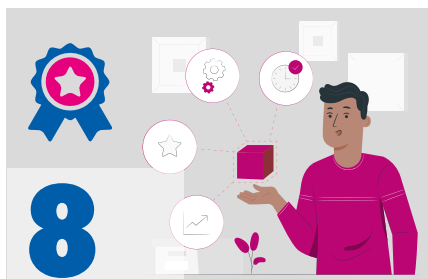
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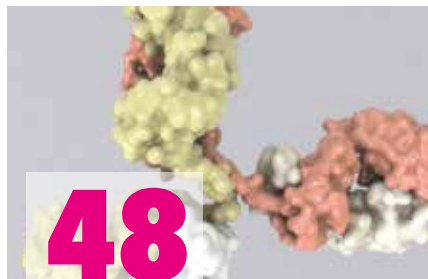
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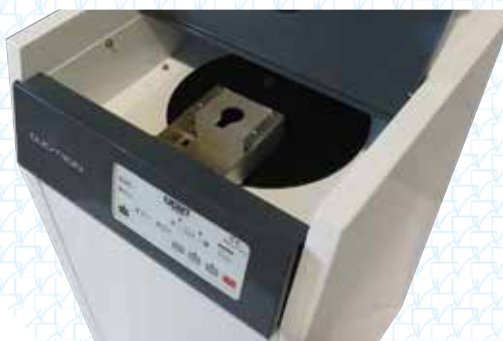
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For any information, please contact us.

Make your Customers Feel Right at Home!



In the age of the customers, where the balance of power has been transferred from businesses to customers, consumers have more influence over the buying process than they've had in the past. If before, businesses had complete control over the manufacturing, distribution, and advertising of their products. Now, customers, have resources of their own, that they can use to gain leverage on a brand. If your brand has a social media account, customers won't be shy about sharing their opinions or concerns. They are now able to create brand narratives based on their own experiences, reviewing products on social media. Content is no longer solely created and controlled by a brand, as customers can churn out their own content, that runs parallel with it, demanding tailored, personalized experiences. So, what does it mean for a brand to operate in a highly competitive industry? And what can companies do now to meet new customer expectations? The answer is quite simple. Customers' loyalty. Yes, if you want to earn your customers' trust, you must put their needs first.

Customers are like that ex that you want to get back together with, but they are not sure if you have really changed. They want to trust that your business has grown up and is now ready to commit to a mutually beneficial relationship, but your history together just makes it difficult for them to trust you. They need to know that your business is genuine and has sincere intentions before they can move forward. Yes, because trust and transparency walk hand in hand. The concept is easy to understand. When you are

truthful and open with your customers, they feel more connected to your brand and will stay with you for the long-term. Transparency leads to lifelong customers. This is simple psychology. Show your customers that they come first, give them your trust and, in turn, they will give you their loyalty. Take away your transparency and they will take away their loyalty. Transparency is a key differentiator in how you engage with customers and keep them coming back. That means embracing openness and abandoning secrecy. That means dialogue and conversation. Highly informed customers no longer tolerate those that suppress or misrepresent the truth about their operations and practices. Honesty and transparency even about mistakes and problems – are becoming premium corporate values. Without loyalty, they become merely a commodity competing on price.

While price is certainly still a deciding factor, so too is the customer experience, the convenience, and the benefits for being loyal. Earning your customers' trust comes from consistently providing excellent customer service. This means putting your customers' needs first even when that comes at the expense of your business. It is easy to be nice to customers when they are happy with your company, but the real test is when they need something that falls outside your scope of support. The payoff, though, is that loyal customers will stick with a brand that they trust. Most people are willing to pay more for a great customer experience than a poor one. Great customer service elevates the attractiveness of your business, so even if your product is a little more expensive than your competitors, your service can be the great equalizer that swings indecisive buyers.

On this regard, *Infodent International* has made transparency, customer care and trust an imperative in its business. Most importantly, we look at our customers as people with needs and wants and struggles. We forge our relationships to create a community, where they can feel included and at home. We care deeply about them, we owe our existence to them and for this, we will never stop being grateful to them!

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Printer: Graffietti Stampati Snc
S.S. Umbro Casertinese Km. 4,500
Montefiascone (VT)

Infodent International 2/2021
Infodent International magazine,
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n° 2/2021 - VG9802 aut. trib. VT n°496 del 16/02/2002
Trimestrale di informazione tecnico scientifica
Costo copia - Euro 0,77



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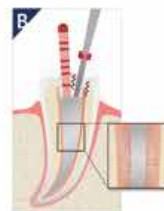


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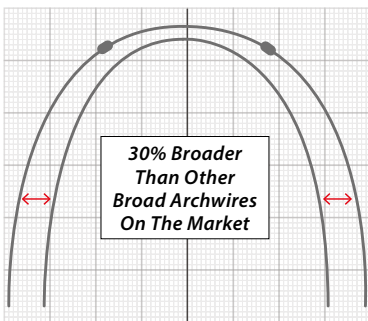


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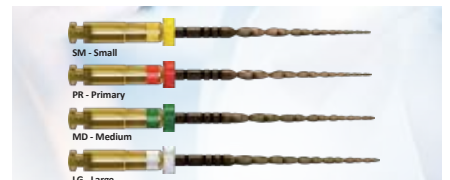
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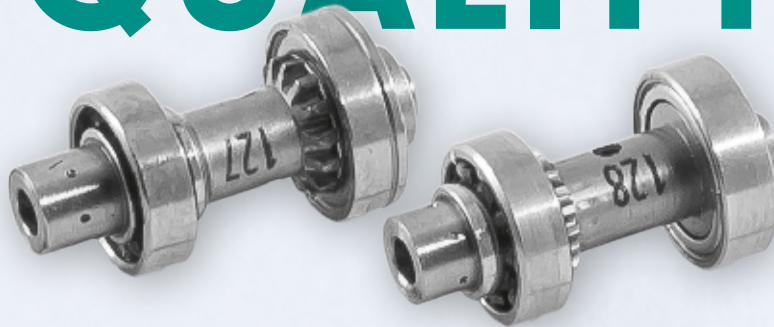
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Model D



Model D Pro



Model T Touch



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Sandblaster *Eclipse II* Ref. 080220
and *Eclipse II -T* Ref. 080228



Sandblaster *Eclipse II* automatic
Ref. 080218



Ref. 080220

Ref. 080228

Cabin entirely made of ABS of reduced dimensions maintaining the amplitude in the work area and with a substantial improvement in lighting. They have two mobile micro-blasting nozzles and, in the hopper version, a large sand tank and a 3 mm static gun.

Ref.	080220	080228
Height	330 mm	490 mm
Length	360 mm	360 mm
Width	450 mm	450 mm
Weight	5,7 kg	7,7 kg
Maximum air consumption	80 l/min.	100 l/min.
Operating pressure	2 a 5 atm.	2 a 5 atm.
Interior light LED		

Entirely built in technical plastic, high strength material, easy cleaning and no oxidation. It allows to locate it in any corner of the laboratory. Tank capacity up to 8 kg of sand. Skeletals are placed in a basket that turns by the action of a motor. The blow nozzle is adjustable in the three dimensions of the space, so that the ideal angle of attack is always achieved. The basket can be easily decoupled from the motor shaft, which simplifying the preparation of the work.

Height	430 mm
Width	320 mm
Depth	310 mm
Weight	5,5 kg
Maximum air consumption	90 l/min.
Operating pressure	2 a 5 atm.
LED inside light	

Orión Work box Ref. 080214

Review booth *Eclipse* Ref. 080216



The suction hood is strategically located so that it doesn't obstruct. The hood is connected to an external suction tube at the rear through a pivotable outlet. Furthermore, detachable boxes collect the dust that could fall through the hand rests.



- 1) Remove elbow tube (rear outlet)
- 2) Shipyard tube placement.



Docking coupling with Jeb type suction

Height	300 mm
Length	360 mm
Width	330 mm
Weight	2,6 kg
Interior light	



Common elements in the 2 models:

- High luminosity LED lamp.
- Absence of shadows inside.
- Ergonomic work position.
- Optimal absorption of powder by means of external suction (not included).
- Easy cleaning.

Height	275 mm
Length	360 mm
Width	330 mm
Weight	2,8 kg
Interior light	



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Author: Silvia Borriello

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Brunei has made massive strides in providing great healthcare to its citizens by utilizing new technologies and providing free healthcare. The country's efforts have paid off as they were able to effectively slow the spread of COVID-19 and increase the average life expectancy of the general population. However, as the population ages, Brunei will need to continue with its upward trajectory to combat non-communicable diseases that are plaguing citizens. The Ministry of Health's dedication to providing the best healthcare service to its citizens is evident in their efforts.

Brunei Darussalam is a Sultanate located on the northern coast of the island of Borneo, in South-east Asia. Its population of approximately 437,500 people is largely clustered around the capital Bandar Seri Begawan, with other population centers connected by a well-maintained highway system. The country gained its independence from the United Kingdom in 1984. **Thanks to its plentiful reserves of oil and natural gas, Brunei's citizens enjoy one of the world's highest standards of living, boasting one of the highest per capita GDP in the world, including high standard healthcare and medical services provided by the government.**

A Bright Future into Brunei Darussalam's Healthcare

Total health expenditure
as share of GDP (2017),

2.42%

Brunei Darussalam (officially, the *Nation of Brunei*, the *Adobe of Peace*, in Malay: *Negara Brunei Darussalam*) is a Sultanate with a Malay Islamic Monarchy

Apart from its coastline with the South China Sea, the country is completely surrounded by the Malaysian state of Sarawak, and separated into two parts by the Sarawak district of Limbang

Brunei has the second-highest Human Development Index among the Southeast Asian nations, after Singapore.

The Sultan of Brunei is one of the world's longest-reigning and few remaining absolute monarchs, implementing a combination of English common law and sharia law

More than 80% of the population, including the majority of Bruneian Malays and Kedayans identify as Muslim

The population consists mainly of Malay (67%) and Chinese (15%) people with some Indian and other indigenous groups

Total health expenditure per capita (2014), current
US\$ 957.61
(In PPP 1777.8)

Total Pharmaceutical Expenditure per capita (PPP) **USD 369.9**

Pharmaceutical expenditure as a share of Total Health Expenditure per capita
20.8%

Crude oil and natural gas production account for over 50% of the country's GDP and almost all its exports, thus Brunei has suffered the brunt of the drop in the price of hydrocarbons in recent years. Owing to the well-entrenched autocracy there is a stable political environment; the Sultan of Brunei, Hassanal Bolkiah Mu'izzaddin, has been reigning since 1968. One of the world's richest individuals, the Sultan appears to enjoy genuine popularity amongst his people, however, most recently, he has faced international criticism over the introduction of Islamic Sharia law into its penal code. Islamic banks are growing rapidly in the country and the State is now supporting small and micro businesses as well as the training of the population to achieve economic growth. There have also been significant investments in the field of education.

Given that energy reserves are becoming depleted, the Government has been pursuing a policy of economic diversification, speeding up investments in the manufacturing and the service sectors, further marketing itself as a financial center and opening numerous tourist facilities. To stimulate growth, the Government has also increased development expenditure, by launching a high-voltage transmission line project between Malaysia and Brunei and developing an international airport. Citizens pay no income taxes, and the Government guarantees free medical services and education up to university level and gives housing and rice subsidies. Over the past two decades there has been an influx of foreign workers to Brunei, which has contributed to its diverse population. Foreign workers primarily come to Brunei from Indonesia, Malaysia, Philippines, and Thailand to work in the oil and gas industry and service sector, making up around 40% of the country's population. The country has no official measurement of a poverty line, but UN reports indicate that around 5% of the population is impoverished.

Compared to other countries in the Western Pacific Region, Brunei has high coverage of essential services. The country instituted single-payer universal healthcare for its citizens in 1958. Given its good population health indicators, it is reasonable to assume that universal coverage has positively impacted health outcomes, also considering Brunei Darussalam's profile, with its high GDP, that has accelerated its success.

Thanks to its highly developed infrastructure, that provides accessible healthcare to all Bruneians, maternal and child mortality have decreased significantly over the years. Brunei, like many developed nations, has made significant strides in eliminating infectious diseases such as malaria (in

Citizens pay no income taxes, and the Government guarantees free medical services and education up to university level and gives housing and rice subsidies.

1987), poliomyelitis (2000) and measles in 2015. The overall life expectancy for Bruneians is 77 years, a 20-year increase from 1961. Nonetheless, as the population ages, the country is experiencing an epidemiologic transition toward chronic disease that must be addressed through health system planning and resource allocation. Non-communicable diseases (NCDs) such as diabetes, obesity, heart disease, and cancers are occurring at higher rates among adults and children and changes in lifestyle factors, including higher caloric intake, sedentary lifestyle, and smoking, suggest that the trend will continue to increase. **Brunei is taking great effort to tackle NCDs by making preventative care accessible however, their increased associated average treatment costs are causing fiscal pressures on a predominantly government funded healthcare system.**

Building on its solid foundations, the Ministry of Health of Brunei (MoH) has also been able to contain the spread of COVID-19 disease (219 total cases since the start of the pandemic), by implementing strict regulations, diligent surveillance, rigorous contact tracing and by mass testing the country.

The Beveridge Model healthcare system is funded through government tax revenue and the government employs all medical personnel and determines reimbursement rates. **Thus, Brunei's health system is classified as a Beveridge Model, although funding comes from alternative government revenue sources and not citizen**

taxation. Public healthcare services in Brunei are either free or offered by the government at highly subsidized rates, including medicines for inpatients and outpatients.

The country's public healthcare network, overseen by MoH, is comprised of 4 government hospitals, 15 health centers, 10 health clinics, and 22 maternal and child health clinics. Brunei also has two private hospitals, Jerudong Park Medical Centre, and Gleneagles JPMC, located in the capital district of Brunei Maura and one private healthcare center, Panaga Health Centre, located in the Belait district. Jerudong Park Medical Centre and Gleneagles JPMC are specialty hospitals specializing in rehabilitation and cancer, and cardiac care, respectively. **Care at both private hospitals is covered under the national health system for Brunei citizens if they are referred to the private hospital through a public healthcare facility.** Most healthcare facilities are located along the coastal region. Although most public hospitals are more affordable as compared to private facilities, they are also overcrowded and have a much longer waiting period.

For the private sector, private insurance is available, and payment is mainly out-of-pocket; most organizations in the private sector provide medical allowances or insurance for their employees. Furthermore, Bruneians with the means to seek advanced medical services outside of the country will travel to nearby coun-

Life expectancy at birth (in years)	77.4 years	
Maternal mortality ratio (per 100 000 live births), 2015	23.0	
Infant mortality rate (per 1,000 live births)	8.8	
Immunization coverage	97.8%	WHO target: above 95%
Probability of dying from any cardiovascular disease, cancer, diabetes, chronic respiratory disease between age 30 and exact age 70, 2015	12.6%	17.1 (Western Pacific Region Average)
Suicide mortality rate (per 100 000 population), 2015	1.3	10.8 (Western Pacific Region Average)

Source: WHO- World Health Organization / Ministry of Health of Brunei

tries like Singapore, Malaysia, and Thailand for private medical consultations. When the public hospitals are unable to provide specific services for more serious health problems to Brunei citizens locally, the government will then coordinate and pay for Brunei citizens to be sent overseas for treatment. Local doctors are also sent abroad to get specialized guidance and training. The MoH is working on long-term goals to induct healthcare professionals into different specializations via seminars and workshops, and through training courses organized locally and overseas.

Basic health services (primary care) are extended to rural areas through the health centers and health clinics network, as well as travelling clinics and flying medical services to access the most remote villages. Brunei's population is not equally distributed across the country's four districts, healthcare facilities are unevenly distributed as well. Citizens living in rural districts must travel long distances to be serviced. For example, the rural district of Temburong is an exclave, thus physically isolated from the rest of the nation, and is primarily serviced by the flying medical service and has only one hospital. Therefore, Bruneian citizens residing in this district may have unequal access to healthcare services, as they must travel through Malaysia or via the Brunei Bay to mainland Brunei, when compared to citizens residing in the capital district where numerous healthcare facilities are located. Although the Flying Medical Services are available in these areas, it is often not enough. Despite slight budget increases over the years,

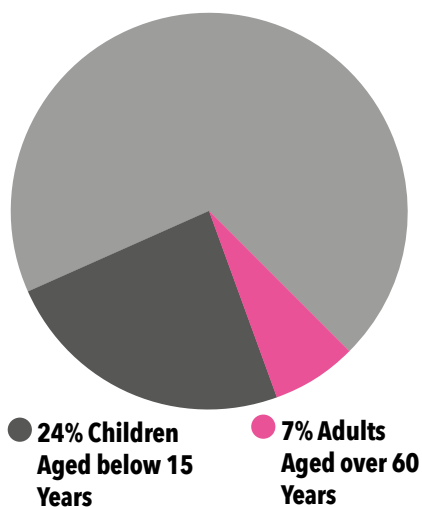
Health worker density/ 10 000 population	17.7 (2015)
Physicians	683 (2017)
Physicians' density/ 1000 population	1.5 (2015)
Psychiatrists' density/ 100 000 population	4.3 (2015)
Surgeons' density/ 100 000 population	22.5 (2015)
Pharmacists' density/ 1000 population	0.17
Dentists	106 (2017)

Sources: The U.S. Commercial Service - https://2016.export.gov/industry/health/healthcareresourceguide/eg_main_108568.asp
 WHO - <https://www.who.int/brunei/our-work>

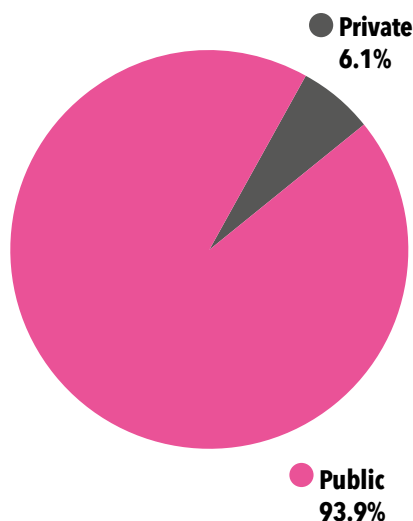
Brunei spends a significantly lower percentage of its national income on healthcare compared to other nations in the world. Private healthcare expenditures are also low compared to other nations. **Relatively low out-of-pocket spending suggests a low risk of financial hardship. However, as health services are predominantly government subsidized, further efforts to support sustainable financing are required.** Although private spending is low compared to many other countries, private healthcare is a growing sector in Brunei's economy. Its private sector remains underdeveloped (3% of GDP); most companies are SMEs (in the textiles, furniture, food sectors). As a result, the country is a large importer, including of medical products. As Brunei's young population ages and requires medical care, the medical industry will be an important long-term growth sector for Brunei's economy.



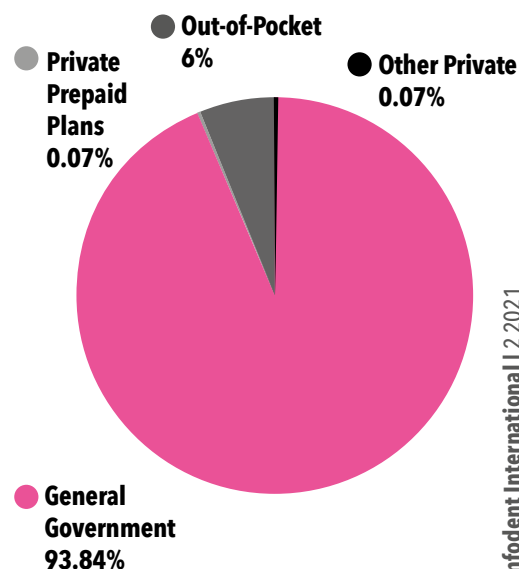
Population by Age



Public vs Private Share of Total Health Expenditure



Composition of Total Health Expenditure



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Brunei Darussalam, An Oral Health Challenge

Brunei Darussalam's forward-looking oral health programs are a model for many countries, however, as in any healthcare system, the need for developments in oral healthcare provision must be balanced against the need to develop other core healthcare services, while being mindful of cost benefits and quality of life issues. Nonetheless, efforts are continuously being made by the Government to further develop provision and quality of its oral health services.



Brunei Darussalam is a welfare state in which healthcare, including oral care, are essentially provided free of charge, or heavily subsidized, by the government to its citizens and permanent residents. **Despite this however, only one third of the population uses the dental services provided. According to a study by the Brunei Darussalam National Oral Health Survey (NOHS 2015-2017), two-thirds of the country's people suffer from untreated tooth decay.**

Most dental workforce (general dentists and specialists as well as complementary professionals) works in the public sector and provides services across the country. Facilities include government hospitals and health centers/clinics, including maternal and child health clinics. Dental services in the private sector are available at two private institutions, as well as 7 clinics. Additionally, flying dentist services cater to residents in areas inaccessible by land or water. Dental services are provided to primary school children in most public and some private schools. Dental therapists provide these services in 45 static schools comprising dental clinics and in 59 schools where portable equipment are used. Transport and labor issues for portable equipment have hindered the running of the service resulting in only about 30% primary schoolchildren being seen. **The demand for primary dental care is mainly for public oral healthcare services, which provide oral healthcare to around 15% of the country's population per year.** There were around 126,000 public service attendances for oral healthcare in 2010. Of these, 91.4% were treated by primary care professionals (35.4% by primary care dentists and 56.1% by dental therapists and hygienists who serve children aged 16 years and under). Only 8.6% of the attendances in that year were for specialized oral healthcare.

Oral health status - The typical Bruneian diet includes large amounts of refined sugars. **From**

Brunei Darussalam is a welfare state in which healthcare, including oral care, are essentially provided free of charge, or heavily subsidized, by the government to its citizens and permanent residents.

observation and feedback, it is apparent that oral hygiene practices among the general population are far from ideal and oral health awareness is relatively low.

Furthermore, levels of smoking in the population remain relatively high. The Department of Dental Services conducted two National Oral Health Surveys in 1987 and 1999. These surveys showed that the percentage of 6-year-old children that were free from caries increased from 3.0% to 11.3% and the mean number of decayed, missing and filled deciduous teeth (DMFT) reduced from 9.5 to 7.1. However, no significant reduction in the mean number of decayed, missing and filled permanent teeth (DMFT) in the 12-year-olds was observed.

The 1999 survey showed that 35-44-year-old had a DMFT of 14.4 and only 1.7% of them were caries-free. Prevalence of periodontal pockets equal to or over 6mm was 20% and none was considered healthy in regarding periodontal disease according to the Community Periodontal Index (CPI index).

The third National Oral Health Survey started in 2015. A survey of a representative sample (n = 2,591) of 5-15-year-old children was conducted. Dental caries, periodontal disease, fluorosis, dental trauma, malocclusion, and oral mucosal lesions were investigated. Preliminary findings showed that 25.9% of children were caries-free at 5-6 years of age and their DMFT was 5.1. Overall, children whose parents had tertiary education had lower DMFT scores than children of parents with less education. This was

also seen among 7-8-year-old children. **Nearly 50% of adolescents aged 12 and 13-15 years were caries-free and remarkable decreases in the severity of dental caries (DMFT) from 4.8 to 0.9 and from 7.4 to 1.6 were found in children aged 10-12 years of age and adolescents (13-15 years-old), respectively, with no significant differences across family income groups.**

Thus, the pattern of dental diseases in Brunei closely follows global trends. Dental caries, severe periodontitis and tooth loss constitute the major dental disease burden in the Brunei population. **Although public dental services are accessible in clinics throughout the country, only 30% of the population come to seek dental treatment, due to a variety of reasons such as work commitment, from fear of going to a dentist, general lack of awareness, and more. Despite efforts made, coverage is still low.** To meet needs and to promote oral health, efforts have been made on several fronts. The Ministry of Health (MoH) introduced its Strategic Plan 2019-2023 with the vision 'Together Towards Healthy Citizens' which includes the promotion of oral health and the implementation of dental programs through close collaboration with other sectors. Among the initiatives included in the strategic plan is to work with the Ministry of Education to provide education and skills development programs on overall oral health at all school

AGE	DMFT** 1999	ORAL HEALTH STATUS Brunei Darussalam National Oral Health Survey 1999	ORAL HEALTH STATUS Civil Services Employees Brunei Darussalam 2008*	DMFT 2015-2016	ORAL HEALTH STATUS Brunei Darussalam National Oral Health Survey 2015 - 2016
5 to 6 years	7.1	11.3% caries-free	-	5.1	25.9% caries-free
12 years	4.8		-	0.9	
35 to 44 years	14.4	1.7% caries-free	DMFT 9.9	9.7	

Notes: *In 2008, an Integrated Health Screening Program for Civil Service Employees was conducted. DMFT score for 35-44-year-old was recorded as 9.9, with 50.3% of teeth extracted.

**DMFT= D-Decayed; M-Missing; F-filled; T-Teeth.

Source: Ministry of Health of Brunei - http://www.moh.gov.bn/SitePages/MRA_oralHealthStatus.aspx

levels. At the same time, the MoH, through the Department of Dental Services, will further enhance the efficiency of existing programs such as the Fluoridated Toothbrushing Program, to educate children at a young age on basic oral care through Oral Health Awareness briefings and tooth brushing plans at school. Uptake of this program has been low because of poor buy-in by the schoolteachers. Furthermore, under the Toddler Fluoride Toothpaste Program, children are given dental appointments every six months until 5 to enhance oral healthcare through education, oral health counselling sessions for parents, and fluoride varnish application to all children at high risk of tooth decay. Other initiatives that have and are still being implemented to ensure that oral health in the country is always maintained include: The addition of fluoride in the water supply. The initiative is a collaboration between the MoH and the Ministry of Development (from 2000, community water fluoridation was made available nationwide); Provision of Flying Dental Services to meet the needs of people living in rural areas; Introduction to Antenatal Program. The program is a nationwide effort in government clinics that aims to emphasize the importance of the dental health of mothers and children as well as their entire families. Expectant mothers are referred from the Maternal and Child Health clinic and priority is given to them to reduce their waiting times at the dental clinic. Mothers are also encouraged to breastfeed

their babies up to the age of 2, a challenging message for parents as bottle feeding is a deep-seated practice in Brunei. Last, but not least, a 'Mukim Sihat' (Healthy Sub-district) program aims to empower the village councils to carry out health-related activities. Health screenings including dental examinations are also provided for villagers.

Through such and other initiatives, the report from the NOHS 2015-2017 has in fact showed that the Department of Dental Services has met its target in achieving the Brunei Vision 2035 to reduce the "Decayed Missing Filled Teeth" (DMFT) index to under 1 for permanent teeth among 12-year-old children. However, Brunei Darussalam is still striving to meet the goal of 80% of children under the age of 6 being caries-free. This year a new global campaign was launched with the theme: "Be Proud of Your Mouth", emphasizing the importance of an individual's oral health as it can affect the health of the whole body.

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Dentist-Population Ratio in Brunei Darussalam (as of 2015)

Total no. of dentists	Between 79-106
Local Dentist: population ratio	1:5202
Total Dentist: population ratio	1:3670
Bruneian nationality	59% approx.
Other nationalities	41% approx..
Female dentists	71%
Male dentists	29%

Numbers of Specialist Dental Practitioners and Oral Health Workforce in Brunei Darussalam (2010)

Orthodontics	6
Paediatric dentistry	5
Oral surgery	4
Prosthodontics	3
Endodontics	2
Periodontics	2
Restorative dentistry	1

Dental hygienists and therapists ¹	44
Dental nurses ²	74
Dental Surgery Assistants ³	93
Dental laboratory staff ⁴	38
Administrative and support staff ⁵	45

Note: ¹ Dental Hygiene and Therapy training program, provided in conjunction with King's College London, UK.
² School dental nurses are qualified to provide primary dental care to children, working predominantly in school-based clinics.
³ Dental surgery assistants support dentists, dental therapists, dental hygienists and dental nurses in the provision of dental services.
⁴ Including 19 technicians, 7 technologists, 9 trainee technicians and 6 possible future trainees.
⁵ The delivery of dental services by the Ministry of Health in Brunei Darussalam is supported by a administrative and support staff, (Chief Executive Officer, hospital administrator, reception staff and attendants who serve as clinical assistants and 'runners' in major dental clinics.

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HOT TOPIC

A Very Promising Protein

Considering that the human body naturally eradicates infectious agents through antibodies production, it comes alone to think that these, if specifically engineered for viral antigens, could become a winning strategy to be adopted in the current pandemic scenario.

When we talk about biotechnological revolution, the first thing that comes to mind is genetic engineering which is, in fact, the main protagonist. An enormously powerful tool, capable of manipulating biological "matter" to obtain a very wide range of medical products. Thanks to this technology, a series of specifically designed drugs are developed, more or less indirectly, according to the pathology to treat.

If, in a period of technological innovation like this one, genetic engineering is like the orchestra conductor of biotechnologies, around it we have a whole series of top-class molecular instruments capable of materializing what the genetic code is asking for. Among these, the most precise and adaptable one is for sure the antibody, more specifically, monoclonal antibody (mAb). It is such a "configurable" protein that can act as fingerprint for any macromolecular target we want to reach, becoming useful in many fields of medicine. From oncological to rheumatic therapies, passing through the treatment of infectious diseases, antibodies have immense potential but, like everything that is young, they need to grow.

For sure, monoclonals have started their growth process already a few years ago. As a matter of fact, in a moment of crisis like this one, where as much help as possible is requested from science, mAbs have responded by making them-

selves available to the pharmaceutical market. In fact, if we consider that the human body naturally eradicates infectious agents through antibodies production, it comes alone to think that these, if specifically engineered for the viral antigens of SARS-Cov-2, could become a winning strategy to be adopted in the current pandemic scenario.

FDA Approved Antiviral Therapies

To date, given the emergency, the FDA has authorized 2 therapies based on monoclonal antibodies for the treatment of the early stages of Covid-19. These are two substantially similar drugs produced by the US biotech companies Eli Lilly and Regeneron/Roche which, from a few days, are being used in clinical settings throughout the country.

In an exploratory analysis, bamlanivimab (commercialized by Eli Lilly) has proven useful in outpatients' treatment, reducing hospitalization rate by 11% in those at risk of developing severe symptoms, and by 5% in the general population. In addition, data, regarding the combination bamlanivimab/etesevimab, were also presented in the context of a phase III clinical study on approximately 1,000 patients. The results show that the combination of monoclonal antibodies leads to a 70% reduction in hospitalization related to COVID-19, compared to the placebo group.

While as regards Regeneron, it presented its exploratory data regarding the combination casirivimab/imdevimab and, similarly to the previous case, the drug proved to be more effective in subjects with at least two risk factors. Here, statistics are similar to Eli Lilly's drug, with a percentage reduction in general population hospitalization of around 3%. This combination has also resulted in significant viral load reduction in treated patients, compared to placebo treatment.

These figures must be interpreted. In fact, as expected, older patients, being more susceptible to developing a more severe health status and to hospitalization, have greater benefits from this therapy than younger people. After all, a drug helping the most fragile subjects is, by itself, an excellent result.

In any case, it should still be emphasized that the efficacy rates of these treatments are not exactly astounding but, considering that there are currently no alternative therapies, monoclonals remain a good support for the sick. Support for those people who, as the EMA (European Medicines Agency) points out, are still in the initial stages of infection, for those at high risk of developing severe symptoms, and for those who do not need oxygen.

A Third Option is on The Way

Other similar monoclonal antibodies are be-

ing tested by international biotech companies and, among these, regdanvimab has already started phase III testing.

It is a mAb from the South Korean company Celltrion, with the SARS-CoV-2 spike protein as a molecular target. Analogously to the other two mAbs produced by the US companies, the action mechanism is based on the link between antibody and viral protein; this bond reduces the ability of the virus to access into cells and therefore leads to an attenuation of the infectious process. According to data provided by the manufacturer, in previous clinical studies, regdanvimab has significantly reduced hospitalization rate, thus attenuating the evolution of the infection towards the severe form. Given the encouraging results obtained in the preliminary testing phases, the study is being reviewed by the EMA and, unless of any problems, the approval for its therapeutic use in Europe is soon to be expected.

In any case, evidence is showing that mAbs are currently unable to offer a resolutive therapeutic solution and that the vaccine remains the only real mean to exit this pandemic scenario. Nonetheless, it should be remembered that any therapeutic support available, regardless of its success rate, plays a substantial role for patients, for society, and for the pharmaceutical sector technological development.

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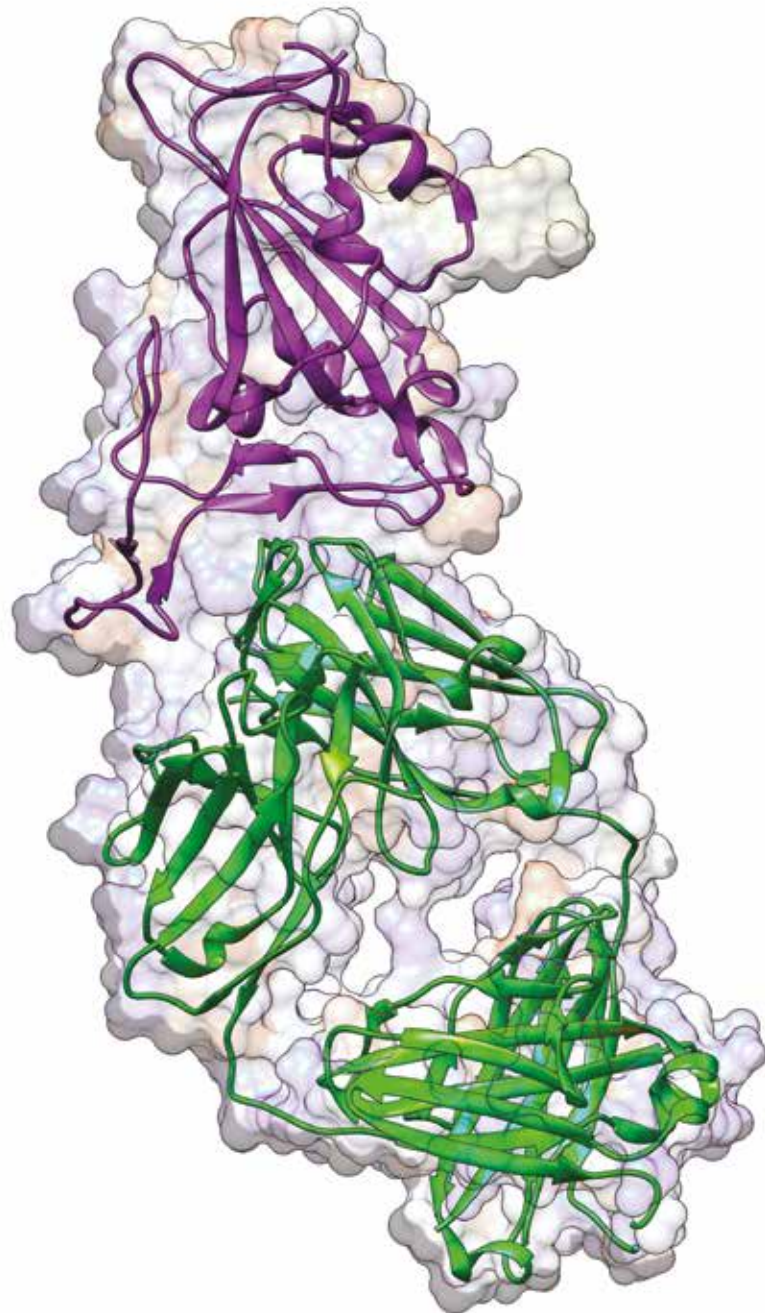
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In any case, evidence is showing that mAbs are currently unable to offer a resolutive therapeutic solution and that the vaccine remains the only real mean to exit this pandemic scenario.



3D model of the neutralizing interaction between monoclonal antibody CT-P59 (green) and SARS-CoV-2 spike protein (purple), achieved by X-ray diffraction method. Crystal structure has been taken from protein data bank.



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What about monoclonal antibodies?

Monoclonal antibodies are playing an increasingly predominant therapeutic role in the current global pandemic scenario. We've had an in-depth talk with Alberto Farina, Celltrion Healthcare Italy Medical Advisor, on their specifically made mAb as well as on their development as key therapeutic options in the future of medicine.

ABOUT REGDANVIMAB

Since Regdanvimab is a monoclonal antibody (mAb) specific for the spike protein, do you think this could limit its use towards the new variants (English, Brazilian, South African etc.)?

Regdanvimab shows strong neutralizing activity against S, V, L, G, GH, GR type variants including UK. However decreased neutralizing effect against South African variant. Regarding Brazilian variant, it is under testing. To cope with South African variant, the Company is committed to develop a "mAb cocktail" including new mAbs identified by Celltrion.

How long do you think the drug will take to complete phase III?

Phase III already started in several countries globally and Italian centers are expected to be opened very soon. The goal is to complete enrollment by the end of April and have top-line results in mid-2021. Final results are expected within late 2021.

How many patients are involved in the phase III study?

Up to 2000 patients to be enrolled in phase III. This number is in addition to 327 patients already enrolled in phase II, and 54 in phase I.

Why are antibodies ineffective in the most advanced stages of infection?

The mechanisms of the disease are different in the early mild-to-moderate phase, vs. advanced stage with severe clinical symptoms. The activity of the anti-spike protein of monoclonal antibodies finds its rationale in the initial phase by counteracting the virus infection process and therefore preventing the evolution of the disease towards a serious condition. In severe disease other phenomena prevail, e.g. inflammation or thrombosis, so the anti-spike mechanism is not effective.

What are the main risks / side effects of monoclonal antibody-based therapies?

Currently available data show a favorable safety and tolerability profile for all mAbs with a very similar occurrence of adverse events between patients treated with mAbs or placebo. This evidence reassures on safety profile and makes the efficacy/safety ratio positive, also considering the severity and absence of valid alternative therapies for the ongoing pandemic. Anyway, data are still limited, and treatments are under investigation. More and larger data are needed, and careful safety monitoring will be performed in the future.

The drug has been shown to accelerate the recovery time of patients. Was this result

observed in all patients? Regardless of age? Regardless of previous pathologies?

A positive effect was observed in all patients, but it was larger and more evident in high-risk patients. Briefly:

- Regdanvimab treated patients reported reduced progression rates to severe COVID-19 by 54% for patients with mild-to-moderate symptoms (all patients) and 68% for moderate patients aged 50 years and over
- Regdanvimab treated patients reported a significantly shortened time to clinical recovery ranging from 3.4 to 6.4 days quicker compared to placebo
- A significant reduction of viral load compared to placebo was reported at Day 7 in patients treated with Regdanvimab.

ABOUT MONOCLONAL ANTIBODIES IN GENERAL

Monoclonal antibodies, due to their "programmability" and their selectivity against many antigens, possess an enormous therapeutic potential. From oncological to rheumatic therapies, mAbs seem to be destined to play a central role in the future of medicine. Do you think that this point of view will become real or technical limits will prevent this growing process?

Thanks to their specificity, they are able to hit key molecular targets to cure many diseases, representing a real turning point in clinical management, allowing previously unattainable results to be achieved, for example to prevent disability in patients with immune-mediated inflammatory diseases or to prolong survival in cancer patients. By their nature, monoclonal antibodies require administration via injection. In recent years the development of subcutaneous formulations has contributed to making administrations fast and easy, in comparison to long intravenous infusions, which must take place under the supervision of healthcare professionals. Monoclonal antibodies continue to be studied and represent a substantial part of the global research pipeline. mAbs will continue to represent a key therapeutic option for many years to come.

In the field of monoclonals, in your opinion, in which direction should scientific research mostly use its resources?

Specifically, for monoclonals it is advisable to develop SC formulations which do not require hospitalization of patients for their administration, this helps to optimize the organization of national health systems and improve quality of life. Additional efforts should be made to develop molecules that, in addition to being effective, are well tolerated and compatible with the human body. Let's not forget that mAbs are complex biological substances that could induce immune responses if the body recognizes them as foreign.

Furthermore, but this holds true for all new drugs and therapies, it is a priority to focus on unmet medical needs, conditions with no or non-adequate cure, and to bring to the market new drugs that have additional therapeutic value.

The development of biosimilar medicines is equally important. Biosimilars are "copies" of an originator medicinal product with an expired patent, they are approved following rigorous evaluation by regulatory agencies, and



Alberto Farina, Celltrion Healthcare Italy Medical Advisor

guarantee a high standard of care at a lower cost. They allow for greater global access to therapy and the optimization of resources to invest to treat more patients.

Do you think that in the socio-technological context in which we find ourselves there are some technical or bureaucratic aspects that could be updated to accelerate the development of new generations of monoclonal antibodies?

Bringing a new therapy into clinical practice requires several years. Developing a new monoclonal antibody, even in the case of a biosimilar, requires huge financial and human resources, and the need for expertise in many areas: preclinical research in the laboratory, clinical research on patients, regulatory skills to obtain authorizations, and distribution capacity on a global scale.

All the aforementioned areas can be improved, however, based on my experience, I hope for

greater speed in the ethical-regulatory process of authorization of clinical trials, which can often take months or even more than a year. The approval phase also takes a very long time and is still very uneven between the EU, the USA and other countries, making access to the same medicine very different among geographical areas.

If there is anything the pandemic has taught us, it is that, with the right will and cooperation between industry, the scientific community and regulatory agencies, this is possible. By January 2020, we barely knew about COVID-19, and by the end of the year the first vaccines and therapies were already available.

Regardless of regdanvimab, what can you tell us about Celltrion Healthcare as a company and its international perspectives?

Celltrion Healthcare has become one of the best-known biopharmaceutical companies, globally. Headquartered in South Korea, Celltrion network is present all around the world through affiliates, such as Celltrion Healthcare Italy, or business partners. Celltrion is focused on biological medicines, and the name itself is a combination of the terms "cell" in our body and "Triones," a guiding star that is also known as the Big Dipper. The name of our company conveys our will to promote the health and welfare of humanity by becoming a "guiding star" in the biopharmaceutical industry. Celltrion was the first company in the world to market a biosimilar of a monoclonal antibody, infliximab (Remsima), in 2013, offering the highest standards of care and improving global access to the drug. In the following years Celltrion successfully marketed additional biosimilars (rituximab – Truxima, trastuzumab Herxuma, adalimumab – Yuflyma) and strengthened its pipeline with innovative products such as the first and only subcutaneous (SC) formulation of infliximab (Remsima SC) and Regdanvimab (CT-P59 or Regkirona). Our research and development program includes several additional biosimilar and innovative candidates, which we plan to bring to market in the coming years.

Biosimilars are "copies" of an originator medicinal product with an expired patent, they are approved following rigorous evaluation by regulatory agencies, and guarantee a high standard of care at a lower cost.

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Dental practitioners in Australia are required to complete a minimum of 60 hours of CPD activities over a three-year CPD cycle (current cycle ends Wednesday 30th November 2022).

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Delegate Registration, Free Communication & Poster Abstracts' opening soon.



Calendar

Here our trade shows selection. Discover all worldwide dental exhibitions at www.infodent.com/calendars/tradeshows



01/01-31/12/2021

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JUNE

04-06/06/2021

SIDEX 2021 - Seoul International Dental Exhibition & Scientific Congress

Seoul - Korea, South

Organized by: Seoul Dental Association (SDA)
Managed by: SIDEX Organizing Committee

2F, 257 Gwangnaru-ro,
Seongdong-gu, Seoul,
Republic of Korea
Phone: +82 2 498 9146
E-mail: sidex@sda.or.kr
Website: www.sidex.or.kr
Venue: COEX (Seoul Convention and Exhibition Center)
Scientific Congress: COEX Conference Room
South 3F, 4F / Auditorium / Conference Room E
Exhibition: COEX Hall A, Hall C - Seoul
Korea, South

www.sidex.or.kr



09-12/06/2021

SINO-DENTAL 2021 - The 26th China International Dental Exhibition and Scientific Conference

Beijing - China

International Health Exchange and Cooperation Center, National Health and Family Planning Commission

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Email: zhanghaixia@ihecc.org
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Save The Dates

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**14th INTERNATIONAL
Sofia Dental Meeting**



JULY

29/06-01/07/2021

AEEDC 2021 - The 25th edition of the UAE International Dental Conference & Arab Dental Exhibition

Dubai - United Arab Emirates
Infodent International booth: 417

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Venue:
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14-16/07/2021

EACMFS 2021 - 25th Congress of the European Association for Cranio Maxillo Facial Surgery

Virtual Event

Paris - France

Technical Secretariat: TORRES PARDO, S.L.
 Torres Pardo C/Napols, 187 2ª Planta
 08013 Barcelona
 Spain
 Phone: +34 9 3246 3566
 Fax: +34 9 3231 7972

Venue: Palais des congrès de Paris
 2 Place de la Porte Maillot
 75017 Paris
 France

www.emma.events/eacmfs2021

AUGUST

12-14/08/2021

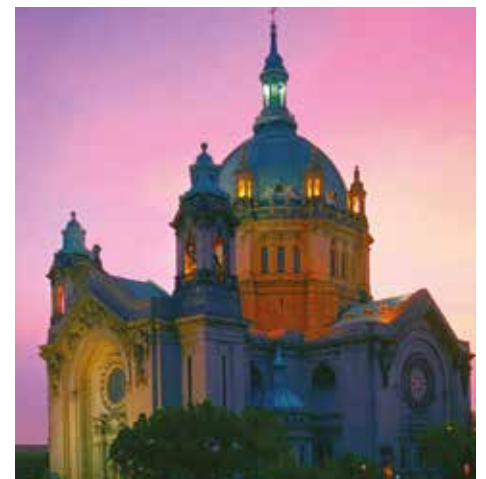
Star of the North Meeting 2021 - Hybrid - 136th Annual Scientific Session

Saint Paul, MN - USA

Organized by: MDA - Minnesota Dental Association
 1335 Industrial Blvd, Ste 200
 Minneapolis,
 MN 55413-4801, USA
 Contact Person: Ms. Shannan Cook
 E-mail: info@mndental.org
 Website: www.mndental.org

Venue: RiverCentre
 Saint Paul, MN USA

www.star.mndental.org





► www.dentech.com.cn

**DenTech China
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www.dentech.com.cn

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Exhibition and Convention Center

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SEPTEMBER

16-18/09/2021**CEDE 2021 -****The 29th Central European Dental Exhibition****Łódź - Poland**

Organized by:
EXACTUS
Al. Kosciuszki 17 lp.
90-418 Lodz
Phone: +48 42 632 28 66
Email: info@exactus.pl, cede@cede.pl
Website: www.exactus.pl

Venue: EXPO Łódź
Łódź
Poland

www.cede.pl/en**22-25/09/2021****IDS 2021 - 39th International Dental Show****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
E-mail: info@vddi.de
Website: www.vddi.de, www.ids-cologne.de

GFDI Gesellschaft zur Foerderung der Dental-Industrie mbH
Aachener Str. 1053-1055
50858 Koeln
Website: www.gfdi.de

Realization: Koelnmesse GmbH
Dept. Health, Lifestyle & Facilities
Messeplatz 1
D 50679 Koeln

Venue: Koeln Messe/Deutz
Cologne
Germany

www.ids-cologne.de**26/09/2021****FDI 2021 - Virtual Special Edition - Annual World Dental Congress****Sydney - Australia**

** Due to COVID-19 travel restrictions, the Congress has been moved 100% online for the first time

FDI World Dental Federation
Avenue Louis Casaï 51
P.O. Box 3
1216 Geneva-Cointrin

SWITZERLAND
Telephone: 41 22 560 81 50
Email: info@fdiworlddental.org

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27-30/09/2021

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2021 - Moscow
International Dental
Forum & Exhibition**

Moscow - Russia

Organised by: Dental Expo

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Donskoy proezd, dom 15
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Email: info@dental-expo.com
Moscow Exhibitions Director: Mrs Anna Isaeva
Email: mos@dental-expo.com

General manager: Mr Ilya Brodetski
Email: brodetski@dental-expo.com
Venue: Crocus Expo Fairgrounds
Moscow - Russia

www.dental-expo.com



NOVEMBER

28/11-01/12/2021

**Greater New York
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2021 (GNYDM) -
97th Annual Session**

New York City - USA

Meeting Dates: November 26th - December 1st
Exhibit Dates: November 28th - December 1st

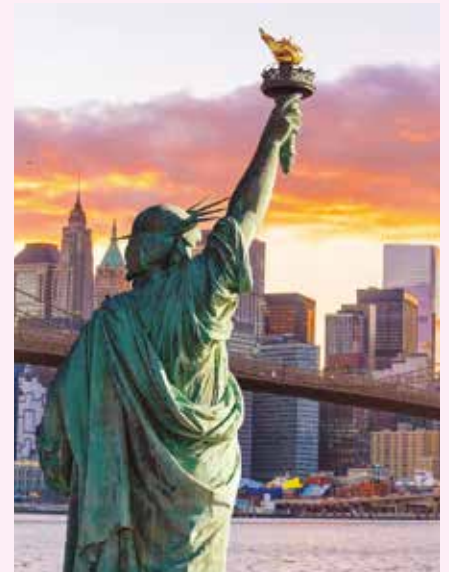
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**HELPFUL
TIPS**

**Given the current situation worldwide,
we warmly invite you to check trade shows dates,
venues and booths location listed in this magazine**

NON PROFIT



Her Name is

Jane Rose

Philippines - Jane Rose longed to be called by her name. Writing it repeatedly in her notebook, the spirited 7-year-old hoped that the dream she wrote on paper would eventually come true.

But in reality, she faced almost constant bullying because of her cleft condition from many children in her community who refused to call her anything besides "bungis," a derogatory word for cleft. "My heart breaks every time I hear them bully her. The only way to stop it is to get her cleft lip repaired. They will not stop otherwise," said Eutigio, Jane Rose's father. Jane Rose loves going to school and is very intelligent. She refused to give in to her

abusers. With big dreams of one day becoming a teacher, she felt determined to attend school each day despite the constant bullying. Her family lives in a house made of bamboo in Cebu City, Philippines. With no access to electricity or water in their home, Jane Rose and her family share the only nearby well with the many neighbors in the area. Southeast Asia, including the Philippines, is a

region where cleft conditions are more common than the rest of the world – around one in 500 children are born with a cleft condition. The global average is closer to one in 750 births. Even though there are skilled plastic surgeons in the country – some who volunteer with Operation Smile – most families can't afford the cost of surgery. It broke Eutigio's heart knowing that as a garbage collector, the cost of surgery for Jane Rose was

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beyond his means. In the past, he's tried twice to get his daughter this life-changing surgery for free through other organizations. But both times, Jane Rose was denied because of health issues. With each failed attempt, Eutigio's anxiety and worry for his daughter deepened. "My biggest fear is that she'll grow up being bullied all her life," he said.

It wasn't until Eutigio learned about Operation Smile Philippines that he believed and hoped their third attempt at surgery would be different. Upon arriving at the medical mission, Jane Rose and her father felt excited at the thought that this could be the opportunity for which they've been waiting. "I am very happy to be here," Eutigio said. "There are so many children here with the same problem. I thought it was only our family." After the screening process, medical volunteers were thrilled to tell Eutigio the good news. "I am so happy she passed all the health examinations since this is the third time we've tried. I am very happy and very thankful," Eutigio said. It was finally time for Jane Rose to receive the surgery she always deserved. A surgery that can take 45 minutes changed her life forever. The day after her cleft repair surgery, Jane Rose stared at her new smile in the mirror, not taking her eyes away from what she saw. "I'm so happy that she looks so beautiful. Thank you!" said Eutigio.

Years have passed since Jane Rose's surgery, and so many aspects of her life have changed during that time. Today, Jane Rose continues to excel in her studies at school. According to her teacher, Jane Rose is very involved and intelligent. She even received a medal for the time she spent studying. With her newfound confidence after surgery, Jane Rose participated in a school mini pageant and has gained many friends.

But the greatest and most noticeable change is

how the children who once bullied her now call her by her real name. At last, she's living out her dream that once occupied the lines of her notebook.

Eutigio hopes that Jane Rose will now be able to follow her dreams, finish school, and become a teacher. "She will have a better future now," he said. Today, nobody bullies or teases her – many have no idea that Jane Rose was born with a cleft lip. "I am not a 'bungli' anymore, I am just beautiful," Jane Rose said.

About Operation Smile - Operation Smile has provided hundreds of thousands of safe surgeries for those born with cleft lip and cleft palate. With more than three decades of expertise, Operation

Smile creates solutions that deliver free surgery to people where it's needed most. As one of the largest medical volunteer-based nonprofits, Operation Smile has mobilized thousands of medical volunteers from a wide range of medical specialties from more than 80 countries. Operation Smile engages public-private partnerships to advance health care delivery, train local medical professionals to provide surgical care for patients in their communities, donate crucial medical equipment and supplies, and increase access to surgical care so that everyone living with cleft is treated.

For more info www.operationssmile.org
Article taken from: www.operationssmile.org/blog/her-name-jane-rose



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