SEPTEMBER 11, 2018
Monthly Meeting
Speaker: Dr. Dennis M. Abbott
Tarrant County Medical Society

SEPTEMBER 14, 2018
3rd Annual Clay Shoot
Defender Outdoors
Clay Sports Ranch

OCTOBER 9, 2018
Monthly Meeting
Speaker: Mr. Robert P. Marbach
Tarrant County Medical Society

NOVEMBER 13, 2018
Monthly Meeting
Speakers: Dr. John Kwon &
Dr. Danny Rafati

Join Us!
All State-of-the-Art Programs
Awesome New Colleagues
Amazing Old Friends

UPCOMING COURSES AND EVENTS

Register online @ www.fwdds.org
Did you know that if you come to just 5 monthly meetings, the FWDDS OSHA Course each January, and the all day CE Course each year, you will have met more than your CE requirements for the year without any travel expense? Plus, it is a good chance to network with your colleagues. Mark your calendars and plan to come!

SCHEDULE OF EVENTS & MEETINGS

September 11, 2018
Monthly Meeting / Oral Oncology: Speaker
Dr. Dennis M. Abbott – Tarrant County Medical Society

September 14, 2018
3rd Annual Clay Shoot – Defender Outdoors
Clay Sports Ranch

September 21, 2018
Annual Shred-A-Thon Fall
Tarrant County Medical Society Building

October 9, 2018
Monthly Meeting / Get It Right the First time...Achieving Predictable Clinical Outcomes for Restorative Success: Speaker
Mr. Robert P. Marbach – Tarrant County Medical Society

November 13, 2018
Monthly Meeting / Manifestation and Treatments of Oral Complications of IBD: Speakers Dr. John Kwon and Dr. Danny Rafati – Tarrant County Medical Society

December 14, 2018
Christmas Party – Colonial Country Club

January 18, 2019
OSHA/HIPAA Compliance Program –
Cook Children’s Hospital

WELCOME NEW MEMBERS!

Dr. Garrett Johannsen
Dr. Ryan Carmichael
Dr. Kyle Meason
Dr. Daniel Ingel
Dr. Adrienne R. Montgomery
Dr. Alison Brown
Dr. Anna Tye
Dr. Autrine Loghmanian
Dr. Caitlin Flosi
Dr. Chintan Amin
Dr. Christopher Johnson

Dr. Elizabeth Barroso
Dr. Insiyah Yusufali
Dr. Karlee Jean DeHaan
Dr. Lauro Tijerina
Dr. Lisa Tran
Dr. MacKenzie Youngman
Dr. Norika Haberman
Dr. Rinkesh Patel
Dr. Talon Davis
Dr. Tianne Yarbrough
Dr. Juveria Hussain

Dr. Francisco Nieves
Dr. Christina Barry
Dr. Keith Anderson
Dr. Zachary Sutton
Dr. Hina Khan
Dr. Ranjit Ghanta
Dr. Shaunak Arun Badheka
Dr. Michael Jackson
Dr. Spencer Hoyt
Dr. Teddy Dyer, Jr.
Dr. Danielle Gill

Dr. Lauren Pizor
Dr. Mona Agarwal
Dr. Walter Horn
Dr. Navid Khalighinejad
Dr. Kinnari Ghia
Dr. Long Nguyen
Dr. John Meek
Dr. Mason Luedeker

Welcome to FWDDS! We are thrilled to have you as new members. Please join us at our next monthly dinner meeting.
Membership is HOT!
By Dr. John Boyd

It has been a hot summer so far. How hot is it you ask?

It is so hot that everyone is wearing “sweat pants”.

It is so hot that even white collar workers are red necks.

And……It is so hot that the catfish are already fried when you catch them.

The board of directors are hot, as well. They have been working hard and consistently through the summer to get our dental society ready to start a new year full of activities. Our first two events were cool ones. Members were treated to fun, informative and delicious wine tastings hosted by Classic Wine Storage in Fort Worth and in Southlake. It was a great time to renew acquaintances, establish new ones and catch up with old friends while learning about a variety of wines from a master sommelier. I truly enjoyed doing my “homework” from that class!

September is an action packed month for us. The first monthly meeting will be held the second Tuesday in September. It will be a good time to reconnect with your friends and colleagues and to participate in an excellent continuing education program with Dr. William Abbott. The CE committee has an exciting lineup of monthly meeting programs and full day seminars. Again, check the website to see all the details and register for upcoming events. Following the monthly meeting will be the 3rd Annual Clay Shoot at Defender Outdoors Clay Sports Ranch and the Fall Shred-A-Thon. One or both of these events should appeal to almost everyone.

Making the dental society’s programs and services relevant to our members is our main focus. However, there is one service benefit that is not only relevant to our members but it is crucial to the protection of our profession – that is the peer review process. In these last few months we have seen a significant increase in the number of mediation requests from patients being submitted to the Peer Review Committee. Since we are in such a fast growing metropolitan area that trend is projected to continue and to even increase. The role of the Peer Review Committee is to resolve conflicts that arise between patients and their treating dentists. This committee gathers information about the disputes and attempts to mediate the disagreements. The goal is to keep the conflict from escalating to a level where the state board or the legal community is involved.

We trained a large number of volunteers this summer to help with this committee. Most likely at some point in your career you will be involved with one or more of these disputes. It is in your best interest to have a panel of your peers help you resolve the problem rather than have it go to the next level. If a complaint does go beyond the Peer Review Committee it could potentially cost you a significant amount of money, a blemish on your license and most assuredly will cause you a lot of worry and lost sleep. This benefit alone will make your dues dollars seem insignificant. I can speak from personal experience on this one. The dental society is here for you, the member, and to protect the public trust in our profession. This service is only available to members. Please help us get the word out to all of your dental friends about the value of membership. It will be cool soon.
PROVIDING CARE FOR THE ONCOLOGY PATIENT NOT AFFECTED BY HEAD AND NECK CANCER

At the conclusion of the presentation, the learner will be able to:

- explain how cancer not involving the head or neck may still affect dental treatment for these patients.
- identify some oncology treatment regimens that may necessitate changes to normal dental procedures.
- understand why proper dental care is important for all individuals battling cancer.

Dennis M. Abbott, DDS is the CEO of Dental Oncology Professionals, an oral medicine practice dedicated to meeting the unique dental and oral health care needs of individuals battling cancer and cancer survivors. His unique approach to dentistry combines the broad scope of general dentistry with oral medicine and an understanding of the oral effects of oncology therapy for all types of cancer in order to implement an individualized treatment plan for the medically-compromised patient that improves and preserves oral and systemic health throughout the cancer journey and into survivorship.

Since moving his practice in this direction, Dr. Abbott has become one of the leading experts in the field of dental oncology and the working relationship between medicine and dentistry. He lectures internationally on subjects related to dental and oral health care in cancer patients and cancer survivors, topics in oral and head and neck cancer, and the relationship between oral health and systemic health in all patients.

Date: September 11, 2018
Place: TCMS Building
555 Hemphill Street
Fort Worth
Time: 6:00p Drinks/Dinner
6:30p Presentation
Cost: $30.00 per person

Please go to www.fwdds.org to register

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Cancer continues to be one of the hottest topics in medicine; yet in spite of billions of dollars spent and countless hours of research dedicated to this Emperor of All Maladies*, millions of Americans are diagnosed with some form of cancer each and every year. In 2018 alone, it is estimated that over 1,735,000 Americans will join the more than 15 million others in our country living with this disease. But how does a diagnosis of cancer affect a trip to the dentist? Many of us have heard about osteoradionecrosis as a side effect of head and neck radiation therapy, but do you know enough to feel comfortable treating the patient who is an oral cancer survivor? What if the diagnosis had been something other than oral cancer…say, lung cancer or breast cancer or kidney cancer? Does that change the game for the general dentist, dental specialist, or hygienist? Let’s look at an actual case to gain some insight… (Please note…this is an actual case from 2010. Drug regimens have changed with the advent of new medications and immunotherapies although the illustrated protocol is still accepted and widely used.)

RJ, a 56 year old white male, presents with a complaint of ongoing pain in the left maxilla. He had an abscessed tooth (#14) extracted about three months earlier at another dentist, but claims the area never quit hurting. He is currently in remission from stage IV non-small-cell lung cancer with metastases to the spine and is otherwise healthy. Previous treatment included radiation therapy to the lungs and lumbar/sacral vertebrae and ribs and systemic chemotherapy that included adjuvant cisplatin, docetaxel, and pamidronate. He is currently taking hydrocodone/APAP 7.5/325mg, previously prescribed by his oncologist, as needed and only when the level of pain increases beyond a point that is managed by OTC analgesics and penicillin-VK (500mg, t.i.d.) as prescribed by the dentist who extracted #14. He reports no drug allergies and states chemotherapy was completed ten months prior to his visit today. He quit smoking when he was diagnosed with lung cancer, but had a pack-year history of over 50 years. It has been approximately 15 years since his last dental cleaning. His last visit to the dentist was approximately one week ago, when he was given the prescription for the antibiotics he is currently taking. He is on Day 8 of a two-week regimen of PenVK and reports taking the medication as prescribed.

Clinical examination reveals several missing teeth and periodontal disease classified as generalized type IV chronic adult periodontitis. Extensive supra- and sub-gingival calculus deposits are present on all remaining teeth, most notably an extensive calculus bridge on the lingual of the teeth in the mandibular anterior sextant (Fig. 1). Near the posterior of the left maxillary quadrant, the non-healed extraction site of #14 presents with a mucosal fenestration on the buccal aspect of the edentulous ridge in an approximate location consistent with the apex of the mesiobuccal root of the extracted tooth. Suppuration is noted associated with both the mucosal fenestration and the extraction site. The surrounding...
mucosa adjacent to the two areas of exposure is erythematous and edematous (Fig. 2). Radiographic examination revealed another recent extraction site where tooth #12 had been. When asked, the patient states tooth #12 was extracted at the same time as #14, but reports no problems with site #12. In fact, he is confident that the pain is associated with extraction site #14. Clinical examination of site #12 reveals an area that appears to be healing well. A periapical radiograph of the area involving the two extraction sites is shown for your review (Fig. 3).

After reviewing this information, what is your diagnosis of RJ’s current condition? How would you manage and/or what would you do to treat this patient? Do you agree with the patient that only site #14 is contributing to his pain? Do you think cancer played a role in his presentation?

If you find yourself unsure of how to proceed or what to do to manage this patient, or if you do not feel confident with your answers to any of the above questions, or if you are unable to fully justify your responses by answering such questions as Why? or Why not?, I invite you to join me for the Fort Worth Dental Society’s 2018-19 kick-off on Tuesday, September 11 as we explore how cancer does or does not affect the way we care for the dental needs of individuals touched by this disease. I will include this case as part of my September 11th presentation and will be sure to provide answers to the questions then. If you cannot join us, you may look for the conclusion of this case and answers to these questions in an edition of your Society’s newsletter some time after September 11, 2018.

* The Emperor of All Maladies: A Biography of Cancer is a book written by Dr. Siddhartha Mukherjee, an American physician and oncologist. Published in November 2010, it won the Pulitzer Prize for General Non-Fiction in 2011.
HEALTHCARE THREATS and What You Can Do to Protect Your Practice

By Bryan Thomas, SVP
Treasury Management
First Financial Bank

All segments of the healthcare industry are being targeted by fraudsters as they know you have sensitive information on your patients that they can use for their own ill-gotten gain. According to the 2017 AFP Fraud and Control Survey over 70% of all businesses in the past 10 years have experienced an attempt or actual fraud involving payments of some sort.

Here are some quick tips on how to secure your financial controls for a safer environment:

1. Use a dedicated banking computer that is separate from your network
2. Do not use the same login ID and password on multiple sites, especially banking related
3. Setup external email notifications within your email server so you can quickly see that something came from outside your environment
4. Establish dual controls for all payments you make when possible
5. Setup alerts for banking transactions, credit card and debit card usage
6. Establish a protocol for when an employee leaves the company or changes roles to make sure access has been removed or altered
7. Encourage an open door policy where your staff feels comfortable reporting suspicious behavior externally or internally
8. Hire a reputable I/T firm to perform ongoing maintenance and protection of your network and mobile devices
9. Test your back up and disaster recovery plans regularly
10. If you are a victim of a cybercrime report it to the FBI (www.ic3.gov), they want to know
Checks remain the number one target for fraud as it is the easiest method to obtain valid information to then act on. Moving to an electronic payment method (Automated Clearing House or ACH for short) dramatically reduces that risk. And while it can be difficult to eliminate checks, there are ways to still use them while protecting your business. Positive Pay is a great fraud detection system that authorizes checks and ACH transactions to clear based on preauthorized information and filters.

Working proactively with your bank’s treasury management professionals you can reduce and often times eliminate the greatest risks associated with payment fraud.

One of the most effective ways that a fraudster can get to your money is by falling prey to Business Email Compromise, or BEC for short. This is where you receive an email that you think it legit and take action without verifying it truly is legit. Often times the fraudster will use a variant of an actual email address to trick the receiver into taking action. For example, at First Financial Bank our email domain is @ffin.com. See how easily someone could change this and not be as noticeable. ffim.com or ffir.com look really close but they are not the real domain. Always check the email address, verify with the receiver by calling them and then coach your staff to always question anything that seems suspicious. BEC is the second leading cause of financial loss being reported currently.
"Oh my gracious!!! What an awesome experience! The venue could not have been better--superb ambiance!!! I learned so much about wines and paring them with the types of food that actually make each wine burst with flavor! I have never been a fan of dry wines, but this tasting actually open up my world to both reds and whites!!! The speaker was great!!"

Julia Martin

"I had an incredible time learning about making the most of wine while enjoying eating! Now I know sparkling wine is really best with meals and not just for New Year's!"

Dr. Amy Bender

"I learned a lot AND had a great time"

Dr. Bradley Hall

"It was great!"

Dr. Tom Novak
“What a fun night of fellowship and learning! Who knew butter and salt could taste even better? The evening was filled with such an atmosphere of friendship and celebration of shared interests. Melissa Monosoff, the master sommelier, was engaging, educational, and inspiring. This was such an encouraging educational experience amongst peers. I’m looking forward to making this a tradition.”

Dr. Sarah Morris

“My wife, Cynthia, and I had a great time. It’s always fun to meet new people and have the opportunity to get to know a bit about them. It’s also great to catch up with old friends. The wine and food were great. The lessons about the various wines were informative. All in all it was a wonderful evening. We would love to do it again.”

Dr. Mark Givan
As our understanding of periodontal disease advances and treatment options evolve, making the decision to save or extract a compromised tooth has become more complicated. Knowing how to properly examine and diagnose a periodontal patient is critical to the long-term success of any treatment. It is important to have a consistent and reproducible way of measuring periodontal disease and of assessing the prognosis of teeth (1). Determination of a tooth’s prognosis should include a proper clinical and radiographic examination. Clinical measurements such as probing depth, clinical attachment loss, mobility, furcation involvement and occlusion are some of the factors that influence treatment decisions. Radiographs also provide valuable information regarding periodontal bone loss and other contributing factors such as open contacts, presence of subgingival calculus, or defective restorations. Knowing which radiographs to take and how to properly take them will impact the clinician’s ability to evaluate periodontal disease. These clinical and radiographic findings should be a routine part of a comprehensive patient evaluation not only to determine the prognosis of teeth but also to limit the dentist’s liability before proceeding with restorative treatment. In addition to conventional radiographs, cone beam CT scans also provide valuable information by allowing clinicians to view the teeth and surrounding bone three dimensionally. While they should be used judiciously, cone beam CT scans precisely show the anatomy and depth of intrabony and furcation defect. This information is useful in deciding not only if the tooth is savable, but also what treatment options to consider, i.e. osseous resective surgery or periodontal regeneration (2). In addition to the clinical examination, it is essential to factor the patient’s overall health in treatment decisions. Our understanding of periodontal disease has grown from a purely bacterial condition to a host mediated immune response to bacterial plaque. Conducting a thorough review of the patient’s medical and dental history may help to reveal additional risk factors and conditions which may influence the clinicians’ approach to treatment. Once the information has been gathered, it is up to the clinician to present his findings to the patient and make appropriate recommendations that are consistent with current standards. It is important that this be a discussion where the patient can ask questions and provide input on treatment goals. Treatment recommendations should be within the clinician’s skill set and comfort level. Achieving predictable outcomes are a result of a combination of understanding evidence supporting the treatment and the proficient execution of the procedure. Working with a trusted specialist to provide assistance in areas that fall outside of a clinician’s scope is the optimal way to achieve the best result for the patient.


N Joseph Laborde III, DDS, MMSc
Diplomate of the American Academy of Periodontology

The following is an abstract from a lecture that Dr. Joe Laborde will be presenting at the Association Dentaire Francaise (ADF) annual meeting in Paris this November. He will be a guest international speaker which will include a live translation of the lecture.
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Georgetown Pediatric Dentistry

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DENPAC, the TDA’s political action committee, seeks and supports candidates that listen to organized dentistry. We may not agree with the legislators’ platform, but we still want access to the legislature.

Please consider a donation to DENPAC and mark your calendar to attend TDA Legislative Day, Wednesday, February 20, 2019. You have the opportunity to voice your concerns to your legislators as well as learn about what issues are affecting Texas.

Please become involved in learning what our candidates and legislators stand for and please donate to DENPAC where your voice will be heard.
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OBJECTIVES:
- Learn the pros and cons between intraoral scanners vs. conventional impressions. Which is best?
- Learn to recognize the clinician shift from PFM’s to monolithic materials and how to satisfy the patient’s esthetic needs.
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- Learn your #1 enemy now that you have done a great prep.
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- The Latest in Digital Technology
- Mastering Shade Control On All Cases
- Clinical Secrets: How To Achieve Optimal Results On Every Case
- Advanced Restorative Systems: How to Choose What’s Best For Your Patient

BIO:
Mr. Robert Marbach, BA, CDT is the Founder of Authentic Dental Lab in San Antonio, TX. He is a Past Board of Directors at The Pankey Institute and is a Board Certified Dental Technician currently working on his Masters in dental technology with over 35 years of dental experience. Bob received his Technical Certificate of Completion from the Pankey Institute and is a past member of the Advisory Board for The Canadian Journal of Dental Technology. He is also a member of the prestigious TEREC Group, a technical research consortium. Bob has lectured internationally for many years and his lecture has received approval from the Academy of General Dentistry. He has also received his Fellowship in the Academy of Dental Facial Esthetics and received the National Association of Dental Laboratories Inventor’s Award for developing and patenting the “Shade Wand”, a shade-taking light used by dentists worldwide. Most recently, he was inducted into the American Society For Advanced Dental

Date: October 9, 2018
Place: TCMS Building, 555 Hemphill Street, Fort Worth
Time: 6:00p Drinks/Dinner 6:30p Presentation
Cost: $30.00 per person

Please go to www.fwdds.org to register

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The Alliance’s Silver Lining Fund is a relief fund for dental families in need. The Silver Lining Fund grants are readily accessible because the application process is uncomplicated. Grants can be disbursed very quickly.

The Silver Lining Committee carefully considers each request for grant money. All information is kept strictly confidential. Because funds are given as grants, they need not be repaid.

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The Twelfth Night reserves the right to edit manuscript and the copy for classified advertisements.
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