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<td>8:30 – 9:30</td>
<td>New methods of soft tissue augmentation around teeth and implants Marzena Dominiak</td>
<td>Challenges in contemporary infection control Kaan Orhan</td>
<td>Is there a need for tooth transplantation in contemporary dentistry? Ewa Monika Czochrowska</td>
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<td>9:30 – 10:00</td>
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<td>Soft tissue considerations around teeth and implants Korkud Demirel</td>
<td>The influence of individually trained oral prophylaxis on oral health Denis Bourgeois</td>
<td>New advances in mechanical instrumentation to control intra-canal infection Gilberto Debelian</td>
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<td>11:30 – 12:30</td>
<td>Minimal invasive full mouth rehabilitation with chairside CAD/CAM technology Julian Conejo</td>
<td>Non-surgical periodontal treatment: Changing of paradigm after 32 years of clinical practice Gil Alcoforado</td>
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<td>14:30 – 15:30</td>
<td>HOT TOPIC SESSION</td>
<td>Interdisciplinary communication...The key to success in aesthetic dentistry Ricardo Mitrani</td>
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<td>15:30 – 16:00</td>
<td>Meet the Expert</td>
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**DAY 1 – LEVEL 1**

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<td>Clues at your fingertips: an overview of temporomandibular joint (TMJ) disorders with imaging techniques Kaan Orhan</td>
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<td>How to avoid technical errors and artefacts in dentomaxillofacial radiology – a practical guide Ingrid Rozylo-Kalinowska</td>
<td>Prostho-orthodontic approach in treatment patients with TMI internal derangements Jolanta Kostrewa-Janicka</td>
<td>Stomatodietiology – fact or fantasy? Leszek Czupryniak</td>
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<td>Immunodeficiencies in children, a common problem for paediatric dentists Dorota Olczak-Kowalczyk</td>
<td>Dental implants as orthodontic anchorage – 3-dimensional finite element analysis, solid and mimic model Liwia Minch</td>
<td>The use of allogenic hydrated collagen matrix for regeneration of the gum Jacek Zurek</td>
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<td>14:30 – 15:30</td>
<td>International</td>
<td>Apical third management – #35/04 rule for effective disinfection Bartosz Cerkaski</td>
<td>Temporomandibular Disorders: Myth or Current Clinical Problem? Mieszko Wieckiewicz</td>
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<td>15:30 – 16:00</td>
<td>Pediatric Association Symposium Dentistry for the very young child Ari Kupietzky</td>
<td>CBCT justification and limitation in general dental practice Ingrid Rozylo-Kalinowska</td>
<td>Bruxism and obstructive sleep apnea relationship Jolanta Kostrewa-Janicka</td>
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<td>16:00 – 17:00</td>
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Learning Objectives
• Understand the challenges from contact transmission and the role of hand hygiene
• Appreciate the risks posed by dental unit waterline and patient biofilms, and how these can be managed
• Identify key steps in quality assurance for instrument reprocessing, through the cleaning, packaging, sterilizing and storage phases

Abstract
This lecture will provide an overview of major current challenges in infection control in dentistry, including dealing with challenges from respiratory infections and aerosols in the dental office, maintaining effective hand hygiene and ensuring that outcomes of processes for cleaning and sterilizing instruments are met consistently.

Optimized bonding and material selection for chairside CAD/CAM dentistry
Julian Conejo (Costa Rica)

Time: 08:30–09:30
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Bartosz Cerkaski
CERP: 1

Learning Objectives
• Review the new CAD/CAM ceramic materials
• Improve material selection
• Latest adhesive protocols

Abstract
With less invasive indirect restorations, bonding optimisation and proper material selection is crucial for long-term success. Scientific studies and step by step clinical protocols will be described in this lecture with the objective of improving clinicians’ success rates in CAD/CAM bonded restorations.
To present autotransplantation of developing wisdom teeth in patients with tooth agenesis and eruption disturbances
• To present autotransplantation of severely impacted teeth
• To highlight potential for alveolar bone preservation and regeneration following tooth transplantation

Abstract
Contemporary dentistry offers life-long preservation of natural teeth, and many techniques restore lost tooth structure and hard and soft periodontal tissues. However, patients with missing teeth have limited possibilities for tooth substitution, especially after the traumatic loss of maxillary incisors. Premolars with developing roots are the optimal donors, with reported success rates of over 90%. A treatment protocol for the transplantation of such teeth in the anterior maxilla will be presented and illustrated with different clinical applications. The critical aspects that may contribute to a sub-optimal outcome will also be highlighted. The results of short and long-term studies will be presented, addressing predictability as well as the functional and aesthetic outcomes. Developing wisdom teeth can also be considered as donors, especially in patients with multiple agenesis, in combination with orthodontic space closure in the anterior maxilla. This treatment requires careful donor selection as tooth morphology and surgical access are much more demanding than with premolar transplantation. The indications for, and limitations of, third molar transplantation will be presented. The term trans-alveolar transplantation refers to the surgical uprighting of impacted teeth, when orthodontic extrusion and orthodontic space closure are unfavourable. Key success factors in trans-alveolar transplantation of developing teeth will be presented. The most important benefit arising from the transplantation of developing teeth is their potential for bone preservation and regeneration, factors that will be comprehensively demonstrated during the presentation.
**Learning Objectives**
- Present contemporary knowledge of the diagnosis of gingival recessions
- Describe etiological factors of gingival recessions
- Explain the significance of the augmentation of potential autogenic palatal connective tissue donor sites before harvesting
- Show alternative procedures for the use of autogenic connective tissue graft, namely allogeneic connective tissue graft or guided tissue regeneration (GTR) technique
- Compare the clinical and aesthetic outcomes of gingival recession coverage performed with various techniques
- Improve the surgical procedure selection process of single and multiple gingival recessions
- Emphasise the importance of supportive periodontal care for successful long-term outcomes of gingival recession coverage.

**Abstract**

**Aims:** Gingival recession is characterized by partially denuded root surfaces in one or more teeth in clear form, without accompanying features of inflammation. Based on the literature and experience, the author describes the current view on the diagnosis, prophylaxis and treatment of gingival recession. **Objectives:** The author will present different methods of measuring the parameters and indicators of mucogingival complex, especially ultrasonic gingival thickness and thickness of palatal mucous membrane as a potential soft tissue donor site. The effectiveness of therapeutic procedures depends largely on the identification of etiological factors. Prior to corrective surgery, conservative treatment should be undertaken in order to eliminate potential causative factors. Surgical management can be carried out with the use of a number of techniques. Coronally and laterally repositioned flaps, tunnel technique, combination with auto- and allogeneic connective tissue grafts and combination with GTR procedures are the most often used. From among the many methods, the author will describe the indications and contraindications to those which he has used in his practice. He will describe the highest clinical effectiveness and the best aesthetic effect after using autogenic subepithelial connective tissue harvesting from palatal mucous membrane. When gingival thickness in potential soft tissue donor sites is inadequate, augmentation using lyophilized collagen sponge can be carried out before its harvesting. The long-term positive effect of treatment depends on good cooperation of the patient with the physician in charge, who should monitor the course of tissue healing and prevent the recurrence or formation of any new gingival defects.

**Soft tissue considerations around teeth and implants**

Korkud Demirel (Turkey)

Time: 10:00–11:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marcin Kozakiewicz
CERP: 1

**Learning Objectives**
- Define the biological differences between teeth and their replacements
- Understand the risk indicators of peri-implant infections
- Design treatment protocols to avoid biological complications around implants

**Abstract**

Implant treatment may be considered as replacement of teeth, however in fact it is the treatment of edentulism. Although the leading reason of tooth loss is caries, periodontal disease results in more tooth loss in the same dentition. In this respect the main characteristics of periodontal disease needs to be re-evaluated before planning implant rehabilitations in patients with a history of periodontitis. This presentation will be focusing on the similarities and differences of teeth and implants to create strategies and decision matrixes for patients to be treated with implants.

**The influence of individually trained oral prophylaxis on oral health**

Denis Bourgeois (France)

Time: 10:00–11:00
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Malgorzata Radwan-Oczko (Poland)
CERP: 1

**Learning Objectives**
- To innovate new strategies of oral disease prevention to invert the imbalance of the microbiota
- To identify Socransky’s model as applied to healthy periodontal tissue, and to understand the hypotheses, without re-examining the methods and existing techniques of hygiene, which propose new orientations in oral disease prevention.
Abstract
The new techniques of molecular biology which concern the human microbiome are key elements in the maintenance of human health, and open fascinating perspectives. The oral cavity contains one of the most diverse and complex microbiota in the human body. The understanding of the composition of the periodontal microbiota in the healthy subject, and its interaction with the host and the environment give new orientations into the role which these factors play in health and disease. This presentation addresses the profiles of microbial signatures of the healthy subject in relation to oral prophylaxis actions.

New advances in mechanical instrumentation to control intracanal infection
Gilberto Debelian (Norway)

Time: 10:00–11:00
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Bartosz Cerkaski
CERP: 1

Learning Objectives
• Understand the biological requirements for successful endodontics
• Understand the role of mechanical instrumentation in controlling intracanal infection and facilitating the effects of irrigation and intracanal medication in disinfecting the root canal.
• Understand the technological challenges and possibilities of endodontic instruments in predictably removing intracanal infection.

Abstract
Mechanical instrumentation is a critical step in the microbial control phase of root canal treatment. If performed correctly it will not only physically remove microbes (biofilms) from the canal wall but also facilitate and magnify the effect of irrigants and medications. The objective of this lecture is to present new advances in mechanical instrumentation which aim to predictably control intracanal infection during the instrumentation phase. New instruments, sequences, technologies, devices and the technical needs to achieve this goal will be presented and discussed.

How to avoid technical errors and artefacts in dentomaxillofacial radiology – a practical guide
Ingrid Rozylko-Kalinowska (Poland)

Time: 10:00–11:00
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: English / Translation: Polish
Chair: Mariusz Prylnski
CERP: 1

Learning Objectives
Study the most common technical errors and artefacts in dentomaxillofacial radiology and how to eliminate them.

Abstract
Dental radiographs are among the most frequently taken radiographs in humans. Although a single exposure dose from a dental X-ray is not high, large numbers of requested radiographs lead to a considerable increase of the summary dose. The aim of this lecture is to present a practical guideline to the most common technical errors and artefacts in dentomaxillofacial radiography and how to eliminate them. Careful patient preparation and positioning and obtaining the patient’s cooperation are useful ways of limiting unjustified exposure to ionizing radiation.

Prosthodontic approach to treating patients with TMJ internal derangements
Jolanta Kostrzewa-Janicka (Poland)

Time: 10:00–11:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: Polish / Translation: English
Chair: Barbara Biedziak
CERP: 1

Learning Objectives
The diagnosis and treatment of TMJ internal derangements.

Abstract
The multifactorial etiology of temporomandibular disorders (TMD) influence the interdisciplinary treatment approach. Instead of general health evaluation, the local factors are taken into consideration and occlusion, and temporomandibular joint (TMJ) and masticatory muscle morphology and function are examined. The aim of this study is the assessment of
Minimal invasive full mouth rehabilitation with chairside CAD/CAM technology
Julian Conejo (Costa Rica)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marcin Kozakiewicz
CERP: 1

Learning Objectives
• Smile Analysis and Dimensional Discrepancies Evaluation
• New Minimal Invasive Preparations Designs
• Intraoral Scanning Techniques

Abstract
With advances in CAD/CAM technology, adhesive dentistry and ceramic materials, numerous options are available for the minimal invasive fixed prosthetic rehabilitation. A systematic and organised protocol will be presented to approach patients with worn dentitions.

Stomatodiabetology – fact or fantasy?
Leszek Czupryniak (Poland)

Time: 10:00–11:00
Language: Polish / Translation: English
Chair: Tomasz Konopka
CERP: 1

Learning Objectives
To increase knowledge of diabetes and its complications among dental surgeons and to increase the possibility of early diabetes diagnosis in dental surgeries.

Abstract
Diabetes is a chronic disease, the prevalence of which is skyrocketing worldwide. Late vascular complications of the disease, leading to irreversible damage of the heart, brain, kidneys, eyes, feet and other organs are the real burden of diabetes. Late diagnosis is one of the major challenge of diabetes, as type 2 diabetes (90% of all diabetes cases) is symptomless in its early stages and may remain undiagnosed for years. Diabetes also affects the oral cavity and teeth, and there therefore is a role for dental surgeons in early diabetes diagnosis and further monitoring of its control.

Minimal invasive full mouth rehabilitation with chairside CAD/CAM technology
Julian Conejo (Costa Rica)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marcin Kozakiewicz
CERP: 1

Learning Objectives
• Smile Analysis and Dimensional Discrepancies Evaluation
• New Minimal Invasive Preparations Designs
• Intraoral Scanning Techniques

Abstract
With advances in CAD/CAM technology, adhesive dentistry and ceramic materials, numerous options are available for the minimal invasive fixed prosthetic rehabilitation. A systematic and organised protocol will be presented to approach patients with worn dentitions.

Non-surgical periodontal treatment: Changing of paradigm after 32 years of clinical practice
Gil Alcoforado (Portugal)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Malgorzata Radwan-Oczko
CERP: 1

Learning Objectives
• Periodontal diagnosis is key to establish correct treatment plan
• Even though non-surgical periodontal treatment in advanced cases has its limitations, these can be broadened if some aspects are closely followed
• In order to be successful, instrumentation is not the only clue to reach that success in periodontal treatment. Correct psychological handling of the Patient is mandatory.
Abstract
During my presentation, I will try to make an introspection of what was my periodontal practice for these last 32 years and what were the determinants that influenced me and made it evolving, always trying to perfect my periodontal way of treatment, never losing sight of the greater well-being of the Patient. During this “evolution”, not always dictated by scientific evidence, I will also explain how the role of the Hygienists, who worked with me all these years, was essential.

Immunodeficiencies in children, a common problem for pediatric dentists
Dorota Olczak-Kowalczyk (Poland)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: English / Translation: Polish
Chair: Anna Surdacka
CERP: 1

Learning Objectives
• Developing dentist’s knowledge of prevalence and types of immunodeficiencies in children and adolescents.
• Presentation of oral manifestations of immunodeficiencies and the role of dentists in their diagnosis.
• Explanation of dental management and patients’ treatment with immunodeficiency (cancer prevention, elimination of tooth-related infections, the local treatment of oral lesions, the reduction of bacteraemia’s risk, the use of antibiotics).

Abstract
Secondy immunodeficiencies present more commonly than hereditary, primary ones. These secondaries are a consequence of general diseases, medication, malnutrition, or stress. Immunodeficiencies increase the risk of infection, autoimmunity, and neoplasms. There are numerous symptoms associated with immunodeficiencies including; Recurrent abscess formation, oral mucosal inflammation (fungal, gingivitis, periodontitis, recurrent aphthous stomatitis), fever of unknown origins, swollen lymph nodes, thrombocytopenia, abnormal WBC, lymphocyte, neutrophil, eosinophile, and thrombocyte count. The lecture presents oral symptoms of immunodeficiencies, the roles of diagnosis, cancer prevention and available treatments, the preparation to treatments carrying a bacteraemia’s risk, and the use of antibiotics.

Dental implants as orthodontic anchorage – 3-dimensional finite element analysis, solid and mimic model
Liwia Minch (Poland)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: Polish / Translation: English
Chair: Barbara Biedziak
CERP: 1

Abstract
Introduction: In patients with multiple missing teeth, the essential problem is to obtain the optimal anchorage. Hence the question arises, if dental implants can be utilized as orthodontic anchorage without risk of implants disintegration.
Aim: The aim of this study was to evaluate, using the finite element method, the stress distribution in the mandibular alveolar bone surrounding the endoosseus implant under load of orthodontic forces, and to compare the stress distribution in an isotropic and mimic model.
Materials and methods: The CBCT of a patient and micro CT of dental implants (Ankylos CX, diameter: 3,5mm, length: 8mm, 9,5mm, 11mm) was performed. For each kind of implant, two models were created: a mimic and solid and then for each, the simulation of both the integrated implant and the implant before osseointegration. The implants were loaded with orthodontic forces: value of 0,5N, 1N, 1,5N, and 2,5N.
Results: Maximum and mean stress values differ significantly on the mimic and solid model. On the mimic model the maximum strain level is fundamentally smaller. Bigger stress levels are observed before osseointegration. In the mimic model before osseointegration of the implant the stress decreases with the increase of the length of the implant. After osseointegration the implants length does not influence the increase or decrease of stress in the bone.
Conclusions: There are significant differences between results obtained on the mimic and solid model. It seems that the analysis of solid models is a simplification and the gained data should be interpreted carefully.
The use of allogenic hydrated collagen matrix for regeneration of the gum
Jacek Zurek (Poland)

Time: 11:30–12:30
Language: Polish / Translation: English
Chair: Tomasz Konopka
CERP: 1

Learning Objectives
After the lecture the participants will become acquainted with:
• New collagen matrix which is hydrated Fascia Lata Allograft (FLA)
• FLA research and its results
• The medical technique used in order to treat gingival recessions and augmentation with the use of FLA
• The essential tools and equipment used in FLA procedure
• The possibilities of clinical FLA use
• The detailed indications and contraindications of using FLA
• Post surgical procedures

Abstract
Introduction: Recessions, thin biotype and other defects of gingiva are currently a big problem that dentists have to deal with worldwide. Nowadays, the best solution is to use the autogenic connective tissue graft (CTG). Unfortunately, such a procedure requires two sites and a proper amount of tissue in the donor site. Due to the limitation, methods with the use of CTG substitutes are more and more frequently used.
Aim of the study: Present the hydrated collagen matrix which is fascia lata allograft (FLA) used in gingival defects.
Material and method: Presentation of in vitro and in vivo studies and clinical use FLA to cover multiple gingival recessions class I and II. In tunnel the method. Present the FLA in gingival augmentation and use it as a barrier membrane in guided bone regeneration procedures (GBR).
Results: Gingival fibroblasts show an affinity with FLA. This material shows similar results in multiple gingival recession coverage type I and II to using the CTG. After 6 months the ARC was 94.21% with FLA and 95.27% in the CTG group. After 6 months the HKT grew from 2.61 mm up to 3.09 mm with FLA. After 6 months FLA incorporates in the gingival connective tissue.
Conclusion: FLA can be a useful alternative in gingival recovery treatment. It can also be effective in GBR treatment.

Mid-day sessions 13:00-14:00

Meet-the-Expert
How to reconstruct bone deficiencies? Modern consideration
Marzena Dominiak (Poland)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.D
Language: English
CERP: 1

Meet-the-Expert
Pink aesthetic side of smile design
Korkud Demirel (Turkey)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.E
Language: English
CERP: 1

Afternoon sessions 14:30-17:00

Hot topic session
The global strategy and teamwork for periodontal health and overall health
Li-Jian Jin (Hong Kong SAR China)
Soren Jepsen (Germany)
Filippo Graziani (Italy)

Time: 14:30–17:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marzena Dominiak
CERP: 2.5

Learning Objectives
• To understand the global periodontal health burden and its socio-economic impacts
• To update the links of periodontal health with general health and appreciate the benefit from common responses to major systemic diseases (e.g. diabetes and Cardiovascular Disease)
• To appreciate new strategies and actions to tackle global periodontal health burden, through proactive health promotion,
professional/public engagement and teamwork for optimal oral and general health.

Targeted participants
Professional/community leaders (e.g. officers of NDAs and NLOs), policy makers, chief dental officers, dental educators and researchers, officers from other NGOs, FDI standing committee members, dental specialists, general dentists and hygienists.

The global strategy and teamwork for periodontal health and overall health
Li-Jian Jin (Hong Kong SAR China)

Prevention of periodontal and peri-implant diseases – is it possible?
Soren Jepsen (Germany)

Control of periodontal infection: effects on overall health and well-being
Filippo Graziani (Italy)

Interdisciplinary communication... The key to success in aesthetic dentistry
Ricardo Mitrani (Mexico)

Time: 14:30–17:00
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Andrzej Bozyk
CERP: 2.5

Learning Objectives
• Improve communication between specialists.
• Outline a treatment plan for dentogingival alterations
• Describe orthodontic alternatives to dentogingival corrections.

Abstract
A significant percentage of contemporary interdisciplinary therapy consists of treatment in which either lost tissue (hard or soft) is added or redundant tissue is removed for a dentogingival correction. To obtain consistent and predictable results, surgeons, restorative dentists, orthodontists and dental technicians should work closely as a team. This presentation will take a close look at such TEAM collaboration.
Abstract
Temporomandibular disorders (TMD) are a common problem in modern societies. The term TMD is not a diagnosis but rather a broad term that covers a number of disease entities, such as pain in masticatory muscles and temporomandibular joints, and disturbances and sounds during jaw movements. These disorders are difficult to treat because of their diversity. Therefore, the development of a simple therapeutic algorithm is difficult. The aim of this presentation is to show the clinical guidelines for the diagnosis and conservative treatment of TMD used at Wroclaw Medical University. The guidance presented in the lecture may be useful in daily dental practice.

Reducing complications / post-operative morbidity of sinus augmentation: a novel minimally invasive approach
Hadar Better (Israel)

Time: 16:00–17:00
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Andrzej Wojtowicz
CERP: 1

Learning Objectives
- Complications of maxillary sinus augmentations.
- Minimally invasive technique.
- Hydraulic sinus lift technique.
- Postoperative CT scan findings and evaluation.

Abstract
Maxillary sinus augmentation is an established choice. Nevertheless, the procedure is not exempt from difficulties, such as the complex technique required and possibility of complications. The patient’s priority is the post-operative morbidity. This presentation reviews preoperative considerations; complication rates of sinus lift situations. The hydraulic sinus augmentation iRaise system will be presented. Aspects related to complications and post-operative patient experience will be reviewed. The presentation will summarise seven years of clinical experience with the system. The CT is highly informative in closed sinus lift when direct vision or two dimensions x-rays are deficient in information. CT scans radiological findings immediately following sinus augmentation will be described.

Apical third management
Bartosz Cerkaski (Poland)

Time: 14:30–15:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Krzysztof Gonczowski
CERP: 1

Learning Objectives
- To identify zones of endodontic infection.
- To specify the conditions for effective apical disinfection.
- To organise the apically-focused endodontic workflow.

Abstract
The primary endodontic treatment goal must be to optimise root canal disinfection and to prevent reinfection. Eradication of infection requires mechanical enlargement of the main canals. The depth of intratubular bacterial penetration increases in the apical portions of the canal. It is therefore advised to select a #35/.04 as a minimum preparation size that removes this infected layer mechanically and allows for delivery of a greater volume of antibacterial irritants to the most apical part of the canal. The #35/.04 rule aims to promote effective disinfection of the root canal system and determine the health of the periapical tissues.

Temporomandibular disorders: myth or current clinical problem?
Mieszko Wieckiewicz (Poland)

Time: 14:30–15:30
Language: English / Translation: Polish
Chair: Mariusz Prylinski
CERP: 1

Learning Objectives
Participants will learn about the approach in TMD management used at Wroclaw Medical University which can be helpful in each dental practice.
Abstract
Bruxism is defined as a repetitive jaw-muscle activity characterized by clenching or grinding of the teeth and/or by bracing or thrusting of the mandible. There are the sleep and awake type of this phenomenon. Bruxism’s etiology is multifactorial; causes are mostly central but the pathomechanism is still controversial. Awake bruxism mostly concerns stress management. The micro-arousals occurring during sleep are considered to be the main causal factor for night jaw-closing and masticatory muscle activation. Recently, sleep bruxism (SB) has started being treated as a physiological phenomenon occurring in parts of the population. Sleep disturbance characterized by repeated episodes of obstruction of the upper airways constitutes obstructive sleep apnoea (OSA), which is a major health problem with numerous pathophysiological consequences. Sleep-related breathing disorders are strongly related to arousal episodes. The analysis of the outcomes of chosen items was performed to evaluate the relationships between OSA and SB. The frequencies of apnoea and clenching of the teeth are positively correlated in patients with OSA, but clinical findings suggest that further studies are needed to clarify the pathophysiology and develop the treatment approach in patients with concomitant SB and OSA.

CBCT justification and limitation in general dental practice
Ingrid Rozylo-Kalinowska (Poland)

Time: 16:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: Polish / Translation: English
Chair: Krzysztof Gonczowski
CERP: 1

Learning Objectives
• To present guidelines for the application of CBCT in general dental practice.
• To present the justification of the referral process for CBCT.
• To learn the limitations of CBCT use in general dental practice.

Abstract
Cone-Beam Computed Tomography (CBCT) is a relatively new method of diagnostic imaging in dentistry. The aim of the study is to present guidelines regarding justification of CBCT and limitations of the method. The material consisted of the guidelines published by American Academy of Oral and Maxillofacial Radiology, European Association for Osseointegration, Swiss Association of Dentomaxillofacial Radiology and European Academy of Dentomaxillofacial Radiology as well as the own observations. CBCT may soon become a golden standard in dental clinical practice, therefore it is indispensable to commonly apply the rules of justified referral and profound reporting of CBCT.

Bruxism and obstructive sleep apnoea relationship
Jolanta Kostrzewa-Janicka (Poland)

Time: 16:00–17:00
Language: Polish / Translation: English
Chair: Mariusz Prylinski
CERP: 1

Learning Objectives
To clarify the pathophysiology and to develop the treatment approach in patients with concomitant bruxism and obstructive sleep apnoea.
## DAY 2 – LEVEL 1

<table>
<thead>
<tr>
<th>Time / Pavilion</th>
<th>Pavilion 15 – level 2, Earth Hall A</th>
<th>Pavilion 15 – level 2, Earth Hall B</th>
<th>Pavilion 15 – level 2, Hall 2.C</th>
<th>Pavilion 15 – level 0, Hall 0.D</th>
<th>Pavilion 15 – level 0, Hall 0.E</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Mechanism of accelerated orthodontic tooth movement Alpdogan Kantarci</td>
<td>Pavilion 15 – level 2, Earth Hall B</td>
<td>Pavilion 15 – level 2, Hall 2.C</td>
<td>Pavilion 15 – level 0, Hall 0.D</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
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<tr>
<td>9:30 – 10:00</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Prosthetic considerations in implant dentistry Georges Tehini</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10:00 – 11:00</td>
<td>Tooth or implant: What do you prefer? Liran Levin</td>
<td>Improving the efficiency of orthodontic tooth with versatile mechanical systems and frictional control Stephen Williams</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:00 – 11:30</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>How can we improve efficiency in orthodontics practice? Zakaria Bentahar</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Activation and resolution of periodontal inflammation Alpdogan Kantarci</td>
<td>Prosthetic considerations in implant dentistry Georges Tehini</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
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<tr>
<td>12:30 – 14:30</td>
<td>Lunch break</td>
<td>Lunch break</td>
<td>Colgate symposium</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>14:30 – 15:30</td>
<td>YEAR IN REVIEW</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Management of patients with diabetes mellitus Soren Jepsen</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00 – 17:00</td>
<td>The physiology of salivary secretion: stimult that make your mouth water Roger Linden</td>
<td>Pavilions 15 – level 0, Hall 0.E</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
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## DAY 2 – LEVEL 2

<table>
<thead>
<tr>
<th>Time / Pavilion</th>
<th>Pavilion 15 – level 2, Earth Hall A</th>
<th>Pavilion 15 – level 2, Earth Hall B</th>
<th>Pavilion 15 – level 2, Hall 2.C</th>
<th>Pavilion 15 – level 0, Hall 0.D</th>
<th>Pavilion 15 – level 0, Hall 0.E</th>
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<tbody>
<tr>
<td>8:30 – 9:30</td>
<td>Oral Health / General Health (Diabetes) The oral manifestations of diabetes mellitus Ira Lamster</td>
<td>Adhesion to enamel and dentin: form research to clinic Lorenzo Breschi</td>
<td>From the cases with mistakes to the successful implantological cases Mariusz Duda</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>Management of patients with diabetes mellitus development of guidelines Soren Jepsen</td>
<td>The end of traditional syringes Krzysztof Gonczowski</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>10:00 – 11:00</td>
<td>Pavilion 15 – level 2, Hall 2.C</td>
<td>Pavilion 15 – level 2, Hall 2.C</td>
<td>Innovations in maxillofacial and oral surgery Iwona Niedzielska</td>
<td>Coffee break</td>
<td>Coffee break</td>
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<tr>
<td>11:00 – 11:30</td>
<td>Coffee break</td>
<td>Coffee break</td>
<td>Orthodontic approaches for the treatment of OSAs adults Su Jung Kim</td>
<td>Coffee break</td>
<td>Coffee break</td>
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<tr>
<td>12:30 – 14:30</td>
<td>Lunch break</td>
<td>Lunch break</td>
<td>Colgate symposium</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>15:30 – 16:00</td>
<td>Hendrik Meyer-Lüdelin – the disease of the future! Liran Levin</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Coffee break</td>
<td>Coffee break</td>
</tr>
<tr>
<td>16:00 – 17:00</td>
<td>Clinical applications of new technologies and concepts in Endo: Endo is changing! Jean-Yves Cochet</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Pavilion 15 – level 0, Hall 0.E</td>
<td>Coffee break</td>
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## DAY 2 – LEVEL 2 (continued)

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<th>Pavilion 15 – level 0, Hall 0.E</th>
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<tbody>
<tr>
<td>13:00 – 14:00</td>
<td>Meet the Expert</td>
<td>Meet the Expert</td>
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<tr>
<td>13:00 – 14:00</td>
<td>Adhesive Dentistry – Tips and Tricks for clinical success Lorenzo Breschi</td>
<td>Adhesive Dentistry – Tips and Tricks for clinical success Lorenzo Breschi</td>
</tr>
</tbody>
</table>

**THURSDAY 8 SEPTEMBER | 2016**
The oral manifestations of diabetes mellitus
Ira Lamster (USA)

Learning Objectives
• Be familiar with the oral manifestations of DM.
• Understand the bi-directional relationship of DM and PD.
• Recognize the potential role for oral health providers in the identification of undiagnosed and poorly managed DM.

Abstract
Diabetes mellitus (DM) is the only systemic risk factor for periodontitis (PD). Further, evidence suggests that untreated periodontal disease can adversely affect metabolic control in DM. In addition to PD, other oral manifestations of DM have been identified, including root caries, xerostomia, burning mouth syndrome and benign parotid hypertrophy. Evidence is also accumulating that poorly controlled DM is a risk factor for implant complications. This presentation will review the oral complications of DM. A possible role for oral health providers in the identification of undiagnosed and poorly managed DM will be discussed.

Management of patients with diabetes and periodontitis – development of guidelines
Soren Jepsen (Germany)

Learning Objectives
• Understand the process of the development of medical/dental guidelines.
• Be familiar with recommendations for patients in the dental office.
• Be familiar with recommendations for patients in the medical office.

Abstract
There is compelling evidence for the bi-directional relationship between diabetes and periodontitis. Therefore, the German Society of Periodontology and the German Dental Association together with the German Diabetes Association are presently developing a joint clinical guideline for the management of patients with periodontitis and/or diabetes. The overall goal is to facilitate the cooperation between physicians and dentists for improved care of patients suffering from these conditions. A clinical guideline is a document with the aim of guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare based on the comprehensive examination of current evidence and usually include summarized consensus statements on best practice in healthcare and recommendations for patients.
Is vitamin D deficiency associated with oral health?
Andrzej Milewicz (Poland)

Learning Objectives
- Identify oral health dysfunction in patients with vitamin D deficiency
- Understand the clinical and biochemical basics necessary for vitamin D deficiency diagnosis
- Understand how to prevent or treat vitamin D deficiency for good oral health.

Abstract
Vitamin D plays a central role in musculoskeletal health. Large population studies have implicated vitamin D deficiency as a potential risk factor for major health problems because of its pleiotropic action. Patients with oral health disturbances were present in the group at high risk of vitamin D deficiency. Vitamin D produces cathelicidin and defensins which have antimicrobial properties and reduce matrix metalloproteinases that are associated with periodontal diseases. Research shows that low bone mass may be a risk factor for periodontal diseases. The improvement of periodontal health and decreased risk of dental caries with increased vitamin D and calcium intake was reported.

Oral health and diabetes: Need for a collaboration across the disciplines
Sehnaz Karadeniz (Turkey)

Learning Objectives
- Diabetes is a growing worldwide health concern.
- Diabetes and oral health are closely related.
- There is an urgent need for awareness about the extent of the problem.
- Collaboration between health disciplines is crucial to manage diabetes and oral health in people with diabetes.

Abstract
Diabetes is one of the world’s largest health emergencies. According to 2015 statistics, one in 11 adults has diabetes, and 1 in 10 adults will have diabetes in 2040, if no effective measures are taken. Studies reveal that more than 80% of people with diabetes have oral and dental health problems, and it is among the most encountered obstacles for good metabolic control. This may also negatively affect oral health, for example through periodontal damage in people with uncontrolled diabetes. Awareness and good collaboration between health disciplines is crucial to ensure good management of diabetes and oral health.

Mechanism of accelerated orthodontic tooth movement
Alpdogan Kantarci (USA)

Time: 08:30–09:30
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marzena Dominiak
CERP: 1

Learning Objectives
- Understand the biology of alveolar bone in response to biomechanical forces,
- Understand the rationale and method of acceleration of orthodontic tooth movement,
- Understand the biological mechanism of accelerated orthodontic tooth movement.

Abstract
Orthodontic tooth movement relies on the response of alveolar bone and periodontal tissues to biomechanical forces. Increasing the force results in ankylosis, hyalinization, and tooth morbidity and arrests the orthodontic migration. Methods for accelerating the orthodontic tooth movement include a wide range of techniques such as surgical decortication, piezocision, corticision, microvibration, and photobiomodulation. This presentation will discuss the biological mechanism through which alveolar bone and other periodontal structures respond to the biomechanical forces associated with orthodontic therapy and the impact of the acceleration.

Is low budget therapy of mandibular frontal crowding possible?
Tomasz Gedrange (Germany)

Time: 08:30–09:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Ewa Monika Czochrowska
CERP: 1

Learning Objectives
Planning of orthodontic therapy, treatment of frontal crowding, aesthetic therapy.
Abstract
The treatment of adult patients has benefited from more and more popularity during recent years. Orthodontics as an exclusive treatment of children and youngsters belongs to the distant past. Among other things, this is due to older patients’ increased awareness of aesthetics that has become apparent in dental medicine. Patients desire quick, inexpensive therapies which are invisible. This presentation gives an overview of the different aesthetic possibilities of treatment for the removal of anterior crowding in the lower jaw and analyses this from economic and therapeutic points of view.

Adhesion to enamel and dentin: form research to clinic
Lorenzo Breschi (Italy)

Time: 08:30–09:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Maciej Zarow
CERP: 1

Learning Objectives
• Step-by-step clinical adhesive procedures.
• Choose appropriate materials in relation to the clinical situation.
• Tips and tricks of adhesive procedures.

Abstract
The aim of this presentation is a critical review of the latest improvements of dental bonding systems, analysing the physical and chemical characteristics of common adhesives available on the market. Clinical step-by-step procedures will be presented to achieve the best performance from each adhesive class. The most recently developed universal adhesive system will also be critically reviewed. Mechanisms that lead to the aging of the adhesive interface (such as resin leaching, water mediated polymer welling and collagen degradation) will be clarified. Finally, the latest clinical solutions to improve bond stability over time will be critically evaluated.

From the cases with mistakes to the successful implantological cases
Mariusz Duda (Poland)

Time: 08:30–09:30
Language: English / Translation: Polish
Chair: Hanna Gerber
CERP: 1

Learning Objectives
• Familiarisation with common errors of early-career implantologists.
• To avoid implantological errors.
• To learn troubleshooting examples.
• To compare treatment mistakes in simple and complex cases.

Abstract
As the result of the partial or complete loss of teeth over time, serious occlusion problems affecting the functioning of the stomatognathic system can occur. Reconstruction with implants is the method of choice in such cases. Success in implant treatment depends on many factors. In the early career of implantologists some common errors typically occur. Mistakes can occur in treatment planning, the surgical stage and the implant prosthetic stage of treatment. This presentation shows treatment mistakes in both simple and complex cases. The errors include the positioning of implants, ineligibility for surgery, inferior alveolar nerve damage, implant perforation of the bottom of the oral cavity, perforation of the maxillary sinus or perforation of the nasal cavity. The aim of this presentation is to compare different methods and cases of the rehabilitation of partially- and fully-edentulous patients using implants with unsuccessful cases. Full arch restoration is a clinical challenge burdened with high responsibility and high patient expectations. Depending on the conditions of the bone there is a number of different solutions to restore the stomatognathic system. The best solutions rely on biomechanical forces including overdenture prostheses and bridges based on implants. Depending on the chosen method there is a series of rules for the planning of implant positioning for crowns and bridges, including methods of overdenture fixation.
Improving the efficiency of orthodontic tooth with versatile mechanical systems and frictional control.
Stephen Williams (Austria)

Time: 10:00–11:00
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Ewa Monika Czochrowska
CERP: 1

Learning Objectives
• To rationalise and optimise orthodontic tooth movement through use of optimal mechanics and friction control.
• To avoid the pitfalls of a non-adjustable fixed appliance technique.

Abstract
This report discusses the optimal use of correct biomechanics and frictional control in connection with the use of an innovative twin bracket design. The creation and adjustment of appliances in connection with levelling, incisor intrusion, space closure and dento alveolar compensatory tooth movement will be described. The efficacy of the system will be illustrated through case reports.

The end of traditional syringes? New delivery systems for safer and more comfortable local anesthetic administration
Krzysztof Gonczowski (Poland)

Time: 10:00–11:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Maciej Zarow
CERP: 1

Learning Objectives
• Traditional metal carpula versus computer controlled local anaesthetic delivery systems.
• Atraumatic injection technique.

Abstract
The aim of this lecture is to give an outlook of future developments and trends in local anaesthesia application procedures. The course presents the range of actual LA protocols including selection of the appropriate method depending on the clinical situation (age, health status, planned surgery). The following procedures will be discussed: 1. computer controlled local anaesthetic delivery systems – WAND STA, QuickSleeper, SleeperOne, Calaject 2. Electric syringes – Anaject, Orastar 3. Intraosseus systems – X-Tip, Stabident, IntraFlow, Anesto 4. Intraligamentum systems – Citojet, Soft-Ject 5. Needleless systems (high pressure systems) – Injex, SyriJet, MadaJet 6. Nasal local anaesthetic mist (Kovanest)

Tooth or implant: What do you prefer?
Liran Levin (Canada)

Time: 10:00–11:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Marzena Dominiak
CERP: 1

Learning Objectives
• Understand long-term teeth survival and success.
• Understand long-term implant survival and success.
• Critically evaluate the evidence base for dental practice
• Learn about peri-implant diseases.

Abstract
A perio-prosthetic implant treatment plan is usually based on tooth prognosis evaluation and its comparison to the anticipated long-term implant survival. Different approaches for determining tooth prognosis were described in the literature. Over the past decade, the use of osseointegrated implants as a foundation for prosthetic replacement of missing teeth has become widespread. However, there is an increasing trend toward replacing diseased teeth with dental implants. This lecture will provide a re-evaluation of our paradigms, beliefs and knowledge regarding both tooth prognosis evaluation and long-term implant success according to the currently available knowledge. We, as dental professionals, should avoid basing our treatment planning on thoughts and beliefs and stick as much as possible to evidence based practice.
Global Health Through Oral Health: Issues & Challenges
Lois Cohen (USA)

Learning Objectives
• To understand global health problems as they intersect with oral health/diseases.
• To focus on roles for the oral health workforce in the context of these problems.
• To consider gender concerns in relationship to the global health issues and potential solutions.

Abstract
Differential definitions of global health will be presented with their similarities and differences regarding target populations, the services needed, underlying assumptions regarding social equity, scope of skills needed to address the extant problems, mix of interventions and health care delivery models. Contextual settings in which infectious diseases and the non-communicable diseases interact and the infrastructure that varies across the globe present unique opportunities for new workforce strategies to deal with prevention, diagnosis and care. How gender plays a role in health and disease in many cultural settings is also becoming important for development assistance programs as they continue to grasp how people live, work and relate to each other at all levels. Delivering services, hoping to help, in multidisciplinary collaborative teams presents a challenge for oral health professionals but one in which women’s leadership is uniquely suited.

Women Dentists Worldwide Forum – Part 1
Women’s leadership in global health
Lois Cohen (USA)
Jeanne Craig Sinkford (USA)

Time: 11:00–13:00
Room: Pavilion 15 – level 1 – Hall 1.C
Language: English
Chair: Vesna Barac-Furtinger
CERP: 2

Learning Objectives
• To learn global strategies from four International Women’s Leadership Conferences: France, Sweden, Canada, and Brazil.
• To identify critical factors in leadership training for the advancement of women.
• To understand an emerging paradigm for women’s health across a lifespan that includes interprofessional education and team-based care.

Abstract
Gender in the leadership pipeline is an imperative for global health. The value of gender focused leadership training will be presented using a diagnostic prescriptive model for mid-level
Learning Objectives
• Critical analysis of the new concepts of treatment.
• The selection of the important tools and materials.
• The important management concepts the orthodontist need to introduce in his daily practice.

Abstract
One of the big challenges in orthodontics practice is the duration of treatment. Indeed, in daily practice, the orthodontists try to reach the clinical objectives and to finish the treatment as soon as possible especially with adults. The evolution of the clinical concepts has introduced new ways to correct malocclusions, the evolution of tools and materials has allowed the orthodontist to reach clinical objectives with more effectiveness, but to improve the efficiency, the orthodontist needs to associate the evolution of the concepts, the evolution of the research and management concepts.

The physiology of salivary secretion: Stimuli that make your mouth water
Roger Linden (United Kingdom)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall D+1.E
Language: English / Translation: Polish
Chair: Honorata Shaw
CERP: 1

Learning Objectives
• To understand the position of the salivary glands involved in salivary secretion.
• To understand the role different stimuli play in the secretion of saliva.
• To understand the mechanisms involved in reflexes of salivation.

Abstract
Understanding the mechanism of periodontal inflammation is critical not only for elucidation of pathological pathways, but also for designing “smart” and biological therapeutic strategies with minimal side effects. Resolution of inflammatory process actively stimulates healing and regeneration of lost tissues. Similar principles can be applied to other forms of inflammatory diseases associated with tissue damage.

How can we improve efficiency in orthodontics practice?
Zakaria Bentahar (Morocco)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Ewa Monika Czochrowska
CERP: 1
Modern materials: Can they meet the world’s oral health needs?
John Nicholson (United Kingdom)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Tomasz Kulczyk
CERP: 1

Learning Objectives
• To review modern dental restorative materials.
• To examine their properties in the light of world oral health needs.
• To highlight which materials and procedures are best able to meet these needs.

Abstract
Modern dental restorative materials have been developed with the needs of the developed world in mind. Compared with silver amalgam, they show better esthetics, but are typically more difficult to place and less durable. There have been developments aimed at the majority of the world’s population, notably the ART technique and associated materials. However, this does not accord with the funding priorities in Europe and America where the perception that the science should be “exciting” trumps any consideration of the needs of most of the world population. This problem is discussed and a way forward proposed.

Influence of keratinized gingiva thickness on loss of crestal bone around implants in esthetic zone follow-up 1 year after loading
Monika Puzio (Poland)

Time: 11:30–12:30
Language: Polish / Translation: English
Chair: Hanna Gerber
CERP: 1

Learning Objectives
• The aim of the present study was to investigate the efficacy of a xenogenic MG to augment the KT around implants when placed 3 months before and after the implantation in comparison with connective tissue graft.

• The purpose of this study was to evaluate how implants Conelog® maintain crestal bone level with soft tissue augmentation.
• The aim of this project was to evaluate crestal bone levels around implants Conelog® with soft tissue augmentation at time 3 months before implantation in comparison with soft tissue augmentation 3 months after implantation.

Abstract
The purpose of this study was to evaluate how thickening of soft tissue around implants maintain crestal bone level. Soft tissue augmentation was carried out 3 months before implantation in comparison with soft tissue augmentation 3 months after implantation. Significantly less bone loss occurs around bone-level implants with thick soft tissue in comparison with thin biotype. It has been shown that thin mucosal tissues may be an important factor in crestal bone loss etiology. Thus, it is possible that mucosal tissue thickening by means of connective tissue graft and Mucograft® might reduce crestal bone loss. It can be concluded that thin mucosal tissues may cause early crestal bone loss.

Other morning session 9:00-12:45

2016 Global report on the alliance for a cavity-free future
Nigel Pitts (United Kingdom)
Urszula Kaczmarek (Poland)
Marco Mazevet (France)

Time: 09:00–12:45
Language: English
Chair: Nigel Pitts
CERP: No

Learning Objectives
After the meeting, participants will be able to understand:
• The work and achievement of the Alliance for a Cavity-Free Future around the world, including local and global efforts to fight the burden of oral decay.
• Case studies on select local ACFF Chapters around the world and their efforts in fighting tooth decay in their communities.
Abstract
Realizing that true change is a product of collaboration, this portion of the program will focus on the global economic challenges of caries with a segment on the regional challenges, how collaboration amongst key players including Education, Nutrition, Cariology, the Public, Patients, Clinical Practice and Health Professionals, etc., will be the driving force behind success defined. Finally, we will discuss ‘the how’:

- How to implement lasting change
- How to enable lasting change

Industry Lunch Symposia 12:30-14:30

Colgate symposium
Oral Health 2.0 – Evolving prevention in dental practice
Paul Brocklehurst (United Kingdom)
Colette Bridgman (United Kingdom)
Diane Cummins (USA)

Time: 12:30–14:30
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English
Chair: Paul Brocklehurst
CERP: No

Abstract
Prevention as the paramount of a patient-centric practice, has recently been highlighted as an effective approach, empowering patients to take control of their oral health and optimizing the outcome of dental care. Many practices contemplate embracing a model of care that moves beyond the “drill and fill” into a more holistic, evidence based approach, but have to face the inevitable questions on its effectiveness, suitability and long-term success. Our symposium highlights new perspectives and modern concepts relative to prevention for oral health, illustrated through successful examples and suggests interesting opportunities to strengthen your practice through an evolved care model, responding the needs of the contemporary patient.

Learning Objectives
- To understand the burden of disease in this region and the unique challenges that must be overcome.
- Key learnings from local Chapter launch to present.
- Future efforts and focus of Chapters as they move into the next phase of activities.

Looking ahead: Important considerations in the fight against caries
Marco Mazevet (France)

Learning Objectives
- The Economic Challenges of Caries
- ‘Joining up the Silos’ and how to begin the process of aligning the puzzle pieces
- Implementing and Enabling Change
A contemporary view on prevention in practice
Paul Brocklehurst (United Kingdom)

Learning Objectives
- Provide an understanding of the changing oral health needs of the contemporary patients and argue for evidence based “care”, instead of “cure”.
- Discuss challenges of implementing a preventive approach in practice to ensure “the right number of people with the right skills is in the right place at the right time to provide the right services to the right people”.

Clinical leadership and prevention in practice
Colette Bridgman (United Kingdom)

Learning Objectives
- Learn about the successful example of a needs-led, evidence informed preventive care pathway approach to primary dental care delivery with a focus on quality and outcomes.
- Understand the effectiveness of building clinical leadership in private practice to influence and advocate for improved quality of care.

New concepts in prevention for oral health
Diane Cummins (USA)

Learning Objectives
- Discuss Whole Mouth Health as a new concept in oral health.
- Provide an in-depth understanding of evidence – based opportunities for oral prevention through professional advice and recommendations.

Meet-the-Expert
Evidence for the use of occlusal splints in daily practice
Khaldoun Rifai (Lebanon)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.D
Language: English
CERP: 1

Meet-the-Expert
Adhesive dentistry – Tips and tricks for clinical success
Lorenzo Breschi (Italy)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.E
Language: English
CERP: 1

Afternoon sessions 14:00-17:30

Women Dentists Worldwide Forum – Part 2
Anaesthesia and sedation in the dental office
Zeljka Martinovic (Croatia)
Daniela Bandic Pavlovic (Croatia)
Maria Gabriella Grusovin (Italy)

Time: 14:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.C
Language: English
Chair: Vesna Barac-Furtinger
CERP: 3

What if something goes wrong?
Zeljka Martinovic (Croatia)

Learning Objectives
- Phobic patients – Quality of life.
- The frequency of emergencies in the dental office.
- Patient selection – how to identify risk patients?
- Protocols and procedures in specific situations.

Abstract
Sedation can be the method of choice for the treatment of phobic patients and for long lasting dental procedures. Good selection of patients is very important as well as good knowledge of the procedures and pharmacology of sedative agents. Emergencies in dental offices are more often than expected. Dental office team must be prepared to recognize and trained to deal with this. The ideal sedative agent would be the one with rapid onset, easy titration, high clearance and good safety profile. The development of new modes of administration would improve the quality of sedation.
Sedation in dental office: pro et contra
Daniela Bandic Pavlovic (Croatia)

Learning Objectives
- Different types of sedation.
- The right type of sedation for the right patient.
- Minimizing the exposure of the dental office team.

Abstract
Different types of sedation enable dentist to resolve all phobic patients. Whether we use inhalation, intravenous or oral sedation depends on patient characteristics (comorbidities) and preference of the anaesthesiologist. Comparison of different techniques, pro and contra effects explains how to choose the right type of sedation for the right patient. Last but not least, we will discuss exposure of the dental office team to inhalation sedative (nitrous oxide).

How to minimize anaesthesia to the patients: minimally invasive surgery
Maria Gabriella Grusovin (Italy)

Learning Objectives
To learn the up-to-date mini invasive surgical approach in periodontology and implantology.

Abstract
Nowadays many alternatives for surgery are proposed and both patients and clinicians are looking for the most predictable, simplest and less painful treatment option, which could lessen the use of anaesthesia. The presentation will focus on the different aspects of surgical clinical choices such as flapless surgery as opposed to flap elevation, short implants as an alternative to bone augmentation, post extractive implants versus delayed ones, describing advantages and complications both from a clinical and a scientific point of view. Clinical use of anaesthesia technique will be described.

Year in Review Forum Clinical approaches in the latest dental material – bridging research and practice
John Nicholson (United Kingdom)
Roger Linden (United Kingdom)
Hendrik Meyer-Lückel (Germany)
Liran Levin (Canada)
Jean-Yves Cochet (France)

Time: 14:30–17:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Michael Glick
CERP: 2.5

The action and delivery of fluoride: An update
John Nicholson (United Kingdom)

Saliva
Roger Linden (United Kingdom)

Caries prevention and diagnostics
Hendrik Meyer-Lückel (Germany)

Peri-implantitis – the disease of the future!
Liran Levin (Canada)

Clinical applications of new technologies and concepts in Endo: Endo is changing!
Jean-Yves Cochet (France)

A novel, simple lingual orthodontic appliance for incisor protrusion
Young-Guk Park (Republic of Korea)

Time: 14:30–15:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Katarzyna Emerich
CERP: 1

Learning Objectives
To understand the nature of class II malocclusion with hyperdivergent mandible, and open bite, and to acknowledge the development of the appliance, its mode of action and clinical application.
Abstract
The newly designed lingual retraction appliance is aiming to move 6 anterior teeth bodily backward with intrusion of both the anterior and posterior segment simultaneously, consequently intrusion of the whole upper dentition results in counterclockwise autorotation of the mandible. The overall outcome of the appliance will be the correction of the class II malocclusion with hyperdivergent mandible, open bite and gummy smile. It is the aim of this presentation to illustrate the development of the appliance, its mode of action and clinical application.

New Bulkfill Composites – a viable way or too risky? In vitro data and clinical results
Reinhard Hickel (Germany)

Time: 14:30–15:30
Room: Pavilion 15 – level 1 – Hall 1D+1E
Language: English / Translation: Polish
Chair: Honorata Shaw
CERP: 1

Learning Objectives
Classification of bulkfill materials, advantages and disadvantages of the different products, characteristics in clinical use and clinical results.

Abstract
A few years ago a new group of composite resin filling materials was introduced called bulkfill composites. These materials are recommended to be placed in a layer of up to 4-5mm. To be clinically successful bulkfill materials therefore should have low shrinkage stress and higher curing depths. Bulkfill composites can be classified into flowable and higher viscosity materials. Big differences in matrix, particle size and filler amount of these bulkfill materials were shown and hence also in mechanical properties. Differences between the materials and advantages and disadvantages of the two groups in comparison to traditional composites will be discussed, and clinical results of this new group of composite resins reflected upon.

The biological effect of chemical retraction on primary human fibroblasts from gingiva
Jolanta Saczko (Poland)

Time: 14:30–15:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Tomasz Kulczyk
CERP: 1

Learning Objectives
Temporary management of free gingival margin architecture is a substantive procedure in fixed dental prosthetic treatment. The biological activity of chemical retraction agents in surrounding periodontal tissues is of unquestionable importance, however this has not yet been completely clarified.

Abstract
This in vitro study was designed to evaluate the biological effect of vasoconstrictive retraction agents in primary human gingival fibroblasts. Commercial and experimental gels were treated with human gingival fibroblasts. The expression of collagen I and III by immunocytochemical ABC method was determined. It was observed that experimental gels did not limit the expression of collagen I and III. Moreover, in the case of gel Exp-3 an increase in both types of collagen was detected. Additionally, fibronectin and zyxin protein were visualized by confocal laser scanning microscopy (CLSM study). New chemical vasoconstrictive factor retraction can be used clinically.

Effectiveness and success in implant therapy: standards and the aspects of general health status
Andrzej Wojtowicz (Poland)

Time: 14:30–15:30
Language: English / Translation: Polish
Chair: Mariusz Duda
CERP: 1

Learning Objectives
Evaluation of prognostic factors in terms of overall health, reactivity of the tissue in the planning of implants in patients treated with immunomodulators.
Abstract
Introduction: Prognosis in implant treatment depends on many factors. Peri-implantitis is the most frequent factor leading to implant loss. Peri-implantitis – a chronic disease from a clinical point of view, has for many years been caused by bone and gingiva deficiency around the implant. There are many methods of peri-implantitis treatment, but long-term maintenance of the tissues around the implants has not been described. Instead of many cases of peri-implantitis, the indication of implant therapy wouldn’t be decreasing. It is well known, that part of the implant surface comes into contact with the perioseum/mucosa and wound of compact bone – the deeper surface of the implant comes into contact with bone marrow, especially with stem cells (2 promilles) and MCFU cells, which are monocytes-macrophage colony forming unit-cells. MCFU cells can differentiate into multinuclear osteoclasts as well as multinuclear giant cells, which are of foreign body cells type. The aim of this study and presentation is a five-year follow-up of implant therapy in patients chronically treated with small doses of immunomodulators. These patients were suffering with psoriasis (five patients) or multiplex myeloma (three patients), diagnosed after finishing implant therapy. Results: The blood markers: IL1, IL8, CD43, osteopontin, 1,25 (OH)2 D3, CRP and others factors were evaluated in immunomodulated patients after implant treatment. Summary: Chronic treatment with immunomodulators can positively influence prognosis in implant treatment in patients suffering with psoriasis and myeloma multiplex. It seems that treated psoriasis and multiple myeloma are relatively contradicted only to implant therapy.

Orthodontic approaches for the treatment of OSA adults
Su Jung Kim (Republic of Korea)

Time: 16:00–17:00
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Katarzyna Emerich
CERP: 1

Learning Objectives
• Summary of up-to-date information of orthodontic approaches to OSA treatment.
• A clinical guideline for deciding the best treatment for OSA patients with different skeletal and airway patterns.

Abstract
A multidisciplinary approach is indispensable for the evaluation and treatment of obstructive sleep apnoea (OSA) patients. A clinical pathway illustrating the decision-making process to approach different treatment options has been established from an orthodontic point of view, which discerns the best treatment for each patient given their skeletal and airway characteristics. In this lecture, I will introduce the clinical pathway based on a summary of up-to-date information of orthodontic approaches, and will address the possible matches for the best treatment through the review of some clinical cases treated with different methods.

Functional pre-treatment of temporomandibular disorders (TMD) before final oral rehabilitation
Georg B. Meyer (Germany)

Time: 16:00–17:00
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Mieszko Wieckiewicz
CERP: 1

Learning Objectives
• Functional correlations between teeth, joints and the neuromuscular system.
• Physiological centric relation between upper and lower jaw.
• Diagnostics and treatment of functional disturbances.

Abstract
Temporomandibular disorders may have relations to other medical diseases. Dental risk factors are mainly occlusal interferences which can be intensified in combination with psycho-emotional stress. Occlusal therapy including splint therapy is the most common and recommendable standard therapy by far, which can primarily effect muscle relaxation and improvement of neuromuscular coordination. The therapeutic approach consists of eliminating centric and eccentric occlusal disturbances, rebuilding lost support zones, and changing the mandibular motion pattern in order to improve muscle tone and neuromuscular coordination. As a rule, this also leads to a more physiological positioning of TMJ structures with a positive, therapeutic effect.
Learning Objectives

- To present indications for transplantation of developing teeth.
- To present surgical considerations of the treatment and follow-up protocol.
- To provide evidence for alveolar bone regeneration during healing after transplantation.

Abstract

Autotransplantation of developing teeth has become a well-established treatment to substitute missing teeth in patients with hypodontia or post-traumatic loss of maxillary incisors. Long-term follow-up of premolars and molars, which were transplanted at early stages of root development, showed normal healing of the soft and hard tissues of transplants. Pulp revascularization, normal periodontal healing and root growth were observed after transplantation. Additionally, recent studies added new observations of periodontal tissue healing that changed the indications and applications of autotransplantation. It became recognized that the active and passive eruption of transplanted teeth could promote the development of alveolar bone even in patients with severe traumatic bone defects. This lecture will discuss the evidence-based literature and clinical long-term observations of patients who underwent tooth transplantation. The multidisciplinary approach to the treatment of teenage patients with alveolar bone defects will be presented. The main objectives of the protocol of autotransplantation of developing teeth will be given. This will include orthodontic indications, the selection of a potential donor tooth, surgical technique, follow-up and prosthetic reshaping of premolars transplanted into the anterior maxilla. The evaluation of treatment outcomes will be based on periodontal and radiographic examination of transplanted teeth (including cone-beamed computed tomography in selected cases). This lecture will highlight the unique regeneration of alveolar bone defects, which is observed during healing, eruption, and development of transplanted teeth.

Inequalities in oral health
Lone Schou (Denmark)

Time: 16:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: English / Translation: Polish
Chair: Honorata Shaw
CERP: 1

Learning Objectives

After this presentation, participants will have an understanding of global oral health epidemiology. They will be aware of inequalities in oral health. They will be aware of different strategies addressing inequalities in oral health.

Abstract

Major improvements in oral health have been documented in many countries during the last 25 years. There has been a vast increase in the number of oral health professionals, and also enormous technological developments. In many countries a majority of 12 year-old children are now free from caries. However, more recently we are witnessing inequalities in not only oral health, but general health as well. These inequalities exist, apparently, no matter which type of preventive or health promoting scheme or which type of health service has been implemented. In many countries a small proportion of the population seems to suffer from most of the diseases. The common-risk factor strategy seems appropriate, but are health professionals educated and ready for this?

Regeneration of the alveolar bone after autotransplantation of developing teeth – Periodontal assessment of treatment outcomes
Pawel Plakwicz (Poland)

Time: 16:00–17:00
Language: English / Translation: Polish
Chair: Mariusz Duda
CERP: 1

Learning Objectives

- To present indications for transplantation of developing teeth.
- To present surgical considerations of the treatment and follow-up protocol.
- To provide evidence for alveolar bone regeneration during healing after transplantation.
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<td>Optimal management of the posterior atrophic mandible Hadi Antoun</td>
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<td>Smile personalization and digital smile design Rodrigo Venticinque</td>
<td>Christopher H. Fox, Jocelyne Feine, Gottfried Schmaltz, Benoit Varenne, Jirun Sun</td>
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<td>Current perioperative use of odontal antiseptics in implant surgery Marzana Dominiak</td>
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Aesthetic outcomes for single implants in the anterior maxilla and dimensions of the peri-implant hard and soft tissues.
Asbjorn Jokstad (Norway)

Learning Objectives
• Be aware of the evaluation system to appraise the qualities of soft tissues in patients having received single crowns.
• Be familiar with the effects of various clinical variables on peri-implant soft tissue appearance and cortical bone loss.
• Be acquainted with clinical research focused on dimensional relationships between the implant-crown complex and clinical and radiographical landmarks.

Abstract
A crown retained by a dental implant made from titanium to replace a single missing tooth is documented by many long-term clinical studies. Different treatment procedures have been developed to include immediate, early or delayed implant placement subsequent to tooth extraction, combined with immediate, early or delayed loading of the implant. Refinements of surgical techniques and innovative implant system components and biomaterials have led to high expectations of predictable aesthetic outcomes. This presentation will review the parameters for achieving the best possible appearance of peri-implant soft-tissues, including the “minimal critical dimensions” of hard and soft tissue around implants.

Optimal management of the posterior atrophic mandible
Hadi Antoun (France)

Learning Objectives
• Evaluation and classification of the severely atrophied posterior mandible including hard tissue problems, crown/implant ratio, distance to the inferior alveolar nerve and keratinized gingiva.
• Evaluation of the most predictable techniques to rehabilitate atrophied posterior mandible.
• Discussion of the clinical step by step augmentation techniques.

Abstract
Insufficient bone volume in the posterior mandibular jaw is a frequent problem. Bone density of the residual bone, crestal configuration, the amount of keratinized gingiva and the situation of the mobile mucosa with respect to the alveolar crest are also factors to be considered. Placing short implants above the mandibular canal could be an appropriate alternative for patient
rehabilitation. Under 8mm of bone height removable prosthesis, transposing the mandibular canal or bone augmentation are the three main alternative treatments. Height and width bone augmentation would be the ideal approach. Several techniques will be presented and discussed during this presentation: Bone grafting either with autogenous or bone substitutes, guided bone regeneration, bone distraction and bone interpositional block grafts. Important parameters will be discussed such as morbidity associated with the techniques, complications and peri-implant bone level after bone loading.

FDI Public Health Committee/Chief Dental Officers’ Forum
Keeping a sound dentition healthy at a young age
Jo Frencken (Netherlands)
Rita Villena (Peru)
Ece Eden (Turkey)

Time: 08:30 – 11:00
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chairs: Paulo Melo, Shlomo Paul Zusman
CERP: 2.5

Global caries status amongst the young; epidemiological findings and main aetiological factors
Jo Frencken (Netherlands)

Learning Objectives
• To understand the main factors that keep primary dentitions healthy
• To understand the prevalence and severity of carious lesions in infants.
• To appreciate the necessity of interacting with medical personnel at health centres for keeping dentitions healthy.
• To understand the role of dental practitioners in keeping primary teeth healthy.

Abstract
Dental caries is a preventable disease. But why are untreated cavitated dentine carious lesions in primary teeth number 10 on a list of 291 medical diseases and conditions? These two facts do not match. Something is not going right in the management of carious lesion development in infants. The Forum discusses important aspects of carious lesion development and care through cooperation with medically trained personnel.

Ways in keeping caries lesions away and managing these atraumatically in the very young. How to empower the family?
Rita Villena (Peru)

Learning Objectives
Emphasise the need for multidisciplinary approaches from the first months of life, supported by nurses to educate mothers and reduce the high prevalence of early childhood caries.

Abstract
In recent years, dentistry has moved from an invasive to a conservative approach. Modern dentistry fosters the implementation of risk factor assessment both for populations and individuals aiming to promote oral and general health from an early age. This presentation describes educative-preventive and therapeutic interventions addressed to infants from six to 36 months of age, permitting the implementation of the stated objectives. Although there is ongoing research, new action plans must appear with proper designs and be implemented in the public health environment, especially in developing countries.

Improving oral health of young children by educating mothers: from pregnancy to 3 years-old
Ece Eden (Turkey)

Learning Objectives
• Understand the effect of oral health education and focus groups.
• Understand the effect of socioeconomic and cultural differences on oral health education programmes for mothers.
• Understand the effect of mothers’ attitudes on the oral health of young children.

Abstract
This presentation will report the outcomes of an oral health education programme targeted at mothers that continued for three years. The study was conducted in low socioeconomic status areas of Izmir, Turkey from 2013 to 2016 (n=289). The oral health education sessions were performed during pregnancy, six months, one and a half and three years after birth. Intraoral examinations of the mothers were conducted during pregnancy whereas children were evaluated at the age of one and a half and three years. The effect of oral health education on the knowledge of mothers and oral health status of their children will be reported in relation to the control groups.
Abstract
The dental profession is being challenged by the increasing demand for better oral health care for more people in more countries than ever. At the same time, there is an obligation to reduce the requirements on the finite resources of the earth. The success of oral health professionals, as well as in other areas of society will be judged by how well they respond to these challenges. SUSTAINABLE DENTISTRY rises to include the sustainability dimension in the professional life of dentists, including its three faces, i.e.: preservation of natural resources, economic dynamics and human development.

Hot topic session – Overuse of antibiotics
Michael Glick (USA)
Daniel Meyer (USA)

Time: 08:30–09:30
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chairs: Pawel Plakwicz, Ingrid Rozylo-Kalinowska
CERP: 1

Learning Objectives
- Understand how the use of antibiotics may be harmful to the public
- Understand how over-prescription of antibiotics may cause antibiotic resistance.
- Understand the prescriber’s responsibility in the use of antibiotics in dentistry.

Abstract
Antibiotics have paved the way for health and social advancements, and remain indispensable in medical and dental care. Today, the emergence of drug resistance in bacteria is reversing the medical miracles of the past decades. The proportion of infections caused by antibiotic resistant bacteria is continuing to increase as new resistance patterns emerge from the overuse and inappropriate selection of antibiotics in healthcare settings. World Health Assembly resolution 67.25 (Antimicrobial Resistance), urges countries to take urgent action to improve antibiotic stewardship, combat antibiotic resistance, minimize drug-resistant threats, and find alternatives for combating drug-resistant bacteria in humans, animals and the environment.
Local anaesthesia in dentistry: update on drugs, techniques and delivery systems
Monika Daubländer (Germany)

Time: 08:30–09:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Maciej Jagielak
CERP: 1

Learning Objectives
• Safe and effective use of local anaesthetic solutions in dentistry
• Pain management in risk patients.
• Differentiated local anaesthesia.

Abstract
Dental treatment often requires adequate pain management. Local anaesthesia plays a crucial role. The selection of the ideal local anaesthetic solution depends on the planned treatment (duration, bleeding, expected pain) and also on the needs, expectations, risk factors and capacity of the patient. The individual risk profile of the patient should be considered when planning the treatment, choosing the drugs (local anaesthetic, vasoconstrictor, additives) the technique (nerve block versus PDL) and the delivery system. A differentiated local anaesthesia meets all these factors. Local anaesthetic agents and vasoconstrictors are characterized by their indications and contraindications. Dentists should be aware of those and calculate the correct dose. A new drug (OraVerse™) for reduction of long-lasting soft tissue anaesthesia enlarges the indications for local anaesthesia and adds benefits for patients at risk of self-inflicted injuries. Computer controlled local anaesthesia delivering devices (CCLAD) improve application.

Posterior direct composite restorations – can we guarantee a long-term success?
Monika Łukomska-Szymanska (Poland)

Time: 08:30–09:30
Language: Polish / Translation: English
Chair: Jerzy Sokolowski
CERP: 1

Learning Objectives
The lecture will focus on:
• Patient selection.
• Tooth preparation philosophy.
• Matrix systems (perfect proximal shape and proximal contacts).
• Adhesive materials and polymerization methods.
• Incremental filling techniques.
• Composite material and instrument choice.
• Efficient contouring of occlusal surface.
• Occlusal adjustment.
• Finishing and polishing.

The most up-date clinical protocols and trends based on the current research will be presented.

Abstract
The research suggests that at least 60% of direct composite restorations will last for over 10 years when the correct materials are applied properly. Successful restoration of posterior teeth with composite requires the clinician to be aware of the factors influencing the final outcome. Composite restorations have to be not only functional, but also aesthetic. Operative techniques using direct composite material are still challenging.

Young Dentists Worldwide Forum
Rebecca Otto (Germany)
Michael A. Ermer (Germany)
Magdalena Wilczak (Poland)
Rodrigo Venticinque (Brazil)
Manuel A. Cordero (USA)

Time: 09:00–14:00
Room: Pavilion 7 – level 1 – Hall 1.G
Language: English
CERP: No

Children – the little adult
Rebecca Otto (Germany)

Learning objectives
Treatment options and behavior management
Abstract
Children – the little adult???
Children are no little adults. They are however, the future patients in your practice.
Children require special behavioural management and practical management strategies.
Here I am presenting various treatment options such as sedation and narcosis and how these can enable integration of children in common dental practice routines.
Further, the making of pediatric crowns, pulp therapy and space maintainers are discussed.

New risks beyond bisphosphonates – medication-related osteonecrosis of the jaw
Michael A. Ermer (Germany)

Learning objectives
Attendees should
• Gain a general overview of the described problems for dental procedures.
• Be able to perform a risk-assessment for individual patients.
• Know how to perform dental surgery to avoid adverse events.
• Be able to estimate treatment limitations and when to refer patients to a specialized center.

Abstract
Bisphosphonates (BP) have moved into the oral surgeons’ focus in recent years due to a growing number of BP associated osteonecrosis of the jaws, first described in 2003. The etiology is still not fully determined. As new anti-resorptive and oncologic drugs emerge regularly, the risk of medication-related osteonecrosis becomes more widespread.
The presentation will give an update on actual anti-resorptives, medication guidelines, state-of-the-art treatment and prevention of adverse events when treating patients with BP or other anti-resorptive therapy.

Buckle up – It’s the law! Cranio-maxillofacial trauma in traffic accidents
Michael A. Ermer (Germany)

Learning objectives
The presentation will give an overview on actual statistics, as well as “historical” and state-of-the art surgical treatment of cranio-maxillofacial trauma.
One should be able to name and know all the possibilities of cranio-maxillofacial trauma due to traffic accident.

Abstract
40 years ago the use of seatbelts in front seats was introduced in Germany and since 2006 the usage of seatbelts in all seats of any vehicle is compulsory in the whole European Union. Yearly reports of the OECD and of the International Transport Forum show huge differences in utilisation by country and a significant correlation of seatbelt use and deaths and severe injuries in traffic accidents.
The presentation will give an overview on actual statistics, as well as “historical” and state-of-the art surgical treatment of cranio-maxillofacial trauma.

Gingival Crevicular Fluid (GCF) – new diagnostics methods. Crevicular fluid and toxic metals in pregnant women
Magdalena Wilczak (Poland)

Learning objectives
After the lecture, participants should:
• Know what crevicular fluid is and what are its contents.
• Know novel and former methods of diagnostics.
• Name the role and possible risk of toxic metals.

Abstract
Studies on Gingival Crevicular Fluid (GCF) started over 50 years ago. In 1969 Loe and Holm-Pederson introduced GCF as an indicator of periodontal disease. Over the years, various methods of collection and diagnosis were introduced to the dental world. This should give us a complete overview of GCF diagnostics and possibilities to collect it. Throughout pregnancy over 40% of women are prone to periodontal disease. The aim of the study is to see if there is any correlation between the level of toxic metals in GCF during the three trimesters of pregnancy. This is a pilot study on which my PhD will be conducted.

Smile personalization and digital smile design
Rodrigo Venticinque (Brazil)

Learning objectives
The YDW Forum participants will watch a lecture where they will have notions about Digital smile design, Visage, Wax mock up, Impressions, Crowns cementation.

Abstract
Sometimes we rehabilitate our patients aesthetically but they do not recognize themselves or even do not express what they would like when they search for an aesthetic rehabilitation.
The digital smile design and customizing smile through visagism are tools that help us to reach the success and satisfaction of the aesthetic treatment.

A general dentist against erosion
Manuel A. Cordero (USA)

Learning objectives
Attendees will:
- Discover the limitless treatment possibilities as offered by a general dentist with proper training.
- Recognize the value of continuing education and its influence on the general practice.
- Identify the inherent value for patients when specialty treatment is offered by the general dentist.
- Recognize the different types of erosion and its etiology.
- Be able to properly intervene with their patients to ameliorate or resolve their tooth erosion condition.

Abstract
Discover the wide spectrum of specialty treatments that the general dentist, with proper continuing education, can offer to their patients. This session features a very poorly researched condition that is significantly growing in the US population. Very little new research is available from the US population which merits readdressing this relevant topic. Treatment options offered by the general practitioner as well as the convenience and financial benefits derived by their patients. Let us show you how dynamic, interesting and rewarding the general practice can be when you commit to lifelong learning.

Science Committee Forum / World Oral Health Forum
Are you ready for amalgam phase-down? How the Minamata Convention impacts your dental practice?
Christopher H. Fox (USA)
Jocelyne Feine (Canada)
Gottfried Schmalz (Germany)
Benoit Varenne (Congo – Brazzaville)
Jirun Sun (USA)

Time: 10:00–12:30
Room: Pavilion 1
Language: English
Chairs: Christopher H. Fox, David M. Williams
CERP: 2,5

Background:
The United Nations imperative to reduce exposure to environmental mercury exposure, embodied in the Minamata Convention, has profound implications for the practice of dentistry through its requirement to phase down the use of dental amalgam. The momentum to implement the recommendations of the Minamata Convention is now building and FDI recognizes the importance of taking a proactive role in the amalgam phase-down discussions and leading the debate on the implications of this decision for global oral health and on the practice of dentistry. Organized in partnership with the International Association for Dental Research (IADR), this World Oral Health Forum will carry that debate forward.

The session will explore the challenge of finding new materials to replace dental amalgam, all the way from basic discovery science, through clinical trials to evaluate efficacy and safety, to their introduction into clinical practice. It will also include a systematic consideration of those materials that dentists will have at their disposal after the phase down of dental amalgam. Importantly, the Minamata Convention creates the opportunity to take a systematic, critical appraisal of current strategies for caries prevention and to propose more effective approaches. This will include a consideration of how clinicians, educators, policy makers and industry can work together to improve both oral and general health.

The impact of the Minamata Convention is likely to be considerable in low- and middle-income countries where dental amalgam is still the most effective and affordable restorative material available. A key contribution to the forum will be an account of how the dental profession in Africa is responding to the challenge posed by the Convention.

Why we need to commit to the phase down of dental amalgam use
Christopher H. Fox (United States)

The Minamata Convention: what are the challenges of phasing down the use of dental amalgam?
Jocelyne Feine (Canada)

Restorative materials after Minamata: What will be left?
Gottfried Schmalz (Germany)

Abstract
The Minamata Convention focuses on reducing the environmental exposure to mercury and included the phase down of amalgam as a reliable restorative material. The EU Working group
on the safety of dental restorative materials (SCENIHR) then concluded that the choice of material should be based on patient characteristics such as primary or permanent teeth, pregnancy, the presence of allergies to mercury or other components of restorative materials, and the presence of impaired renal clearance. Therefore, restorative materials (including amalgam) will be available but the responsibility for dentists in selecting the suitable in each case with the patient will increase.

What does Minamata mean for the oral health community in a resource-constrained setting? The WHO views and perspectives for the Africa region
Benoît Varenne (Congo – Brazzaville)

New materials for a post-Minamata era
Jirun Sun (USA)

Digital technologies meet oral surgery
Bernd Stadlinger (Switzerland)

Learning Objectives
• The cellular biology of bone healing.
• Digital planning.
• Cone beam computed tomography (CBCT).
• Soft tissue management.
• Hard tissue management.

Abstract
In oral & maxillofacial surgery, improved methods of visualization by cone beam computed tomography (CBCT) and digital means like computer assisted surgery facilitate procedures like implant planning, enabling less invasive surgery and improved precision in targeting structures (e.g. implant placement). This leads to new surgical approaches with possibly smaller incisions and less damage to healthy tissue. Nevertheless, minimal invasive surgery is a commonly used and often misused term. The preservation of pre-existing bone is highly important in many indications, such as the preservation of alveolar bone after tooth extraction and prior to implant therapy. This presentation gives an overview of the biological basis of healing, new means of visualization and digital planning in areas like bone augmentation or implant placement.

BOP YOUR TEETH and ITOP create healthy teeth and healthy economics
Rolf Kufus (Switzerland)

Time: 10:00–11:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Maciej Jagielak
CERP: 1

Learning Objectives
Mixing up the biofilm in the gingival sulcus and in the interdental space strictly once a day is the key to gingival and periodontal health. Patients have to be educated and coached by dental professionals again and again, which is more important than scratching calculus. Clinical progress and success must be visible for the patient.

Abstract
ITOP is a system to teach dental professionals in high-end biofilm management. Bop Your Teeth is a system which coaches patients to begin and maintain high quality biofilm management. We use different paradigm shifts. We are successful on several levels: Patients are healthier and they realise it, leading them to recommend our office to their friends; dental professionals are more motivated because they are no longer cleaners, but coaches. Dentists are more motivated because they can perform much more worthy restorations, surgery, endodontics and even reconstructions.

Is it possible to prevent early childhood caries?
Katarzyna Emerich (Poland)

Time: 10:00–11:00
Language: Polish / Translation: English
Chair: Jerzy Sokołowski
CERP: 1
Learning Objectives

- Acquire the ability to distinguish between early childhood caries and caries in general.
- Define objectives of early prevention and intervention plan for determining treatment.
- Characterize the prevalence and consequences of early childhood caries.
- Get to know the latest concepts of managing the ECC disease process.

Abstract

Early childhood caries (ECC), defined as “presence of one or more decayed, missing (due to caries), or filled tooth surfaces in any primary tooth in a child 71 months of age or younger”, is one of the most prevalent chronic diseases among children worldwide. Despite the general global decline in dental caries in the past decades, ECC is still a significant problem in many countries. The etiology of ECC appears similar to that of other types of caries, but it may be modified by several factors unique to young children, related to the implantation of cariogenic bacteria, immaturity of the host defense systems, as well as behavioral patterns associated with feeding and oral hygiene during early childhood. Therefore, ECC prevention and management should be directed into six areas: Tooth structure, microbiological level, saliva, appropriate diet, knowledge/education and behavioural level. Risk-based disease prevention of ECC requires family engagement, leading to effective day-to-day behavior modification that addresses the disease etiology. Caries prevention commencing before and continuing into the early dentate period is necessary. Primary care physicians play an important role in education by providing access to preventive dental services. There are useful risk assessment indicators to identify preschool children at risk for caries. Fluoridated toothpaste and fluoride varnish are currently confirmed as the most effective chemotherapeutic strategies to prevent ECC. Additionally, motivational interviewing appears to be effective for motivating positive oral health behaviours, and shows promise for reducing caries.

Systemic antibiotics in the treatment of the periodontal diseases

Magda Feres (Brazil)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chairs: Pawel Plakwicz, Ingrid Rozylo-Kalinowska
CERP: 1

Learning Objectives

After the conclusion of the session the participant will be:
- Familiarized with the clinical effects of adjunctive systemic antibiotics in the periodontal treatment.
- Familiarized with the microbiological effects of adjunctive systemic antibiotics in the periodontal treatment
- Able to define specific periodontal treatment strategies for the daily practice

Abstract

Despite the fact that several clinical studies have shown additional benefits when certain systemic antibiotics are used as adjuncts to the periodontal treatment, clear guidelines for the use of these agents in the daily clinic are not yet available. Major advance in laboratory and clinical research methods that have occurred in the past decade have broaden our knowledge in this field. This presentation aims to provide an overview on the use of adjunctive systemic antibiotics in the treatment of periodontitis, in an effort to guide the clinicians’ decision on the use of these agents in daily clinical practice.

Headache – an interdisciplinary problem

Georg B. Meyer (Germany)

Time: 11:30-12:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Mieszko Wieckiewicz
CERP: 1

Learning Objectives

Dentists should know that their profession may have a big responsibility as part of an interdisciplinary medical approach to these diseases.
Abstract
Craniofacial pain is one of the most common disorders affecting the general population. As the causes are manifold, diagnosis and therapy require an interdisciplinary medical approach. From the dental and maxillofacial standpoint, diseases and disorders of the teeth, periodontium, and other craniofacial hard and soft tissues, as well as space-occupying processes and especially craniomandibular dysfunction (CMD) must be taken into consideration in treating patients suffering from headache, tinnitus, trigeminal neuralgia etc.

Minimally invasive treatment of oral diseases
Edward Lo (Hong Kong SAR China)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: English / Translation: Polish
Chair: Beata Czarnecka
CERP: 1

Learning Objectives
• To have a good understanding of the pathology of dental root surface caries
• To be able to detect and diagnose root caries
• To know the clinical evidence base for using minimally invasive methods to treat root caries
• To be able to choose appropriate minimally invasive methods to treat root caries

Abstract
Exposure of tooth root and root surface caries is common among the dentate older adults around the world. Root caries is difficult to treat by using the traditional surgical and restoration approach. A number of new non-surgical and minimally invasive methods to treat root surface caries have been developed and clinically tested. Each treatment method has its own advantages and disadvantages. This presentation will review the clinical evidence base for using these new minimally invasive methods and provide advice on how to choose an appropriate method to treat root surface caries.

Malignant lesions on oral mucosa
Jean-Christophe Fricain (France)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Maciej Jagielak
CERP: 1

Learning Objectives
• Diagnose potentially malignant disorder.
• Diagnose oral cancer.
• Manage patients with potentially and malignant disorder.

Abstract
Missing a malignant lesion of the oral cavity may be a fault if the dentist does not used means recognized by the acquired data of science. So how to avoid missing a malignant lesion of the oral mucosa?
• By understanding the biology of cancer based on genetic mutations.
• By touching the mucosa to look for induration.
• By requiring blood laboratory tests to search for one hemopathy.
• By performing a biopsy of any suspicious lesion. Finally, the lack of healing of a lesion is the more sensitive sign of cancers.

Clinical and microbiological outcomes following the combination of Nd: YAG Laser and Er: YAG Laser in nonsurgical periodontal therapy with the randomized controlled clinical study
Kinga Grzech-Lesniak (Poland)

Time: 11:30–12:30
Language: Polish / Translation: English
Chair: Jerzy Sokołowski
CERP: 1

Abstract
The aim of the study presented during the session was to evaluate clinically and microbiologically the outcomes following nonsurgical periodontal therapy by either a combination of Nd: YAG and Er: YAG laser or by Er: YAG laser alone. The study included forty patients diagnosed as generalized chronic periodontitis patients.
Implant disease pharmacological treatment: Mucositis & Peri-implantitis
Gil Alcoforado (Portugal)

Learning Objectives
The aim of this presentation is to discuss the different protocols available for both mucositis and peri-implantitis. The use of different antiseptics, local and systemic antibiotics will be debated with or without non-surgical and surgical approaches. After this lecture, attendants should be able to choose the right chemicals for the treatment of the different peri-implant diseases.

Abstract
Both surgical and non-surgical mechanical debridement, antimicrobial therapeutics, or the combination of chemical and mechanical treatment have been described for the treatment of peri-implant diseases, but the clinical improvements caused by systemic antibiotics need further investigation.
Peri-implant mucositis can be treated non-surgically.
Peri-implantitis surgical treatment has been considered more satisfactory.
Chemical methods include the use of Citric Acid, Chlorhexidine, EDTA, Hydrogen Peroxide, Saline and Saline Soaked Cotton Pellet Tetracycline among others.

Current perioperative use of orodental antiseptics in implant surgery
Marzena Dominiak (Poland)

Learning Objectives
• Methodology of implant treatment in terms of prevention of loss of marginal bone around the implants.
• The use of antiseptics in the prevention of periimplantitis.
• Assessment of perioperative implant treatment based on international multicenter study.

Abstract
The aim of the lecture is the assessment of the methodology of implant treatment in terms of prevention of mucositis and peri-implantitis. There is important not only surgical procedure but also perioperative proceeding. That’s why during every implant insertion, due to the infections context, use of antiseptics in the prevention of periimplantitis is necessary. Various type and kind of pharmacological treatment cause different results in prevention of loss of marginal bone. There will be discussion of the assessment of perioperative implant treatment based on an international multicenter study.
Mid-day sessions 12:30-14:30

**Publishing in the dental literature workshop**
Magda Feres (Brazil)
Ira Lamster (USA)
Liran Levin (Canada)
Edward Lo (Hong Kong SAR China)
Lone Schou (Denmark)

Time: 12:30–14:30
Room: Pavilion 15 – level 1 – Hall 1.C
Language: English
CERP: 2

**Abstract**
Brief lectures will include the following topics: introduction to the dental literature, the peer review process, the hierarchy of published evidence, etc.

**Meet-the-Expert**
**Managing dental caries effectively: contribution of MID and ART**
Jo Frencken (The Netherlands)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.D
Language: English
CERP: 1

**Meet-the-Expert**
**Cone beam (CBCT) in endo, endodontic surgery and traumatology**
Jean-Yves Cochet (France)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.E
Language: English
CERP: 1

Afternoon sessions 14:30-17:00

**Hot Topic Session**
**Periodontology vs. implantology**
Marshall Gallant (USA)
Liran Levin (Canada)

Time: 14:30–17:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Tomasz Kulczyk
CERP: 2.5

**Implantology & Bone Preservation for Long-term Oral Rehabilitation and Success**
Marshall Gallant (USA)

**Teeth – too early to eulogise**
Liran Levin (Canada)

**Biophotonics and the dental sciences. Laser Phototherapy in Dentistry (LPT)**
Aldo Brugnera (Brazil)

Time: 14:30–15:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Mieszko Wieckiewicz
CERP: 1

**Abstract**
Light is a physical phenomenon present in almost anything we do. It is known to be essential to most forms of life on Earth, being an important source of energy for them. However, only now do we have the knowledge to use it to its fullest potential. The development of techniques using light related to living matter is called biophotonics. Although ancient from the formal point of view, biophotonics as a science is new and is the result of an interface between physics, chemistry and biology. In the dental area we used biophotonics through the use of laser and LEDs as they show positive results in the treatment of several pathologies. There are a considerable number of different types of laser or LEDs systems used for this purposes. For therapeutic proposes, we use radiation intensities so low that it is thought that any biological effects that occur are due
Caries infiltration: when and how does it work?  
Hendrik Meyer-Lückel (Germany)

Time: 14:30–15:30  
Room: Pavilion 15 – level 1 – Hall 1.D+1.E  
Language: English / Translation: Polish  
Chair: Monika Lukomska-Szymanska  
CERP: 1

Learning Objectives  
After having attended the participant should:  
• Be aware of the change in caries management from ‘drill & fill’ to ‘heal & seal’  
• Be able to explain the scientific evidence behind the proximal caries infiltration technique  
• Know the advantages of masking caries lesions with resin infiltrants.

Abstract  
The caries process is nowadays mainly managed by either non-invasive or invasive interventions. For occlusal surfaces sealants have been used widely. Caries infiltration is a micro-invasive approach to deal with caries lesions at both proximal and smooth surfaces. In contrast to sealing, caries infiltration aims to penetrate the lesion body of enamel caries with so called infiltrants. After curing, the infiltrant occludes the lesion pores and thus prevents further demineralization and masks the whitish appearance of the lesions. In this presentation the development of the infiltration technique, its clinical feasibility and indications will be addressed.

Oral lichen planus, known or unknown disorder?  
Malgorzata Radwan-Oczko (Poland)

Time: 14:30–15:30  
Room: Pavilion 15 – level 1 – Hall 1.F+1.G  
Language: Polish / Translation: English  
Chair: Marek Zietek  
CERP: 1

Learning Objectives  
Discussion and presentation of the etiopathogenesis, clinical forms and differential diagnosis of oral lichen planus lesions in different sites of oral cavity.

Abstract  
Oral lichen planus (OLP) is a relatively common chronic inflammatory disease of oral mucosa. A lot of investigations have been performed but the initial event in lesion formation and predisposing factors are still not understood. Lesions can be present everywhere in the oral cavity; mainly the buccal and gingival mucosa and lateral borders of the tongue. The lesions are typically symmetrical and bilateral in reticular, papular, plaque-like and erosive, atrophic and bullous forms. In this lecture OLP is described and discussed on the basis of the current literature and clinical presentations. Differential diagnosis for lesions present in different sites of oral cavity is presented.

The use of lasers in implantology – today and predictions for the future  
Jacek Matys (Poland)

Time: 14:30–15:30  
Language: Polish / Translation: English  
Chair: Jacek Zurek  
CERP: 1

Learning Objectives  
• Understanding the mechanism of photoablation during bone surgery by means of high power lasers.  
• How to use different lasers in implantology.
Role conflicts in dentistry and their ethical implications
Dominik Gross (Germany)

Time: 16:00–17:00
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Honorata Shaw
CERP: 1

Learning Objectives
The subject of ethics in dentistry, the role conflicts of dentists and their normative implications.

Abstract
The lecture initially deals with the definitions of “ethics” and “moral” and with the relationship of ethics and professionalism. On the basis of this relationship, the presentation addresses different role conflicts of dentists and their ethical implications, such as the conflict between the dentist as a professional and the dentist as a businessman, the conflict between being a healer and a service provider, between being a colleague and a competitor, and between being a dental practitioner and a director of clinical studies. The lectures will briefly analyse these roles of conflict and point out various issues at stake.

EEC prevention
Mouna Hamza (Morocco)

Time: 16:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: English / Translation: Polish
Chair: Monika Lukomska-Szymanska
CERP: 1

Learning Objectives
• Recognise early childhood caries risk factors
• Recognise early childhood caries preventive strategies
• Define a programmes’ efficiency based on the information and education of young mothers in regards to early childhood caries prevention.

Abstract
Background: Early Childhood Caries (ECC) continues to have high prevalence worldwide. In Casablanca, Morocco, ECC is estimated to be at 52.8%. Methods: Our pediatric dentistry service
has implemented two health education programmes targeting mothers with young children. The first programme dealt with maternal and child health centres whilst the other was based on home visits. Results: The results showed a significant improvement in mothers’ knowledge of ECC, its risk factors, and the correction of some adverse maternal behaviours for young children’s dental health. Conclusion: Providing mothers with guidance on caries prevention aims to reduce early childhood caries.

Dental pain: diagnostic implications
Khaldoun Rifai (Lebanon)

Time: 16:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
Language: English / Translation: Polish
Chair: Marek Zietek
CERP: 1

Learning Objectives
• Understand the neurophysiology of dental pulp.
• Evaluate dental pain condition.
• Establish correct diagnosis.

Abstract
Unlike other organs and tissues in the human body, teeth present a distinctive and particular nociceptive mechanism. Clinically, the type of dental pain should reflect the condition of the tooth pulp. Adequate and successful dental treatment requires that the source of pain be detected and understood. However, the variability of pain experienced by patients may be confusing and mislead the dentist’s search. This presentation will describe and discuss dental pain experienced by patients, and will help clinicians to understand pain condition and to establish a correct diagnosis.

New, universal self-etching adhesives and resin composites in direct tooth reconstruction and adhesive cementation
Jerzy Sokolowski (Poland)

Time: 16:00–17:00
Language: Polish / Translation: English
Chair: Jacek Zurek
CERP: 1

Learning Objectives
The lecture aims to present the properties of new, modified, universal self-etching adhesives, restorative materials, luting cements and the most successful application and polymerization procedures along with the most efficient enamel and dentine adhesive preparation procedures in different clinical conditions.

Abstract
The clinical success of ceramic and composite reconstructions of damaged teeth depends mainly on the mechanical properties of restorative materials as well as on the seal and resistance of the enamel- and dentine-restoration interface. New composite materials and adhesives and luting cements with enhanced properties have been released into the market recently. This lecture aims to present novel, modified composite materials, universal self-etching adhesives and self-adhesive cements and the application of these products in restorative dentistry. The lecture will review the properties of new, universal self-etching adhesives and self-adhesive cements and their role in the prevention of clinical complications. Important aspects of application and polymerization procedure modification that provide the basis for clinical success will be presented. Moreover, the principles of choice of adhesive strategies for different clinical conditions will be discussed. Shrinkage stress generated by filling materials and cements can have an adverse influence on the quality and durability of the adhesive interface. Study results suggest that shrinkage stress of curing composite materials and luting cements amount to different values (3-20MPa). Application of composite materials and luting cements with low shrinkage stress can enhance the adhesive interface quality. The modifications of material application techniques that can limit the shrinkage stress will be presented. The lecture will also clarify the controversy about the influence of the polymerization method of restorative material on the shrinkage stress generated during polymerization and on the quality of the adhesive interface.
**SATURDAY 10 SEPTEMBER | 2016**

### DAY 4 – LEVEL 0

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<th>Pavilion 15 - level 0, Hall 0.D</th>
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<th>Pavilion 15 – level 2, Earth Hall B</th>
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<td>Coffee break</td>
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<td>Relating oral health / general health and NCDs Christoph Benz</td>
<td>Prevention of tooth loss and dental pain for reducing the global burden of oral diseases Susan Hyde</td>
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<td>11:00 – 11:30</td>
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<td>Optimal scheduling for dental practice Alexander Tolmeijer</td>
<td>Health care systems Elisa Ghetti</td>
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<td>11:30 – 12:30</td>
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<td>Surveillance and monitoring Hideo Miyazaki</td>
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<td>14:30 – 15:30</td>
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<td>Reconstructive and orthognathic surgery of dental defects in ageing patient Maciej Jagielak</td>
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### DAY 4 – LEVEL 2

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### DAY 4 – LEVEL 1

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<td>8:30 – 9:30</td>
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<td>Knowledge and awareness of oral cancer – a multicenter survey study Hanna Gerber</td>
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<td>Patient specific reconstructions in contemporary maxillofacial surgery Marcin Kozakiewicz</td>
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<td>10:00 – 11:00</td>
<td>10:00 – 10:30 – Y. Chumakova – Desquamative gingivitis: etiological factors, clinical, histopathologic and immunologic characteristics</td>
<td>10:15 – 10:30 – Discussion</td>
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<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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<td>11:00 – 11:30</td>
<td>10:30 – 11:00 – N. Savdyuk – Tactics diagnosis and treatment of chronic infectious diseases of the oral mucosa</td>
<td>10:45 – 11:15 – Discussion</td>
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<td>13:30 – 14:00 Joint FDI/ISO Session Dental implant international standards. Meeting the challenges of global demands Jean Paul Davidas, Gottfried Schmalz, Claudio Fernandes Pinheiro</td>
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<td>12:00 – 12:30</td>
<td>11:30 – 12:00 – M. Dromomyretska – TMJ, occlusion and adaptation</td>
<td>11:45 – 12:15 – Discussion</td>
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<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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<td>12:30 – 13:00</td>
<td>12:00 – 12:30 – A. Barylyak – Aprolonged reduction of dentin hypersensitivity using nanofluorapatite</td>
<td>12:15 – 12:45 – Discussion</td>
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<td>13:30 – 14:00 Meet the Expert Modern mouthguards, effective protection against dental trauma Brett Dorney</td>
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<td>12:45 – 14:15</td>
<td>12:30 – 13:00 – Lunch Break</td>
<td>12:45 – 14:00 – Lunch Break</td>
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<td>13:00 – 14:00 Modern surgical / restorative implantology Marshall Gallant</td>
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<td>14:00 – 14:30</td>
<td>13:00 – 13:45 – Coffee Break</td>
<td>13:30 – 14:00 – Coffee Break</td>
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<td>Lunch break</td>
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<td>14:30 – 15:00</td>
<td>14:00 – 14:30 – R. Frankenberger – Adhesive dentistry</td>
<td>14:30 – 15:00 – H. Meyer-Lückel – Drill &amp; Fill or Heal &amp; Seal</td>
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<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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<td>15:00 – 15:15</td>
<td>14:30 – 15:00 – Discussion</td>
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<td>Lunch break</td>
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<td>15:30 – 16:00</td>
<td>15:00 – 15:30 – Discussion</td>
<td>15:15 – 15:45 – Coffee Break</td>
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<td>16:00 – 17:00</td>
<td>15:30 – 16:00 – Coffee break</td>
<td>15:45 – 16:15 – M. Schimmel – Prostodontics for geriatric patients</td>
<td></td>
<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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<td>16:15 – 16:45</td>
<td>16:00 – 16:15 – V. Stalbrodska – Biocompatibility of MTA based cements studied on fibroblasts cell culture line</td>
<td>16:15 – 16:45 – T. Gedrange – Discussion and end</td>
<td></td>
<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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<td>16:45 – 17:00</td>
<td>16:15 – 16:45 – O. Liutkov – Clinical evaluation of restorative materials for postendodontic restoration in primary molars</td>
<td>16:45 – 17:00 – Discussion, closing of the Ukrainian session</td>
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<td>How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving Maciej Zarow</td>
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Endodontic lesions treatment – New approach and new technology
Jean-Yves Cochet (France)

Time: 08:30–11:00
Room: Pavilion 15 – level 2 – Earth Hall A
Language: English / Translation: Polish
Chair: Maciej Zarow
CERP: 2.5

Learning Objectives
• Simplify the treatment strategy for endodontic lesions
• Read a CT Scan and CBCT, understand these possibilities.
• Identify indications of conservation or extraction.
• Determine the endo or surgical approach of endo-perio lesion, resorptions and perforations.
• Understand why laser activity increases our quality of endodontic treatment.
• Analyse the indications of endodontic surgery and complementary surgery

Abstract
A new approach for endodontic lesions treatment, using new technologies, increases significantly the success of our therapy. Today with the advent CBCT, we are provided with much more information than the traditional X rays, allowing us to be more efficient. New NiTi instruments and laser activity improve the prognosis. The biological materials, like MTA and Biodentine enable the saving of teeth that would have been extracted in the past. The use of piezo-surgery and new resorbable membranes gives us a new philosophy of bone regeneration and preservation. Endodontic surgery and complementary surgery have developed the possibilities for saving teeth.
Abstract
Should implants be placed at all in elderly edentulous patients? What are the prerequisites and what are the specific considerations for the treatment? There are recent developments to simplify the procedures for providing complete removable prosthesis with CAD/CAM technology. They have the potential to drastically reduce chair-side time and laboratory costs. Also, with the advent of short and narrow diameter implants, minimally invasive surgical procedures have become very popular in the treatment of elderly patients. Such treatments must always be part of an on-going dental care approach, especially in frail elderly people.

Ukrainian day
Time: 08:45 – 12:30
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
See details on page 123–127

German day
Time: 09:00 – 12:45
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
See details on page 127–129

Oral health for an ageing population symposium
Martin Schimmel (Switzerland)
Susan Hyde (USA)
Christoph Benz (Germany)
Elisa Ghezzi (USA)
Hideo Miyazaki (Japan)
Time: 10:00 – 12:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair(s): Kakuhiro Fukai, Jolanta Kostrzewa-Janicka
CERP: 2.5

Tooth loss and importance of retaining teeth for vitality, quality of life and longevity
Martin Schimmel (Switzerland)

Learning Objectives
• To learn about the importance to retain teeth for QoL, cognition, nutrition and well-being.
• To become aware of different methods to assess oral well-being and recognize the importance of biological psychological and social factors
• To learn about indicators of oral health.

Abstract
Besides “objective” indicators for oral health and disability, the patient’s perception is key in evaluating the treatment needs of the ageing population. Patient-centred outcome measures are nowadays standard reporting in clinical studies. Oral Health Related Quality of Life instruments such as OHIP, GOHAI and others are needed for a valid estimation of patient perspective. Last but not least it seems important to evaluate to which degree the patient’s oral condition may preclude his/her active participation in society.

Knowledge and awareness of oral cancer
Hanna Gerber (Poland)
Time: 08:30 – 09:30
Language: English / Translation: Polish
Chair: Iwona Niedzielska
CERP: 1

Learning Objectives
A presentation of knowledge about oral cancer and its prevention in a randomized group of patients.

Abstract
Aim: In Poland oral cancer is the second most frequently occurring cancer of the head and neck area, after laryngeal cancer. It is the sixth in terms of the number of new cancer cases. Its incidence is around 650,000 new cases annually. Of this group, about 300,000 people die, mainly due to late diagnosis. Although the oral cavity is easily accessible for examination, and symptoms cause discomfort, patients usually come to see a doctor in a high clinical stage, which results in a low five-year survival rate of only 40%. The aim of this study was to assess the awareness and knowledge of oral cancer in Polish and German society based on a questionnaire. Material and methods: The survey was carried out on a group of 350 volunteers of both sexes, aged 18-95. The questionnaire consisted of eleven questions divided into the following four categories: – Demographic – awareness of and knowledge about oral cancer – symptoms – risk factors associated with oral cancer. Conclusions: The results illustrate a need to create prevention programmes that will increase people’s awareness of oral cancer.
Relation of oral health / general health and NCDs
Christopher Benz (Germany)

Learning Objectives
- Poor oral health is significantly associated with major chronic diseases.
- Oral health issues and major diseases share common risk factors.
- General health problems may cause or worsen oral health conditions.

Abstract
Mainly chronic inflammation of the oral cavity such as chronic periodontitis, has been reported to be heavily associated with systemic diseases such as cardiovascular and cerebrovascular disease, pulmonary diseases, kidney diseases and metabolic disorders. In most cases pathomechanical pathways are described theoretically explaining a potential role of oral diseases in these NCDs and animal experiments have been performed providing proofs of principle. Although associations between and potential pathogenic pathways connecting oral and systemic NCDs seem to be evident, the benefits of treating oral diseases for the systemic health in general is proven only for the risk of endocarditis and pneumonia.

Prevention of tooth loss and dental pain for reducing the global burden of oral diseases
Susan Hyde (United States)

Learning Objectives
- Discuss the effectiveness and cost of preventive interventions for dental caries and periodontal disease.
- Develop treatment plans for older adults that reflect the individuality of the aging process using the Seattle Care Pathway framework.
- Describe alternative models for providing care to frail elders and opportunities for inter-professional collaboration.

Abstract
Why do we need to approach the care of older adults differently than we do for younger adults? Caries and periodontal disease are chronic conditions, highly prevalent, largely irreversible, and cumulative in nature. Therefore, maintaining or restoring the oral health of older adults is more complicated and must take into account that elders present with wide-ranging levels of wellbeing, chronic disease, and functional ability. This presentation summarizes the effectiveness and cost of preventive interventions for caries and periodontitis, and gives a case-based example of implementing the recommendations across the spectrum of dependency using the Seattle Care Pathway framework.

Oral Health care systems
Elisa Ghezzi (United States)

Learning Objectives
- Understand the four functions of health care systems: Health Promotion and Education, Prevention, Assessment and Diagnosis, and Treatment.
- Describe the barriers and disparities found in oral health care system development for the aging.
- Describe strategies to improve OHCS for the aging through policy, education, research, and clinical care.

Abstract
Oral health care systems (OHCS) maintain the health and function of the mouth through Communication (Health promotion and education), Prevention, Assessment and Diagnosis, and Treatment. The complexity of these OHCS functions for the aging are described utilizing the spectrum of dependency of the Seattle Care Pathway framework. Barriers and disparities which challenge the development of OHCS for the aging can be universal but often vary between developed and developing countries. Strategies are proposed to improve OHCS through policy, education, research, and clinical care.

Surveillance and monitoring
Hideo Miyazaki (Japan)

Learning Objectives
- Discuss the effectiveness and cost of preventive interventions for dental caries and periodontal disease.
- Develop treatment plans for older adults that reflect the individuality of the aging process using the Seattle Care Pathway framework.
- Describe alternative models for providing care to frail elders and opportunities for inter-professional collaboration.

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are number of teeth present, teeth and periodontal conditions, and occlusal conditions and including denture status. The frame is similar to Step 1 and 2 in WHO’s oral health survey methods. Accordingly, it might be better for FDI that oral health surveillance and monitoring systems would be developed in collaboration with WHO and IADR.

**Patient specific reconstructions in contemporary maxillofacial surgery**  
Marcin Kozakiewicz (Poland)

Time: 10:00–11:00  
Language: Polish / Translation: English  
Chair: Iwona Niedzielska  
CERP: 1

**Learning Objectives**  
Introduction to the computer assisted methods of treatment in main maxillofacial applications.

**Abstract**  
For decades maxillofacial surgery was the art with the doctor in the centre. Nowadays, it is becoming a computer-assisted job. From 2005 an explosive development of personalized treatment has been observed. This has obviously had an impact in maxillofacial surgery. Extremely precise surgical procedures have been introduced based on imaging techniques. In the mainstream of the issue are individual implants of maxillofacial skeleton. That development was possible thanks to the significant spread of computer science, equipment, understanding of the needs in the medical sector, the dissemination of computer aided design, globalisation and the expiry of patents for three-dimensional printing. Recently, that printing method, novel biomaterials, ultrasound welding to connect the medical materials, computer numerical control milling, and direct metal laser sintering have been reasonably priced and easily accessible. Orbital reconstructions, cranioplastics, malar and chin implantations are widely used. Moreover, custom-made total alloplastic temporomandibular joint replacements are available. The above mentioned personalised surgical procedures were initially a result of scientific collaboration between engineers and medical professionals, but now all leading medical manufactures offer help in the design and production of individual elements of the human skeleton. Personal experience in the design, manufacturing of and daily treatment with individual maxillofacial implants will be present in this lecture. The computer assisted methods of treatment, on the one hand, give better face symmetry, improve vision and mastication function and reduce the number of complications. On another hand, they bring greater implication of the medical professional in duties outside of the operating theatre.

**What is true minimally invasive cariology?**  
Roland Frankenberger (Germany)

Time: 11:30–12:30  
Room: Pavilion 15 – level 2 – Earth Hall A  
Language: English / Translation: Polish  
Chair: Maciej Zarow  
CERP: 1

**Learning Objectives**  
Modern methods of bonding, excavation, preparation, repair

**Abstract**  
Hippocratic tradition is based on the sentence “primum nihil nocere” (= primarily not damage). The term “minimally invasive” can be found everywhere in medicine. Related to operative dentistry, however, it is not correct to think that cutting small cavities is automatically the same. True minimum intervention covers five essential aspects: 1. Excavation: Minimum intervention starts here, because preserving vital pulps by defensively excavating carious biomass helps to maintain teeth longer in the oral cavity. Defensively excavating means e.g. using polymer burs in deep carious lesions close to the pulp. 2. Caries infiltration: The most important thought is “Later there may be enough time to drill”. 3. Preparation: Main advantage of adhesive dentistry is that almost no sound dentin has to be cut in order to get adequate retention of restorations. 4. Longevity: All previously mentioned aspects are completely worthless when adhesives fail and gap formation leads to secondary caries. Fundamental prerequisite for successful restorations is therefore excellence in adhesive techniques, appropriate layering and correct light-curing. 5. Repair: Tooth-colored adhesive restorations are durable, do not require retentive preps, and are finally aesthetic. However, the latter leads to considerable problems when restorations have to be removed. So today it makes no sense to completely remove restorations — repair is one of the most important aspects among minimally invasive measures.
Optimal scheduling for dental practice
Alexander Tolmeijer (Netherlands)

Time: 11:30–12:30
Room: Pavilion 15 – level 2 – Hall 2.C
Language: English / Translation: Polish
Chair: Jacek Matys
CERP: 1

Learning Objectives
• What are the scheduling principles for a productive and stress free day.
• Block schedule and pre-blocking what are the best practices.
• Language and behavior of the front office need to be able to create the ideal day.
• How the dentist can ruin the scheduling ability of the front office.
• Follow up on non-scheduled patients.

Abstract
Managing the schedule in the dental practice is often neglected. By scheduling by design the dentist can create a more stress free and productive day. The lecture will show a step by step approach to get an effective schedule. The front office will also benefit from a well-designed schedule. The rush hours are more predictable and it will be easier for the dentist to work on time. The lecture will discuss the use of pre-blocking, high energy blocks and quick call lists. Conversation techniques used by the reception and the dentist are also important to get the patient on the ideal time for the practice.

The long-term experience in the treatment of blow-out (isolated) fracture of the orbit
Grazyna Wyszynska-Pawelec (Poland)

Time: 11:30–12:30
Room: Pavilion 15 – level 1 – Hall 1A+1B
Language: Polish / Translation: English
Chair: Iwona Niedzielska
CERP: 1

Learning Objectives
Blow-out fracture of the orbit, diagnostics algorithm, indications for surgical treatment, methods of treatment, evaluation of obtained results, prognostic factors.

Abstract
Aim: to present the long-term experience in the multidisciplinary treatment of blow-out fracture of the orbit (BFO).
Material and methods: from 1971 to 2014 720 patients with BFO were treated. Diagnostics comprised standarized ophthalmological examination and radiological imaging. Primary reconstruction of the orbit was followed by orthoptic rehabilitation, in case of failure – eye-muscles surgery or prismatic correction.
Results: full recovery was obtained in 255 (50.9%) patients.
Conclusions: Prognostic factors in BFO include type of fracture, type of diplopia, age of patient, time from injury to surgery, degree of enophthalmos.

Mid-day sessions 13:00-14:00

Meet-the-Expert
Modern mouthguards, effective protection against dental trauma
Brett Dorney (Australia)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.D
Language: English
CERP: 1

Meet-the-Expert
Modern surgical/restorative implantology from the Basic to the advanced techniques
Marshall Gallant (USA)

Time: 13:00–14:00
Room: Pavilion 15 – level 0 – Hall 0.E
Language: English
CERP: 1
Afternoon sessions 13:30-17:00

Joint FDI/ISO session
Dental Implant International Standards. Meeting the challenges of global demands
FDI – ISO/TC106 joint session
Jean Paul Davidas (France)
Gottfried Schmalz (Germany)
Claudio Fernandes Pinheiro (Brazil)

Time: 13:30–15:30
Room: Pavilion 15 – level 1 – Hall 1.C
Language: English
Chair: Patrick Hescot
CERP: No

The FDI and ISO/TC/106 partnership is moving forward to consolidate international standards as a knowledge-transfer tool to improve quality and safety in the global dental community. The first nine FDI specifications were developed by the Science Committee in the 1950s and adopted in 1966 as the first set of ISO Standards in Dentistry. Since then, there has been a strong relationship between the two leading organizations, allowing for the establishment of several relevant standards. The first FDI/ISO joint session held in Bangkok during the 2015 AWDC, successfully gathered stakeholders from all sectors of dentistry to discuss the importance of ‘ISO International Standards for Product Safety and Quality in Dentistry’.

The forthcoming FDI/ISO joint session at the AWDC in Poznan, provides an opportunity to promote the collaborative work between both organizations in a specific topic of growing interest to industry, academic and practice stakeholders. This joint event aims to foster awareness among dental professionals about the importance of international standards for improved quality and safety of dental implants. Oral implantology has been a successful treatment modality to restore the functions of human teeth for more than 40 years. Clinical success has favoured a continuously growing worldwide demand among dentists and patients. Dental implant systems have also undergone a major increase in complexity of macro and micro characteristics to comply with expanding clinical indications. The current status of technological knowledge and medical science allow proper conditions for development of international standards in order to face the growing global demand of reducing the impact of edentulism in human life, safely, universally and sustainably.

FDI President, Dr Patrick Hescot, will serve as the moderator of the session. The FDI/ISO joint session on ‘Dental Implant International Standards. Meeting the challenges of global demands’ will take place on Saturday, 10 September from 13:30 to 15:30. The session’s programme is as follow:

- Understand the impact of increased global demand for oral implantology in clinical practice.
- Learn about the Role of international standards for dental implants clinical practice.
- Know the characteristics and use of current dental implant standards.
- Recognize the Challenges for best manufacturing practices in a growing global dental implant market.

Role of ISO standards for implants clinical practice. About dental implants biocompatibility
Jean Paul Davidas (France)
(with the participation of Olivier Cheron (Spain) and Amar Benaddi (France))

Preclinical biological evaluation and testing
Gottfried Schmalz (Germany)

Increased global demand for oral implantology
Claudio Fernandes Pinheiro (Brazil)

German day
Time: 14:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.F+1.G
See details on page 127–129

Ukrainian day
Time: 14:15–17:00
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
See details on page 123–127

Reconstructive and orthognathic surgery of dental defects in aging patient
Maciej Jagielsak (Poland)

Time: 14:30–15:30
Room: Pavilion 15 – level 2 – Earth Hall B
Language: English / Translation: Polish
Chair: Jolanta Kostrzewa-Janicka
CERP: 1
Abstract
The recent advancements in dental medicine (development of orthognathic surgery, bone distraction, tissue engineering, biomaterials) create new possibilities for the ageing patient. Bone atrophy connected with tooth-loss resembles hereditary and developmental deformities. Deformities acquired throughout the lifetime – despite many similarities with developmental malformations – are more challenging and necessitate the application of new treatment modalities (e.g. advanced bone grafting and implantology). Having over 25 years’ experience with maxillofacial deformities with growing patients, we would like to present how these methods can be applied in restoring aesthetics, dentition function and hope in ageing patients.

How to: Gaining an adequate ferrule in compromised teeth – aesthetic and structural problem solving
Maciej Zarow (Poland)

Time: 14:30–15:30
Language: Polish/ Translation: English
Chair: Iwona Niedzielska
CERP: 1

Learning Objectives
• Understand the clinical challenges connected to partial or complete lack of ferrule.
• Define clear guidelines of treatment strategies to endodontists and operative dentists.

Abstract
Discoloured anterior teeth can have a very negative effect on the patient’s appearance. In the past, a lot of root canal treated teeth were reconstructed by metal posts and crowns. Today more conservative strategies represent an alternative treatment option. On the other hand endodontically treated teeth present impaired crown stiffness due to structural loss of hard tissues. Preserving intact coronal and radicular tooth structure is considered to be crucial for the optimal biomechanical behaviour of restored teeth. This lecture will review the current options of treatment of aesthetically and structurally compromised root canal treated teeth.

Ukrainian day
Time: 08:00–17:00
Room: Pavilion 15 – level 1 – Hall 1.D+1.E
Language: Ukrainian
Chairs: Myron Uhryn, Wojciech Bednarz
CERP: No

Ukrainian day – Part 1
Time: 08:45–12:30

08:45 – 09:00 Inauguration
Wojciech Bednarz (Poland)

09:00 – 09:30 Bone metabolism and periodontal diseases
Iryna Mazur (Ukraine)

Learning Objectives
• Explain the impact of main bone metabolism markers on periodontal status.
• Show the difference of bone tissue metabolism in a patient with healthy periodontal status and with periodontitis.
• Effectiveness of osteotropic therapy for periodontitis in patients with metabolic disorders of bone tissue.

Abstract
In patients with periodontitis unbalanced bone remodelling was found (decreased bone formation and increased resorption). The administration of ibandronic acid and calcium supplements in the complex therapy of periodontitis can inhibit the progression of alveolar bone resorption, normalise bone metabolism, decrease the processes of resorption of bone tissue and increase bone formation, and may produce a more predictable outcome of the periodontal treatment and prolonged remission of disease.

09:30 – 10:00 Free Design in Direct Restoration: Theory and Practice
Serhiy Radlinsky (Ukraine)

10:00 – 10:30 Desquamative gingivitis: etiological factors, clinical, histopathologic and immunologic characteristics
Yuliya Chumakova (Ukraine)
Abstract

Aim: The development of effective treatments for dentin hypersensitivity by using nanolaser technologies. Sixty extracted human teeth were stored in physiological saline solution and were assigned to the three different groups. First group – control group – covered with nanodispersed fluorine apatite and irradiated with Er:YAG laser. Third group – covered with nanodispersed fluorine apatite and irradiated with CO2 laser. Fluorine apatite nanoparticles penetrate into open dentinal microtubules and make an obturation. Laser irradiation then induces photothermal activation. The proposed method provides reliable CaFAP adhesion in microtubules orifices – obturation and effective re-mineralizing function on the hypersensitive dentin surface.

Tactics for diagnosis and treatment of chronic infectious diseases of the oral mucosa

Nataliia Savychuk (Ukraine)

Learning Objectives

• Present contemporary knowledge of desquamative gingivitis (DG).
• Describe the etiological factors of desquamative gingivitis.
• Explain the role of B cells and autoimmune component in development of desquamative gingivitis.
• Select the main histopathological characteristics of gingival tissue biopsies in patients with desquamative gingivitis.
• Treatment planning of patients with desquamative gingivitis, assessment of results and prognosis.

Abstract

Methods: 42 patients between 19 and 68 years old with DG were examined. Clinical, radiologic, histopathological and immunologic studies were conducted. Results: DG was diagnosed in 19 women in the post-menopausal period (45.2%), for 11 patients (26.2%) with dermatosis with an autoimmune component, and for seven patients (16.7%) as an allergic reaction. Increase of the immunoregulatory index CD4/CD8 in women with DG in the post-menopausal period indicates possible development of an autoimmune syndrome. Conclusions: DG diagnosis in the presence of strong clinical indications requires immunologic study and histopathological examination of tissue biopsies.

Learning Objectives

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• Select the main histopathological characteristics of gingival tissue biopsies in patients with desquamative gingivitis.
• Treatment planning of patients with desquamative gingivitis, assessment of results and prognosis.

Abstract

Learning Objectives

• Propose a nanolaser method of reduction of dentin hypersensitivity.
• Compare the clinical and experimental outcome of treatment of dentine hypersensitivity with different wavelengths of lasers in combination with nanogel.

Abstract

Methods: 42 patients between 19 and 68 years old with DG were examined. Clinical, radiologic, histopathological and immunologic studies were conducted. Results: DG was diagnosed in 19 women in the post-menopausal period (45.2%), for 11 patients (26.2%) with dermatosis with an autoimmune component, and for seven patients (16.7%) as an allergic reaction. Increase of the immunoregulatory index CD4/CD8 in women with DG in the post-menopausal period indicates possible development of an autoimmune syndrome. Conclusions: DG diagnosis in the presence of strong clinical indications requires immunologic study and histopathological examination of tissue biopsies.
15:15 – 15:30 Revascularization of mucogingival defect after closing acellular amniotic membrane with mesenchymal stem cells in an experiment on rats
Ganna Vyshnevska (Ukraine)

16:00 – 16:15 Biocompatibility of MTA based cements studied on fibroblasts cell culture line
Vadim Slabkovskyi (Ukraine)

Learning Objectives
• Review present contemporary knowledge in biocompatibility of MTA based cements.
• Evaluate cytotoxic effect of commercially available brands of mineral trioxide cements on fibroblasts cell line.
• Compare cytotoxic effect of different brands of mineral trioxide cements.
• Emphasize the importance of MTA biological properties for pulp therapy in immature permanent teeth.

Abstract
The aim of the study was to compare the cytotoxic effect of different mineral trioxide cements on fibroblasts cell line 4BL.
Materials and methods:
Next cements were studies: ProRoot MTA, MTA Angelus, MTA+ Cercamed, Biodentine, RootDent, Trioxident, Restapex. Their cytotoxicity was recorded by MTT assay. Unexposed cell culture was used as a control group.
Results:
There were no significant differences between the control, ProRoot MTA, MTA+ Cercamed and RootDent groups (p > 0.05). Other cements showed significant lower cell viability, compared to the control group (p < 0.05) with the following toxicity ranking: Trioxident> Restapex> MTA Angelus > Biodentine.

16:15 – 16:30 Clinical evaluation of restorative materials for post-endodontic restoration in primary molars
Oleksandr Liutikov (Ukraine)

Learning Objectives
• Evaluate clinical success of primary molars restorations with different restorative materials.
• Evaluate radiographic success of endodontic treatment in primary molars when definitively restored with different restorative material.
• Compare clinical and radiological success of endodontic treatment of primary molars.
• Emphasize the importance of post-endodontic restoration in long-term success of primary molars treatment.

Abstract
The aim was to evaluate clinical and radiographic success of endodontically treated primary molars restored with different materials.
Materials: 64 primary molars were restored with resin composite (RC) (self-etch or etch&rinse adhesives) and glassionomer (GIC). Clinical evaluation was performed at baseline, 3, 6 and 12 months, x-ray control – after 1 year. Result: Success rate for RC restorations with etch&rinse adhesive was 96,4%, 81,25% – was obtained when RC was used with self-etch adhesive; 65,0% for GIC (p<0.05). Conclusion: Success rate of Class II restorations with composites was higher than with GIC.

16:30 – 16:45 Occlusion and posture: experimental induced postural adaptation in rats
Maryna Bilous (Ukraine)
German day – Part 2
Time: 11:00–12:45
CERP: 1.5

11:00 – 11:30 – Ethik in der Zahnheilkunde: Die klinische Perspektive / Dental ethics: A clinical approach
Dominik Gross (Germany)

11:30 – 12:00 – Digitale Technologien in der Oralchirurgie / Digital technologies meet oral surgery
Bernd Stadlinger (Switzerland)

12:00 – 12:30 – Update Funktionslehre / Update Occlusion and TMD
Georg B. Meyer (Germany)

12:30 – 12:45 – Discussion

12:45 – 14:00 – Lunch Break

German day – Part 3
Time: 14:00–15:15
CERP: 1

14:00 – 14:30 – 25 Jahre Adhäsive Zahnmedizin – meine schlimmsten Fehler, meine schönsten Erfolge / 25 Years in Adhesive Dentistry: My biggest failures, my greatest successes
Roland Frankenberger (Germany)

14:30 – 15:00 – Karies: “Drill & Fill” oder “Heal & Seal” / Drill & Fill or Heal & Seal
Hendrik Meyer-Lückel (Germany)

15:00 – 15:15 – Discussion

15:15 – 15:45 – Coffee Break

German day – Part 4
Time: 15:45 – 17:00
CERP: 1

15:45 – 16:15 – Geroprothetik / Prosthodontics for geriatric patients
Martin Schimmel (Switzerland)

16:15 – 16:45 – Kieferorthopädie und Einfluss auf Kiefergelenk / Orthodontics and influence on the temporomandibular joint
Tomasz Gedrange (Germany)

16:45 – 17:00 – Discussion and end
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Programme for Dental Hygienist and Dental Assistant

THURSDAY 8 SEPTEMBER

Kobieta w ciąży na fotelu dentystycznym – rola i zadania lekarza stomatologa i higienisty stomatologicznej
Teresa Fehrenbach (Germany)

Time: 09:30–10:30
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Aneta Olszewska
CERP: No

Reakcja zapalna. Periodontalna regeneracja – filmy z serii „Komunikacja komórek” Quintessence
Teresa Fehrenbach (Germany)

Time: 10:45–11:15
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Aneta Olszewska
CERP: No

FRIDAY 9 SEPTEMBER

Prevention – ground breaking discoveries
Yvan Micholt (Belgium)

Time: 11:30–12:305
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Aneta Olszewska
CERP: No

Rola higienisty stomatologicznej w mechanicznej kontroli płytki nazębowej
Wojciech Bednarz (Poland)

Time: 14:30–15:30
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Aneta Olszewska
CERP: No

Rola chirurgii śluzówkowo – dziąsłowej w codziennej praktyce stomatologicznej – only in Polish
Marzena Dominiak (Poland)

Time: 15:45–16:45
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Aneta Olszewska
CERP: No

08.30 – 09.00 – Rejestracja

09.00 – 11.00 – Sesja Oboda Group – Psychologia komunikacji w gabinecie stomatologicznym (Certyfikat Oboda Group)
Marta Krukowska (Poland)

11.00 – 12.00 – Poczęstunek

12.00 – 13.00 – Profilaktyka fluorkowa z perspektywy higienisty stomatologicznej
Katarzyna Emerich (Poland)

13.00 – 14.00 – Aktywny udział higienisty w pracy zespołu stomatologicznego
Marcin Aluchna (Poland)
Programme for Dental Technicians

THURSDAY 8 SEPTEMBER

Akademia Okluzji Bausch
Krzysztof Adamowicz (Poland)
Jacek Ciesielski (Poland)
Ewa Kalecińska (Poland)
Michał Paulo (Poland)

Time: 08:30–17:00
Room: Pavilion 14 – level 2 – Hall 2.A
Language: Polish
CERP: No

SATURDAY 10 SEPTEMBER

Periodontitis i periimplantitis – od diagnozy do leczenia
Kinga Grzech-Leśniak (Poland)

Time: 09:00–12:00
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Justyna Opydo-Szymaczek
CERP: No

SUNDAY 11 SEPTEMBER

Trudny pacjent w stomatologii i medycynie. Powiększenie wymagań u pacjentów
Magdalena Szumska (Poland)

Time: 12:30–14:00
Room: Pavilion 14 – level 1 – Hall 1.A
Language: Polish
Chair: Justyna Opydo-Szymaczek
CERP: No

Programme for Dental Hygienist and Dental Assistant

14.00 – 14.45 – Instrumentarium ortodontyczne
Anna Fryń (Poland)

14.45 – 15.15 – Higienizacja pacjenta ortodontycznego przed rozpoczęciem leczenia ortodontycznego, w trakcie leczenia i w fazie retencyjnej
Dagmara Mudrak (Poland)

15.15 – 16.00 – Budowanie relacji z pacjentem ortodontycznym kluczem do sukcesu leczenia
Ewa Doros (Poland)

FRIDAY 9 SEPTEMBER

Możliwości Dental System firmy 3 Shape – przyjdź i zobacz możliwości najbardziej zaawansowanego oprogramowania CAD na rynku stomatologicznym
Christoper Adamus (Denmark)

Time: 09:00–10:30
Room: Pavilion 14 – level 2 – Hall 2.A
Language: Polish
CERP: No

Zmodyfikowana metoda „one abutment, one time” w ujęciu klinicznym i laboratoryjnym
Rafał Mędzin (Poland)

Time: 10:35–12:10
Room: Pavilion 14 – level 2 – Hall 2.A
Language: Polish
CERP: No
**Ceramika / Kolor / Analiza: dekodowanie koloru naturalnego zęba i odtworzenie go z proszków ceramicznych**  
Nick Mekias (Hungary)

Time: 12:15–13:15  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

**Program zajęć praktycznych w ramach programu Bausch – Akademia Okluzji**  
Jacek Ciesielski (Poland)

Time: 14:00–17:00  
Room: Pavilion 14 – level 3 – Hall 3.B  
Language: Polish  
CERP: No

**Protetyka komputerowa. Przypadki kliniczne z wykorzystaniem podstawowych materiałów do produkcji uzupełnień w technologii CAD-CAM**  
Patrycja Miałkowska (Poland)

Time: 14:15–15:45  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

**Optymalizacja zasięgu płyt protez całkowitych. Praktyczne sposoby poprawiania retencji i stabilizacji.**  
Piotr Fabjański (Poland)

Time: 15:50–17:15  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

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**SATURDAY 10 SEPTEMBER**

**Kolor w służbie estetyki – zależności w uzyskiwaniu pożądanej barwy i wybranych na uzupełnienie ceramiczne rodzajów struktur**  
Katarzyna Subotowicz (Poland)

Time: 09:00–10:30  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

**Addytywne metody wykonywania prac w technologii CAD/CAM**  
Michał Dudkowski (Poland)

Time: 10:35–12:10  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

**Przyszłość cyfrowego wytwarzania protez ruchomych**  
Antonio Ferilli (Switzerland)

Time: 12:15–13:45  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No

**Obiektywne połączenie – dwa różne światy, jeden punkt widzenia**  
Kristian Owczarczak (Poland)  
Ryo Miwa (Poland)

Time: 14:45–16:15  
Room: Pavilion 14 – level 2 – Hall 2.A  
Language: Polish  
CERP: No
THURSDAY 8 SEPTEMBER

**Cykl endodontyczny: High Endo**
Maciej Czerwiński (Poland)

Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: Polish
CERP: No / Polish Educational Points: 3

**1-day Maxillofacial Ultrasound Hands-on Course**
Ingrid Rozylo-Kalinowska (Poland)
Kaan Orhan (Turkey)

Time: 10:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.B
Language: English
CERP: No / Polish Educational Points: 7

**Nowoczesne metody preparacji zębów pod licówki pełnoceramiczne**
Remigiusz Budziłło (Poland)

Time: 10:00–13:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 321
Language: Polish
CERP: No / Polish Educational Points: 3

**Użycie allograftu w pokrywaniu pojedynczych i mnogich recesji dziąsłowych techniką tunelową**
Jacek Żurek (Poland)

Time: 10:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: Polish
CERP: No / Polish Educational Points: 3

**Heal or Destroy?**
Raimond van Duinen (The Netherlands)

Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.A
Language: English / Translation: Polish
CERP: No / Polish Educational Points: 3

**WEDNESDAY 7 SEPTEMBER**

**Direct composite veneers – without preparation or with minimal tooth reduction / Bezpośrednie licówki kompozytowe – bez preparacji lub z minimalnym przygotowaniem zęba**
Maciej Zarow (Poland)

Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: English, Polish
CERP: No / Polish Educational Points: 3

**Szyny zgryzowe: zastosowanie, wykonanie, protokół postępowania**
Andrzej Bożyk (Poland)

Time: 10:00–13:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 321
Language: Polish
CERP: No / Polish Educational Points: 3

**Direct composite restorations in case of significant tooth wear / Odbudowy kompozytowe w przypadku znacznego starcia zębów**
Maciej Zarow (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: English, Polish
CERP: No / Polish Educational Points: 3

**Użycie mikroimplantów jako zakotwiczenie w ortodoncji**
Tomasz Gedrange (Germany)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: Polish
CERP: No / Polish Educational Points: 3

**Hands-on Courses**
Direct composite restorations in case of significant tooth wear / Odbudowy kompozytowe w przypadku znacznego starcia zębów
Maciej Zarow (Poland)

Time: 10:00–13:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 322
Language: English, Polish
CERP: No / Polish Educational Points: 3

Peri-implant diseases: non-surgical treatment and supportive therapy
Magda Mensi (Italy)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: English
CERP: No / Polish Educational Points: 3

FRIDAY 9 SEPTEMBER

Szyny zgryzowe: zastosowanie, wykonanie, protokół postępowania
Andrzej Bożyk (Poland)

Time: 10:00–13:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 321
Language: Polish
CERP: No / Polish Educational Points: 3

Użycie mikroimplantów jako zakotwiczenie w ortodoncji
Tomasz Gedrange (Germany)

Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.C
Language: Polish
CERP: No / Polish Educational Points: 3

Direct composite restorations in case of significant tooth wear / Odbudowy kompozytowe w przypadku znacznego starcia zębów
Maciej Zarow (Poland)

Time: 10:00–13:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 322
Language: English, Polish
CERP: No / Polish Educational Points: 3

Neoniti file: Management in severely curved canals
Beatriz Del Valle (Spain)

Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: English
CERP: No / Polish Educational Points: 3

Facial rejuvenation techniques with botulin toxin and hyaluronic acid / Techniki odmładzania wyglądu twarzy przy użyciu toksyny botulinowej i kwasu hialuronowego
Paulina Jodlowska (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: English, Polish
CERP: No / Polish Educational Points: 3

Diode Laser Application in Soft Tissue Oral Surgery, Periodontal Treatment and Photoactive Disinfection / Zastosowanie lasera diodowego w procedurach chirurgii tkanek miękkich jamy ustnej oraz w leczeniu choroby przyzębia wraz z fotoaktywną dezynfekcją
Kinga Grzech-Lesniak (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.3
Language: Polish
CERP: No / Polish Educational Points: 3

Comparison of lasers of different length of waves / Porównanie laserów o różnych długościach fali w procedurach zabiegowych
Jacek Matys (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.3
Language: English, Polish
CERP: No / Polish Educational Points: 3

Cykl endodontyczny: High Endo
Hubert Gołąbek (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: Polish
CERP: No / Polish Educational Points: 3

Peri-implant diseases: non-surgical treatment and supportive therapy
Magda Mensi (Italy)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: English
CERP: No / Polish Educational Points: 3

Comparison of lasers of different length of waves / Porównanie laserów o różnych długościach fali w procedurach zabiegowych
Jacek Matys (Poland)

Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.3
Language: English, Polish
CERP: No / Polish Educational Points: 3
Zacznijmy od początku – jak oswoić powiększenie?
Katarzyna Brus-Sawczuk (Poland)
Time: 14:00–17:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: Polish
CERP: No / Polish Educational Points: 3

Direct composite veneers – without preparation or with minimal tooth reduction / Bezpośrednie licówki kompozytowe – bez preparacji lub z minimalnym przygotowaniem zęba
Maciej Zarow (Poland)
Time: 14:00–17:00
Room: Institute of Dentistry, 70 Bukowska Street – Hall 322
Language: English, Polish
CERP: No / Polish Educational Points: 3

SATURDAY 10 SEPTEMBER

Facial rejuvenation techniques with botulin toxin and hyaluronic acid / Techniki odmładzania wyglądu twarzy przy użyciu toksyny botulinowej i kwasu hialuronowego
Paulina Jodliowska (Poland)
Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.1
Language: English, Polish
CERP: No / Polish Educational Points: 3

Cykl endodontyczny: High Endo
Hubert Gołąbek (Poland)
Time: 10:00–13:00
Room: Pavilion 14 – level 3 – Hall 3.2
Language: Polish
CERP: No / Polish Educational Points: 3