

The Cutting Edge

The Buckeye Periodontal Alumni Newsletter

Volume 1, Issue 2

Editor: Steve Bounds, DDS

August 1998

From the Editor

Steve Bounds, DDS, Editor

Well, it's six months later and here's issue two. This newsletter is full of new information: new abstracts; announcements; awards; and special events. If you are going to the AAP meeting in Boston, make sure you notice the date, time and place of the Annual Buckeye Reception. We also have included an updated list of the Honor Roll of Giving, and would like to thank those of you who have contributed. There are also columns from the Chairman and Director discussing the changes that have been made and the future of the program.

The position as editor of *The Cutting Edge* is to be staffed by a second year graduate student. Now that I have been placed in the ranks of a third year graduate student, this will be my last edition. I would like to thank my cub reporter and editor in training, Ana "Scoop" Valverde. Dr. Valverde is a second year resident from Costa Rica, whose husband is a third year prosthodontic resident (I guess we know who wears the pants in that family). So, if you have any questions or suggestions for the next issue, please forward all correspondence to "Scoop" Valverde at valverde.2@osu.edu. ♦

DON'T FORGET TO FAX OR MAIL IN YOUR ALUMNI SURVEY FORM (see pages 12-13 in this issue of *The Cutting Edge*)

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49 and Counting

Angelo Mariotti, DDS, PhD

Dear Alumni and Friends,

The number 49 can mean a lot of different things to people. To the faculty in the Section of Periodontology, it means another exciting year of teaching, research and service. To our students, it means another year of dedication to become proficient in the finest dental specialty. To the Alumni Committee, it means working with alumni to make the Periodontal Learning Center a reality for our graduate students. I hope that the 49th year of this postgraduate program in periodontology can mean something to you and that it will be a time when you become connected with us.

That connection can come through activity with the Alumni Committee, visits back to the Section, identification of students for our program as well as your assistance as we begin to develop the agenda for our Golden Anniversary. For those of you who have been involved with the program, we look forward to your continued interactions and for those of you who have not participated in the past, we would welcome your participation in the future. So please, get connected and help make us better. Our Postdoctoral Periodontal Program continues to evolve and grow and we want you to be part of it. ♦

**The Ohio State University
"Buckeye" Alumni Reception
Monday September 14, 6-8:00 PM
President's Suite (Tim Rose's suite)
Westin-Copley Place
10 Huntington Ave., Boston, MA**

To have another successful Buckeye Reception we need your help. The Section needs to know the number of people who will be attending the Buckeye Reception to order the appropriate amount of food. In addition, to help cover the costs of the reception we are requesting that each alumnus enclose a check for \$35 payable to the Section of Periodontology. Please send your checks and registration form on page 11 of this issue to Ms. Janice Welch at the Section of Periodontology, College of Dentistry, The Ohio State University, 305 W. 12th Ave., Columbus, OH 43210.

Voice of the Director

Leo Kupp, DDS, PhD

I can't believe it's been six months since the first issue of *The Cutting Edge*. I must be having fun. My first news concerns this year Buckeye Alumni Reception at the American Academy of Periodontology meeting in Boston. Please mark your calendars to attend this festive evening and rekindle old friendships. There will be a cash bar and an array of delicious food. There will be a carving station with country ham, prime rib of beef, and roasted turkey; crabcakes, stuffed mushrooms, smoked salmon and other hot and cold *hors d'oeuvres*, along with the usual cheeses and bar snacks.

**The Ohio State University "Buckeye"
Alumni Reception
Monday September 14, 6-8:00 PM
President's Suite (President Tim Rose's suite)
Westin-Copley Place
10 Huntington Ave., Boston, MA**

As last year, we need to know the number of people who plan to attend and we are requesting \$35.00 per alumnus to help defray the cost of the reception. Please send your checks made payable to the Section of Periodontology (see form on page 11 of this issue), at your earliest convenience. Dr. Rose has been kind enough to lend us his suite for the reception. Personally, I'm getting used to holding our reception in the President's Suite-so who's going to be next? Looking forward to meeting more of our alumni in Boston. Many of our residents will be there so it's an opportunity to meet and welcome our future alumni.

One more important subject and then I'll move on to our program update. Accreditation is coming up in April of 1999 and it's time a survey was sent out to our alumni. Please take a few minutes to fill out the survey and mail it back to me (at the address on the form) or FAX it to 614-292-4612. Believe me, I know what a pain surveys are but I'm only going to do this on a five year cycle. Our alumni are a point of great pride for us, and I want to document your success. The name of the game in accreditation is to perform outcome measurements; in other words, it is no longer good enough to document your training, but now we have to demonstrate that your training led you to become successful periodontists. Therefore, the questions are aimed at documenting your success and to point out any possible deficiencies in our program. This is a very important matter and I thank you in advance for participating in this survey. If you have more than three publications, just write the total number of pubs

you have and I'll perform a computer search for more details. Feel free to send me your *curriculum vitae* and I can distill all the needed information for you-it's up to you. I will pester you again in about a month if you don't respond so please help me out. Accreditation is serious business and successful alumni are an important outcome measurement of the program.

Now for the good stuff. First, Dr. Heather Jones has been named our Chief Resident, and believe me she is quickly becoming the gold standard by which all future chief's will be judged. Of our recent graduates, Dr. Bill Stehle is associating with Drs. Tanner and Hall in Columbus, and is continuing part-time teaching at OSU. Dr. Manuel Iravedra returned to Puerto Rico where his wife (also a dentist) has been maintaining their practice. I'm sure everyone joins us in wishing our newest alumni much success and happiness. Dr. Sheng-Hao Huang has decided to stay an extra quarter with us and Dr. McGlumphy to improve his implant skills, in anticipation of a teaching career back home in Taiwan. Dr. Griselle Ortiz is now concentrating on her research efforts and finishing her PhD program. She recently received a NIH training grant to support her research.

We accepted three residents this year, all with pretty impressive statistics. Dr. Russ Hatfield is a graduate of OSU, Dr. Joe Will graduated from University of Colorado (the son of Dr. Pete Will '74) and Dr. Dave Cachillo who graduated from Kansas City-Missouri (and just finished a tour in the U. S. Navy). We have no doubt that these young doctors will mature into outstanding periodontists.

This past June, the residents have begun a weekly half-day rotation through the Implant Clinic under the direction of Dr. Ed McGlumphy. I've received some very encouraging feedback from the residents thus far, especially in their ability to recruit some very challenging implant cases into their practices. Thanks Ed for helping us to improve our implantology efforts.

Our residents have been very busy with their research and poster presentations. Dr. Bill Stehle ('98) presented his research, "Short chain carboxylic acids modulate PMN apoptosis *in vitro*" at the AADR meeting in Minneapolis, and Dr. Heather Jones presented, "The effects of acoustic energy on human gingival fibroblast proliferation" at the IADR meeting in France. The following poster presentations were given at the OSU-Post-College Assembly and will again be shown at the Ohio Academy of Periodontology meeting this fall.

1) "Gingival reconstructions"
Drs. Rupa Hamal and Heather Jones

2) "Optimizing the implant site"
Drs. Steve Bounds and Teresa Conway

The residents have done an outstanding job and we are very proud of their efforts.

Our web page is right on schedule and is now accessible through the College of Dentistry website <http://www.dent.ohio-state.edu> (click on "Graduate Specialty Programs", then "Periodontology"). In addition to information on the graduate program, there is a very impressive "Hot Links" section that you must visit. The links will guide you to many dental related sites ranging from self-study courses to professional dental organizations.

Here's the latest update on our new clinic plans. Yes, the project is behind schedule but progress is being made. Working closely with Dr. Langley Page we have finalized our design and approved a draft blueprint. Vendors have installed several cubicles worth of their latest operatory equipment on the first floor for us to test drive, and we will have the opportunity to mix and match components that increases our design options. Very exciting stuff! The project has now shifted to the university architect who will draw up the formal plans, at which time the project goes through the bidding process. Once the project is bid, we expect the clinic to be finished in approximately six months. The wait is killing me but it will be worth it.

As I finish my column, I would like to remind our alumni of the continuing need for your financial contributions to the program. We have done much to improve the clinic environment, but now we must focus on the plans for the Periodontal Learning Center (see last page for the architect's plan). Our 50th anniversary would be excellent time for you to become a part of the exciting plans for the future. Please consider giving this year. Thanks! ♦

Don't forget to send in your Buckeye Alumni Reception Form!



Visit our Web site at

<http://www.dent.ohio-state.edu>

Click on "Graduate Specialty Programs", then "Periodontology"



Honor Roll of Giving

We wish to thank our donors for contributing to the Section of Periodontology and the future of the graduate program.

1997-1998 Academic Year

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What can I donate to?

Listed below are descriptions of the four funds to which gifts to the Section can be conferred.

The Periodontal Learning Center: This fund is to be used to renovate existing facilities to create a state-of-the-art Periodontal Learning Center for the education of students in the art and science of periodontology (see Periodontics Education/Conference Center on page 14).

The present seminar room will be renovated to accommodate a periodontal library, computer facility to do medline searches and prepare multimedia presentations and individual student study areas devoted to the education of

postgraduate students.

Additional rooms will be dedicated to create a modern, multipurpose conference room in the Section of Periodontology for predoctoral and postdoctoral education seminars, faculty in-service meetings, continuing education classes and a faculty conference room.

Funds can be used for the construction and renovation expenses, the purchase of carpet, equipment, furniture and other necessary items to establish and maintain this Periodontal Learning Center.

The projected costs from University architects to renovate and equip rooms for the Periodontal Learning Center are \$199,364. The Periodontal Learning Center represents a major commitment of the Section to improving the educational environment for our graduate students. Alumni interested in supporting this important renovation of periodontal graduate facilities should contact the Director of Alumni Development (Ms. Betty Farmer) to find out how they can contribute to this endeavor.

The George R. App Periodontal Endowment

Fund: Interest from the Endowment is used to support graduate student education and development with special interest in providing funds for travel to meetings by Ohio State University periodontal graduate students.

Periodontal Research and Training Fund: This fund is used to support a wide variety of periodontal activities by the Section of Periodontology in College of Dentistry. More specifically this fund is used for but not limited to purchase equipment for the graduate program, support of alumni activities (e.g. the annual AAP Buckeye Reception, CE courses, mailings, etc.), endowment of graduate research projects, purchase of food for graduate student activities, etc.

Center for Research in Periodontology:

Periodontal research in the Section of Periodontology involves both basic science and clinical science research projects initiated and executed by faculty and students. This Center provides funding for research projects that investigate all aspects of periodontology and related sciences.

GIVE GENEROUSLY TO THE
PERIODONTAL LEARNING CENTER



From the Residents

CURRENT LITERATURE ABSTRACTS



Thanks to all of our donors—
you make the difference!

Nonsurgical Treatment of Patients with Periodontal Disease

Oral Surgery Oral Medicine Oral Pathology Vol. 81 No.5, May 1996

W.J. Loesche DMD, PhD, J Giorodano DDS, MS, S. Soehren DDS, MS, R. Hutchinson DDS, MS,
C.F. Rau DDS, L. Walsh RDH, M.A. Schork PhD

Subjects recruited from the dental clinics of the University of Detroit School of Dentistry. They were screened for the presence of an anaerobic infection, that is, spirochetes greater than 20% of the microscopic count and the hydrolysis of benzoyl-DL-arginine naphthylamide (BANA-positive reactions). Subjects who had at least four teeth in need of surgery or extraction were retained in the study. No patient would receive more than two rounds of systemic antimicrobial treatments or more than three rounds of local antimicrobial treatments about individual teeth. A placebo treatment would be retreated with the opposite medication from what they had received in the first round. All patients progressed through the first round of treatment. If anyone had more than 6 teeth in need of surgery or extraction after the first round of systemic medication, they were retreated with *systemic* medication. If they had 6 or less teeth, they were treated with EC films containing either no addition placebo, 20% metronidazole, or 20% chlorhexidine. After the first round of treatment the total surgical needs remaining in each group were comparable. The debridement plus placebo treatment reduced the surgical needs by 4.8 teeth per patient. The value was significantly less than the 6.8 teeth reduction observed in the metronidazole group and the 7.6 teeth reduction observed in the doxycycline group. Debridement plus the first round of treatment with either doxycycline or metronidazole reduced the total surgical needs by 57%. Retreatment with either metronidazole or doxycycline caused a further 50% reduction of 78%. 86% of the teeth recommended for periodontal surgery no longer required surgery, and 50% of the teeth recommended for extraction no longer required extraction. 35 patients (38%) had no surgical needs after the first and second rounds of systemic treatment and entered into the maintenance phase of treatment. There was a 93% reduction in the need for periodontal surgery for a total of 595 teeth spared from surgery and an 81% reduction in the need for tooth extraction; a total of 95 teeth were saved for tooth extraction. Over all, only 93 teeth of an initial total of 783 teeth actually needed surgery or extraction after the antimicrobial regimens.

Alternative Methods for Screening Periodontal Disease in Adults

Journal of Clinical Periodontology 1993;20:81-87

E.E. Machtel, L.A. Christersson, J.J. Zambon, E. Hausmann,
S.G. Grossi, R. Dunford, R.J. Genco

Subjects were first classified as either positive or negative for "established periodontitis" using the clinical attachment level (CAL \geq 6 mm in 2 or more teeth, and PPD \geq 5mm in one or more sites). In this case, sensitivity values are calculated to determine how many subjects fulfilling the criteria of "established periodontitis" would have also been selected based on the clinical or radiographic parameters in question. 155 subjects (30.5%) of the 508 individuals included in this study, were diagnosed with established periodontitis. Plaque scores were generally high in the entire population (mean = 74%) which made this parameter less than ideal as it was not sufficiently discriminating. Gingival scores were generally lower than plaque scores (mean GAI = 39%) and did not correlate well with established periodontitis. Calculus scores (mean = 40%) showed greater, though still modest, correlation with established periodontitis. In general, PPD correlated well with established periodontitis for all the different probing depth thresholds that were tested. Of these, pockets \geq 6 mm had the highest correlation (= 0.75) when 3 or more sites were used as inclusion criteria. With the exception of 2 and 8 mm, all the other cut-off points of crestal bone height correlated well with established periodontitis. The highest value (0.72) was found for crestal bone height of 4 mm when 5 or more sites were affected. The highest sensitivity (75.32%) was demonstrated by *B. forsythus* followed by *P. intermedia* (72.3%). None of the other target species exhibited sensitivity greater than 45%. Specificity was generally high for most target micro-organisms, that is, they could only be detected in subgingival plaque samples from patients with established periodontitis.

A actinomycetemcomitans for example, had high specificity (93.48%) as did C. rectus at 84.42% and P. gingivalis at 83.57%. Two micro-organisms did out-perform the rest: the highest correlation was observed with B. forsythus which scored a modest value of 0.35. P. gingivalis showed a value of 0.28, which was considerably greater than that of the other microorganisms tested.

A 10-Year Study of the Progression of Destructive Periodontal Disease in Adult and Elderly Chinese

J. Periodontol 1997:68:1033-1042

V.Baelum, W.M.Luan,X.Chen, O.Fejerskov

In 1994, a follow-up study was carried out among those (587) 20 -80 -year-olds from Gusheng Village, Yanqing County, People's Republic of China, who in 1984 had participated in a study of tooth mortality, dental caries, and periodontal conditions. The tradition in the population for oral hygiene practices is limited, and while a number of persons may indeed possess a toothbrush, toothpastes are not widely available, and no other means of oral hygiene are encountered. All baseline recordings were made on the mesial, buccal, distal and lingual surfaces of all teeth present, including third molars. A total of 147 persons were not available at the follow-up examination. Leading to a total of 398 persons being included in this study. The mean number of teeth lost in those persons who remained dentate ranged from 1.0 (sd = 1.7) among 20 - 29-year-olds to 7.2 (sd = 5.1) among 60+ year-olds. On average, the individual mean attachment losses over 10 years ranged from 1.45 mm among 30 to 39-year-olds to 1.86 mm among 60+ year-olds, although the differences between groups were not statistically significantly different (P = 0.02). About 5.8 % of all sites had experienced an apparent attachment level gain, while 79.8% had experienced some loss. About 48% of the sites had lost ≥ 2 mm; 21.8% of the sites had lost ≥ 3 mm; and 9 % if the sites had lost ≥ 4 mm. The frequency distribution of the 10- year attachment losses did not differ between interproximal sites and bucco-lingual sites, although a tendency for a greater variability was noted for the interproximal sites. Attachment loss of ≥ 1 mm tended to be more prevalent and widespread in 20 to 29-year-olds compared with the oldest age groups; whereas attachment loss ≥ 3 mm (Fig. 3C) and ≥ 4 mm was more prevalent and widespread among the older age groups, most notably the 60+ year-olds. The absolute number of sites with attachment loss ≥ 1 mm or ≥ 2 mm declines substantially with age, whereas in particular the absolute number of sites with ≥ 4 mm attachment loss seems quite constant over the age groups. In the maxilla, molars had the *greatest* risk of ≥ 3 mm attachment loss in all age groups, but the in oldest the premolars were *equally* at risk of ≥ 3 mm attachment loss. Among maxillary teeth, the incisors had the *lowest* risk of ≥ 3 mm attachment loss in all age groups except among 40 to 59-year-olds, where the risk of attachment loss ≥ 3 mm was *lower* in the canines. Among the mandibular teeth the overall pattern was that the molars had the *lowest* risk of ≥ 3 mm attachment loss and the mandibular incisors tended to have the *greatest* risk of ≥ 3 mm attachment loss in all age groups.

Repopulation of Periodontal Pockets by Microbial Pathogens in the absence of Supportive Therapy

J. Periodontol 1996: 130-139

Jacob, Shiloah and Patters.

The purpose of this article is to determine the rate of repopulation of periodontal pockets by Aa, Pg, and Pi following thorough scaling and root planing, without maintenance therapy, over a 1-year observation period and to learn if intra-pocket irrigation with antimicrobial agents retards the rate of repopulation observed following scaling and root planing alone. Six adult patients, with moderate to severe periodontitis. 41 inflamed pockets with 5 mm probing depth or greater and with probing attachment loss. The sites were selected because each harbored more than 6000 cells of one or more of the following pathogenic bacterial species: Aa, Pg and Pi. All patients received thorough SRP, 1 to 2 teeth in each patient were randomly assigned to each of the following treatment modality: 1) control group, no irrigation. 2) irrigation with saline. 3) irrigation with tetracycline and 4) irrigation with chlorhexidine. Clinical parameters (plaque index, gingival index, gingival fluid flow, probing depth and probing attachment level) were observed at 1 week, 1,3,6,9 and 12 months post-treatment. Therefore, the 4 treatment groups were combined into a single group whereby the rate of bacterial repopulation following extensive scaling and root planing could be ascertained. The number of target organisms was determined utilizing DNA probes. The effect of antimicrobial irrigation on the reinfection rate of sites by Aa, Pg and Pi was compared with that of the control groups (1 and 2) by ANOVA, no statistically significant differences were observed among the irrigation treatment groups with regard to the parameters

studied. The bacterial repopulation was observed at base line, 1 week, and 12 months with the following results: Aa: 14/41, 3/14 and 7/14. Pg: 33/41, 6/33 and 12/33. and Pi: 37/41, 3/37 and 12/37. Half or fewer of the originally infected sites became reinfected at 12 months despite lack of maintenance therapy. Conclusions: 1- A single episode of pocket irrigation with antimicrobial agents following thorough scaling and root planing did not affect the rate of repopulation of periodontal pockets by the tested pathogens. 2- Thorough scaling and root planing has a lasting suppressive effect on selected periodontal pathogens for the majority of sites in patients with adult periodontitis. 3- Pre-operative probing depth, the amount of gingival fluid flow and the composition of the subgingival microflora may serve as predictors for reinfection in the absence of maintenance care. 4- Reinfection of the treated sites by Aa, Pg and/or Pi may constitute a risk factor that diminishes the effect of therapy in the absence of supportive maintenance care.

***The Survival Rate of Aa, Pg, and Bf
Following 4 Randomized Treatment Modalities***

J. Periodontol 1997; 720-728

Jacob Shiloah, Mark Patters, John W. Dean, Paul Bland and Gilbert Toledo.

The aim of this study is to determine the short-term anti-infective effects of four randomized treatment modalities on Aa, Pg and Bf and determine the effects of bacterial survival on treatments outcomes in patients with adult periodontitis 12 adult patients requiring therapy for moderate periodontitis were selected for the study. (A total of 48 sites). All patients had at least one tooth in each quadrant that had an inflamed pocket of probing depth > 5mm with probing attachment loss that harbored at least one of the following three periodontal pathogens: Aa, Pg or Bf. The number of target organisms were determined pre-operatively, at 1 week, and 1 month and 3 months postoperatively utilizing DNA probes. One quadrant in each patient was randomly assigned to each of the following four treatment groups: 1) SRP. 2) OS and apically positioned flap. 3)MWF. 4)MWF and CA. Patients were instructed to perform chlorhexidine oral rinse during the study. The following clinical parameters were measured: Plaque index, gingival fluid flow, gingival index, probing depth, clinical attachment level, gingival recession and bleeding scores. On the results: 1- None of the treatment modalities was effective in eliminating the target species. 2- The incidence of infected sites for all groups was 100% preoperatively. 62.5% at 1 week, 33.3% at 1 month, and 31.3% at 3 months postoperatively. 3- These infected sites lost 1.1+ 0.4 mm of probing attachment compared to gain of 0.0 + 0.3 mm for uninfected sites. 4- The infected sites had higher plaque (0.9+ 0.3%) and bleeding on probing (73+12%) compared to 0.3+0.1 and 30+ 8% for the uninfected sites. 5- No statistically significant differences were detected among the infected sites in regard to gingival index (1.0+0.2 vs. 0.8+0.1) or probing depth (3.5 + 0.4 vs. 3.0+0.1 mm). From the conclusions: All 4 treatment modalities significantly reduced the bacterial load, but failed to predictably eliminate the target species. The survival of highly pathogenic bacterial species negatively affects the short-term clinical outcomes of non-surgical and surgical periodontal therapy in a patient population with adult periodontitis.

The Influence of Race and Gender on Periodontal Microflora

Periodontol. 64:292-296

H.A. Schenkein, J.A. Burmeister. T.E. Koertge, C.N. Brooks, A.M., Best, L.V.H. Moore and W.E.C. Moore. J.

The purpose is to determine if there is an apparent influence of demographic variables such as race and gender on the periodontal microflora itself. Subjects included adults and children with naturally occurring gingivitis and experimental gingivitis, individuals with LJP, young adults with severe generalized early onset periodontitis, and adults with chronic periodontitis, also included were samples from subjects participating in a longitudinal study of periodontal disease progression and from teenage and adult twin pairs with gingivitis and periodontitis. The microflora was cultures in an anaerobic environment and all the strains were compared by electrophoretic patterns of their soluble cellular proteins and some strains were tested for cellular fatty acid composition. The flora of each subject was first represented only by the first two subgingival samples taken from that subject. A separate analysis also was done utilizing all data from these subjects. Clinical data from all the subjects were analyzed by ANOVA to determine if comparable attachment loss and pocket depths for sampled sites were present in males and females, and in white and black subjects. No significant differences were noted in the subgingival microflora between males and females. When either the first two bacterial samples from each subject or all bacterial samples taken from each subject were included in the analysis, it was found that Pg was more significantly associated with black subjects in the adult periodontitis

Announcements

We would like to congratulate the following alumni who became Diplomates of The American Board of Periodontology in the past two years-----great job and we are all proud of your efforts and continued commitment to our profession:

Dr. Mike Wojcik	Class of 1992
Dr. Zahra Moavenian	Class of 1993
Dr. Peter Leone	Class of 1996

In May Dr. Robert Genco came to OSU Section of Periodontology to present his research and findings on the relationship of periodontitis and systemic diseases.

Dr. Marucha has been studying the effects of stress and wound healing. He has had Canadian, German, and Korean television interviews regarding this work. This research was presented at The Psychoneuroimmunology Research Society in Bristol, England. He is also preparing another grant to further these studies.

Dr. Claman was given an Outstanding Teacher Award from the dental students Class of 1998. His daughter will be attending OSU this fall and was the recipient of the Ruth Weimer Mount Scholarship for volunteerism and academic excellence sponsored by the OSU Medical Center Service Board.

Dr. Horton was the recipient of "Outstanding Faculty Award for 1998" from the Alpha Epsilon Chapter of the Phi Beta Delta Honor Society for International Scholars.

Dr. Preshaw presented a poster board at the IADR meeting titled "The Effects of 0.1% Ketorolac Tromethamine on Gingival Crevicular Fluid Prostaglandin E2 Levels". He was also appointed to the Institutional Review Board.

Dr. Walters presented a poster board at the IADR and has also had a NIH grant approved. Great job-John!

On a sadder note, Dr. Bill Ashleman, a long time instructor in the section of periodontology has passed away.

Dr. Jason Stoner received the Ohio Division Fellowship from the American Cancer Society for 1998 -1999, his research is entitled "Thalidomide as an Angiogenic Treatment Modality in AIDS-related Kaposi's Sarcoma".

We congratulate Dr. Jason Augustine and his wife Shea for the birth of their first baby girl Alexa Grace Augustine, born on April 22, 1998.

A Touch of Pride... Dr. Robert Ferris (1997), and Dr. Tim Rose, former and current presidents of the AAP, both are OSU graduates. Way to Go Buckeyes!!!

As a reminder, Perio Research Day will be linked with Alumni '99' activities in April 9-10-stay tuned for more info.

We want to welcome our new faculty members, Dr. Hefti, Dr. Preshaw, Dr. Miller Jr, and Dr. Stehle.

Special thanks to all of the OSU periodontal graduates who are part-time faculty (Drs. Palermo, Palermo-Edwards, Ebel, Coffelt, Miller Jr. Stehle, Tanner, Neeley, Alger) at the College of Dentistry.

Our own Janice Welch won 1st place (blue ribbon) in the Archway Cookie Contest at The Ohio State Fair this August for her creation called "Oaty Chips". This is the third time Janice has won this award, plus numerous other ribbons.

If you have any suggestions for continuing education please contact Dr. O'Neil at (614)292-1179 or oneil.3@osu.edu.

If you know of anyone who has not received the Buckeye Periodontal Alumni Magazine, please mail or call (614-292-0371) us with this information.

Email Addresses

As promised here are all the email addresses for the faculty and the residents.

Here are the addresses for the faculty:

claman.1@osu.edu, horton.1@osu.edu, marucha.1@osu.edu, oneil.3@osu.edu, solt.1@osu.edu, preshaw.1@osu.edu, walters.2@osu.edu, mariotti.3@osu.edu, kupp.1@osu.edu

And for the residents:

Grad 3: jones.1205@osu.edu, bounds.3@osu.edu, conway.56@osu.edu, hamal.1@osu.edu,
Grad 2: augustine.12@osu.edu, brayton.3@osu.edu, stoner.12@osu.edu, valverde.2@osu.edu,
Grad 1: cacchillo.3@osu.edu, hatfield.6@osu.edu, will.45@osu.edu, ozturk.3@osu.edu

Publications

Here's a list of our recent publications-just so you can see what we have been up to!

Mariotti, A. and Monroe, P. Pharmacologic Management of Periodontal Diseases Using Systemically Administered Agents. *Dental Clinics of North America* 1998, 42, No. 2: 245.

Marucha, P., Kiecolt-Glaser, J., and Favagehi, M. Mucosal Wound Healing Is Impaired by Examination Stress. *Psychosomatic Medicine* 1998, 60: 362-365.

Padgett, D., Marucha, P., and Sheridan, J. Restraint Stress Slows Cutaneous Wound Healing in Mice. *Brain, Behavior, and Immunity* 1998, 12: 64-73.

Teparat, T., Solt, C., Claman, L., and Beck, M. Clinical Comparison of Bioabsorbable Barriers With Non-Resorbable Barriers in Guided Tissue Regeneration in the Treatment of Human Intra-bony Defects. *J. Periodontol* 1998, 69: 632-641.

Walters, J., Cario, A., Danne, M., and Marucha, P. An Inhibitor of Ornithine Decarboxylase Antagonizes Superoxide Generation by Primed Human Polymorphonuclear Leukocytes. *Journal of Inflammation* 1998, 48: 40-46.

Events

Alumni '99' (April 9-10, 1999)

Next year our Periodontal Research Day and Alumni '99' will be combined. All of our colleagues are cordially invited to the Thirteenth Annual Periodontal Research Day on April 9, 1999. The residents will present their research proposals and findings. This is an opportunity to see current research projects in the department and discuss current issues in periodontal biology and clinical treatment. Lunch and 6 credits of CE will be provided free of charge by the Section of Periodontology. On April 10, 1999 there will be a day of CE and fellowship for friends and alumni of OSU and an evening of recognition for our graduating third year students. The CE program for Alumni '99' is dependent on your participation, and is currently being developed by Dr. Joe O'Neil. Later this year you will receive additional information about Alumni '99'.

The Ohio State University "Buckeye" Alumni Reception

**Monday September 14, 6-8:00 PM
President's Suite (Tim Rose's suite)
Westin-Copley Place
10 Huntington Ave., Boston, MA**

You are cordially invited to attend our annual reception held in conjunction with the AAP meeting. Please return the form below with your reservation and registration fee of \$35 to:

**Ms. Janice Welch
Section of Periodontology
The Ohio State University
College of Dentistry
305 W. 12th Ave.
Columbus, OH 43210.**

Please call if you have any questions.

Ph# 614-292-0371
FAX 614-292-4612

NAME: _____:
YEAR GRADUATED: _____

€ Yes, I plan to attend _____ € No, I cannot attend _____

Number of guests _____

Thank you for your support!

ALUMNI SURVEY

Graduate Periodontics Program-The Ohio State University

1. Please describe your present professional position (check all that apply):
 - Full-time private practice
 - Part-time private practice
 - Full-time faculty
 - Part-time faculty
 - Solo practitioner
 - Partnership
 - Associate
2. If a partner or associate, do you share patient care with the other doctor(s) in the practice?
Yes No
3. Are you a member of your state Periodontic association?
Yes No
4. Are you a member of your local dental/Periodontic association?
Yes No
5. Are you on any professional committees?
Yes No
6. Are you involved in a study club?
Yes No
7. Did you attend any continuing education courses last year?
Yes No
If yes, how many? _____
Total hours (approximately): _____
8. Have you ever given continuing education course(s)?
Yes No
9. Have you taken Part I (written) of the ABP examination?
Yes No
If yes:
Passed Failed
10. Are you certified by the American Board of Periodontology?
Yes No
11. Does your state have specialty licensure?
Yes No
If yes:
Licensed Not licensed
12. Have you ever been required to appear before your state board or dental association based upon alleged professional actions?
Yes No
13. Have you ever had a malpractice suit filed against you?
Yes No
14. Are you involved in local community activities?
15. Are you on any committees (at the community level)?
Yes No
16. Have you ever invited dental or Periodontic students to visit your office?
Yes No

