



2016-2017 Annual Report

Dear Colleagues,

It was an honor to serve you during an exciting and impactful membership year as we worked to strengthen our specialty.

The 2016-2017 membership year was productive and rewarding, from our record-shattering annual meeting in New Orleans, to our new strategic plan developed to lead our specialty, to the release of one of our most powerful member benefits yet: Connection. This exclusive members-only platform is invaluable for sharing case studies and fostering collaboration. It has also infused some energetic debate among some, highlighting the diversity of our membership!

As we demonstrated so effectively during Root Canal Awareness Week, we, as endodontists, are the superheroes of saving teeth, with our advanced training, techniques and technologies.

We may be superheroes, but even superheroes feel powerless sometimes. You may recall at the beginning of my presidency I challenged this association to “take back our specialty” — to take it back from special interests who do not have the best interests of the patient at heart, and back from those with a lack of training and understanding of current endodontic practices. Take it back from the “super generalist” theme perpetuated in dental schools and on the lecture circuit. I challenged the association to take our specialty back from educators who are not trained to teach the current standard of practice in endodontics.

Education is an area in which I have long been deeply vested, and I’ve said before that we must insist that educators teach at the same level. We cannot accept two levels of training because it results in two levels of care.

This year I appointed a Special Committee on Endodontic Education which ultimately opted to take a back-to-basics approach and define what we believe as a specialty should be the competencies of the new practitioner who assumes responsibility for endodontic care of their patients. Our new Endodontic Competency White Paper describes the requisite skills required by all dentists, whether recently graduated or experienced. The guidelines are meant to create a context for knowledge and skills that should provide a standard for all practitioners who undertake the responsibility to diagnose, develop treatment plans and provide prognoses for the endodontic care of their patients.

The guidelines were an important step for the teaching and practice of endodontics, but we are far from finished. I want to challenge the leadership to continue this important initiative until we feel confident that our students are adequately trained.

On the patient side, in recognition of the changing ways patients access health care information, the AAE has ramped up its digital efforts like never before. The AAE website is undergoing a redesign set to launch before the end of the year; meanwhile, we have created more robust patient pages on our website, we have produced high-quality patient education videos and we share breaking news and information on social media, with our various channels growing in presence each day. With new ways for patients to access information, we are changing the collective conversation on endodontics — and helping to bring it to the forefront in the dental realm.

We must continue to improve on our brand recognition. We must focus on the outcome of endodontic therapy — not the process. This will help us change the connotation of the phrase “root canal” and stop likening the procedure to nightmarish scenarios. Orthodontists promise the public the aligned smiles of their dreams, never mentioning the unpleasantness of wires, rubber bands, etc. We must mimic that messaging for saving natural teeth. Endodontists relieve pain and restore natural teeth to health. That sounds like the stuff of dreams to me.

Although we are superheroes, we are humans first. It is immensely important for our humanity to guide everything we do. In my final President’s Message to you last March, I described how all the topics I’d covered throughout my presidency had ethical underpinnings. Allow me to reiterate that everything we do starts with a sound moral base. As an association, we’ll fight to try and minimize the difficult circumstances that have the potential to erode ethical decision making such as student debt. I cannot stress enough the importance of embedding ethics into educating our young clinicians.

We also must keep our quiet advocacy in the forefront. This includes the ongoing relationship building with our stakeholders; we have ongoing interactions with the Dental Specialty Group, and our volunteer leaders have regular dialogue with dental directors of large insurers. This dialogue is so important, and it’s an example of an action that isn’t seen from our membership as a whole, but is extremely beneficial.

In summary, there is still much to be done in order to truly “take back our specialty.” I invite you all to be fearless and resolute in your approach. We cannot abdicate our authority on endodontic matters. Guided by our strategic plan, mission, vision and values, I’m confident we’ll be able to don our superhero capes and fly high as we demonstrate to the world our ultimate superpower: saving the natural tooth.



Sincerely,

A handwritten signature in blue ink that reads "Linda G. Levin".

Linda G. Levin, D.D.S., Ph.D.
2016-2017 AAE President



What's New This Year?

New Strategic Plan

The AAE Board of Directors developed a new three-year strategic plan. Focused on putting endodontics at the forefront of dental health, the plan's public, professional and global components address three key goals:

1. Promoting the importance of retaining natural teeth
2. Developing a single standard for quality endodontics
3. Strengthening our global outreach and membership development efforts

Strategic Goals



Value in Retaining Natural Teeth

The public will value saving their natural teeth and seek endodontists—the specialists in saving teeth—for their care.



Partners in Patient Care

The dental profession will value endodontists as partners with advanced expertise in providing patient care.

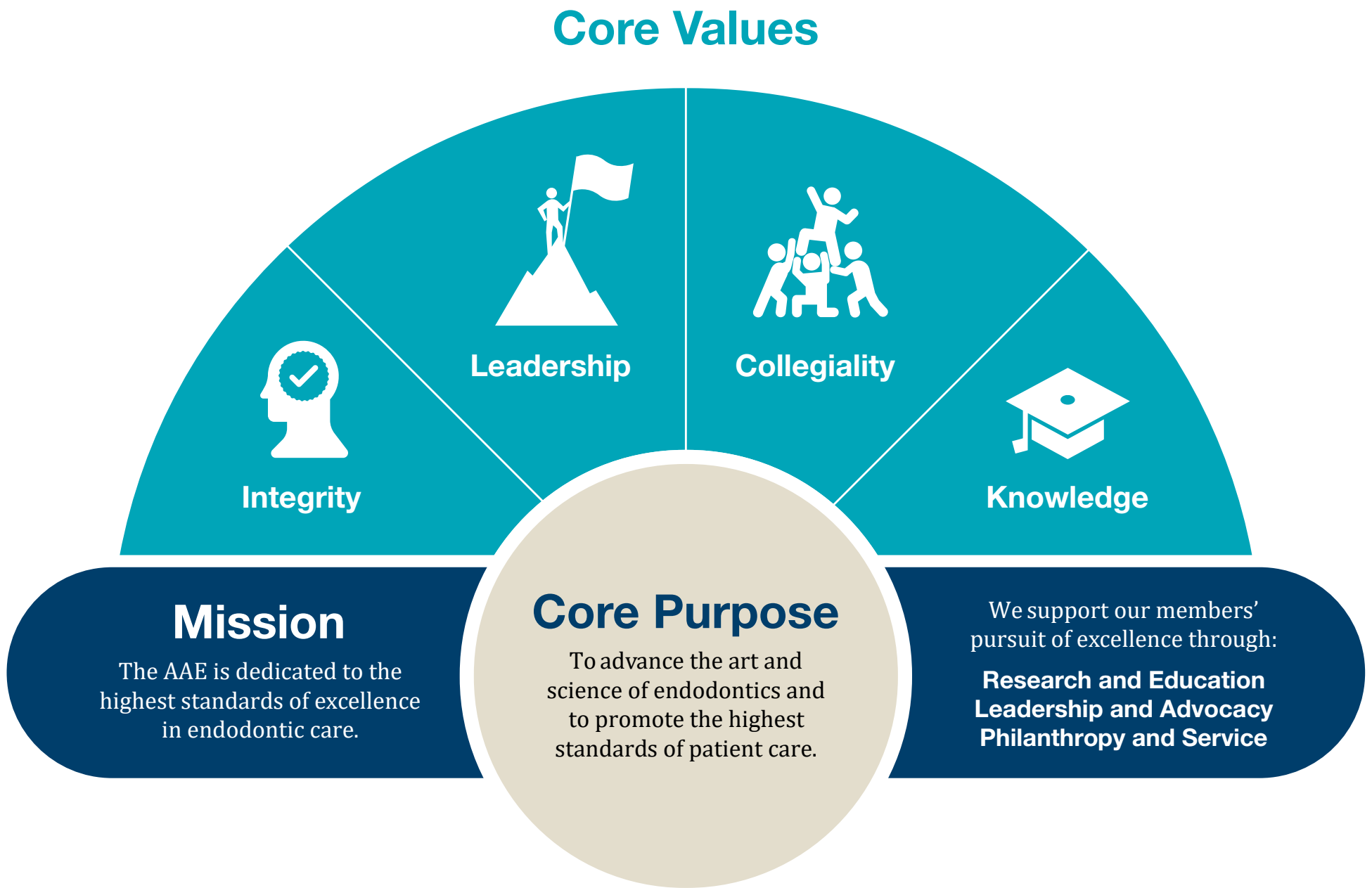


Global Leaders

AAE and its members will be recognized as the global leaders in advocating the value and quality of endodontics.

New Mission and Core Values

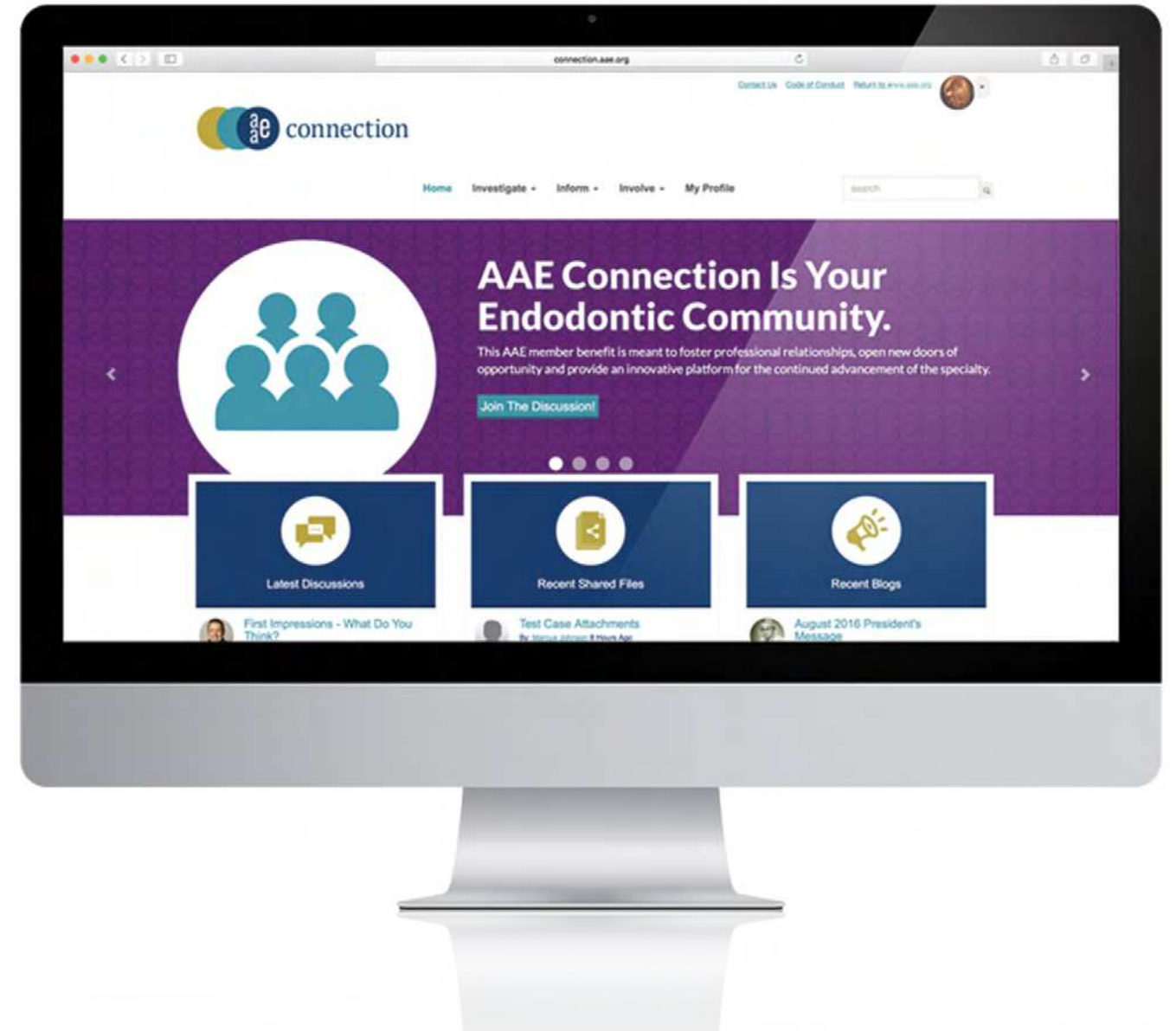
In addition to launching a new strategic plan, the Association also updated its mission, vision and core values to better reflect our membership and activities. The AAE is dedicated to the highest standards of excellence in endodontic care. Our core purpose is to advance the art and science of endodontics and to promote the highest standards of patient care. Our core values are Integrity, Leadership, Collegiality and Knowledge.



AAE Connection

AAE Connection is one of the most powerful benefits in AAE history. Launched in February, this exclusive, members-only platform thrives on member involvement, shared case studies and global collaboration.

Members responded enthusiastically to the new community, helping it exceed key benchmarks and expectations for member engagement and collaboration.



Leadership Development Program

To ensure a solid future for the AAE, the Leadership Development Program welcomed 14 emerging leaders for a workshop to discuss leadership strategies, issues facing the specialty and ways to promote endodontics in their communities.

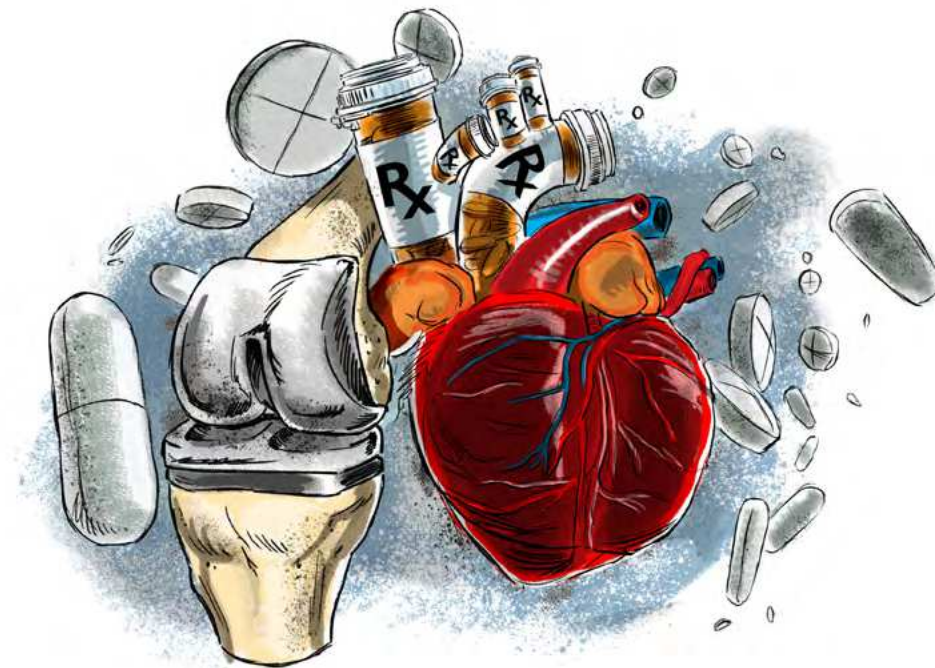
The event took place March 3-4, 2017, in Chicago. Participants gained new insights into what it takes to effectively lead an organization, sharpened their communication skills to promote endodontics in their communities, explored the various leadership paths in the AAE and discussed issues facing the specialty with the AAE Board of Directors. The Board's commitment to supporting future leaders came to life as the emerging leaders' voices helped to shape and define long-term strategic planning for the organization and endodontic practices.




Antibiotics Position Statements

In light of growing concerns about the overuse of antibiotics in dental practice, and the recent controversies in the guidelines for the antibiotic prophylaxis of patients at risk of serious systemic infections, the AAE issued new guidelines for antibiotic use in endodontics. A special committee examined the literature, trends and existing guidelines relative to the use of antibiotics in endodontics and provided an update that could guide the specialists on the state of knowledge in this area.

The new guidelines are available at aae.org/guidelines. They include AAE Guidance on the Use of Systemic Antibiotics in Endodontics, AAE Guidance on Antibiotic Prophylaxis for Patients at Risk of Systemic Disease and an update to the AAE's Quick Reference Guide on Antibiotic Prophylaxis.



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Distribution Information
AAE members may reprint
this position statement for
distribution to patients or
referring dentists.

About This Document
This paper is designed to
provide scientifically based
guidance to clinicians
regarding the use of antibiotics
in endodontic treatment.
Thank you to the Special
Committee on Antibiotic Use in
Endodontics: Ashraf F. Fouad,
Chair, B. Ellen Byrne, Anibal R.
Diogenes, Christine M. Sedgley
and Bruce Y. Cha.

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Antibiotic Prophylaxis 2017 Update

AAE Quick Reference Guide

Endocarditis Prophylaxis Recommendations
These recommendations are taken from 2017 American Heart Association and American College of Cardiology focused update of the 2014 AHA/ADA Guideline for Management of Patients with Valvular Disease (1) and cited by the ADA (2).

Prophylaxis against infective endocarditis is reasonable before dental procedures that involve manipulation of gingival tissue, manipulation of the periapical region of teeth, or perforation of the oral mucosa in patients with the following:

In 2017, the AHA and American College of Cardiology (ACC) published a focused update (5) to their previous guidelines on the management of valvular heart disease. This reinforced their previous recommendations that AP is reasonable for the subset of patients at increased risk of developing IE and at high risk of experiencing adverse outcomes from IE (5). Their key recommendations were:

1. Prosthetic cardiac valves, including transcatheter-implemented prostheses and homografts.
2. Prosthetic material used for cardiac valve repair, such as annuloplasty rings and chords.
3. Previous IE.
4. Unrepaired cyanotic congenital heart disease or repaired congenital heart disease, with residual shunts or valvular regurgitation at the site of or adjacent to the site of a prosthetic patch or prosthetic device.
5. Cardiac transplant with valve regurgitation due to a structurally abnormal valve.

The guidance in this statement is not intended to substitute for a clinician's independent judgment in light of the conditions and needs of a specific patient.


AAE Quick Reference Guide on Antibiotic Prophylaxis 2017 Update | Page 1

Endodontic Competency White Paper

Recognizing that there are great variations in general dentists' endodontic training in dental school, as well as their knowledge, competence, experience and performance of endodontics in private practice, the AAE developed the Endodontic Competency White Paper to describe the requisite skills required by all dentists, whether recently graduated or with many years of experience.

These guidelines are meant to create a context for knowledge and skill that should provide a standard for all practitioners who undertake the responsibility to diagnose, treat and provide prognoses for the endodontic care of their patients. Members are encouraged to share the **white paper** with their colleagues and educators should consider its application in the development of predoctoral education curriculum.





american association of
endodontists

Endodontic Competency

Introduction

The American Association of Endodontists developed the following white paper to outline and define the requisite skills required by **all dentists** who perform endodontic diagnosis and treatment. These guidelines are meant to create a context for knowledge and skill that should provide a standard for all practitioners who undertake the responsibility to diagnose, treatment plan and provide prognoses for the endodontic care of their patients.

Competence in the Diagnosis of Endodontic Treatment

In the diagnosis of endodontic pathosis:

- **Intent Statement:** The practicing dentist should be able to manage a patient with pathoses of pulpal and/or periapical origin. The first step in this management is the diagnosis of the problem. The dentist should be able to assimilate the necessary subjective, objective, and radiographic information to establish both a pulpal and/or periapical diagnoses. Appropriate treatment or referral can only occur if the patient's signs and symptoms are properly diagnosed and understood as a biologic departure from health.
- **Intent Statement:** A practicing dentist should be able to provide/manage urgent/emergent care to patients experiencing signs and symptoms of pulp and/or periapical pathoses, which can lead to pain and/or swelling; to include consultation and/or the provision of immediate appropriate referral if indicated.
- **Intent Statement:** The practicing dentist should be able to evaluate, diagnose, provide emergency care, or refer patients presenting with traumatic injuries. Clinicians are expected to know the traumatic dental injury protocols and recommendations published by the AAE and the International Association of Dental Traumatology (IADT).

Diagnostic Reasoning

Developing a diagnosis is a process of gathering information and applying the data to the individual patient and is the most critical step in dental treatment. This information is correlated from the patient's history of treatment, pain, trauma or restorative procedures, clinical examinations, results of clinical tests, and radiographic examination of the teeth and the surrounding tissues. By definition, diagnosis is both the process of identifying the presence of disease and naming the disease itself. In endodontics, a multitude of different pathologic entities exist that are distinguished in the diagnostic process, and establishing the correct diagnosis permits the implementation of an appropriate treatment regime. The basic endodontic diseases are associated with pathoses of the pulpal and/or periapical tissues and their related inflammatory processes. The diagnostic process begins with a patient interview and review of the medical history, dental history, and pain history. A thorough patient and pain assessment interview will often enable a clinician to differentiate between odontogenic and non-odontogenic pain. Non-odontogenic pain can often become chronic and debilitating in nature. Furthermore, this pain can be exacerbated by incorrect or unnecessary treatments that may result in the establishment of chronic pain pathways. When symptoms don't make sense, or do not correlate with normal odontogenic descriptors of pain, the clinician becomes obligated to get additional opinions from specialist colleagues before initiating endodontic treatment.

An accurate diagnosis is crucial for the development of a comprehensive treatment plan, including alternative options: no treatment, vital pulp treatment, nonsurgical root canal treatment, surgical root canal treatment, extraction, or referral. Pulpal and periapical testing should always be carried out to establish an accurate diagnosis. After making an endodontic diagnosis, ultimately, the clinician must answer two critical questions before progressing to treatment of a tooth or referral to a specialist: can the tooth be properly restored and do the supporting structures provide a reasonable prognosis?

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Competence in the Diagnosis of Endodontic Treatment | Page 1



Membership

The AAE strives to be a resource for endodontists around the world. Our membership reflects this goal with strong international representation in six continents and 80 countries. Membership continues to grow and has achieved new record levels the past three years.

Membership at a Glance

Total membership for 2016-2017 was 8,055 with representation in 80 different countries.

- Membership increased in Professional Staff, International, Life and Resident categories.
- 822 new members joined the AAE.
- International membership grew 15 percent, marking the eighth year of growth in this category.
- Resident growth increased by 14 members.
- 85 percent of graduating endodontic residents converted to Active membership.



2017 Member Needs Survey

The results of the 2017 Member Needs Survey provided insightful and encouraging information about our members, the AAE and the endodontic specialty. The majority of members report satisfaction with the AAE's products and services, and believe their membership in the Association to be a good value. The survey also found that techniques in endodontics, clinical guidelines and case studies are the topics of most interest to AAE members.

Overall, survey results point to a trend of increasing patient volume since 2009. Twenty-four percent of members report patient volume increasing by 10 percent or more in the past year, which is up slightly from 2016.

Nineteen percent of members report a decrease in patient volume of 10 percent or more.

Fewer members reported flat volume in 2017 than did in 2016.





Education and Events

The AAE provides high quality educational offerings, including in-person meetings and the Live Learning Center, a comprehensive library of endodontic educational presentations, materials and CE credit available online, on demand.

Heated Discussion in Cancún

Insight Track was held November 10-12, 2016, at the luxurious Ritz-Carlton located in Cancún along Mexico’s beautiful Mayan coastline. Over three days, the meeting provided a comprehensive examination of retreatment topics from diagnosis to prognosis — new diagnostic technologies, pain management methods, treatment techniques, material variations and prognosis statistics. Attendees left with fresh perspectives to put into practice immediately — and 12 CE hours.



Record-Setting Annual Meeting

AAE's premier event, the annual meeting, shattered previous attendance records with AAE17 in New Orleans. More than 4,300 members, guests and exhibitors attended the meeting in April 2017 for cutting-edge education, including 3-D surgeries, a chat with political strategists James Carville and Mary Matalin, and time to visit with business partners and colleagues.

At the annual President's Breakfast, Dr. Levin called on members to take back control of the specialty from various special interests. Dr. Levin told the audience that the AAE's new strategic plan will support those efforts through three overarching goals: the public valuing their natural teeth and seeking endodontists for their care; the dental profession

valuing endodontists as partners with advanced expertise; and recognition of the AAE and its members as the global leaders in advocating the value and quality of endodontics.

Other AAE17 highlights included the annual Louis I. Grossman Ceremony, where 90 new Diplomates of the American Board of Endodontics were pinned and the Edgar D. Coolidge Awards Brunch, recognizing the 2017 recipients of the Association's highest honors and awards.



APRIL 26-29, 2017
NEW ORLEANS



Residents Learn and Network

The 13th annual Advanced Program in Clinical Endodontics Symposium, APICES, was hosted at the University of Michigan in Ann Arbor on July 15-16, 2016. Year after year, APICES proves to be a unique event with a variety of resident attendees from every region of the country.

Since its inception, the program has provided a completely free experience to residents that showcases the educational, networking and social aspects of the specialty. During breaks throughout the weekend, attendees had opportunities to test drive many of the industry's newest and most trusted products. The APICES Planning Committee, comprised of residents from the University of Michigan, worked tirelessly to show their school spirit and provide a true Michigan experience for all attendees.



Educator Workshop for Department Chairs

The 2016 Department Chairs Workshop was held August 19-20, 2016, in Chicago and brought together endodontic department chairs to discuss current topics that affect day-to-day life as an educator. The event is developed by the AAE Educational Affairs Committee and made possible by the generosity and support of the AAE Foundation.

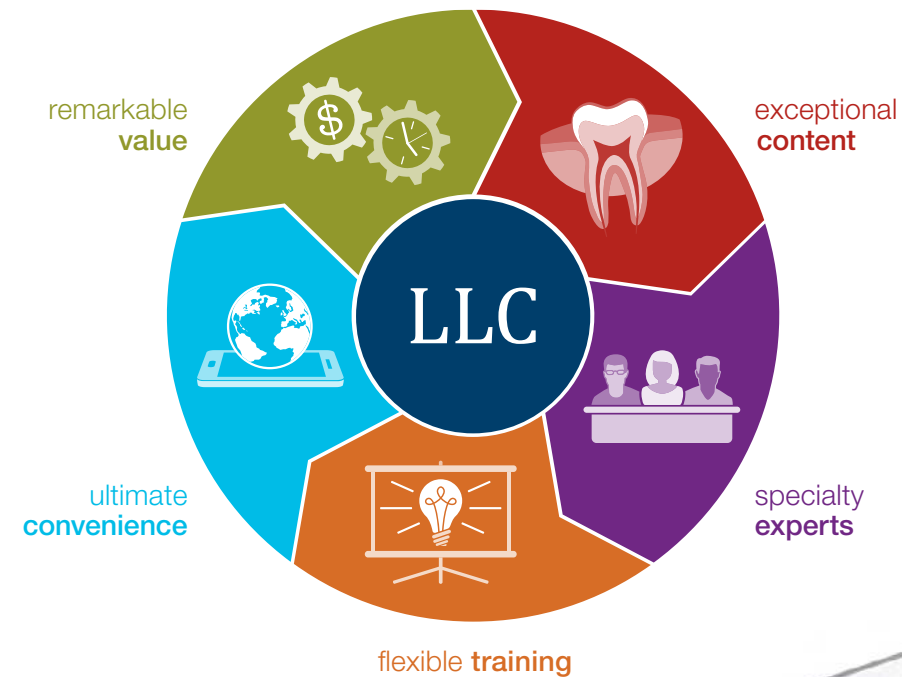


The Live Learning Center

The Live Learning Center continues to grow as a valuable distance learning resource.

- 80 hours continuing education added
- 130+ featured speakers
- 2,700+ total CE credit hours awarded

Watch for information on the new platform, launching in 2018.





Outreach and Advocacy

The AAE is the voice of its members in advocating one standard of endodontic care, enhancing understanding of the clinical complexities of the specialty and emphasizing the importance of treatment planning and referral to an endodontist.

Government

In the federal arena this membership year, the AAE stood with the ADA and dental specialties in advancing dentistry, including supporting efforts to fund the oral research agenda, ensure that any health care reform efforts expand access and fairly reimburse providers, increase flexible spending account limits, and provide student debt relief. We encourage all AAE members to be part of the solution by participating in the ADA's Legislative Action Network, [Engage](#).

The AAE continued to encourage members to support ADPAC, which funds Congressional candidates who support the growth and future of dentistry. The AAE has a voting seat on the ADPAC board. The AAE was well-represented at this year's ADA Dentist and Student Lobby Day, with 10 members participating as part of their state delegations, along with AAE's representative to the ADPAC Board.

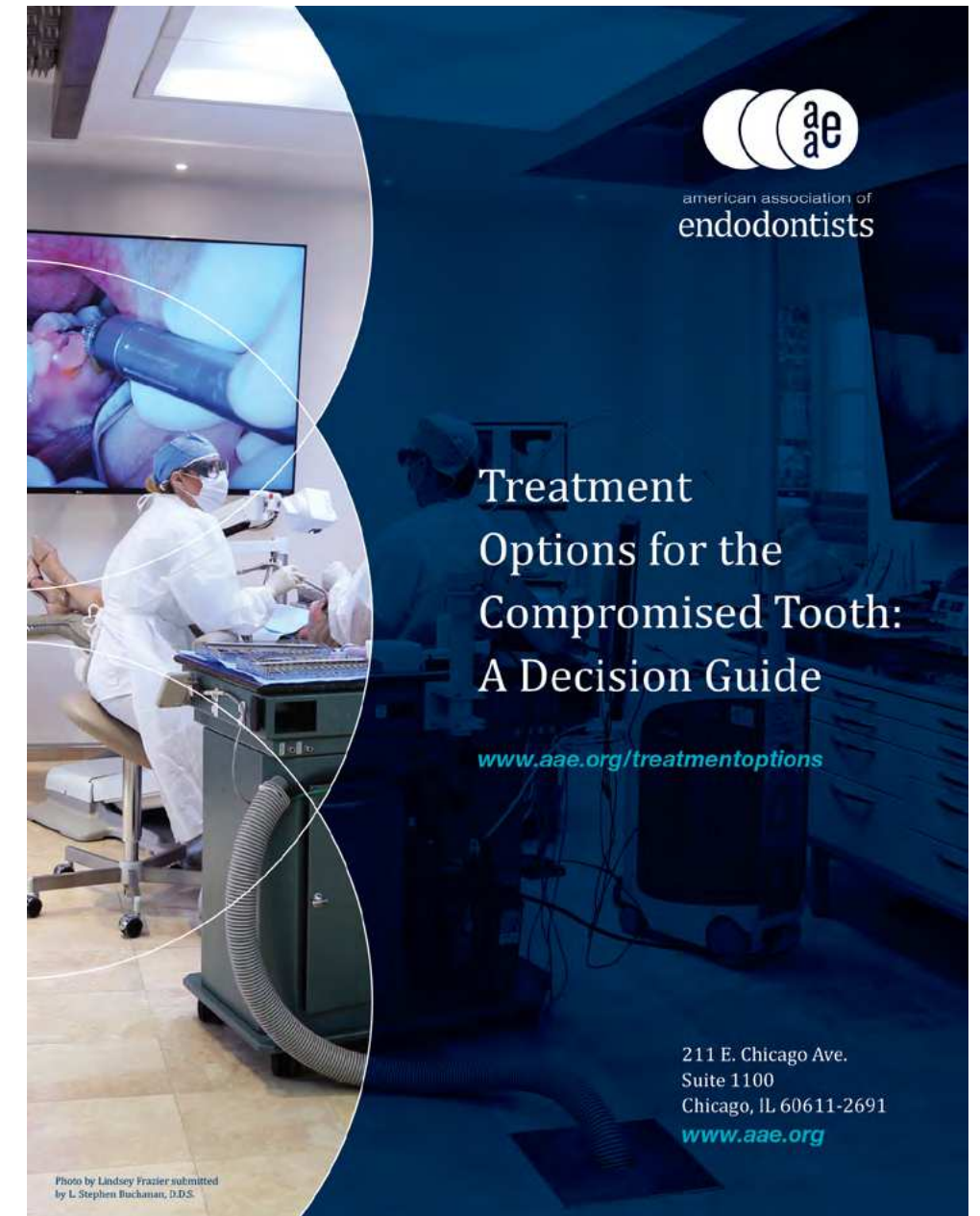
The AAE also stands ready to assist AAE affiliates with outreach and advocacy needs in their states, and we encourage members to be active on dental issues with their state dental associations to ensure that endodontists have their voices heard at all levels of government.



Dental Benefit Plans

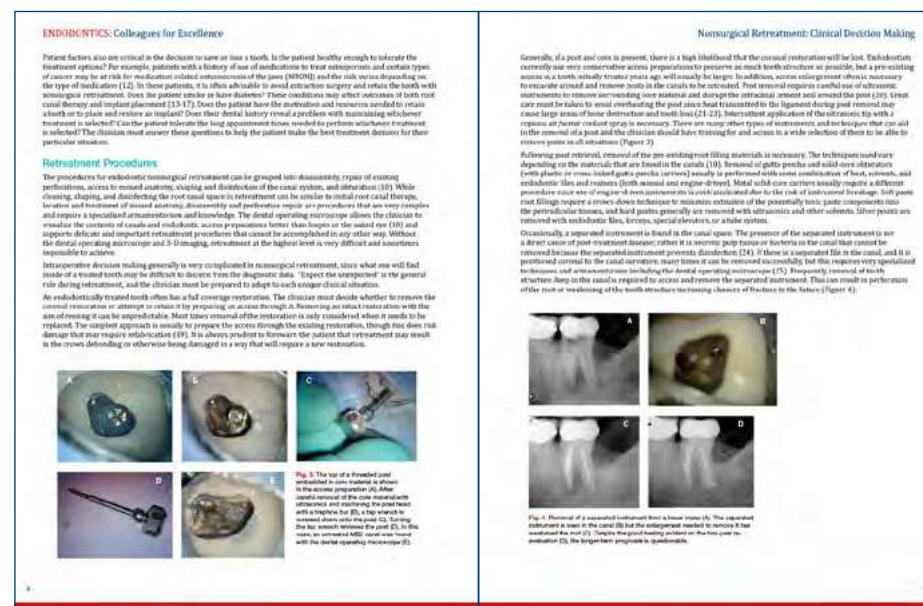
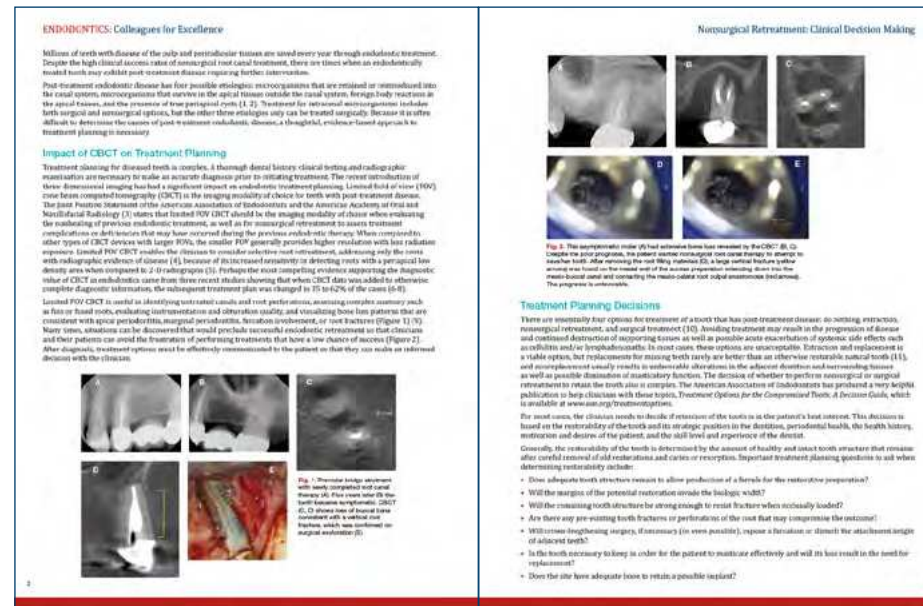
The AAE continued its advocacy to dental benefit plans to promote better treatment planning and referral by general dentists in support of a single standard of endodontic care.


In May, the AAE presented to a group of dental plan decision makers on “Carrying the Standard: Endodontic Expectations” and encouraged the dissemination of AAE tools and resources such as *Treatment Options for the Compromised Tooth: A Decision Guide* and the *Endodontic Competency White Paper*, to network providers.



Professional Relations to General Dentist

The AAE champions endodontists across the entire dental profession. The Association and its members are a voice for the specialty on ADA councils and committees, relationships with other specialty groups, and through ongoing communications around standard of care, treatment planning and referral. By participating in ADA committees, exhibiting at national dental meetings and distributing the popular *ENDODONTICS: Colleagues for Excellence* newsletter to general dentists across the U.S., the AAE elevates the specialty and serves as a trusted, credible resource for the dental profession.






Nonsurgical Retreatment: Clinical Decision Making

Spring 2017

ENDODONTICS:

Colleagues for Excellence

Published for the dental professional community by the



american association of
endodontists

www.aae.org/colleagues

Root Canal Awareness Week

The 11th annual celebration of Root Canal Awareness Week took place May 7-13, 2017. Root Canal Awareness Week is a national effort to raise awareness of endodontists, so that patients and general dentists know to contact a specialist when root canal treatment is needed. It is an excellent time to explain the important role endodontists play in dental health, emphasize the value of natural teeth and teach the public that root canals should not be feared.

For the 2017 celebration of Root Canal Awareness Week, the AAE held a photo shoot with endodontic residents at the University of Illinois at Chicago, and developed creative materials including posters and postcards that highlight endodontists as the superheroes of saving teeth.



ENDODONTISTS are
the **SUPERHEROES** of
SAVING TEETH!



MAY 7-13, 2017

Digital Outreach to Patients

Patients are going online for health information and the AAE is a reliable, authoritative source to understand dental symptoms, endodontic procedures, the value of the natural dentition and the benefits of treatment from a specialist. Through the AAE website, social media, online advertising and digital resources, the Association is educating the public and helping them find endodontists.



Website

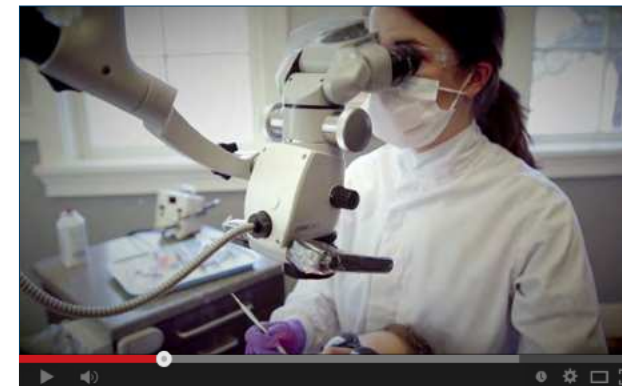
The aae.org/patient site is dedicated to educating the public about endodontics and the value of saving teeth and the natural dentition. In 2016-2017, more than four million people visited the AAE's patient education web pages. Other notable stats include:

- Almost 230,000 clicks from AAE website from ads on Google
- More than \$230,000 worth of free advertising on Google
- More than 66,000 total clicks on the "Find an Endodontist" search tool

Informative landing pages, coupled with shareable graphics often posted on social media, provide easy-to-digest content to the everyday root canal patient or prospective patient. Through participation in the Google Grantspro program, the AAE receives free Google advertising, which is used to direct patients to the AAE website for information about endodontics and to the Find an Endodontist search option.

Videos

A new video released during Root Canal Awareness Week highlights the advanced training, specialized techniques and superior technology used by endodontists to provide the highest level of care to save teeth. In its first week, the Endodontists: Superheroes of Saving Teeth video reached more than 215,000 people. The video complements the AAE's series of patient education videos, which garner more than 500,000 views annually.



[Click here to watch this video on YouTube](#)

Social Media

The AAE continued to expand its social media presence in 2016-2017.

- Almost 23,000 total Facebook fans — 68.5-percent growth from June 2016
- More than 2,100 total Twitter followers — 28.6-percent growth from June 2016
- Almost 550,000 total video views on YouTube and Facebook

WE  THIS!





Governance and Leadership

The AAE's leadership is tasked with ensuring a strong future for the Association and the specialty. This involves strategic planning, advocating for the specialty and identifying creative ideas to advance members' best interests.

2016-2017 Leadership and Volunteers

Officers



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Linda G. Levin



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Stefan I. Zweig



President-Elect
Garry L. Myers



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Executive Director
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**Editor, *Journal of
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Kenneth M. Hargreaves

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District III
Roberta Pileggi



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Natasha M. Flake



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District IV
Gerald J. Halk



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Kimberly A.D. Lindquist



District II
Bruce Y. Cha



District IV
Bradford R. Johnson



District VII
Nava Fathi



District II
Maria C. Maranga



District V
Ron C. Hill



District VII
Thomas A. Levy



District III
Mark A. Odom



District V
John M. Yaccino

2016-2017 Committee Members

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Amy Tuttle
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Terry D. Webb
Rebeca Weisleder Urow
Sarah Jo Welch
Daniel Wilkinson
Kevin Wilkinson
Anne E. Williamson
Kenneth B. Wiltbank
James F. Wolcott
Susan L. Wood
Kenneth J. Zucker*
Stefan I. Zweig*

2016-2017 Statement of Financial Position

The annual audit of AAE finances, conducted by Calibre CPA Group PLLC was completed in September 2017. The financial information presented below is taken from the audited financial statements. The net operating surplus was \$513,000, which is compared to the prior year net operating surplus of \$649,000. In addition, there were unrealized investment gains of \$258,000. The net operating surplus and total investment income added together equal the Change in Net Assets of \$771,020. In the prior year, the Change in Net Assets was \$557,000.

The AAE Reserve Fund (Investments on the Statement of Financial Position) had a balance of \$8,330,555 in June 2017, compared to \$7,402,635 in June 2016. This is 12.5% increase, due to ongoing market activity and the transfer from operations of the prior year surplus.

Questions about the AAE financial position may be directed to Treasurer Dr. Stefan I. Zweig, the AAE Budget and Finance Committee or Executive Director Kenneth J. Widelka.

Statement of Financial Position

June 30, 2017 and 2016

Assets

	2017	2016
Current Assets		
Cash and cash equivalents	\$1,744,924	\$2,440,253
Accounts receivable	366,085	519,650
Accrued royalty income	144,147	147,688
Prepaid expenses	292,084	179,507
Inventory	51,412	9,741
Total Current Assets	\$2,598,652	\$3,296,839
Investments, at fair value	8,330,555	7,402,635
Property and equipment, net	655,781	367,315
Total Assets	\$11,584,988	\$11,066,789

Liabilities and Net Assets

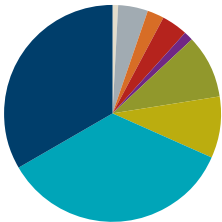
	2017	2016
Current Liabilities		
Accounts payable	\$352,415	\$356,361
Accrued expenses	540,725	443,517
Amounts collected others	119,372	139,170
Deferred revenue	2,279,859	2,564,290
Deferred incentives, current portion	41,853	41,853
Total Current Liabilities	\$3,334,224	\$3,545,191
Noncurrent Liabilities		
Deferred lease incentives, net of current portion	31,389	73,243
Total Liabilities	\$3,365,613	\$3,618,434
Net Assets		
Unrestricted	8,219,375	7,448,355
Total Liabilities and Net Assets	\$11,584,988	\$11,066,789

Statement of Activities

For the twelve months ending June 30, 2017 (Audited)

Revenue

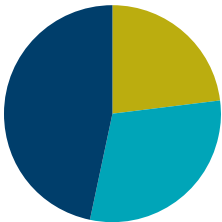
	2016-2017	2015-2016
Membership Dues, Fees and Assessments	\$3,356,694	\$3,207,280
Annual Meeting	3,520,459	3,359,612
<i>Journal of Endodontics</i>	910,681	816,709
Continuing Education, Fall/Winter Conferences, and Joint Symposium	959,626	916,942
Professional Relations Products	139,954	189,909
Royalties	381,756	409,292
Investment Income	251,888	217,990
Reimbursed Expenses	436,810	422,573
Other Income	78,276	319,600
Total Revenue	\$10,036,144	\$9,859,907



33.4%	Membership Dues
35.1%	Annual Meeting
9.1%	<i>Journal of Endodontics</i>
9.6%	Continuing Education
1.4%	Professional Relations Products
3.8%	Royalties
2.5%	Investment Income
4.4%	Reimbursed Expenses
0.8%	Other Income

Expenses

	2016-2017	2015-2016
Program	\$4,443,281	\$4,423,864
Member Development	2,907,090	2,509,256
Management and General	2,173,164	2,277,941
Total Expenses	\$9,523,535	\$9,211,061
Net Operating Surplus (Deficit)	\$512,609	\$648,846
Unrealized Gain/Loss	\$258,411	(\$91,363)
Change in Net Assets	\$771,020	\$557,483



46.7%	Program
30.5%	Member Development
22.8%	Management and General



foundation
for endodontics

Dear Colleagues,

The past year has been one of exploring new opportunities for the Foundation for Endodontics. We have expanded our reach, our mission and our vision with the Board's approval of a strategic plan in late 2016.

After a yearlong planning process, our new strategies will help elevate the Foundation to the next level, in both its ability to serve endodontics and create opportunities for new sources of funding. Listed below are outcomes to be achieved as a result of new goals and activities:

- Identify compelling new funding initiatives.
- Recharge the enthusiasm for the Foundation among Board, volunteers and members.
- Engage a new generation of endodontists.
- Become a more impactful funder.
- Identify new funding partners.
- Significantly grow the investment fund.

Our commitment to endodontic research and education is unwavering. We will continue to promote both pillars of the specialty with funding and resources. In addition, the Foundation has expanded its focus to include access to care and public awareness. The year was spent growing, developing and seeking corporate support for the international Outreach Program which provides the highest level of endodontic care to underserved populations. In addition, this program has provided various opportunities to enhance the public and the dental communities' awareness of the expertise of endodontists. The Foundation plans to grow this program and diversify the outcomes to benefit the entire global community.

Our goal is to have endodontics and endodontists model the excellence of the specialty to communities at dental institutions and to the public. We are continually making an impact; the numbers speak for themselves.

To date:

- 23 Fellowships to endodontic educators have been awarded. That's nearly \$2 million invested in new academic talent. Dr. Carla Y. Falcon was named the Edge Endo Endodontic Educator Fellow in 2016, and she joins a long list of accomplished academicians.
- 9 endodontic faculty positions have been endowed. That's an investment of \$900,000 million in seasoned academic leaders.

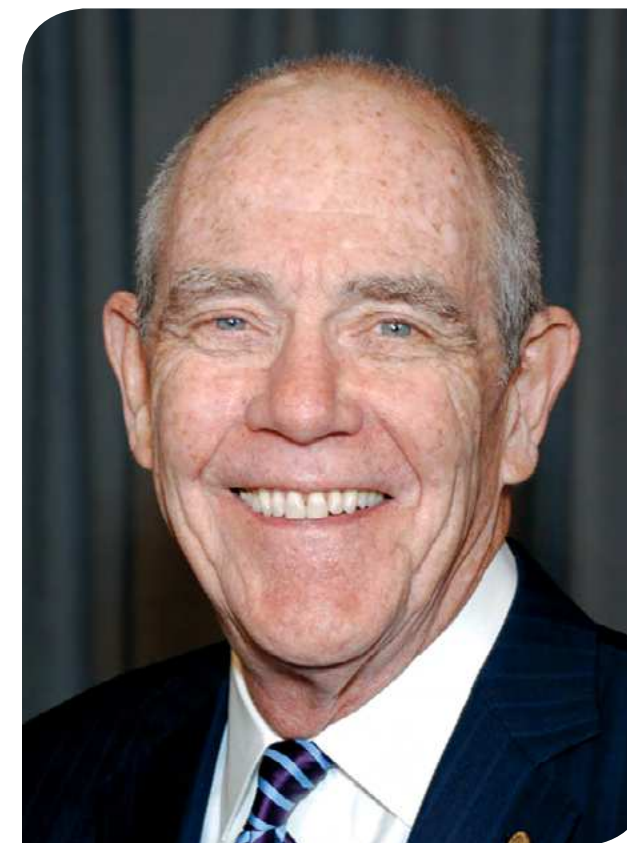
- In 2017, nearly \$1.5 million in grants were awarded to advance endodontic research and professional development for endodontic educators.
- In three trips to the Helping Hands Clinic in Jamaica (where we conduct our international Outreach Program) six residents and three endodontist/mentors have completed 123 root canals for patients there, and helped the predoc student volunteers better understand the value of endodontic specialty treatment. We have plans to conduct four trips per year in the future!

This is just a small sampling of our accomplishments, and the things that your support has helped the Foundation accomplish. However, we are striving for more!

The Foundation exists to enrich your profession and ensure the future of the specialty. We help to ensure that dentists learn about root canal treatment from an endodontist and that endodontic departments gain in prestige and influence. Our research grants provide seed money that can transform a new idea into a nationally funded project. Additionally, we provide resources and funding to faculty to help improve their skills as teachers and clinicians.

Simply said, Foundation funded projects and educators generate the knowledge and technology that define your status as an expert.

Thank you for your continued commitment to the future of endodontics and for your continued support of the Foundation for Endodontics.



With appreciation,

A handwritten signature in blue ink, appearing to read 'Peter A. Morgan'. The signature is fluid and cursive, with a large initial 'P'.

Peter A. Morgan, D.M.D., M.Sc.
President

New Strategic Plan

Our attention has been focused on creating a stronger educational and scientific infrastructure for our specialty. As a result of a 2017-2020 strategic plan, the stage is set for expanding that vision. It is a move to a broader, more ambitious playing field with a goal of improving patient care and bringing the specialty greater recognition and visibility.

Through a nine-month series of strategy sessions with a professional facilitator, the Board of Trustees crafted an expanded mission which will allow the organization to:

- Address the changing needs of the specialty and the priorities of a new generation of endodontists.
- Offer meaningful opportunities for endodontists to support and represent their specialty.
- Increase the visibility of endodontics and endodontists.
- Promote the benefits of saving teeth to new communities of patients, general dentists and students.
- Continually support endodontic research and education.

Focus Area 1: Research



Focus Area 2: Education



Focus Area 3: Outreach



Focus Area 4: Development



Foundation Highlights

- The Foundation's Board of Trustees approved a strategic plan which will carry the organization from 2017 through 2019. The plan boasts nearly 20 goals in four tactical focus areas: research, education, outreach and development. The Foundation also identified a variety of strategic shifts which are desired operational or cultural changes that will facilitate a new approach.
- The Foundation's Outreach Program took greater shape while the organization sought out a corporate partner to help fund four international trips per year. Since early 2016, Foundation volunteers have saved 123 teeth with root canal treatment. The Foundation is hard at work growing the international program and developing a domestic pilot project.
- The Resident Expert Advisory Committee has grown and flourished as it serves the Foundation and a new generation of endodontists.
- The Foundation named Dr. Carla Y. Falcon the 2016 Edge Endo Endodontic Educator Fellowship Award recipient. Corporate donor Edge Endo contributed a multi-year pledge in order to support the award and show their continued commitment to endodontic education. Currently, Dr. Falcon is an assistant professor in the Department of Endodontics at Rutgers School of Dental Medicine.
- Residents in postgraduate endodontic programs across the nation, showed their support to the future of specialty by making to an entry level pledge. In fact, 40 endodontic programs had 100 percent of their residents make a pledge to the Foundation! The Foundation is amazed by the philanthropic spirit of the newest generation of endodontists.
- During the 2016–2017 fundraising campaign, the Foundation exceeded its goal and raised a total of \$1.48 million to support the specialty.



2016-2017 Research Grants and Awards

Fall 2016

Name	Institution	Project	Award
Abdulmajeed Alshujaa *	University of Texas Health Science Center at San Antonio	Characterization of Pain-Modulating Substances in Periradicular Lesions from Teeth with Symptomatic and Asymptomatic Periradicular Pathology	\$ 31,749
Tatiana Botero-Duque *	University of Michigan	A Randomized Controlled Clinical Trial of Regenerative Protocols to treat Immature Necrotic Permanent Teeth	\$ 10,000
Michael Fuller	The Ohio State University	Postoperative Management with a Steroid for Symptomatic Teeth Diagnosed with Pulpal Necrosis	\$ 15,000
Jacqueline Lopez Gross	University of Toronto	Astroglial Plasticity Within the Rat Orofacial Sensorimotor Cortex After Endodontic Treatment Versus Tooth Extraction	\$ 6,000
Olivia Cook	The Ohio State University	An Evaluation of 4% Prilocaine Plus 2% Lidocaine with 1:100,000 Epinephrine for Inferior Alveolar Nerve Blocks	\$ 9,357
Daniel Crossen	University of North Carolina at Chapel Hill	Periapical Microsurgery: A 4-D Analysis of Healing Patterns	\$ 16,030
Fall 2016 Total			\$ 89,136

Spring 2017

Name	Institution	Project	Award
Bo Yu *	University of California at Los Angeles	The Effect of Wnt4 on Osteoimmune Modulations in Apical Periodontitis	\$ 29,849
Vanessa Chrepa *	University of Washington	Impact of Final Apical Size Preparation on Root Canal Treatment Success: A Clinical, Microbiological and Volumetric Evaluation	\$ 57,000
Benoit Michot	New York University	Interactions of Neurons and Dental Pulp Stem Cells in Pulpitis: The Role of Calcitonin Gene-related Peptide	\$ 17,182
Dalia Alzebdeh	Temple University	The Role of Topographical Cues on Dental Pulp Stem Cells Osteogenic Differentiation via Mechanotransduction	\$ 15,040
Kiarash Yeganegi	Loma Linda University	Enterococcal Infective Endocarditis by Repetitive, Low-grade Bacteremia: A Preliminary Animal Study in Rats	\$ 9,500
Spring 2017 Total			\$ 129,571

2016-2017 Foundation Board of Trustees

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Boston University



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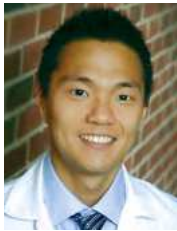
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Lutheran Medical Center

2016 Foundation for Endodontics Statement of Financial Position

Statements of Financial Position

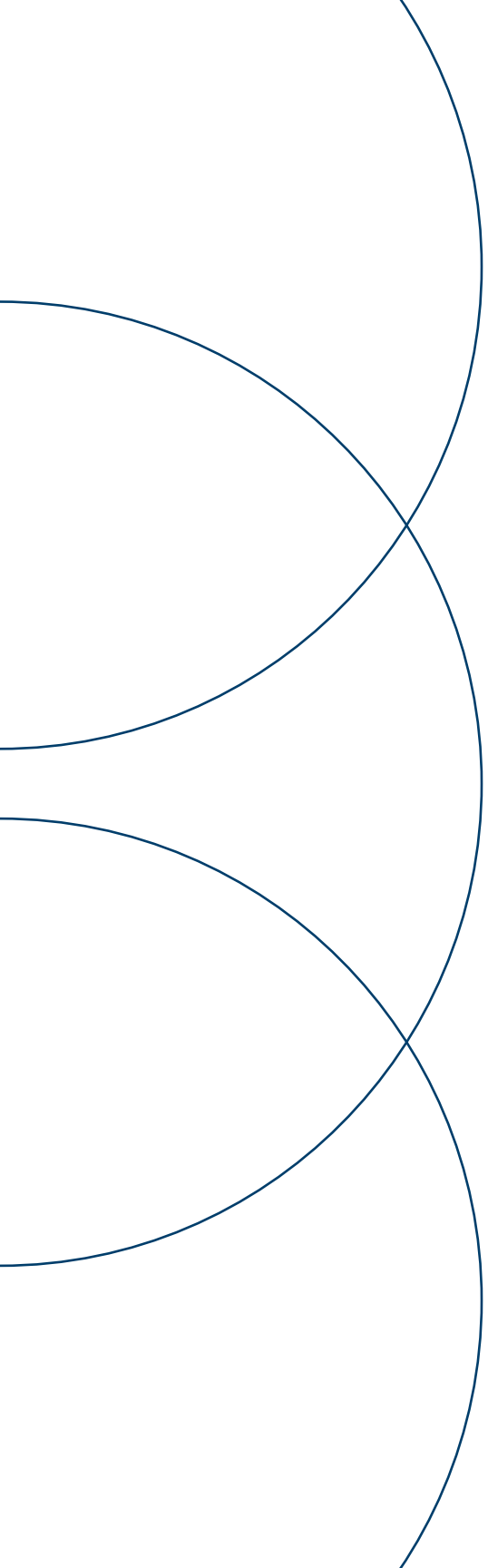
December 31, 2016 and 2015

Assets	2016	2015
Cash and Cash Equivalents	\$141,145	\$108,754
Accounts Receivable	—	1,035
Prepaid Expenses	3,280	3,280
Pledges Receivable, Net	1,651,739	1,484,030
Investments	28,323,980	27,323,312
Property and Equipment	4,100	15,097
Total Assets	\$30,124,244	\$28,935,508
Liabilities		
Accounts Payable and Accrued Expenses	\$10,868	\$199,280
Due to American Association of Endodontists	139,982	90,551
Deferred Revenue	2,750	—
Grants Payable		
Due to American Association of Endodontists	113,210	132,227
Due to Other Third Parties	73,904	92,481
Total Liabilities	\$340,714	\$514,539
Net Assets		
Unrestricted	\$28,131,791	\$26,936,939
Temporarily Restricted	1,651,739	1,484,030
Total Net Assets	\$29,783,530	\$28,420,969
Total Liabilities and Net Assets	\$30,124,244	\$28,935,508

Statement of Activities

Year Ended December 31, 2016

Revenue and Other Support	Unrestricted	Temporarily Restricted	Total
Contributions	\$210,622	\$746,370	\$956,992
Investment income (loss)	2,371,179	—	2,371,179
Total	\$2,581,801	\$746,370	\$3,328,171
Net assets released from restrictions - satisfaction of time restrictions	578,661	(578,661)	—
Total Revenue and Other Support	\$3,160,462	\$167,709	\$3,328,171
Expenses			
Administrative reimbursement - American Association of Endodontists	\$398,366	\$ —	\$398,366
Annual Session	31,778	—	31,778
Credit Card Charges	6,127	—	6,127
Depreciation	10,997	—	10,997
Grants			
Educator	274,360	—	274,360
Competitive Research	135,644	—	135,644
Resident Research	42,500	—	42,500
Other	768,716	—	768,716
Insurance	6,248	—	6,248
Investments Fees	47,018	—	47,018
Miscellaneous	2,922	—	2,922
Postage and Mail Service	10,242	—	10,242
Printing	29,905	—	29,905
Professional Fees	69,835	—	69,835
Supplies	554	—	554
Telephone	502	—	502
Trustee Meetings	129,896	—	129,896
Total Expenses	\$1,965,610	\$ —	\$1,965,610
Net Assets			
Change in Net Assets	\$1,194,852	\$167,709	\$1,362,561
Beginning of year	26,936,939	1,484,030	28,420,969
End of year	\$28,131,791	\$1,651,739	\$29,783,530



Dear Colleagues,

Recently at the end of dinner with friends, I broke open my fortune cookie to reveal the message: “Make your life an exclamation, NOT an explanation.” This sentiment, albeit from a most unexpected source, truly represents the spirit and attitude of those that attain Diplomate status. By voluntarily going above and beyond the minimum and accepting the challenge of Board certification, our Diplomates not only achieve a lofty personal goal; they have accepted responsibility for the future of our specialty. Recognition and gratitude for this effort is the responsibility of every endodontist.

For me, as a director of the ABE, the most exciting and rewarding event of each year has always been the Grossman Ceremony where our newest Diplomates are recognized for their accomplishment. During the AAE17 meeting, we honored 85 new Diplomates who have not only helped secure our future as a specialty, but indeed hold it in their hands. This event represents the culmination of years of study and effort as well as great personal sacrifice.

As the re-recognition of our specialty is now visible on the horizon, increasing the number of Board-certified endodontists is an important step in successfully renewing our specialty. The ADA guidelines for specialty recognition not only require the establishment of a certifying board, but also the “testing and certification of a significant number of dentists identified with the specialty.” The recent increase in the number of Candidates and Diplomates is a heartening trend that truly helps satisfy this requirement. The ABE will continue to work hard to encourage continued participation at this level and beyond. Through these constant efforts, we hope to make Board certification an expectation rather than an option.

In conclusion, it is my hope that the evolution of the ABE and the certification process will go far toward encouraging many more endodontists to make the decision to pursue Diplomate status, thereby making their lives, and their careers an exclamation.



Sincerely,

A handwritten signature in blue ink, appearing to read "Craig Noblett". The signature is fluid and cursive.

Craig Noblett, D.D.S., M.S.

President, American Board of Endodontics

2016-2017 ABE Leadership

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New Diplomates

Congratulations
to the following
individuals who
attained Diplomate
status in 2016!

Chelsea P. Accardo
Sam Alborz
Abdullah A. H. Alkandari
Ghyath S. Alkhalil
Faisal Almoghaisseeb
Ahmad Alnatour
Haider AlZubaidi
Nicholas J. Anders
Michael A. Aregbesola
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Yangpei Cao
Victor Caronna
David G. Carter

Arielle Chassen Jacobs
Mary M. Chien
Jake W. Collins
Meghan T. Cooper
Matthew G. Del Mastro
Saman Deljouei
Nathan C. Dewsnap
Joseph M. Dutner
Ameir A. Eltom
Carla Y. Falcon
Reza Fardshisheh
Hani M. Ghabbani
Julee Plastow Gil
Matthew P. Godfrey
Manuel R. Gomez
John O. Green
Jeremiah J. Hawkins
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Michael Lisien
David Z. Liu
Victor Luikham
Obianuju R. Mbamalu
Jason McDaniel
David G. Meier
Bradley C. Morrison
Michael P. Munaretto
Nathaniel T. Nicholson
Ali Nosrat
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Susan B. Paurazas

Jose I. Perea
Amr H. Radwan
Richard J. Rauth
Ross A. Rickoff
Ramon G. Roges
Manpreet S. Sarao
Robert S. Schneider
Nathan Schoenly
Benjamin D. Scott
Scott T. Seago
Jelena C. Seibold
Kerry R. Stein
Matthew Tangredi
Arjang Vahidnia
Prashant Verma
Brian C. Warner
Kelly N. West
Rustin A. West
Anne E. Wiseman



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