



# **AAE HISTORY: 1990 – 2011**

*Prepared by James L. Gutmann, D.D.S.*

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# ACKNOWLEDGEMENT

The AAE extends its sincere thanks to Past President Dr. James L. Gutmann, who volunteered his time and expertise to provide snapshots of our Association’s activities for the years 1990-2011.

The AAE also thanks the Special Committee on AAE History, whose consistent efforts and solid dedication resulted in the posting of the combined history of the Association and the specialty of endodontics at [www.aae.org/history](http://www.aae.org/history):

- Dr. Anthony P. Joyce, Chair
- Dr. George T. Goodis, Board Liaison
- Dr. Allan Jacobs
- Dr. Steven Roberts

## FOREWORD

*“Historia vero testis temporum, lux veritatis, vita memoriae, magistra vitae” (Translation: “History is the witness of the times, the light of truth, the life of memory, the mistress of life.”)*

—Adapted from Cicero’s Oratore

The writing of a historical account is a challenge fraught with both fact and remembrance, with the latter not always being accurate and all-disclosing. This biggest problem in this regard is often “not who did it first” but rather “who recorded it first” and was it at the highest level of evidence. While minutes have been kept and activities have been documented, there still is the pursuit of historical facts in a somewhat sterile and unemotional environment, not knowing the true thoughts of those who created that history. Therefore, historical pursuits will not always reveal the true feeling, emotions, constraints and “secrets” that will remain forever in the impenetrable vaults of those who created it. Likewise, those who read this accounting of our history might want to cry out, “I did not write or say that!” or “That is not what I meant!” or “I sure wish I would have...!” Be that as it may, this accounting does not claim to be perfect, exacting or to include everything ever said or documented in the evolution of our Association.

Undoubtedly, endodontics has emerged as a significant treatment modality in contemporary dentistry. This emergence did not come easily, as controversy surrounded its philosophical and technical origins for over a century. Its survival was nurtured by persistent and determined clinicians and scientists in various parts of the world. We in the United States can by no means take the entire credit for this evolution. Globally, pioneers faced many barriers but none more formidable than their own colleagues in dentistry and medicine who avidly sought to condemn all pulpally involved teeth to extraction, based on an erroneous theory [*focal infection*].

Today, the history of endodontics is being written while this specialty faces a re-emergence of that same erroneous theory, while additional reasons and rationales have been purported to condemn not only pulpally involved teeth but those that have already received

some type of endodontic intervention. While future years will most likely present a unique set of challenges heretofore not addressed, or not even realized, it is highly possible that both endodontics/endodontology and the AAE will be pressed to address common themes that have emerged over the decades... themes that will reverberate within this historical account and themes that at the conclusion of the accounting will still not be addressed.

So we continue to strive for excellence; we look for new challenges; but most importantly, we must not forget our historical roots. Each member who enters into a leadership role in this Association is strongly encouraged to read and contemplate on our origins, our struggles, our visions, our failures and our achievements. In presenting some reflections upon the Association’s history during the year prior to our 50<sup>th</sup> Anniversary in 1993, memories recalled the 39<sup>th</sup> president of the AAE, Dr. Henry J. Van Hassel, quipping in 1982:

*“Nevertheless, it seems to me that there have always been two types of issues in our organization: the recurring and those that are unique to the times. Recurring problems are sort of like keeping your dog off the sofa. Passioned remonstrations and brandishing of folded newspapers work marvels... for a while. But inevitably the sly hound is back and confrontation must begin anew. Examples of such recurring problems in our specialty might be N-2 issues, generalist-specialist relations, government interference in private practice, etc. They were here in 1982 and no doubt will still be in 2082. The trick seems to be to stay calm and keep at them—don’t let ‘em wear you down” [Illegitimus non carborundum est].*

## CHAPTER 1—1990-1996

### MEETING THE INCREDIBLE CHALLENGE

*“This was their finest hour.”*  
—Winston Churchill, 1940

The 1990s began with Dr. Gerald C. Dietz Sr. as our 47<sup>th</sup> president, who began his term in spring 1989. He reflected on this year as being one of particularly incredible change. Having begun his term resigned to have a year of business as usual, or “Keeping the Faith,” when all of a sudden “it” happened! “It” was the denial of the AAE’s application for re-recognition as a specialty from the American Dental Association Council on Education.

Approval had been anticipated and expected, since the application was meticulously drafted by a blue ribbon committee task force composed of Chair Dr. Edward M. Osetek, and Drs. Charles J. Cunningham, Michael A. Heuer, Joseph D. Maggio, Herbert Schilder, Eric J. Hovland and Stephen F. Schwartz. Everyone felt that the application was equal to or better than the applications of the other specialty groups recently re-recognized by the ADA.

Quite surprisingly, the Association’s application was denied. However, there was an appeals process structured to allow for resubmission—but a resubmission could not be considered for 18 months (a policy cast in stone)! For the Executive Committee, this news was like a “near-death experience.”

A new strategy was necessary and consisted of rewriting the application, changing the flawed re-recognition time, and re-arranging the time schedule for when the Association’s leader could meet with the ADA in fall 1989. Equal to the task at hand were Dr. Heuer and Executive Director Irma Kudo. They drafted an official letter with input from all committee members.

One obstacle after another was overcome until a glimmer of hope emerged with the possible inclusion of the AAE’s request for a change in the review procedure by the ADA Council on Education. This change would have allowed the AAE to appear before the Council before the ADA meeting in fall 1989. Initially, the Association was told that their petition would not

#### Presidential Profile

Dr. Gerald C. Dietz Sr.  
Bloomfield Hills, MI

Diplomate of the American Board  
of Endodontics  
Represented District IV as our 47<sup>th</sup>  
President  
1989-1990; Theme—*Endodontic  
Space Odyssey*  
Dental Degree: University of Detroit  
Specialty Education: University of Michigan



*“We have a wonderful niche in dentistry and hopefully, with a favorable acceptance of our re-recognition application, we can move forward into the Platinum Age of endodontics with our heads up, our spirits bright, and our files filing...the theme for the ADA Annual Session in Hawaii is ‘Challenge, change, and commitment.’ Those of you who are prepared to accept the challenge, to make the commitment to meet the change that you face in your professional lives, will prosper and your practices will flourish, Those who grow tired of the constant changes and inconsistencies will watch their practices diminish and finally ‘hang it up.’ What all of us do will pretty much depend on our own attitudes and efforts and that, after all, is the way it ought to be.”*

make the agenda. In response, President Dietz and Ms. Kudo appeared “uninvited and unannounced” at the Council meeting door and, as they say, “by hook or by crook” lobbied the motion onto the Council’s agenda. Within a few hours, the Council informed them that the new revised application would be rescheduled for immediate review, thereby speeding up the process by 12 months. Finally, on November 8, 1989, by a vote of 417-0 in the ADA House of Delegates, endodontics was rerecognized as a specialty.

During President Dietz’s tenure, many other issues were addressed, including a first AAE position statement on N2 and opposition to a program proposed by the ADA Council on Annual Sessions on Sargenti Root Canal Therapy. Other issues included the review

of the AAE's Quality Assurance Guidelines and considerations for including appropriateness of treatment decisions, as well as agreeing that an IFEA Congress be held every three years.

As of this time, membership included 2,741 Active members, 266 Associate members and 292 Student members.

The American Board of Endodontics was on sound footing, and the Endowment & Memorial Foundation sponsored a surgery conference later in 1990. Funding to the Foundation was good and student research awards had been expanded to \$1,500; for faculty, it was now \$5,000; Endodontic Research Grants were approved for \$25,000 and Development Grants for \$12,500. The Foundation Board of Trustees approved a new application for post-Ph.D. grants at \$25,000.

The AAE faced many challenges as it entered the 90s. As stated in the 50<sup>th</sup> anniversary historical account of the AAE:

*“Whatever that AAE's tomorrow may bring, there is only one effective way to meet them. That is by continuing to build an AAE that is alive with the passion and commitment of the people who brought life to this history—the endodontists who made a difference.”*

This underlying theme was the hallmark of leadership for the next 20 years and would serve as the “call to arms” for the major challenges that faced the AAE and its members.

A long range strategic plan for the Association was set in motion as a result of a major workshop held in 1988. This plan addressed Association policy with regard to clinical practice, education, research, and participation in local and national organized dental activities. The plan was debated and adopted in concert with the AAE's response to the ADA's proposals for changes in the *Recognition of Special Areas of Dental Practice* and the *Requirements for Advanced Specialty Education*, as well as the *Future of Dentistry Report*. The initiatives and decisions adopted by the AAE set the Association's agenda for the next several years. Five task forces were appointed to carry out the plan.

Past President Charles J. Cunningham did not see the

long-range plan as something carved in stone:

*“It was realized that subsequent modifications would need to occur to reflect the ever-changing societal and professional currents.” Thus, he expected that the plan would be subject to change by “subsequent AAE leadership and ‘Monday morning quarter-backs.’” Still, he—and the AAE Board—had the foresight to realize that “outstanding long-term results demand outstanding present-day planning.”*

Thus, the AAE looked forward to 1993—its 50<sup>th</sup> anniversary as an Association—with a strategic plan in place to serve future AAE Boards.

As we began the decade of the 1990s, new problems of concern were echoing within our specialty, and old problems were eroding our future credibility during the presidential terms of Drs. James C. McGraw and Joseph I. Tenca. The gauntlet was laid down, and the issues were clearly and astutely iterated by Past President Herbert Schilder in 1992:

*“Two current trends leave me with profound concern for our specialty. One is relatively new. The other is quite old.*

*The new concern is the effect of implant dentistry may have on endodontics in the years ahead. I do not mean the placement of implants into edentulous areas where teeth have been extracted because of hopeless periodontal conditions or because of impossibility of performing successful endodontic treatment. I refer to the growing likelihood of teeth being extracted instead of being treated periodontally or endodontically. This may be a touchy subject, but this may also be a deadly serious one for our Association.*

*As periodontists, prosthodontists, maxillofacial surgeons and general dentists discover that implant dentistry constitutes an increasingly significant portion of their practice incomes, economic decisions regarding extraction of salvageable teeth may blur treatment options. This threat is real.*

*The Association must face this reality head on and propose ethical responses to it promptly!*

*The other major current problem is one of the old*

*ones, more insidious now more than ever: the educational problem.*

*Your Association is seriously engaged at present with a critical shortage of endodontic teachers to train new endodontists and to train general dentists who still provide the majority of root canal treatments in this country.*

*To quote briefly from my 1975 paper: ‘Our second major problem is that our schools are in fiscal difficulty . . . With only few exceptions, most endodontic faculties are too small to teach the number of students being thrust upon them . . . Are teachers underpaid? Would higher salaries attract and retain more highly qualified teachers?’*

*Well, our schools are in greater fiscal difficulties today than they were then. More and more schools, to better balance budgets, are folding previously independent endodontic departments into larger groupings within dental schools. This saves money in many demonstrable ways, including reduced faculty and support staff expense, reduced space and material requirements, etc. This is fraught with a huge set of problems for already harassed endodontic faculties. When combined with programs of ‘comprehensive dentistry,’ the outcomes may be catastrophic.*

*In comprehensive care predoctoral dental programs, patients are assigned to dental students who become responsible for all the dentistry those patients require. On the surface it sounds great. In its best form it does have some educational merit. In its worst form it smacks of the old ‘supergeneralist’ idea, which flourishes still after a decade and a half of antispecialist dental educational dogma.*

*Under ideal circumstances, the comprehensive care patient has his/her complex specialty treatment needs met by referral from the predoctoral student who does the treatment either in a predoctoral, comprehensive clinic area under supervision of an appropriate faculty from the school’s specialty departments, or by that same student in a predoctoral clinic for that specialty department faculty.*

*The problem is that some schools are closing their predoctoral specialty clinics (saves \$) and are allowing GENERAL DENTISTS to supervise specialty*

*services in the general comprehensive care clinic.*

*It is happening now! The trend is increasing. If it is not checked, a generation of dental students will be graduated who have seen endodontists as lecturers, maybe as preclinical instructors, but not as clinical instructors.*

*To say that the endodontic education of these students is shortchanged is to put it mildly. Such inadequate specialty education threatens equally the endodontic treatment needs of these students’ future patients. What need or knowledge of the value of working with endodontists will graduate if these programs possess?*

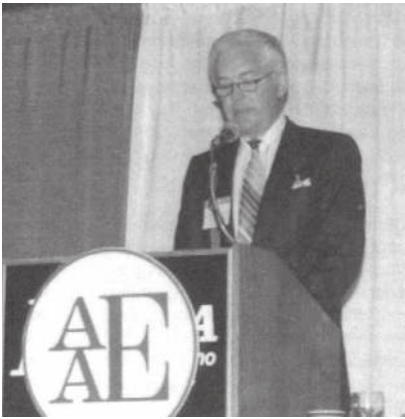
*Joining them, either in the case of implants or ‘going along’ in the case of the educational crisis, may meet the personal needs of certain endodontic colleagues. I can empathize with that. But no needs of endodontics nor of the AAE will be met by such acquiescence.*

*The Association’s early attention to these emergent problems is essential. There are no present solutions to either of these problems unless we take the reins with the determination to forge solutions.*

*Stripped of scientific posturing and philosophic jargon, these are pocketbook issues, often the hardest ones with which to deal. Yet deal with them we must, if we are to celebrate our second 50 years in 2043, as self-fulfilled as we hope to celebrate our first 50 years in Chicago next year.”*

In 1990, the first Endodontic World Congress was held in Mexico City, sponsored by the International Federation of Endodontic Associations. Its constitution was ratified initially by six full-member countries: Canada, France, Italy, Japan, Mexico and the United States, with full members—Australia, Greece and India—joining in 1991. Members of the AAE were instrumental in this initiative, and IFEA continues today to provide world-wide congresses every three years. (Note: This was not the first time that international congresses were held on endodontics, as five international meetings were held at the University of Pennsylvania every five years from 1953-1973, under the impetus and guidance of Dr. Louis I. Grossman.)

Dr. Dietz opened the 1990 Annual Session, *Endodon-*



*tic Space Odyssey*, in Las Vegas. He recalled the roller coaster ride that characterized his presidency—one in which the members of the AAE pulled together in their darkest hour to ensure the future of their specialty. Fol-

lowing President Dietz's tenure, he handed the gavel of leadership to Dr. James C. McGraw.



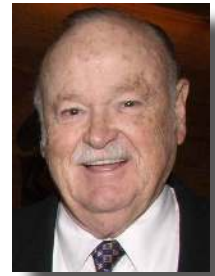
President McGraw was renowned for his endodontic treatment on a wide range of animal species, some of which brought national recognition to the AAE. Other issues involved submission of revised standards for predoctoral endodontic instruction to the ADA Commission on Dental Accreditation, as well as requesting endodontic representation on the Commission. Additionally, the AAE developed a position statement on focal infection and guidelines for referring dental patients to specialists and other settings for care. Committees were tasked with reviewing clinical issues, such as the safety of paraformaldehyde-containing pastes and the need for parameters for crowns following root canal treatment. The Long-Range Planning Committee evaluated and recommended changes to AAE affiliate organizations.

Following a survey to endodontic departments in U.S. dental schools, the Association approved workshops to address the looming issues on numbers of faculty and their recruitment and retention. These issues were so important that Dr. McGraw addressed them in his

## Presidential Profile

Dr. James C. McGraw  
Bellevue, WA

Diplomate of the American Board of Endodontics  
Represented District VI as our 48<sup>th</sup> President  
1990-1991; Theme—*Standard Bearers for Endodontics*  
Dental Degree: Case Western Reserve University  
Specialty Education: University of Washington



*"I'd like to continue the traditions of past presidents because I think our Association has been fortunate to have the very best leaders. I am committed to involving all segments of our membership in the operations of the Association... We serve a high purpose for the American people and their health. I'll work to further the American public's perception of the high standard of care endodontic colleagues provide... we should work to attract more fine young men and women to our specialty as researchers and clinicians and we should continue to encourage the development of the art and science of endodontics in other countries... I'd like to bring a consciousness to endodontics of the effect government has on the specialty, which often goes unrecognized."*

President's Message in July 1990:

***"While there are many serious challenges and threats common to all dental specialties, we must immediately focus on one facing endodontists like a rodeo bull. The future of the AAE is inextricably like to our ability to recruit and attract bright young endodontists into teaching and research careers... We (practitioners) should cooperate when asked to participate in clinical research projects or studies outside the university setting. We need to make ourselves available as part-time clinical teachers in endodontic graduate programs. We need to donate generously of our time and financial resources towards efforts targeting teacher recruitment, and to identify means to close the financial gap between dental educators and practitioners. Existing endodontic faculty should increase efforts to identify and recruit outstanding undergraduate dental students who demonstrate potential for an educational career in endodontics."***

Dr. McGraw's tenure as president culminated in April 1991 in Washington, D.C., with the theme of *Standard Bearers for Endodontics*. The program provided members with a vast array of clinical and scientific opportunities to learn and expand their expertise. During this annual session, Dr. McGraw presented two of the Association's most coveted awards to individuals who were not U.S. residents, but who truly represented the global impact clinicians and researchers have on the development of endodontics: Dr. Calvin D. Torneck from Canada, who received the Louis I. Grossman Award, and Dr. Jens O. Andreasen from Denmark, who received the Ralph F. Sommer Award.



As of this time, there were 2,831 Active members of the Association with 312 Associate and 296 Student members. The ABE was on sound footing, as was the E&M Foundation. Dr. McGraw relinquished the presidential gavel to Dr. Joseph I. Tenca from Falmouth, Mass.



Dr. Tenca, our 49<sup>th</sup> president, eagerly embraced his role with the theme *Bridge to Understanding*. A full-time faculty member and department chair at Tufts University, Dr. Tenca came to education following a stalwart career in the U.S. Navy. His focus underscored teaching endodontics in the educational institutions, the public's perception of this specialty's potential and the value of quality endodontic treatment for patients.

## Presidential Profile

Dr. Joseph I. Tenca  
East Falmouth, MA



Diplomate of the American Board of Endodontics  
Represented District III as our 49<sup>th</sup> President

1991-1992; Theme—*Bridge to Understanding*

Dental Degree: Georgetown University

Specialty Education: U.S. Naval Hospital, San Diego

*"We need to understand better the needs and expectations of our members and those that affect us in our specialty... We need to improve the position of endodontics in our educational institutions and the image of endodontics in the public and patient's mind. . . I'd also like to see the relationship improve between the endodontist, referring general dentist and the patient."*

During his tenure, the Association took an uncompromising position on N2, and AAE representatives appeared before the ADA Board of Trustees:

***"It was stressed that (the) AAE's position on N2 was based on scientific, legal, moral and ethical grounds and that the use of the material was below the standard of care."***

The AAE adopted the ADA interim policy statement on HIV infection, while addressing in depth the issues of ADA membership, licensure by credentials, the assessment of educational programs, governance, bi-tier membership, insurance codes and third-party reimbursements. The Association also reviewed and revised the membership benefits for recent ASE graduates. A major step was taken toward effective utilization of executive staff, office space and ancillary services among the AAE, ABE and Research & Education Foundation, formerly the E&M Foundation. The Endodontic Educators Workshop was held to address the concerns of education, educators and academic resources. Approved in general principle was the preparation of a written history of the AAE for its 50th anniversary meeting.

During Dr. Tenca's term, the Association initiated a national survey of the current and projected incidence

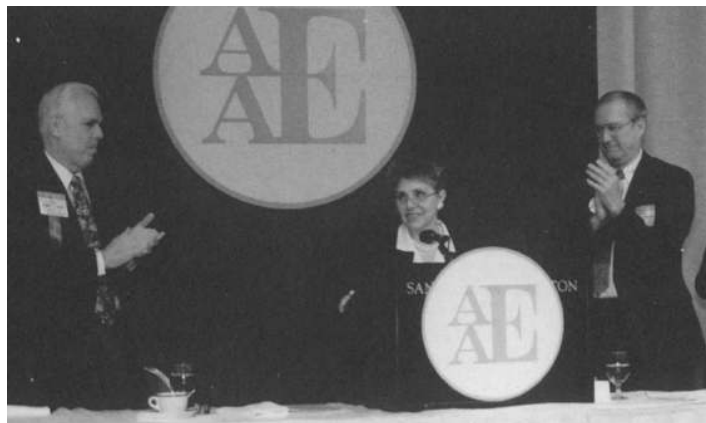
of pulpal and periapical disease over the next 25 years. Members also carefully developed guidelines to administer continuing education to general practitioners, as well as addressing nondues income, affiliate leadership and undergraduate curriculum guidelines. Committees developed new insurance codes to meet the clinical challenges faced by endodontists, approved speakers for the World Conference on Endodontics and developed criteria with the ABE for selection of endodontic consultants to the Commission on Dental Accreditation.

While Dr. Tenca's predecessor, Dr. McGraw, addressed the need for endodontic educators, Dr. Tenca went one step farther when he addressed the "Destiny of Endodontics" in his August 1991 President's Message:

*"The results of an AAE survey of 50 endodontic departments or divisions in 50 dental schools, revealed similar results [loss of teaching faculty]. Nineteen schools identified a total loss of 22.25 full- and part-time equivalents over the past five years. Nine schools indicated recruitment was impossible due to a hiring freeze or lack of available qualified individuals. Insufficient funds, lack of interest in teaching and the demands of teaching were cited as reasons for lack of available faculty. Some schools have undergone restructuring of departments, which has resulted in some loss of trained endodontic specialists, causing serious concern over loss of identity and continued pressure on adherence to our high standard of care... With over 150 endodontic graduates every year from 47 accredited programs, why can't we find enough endodontists to fulfill our educational requirements?"*

Ironically, the same concerns were echoed over the next 19 years as our history continued to move forward; however, our concerns over this issue deepened even with creative efforts being made as the Association entered the 21<sup>st</sup> century.

Dr. Tenca took advantage of a unique opportunity and invited the first female president of the ADA to present to the AAE membership. Dr. Geraldine Morrow from Alaska helped kick off the Wednesday evening Welcome Reception, *The Streets of San Francisco*, prior to being our guest speaker at the Opening Session Breakfast.



In May 1992, Dr. Tenca passed the gavel of leadership to our next president, Dr. Stuart B. Fountain from Asheboro, N.C. Lingered challenges in endodontic educators and education now fell to our 50<sup>th</sup> president. Dr. Fountain led the AAE into a position of power with regard to the next periodic review of the specialty. With this pre-

emptive positioning, the AAE would find itself in a much more stable position to perform the 10-year required



self-assessment regarding changes within specialty education and the practice environment. Two additional directives within the ADA resolution ordering the reviews identified important issues for the AAE:

*"...to continue to monitor the number of specialists who are Board-certified and (to) identify ways to increase the percentage of specialists who see and achieve Board certification in light of the dental specialty faculty shortages and the Commission on Dental Accreditation's standard requiring that program directors of advanced dental specialty education programs be Board-certified."*

These concerns had already been on the table for the Association's leaders.

During the Association's 50<sup>th</sup> year, the living past presidents were asked to write their reflections or observations during their years of service as a prelude to the 1993 Annual Session with the theme, *Historical Reflections—Future Directions*. In his reflections, Past

## Presidential Profile

Dr. Stuart B. Fountain  
Asheboro, NC



Diplomate of the American Board of Endodontics  
Represented District III as our 50<sup>th</sup> President  
1992-1993; Theme—*Historical Reflections—Future Directions*  
Dental Degree: University of North Carolina  
Specialty Education: University of Pennsylvania

*"Our number one goal is, as always, to maintain the integrity of the American Association of Endodontists as the leading endodontic organization in the world, making sure the annual session is outstanding and the quality of the committee work is such that it assists us in maintaining our position in the forefront."*

*Anniversary in 1993 (Historical Reflections—Future Directions), Dr. Complacent responded, resoundingly, 'WE SHOULD HAVE KNOWN'...A look into the future can be frightening, By the year 2000 the water could be boiling and endodontists, just like the poor frog that didn't feel the pot heating up, could be poached...The only way to endow our future is to GET INVOLVED. Climb out of the pot and into the swamp to volunteer your services and talents in our chosen profession."*

In February 1992, the AAE Executive Committee ended its meeting with a brief anniversary celebration. The event, hosted by the Palmer House Hilton, was held in Dining Room 4, the same room in which the first AAE meeting took place 50 years before (See "A History of the AAE—1943-1968" by Vincent Milas). President Fountain read the minutes of that first meeting and toasted the founders for their foresight and perseverance.



President McGraw took it one step further and looked into what the future might look like if the AAE did not address its most critical needs.

***"Endodontists Bite the Dust Chicago—On April 1, 1999, in a sudden, shocking development, the ADA Council on Dental Education, after exhaustive review, denied recertification for the specialty of endodontics. Citing a pattern of quality diminution in the character of endodontic research by the ex-specialty, and mounting evidence that the static scope of endodontics could easily be assumed by the specialties of Oral Neurology and Implantasia, as well as the failure of the former specialty to demonstrate unique public need under the sweeping Universal Health Care Reform Act, endodontics as a specialty ceased to exist...Outgoing president, Dr. I.M. Complacent, noted the primal causes of the specialty's demise in an emotional requiem:***

- 1. Failure by endodontist to seek and serve avidly in local, state and national ADA leadership positions.***
- 2. Failure to recruit, develop and fund capable endodontic education-researchers.***
- 3. Timidity by endodontists in shaping new directions for the specialty into the next century.***

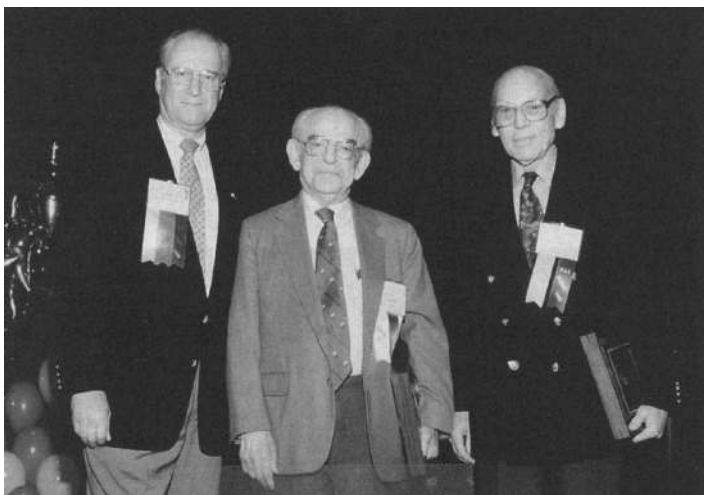
Few can forget the 1992 gala celebration that was held in Chicago on the 50<sup>th</sup> anniversary of the Association. Annual Session Chair Dr. John S. Olmsted and Program Chair Dr. James L. Gutmann opened this gala meeting with the clang of a Swiss cow bell in remembrance of Mrs. O'Leary's famous cow that purportedly kicked the bucket historically identified as the cause of the great Chicago fire. The program was expansive and had significant input from experts from around the world, with sessions addressing endodontic treatment, tracing the roots of current philosophies and procedures back to the 17<sup>th</sup> century, while highlighting both current and future directions and challenges for endodontics.

***Reflecting on the central theme of the long past 50<sup>th</sup>***

In his presidential address, Dr. Fountain traced the

history of the AAE. In doing so, he singled out many stalwart leaders and intrepid visionaries who had an impact on the evolution of our specialty. One of these individuals was Dr. Harry B. Johnston from Atlanta who coined the word, “endodontia” and had limited his practice as a “root surgeon” in 1929, thereby becoming the first specialist in root canal therapy.

Dr. Fountain also honored many individuals who had contributed immensely to the evolution of our specialty, most notably, Drs. Samuel Seltzer and I.B. Bender, who were co-recipients of the Ralph F. Sommer Award for the publication, “The Dental Pulp,” originally published in 1965.



Many participants celebrated “to the max” by reliving the 40s era with dress and memorabilia. President



Fountain looked surprisingly like President Franklin D. Roosevelt, while President-Elect Eric J. Hovland looked like a successful 40s businessman and Secretary Jerome V. Pisano

looked like a Chicago gangster. Dr. Manuel Wiseman of Georgia surprised everyone by losing 40 pounds so he could get into his 1943 U.S. Navy sailor’s uniform.

At the Edgar D. Coolidge Luncheon, each of the living past presidents in attendance was recognized and assembled on stage, with a resulting photograph that is a classic in the history of the AAE.



One of the key initiatives that President Fountain espoused was the development of a classification system for the degree of difficulty of endodontic nonsurgical and surgical cases. This classification system was considered to be:

*“...extremely important to us should the federal government mandate a Relative Value System for cost controls on dental fees... There is a difference in degree of difficulty, and we need a system to easily describe the variations. This will also assist us in our teaching programs to get the point across to dental students as to which cases should be referred, instead of making a mistake in judgment and getting in over their heads.”*

Many hours were spent at the AAE Headquarters “deliberating” over the issues and “characterizing” the challenges that are faced daily in the diagnosis and treatment planning for endodontic procedures. This enormous effort led to the development of the AAE *Endodontic Case Difficulty Assessment Form and Guidelines*, which continue to be available through the AAE.

In addition to being the president during our 50<sup>th</sup> anniversary, Dr. Fountain was later to distinguish himself even further in the history of our organization by being the inaugural president for the College of Diplomates of the American Board of Endodontics, which had its official birth on April 26, 1996. The initiative for the College came from Dr. M. Lamar Hicks, who cajoled Dr. Fountain into a discussion regarding the need for the College:

*“So when the meeting of the AAE was held in Honolulu in 1994, I (Dr. Fountain), was relaxed, laid back*

*and enjoying the meeting and visiting my friends. I'll never forget, and I can visualize it right now, having Dr. Lamar Hicks, who was then retiring as secretary of the American Board of Endodontics, approach me in the courtyard of the Rainbow Hilton on Waikiki Beach and say, 'Stuart, you got a few minutes? I need to talk with you a few minutes. Let me buy you a drink.' The next time someone says that to me I will recognize it's going to cost me money, time or both!"*

President Fountain also helped to establish the Partnership for Progress campaign, which encouraged donations to the Research & Education Foundation of the AAE.

At the end of that spirited anniversary meeting in Chicago in 1993, President Fountain passed the gavel and leadership to Dr. Eric J. Hovland, who was the chair of endodontics at the Baltimore College of Dental Surgery, University of Maryland at Baltimore. During his tenure as president of the Association, he was named dean at Louisiana State University School of Dentistry.

President Hovland's focus for the year was *Expanding Our Educational Horizons*. One of the first issues he addressed was the teaching of endodontics to general practitioners:

*"There is a demand for endodontic education and it will be provided by someone. If not by us then by those who promote wonder pastes, sell miraculous vibrating and flexible instruments or demonstrate molar endodontic surgery made easy through a slide show. It will be provided by the politicians of continuing education who will do and say anything to sell tickets to their show. It will be provided by those who advertise their courses by stating, 'If you are tired of supporting the lifestyle of specialists, attend our course.' No science, no quality, no realism, just gimmicks and quick fixes. Continuing endodontic education must be provided by those with a solid scientific and clinical education who will emphasize quality endodontics, the difficulty in accomplishing quality endodontics and the need, sometimes, to refer. Our Educational Affairs Committee has recently developed guidelines for endodontic continuing education for the general practitioner. These guidelines have been sent to the providers of continuing education with the anticipation that they will provide guidance for continuing education courses in endodontics. The guidelines emphasize teaching basic principles, not unreliable and unproven shortcuts. They stress the importance of teaching self assessment of skills and the difficulty of cases in deciding when to refer. The guidelines emphasize teaching the difficulty in providing endodontic services, not the trivialization of our procedures. We, the endodontic specialists, need to set the highest standards of endodontic care and carry that message through continuing education to all dental practitioners... Should we be teaching endodontics to general dentists? In my opinion, the answer is absolutely yes."*

While Dr. Hovland brought the major focus of concern to the educational front in both continuing education activities and in university programs, he also envisioned an even greater threat to our specialty:

*"...without endodontic scholars we also lose our research base. Research is the major key to our future. It is critical because any specialty depends on a unique body of knowledge in order to exist."*

*At our last AAE Annual Session in Chicago, an endodontist from Europe approached me and stated that he was enjoying the meeting. 'However,' he added, 'I have attended many of the sessions, and my*

## Presidential Profile

Dr. Eric J. Hovland  
New Orleans, LA



Diplomate of the American Board of Endodontics  
Represented District I as our 51<sup>st</sup> President

1993-1994; Theme—*Expanding Our Educational Horizons*

Dental Degree: University of Maryland  
Specialty Education: Medical College of Virginia

*"We must continue to strengthen our dental school training and prepare new scholars to teach. Today's students and scholars must also be prepared to continue our research in order to develop and define or specialty in the years to come. Continually improving education we offer our students today will ensure that our specialty's high standards are maintained throughout future generations."*

*question to you is—where is the science, the biology?’ I remember attending my first AAE annual session as a graduate student. The AAE was smaller then, and the atmosphere was different. The most exciting sessions were the research seminars where arguments for treatment, materials and methods were based on scientific merit and evidence. Endodontists were more than skilled technicians; they took great pride in being scientists and pulp biologists. Opinions had to be supported scientifically. Now it is much different. The talk and interest is in new products and ‘manufacturer-led’ innovations in equipment. There is even talk of subspecialties based on new technology. Are we to become microsurgons, laserologists or ultrasonicians? The specialty of endodontics was established and continues to exist because of its unique body of scientific knowledge. The specialty cannot rely solely on new technology and equipment that anyone can buy and use. The techniques of endodontic therapy must not be pursued at the expense of science. We must not forget the science in our undergraduate and graduate programs as we teach students or in continuing education as we assist general practitioners. We must not forget the science as we share information with each other or evaluate new methods of treatment. Where is the science, the biology? It is my hope that it will continue to be the basis of our specialty. Our future and the future of endodontics depend on it.”*

His vision for our specialty was both succinct and directional:

*“To prepare for the next 50 years, we must start today. In the next five years, we must...identify the prevalence of pulp and periapical disease; identify, support and produce endodontic scholars for the future; expand endodontic knowledge through research; assure the quality of graduating endodontists; expand our scope through education and political influence; and develop endodontist leaders.”*

Attempts were made to identify and expand the scope of practice for endodontics. With input coming from endodontic leaders globally, a number of areas were identified: enhancing surgical prowess, managing of tooth trauma, expanding regenerative and microscopic procedures, developing expertise in orofacial pain, implants, tooth transplants and replants. In this regard, members of the AAE worked closely with the Institute

of Medicine of the National Academy of Science to identify measures to strengthen dental education in the United States.

As one would expect in the evolution of any specialty, the introduction of new technology would cause controversy. In endodontics, the introduction of the surgical operating microscope was labeled by some as the “standard of care,” and that raised much concern. Soon, some members of the specialty were calling themselves “specialists in microsurgery,” a direct violation of the ADA *Principles of Ethics and Code of Professional Conduct*. The AAE Board of Directors responded by informing members *“...that is it inappropriate for the use of a microscope to be considered a standard of care issue.”*

The ABE began presenting Case History Preparation limited attendance seminars for those members anticipating taking or actively preparing for Board certification. This presentation would be expanded at a later date and be known as the ABE Boardwalk, which is still being presented at each AAE Annual Session today.

Dr. Hovland’s tenure as president ended as the 51<sup>st</sup> Annual Session was held in Honolulu. The 2,500 people in attendance learned about the latest endodontic research and technology and also enjoyed the Hawaiian festivities planned by the local committee. The islands were a convenient trip for many international professionals, and representation from the Pacific Rim was especially high.

Those attending took advantage of many scientific and general interest sessions, limited attendance seminars, research seminars and table and poster clinics. Presenters addressed the latest scientific, clinical and practice management advances and opportunities, highlighting the topics of orofacial pain, microsurgery and implants, among others. Gala social events and award ceremonies to recognize those who have contributed to endodontics and the AAE were interspersed among the many educational opportunities in the program. In a surprise presentation



during the Opening Session Breakfast, AAE Executive Director Irma S. Kudo received plaque commemorating her Honorary Membership in the AAE from General Chair Gutmann and President Hovland. Mrs. Kudo was recognized by a standing ovation for her dedication and effort on behalf of the organization for the previous 14 years. Later in the meeting, Dr. Hovland passed the presidential gavel to Dr. Richard C. Burns of San Mateo, Calif., the 52<sup>nd</sup> president of the AAE.



Dr. Burns' focus for the year was *Sustaining the Standard of Care*, and his president's messages focused on the integration of clinical needs with educational demands.

President Burns was not only known for his

endodontic prowess, but also for his humor and his avocation—cartooning. He used his artistic skills to illustrate the continuing problem of lack of endodontic educators:

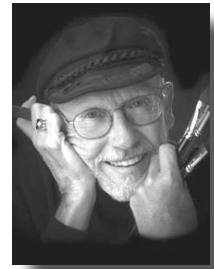
*“One of the issues facing our specialty is the critical loss of educators who cannot live on the inadequate salaries offered by most institutions. There are bright young people studying dentistry and perhaps considering endodontics right at this moment. A small*



*number are gifted individuals born to be teachers. When graduation arrives, however, there will be no teaching opportunities that will remotely*

## Presidential Profile

Dr. Richard C. Burns  
San Mateo, CA



Diplomate of the American Board of Endodontics  
Represented District VII as our 52<sup>nd</sup> President

1994-1995; Theme—*Sustaining the Standard of Care*

Dental Degree: Marquette University

Specialty Education: Practice limited to endodontics as of 1964

*“(Previous presidents)...did a great job raising awareness of the need to expand our scope and move our specialty forward into the 21st century. Now we must step up (and) make it happen, and much of that work can be done by AAE members actively supporting endodontic research and education.”*

*equal the financial remuneration available in private practice. Although schools offer ‘intramural practices’ to augment teachers’ salaries, the money they earn probably represents less than one-half what the teachers’ contemporaries in the same community earn. There is an enormous need to endow endodontic positions with funding to support decent salaries or faculty housing in areas where costs are high. We need ideas.”*

Another issue within advanced endodontic specialty education was the level of the educational processes provided by these programs. While a “...’realistic circumstance’ for graduates of predoctoral competency-based programs could be the uncomplicated diagnosis, cleaning, shaping and filling of a single root in a dental school clinic, a higher level than ‘Competency’ lies in the concept of ‘Proficiency,’ which should be limited to those doctors who have specialty training or a number of years of practice.”

This proficiency distinction was the hallmark used by the ADA Council on Dental Accreditation to determine the outcomes for advanced specialty education for years. Recently, CODA has chosen to abandon this distinction. (Note: Commission on Dental Accreditation: Language Common to all Recognized Special-

ties [DPH, ENDO, OMP, OMR, OMS, ORTHO, PED, PERIO, PROS]: Accreditation Status Definitions, Preface, Definitions, Standards 1, 2, 3, 4 and 5. Final CODA Adoption: August 6, 2010).

Under President Burns' leadership, the AAE offered the first course on guided tissue regeneration for endodontists during the 52<sup>nd</sup> Annual Session in May 1995. A task force was appointed to revise the standards for advanced endodontic specialty education, and the use of the terms "**Diplomate of the American Board of Endodontics**" was approved for use in the yellow pages of the telephone book. *ENDODONTICS: Colleagues for Excellence* clinical newsletter was first published, and sent to all dentists in the U.S. beginning with the 1994 Fall/Winter issue. It focused on safety and efficacy of root canal treatment in light of the re-awakening of the focal infection theory and its potential relevance to patient systemic diseases and infections in the root canal and periradicular tissues. The same focus appeared later in the Spring/Summer 2000 issue. Continuing issues of this dynamic and informative communication were approved by the Board of Directors. They also approved the objectives for a five-year program to enhance the specialty in the following ways:

- Encourage endodontists to enhance their scope of practice to improve the service they provide patients, referring colleagues, and the dental and health care professions.
- Teach endodontists the skills and provide them the materials to market their services to patients, referring colleagues, and the dental and health care profession.
- Increase public and dental care professional awareness of services endodontists provide.

Furthermore, programs to help the endodontist-referral relationship were put into motion—a ***“Colleagues for Excellence presentation...was planned for Dallas '96...(using) a roundtable discussion between endodontists who have used various services developed...to enhance referral relationships.”***

The recently renamed Endowment & Memorial Foundation to the Research and Education Foundation of the AAE reflected the new focus on funding research and specialty education. Highly motivated, new Foundation trustees, working with a fund-raising consultant and a new administrative secretary, moved aggressively into the areas of education, research and fund

raising.

A recent financial report showed that \$259,000 was raised for the 1994 fiscal year, surpassing the \$254,839 raised the previous year. Therefore, in May 1994, an ad hoc committee was carefully composed of past leaders of both the Foundation and AAE to examine the relationship between the two organizations, to look at how other groups work with foundations, and to determine a course of action to encourage a more efficient and effective operation. Drs. Eva C. Dahl, Stuart B. Fountain, Joseph D. Maggio, Marshall I. Peikoff and Eric J. Hovland comprised the committee, which was chaired and facilitated by Dr. Donald E. Arens.

What followed was a marvel of communication, as the spirit of cooperation they brought to this effort along with the consensus-building skills of Dr. Arens made the outcome possible. The efforts of the ad hoc committee resulted in a workable plan that met the objectives of both organizations. There was unanimous and total approval of the concept of a newly named **AAE Foundation** with leadership that would include representation from the AAE Board of Directors and reciprocal Foundation representation on relevant AAE committees.



Further leadership on the part of President Burns led to plans for a surgical operating microscope hands-on course for the directors of advanced endodontic specialty programs and courses in each AAE district following the 1995



Annual Session.



President Burns' humor was carefully mingled with his work ethic and commitment to excellence. He anxiously awaited his presidential meeting in Orlando with a cartoon of himself. At the 1995 Annual Session, Executive Director

Kudo was warmly welcomed by Mickey Mouse, while President Burns was awarded the "Goofy Hat."

From the packed lecture rooms and the busy exhibit hall, it was evident that this annual session was the most well-attended meeting in AAE history up to that point. The excellent educational program, along with superb family recreation opportunities, attracted well over 3,000 members and friends. The latest research and technology from many areas of endodontic practice were presented, including discoveries and advances in pain diagnosis and management, microscopy, root resorption, digital imaging, surgery, root perforations, retreatment and practice management.



During the program, President Burns had the honor of presenting the first-ever *Outstanding Endodontic Educator Award* to Sharene Mattison in honor of her husband Gordon, who passed away in May 1993. Within the spirit of Walt Disney and Disney World, President Burns passed the presidential gavel to Dr. Philip W. Cohen from Livonia, Mich.

## Presidential Profile

Dr. Phillip W. Cohen  
Livonia, MI



Diplomate of the American Board of Endodontics  
Represented District IV as our 53<sup>rd</sup> President  
1995-1996; Theme—*Focusing on Our Future Together*  
Dental Degree: University of Detroit  
Specialty Education: University of Michigan

*"I'd like to strengthen the position of endodontics as a specialty in dentistry, to help endodontics move beyond being the punch line for a joke...and be recognized for its effective and practically painless way of dealing with a tooth in need of endodontic treatment...We will continue to strengthen the lines of communication through the Colleagues for Excellence program and patient education materials and look for new and innovative ways of reaching out."*

Dr. Cohen's theme for his year was ***Focusing on Our Future Together*** to emphasize the importance of teamwork among doctors, auxiliary personnel and other health professionals.

Using the results of a 1995 Membership Survey, President Cohen was infused with a sense of purpose for his leadership. With the help of many dedicated officers, directors, affiliate presidents and other volunteer leaders, Dr. Cohen and the AAE took action in a variety of areas including education, research and technology to shape the future of endodontics. Issues current and vital to the Association's membership, such as economic and practice management trends and quality, safety and access for patients were addressed.

Dr. Cohen's goals for his year were threefold:

- To encourage endodontists to develop clinical skills that will enhance their practices and improve the services they provide.
- To provide opportunities for endodontists to learn new or expanded skills to enhance their clinical practices and to market their services.
- To increase public and professional awareness of the services endodontists can provide.

President Cohen was keen on volunteerism in the AAE



and encouraged all members to get involved for the good of the Association:

***“Why then, you may ask, do hundreds of our AAE colleagues volunteer to serve on the 24 AAE committees and boards? Is it because they feel a need to belong to the activities that perpetuate their specialty... because they are ambitious and not content to just sit and watch...or can it be that they just want to contribute, to give back to the profession that has provided them so much? The answer, obviously, is all of the above.”***

During this period, the officers and directors on the AAE Board took steps to enhance communication with the membership:

- Planning a website to debut in 1997
- Establishing a system for affiliates and study clubs to share information
- Arranging more time for affiliate leaders to discuss their issues with AAE officers at the Affiliate Leadership Conference
- Increasing the pages in the *Communiqué* and the *Journal of Endodontics’* News section
- Encouraging international communication

To strengthen communication further, President Cohen even took time out of his practice twice to host call-in days at the Headquarters so that members could reach him directly via the AAE toll-free number.

The *ADA Current Dental Terminology, Second Edition* code changes affecting endodontic procedures were discussed in a series of *Communiqué* articles written and presented by the Dental Benefits Committee and in a course at the 1996 Annual Session. To facilitate the development of universal codification of endodontic terms, the AAE granted the ADA permission to incorporate AAE *Glossary* definitions in a global glos-

sary of terms for electronic claims submission. Expanded coverage in the *Communiqué* featured reports on ADA activities and resources and detailed information about supporting the ADA’s program to promote direct reimbursement.

Since the reaccreditation in 1990, endodontists continued to take responsibility for monitoring the state of pre- and postdoctoral endodontic education. Their goal over the last six years was to ensure the high quality of future graduates’ skills. To achieve this goal, AAE members worked closely with the Commission on Dental Accreditation to set educational standards and evaluate accredited programs. In 1995, under the leadership of Dr. Cohen and hands-on direction provided by Dr. Jeffery W. Hutter, chair of the standards committee, the AAE proposed new Standards for Advanced Specialty Education Programs in Endodontics. The new Standards were approved by the Commission in July 1996 and were implemented in January 1998.



The Association, under President Cohen’s leadership, now focused energy and resources to encourage research that would carry the specialty over the threshold of the 21<sup>st</sup> century and into the future. Initiatives included promoting the AAE Foundation’s Endowment for Endodontic Excellence Campaign to raise \$5 million from the members and \$3 million from industry over the next five years. In less than one year, pledges for more than \$3.4 million were secured from the membership and another \$1 million from industry. This was accomplished by the Foundation’s trustees when they formed a national network of more than 78 members to promote the Triple E Campaign. In just two months, this dedicated group of volunteers raised more than \$500,000 for the AAE Foundation endowment fund, bringing the campaign total to \$3,449,616 pledged from 794 members as of May 15, 1996.

Grants through the Foundation totaled \$120,000 in

support of faculty and student research, and a forum for more than 100 oral and poster presentations of new clinical and basic science research at the 1996 Annual Session was held. In addition, 24 table clinics introduced or provided new perspectives on time-saving techniques or interesting scientific phenomena.

The AAE *Colleagues for Excellence* program gave endodontists the opportunity to enhance partnerships with other practitioners to provide the highest quality care from the dental team. The new *ENDODONTICS: Colleagues for Excellence* was part of this program and provided up-to-date information on the practice of endodontics. Its “On the Horizon...” section presented information on state-of-the-art endodontic technology,



one of the several areas establishing endodontists as leaders in the field.

With significant amounts of energy having been expended over the year, President Cohen was headed to Big “D”—Dallas, Texas—for the 53<sup>rd</sup> Annual Session. Of course, everything’s bigger in Texas and the meeting was no exception.

The AAE did it up huge in Dallas with a power-packed program that attracted more than 2,900 endodontists, students, auxiliary staff and other guests. For the first time ever, the AAE had innovative programs designed especially for endodontic assistants and office personnel that helped to more than double the number of auxiliary staff in attendance. Numerous scientific and general interest sessions, limited attendance sessions, oral and poster research presentations and table clinics made the educational program the largest ever. Those in attendance learned the latest about pain management, endodontic microscopy, guided tissue regeneration, instruments and instrumentation, obturation techniques, salvaging post problems, practice management, educational concerns and much more.

In Dr. Cohen’s last President’s Message published in the April 1996 *JOE*, he expressed his gratitude for having been able to serve the AAE:

*“I hope I have touched all of you in some small but meaningful way. It has been a humbling yet richly rewarding experience to be your president. Thank you all...and thanks for the memories.”*



At the Saturday General Assembly, President Cohen passed the gavel to Dr. Jerome V. Pisano, a passionate Cubs fan.

### **ADVANCES IN ENDODONTICS AND ENDODONTOLOGY**

During this period, many technological and scientific advances took place that enabled the members of the Association to provide quality patient care. While it is difficult to prioritize these accomplishments, a few of the more-impacting advances included:

- Wound healing following surgery
- Immunological characterization of periapical lesions and associated bacteria, anatomical and histological features of irregular root canal shapes
- Coronal leakage
- Digital subtraction radiography and radiovisiography
- Outcomes of surgical endodontics
- Ultrasonic root-end preparations and filling materials
- Coronal flaring of the root canal and its impact on cleaning and shaping
- Properties of twisted and machined endodontic files
- Factors affecting long-term results of treatment

- Restoration of endodontically treated teeth
- External root resorption
- Smear layer removal

Possibly the most impacting developments during this time were the relationships of bacteria, tissue

responses and patient symptoms, and the introduction of mineral trioxide aggregate for a wide variety of applications. This period definitely began to focus on important biological relationships and tissue responses to endodontists' clinical procedures.

## CHAPTER 2—1996-2000

# RECOGNIZING OUR LEGACY—RESPONSIBILITY, PARADIGMS, EXCELLENCE AND PASSION

***“We may affirm absolutely that nothing great in the world has been accomplished without passion.”***  
—Helgel, 1821

In 1996, the 54<sup>th</sup> president of the AAE Dr. Jerome V. Pisano from Schaumburg, Ill., characterized the relationship the AAE should have with its members in two words—*Response and Responsibility*. He indicated that the AAE takes very seriously its responsibility to respond to members' needs, and AAE members understand their responsibility to respond to the AAE, both through feedback and by getting involved in AAE leadership and programs.

During President Pisano's year, the AAE established the following mission statement to describe the Association's responsibility to its members:

***“The Mission of the American Association of Endodontists is to ensure the future of the specialty, advance the special skills and expertise of the endodontist, promote the benefits of quality endodontic specialty care and respond to the professional needs of its members.”***

Endodontists at this time were engulfed in a groundswell of new biologic knowledge and challenged by a whirlwind of technological and societal change. Planning for the future was no longer just an admirable pursuit but an essential skill. The goal of the AAE was to position the endodontic specialty and the specialist on solid ground in the midst of change; to attempt to predict the future accurately and to map a course for continued endodontic success.

The AAE Board of Directors, four at-large members representing the membership base and four AAE staff

### Presidential Profile

Dr. Jerome V. Pisano  
Schaumburg, IL

Diplomate of the American Board  
of Endodontics  
Represented District IV as our 54<sup>th</sup>  
President

1996-1997; Theme—*Ensuring the  
Future of the Specialty*

Dental Degree: Loyola University of Chicago  
Specialty Education: Loyola University of Chicago



*“Endodontics is a body of knowledge that grows through research. We need to be proactive and continue to add to that body of knowledge. We also must persist in offering continuing education to disseminate information on new techniques and research to ensure that our members continue to be viewed as the experts and leaders in endodontics by the rest of our profession.”*

met as a Strategic Planning Committee to recommend actions to ensure “Endodontic Private Practice in the Next Millennium.” Topics included:

- Assessment of clinical outcomes of endodontic treatment and retreatment.
- Workforce research to determine how, where and by whom endodontics will be practiced in the next millennium.
- Continuing education, products and services to help the endodontist with business management.
- Alternative reimbursement mechanisms.
- Strategies for attracting and retaining qualified endodontic assistants and office personnel.
- Means for informing general dentists of clinical

advances.

- Methods for improving Headquarters Office efficiency by upgrading equipment, establishing a website and projecting future staffing needs.

The Association also maintained an active dialogue with all of dentistry. On this front, AAE members participated at all levels of the American Dental Association by serving on several ADA councils and commissions, as delegates or alternates to the House of Delegates, and as members of the Board of Trustees. Many other members held leadership positions in state and local societies.

AAE representatives also worked with the American Association of Dental Schools. The AADS (presently known as the American Dental Education Association) had recently released predoctoral educational standards. The AAE Ad Hoc Committee on Predoctoral Standards studied the document, encouraged AADS to make the standards as consistent as possible with the ADA and supported the establishment of a new ADA-sponsored task force to discuss competency issues that would benefit all of dentistry.

With significant innovations impacting the specialty, both challenges and opportunities were abundant. As specialists, endodontists had the dual responsibility of advancing the science and technology and critiquing the value and effectiveness of those advances. Referring dentists and patients relied heavily on the endodontist to review new ideas, incorporate and promote those that improve the practice, and identify those that need further investigation. All endodontists were directed to take responsibility for evaluating both the potential for improved patient care and the relative safety of each new advance.

To assist endodontic educators, the AAE under the auspices of the Educational Affairs Committee, provided continuing education for educators at the annual Faculty Development Workshop and Endodontic Educator Forum, in addition to reducing the educators' costs of participating in these programs.

By late 1996, the AAE Foundation had received more than \$5 million in pledges from the membership and more than \$2 million from industry. The interest from the principal collected by the Foundation was used to support priority research for advancing the field of

endodontics. Many of the research papers presented at the Annual Session were supported in part by grants from the AAE Foundation. The Foundation continued its goal to seek additional pledges from members and industry to strengthen their campaign to provide the highest possible levels of support for endodontic research. The goal of the Foundation was identified as "Total Participation" by the 1998 Annual Session.

From President Pisano's perspective:

***"We will all benefit from a strong Foundation. We will all share the security. If we all benefit, we should all pledge. We all donate to worthy charities, communities of worship, hospitals and alma maters. None of those organizations provide you with the security of knowing that you will be able to call yourself a specialist in 2001."*** [Note: this was the date for the next review of the specialty by the ADA Council on Dental Education, a review which would determine our continuation as a specialty.]

Changes also were occurring with the *JOE*, which featured a new cover design and more pages for scientific and clinical articles. Members were encouraged to submit clinical articles to the editor. In addition, the CE Registry debuted in the News section, featuring dozens of opportunities for endodontists to advance their skills. Clearly, the gauntlet that was laid down in the early 90s was being met aggressively.

Exploring another excellent avenue for communicating with all constituents, the Association established a website. In January 1997, AAE Online debuted, putting endodontists at the forefront of providing accurate information about root canal treatment on the Internet. The site also offered great benefits for endodontists. The Members Only section included more than four years of *JOE* abstracts and provided a bulletin board for members to comment on subjects of interest. The 1996 Fall/Winter *ENDODONTICS: Colleagues for Excellence* newsletter featured endodontic diagnosis and the 1997 Spring/Summer issue covered the AAE's new *Guidelines for Assessing the Difficulty of Endodontic Cases*.

The AAE also introduced *ENDODONTICS: Colleagues for Excellence* speakers kits. The kit included a slide presentation and model speech based on the newsletter. The kit made it easier for members to

speak on the newsletter topic at local study clubs or dental society meetings.

A new AAE publication, *Successful Endodontic Practice Strategies: Marketing the Endodontic Practice*, described 17 initiatives members could use to reach out to referring dentists, patients and the public, thereby promoting the benefits of specialty care right in their own communities.

Under President Pisano's leadership, professional relationships with dental manufacturers and companies took a major leap forward:

***“Is there benefit in having a professional relationship with any manufacturer or company? The answer is an emphatic ‘Yes!’ Available marketing and philanthropic dollars should be poured back into our profession to further all our needs and goals.***

***The AAE's responsibility is to assure fairness, remove any partiality and, above all, to divorce itself from even the hint of an endorsement or promotion of any company or product. We cannot expect to cope with the rising costs of our members' educational, clinical or political demands; we cannot expect to provide innovative educational forums at our annual sessions; we cannot hope to conduct research to further and preserve our specialty on registration fees and dues alone. Increasing AAE dues or annual session registration fees above \$1,000 is not the answer. The answer is prudence and responsibility. Acceptance of a donation is not endorsement. Sponsorship is not collusion. A company's financial aid should be looked on as a 'thank you' to us—an investment in their continued success. Generous philanthropy can be a wonderful adjunct to any business. Recognition of generosity in a tasteful and appreciative manner is expected and is due. We are truly grateful to those companies that have been generous to the AAE Foundation and the AAE itself and ask our members to join us in publicly congratulating their philanthropy.”***

The AAE followed the yellow brick road to Seattle for the 54<sup>th</sup> Annual Session in May 1997. This meeting was the biggest to date, attracting more than 3,600 endodontists, students, endodontic auxiliary staff and other guests. The session provided more than 118 hours of scientific and clinical courses on the lat-

est research and advances and featured more than 67 exhibitors showcasing the latest equipment, devices and endodontic products. The Board saluted President Pisano's lifelong infatuation with the Chicago Cubs.

For the first time, the session incorporated interactive, audience-response learning and other advanced educational techniques, including a live video feed to a member's office. Attendees had a wide variety of courses to choose from including the Wednesday continuing education course, the new interactive session, and numerous other scientific, general interest and limited attendance sessions. The program featured management of endodontic infection, surgical healing, surgical instrumentation, microsurgery, trauma, obturation, nickel-titanium instrumentation, retreatment, marketing the endodontic practice, practice management, programs for auxiliary personnel. Recognizing the increasing size and scope of the meeting, the Association expanded the Annual Session Committee by three members.

It was at this meeting that the first-ever President's Award was given, with the recipient being Dr. Peter Paesani.



More than 900 professionals attended the Wednesday CE Course prior to the Annual Session. The course featured a team lecture on retreatment by two endodontists and a prosthodontist. Offering more continuing education opportunities was a high priority for the Association. Therefore, the AAE Continuing Education Committee was founded to coordinate the annual Wednesday CE course, the biennial Fall Conference, previously offered by the AAE Foundation, as well as regional courses as necessary.

The 1997 Fall Conference featured *New Technology in Endodontics*. Workshops focused on perforation repair and faculty in attendance were surveyed on their need for teaching materials on new techniques with directives for further investigation into developing materials and sharing them among schools.

In an unusual occurrence, there were two candidates

running for the treasurer's position at this meeting—one nominated by the Nominating Committee and one running with the support of a large portion of the membership. This had only occurred once prior to this meeting in the 80s. In the end, the Nominating Committee's choice won the election.



In a rousing speech at the 1997 Annual Session, President Pisano defined what sets the AAE apart as a professional organization—family-like dedication to one another. “We are family!” became the rallying cry of the members attending

the meeting, expressing their sense of responsibility to each other, their specialty and the AAE. Dr. Pisano subsequently passed the presidential gavel to Dr. Denis E. (Chip) Simon III from Baton Rouge, La.

*Paradigms for Excellence* was chosen as the year's theme by President Simon to reflect the goals of the AAE. Many of the goals achieved during 1997–1998 originated from a strategic planning session in November 1996, which was an outgrowth of the five-year strategic plan developed in 1994. [Insert presidential profile]

The strategic plan involved seven major topics: professional relations, practice management, outcomes assessments, membership services/headquarters resources, public relations, needs and concerns of the future endodontic workforce, and challenges endodontists face in recruiting and retaining qualified office staff. In its journey toward excellence, the AAE focused on each of these topics and their effect on the key areas of the Association—the membership, the profession, the public and the Foundation.

Early in President Simon's tenure, the AAE and endodontics was faced with the refocus of the dental community on the issue of focal infection due to a publication that attempted to highlight the relationship of systemic disease and focused dental disease. An article appeared in the September 1997 issue of *Stroke*, published by the American Heart Association, entitled “Association Between Acute Cerebrovascular Ischemia and Chronic and Recurrent Infection.” The article concluded that “recurrent or chronic bronchial

## Presidential Profile

Dr. Denis E. Simon III  
Baton Rouge, LA



Diplomate of the American Board of Endodontics  
Represented District V as our 55<sup>th</sup> President  
1997-1998; Theme—*Paradigms for Excellence*

Dental Degree: Louisiana State University  
Specialty Education: Wilford Hall U.S.A.F. Medical Center

*“Excellence is always my goal. Mediocrity is unacceptable. If something is short of excellence, then someone didn't try hard enough. There's no success without excellence...By far the best thing about the AAE is meeting and getting to know people who share a vision of excellence. The people surrounding me have patients' interests at heart, they make personal sacrifices so that others can benefit.”*

infection and poor dental status, mainly resulting from chronic dental infection, may be associated with an increased risk for cerebrovascular ischemia.” While the sample size was small and did not implicate or suggest any specific cause/effect relationships, the discussion referred to chronic periapical and periodontal infections. In Dr. Simon's President's Message that appeared in the January 1998 *JOE*, he shared his thoughts:

***“It is interesting to reflect that what is being discussed here is essentially the ‘focal infection’ issue, first raised in 1911, and which subsequently became the underlying rationale for mass extractions over subsequent decades. The focal infection theory faded in the 1950s, and now may be re-emerging. The link between periodontitis and cardiovascular disease, and perhaps other conditions as well, requires further research in well-controlled epidemiological studies in order to determine the extent of any causal link... We must also dedicate ourselves to modern methodology research to eliminate any doubt that endodontic therapy does not contribute to systemic diseases.”***

The AAE saw its membership exceed 5,000, quite an accomplishment considering its humble beginning in

1942. With this growth came a new category of membership—Auxiliary—offered to endodontic dental assistants and front office staff. This new category was created as a result of the AAE's strategic plan to help endodontists face the challenge of recruiting and retaining qualified office staff. The Board also approved another membership benefit with the addition of professional liability insurance.

The AAE revised its Constitution and Bylaws to bring them in line with recent changes in Illinois statutes for not-for-profit organizations. One notable change was the addition of a judicial board, which would be available at the request of the Professional Standards, Peer Review and Ethics Committee, to review any complaints against endodontists, should they arise.

New audiovisual equipment in the Headquarters conference room, including an LCD projector, was added. As membership grew and strengthened, the Association recognized the need for accompanying technology and support. In accordance with the strategic plan, the AAE was working toward more powerful capabilities of the membership database. The new database would help the staff serve the members more efficiently by supporting more detailed information. In addition, the enhancements would also maintain annual session information and data on contributions to the AAE Foundation.

Many actions taken by the AAE throughout the year were beneficial not only to the membership, but also to the profession in general. Under President Simon's leadership, the *Appropriateness of Care and Quality Assurance Guidelines* and the *Glossary of Contemporary Terminology for Endodontics* were both revised—the first revision for each since 1994. These documents held significant value because they upheld the standards of endodontics. Also created were the *Antibiotic Prophylaxis Quick Reference Guide* and the revised *Informed Consent Guidelines*. The *Quick Reference Guide* contained amended prophylactic regimens for dental procedures and included new information regarding antibiotic prophylactic use in patients with joint replacements. The *Informed Consent Guidelines* suggested important criteria for members to follow in creating informed consent statements for their own practices.

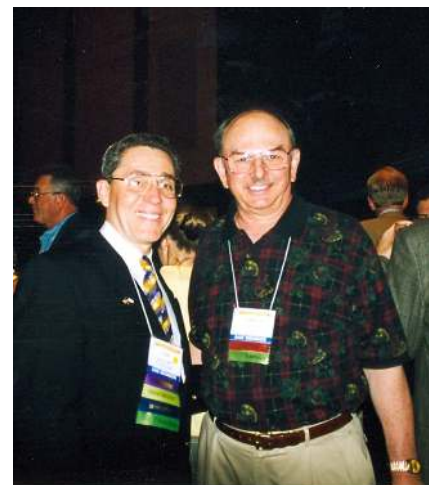
The AAE established an ad hoc committee to de-

velop a practice management software package that is specific to endodontic practices. The ad hoc committee surveyed the membership as to the features they wanted in new software and then interviewed the major software vendors about their products. Direct Vision Software, Inc., was chosen to develop the final product, EndoVision 98™, which the AAE endorsed.

A Practice Management Resource List was created by the Membership Services Committee as a result of the strategic plan. This list complemented the handbook, *Successful Endodontic Practice Strategies: Marketing the Endodontic Practice*, which addressed practice promotion and relationships with referring doctors and patients. The list and the booklet provided information on what was available to help the new endodontist start a practice or to assist established endodontists with new ideas for their practices. Clearly, the AAE was reaching out to its entire membership with assistance in the provision of quality endodontic services.

At the request of the Association, the ADA Council on Scientific Affairs included an endodontist on its new Expert Panel on the Influence of Oral Conditions on Systemic Diseases and Medical Treatment Outcomes. The dental specialties' request for discipline-specific commissioners on the Commission of Dental Accreditation of the ADA was finally approved during Dr. Simon's tenure. Endodontics now had a permanent voice in the accreditation process. The AAE submitted revised Standards for Advanced Specialty Education Programs in Endodontics at the request of the Commission.

During this period many members of the AAE were intimately involved in leadership roles in both national (ADA) and state dental organizations. Drs. D. Gregory Chadwick and Charles L. Siroky were ADA trustees. Other members who served on ADA councils were: Drs. Nona I. Breeland, Sessions and International Programs; B. Ellen Byrne, Scientific Affairs; John S. Eads III, Dental Practice; Mark J.



Feldman, Insurance; Eric J. Hovland, Commission on Dental Accreditation; Sandra Madison, Commission on Dental Accreditation; James C. McGraw, American Dental Political Action Committee; Grant W. Merritt, Ethics, Bylaws and Judicial Affairs; William D. Powell, Dental Benefit Programs; and Robert A. Uchin, ADA Holding Company, Inc.

The Public and Professional Affairs Committee continued to create resources for both the public and the profession. Among these were the patient education pamphlets that helped patients understand a variety of endodontic procedures. The fifth, and most recent, pamphlet in the *Your Guide...* series, *Your Guide to Cracked Teeth*, was completed in January 1998 and presented information on symptoms, types and causes of cracks in teeth. The popularity of the *Your Guide...* pamphlets continued to increase. In September 1997, the one-millionth patient education pamphlet was sold. The AAE awarded 100 free copies of each pamphlet to the purchaser of the one-millionth pamphlet, Dr. Glen S. Gerdes and his partner Dr. Russell Yamada from Corvallis, Ore.

Aggressive media relations and activities during this year allowed AAE members to reach more than 29 million people. Several stories on cracked teeth and digital radiography were published in newspapers, on the Internet and in national magazines, reaching more than 7 million people. The AAE also received coverage on the *TODAY* show with information about endodontists saving teeth through root canal treatment reaching more than 11 million viewers.



Professional development for AAE members reached an all-time high with more than 2,200 dentists and 400 endodontic office staff

members attending the AAE's 55<sup>th</sup> Annual Session in New York. The program, which had been expanded over previous years, included 12 clinical sessions and eight sessions exclusively for endodontic office staff members. The Wednesday CE Course, "Procedural Challenges in Endodontics," had a record high 1,016 attendees. The session addressed diagnostic, surgical,

nonsurgical, root fracture, perforation repair, open apex and resorption repair challenges in a very exciting interactive panel format. The Endodontic Educator Forum provided educators with the opportunity to discuss issues with the AAE Executive Committee covering a variety of topics of interest to them.

The 1998 Faculty Development Seminar, *Multimedia Applications in Endodontic Education*, gave educators hands-on experience with the basic and advanced techniques for creating computerized multimedia presentations. Attendees worked on laptop computers loaned from IBM. The 1997 Fall Conference, *New Technology in Endodontics*, in Panama City Beach, Fla., provided hands-on guidance and experience for 300 attendees in the latest technological developments in endodontics.

Not to be outdone, the *JOE* gave members the opportunity to increase their professional development each month. Ask a Friend, a new feature in the clinical section of the *Journal*, debuted in January 1998. This was designed to help endodontists who are confronted with puzzling cases on which a consult would be helpful by allowing them to submit the cases, with radiographs, to the *JOE*. Each case was reviewed by one of a panel of "friends" who wrote his or her thoughts and suggestions on the case. Both the case and the review were then published in the *JOE* as a benefit to all readers.

AAE Foundation donors set a paradigm for excellence within the Association as they responded to the *Total Participation* in the endowment fund. Nearly half of all AAE members pledged more than \$6 million to the Foundation's endowment fund. Another \$2.3 million was pledged from industry. During 1997–1998, more than 170 Friends of the Foundation raised \$759,405 in new pledges. The AAE Alliance, formerly the Auxiliary, also contributed to the Foundation's development. The Alliance organized and staffed a silent auction. This exciting annual session event raised more than \$10,000.

In keeping with the commitment to support research, education and member needs, at the Annual Session, the Foundation's Board of Trustees awarded \$125,680 to support 18 research grants representing 11 institutions. The trustees also approved a grant of \$75,000 to support a workforce assessment project to develop a protocol to assess endodontic workforce needs into the

next millennium.



When Dr. Simon passed the presidential gavel in New York City to Dr. Carl W. Newton of Indianapolis, he did so with a sense of pride and great accomplishment. Dr. Simon continued to be active in all phases of organized dentistry, in both leadership roles and

in supporting the AAE Foundation.

President Newton presented the Association with the goal and theme of *Meeting the Challenge of the Next Century*. The 1998-1999 fiscal year was filled with achievement of previous goals, looking to the future and preparing for the challenges that were ahead. A strategic planning meeting provided the framework through which the millennium's goals and objectives would be met.

Good communications on all levels was stressed by President Newton as essential to meeting his goals. AAE Online's ranking through various search engines soared throughout the year, with portions of our website ranking in the top 10 positions on most of the mainstream search engines. This allows patients and nonmembers to find the site more easily and therefore access the information they need. New sections were added that included myths and truths about root canal treatment, and more interactive questions were added for dental professionals. It received an average of 13,000 requests per week. For the first time since the inception of AAE Online, the For the Member section surpassed the For the Patient section in popularity. A product page was added to showcase products, both old and new. The list of member e-mail addresses increased to nearly 1,400 member e-mail addresses.

Patient education brochures continued to be one of the most popular methods of informing patients about endodontic topics and procedures. The Public and Professional Affairs Committee created the sixth pamphlet in the *Your Guide...* series, *Your Guide to Traumatic Dental Injuries*. This pamphlet presented information on the care and treatment for traumatized and avulsed teeth, as well as root fractures. Apexification and

## Presidential Profile

Dr. Carl W. Newton  
Indianapolis, IN

Diplomate of the American Board of Endodontics  
Represented District V as our 56<sup>th</sup> President  
1998-1999; Theme—*Meeting the Challenge of the Next Century*  
Dental Degree: Indiana University  
Specialty Education: Indiana University



*"You need to possess a passion for education in order to be effective. I can't honestly say that I have the same passion today that I did when I first started teaching but I haven't let go of the hope of returning to education full-time...I can only hope to influence someone else and bring together the best qualities of people around me...the effects of leadership are measured by the achievements of the members, not the president."*

apexogenesis were also described. A new speakers kit on endodontics was designed for presentation to the general public. It provided basic information on root canal treatment and cracked and avulsed teeth.

Helping members build strong referral relationships continued to be an important aspect of AAE's work and President Newton's vision. Important in this effort was the dissemination of the *ENDODONTICS: Colleagues for Excellence* newsletter. This publication continued to be well-received by members and general dentists alike. The Fall/Winter 1998 issue presented information on traumatic dental injuries, and the Spring/Summer 1999 issue focused on the use and abuse of antibiotics in dental and/or endodontic treatment; coordinating speakers kits were also released.

DirectVision Software, Inc., first offered EndoVision 98 practice management software for sale in September 1998. This feature-rich product allowed endodontists to manage their practices with software designed specifically for an endodontic practice.

In one of Dr. Newton's president's messages he made the following statement relative to the AAE, its focus and leadership and its vision for the future:

***“A wise man once observed that people can be divided into three groups: those who make things happen; those who watch things happen; and those who wonder what happened. The AAE makes it happen. Leadership shapes the future of an organization. Your elected leaders have been diligent in meeting this responsibility over the years and, as a result, our Association is making things happen according to plan and moving forward as expected. Planning for the future has always been a priority for the AAE.”***

In that light, President Newton recognized important changes that were occurring in the fields of medicine and dentistry, changes that ultimately would demand that we had a scientific or biological basis for the treatment procedures that we had been providing for many years on a somewhat empirical basis:

***“Many clinical, technological and biological advances propose advantages in the quality of instruments, materials and techniques. Ultimately, their value to clinical decision-making and improved treatment outcomes must still be determined. Supporting data on these advances often are unpublished or do not exist. Sometimes they meet regulatory requirements, but clinical acceptance occurs before the science can be reported. What then is our scientific evidence? The biologic rationale for all endodontic treatment decisions is encompassed within the science of endodontology. While contemporary technological advances and material developments drive some of the most current practice behaviors or treatment decisions in endodontics, the science of endodontology must serve as the basis for the treatment selected. This approach is the only way to ensure a sound biological rationale for the treatment provided for patients. This unique body of knowledge defines and distinguishes endodontics as a specialty. For a scientific discipline to be characterized as contemporary and on the leading edge of evolutionary development, a comprehensive evaluation and analysis of the knowledge base must occur to provide an understanding of current ‘truths.’ The primary purpose of this comprehensive periodic evaluation is to support treatment decisions within the clinical discipline.”***

With this important challenge as part of our future, the AAE leadership initiated a feasibility study to determine the value of a conference or workshop to establish evidence-based directives for endodontology,

assess our world-wide resources of participating teachers, clinicians and researchers and identify sources of funding. The major goal was to improve treatment decisions by increasing the strength of the inference that practitioners can derive from the base of knowledge within the endodontic literature:

***“We must first recognize its value to the future of endodontics globally. Then we must develop a proposal that encourages the support of everyone who will rely on the biological rationale of endodontology to direct their decisions in a future that assures continued advances in technology and science.”***

The 56<sup>th</sup> AAE Annual Session was held in Atlanta, attracting more than 2,000 dentists and nearly 300 endodontic office staff members. A record number of exhibitors also participated. The meeting included more than 48 educational sessions, 23 table clinics, 62 oral research presentations and 40 poster research presentations. The Wednesday CE Course, *Differential Diagnosis of Nonodontogenic Toothache*, attracted 753 participants. The course educated attendees on the neurophysiological considerations of orofacial pain, the mechanisms of referred pain and clinical considerations of differential diagnosis, orofacial pain disorders that may mimic toothache and the psychological considerations for the management of chronic orofacial pain.

The Endodontic Educator Forum provided educators with practical information on the effectiveness and status of educational technology as integrated into teaching curriculums at other institutions. The 1999 Faculty Development Seminar, *Changes in Technology in Endodontics*, gave educators information on the latest technological advances pertaining to endodontics.

During the Annual Session, the AAE conducted a media relations campaign in an effort to reach more of the mainstream public with information on endodontics. The campaign focused on avulsed teeth and antibiotics. Both topics proved popular with the media. Articles on caring for avulsed teeth appeared in *The New York Times*, *Time* magazine, the *Chicago Sun-Times* and other publications. President Newton and Vice President James L. Gutmann were interviewed on “Atlanta Sunday Morning,” a news show on the local CBS affiliate. They spoke for approximately 20 minutes on the use and abuse of antibiotics, root canal treatment

and the latest advances in endodontics presented at the Annual Session. For the third consecutive year, the AAE also conducted radio interviews that were fed to stations around the country. An estimated 31 million listeners were reached with this year's interviews on topics ranging from saving teeth through endodontic treatment to the use of antibiotics.



One of the highlights for President Newton during this session was to present one of our long-term endodontic stalwarts, Dr. John I. Ingle with the AAE's highest honor, the Edgar D. Coolidge Award. The award

is presented to an AAE member who has actively participated in the AAE during his or her professional life, displaying outstanding leadership and exemplary dedication to dentistry and endodontics.



Dr. Newton passed the presidential gavel to Dr. Harmon R. Katz from New Brunswick, N.J., at the General Assembly. For President Katz, his profession was a passion and he approached his leadership role of the AAE in a similar fashion. In doing so his theme was *Preparing for the Future*, and he recognized that our future

was heavily dependent on resolving the crisis in dental education and, in particular, endodontic education on both the predoctoral and postdoctoral levels:

***“Around the country, endodontic departments are being merged into broader dental departments. If this trend continues...we could ultimately lose our identity.”***

Three years had passed since the last strategic plan

## Presidential Profile

Dr. Harmon R Katz  
Palm Beach Gardens, FL



Diplomate of the American Board of Endodontics  
Represented District I as our 57<sup>th</sup> President  
1999-2000; Theme—*Preparing for the Future*  
Dental Degree: Temple University  
Specialty Education: Columbia University

*“Health care reform will probably be a major issue in the next Congress. It is very important for dentists to be proactive and to have our influence felt on any forthcoming legislation...A leader is one who is in a position to recognize and influence factors that impact the profession...(and) the profession must be able to show that the quality of services (that) endodontists provide is superior and to establish the value for that high-quality service for third-party carriers and the public.”*

had been adopted and implemented. President Katz considered it essential to pause and reflect on where we were as a specialty, where we wanted to go and the best way to get there. The most critical issues were the trends in endodontic education and the manner in which endodontic care was likely to be delivered in the new millennium. The climate in endodontics was good in 1999, and the quality and quantity of applicants seeking advanced endodontic specialty education had never been higher; appointment books were filled; and, while the teeth that were being treated were possibly more complex and challenging, great strides in technology had enabled endodontists to meet these challenges more easily. Being in the position of strength, the leadership of the AAE felt that it was time to confront and deal proactively with the issues that were likely to impact its future.

The climate in endodontic education, coupled with the trend of fewer endodontists selecting teaching as a career, loomed as a crisis that could severely weaken the specialty. This issue was not new, yet it kept reoccurring as its resolution became more difficult every year. In 1999, there were reports of some schools where dental students had little or no contact with endodontic educators. While this crisis was primarily financially

driven, in reality it was more complex and internal politics, lack of tenure was also an issue for all in academia or for those who even considered it as a career.

Therefore, the AAE needed to explore new strategies, such as scholarships for endodontists who would dedicate a career to teaching, recruitment of scientists to careers in endodontic education and the endowment of endodontic department chairs. The Association's leadership needed to examine the strong, financially successful programs and learn how to integrate their strategies into other programs effectively. All members were encouraged to get involved with their universities and teaching programs to ensure their viability.

Of equal importance and high priority in the strategic plan were quality of care and the establishment of the value of the endodontic procedures that endodontists performed. Managed care was not likely to survive in



its present form. Likewise, traditional fee for services were likely to be modified in the future. Therefore, President

Katz indicated that endodontists must be proactive and be the entity that helps guide, shape and influence the manner in which endodontic care should be delivered. The AAE and all of its members were being called upon to demonstrate the distinct, high value endodontic procedures performed for the patient and to the purchasers of dental benefits. At the turn of the century, a truly united front was being called up to prepare for the future:

*“There was a time when it was sufficient to provide a highly skilled service to your patients in a pleasant, well-staffed surrounding to be assured of success. Your only real obligation was to keep current and maintain your skills. Those criteria, while still necessary, may no longer be sufficient to ensure future success.”*

During his presidency, Dr. Katz was also truly passionate about health care reform, encouraging endodontists to be an integral part of the great debate:

*“If we are not players, dentistry and our patients are in danger of becoming victims. History clearly demonstrates past lack of involvement. Witness federal capitation of dental schools in the 1970s that resulted in a massive oversupply of dentists and the ultimate closure of eight schools. Witness dentistry's absence in Medicare and presence in a Medicaid system with unrealistic compensation that makes it impossible to meet overhead expenses. If our only response is to complain, throw up our hands in despair, and contend that, if we don't like the outcome we won't play the game, then we will have missed a golden opportunity to have a positive effect on our patients' as well as on our own future. Organized dentistry has become involved and is continuing to be proactive. The AAE is proposing outcomes assessment studies, evidence-based research, and investigations of predictors of endodontic success. Also under consideration are studies that will demonstrate the benefits to general health of retaining endodontically treated teeth. We must provide proof of the economic and health value of our highly skilled, quality-generated procedures to the public, to government and to third-party payers. In a world of outcome-oriented, evidence-based, value-driven health care, our own appreciation of what we do will not be sufficient.*

*Now is the time for you as endodontists to become involved. The stakes are too high to leave the entire effort to your organizations, your legislators, and the insurance and business industries with their multitude of lobbyists. You can make a difference by becoming an advocate for your profession. It does not take special skills and it is not complicated—it just takes commitment. Educate yourself. Request dental health position papers from the ADA. They are readily available. Read your newspapers to keep abreast of government health care proposals. It is there in abundance, waiting to be read. We can be proud of dentistry's record of prevention, cost containment and efficient, caring delivery to patients. These issues can and should be discussed with your patients, your referring dentists, and your state and federal legislators. They really do want to hear from you. As endodontists you are respected and have a credibility that gives you impact and influence greater than a paid lobbyist. You will be astounded by the favorable reception you will receive.”* (Note: Ironically it took until 2010 for the government to arrive at health care reform...which, once passed, came under vigorous at-

tack and at the time of this historical documentation is creating significant consternation among many.)

As president of the Association, Dr. Katz confronted the implant controversy that was beginning to boil over and recommitted the AAE to continue to promote research on the value of maintaining natural teeth. This commitment was to become a significant focus of the AAE Foundation and its priorities for research funding in the future:

***“The controversy with regard to dental implants is related to claims of superiority over natural dentition and procedural ease compared to endodontics. There is no doubt in anyone’s mind that implants play a valuable role in modern dental treatment. Many patients are functioning at a higher level or have superior oral health due to implants. However, there is not one shred of evidence to suggest that implants function better or have greater longevity than natural teeth. Teeth treated with proper endodontic therapy have a proven track record of success, and implants are the new kids on the block. My intent is not to diminish the value of dental implants or question their success, but to place things in their proper perspective.”*** (Note: Since this statement, significant, meaningful publications have supported the ability to retain teeth over long periods with quality endodontic and restorative procedures—see Iqbal MK, Kim S. Int J Oral Maxillofac Implants. 2007;22 Suppl:96-116; Torabinejad M et al. J Prosthet Dent. 2007;98:285-311. Pennington MW et al. Int Endod J. 2009;42:874-83.)

During this period, the Board of Directors continued to develop guidelines for the use of corporate sponsorship in an attempt to forge an ethical and workable relationship with these entities. Guidelines for the process were approved and consisted of:

***“...the AAE will accept only funds that facilitate our mission statement...a standing committee was formed to review and approve acceptance of funds... the use of the AAE name and logo (was) expressly forbidden without written approval...editorial control will be maintained by the AAE for all information and materials produced by a corporation as part of a funded program...recognition will be limited to an acknowledgement...and specific product identification (would) not be allowed.”*** While corporate spon-

sorship was here to stay, there were many members who were still resistant to this change.

The 2000 Annual Session allowed members to catch the “Aloha Spirit,” as it was held in Honolulu. Activities and functions were held in two locations for this meeting, the Hilton Hawaiian Village and the Hawaii Convention Center. The program consisted of approximately 100 speakers who were directed by the AAE to present objective analyses and commentary on endodontic research and clinical outcome.

The program began with the Wednesday CE Course on *New Concepts in the Endodontic-Periodontic-Prosthodontic Relationship*.



A wide array of topics followed over the next few days that addressed experiencing exceptional endodontic outcomes through technical skills and leadership, expanded clinical horizons of MTA, resorption, hybridized obturation techniques, laser technology, tooth trauma, use of the microscope and the role of implants, risk management, pulp therapy, emergency treatment and an update on dealing with endodontic infections. [Insert photo 30] A specific course on the use of CDT-3 and SNODENT were presented to enable endodontists and their staffs to report diagnoses and treatments more accurately. Office system checkups, patient service and managerial skills were explored in depth for attending staff. For the first time at an AAE Annual Session, the Japan Endodontic Association provided simultaneous translation into Japanese for several sessions. There was significant representation at this meeting from the Pacific Rim countries,



with many endodontists from this region making meaningful presentations. The President’s Dinner focused on the Chinese Year of the Dragon with elabo-

rate costumes, delicacies and dancing.

### ADVANCES IN ENDODONTICS AND ENDODONTOLOGY

A wide range of technological and biological developments occurred during this period that had a significant impact on endodontics and endodontology. These included:

- Extensive evaluation of mineral trioxide aggregate biologically in its wide range of applications
- Expanded evaluations of nickel-titanium instruments with regard to their cutting ability, their resistance to torsional loading and cyclic fatigue
- Tissue responses to the application of guided tissue regeneration and guided bone regeneration when applied for endodontic purposes
- Application of microsurgical procedures
- Canal debridement and bacteriologic control
- Evaluation of a wide range of root-end filling materials along with the assessment of ultrasonic root-end preparation instruments and techniques
- Coronal microleakage

- The impact of calcium hydroxide and chlorhexidine on canal disinfection
- The molecular biologic basis of pulpal and periapical disease
- Impact of endodontic materials on tissue response and healing
- One-visit vs. multiple visit treatment
- Applications of lasers in root canal treatment and the implementation of the surgical operating microscope

The areas that seemed to receive the most attention, and of course the greater numbers of publications were those that dealt with mineral trioxide, molecular biology of disease and the assessment of nickel-titanium instruments. Interestingly at this time, the AAE and its leadership had embraced the importance and challenge of the evidence-based approach to treatment choices and began to solidify its biological and clinical base with meaningful data. Efforts within the Association to support an evidenced-based education/training for its members were underway, and the next chapter in its history was to see the rapid endorsement of this process on all levels.

## CHAPTER 3—2000-2005

### SECURING AND ADVOCATING NEW PATHWAYS WITHIN NEW HORIZONS TO ACHIEVE OUR DESTINY

*“Our destiny exercises its influence over us even when, as yet, we have not learned its nature: it is our future that lays down the law of our today.”*  
—Nietzsche, 1878

At the end of the gala Hawaiian extravaganza, Dr. Katz handed the presidential gavel to Dr. James L. Gutmann, from Dallas. The major challenges facing President Gutmann in the year 2000 enabled him to establish a theme for the year of *Securing Our Destiny*. To accomplish that, many important programs were set into motion or continued with renewed vigor.

The Association embraced the challenge of putting our specialty on a firm biological and clinical basis. Thanks to the commitment and dedication of Im-

mediate Past President Newton, a full-scale evidenced-based assessment of our specialty was launched. The process began with an Evidence-Based Endodontic Workshop held at the University of Michigan School of Dentistry, which was the first step in learning the systematic process of evaluating the endodontic literature.



Now it was time to establish scientific foundations for our future endeavors—foundations that would secure

our destiny. The availability of an evidence-based scientific rationale for endodontic treatment would serve as a blueprint for imperative research directives within the discipline. This would provide present and future generations with the most contemporary knowledge-base for continued development of the specialty. As noted by the ADA in its political appeals to Congress and other legislative agencies:

***“Dentistry has been heralded as—Health Care that Works—Endodontics is oral health care that works—Evidence-based endodontics is a process and outcome that works—that drives curriculums—creates research directives—that fosters competence and excellence.”***

The AAE website was significantly enhanced and great strides were made to ensure that this would be our communications medium of the future. In this regard, the Association began to investigate the use of the Internet for continuing education offerings and opportunities.

The AAE instituted for the first time a Lifetime Educator Award—and based on the recommendation of the Honors and Awards Committee and confirmation by the Board of Directors, this honor was to be known as the **I.B. Bender Lifetime Educator Award**. The AAE Board of Directors felt that this was a marvelous way to recognize a gentleman, a giant in endodontics, who had touched so many of our lives. President Gutmann and Executive Director Kudo flew to Philadelphia to present this honor to Dr. Bender on the occasion of his 95<sup>th</sup> birthday.

Immediate Past President Katz continued his leadership as chair of the Task Force on Recruitment and Retention, which had been deemed a major challenge for the future of our specialty. Dr. Katz also had been appointed by the ADA president to its Educational Summit. Likewise, he was given a presidential citation from the American Dental Education Association for his vision and leadership in this arena.

The AAE had embraced the gauntlet of making something special happen in the educational sector. Through a strategic and courageous initiative, and the leadership of Vice President Samuel O. Dorn and the gracious support of the AAE Foundation, the Board of Directors developed and approved the Endodontic Ed-

## Presidential Profile

Dr. James L. Gutmann  
Dallas, TX



Diplomate of the American Board of Endodontics  
Represented District V as our 58<sup>th</sup> President  
2000-2001; Theme—*Securing Our Destiny*  
Dental Degree: Marquette University  
Specialty Education: University of Illinois

*“Everything we do to ensure our destiny will draw on ethics. We are seeing this concern emerge in all disciplines. The ethics of what we are about as a profession has to reach down to our graduate programs. We should be policing ourselves, looking at our value system and making sure we don’t erode further. This is absolutely essential and we should be attuned to it... Endodontics is a passion, especially the education process. You take young, creative minds desirous to move forward and shape them, guide them and instill in (them) the values that will be of lifelong benefit to them...As president I come to this organization not only as a leader, but as a successful clinician, teacher, researcher and lecturer. I want to be visible...and accessible to the membership.”*

ucator Fellowship Award. The award supports aspiring students or endodontists who wished to commit to five years of full-time dental education after graduation. This has not only been a monumental undertaking, but a bold and visionary step forward. The idea enabled not only endodontics, but other specialties to meet the educational shortages and challenges that reverberated throughout dental education:

***“Some of the ominous and glaring facts at that time regarding the availability of dental faculty included: approximately 350 funded but unfilled faculty positions existed in U.S. dental schools; about 75% of those funded but unfilled faculty positions were in specialty areas; since 1985, seven dental schools had closed; dental school class sizes had been reduced by 40% and nearly 50% of faculty were 50 years of age, and over 20% were 60 and over.”*** (Note: These issues were to be addressed in the ADA’s Future of Dentistry Report—Seldin LW et al. J Amer Dent Assoc 2001;123:1667-1677. As of the writing of this

document in 2011, at least 10 new dental schools have opened their doors or are planning to do so along, with increases in class sizes in the schools already in existence.)

The Association was again faced with the challenge of the rerecognition of the specialty. However, the approach taken by the ADA Council on Dental Education and Licensure took a different tact in its administrative directives for the process. This occurred because all of the dental specialties had expressed reasonable concerns over having to go through the time and expense of this process again. In response to these concerns, CDEL streamlined the process, and the AAE took the opportunity to put its best foot forward. A committee was formed to meet this challenge and they did so successfully.

The AAE Foundation continued to grow at significant levels, having well over \$11 million pledged by its members and dental industry. Participation by AAE members in Donated Dental Services, a program of the National Foundation of Dentistry, increased significantly. The *ENDODONTICS: Colleagues for Excellence* publication continued its strong presence in the endodontic and dental community with its publication on pulpal-periodontal relationships.

In January 2001, Executive Director Kudo announced that she would be retiring at the end of June. In a statement, she reflected on her time with the AAE:

*“My 20+ years with the AAE have been challenging as well as rewarding. I can leave with a sense of satisfaction and pride to have been responsible for establishing the AAE office in Chicago and to have been involved with its growth and progress. Of course, this would not have been possible without the involvement of dedicated AAE members and staff. It’s been a pleasure and privilege to have worked with so many wonderful members who will always have a special place in my heart. Shiro and I will be moving to Hawaii to spend the rest of our lives in ‘paradise’.”*

In June 2001, Irma and Shiro Kudo were honored for their years of service to the AAE with a special tribute that appeared in the *Journal of Endodontics*. On July 1, Mr. James M. Drinan, J.D., succeeded Ms. Kudo as the AAE executive director.

The 58<sup>th</sup> Annual Session took place in the “Big Easy,” New Orleans, La., amongst beignets, beads and the culinary delights of the French Quarter—“*Laissez le bon temp rouler.*” The Wednesday CE Course addressed *Maximizing Our Success With Endodontic Surgery*, followed by three days of educational lectures that addressed management of medically compromised patients, integrated treatment planning challenges, perspectives on systemic diseases and endodontics, complex diagnoses, restoration of endodontically treated teeth, pain control, implants vs. endodontics, controversies in the use of calcium hydroxide, biological basis for nonsurgical and surgical endodontics, microscopy and endoscopy, evidence-based directives in trauma management, and educational and business strategies.



During the Opening Session Breakfast, President Gutmann presented Ms. Kudo with a 21-rose salute for her years of invaluable service to the AAE. President Gutmann reflected on a novel written in 1968, *2001: A Space Odyssey*, by Arthur C. Clarke, which imparted a simple, succinct and salient message about destinies:

*“The ultimate purpose of 2001 was man’s final destiny and his ability to determine it. And this is just what we have done this past year—secured our destiny as a specialty and as an organization. Through courageous and bold initiatives and with the support of so many of you, our members, we have embedded the fabric of who we are and what we are into the overall weavings of the profession of dentistry—and we are strong, resolute and committed to that course for decades to come.”*

In New Orleans, Dr. Gutmann handed the presidential gavel to Dr. Jeffrey W. Hutter from Boston, who would be the Association’s 59<sup>th</sup> president. President Hutter’s year began with the theme, *Back to Our Roots*, accompanied by a significant change in staff leadership, as James M. Drinan took the reins as executive director. Mr. Drinan came to the AAE from the American Association of Orthodontists where he had served as associate executive director since 1994. Before joining the AAO staff, he worked with the American Association of Oral and Maxillofacial Surgeons as the director of health care and government relations.

He was *“looking forward to the opportunities, challenges and growth that come with a new situation. . . I think that strategic planning allows organizations to give thoughtful attention in a conducive environment to the direction they wish to go in the future. I would like to take whatever comes out of this process that would be used by the Board, committees and headquarters staff and try to apply it to my areas of responsibility on an ongoing basis.”* Mr. Drinan was *“. . .very impressed with the presence of endodontists in the American Dental Association, with the initiatives in evidence-based endodontics and recruitment and retention of dental faculty, and with the impressive success of the Foundation.”*



It was energetic and visionary leadership as usual for the AAE as the most comprehensive and influential strategic plan ever developed by the Association was drafted during President Hutter's watch. The 22

members of the Strategic Planning Committee represented the AAE, the AAE Foundation, the ABE, residents, industry and AAE senior staff. Through the use of shadow teams, more than 300 endodontists were involved in creating a vision for the future of the Association, its members and staff. A member needs assessment survey was used to determine unmet needs and issues in practice, education, research, governance and other areas affecting endodontists. The plan was finalized in the 2002-2003 fiscal year.

The Ad Hoc Committee on Workforce Assessment worked with consultants to develop a national workforce model that would enable endodontists to provide endodontic services in response to changing workforce conditions. The changes took into account shifts in the demand for endodontic care, including endodontic services rendered by general practitioners. The AAE surveyed endodontists, members and nonmembers, to obtain the information needed to develop the work-

## Presidential Profile

Dr. Jeffrey W. Hutter  
Boston, MA

Diplomate of the American Board of Endodontics  
Represented District I as our 59<sup>th</sup> President  
2001-2002; Theme—*Back to Our Roots*

Dental Degree: University of Pennsylvania  
Specialty Education: Naval Postgraduate Dental School



*“We have to continually stress to endodontists, dentists, physicians, patients and especially our students that endodontics is not just a clinical technique. It is a science with a wonderful biologic basis. We have to be familiar with the science that supports our specialty. In addition, we have to continually be mindful of the fact that maintaining good oral health allows our patients to have good systemic health.”*

force assessment model, which was to be used to examine the characteristics of providing endodontic care in the United States.

The Accreditation Standards for Advanced Endodontic Specialty Education were approved by CODA with two very important and meaningful changes: 1) the program director must be Board certified; and 2) the sponsoring institution must appoint a program director who has a full-time commitment to the program (no less than 24 hours per week).

The issue of implants vs. endodontics continued to grow. As President Hutter put it:

*“I am...very troubled when I see or hear of a patient having a restorable and periodontally healthy tooth extracted and replaced with an implant rather than having a tooth endodontically treated and restored... I continually ask myself and those I hear advocating this, where is the scientific or clinical evidence to support this premise?”*

Because of the challenges this issue posed, President Hutter immediately challenged the Ad Hoc Committee on Evidence-Based Endodontics to address this perplexing situation.

In fall 2001, the AAE, its members and staff were faced with the impact of September 11. As seen on a note placed on the fence surrounding the King's Palace in Oslo, Norway, ***“The Atlantic Ocean is a creek, while our sympathy is an ocean. Today, we are all Americans.”*** In response to this disaster, the AAE Board of Directors strongly supported a donation of \$10,000 to the American Red Cross.

Evidence-based initiatives continued in an effort to identify a sound basis for treatment choices and delivery of care. Major concerns included: insufficient endodontic educators, increasing income disparity between those in academia and private practice, growing student indebtedness and the increased workload experienced by educators. The AAE had taken a leadership role in addressing the insufficient number of educators issue by launching the Endodontic Educator Fellowship Awards in March 2001, along with the John and Joyce Ingle Fellowship and by teaming with other professional associations, such as the American Dental Education Association and the American Dental Association, to develop solutions. The ADA's *Future of Dentistry Report* highlighted this concern relative to our nation's future oral health.

After many years of working with a 5½" x 8½" membership roster, the AAE opted to go with a user-friendly book that featured letter-size formatting. A Predoctoral Student membership category was approved for applicants who were enrolled at an accredited dental school who had an interest in endodontics.

Membership increased over 8% to 6,204 during Dr. Hutter's presidency. The Active membership increased from 3,694 to 3,792 (2.6%), Students from 464 to 489 (5%) and Auxiliary membership rose from 240 to 516 (115%).

Due to a multitude of technological and biological advances seen within dentistry and particularly endodontics, President Hutter called our attention to maintaining our scope of practice. The specialty organization defines this scope and we as endodontists must be aware of that scope and practice accordingly to ensure our future:

***“The development of our current scope of endodontic practice has taken quite some time and effort. In order to maintain this scope, it is imperative that we***

***continue to perform the procedures described within it. If we do not do so, and instead allow other specialists to perform these procedures, we take the definite risk of losing some of our scope.”***

The 2002 Annual Session returned to the seat of our origins, Chicago, and many new programs and innovations greeted the membership. Programs on pulp biology, endodontic software, evidence-based endodontics, advances in instrument systems, sinus implications, systemic disease, odontogenic infections, customer service and stress reduction were just a few of the subjects covered, along with oral and poster research presentations and table clinics that focused heavily on the elimination of disease due to pulpal and periapical infections. The Continuing Education Committee's Pre-Session Symposium, *Maximizing Success in Nonsurgical Endodontics*, provided an evidenced-based approach to defining and clarifying quality parameters for treatment choices.

New innovations, such as online registration and a streamlined on-site registration process, proved to be extremely popular. A new corporate support program helped to establish a Friday late-night event, *Celebrate Chicago!* This AAE event was so popular that its continuation in each coming venue to highlight the local prevailing culture was to be an exciting part of the AAE's social future. The AAE Oasis, which debuted at this meeting, was located in the center of the exhibit hall and offered many activities and products to Annual Session participants, including AAE products and services. Representatives from the AAE Foundation and ABE were present to talk with attendees, and a new line of apparel items and gifts were introduced. The AAE Logo Store debuted the introduced in February 2002.

As with past AAE annual sessions, many awards were given to members who had achieved significant goals in their professional careers.

A unique award that was not given every year, however, was Honorary Membership in the Association. For all the



years (21) that Irma Kudo was working diligently and effectively as the Association's executive director, her husband, Shiro, was working quietly behind the scenes each day at the Headquarters. For his significant contributions to the AAE, he was awarded this honor.

The fund-raising efforts of the AAE Foundation did not go unnoticed, as its trustees reported that \$10.9 million was invested and another \$4.6 million was pledged. Under the leadership of Dr. Noah Chivian, an AAE past president, the Foundation Board of Trustees committed over \$421,873 to new initiatives.

Directors of the ABE completed a highly successful year in accomplishing the mission of the ABE, during which, under the leadership of President Charles J. Cunningham, also an AAE past president, the directors administered written examinations to 102 candidates of which 86 (84.3%) were successful. Forty-eight case history portfolios were evaluated during the 2001 circulation periods, with 62.1% found acceptable in the summer circulation and 89.5% found acceptable in the fall circulation. Twenty of 27 candidates were successful in the oral examinations in 2001 and were certified as Diplomates. Eighteen candidates were given the oral examinations immediately prior to the AAE Annual Session. The Board continued to use experts from the ADA for guidance with the written tests, and a consultant to evaluate the scoring process with the case history portfolios and the oral examinations.

In a major change in protocol, the directors finalized the requirements for recertification prior to the 10<sup>th</sup> anniversary expiration of their original certification as Diplomates. The mandate for recertification was passed by the directors in 1995 and follows the policy of other dental and medical specialty boards. The overall objective for recertification was to ensure that



Diplomates remain current in the knowledge and clinical practice of the specialty. The original

## Presidential Profile

Dr. Samuel O. Dorn  
Houston, TX



Diplomate of the American Board of Endodontics  
Represented District III as our 60<sup>th</sup> President  
2002-2003; Theme—*New World—New Horizons*

Dental Degree: Farleigh Dickinson University  
Specialty Education: Nassau County Medical Center

*"What a president has to do is to continue the work of his predecessors and prepare for those coming after him, so that we all work together in a continuum—because we are all on the same team...emphasized his need to infect others in the AAE team spirit. This requires the involvement of as many AAE members as possible..."*

certification process established competency, while the goal of recertification was to ensure "currency" in the specialty.

At the culmination of the Chicago extravaganza, Dr. Hutter handed the reins of leadership to Dr. Samuel O. Dorn, the AAE's 60<sup>th</sup> president. At that same time, the AAE was honored to have one of its own, Dr. D. Gregory Chadwick, serving as president of the ADA.

Dr. Dorn began his presidency with a visionary theme of *New Worlds—New Horizons*, as he led the AAE in its endeavor to reach out to the global endodontic community. One of the major events that foreshadowed the success that was envisioned in his leadership was the implementation of the Applied Strategic Plan adopted by the AAE Board of Directors early in his presidency. A road map for the next few years, the Plan was the result of a year-long process of member input, committee work and professional facilitation.

The Strategic Plan was incorporated into every meeting of the Board, committees and other leadership groups since its inception and was to continue to be a priority until it has been fully implemented or supplanted by a new plan. Notable among the actions completed in the first few months were: the simultaneous translation at the upcoming Annual Session; the development of a *Dental Benefits Kit* to assist mem-

bers with third-party reimbursement issues; consideration of nondues revenue for the AAE to assist in meeting its mission; creation of a new membership category for educators incorporating reduced dues; and the completion of a study of the feasibility of a public relations/awareness campaign.

President Dorn appointed a Student member to serve on a majority of the AAE committees, as well as the creation of the Resident and New Practitioner Committee to address issues of interest to residents and endodontists who have recently graduated and opened their own practices. The committee was one of several to conduct member surveys during the previous year as the AAE sought to become more of an information-driven organization.



An updated logo was adopted by the Association and integrated into the AAE's public image. Guidelines for use of the logo by Active and Life specialist members were updated to incorporate changes in technology, such as the use of the logo

by these members in their practice websites and e-mail signatures.

While the membership had been extremely generous in supporting the AAE Foundation, President Dorn noted that we should consider the impact that we could have on the national program of Donated Dental Services, which was a volunteer program designed to provide care for those who did not have the financial means to pursue dental treatment:

***“Dental care is one of the most seriously neglected health problems among people with mental, physical and medical disabilities...Many adult patients ‘fall between the cracks’...there is need for endodontists to volunteer for this program.”***

In the middle of Dr. Dorn's presidential year, *JOE* Editor Dr. Henry J. Van Hassel chose to step down after 15 years. AAE leadership appointed a new editor, Dr. Kenneth M. Hargreaves from San Antonio, Texas. According to President Dorn, Dr. Hargreaves' ***“...new ideas and past experience will keep our Journal the world's leading endodontic publication.”***

The 2002-2003 fiscal year was a busy one for membership changes and growth. The Board of Directors approved a new membership category (Educator membership), a membership dues increase, a change in the dues billing cycle and the purchase of new membership database software. The AAE saw membership growth in several categories: Active membership grew 2%, Associate membership 5%, Predoctoral Student membership 33% and Auxiliary membership 9%.

The AAE Foundation had achieved great success in spite of the worst economy since the Depression. A total of \$12,034,756 was invested, with the endowment fund increasing \$2.1 million in three years. This success allowed an increase in supported research grants to an all-time high of \$545,962. The Foundation further emphasized its commitment to education by offering full-time faculty a grant to attend the Annual Session. Ninety-four educators took advantage of this new program.

The ABE directors completed a highly successful and exciting year in accomplishing its mission. The total number of preliminary applications received in 2002 was 94. In fall 2002, the directors administered a computer-generated written examination at regional testing centers to 93 candidates of which 76 (81.72%) were successful. Through the assistance of Prometric/Galton Technology, this first-time initiation was an overwhelming success. Responses from candidates were very positive, although minor delays at some of the testing centers occurred. A total of 47 case history portfolios were evaluated during the 2002 circulation periods and 43 were deemed acceptable, resulting in a pass rate of 92%. Thirty of 42 candidates (72% pass rate) were successful in the oral examinations in 2002 and were certified as Diplomates. Twenty-four candidates were given oral examinations in spring 2003, of which 18 (75%) were successful and certified as Diplomates.

The Board continued to use experts from the ADA for guidance with the written exam and an educational consultant in evaluating the scoring processes with the case history portfolios and the oral examinations. In addition to managing the candidates during their original certification process, the directors finalized the requirements for recertification prior to the 10<sup>th</sup> anniversary expiration of the original certification date for each Diplomate. The mandate for recertification,

which was passed in 1995, followed the policy of other dental and medical specialty boards.

The 2003 Annual Session was held in Tampa, Fla., where the AAE hosted nearly 3,700 attendees and entertained them with new and enhanced activities. With nearly 100 speakers, the Annual Session Planning Committee developed one of the best educational offerings in AAE history. The sold out hands-on workshops featured both clinical and nonclinical programming, providing attendees with the opportunity to learn current and new techniques using rotary and reciprocating handpieces, or to acquire advanced PowerPoint® skills. Presented by the Continuing Education Committee, the Pre-Session Symposium set a new attendance record and featured expert speakers on the timely and informative topic of endodontic microbiology.

Over 100 companies and nearly 200 booths were represented in exhibit hall. Back by popular demand, the expanded AAE Oasis provided attendees with the opportunity to browse and purchase the many products offered by the Association, learn more about becoming Board-certified or meet with representatives of the AAE Foundation.

As a means of servicing our international members, translation from English to four wide-reaching languages was offered. In addition, attendees were able to communicate with their office and home with the help of new Endo-Mail Internet kiosks.

Several new social events were introduced at this year's meeting including the Exhibit Hall Happy Hour on Thursday. Featuring the popular Foundation Live Auction this extra hour of networking allowed attendees time to meet with exhibitors and bid on an array of quality products. The first Resident Reception provided students the opportunity to meet new colleagues and the AAE leadership. The popular Friday late-night event, *Celebrate Tampa!*, was enjoyed by attendees of all ages.

Following the gala celebration of the AAE's 60th Annual Session, Dr. Dorn handed the presidential gavel to Dr. Mahmoud Torabinejad, the 61<sup>st</sup> president of the AAE from Loma Linda, Calif. President Torabinejad chose the theme of *Pathways to Success* for his year at the helm:

## Presidential Profile

Dr. Mahmoud Torabinejad  
Loma Linda, CA

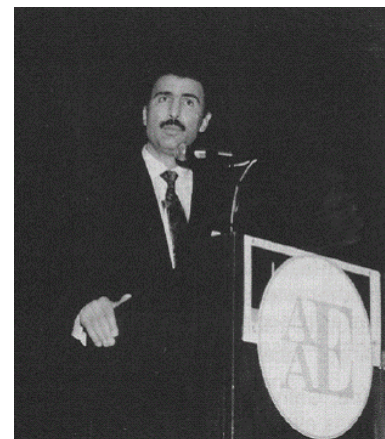


Diplomate of the American Board of Endodontics  
Represented District VII as our 61<sup>st</sup> President  
2003-2004; Theme—*Pathways to Success*  
Dental Degree: Tehran University  
Specialty Education: University of Washington

When asked to comment on his relationship with Dr. Leif Bakland, at Loma Linda University he said, *"Together, we have promoted higher standards for our graduate endodontic program, and we have worked together like two brothers on school initiatives, research programs and publications alike...I would like to meet the needs of our members (of the AAE) by concentrating on the implementation of the Applied Strategic Plan, its goals and objectives...the key to accomplishing this goal is to align the needs of the AAE's members and its governance functions and its management."*

***"My goal is to build on our past successes and make our Association better than what it is today...In order to understand why this theme is particularly important to our specialty, and all of us individually, we must be willing to accept that success is an important result of our ethical, personal, as well as our professional accomplishments and beliefs, and that we, as an Association, can influence our level of success."***

Throughout the year, a concerted effort was made to implement the Applied Strategic Plan at all levels of the Association. The resulting activity and cooperation among leadership, committees, members and staff generated an abundance of new products and services, and contributed positively to the growing ranks of membership. Three main areas received significant attention under President Torabinejad's leadership: membership, education and advocacy.



An impressive 97% of Student members transferred to Active 1<sup>st</sup> Year status, due to new policies encouraging timely transition. Approximately 120 members transferred to the new Educator membership category. This category was created to honor full-time educators and provide them with significant savings on their AAE membership. New membership database software was implemented to enable member access to their records using the AAE website. The new software also allowed for improved management of member records and more sophisticated data collection. A new dues cycle was implemented to coincide with the AAE fiscal year.

The membership grew from 6,468 total members in 2003 to 6,586 members in 2004. A Resident Communications Network was established to coordinate activities and facilitate information sharing throughout the resident community. The “Find an Endodontist” search engine was implemented on the AAE website for patients to locate Active, Life and Educator members in their areas. New online survey software tools allowed for efficient polling of AAE members by committees, AAE leadership and staff.

The *Journal of Endodontics* debuted with an online edition with access through the AAE website. A Web-based manuscript submission system was established, and the backlog of articles was significantly reduced.

New products were also made available to the membership. The *Marketing the Endodontic Practice Workbook*, 2<sup>nd</sup> edition, was published and included a CD-ROM of marketing tools and templates for member use. Two new brochures were introduced, one designed to provide a guide to the AAE history, values and mission, and the other to promote the benefits of AAE membership. The entire series of the *Your Guide...* patient education brochures was redesigned and updated with new tooth illustrations. Two brochures were added on the topics of post-treatment care and dental symptoms. New translations of the endodontic treatment brochure were posted on the website in Japanese, French and Portuguese, and a Spanish translation of the endodontic retreatment brochure was printed. The new *Dental Benefits Kit* was introduced, with a CD-ROM including templates and tools for members to use in dealing with dental benefits and other insurance issues. The *Kit* also included a new patient education brochure titled *Your Guide to Dental*

*Benefits*. A new poster identifying the steps for saving an avulsed tooth was printed for member use.

Real-time, online registration took place for the first time through the AAE website. The first online CE opportunity was offered in conjunction with an Annual Session program prior to the meeting. New AAE apparel for women and children was introduced to the logo product line.

A new district structure was proposed for the membership since districts play an important role in nominating candidates to stand for election to the AAE Board of Directors. Over the years, the number of endodontists in each district had changed considerably, so that currently, the largest district outnumbers the smallest by 559 members. President Torabinejad indicated that there were three distinct advantages to the proposed structure:

*“Because the current districting system has not been updated for over 20 years, a change is timely. Secondly, redistricting would bring together affiliate organizations that previously have been geographically far apart. Finally, because the changes are being suggested based upon the number of endodontists in each state, there is a more equitable distribution of populations.”*

Educationally, the Association had dedicated staff and committee resources to increase the educational opportunities available to members throughout the year. Receiving continuing education credit and accessing additional resources was now easier than ever before. Live demonstration sessions were introduced as part of the standard educational program. The *Case Difficulty Assessment Form* was revised defining the latest levels of treatment difficulty.

A formal position paper on new methodologies was published to address the issue of advertising before demonstrating the effectiveness of new materials and techniques. Endodontic issues and experts who serve as resources on these topics were identified for member reference on the AAE website. A survey of members was conducted to identify the three most significant clinical questions facing the specialty, with research being planned to address these topics funded by the AAE Foundation. Plans were approved to make the Fall Conference an annual event beginning in 2005.

A Resident Communications Network promoted and supported the Advanced Programs in Clinical Endodontics Symposium. APICES was the first educational and social event designed by residents for residents and was created by students at Boston University; APICES is now an annual event that travels each year to different schools around the country.

Under President Torabinejad's leadership, the Association represented membership interests in the dental community, working on their behalf to address issues of importance to the specialty with a professional and results-oriented strategy. Revisions to the accreditation standards for advanced specialty education programs in endodontics were proposed.

The AAE had begun communicating with other specialties to develop guidelines for doing root canals and the placement of implants. Articles were submitted to the ADA and the *Journal of the California Dental Association* on the state-of-the-art in endodontics. Trends in implants were closely monitored by the AAE through a new task force.

The *Step Up!* grassroots program debuted. This program was the AAE's first grassroots advocacy initiative to provide leadership opportunities in local, state and national dental organizations, and to promote volunteer activism in the community. Various legislative and regulatory issues of concern to the profession at the American Dental Association were supported.

Frequently asked questions were developed to answer common inquiries on endodontics posed by the public through the AAE website. An assessment to determine the need for a public awareness campaign was conducted and results indicated that a campaign would prove helpful to raise awareness about endodontists. Two new issues of the *ENDODONTICS: Colleagues for Excellence* newsletter were published on the topics of contemporary endodontic treatment and restoration. Speakers kits on the same subjects were also developed.

An AAE/DENTSPLY Resident Award Program was inaugurated with the competition designed to foster excellence in research and to encourage residents to present projects at the Annual Session. DENTSPLY International provided \$30,000 in sponsorship to support prizes of \$1,000 for each of the top 10 oral, poster

and table clinic presentations.

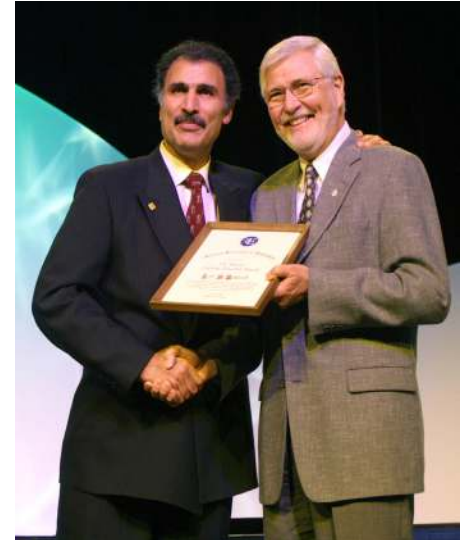
The AAE Foundation continued to enjoy remarkable fundraising success with over \$1.7 million pledged in 2004. Sixty-five percent of Active AAE members and 37% of current students were donors. As of June 30, 2004, \$14 million was invested in the endowment fund and another \$5.5 million was promised through pledges.

The ABE awarded Diplomate status to 41 successful Candidates. The Written Examination was administered to 92 Candidates, with a pass rate of 92%. Thirty-eight Candidates passed the Case History Portfolio Examination (a pass rate of 90.5%). The

Fall Oral Examination resulted with an 82% pass rate. One-hundred Preliminary Applications were received, as well as 62 Final Applications. There was an implementation of the Find a Board-Certified Endodontist search engine with the goal of providing the public, as well as the health professions, with a directory of Board-certified endodontists in good standing on the ABE Web page.

The 2004 Annual Session in Anaheim, Calif., opened with a Pre-Session Symposium that had 953 attendees. The symposium was dedicated to the memories of endodontic icons, Drs. I.B. Bender and Samuel Seltzer, both of whom had just passed away. The Endodontic Educator Award was given to Dr. Leif Bakland. Five speakers approached the various facets of *Current Concepts and Controversies in Vital Pulp Therapy* during the all-day program. International attendees were pleased to have translations in Spanish, Portuguese and Japanese available via headsets.

The big social event on Friday night, *Celebrate Anaheim!*, also brought out the crowds to the House of Blues in Downtown Disney, which was reserved exclusively for the AAE group. Over 100 endodontic



product and service vendors populated the exhibit hall, offering demonstrations, giveaways and discounts to meeting attendees. The AAE introduced several new products and sale items at the Oasis located in the center of the hall. The new *Marketing Your Endodontic Practice* workbook, developed by the Membership Services Committee, included 17 initiatives to enhance outreach to referring dentists, patients and local communities.

At the end of the general assembly, President Torabinejad passed the gavel of leadership to Dr. Sandra from Asheville, N.C. The AAE was proud to have its first female president.

President Madison's theme was *Advocating for the Advancement of Endodontics*. This theme supported the vision of the Association in that:

***“The American Association of Endodontists is a global resource in endodontic knowledge and education for the profession, our members and the public.”***

The AAE Board of Directors adopted a new approach to the governance of the Association. The system known as “knowledge-based governance” was first implemented during the 2004 Board of Directors interim meeting held in late September. The knowledge-based method emphasized structured examination of what is and is not known about an issue, the source of the information, and an exhaustive analysis, including careful consideration of the pros and cons of all possible approaches to the issue. The AAE worked with Glenn Tecker, widely acknowledged as one of the world's foremost authorities on association leadership, in adopting the system that he pioneered. In choosing to adopt this system, the AAE joined the ADA, numerous state dental societies and a large number of similar organizations in reshaping the process by which members' needs were addressed:

***“A primary factor in the Board's decision to proceed with this process was the strong desire of Board members to concentrate on strategic issues as an ongoing responsibility, rather than trying to create a new strategic plan every few years. The Board maintains its responsibility of ensuring that the AAE is well-managed through oversight of committees, other member leadership groups and staff, but every Board meeting is now primarily devoted to the activity that***

## Presidential Profile

Dr. Sandra Madison  
Asheville, NC



Diplomate of the American Board of Endodontics  
Represented District III as our 62<sup>nd</sup> President

2004-2005; Theme—*Advocate for the Advancement of Endodontics*

Dental Degree: University of North Carolina

Specialty Education: University of Iowa

*“We must work to ensure that we have endodontists educating not only our advanced education students but also our dental students...It is our responsibility to continue to educate the profession and the public on the value of retaining the natural tooth...We have been leaders at looking at the evidence and realizing that we need more, as all areas of dentistry probably do...to drive future research into those areas having initial evidence but with the need for more science to back our position.”*

***only it is empowered to do—to set the course of the AAE.”***

The AAE hosted its first Corporate Community Conference, which provided a forum for discussion between leaders of the Association and significant providers of endodontic products and services allowing both sides to identify mutual areas of interest, goals and opportunities to work together for the specialty. Additionally, the Association hosted its first meeting with dental directors from insurance companies. This meeting was designed to be the first step in an ongoing dialogue about endodontic issues of interest to both parties.

The addition of two exciting resources to the AAE website, the Online Store and Career Center, provided members with valuable benefits through the Internet. The Online Store gave members the capability to purchase AAE products online for the first time. The Career Center was initiated by the Resident and New Practitioner Committee to provide a speedy, new online service for job candidates, employers and practice owners.

Two popular resources for dealing with traumatic

dental injuries, the *Recommended Guidelines of the American Association of Endodontists for the Treatment of Traumatic Dental Injuries*, as well as the *Tooth Trauma Chart*, were made available to the membership. The AAE also hosted its second Program Directors Workshop in Chicago. The program, developed by the Educational Affairs Committee, included endodontic program directors from 50 advanced specialty education programs in endodontics in the United States and Canada, and members of the AAE Board of Directors.

For more than a year, the AAE had worked on proposed revisions to the Accreditation Standards for Advanced Specialty Education Programs in Endodontics, with input from the AAE Board of Directors, representatives of the ABE and the endodontic educator community. Notable among the changes were: increased emphasis on neurosciences and the diagnosis and management of orofacial pain, management of traumatized teeth, increased didactic and clinical training in the incorporation of magnification technologies (microscopy, oroscopy, etc.) in endodontics, and familiarity with dental implantology.

A year-long initiative by the Membership Services Committee resulted in the creation of the Association's first electronic newsletter developed especially for members. *PULP: The Inside Word From the AAE*, was



distributed in May 2005 to all members with an e-mail address

on record. It was one of many IT-driven enhancements by the Association intended to foster a sense of community and improved member benefits. This publication would share pertinent professional and practice information with members, focusing on timely topics in the specialty and the larger dental profession.

In order to bolster the efforts of the AAE public awareness campaign, *Endodontists: the Root Canal Specialists*, and also respond to members' growing need for timely information on developments within the specialty and profession, the Board of Directors approved the creation of an AAE News Board.

The News Board was composed of five participants: the AAE president and vice president, the chair of the

Public and Professional Affairs Committee, the editor or an associate editor of the *JOE*, and an AAE staff member.

While the Association was still dealing with the crisis in education, creative, contemporary efforts were being implemented to address the problems. An endodontic faculty survey conducted by the AAE identified two focal points: faculty shortages and financial disparities. A study published in the April 2005 *JOE* supported survey findings. In response, the AAE created an Educator Network Program that connected endodontists and local alumni with dental programs in their area. There were over 100 volunteers in this database who were sharing their expertise with dental programs around the country. The AAE also continued to support and work through various other programs, such as the Foundation's Endodontic Educator Fellowship Awards and the Endodontic Education Review Committee that reported to the ADA Commission on Dental Accreditation. Through the generous support of the Foundation, the AAE was able to continue offering the annual educator workshop.

The AAE Foundation made considerable progress in augmenting the endowment fund and in supporting important activities. The endowment grew from \$14.2 million to \$16 million with another \$5.4 million pledged. The Foundation's policy was to allocate 5% of the investments to grants. During the year, 18 research grants were funded for a total of \$205,033.

In response to a request from the AAE Resident and New Practitioner Committee, the ABE directors announced that, a new category, Prospective Board Candidate, would be implemented in 2006 so that students enrolled in an ADA-accredited endodontic program could register to take the Written Examination in the same year as their graduation. These Candidates then had the remaining year following the date of the Written Examination to complete the Preliminary Application process. Once the Preliminary Application was approved by the ABE Credentials Committee, the Candidate would be declared Board Eligible and would receive the results of the Written Examination. This meant that all educationally qualified endodontists had an unprecedented third opportunity to be declared Board Eligible.

The 2005 Annual Session was highlighted by a return

to the Big “D” (Dallas), and provided attendees with educational offerings in a new track format, along with numerous opportunities to network and socialize. More than 1,000 attendees took advantage of the all-day Pre-Session Symposium that featured seven renowned experts on the topic of *Successful Management of the Compromised Tooth*. More than 3,400 attendees took part in the continuing education opportunities and events that included: auxiliary topics, implantology, pain control, practice management, submitted presentations, surgery and trauma; a record number of hands-on workshops; and additions to the AAE Oasis, including an Educator Center, Foundation Shoe Shine Booth, and resources supporting the *Step Up!* program, public awareness campaign and Fall Conference. The Alliance’s Silent Auction returned and raised \$40,000 in donations to the AAE Foundation. Alliance members also participated in another philanthropic project by crafting quilts that were donated that weekend to the Parkland Hospital of Dallas.



President Madison presented an inspiring message during the Opening Session Breakfast on Thursday morning that summarized the Association’s accomplishments over the past year and that encouraged members to keep moving forward:

***“Any advances we make for the specialty will only be truly valuable if they are shared with others outside our circle...Now more than ever before, it is important for people to be aware of our contributions to dentistry and to recognize the specialized expertise we bring to the table.”***

As with all AAE presidents, one of the most endearing activities is the presentation of special awards to members who have excelled in their contributions to the AAE and endodontics. President Madison had the distinct honor of presenting the Association’s highest award, the Edgar D. Coolidge Award to Past President Philip W. Cohen. Tragically, shortly after leaving the podium that Saturday afternoon, Dr. Cohen suffered

a massive, life-ending heart attack. However, his legacy of commitment, service and excellence lives on through his colleagues and leaders of the AAE.

Voting members at the General Assembly approved amendments to the AAE Constitution and Bylaws, which added the *JOE* editor to the Board of Directors as an ex-officio member without a vote. Socially, the highlight was *Celebrate Dallas!* at the Circle R Ranch.

## **ADVANCES IN ENDODONTICS AND ENDODONTOLOGY**

While there were similar themes as seen in previous segments of the history of the AAE that were developing within the technological and biological realm of endodontics and endodontology, changes were occurring during these five years for many reasons. Issues that impacted on these developments were:

- The emphasis on evidence-based studies
- Enhancements in molecular biological techniques
- The availability of digital radiography and cone-beam-computed tomography
- Better understanding of the uniqueness of nickel-titanium technology
- Directives obtained from leadership for the *JOE*

The wide range of topics that seemed to be more of a priority were efficacy of irrigation, disinfection and an awareness of the presence and problems with biofilms; extensive evaluations of nickel-titanium properties and assessment of new instrument designs, not only from a canal shaping standpoint, but also their ability to clean the challenging canal anatomy; molecular biological assessments of tissue responses to bacterial invasion and inflammatory responses; extensive biocompatibility studies on endodontic material, in particular root canal sealers and resin filling materials; the continued use and evaluation of mineral trioxide within the scope of endodontics; the use of membranes in surgical endodontics; treatment outcomes; smear layer management and its implications; and the impact of calcium hydroxide on bacteria, dentin and periapical tissues. There was a slow, but steady increase in evidence-based studies, in particular in the realm of anesthetics, their types, administration and effectiveness in the management of patient pain.

## CHAPTER 4—2005-2010

# RISING TO THE CHALLENGE AS A FAMILY WITH LEADERSHIP THAT ENGAGES AND ENERGIZES

*“Civilizations, I believe, come to birth and proceed to grow by successfully responding to successive challenges. They break down and go to pieces if and when a challenge confronts them which they fail to meet.”*

—Toynbee, 1948

The next segment of the Association’s history began with the passing of the presidential gavel from Dr. Sandra Madison to Dr. Marc Balson, the 63<sup>rd</sup> president of the AAE from Livingston, N.J. His theme, which also set the stage for the next five years, was *Raising the Bar: Elevating the Standard of Care*. His commitment to personal and professional excellence was reflected in his mantra from Rudyard Kipling (*Rewards and Fairies*, 1910):

*“If you can dream—and not make dreams your master,  
If you can think—and not make thoughts your aim,  
If you can meet with Triumph and Disaster  
And treat those two imposters just the same...”*

With that mantra in the forefront, President Balson reflected on the year that followed:

*“Over the course of my term as president of our Association, I was able to fulfill not just a personal commitment to our specialty, but hopefully encouraged action in our mutual commitment to ‘raise the bar’ and elevate the standard of endodontic care. A few of the important issues addressed during the past year were outreach to general dentists, educational standards and dental implants. Our best customer is an educated consumer, and this applies to referring dentists as well as patients. Endodontists should be at the forefront of providing information to our referers about proper case assessment, diagnosis and evidence-based treatment options.”*

The public awareness campaign was in full swing with two radio media tours that reached nearly 19

### Presidential Profile

Dr. Marc Balson  
Livingston, NJ

Diplomate of the American Board of Endodontics  
Represented District II as our 63<sup>rd</sup> President  
2005-2006; Theme—*Raising the Bar: Elevating the Standard of Care*  
Dental Degree: New York University  
Specialty Education: Kingsbrook Jewish Medical Center



*“The rich and storied history of the Association has seen many outstanding leaders who have guided the AAE through both quiet and sometimes turbulent times... The specialty currently finds itself at the crossroads of new challenges that will test the mettle of our members and their leadership... Solid research supported by the scientific principles inherent in randomized clinical trials and evidence-based endodontics must be the beacon that guides the course of our ship.”*

million listeners, five audio releases that reached an estimated 45 million radio listeners and four prewritten articles that were published more than 800 times in local newspapers reaching more than 51 million readers. The campaign generated an 80% increase in the number of print articles about endodontics nationwide, as compared to the year-long total of articles that appeared in the previous year. Additionally, there was a 50% increase in the number of people exposed to endodontic messaging compared to the previous year.

Having a vibrant international outreach program was very import for President Balson. To accomplish this initiative, a new category of International membership was created to accommodate members who have received their endodontic training in countries outside of the United States. A record number of American attendees participated in the highly successful meeting

of the European Society of Endodontology in Dublin, Ireland. Leaders of the AAE, ESE, IFEA, Asian-Pacific Endodontic Confederation, Canadian Academy of Endodontics and the Mexican Association of Endodontics held a series of meetings to address worldwide issues facing the specialty. Topics included the education of general practitioners, corporate sponsorship, corporate education of general practitioners and endodontists, implants and public awareness.

***“The Association is clearly a well-known resource for the world’s endodontic community—and with online technologies eliminating problems with access to information, more services are being utilized through this medium than ever before. Approximately 25% of AAE website traffic per month comes from people who reside outside of the United States... it is my personal belief that an open dialogue with our endodontic peers around the world can only make the AAE a better organization... Perhaps then, in the same way that America presents a great diversity of cultures as the ‘melting pot of the world,’ the AAE will help to facilitate, in concert with our international colleagues, the best in the worldwide specialty of endodontics.”***

Many key events occurred under President Balson’s leadership. The second Predoctoral Directors Workshop focused on developing foundation knowledge and specific competency statements; integrating the *AAE Case Difficulty Assessment Form* and *Educator Guide* into a predoctoral curriculum; understanding what the AAE does for endodontic educators; and learning how the National Board Dental Examination—Part II is constructed. Despite the treacherous hurricane season, the AAE 2005 Fall Conference, *Taking the Pain Out of Endodontics—Contemporary Pharmacology* in Naples, Fla., went on as scheduled with more than 200 attendees, including international representation. With the implementation of new Accreditation Standards for Advanced Specialty Education Programs in Endodontics, the AAE hosted an Endodontic Site Visitor Workshop.

Within the knowledge-based governance system that was being used by the leadership of the AAE, issues that were considered very important received a good deal of attention, including recruitment and retention of endodontic educators (Glickman GN et al. *The Crisis in Endodontic Education: Current Perspectives*

*and Strategies for Change*. J Endod 2005;31:255-61). President Balson commented:

***“My personal belief is that the paradigms in education that served dental educators so well over the years can no longer be employed as benchmarks with which to educate our pre- and postdoctoral students.”***

Additional issues were lack of standardization in applications, interview and acceptance dates in advanced endodontic programs; education of general dentists; and the growing impact of implant dentistry on endodontics.

There were some significant and important changes and happenings with the *JOE*. The *Journal* was transitioned to Elsevier, an industry-leading publisher of scientific, technical and medical information products and services. The impact factor (a measure of frequency for *JOE* article citations) improved by more than 75%. All *Journal* content was available online with bonus features, such as e-mail alerts, PDA downloads and hyperlinked cross references to other online journals. The *JOE* was one of the first dental publications to present case reports regarding the endodontic implications of bisphosphonates.

During President Balson’s tenure, total membership of the AAE reached 6,947. Members of the AAE responded generously to the Gulf Coast hurricane disaster with all funds collected through the AAE’s Gulf Coast Disaster Relief Fund distributed equally to six member applicants.

Plans were made for the AAE to contact the Cochrane Collaboration (experts in systematic review training) and the ADA Evidence-Based Dentistry Advisory Committee to request that they conduct, solely or through collaboration, a workshop for interested full-time faculty and AAE Foundation Fellows. The AAE provided \$15,000 in sponsorship for the APICES 2006 meeting planned and hosted by the University of Southern California.

Support for the AAE Foundation was at an all-time high and 88 educators took advantage of the Foundation’s grants to defray the costs of attending the annual session. The Foundation allocated up to \$95,000 to support the upcoming educator workshop. Endodontic Educator Fellowship Awards that provide tuition and a

\$1,000 monthly stipend to students who agree to teach full-time for five years following graduation were again granted.

The ABE had another successful year with 38 candidates being awarded Diplomate status. Two-hundred and forty-two of 247 candidates passed the Written Examination and 93% of the submitted Case History Portfolios were found to be acceptable. Thirty-eight of 46 candidates successfully completed the Oral Examination.

The AAE Foundation approved a \$2,000 cash award as a stimulus for all full-time endodontic educators who pursue and obtain Diplomate status. Commenting on the status of ABE in spring 2006, its president, Dr. William G. Schindler, indicated that:

***“In my opinion, the future looks very bright for the American Association of Endodontists and the American Board of Endodontics. The ABE has a close and very supportive relationship with the AAE. The Boards of Directors for both organizations have great respect and admiration for each other...It is my hope that all endodontists will pursue and successfully complete the process for their own professional growth and for the continued health of the specialty of endodontics.”*** (Diplomate;20:Spring 2006)



The 2006 Annual Session was held in Honolulu, with attendees taking part in numerous education and networking events. However, paradise was not very co-operative the second time around for the AAE as terribly inclement weather (massive amounts of rain and flooding) disappointed many visitors. The meeting, however, was highly successful—just over 3,400 AAE members, exhibitors and guests crowded lecture

rooms, workshops and the exhibit hall. A shortened meeting schedule offered traditional luncheon events in a breakfast format; exhibit hall hours were extended to accommodate member needs and traffic; and the casual atmosphere was reflected not only in attire but family-friendly activities.

The 2006 Pre-Session Symposium featured eight prominent speakers on the topic of *Applying Research Outcomes of New Technologies to Your Practice*.



The presentations focused on instrumentation and canal disinfection, guided tissue regeneration, a panel discussion regarding obturation and sealers, one-appointment endodontics and a discussion on integrating implants into your practice.

Dr. Balson completed his year as AAE president when he handed the presidential gavel to Dr. John S. Olmsted, the 64<sup>th</sup> president of the AAE from Asheboro, N.C., whose theme for the year was *Celebrating Our Endodontic Heritage*.

President Olmsted's view of the AAE was one of family, and his goal for the coming year was to focus on the strengths of the AAE family.



***“The AAE is a family of endodontists and auxiliary staff; domestic members and international members; educators and private practitioners; the ABE and COD (College of Diplomates); the Foundation and the Alliance. The AAE is a family with numerous siblings who work and grow together... to build bridges and pursue positive directions in the future.”***

The AAE successfully met its first set of campaign metrics based on the results of a nationwide consumer awareness survey that was conducted by an independent firm. The survey was a repetition of an identical study performed by the AAE in 2003, prior to the

## Presidential Profile

Dr. John S. Olmsted  
Asheboro, NC



Diplomate of the American Board of Endodontics  
Represented District III as our 64<sup>th</sup> President  
2006-2007; Theme—*Celebrating Our Endodontic Heritage*  
Dental Degree: University of Iowa  
Specialty Education: University of North Carolina

*"The AAE is a family of endodontists and auxiliary staff; domestic members and international members; educators and private practitioners; the ABE and the COD; the Foundation and the Alliance. The AAE is a family with numerous siblings who work and grow together...Internationalism will expose the AAE family to pioneering endodontic research, and will introduce fresh perspectives on treatment practices and challenges. Enhanced communications with international neighbors will also allow the AAE to share its wealth of educational resources and clinical expertise for the benefit of patients worldwide, establishing the Association as a reliable and responsible participant in the global health care community."*

launch of the campaign.

The first annual Root Canal Awareness Week was held in spring 2007. A *Member Planning Guide* was provided with ideas and tools to conduct outreach in members' communities. The Association conducted nationwide media outreach including a press release on the event launch, a prewritten article submitted to local newspapers, and an audio news release and radio media tour featuring President Olmsted. More than 900 print and broadcast placements were generated, reaching an estimated 57 million consumers nationwide. Efforts to dispel the negative stereotypes that surround root canals were based on the results of a special survey that asked respondents to name the most feared medical and dental procedure. The AAE developed a press release that corrected misinformation brought up in the survey results, as well as providing facts about root canals. The release reached 10,780,122 people with noted placements on the United Press International wire and in the *Atlanta Journal*.

The first *Unleash Your Inner Media Maven Contest*

was held. Inspired by the public awareness campaign, the challenge rewarded AAE members who successfully conducted outreach to prospective patients, referring dentists or any other group by educating them about endodontics and the role of root canal specialists in dental care. Winners received complimentary registrations to the upcoming Annual Session in Philadelphia.

Periodically, when the need arose to clarify issues of general importance to endodontists, other specialists, general dentists and interests from the professional and public sectors, the AAE prepared and issued a position statement. The Clinical Practice Committee was asked to review the issue of obturation using silver points and develop such a document. A review of available research determined that silver cones were clinically problematic, and many more safe and effective options existed. The AAE recommended against the continued use of silver cones but did not recommend the prophylactic revision of silver cone obturation, unless there is clear evidence of periapical pathosis or if the silver cones complicate proper restoration of the tooth.

Additionally, in response to their growing prevalence as an alternative to endodontic treatment, the AAE published a position statement on the use of dental implants. Developed by the AAE Special Committee on Dental Implants, the statement provided background on ethical and clinical concerns for dental professionals to consider when determining patient treatment plans. The statement was included in a special issue of an *ENDODONTICS: Colleagues for Excellence* newsletter on the same topic. (Note: As of the writing of this historical account, there are over 20 position papers posted on the AAE website.)

Regenerative endodontics was recognized as an emerging field that also held much promise for the specialty. The first regenerative endodontics conference was held at Nova Southeastern University earlier in the year and a review article was published in the *JOE* (Murray PE et al. 2007;33:377-90). A talented group of individuals was appointed to serve on a new standing committee to provide sound biologic directions in this rapidly expanding area. The AAE indicated that it would fund a symposium on regenerative endodontics in 2008 at the meeting of the International Association for Dental Research in Toronto, Ontario, Canada. A database was created to house information

on revascularization cases for members to access via the AAE website.

The AAE website, [www.aae.org](http://www.aae.org), was completely redesigned for a contemporary appearance, better organization of content and use of updated technology. The site offered easy access to features including a new online, searchable membership directory, discussion forums, e-commerce transactions, such as dues renewal and event registration, and new content for patients, general dentists, corporate sponsors and media.

The 2006 Fall Conference, which focused on *Ethics: Treatment Decisions and Legal Issues*, gave attendees an opportunity for interactive education. The event was held in Carlsbad, Calif., and select speakers made use of an Audience Response System. This system was one more step toward finding new avenues for maintaining the high standard of topics and experts the AAE strives to provide in its educational events. More than 175 participants attended the conference.

The 2006 Educator Workshop, sponsored by the AAE Foundation in August, was geared toward endodontic department chairs. Attendees discussed various aspects of leadership, including strategies for fundraising activities and faculty recruitment and retention; the status of the ADEA Foundation Knowledge Initiative; innovative and creative endodontic teaching/learning methodologies; and effective assessment of student/resident learning.

The Corporate Community Conference was held in the summer in Chicago, Ill., with 22 corporate representatives and AAE leadership in attendance. The conference provided an opportunity for dialogue and information sharing between the specialty and the corporate community.

The second Dental Directors Meeting was held in spring 2007 and focused on further developing relationships and enhancing communication among AAE members and insurance industry representatives. Endodontic issues of interest to both parties were discussed. The result was a more thorough understanding of each other's viewpoint aimed at improving the quality of patient care.

Finally, APICES 2006, a meeting designed by and for endodontic residents, was held in the summer at the

University of Southern California. The event was attended by 143 students from 30 institutions.

Additions to the AAE product line included the *Endodontists' Guide to CDT/2007-2008*, which was updated by the Dental Benefits Committee and published by the AAE as a companion piece to the ADA's Current Dental Terminology; a patient education brochure that clearly explained the treatment of dental trauma in easy-to-understand language; and a redesigned *ENDODONTICS: Colleagues for Excellence* newsletter, which now offered bonus features online, such as reference articles and website links.

The *JOE* received its latest accolade from the scientific community, ranking third out of 49 dental journals in impact factor. Impact factor is a measure of the frequency with which the "average article" in a journal has been cited in a given period of time.

The Distance Learning Committee was established to develop a comprehensive proposal to offer a variety of AAE distance learning activities, and was targeted for implementation by fall 2008.

A contingent of AAE representatives joined the other dental specialties in attending the State of the Science in Implant Dentistry workshop during the summer in Oak Brook, Ill. Organized by the Academy of Osseointegration, meeting attendees were divided into sections and addressed the results of systematic reviews of eight PICO questions that were conducted in advance. The eventual outcome of the workshop was the development of clinical guidelines that responded to each of the questions, to be used by a variety of audiences including dentists, others involved in clinical practice, government regulators, insurance companies and other third parties.

The AAE joined a national initiative addressing the challenges facing dental education. Launched by the ADA and ADA Foundation, the project brought together partners to promote a culture of philanthropy that would aid in resolving educational challenges and deliver a call to action to the larger dental community.

The Board of Directors approved a Special Committee on Quality Education. This group would oversee and collaborate on activities relating to education of general dentists, recruitment of AAE speakers and

development of speaker presentations. According to President Olmsted:

***“Tremendous resources will be made available to members worldwide as the AAE works to identify speakers, meeting venues and services in conjunction with international endodontic organizations. The Association will explore partnerships with industry, take a more proactive stance in offering affordable pricing for CE events to international attendees and incorporate diverse geographic venues into its meeting planning activities.”***

The Foundation’s endowment fund grew from \$17.6 to \$19.8 million and the Foundation awarded the largest single research grant in its history. Dr. Walter Bowles of the University of Minnesota, received \$292,214 for his project, *Factors Affecting Outcomes for Single-Tooth Implants and Endodontic Restorations*. The grant was made in response to a Request for Proposal developed jointly by the AAE and the AAE Foundation. The project was a multi-center collaborative effort involving institutions in several different geographic areas of the United States. Drs. Paul D. Eleazer, professor and chair of the department of endodontics at the University of Alabama; Harold E. Goodis, professor in the department of preventive and restorative dental sciences at the University of California at San Francisco; and Melissa McCartney, assistant professor of endodontics at The Ohio State University, were identified as co-investigators.

In addition, more money than ever before was invested in research and education—a total of \$443,579—including grants to educators to attend the annual session, a grant to support the upcoming educator workshop and Endodontic Educator Fellowship Awards.

Periodically, awards are made that fall outside the Foundation’s established programs. The Foundation provided Dr. Jens Ove Andreasen of the University Hospital in Copenhagen, Denmark, with \$60,000 to develop an interactive database for treatment planning and prognosis evaluation of traumatic injuries. The database would serve as a reference library for clinicians. It initially included a complete trauma record for 2,430 patients along with photographic and radiographic documentation illustrating the type and severity of the trauma. This value of this innovative project was immense and it was expected to have a world-

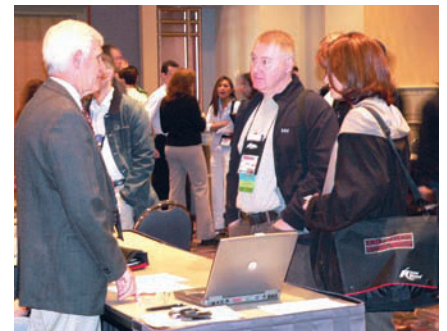
wide impact on dentistry.

The ABE announced on its golden anniversary that 1,325 individuals had completed the Board certification process and achieved Diplomate status. In the past year, the Written Examination was successfully completed by 196 out of 204 participants in late spring. In the fall, the Oral Examination resulted in a 92% pass rate.

The ABE voted to eliminate the four-year identification requirement to increase the percentage of Diplomates in the endodontic community. To maintain flexibility of the process and accommodate the differing needs of Candidates, access to faster Board certification was added, but the grace time built into the maximum time requirements was preserved. They also approved a simplified pulpal and periradicular diagnostic terminology list to be used by Candidates to document their cases for the Case History Portfolio and while sitting for the Oral Examination.

The AAE membership continued to increase, surpassing a membership total of 7,000 individuals during Dr. Olmsted’s presidency. The 2007 Annual Session was held in Philadelphia and had the highest attendance in AAE history with a total of 4,171 participants, breaking the record set in New Orleans in 2001.

Exhibit sales at the meeting also exceeded expectations with 115 companies represented, including 30 first-time exhibitors. The Resident & New Practitioner Committee hosted the first AAE Career Fair during the meeting. The event provided an opportunity for 32 job seekers and 30 potential employers from across the country to meet and network.



The Wednesday symposium featured six speakers evaluating the various aspects of *The Changing Scope of Endodontics*. With a discussion of diagnostic planning, regenerative endodontics, biofilm, pain management and much more, this all-day presentation was a big hit with the members. New hands-on workshops

encompassed a wide range of tastes—from microsurgery for assistants and differential negative pressure endodontic irrigation, to a Saturday afternoon seminar on wine tasting.

The major educational program was set up as “tracks” that included nonsurgical endodontics, endodontic office of the future, surgical endodontics, practice management and trauma. A live molar surgery was broadcast from the University of Pennsylvania to the convention center. Two other tracks were also available—auxiliary topics and a selection of submitted presentations.



At the conclusion of the Annual Session, which was highlighted by *Celebrate Philadelphia!*, Dr. Olmsted passed the presidential gavel to Dr. Shepard S. Goldstein, the 65<sup>th</sup> president of the AAE, from Framingham, Mass.

President Goldstein’s theme was *Expanding the World of Endodontics*, in particular with reference to the preservation of the natural dentition.

***“By being a firm believer in the preservation of the natural tooth, Dr. Goldstein feels that messages about saving teeth should be clearly targeted to general dentists, dental students and the general public through the AAE’s public awareness campaign. I think our campaign is conceptually on the right track, but more people need to hear our message. Regardless of the fact that we have limited funding for the project, we need to make sure the actions we are taking are yielding desired results for people in all parts of the country...In order to achieve an effective dialogue with our referrers, however, we should provide the highest-quality endodontic care possible, as well as be knowledgeable about the new developments with implants.”***

A chief accomplishment during Dr. Goldstein’s presidency was the launch of a bold initiative to provide continuing endodontic education to members. The

## Presidential Profile

Dr. Shepard S. Goldstein  
Framingham, MA



Diplomate of the American Board of Endodontics  
Represented District I as our 65<sup>th</sup> President  
2007-2008; Theme—*Expanding the World of Endodontics*  
Dental Degree: Tufts University  
Specialty Education: Albert Einstein Medical Center

*“In order to achieve an effective dialogue with our referrers, however, we should provide the highest-quality endodontic care possible, as well as be knowledgeable about the new developments with implants...The AAE works in so many different ways to advocate for this specialty—its time that every endodontist gained a clearer understanding of how that can affect his or her daily life...My hope is that during my term as president, the AAE membership will clearly see what the Association is doing to further the specialty.”*

AAE Live Learning Center provided clinicians across the globe with a one-stop repository of complete session recordings—audio, slides and course handouts—from the finest Annual Session lecturers and educators. Providing online CE credit was scheduled to begin in 2009. The Live Learning Center provided the flexibility to use exceptional AAE educational resources on members’ own schedules and in a way most comfortable for them.

The public awareness campaign, with original media initiatives and proactive nationwide radio and print media outreach, increased positive media coverage by 105% that year and 360% since the campaign’s launch in 2004. Positive coverage focused on the evolution of endodontics through new technologies to make root canal treatment painless and efficient. AAE-controlled messages appeared in 18% of the articles, up seven points from the previous year, which explained the 8% increase in favorability of published articles.

Prominent outreach activities included *Root Canal Awareness Week 2008: Watch Your Mouth!*, which encouraged mouth guard use for all student athletes. Key coverage appeared in leading outlets such as the *Chicago Sun-Times*, *Tampa Tribune* and WCBS-TV (New

York). Additional coverage included an audio news release broadcast 904 times on radio stations nationwide and a prewritten news article published in 108 local newspapers. In addition, a Practice Promotion Idea of the Month e-newsletter was launched. Guided by the Public and Professional Affairs Committee, these e-mail briefs provided members with easy-to-implement and affordable ideas to promote their practices to referring dentists. The AAE also took the opportunity to reach out to the 5,000 new dentists across the country, promoting the AAE and local endodontists as ongoing resources.

The Association partnered with the American Academy of Pediatric Dentistry and held a sold-out symposium on pulp biology. Nationally and internationally renowned clinicians and scientists came together to describe and debate the current controversies in managing the vital pulp. Full results were published in a first-ever supplement to the *JOE* (*Proceedings of the Joint Symposium Sponsored by the American Academy of Pediatric Dentistry and the American Association of Endodontists*, J Endod 2008;34:S1-S61.) This coming together as a profession allowed us to achieve new levels of scientific excellence.

St. Louis University hosted the third annual APICES conference for residents in summer 2007. Leading endodontic experts presented valuable educational courses to a total of 125 residents from 31 endodontic programs nationwide, along with presentations from leaders of the AAE, the AAE Foundation, the ABE and the College of Diplomates.

The August 2007 Corporate Community Conference brought together 25 representatives from industry and AAE leaders to address a variety of topics including implants, regenerative endodontics and referral relationships. According to President Goldstein:

***“Ongoing and candid dialogue with our colleagues in the corporate sector can advance our specialty greatly. We may not have the same goals, but we have similar objectives. The Association’s strategic plan contains numerous opportunities for intersection with industry. There are also several ‘mega issues’ where support from corporate representatives will be especially valuable. Building productive referral relationships through education is one such topic. To accomplish that, the AAE’s role in educating gen-***

***eral dentists and predoctoral students was discussed at length during the last two Corporate Community Conferences. AAE leaders learned that manufacturers consider education a priority issue. They are willing and eager to hear our suggestions and to explore working together. It is apparent that if endodontists want general dentists to appreciate the clinical expertise a specialist can deliver, then specialists must play an active role in providing continuing education. There are many ways for us to be involved, from producing AAE-endorsed learning materials to organizing joint educational sessions. We need not wait until dentists are practicing in our communities to introduce ourselves. Dental school is the place to begin telling our story.”***

The Educator Workshop, sponsored by the AAE Foundation in August, was geared toward graduate program directors. Topics focused around evidence-based information, as well as open dialogue on the future of endodontic education. As a result, a majority of the participants agreed to implement standardized application and acceptance dates for their programs beginning in 2008.

The Board of Directors held a special meeting in Dallas to address key issues facing the specialty and to participate in team-building activities. That same month, the Governmental Affairs Committee hosted the Emerging Leaders Conference in Chicago. Discussion leaders provided guidance to nine endodontist participants on the significant roles they could play in organized dentistry. These endodontists were mentored to assume leadership positions in matters about which they were passionate.

For the second straight year, the *JOE* received recognition from the scientific community, with an increase in its impact factor from 3.07 in 2007 to 3.36 in 2008. The *Journal* launched another online-only feature—an *Endodontic Study Guide*—comprised of 32 subjects and 137 clinical subtopics that listed a total of 1,690 major papers in clinical endodontics. The topics focused on important subject matter that endodontists were trained to address and incorporate into their armamentarium, including single-visit endodontics, lasers, immunology and traumatic injuries.

The Association launched a “Lunch and Learn” program with dental schools across the country. The pro-

gram consisted of volunteer endodontists presenting endodontic topics of interest to predoctoral students in an informal setting. Students heard an endodontic perspective from practicing specialists in their area, so that they might better understand the role of the endodontist on the dental team. Volunteer presenters were trained during a special workshop at the 2008 Annual Session, and outreach to schools was conducted year-round to encourage participation.

The *ENDODONTICS: Colleagues for Excellence* newsletter focused on the topics of rotary instrumentation and cracked teeth, which were mailed to nearly 150,000 general practitioners in the United States and Canada, and were also distributed at national dental meetings, including the ADA, Greater New York Dental Meeting and Chicago Dental Society Midwinter Meeting.

As summed up by President Goldstein:

***“The AAE has, as part of its strategic plan, a number of actions aimed at dental students and general practitioners, including: promotion of the AAE Case Difficulty Assessment Form; development of an AAE speaker list, which could be used at regional CE meetings; creation of new educational products for general practitioners; exploration of partnerships with universities and industry. I believe that we must commit to quality education of general dentists in the predoctoral experience, and in their continuing education, especially in their first five years in practice, when they are gaining practical experience in what cases to treat, which to refer and how to treat the cases they retain. Endodontists as partners in that educational experience, formally and informally, have done a great job...in facilitating the best results for all of our patients.”***

The Dental Benefits Committee responded to member requests for new codes in the ADA's *Current Dental Terminology*. The committee submitted requests to the ADA Code Revision Committee for codes to report apexogenesis and revised retreatment codes to remove the words “post” and “pin.” The committee also provided coding advice through its *Decoding the Codes* column in the *Communiqué* and in an update to the *Dental Benefits Kit*.

The Association appointed a consultant to ADPAC.

AAE Past President Harmon R. Katz served as a consultant on dental health-related issues specific to endodontics in national and state governmental affairs. The AAE was the first specialty to have a consultant with input into ADPAC meetings.

The Regenerative Endodontics Committee extended an opportunity to all AAE members in June 2008 to provide clinical information about their revascularization cases through the AAE website. The goal of this research was to gather evidence on an ongoing basis that would help establish a best practice for treatment and future research on the incompletely developed tooth with a necrotic pulp. The committee also was working on other initiatives to help position endodontists at the forefront of this arena, including the development of questions to be added to the AAE research priorities, ethical standards for publication in a future *JOE* and a proposal for a symposium on regenerative endodontics.

Considerable progress was made in augmenting the AAE Foundation's endowment fund and in supporting important activities. The endowment grew to \$19.8 million with \$2.3 million pledged.

The ABE made changes in almost all aspects of the Board certification process, but not at the expense of the quality of the process and the meaning of its achievement. Changes were made in parallel with the technological advances in our society in general. Many of the changes were in standardization of testing for defensible statistical analysis.

Much like the United States itself, the AAE had grown in size and scope of activities, and had become more involved internationally. In doing so, the AAE had partnered with the international community by sharing knowledge and resources, while also looking to advance the goals of our organization. The question was posed by President Goldstein:

***“How can we best do that and still remain true to the part of the AAE mission that understandably focuses on the representation of American endodontists?”***

The AAE had engaged in thoughtful discussions with other national and international endodontic organizations during the past four years and had identified common aims and sought consensus on how best to

work together to achieve those goals. The AAE continually received requests for information and other assistance from individuals around the world on matters large and small. Even in the relatively small global endodontic community, there were opportunities to work on issues that affected our colleagues around the world, as well as in the U.S. and Canada. The only constant was change, and the pace of global change was accelerating.

After two years of discussion, ESE APEC, CAE and the AAE agreed to develop a new global forum to work on common issues, emphasizing activities not currently being addressed by IFEA. A steering committee spent more than a year developing a proposal for a new organization. Examples of the mutual aims included: compilation and dissemination of data relating to the practice of endodontics; facilitation of research collaboration internationally; development of position statements on topics of critical importance to endodontics; provision of opportunities for interaction amongst international educators; provision of support for endodontic departments; promotion of the recognition of endodontics as a specialty in dentistry; and assistance in the compilation, promotion and dissemination of best practice evidence.

However, IFEA leadership to this point did not support this initiative, and, as a result, the ESE asked that more time be taken to explore working with IFEA.

At the time of the 2008 Annual Session in Vancouver, there were 7,126 members of the AAE. This venue proved to be a perfect location for more than 3,100 in attendance and 98 companies exhibiting. This was a great tribute to President Goldstein at his final meeting at the helm of the AAE, as well as being the first time since 1984 that the annual session was held at a venue in Canada (Montreal in 1972 and Toronto in 1984).

Highlights of the meeting included the debut of the Live Learning Center, which offered complimentary access to a webcast of the Pre-Session Symposium on *Emerging Strategies in the Management of Post-Treatment Endodontic Disease* during the week following the meeting. Workshops provided hands-on experience in a wide range of areas, such as piezosurgery, irrigation, nonsurgical endodontic retreatment, microsurgery and implants. A live microsurgery presentation along with an implant placement highlighted the educational

experiences available. *Celebrate Vancouver!* highlighted the social activities.

At the completion of this 65<sup>th</sup> Annual Session, President Goldstein passed the gavel to Dr. Louis E. Rossman, from Philadelphia, who would spend the coming year at the helm of the AAE with a focus to *Engage, Energize, Educate*. His agenda was both energetic and challenging, and much was accomplished under his leadership.



The first AAE Consensus Conference in fall 2008 engaged many of the leading minds from all corners of the endodontic world in challenging discussions around the use of endodontic terms. The goal was to address the lack of agreement in what terms are used among predoctoral curriculum, endodontic textbooks, the ABE, the AAE *Glossary of Endodontic Terms* and for national board exams. The conference was modeled after the National Institutes of Health Consensus Conference format, which involved proposing questions that can be answered by the presentation of scientific information derived from evidence-based research. Four subcommittees developed papers that were first introduced to the membership and other identified endodontic international groups through a call for comments in June 2008; more than 50 responses were received and incorporated.

The aim was for the final papers to contain the best level of evidence/ information available to answer the proposed investigations. Shared 2009 President-Elect Dr. Gerald N. Glickman who also chaired the Special Committee on the Consensus Conference on Diagnostic Terminology:

***“This historic conference was the first in a series of AAE initiatives that address the state-of-the-science in endodontics, thus contributing to the AAE’s continued dedication to the highest quality of care for the patient.”***

The outcomes of this historic event were published in a special issue of the *JOE* (J Endod 2009;35:1619-1694).

The AAE Corporate Community Conference was held in Chicago and attended by 22 corporate representatives, the AAE Executive and Corporate Relations Committees, and members of the AAE staff. Participants took part in discussion groups on ethical treatment planning/implants, public relations/practice marketing and industry/specialty communication.

The Fall Conference took place in San Francisco and addressed the issue of implants. From the educational focus (implants in endodontics) to the meeting format (hands-on workshops and lectures), the event drew new audiences to this annual educational opportunity. More than 250 participants were in attendance, including professional and student members, family, guests and corporate sponsors. Lectures and hands-on workshops were presented by DENTSPLY Tulsa Dental Specialties and Nobel Biocare, followed by sessions that looked at experiences with implants in the clinical practice setting as well as the educational environment. According to President Rossman:

***“The position of the AAE is that endodontists should know enough about implants to be a valuable and credible component of the dental team. We can and should be a part of the process that evaluates what is best for the patient, taking into account all relevant factors. To do so, we need to be credible in our knowledge of when implants are the best choice.”***

The fifth annual APICES meeting was held in Boston. A change in format enabled residents to sample from a large menu of significant topics. Ten speakers presented during the day-and-a-half educational program, covering popular subjects such as regenerative endodontics, the impact of dental implants on contemporary endodontics, bisphosphonates and osteonecrosis, and endodontic microsurgery.

## Presidential Profile

Dr. Louis E. Rossman  
Philadelphia, PA



Diplomate of the American Board of Endodontics  
Represented District I as our 66<sup>th</sup> President  
2008-2009; Theme—*Engage, Energize, Educate*  
Dental Degree: University of Pennsylvania  
Specialty Education: University of Pennsylvania

*“We are at several crossroads in endodontics and are approaching them from a position of strength...Our organization has achieved a reputation of excellence in the dental community and I hope members are excited by what they see and experience, and are proud of those that they have elected. It is up to each of us who have been given the torch of leadership to represent each member and give them the quality professional services and support they deserve...I look forward to taking the helm and working with others to see if we can change the course, perhaps only by a degree, but for the better.”*

A database to collect adverse event reports was made available through the AAE website in January 2009. Members were able to report any adverse events involving N-2, N-2 Universal, RC-2B or RC-2B White, or Endocal 10 (formerly known as Biocalex 6-9) when used in endodontic procedures. The Food and Drug Administration defined an adverse event as “any unfavorable and unintended sign, symptom or disease temporally associated with the use of a medicinal product, whether or not considered related to the product.” The Association planned to use the databank to refine its own policy on these products, to assist government agencies concerned with endodontic treatment issues and to promote relevant scientific studies, education and research.

The 275 members of the *JOE* Scientific Advisory Board represented 25 countries and reviewed more than 1,000 manuscripts in 2008, almost double the 2007 volume. A special issue of the *Journal* was released in August 2009 with a focus on evidence-based endodontics. Compiled by co-editors Drs. James L. Gutmann and Eric Solomon, the issue featured the best clinical trials published over the past year, including a summary by a statistician followed by a

summary from a practicing endodontist on the clinical significance. An evidence-based endodontics issue was planned for publication on an annual basis from this year forward. In order for the Journal to be more accessible to the international dental community, the Board of Directors approved the availability of online-only subscriptions to foreign dental organizations that are interested in providing the *Journal* as a member benefit for a prorated fee.

In response to the high demand for quality endodontic speakers at national dental meetings and in an effort to enhance the relationship between general dentists, endodontists and other specialists, a Recommended Speakers List was developed. Individuals on this list were identified by the AAE Continuing Education Committee and approved by the Board of Directors. Speakers were selected based on specific criteria, including their expertise on topics of interest to general dentists and other specialists. The CEC monitored and updated the list annually to ensure that speakers continued to meet the identified criteria.

Responding to member requests, two of the AAE's most helpful endodontic resources were made easier to use. The *Glossary of Endodontic Terms* and the *Guide to Clinical Endodontics* were posted in the Members section of the AAE website. Both the *Glossary* and the *Guide* were fully searchable documents, so specific information could be accessed at the touch of a button using any PDF reader.

The *ENDODONTICS: Colleagues for Excellence* series continued to expand with the release of issues on pain management and obturation. This newsletter has been a significant publication in providing the latest in endodontic knowledge and techniques to general dentists. Speakers kits based on each of the issues were also valuable tools for members to use for presentations to general dentist audiences.

Several initiatives were implemented in the past year to address the topic of regenerative endodontics. Foundation funding in this area has been increasing each year. From 2001-2008, a total of \$318,941 was allocated to this area. Out of the 14 proposals submitted for review in fall 2008, five were related to regenerative endodontics and three of those were funded. In March 2009, seven proposals were received. The database created by the Regenerative Endodontics

Committee in June 2008 continued to grow with more than 30 entries.

A draft survey was circulated to participants at the College of Diplomates meeting in August 2008, to gather feedback before sending it to a larger audience. The questions assessed respondents' demographic status and their views on various ethical and clinical issues related to regenerative endodontics.

Outreach to and involvement in other shareholder groups was accomplished through a presentation at the IADR's meeting in April 2009, and by responding to the *International Journal of Dentistry's* call for papers on vital pulp therapy and pulp regeneration. AAE members Drs. George Bogen, Alan S. Law, Keith V. Krell and Anne E. Williamson were identified as guest editors. Regenerative endodontics was planned as one of the educational tracks available at the upcoming annual session. Ten presentations covered various aspects of the topic including the scope of development and the essentials of stem cells and regenerative procedures.

The AAE Board of Directors approved the participation of several AAE members in the Cochrane Collaboration Workshop that was held January 2009 in Fort Lauderdale. Highlights of the January workshop included a statistics review, overview of a systematic review, assessing the quality of a systematic review, essential elements of formulating a clinical question, searching for trials, introduction to searching The Cochrane Library, assessing the quality of trials, and working hands-on with the Cochrane software program that actually builds the systematic review. The long-term goal of the AAE was to provide training to additional Active and Educator members to help expand the pool of AAE representatives who can participate as members of systematic review teams and act as advocates for high-quality, evidence-based research and clinical practice.

For years, AAE members have communicated the need for an awareness campaign to get more recognition for the specialty and help impact market share. When reviewing this historical accounting of the AAE, many efforts to achieve this goal over the 20-year period can be identified. After considering a number of options and diverse opinions, the AAE chose to implement a consumer-focused program, which succeeded in in-

creasing media attention for the specialty by more than 300% since its launch in 2004. The campaign plan was developed annually by a leading public relations firm and monitored by the AAE Public and Professional Affairs Committee, with the goal of influencing the public through a series of increasingly aggressive tactics, including placement of newspaper articles, radio and TV media tours, the launch of Root Canal Awareness Week and distribution of a public service announcement.

The campaign also targeted general dentists, dental educators and students, though most resources were directed to potential patients. After closely monitoring progress against a number of metrics targets, AAE leaders observed that consumer awareness of endodontists has remained steady from 2003 to 2009, with roughly 45% of patients reporting knowledge that a root canal specialist exists. As a result, the Board of Directors voted to redirect the campaign to the dental professional audience.

Campaign data collected over the past five years clearly point to the general dentist as the gatekeeper of referral—63% of consumers reported they would do whatever their general dentist recommended. In fact, when faced with the decision between root canal treatment or extraction, AAE data shows that the general dentist's advice was more important to consumers than knowing root canal treatment is less painful or knowing there is an option to save the tooth. General dentists reported that the AAE is their most trusted source of endodontic information. With a total population numbering roughly 130,000 professionals, general dentists presented a higher potential of being influenced by an AAE campaign.

The AAE Foundation continued to keep its goals and their importance top of mind. Friends of the Foundation and Student Ambassadors raised over \$1 million during the last campaign. Although fundraising was one objective, raising awareness was equally important to the Foundation's efforts. From 2001 to spring 2009, \$2,327,872 in total funding was awarded, with 175 total grants going to 43 institutions.

President Rossman commented on the importance of the Foundation:

***“The endowment fund offers each of us great pro-***

***fessional rewards. By engaging our specialty in the pursuit of excellence, the Foundation rallies us around what is most important. Sixty-five percent of members have demonstrated their support with a pledge. I feel the energy from their enthusiasm whenever I talk about the Foundation's initiatives. It exists to make endodontics the best it can be, and we are making good progress towards that goal... This type of significant research (that the Foundation supports) does not happen without first-rate faculty. The Foundation is focused on developing strategies to attract new educators and to reward current teachers for their service. The Fellowship Awards provide incentives for members who agree to teach full-time for five years... Generosity is not an option, it is a requirement. Educators and scientists are the source of all our credibility and creativity. We benefit in countless ways from their efforts. The Foundation is the only organization that supports endodontics at every academic institution. It allows us to fulfill our obligation to the community that nurtures us.”***

Over the past seven years, the ABE has pushed the Written Examination from pencil and paper to being given at world-wide computer testing centers over multiple days, a tremendous achievement. Allowing residents (in their final year of training) to participate in the Written Examination has proven to be one of the most significant changes in the Certification Process. To provide flexibility in the Certification Process and accommodate the differing needs of Candidates, access to faster Board certification was implemented. It was now possible to become Board certified within a year after receiving a certificate from an advanced specialty program in endodontics.

According to President Rossman:

***“The American Board of Endodontics...recognizes that we must encourage people to achieve Diplomate status and has worked hard to take the mystery out of the examination process. Several programs have been developed to assist candidates through the process of certification, including interactive sessions with Diplomates, a mentor program of coaching and review sessions. In addition, outreach programs, including those offered by the College of Diplomates, have been established with local study clubs to motivate candidates, address issues and answer questions.”***

At the 2009 Annual Session held in Orlando, the latest enhancement was the introduction of the Master Clinician Series. These sessions featured live, nonsurgical endodontic technique simulations demonstrated in a theater-in-the-round setting. Seats were available on all sides of the stage along with large video monitor displays in order for everyone to have the best view of the presentation. Another new enhancement was the opportunity to earn online CE credit for 2009 Annual Session courses through the Live Learning Center.

The Wednesday Pre-Session Symposium featured five speakers offering their thoughts on the *Integration of Advanced Surgical Procedures in Your Endodontic Practice*, with a discussion of the principles of root-end surgery, wound healing, suturing, treatment planning and outcomes. New workshops encompassed a wide range of tastes—from interpretation of data from cone-beam-computed tomography and endodontic revascularization techniques, to seminars to renew your CPR training. Other topics invaluable to everyday practice were workshops on endodontic microsurgery, online referral collaboration and website development, carrier-based obturation, and digital documentation and information management.

As of spring 2009, there were 7,219 members of the AAE.



During his tenure, President Rossman did a great deal to engage, ener-

gize and educate the members of the AAE. His reflections are most appropriate for us all:

*“It is maturity that allows life’s realities to be understood. When each of us first enters dental practice, we have certain expectations and goals; they are often black and white, materialistic in nature and basic to living and survival. Having spent years in*

*training we cannot wait to be released to pursue life’s offerings. Once we are faced with one decade, then two or more of actual practice, when we look back and reflect on our earlier goals, it seems that life does not follow as straight and narrow a path as we once thought. We realize that life is not black or white, but full of shades of gray. Our goals regarding relationships, financial security, partnerships (professional and personal), and maintaining knowledge (keeping up with literature, etc.), were fulfilled at one level. It is not unusual, however, that unexpected and unforeseen problems occur, but at the same time, we are well rehearsed in endodontics and what once was a challenge has become routine. The professional challenges are now not the practice of dentistry, but the dental practice; we learn to be responsible to ourselves...Experiences in life are derived from personal challenges. Once we reach a plateau, it is time to move on. This is true whether it is building a practice, teaching, playing golf, tennis, music or skiing. Given enough time, we may each reach a plateau of excellence. I never want to go through life and say, ‘I wish I had. . .,’ and I hope you don’t either.”*

President Rossman passed the gavel of leadership to Dr. Gerald N.



Glickman, the 67<sup>th</sup> president of the AAE, from Dallas. President Glickman’s theme and focus for his tenure at the helm of the AAE was *Access to Care*:

*“There are serious health care, financial, political and emotional matters involving access to care that the American Dental Association, the Academy of General Dentistry, federal and state governments, third-party entities and the general public have continuously discussed and battled over for years. From my view, this issue must be addressed from the perspective of underserved patients who need both competent care and education about the importance*

*of oral health and preserving the natural dentition. These include the indigent, children, rural populations, handicapped, elderly/ nursing home patients, medically compromised and non-English speaking populations.”*

The AAE issued a new position statement on access to care, which called for the membership to work collaboratively with the ADA and be actively engaged in recognizing, addressing and resolving challenges that prevent many individuals from accessing all aspects of oral health care. The AAE believed that it was the ethical and professional duty of its members as providers of health care, to strengthen their connectedness to their patients, profession, community and society at large by participating in any form of access to care, no matter how small or how large.

The Association submitted another 10-year application for the periodic review of the specialty to the ADA's CDEL. A special committee compiled a detailed report of the accomplishments of the AAE, its members and the specialty over the previous 10 years. This review was required of all recognized specialties, and a positive outcome was critical to the AAE's continued existence as a specialty group.

The review included information about the AAE's strategic plan and knowledge-based governance; trends in membership, certification and education; research and technology advancements; and changes in scope of practice. This report included many exciting advances made by the Association, when compared to previous submissions.

Total membership was over 7,200 professionals, which reflected a higher female composition, and more than 90% of the eligible endodontists in the United States as members; 83% of endodontists had provided charitable care to underserved populations; 1,378 of the endodontists were Board certified; the number of advanced specialty education programs was 53 with almost 450 enrolled residents; major revisions had been made to the standards for the programs; the scope of practice had expanded significantly; and the vacancies in dental schools for full-time endodontic educators had decreased significantly, with 248 full-time academicians having been identified.

This latter figure reflects an approximate full-time

## Presidential Profile

Dr. Gerald N. Glickman  
Dallas, TX



Diplomate of the American Board of Endodontics  
Represented District V as our 67<sup>th</sup> President  
President 2009-2010; Theme—  
Access to Care  
Dental Degree: The Ohio State University  
Specialty Education: Northwestern University

*"Dental education has traditionally been a lockstep curriculum: basic sciences, followed by preclinical sciences and two years preparing students for clinical practice... There needs to be a significant change to ready our students for the complexities of clinical practice in 2010 and beyond... As endodontists, we must be a significant partner with all specialties, general dentists and allied health professionals to ensure tooth longevity... We must be involved and when we are, our Association will become that much stronger... our Association and its membership must continue to focus on what we do best—being astute diagnosticians and providing quality endodontic therapy to our patients... This is absolutely essential."*

equivalent of 4.0 individuals per dental school. A total of 762 endodontists were teaching part-time, either being compensated or serving in a volunteer capacity. After 20 years of struggling to improve the educational environment for endodontic education, a level of success had been achieved. Coupled with the increase in the overall number of endodontists available for private practice settings, the access to education and access to care improved significantly during the first decade of the 21<sup>st</sup> century.

More than 100 members volunteered to serve on 15 special committees appointed by President Glickman. Issues included adding a third year to endodontic training programs, updating the position statement on bisphosphonates and developing a joint statement on cone-beam-computed tomography with the American Academy of Oral and Maxillofacial Radiology, and studying the single usage of endodontic instruments with members of the CAE. Other topics encompassed intellectual property, integrating regeneration into the definition and scope of endodontics, and workforce assessment.

The past year marked a shift in the AAE awareness campaign to the general dentist population. The Partners in Patient Care program built on the role that endodontists and general dentists shared in saving natural teeth and providing optimal patient care. A document summarizing key campaign messages was made available online for member use, with additional referral-building and practice promotion in the offing.

After 18 months of planning and preparation, the AAE launched a new website at [www.aae.org](http://www.aae.org). The launch was timely, informative and allowed for ease of access to a vast array of member resources. Visitors were able to directly access the current issue of the *JOE*, view a complete Event Calendar of U.S. and international endodontic meetings, and peruse updates from the AAE and other dental news outlets, all from the home page. Every page provided access to the Find an Endodontist search engine, as well as links to the ABE, AAE Foundation and College of Diplomates' websites.

New online communities helped AAE site visitors connect with others who had common interests. Members were able to interact through new discussion boards and other social communication tools. Blogs and RSS feeds allowed site users to access content as it was added to the site and share content from the AAE with others through external Facebook, LinkedIn and Twitter accounts.

The AAE made available the images featured in the AAE's *Your Guide...* patient education brochure series as free member downloads for use on practice websites and in electronic presentations. Providing this resource was a part of a larger effort by the AAE to help endodontists visually explain common endodontic procedures to their patients, potential patients and professional colleagues.

Two new patient education brochures were published. *Your Guide to Who is an Endodontist* explained how endodontists differ from general dentists, why patients should visit an endodontist and what to expect during a visit. *Your Guide to Treatment Options for the Diseased Tooth* emphasized the importance of saving natural teeth, outlined the primary options for tooth retention and described implant placement as an option for replacing teeth that cannot be saved. The two brochures also featured a new, modern look that would

be part of a larger redesign of the AAE's patient education brochures.

The AAE partnered with the ADA to co-publish a DVD that walks through root canal procedures step-by-step. The video, which includes 3-D animations of the tooth and straightforward, motivational language, was intended for use in reception areas or treatment rooms. Most notably, the role of endodontists as root canal specialists was highlighted. The DVD educated patients about the existence of specialists, while conveying to general dentists the endodontist's role as partners in patient care.

The 2009 Fall Conference's tropical setting and progressive educational sessions on *Differential Diagnosis of Orofacial Pain* led to another successful meeting. Approximately 180 participants traveled to Cancun, Mexico, to take advantage of this annual educational opportunity that offered advanced research on diagnosing nonendodontic sources of pain from experts in the field.

For the first time, the Foundation funded one representative from each accredited advanced program to attend the ADEA annual meeting. Having a career focused on education, President Glickman was clearly aware of the obstacles that the AAE and education has had to face over the past decades as well as the challenges still looming within the educational sector:

***“Almost 20 years after the Institute of Medicine’s 1990 report, ‘Dental Education at the Crossroads,’ it appears as though we have not advanced as far as we had hoped. Challenges reported back then included the curriculum not reflecting current and emerging practice trends; instruction focused heavily on procedures rather than comprehensive care; overcrowded curricula with redundant, perhaps useless information; and minimal stressing of the biomedical and applied sciences as a foundation for clinical practice. Of the major themes identified in the report, one remains a prominent challenge for educators today—the importance of educating students and residents to not only be high-quality providers of patient care but also to be life-long learners. What are the obstacles that continue to hinder us from achieving these goals? . . . I believe that in order to make advancements in training dental students and residents, the educational culture needs to create faculty***

*development opportunities to help develop strong and passionate teachers who will serve as the “nuclei” to educate, mentor and inspire. In biology, the nucleus is the control center of the cell and serves as a basis for future cell growth and reproduction. In education, endodontic department chairs, predoctoral directors and program directors must serve as the nuclei for the future growth and perpetuation of our specialty, with program directors firmly at the core.”*

*Professionalism and Ethics: The Link Between Education and the Corporate World* was the theme of a joint meeting between predoctoral directors and the endodontic corporate community in the summer of 2009. The groups explored the ethical dilemmas routinely affecting the academic and corporate spheres. The joint session was part of a larger Predoctoral Directors Workshop addressing the ADA’s *Principles of Ethics and Code of Professional Conduct*, the AAE *Case Difficulty Assessment Form*, the impact of implants on predoctoral/postdoctoral dental curriculums, carrier-based obturation and molar endodontics.

Endodontic residents from across the country and Canada gathered in Seattle for the sixth annual APICES in 2009. Nearly 150 residents attended the program hosted by the University of Washington. Topics ranged from regenerative endodontics to practice management to nickel-titanium instrument breakage.

The AAE Foundation awarded the first Endowed Faculty Matching Grant to the endodontic department of the University of Texas Health Science Center at Houston. The \$100,000 contribution funded the John R. Ludington Jr., D.D.S., M.S.D. Distinguished Professorship in Endodontics. The Ludington Professor would serve as the program’s predoctoral director of endodontics. The goal was to promote academic excellence and to help ensure that endodontics would be taught by specialists. A second Endowed Faculty Matching Grant was awarded to Nova Southeastern University’s endodontic program. The grant was to fund a full-time academic teaching position in the department of endodontics. Since 2001, the Foundation has awarded \$2,707,763 to support a total of 192 grants.

The ABE Recertification Committee reviewed the existing recertification policy and proposed changes while keeping the original ideals established with the

decision to require recertification intact. Under the new policy, Diplomates certified prior to 2010 can continue to use the credit method or can convert to CE hours, while Diplomates certified during 2010 and later must use the CE hour method to meet the recertification criteria. During the 10-year recertification period, 25 credits or 150 CE hours must be earned. CE hours awarded by the AAE for educational meetings and reading *JOE* articles posted on the Live Learning Center were eligible.

As a past president of the ABE, President Glickman reflected on the importance of the Certification Process for the individual and the AAE:

*“The personal growth and development you experience as you become a Diplomate are likely to enhance your career path and solidify your commitment to endodontics, and will definitely foster excellent habits in your individual work. But, more importantly for the specialty as a whole, passion of this kind can rarely be confined, and serves to inspire your colleagues, coworkers, mentees and students to achieve great heights of their own. This shared verve can turn great practices, university departments and professional relationships into greater ones. This is not the only way in which Board certification drives the specialty. Comprised of a slate of devoted and eminent directors, the existence of the certifying Board itself is a key requirement in the American Dental Association’s recognition of endodontics as a specialty. Board certification quite literally allows the AAE to exist, and expanding our ranks of Board-certified endodontists can only continue to solidify us as a well-respected specialty. Board-certified endodontists, with their extensive clinical knowledge, are the kinds of specialists who create research trends rather than following them, who pledge their services to the governance of our Association, and who give back in unique and compelling ways to their own dental communities.”*

The 2010 Annual Session, held in San Diego, was expanded to four full days of education and was the second-highest attended meeting in AAE history. Attendees viewed live surgical endodontic procedures in the Master Clinicians Series, debated many of the field’s contested issues and learned from the world’s leading endodontic educators and practitioners, which included debates, points/counterpoints, and panel dis-



cussions on issues such as apical diameter, carrier-based obturation, education of the general dentist, single- vs. multiple-visit endodontics, and bonded obturation vs. gutta-percha. Other highlights from the meeting included keynote speaker Chris Crow-

ley, *Celebrate San Diego!* at the House of Blues and the President's Event Featuring Jay Leno.



Many members volunteered at the AAE's first Access to Care Project, where underserved patients in the San Diego area received free root canal treatment. More than 40 member volun-

teers performed procedures on 54 underserved patients in the San Diego community, providing approximately \$85,000 of free endodontic treatment to those who could not otherwise have afforded it. Services were provided in mobile dental clinics through a partnership with the School of Dentistry of the University of Southern California and thanks to the generous contributions of Henry Schein Dental/Henry Schein Cares.

According to President Glickman:

***“Access to care is an incredibly complex problem and there are no easy or instant solutions; however, the difficulty of the issue does not exempt us from caring and becoming involved. We must do our part to ensure that the most vulnerable populations in our country are able to enjoy the benefits of healthy dentition.”***

President Glickman handed the gavel of leadership and our vision for the next decade to Dr. Clara M. Spatafore from Sewickley, Pa., who began writing that history by choosing the theme of *Bridging the Gap—Partners in Interdisciplinary Care*. The AAE has come a long way since 1943 due to the commitment of its



members at every step, regardless of the challenge or adversity faced. These traits will continue to help the AAE and its members to cross the “Bridge” to the next decade and beyond.

Not previously highlighted in this historical account was the support provided to all members of the AAE, every day of every year by the staff of the AAE Headquarters. Let this history be a tribute to a family, rich in tradition and commitment, who in concert with the professional leadership of the AAE have brought us to today's pinnacle.

## ADVANCES IN ENDODONTICS AND ENDODONTOLOGY

During this time frame, new and exciting themes that would drive the specialty either emerged or were addressed in greater scientific or clinical depth. Evidence-based studies were appearing with great regularity as were consort randomized clinical trials, particularly in the realm of anesthetic efficacy. Also included in this type of study were apex locators and outcomes based on usage. Irrigation studies abounded with new systems being introduced and their efficacy being investigated, especially as it related to smear layer removal, microbial elimination, biofilm destruction and dentin alteration.

Screening assessments of endodontic materials, healing kinetics and surgical outcomes also received a great deal of attention as did molecular biology, matrix metalloproteinases and bacterial identification. Advances in nickel-titanium instruments, their applications and outcomes were among the greatest clinical developments along with investigations into reformulations of mineral trioxide aggregate designed

to improve clinical usage of the material along with biologic outcomes. The literature provided a plethora of studies and case reports on unusual anatomic variations in tooth/root structure.

Possibly the most focused areas of investigation or development during this period included the assessment of resin-based obturation materials and techniques, the use of cone-beam-computed tomography for diagnosis and treatment planning, and regeneration and the future use of stem cell applications within pulpal biology and pathophysiology.

These developments characterize the future direction of endodontics and endodontology for the next decade, one that likely will deviate somewhat from the surgical/mechanical approach to one that would be highlighted by tissue and cellular engineering through advancements in molecular biology and gene therapy—a direction that will nurture and energize the future of this specialty.

Finally and before closing this accounting of the last two decades of the AAE, it seems appropriate to focus on the thoughtful reflections expressed by Immediate Past President Glickman in his final President's Message to the membership:

***“Maintaining traditions and a shared sense of purpose are vital to the continued success of our specialty. To that end, the AAE encourages mentorship and volunteerism in a number of ways...No matter what the practice setting, the specialty of endodontics has a wonderful story to tell. It is important to continue sharing our history with the next generation so that, together, we can share our challenges and successes with the dental profession, patients and the rest of the world. In your practices, in your communications, at meetings and elsewhere, I encourage you to share your personal stories, pass along the tradition and help keep our specialty strong. For those who already have volunteered and served as mentors, I personally express my gratitude. For those who have not yet known the personal satisfaction of teaching others and watching them grow into the next generation of volunteers, I hope you will recognize the wonderful opportunity you have to continue to shape the AAE story.”***

So as we cross that “Bridge” to the next decade, let

## Presidential Profile

Dr. Clara M. Spatafore  
Sewickley, PA



Diplomate of the American Board of Endodontics  
Represented District I as our 68<sup>th</sup> President  
2010-2011; Theme—*Bridging the Gap—Partners in Interdisciplinary Care*  
Dental Degree: West Virginia University  
Specialty Education: West Virginia University

*“My goal is to educate each of them (general dentists, specialists and predoctoral students) about our specialty and how vital endodontists are as members of the dental team in order to insure optimal oral health for our patients and the public in general... Quality endodontic treatment performed to the highest standards possible is the cornerstone of their success. By promoting optimal endodontic care, continuing to expand our endodontic research base, strengthening the number and scope of endodontic educators, ensuring that every dental school utilizes endodontists to teach endodontics, and building strong bonds with referring doctors and patients will ensure that our organization and our specialty continues to thrive and prosper.”*

these exhortations carry us forward as we meet with confidence and “*como una familia*” the challenges presented to the American Association of Endodontists and to endodontics/endodontology.

***“I don’t know what your destiny will be, but one thing I know: the only ones among you who will be really happy are those who have sought and found how to serve.”—Albert Schweitzer***