“Scientifically speaking, we are living in exciting times”

An interview with EAO president Prof. Søren Schou, Denmark

Prof. Søren Schou was elected President of the European Association for Osseointegration at the organisation’s annual congress last year in Athens. He also serves as professor in and Chairman of the Department of Oral and Maxillofacial Surgery and Oral Pathology at Aarhus University’s School of Dentistry in Denmark. Today internation- al had the opportunity to speak with Prof. Schou about the anniversary meeting and its contributions to the field of implant dentistry.

Today international: The 2012 congress will be a historical event, as members of the EAO will be gathering for the 20th time. How has the meeting evolved in your view?

EAO congresses have developed substantially since the first annual meeting took place in Leuven, Belgium, in 1992. This one attracted 560 attendees from 26 countries. For this year’s congress, we expect more than 2,000 participants.

The EAO has always provided a forum for innovative presentations on scientific and clinical aspects of implant dentistry. Over the last 20 years, it has become the leading meeting on implant dentistry in Europe, which is clearly reflected by the number of abstracts submitted to us this year. From 589 abstracts, 511 have been accepted. This high number will give participants of the EAO congress in Copenhagen an outstanding opportunity to bring themselves up to date on the most recent developments in the field.

The trade exhibition has also grown in size over the years and we are proud to say that the Bella Center in Copenhagen will be hosting the largest display of dental implants and other specialised products ever in the history of the EAO.

As it is the 20-year anniversary meeting, this gathering is special. It provides us with the opportunity to explore current advances and future developments in the context of what we have learnt in the last 20 years. We have also arranged an extended welcome reception for all attendees, as well as an anniver- sary dinner for EAO members.

This year a quarter of the attendees will be coming from outside Europe. How do you explain the meeting’s apparent worldwide appeal?

While the EAO is a European association, it is open to professionals from all over the world. As economies such as those of South Korea and China continue to develop, many clinicians and researchers from further afield are choosing to attend the congress. They are attracted by the high quality of the scientific and clinical sessions offered.

The number of exhibitors has increased again this year. Is this a welcome development for the congress and oral implantology in general?

The principal purpose of the EAO congress is to provide a forum for discussing and exchanging clinical and scientific developments and experiences in implant dentistry. Implant therapy is based on high tech products that are used to perform complex treatments. The exhibition allows congress participants to compare different products, to meet suppliers face-to-face and to learn about new developments in the field.

Moreover, satellite industry symposia have been included as a supplement to the scientific programme this year to provide updates on new developments and techniques, which demonstrates that the EAO appreciates its partnership with the industry.

Last year’s congress in Athens focused on dental implant treatment planning. What areas of implant dentistry will be discussed this year?

This year’s congress will explore how the field has advanced over the last 20 years. On the other hand, we will also take a deep look into the future. There are many fascinating sessions on novel subjects, such as human factors, that provide insights into how to minimise the risk of complications. We have also included interactive elements, which will enable the delegates to play an active role in some of the sessions, especially those dealing with human factors.

Future advances in reconstructive therapy, such as whether it may be possible to grow a jaw or teeth in the future, will also be discussed. Scientifically speaking, we are living in exciting times, and it’s thrilling to imagine where we may stand another 20 years from now.

According to a consensus statement by your organisation, one out of five implant patients are likely to develop peri-implantitis. How big is the challenge that this disease poses to implant dentistry, and what progress has been made in overcoming it?

As populations continue to age and patients keep their implants in their mouths for a longer period, we are likely to continue to see more cases. There are several risk factors that may contribute to a patient’s risk of developing peri-implantitis, including smoking and the level of their personal oral hygiene. It has been reported that between 15 and 20 per cent of all implant patients will develop peri-implantitis within 10 years, so it remains important that we understand how to prevent and treat this disease as effectively as possible. Acknowledging this need, we have dedicated a whole session to the issues of implant loss and peri-implantitis.

CBCT is becoming increasingly important in implant treatment planning, a trend also reflected by your organisation’s latest revision of its guidelines on the use of diagnostic imaging in implant dentistry. Is this becoming a new standard, and if so what impact will it have on treatment outcomes?

The recommendations are based on the findings of an expert panel of radiologists and clinicians who were invited by the EAO to a two-day EAO consensus workshop held at the Medical University of Warsaw in 2011. The panel reviewed and updated the 2002 EAO guidelines and extended them to include CBCT. These EAO guidelines have been accepted for publication in Clinical Oral Implants Research, the official publication of the EAO.

CBCT is indeed becoming significantly more widespread and may replace some traditional X-ray imaging techniques. It has the potential to provide additional information, enabling clinicians to improve planning for implant treatment. However, all diagnostic imaging carries a small risk due to ionising radiation. A pre-congress course on applying CBCT imaging in clinical implant practice will take place on Wednesday in order to address the use of this technique.

Over the last year, the board of directors has proposed changes to the EAO’s constitution. What do these changes include, and are they likely to be adopted at the Copenhagen congress?

The proposed changes reflect the EAO’s growth and development over the last 20 years. They are intended to make the organisation more fit for purpose and to streamline its management processes. The proposed amendments also include a revised board election process, which is designed to add more transparency to the process. In addition, the changes define maximum terms of office for committee members and office bearers.

The board has worked hard to explain the proposed changes to the membership, with information provided via regular e-mails, webinars, and at an extraordinary general assembly in June. I believe that...
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“Many people have worked extremely hard to compile an excellent scientific programme…”

I believe the congress will be a successful meeting, facilitating the exchange of ideas and information between participants.

Many people have worked extremely hard to compile an excellent scientific programme and I am certain that great efforts will result in a memorable anniversary meeting.

Prof. Schou, thank you very much for this interview.

The EAO has recently updated its guidelines on the use of diagnostic imaging in implant dentistry by extending them to cone-beam computed tomography (CBCT). Their aim is to optimise both conventional radiography and new procedures and to address the As Low As is Reasonably Achievable (ALARA) by focusing on patient welfare and safety with regard to minimising their exposure to ionising radiation.

They were drawn up to support radiologists, as well as dentists and their assistants, in primary care, the organisation said.

“The field of diagnostic imaging is often both very technical and complex. I believe these EAO guidelines provide a very easily accessible, practical and authoritative approach to the area and offer useful guidance to dentists to help them fulfil their obligations, to act always in the best interests of their patients, as well as to be aware of their ethical and legal responsibilities,” said Prof. David Harris, lecturer at the Trinity College Dublin Dental School and Hospital and chair of the EAO panel of 14 radiologists and clinicians from all over Europe that convened at the Medical University of Warsaw in May 2011.

According to the panel, all diagnostic imaging carries a risk however small; nevertheless, in implant dentistry, it is considered essential to patient evaluation for proposed surgical treatment, the investigation of certain complications and prosthetic planning. The experts therefore highlighted that it is necessary to reduce any radiation dose according to the ALARA principle and to ensure that the examination of each patient is always justified and results in a net benefit to the patient. Available alternative techniques with the same objective but involving less or no exposure to ionising radiation must also be taken into account, they said.

The EAO approached the revision of its 2002 guidelines after SEDENTEXCT, a collaborative EU research project on the sound and scientifically based clinical use of CBCT in dental imaging, had recommended in 2009 that the association review its previous guidelines to take into account the increasing demand for CBCT in dental practice in recent years.