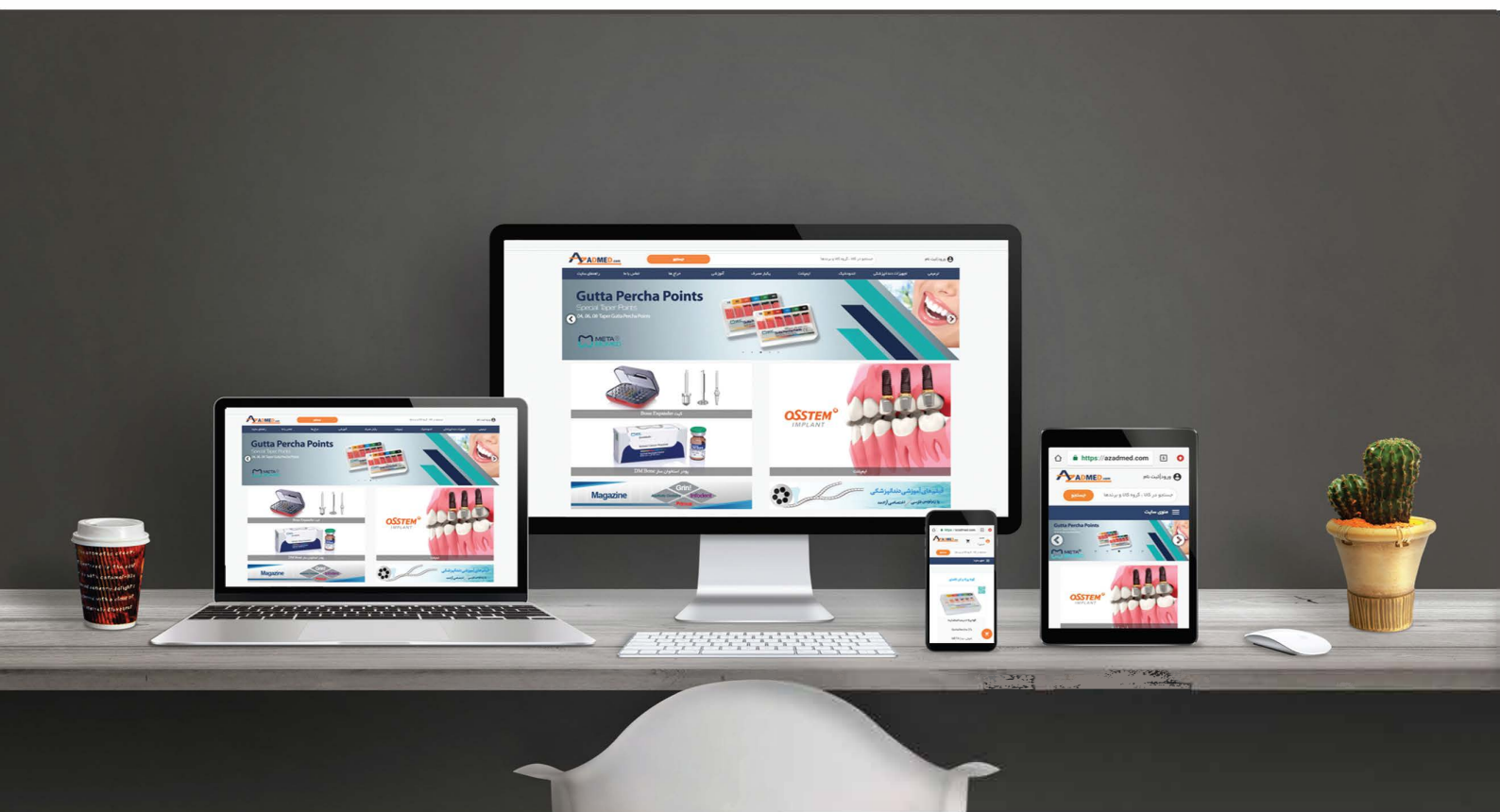







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*Contact Dermatitis. 2006 Jul; 55(1):20-5.



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- High Tactile Sensitivity
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Combining the health benefits of Aloe Vera with a high tactile sensitivity nitrile material, these gloves offer excellent protection and comfort. At SW, one gram of organic Aloe Vera is freeze-dried and applied on the inside of each glove. Our patented Aloe Vera gloves have been shown in published clinical studies to soothe dry and chapped skin. "Dry-coated AV gloves that provide for gradual delivery of AV gel to skin produced a uniformly positive outcome of improved skin integrity, decreased appearance of fine wrinkling, and decreased erythema in the management of occupational dry skin and irritant contact dermatitis". *Am J Infect Control*, 2003 Feb; 31(1):40-2.



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Editorial

"DOOMED" TO GROW



The economic crisis that has hit Europe (and beyond) since 2008 seems to have left the steady growth of Cologne's International Dental Show untouched. The Show confirms the same relentless growth for the upcoming 2015 edition, not only in the exhibitors' figure, but also in the surface area.

In this scenery of lasting challenges and difficulties for many long-established exhibitions, particularly in Europe, the number of exhibitors, visitors and space sold at IDS results in a sound confirmation of its leading position as the world's major dental trade show.

A professional management with excellent organizational abilities "dooms" this event to an unstoppable growth, becoming the "world's champion" once again.

And is in this setting that Infodent International together with Professor Antonio Pelliccia offers at the event in Cologne a meeting between experts of international markets, manufacturers and distributors to discuss and exchange views on international scenarios and particularly analyze in depth the Italian dental market.

Data analysis has been a powerful force for business, but today it is increasingly difficult to imagine a future considering numbers, because the rapid evolution of the market no longer offers to companies the opportunity to plan investments and strategies, if these are based only on analytical information.

Strategic marketing and planning based on the data, should be carefully integrated with the sensitivity analysis and psychology enterprise in order to program a market decision-making processes with emerging approaches that will change the way you think.

In 2014, the staff of International Marketing for Arianto, coordinated by Prof. Antonio Pelliccia with the best minds of marketing, met together to create a report on the Italian development. This report states that the role of the Italian Development in marketing will change drastically for Companies in a market where it is not Italian dentistry in crisis, but the real subjects in crisis are dentists. In fact nowadays, the role of dentists doesn't fit with the current model of organization, that develops a new model of supply/demand.

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**FOCUS ON AUSTRALIA AND NEW ZEALAND**

"Australia and New Zealand belong to the "Australasia" region, together with the island of New Guinea, and neighbouring islands in the Pacific Ocean. However, the current geopolitical use of the name only refers to these two countries..."

**HIGHLIGHTS EUROPEAN TRADE PRESS CONFERENCE**

"IDS takes place in Cologne every two years and is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and is staged by Koelnmesse GmbH, Cologne..."

**OUTLOOK ON THAILAND**

"Thailand is located in the center of mainland Southeast Asia, and it was once known as Siam. For long time it was ruled by a monarchy established in the 18th century, remaining the only country in Southeast Asia that was never subject to European colonization..."

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WHEN IS SOFTWARE CONSIDERED A MEDICAL DEVICE?

"Until a few years ago, little thought was given to the software that is an increasingly crucial part of these devices. Over time, however, the software that controls many electronic diagnostic and life-critical electronic equipment has grown in importance..."



STANDARDISATION OF HEALTHCARE SERVICES IN EUROPE

"Since the adoption of Directive 2011/24/EC on patients' rights in cross-border healthcare, cooperation between European member states has gained importance as patients can receive healthcare services outside their own state..."

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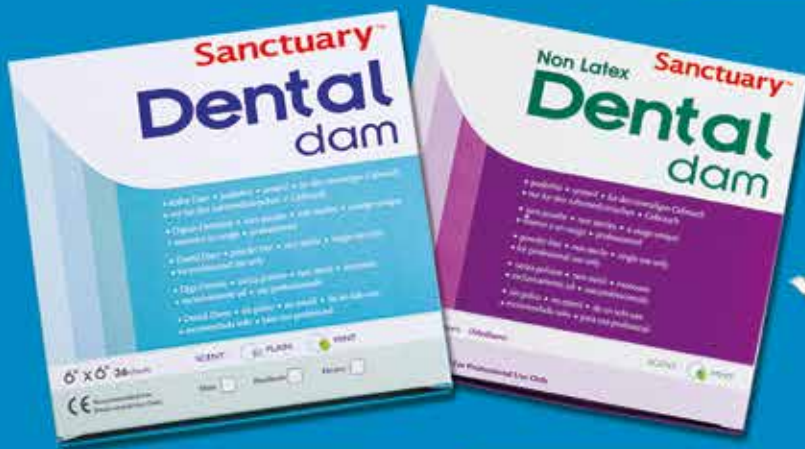
techniques, among others, with 4 precise temperature settings. Powered by a state of the art, re-chargeable lithium ion battery, the Alpha will last for days on a single charge and has a series of green LED's to monitor battery power remaining. Of course, the cordless handpiece eliminates the cumbersome cord common to all other endodontic equipment, reducing operator clutter and enhancing its portability. Twelve different tips are available, including a wide range of pluggers in different diameters and tapers, heat carrier tips, and a unique tip for thermal testing tooth vitality. In addition, the Super Alpha has a 6 slot position for easy and comfortable access for the operator. Made from highly durable materials, the Alpha A2 will stand up to the demands of the busiest endodontic practice. The Super Alpha now is available in white as well as black.



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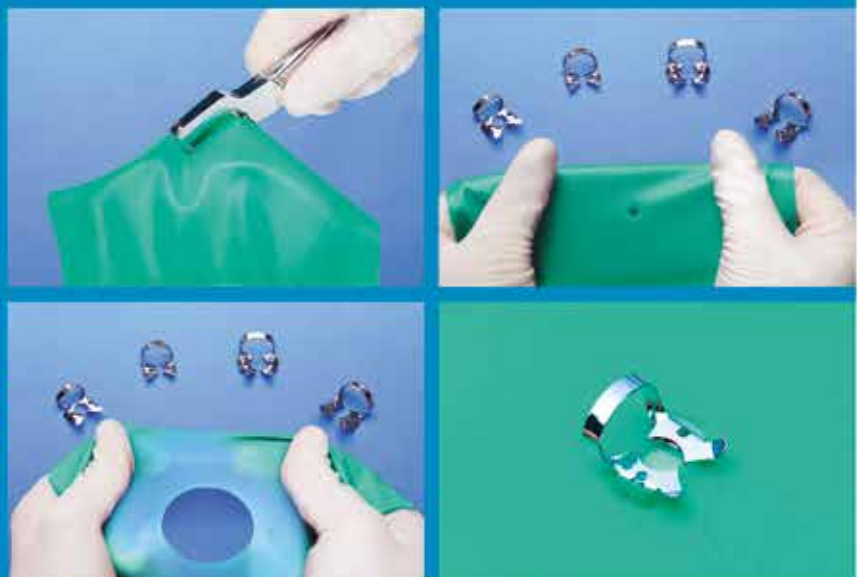
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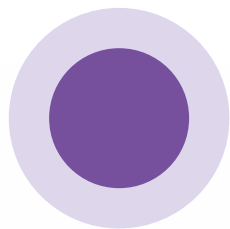
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At IDS 2015 Claron is launching **Navident**, an innovative implant planning and navigation system, bringing real-time dynamic guidance to free-hand implantation procedures. Using the CT images as a map, Navident guides dentists just like a GPS guides drivers. Navident is easier, simpler, faster, more economical and more flexible than other workflows (no static guides are involved). Furthermore, it enables imaging, planning and implantation to be done in a single patient appointment, eliminating many steps needed with alternatives. Dynamic navigation systems have been successfully tested since the early 2000s, and proven to provide many benefits in numerous scientific papers. They have not gained widespread use, however, mainly due to their high purchase price and to usage difficulties caused by their immature design. Navident is different. It is affordable, practical and robust. We are looking for distributors in EMEA and APAC. For more information, please contact Claron Technology: info@clarontech.com.



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Built-in vaporizer, which generates overall energy savings thanks to more rapid cycles and consequent drastic reduction in water and energy consumption. Stainless-steel chamber. Large graphic display, a complete management and control software, make the autoclave extremely user-friendly: each single operation may be displayed in more than 10 different languages which can be selected and set up through the user menu. Built-in printer, electrical door lock and internal connection settings for water purification system. The MTS (Memory Test System) is a technical backup which has been developed to assist the user with more reliable and faster diagnosis, reducing as a consequence the management costs. 10 different sterilization cycles and 2 test cycles ("Vacuum Test" and "Helix/Bowie&Dick Test"). It is possible to select both type-B cycles (6, with fractioned vacuum) and type-S cycles (4, with pre and post vacuum), according to the type of material to be sterilized.



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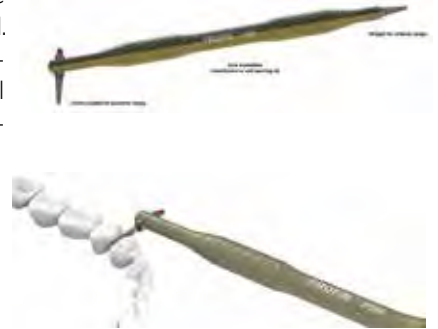
In 2012 the updated version of the motor driven handpiece for Dentatus Lamineer tips – **Profin PDX** – was introduced. The handpiece and the dedicated and assortment of abrasive Lamineer/EVA® tips offer unlimited access to hard-to-reach intraoral areas, allowing reshaping of enamel and restorations made of porcelain, metal, composite and amalgam.

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Implant Real-time Imaging System (IRIS-100) features the utilization of optical tracking systems to visualize instantly the implant handpiece and drill with a CBCT image. With the aid of this intra-bone GPS function, users can see the position of the drill and data

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• LYRA - The progress in prosthetic solutions



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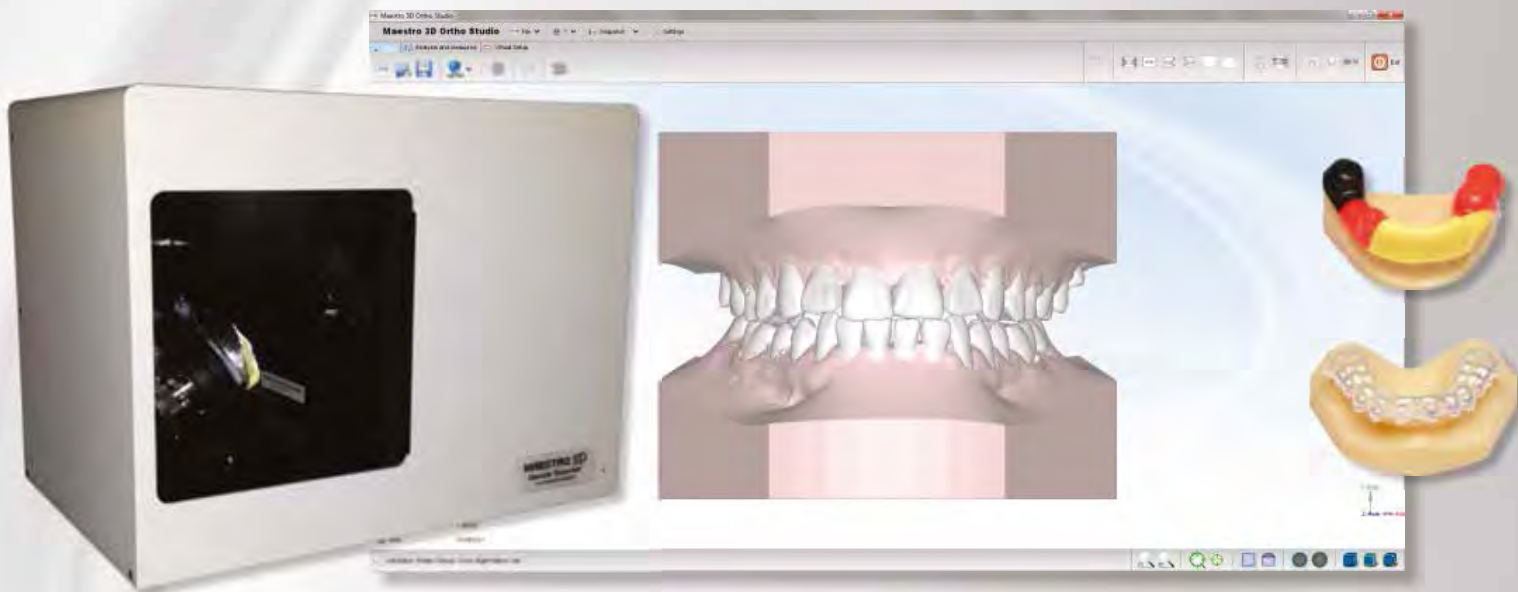
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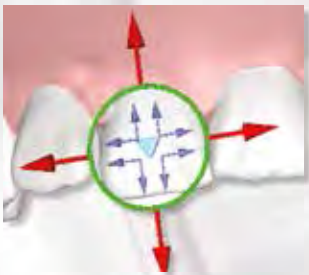
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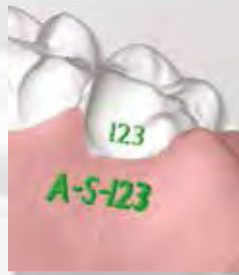


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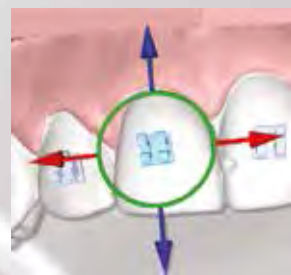
Attachment designer



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Brackets module



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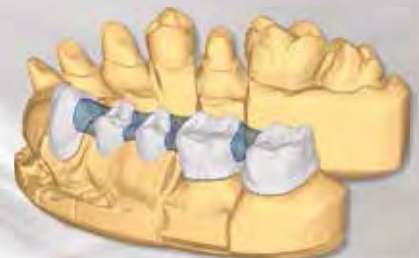
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also has fast ORTHO, caries inspect, plaque inspect functions. Dentist can see patient's caries/plaque via FIND optical filter; patient also can see his caries/plaque easy via FIND mirror.

DENTMATE focus on dental curing light and believes in quality. That is why all products are produced in state-of-the-art facilities and are subjected to rigorous quality control. DENTMATE was awarded CE FDA certification and ISO 13485, ISO 9001. This affirms the company's commitment to quality and its continual desire to upgrade.

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B. & B. Dental S.r.l. is a leading Italian company in the field of oral implantology, specializing in the development of dental implants and bone regeneration materials. The main dental implant lines are here described.

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Rocanal Irrigation: Root canal disinfecting and cleansing solution

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Our Company was founded by Sol Soroca- CDT, who passed away last February at the age of 90. Sol loved Flexite and he loved teaching thousands of technicians from all over the world. Sol Soroca considered everyone he taught to be a part of the Flexite family. He was loved by everyone that knew him. Today we honor Sol Soroca and thank him for starting such a wonderful company. Sol's son, Lee Soroca and his grandson, Marshall Soroca, now continue the great customer service that Sol initiated over 50 years ago. Executive Secretary, Irene Porcelli, also keeps the wheels turning at The Flexite Company.

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PREMIUM LINE

• Transform Heat Mouldable Impression Trays - A custom shape: created by you



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Transform trays can be heat moulded chairside in less than a minute to create a custom shape. They are available in dentate and edentulous models in three colour coded sizes. Zaki Kanaan of K2 Dental, UK commented "these trays are great for all indications. I have used them for denture and implant cases both open and closed techniques. Easily mouldable and adaptable for the case in hand. Very happy with them"

Transform Trays join the expanding range of innovations from Astek which include Pro-Matrix, Pro-Tip Turbo and inSafe Safety Syringe System.



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• New implant-motors line by MARIOTTI, Italy



The company MARIOTTI introduces three improved MiniUniko implant-motors versions with better torques/speed performance, better practicality and better reliability. The LED light version (MUN.CL), the classic version (MUN.C) and the easy version (MUN.F).

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Complete Dental Hygiene Control



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• MG InHex with Multi Task Abutment (MTA)



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• EGS at IDS 2015: Discover the ultimate 3D technologies upgrades in Digital Dentistry



Enhanced Geometry Solutions

EGS at IDS 2015: Discover the ultimate 3D technologies upgrades in Digital Dentistry EGS, will present a wide range of products able to cover the whole digital dentistry work-flow.

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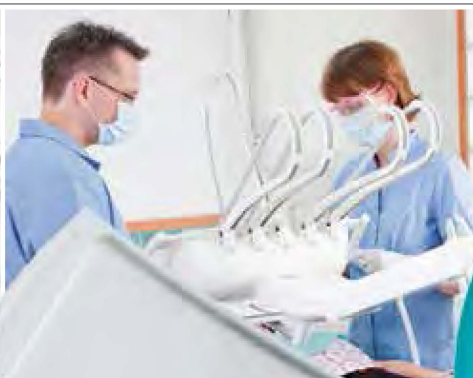


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New AloeSkin Nitrile Gloves - High Tactile Sensitivity

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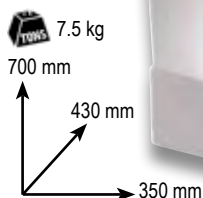
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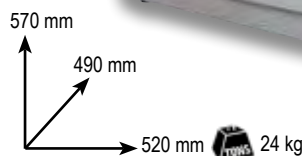
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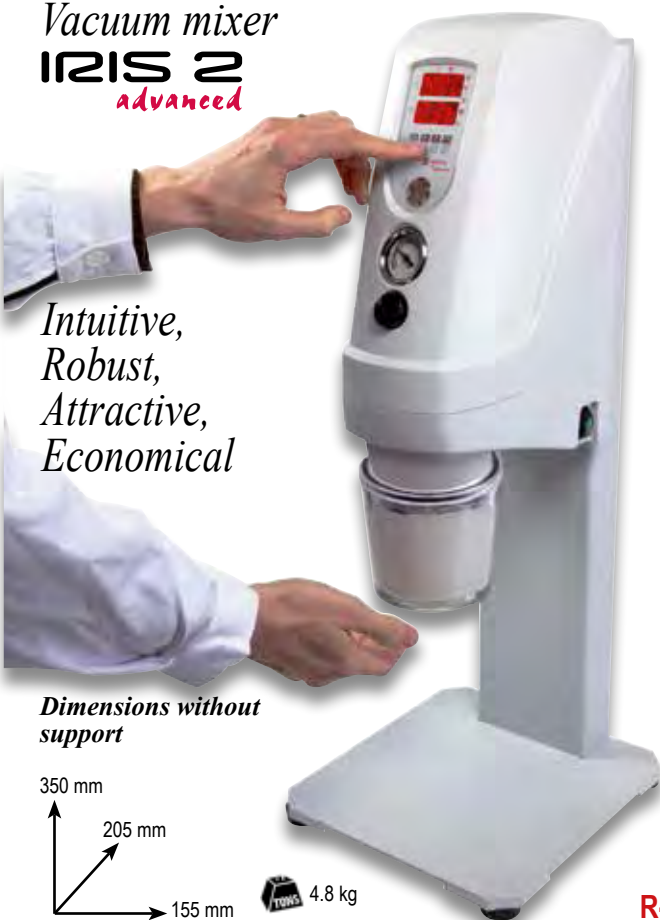


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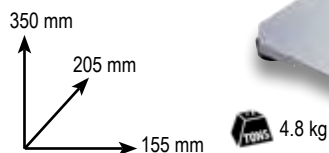
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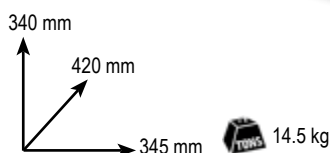
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• WOLF Black Label High Speed handpiece



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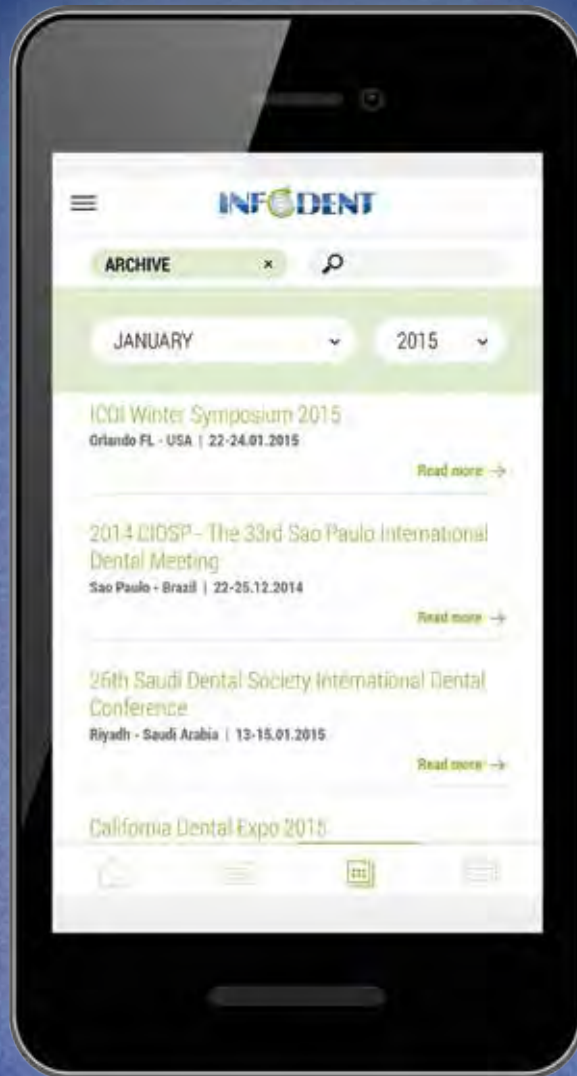
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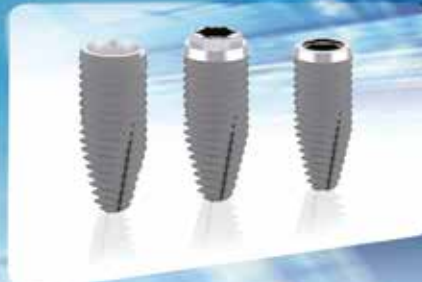
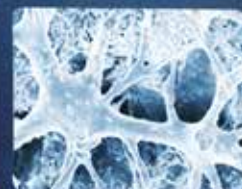
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CAB® has obtained the International Patent PCT/EP2011/072448 as innovating original device. CAB® is worldwide appreciated, especially when associated to the application of Teeth Just on 4®/Teeth Just on 6® surgery techniques when immediate implant loading is possible.



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FOCUS

Australia & New Zealand

Australia and New Zealand belong to the “Australasia” region, together with the island of New Guinea, and neighbouring islands in the Pacific Ocean.

Author: Michela Adinolfi

The current geopolitical use of the name only refers to these two countries, who share some common features but also differ significantly in their history and culture. Both colonised by the British since the 18th century, Australia and New Zealand have been a destination for migrants, for a long time although Australia was founded to be a penal colony while New Zealand was founded to be a religious colony. The geographic landscape is also very different, with Australia's immense deserts contrasting with lakes and glaciers of its smaller neighbor.

Australia

Economic outlook

According to the OECD's latest economic survey, Australia is among the countries with the highest living standards in the world, thanks to good macroeconomic policies that allowed a relatively painless passage through the global financial crisis. However, an significant share of the country's economy still depends on the mining sector, with exports of coal and iron ore accounting for nearly 45% of total goods and services exports (nominal terms) and about 10% of GDP.

After a peak in commodity trade, the declining prices of coal and iron are combined with a budget deficit, generated by stimulus spending to offset the effects of the global recession, have caused a temporary slowdown in the country's economic growth. Business investment is now expected to target other activities such as tourism and services aimed at the Asia-Pacific region, in order to diversify the economy and provide a basis for a more balanced growth in the future.

Another current issue is the booming house prices in some urban areas: even though boosting construction and partly compensated the drop in resource-based income, they also increase the risk of economic shocks in case of a sharp drop of prices. However, the relatively sound fiscal balance and the government's objective of a budget surplus by the early 2020s are positive backgrounds for the advancement of the non-resource sector, supported by historically low interest rates and a fall in the exchange rate.

According to current estimates, the Australian economy is forecast to grow 2.5% in 2014-15 before accelerating to 3% in 2015-16, a below-trend rate that requires interventions to restore the country to its potential growth prospects. Yet, the overall economic outlook is positive, since Australia has a highly competitive regulatory framework with simplified procedures for business formation and flexible labor regulations. The government has reduced tariff and non-tariff barriers and the open financial sector is well-developed, with prudent regulations that saved banks from big shocks during the international crisis.

The government has also planned a series of interventions aimed at pursuing market-oriented policies that promote open trade and investment flows, as well as improving productivity and managing the transition from resources led to non-resources led growth. Fiscal consolidation and redirection of spending towards infrastructure, productivity and workforce participation are the pillar concepts of these measures, including:

- A \$11.6 billion Infrastructure Growth Package announced in the 2014-15 Budget, leading to additional investment from State and Territory governments and the private sector for total \$125 billion of infrastructure investment.
- An Asset Recycling Initiative providing \$5 billion in incentive payments to State and Territory governments to sell assets and reinvest both the proceeds from selling the assets and the incentive payment from the Government in new economic infrastructure, for a potential \$33 billion of additional infrastructure investment.
- Employment welfare reforms aimed at boosting labour supply, creating more jobs and making the Australian economy more flexible, including: pension age increase to 70 years by 2035, with an expanded wage subsidy scheme to boost employment opportunities for mature age jobseekers; introduction of a new Paid Parental Leave Scheme from 1 July 2015 to support higher levels of participation of women by providing recipients with up to 26 weeks of replacement wage.
- A Higher Education Reform Package will increase Australian universities' competitiveness and equitable access.

Other broad-ranging actions are aimed at reducing the regulatory burden on businesses, domestic and foreign, operating in Australia. For instance, the company tax rate will be cut by 1.5 percentage points from 1 July 2015.

Despite the positive impact expected from government reform packages, the Australian economy is still subject to several challenges including wide socio-economic gaps between the 3% of Indigenous Australians and the rest of the population. The OECD reports that Indigenous people's life expectancy is about 10 years lower and employment rate is 25 percentage points lower than the non-indigenous majority.

FOCUS ON Australia & New Zealand

Cover Photo

Matilda Bay
boathouse in
Perth, Australia.

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When it comes to the environmental issue, Australia's Great Reef is the canary in the coal mine signaling the worrying progression of climate-change and pollution on a global scale. The government has recently repealed a controversial carbon tax to replace it with a greenhouse-gas reduction mechanism, but pollution is not the only challenge, since Australia also faces relevant water supply issues and is subject to severe droughts.

Major pressure comes from environment-friendly organisations to preserve the peculiarity of Australia's natural landscape and fauna, particularly in view of the country's massive mining and extraction activity. The forecasted shift to a non-resource driven economy is therefore a welcome step towards a more sustainable growth that may preserve the unique characteristics of this island-continent.

As regards foreign trade, Australia will establish a Trusted Trader Programme that will grant low-risk frequent traders and industry partners exporting to Australia reduced border compliance costs. Moreover, as a part of the trade liberalisation agenda, Australia is conducting sector-specific negotiations to reduce tariffs on environmental goods, liberalise services and expand the information technology agreement product list.

Recently signed free trade agreements (FTAs) with Japan and Korea, respectively Australia's second and fourth biggest trading partners, and will eliminate all tariffs on \$28.4 billion imports, with around 85% of the tariffs receiving duty-free treatment on entry into force.

Healthcare

Australia's health system is composed of a network of public and private providers. The Australian government provide funds to public hospitals, but they are managed by state and territory governments, while private hospitals are owned and operated by the private sector. The Australian Government and state and territory governments fund and deliver a range of other health services,

including population health programs, community health services, health and medical research, Aboriginal and Torres Strait Islander health services, mental health services, and health infrastructure.

Primary health care is typically provided by general medical and dental practitioners, nurses, Indigenous health workers, pharmacists and other allied health professionals, either in general practices, Aboriginal and Community Controlled Health Services, community or allied health centres.

According to the Australian Institute of Health and Welfare, spending on primary care services almost equals spending on hospital services, accounting for 36.1% (\$50.6 billion) of total health expenditure in 2011-12 compared with 38.2% (\$53.5 billion) on hospital services.


Secondary care provided upon referral includes services provided by both public and private hospitals and specialist medical practices. In 2011-12, there were 1,345 hospitals in Australia and total hospitalisations rose by 4.6% to almost 9.3 million from 2010-11 to 2011-12.

Australia has immense inhabited areas where human settlements are scattered at long distance from each other. In such a context, telehealth services and technology can make a big difference to people living in regional, rural and remote areas who previously had to travel to the nearest major city to see a specialist, and who can instead use video-conferencing and tele-consulting. The government has established a number of Primary Health Networks, to be operational from 1 July 2015, in replacement of 61 Medicare Locals that were used to deliver services to meet particular local needs. Moreover, 136 Local Hospital Networks link services within a region or through specialist networks across a state or territory. Whether LHNs include a number of local hospitals, or just one, they enjoy autonomy and flexibility in responding to local needs. 123 LHNs are geographically based and 13 are state or territory-wide networks that provide specialised hospital services across jurisdictions.

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* For detailed information on Class III Correction, reference:
"Class III correction using an inter-arch spring loaded module".
Robert VanLaeken, DDS M.S., West Virginia University, Department of Orthodontics.

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Health expenditure in Australia is around 9% of GDP, with almost 70% of funding provided by government and the remaining 30 divided among out-of-pocket payments (17%), private health insurers (8%) and accident compensation schemes (5%).

The universal public health insurance scheme, Medicare, was introduced in 1984 to provide free treatment for public patients in public hospitals, the payment of benefits or rebates for professional health services listed on the Medicare Benefits Schedule, and subsidisation of the costs of a wide range of prescription medicines. The Medicare scheme can be integrated with private health insurance coverage, while lower income households can benefit from further support such as smaller out-of-pocket costs. Medicare, however, does not cover ambulance services, most dental examinations and treatment, as well as a range of therapies, physical aids and medical and hospital services which are not clinically necessary. Additional government programs target people living in rural and remote Australia, Indigenous Australians, those with chronic illnesses and older Australians.

Private health insurance covers services not covered by Medicare, including dental services. Currently, around 11 million of Australians, or 47% of the population, has some form of private hospital cover and 12.7 million (55%) had some form of general treatment cover. According to a recent article by the Sidney Morning Herald, private health insurance premiums are expected to rise by 7% in 2015 because of increased use of services, rising care costs and more expensive medical technology. The annual increase is based on the expected rise in the cost of private hospitals and medical providers payment.

Dental care

According to the Australian Dental Association, there are 20,749 registered dental practitioners in Australia. The dental services market is dominated by private dental practices and funded by individual payments, although public dentistry is also present. Demand for dental services is influenced by either financial or geographical factors, resulting in more than 30% of the population having some difficulty in accessing dental care, especially residents of rural and remote areas and indigenous people.

On the other hand, the urban areas are registering an emerging surplus of dentists. As a general trend, such a surplus is expected to be fully evidently within 5 years, since the increasing number of graduates from Australia's dental schools is likely to bring the number of dentists per 100,000 from 53.6 in 2010 to about 65 in 2020, according to a projection by the Australian Workforce and Productivity Agency.

The Australian dental market has been affected by the unwinding economy and reduced consumer confidence, also in consequence of the removal of a Government-funded Chronic Disease Dental Scheme.

New Zealand



Fast Facts

New Zealand is composed of two main islands and numerous smaller islands, totalling approximately the same size of United Kingdom or the Philippines. The volcanic area of the Pacific Rim, where the country lies, causes earthquakes such as the one that hit the city of Christchurch in the South Island in 2011. Despite a generally temperate climate, New Zealand is subject to frequent droughts that can have a strong impact on the country's agricultural activity. Known as Aotearoa or "land of the long white cloud" for the Māori inhabitants, it was one of the last land masses to be settled by humans, as their early ancestors arrived on their canoes the 14th century.

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Gross domestic product (GDP)
Last 5 year
average growth
(%) **1.7**

Gross domestic product (GDP) in
current prices (billion USD) **1 505**

AUSTRALIA

Gross domestic product (GDP) in
current prices (billion AUD) **1 556**

Gross domestic product (GDP)
per capita (000 USD PPP) **44.6**

Basic Statistics

OECD Economic Surveys: Australia

1.7%

Latest 5-year average
growth (%)

14.4%

Population over
65 (%)

27.0%

Foreign Born (% 2011)

23.1%

Population (million)

18.9%

Population under 15 (%)

STATISTICS — AUSTRALIAN DENTAL INDUSTRY INTELLIGENCE REPORT

A key role for the
Australian Dental Industry Association (ADIA)
is to provide the information necessary
for its member businesses to grow,
create jobs and operate sustainably.

To this end, ADIA publishes the
Australian Dental Industry Intelligence Report
which has rapidly gained a reputation
internationally as the most authoritative analysis
of the Australian market for products and
services supplied by the
dental industry to dentists and
allied oral healthcare professionals.

The latest edition of the report can be viewed at:
www.adia.org.au

ADIA Argues For Reduction In Dental Product Red Tape

THE AUSTRALIAN GOVERNMENT is conducting a review of the current regulatory framework for medicines and medical devices aimed at reducing the burden faced by manufacturers and suppliers and cutting unnecessary red tape. The Australian Dental Industry Association has tendered a detailed submission in response to the discussion paper issued by the government. ADIA's position was based on the key requirement that "the TGA's medical device regulatory framework be based on a risk management approach designed to ensure public health and safety, while at the same time freeing industry from an unnecessary regulatory burden."

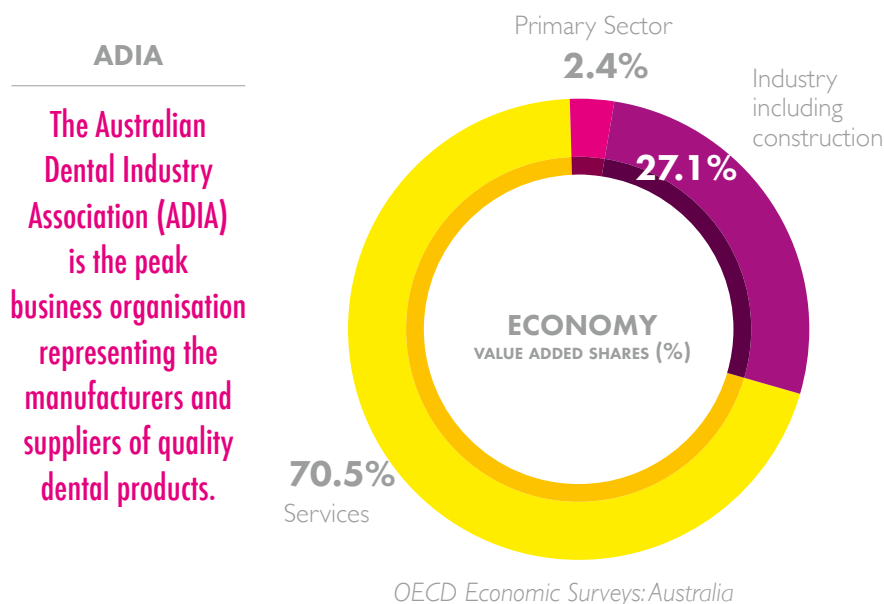
In response to the issues raised in the discussion paper released by the review panel, outlining a number of options to reduce the current red tape faced by businesses in the medical device sector, ADIA stated four key recommendations:

"The focus of the TGA should be on establishing protocols with European Union Designating Authorities that will see acceptance (for Australian regulatory purposes) of Notified Bodies acceptable within each European Union member state;

"The TGA should approve the inclusion of a medical device on the ARTG, regardless of classification of the device, on the basis that it has been approved for the same purpose by a "trusted" overseas regulator;

"Australia should adopt the European Union classification system for medical devices; and
"Low-risk medical devices that are not the subject to an independent conformity assessment should continue to be included on the ARTG.

Editor's note: The full release and reference is available on ADIA's website: www.adia.org.au



Land, People and Electoral Cycle

MEN 79,9 Life expectancy (years, 2012) **WOMEN 84,3**

OECD Economic Surveys: Australia

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Whereas the public health system focuses on urgent and essential treatments, private healthcare includes specialist services, primary care and private hospitals which provide non-urgent and elective treatments.

Five hundred years later, the country had been colonised by Great Britain and the Treaty of Waitangi was signed with the Māori tribes. Currently, around 600,000 Māori live in New Zealand, keeping alive their language, art, and culture. It is worth mentioning that in 1893 the country became a world's pioneer as the first to grant all women the right to vote. The following year the government adopted compulsory arbitration between employers and unions and a few years later it also introduced the first general pensions scheme in the British Empire.

Economic outlook

New Zealand's economy has been opened to foreign investment after a series of free-market reforms started in the 1980s. New Zealand is one of the top five dairy exporters in the world and the farming industry is a core activity, but the service sector and in particular tourism, film production, and winemaking have also become important assets in the country's economy. Australia is the main trade partner, having a close tie that allows citizens to travel and move freely across the two countries. Other major partners are China, the United States, and Japan.

After a post-crisis slowdown in 2009, New Zealand returned to grow at a constant pace and GDP yearly increase is now around 3%, with per capita GDP in current prices estimated at over \$47,000.

The export-driven growth, supported by demand from Australia and China, was further boosted by the rebuilding of Christchurch. Moreover, the government operated interventions on taxation and spending cuts which resulted in a faster and sounder recovery compared to many other developed economies, although this outcome is also tied to New

Zealand's position in the Asia-Pacific market which has also been faster in recovering from the crisis.

Healthcare

New Zealand residents, or workers with a visa valid for two years or more, benefit from a public health system that is free or low cost thanks to heavy Government subsidies. However, there may be some co-payments required for services involving private providers.

The public health system is articulated in three key sectors: the District Health Boards (DHBs), funded by the government and provide or fund health and disability services in their district, and the Primary Health Care out-of-hospital services, not necessarily government-funded, including general practice, mobile nursing and community health services. These services are coordinated by local Primary Health Organisations. Whereas the public health system focuses on urgent and essential treatments, private healthcare includes specialist services, primary care and private hospitals which provide non-urgent and elective treatments such as recuperative care, elective procedures and a range of general surgical procedures, as well as diagnostic services such as radiology and laboratory testing. However, private accident, emergency and medical clinics also operate in the delivery of urgent care.

If a resident or a visitor has an accident or injury, the Accident Compensation Corporation (ACC), the government's personal injury scheme, covers the full range of personal injuries and subsidises related medical and treatment fees and rehabilitation costs or residential care.

PHOTO Moeraki Boulders at Sunrise

The Moeraki Boulders on the East Coast of New Zealand's South Island. Photographed at first light with blurred water lapping over the formation

Candid Wedding

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Dental care

Adult oral health services in New Zealand are almost all delivered through a market-driven, private practice model and are funded directly by patient payments, while it is free for eligible children up to 18 years of age. In absence of fixed or recommended fees, dental practices set their fees according to where it is located, whether it is a specialist or general dental practice, and the degree of advanced equipment or techniques used. Some groups are entitled to receive free dental services, including people with disabilities or medical conditions such as mouth cancer who can get hospital treatment upon referral, or people on low incomes who may be eligible for emergency or basic dental care.

According to the New Zealand Dental Council, there are approximately 2,700 dentists in the country, but their distribution is quite uneven. Due to the predominantly private nature of the market, the groups of higher socio-economic status are those that have easier access to dental care, but also those with lower levels of oral disease. Moreover, there is a particular need for dentists in the provincial areas of New Zealand. The number of dentists is expected to grow by around

2.8% per year until 2018, also in consequence of government's support to the immigration of skilled dentists in New Zealand.

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IDS

Highlights from the European Trade Press Conference

Cologne December 9th 2014,
in the run-up to the 36th IDS 2015

Comments by : Dr. Martin Rickert,
Chairman of the Board of the German Dental Industry (VDDI)







IDS takes place in Cologne every two years and is organised by the GFDI Gesellschaft zur Förderung der Dental-Industrie mbH, the commercial enterprise of the Association of German Dental Manufacturers (VDDI) and is staged by Koelnmesse GmbH, Cologne.

The German dental industry is organizing IDS since 1923, i.e. for over 90 years. Despite of its long history, IDS is not an old lady, because it reinvents itself from time to time, as science and technology are subjected to a continuous development and with them all the areas of our entire dental industry.

The whole dental industry is considered in Europe a very important economic factor. The owners of surgeries and laboratories, their employees, their manufacturers and specialised dealers, offer jobs, are tax payers and are part of a value chain that ultimately give profit to the national economies.

Each professional group within our dental industry gives its special contribution to the best of their abilities, using modern medical standards. We, the dental manufacturers, do the same thing with great commitment.

Every two years, the International Dental Show in Cologne covers the entire spectrum of the dental market. Manufacturers from all over the world present their new products in direct comparison with others competitors. In this way, we expose ourselves to the critical glances and verdicts of the users, dentists and dental technicians as well as their employees. They decide whether we, the manufacturers, have successfully managed to turn scientists' ideas and everyday practise into innovative applications.

Sustainable methods only become sustainable business models that bring all parties involved adding value if we, the manufacturers, manage to offer concrete solutions to problems with our innovations.

What current developments are there among the dental products? Which trends will shape IDS 2015?

For me, the intelligent networking of components for computer-controlled dentistry will be the focus at the International Dental Show in Cologne next March – as well as numerous interesting individual innovations. Today, the world of digital systems in diagnostics and production encompass the entire work-flow, from the practise through to the laboratory. The computer-controlled process chains are in

the meantime complete and are putting their enormous flexibility to use. Using open systems, impressions, CAD designs of restorations, drilling templates and much more can be coded in STL data sets – and for this all the options are more or less open: grinding, milling, processing using laser techniques, manufacturing using different ceramics, non-precious metal or plastic or also manufacturing PMMA cast frames for precious metal casting. It is hardly difficult to list all of the possibilities.

As regards the links to imaging processes, for example, an implantation can be planned more accurately – through to the finished drilling template, if three-dimensional X-rays are combined with scanned data of the clinical situation. Computer-controlled dentistry may have already already offered this potential, but for the everyday implementation we have to overcome certain hurdles very often. A solution now has been reached, not least due to the triumph of the open systems, which allows the networking of the most suitable functional units for the individual patient situation.

A relatively new production method is the 3D print. It is familiar in many industries for the constructions of forms, whether used for a bodywork part, a special seal or for artistic work. For the implementation in the dental field, the key factors are of course precision and the use of bio-compatible materials. Special particularly hygienic executions include for instance cold sterilizable plastic.

Thanks to the last years progress, laser-controlled methods as well as stereolithography and related variants belong to the repertoire of the processes developed. On walking round the International Dental Show, both dental medicine and dental technology teams can look forward to receive an answer to this question: Which steps can and would I like to carry out myself and using what methods? Why do I look for a suitable partner?

In this way, there is a close link between "dental" and "digital". However, in this situation classic tasks have to be reconsidered. For example, how can an appropriate function or occlusion be ensured, if is chosen a monolithic ceramic restoration instead of a high gold alloy?

For this purpose, totally new virtual tooth forms were recently developed thanks to the development of the digital design. By the way, the real world has been enriched with innovative forms, for example with new prosthetic teeth, for which the flat canine guidance is already prepared.

HOT TOPIC

IDS

Cover Photo

Dental technician working on a tooth crown.

style-photographs /
istockphoto

Of course, this mainly all concerns the prosthetics and implant dentistry, however more recent digital processes are also being implemented more and more frequently in the field of endodontics – namely three-dimensional X-rays. It often enables the detection and proving of additional root channels as well as the verification of discrete apical radiolucency. The preparation work here involves less and less filing, the same applies for the creation of the glide path. This saves time that can be well invested into careful rinsing – and to ensure an even higher chance of success. In individual cases, even infected teeth that are very loose/ that are going to be lost can be preserved using endodontic treatment and stabilised using small bone and soft tissue transplants.

If a tooth is not worth preserving, implant dentistry offers an ever-increasing variety of artificial dental roots. Short implants make it possible to do without augmentation and sinus lift, the narrow mini implants stabilise prostheses. The geometry is so variable today that an implant can be recommended much more frequently. There is also a wide spectrum of materials, especially when the surface modifications can be visualized. Today, in addition to titanium and zirconium oxide, there are also PEEK implants. No doubts that in the future we will hear a lot about surface coating using titanium oxide and bone replace-

ment material. The material is also attractive because the high-performance plastic polyetheretherketone can be brought into form using 3D print. There are of course a whole range of digital processes available for the implantology treatment itself, from the backward planning of the dental therapy through to the integration of face scans for the optimisation of the aesthetic result.

Furthermore, the dental world and the digital world of smart-phones and mobile IT in general are moving closer together. Soon it will be possible to operate a row of dental functional units using a tablet and special glass will allow constant insights into the digital patient records – including the possibility to call up the state of decay or periodontal chart by voice command and save additional photos and X-rays to the files.

This incidentally answers the question as to whether dentists and dental technicians have to mutate into EDV specialists in the course of the digital revolution. The answer is: Not really, unless this won't be considered as a new business field and offers partners CAD, CAM and 3D print including data management as services. There are examples of this on the market – an interesting development and proof of the entrepreneurial diversity of the sector.

The entire dental industry in Europe is a considerably significant economic factor. The owners of surgeries and laboratories, their employees, their manufacturers and specialised dealers offer jobs, are tax payers, are part of a value chain that ultimately the national economies profit from.

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Companies were able to further stabilise their market position on the global markets and even significantly expand their position in some markets.

In addition to this impetus from the digital world including also microelectronics, dentistry is also adopting among others impulses from the field of microbiology. During the anamnesis, in the future there will be the possibility to make a comparison with the previous periodontal chart using the special dental glasses and subsequently draw up a chair-side analysis of periodontitis germs. The five most important periodontitis germs in under half an hour – an alternative to the PCR method (Polymerase Chain Reaction) are already being illustrated in the laboratory today. However, a faster diagnosis can accelerate the decision for suitable antibiotics or for mouth rinsing solutions.

Dental care systems have also adopted a further innovation boost, this time in the direction of "energy efficiency". Some people thought that energy-saving potentials could only be exploited in big factories or when applying complex processes. However, a new generation of dental suction systems with radial sealing (instead of side canal sealing) with an extremely low energy consumption are convincing us otherwise.

Furthermore, there are a lot of innovations in many areas of dentistry that have to be discovered yet. In combination with 3D print techniques, high-performance plastics such as PEEK are suitable for a variety of applications in restorative dentistry and will surely gain significance in the future. At the same time we are observing a consolidation of the assortments of dental ceramics. This applies to zirconium oxide reinforced lithium silicate for example, a material that

will become available in more and more variants. Particularly the laboratory can integrate it into its everyday routine more flexibly.

The further developments in the field of restorative therapy are interesting for practical application. The success stories of the bulk fill materials that are occurring more and more frequently, spring to mind here. But only the possibility of variation for the filler particles and for all the other composites offers plenty leeway for progress both in manoeuvrability and coloration.

A brief look at the economic situation of the German dental industry.

- The 200 member companies of the Association of the German Dental Industry employed almost 19,300 people in 2013 at home and abroad. This corresponds to a 4.4% growth rate in the number of employees, compared to 2012.
- The VDDI member companies achieved a total turnover of approx. 4.5 billion Euros in 2013. This corresponds to a 3.1% increase. 2,765 billions of Euros were turned over on the export markets – a 3% increase.
- On the important German domestic market, the 2012 result of 1,741 billion Euros was exceeded by 3.3% in 2013. Almost two thirds of the companies were able to record higher sales volumes on the domestic market.

PHOTO

Cologne Cathedral

The Mrdaṅgam is a percussion instrument from India of ancient origin.

Candid Wedding

RudyBalasko /

istockphoto



Foreign business remains strong

The export share of the domestic dental industry still hits the remarkable 61% mark. Companies were able to stabilise their market position on the global markets and even expand significantly their position in some markets.

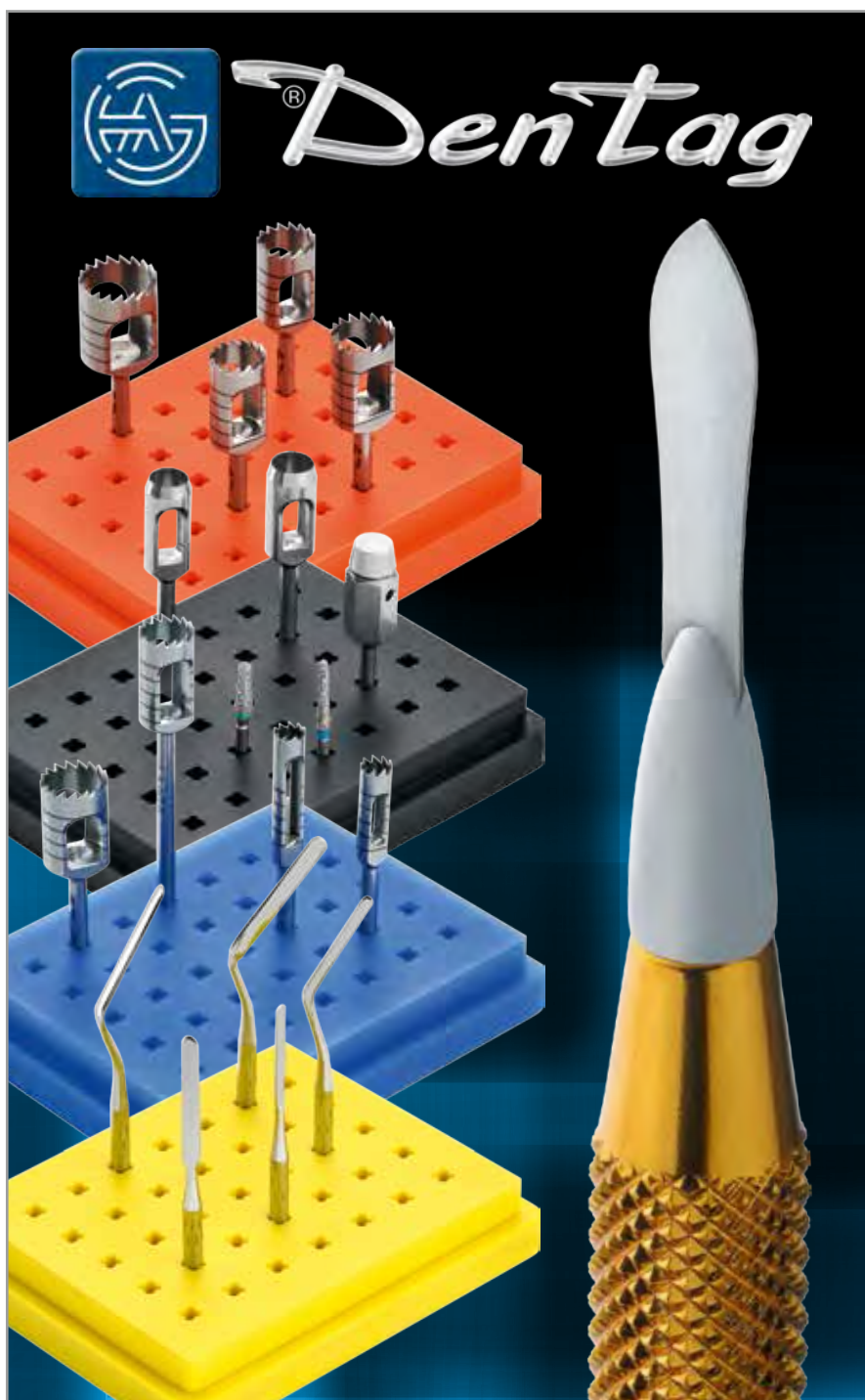
The Association's latest survey on the economic situation highlighted a general satisfaction of the economic situation, a well-balanced tendency present in the three business areas (facilities, devices/instruments, materials) of the domestic market. As far as the foreign turnovers are concerned, the Far East market still ranks first in terms of turnovers, whereby the dental medicine has experienced stronger growth than the dental technology segment.

As regards the foreign turnovers, the Far East market still represents the number one/occupies the first place: so, dental medicine has registered a stronger growth than the dental technology segment.

The business in North America (USA and Canada) is positive too, even if a lower growth rate for dental devices and instruments is reported. The business in Western Europe is also satisfactory to good. In Eastern Europe companies are observing a more positive development overall. Stable growth is being recorded in almost all areas on the markets in the Near and Middle East.

In terms of foreign incoming orders, the Far East clearly tops the ranking, all three business areas are expecting to achieve growth. The same has been applied for Western Europe, where all areas are expecting positive growth, although not quite as high as for the Far East. The companies in Eastern Europe are also reporting positive incoming orders, whereby here dental equipment and materials are the main areas of growth. The business in USA and Canada is proving to be stable. Companies from the Near and Middle East have also recorded good incoming orders.

Most companies see good chances for growth in almost all business areas.



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Highlights from the European Trade Press Conference

Comments by : Katharina C. Hamma,
Chief Operating Officer of Koelnmesse GmbH

From 10 to 14 March 2015, the entire dental industry including all of the international market leaders will once again be represented at IDS with a unique spectrum of offers: from the dentistry sector to dental technology, protection against infection and maintenance, through to services, information, communication and organization tools.

This overall package is what turns the International Dental Show into the meeting place for decision-makers from the dental profession, dental laboratories, the specialist dental trade and the dental industry.

In short, IDS is and remains to be the leading international business and communication platform of the entire dental world, or quite simply the leading fair of the global industry. This is underlined by the participation of the Federal Health Minister, Hermann Gröhe, who will officially open IDS on 10 March.

2,058 exhibitors from 56 countries participated in 2013 – an absolute record result for IDS.

This milestone has already been exceeded with 2,118 companies from 56 countries currently registered to participate at IDS and the exhibition halls almost fully-booked.

After Germany, the most strongly represented countries are Italy, the USA, the Republic of Korea, China, France, Switzerland, Taiwan, Turkey, Israel and Great Britain.

In addition, a total of 16 foreign group will take part in March 2015. These groups will be from Argentina, Brazil, Bulgaria, China, France, Great Britain, Israel, Italy, Japan, Pakistan, Russia, Taiwan, Turkey and the USA. The Republic of Korea will be represented by two participations' group.

In general, even more international companies will be exhibiting in Cologne than in the past, with an increase of almost 2% compared to the previous year. In total, according to the current status, more than 70% of the exhibiting companies will be travelling to Cologne from abroad.

As far as the net booked exhibition surface is concerned, IDS 2015 will set a new record: in the coming year, in besides to Halls 2.2, 3, 4, 10 and 11, the trade fair will add Hall 2.1.

This expansion means that for the first time in its over 90-year's history, the net exhibition space of IDS will exceed 150,000 m².

Regarding the attendance figures, the aim is to break the 2013 record by welcoming more than 125,000 visitors to IDS in the coming March.

The high level of internationality and the wide range of exhibits of IDS are unique worldwide.

This is why the International Dental Show is a must-attend event for anyone, who is involved in the dental business. The ongoing success of IDS demonstrates this impressively every two years:

Here in Cologne the exhibitors reach visitors from all over the globe. At the same time, the visitors can inform themselves about the offers from all over Europe, North and South America, the Near East and the Asia-Pacific region. Such a degree of international business within the dental industry is only possible at IDS in Cologne. This is not only underlined by our exhibitor figures, but also by the development among the visitors: In 2013, almost 50% of the visitor travelled to Cologne from abroad. They came from 149 countries in total.

Regarding the concept of the International Dental Show, in the coming year the VDDI and Koelnmesse will be sticking to their successful recipe of the joint event. Because the trade fair concept of IDS places the clear focus on business transactions and on the provision of product information at the exhibitors' stands. Hence, the so-called "Dealer's Day" will also be repeated.

The first day of the exhibition, i.e. 10 March 2015 is focused on the dental specialized trade and on importers. We give to all visitors the opportunity to hold sales negotiations at the exhibitors' stands without any problem.

The successful concept of the "Speakers' Corner" will be continue in 2015. The hosted forum offers to IDS exhibitors the opportunity to hold specialized lectures and present products to visitors. Numerous IDS exhibitors took advantage of this additional presentation option at the last event.

In 65 lectures approximately, they presented novelties and trends from their portfolio of products and services, an offer that aroused the interest of about 3,000 visitors.

A new introduction at IDS 2015 is the "Career Day" on 14 March, which addresses the theme of promoting potential and young members of the profession in a practical manner. This initiative is intended to build upon the exchange of communication and information between the companies exhibiting at IDS and students or graduates and apprentices from theme-relevant fields of study as well as schoolchildren or people joining the industry from other professions. IDS exhibitors can book short slots to present their company on the "Career Day" stage in Hall 3.1 or hold individual discussions with potential applicants in the adjacent "Recruitment Lounge".

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IDS 2015 is offering a further interesting novelty in the form of the "Know-how Tour": interested dentists can take part in an exclusive tour of two of the most famous dental surgeries in Cologne on three different evenings after the trade fair closes. The two dental surgeries are the "PAN-Klinik" and the "Doctores Alamouti & Melchio". A professional expert exchange on the most modern and up-to-date dental techniques – in a small selected circle and in a relaxed atmosphere – is on the agenda.

Diverse online services are available, including a free IDS app, which will be available for immediate use. It not only contains a list of the exhibitors, thanks to an innovative navigation system, it also guides visitors unerringly through the IDS halls.

The offer of IDS is rounded off by the expert programme of the German Dental Association (BZÄK) and the Association of German Dental Technicians (VDZI). The joint stand of the BZÄK (German Dental Association) and its partners in Hall 11.2 will be the meeting point for information, exchange on profession-related dental surgery themes.

The VDZI is also inviting the visitors to attend the award ceremony of the 15th Gysi Prize on 12 March 2015. This famous competition for young professions pays tribute to the work of dental technician apprentices. The winning models will be exhibited in the corridor between Halls 10 and 11 throughout the entire duration of the trade fair. Furthermore, at the stand of the VDZI competent contact partners on the all themes covering dental technology will be awaiting the dental technicians.

After the huge success at IDS 2013, the German Association of Dental Medicine Students (BdZA) will once again be represented at IDS in the scope of the Generation Lounge. The lounge was a popular meeting place for the joint events and discussion rounds of national and international specialized associations such as Young Dentists Worldwide, the German Dentists Association or the International Association of Dental Students, where they exchanged ideas and experiences.

So that the visitors of IDS can prepare their visit and make optimum use of their time at the trade fair, different online services are available, including a free IDS app, which will be available for immediate use. It not only contains a list of the exhibitors, thanks to an innovative navigation system, it also guides visitors unerringly through the IDS halls.

The app also contains information about the supporting program and on-site services.

Another available digital service is Business Match-making 365, a communication and business platform that enables visitors and exhibitors to get into direct contact with each other – during the exhibition or afterwards. Visitors can also e-mail exhibitors via the online schedule planner to request meetings, while the online route planner compiles a personalized plan for the fair visit.

Regarding accommodation options, Koelnmesse co-operates with about 120 partner hotels in Cologne and the surrounding region, so that we can offer the best possible conditions.

In total, are available approximately 90,000 rooms in Cologne and the surrounding region, which can be booked via the IDS homepage.

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Dentistry in the 21st Century

The itinerant FDI's Annual World Dental Congress is a well-established platform where leaders of the dental profession and the international from more than one hundred countries and national trade and industry gather together. The World Dental Exhibition is part of the congress since 1929 and this year it will host more than 500 booths on the same floor of the scientific congress.

In 2015, the Congress will be held from 22 to 25 September in Bangkok. "After our 100th anniversary Hong Kong in 2012, this is the second time in three years that our Federation has demonstrated its confidence in the Asia Pacific region as an area of growth and development in the field of dentistry and the dental sector," says Tin Chun Wong, FDI president.

Thailand, already an important gateway to this region, is one of the most promising Asian countries for the dental market, with an increasing consumer base due to both general economic improvements

and extended coverage for health services including oral health.

The capital, Bangkok, with a population of over eleven million inhabitants, is by far the largest city. Despite the traffic, heat and a particularly renown night-life, Bangkok also has a marked cultural appeal with magnificent temples and palaces, old canals and busy markets. From a modest beginning as a small trading post at the banks of the Chao Phraya River, Bangkok was made the capital of Siam in 1782 by King Rama I, the first monarch of the present Chakri dynasty, and it has now turned into a national treasure house and Thailand's spiritual, cultural, political, commercial, educational and diplomatic centre.

The Bangkok International Trade and Exhibition Center (BITEC) is an excellent venue for congresses, easy to reach from Bangkok with the BTS or "sky train" in about half-hour. It has already been selected for international trade exhibitions and world congresses as well as for Thailand's five core industries event.





Although the standard Thai language is used, English is widely spoken and understood in business and tourist areas, particularly in Bangkok where it is almost the major commercial language. English and some European languages are spoken in most hotels, shops and restaurants in major tourist destinations, and Thai-English road and street signs are found nationwide. Some of the most famous attractions in Bangkok include the Grand Palace, the Temple of the Emerald Buddha (Wat Phra Kaeo), Wat Po and Wat Arun. The floating markets on Bangkok canals are also a "must-see".

Important dates

Early Exhibition Booking ends: 1 April 2015
 Abstract Submission ends: 15 April 2015
 Circulation of Exhibition Manual: 1 May 2015
 Early Bird Registration ends: 15 June 2015

For more information about the World Dental Congress please contact:

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Outlook on Thailand

An outlook on Thailand's healthcare system and life sciences industry.

Author: Michela Adinolfi

PHOTO

Ganesha

Ganesha is widely revered as the remover of obstacles, the patron of arts and sciences and the deva of intellect and wisdom

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Thailand is located in the center of mainland Southeast Asia, and it was once known as Siam. For long time it was ruled by a monarchy established in the 18th century, remaining the only country in Southeast Asia that was never subject to European colonization. Thailand became a constitutional monarchy under a parliamentary democracy after a so-called "bloodless" revolution in 1932, but the democratic system has been periodically replaced by military systems installed after different coups d'état, the last of whom took place in May 2014. Currently, the military junta is still governing the country.

In recent years, violent clashes have arisen from the complex political situation, and although 90% of the population is buddhist, incidents and unrests have shaken the Southern provinces where the population is mainly Muslim and of Malay origins, and some separatist groups operate.

Economic growth and challenges

From an economic point of view, Thailand is a giant in the Southeast Asia region: it is the second-largest economy after Indonesia, one of the world's top rice producers and a regional manufacturing hub for the auto industry and for hi-tech electronics.

In the past decades growth has been mainly concentrated in the greater Bangkok area while the largely rural northeast of the country remained considerably poor; however, it is now registering a new phase of economic development with a growing middle class and even, in some areas, an inversion in the labour migration trends. In fact, the northeast region hit 40% growth between 2007 and 2011, compared with 23% for the rest of Thailand and 17% for greater Bangkok, according to government figures.



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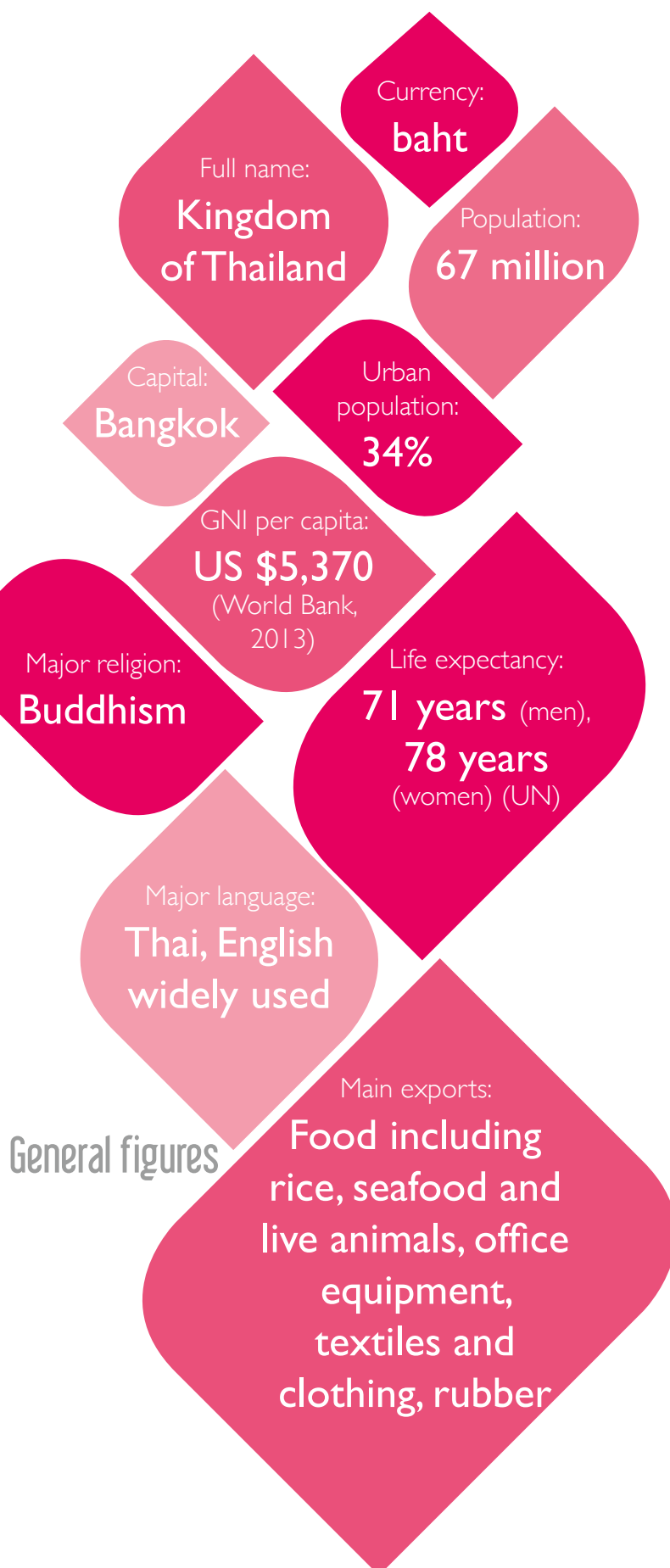


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The official unemployment figure at less than 1% of the population is theoretically very positive, but it doesn't take into account the estimated 2-3 million migrant workers from neighbouring countries, who get low-paid jobs and are subject to all the threats of illegal migration.

The economic boom that started in the 1980s has turned Thailand from an agricultural economy into a powerful industrial and services hub, but it has also brought along challenges like income inequality and a lack of equal opportunities, especially between Bangkok and the rest of the country. The capital expanded rapidly with the inflow of migrant workers and became a major commercial hub, but it is also famous for its flourishing sex industry that contributes to the incidence of HIV infection.

As regards the future economic perspectives, there is a degree of uncertainty among international analysts. For 2015 only a slight growth (around 4%) is expected, due to low spending and investment, weak domestic demand due to high households indebtedness and a contraction in trade and tourism sectors. According to the World Bank, Thailand will remain the slowest-growing economy in South-East Asia till 2016. Despite the political climate is now more quiet and orderly, such stability obtained through a martial law seems rather artificial and arises concerns on the ability of the military to implement sound economic and fiscal policies.

Outcome of healthcare reforms

In 2002 Thailand reformed its public health financing system, extending the scope of coverage to 18 million people who were uninsured and to a further 29 million who were previously covered by less-comprehensive schemes. The three health insurance schemes, the Civil Servant Medical Benefit Scheme (CSMBS), Social Security Scheme (SSS) and the Universal Coverage (UC) Scheme now cover 99.5% of the population. Coverage includes not only basics such as free prescription drugs, outpatient care, hospitalization and disease prevention, but also more expensive medical services, such as radiotherapy, surgery and critical care. This reform increased the health expenditure but it is still below the 4.5% average of lower middle income countries, despite the country is classified as upper middle income. Among the positive results scored by the extended health insurance, there are a reduction in infant mortality and an increased utilization of health services by the poorest quintiles of the population.

The universal health coverage has been a remarkable achievement for Thailand, especially considering the high income inequality, making access to affordable healthcare easier for every citizen, but it couldn't eliminate other inequalities of the system, such as the uneven distribution of health workers and other resources across the country. Moreover, as the government accounts for a high share of health spending, and costs are rising due to the growing number of chronic diseases, aging population and other factors, the current public spending level is hardly sustainable in the long term. According to World Bank

officials, the measures adopted by the government so far, like better payment arrangements and an increased emphasis on disease prevention and health promotion, should be strengthened by a greater focus on hospital efficiency and interventions on the unequal distribution of health facilities and staff. Another major challenge to reduce the health budget is the duplication of resources and inefficiency arising from the fragmentation of funding channels among several ministries, government agencies, public insurance schemes, and local governments.

On the other hand, the OECD recently noted that some positive initiatives have been implemented

in Thailand, such as accreditation programmes for hospitals and health care providers and the development of hospital infection control programmes. Moreover, the country is introducing programmes to develop guidelines, standards and indicators, as well as initiatives to measure patient experiences and improve patient safety.

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When your life depends on software

When is software considered a medical device?

Luciano Villarboito, Mario Fregonara Medici,
Gerolamo Farrauto

**Azienda Ospedaliera Universitaria
Maggiore della Carità Novara**



Until few years ago, little thought was given to the software that is an increasingly crucial part of these devices. Over time, however, the software that controls many electronic diagnostic and life-critical electronic equipment has grown

in importance, to the point where a software failure could be just as catastrophic, and life threatening, as a hardware failure. A software crashing on your laptop simply means a reboot. A software crashing on a piece of equipment that helps to keep a patient alive is another problem altogether.



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Photo
**Software for
medical
devices.**

Pelvis bone x-ray
image show in tablet
on medical chart

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In each scenario below, would you consider the software to be a medical device?

1. Software used to plan cancer treatment doses and to control the setting of oncology treatment devices
2. Software used within the overall design and manufacturing processes of the medical devices
3. Software used to measure and calculate the anatomical sites of the body to facilitate the irradiation of surgical intervention
4. Software embedded in an implanted pulse generator device
5. Software used to transmit administrative data such as a patient's name and address.

The answers to the examples above are yes, no, yes, yes and no, respectively.

This exercise highlights the increasing prevalence and complexity of software in the medical industry, but also underscores the difficulty of determining if the software is a medical device and what kind of classification rule apply under the European Medical Device Directive MDD 93/42/EEC, if it could be applicable.

Many critical functions performed by medical devices are directed by softwares, and because softwares are not a visible product, sometimes, we lose sight of its importance. In 2000, medical device software occupied national headlines when 28 Panamanian teletherapy patients received radiation overexposure: the Multidata Systems International Corporation Treatment Planning Software was implicated in 21 of those patients deaths.

This is an extreme example but it emphasizes both how pivotal softwares are to the function of some medical devices and the consequences of software's failure.

Software as a Medical Device Defined

So what is a software? An example provided by MEDDEV 2.4.1, Rev. 8, Guidelines on the Classification of Medical Devices for a Rule 12 device describes active medical devices as "intended for recording, processing or viewing of diagnostic images."

Guidance NB-MED 2.2, Rev. 4, Guidelines On The Qualification And Classification Of Stand Alone Software Used In Healthcare Within The Regulatory Framework Of Medical Devices:

1. Software intended for analysis of patient data generated by a medical device with a view to diagnosis and monitoring
2. Software intended for use for by patients to diagnose or treat a physical or medical ailment (condition or disease)
3. Software that is a component and integral part of a medical device

These sentences contain a few key words. Point A refers to "diagnosis and monitoring" of patient data, which is why the fifth scenario of software described in the quiz is not considered a medical device. The software in the fifth scenario tracks administrative patient data. Point C is subject to some interpretation, but essentially, if the device cannot operate without your software, your software is "integral" and assumes the same classification as the device as discussed below. The software categories all diagnose, monitor, treat or alleviate disease. The software in the second scenario facilitates the manufacture of devices, but is not indicated for alleviate diseases.

Photo
**IEC 62304
imposes
requirements
on software for
medical
devices.**

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What is the Classification for the Medical Device Software?

The MDD 93/42/EEC, Annex IX makes provisions for softwares that function as a medical device. Basically, it states that any software that drives a device or influences the use of a device falls automatically in the same classification.

Clearly, software may be viewed as a medical device or an accessory to a medical device or as a component and integral part of a medical device (automatically in the same class as the medical device and subject to the conformity assessment of the medical device).

The software's function guides the classification of the software medical devices. If the software is a medical device, it may be classified as Class I; however, if the medical device software is an integral component of a device as indicated above, it will assume the classification of the device. For example, a software that is part of a Class III medical device is considered as a Class III device.

Software is Considered as an Active Medical Device

This may be another concept that is difficult to reconcile and reasonably well explained by the NB-MED guidance, which states: "Operation of software requires electrical energy and software functions by converting this energy by means of interfaces and/or actuators, which are parts of the programmable electrical medical system." The NB-MED guidance document is interesting, because it attempts to delineate some of the inadequacies of the European regulations with regards to software. Fortunately, the proposed revisions to the Medical Device Directive and the Directive for Active Implantable Medical Devices (AIMD) attempt to resolve these omissions.

Softwares as Medical Devices with a Measuring Function

One last nuance that should be briefly discussed is the potential Class I medical device software may be subject to classification as a Class I medical device with a measuring function. And, if the software now is viewed as such, Notified Body involvement is required for CE Marking.

The Guidance MEDDEV 2.1.5, Medical Devices with a Measuring Function may be relevant to some softwares. Softwares with a measuring function must comply with a few characteristics: measure quantitatively a physiological function or anatomical parameter; measurement displayed in legal units or other acceptable units as described within European Directive 80/181/EEC; and the intended purpose implies accuracy, and failing to comply with the "measurement" could result in a significant adverse effect on the patient's health and safety.

To determine the proper European route to compliance for your software, consider the following questions:

- What is the intended use of the software?
- Does the intended use of the software designates it as a medical device? (The software provides instructions for an instrument for the purpose of diagnosis, prevention, monitoring, treatment or alleviation of disease.)
- If yes, is the software considered as a component of a medical device? (The software drives or influences the use of the device.) If yes, the software assumes the class of the device.
- Is the software an independent device or accessory? If yes, does the software have a measuring function? If yes, perhaps the device is Class I measuring.



Operation of software requires electrical energy and software functions by converting this energy by means of interfaces and/or actuators, which are parts of the programmable electrical medical system."

Photo

Software for medical devices.

Software may be viewed as a medical device or an accessory to a medical device or as a component and integral part of a medical device

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Revision of European MDD and AIMD

It is widely accepted that software is either a pivotal medical device or a component of a medical device. The revisions to the Medical Device Directive and AIMD reflect the issues regarding software and provide explicit references and clarifications.

In the revised Medical Device Directive, the preamble specifically describes software and acknowledges the "growing importance of software in the field of medical devices." It is proposed that software be referenced in the definition of the medical device and a statement included that software may be used with the medical device. The following sentence will be added to Annex IX: "Stand alone software is considered to be an active medical device."

In the AIMD, the Essential Requirement on software will be elaborated to discuss software validation and development lifecycle, risk management, validation and verification.

In the United States (US), starting three decades ago, the FDA increased its level of activity in reviewing the development of medical device software, due perhaps to coding errors causing patient overdoses in a radiation therapy device (Therac-25). An increased regulatory oversight of the FDA on medical device software development processes and system testing has been described in safety research on infusion pump software.

In the US, the FDA has published a guidance (on the topic of medical devices) that specifically addresses medical device software.

In July 2011 the FDA published a guidance on medical mobile applications, with the final regulations issued on September 2013. These regulations only apply to "medical apps that transform a mobile device into a medical device or an accessory to a regulated medical device." Examples include apps that regulate an installed pacemaker or those that analyze images for cancerous lesions, X-rays and MRI, graphic data such as EEG waveforms, bedside monitors, urine analysers, glucometer, stethoscopes, spirometers, BMI calculators, heart rate monitors and body fat calculators.

Additional Considerations and Conclusions

Many ancillary topics also deserve mention. Conformity Assessment procedures require consideration of the development lifecycle; procedures for document control and configuration management and control of combinations between software versions and intended hardware. The published software medical device standards (not an exhaustive list) include IEC 62304 (2006), Medical Device Software-Software Life Cycle Processes, ISO/IEC 90003 (2004) and IEC 60601 series.

Software is a component of many complicated medical devices or is an independent medical device or accessory, and as such, it is important for manufacturers to appreciate that their software may require CE Marking.

Software manufacturers should implement these requirements in the beginning phases of new product development. This is critical. As the software industry has learned, the key to reliable software lies in the design and development phase. Unlike hardware products, it is virtually impossible to verify software after the fact.

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Software manufacturers should implement the requirements in the beginning phases of new product development. This is critical. As the software industry has learned, the key to reliable software lies in the design and development phase. Unlike hardware products, it is virtually impossible to verify software after the fact.

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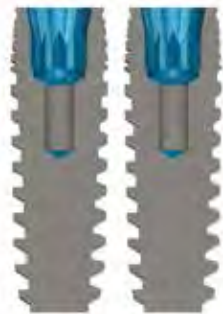
Easy2Fix, a unique dental implant system was developed to overcome the surgical trauma, the lack of adequate bone volume and its elevated cost by using small diameter guided implants with biomechanical enhanced primary stability, allowing immediate and long lasting denture stabilization. The design has been validated by biomechanical testing and clinical randomized controlled trials published in international journals of implant dentistry. The procedure takes 15 minutes and there is no recovery period for the patient, allowing immediate function without the typical risks associated with other surgical implants, it provides a very precise standardized protocol, useful for general practitioners and beginners. The Easy2Fix system, offering the most cost-effective solution in one dentist's session, is the perfect solution for edentulous patients.



The Easy2Fix System is another revolutionary product from Cortex Dental Industries Ltd. info@cortex-dental.com

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New Research

ADA Health Policy Institute Examines Oral Care Access and Utilization

Although the Affordable Care Act (ACA) has improved children's access to dental services, the situation for adults is getting worse, new research has found. An analysis by the ADA Health Policy Institute (HPI) shows no reversal of the past few years' decline in dental care use by adults, regardless of income or insurance status. This is a result, in part, of both Medicaid policy deprioritizing adult dental care and the ACA omitting adult dental as an essential benefit.

Two new HPI studies look into the causes, effects and solutions to the dental access problem.

Why Adults Forgo Dental Care: Evidence from a New National Survey

This ADA analysis of new nationally representative survey data on access to dental care found that inability to pay for care and lack of perceived need are the top reasons why adults do not intend to visit a dentist in the next 12 months. Other important reasons for not visiting a dentist include lack of time, transportation problems, anxiety and difficulty finding a dental practice that accepts Medicaid.

Referring Emergency Department Dental Visits Could Save Maryland's Medicaid Program \$4 Million Per Year

HPI focused on Maryland's dental Medicaid program and found that since 2012, per-capita outpatient dental emergency department visits for dental problems have decreased in the state, especially among children and adults ages 21-40. The decrease in outpatient ER visits for dental pain among children is likely attributable to reforms Maryland has instituted in its pediatric Medicaid program since 2007. The authors concluded that an effective statewide emergency department referral program—for both pediatric and adult patients—could save the Maryland Medicaid program up to \$4 million per year. Emphasizing oral health education and developing strategies to get dental patients out of emergency rooms and into dental chairs are just two of the many initiatives of Action for Dental Health (ADH), the ADA's nationwide, community-based campaign to address the access and utilization problem facing

low-income Americans. ADH is comprehensive in its approach and scope and is designed to address the dental health crisis in three distinct areas: providing care now to people who are suffering from untreated disease; strengthening the public/private safety net; and bringing dental health education and disease prevention into underserved communities.

About the Health Policy Institute

The Health Policy Institute (HPI) is a thought leader and trusted source for policy knowledge on critical issues affecting the U.S. dental care system. HPI produces innovative research for policymakers, oral health advocates, and dental care providers. HPI's interdisciplinary team of health economists, statisticians, and analysts has extensive expertise in health systems policy research. HPI staff routinely collaborates with researchers in academia and policy think tanks. For more information, visit www.ada.org/en/science-research/health-policy-institute.

About the American Dental Association

The not-for-profit ADA is the nation's largest dental association, representing 158,000 dentist members. The premier source of oral health information, the ADA has advocated for the public's health and promoted the art and science of dentistry since 1859. The ADA's state-of-the-art research facilities develop and test dental products and materials that have advanced the practice of dentistry and made the patient experience more positive. The ADA Seal of Acceptance long has been a valuable and respected guide to consumer dental care products. The monthly *The Journal of the American Dental Association* (JADA) is the ADA's flagship publication and the best-read scientific journal in dentistry. For more information about the ADA, visit www.ada.org. For more information on oral health, including prevention, care and treatment of dental disease, visit the ADA's consumer website www.MouthHealthy.org.

Contact:
Robert Raible
raibler@ada.org
202-789-5166

Source: American Dental Association – www.ada.org

An analysis by the ADA Health Policy Institute (HPI) shows no reversal of the past few years' decline in dental care use by adults, regardless of income or insurance status.

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A study made in the "Laboratory of Organ and Tissue Regeneration", headed by Professor Luigi F. Rodella of the Section of Human Anatomy, Department of Biomedical Sciences and Biotechnologies of the University of Brescia and published in the international journal "Microscopy Research and Technique" has highlighted some of its main features: the CGF consists of an organic matrix rich in fibrin that is able to "trap" a greater amount of growth factors (TGF- β 1 and VEGF); moreover, it contains CD34 positive stem cells, which are known to be recruited from blood to injured tissue and play a role in vascular maintenance, neovascularisation and angiogenesis.¹ In addition, another study underlined the need to establish a standardized protocol for preparing CGF (also said PRF-Platelet Rich Fibrin) membranes for clinical use.²



Form a clinical point of view, some recent studies about the use of CGF in maxillofacial surgery showed the efficacy of CGF in guided bone regeneration before dental implant placement.³⁻⁵ In particular, there are satisfying results about the use of CGF as alternative to bone substitutes for sinus augmentation.^{4,5}

However, its features make it suitable for its use, alone or with other biomaterials, in other fields where tissue regeneration and remodelling is required.

To date, the research continue and is addressed to evaluate "in vitro" the ability of CGF of stimulate cellular proliferation and to test the efficacy of CGF in different clinical applications ranging from oral surgery, dermatology and cosmetic surgery.



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EUROPE

Standardisation of healthcare services: the challenges for dentists

Author: Michela Adinolfi

Patient safety regulations and healthcare professionals' practice guidelines are developed according to a common European framework, but they must be coherent with the national context and legislation.



Since the adoption of the Directive 2011/24/EC on patients' rights in cross-border healthcare, cooperation between European member states has gained importance as patients can receive healthcare services outside their own state. They are therefore entitled, and expect, to receive treatment according to quality and safety standards that are as coherent and uniform as possible throughout the entire European Union.

The need for a standardisation in healthcare services provision is recognised by stakeholders and patients, however, despite the advantage of a common standards replacing 33 different national standards, it also raises some concerns among healthcare professional associations.

Healthcare services are, in fact, based on the patient's individual symptoms, characteristic and circumstances, in order to suit her or his specific case. Moreover, patient safety regulations and healthcare professionals' practice guidelines are developed according to a common European framework, but they must be coherent with the national context and legislation, as well as with the self-regulation of the health professions.

Such professional and national competence is an integral part of the health systems and contributes to deliver high-quality care to patients. However, there is the fear that a regulation of healthcare services through European standardisation bodies would lessen the positive impact of such competence and also equate services delivered in healthcare to those provided in commercial contexts.

Therefore, one of the main concerns of healthcare professionals' associations is that the peculiar character of healthcare services continues to be acknowledged by the European Union, as it already did by exempting them from Directive 2006/123/EC on services in the internal market, keeping them independent from market forces.

Together with the need to ensure a uniform level of healthcare across Europe, the EU institutions are invited to take into account the need to keep the development of standards for healthcare services rooted in the professional and national bodies, and to explicitly exempt such services from the scope of the draft regulation on European Standardisation.

PHOTO European Union

The creation of the single market and the corresponding increase in trade and general economic activity transformed the EU into a major trading power.

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The new proposals include measures aimed at better controlling the introduction of medical products onto the market, as well as their supervision and traceability.

But how does this discussion impact on the dental services sector? On 21st November 2014, representatives of the Council of European Dentists and other member and observer organisations met in Brussels for a regular six-monthly General Meeting, under the chairmanship of CED President Dr. Wolfgang Doneus. The CED expressed the concern of European dentists about the recent initiatives in standardisation of healthcare provision at EU level, starting from the consideration of the importance of evidence-based guidelines and recommendations developed by healthcare professions and the direct relationship between the individual healthcare professional and the patient.

The CED explained its position by stating that "the organisation and delivery of healthcare in the EU should continue to reflect local needs as well as unique characteristics of national/regional health systems and respect the relevant national laws, professional self-regulation and ethical codes" in order to guarantee the safety and quality of healthcare provided to European patients.

In a speech given at the IDS European press conference last December, Dr. Doneus underlined again that each EU member state is responsible for the organization and financing of its healthcare system. Nevertheless, the EU also holds a degree of responsibility for combating cross-border health risks, adopting measures for the protection of public health and ensuring high quality and safety standards for pharmaceuticals and medical products, and it has become an important player in the field of healthcare policy.

In September 2012, the European Commission presented its proposals for the revision of the existing legal framework for medical devices, since the current regulations introduced during the 1990s need to be revised to keep up-to-date with the technical and scientific progress. The new proposals include measures aimed at better controlling the introduction of medical products onto the market, as well as their supervision and traceability, such as the medical product number, a special pass to be issued for all implants and a central European database of medical devices.

A particular mention is given to medical products that emit nanomaterials, which according to the proposed revision should be automatically assigned to the highest risk category. This would also be applied to numerous dental materials such as tooth filling materials, impression materials or dental prostheses, that have been in use for years and haven't needed any special certification so far.

In absence of a definitive position on the matter, the German Dental Association has proposed that "the definition of the nanomaterials in Article 2 (15) should be revised and classification in the (risk) Class III according to regulation 19 should be limited to such medical products that are intended to release nanoparticles to achieve desired effects."

As regards the medical product number, or Unique Device Identification/UDI, the suggested scope of application should only include high-risk products and implantable medical products. When it comes to medical products with a low risk potential, the basic assumption is that special labelling and related obligations would lead to an unnecessary amount of red tape without bringing any significant change for the product safety.



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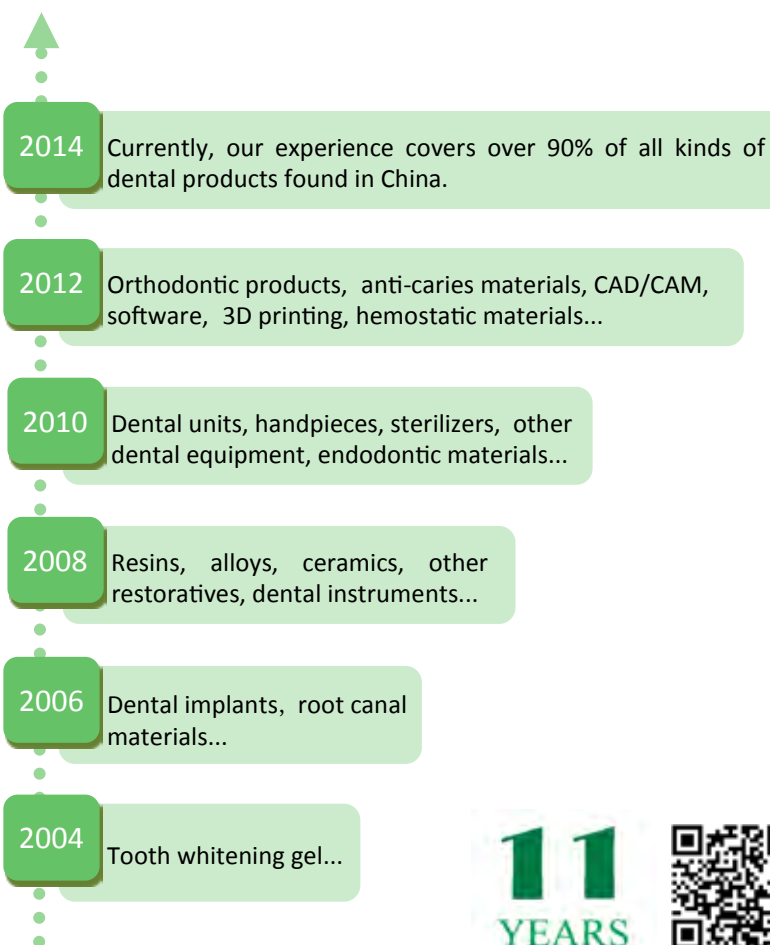
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Addressing the issue, the CED stressed the fact that "the registration and documentation requirements that the new regulation entails should not lead to bureaucratic burdens for the dentists," who are mainly working in small units as self-employed professionals and perform a different activity from larger healthcare providers such as hospitals. In general terms, dental professionals associations agree on the view that the EU regulations should keep the local needs and characteristics of national and regional health systems, including relevant national laws, professional self-regulation and ethical codes, as the essential foundation to deliver quality and safe health services.

About the CED: The Council of European Dentists (CED) is a European not-for-profit association which represents over 340,000 practising dentists through 32 national dental associations and chambers from 30 European countries. Its key objectives are to promote high standards of oral healthcare and effective patient-safety centred professional practice across Europe, including through regular contacts with other European organisations and EU institutions.

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<http://www.eudental.eu>

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North American companies back with record breaking numbers at IDS 2015

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When it comes to dental innovation and dental export promotion, U.S. companies take a top rank in the global marketplace. This year, the North American dental industry is back in Cologne with all major players and new-to-market companies, underlining the strong confidence the industry regularly places in IDS Cologne.

Attendees will have access to products from over 200 U.S. suppliers who will show everything from Abrasives, Dental Materials, Dental Chairs, Implants, Filling Materials, Orthodontics to Lighting and Laser Devices. This year 125 exhibitors and co-exhibitors will display in the U.S. Pavilion in Hall 4.2 (upstairs 2nd level) to present their products with the addition of Canadian and Mexican companies. A new second U.S. Pavilion will be located in Hall 2.2, highlighting 11 U.S. companies. Plus, U.S. and Canadian manufacturers and service providers can be found in each of the five multi-level IDS halls.

The powerful North American presence at IDS reflects a strong, international demand for high quality and reasonably priced products. The U.S. Pavilions are organized by Koelnmesse, Inc. based in Chicago with the support of the Dental Trade Alliance (DTA).

A comprehensive directory listing all U.S. Exhibitors will be available at all IDS info counters as well as around the USA Pavilions in Halls 4.2. and 2.2. Exhibitors can be searched by products or hall location. The directory also serves as a follow-up tool to reach exhibitors after IDS has concluded.

International dealers and dentists with interest in North American products are encouraged to visit the USA Pavilions in Hall 4.2. and 2.2.

For more information please contact:

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Dentech China 2014



DenTech China 2014 Closed Successfully

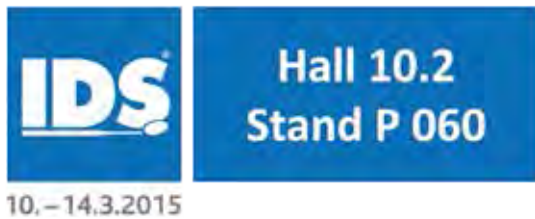
The 18th DenTech China came to a close successfully on October 25, 2014 in Shanghai Expo Exhibition and Convention Center (SWEECC), China with a new record of covering nearly 50,000 sqm, gathering over 700 brand exhibitors and over 70,000 visits. About 98% exhibitors and over 94% visitors are satisfied about the show.

Exhibitors from over 20 countries and regions including Australia, Brazil, Canada, Denmark, Finland, France, Germany, Hungary, Italy, Japan, Korea, Liechtenstein, Malaysia, Mexico, Poland, Sweden, Switzerland, Singapore, Turkey, UK, USA, China mainland

and Hongkong and Taiwan Regions displayed their classic and innovative products, technologies and services. 3 national pavilions organized by the American Dental Trade Alliance (DTA), the Association of German Dental Manufacturers (VDDI) and the Korean Dental Trade Association (KDTA) have expanded their space than last year.

Nearly 200 forums and seminars were held concurrently including several key presentations on new technology and products. The 2014 China International Forum on Digital and CAD/CAM Dentistry, 2014 China International Conference on Prosthodontics and several other national continuing education course have helped inspired visitors through the learning of the latest technologies and industry trends. Besides, the Private Buyer Meeting Program provided overseas buyers one-on-one meeting opportunities with selected qualified suppliers to help them find targeted suppliers more efficiently and easily.

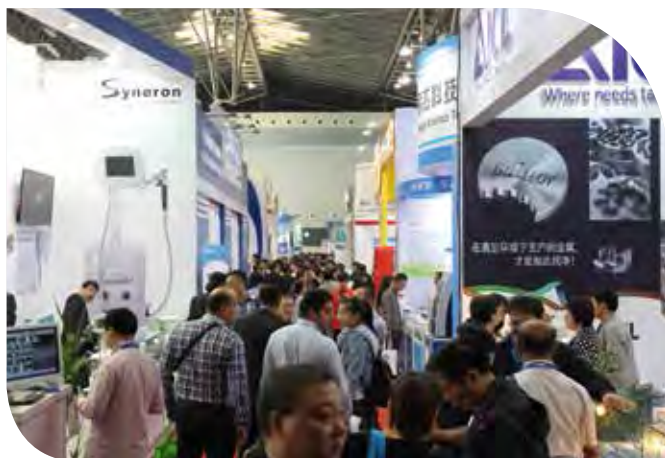
DenTech China 2014 has received warmly response from many old exhibitors like 3M, Fimet, Sirona, Ivoclar Vivadent, Fushion, 3 Shape, Sinol, Shanghai Xuanyu, Shanghai Kangda, etc. Mr. Yu Da-guang, Business Department Manager of 3M which has attended DenTech China since the first edition in 1994, described DenTech China as the none to second event in China dental market; Mr. Mika Narhi, General Manager of Shanghai Fimet Medial Instrument Co., Ltd. Which just celebrated the 20 years anniversary at DenTech China 2014, said they hope Fimet and DenTech China can keep this cooperation relationship in the future.



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As the closing of DenTech China 2014, DenTech China 2015 is officially launching, the exhibition dates will be on October 21-24, 2015 in Shanghai Expo Exhibition and Convention Center (SWEECC), China. More information about DenTech China, please visit www.dentech.com.cn

The 19th China International Exhibition & Symposium on Dental Equipment, Technology & Products (DenTech China 2015) will be held on October 21st-24th, 2015 in Shanghai, China.

- 50,000+ sqm Show Space
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DenTech China 2014 was also recognized as the best dental trade fair in China by many overseas buyers. Mr. Brann, General Manager of the largest dental dealer in Australia, who visited the show for the first time as a VIP buyer and placed some big orders onsite, showed his great satisfaction about the exhibitors and the professional arrangement and promised to come back next year with annual purchasing needs; Dr. Sumant, a dentist from Indian, who came here for the 4th time to meet with some old suppliers and look for some new ones, said he would come back the years after.

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- Upgrading trade relations with existing partners
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- The exhibition provides the ideal conditions to learn about the latest market trends
- Opportunity to participate in conventions, seminars and other related events

The event is known to be the perfect meeting place for the doctors and dental specialist and other professionals –coming from the medical and dental sectors. The professionals will discuss about the developments and advancements made in the recent years which is results in moving a step forward to the betterment of the human world.

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BDIA Dental Showcase, the nation's flagship dental exhibition, returns to the NEC on 22-24 October 2015.

Showcase provides an unparalleled environment for exhibitors. Independent visitor research shows that 73% of BDIA Dental Showcase visitors make a purchase and that Showcase is considered to be the most important and the most enjoyable dental event, attracting more visitors than any other dental event in the UK*.

Tony Reed, Executive Director at the BDIA, comments, "Every year BDIA Dental Showcase continues to deliver what attendees and exhibitors want – new products, purchasing deals and offers, and an opportunity to broaden knowledge in the CPD verifiable mini lecture sessions. Many of our exhibitors come back year after year and use BDIA Dental Showcase as a platform to launch new products and reach out to their customers."

With 200 exhibitors already signed up, BDIA Dental Showcase offers companies an unmissable opportunity.

BDIA Dental Showcase takes place at NEC, Birmingham from 22-24 October 2015. Save the dates now! For further information on the UK's biggest dental exhibition, visit www.dentalshowcase.com



(*2014 Visitor Research conducted by Serendipity Sales Solutions).



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Dental Expo 2014



The 36th Moscow International Dental Forum "Dental-Expo 2014" was held from September 29 to October 2, 2014 in Moscow IEC "Crocus Expo". It was sponsored by S.T.I.dent company together with Septodont®. Two newspapers, "Stomatologiya Segodnya" and "Dental Tribune" became the main media partners of the Forum, while the Russian Dental Association was its strategic partner.

Being one of the largest in Europe, the exhibition provided an opportunity to get acquainted with the most complete range of equipment for dentists and dental technicians. Visitors of the exhibition could see a huge selection of products of manufacturers from dozens of countries, all the latest trends, and presentations of new Russian and international products. So it is not surprising that the exhibition aroused great interest among specialists and set a new attendance record.

"DENTAL EXPO 2014" three exhibition halls accommodated 502 exhibitors from 30 countries who presented more than 1,000 brands. Manufacturers from Russia, Germany, Korea, Brazil, China, Slovakia and Russia formed their own integrated national pavilions. The Organizing Committee aimed to provide the visitors with the maximum comfort.

The continuous improvements of the Exhibition Centre Crocus Expo's infrastructure also greatly contributed. Today IEC is notable for walkways from the metro station "Myakinino" to the exhibition halls, an updated food court and a recently put into operation shopping and entertainment center "Vegas".

The Organizing Committee created a new exhibition website with more user-friendly navigation, an interactive exhibition participants catalog and a program of events, a mobile guide to the exhibition as well as a novel electronic registration system for iPad, launched as a pilot project to assist the main registration and proved its worth.

The main advantage of DENTAL-EXPO 2014 was its very extensive educational program; most of the events were free of charge for visitors. Any such exhibition combined with training courses is a great opportunity to get some useful skills, a consultation from the manufacturer and the product itself at one point and time. Every exhibitor tries to demonstrate the best products and services it offers. A competition between five hundred participants and thousands of brands accompanied by the festive atmosphere and the presence of tens of thousands of professionals gives the practitioner an excellent opportunity for the most thoughtful and informed choice which will pay off later hundredfold in daily practice will be of benefit to the patients.

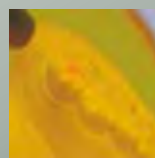
Even a plain calculation of all the events of this four day exhibition gives us a breathtaking number of 600 presentations, workshops, symposiums, conferences and congresses. Certainly, it was impossible to attend all of these events but one could choose the most interesting of them and plan the visit; tools for this were presented at the exhibition website.

The main scientific and practical event of the forum certainly was the 32nd National Scientific Conference of Russian Dental Association (RDA) "Dentistry of 21st century", which was traditionally opened on 29th of September by V.V. Sadowski, President of RDA and Director of NIIAMD, and Professor O.O. Yanushevich, MoH Chief Dentist and Rector of MSUMD. There were greetings from Professor A.A. Kulakov, Director of Central

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Research Institute of Dental and Maxillofacial Surgery (CNIS), I.I. Brodetskij, Director of DENTALEXPO, and partner companies of RDA conference.

A lot of clinicians, regional and federal chief dentists, presidents and board members of the RDA's territorial associations came from across the country to take part in the RDA Conference, the Council of the Russian Dental Association, and meetings of specialized dental commission of MoH, as well as the specialist committee on Oral Surgery.

The RDA Conference had a very comprehensive scientific program with international participation from Germany USA, Spain, Italy, and Switzerland, which was attended by more than 1000 guests.

The key aspects of the profession were emphasized in the course of many scientific events such as the Congress "Harmonization of Bone and Soft Tissue Management in Modern Clinical Practice», the Second Russian Regional Congress of the International Association of Pediatric Dentistry, and the International Congress

"Innovative Techniques for Harmonizing Occlusion", within a framework of which the training course "Functional Techniques for Detection of Physiological Occlusion in Patients with Disocclusion, Sleep Apnea and TMJ Disorder in Outpatient Departments" and the symposium "Innovative Techniques for Diagnosis and Treatment of TMJ Disorders: Interdisciplinary Approach to the Diagnosis and Treatment of Craniomandibular Dysfunctions" were held.

A symposium-workshop for innovation-oriented clinics was attended by chief medical officers from virtually all corners of Russia,

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Author: Michela Adinolfi

Our B2B web portals, Infodent.com and Infomedix.com, are long-established reference points for the dental and medical industry, trade and professionals.

Through our websites, we provide information and updates on dental and medical trade events around the world, thanks to one of the most exhaustive and targeted trade show calendars available on the internet.

Moreover, highlights on products and companies, industry and trade news and a profiled database of dental and medical manufacturers, distributors, importers and exporters offer a wide perspective on the novelties of the industry and a tool to look for new business partners.

All these resources will now be more easily available through the upcoming Infodent and Infomedix apps.

Our aim is to provide the user with fast, up-to-date information on the next trade events, new products, companies' activity and relevant news in the dental and medical sector.

We hope you will enjoy the new Infodent and Infomedix apps and experience a useful tool for your company or professional activity.



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Nobel Biocare applied for delisting Nobel Biocare Holding AG. Holding AG has been informed that Danaher Corporation today filed a petition with the Commercial Court of the Canton of Zurich for the cancellation of the remaining publicly held registered shares of Nobel Biocare against payment of the offer price that had been offered and paid by Danaher in its public tender offer for all publicly held registered shares of Nobel Biocare.

Also, Nobel Biocare today filed petitions with SIX Swiss Exchange for the de-listing of the registered shares of Nobel Biocare from SIX Swiss Exchange and for exemptions from certain obligations under the Listing Rules of SIX Swiss Exchange, including in particular from certain publicity obligations. Danaher's intentions with respect to these petitions had been disclosed and announced in its public tender offer documents.

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Investor & Corporate Relations

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suha.demokan@nobelbiocare.com

Henry Schein Expands

Dental Equipment Product Offering with A-dec Line of Dental Products

Henry Schein, Inc. (NASDAQ: HSIC), the world's largest provider of health care products and services to office-based dental, animal health and medical practitioners, announced today that effective second quarter of 2015, the Company will expand its dental equipment product offering and begin to distribute the entire line of A-dec dental equipment in North America. A-dec is a leading manufacturer of dental chairs, delivery systems, and dental lights.

Henry Schein's commitment to its dental customers has always been to provide the widest possible selection of products, equipment, and value-added services to create customized solutions that meet practice needs. The addition of the A-dec product line, combined with products manufactured by Henry Schein's other valued equipment supplier partners, furthers this commitment by providing greater access to the broadest range of dental equipment. Henry Schein does not expect this to have a material impact on its 2015 financial results.

Source:

Henry Schein, Inc. - www.henryschein.com



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INJECTION SYSTEM: MATERIALS AND EQUIPMENT





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Failure of Dental Implants Due to Drugs for Depression

A recent study from McGill University found that dental implant procedures may be twice as likely to fail in patients who are using common antidepressants. According to the researchers, Selective Serotonin Reuptake Inhibitors, or SSRIs, may reduce bone formation, which can complicate the osseointegration process that must occur for a successful implantation. Researchers evaluated six years' worth of dental implants records and followed up with patients between three months and five years after implant placement. The link between implant failure and SSRI use was comparable to the failure associated with smoking.

Dr. Kevin Sands takes into account a patient's personal, medical, and dental history to ensure that the restoration options he recommends are the most appropriate. He explains, "If you're interested in a new smile makeover, give us a call at the office, talk to the treatment coordinator, set up a no-charge consultation, and I will educate you on all the procedures out there. I will explain the pros and cons, and I will show you before and after pictures." He also explains the dental implants cost, which can vary according to a patient's needs.

A single tooth implant is often the best choice for replacing a single tooth while full mouth dental implants can be used with dentures to replace all of a person's teeth. "It's just like your natural tooth. We place a titanium post into your gum, and we can actually make a tooth look like you were born with it. You can floss in between it; you don't have to prepare the teeth next to it ... Nowadays, if you're missing a tooth, with a dental implant you can have your smile back," says Dr. Sands. This new research on SSRIs may indicate that patients who are using antidepressants may need to consider another type of restoration or be more closely monitored during the healing process.

Source:

Dr. Kevin Sands, via PR Newswire
<http://www.dental-implants-beverlyhills.com>



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Civil Society Organizations signed “Dhaka Declaration”

A call for Asia to end dental amalgam by 2018

From: Sustainable Development Policy Institute

More than 137 Civil Society Organizations (CSOs) have signed a declaration calling for Asia to be the largest population on the planet to end the use of mercury in dental care. Other organizations and individuals who signed the declaration included Sustainable Development Policy Institute (SDPI) as well as professionals from Bangladesh, India, Nepal, Sri Lanka, Pakistan and Thailand.

Amalgam fillings are 50% mercury, a major neurotoxin. Its continuous use is not justified because alternatives are now affordable, effective, and available in Asia. The restriction of its use was demanded worldwide in the Minamata Convention on Mercury, adopted by more than 140 governments and the EU in 2013, in Kumamoto, Japan and signed by 128 nations.

CSOs have demanded of the countries to adopt effective amalgam phase down strategies that have been proven in nations that have already phased out or significantly reduced dental mercury use by raising awareness about dental mercury to parents, cosmetics, dental workers, health professionals, and educators to achieve the following priorities.

1. Make it an immediate priority to stop the use of mercury amalgam in the treatment of children and pregnant women at the earliest time possible, preferably by June 2015.

2. Develop an alternative dental curriculum with a specific chapter on the dental restoration process of amalgam and its harm to dental staff, patients and the environment by 2015.
3. Pass national regulation to ban the use, import and sale of mercury amalgam by 2016-2020 as per country situation.
4. Promote alternative restoration materials and ensure they are affordable and accessible.

The call is contained in the CSOs declaration made in Dhaka in November 2014, and adapted by the CSOs and the individual in beginning of January 2015 towards Mercury-Free Dentistry for Asia. The declaration advocates for Asia to become the largest and most densely populated continent to phase out dental amalgam. The declaration highlights that mercury, which is used in dental amalgam, is a restorative material that is approximately 50% elemental mercury, and is a notorious heavy metal of global concern that is known to be a potent poison of the human nervous system.

By adapting this declaration South and Southeast Asian CSOs, professionals express their concern and said, “We are calling on Asia to end the use of mercury-based dentistry. Asia is the most densely populated continent on the planet and therefore risks incredible harm to human health and the environment.”

Mercury-free dentistry is growing in Asia. Recent studies in India and Pakistan show that, already, over 50% of dentists are using alternatives to dental amalgam in India, while in Pakistan 42.86% dental professionals strongly recommend to phase down the use of mercury/dental mercury amalgam. In Nepal and Bangladesh, the dental association and society of the dentist groups are also supporting the phase out of amalgam.

Asian countries are requested to declare that the children of Asia, and all the people of Asia, have a basic human right to mercury-free dental care and a mercury-free environment.



The request follows the existence of sound scientific evidences that mercury can damage children's developing brains and nervous systems even before they are born."

In addition to the literature, the Minamata Convention on Mercury adopted in October 2013, noted that the world recognizes dental amalgam as a major environmental pollutant which requires each participating nation "to phase down the use of dental amalgam."

The CSOs concern is raised based on the fact that dental mercury accounts for 10% of annual global mercury consumption and 260-340 metric tons of mercury pollution around the world each year. The CSOs are also reminding Asian countries of their efforts during negotiations of the Minamata Convention. They worked very hard to make sure that reduction in dental amalgam use specifically be included in the treaty, forcefully arguing for the phase out of amalgam generally and for an end to amalgam in milk teeth specifically.

The phase down is possible since Mercury-free dental restorative materials are far less expensive than dental amalgam when environmental and societal costs are factored in. The costs of using mercury-

free options (including retreatment) is about half the cost of amalgam without retreatment, making this mercury-free technique significantly more affordable in low-income communities, particularly in areas without electricity or dental clinics. World Health Organization report Future Use of Materials for Dental Restoration, says that "recent data suggest that RBCs [resin-based composites] perform equally well" as amalgam – and offer additional oral health benefits because "Adhesive resin materials allow for less tooth destruction and, as a result, a longer survival of the tooth itself."

The CSOs call the Asian countries to work together and make Asia the first continent with mercury-free dentistry – considering that Asia is more densely populated than any other continent and the health and environmental costs will therefore be more significant. Furthermore, the CSOs call Asian countries to reject the double standard mentality which infers that Asians must accept toxic chemicals that the rest of the world is rejecting.

Source:

Sustainable Development Policy Institute - http://sdpi.org/media/media_details2034-press-2015.html

PHOTO

Dental Filling

Patient having a dental examination up, close up with narrow depth of field focus on probe

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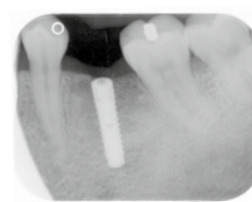
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India Foreign Direct Investment News

An Introduction to Doing Business in India 2015

Author: Dezan Shira & Associates

Learn more about visas for business in India

India's visa regime is often a headache for foreign businesses and businesspeople. Although many expatriates hope that the Indian government will reform the current visa regime, wholesale reforms will prove a tough sell for a government that needs to create more jobs for its growing workforce. Foreign businesses and businesspeople should therefore learn to master the current visa regime and stay abreast of incremental changes.

Understanding India's Industry- Specific Tax Incentives

Poor infrastructure has been the biggest obstacle for India's economic growth. A Memorandum of Understanding (MoU) signed with the U.S. will pave the way for an influx of investment into various infrastructure projects of India. India's infrastructure sector is just one of several that offer attractive tax deductions to foreign investors. Incentives also exist in numerous other industries where the Indian government deems foreign investment to be in the interest of the country, which in turn allows for lower operational costs for companies working in those sectors.



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Average Indian Salary to see Minor Increase in 2015

The average Indian salary in 2015 will be much the same as in 2014. According to a Tower Watson survey, the average Indian salary will show a real average increase of 3.5 percent in its Salary Budget Planning Report, while 3.7 percent of hike is reported by the Mercer's All Industries Total Remuneration Survey.

A major sector which will experience the hike is the medical life sciences sector, with a 12 percent projected rise for 2015. The pharmaceutical sector will also experience a relatively large wage increase with Towers Watson's predicting that there will be an 11.5 percent rise.

India's Export Industry: Popular and Efficient Destination for Foreign Investors

The tripled volume of India's exports is largely due to the liberalization of Indian trade laws and policies. Now, India has emerged out to be one of the most appealing alternatives under the new administration held by Modi. Thus, numerous foreign firms have set up their sourcing or manufacturing operations in India. The integral step is to establish a local presence

in order to have a direct access over the sourcing operation occurring in India. An office on the ground inevitably involves financial and legal burdens but promises an effective and higher performance levels from a sourcing platform.

An Introduction to doing Business in India 2015

2014 was an important year for India. A perceived high level of risk previously limited the country's ability to attract foreign businesses, but a slew of new policies have had an instant impact. The reforms that have already been implemented are numerous and include infrastructural improvements, the raising of FDI caps, and the simplification of visa obtainment procedures. Dezan Shira & Associates is committed in bringing you the most relevant information for your business opportunity in India. Dezan Shira & Associates see extensive scopes of investment and expansion in India. With recently taken steps by the new government, India becomes a prime target for foreign direct investment. Dezan Shira can provide you with a detailed outlook for your industry and can thus show what potentials the Indian market can offer. Please feel free to direct any inquiries to india@dezshira.com.

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Dezan Shira & Associates is a specialist foreign direct investment practice, providing corporate establishment, business advisory, tax advisory and compliance, accounting, payroll, due diligence and financial review services to multinationals investing in emerging Asia. - See more at: www.dezshira.com

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Brazilian leaders in Dental Equipment Sector Announce Joint Venture

Brazilian leaders in dental equipment sector announce Joint Venture. Aiming foreign markets and estimating a turn over of about R\$300 million for this year, the Brazilian dental equipment manufacturers Dabi Atlante and Gnatus have announced a joint venture on 12/01/2015. Until now the joint venture is depending on the approval of the C.A.D.E (Conselho Administrativo de Defesa Econômica), the Brazilian federal commission for trade.

According to Dabi's president, Pedro Biagi Neto, the association occurred due to the will to potentiate the companies' trade in foreign markets.

The jointer occurred after the Brazilian Ministry of Development, Industry and Foreign Trade announced the debit balance of US\$ 4 billion in the equipment industry of health trade last year. Paulo Fraccaro, Abimo's manager, said that 60% of the Brazilian manufacturers are small, with turn over of at least about R\$ 6 million per year.

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Fraccaro thinks that the joint venture will help to reverse the deficit in the sector and improve their participation in the North American market. For him, Dabi Atlante and Gnatus have a modern park of production, but are out of the North American market.

In case of approval, the joint venture will be administered by a council, which will be formed by Biagi and Nomelini family members, owners of the companies. Together, in the last year, the total turn over of them raised 12% and achieved R\$ 280 million.

The brands Dabi and Gnatus will remain and the other decisions – as the name's holding – will be taken only after the C.A.D.E approval, which will probably take six months.

Employment

After the union, the companies will keep the same employees that they have now. Gilberto Nomelini, Gnatus' president, affirms that there is no plan of dismissal, but, instead, there are growth plans. The intention is to improve the industrial park and the labour to offer new products.

Market

Nowadays Dabi exports to 30 countries, mainly to South America. Gnatus has costumers in 140 countries and it is the only Brazilian dental manufacturer producing in China and with subsidiary in Mexico, Bolivia and Dubai.

Both companies are promising in technology. Dabi, for example, launched the first dental unit controlled by Ipad, two years ago.

The fusion's announcement is occurring in the context that the local health equipment and product industries of Ribeirão Preto, São Paulo estate, has taken an agreement to improve the production of health in the region.

The industries from the region of Ribeirão Preto, that Dabi e Gnatus make part, have an average turn over of R\$ 1 billion per year and have 5,000 employees. They produce health and dental equipment, and also pharmaceutical, beauty, biotechnology and veterinary products.


PHOTO Brazilian Dental Sector

Aiming foreign markets and estimating a turn over of about R\$300 million for this year, the Brazilian dental equipment manufacturers Dabi Atlante and Gnatus have announced a joint venture.

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Smile Train

World Innovation Summit for Health (WISH) selects virtual surgery simulator, Smile Train, to be showcased at global summit

The World Innovation Summit for Health (WISH) will proudly showcase US Smile Train's Virtual Surgery Simulator, a cleft lip and palate surgical training tool, as one of 20 of the world's newest and most ground-breaking healthcare innovations being presented at the second WISH Summit taking place in Qatar on 17-18 February 2015.

Smile Train developed the Virtual Surgery Simulator in collaboration with technology company BioDigital to address the challenge of training cleft surgeons around the world. A game-changer in surgical education and training, the Simulator is a 3D, web-based, interactive tool that provides users with essential information and training on cleft anatomy and cleft surgical repair techniques.

The simple, web-based tool offers a sustainable, accessible approach to cleft surgical training and advances Smile Train's mission to provide a long-term, scalable solution to the global challenge of treating cleft lip and palate.

Here in the US, clefts are the most common birth defect with one in every 600 births affected. That's over 6,800 children, per year in the U.S alone¹. Most children born with clefts do well in developed countries where clefts are repaired within the first year of life, usually by a surgeon who has extensive experience and training with this disorder.

However, millions of children in developing countries with unrepaired clefts live in shame, but more importantly, have difficulty eating, breathing and speaking. Cleft repair surgery is simple, and the transformation is immediate. Smile Train's sustainable model provides training and funding to empower local doctors in over

85 developing countries to provide free cleft repair surgery in their communities.

Since its founding in 1999, Smile Train has performed more than one million cleft repair surgeries around the world. The organization currently reaches more than 350 children each day and 128,000 every year.

"Smile Train is thrilled to be participating at the WISH 2015 Summit to showcase our Virtual Surgery Simulator alongside other innovators in global health. We're excited to share the Simulator and our sustainable training model with experts tackling some of the most pressing and serious global health challenges facing governments, health systems and populations," says Susanah Schaefer, CEO of Smile Train. "Since its launch in 2013, the Simulator has become a key to our 'teach a man to fish' training model, which empowers and trains local doctors to perform cleft surgery in their own communities. Our sustainable training approach is the mantra for our success, allowing us to leverage the support from our hundreds of thousands of donors to assist children suffering from clefts worldwide," she added.

WISH's Innovation Showcases offer a unique platform for smaller, independent start-ups to share healthcare innovations that have the potential to transform lives and save governments' money. Only in its second year, WISH's Innovation Showcases was opened up to global applicants and as a result has received 80 applications from 26 countries spanning all areas of health innovation; from digital healthcare and new products to smart-systems and service updates. All applicants have the potential to transform global health – reducing the costs of healthcare delivery while improving the quality of care for patients – but only twenty could be selected.

The selection was made by the Innovation Showcases Curation Team, consisting of Professor the Lord Darzi of Denham, Executive Chair of WISH; Dr. Hanan Al Kuwari, Managing Director of Hamad Medical Corporation; Tim Brown of global ideas consultancy IDEO; and Bright Simons, President of mPedigree Network, social innovator and entrepreneur.

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"Smile Train is an example of healthcare innovation that cleverly utilizes technology to reduce the burden of costs on suppliers and ease the channel of distribution for practitioners. The end result is better patient care, faster treatment, reduced costs and improved results. That is what our Innovation Showcases aim to highlight, ways to simply and effectively improve global healthcare for all. I am looking forward to supporting all twenty finalists at this year's summit and giving them the voice they so deserve to share their ideas with the world's finest healthcare experts," says Professor the Lord Darzi of Denham, Executive Chair of WISH.

The World Innovation Summit for Health (WISH) is an initiative of Qatar Foundation for Education, Science and Community Development (QF). Qatar Foundation has established WISH to bring about action in healthcare innovation locally in Qatar, regionally and globally. Through WISH, Qatar Foundation is supporting the nation in establishing healthcare initiatives for the benefit of the globe while remaining closely aligned to the vision of Her Highness Sheikha Moza bint Nasser, its Chairperson.

About Smile Train

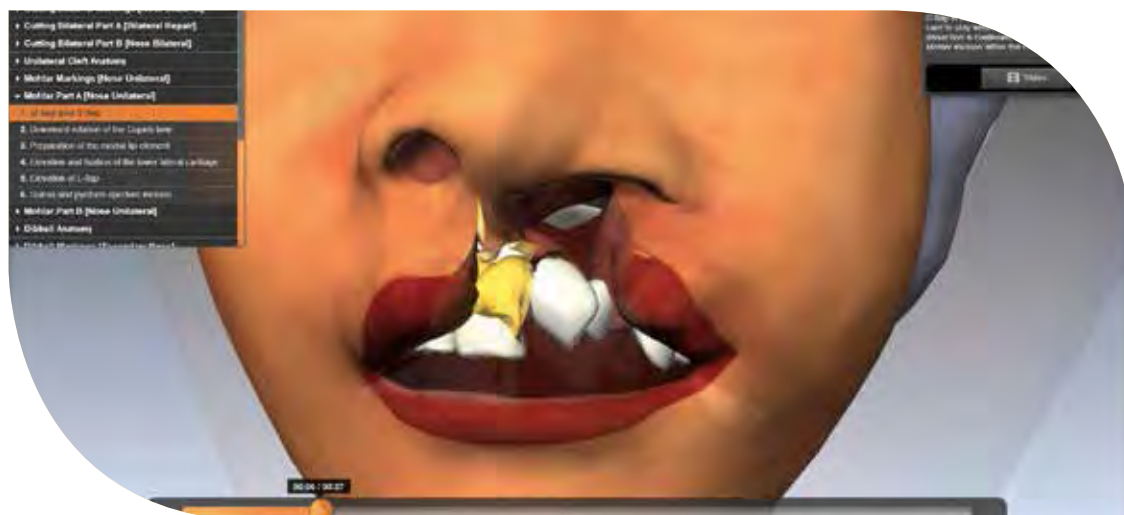
Smile Train is an international children's charity with a sustainable approach to a single, solvable problem: cleft lip and palate. Millions of children in developing countries with unrepaired clefts live in shame, but more importantly, have difficulty eating, breathing and speaking. Cleft repair surgery is simple, and the transformation is immediate. Smile Train's sustainable model provides training and funding to empower local doctors in 85+ developing countries to provide 100%-free cleft repair surgery in their own communities. To learn more about how Smile Train's sustainable approach means donations have both an immediate and long-term impact, please visit SmileTrain.org.

For more information please contact:

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Smile Train's Virtual Surgery Simulator

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Exeter BDA Section sponsors a DentaidBox for Burkina Faso

EDITOR: This is compiled and sent by Dr Rosemary Longhurst BDS.

Not for the first time!

In September 2013, the Exeter BDA Section, with Exeter Dental Society, decided to encourage their members to actively fundraise for Dentaid, by sponsoring the provision of a DentaidBox.

What is a DentaidBox?

The DentaidBox was designed by the oral health charity Dentaid's engineers and consists of a complete portable dental surgery packed into a wheelie bin. All the equipment is built at the Landford workshop by Dentaid volunteers and can be used in any location, no matter how remote, without the need of electricity. It includes a specially designed toughened portable dental chair, a manual suction unit and operating light, a portable steriliser, dental instruments, oral health education resources, consumables such as local anaesthetics and filling materials, together with gloves and masks.

Success!

By April 2014 over £2000 had been raised in many different ways to cover the costs of the equipment and shipping. The Exeter BDA DentaidBox has been sent out to Kenya to Operation Imprezza, www.operation-imprezza.org, to Catherine Omany, the Director of the Imprezza Academy, a school established in 2008. She is committed to improve lives of destitute and most vulnerable people in this rural and very poor part of Kenya. Two dentists who work at the nearest County Hospital in Busia will use the dental equipment in the locality. In Kenya there are fewer than 1000 dentists for a population of 40 million.

Let's do it again!

In view of the enthusiasm for such a worthwhile and imaginative project, in September 2014 the Section decided that it would sponsor a second DentaidBox over the coming season of meetings. By January nearly £1200 of the £2000 target had already been raised – this was helped by two members fundraising for the Torbay Half Marathon; two speakers' fees being donated; loose change collections at the meetings (which could be Gift Aided); and, at our Chairman's Day social event, one intrepid local orthodontist volunteered to do a wild swim in the very cold lake, if we made it worth his while by donating cash for the DentaidBox (this raised £131!).

Where will this DentaidBox go?

Dentaid then selected the project to which our DentaidBox would be given – the Acacia Partnership Trust (APT) in Burkina Faso. www.acaciapartnershiptrust.org.uk Lynne Smith is a dentist from Renfrewshire who has been working in Burkina Faso for five years with the above charity founded by her husband.

She writes: "Dental provision in Burkina Faso outside of the capital city of Ouagadougou is very poor and very expensive. I have recently begun training three ladies to provide emergency dental care and dental health education in villages in the Sanmatenga Province (where there is one dentist I am aware of, for a population of 600,000) and in Oudalan Province (where there is no dentist for a population of 200,000). They are proving capable, compassionate and motivated. They volunteer their time for the work as they value its importance in helping the poorest of the poor.



"Once a week we go to a village to do dental work, and to meet together to study the 'Oral Health Manual' produced by the Sunnymede Trust (www.teethrelief.org.uk) which covers some basic anatomy, physiology, dental pathology and other essential topics.

"Already the dental work is relieving pain and bringing dental health awareness to remote villages. With our team we can treat 40-50 people in one day. Often the villagers appreciate the free dental care they have received so much that we return home with some chickens or a sheep in the back of our truck, as an expression of their thanks.

"Each Thursday I work in Kaya prison treating the 300 prisoners, 50 guards and their extended families. I do mainly extractions and simple fillings, with clinical challenges coming from difficult surgical cases. We also run yearly clinics in other prisons. Our desire is to build something sustainable, and our hope is that our dental trainees will continue this valuable work."

APT requested two DentaidBoxes to enable their teams to go out into rural villages to provide dental care. The first was already funded and now Exeter BDA Section is funding the second. Shipping to Burkina Faso is likely to be difficult and expensive, so our target is now to raise £2500.

How are we doing?

In January we were thrilled to receive over £1000 from three Devon practices in Devon: Taw Valley in North Tawton, West Hill in Ottery St Mary and Parkhouse in Cridton! Four of the dental team spent their lunchtimes making potpourri cushions which they sold for £80. Several raffles were organised at the practices, a local pub and a village fete, taking our total to £2315! We are hoping to raise the rest at the Exeter Dental Ball in April!

Why not have a go?

Could your company have fun and raise morale by fundraising for a DentaidBox to go in your name to a needy country? Dentaid can supply advice and ideas to help you. Visit www.dentaid.org or contact Jacqueline at jac@dentaid.org

For more information:
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PHOTO

Lynne at school

Lynne Smith is a dentist from Renfrewshire who has been working in Burkina Faso for five years with the above charity founded by her husband.



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The prize occurs every two years and is the most prestigious award for International Trade in Brazil. It has the purpose to recognize those innovative actions that effectively has contributed for the active insertion of Brazil in the international market. "It is a great honor to receive it, mainly when it is taken into account both the level of the competitors and the high qualified jury", it was said by the Company's CEO, Maria Isabel Piccin.

According to her, the case of success is a reflection of the culture the enterprise has been implementing since its foundation 37 years ago by Germano José Piccin, who always heard the client to innovate the processes. "To develop the project demanded a lot of persistence and determination in overcoming barriers in order to adjust the product to the market up to the step of negotiating the contract. It was five years of hard and strategic work, which culminated in 2012, with the signature of a contract with the greatest company from the dental industry in the world, Dentsply. Added to this, the case demanded a lot of love, since without it, the result would not be the same", Maria Isabel emphasized.

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Eng. Maria Isabel Piccin (CEO Bio-Art) with the Brazilian Minister of International Trade, Mr. Mauro Borges.

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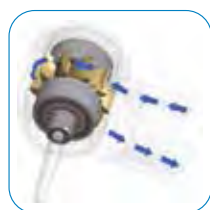
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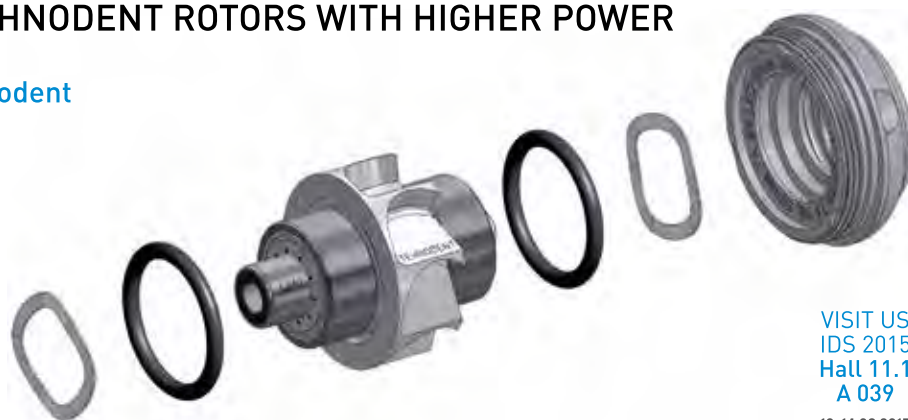


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• **06 - 07/02/2015**
CDAMEX 2015 - Cambodia
Dental Association Meeting
and Exhibition
 (Phnom Penh- Cambodia)

Organised by:
 Cambodia Dental Association
 Tel: +855 23 88 55 95
 Venue: Naga World Hotel

Infodent Booth: AB



2

• **09-11/02/2015**
Bangkok International
Symposium of Implant
Dentistry 2015
 (Bangkok, Thailand)

Organised by:
 Thai Association of Dental Implantology,
 1939 New Petchburi Rd., Bangkok,
 Huaykwang, Bangkok, 10310, Thailand
 Tel +66 2718 0708
 Fax: +66 2718 0708
 E-mail: info@tadi.or.th
 www.tadi.or.th
 Venue: Aksra Theatre King Power
 Complex Bangkok, Thailand

3

• **11-14/02/2015**
American Academy of
Dental Group Practice -
The 43rd Conference and
Ehxbition
 (Las Vegas NV, USA)

Organised by:
 AADGP Executive Office
 2525 Eest Arizona Biltmore Circle,
 Suite 127, Phoenix, AZ 85016
 Tel: +1 602 381 1185
 E-mail: aadgp@aadgp.org
 www.aaadgp.org
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4

• **17-19/02/2015**

**2015 AEEDC -
The 19th Edition of the
UAE International Dental
Conference & Arab Dental
Exhibition**

(Dubai, United Arab Emirates)

Organised by:

INDEX Conferences & Exhibitions

Sina Building Block B, Office 203.

P.O. Box: 13636, Dubai - UAE

Tel: +971 4 3624717

Email: index@emirates.net.ae

Website: www.index.ae

www.aeedc.com

Venue: Dubai International
Convention and Exhibition Centre

**Infodent Booth:
Hall 8, nr 42**



5

• **26-28/02/2015**

**150th Chicago Midwinter
Meeting**

(Chicago IL, USA)

Organised by:

Chicago Dental Society

401 North Michigan Avenue Suite 200

Chicago, Illinois 60611-4205, USA

Tel +1 312 836 7300 / 7327

Fax +1 312 836 7329 / 7339

E-mail: mwm@cds.org

Website: www.cds.org

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March 1

• **03-05/03/2015**
2015 Dental - Expo Omsk
(Omsk – Russia)

Organised by: Dental-Expo
Central Office: Moscow, Ulica B.
Yakimanka 38A
Postal address: 119049 Moscow, P.O.
box 27, ZAO "DE-5"
Tel: +7 495 921 40 69
Fax: +7 495 921 40 69
Email: info@dental-expo.com
Website: www.dental-expo.com
Venue: Komplex Dvorec Molodeji,
Omsk, Russia

2

• **10-14/03/2015**
IDS 2015
(36th International Dental
Show- Biennial Meeting)
(Cologne - Germany)

Organised by VDDI (Verband der
Deutschen Dental-Industrie e.V.)
Aachener Str. 1053-1055 - 50858
Köln
Tel: +49 221 50 06 87 -0
Fax: +49 221 50 06 87 -21
E-mail: info@vddi.de
Website: www.vddi.de //
www.ids-cologne.de
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Industrie mbH - Aachener Str. 1053-
1055 - 50858 Köln
Website: www.gfdi.de
Realization:
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Dept. Health, Lifestyle & Facilities
Messeplatz 1 D 50679 Köln
Tel: +49 221 821-0
Fax: +49 221 821-3271
E-mail: ids@koelnmesse.de //
info@koelnmesse.de
Website: www.ids-cologne.de //
www.koelnmesse.de

Infodent Booth: Hall 4.1
B090-C091



3

• 19-21/03/2015

Krakdent 2015 - The 23rd International Dental Fair

(Cracow - Poland)

Organized by: Targi w Krakowie
 31-586 Kraków, Galicyjska 9 Str.
 Tel: +48 12 644 59 32 //
 +48 12 644 81 65
 Fax: +48 12 644 61 41
 Email: krakdent@krakdent.pl
 Website: www.targi.krakow.pl
 Senior project manager (cooperation with Exhibitors): Ms Beata Simon
 Tel: +48 12 651 90 27
 E-mail: simon@targi.krakow.pl
 Venue: Convention Centre EXPO
 Krakow
 Cracow - Poland

4

• 26-28/03/2015

ADC 2015 - The 36th Australian Dental Congress and Exhibition

(Brisbane, Australia)

Organized by: ADA -
 Australian Dental Association Inc.
 PO Box 520
 St Leonards NSW 1590
 Australia
 Tel: +61 2 9906 4412
 Fax: +61 2 9906 4917
 Website: www.ada.org.au
 Exhibition and Sales:
 Ms Stephanie Zhang
 Tel: +61 2 9906 4412
 Venue: Brisbane Convention and
 Exhibition Centre

5

• 26-28/03/2015

The 103rd Thomas P. Hinman Dental Meeting

(Atlanta, GA - USA)

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• **03-05/04/2015**

2015 APDC - The 37th Asia Pacific Dental Congress

(Singapore, Singapore)

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PICO Creative Centre, Level 2
Singapore 339411
Tel: +65 6292 4710
Fax: +65 6292 4721
Email: apdc2015@kenes.com
Website: www.kenes-group.com
Venue: Suntec Singapore Convention and Exhibition Centre

2

• **05-08/04/2015**

20th Dental South China International Expo 2015

(Guangzhou, China)

Guangdong International Science & Technology Exhibition Company (STE)
171 Lianxin Road, Guangzhou, 510033 - P.R. China
Tel: +86 20 83549150 // 83558271 // 83561174 // 83517102 // 83547321
Fax: +86 20 83549078
E-mail: dental@ste.cn
Website: www.dentalsouthchina.com
Venue: China Import and Export Fair Complex

3

• **10-11/04/2015**

41st Annual Technorama - Canada's Largest Dental Technology & Denturism Convention

(Toronto ON, Canada)

Dental Industry Association of Canada, Toronto ON M6A 0A1
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• **17-18/04/2015**
The Dentistry Show 2015
 (Birmingham, United Kingdom)

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 Website: www.closerstillmedia.com

Event Director: Chris Brown
 Tel: +44(0)20 7348 5269
 Email: c.brown@closerstillmedia.com

Event Manager: Alexandra Harden
 Tel: +44(0)20 7348 5270
 Email: a.harden@closerstillmedia.com
 Venue: NEC
 Birmingham
 UK

5

• **20-23/04/2015**
2015 Dental Salon
Moscow - 37th Moscow
International Dental
Forum & Exhibition
 (Moscow, Russia)

Organized by Dental Expo
 119049 Moscow, P.O. BOX 27,
 ZAO "DE-5"
 Tel/fax: +7 495 921 4069
 Email: info@dental-expo.com
 Website: www.dental-expo.com

Director of Moscow exhibitions:
 Ms Natalia Khokhlova
 Email: rus@dental-expo.com
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• **08-10/05/2015**

SIDEX 2015 - The 12th International Dental Exhibition & Scientific Congress

(Seoul - South Korea)

Organized by:
Seoul Dental Association (SDA)
Managed by: SIDEX Organizing Committee
81-7 Songjeong-dong Seongdong-gu
Seoul 133-837, Korea

Tel: +82 2 498 9146
Fax: +82 2 498 9147
E-mail: sda@sda.or.kr
Website: www.sidex.or.kr

Exhibition Venue:
COEX (Seoul Convention and Exhibition Center) - Hall C, Hall D



2

• **21-23/05/2015**

58th Congress Amici di Brugg

(Rimini, Italy)

Associazione Amici di Brugg
Via circonvallazione, 69
47900 Rimini -Italy
Tel: +39 0541 774363
Email: segreteria@amicidibrugg.it
Website: www.amicidibrugg.it

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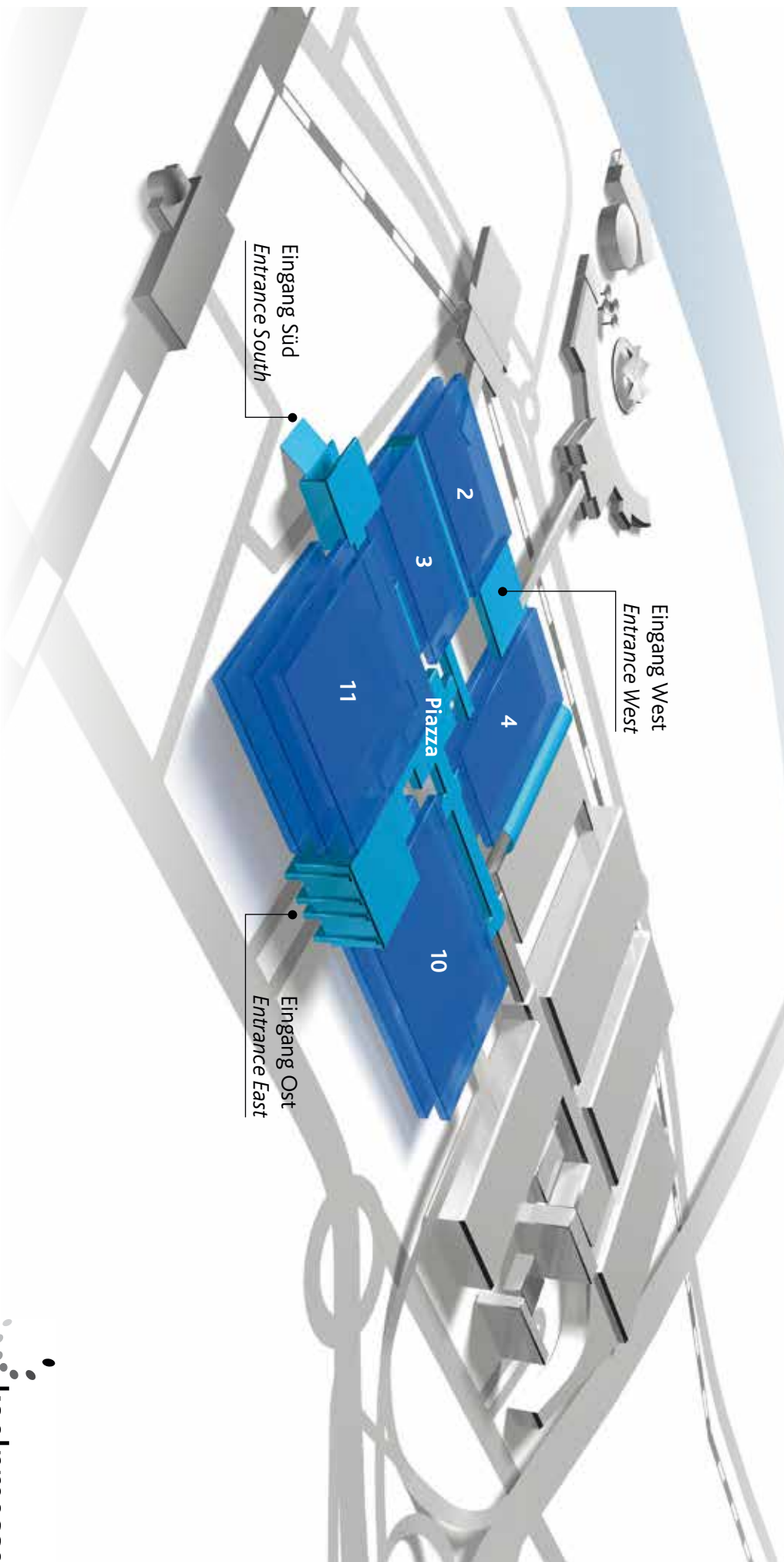
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Ad Surgical (Applied Dental)	Hall 2,2, Booth F52	Nanning Baolai Medical	Hall 2.1, Booth C039
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Age Solutions S.r.l.	Hall 3.1 Booth L60	New Stetic S.A.	Hall 11.1, Booth J059
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Astek Innovations Ltd.	Hall 4,2, Booth M40 - n41	Owandy Radiology Sas	Hall 11.1, Booth A030 - B031
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Back Quality Ergonomics	Hall 11.1, Booth J041	RTI Electronics AB	Hall 2,2, Booth A069
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Dental Savings Club Inc.	Hall 2,2, Booth E048	Thermoplastic Comfort Systems	Hall 11.2, Booth R060
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G.Comm. S.r.l.	Hall 11.2, Booth N058		
Guangzhou Conghua Shenghua	Hall 4.1, Booth F101		
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