

# PROCEEDINGS

# 2023

**IADR Council, 101<sup>st</sup> General Session**  
Bogotá, Colombia • June 21–24, 2023

**AADOCR Council, 52<sup>nd</sup> Annual Meeting**  
Portland, Oregon, USA • March 15–18, 2023



**IADR**

INTERNATIONAL ASSOCIATION  
FOR DENTAL, ORAL, AND  
CRANIOFACIAL RESEARCH



**AADOCR**

American Association for Dental,  
Oral, and Craniofacial Research

# Table of Contents

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|  |     |
|--|-----|
| <b>The 101<sup>st</sup> General Session &amp; Exhibition of the IADR</b> .....                         | 2   |
| <b>Proceedings of the IADR Council Meeting</b> .....   | 3   |
| Appendix 1 — President’s Inaugural Address, Editors’ Report and Chief Executive Officer’s Report ..... | 10  |
| Appendix 2 — Membership & Attendance Tables, Active Membership by Division/Section .....               | 24  |
| Appendix 3 — Awards & Fellowships Winners .....  | 32  |
| Appendix 4 — Independent Auditor’s Report for 2021 .....   | 43  |
| Appendix 5 — Chief Executive Officer’s Report on the Budgets, 2022-26 .....                            | 60  |
| Appendix 6 — IADR/AADOCR Global Headquarters Organization Chart .....                                  | 68  |
| Appendix 7 — 2022-23 IADR Board of Directors and Committees .....                                      | 69  |
| Appendix 8 — 2022-23 IADR Region/Division/Section Officers .....                                       | 71  |
| Appendix 9 — 2022-23 IADR Group/Network Officers .....   | 72  |
| Appendix 10 — Past Presidents of the IADR .....  | 73  |
| Appendix 11 — Past Treasurers of the IADR .....  | 73  |
| Appendix 12 — Candidates for Vice-president of the IADR .....  | 74  |
| Appendix 13 — Honorary Members of the IADR .....   | 74  |
| Appendix 14 — Non-officer IADR Board Members .....   | 75  |
| Appendix 15 — IADR Policy Statements .....   | 76  |
| Appendix 16 — IADR Code of Ethics .....  | 97  |
| Appendix 17 — IADR Corporate Support .....   | 102 |
| Appendix 18 — IADR Institutional Support .....   | 102 |
| Appendix 19 — <i>In Memoriam</i> .....   | 102 |
| <b>IADR Constitution and Bylaws</b> .....  | 103 |
| <br>   |     |
| <b>The 52<sup>nd</sup> Annual Meeting of the AADOCR</b> .....  | 110 |
| <b>Proceedings of the AADOCR 2023 Council Meeting</b> .....  | 111 |
| Appendix 1 — President’s Inaugural Address, Editor’s Report and Chief Executive Officer’s Report ..... | 116 |
| Appendix 2 — Independent Auditor’s Report for 2021 .....   | 127 |
| Appendix 3 — Chief Executive Officer’s Report on the Budgets, 2022-26 .....                            | 144 |
| Appendix 4 — 2022-23 AADOCR Board of Directors and Committees .....                                    | 152 |
| Appendix 5 — AADOCR Fellows .....  | 154 |
| Appendix 6 — AADOCR Student Research Fellowship Recipients .....                                       | 155 |
| Appendix 7 — 2023 AADOCR Bloc Travel Grant Recipients .....  | 156 |
| Appendix 8 — AADOCR MIND the Future Program .....  | 156 |
| Appendix 9 — AADOCR Awards & Fellowships Winners ( <i>through 2023</i> ) .....                         | 158 |
| Appendix 10 — 2022-23 AADOCR Section Officers .....  | 164 |
| Appendix 11 — Past Presidents of the AADOCR .....  | 165 |
| Appendix 12 — Past Treasurers of the AADOCR .....  | 165 |
| Appendix 13 — Non-Officer AADOCR Board Members .....   | 165 |
| Appendix 14 — Honorary Members of the AADOCR .....   | 166 |
| Appendix 15 — Candidates for Vice-president of the AADOCR .....  | 166 |
| Appendix 16 — 2023 Canadian Association for Dental Research Officers .....                             | 166 |
| Appendix 17 — Past Presidents of the Canadian Association for Dental Research .....                    | 166 |
| Appendix 18 — AADOCR Policy Statements .....   | 167 |
| Appendix 19 — AADOCR Corporate Support .....   | 176 |
| Appendix 20 — AADOCR Institutional Support .....   | 176 |
| Appendix 21 — <i>In Memoriam</i> .....   | 176 |
| <b>AADOCR Constitution and Bylaws</b> .....  | 177 |

# The 101<sup>st</sup> General Session & Exhibition of the IADR

The 101<sup>st</sup> General Session of the IADR was held in conjunction with the 9<sup>th</sup> Meeting of the Latin American Region and the 12<sup>th</sup> World Congress on Preventive Dentistry on June 21-24, 2023. The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Bogotá, Colombia.

The meeting was attended by 1,539 total delegates representing 76 different countries. Those in attendance attending the meeting could choose from among 1,037 Interactive Talk presentations, 8 Focused Learning Sessions, 5 Hands-on Workshops, 5 Satellite Symposia, 44 Symposia, and two Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which had 16 booths.

The 2023 Distinguished Lecture Series speakers were Derk Joester, Associate Professor of Materials Science and Engineering, Northwestern University, USA and Alexis M. Kalergis, Director, Millennium Institute on Immunology and Immunotherapy, Pontificia Universidad Católica de Chile.

The 2023 IADR/LAR General Session & Exhibition was joined by the 12<sup>th</sup> World Congress on Preventive Dentistry (WCPD). The WCPD Plenary Session: “Oral Health Returning to the Global Health Stage” took place on Thursday, June 22. The WCPD aimed to raise awareness of oral diseases globally, their social and commercial determinants, promote healthy environments, highlight the impact of oral diseases on poor and disadvantaged populations, and encourage policy makers to incorporate oral health into public health intervention programs as part of primary health care and universal health coverage.

As part of the 2023 IADR/LAR General Session & Exhibition with WCPD Opening Ceremonies, IADR President Brian O’Connell announced the official expansion of the IADR name to the International Association for Dental, Oral, and Craniofacial Research and unveiled the new IADR logo. While the “IADR” brand has been retained, as this is known throughout the world as the global name in dental research, “oral” and “craniofacial” are added to the full description to better encompass IADR’s members’ breadth of science.

Ophir Klein was installed as IADR’s 100th President at the conclusion of the General Session. His inaugural address, “Reconnecting, Recommitting, and Renewing,” is published in the *Journal of Dental Research*.

IADR thanks the following for their support of IADR and AADOCR programs and activities:

- Asociación Colombiana de Periodoncia y Oseointegración for being a General Meeting Sponsor
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health in support of an IADR Distinguished Scientist Award
- Church & Dwight Co., Inc. in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR Past Executives’ Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, an Industry-Sponsored Symposium, the Latin American Region Senior Award, and the Multicenter Regional Project Award
- Curaden in support of the Latin American Region Junior Award and the Latin American Region Senior Award
- Dentaaid in support of the Latin American Region Junior Award
- Dentsply Sirona in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the IADR Dental Materials Group Reception, the IADR Toshio Nakao Fellowship, the Japan Night Reception, and the Latin American Region Senior Award
- Geistlich being a General Meeting Sponsor
- Haleon in support of IADR Distinguished Scientist Awards, the John Greenspan Global Oral Health Research Award, and the IADR Innovation in Oral Care Awards and Reception
- The Henry Schein Cares Foundation for being a General Meeting Sponsor
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- Ivoclar in support of the IADR Dental Materials Group Reception and an Industry-Sponsored Symposium
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and an IADR Distinguished Service Award
- Johnson & Johnson Consumer, Inc. in support of an IADR Distinguished Scientist Award, the William H. Bowen Research in Dental Caries Award, and the IADR Joseph Lister Award for New Investigators
- Nano Intelligent Biomedical Engineering Corporation in support of the Korea Night Reception
- Novabone for being a General Meeting Sponsor
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR Young Investigator Award and the IADR/LAR President’s Reception
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Shofu in support of an Industry-Sponsored Symposium
- Smile Train in support of the IADR Smile Train Cleft Research Award
- Stemden in support of the Korea Night Reception
- Unilever Oral Care in support of IADR Distinguished Scientist Awards

# Proceedings of the IADR Council Meeting

**2023 IADR Council Meeting • June 20, 2023 • 2 p.m. – 5 p.m. Colombia Time (COT)  
Bogota, Colombia, Salon RY – Level (Agora Convention Center)**

**IADR Board of Directors:** President, Brian O’Connell; President-elect, Ophir Klein; Vice-president, Satoshi Imazato; Immediate Past President, Eric Reynolds; Regional Board Member, S. Aida Borges-Yáñez; Regional Board Member, Maria del Carmen López Jordi; Regional Board Member, Marcello Riggio; *JDR CTR* Editor-in-Chief, Jocelyne Feine; and

IADR Chief Executive Officer, Christopher Fox. IADR Board Members David Drake (Treasurer), Nobuhiro Takahashi (RBM), Deema AlShammery (RBM), Nicholas Jakubovics (*JDR* Editor), Vinicius Rosa (YI) and Richard Miron (YI) were unable to attend.

## **IADR Councilors from Scientific Groups/Networks:**

Behavioral, Epidemiological & Health Services Research Group, Stéphanie Tubert-Jeannin; Cariology Research Group, Cinthia Tabchoury; Clinical and Translational Science Network, Özcan Mutlu; Craniofacial Biology Group, Jeff Nickel; Dental Anesthesiology Research Group, Paul Coulthard; Dental Materials Group, Saulo Geraldini; Digital Dentistry Network, Adriana da Fonte Porto Carreiro; Education Research Group, Michael Botello; Evidence-based Dentistry Network, Analia Keenan; Global Oral Health Inequalities Network, Ankur Singh; Implantology Group, Georgios A.Kotsakis; International Network for Orofacial Pain and Related Disorders Methodology (INFORM), Adeyinka Dayo; Lasers and Bio-photonics Group, Georgios Romanos; Microbiology/Immunology, Gill Diamond; Minimally Invasive Dentistry Network, Aylin Baysan; Neuroscience, Nikolaos Giannakopoulos Nutrition Research, Ana Wintergerst; Oral & Maxillofacial Surgery, Justin Burrell; Oral Health Research, Kim Milleman; Oral Medicine & Pathology, Faizan Alawi; Orthodontics Research, Marcos Giovanetti; Pediatric Oral Health Research Group, Grieg Taylor; Prosthodontics, Cristiane Machado Mengatto; Pulp Biology and Regeneration, Imad About; Salivary Research, Debora Heller; Women in Science Network, Effie Ioannidou.

**IADR Councilors from Divisions:** American Division, Alex Vieira; American Division, Effie Ioannidou; American Division, Jane Weintraub; Argentine Division, Pablo Rodriguez; Australian/New Zealand Division, Loc Do; Brazilian Division, Valentim Adelino Ricardo Barão; Brazilian Division, Marcelo Bonecker; British Division, Paul Anderson; British Division, Marcello Riggio; Canadian Division, Lina Marin; Chilean Division, Erik Dreyer; Colombian Division, Claudia García Guerrero; Continental European Division, Imad About; Indian Division, S. M. Balaji; Iraqi Division, Anwar Tappuni; Irish Division, Finbarr Allen; Israeli Division, Yaron Haviv; Israeli Division, Samer Srouji; Japanese Division, Keiji Moriyama; Japanese Division, Hiroshi Egusa; Korean Division, Yong-Ouk You; Nigerian Division, Omolara Uti; Peruvian Division, Natalia Henostroza Quintans; Saudi Arabian Division, Fawaz Al Zoubi; Scandinavian Division, Ulvi Gürsoy; South African Division, Nashreen Behardien; Southeast Asian Division, May Chun Mei Wong; Uruguayan Division, Guillermo Grazioli; Venezuelan Division, Maria Gabriela Acosta; IADR Corporate Section, Yuuhiro Sakai.

**Non-voting Councilors and Observers:** Bolivian Section, Maria Eugenia Silva Loma; Bolivian Section, Verónica Cazas; Brazilian Division, Kátia Martins Rode; IADR Constitution Committee, Alvaro Della Bona; IADR Innovation in Oral Care Awards Committee, Paulo Francisco Cesar; IADR Membership & Recruitment Committee, Barry Quinn; Korean Division, Il-Ho Jang; Lebanese Section, Anthony Macari; Venezuelan Division, Ana Maria Acevedo; Incoming Regional Board Member, Olga Baker; Incoming Young Investigator, Fatemeh Momen-Heravi; AADOCR Board Member, Mark Heiss; Haleon, Stephen Mason; IADR Representative to FDI Science Committee and IADR Past President, Helen Whelton.

**Global Headquarters (GHQ) Staff:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno.

The meeting was called to order at 2:09 p.m.

## **I. ADMINISTRATIVE**

### **I.1. Approval of Council Agenda**

**Motion 1:** That the June 20, 2023, IADR Council meeting agenda be approved.

Motioned: S. M. Balaji

Seconded: Valentim Barão

The motion passed unanimously.

### **I.2. Approval of June 2022 Council Minutes**

**Motion 2:** That the June 2022 IADR Council meeting minutes be approved as submitted.

Motioned: Alex Vieira

Seconded: Georgios Romanos

The motion passed unanimously.

### **I.3. Election Results – Tellers Report**

Prof. O’Connell reviewed the election results. The following was highlighted:

The Tellers audited the vote collection by the vendor (eBallot) and certified the vote count. No errors were found.

Tellers signed the final vote tally. Exact vote counts will remain in the Chief Executive Officer confidential files. The election results this year were confirmed by the Tellers Committee as follows:

- IADR Vice-president: Pamela Yelick, Tufts University, Boston, Mass., USA

- The constitutional amendment updating the language to reflect the AADOCR expanded name was approved.

The successful candidate will begin their term at the conclusion of the 2023 General Session & Exhibition.

## I.4. Regional Board Member Reports

### I.4.1. Africa/Middle East Region

Prof. AlShammary was unable to attend the Council meeting. Prof. O'Connell directed Councilors to review the report included in the manual.

### I.4.2. Asia/Pacific Region

Prof. Takahashi was unable to attend the Council meeting. Prof. O'Connell directed councilors to review the report included in the manual.

### I.4.3. Latin American Region

Dr. Lopez-Jordi reviewed her report and highlighted the following:

The Latin American Region (LAR) is constituted by seven Divisions: Argentina, Brazil, Chile, Colombia, Perú, Uruguay and Venezuela and six Sections: Bolivia, Costa Rica, Caribbean, Ecuador, Guatemala, and Paraguay, On April 2022 LAR had 323 members and in April 2023 raised to 743; a membership increase of 130%.

- **Region Relations Coordinator:** Fabiana Izabel has been the IADR staff Latin America Region Relations Coordinator since January 2022, she is a great improvement for the IADR Latin American Region with fluent communication and exchange.
- **LAR Board meetings:** In 2022 the Latin American Region organized three meetings with its Board directors, in April, June and November, with the attendance of presidents and vice presidents of the Divisions and Sections from Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, The Caribbean, Ecuador, Guatemala, Paraguay, Perú, Uruguay and Venezuela. The IADR President Dr. Brian O'Connell and the Chief Executive Officer Dr. Christopher Fox joined the meeting for opening statements. In 2023 The first LAR Board meeting will take place in June, during The IADR General Session and IX LAR Congress, Bogotá Colombia.
- **Financial support to LAR Divisions for 2023:** The LAR Board approved to grant the support for two IADR memberships for all the Divisions and Sections in 2023 (22 memberships) to promote the attendance to the GS in Colombia 2023.

- **LAR Scientific Virtual Meetings 2023:** Some Divisions and Sections held events to promote de IADR General Session in Colombia.

### I.4.4. North American Region

Dr. Borges-Yanez reviewed the North American Regional report. She highlighted the following:

The 2023 AADOCR/CADR Annual Meeting & Exhibition provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Portland, Oregon.

- Meeting Statistics
- 2054 Individual Attendees
- 39 Symposia
- 40 countries represented
- 3 Satellite Symposia
- 1132 Interactive Talk Presentations
- 1 Industry Sponsored Symposium
- 3 focused Learning Sessions
- 47 Exhibition Booths
- 9 hands-on Workshops
- 3 Distinguished Lecture Series Presentations

As part of the AADOCR science-first initiative to bring new opportunities for membership, professional development, and program growth, AADOCR presented its second Meeting within a

Meeting (MwM) featuring cutting-edge presentations on the biology and social aspects of aging, and how aging affects health and disease.

She directed councilors to review her report for a more in-depth report.

### I.4.5. Pan European Region

Prof. Riggio reviewed the Pan European Regional report and highlighted the following:

The PER-IADR Management Committee was reconstituted following the PER-IADR 2022 Annual Congress and now comprises:

- President (Prof Imad About, Marseille)
- Immediate Past President (Dr Fionnuala Lundy, Belfast)
- Secretary/Treasurer (Prof Anne Marie Lynge Pedersen, Copenhagen)
- PER-IADR Regional Board Member on IADR Global Board (Prof Marcello Riggio, Glasgow)

The PER-IADR biennial congress in 2025 will be held jointly with the IADR General Session in Barcelona, Spain. In 2027 the PER-IADR biennial congress will be held in Riga, Latvia. While no final decision has yet been taken on the location of the 2029 PER-IADR congress, Glasgow (Scotland, UK) has already submitted a formal bid to PER-IADR to host the congress.

PER-IADR statutes must be aligned with a new Belgian law before 31 December 2023. Consequently, changes have been made to the PER bylaws and these were approved by the IADR Global Board at its meeting on 1st May 2023. One key change is the creation of a General Assembly (in addition to the existing PER-IADR Management Committee and Board). This process has been a good opportunity to make additional changes to the bylaws to simplify the identification of the PER-IADR member representatives and to harmonize the mandates of the PER-IADR Board.

CED-IADR will organize elections during the next General Assembly to be held during the 2023 Congress in Rhodes for the following positions in the Board: one person representing the young CED-IADR members (replacing (Mariano) Simón Pedano De Piero) and one person representing the East European countries. The open positions were announced, and applications may be sent in until 31 May 2023.

## 1.5. President's Report

Prof. O'Connell noted that the President's Report is provided for information and took a moment to review his written report included in the manual.

## 1.6. CEO's Report

Dr. Fox noted that the CEO's report is provided for information and gave a brief overview of his report.

## 1.7. Division Recognition

Prof. O'Connell recognized the Costa Rican and Colombian Sections for their exceptional membership growth for 2022.

### Latin American Region

Costa Rican Section: Increased membership from 12 in 2022 to 36, a 200% increase of 24 members in 2023.

Colombian Division: Increased membership from 93 in 2022 to 162, a 73% increase of 69 members in 2023.

## 2. Board Operations Committee (BOC)

### 2.1. Nominations for IADR Vice President

**Motion 3:** That Jennifer Gallagher, Mark Herzberg, and Marco Peres be considered as candidates for the IADR election of IADR Vice-President (2024-25).

Motioned: Effie Ioannidou

Seconded: Jane Weintraub

The motion was approved unanimously.

### 2.2. Approval of Committee Appointments

**Motion 4:** To accept the 2023-2024 IADR and Joint (IADR/AADOCR) Committee Appointments as presented by the IADR Board of Directors.

Motioned: Ana Wintergerst

Seconded: Alex Vieira

The motion passed unanimously.

**ACTION ITEM: Change Fawaz Alzoubi's Division from Kuwaiti Division to Saudi Arabian Division.**

### 2.3. IADR Scientific Group/Network Task Force Summary

Prof. O'Connell thanked the IADR Scientific Group/Network Task Force and reviewed the summary provided.

### 2.4. Approval of IADR Scientific Group/Network Governance Handbook

**Motion 5:** To approve the revisions to the IADR Scientific Group/Network Governance Handbook as recommended by the IADR Scientific Group/Network Steering Group and IADR Board of Directors.

Motioned: Anwar Tappuni

Seconded: Marcos Giovanetti

The motion passed unanimously.

Councilors suggested including guidelines that IADR Scientific Group/Networks can follow.

### 2.5. Approval of IADR PER Updated Bylaws

**Motion 6:** To approve revisions to the IADR PER Bylaws as recommended by the IADR Board of Directors.

Motioned: Anwar Tappuni

Seconded: Cinthia Tabchoury

The motion passed unanimously.

### 2.6. NAR Constitution Updates

**Motion 7:** To approve revisions to the IADR NAR Bylaws as recommended by the IADR Board of Directors.

Motioned: Effie Ioannidou

Seconded: Georgios Romanos

Motion passed unanimously.

## 2.7. Approval of IADR Palestinian Section Application

**Motion 8:** To accept the formation of the Palestinian Section as presented by the IADR Board of Directors.  
Motioned: Fawaz Alzoubi  
Seconded: Alex Vieira  
The Motion passed unanimously.

## 2.8. IADR Bylaws Update- Membership Grace Period

**Motion 9:** To approve revisions to the IADR Bylaws to shorten the term of the grace period from 90 to 30 days.  
Motioned: Effie Ioannidou  
Seconded: S.M. Balaji  
The motion passed.

## 3. Performance Monitoring/Audit Committee (PMAC)

### 3.1. IADR 2021 Independent Auditors' Report

Prof. O'Connell reviewed the IADR 2021 Independent Auditors' Report in place of Dr. Drake, who was unable to attend. He highlighted the following:

- The Association received an "Unmodified or Unqualified Opinion", meaning the opinion is stated without any modifications or qualifiers. This is the best opinion auditors can issue. The auditors informed the Board that the Association's finances are well-managed by staff and the audit went smoothly.
- IADR Assets totaling \$19.6M at the end of 2021 are primarily made up of the investment portfolio (89%). Other assets include Cash & Cash Equivalents, Receivables, Prepaids and Fixed Assets.
- Liabilities are small in comparison to assets. Mostly made up of Accounts Payable and other accrued expenses, Deferred Revenues and Deferred Compensation Payable.
- Net Assets were just over \$18.0 Million at the end of 2021 (up \$2.1M from the prior year).
- The financial position of IADR continues to be strong.
- The main sources of IADR's Revenues are typically Meetings, Dues, Publications, and Contributions/Sponsorships.
- Expenses are primarily related to the General Session, Awards & Fellowships, and Management Costs.
- The Change in Net Assets from Operating Activities in 2021 was an increase of \$133,000. When the investment returns of \$2,016,000 are included, Net Assets increased by \$2,149,000.

**Motion 10:** That the IADR Council approves the IADR 2021 Independent Auditors' Report  
Motioned: Ana Wintergerst  
Seconded: Georgios Romanos  
The motion passed unanimously.

### 3.2. Investment Portfolio Report

Prof. O'Connell reviewed the investment portfolio and highlighted the following:

- After strong returns in 2020 and 2021 where the IADR portfolio realized returns of 12.1% and 15.0%, respectively, the portfolio experienced negative returns of -16.5% in 2022 much like the broader markets.
- The portfolio finished the year with just under \$14.1M in total investments. (a decrease of \$3.5M from 2021). This net decrease takes into account the \$560,000 of investments sold in 2022 to fund operations.
- In Q1 2023 returns rebounded with a positive return for the quarter of 5.6% and the portfolio ended the quarter with a balance of \$14.9M, however it remains to be seen what the impact of the war in Ukraine, continued inflation and high interest rates will have on the portfolio performance for the remainder of the year.
- The portfolio continues to screen for both sugar, sweets and beverage and tobacco companies.
- The portfolio is used to fund various operations, projects, awards, and grants.
- Withdrawals from the portfolio have been infrequent. Because of significant cash flows, no portfolio withdrawals were needed from 2010 - 2019. However, \$1,098,000 was withdrawn in 2020, \$370,000 was withdrawn in 2021 and as mentioned above \$560,000 was withdrawn in 2022.

### 3.3. Unaudited 2022 Year-End Estimate

Prof. O'Connell reviewed the unaudited 2022 year-end estimate and highlighted the following:

- Chart shows 2022 Budget (red) vs. Actual (blue)
- Far right section shows the expected (\$707,000) operations deficit per budget. The actual results for 2022 show a (\$734,000) deficit for 2022.
- The 2022 results were unfavorable to budget due to a slightly worse than expected General Operations deficit and an expected deficit for the virtual General Session (\$34,000 actual deficit versus a \$17,000 surplus that was budgeted).
- General Operations results were lower than budget due lower than budgeted membership dues revenue, prepaid membership dues costs included in revenues due to a change in presentation and higher than budgeted regional

support staff costs, partially offset by lower-than-expected Board and staff travel costs and lower allocated employee benefit costs.

- *JDR / JDR-CTR* results for 2022 were better than budget expectations due to significantly better than expected *JDR* royalties.
- Overall operations - a (\$734,000) deficit for the year. Primarily due to a greater than expected operating deficit and an expected meeting deficit of (\$34,000)
- Membership increased by 561 members – but due to the mix of membership categories, revenues were \$26,000 lower than budgeted revenue.
- Meeting deficit of \$34,000.
- GHQ allocated expenses were \$4,000 less than budgeted.
- *JDR* - budget surplus \$72,000 greater than budget.
- *JDR CTR* – budget deficit \$16,000 less than budget.

## 4. Strategic and Operational Planning Committee (SOPC)

### 4.1. 2023 IADR Budgets

Prof. Reynolds reviewed the 2023 IADR Budget, including the Joint IADR/AADOCR Budgets. He highlighted the following:

- General Operations are typically budgeted as a deficit, these deficits will continue in 2023 – 2025 due to an expected return to full Board and staff travel and continued regional support staff costs partially offset by expected increases in membership dues revenues.
- Meeting budgets are generally strongest for Joint IADR/AADR meetings (2021 and 2022 being the exceptions). A significant deficit is budgeted for the current Bogota meeting due to lower than budgeted registration, sponsorship & exhibit revenues, as well as high venue and other costs that include a 19% VAT on all costs.
- Overall, 2023 shows an expected (\$1,487,000) deficit due to the General Operations and General Session deficits, partially offset by a continued Publications surplus.
- The 2024 and 2025 budgets include calculated target meeting surpluses needed for the Association's Operating Deficit to be equal to the expected investment spending policy allocation for operations in those years.
- The *JDR* surplus is budgeted to continue but is budgeted to decline 5% from the prior year expected results.

- An overall operating deficit of (\$1,487,000) is budgeted.
- The general operating deficit is expected to be (\$889,000) in 2023.
- The Bogota meeting budget shows an expected deficit of (\$772,000) due to lower than budgeted registration, sponsorship & exhibit revenues and high expenses including a 19% VAT on all costs.
- GHQ Costs are budgeted to increase by 3.3% compared to 2022 budgeted costs and 3.0% as compared to 2022 estimated year-end expenses.
- *JDR* surplus is budgeted to continue but 5% less than expected 2022 results.
- *JDR CTR* is expected to continue to produce a small deficit.

Councilors asked if lower-and middle-income countries are considered when membership dues increase, including needing a credit card to pay membership dues. Prof. Reynolds noted that this topic is heavily discussed at the Board level when speaking about membership dues.

Dr. Fox noted that this is an issue that IADR takes very seriously; IADR is focused on creating opportunities for lower-and-middle income countries to gain and maintain IADR membership; he also encouraged members that are in the financial position to do so, to participate in the “Adopt-a-Member” program, which helps members in lower-and-middle income countries with membership dues.

Councilors asked if it was feasible to decrease General Session registration fees to attract more attendees. Prof. Reynolds noted that all lower-and-middle-income members already receive a substantially reduced registration rate. Dr. Fox also noted that there are extremely high costs associated with holding international meetings; this year the added Value-Added Tax (VAT) of 19% was unexpectedly added after a change in the Colombian government. These circumstances make it difficult to further reduce meeting registration rates.

Councilors also suggested that members that bring a considerable number of students to the General Sessions year after year be recognized and/or monetarily rewarded in the form of reduced meeting registration fees or the like.

**Motion II:** That the IADR Council approves the 2023 IADR Budget, which includes the Joint Budget with AADOCR and 2024 member dues and meeting registration rates.

Motioned: Kim Milliman

Seconded: Cinthia Tabchoury

The motion passed.

## 4.2. 2027 IADR General Session Site Selection

Prof. Reynolds reviewed the materials presented in the manual and highlighted the following:

### Meeting Rotation

- In general, the annual scientific meeting of the IADR is held every other year in North America (and every other year outside of North America).
- When IADR meets outside of North America the meeting takes place in June or July and attracts between 3,000-4,000 participants\* and 2,000 scientific presentations.
- Barcelona 2010 was one of the highest attended meetings in IADR history with over 6,000 attendees.
- When IADR meets in North America the meeting takes place in March (with the exception of 2019 in Vancouver) and attracts between 5,000 and 6,500 participants and 3,000 scientific presentations.

The future IADR General Session rotation is as follows:

- 2024 – New Orleans, Louisiana USA - North American Region
- 2025 – Barcelona, Spain - Pan European Region
- 2026 – San Diego, California, USA – North American Region

He also reviewed the current site selection process and venue site selection criteria.

**Motion 12:** That Melbourne, Australia be selected for the 2027 IADR General Session for June 23-26, 2027.

Motioned: Jane Weintraub

Seconded: Greig Taylor

The motion passed.

## 4.3. IADR Name Expansion & Logo

Prof. Reynolds the IADR Name Expansion & Logo materials presented in the manual and introduced the new expanded name, International Association for Dental, Oral, and Craniofacial Research (IADR).

## 4.4. JDR Editor-in-Chief's Update

As Dr. Jakubovics was unable to attend the Council meeting, Dr. Feine reviewed the JDR Editor-in-Chief's update on his behalf. She highlighted the following:

- In the latest metrics, published in June 2022, the JDR achieved its highest ever 2-year Impact Factor of 8.924. The journal remains #1/92 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor Score at 0.01570 and in total citations at 27,593.

- Submission levels are now similar to pre-COVID.
- Accept ratio remains ~15%.
- 90% of original submissions and 81% of accepted papers were original research reports.
- 79% of original submissions were triaged on entry.
- >80% of revised manuscripts are eventually accepted, sometimes with further revision.
- Submission to acceptance time has risen in 2022 and 2023. The reasons are unclear, but we are working to reduce this.
- Acceptance to Online publication is also high in 2022 and 2023. This should decline following restructuring of processes at our publisher, SAGE.
- Acceptance to print publication is declining. A 10% increase in page budget in 2022 cleared a backlog of COVID papers.

## 4.5. JDR CTR Editor-in-Chief's Update

- Manuscript Processing: Accept ratio in 2022 was 27%. This is a reduction from 36% and higher in previous years; our acceptance rate should continue to descend.
- In 2022, 80.5% of original submissions and 64% of accepted papers were original research reports. 69% of original submissions were triaged on entry.
- Submission to acceptance time is fairly steady, and we are making efforts to reduce this average.
- Acceptance to Online publication increased in 2022.
- Acceptance to print publication has also risen.
- Planned supplements:
  - Title: The dental profession and interprofessional primary care: intersection of research, education and communities
  - Kourtney Skinner is presently working with Drs. Walt Psoter and Yanfang Ren on this Supplement.
- Proceedings issue:
  - Title: Whole Person Health and Medical Dental Integration
  - Kourtney Skinner is presently working with Drs. Tamanna Tiwari, Eric Tranby, and Lisa Heaton at CareQuest on this Supplement.

## 4.6. Philanthropy Update

Prof. Reynolds took a moment to thank members for their continued contributions to IADR.

He also noted that in May 2023, the IADR Board of Directors approved exploring the feasibility of creating and obtaining funding for the IADR John Greenspan Travel Award, in honor of IADR and AADOCR Past President Dr. John Greenspan, who passed away in March 2023.

The proposed annual award would fund one \$2,000 award for new investigators residing in LMIC countries to attend and present at the IADR General Session & Exhibition. To support one travel award of \$2,000 annually, a minimum endowment of \$50,000 would be required.

Also in May 2023, the IADR Board of Directors approved renaming the IADR

Distinguished Scientist Award – Global Oral Health Research Award, the John

Greenspan Global Oral Health Research Award.

## 5. Member/Stakeholder Relations Committee (MSRC)

### 5.1. Oral Diseases as Noncommunicable Diseases (NCDs) and within the Global NCDs Agenda White Paper

Dr. Fox gave background information on the origin and process of Oral

Diseases as Noncommunicable Diseases (NCDs) and within the Global NCDs Agenda white paper.

Dr. Weintraub noted the importance of Oral Diseases as Noncommunicable Diseases (NCDs) and within the Global NCDs Agenda White Paper and thanked Dr. Charles-Ayinde and the SIC for their work on the paper.

**Motion 13:** That the IADR Oral Diseases as Noncommunicable Diseases (NCDs) and within the Global NCDs Agenda White Paper be approved by the IADR Council as submitted.

Motioned: Cinthia Tabchoury

Seconded: Stephanie Tubert-Jeannin

The motion passed.

## 6. Interactive Council Session

Dr. Klein led a thorough discussion on the IADR General Session format. He noted that next year, IADR will move back to having oral sessions, poster sessions, and symposia.

Councilors expressed concern over limiting the number of presenters. Dr. Klein emphasized that not all presenters should be scheduled as oral presentations but rather poster sessions to allow them the opportunity to get more experience presenting.

He also emphasized that a reorganization of programming can result in high quality being presented at General Sessions.

Councilors noted that though they agreed with Dr. Klein's thoughts, that attendance rates may also decline because if members do not have the opportunity to have oral presentations, then many schools do not support their attendance. Many noted that schools not supporting students if they do not have oral presentations is the deeper issue. Presenting a poster is a valuable opportunity and needs to be supported.

Councilors suggested inviting more senior investigators to present the latest research in their fields at General Sessions.

Dr. Weintraub also suggested the Meeting Within a Meeting format that AADOCR has adopted very successfully.

## 7. In Memoriam

Councilors took a moment of silence to honor those who have passed in the last year.

There being no other business, the meeting was adjourned at 5:04 p.m.

# Appendix I — President’s Inaugural Address, Editors’ Report and Chief Executive Officer’s Report

## Ophir Klein

Cedars-Sinai Guerin Children’s,  
Los Angeles, CA, USA



### IADR Presidential Address by Ophir Klein at the 101<sup>st</sup> General Session & Exhibition of IADR/LAR

**T**hank you, President O’Connell, for the kind introduction. It is heartwarming to see you all in person and truly an honor to greet you this evening as the 100th president of this venerable society. *Y muchas gracias a nuestros anfitriones colombianos—es un verdadero placer tener nuestra reunión en un país tan hermoso y acogedor!*

Today, I want to focus on 3 themes: reconnecting, recommitting, and renewing. First, reconnecting. Before the advent of COVID-19, we had been gathering successfully for almost 100 y. Then, like much of the world, International Association for Dental Research (IADR) paused in-person meetings. And it wasn’t a brief pause: it has been 4 y since we were all together. But now, thanks to our CEO Christopher Fox and his amazing team, we are together again. If our count is correct, we are here from 74 countries and represent all 5 IADR regions.

We can’t mark this occasion without stopping to remember the friends and colleagues we lost during the pandemic. Would you join me for a moment of silence in their honor and memory.

While it is true that we paused our in-person meetings, the work of IADR did not stop. There have been significant advances in the last 4 y, including in the understanding of the impact of COVID-19 on oral health. I should add that although the pandemic imposed unwelcome limitations on our work, it also created unanticipated advantages. The accelerated use of digital technologies resulted in a different type of collaboration and interaction than what we were used to, and it provided opportunities for some members of the dental, oral, and craniofacial research community to participate in ways that were not previously available to them. In particular, many of our members who would not be able to attend meetings due to financial or family constraints were able to participate virtually. Going forward, I’m confident that we will expand the utilization of digital tools to advance our work by connecting more effectively than we have in the past.

Regarding my second theme, recommitting: all in all, we can be justifiably proud of the progress we have witnessed and how far we have come, but we should also be humbled by the challenges ahead. I can only imagine the state of world health when our 200th president takes office. While enormous advances have been made since our society was founded, dental, oral, and craniofacial diseases still place an enormous burden on humanity, especially in traditionally underserved populations. From craniofacial birth defects and trauma to caries and periodontal disease, from oral cancers to autoimmune disease, the costs in suffering continue to be severe and unacceptably high. We are all here because we believe that there are answers to this suffering and that many of them will come from the work that researchers do every day—

from you and the teams you lead. Your contributions represent a magnificent array of investigations; the list of promising avenues of inquiry and discovery is formidable, including stem cell–based tissue engineering, novel materials, fundamental advances in developmental and cell biology, genomics and epigenetics, outcomes research for evidence-based care, and many others. As a physician, I continue to be fascinated by what we are learning about the connection between dental, oral, and craniofacial diseases and systemic health, and this subject will continue to grow in importance. There is no limit to the positive impact our field can have on global health, and now that living with SARS-CoV-2 has become part of our new normal, we can build on what we have learned over the past few years and recommit to working together toward a brighter future.

The third theme is renewal. My observations this morning all point in the same direction: today, and in the months and years to come, we have the opportunity, and the obligation, to do our utmost and maximize our contributions to global health. We must expect the best from ourselves and each other. We must seize every opportunity to elevate our research and our work as a society to the very highest levels. I would like us to come together and collectively rise to the following challenge: renew ourselves into an even stronger and more productive group and, particularly, to elevate the level of science at our meetings so that our gatherings are viewed—even more than they are now—as the place to hear only the very best science in our field. As such, we must support our 2 journals in continuing their striking trajectory and the impressive job they have done over the past few years advancing research and growing remarkably in impact. We must also build on the virtual offerings and our dynamic online community to expand the reach and further the mission of our society.

I know that I’m not alone when I say that IADR has dramatically expanded and enriched my life, both professionally and personally. I’ve made lasting friendships, gained cherished mentors, engaged in productive and inspiring collaborations, and frankly I’ve learned more than I ever could have imagined.

Whether you are a long-time member or new to IADR, I encourage you to take advantage of every opportunity available to you. Serve on a committee. Nominate a colleague for an award. Strengthen your scientific group by contributing to abstract review, leadership, or organization. We need you, and I promise that you will be rewarded for your efforts in truly satisfying ways.

As we reconnect with each other, let’s recommit to advancing dental, oral, and craniofacial science, and let’s renew our efforts to support and accelerate the best possible work in our field. In so doing, we will create a global legacy of improved health and well-being.

Thank you so much for this privilege. I am delighted to serve as your president as we continue our journey of scientific discovery together.

#### Author Contribution

O.D. Klein contributed to data conception and design, drafted the manuscript. The author gave final approval and agreed to be accountable for all aspects of the work.

#### Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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The author received no financial support for the research, authorship, and/or publication of this article.



## Editor’s Report for the *Journal of Dental Research*, December 2023

I am pleased to provide my report as Editor-in-Chief of the *Journal of Dental Research* to the IADR/AADOCR Joint Boards of Directors. This report outlines the recent progress of the *JDR*. In the latest metrics, published in June 2023, the *JDR* achieved another high 2-year Journal Impact Factor™ (JIF) of 7.6 (Tables 1 and 2), ranking #3 of 91 journals in “Dentistry, Oral Surgery & Medicine”. The journal remains #1 in terms of total citations at 25,849 and continues to perform strongly in other metrics such as Article Influence Score and Eigenfactor.

Table 1. Key metrics for the *JDR* (2022).

| Impact Factor w/o Self-Cites | Total Cites | Impact Factor | 5-Year Impact Factor | Immed. Index | Citable Items | Cited 1/2-Life | Eigenfactor Score | Article Influence Score |
|------------------------------|-------------|---------------|----------------------|--------------|---------------|----------------|-------------------|-------------------------|
| 7.3                          | 25,849      | 7.6           | 7.6                  | 1.1          | 154           | 10.1           | 0.01345           | 1.638                   |

Table 2. Comparison with other journals in “Dentistry, Oral Surgery & Medicine”.

| Rank | JCR Abbreviation     | Total Citations | 2022 JIF | Article Influence Score | Eigenfactor | 5 Year JIF | Rank |
|------|----------------------|-----------------|----------|-------------------------|-------------|------------|------|
| 1    | PERIODONTOL 2000     | 8,442           | 18.6     | 3.342                   | 0.007       | 15.8       | 1    |
| 2    | INT J ORAL SCI       | 3,155           | 14.9     | 1.941                   | 0.003       | 10.7       | 2    |
| 3    | J DENT RES           | 25,849          | 7.6      | 1.638                   | 0.013       | 7.6        | 3    |
| 4    | J CLIN PERIODONTOL   | 19,675          | 6.7      | 1.985                   | 0.014       | 9.1        | 4    |
| 5    | JPN DENT SCI REV     | 1,066           | 6.6      | 1.067                   | 0.001       | 6.2        | 5    |
| 6    | DENT MATER           | 19,304          | 5        | 1.036                   | 0.009       | 6          | 6    |
| 7    | INT ENDOD J          | 11,722          | 5        | 0.878                   | 0.006       | 5.3        | 7    |
| 8    | ORAL ONCOL           | 13,846          | 4.8      | 1.25                    | 0.014       | 4.9        | 8    |
| 9    | PROG ORTHOD          | 2,149           | 4.8      | 0.946                   | 0.002       | 5          | 9    |
| 10   | J PROSTHET DENT      | 18,605          | 4.6      | 0.822                   | 0.01        | 4.5        | 10   |
| 11   | J DENT               | 13,703          | 4.4      | 0.978                   | 0.008       | 5          | 11   |
| 12   | CLIN ORAL IMPLAN RES | 16,001          | 4.3      | 1.249                   | 0.009       | 5.7        | 12   |
| 13   | J PERIODONTOL        | 18,997          | 4.3      | 1.043                   | 0.008       | 5.4        | 13   |
| 14   | CARIES RES           | 4,624           | 4.2      | 0.71                    | 0.002       | 3.7        | 14   |
| 15   | J ENDODONT           | 22,657          | 4.2      | 0.727                   | 0.008       | 4.6        | 15   |
| 16   | SEMIN ORTHOD         | 1,121           | 4.2      | 0.372                   | 0           | 2.5        | 16   |
| 17   | J PROSTHODONT        | 5,396           | 4        | 0.711                   | 0.005       | 3.6        | 17   |
| 18   | J AM DENT ASSOC      | 8,512           | 3.9      | 0.994                   | 0.004       | 3.8        | 18   |
| 19   | INT J PAEDIATR DENT  | 3,641           | 3.8      | 0.677                   | 0.003       | 3.7        | 19   |
| 20   | ORAL DIS             | 8,346           | 3.8      | 0.667                   | 0.008       | 3.6        | 20   |

The following are some recent highlights from the *JDR*:

### I. Manuscript Processing.

#### Article types and acceptance

- Submission levels are similar to 2022 (Table 3), slightly down from 2021 when submissions were affected by COVID.
- Accept ratio has dropped slightly to ~13%.
- 88% of original submissions and 88% of accepted papers were original research reports (Fig. 1-2).
- 77% original submissions were triaged on entry, either through rejection w/o peer review (61%) or recommended transfer to *JDR* CTR (16%) (Fig. 3).
- >80% of revised manuscripts are eventually accepted, sometimes with further revision (Fig. 4).

Table 3. Total submissions and acceptance rate.

|                      | 2021  | 2022  | 2023 YTD <sup>a</sup> |
|----------------------|-------|-------|-----------------------|
| Original submissions | 1,264 | 1,095 | 830                   |
| Accept               | 199   | 161   | 111                   |
| Accept ratio         | 16%   | 15%   | 13%                   |

<sup>a</sup>To the end of September 2023.

#### Processing times

- Submission to acceptance time has risen slightly in 2023 (Table 4).
- Time from submission to first decision is 18 days.
- Acceptance to online publication time has continued to increase in 2023. We will work with our publisher, SAGE, to reduce this next year.
- Acceptance to print publication has declined in 2023. A 10% increase in budget in 2022 cleared a backlog of COVID papers.

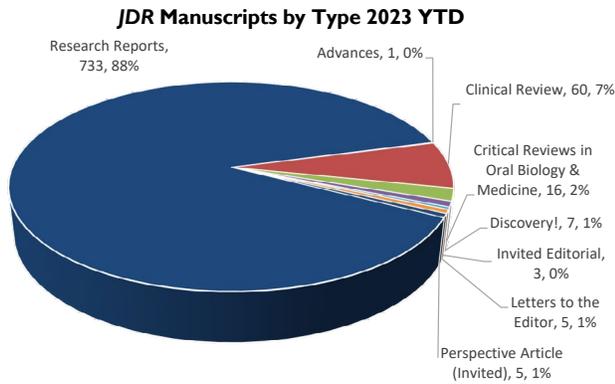


Figure 1. JDR original submissions by manuscript type between January 1–September 30, 2023

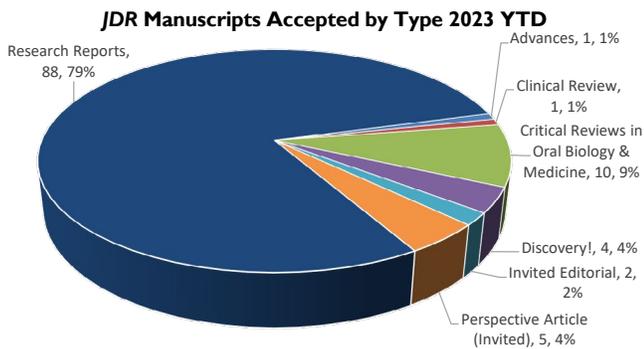


Figure 2. JDR accepted papers by manuscript type between January 1–September 30, 2023

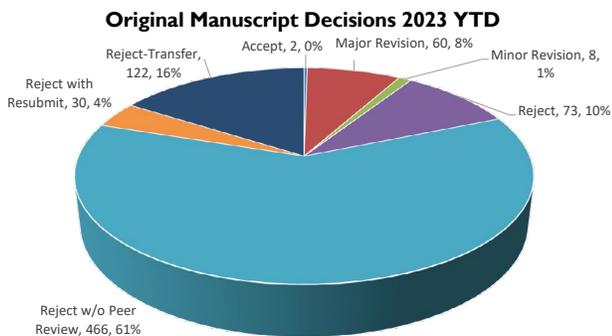


Figure 3. First decision on original manuscripts with decision date between January 1–September 30, 2023

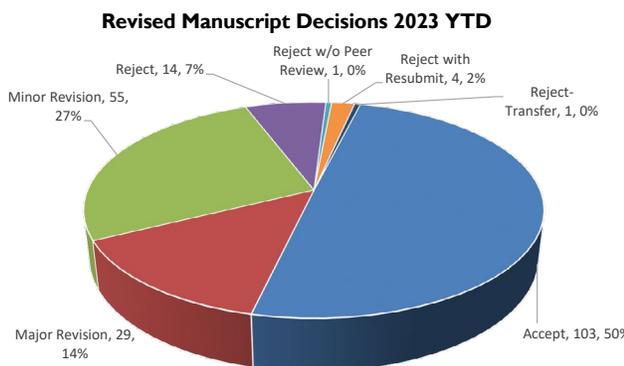


Figure 4. Decision on revised manuscripts with decision date between January 1–September 30, 2023

Table 4. Average JDR Turnaround Times.

|                                  | 2018     | 2019    | 2020     | 2021     | 2022     | 2023 YTD |
|----------------------------------|----------|---------|----------|----------|----------|----------|
| Submission to Acceptance         | 94 Days  | 79 Days | 89 Days  | 79 Days  | 106 Days | 114 Days |
| Acceptance to Online Publication | 36 Days  | 42 Days | 32 Days  | 36 Days  | 54 Days  | 69 Days  |
| Acceptance to Print Publication  | 140 Days | 88 Days | 100 Days | 147 Days | 175 Days | 116 Days |

|   |         |
|---|---------|
| JDR average days from submission to first decision (Prior 12 months)* | 18 Days |
|---|---------|

2. JDR International reach

- Approximately 60% of accepted papers in 2023 YTD by lead authors from USA or China (Figure 5).
- Papers accepted from 23 different countries, reflecting the international nature of the JDR.

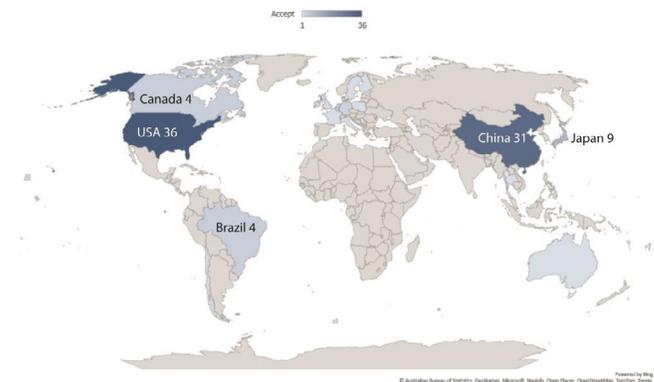


Figure 5. Lead author country for 111 accepted papers January – September 2023

3. Highly read and cited research

- The most read articles encompass a broad range of topics (Table 5).
- COVID-19 papers still dominate the most highly cited research (Table 6).
- High Altmetrics scores indicate papers that are widely shared (Fig. 6).

**Table 5. Most read articles in the last 6 months**

| Rank | Title/authors  | Publication date |
|------|--|------------------|
| 1    | Artificial Intelligence in Dentistry: Chances and Challenges (F. Schwendicke, W. Samek, J. Krois)  | 2020-4-21        |
| 2    | Evidence-Informed Oral Health Policy Making: Opportunities and Challenges (S. Listl, R. Baltussen, A. Carrasco-Labra, F.C. Carrer, J.N. Lavis)   | 2023-8-10        |
| 3    | Global, Regional, and National Levels and Trends in Burden of Oral Conditions from 1990 to 2017: A Systematic Analysis for the Global Burden of Disease 2017 Study (GBD 2017 Oral Disorders Collaborators: E. Bernabé, W. Marcenés, C.R. Hernandez, J. Bailey, et al.)   | 2020-3-2         |
| 4    | Nonrestorative Treatments for Caries: Systematic Review and Network Meta-analysis (O. Urquhart, M.P. Tampi, L. Pilcher, et al.)  | 2018-10-5        |
| 5    | Global, Regional, and National Prevalence, Incidence, and Disability-Adjusted Life Years for Oral Conditions for 195 Countries, 1990–2015: A Systematic Analysis for the Global Burden of Diseases, Injuries, and Risk Factors. (N.J. Kassebaum, A.G.C. Smith, E. Bernabé, T.D. Fleming, A.E. Reynolds, T. Vos, C.J.L. Murray, et al.) | 2017-2-1         |
| 6    | Factors Affecting Wound Healing (S. Guo, L.A. DiPietro)  | 2010-2-5         |
| 7    | Oral Cancer Screening: Past, Present, and Future (S. Warnakulasuriya, A.R. Kerr)   | 2022-5-26        |
| 8    | Acute Postoperative Pain Due to Dental Extraction in the Adult Population: A Systematic Review and Network Meta-analysis (A. Miroschnyenko, S. Ibrahim, M. Azab, Y. Roldan, J.P.D. Martinez, D. Tamilselvan, L. He et al.)   | 2023-1-11        |
| 9    | Electronic cigarettes and oral health (R. Holliday, B.W. Chaffee, N.S. Jakubovics, R. Kist, P.M. Preshaw)  | 2021-3-25        |
| 10   | Caries Detection on Intraoral Images Using Artificial Intelligence (J. Kühnisch, O. Meyer, M. Hesenius, R. Hickel, V. Gruhn)   | 2021-8-20        |

**Table 6. Most cited articles in the last 3 years**

| Rank | Title/authors  | Publication date |
|------|--|------------------|
| 1    | Oral Manifestations in Patients with COVID-19: A Living Systematic Review (J. Amorim dos Santos, A.G.C. Normando, R.L. Carvalho da Silva, A.C. Acevedo, G. De Luca Canto, et al.)      | 2020-9-11        |
| 2    | Application of Artificial Intelligence in Dentistry (T. Shan, F.R. Tay, L. Gu.)  | 2020-10-29       |
| 3    | Antiviral Activity of Reagents in Mouth Rinses against SARS-CoV-2 (F. Carrouel, L.S. Gonçalves, M.P. Conte, G. Campus, J. Fisher, L. Fraticelli, et al.)                               | 2020-10-22       |
| 4    | Periodontitis, Edentulism, and Risk of Mortality: A Systematic Review with Meta-analyses (M. Romandini, G. Baima, G. Antonoglou, J. Bueno, E. Figuero, M. Sanz.)                       | 2020-8-31        |
| 5    | Microbial Community-Driven Etiopathogenesis of peri-implantitis (G. Belibasakis, D. Manoil)  | 2020-8-12        |
| 6    | Saliva in the Diagnosis of COVID-19: A Review and New Research Directions (L.L. Fernandes, V.B. Pacheco, L. Borges, H.K. Athwal, F. de Paula Eduardo, L. Bezinelli, L. Correa, et al.) | 2020-9-16        |
| 7    | SARS-CoV-2 Detection in Gingival Crevicular Fluid (S. Gupta, R. Mohindra, P.K. Chauhan, V. Singla, K. Goyal, V. Sahni, R. Gaur, D.K. Verma)  | 2020-11-2        |
| 8    | Oral Cancer Screening: Past, Present, and Future (S. Warnakulasuriya, A.R. Kerr)   | 2022-5-26        |
| 9    | Tooth Loss and Dementia: A Critical Examination (W.M. Thomson, Y. Barak)   | 2020-9-18        |
| 10   | Diagnostic Salivary Tests for SARS-CoV-2 (L. Azzi, V. Maurino, A. Baj, M. Dani, A. d’Aiuto, M. Fasano, M. Lualdi, F. Sessa, T. Alberio)  | 2020-10-31       |

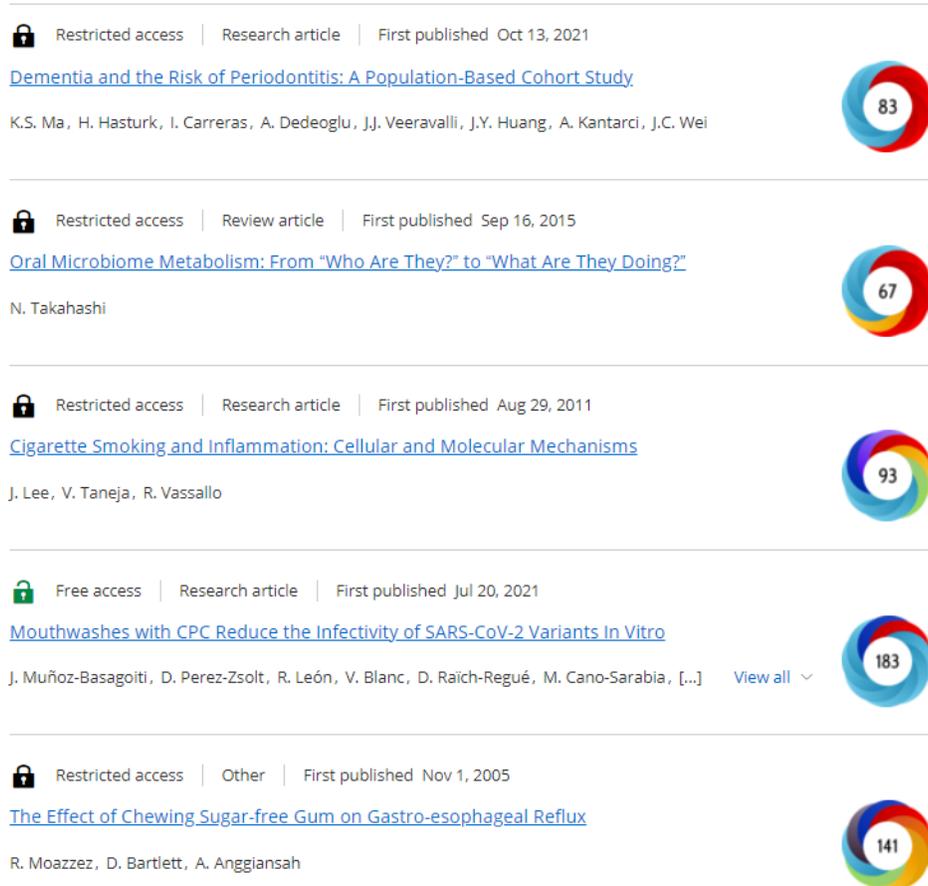
**4. Promotion of JDR Research**

- Press releases are available at this link: <https://www.iadr.org/about/news-reports/iadr-pressreleases>.
- Key articles have also been promoted on the IADR Community.
- The JDR X (formerly Twitter) feed (@JDentRes) has amassed nearly 2,500 followers to date and remains very active.
- JDR editors frequently give talks and training, e.g.
  - Talk and workshop at Indian Society for Dental Research (Feb 2023)
  - NSRG group symposium at AADOCR (Mar 2023)
  - DEIB Symposium at IADR GS (June 2023)
  - Editors’ workshop at BSODR, UK (September, 2023).

**5. Special Issues in the JDR**



- Special issue on Aging and Oral Health: Biological and Socio-Behavioral Perspectives was published in July 2023.
- 16 papers on broad range of topics.
- Topic aligned with AADOCR Meeting-within-a-Meeting
  - Meeting report published in Advances in Dental Research.
- Videocast: [https://www.youtube.com/watch?v=AHU31b7D92M&ab\\_channel=IADR](https://www.youtube.com/watch?v=AHU31b7D92M&ab_channel=IADR)
- Thanks to editors Ana Paula Colombo and Bei Wu for their dedicated efforts on the Special Issue.
- The 2024 special issue on *Advanced Imaging in Dental, Oral and Craniofacial Research* is open for submissions.
  - Editors Dana Graves and Sergio Uribe.



**Figure 6. Trending (Articles with the highest Altmetric score from the last 3 months, indicating influence and impact).**

## 6. Plans for 2024

- 'Discovery!' to be developed into a more regular series of 'Hot Topics'.
- Aiming for Flexible format submissions.
- New article type: Registered Reports.

## 7. Acknowledgments

- Many thanks to Dr. Christopher Fox, Denise Streszoff, Matt Niner, Kourtney Skinner, and Lily Knol at the *JDR* Headquarters in Alexandria for their continued dedication and work on the Journal.
- We are supported by the capable staff at SAGE Publishing, including Lauren Hunt, Alisia Lemos, Nahda Tahsin and Isaac Hirsch, who work closely with the editors and the team at *JDR* Headquarters to ensure the smooth-running of the journal.
- Michaila Patterson is the local editorial assistant at Newcastle University where she is supporting the journal by managing the page proofs, working with the authors, the IADR office, and SAGE.

- I am very grateful for the hard work and diligence of our team of Associate Editors: Professors Ana Paula Colombo, Gustavo Garlet, Dana Graves, Jacques Nör, Joy Richman, Falk Schwendicke and Carmem Pfeifer.
- We gratefully acknowledge the members of the Editorial Board and the many reviewers, who give up their time and efforts to critique papers and contribute to the *JDR*.
- Thanks also to the authors, without whom the *JDR* would not exist.
- 

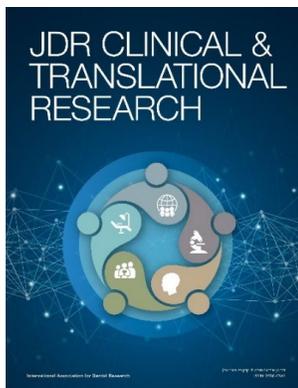
I thank the Boards for their continued support of the *JDR*.

Yours faithfully,



Nicholas S. Jakubovics  
Newcastle University, UK

**JDR CTR Editor’s Report for the Clinical and Translational Research, December 2023**



It’s a pleasure to provide this summary of our JDR CTR activities from January to November 2023. The JDR CTR is starting its 8th year of existence (January 2024 issue), and our progress is exciting.

**JDR CTR First Impact Factor**

- After 7 years of publishing 4 issues/year, our first impact factor was announced at **3.0**, which is an exceptionally high rating for such a new journal with only 4 issues/year.
- An appropriate comparator is the highly respected journal, *Community Dentistry and Oral Epidemiology*, which has been publishing for 50 years with 12 issues/year; this year their impact factor is **2.3**.

The following are some highlights from the JDR CTR:

**I. Manuscript Processing.**

- 56% of original submissions were triaged on entry.

**Table 1. Acceptance ratio in 2023 is 17.9%.**

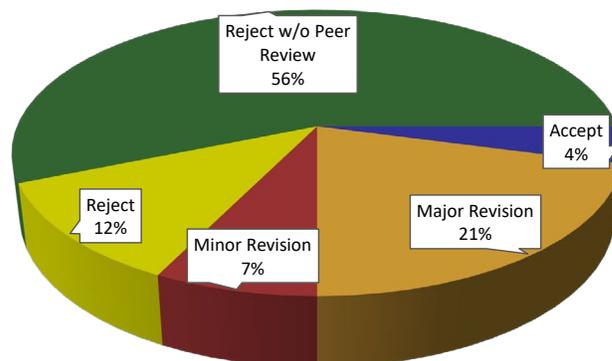
| 2023         | Submitted (Orig) | Accepted | Published |
|--------------|------------------|----------|-----------|
| January      | 6                | 1        | 11        |
| February     | 7                | 2        | 0         |
| March        | 16               | 3        | 0         |
| April        | 5                | 4        | 11        |
| May          | 11               | 2        | 0         |
| June         | 10               | 0        | 0         |
| July         | 11               | 10       | 11        |
| August       | 19               | 4        | 0         |
| September    | 16               | 3        | 0         |
| October      | 11               | 1        | 11        |
| November     |                  |          | 0         |
| December     |                  |          | 0         |
| <b>Total</b> | <b>1122</b>      | <b>0</b> | <b>44</b> |

**Table 2. Comparison to Prior Years Before Pandemic: Original Manuscript Submissions 2017-2022**

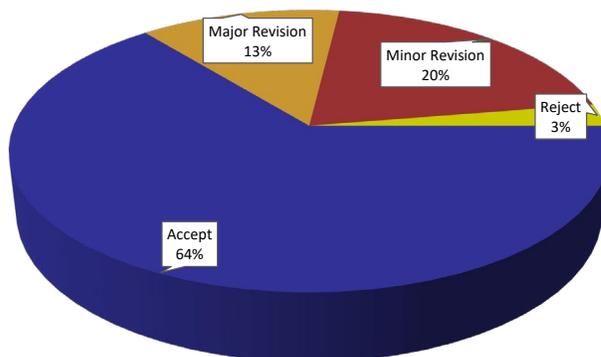
| 2017        | 2018 | 2019 | 2020 | 2021 | 2022 | 2023 |
|-------------|------|------|------|------|------|------|
| 89          | 119  | 121  | 177  | 310  | 153  | 112  |
| COVID years |      |      |      |      |      |      |

**Submitted and Accepted Manuscripts**

**Fig. 1. Papers both submitted and decided between Jan 1, 2023 and October 31, 2023**



**Fig. 2. Revised Manuscripts**



**Table 3. 76.9% of original submissions were original research reports.**

Original Manuscripts submitted between January 1, 2023 and October 31 2023

|              | Reviews   | Special Communion | Letters to the Editor | Perspective | Original Reports | Proceedings | Commentary | Guest Editorial | Summary    |
|--------------|-----------|-------------------|-----------------------|-------------|------------------|-------------|------------|-----------------|------------|
| January      | 0         | 0                 | 0                     | 0           | 5                | 0           | 0          | 1               | 6          |
| February     | 1         | 0                 | 0                     | 0           | 6                | 0           | 0          | 0               | 7          |
| March        | 2         | 2                 | 1                     | 0           | 10               | 0           | 1          | 0               | 16         |
| April        | 0         | 0                 | 0                     | 0           | 5                | 0           | 0          | 0               | 5          |
| May          | 2         | 0                 | 0                     | 0           | 8                | 0           | 0          | 1               | 11         |
| June         | 1         | 0                 | 1                     | 0           | 8                | 0           | 0          | 0               | 10         |
| July         | 3         | 0                 | 0                     | 1           | 6                | 0           | 0          | 1               | 11         |
| August       | 3         | 0                 | 1                     | 0           | 14               | 0           | 1          | 0               | 19         |
| September    | 0         | 0                 | 0                     | 0           | 14               | 0           | 1          | 0               | 16         |
| October      | 3         | 0                 | 0                     | 1           | 7                | 0           | 0          | 0               | 11         |
| November     |           |                   |                       |             |                  |             |            |                 |            |
| December     |           |                   |                       |             |                  |             |            |                 |            |
| <b>Total</b> | <b>15</b> | <b>2</b>          | <b>4</b>              | <b>2</b>    | <b>83</b>        | <b>0</b>    | <b>3</b>   | <b>3</b>        | <b>112</b> |

Table 4.

| Average Days from Submission to Decision 2018 – Oct. 2023                 |          |          |          |          |          |          |
|---|----------|----------|----------|----------|----------|----------|
| Average JDR CTR Turnaround Times  | 2018     | 2019     | 2020     | 2021     | 2022     | 2023 YTD |
| Submission to Acceptance  | 119 Days | 118 Days | 105 Days | 92 Days  | 101 Days | 138 Days |
| Acceptance to Online Publication  | 28 Days  | 43 Days  | 26 Days  | 27 Days  | 41 Days  | 40 Days  |
| Acceptance to Print Publication   | 107 Days | 156 Days | 236 Days | 269 Days | 357 Days | 383 Days |
| JDR CTR average days from submission to first decision (Prior 12 months)* |          |          |          |          |          | 31 Days  |

Table 5.

| Manuscript Type       | Median Days | Manuscript Type | Range      |
|-----------------------|-------------|-----------------|------------|
| Commentary            | 42.5 days   | 2               | 37-48 days |
| Original Report       | 32.0 days   | 70              | 1-203 days |
| Reviews               | 24.5 days   | 14              | 0-65 days  |
| Letter to the Editor  | 21.3 days   | 4               | 2-36 days  |
| Perspective           | 81 days     | 1               | 81 days    |
| Editorial             | 3 days      | 3               | 0-8 days   |
| Special Communication | 63.5 days   | 2               | 63-64 days |

Table 6.

| Manuscript Submissions: Jan 2023-Apr 2023            |            |                     |
|--|------------|---------------------|
| Country  | # Received | Percentage of Total |
| United States  | 9          | 26.5%               |
| Netherlands  | 3          | 8.8%                |
| Australia  | 2          | 5.9%                |
| Canada   | 2          | 5.9%                |
| Egypt  | 2          | 5.9%                |
| Saudi Arabia   | 2          | 5.9%                |
| United Kingdom of Great Britain and Northern Ireland | 1          | 2.9%                |
| Hong Kong  | 1          | 2.9%                |
| Spain  | 1          | 2.9%                |
| Brazil   | 1          | 2.9%                |
| India  | 1          | 2.9%                |
| Kazakhstan   | 1          | 2.9%                |
| Ecuador  | 1          | 2.9%                |
| Turkey   | 1          | 2.9%                |
| Thailand   | 1          | 2.9%                |
| Argentina  | 1          | 2.9%                |
| Chile  | 1          | 2.9%                |
| Pakistan   | 1          | 2.9%                |
| Italy  | 1          | 2.9%                |
| Finland  | 1          | 2.9%                |

**Most Read Articles (in the last 6 months):**

<https://journals.sagepub.com/action/showMostReadArticles?journalCode=JCT>

[Characteristics of US Adults Delaying Dental Care Due to the COVID-19 Pandemic](#)

A.M. Kranz, G. Gahlon, A.W. Dick, B.D. Stein. 2020

[Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findings in Oral Regenerative Procedures](#)

L. Tavelli, A. Ravidà, S. Barootchi, L. Chambrone, W.V. Giannobile. 2020

[Tooth Loss and Nutritional Status in Older Adults: A Systematic Review and Meta-analysis](#)

R. Zelig, S. Goldstein, R. Touger-Decker, E. Firestone, A. Golden, Z. Johnson, A. Kaseta, [...]. 2020

[Virtual Reality Relaxation to Decrease Dental Anxiety: Immediate Effect Randomized Clinical Trial](#)

S. Lahti, A. Suominen, R. Freeman, T. Lähteenoja, G. Humphris. 2020

[COVID-19 and Inequities in Oral Health Care for Older People: An Opportunity for Emerging Paradigms](#)

S. León, R.A. Giacaman. 2020

**Most Cited Articles (most cited articles in this journal for the last 3 years):**

<https://journals.sagepub.com/action/showMostCitedArticles?journalCode=JCT>

[Recombinant Human Platelet-Derived Growth Factor: A Systematic Review of Clinical Findings in Oral Regenerative Procedures](#)

L. Tavelli, A. Ravidà, S. Barootchi, L. Chambrone, W.V. Giannobile. 2020

[Tooth Loss and Nutritional Status in Older Adults: A Systematic Review and Meta-analysis](#)

R. Zelig, S. Goldstein, R. Touger-Decker, E. Firestone, A. Golden, Z. Johnson, A. Kaseta, [...]. 2020

[Patient Perceptions about Professional Dental Services during the COVID-19 Pandemic](#)

R.C. Moffat, C.T. Yentes, B.T. Crookston, J.H. West. 2020

[Virtual Reality Relaxation to Decrease Dental Anxiety: Immediate Effect Randomized Clinical Trial](#)

S. Lahti, A. Suominen, R. Freeman, T. Lähteenoja, G. Humphris. 2020

[COVID-19 and Inequities in Oral Health Care for Older People: An Opportunity for Emerging Paradigms](#)

S. León, R.A. Giacaman. 2020

## Trending (Articles with the highest Altmetric score from the last 3 months, indicating influence and impact)

|   |  |
|---|--|
| <p> Restricted access   Research article   First published Jul 27, 2023</p> <p><a href="#">Modeling Social Network Influences on Oral Health Outcomes among Women Living in Public Housing</a></p> <p>B. Heaton, J.C. Bond, J. Bae, E. Pullen</p>  |   |
| <p> Free access   Review article   First published Jan 29, 2021</p> <p><a href="#">The Debate: What Are Aerosol-Generating Procedures in Dentistry? A Rapid Review</a></p> <p>M.K. Virdi, K. Durman, S. Deacon</p>   |   |
| <p> Free access   Research article   First published Jan 21, 2021</p> <p><a href="#">Preprocedural Pool Testing Strategy for Dentistry during the COVID-19 Pandemic</a></p> <p>F. Umer, A. Arif</p>  |   |
| <p> Restricted access   Review article   First published Nov 19, 2019</p> <p><a href="#">A Systematic Review and Meta-Analysis of the Role of Sugar-Free Chewing Gum in Dental Caries</a></p> <p>J.T. Newton, O. Awojobi, M. Nasseripour, F. Warburton, S. Di Giorgio, J.E. Gallagher, A. Banerjee</p> |   |
| <p> Free access   Article commentary   First published Aug 9, 2023</p> <p><a href="#">Fit for Purpose? The Suitability of Oral Health Outcome Measures to Inform Policy</a></p> <p>T.M. Nguyen, H. Rogers, G.D. Taylor, U. Tonmukayakul, C. Lin, M. Hall, H. Calache, C. Vernazza</p>                  |  |

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## 2. Future Activities:

### A. Planned supplement:

Topic: Whole Person Health and Medical Dental Integration

Kourtney Skinner is presently working with Drs. Tamanna Tiwari, Eric Tranby, and Lisa Heaton at CareQuest on this Supplement.

### B. Editorial Advisory Board (EAB):

a. Aiming to increase representation, Vanessa and I are presently mapping submissions from various countries and seeking individuals who have the necessary expertise and interest to participate as members of our next EAB, beginning in 2024.

b. We are also planning online reviewer training talks for Editorial Advisory Board members from individual international regions.

### C. Reviewer Training –

Experienced researchers are often not able or willing to act as reviewers; thus, we have been taking steps to train graduate and early career investigators students in how to carry out proper reviews and to encourage and empower them to carry out reviews:

- Following up on Effie Ioannidou's initiative, our new Associate Editor, Vanessa Muirhead, is now spearheading the latest iteration of the yearly Reviewer Workshop.

### D. Acknowledgements

The journal is now 8 years old, and we have made considerable progress, thanks to many people whom I wish to acknowledge here.

- We greatly appreciate the daily dedication and support of many at GHQ, in particular Lily Knol, Kourtney Skinner, Denise Streszoff and Christopher Fox.
- Our *JDR CTR* Associate Editor, Vanessa Muirhead, is a faculty member at Queen Mary University, London, UK; her transition to this position in these first months has been very smooth, since she is experienced as an Editorial Board member with the journal, *Community Dentistry and Oral Epidemiology*. Vanessa possesses unique skills ideally suited to this position. She is a clinical academic dentist and a public health researcher, trained in qualitative and mixed methodologies. Her additional interests are in intersectionality and addressing under-representation in the field of oral health.

- Of course, our reviewers are the lifeblood of the journal. For little recognition and no reimbursement for their efforts, they consistently make considerable efforts to improve our publication.
- Our progress would not have been nearly as rapid had we not been the fortunate recipients of referred manuscripts from Nick and his team of Associate Editors. The *JDR* has generously “fed” the *JDR CTR* from the start, and our journal standing has been greatly aided due to their active and continuous support.

We appreciate the support and guidance of the IADR and AADR Boards and Councils, as well as the Publications Committee, and we welcome your input as we strive to further improve the *JDR CTR* on behalf of our members and readers.

Sincerely yours,



Jocelyne Feine, Professor  
Editor-in-Chief, *JDR CTR*  
McGill University, Canada

## Chief Executive Officer's Report

### OVERVIEW

The 101<sup>st</sup> General Session of the IADR was held in conjunction with the 9<sup>th</sup> Meeting of the Latin American Region and the 12<sup>th</sup> World Congress on Preventive Dentistry on June 21-24, 2023. The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Bogotá, Colombia.



The meeting was attended by 1,539 total delegates representing 76 different countries. Those in attendance attending the meeting could choose from among 1,037 Interactive Talk presentations, 8 Focused Learning Sessions, 5 Hands-on Workshops, 5 Satellite Symposia, 44 Symposia, and two Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which had 16 exhibitor booths.

### IADR Awards Presentations



View the 2023 awards that were announced during the Opening Ceremonies of the 2023 IADR/LAR General Session & Exhibition with WCPD. Congratulations to all the winners!

### IADR President's Inaugural Address



Ophir Klein was installed as IADR's President at the conclusion of the 2023 IADR/LAR General Session & Exhibition. View his inaugural address, "Reconnecting, Recommitting, and Renewing."

The 2023 Distinguished Lecture Series speakers were Derk Joester, Associate Professor of Materials Science and Engineering, Northwestern University, USA and Alexis M. Kalergis, Director, Millennium Institute on Immunology and Immunotherapy, Pontificia Universidad Católica de Chile.

### World Congress on Preventive Dentistry

The 2023 IADR/LAR General Session & Exhibition was joined by the 12<sup>th</sup> World Congress on Preventive Dentistry (WCPD). This special event took place on the final two days of the meeting and was open to all attendees. The WCPD offered a unique scientific program that communicated the latest research findings that can have a positive impact on global oral health. The WCPD Plenary Session: "Oral Health Returning to the Global Health State" took place on Thursday, June 22. Session speakers provided a first-hand overview of the different global oral health policy initiatives, including the Oral Health Resolution (2021), the Global Strategy on Oral Health (2022), the Global Oral Health Action Plan (2023), and the monitoring framework with global targets. It was followed by the WCPD Interactive Talk session on Saturday, June 24, which consisted of 12 presentations on a variety of topics.

The WCPD aimed to raise awareness of oral diseases globally, their social and commercial determinants, promote healthy environments, highlight the impact of oral diseases on poor and disadvantaged populations, and encourage policy makers to incorporate oral health into public health intervention programs as part of primary health care and universal health coverage. Integrating multifactorial approaches towards the prevention of oral cancer, dental caries, periodontal disease, and other oral diseases *at the population level* was emphasized.

### IADR Name Expansion

As part of the 2023 IADR/LAR General Session & Exhibition with WCPD Opening Ceremonies, IADR President Brian O'Connell announced the official expansion of the IADR name to the **International Association for Dental, Oral, and Craniofacial Research** and unveiled the new IADR logo:



While the "IADR" brand will be retained, as this is known throughout the world as the global name in dental research, "oral" and "craniofacial" are added to the full description to better encompass IADR's members' breadth of science. See the evolution in the video below.

This change presents IADR as an inclusive community for all scientists committed to driving dental, oral, and craniofacial research for health and well-being worldwide. The three shades of blue represent dental, oral, and craniofacial research – the domains upon which our organization is based – and the simplified design achieves a more modern feel as IADR moves into its next century.

### PUBLICATIONS

#### **Journal of Dental Research (JDR) Announces New Impact Factor**

In June, IADR/AADOCR announced the *Journal of Dental Research (JDR)* 2-Year Journal Impact Factor™ is now 7.6, ranking it #3 of 91 journals in the “Dentistry, Oral Surgery & Medicine” category.

The *JDR* 5-year Journal Impact Factor™ is also 7.6, with an Immediacy Index of 1.1 and an article Influence score of 1.638. The *JDR* once again ranked #1 of 91 journals in total citations, with a total of 25,849 in 2022, and ranked #3 in Eigenfactor with a score of 0.01345. The 2-year Journal Impact Factor™ is defined as citations to the journal in the *Journal Citation Reports*™ (Clarivate™, 2023) year to items published in the previous two years, divided by the total number of scholarly items, also known as citable items, including articles and reviews published in the journal in the previous two years.

#### **Journal of Dental Research Publishes Special Issue on Aging and Oral Health**

In July, IADR/AADOCR announced the publication of a Special Issue of the *Journal of Dental Research (JDR)* entitled, “**Aging and Oral Health**.” The issue featured Bei Wu, New York University, USA and Ana Paula Vieira Colombo, Federal University of Rio de Janeiro, Brazil as Guest Editors. The *JDR* special issue, “Aging and Oral Health” covers numerous topics related to new advances in the biological mechanisms underpinning aging and the role of oral health in age-related conditions such as cognitive decline. It also explores novel ideas for improving oral health care in the population as a means for promoting general health in older people. [View the press release.](#)

#### **Video Discussion: Special JDR Issue on Aging and Oral Health**



*JDR* Associate Editor Ana Paula Colombo, Ruben Aquino-Martinez of the University of Wisconsin, Madison, *JDR* Guest Editor Bei Wu, and AADOCR Past President Jane Weintraub hosted a webinar in September to talk about some of the important issues covered in the recent *JDR* Special Issue on Aging and Oral Health. [Watch the video.](#)



#### **Call for Papers: JDR Special Issue**

The *Journal of Dental Research* is excited to announce the publication of a special issue in 2024 highlighting innovations and applications of advanced imaging techniques for the benefit of dental, oral, and craniofacial health. The guest editors are Dana Graves, Professor of Periodontics and Vice Dean, University of Pennsylvania School of Dental Medicine, and Sergio Uribe, Associate Professor and Lead Researcher, Department of Conservative Dentistry and Oral Health, Rīga Stradiņš University, Latvia. The submission deadline is February 28, 2024.

#### **JDR Clinical & Translational Research Receives First Ever Impact Factor™**

In June, IADR/AADOCR announced that the *JDR Clinical & Translational Research (JDR CTR)* had received its first Journal Impact Factor™. *JDR CTR* earned a Journal Impact Factor of 3.0, with an Eigenfactor™ of 0.00148, an Immediacy Index of 0.5, and 786 total citations in 2022.

This represents a significant achievement and a huge milestone in *JDR CTR*'s history, which was launched in 2016. This year for the first time, all Web of Science Core Collection™ journals that passed the rigorous Web of Science quality criteria and were accepted before January 1, 2023, were eligible to receive an Impact Factor.

By expanding the JIF to the Arts and Humanities Citation Index™ (AHCI) and the multidisciplinary Emerging Sources Citation Index™ (ESCI), more than 9,000 journals from more than 3,000 publishers now have a JIF for the first time. This indicator helps the scholarly community more easily identify trustworthy, high-quality journals that have been selected by the Web of Science editorial team. Selection is only granted to journals that have met the high-quality criteria applied on evaluation, with only 15% of journals evaluated passing this bar. [View the press release.](#)



#### **JDR CTR Welcomes New Associate Editor**

In July, *JDR CTR* welcomed the arrival of Vanessa Muirhead as its new Associate Editor. Muirhead is a Clinical Reader in Dental Public Health at Queen Mary of University of London (QMUL), UK. She gained a first-class Bachelor of Science (BSc) honors degree in Experimental Pathology and a bachelor's degree in dental surgery (BDS) at QMUL. After working as a community dentist across England, she completed a master's degree with Distinction in Dental Public Health before being awarded an international fellowship at the University of Toronto, Canada to complete her PhD. She is a specialist in Dental Public Health registered with the UK General



Dental Council. She is currently the Program Director of the Master's Degree in Dental Public Health, Policy, and Leadership course at QMUL.

[View the press release.](#)

### New Issue of *Advances in Dental Research* Offers a Comprehensive Analysis of Aging and Oral Health Research

The *Journal of Dental Research (JDR)* is excited to announce the publication of a new issue of *Advances in Dental Research (ADR)*, a supplement to the *Journal of Dental Research (JDR)*, entitled, "Geroscience: Aging and Oral Health Research." The 2023 Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research and the Canadian Association for Dental Research featured a three-day "Meeting Within a Meeting" on the topic of "Geroscience: Aging and Oral Health Research," organized by AADOCR past president Jane Weintraub. These sessions are summarized in the upcoming issue of *ADR*. *Advances in Dental Research* is an online supplement to the *JDR*. A subscription to *JDR* grants access to the articles in *ADR*. This journal is a member of the Committee on Publication Ethics.

[View the press release.](#)

### IADR WEBINARS & CONTINUING EDUCATION

The [IADR Webinar & CE On Demand Library](#) allows users to participate in upcoming live webinars and view the growing list of webinars on demand.



To help expand our content, IADR/AADOCR created a [webinar proposal submission](#) webpage where members can submit a webinar proposal for consideration. Webinar proposals are subject to review and approval by the appropriate IADR or AADOCR committee.

- **2023 IADR/LAR General Session & Exhibition w/ WCPD Recordings (Bundle)**  
Recordings from the 101<sup>st</sup> General Session & Exhibition of the IADR, which was held in conjunction with the 9<sup>th</sup> Meeting of the LAR and 9<sup>th</sup> World Congress on Preventive Dentistry are now online in the [IADR Webinar & CE On Demand library](#). The recordings are a selection of the science that was presented at the General Session and offer the opportunity to participate in the meeting and hear from leading researchers. The recordings include IADR Distinguished Lecture Series speakers and symposia from a collection of scientific groups and networks. Participants gain access to 55 hours of cutting-edge scientific content presented at the General Session.
- **Robotics & Artificial Intelligence: Targeting Oral Health Care in Africa in the Digital Age**  
Sponsored by the IADR e-Oral Health Network, the webinar, "[Robotics & Artificial Intelligence: Targeting Oral Health Care in Africa in the Digital Age](#)," took place on January 9-10, 2023. It provided an exploration of how data mining has become an attractive science based on core principles that allows the process of finding anomalies, patterns, and correlations within large data sets to predict

outcomes of interest, and how it allows us to shift through all the chaotic and repetitive noise in data, understand what is relevant, assess likely outcomes, and accelerate the pace of making informed decisions.

- **2023 AADOCR/CADR Annual Meeting Recordings (bundle)**  
Recordings from the 52<sup>nd</sup> Annual Meeting & Exhibition of the AADOCR, which was held in conjunction with the 47<sup>th</sup> Annual Meeting of the CADR on March 15-18, 2023, are now online in the [IADR Webinar & CE On Demand library](#). IADR members can view presentations and slides from three Distinguished Lecture Series speakers and 39 symposia. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. A maximum of 28 Continuing Education hours are available from the Annual Meeting.

### MEMBERSHIP

As of November 1, 2023, IADR had 8,541 members, a representing 7% drop from the December 31, 2022 total of 9,191. This decrease can be attributed almost entirely to a drop-off in Chinese Division membership following the 2022 Virtual Meeting originally scheduled to take place in Chengdu, China. The Asia/Pacific Region was the only region to show a decline in membership from 2022-2023. In contrast, membership in the North American Region grew by 9.2%, in the Latin American region by 78.8%, in the Pan-European Region by 9.9%, and in the Africa/Middle Eastern Region by 1.6%.

The IADR GHQ will continue to work with the officers of Divisions and Sections as well as Scientific Groups and Networks to renew members and support new members of the IADR. The new member onboarding program introduced in fall 2020 continues to drive and increase member engagement. Benefits such as the IADR Community and the IADR Webinar & CE On Demand Library increase greater member networking opportunities and educational knowledge. As of November 2023, IADR had 16 Corporate Section members and 125 Institutional Section members.

### IADR Adopt-A-Member Program

To assist members in Low and Middle-Income Countries (LMICS), IADR members can contribute to the [IADR Adopt-A-Member program](#). Contributions are greatly needed to assist members in areas of the world who may not be financially able to pay IADR membership dues or IADR General Session Registration. General contributions to the Adopt-A-Member Fund will be applied to Divisions/Sections in need as determined by the Board of Directors and/or Chief Executive Officer. Adopt-A-Member funds that are not allocated by the designated Divisions/Sections within a two-year time limit will be transferred to the general Adopt-A-Member Fund for LMICs.

### MARKETING & COMMUNICATIONS

IADR will engage its current and prospective members via its website, marketing automation & email blast platform (Real Magnet), the *Global Research Update* monthly newsletter, targeted digital advertising (Feathr), webinar library, social media channels (Twitter, LinkedIn, Facebook, YouTube, Instagram, and Threads), and our online community. IADR emails have shown consistently strong performance throughout the year. As of November 2023, the average open rate for all

## Appendix I (continued)

emails sent to groups of more than 100 members was 52.3%, up from 50.6% in 2022 and well above the 25-35% [industry average](#) for Nonprofits. The average clickthrough rate for our emails in 2023 is 4.93%, also far above the industry average.

### The New and Improved Online Community

The recently-upgraded [IADR Online Community](#) offers a more engaging and user-friendly experience for all members, including the following new features:

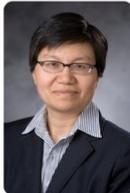
- A central social feed that allows you to like posts directly from the feed, see the number of replies on each post, and follow posts that interest you.
- New quick links features that make it easier to navigate to communities you're a member of and access content you're following, such as your own posts or interesting discussions you want to keep track of as they develop.
- A community leaderboard and new look to badges related to engagement for IADR members.

### Ask Me Anything (AMA)

AMA is a live, one-hour virtual event where members can interact through online discussion with an expert in dental, oral, and craniofacial research. Members submit questions on a discussion thread and their questions are answered during a live discussion.



### ASK ME ANYTHING (AMA)



**TOPIC:** Geriatric Oral Health Research  
**DATE:** April 6, 2023 at 1 p.m. EDT (UTC-04:00)  
**WHERE:** IADR Community Discussion Thread  
**EXPERT:** Bei Wu  
Vice Dean for Research  
Rory Meyers College of Nursing  
New York University, USA

Have questions? Ask them by emailing [communityadmin@iadr.org](mailto:communityadmin@iadr.org) by April 3, 2023.

2023 AMA events included:

- Bei Wu, Vice Dean for Research, Rory Meyers College of Nursing, New York University, USA, on Geriatric Oral Health Research on April 6, 2023
- Eric Everett, Professor, Division of Oral and Craniofacial Health Sciences, Adams School of Dentistry, University of North Carolina, Chapel Hill, USA, on Research Ethics and Integrity on May 24, 2023
- Eleanor Fleming, Assistant Dean of Equity, Diversity, and Inclusion, School of Dentistry, University of Maryland, Baltimore, USA, on Systemic Racism
- J. Timothy Wright, Professor, Division of Pediatric and Public Health, University of North Carolina, Chapel Hill, USA, on Pediatric Dentistry and Opportunities for Artificial Intelligence/Digital Dentistry on November 29, 2023.

### Social Media

IADR regularly publishes content on the IADR [@IADR](#), [JDR CTR @JDRClinTransRes](#), and the [JDR @JDentRes](#) Twitter accounts, and is in the process of expanding its presence on the Threads platform. Additionally, in the second half of 2022

IADR began to more heavily utilize LinkedIn to engage an ever-increasing community of oral health professionals on that platform. The [IADR LinkedIn Group](#) currently has over 18,000 members and is growing every day.

### FINANCE

The 2022 Audit was completed, and the Association received an “unmodified/unqualified opinion,” meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the International Association for Dental Research as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

As of December 31, 2022, IADR's total assets were \$16.4 million (a decrease of \$3.2 million from 12/31/21). The decrease in total assets was primarily due to a decrease in investments due to significant negative investment returns and to a lesser extent a decrease in cash, this decrease was partially offset by increases in contributions and accounts receivable as well as amounts due from AADOCR.

Total revenues were \$4.0 million down from \$4.5 million in 2021 primarily due to conference revenues in 2022 from a stand-alone meeting year as compared to a joint meeting in 2021. This decrease was partially offset by higher contributions and sponsorship revenues and to a lesser extent higher membership dues. 2021 results were bolstered by the one-time recognition of \$542,000 of loan forgiveness revenues associated with the full forgiveness of the two PPP loans the Associations received.

Total operating expenses for 2022 were \$3.9 million, down from \$4.3 million in 2021, primarily due to lower expenses associated with the stand-alone, virtual 2022 General Session. The 2021 General Session was also virtual but was a joint meeting with AADOCR which typically results in higher costs due to higher attendance numbers. Net assets at the end of year were \$14.8 million, a decrease of \$3.2 million from the end of 2021. \$13.6 million of the net assets were without donor restrictions.

The IADR investment portfolio as of December 21, 2022, was just under \$14.1 million, a net decrease of 19.8% from 2021. This decrease is the combination of significant investment fair values losses in a down market year and amounts sold to fund operations. Cambridge Associates continues to provide investment advice to IADR, and the portfolio has met our benchmarks for the last several years despite the market volatility.

Although unaudited, the IADR portfolio balance as of Q3 2023 was \$12.9 million, the decrease is primarily due to draws to fund operations primarily due to a significant Bogota General Session deficit, partially offset by investment market gains year-to-date.

Preliminary year-end estimates for 2023 based on YTD Q3 results project IADR ending the year with a \$2.0 million deficit versus a budgeted deficit of \$1.5 million, or \$0.5 million unfavorable to budget. The higher-than-expected deficit is due to an expected significant meeting deficit from the June 2023 General Session in Bogota that exceeded the budgeted deficit and to a lesser extent a larger than expected general operations deficit primarily due to lower membership revenues.

### SCIENCE POLICY AND INTERNATIONAL ADVOCACY

#### Presented at the 76<sup>th</sup> WHO World Health Assembly

The 76<sup>th</sup> World Health Assembly (WHA76) was held in Geneva, Switzerland, on May 21–30, 2023. IADR, in collaboration with other non-communicable disease (NCD) related and public health stakeholders, intervened during four agenda items with three statements.

1. In collaboration with the FDI, IADR urged governments to integrate oral health and oral health research into national NCDs and UHC agendas, ensure access to a basic package of essential oral health services at the primary care level, include dental care coverage in health insurance packages, and include oral health in national health surveillance by fully implementing the Global Oral Health Action Plan.
2. IADR supported a Constituency Statement to urge governments to increase domestic mobilization and allocation of resources, ensure access to essential health services across the continuum of care in emergencies, particularly for those at high risk and in vulnerable situations, and strengthen the NCD component of pandemic prevention, preparedness, and response efforts.
3. IADR supported a Constituency Statement to urge governments to recognize the importance of involving people living with NCDs (including with eye and oral diseases) and all health professionals in the planning and development of well-being policies such as health promotion, measure and leverage the co-benefits of health promotion efforts for other sectors to promote multisectoral solutions, and consider this framework in broader UN processes as there are currently no SDG indicators measuring well-being.

#### WHO Adopts the Global Oral Health Action Plan

On May 26, 2023, the draft [Global Oral Health Action Plan](#) (GOHAP) was formally adopted by the 76<sup>th</sup> World Health Assembly (WHA) as part of the Political Declaration of the third high-level meeting of the General Assembly on the prevention and control of non-communicable diseases, and mental health in agenda item 13.2. The GOHAP is built on the resolution on oral health, adopted at the 2021 WHA, and the global strategy on oral health, adopted at last year's WHA. It contains more than 100 action-oriented interventions for stronger and more coordinated action on oral health, including on oral health research.

The FDI World Dental Federation delivered interventions on behalf of both IADR and FDI at the WHA in support of the GOHAP. A recording of the World Health Assembly can be watched [here](#).

#### IADR Intervenes at UN Multi-Stakeholder Hearing on Universal Health Coverage

The President of the United Nations General Assembly convened a series of multi-stakeholder hearings in preparation for the General Assembly High-level Meetings on the Fight against Tuberculosis, Pandemic Prevention, Preparedness, and Response and Universal Health Coverage (UHC) – General Assembly, 77<sup>th</sup> session.

On May 9, 2023, IADR participated in the UHC hearing as well as in a series of relevant side-meetings along with other stakeholders including civil society organizations, philanthropic foundations, academia, medical associations, the private sector, and broader communities such as the NCD Alliance, UHC2030, and the Health Caribbean Coalition. The hearing was divided into an opening segment, two panels – UHC as a Driver to Accelerate Health for All and From UHC Commitment to Actions and Accountability – and a closing segment.



There was also an opportunity for all relevant stakeholders to provide verbal interventions that contribute to the ongoing preparatory process for the High-Level Meetings, with a focus on the current state of efforts and top needs to accelerate response. IADR was granted the opportunity to provide a verbal intervention (on behalf of both IADR and the FDI World Dental Federation) that emphasized that health systems can only be strengthened for UHC by including oral health care services and financing mechanisms that reimburse oral disease prevention and treatment.

View the video of the IADR/FDI intervention [here](#) (circa 2:35:45).

#### IADR Partners with WHO and UNEP on Dental Amalgam Project

**The IADR and FDI World Dental Federation are partners in the project titled, *Accelerate implementation of dental amalgam provisions and strengthen country capacities in the environmental sound management of associated wastes under the Minamata Convention*.** The [project was launched](#) on April 28, 2023, and will be led by the UN Environment Program (UNEP), with funding from the Global Environmental Facility and executed by the WHO. The project aims to phase down the use of dental amalgam in three countries; Senegal, Thailand, and Uruguay, and improve the management of mercury-containing waste.

#### IADR REGIONAL DEVELOPMENT PROGRAM

Since 1996, the Regional Development Program (RDP) has distributed more than \$1.3 million in funding to enhance research capacity and research infrastructure. The IADR Regional Development Committee reviewed 12 Letters of Intent for the 2023 RDP. In 2023, the following two proposals were funded by IADR:

##### Chilean Division

*Periodontitis and dementias, and the role of the gut dysbiosis*  
Budget: \$24,000

##### Egyptian Section

*MENToring and NETWORKing for Oral Health Research in Africa (MENEHRA)*  
Budget: \$22,060

#### Total 2023 Funding: \$46,060

The RDP Committee continues to assist Divisions and Sections with their applications towards programs that align with the RDP intent.

**EXTERNAL RELATIONS**

**Fifth Conference of the Parties on the Minamata Convention: IADR Intervenes**

During the fifth Conference of the Parties on the Minamata Convention (COP5), Parties considered three proposals to amend Annex A: Part I and II. Botswana and Burkina Faso submitted an amendment proposing alternate text on behalf of the African region (AR). The AR proposal called for the phase out of dental amalgam by 2030 (Annex A, part I) and for the addition of two mandatory requirements (Annex A Part II):

| Mercury-added products | Provisions   |
|------------------------|--|
| Dental amalgam         | In addition, Parties shall: <ol style="list-style-type: none"> <li>1. Submit to the Secretariat a national plan concerning the measures it intends to implement to phase out the use of dental amalgam</li> <li>2. Exclude or not allow, by taking measures as appropriate, the use of dental amalgam in government insurance policies and programs</li> </ol> |

IADR, in collaboration with the FDI, intervened with a [statement](#) that provided support for the current phase down approach of the Minamata Convention without the need for further amendments to Annex A. Further, as outlined in the Global Oral Health Action Plan, we urged all Parties to maintain the current phase-down model which respects differences in country capacities and guarantees access to oral health and the overall well-being of populations.

After several days of negotiations, the Member States were unable to come to consensus on adding dental amalgam to Annex A Part I with a phase out date nor the second addition to Annex A Part II. Therefore, those proposals will be moved forward to COP6 for deliberation (to be held in 2025). However, they did pass a compromise that added a new measure to Annex A: Part II that provides for the submission of a national action plan.

| Mercury-added products | Provisions   |
|------------------------|--|
| Dental amalgam         | In addition, Parties that have not yet phased out dental amalgam shall: <p>Submit to the secretariat a national action plan or a report based on available information with respect to the progress they have made or are making to phase down or phase out dental amalgam every four years as part of national reporting.</p> |

**FDI World Dental Federation**

The [2023 FDI World Dental Congress](#) on September 24-27 in Sydney, Australia, was the first in-person World Dental Congress in four years. The Scientific Program featured more than 200 hours of presentations by leading dental figures from Australia and around the world and covering a vast array of dental information and services. The IADR continues to work closely with the FDI on

matters such as the Minamata Convention on Mercury, the WHO World Health Assembly resolutions, and other matters of science and oral health. The IADR is formally represented on the FDI Science Committee by IADR past president Helen Whelton.

**NCD Alliance**

2023 marks the fifth year that IADR is a NCD Alliance member. IADR joined the NCD Alliance because oral diseases are the world’s most prevalent NCDs, resulting in considerable health and economic burdens to populations and share common risk factors (unhealthy diets high in free sugars, use of tobacco and harmful consumption of alcohol) with the four main NCD’s (cardiovascular, respiratory, cancer, and diabetes).

**Global Health Council**

2023 marks the third year that IADR is a member of the Global Health Council, a U.S.-based membership organization supporting and connecting advocates, implementers, and stakeholders around global health priorities worldwide. IADR joins [SmileTrain](#) as a voice for dental, oral, and craniofacial research and health in the Global Health Council.

**FUTURE MEETINGS**

- The 2024 IADR/AADOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA, USA.
- The 103<sup>rd</sup> General Session & Exhibition of the IADR will take place on June 25-28, 2025, in Barcelona, Spain.
- The 2026 IADR/AADOCR/CADR General Session & Exhibition will take place March 25-28, 2026, in San Diego, CA, USA.

**IN MEMORIAM**

**John Greenspan**

Seventy-third President of IADR, 1996-97  
Seventeenth President of the AADOCR, 1988-89  
Read his tribute in the *Journal of Dental Research*.

**Paul Robertson**

Eighty-first President of IADR, 2004-05  
Twenty-seventh President of the AADOCR, 1998-99  
Read his tribute in the *Journal of Dental Research*.

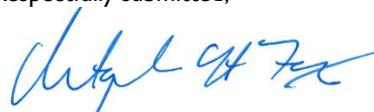
**Arthur Veis**

Longtime member of IADR/AADOCR  
[View his obituary.](#)

**CLOSING**

In closing, I would like to thank the leadership of Brian O’Connell, Ophir Klein, the IADR Board of Directors, the IADR GHQ staff, and all the IADR volunteer leaders.

Respectfully submitted,



Christopher H. Fox, DMD, DMSc  
Chief Executive Officer  
November 10, 2023

## Appendix 2 — Membership & Attendance Tables

### Active Membership by Division/Section

| Division/Section       | 2023        | 2022        | 2021        | 2020        | 2019         | 2018         | 2017         | 2016         | 2015         | 2014         | 2013         |
|------------------------|-------------|-------------|-------------|-------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| American               | 2874        | 2636        | 2965        | 2967        | 3118         | 3351         | 3422         | 3453         | 3746         | 3382         | 3643         |
| Argentine              | 103         | 98          | 97          | 101         | 140          | 155          | 139          | 128          | 137          | 128          | 130          |
| Australian/New Zealand | 295         | 306         | 261         | 230         | 338          | 360          | 317          | 290          | 334          | 345          | 276          |
| Bolivian               | 19          | 0           |             |             |              |              |              |              |              |              |              |
| Brazilian              | 276         | 179         | 209         | 370         | 442          | 463          | 565          | 307          | 1000         | 587          | 992          |
| British                | 413         | 359         | 391         | 412         | 481          | 733          | 509          | 365          | 536          | 522          | 489          |
| Canadian               | 218         | 206         | 236         | 232         | 360          | 252          | 241          | 228          | 265          | 258          | 297          |
| Caribbean              | 12          | 15          | 20          | 13          | 42           | 30           | 34           | 16           | 11           | 7            |              |
| Chilean                | 100         | 59          | 87          | 123         | 95           | 96           | 70           | 81           | 121          | 91           | 114          |
| Chinese                | 596         | 2020        | 621         | 516         | 613          | 1055         | 558          | 621          | 490          | 449          | 498          |
| Colombian              | 164         | 70          | 79          | 85          | 72           | 78           | 81           | 80           | 100          | 63           | 93           |
| Continental European   | 769         | 753         | 805         | 732         | 986          | 977          | 974          | 816          | 1032         | 1078         | 1056         |
| Costa Rican            | 50          | 8           | 10          | 12          | 27           | 23           | 18           | 13           | 20           | 19           | 24           |
| East & Southern Africa | 22          | 14          | 23          | 31          | 35           | 30           | 227          | 102          | 85           | 112          | 81           |
| Ecuadorian             | 35          | 1           | 15          | 3           | 16           | 19           | 14           | 31           | 18           | 20           | 23           |
| Egyptian               | 33          | 75          | 42          | 56          | 35           | 54           | 41           | 59           | 68           | 47           | 54           |
| Guatemalan             | 1           | 1           | 2           | 2           | 0            | 2            |              | 2            |              |              |              |
| Indian                 | 100         | 109         | 104         | 100         | 160          | 259          | 193          | 252          | 77           | 83           | 79           |
| Iranian                | 8           | 5           | 12          | 5           | 33           | 83           | 115          | 114          | 72           | 121          | 77           |
| Iraqi                  | 6           | 18          | 20          | 19          | 23           | 24           | 30           | 33           | 32           | 66           | 146          |
| Irish                  | 61          | 56          | 101         | 43          | 49           | 65           | 39           | 67           | 57           | 62           | 53           |
| Israeli                | 176         | 118         | 176         | 73          | 106          | 103          | 118          | 182          | 132          | 115          | 125          |
| Japanese               | 673         | 760         | 887         | 939         | 1169         | 1234         | 1221         | 1321         | 1373         | 1298         | 1517         |
| Jordanian              | 56          | 3           | 5           | 4           | 4            | 9            | 3            | 1            | 2            | 3            | 5            |
| Korean                 | 96          | 82          | 84          | 101         | 175          | 177          | 120          | 836          | 302          | 180          | 185          |
| Kuwaiti                | 98          | 115         | 74          | 40          | 41           | 43           | 70           | 68           | 85           | 122          | 97           |
| Lebanese               | 16          | 7           | 8           | 7           | 12           | 13           | 16           | 16           | 13           | 15           | 16           |
| Libyan                 | 11          | 10          | 0           | 2           | 3            | 5            | 19           | 12           | 11           |              |              |
| Mexican                | 122         | 97          | 96          | 112         | 139          | 92           | 99           | 87           | 133          | 81           | 141          |
| Mongolian              | 1           | 1           | 0           | 1           | 0            | 2            |              |              | 3            |              | 10           |
| Nigerian               | 58          | 63          | 77          | 51          | 67           | 63           | 63           | 65           | 129          | 99           | 64           |
| Other                  | 7           | 23          | 29          | 12          | 9            | 16           | 14           | 20           | 44           | 29           | 36           |
| Pakistani              | 22          | 24          | 35          | 49          | 16           | 28           | 35           | 16           | 36           | 14           | 30           |
| Palestinian            | 11          |             |             |             |              |              |              |              |              |              |              |
| Panamanian             | 1           | 0           | 0           | 0           | 2            | 7            | 3            | 1            | 7            | 3            | 8            |
| Paraguayan             | 4           | 2           | 9           | 0           | 1            | 0            | 1            | 2            | 1            | 2            | 7            |
| Peruvian               | 53          | 23          | 33          | 41          | 30           | 56           | 55           | 59           | 50           | 51           | 49           |
| Qatari                 | 11          |             |             |             |              |              |              |              |              |              |              |
| Russian                | 9           | 8           | 9           | 7           | 13           | 15           | 18           | 11           | 25           | 50           | 9            |
| Saudi Arabian          | 122         | 135         | 224         | 158         | 128          | 310          | 81           | 115          | 231          | 184          | 83           |
| Scandinavian           | 205         | 190         | 190         | 210         | 293          | 279          | 347          | 250          | 313          | 316          | 299          |
| South African          | 54          | 39          | 53          | 35          | 51           | 65           | 56           | 85           | 110          | 138          | 77           |
| Southeast Asian        | 391         | 364         | 284         | 301         | 626          | 692          | 562          | 628          | 579          | 556          | 563          |
| Sudanese               | 2           | 1           | 2           | 9           | 7            | 20           | 4            | 2            | 1            | 5            |              |
| Syrian                 | 2           | 3           | 3           | 8           | 3            | 1            | 2            | 5            | 29           | 11           | 12           |
| Tunisian               | 34          | 45          | 10          | 27          | 22           | 18           | 17           | 21           | 54           | 55           | 37           |
| United Arab Emirates   | 33          | 26          | 21          | 12          | 22           | 14           | 15           | 16           | 14           | 9            | 10           |
| Uruguayan              | 54          | 53          | 54          | 43          | 51           | 52           | 52           | 38           | 51           | 52           | 60           |
| Venezuelan             | 66          | 11          | 30          | 14          | 13           | 19           | 12           | 14           | 14           | 25           | 92           |
| <b>Total</b>           | <b>8543</b> | <b>9192</b> | <b>8493</b> | <b>8308</b> | <b>10068</b> | <b>11442</b> | <b>10590</b> | <b>10929</b> | <b>11943</b> | <b>10853</b> | <b>11657</b> |

# Scientific Group/Network Membership by Division 2023

| IADR Scientific Group/Network   | Africa-Middle East |           |           |          |           |           |           |           |           |             |           |            |           |          | Asia-Pacific |           |           |           |            |              |                        |            |            |            |          |           |
|---|--------------------|-----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|-------------|-----------|------------|-----------|----------|--------------|-----------|-----------|-----------|------------|--------------|------------------------|------------|------------|------------|----------|-----------|
|   | ES African         | Egyptian  | Iranian   | Iraqi    | Jordanian | Kuwaiti   | Lebanese  | Libyan    | Nigerian  | Palestinian | Qatar     | Saudi      | S African | Sudanese | Syrian       | Tunisian  | UAE       | Other     | AMER Total | Asia-Pacific | Australian/New Zealand | Chinese    | Indian     | Japanese   | Korean   | Mongolian |
| Behavioral Epidemiologic and Health Services Research                     | 4                  | 3         | 1         | 1        | 1         | 2         | 2         | 8         | 11        | 2           | 2         | 6          | 6         | 1        |              |           |           | 2         | 49         | 47           | 12                     | 15         | 21         | 3          |          |           |
| Cariology Research  | 3                  | 7         | 1         | 1        | 1         | 2         | 2         | 2         | 2         |             |           | 6          | 2         |          |              |           | 3         | 2         | 32         | 19           | 25                     | 16         | 33         | 3          |          |           |
| Clinical and Translational Science Network                                |                    | 1         | 1         | 1        | 1         | 2         | 1         | 1         | 1         | 1           | 1         | 5          |           |          |              |           |           |           | 13         | 5            | 6                      | 3          | 1          | 1          |          |           |
| Craniofacial Biology  |                    |           | 1         |          |           | 1         | 8         | 1         |           |             |           | 3          | 10        |          |              |           |           | 1         | 25         | 9            | 45                     | 1          | 27         | 4          |          |           |
| Dental Anesthesiology and Special Care Research                           |                    |           |           |          |           | 1         |           |           |           |             |           | 3          | 1         |          |              |           |           |           | 5          | 36           | 45                     | 9          | 117        | 19         |          |           |
| Dental Materials  | 1                  | 7         | 1         | 3        | 5         | 4         | 2         | 1         | 1         | 1           | 1         | 12         | 3         | 1        | 1            | 8         | 1         | 52        | 36         | 5            | 5                      | 3          | 8          |            |          |           |
| Diagnostic Sciences   |                    |           |           |          | 2         |           |           |           |           |             | 1         | 2          | 2         |          |              |           | 8         |           | 5          | 5            | 5                      | 3          | 8          |            |          |           |
| Digital Dentistry Research Network  | 1                  | 1         |           |          | 7         | 3         | 1         | 2         |           |             | 1         | 1          | 1         |          | 1            | 1         | 22        |           | 7          | 7            | 7                      | 6          | 4          | 7          |          |           |
| Education Research  | 3                  | 1         |           |          | 1         | 2         |           |           | 2         | 1           | 2         | 3          |           |          | 2            | 4         | 21        |           | 24         | 2            | 5                      | 5          | 5          | 2          |          |           |
| e-Oral Health Network   | 1                  | 5         | 1         |          |           |           | 1         | 1         | 1         | 1           | 2         | 7          | 2         |          | 1            | 1         | 22        |           | 6          | 3            | 6                      | 1          | 2          |            |          |           |
| Evidence-based Dentistry Network  | 2                  |           |           |          | 2         | 12        | 1         | 1         | 1         | 1           | 3         | 19         | 3         |          | 3            |           | 46        |           | 7          | 6            | 6                      | 4          | 1          |            |          |           |
| Geriatric Oral Research   | 1                  |           |           |          |           |           |           | 2         |           |             | 1         | 2          |           |          |              | 6         |           | 11        | 6          | 4            | 32                     | 1          |            |            |          |           |
| Global Oral Health Inequalities Research Network                          | 4                  | 4         |           |          |           |           | 1         | 3         | 1         | 3           | 1         | 9          |           |          | 3            | 1         | 26        |           | 22         | 1            | 6                      | 7          |            |            |          |           |
| Implantology  | 2                  |           | 1         | 6        | 3         | 1         |           |           | 1         | 2           | 5         | 1          | 1         |          | 3            | 1         | 27        |           | 13         | 40           | 7                      | 29         | 8          |            |          |           |
| Int'l Network for Orofacial Pain & Related Disorders Methodology (INFORM) |                    |           |           |          |           | 1         |           | 1         | 1         | 1           | 1         |            |           |          |              | 4         |           | 3         | 3          | 10           | 5                      | 8          | 1          |            |          |           |
| Lasers & Bio-photonics  | 1                  | 1         |           |          |           |           |           | 2         |           |             | 1         |            |           |          |              | 5         |           | 3         | 4          | 2            |                        |            |            |            |          |           |
| Microbiology/Immunology   | 1                  |           |           |          | 2         |           |           | 1         |           |             | 1         | 2          |           |          | 7            | 1         | 16        |           | 25         | 17           | 6                      | 57         | 10         |            |          |           |
| Mineralized Tissue  |                    |           |           |          |           |           |           |           |           | 1           |           | 2          |           |          | 1            | 1         | 6         |           | 7          | 18           | 3                      | 19         | 5          |            |          |           |
| Minimally Invasive Dentistry Network                                      | 1                  |           |           |          | 2         |           |           |           |           |             | 1         | 2          |           |          | 1            | 7         |           | 10        | 2          | 2            | 3                      | 3          |            |            |          |           |
| Network for Practice-based Research                                       |                    |           | 1         |          | 1         |           |           |           |           |             |           | 1          |           |          |              | 3         |           | 3         | 1          | 2            |                        |            |            |            |          |           |
| Neuroscience  |                    |           |           |          |           |           |           |           |           |             |           |            |           |          |              | 0         |           | 2         | 5          | 2            | 30                     | 5          |            |            |          |           |
| No Group/Network Selected   | 1                  |           |           |          | 1         | 5         | 1         | 9         |           |             |           | 3          | 7         |          | 15           | 4         | 46        |           | 17         | 136          | 7                      | 84         | 10         |            |          |           |
| Nutrition Research  |                    |           |           |          |           |           |           |           |           |             |           |            |           |          |              | 0         |           | 5         | 1          | 5            |                        |            |            |            |          |           |
| Oral & Maxillofacial Surgery  | 2                  |           |           | 6        | 7         |           |           | 8         | 1         |             | 3         | 3          |           |          | 1            | 31        |           | 10        | 55         | 7            | 11                     | 3          |            |            |          |           |
| Oral Health Research  | 3                  | 1         |           | 3        | 1         | 1         | 8         | 1         | 8         | 1           | 8         | 2          |           |          | 1            | 1         | 30        |           | 26         | 15           | 3                      | 26         | 4          |            |          |           |
| Oral Medicine & Pathology   | 1                  |           |           |          | 11        |           |           | 3         |           |             | 7         |            |           |          | 1            | 1         | 24        |           | 16         | 25           | 10                     | 22         | 4          |            |          |           |
| Orthodontics Research   | 2                  | 2         | 1         | 1        | 6         | 7         | 9         | 1         | 5         | 2           | 16        | 3          |           |          | 2            | 57        |           | 6         | 38         | 6            | 20                     | 3          |            |            |          |           |
| Pediatric Oral Health Research  | 3                  | 1         |           | 7        | 7         | 1         | 1         | 5         | 1         | 4           | 4         | 1          |           |          | 2            | 43        |           | 45        | 18         | 13           | 17                     | 1          |            |            |          |           |
| Periodontal Research  | 2                  | 3         | 1         | 7        | 4         |           |           | 3         | 1         | 1           | 6         | 4          |           |          | 3            | 36        |           | 28        | 43         | 9            | 85                     | 13         |            |            |          |           |
| Pharmacology/Therapeutics/Toxicology                                      |                    |           |           |          | 1         |           |           |           |           |             |           | 2          | 1         |          |              | 4         |           | 5         | 1          | 1            | 8                      | 3          |            |            |          |           |
| Prosthodontics  | 5                  | 1         | 1         | 11       | 13        | 1         |           | 1         | 1         | 1           | 13        | 1          |           |          | 6            | 64        |           | 10        | 56         | 6            | 72                     | 11         |            |            |          |           |
| Pulp Biology & Regeneration   | 3                  | 2         |           | 2        | 3         |           |           | 1         |           | 1           | 8         |            |           |          | 1            | 26        |           | 11        | 29         | 12           | 35                     | 7          |            |            |          |           |
| Salivary Research   | 1                  |           |           |          | 1         | 2         |           |           |           |             |           |            |           |          | 1            | 5         |           | 2         | 8          | 5            | 19                     | 2          |            |            |          |           |
| Stem Cell Biology   | 1                  | 1         |           | 4        | 2         |           |           | 1         |           |             | 2         | 3          |           |          | 4            | 18        |           | 4         | 18         | 4            | 11                     | 3          |            |            |          |           |
| Student Training and Research (STAR) Network                              |                    |           |           | 2        | 2         |           |           | 2         |           | 1           | 10        | 2          |           |          | 1            | 21        |           | 5         | 1          | 7            | 1                      | 1          |            |            |          |           |
| Women in Science Network  | 3                  | 1         |           |          | 3         | 1         | 1         | 1         | 1         | 1           | 3         | 3          |           |          | 1            | 18        |           | 13        | 1          | 8            | 5                      | 1          |            |            |          |           |
| <b>Grand Total:</b>   | <b>35</b>          | <b>54</b> | <b>14</b> | <b>8</b> | <b>88</b> | <b>93</b> | <b>24</b> | <b>22</b> | <b>72</b> | <b>14</b>   | <b>21</b> | <b>163</b> | <b>83</b> | <b>3</b> | <b>2</b>     | <b>53</b> | <b>55</b> | <b>14</b> | <b>818</b> | <b>472</b>   | <b>703</b>             | <b>212</b> | <b>849</b> | <b>137</b> | <b>1</b> |           |

# Scientific Group/Network Membership by Division 2023 (continued)

Continued from previous page

| IADR Scientific Group/Network  | Pakistan  | SE Asian   | APR Total   | Latin American |           |            |           |            |            |             |            |            |            |            |           |           | North American | American    | Canadian    | Mexican    | NAR Total  |             |
|--|-----------|------------|-------------|----------------|-----------|------------|-----------|------------|------------|-------------|------------|------------|------------|------------|-----------|-----------|----------------|-------------|-------------|------------|------------|-------------|
|  |           |            |             | Argentina      | Bolivia   | Brazilian  | Caribbean | Chilean    | Colombian  | Costa Rican | Ecuadorian | Guatemalan | Panamanian | Paraguayan | Peruvian  | Uruguayan | Venezuelan     | LAR Total   |             |            |            |             |
| Behavioral Epidemiologic and Health Services Research                    | 2         | 46         | 146         | 5              | 1         | 22         | 2         | 10         | 14         | 2           | 2          |            |            |            | 8         | 1         | 2              | 69          | 233         | 43         | 14         | 290         |
| Cariology Research   | 1         | 35         | 132         | 19             | 3         | 49         | 1         | 12         | 18         | 3           | 2          |            |            |            | 8         |           | 6              | 121         | 185         | 12         | 12         | 209         |
| Clinical and Translational Science Network                               |           | 8          | 24          | 1              |           | 2          |           | 4          | 5          | 1           |            |            |            |            |           |           |                | 13          | 121         | 5          | 2          | 128         |
| Craniofacial Biology   | 1         | 8          | 95          | 2              | 2         | 2          |           | 3          | 9          |             |            |            |            |            | 1         | 1         | 1              | 21          | 247         | 17         | 4          | 268         |
| Dental Anesthesiology and Special Care Research                          |           | 8          | 37          | 1              |           | 1          |           |            |            |             |            |            |            |            |           |           |                | 3           | 30          | 4          | 1          | 35          |
| Dental Materials   | 6         | 71         | 303         | 8              |           | 73         |           | 5          | 17         | 2           | 7          | 1          |            |            | 9         | 1         | 3              | 126         | 364         | 23         | 26         | 413         |
| Diagnostic Sciences  |           | 9          | 30          | 2              |           | 2          |           | 1          | 3          | 3           |            |            |            |            |           |           |                | 11          | 42          | 2          | 1          | 45          |
| Digital Dentistry Research Network                                       |           | 18         | 49          | 1              |           | 9          |           | 2          | 4          | 2           |            | 1          |            |            | 1         | 1         | 1              | 22          | 67          | 3          | 4          | 74          |
| Education Research   | 1         | 16         | 55          | 6              |           | 8          |           | 5          | 6          |             |            |            |            |            | 4         | 1         | 30             | 92          | 92          | 15         | 4          | 111         |
| e-Oral Health Network  |           | 6          | 24          |                |           | 3          |           | 3          | 2          |             |            |            |            |            |           |           | 9              | 25          | 25          | 6          |            | 31          |
| Evidence-based Dentistry Network   | 1         | 9          | 34          | 1              |           | 3          |           | 6          | 5          | 2           | 2          |            |            |            | 2         |           | 19             | 64          | 64          | 9          | 5          | 78          |
| Geriatric Oral Research  |           | 20         | 74          |                |           | 5          |           | 4          | 2          | 1           |            |            |            |            |           |           | 12             | 45          | 45          | 10         | 4          | 59          |
| Global Oral Health Inequalities Research Network                         | 1         | 14         | 51          | 1              |           | 5          |           | 5          | 6          | 1           |            |            |            |            | 7         | 1         | 26             | 62          | 62          | 17         | 3          | 82          |
| Implantology   | 1         | 23         | 121         | 4              |           | 19         |           | 4          | 3          | 17          | 2          |            |            |            | 1         | 15        | 65             | 154         | 154         | 7          | 3          | 164         |
| Intl Network for Orofacial Pain & Related Disorders Methodology (INFORM) |           | 10         | 37          | 4              |           | 6          |           | 5          | 2          | 1           |            |            |            |            |           |           | 14             | 30          | 30          | 9          | 3          | 42          |
| Lasers & Bio-photonics   |           | 4          | 13          | 4              |           | 4          |           | 4          | 4          |             |            |            |            |            |           | 1         | 13             | 33          | 33          | 2          | 1          | 36          |
| Microbiology/Immunology  |           | 44         | 159         | 4              |           | 23         |           | 20         | 19         | 2           | 2          |            |            |            | 3         |           | 73             | 308         | 308         | 14         | 13         | 335         |
| Mineralized Tissue   |           | 7          | 59          | 6              |           | 10         |           | 1          | 3          | 1           |            |            |            |            | 1         | 1         | 23             | 154         | 154         | 11         | 11         | 176         |
| Minimally Invasive Dentistry Network                                     | 2         | 12         | 32          | 3              |           | 9          |           | 3          | 1          | 2           |            |            |            |            | 1         | 1         | 20             | 28          | 28          | 3          | 5          | 36          |
| Network for Practice-based Research                                      |           | 1          | 7           |                |           |            |           |            | 1          |             |            |            |            |            |           |           | 1              | 24          | 24          | 3          | 1          | 28          |
| Neuroscience   |           | 9          | 53          |                |           | 5          |           | 4          | 4          |             |            |            |            |            |           |           | 13             | 63          | 63          | 7          | 6          | 76          |
| No Group/Network Selected  | 1         | 28         | 283         | 9              |           | 19         |           | 7          | 10         | 4           | 7          |            |            |            | 2         | 38        | 9              | 110         | 388         | 14         | 4          | 406         |
| Nutrition Research   |           | 5          | 16          | 3              |           | 3          |           | 2          | 2          |             |            |            |            |            |           |           | 10             | 31          | 31          | 3          | 2          | 36          |
| Oral & Maxillofacial Surgery   |           | 20         | 106         | 1              |           | 2          |           | 5          | 4          | 1           | 1          |            |            |            |           |           | 15             | 149         | 149         | 9          | 7          | 165         |
| Oral Health Research   | 1         | 23         | 98          |                |           | 11         |           | 3          | 5          | 1           | 1          |            |            |            | 7         | 2         | 30             | 147         | 147         | 13         | 9          | 169         |
| Oral Medicine & Pathology  |           | 24         | 101         | 9              |           | 10         |           | 7          | 14         | 2           |            |            |            |            | 1         | 2         | 46             | 126         | 126         | 14         | 13         | 153         |
| Orthodontics Research  |           | 32         | 105         | 5              |           | 7          |           | 5          | 15         | 1           | 1          |            |            |            | 3         | 6         | 58             | 181         | 181         | 11         | 19         | 211         |
| Pediatric Oral Health Research   | 1         | 29         | 124         | 5              |           | 4          |           | 6          | 6          | 4           | 4          |            |            |            | 7         | 1         | 66             | 127         | 127         | 18         | 10         | 155         |
| Periodontal Research   |           | 48         | 226         | 7              |           | 36         |           | 4          | 28         | 11          | 4          |            |            |            | 5         | 1         | 114            | 303         | 303         | 25         | 13         | 341         |
| Pharmacology/Therapeutics/Toxicology                                     |           | 3          | 21          | 2              |           | 5          |           | 6          | 1          |             |            |            |            |            | 1         |           | 16             | 60          | 60          | 6          | 5          | 71          |
| Prosthodontics   | 3         | 34         | 192         | 3              |           | 28         |           | 2          | 3          | 11          | 5          |            |            |            | 2         | 11        | 67             | 88          | 88          | 10         | 5          | 103         |
| Pulp Biology & Regeneration  | 2         | 37         | 133         | 11             |           | 17         |           | 10         | 11         | 2           | 2          |            |            |            | 3         | 2         | 59             | 110         | 110         | 9          | 5          | 124         |
| Salivary Research  | 1         | 11         | 48          | 4              |           | 11         |           | 6          | 4          |             |            |            |            |            | 1         | 1         | 29             | 106         | 106         | 12         | 2          | 120         |
| Stem Cell Biology  |           | 36         | 76          | 2              |           | 4          |           | 3          | 13         |             |            |            |            |            | 2         | 1         | 25             | 97          | 97          | 5          | 11         | 113         |
| Student Training and Research (STAR) Network                             |           | 6          | 21          | 1              |           | 2          |           | 1          | 10         |             |            |            |            |            | 2         |           | 16             | 94          | 94          | 11         |            | 105         |
| Women in Science Network   | 1         | 7          | 36          |                |           | 23         |           | 5          | 3          | 1           |            |            |            |            | 2         | 1         | 35             | 261         | 261         | 25         | 4          | 290         |
| <b>Grand Total:</b>  | <b>26</b> | <b>721</b> | <b>3121</b> | <b>130</b>     | <b>18</b> | <b>458</b> | <b>14</b> | <b>187</b> | <b>251</b> | <b>73</b>   | <b>42</b>  | <b>2</b>   | <b>2</b>   | <b>4</b>   | <b>82</b> | <b>57</b> | <b>80</b>      | <b>1400</b> | <b>4639</b> | <b>407</b> | <b>232</b> | <b>5278</b> |

# Scientific Group/Network Membership by Division 2023 (continued)

Continued from previous page

| IADR Scientific Group/Network   | Pan European |                      |           |            |           |              |           |            | PER Total   |
|---|--------------|----------------------|-----------|------------|-----------|--------------|-----------|------------|-------------|
|   | British      | Continental European | Irish     | Israeli    | Russian   | Scandinavian |           |            |             |
| Behavioral Epidemiologic and Health Services Research                     | 54           | 22                   | 9         | 9          |           | 16           |           |            | 110         |
| Cariology Research  | 36           | 78                   | 8         | 4          | 2         | 17           |           |            | 145         |
| Clinical and Translational Science Network                                | 19           | 14                   | 1         | 2          |           | 6            |           |            | 42          |
| Craniofacial Biology  | 6            | 18                   |           | 6          |           | 6            |           |            | 36          |
| Dental Anesthesiology and Special Care Research                           | 7            | 11                   | 5         | 1          |           |              |           |            | 24          |
| Dental Materials  | 66           | 193                  |           | 11         | 1         | 29           |           |            | 300         |
| Diagnostic Sciences   | 3            | 10                   |           | 1          |           | 2            |           |            | 16          |
| Digital Dentistry Research Network  | 19           | 36                   | 1         | 2          |           | 3            |           |            | 61          |
| Education Research  | 33           | 18                   | 9         | 1          |           | 4            |           |            | 65          |
| e-Oral Health Network   | 6            | 12                   | 1         | 3          |           | 3            |           |            | 25          |
| Evidence-based Dentistry Network  | 11           | 17                   | 1         | 2          |           | 5            |           |            | 36          |
| Geriatric Oral Research   | 7            | 27                   | 7         | 1          | 1         | 7            |           |            | 50          |
| Global Oral Health Inequalities Research Network                          | 25           | 5                    | 2         | 1          |           | 7            |           |            | 40          |
| Implantology  | 23           | 48                   | 2         | 7          | 2         | 13           |           |            | 95          |
| Int'l Network for Orofacial Pain & Related Disorders Methodology (INFORM) | 4            | 35                   |           | 4          |           | 14           |           |            | 57          |
| Lasers & Bio-photonics  | 1            | 10                   |           | 2          |           | 2            |           |            | 15          |
| Microbiology/Immunology   | 39           | 23                   | 2         | 18         | 1         | 12           |           |            | 95          |
| Mineralized Tissue  | 28           | 22                   |           | 8          | 2         | 6            |           |            | 66          |
| Minimally Invasive Dentistry Network                                      | 14           | 37                   | 1         |            |           | 1            |           |            | 53          |
| Network for Practice-based Research                                       | 4            | 6                    | 1         |            |           | 2            |           |            | 13          |
| Neuroscience  | 2            | 13                   |           | 1          |           | 22           |           |            | 38          |
| No Group/Network Selected   | 36           | 66                   | 3         | 56         |           | 25           |           |            | 186         |
| Nutrition Research  | 7            | 8                    | 2         |            |           | 4            |           |            | 21          |
| Oral & Maxillofacial Surgery  | 14           | 25                   | 5         | 11         |           | 12           |           |            | 67          |
| Oral Health Research  | 45           | 55                   | 6         | 2          |           | 9            |           |            | 117         |
| Oral Medicine & Pathology   | 30           | 30                   | 4         | 12         | 1         | 6            |           |            | 83          |
| Orthodontics Research   | 10           | 43                   | 3         | 10         | 1         | 9            |           |            | 76          |
| Pediatric Oral Health Research  | 18           | 28                   | 1         | 3          |           | 13           |           |            | 63          |
| Periodontal Research  | 57           | 109                  | 9         | 22         | 1         | 34           |           |            | 232         |
| Pharmacology/Therapeutics/Toxicology                                      | 4            | 9                    |           |            |           | 1            |           |            | 14          |
| Prosthodontics  | 18           | 65                   | 3         | 17         |           | 11           |           |            | 114         |
| Pulp Biology & Regeneration   | 13           | 58                   | 6         | 6          | 1         | 12           |           |            | 96          |
| Salivary Research   | 9            | 23                   | 1         | 4          | 1         | 12           |           |            | 50          |
| Stem Cell Biology   | 17           | 49                   | 1         | 3          | 3         | 5            |           |            | 78          |
| Student Training and Research (STAR) Network                              | 17           | 13                   | 2         | 1          |           | 2            |           |            | 35          |
| Women in Science Network  | 12           | 26                   | 3         | 4          |           | 8            |           |            | 53          |
| <b>Grand Total:</b>   | <b>714</b>   | <b>1262</b>          | <b>99</b> | <b>235</b> | <b>17</b> | <b>340</b>   | <b>17</b> | <b>340</b> | <b>2667</b> |

## Journal of Dental Research Subscriptions by Year

|                                 | 2013         | 2014         | 2015         | 2016         | 2017         | 2018         | 2019         | 2020         | 2021         | 2022         | 2023         |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Member Print                    | 1010         | 909          | 751          | 677          | 601          | 526          | 436          | 347          | 276          | 220          | 190          |
| Member Online                   | 7495         | 8206         | 7581         | 7028         | 7495         | 7757         | 7173         | 5911         | 6243         | 6834         | 5570         |
| Student Print                   | 152          | 110          | 151          | 112          | 99           | 120          | 92           | 66           | 74           | 50           | 87           |
| Student Online                  | 2973         | 2650         | 3471         | 3128         | 3085         | 3289         | 2895         | 2397         | 2262         | 2326         | 2279         |
| Institutional Print             |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online            |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 1     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 2     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 3     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 4     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 5     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Online Tier 6     |              |              |              |              |              |              |              |              |              |              |              |
| Institutional Print and Online  | 523          | 495          | 477          | 455          | 418          | 398          | 333          | 288          | 274          | 258          |              |
| # of Institutions via consortia | 3938         | 4046         | 4244         | 4364         | 4487         | 4819         | 4812         | 4858         | 4850         | 4892         |              |
| Total # of Institutions*        |              |              |              |              |              |              |              |              |              |              | 3458         |
| <b>Total</b>                    | <b>16091</b> | <b>16416</b> | <b>16675</b> | <b>15764</b> | <b>16185</b> | <b>16909</b> | <b>15741</b> | <b>13867</b> | <b>13979</b> | <b>14580</b> | <b>10695</b> |

Online only JDR is included as an IADR membership benefit beginning 2006.

Tier 5 & 6 were combined in 2008.

Institutional model changed with move to SAGE publishing in 2009.

\*Institutional model changed to categorize all institutional subscriptions (site license, package read only, package with open access, institutions migrated into packages) as one type in 2023

## JDR Clinical & Translational Research Subscriptions by Year

|                                 | 2017         | 2018         | 2019         | 2020         | 2021         | 2022         | 2023         |
|---------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| Member Print                    | 154          | 169          | 164          | 158          | 128          | 146          | 60           |
| Member Online                   | 7495         | 7757         | 7173         | 5911         | 8505         | 6901         | 5570         |
| Student Print                   | 42           | 52           | 37           | 30           | 27           | 40           | 30           |
| Student Online                  | 3085         | 3289         | 2895         | 2397         | 2111         | 2289         | 2279         |
| Institutional Print             |              |              |              |              |              |              |              |
| Institutional Online            |              |              |              |              |              |              |              |
| Institutional Online Tier 1     |              |              |              |              |              |              |              |
| Institutional Online Tier 2     |              |              |              |              |              |              |              |
| Institutional Online Tier 3     |              |              |              |              |              |              |              |
| Institutional Online Tier 4     |              |              |              |              |              |              |              |
| Institutional Online Tier 5     |              |              |              |              |              |              |              |
| Institutional Online Tier 6     |              |              |              |              |              |              |              |
| Institutional Print and Online  | 418          | 398          | 333          | 288          | 273          | 254          |              |
| # of Institutions via consortia | 3218         | 3486         | 3407         | 2883         | 3317         | 3333         |              |
| Total # of Institutions*        |              |              |              |              |              |              | 3458         |
| <b>Total</b>                    | <b>14412</b> | <b>15151</b> | <b>14009</b> | <b>11667</b> | <b>14361</b> | <b>12963</b> | <b>11397</b> |

\*Institutional model changed to categorize all institutional subscriptions (site license, package read only, package with open access, institutions migrated into packages) as one type in 2023

# Attendance for IADR General Sessions and AADOCR Annual Meetings

|                                     | Member  | Student Member | Non-Member | Student Non-Member | Comp & Life Member | Sci Tran | TOTAL | Exhibitors | Accomp. Persons | GRAND TOTAL | # OF PAPERS |
|-------------------------------------|---|----------------|------------|--------------------|--------------------|----------|-------|------------|-----------------|-------------|-------------|
| 1980 – Los Angeles (AADOCR)         | 1224  |                | 341        | 237                |                    |          | 1802  |            |                 | 1802        | 1094        |
| 1981 – Chicago                      | 1553  |                | 292        | 427                | 19                 |          | 2291  |            |                 | 2291        | 1383        |
| 1982 – New Orleans                  | 1591  | 123            | 342        | 312                | 16                 |          | 2384  |            |                 | 2384        | 1553        |
| 1983 – Sydney (IADR)                | 513   | 42             | 183        | 63                 | 6                  |          | 807   |            |                 | 807         | 388         |
| 1984 – Dallas                       | 1572  | 186            | 407        | 358                | 18                 |          | 2541  |            |                 | 2541        | 1610        |
| 1985 – Las Vegas                    | 1874  | 302            | 444        | 304                | 20                 |          | 2944  |            |                 | 2944        | 1912        |
| 1986 – Washington (AADOCR)          | 1776  | 389            | 402        | 301                | 16                 |          | 2884  | 68         | 230             | 3182        | 1737        |
| 1986 – The Hague (IADR)             | 1098  | 101            | 403        | 106                | 13                 |          | 1721  | 44         | 251             | 2016        | 1234        |
| 1987 – Chicago                      | 2089  | 452            | 459        | 373                | 49                 |          | 3422  | 39         | 253             | 3714        | 2088        |
| 1988 – Montreal                     | 2275  | 519            | 510        | 402                | 33                 |          | 3739  | 40         | 314             | 4093        | 2453        |
| 1989 – San Francisco (AADOCR)       | 1872  | 489            | 392        | 330                | 39                 |          | 3122  | 33         | 307             | 3462        | 1958        |
| 1989 – Dublin (IADR)                | 1254  | 133            | 407        | 125                | 109                |          | 2028  | 0          | 413             | 2441        | 1338        |
| 1990 – Cincinnati                   | 2070  | 457            | 585        | 459                | 43                 |          | 3614  | 228        | 332             | 4174        | 2216        |
| 1991 – Acapulco                     | 2081  | 729            | 676        | 506                | 67                 |          | 4059  | 148        | 557             | 4764        | 2694        |
| 1992 – Boston (AADOCR)              | 1581  | 442            | 378        | 321                | 130                |          | 2852  | 115        | 223             | 3190        | 1723        |
| 1992 – Glasgow (IADR)               | 1784  | 204            | 526        | 199                | 19                 |          | 2732  | 189        | 432             | 3353        | 1974        |
| 1993 – Chicago                      | 2250  | 562            | 533        | 460                | 44                 |          | 3849  | 235        | 274             | 4358        | 2539        |
| 1994 – Seattle                      | 2638  | 701            | 552        | 417                | 38                 | 148      | 4494  | 278        | 363             | 5135        | 2730        |
| 1995 – San Antonio (AADOCR)         | 1850  | 609            | 377        | 310                | 35                 | 55       | 3181  | 289        | 265             | 3790        | 1962        |
| 1995 – Singapore (IADR)             | 1529  | 231            | 314        | 194                | 13                 |          | 2281  | 280        | 331             | 2892        | 1535        |
| 1996 – San Francisco                | 3057  | 868            | 633        | 510                | 38                 |          | 5106  | 345        | 607             | 6058        | 3378        |
| 1997 – Orlando                      | 3074  | 937            | 561        | 582                | 56                 |          | 5210  | 271        | 575             | 6056        | 3747        |
| 1998 – Minneapolis (AADOCR)         | 1431  | 522            | 211        | 246                | 70                 |          | 2480  | 137        | 1               | 2618        | 1576        |
| 1998 – Nice (IADR)                  | 2647  | 373            | 768        | 518                | 94                 |          | 4400  | 110        | 781             | 5291        | 3226        |
| 1999 – Vancouver                    | 2906  | 798            | 635        | 712                | 113                |          | 5164  | 211        | 607             | 5982        | 3605        |
| 2000 – Washington                   | 3061  | 838            | 764        | 949                | 168                |          | 5780  | 274        | 564             | 6618        | 3880        |
| 2001 – Chicago (AADOCR)             | 1669  | 622            | 228        | 318                | 117                |          | 2954  | 179        | 174             | 3307        | 1920        |
| 2001 – Chiba (IADR)                 | 2145  | 501            | 354        | 427                | 120                |          | 3547  | 180        | 244             | 3971        | 2167        |
| 2002 – San Diego                    | 3011  | 1224           | 528        | 659                | 240                |          | 5662  | 307        | 460             | 6429        | 4109        |
| 2003 – San Antonio (AADOCR)         | 1491  | 678            | 174        | 226                | 205                |          | 2774  | 228        | 154             | 3156        | 1771        |
| 2003 – Goteborg (IADR)              | 2300  | 529            | 470        | 525                | 198                |          | 4022  | 253        | 361             | 4636        | 3108        |
| 2004 – Honolulu                     | 2724  | 1028           | 631        | 865                | 168                |          | 5416  | 241        | 764             | 6421        | 4101        |
| 2005 – Baltimore                    | 2666  | 945            | 554        | 695                | 156                |          | 5016  | 284        | 336             | 5636        | 3712        |
| 2006 – Orlando (AADOCR)             | 2487  | 825            | 292        | 343                | 325                |          | 4272  | 377        | 334             | 4983        | 2223        |
| 2006 – Brisbane (IADR)              | 1735  | 585            | 413        | 443                | 120                | 103      | 3399  | 196        | 383             | 3978        | 2616        |
| 2007 – New Orleans                  | 2159  | 944            | 382        | 481                | 130                |          | 4096  | 253        | 283             | 4632        | 3018        |
| 2008 – Dallas (AADOCR)              | 982   | 524            | 121        | 153                | 124                |          | 1904  | 145        | 66              | 2115        | 1282        |
| 2008 – Toronto (IADR)               | 2423  | 973            | 506        | 452                | 182                |          | 4536  | 182        | 367             | 5085        | 3597        |
| 2009 – Miami                        | 2492  | 1421           | 325        | 327                | 125                |          | 4690  | 222        | 246             | 5158        | 3585        |
| 2010 – Washington (AADOCR)          | 1286  | 615            | 173        | 195                | 62                 |          | 2331  | 140        | 85              | 2556        | 1518        |
| 2010 – Barcelona                    | 3298  | 1519           | 612        | 577                | 88                 |          | 6094  | 240        | 200             | 6534        | 4969        |
| 2011 – San Diego                    | 2724  | 1585           | 303        | 312                | 48                 |          | 5260  | 276        | 288             | 5536        | 4041        |
| 2012 – Tampa (AADOCR)               | 1229  | 774            | 112        | 194                | 56                 |          | 2365  | 130        | 103             | 2598        | 1668        |
| 2012 – Iguazu Falls (IADR)*         | 1954  | 1821           | 102        | 217                | 38                 |          | 4132  | 141        | 221             | 4494        | 3584        |
| 2013 – Seattle                      | 2861  | 1881           | 277        | 252                | 95                 |          | 5366  | 224        | 304             | 5894        | 3795        |
| 2014 – Charlotte (AADOCR)           | 1286  | 817            | 108        | 182                | 105                |          | 2498  | 77         | 90              | 2665        | 1561        |
| 2014 – Cape Town (IADR)**           | 1429  | 512            | 100        | 76                 | 52                 |          | 2167  | 62         | 157             | 2388        | 1492        |
| 2015 – Boston                       | 3146  | 2228           | 370        | 350                | 125                |          | 6219  | 170        | 356             | 6745        | 4356        |
| 2016 – Los Angeles (AADOCR)         | 1351  | 985            | 125        | 256                | 90                 |          | 2807  | 100        | 156             | 3063        | 1794        |
| 2016 – Seoul (IADR)&                | 1705  | 1261           | 158        | 100                | 86                 |          | 3310  | 137        | 160             | 3607        | 1793        |
| 2017 – San Francisco#               | 2594  | 1929           | 224        | 237                | 121                |          | 5105  | 79         | 237             | 5421        | 3750        |
| 2018 – Fort Lauderdale (AADOCR)     | 1209  | 931            | 98         | 104                | 176                |          | 2462  | 91         | 116             | 2724        | 1633        |
| 2018 – London (IADR)^               | 2708  | 1301           | 252        | 151                | 254                |          | 4666  | 156        | 315             | 5137        | 3014        |
| 2019 – Vancouver (IADR)^^^          | 2752  | 1690           | 360        | 118                | 223                |          | 5153  | 138        | 335             | 5626        | 3396        |
| 2020 – Washington, DC (IADR)        | Due to the Coronavirus Disease (COVID-19), the 2020 IADR/AADR/CADR General Session was canceled. 2890 abstracts originally scheduled for presentation were archived/published |                |            |                    |                    |          |       |            |                 |             |             |
| 2021 – Virtual Experience (IADR)^^^ | 1715  | 1194           | 307        | 168                | 1204               |          | 3446  | 65         | 0               | 3533        | 2197        |
| 2022 – Atlanta, Hybrid (AADOCR)     | 711   | 594            | 122        | 34                 | 40                 |          | 1501  | 22         | 31              | 1563        | 870         |
| 2022 – Virtual Experience (IADR)^^^ | 1170  | 738            | 124        | 27                 | 32                 |          | 2091  | 17         | 0               | 2108        | 1445        |
| 2023 - Portland, OR (AADOCR)        | 981   | 701            | 150        | 55                 | 31                 |          | 1918  | 65         | 58              | 2,041       | 1132        |
| 2023 - Bogotá (IADR)^^^             | 1012  | 430            | 46         | 33                 | 12                 |          | 1533  | 43         | 101             | 1,677       | 1037        |

\* member and student member numbers include reduced registration rate attendees from the IADR Latin American Region (LAR).

\*\* member and student member numbers include reduced registration rate attendees from the IADR Africa/Middle East Region (AMER).

# member and student member numbers include reduced registration rate attendees from the IADR Asia/Pacific Region (APR).

^ member and student member numbers include reduced registration rate attendees from Mexico, the only middle income country in the IADR North American Region (NAR).

^ member and student member numbers include reduced registration rate attendees from the Pan European Region (PER).

^^ member and student member numbers include reduced registration rate attendees from Mexico, the only middle income country in the IADR North American Region (NAR).

^^^ member and student member numbers include reduced registration rate attendees from low, lower, and upper-middle income countries.

## Meeting Registration Fees

| YEAR                                   | MEMBER                                 | NON-MEMBER | STUDENT MEMBER                         | STUDENT NON-MEMBER | ONSITE REG FEE |
|--|--|------------|--|--------------------|----------------|
| 1990                                   | 125                                    | 235        | 20                                     | 35                 | 40             |
| 1991                                   | 140                                    | 265        | 20                                     | 60                 | 40             |
| 1992 (AADOCR)                          | 145                                    | 265        | 20                                     | 60                 | 40             |
| 1992 (IADR)                            | 195                                    | 325        | 50                                     | 90                 | 40             |
| 1993                                   | 185                                    | 350        | 40                                     | 80                 | 40             |
| 1994                                   | 185                                    | 360        | 40                                     | 80                 | 40             |
| 1995 (AADOCR)                          | 185                                    | 360        | 40                                     | 80                 | 40             |
| 1995 (IADR)                            | 210                                    | 400        | 50                                     | 90                 | 40             |
| 1996                                   | 195                                    | 395        | 40                                     | 80                 | 40             |
| 1997                                   | 195                                    | 420        | 40                                     | 80                 | 40             |
| 1998 (AADOCR)                          | 195                                    | 420        | 40                                     | 80                 | 40             |
| 1998 (IADR)                            | 230                                    | 455        | 50                                     | 90                 | 40             |
| 1999                                   | 215                                    | 440        | 40                                     | 80                 | 40             |
| 2000                                   | 225                                    | 455        | 50                                     | 90                 | 40             |
| 2001 (AADOCR)                          | 230                                    | 455        | 50                                     | 90                 | 40             |
| 2001 (IADR)                            | 275                                    | 510        | 60                                     | 100                | 40             |
| 2002                                   | 300                                    | 532        | 60                                     | 100                | 40             |
| 2003 (AADOCR)                          | 280                                    | 520        | 60                                     | 100                | 40             |
| 2003 (IADR)                            | 300                                    | 535        | 60                                     | 100                | 40             |
| 2004                                   | 308                                    | 543        | 60                                     | 100                | 40             |
| 2005                                   | 400                                    | 650        | 80                                     | 130                | 100            |
| 2006 (AADOCR w/ADEA)                   | 325                                    | 575        | 80                                     | 135                | 100            |
| 2006 (IADR)                            | 400                                    | 650        | 90                                     | 140                | 100            |
| 2007                                   | 420                                    | 680        | 95                                     | 145                | 100            |
| 2008 (AADOCR)                          | 325                                    | 575        | 100                                    | 155                | 100            |
| 2008 (IADR)                            | 440                                    | 695        | 150                                    | 250                | 100            |
| 2009                                   | 460                                    | 730        | 160                                    | 265                | 100            |
| 2010 (AADOCR)                          | 400                                    | 700        | 150                                    | 225                | 100            |
| 2010 (IADR)                            | 470                                    | 765        | 175                                    | 295                | 100            |
| 2011                                   | 480                                    | 800        | 195                                    | 325                | 100            |
| 2012 (AADOCR)                          | 440                                    | 770        | 165                                    | 250                | 100            |
| 2012 (IADR)                            | 490/250 <sup>#</sup> /270 <sup>+</sup> | 840        | 215/165 <sup>#</sup> /180 <sup>+</sup> | 360                | 100            |
| 2013                                   | 500                                    | 875        | 235                                    | 395                | 100/50         |
| 2014 (AADOCR)                          | 470                                    | 820        | 180                                    | 275                | 100/50         |
| 2014 (IADR)<br>(rates include 14% VAT) | 585/295 <sup>&amp;</sup>               | 1,015      | 290/225 <sup>&amp;</sup>               | 495                | 100/50         |
| 2015                                   | 520                                    | 895        | 260                                    | 445                | 100/50         |
| 2016 (AADOCR)                          | 495                                    | 865        | 195                                    | 295                | 100/50         |
| 2016 (IADR)                            | 530/265 <sup>^</sup>                   | 915        | 265/200 <sup>^</sup>                   | 455                | 100/50         |
| 2017                                   | 540/270 <sup>%</sup>                   | 930        | 270/205 <sup>%</sup>                   | 465                | 100/50         |
| 2018 (AADOCR)                          | 520/260                                | 895        | 260                                    | 445                | 100/50         |
| 2018 (IADR)<br>(rates include 20% VAT) | 660/330                                | 1,134      | 330/246                                | 564                | 120/60         |
| 2019                                   | 580/290 <sup>^^</sup>                  | 960        | 290/220 <sup>^^</sup>                  | 480                | 120/60         |
| 2020                                   | 590/295 <sup>^^</sup>                  | 975        | 295/220 <sup>^^</sup>                  | 485                | 100/50         |
| 2021                                   | 600/300 <sup>^^</sup>                  | 990        | 300/225 <sup>^^</sup>                  | 495                | 100/50         |
| 2022 (AADOCR)                          | 610                                    | 1090       | 290                                    | 540                | 100/50         |
| 2022 (IADR)                            | 605/290 <sup>^^^</sup>                 | 1040       | 290/210 <sup>^^^</sup>                 | 520                | 100/50         |
| 2023 (AADOCR)                          | 640                                    | 1,145      | 305                                    | 565                | 100/50         |
| 2023 (IADR)                            | 640/305 <sup>^^^</sup>                 | 1,145      | 305/220 <sup>^^^</sup>                 | 565                | 100/50         |

Prior to 2013, the onsite additional fee was only added to the Member and Non-Member Registration rates. Starting in 2013, Student Member, Student Non-Member and Retired

<sup>#</sup> A reduced Member rate was available to IADR Members and Student Members that live in the Latin American Region. This rate reflects a one-time payment in full.

<sup>+</sup> A reduced Member rate was available to IADR Members and Student Members that live in the Latin American as well as the ability to pay in installments. Three equal installments were

<sup>&</sup> A reduced Member rate was available to IADR Members and Student Members that live in low, lower middle and upper middle income countries in the Africa/Middle East Region. This rate reflects a one-time payment in full.

<sup>^</sup> A reduced Member rate was available to IADR Members and Student Members that live in low, lower middle and upper middle income countries in the Asia/Pacific Region. This rate reflects a one-time payment in full.

<sup>%</sup> A reduced Member rate was available to IADR Members and Student Members that live in Mexico, an upper middle income country. This rate reflects a one-time payment in full.

<sup>^^</sup> A reduced Member rate was available to IADR Members and Student Members that live in low, lower middle and upper middle income countries in the Pan European Region. This rate reflects a one-time payment in full.

<sup>^^^</sup> A reduced Member rate was available to IADR Members and Student Members that live in Mexico, an upper middle income country. This rate reflects a one-time payment in full.

<sup>^^^</sup> A reduced Member rate was available to IADR Members and Student Members that live in low, lower, and upper-middle income countries. This rate reflects a one-time payment in full.

# IADR & AADOCR Members Dues and JDR & JDR CTR Subscription Fees

| YEAR              | IADR w/o JDR          | AADOCR w/o JDR | Print JDR & JDR CTR | IADR Incl. JDR  | AADOCR Total | Students IADR | Students AADOCR |
|-------------------|-----------------------|----------------|---------------------|-----------------|--------------|---------------|-----------------|
| 1983              | 20                    | 25             | 27                  | 47              | 72           | 3             | 5               |
| 1984              | 20                    | 25             | 27                  | 47              | 72           | 3             | 5               |
| 1985              | 20                    | 25             | 27                  | 47              | 72           | 3             | 5               |
| 1986              | 20                    | 25             | 27                  | 47              | 72           | 3             | 5               |
| 1987              | 20                    | 30             | 30                  | 50              | 80           | 4             | 6               |
| 1988              | 20                    | 30             | 30                  | 50              | 80           | 5             | 7               |
| 1989              | 25                    | 35             | 33                  | 58              | 93           | 5             | 7               |
| 1990              | 25                    | 35             | 38                  | 63              | 98           | 5             | 7               |
| 1991              | 30                    | 40             | 38                  | 68              | 108          | 5             | 7               |
| 1992              | 30                    | 47             | 38                  | 68              | 115          | 5             | 7               |
| 1993              | 35                    | 47             | 38                  | 73              | 120          | 10            | 7               |
| 1994              | 35                    | 47             | 38                  | 73              | 120          | 10            | 10              |
| 1995              | 35                    | 47             | 38                  | 73              | 120          | 10            | 10              |
| 1996              | 40                    | 57             | 38                  | 78              | 135          | 10            | 10              |
| 1997              | 40                    | 57             | 48                  | 88              | 145          | 10            | 10              |
| 1998              | 40                    | 57             | 70                  | 110             | 167          | 10            | 10              |
| 1999              | 40                    | 57             | 70                  | 110             | 167          | 10            | 10              |
| 2000              | 40                    | 67             | 70                  | 110             | 177          | 10            | 10              |
| 2001              | 40                    | 67             | 70                  | 110             | 177          | 10            | 10              |
| 2002              | 45                    | 67             | 82                  | 127             | 194          | 10            | 10              |
| 2003              | 50                    | 72             | 82                  | 132             | 204          | 10            | 10              |
| 2004              | 50                    | 72             | 82                  | 132             | 204          | 10            | 10              |
| 2005              | 50                    | 85             | 82                  | 132             | 217          | 10            | 10              |
| 2006              | 621                   | 95             | 62                  | 124             | 1571         | 15            | 10              |
| 2007              | 40/50/74 <sup>2</sup> | 95             | 66                  | 106/116/140     | 169          | 20            | 10              |
| 2008              | 40/50/80              | 95             | 73                  | 113/123/153     | 175          | 22            | 12              |
| 2009              | 40/50/90              | 95             | 50 <sup>3</sup>     | 90/100/140      | 185          | 25            | 15              |
| 2010              | 40/50/90              | 110            | 50                  | 90/100/140      | 200          | 27            | 18              |
| 2011              | 42/55/105             | 115            | 50                  | 92/105/155      | 220          | 30            | 23              |
| 2012              | 48/60/120             | 120            | 50                  | 98/110/170      | 240          | 35            | 25              |
| 2013              | 54/68/135             | 125            | 50                  | 104/118/185     | 260          | 40            | 30              |
| 2014 <sup>4</sup> | 56/70/140/112         | 130/104        | 50                  | 106/120/190/162 | 270/216      | 42            | 35              |
| 2015 <sup>5</sup> | 56/85/155/124         | 135/108        | 50                  | 106/135/205/174 | 290/232      | 47            | 40              |
| 2016              | 58/99/165/132         | 140/112        | 50/20 <sup>6</sup>  | 108/149/215/182 | 305/244      | 50            | 40              |
| 2017              | 59/102/170/136        | 145/116        | 50/20               | 109/152/220/186 | 315/252      | 51            | 40              |
| 2018              | 61/105/175/140        | 150/120        | 50/20               | 111/155/225/190 | 325/260      | 52            | 45              |
| 2019              | 63/108/180/144        | 155/124        | 50/20               | 113/158/230/194 | 335/268      | 54            | 45              |
| 2020              | 64/111/185/148        | 160/128        | 50/20               | 114/161/235/198 | 345/276      | 55            | 45              |
| 2021              | 66/114/190/152        | 165/132        | 50/20               | 116/164/240/202 | 355/284      | 57            | 45              |
| 2022              | 68/117/195/156        | 170/136        | 50/20               | 118/167/245/206 | 365/292      | 58            | 45              |
| 2023              | 70/120/200/160        | 170/140        | 50/20               | 120/170/250/210 | 375/300      | 60            | 45              |
| 2024              | 74/126/210/168        | 185/147        | 50/20               | 124/176/260/218 | 395/315      | 63            | 47              |

<sup>1</sup> online only JDR is included as an IADR membership benefit

<sup>2</sup> IADR membership structure based on the World Bank Classification was introduced. Member dues are determined by their country of residence.

<sup>3</sup> The JDR publishing is moved to SAGE.

<sup>4</sup> Starting in 2014, Affiliate Member pricing is indicated in italics. This category of membership is only available to members in World Bank High Income countries and is 80% of the cost of IADR (or IADR/AADOCR) dues for Members at the same Classification.

<sup>5</sup> Starting in 2015, IADR Membership for Members includes membership in one (1) Scientific Group/Network. Student Members may choose up to three (3) groups/networks for no charge, and one must be designated as their included group/network. Affiliate Members are not eligible to join groups/networks.

<sup>6</sup> Starting in 2016, a new journal, *JDR Clinical & Translational Research*, was launched. The online only version of this journal is included as an IADR membership benefit.

## Appendix 3 — Awards & Fellowships Winners (through 2023)

### IADR Gold Medal

|                |      |                       |      |
|----------------|------|-----------------------|------|
| Lawrence Tabak | 2018 | Sally Marshall        | 2022 |
| Barry Sessle   | 2020 | Andrew John Rugg-Gunn | 2023 |
| David Williams | 2021 |                       |      |

### IADR/AADOCR William J. Gies Award

(supported by J. Morita Corporation)

|                                       |      |   |      |
|---------------------------------------|------|---|------|
| Yutaka Matsuki <i>et al.</i>          | 1996 | Naritaka Tamaoki <i>et al.</i>          | 2012 |
| Gary Wise <i>et al.</i>               | 1997 | John R. Shaffer <i>et al.</i>           | 2013 |
| M.A. Moon & N.P.P. Ryba <i>et al.</i> | 1998 | Lei Cheng <i>et al.</i>                 | 2013 |
| Michael Paine <i>et al.</i>           | 1999 | Catherine Poh <i>et al.</i>             | 2013 |
| Paul Allison <i>et al.</i>            | 2000 | Marja Laine <i>et al.</i>               | 2014 |
| J. Simmer <i>et al.</i>               | 2001 | Yashuhiro Yoshida <i>et al.</i>         | 2014 |
| D.B. Ravassipour <i>et al.</i>        | 2002 | Richard Darveau <i>et al.</i>           | 2014 |
| Eben Alsberg <i>et al.</i>            | 2003 | Maiko Suzuki <i>et al.</i>              | 2015 |
| Kailash Bhol <i>et al.</i>            | 2003 | Dean Ho <i>et al.</i>                   | 2015 |
| Shuo Chen <i>et al.</i>               | 2003 | Moritz Keschull <i>et al.</i>           | 2015 |
| Kazuhiro Kohama <i>et al.</i>         | 2004 | Waruna Dissanayaka <i>et al.</i>        | 2016 |
| Courtney Young <i>et al.</i>          | 2004 | Keita Asai <i>et al.</i>                | 2016 |
| Mari Onozuka <i>et al.</i>            | 2004 | Thomas Van Dyke <i>et al.</i>           | 2016 |
| Jian Feng <i>et al.</i>               | 2005 | Yan Jing <i>et al.</i>                  | 2017 |
| William L. Murphy <i>et al.</i>       | 2005 | Brian Howe <i>et al.</i>                | 2017 |
| Jung-Wook Kim <i>et al.</i>           | 2005 | Yupeng Li <i>et al.</i>                 | 2017 |
| Atsushi Ohazama <i>et al.</i>         | 2006 | Yukano Fukushima-Nakayama <i>et al.</i> | 2018 |
| Xiu-Ping Wang <i>et al.</i>           | 2006 | Nicholas Kassebaum <i>et al.</i>        | 2018 |
| Alexandre Viera <i>et al.</i>         | 2006 | Liu Yang <i>et al.</i>                  | 2018 |
| Bing Hu <i>et al.</i>                 | 2007 | Ivor Chestnutt <i>et al.</i>            | 2019 |
| Darnell Kaigler <i>et al.</i>         | 2007 | Shihai Jia <i>et al.</i>                | 2019 |
| Adriana Modesto Vieira <i>et al.</i>  | 2007 | Kihoon Nam <i>et al.</i>                | 2019 |
| Carolyn Gibson <i>et al.</i>          | 2008 | Nigel Hammond <i>et al.</i>             | 2020 |
| Marcela Carrilho <i>et al.</i>        | 2008 | Elizabeth Smith <i>et al.</i>           | 2020 |
| Gregory Essick <i>et al.</i>          | 2008 | Olivia Urquhart <i>et al.</i>           | 2020 |
| Erica Scheller <i>et al.</i>          | 2009 | Claudia Brizuela <i>et al.</i>          | 2021 |
| Anne Sanders <i>et al.</i>            | 2009 | Mohammed Zahedul Nizami <i>et al.</i>   | 2021 |
| Sebastian Paris <i>et al.</i>         | 2009 | Mark Payne <i>et al.</i>                | 2021 |
| Marta Miyazawa <i>et al.</i>          | 2010 | Xue Yuan <i>et al.</i>                  | 2022 |
| Takahiro Ogawa <i>et al.</i>          | 2010 | Jingou Liang <i>et al.</i>              | 2022 |
| Carol Bassim <i>et al.</i>            | 2010 | Kirtana Ramadugu <i>et al.</i>          | 2022 |
| Luciano Casagrande <i>et al.</i>      | 2011 | Y. Xie <i>et al.</i>                    | 2023 |
| Rui Chen <i>et al.</i>                | 2011 | B. Chang <i>et al.</i>                  | 2023 |
| Xiaoli Gao <i>et al.</i>              | 2011 | P.Y.F. Wen <i>et al.</i>                | 2023 |
| Lisha Gu <i>et al.</i>                | 2012 |   |      |
| Shinya Murakami <i>et al.</i>         | 2012 |   |      |

### IADR Academy of Osseointegration Innovation in Implant Sciences Award

(supported by Academy of Osseointegration)

|   |      |
|---|------|
| Min Lee – University of California, Los Angeles, USA                      | 2011 |
| Jake Jinkun Chen – Tufts University, Boston, MA, USA                      | 2012 |
| Owen Addison – University of Birmingham, England, UK                      | 2013 |
| Rene Olivares-Navarrete – Virginia Commonwealth University, Richmond, USA | 2014 |
| Gustavo Mendonca – University of Michigan, Ann Arbor, USA                 | 2015 |
| Alireza Moshaverinia – University of California, Los Angeles, USA         | 2016 |
| Lyndon Cooper – University of Illinois at Chicago, USA                    | 2017 |
| Daniela Mendonça – University of Michigan, Ann Arbor, USA                 | 2018 |
| Marco Bottino – University of Michigan, Ann Arbor, USA                    | 2019 |
| Allan Radaic – University of California, San Francisco, USA               | 2020 |

(Discontinued)

### IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration

(supported by Osteology Foundation)

|   |      |
|---|------|
| Kasia Gurzawska-Comis, University of Birmingham, England      | 2020 |
| Lauren Katz, University of North Carolina at Chapel Hill, USA | 2021 |
| Siddharth Shanbhag, University of Bergen, Norway              | 2022 |
| Gustavo Monasterio, Karolinska Institute, Stockholm, Sweden   | 2023 |

### IADR Colgate Community-Based Research Award for Caries Prevention

(supported by Colgate-Palmolive Company)

|   |      |
|---|------|
| Denise Bailey – University of Melbourne, Australia  | 2011 |
| Edward Lo – University of Hong Kong, SAR, China     | 2012 |
| Donald Chi – University of Washington, Seattle, USA | 2013 |

(Discontinued)

### IADR Colgate Research in Prevention Travel Awards

(supported by Colgate-Palmolive Company)

|                            |      |                            |      |
|----------------------------|------|----------------------------|------|
| Helga Agustsdottir         | 1996 | Daichi Chikazu             | 2006 |
| Michael Kanellis           | 1996 | Ayodeji Esan               | 2006 |
| Peter Mossey               | 1996 | Diep Hong Ha               | 2006 |
| Valerie Robison            | 1996 | Maximiliano Cenci          | 2006 |
| Usuf Chikte                | 1997 | Haiping Tan                | 2006 |
| Suzanne Eberling           | 1997 | Anshula Deshpande          | 2007 |
| Kaumudi Joshipura          | 1997 | Michiko Makino             | 2007 |
| Jun-Hong Kim               | 1997 | Xiuli Sun                  | 2007 |
| Athanasios Zavras          | 1998 | Sergio Uribe               | 2007 |
| Hyun (Michel) Koo          | 1998 | Anita Bhavnani             | 2007 |
| Eva Helmerhorst            | 1998 | Francesco D'Aiuto          | 2007 |
| Bennett Amaechi            | 1998 | Juliane Guerreiro-Tanomaru | 2008 |
| Chin-Ying Hsu              | 1998 | Jason Armfield             | 2008 |
| Camile Farah               | 1998 | Thomas Postma              | 2008 |
| Ismail Darout              | 1999 | Seok-Mo Heo                | 2008 |
| Carlos Francci             | 1999 | Jennifer Crowe             | 2008 |
| Shoji Horiguchi            | 1999 | Christina Jaspersgaard     | 2008 |
| Christina Jaspersgaard     | 1999 | Cynthia Tabchoury          | 2009 |
| Cynthia Tabchoury          | 1999 | Chin-Ying Hsu              | 2009 |
| Chin-Ying Hsu              | 1999 | Sherif Helal               | 2009 |
| Sherif Helal               | 2000 | Yoav Neumann               | 2009 |
| Kiran Singh                | 2000 | Linda Okoye                | 2009 |
| Ziv Sandalon               | 2000 | Daniel Moreinos            | 2009 |
| Svetlana Tichonova         | 2000 | Ranawaka A. Prasad Perera  | 2009 |
| Jing Wang                  | 2000 | Omolara Uti                | 2010 |
| Regia Zanata               | 2000 | Hirokazu Konishi           | 2010 |
| Hyun (Michel) Koo          | 2001 | Guy Krief                  | 2010 |
| Sharon Dayan               | 2001 | Thais Parisotto            | 2010 |
| Maria Mielnik-Blaszczak    | 2001 | Stephen Greene             | 2010 |
| Dorothy Boyd               | 2001 | Li Zheng                   | 2010 |
| Waranun Buajeeb            | 2001 | Nihal Bandara              | 2011 |
| Ynara Lima-Arsati          | 2001 | Fu Chen                    | 2011 |
| Ali Cekici                 | 2002 | Omer Fleissig              | 2011 |
| Sharon Elad                | 2002 | Thanuja D. Kumari Herath   | 2011 |
| Arena Galuscan             | 2002 | Melissa Kato               | 2011 |
| Silvana Florescu-Zorila    | 2002 | Jin Hee Kwak               | 2011 |
| Carlos Nurko               | 2002 | Cristiane Cardoso          | 2012 |
| Adriana Paes Leme          | 2002 | Pei Hui Ding               | 2012 |
| Carolina Aires             | 2003 | Waruna Dissanayaka         | 2012 |
| Peter Augustin             | 2003 | Yolanda Kolisa             | 2012 |
| Nicholas Karaiskos         | 2003 | Raluca Stiubea-Cohen       | 2012 |
| Sunny Okeigbemen           | 2003 | Yu-Wei Wu                  | 2012 |
| Mariana Villarroel-Dorrego | 2003 | Imade Ayo-Yusuf            | 2013 |
| Towako Wakui               | 2003 | Vincenzo Desiderio         | 2013 |
| Loc Do                     | 2004 | Jeevanie Epasinghe         | 2013 |
| Giovana Pecharki           | 2004 | Michele Manarelli          | 2013 |
| Akihisa Fukuda             | 2004 | Sharon Shany-Kdoshim       | 2013 |
| Nadia Al-Hazmi             | 2004 | Stephanie Garcia           | 2013 |
| Quang Nguyen               | 2004 | Omer Deutsch               | 2014 |
| Shimin Li                  | 2004 | Duangporn Duangthip        | 2014 |
| Raghad Hashim              | 2005 | Jackeline Amaral           | 2014 |
| Petros Papagerakis         | 2005 | Rui Li                     | 2014 |
| Mairobys Socorro           | 2005 | Thatsanee Saladyanant      | 2014 |
| Olalekan Ayo-Yusuf         | 2005 | Andres Alvarez             | 2015 |
| Luigi Nibali               | 2005 | Nailê Damé-Teixeira        | 2015 |
| Rahena Akhter              | 2005 | Karolina Kaczor-Urbanowicz | 2015 |
| Michael Passineau          | 2006 | Fatema Khanbhai            | 2015 |

**IADR Colgate Research in Prevention Travel Awards (cont'd)**

|                       |      |                            |      |
|-----------------------|------|----------------------------|------|
| Yuliya Mulyar         | 2015 | Letícia Capalbo            | 2020 |
| Dara Shearer          | 2015 | Farzana Chowdhury          | 2020 |
| Vinay Pitchika        | 2016 | Mahmoud Elashiry           | 2020 |
| Victor Matsubara      | 2016 | Ting Sang                  | 2020 |
| Nathan Jones          | 2016 | Jingyang Zhang             | 2020 |
| Tan Nguyen            | 2016 | Li Zhou                    | 2020 |
| Vanessa Sousa         | 2016 | Christine Shaffer          | 2021 |
| Min Gyu Kwak          | 2016 | Jennifer Baez-Polan        | 2021 |
| Preechi Prajod        | 2017 | Rania Nassar               | 2021 |
| Jeong-Hyun Kang       | 2017 | Thamyris de Souza          | 2021 |
| Cameron Stewart       | 2017 | Carvalho                   | 2021 |
| Vasiliki Koidou       | 2017 | Nathan Schiffman           | 2021 |
| Mor Shlezinger        | 2017 | Yun Niu                    | 2021 |
| Roger Junges          | 2017 | Alaa Alkhateeb             | 2022 |
| Ali Alsharif          | 2018 | Yuanyuan Han               | 2022 |
| Soraya León           | 2018 | Samanta Mascarenhas        | 2022 |
| Dono Kahharova        | 2018 | Moraes                     | 2022 |
| Kassapa Ellepola      | 2018 | Tamara Teodoro Araujo      | 2022 |
| Dina Moussa           | 2018 | Caojie Liu                 | 2022 |
| Yasir Siddiqui        | 2018 | Egle Petrauskiene          | 2022 |
| Mohammed Nadeem Bijle | 2019 | Alaa Al Atta               | 2023 |
| Shayan Darvish        | 2019 | Leonardo Libardi Pagotto   | 2023 |
| Nicholas Fischer      | 2019 | Tianle Li                  | 2023 |
| Joshua Jenkins        | 2019 | Yinli Liu                  | 2023 |
| Tatiana Martini       | 2019 | Jessy Kamila Sihuay Torres | 2023 |
| Kenneth Sims          | 2019 | Ge Kelsey Xingyun          | 2023 |

**IADR Distinguished Service Award**

(supported in 2022 by J. Morita Corporation)

|                     |      |                      |      |
|---------------------|------|----------------------|------|
| Knut Selvig         | 1998 | Gottfried Schmalz    | 2011 |
| Shelby Kashket      | 1999 | Prathip Phantumvanit | 2012 |
| Peter Cleaton-Jones | 2000 | Jocelyne Feine       | 2013 |
| Irwin D. Mandel     | 2001 | Eino Honkala         | 2014 |
| Lois Cohen          | 2002 | Francois de Wet      | 2014 |
| Michel Goldberg     | 2003 | Mariano Sanz         | 2015 |
| Denis O'Mullane     | 2003 | Derek Jones          | 2016 |
| Christopher Squier  | 2004 | Harold Sgan-Cohen    | 2017 |
| Thomas Lehner       | 2005 | Susan Reisine        | 2018 |
| Chong-Pyoung Chung  | 2006 | S. Jeffrey Dixon     | 2019 |
| Robert Collins      | 2007 | Kiyoshi Ohura        | 2020 |
| Olav Alvares        | 2008 | Bart Van Meerbeek    | 2022 |
| Fujio Miura         | 2009 | Alvaro Della Bona    | 2023 |
| Hector Lanfranchi   | 2010 |                      |      |

**IADR E.W. Borrow Memorial Award**

(supported in 2022 by The Borrow Foundation)

|                       |      |                    |      |
|-----------------------|------|--------------------|------|
| Kenneth Stephen       | 1992 | Michael Lennon     | 2008 |
| Andrew Rugg-Gun       | 1993 | Lars Petersson     | 2009 |
| Thomas Marthaler      | 1994 | James Wefel        | 2010 |
| Denis O'Mullane       | 1995 | Svante Twetman     | 2011 |
| Göran Koch            | 1996 | A. John Spencer    | 2012 |
| James Wefel           | 1997 | Anthony Blinkhorn  | 2013 |
| Jorma Tenovuo         | 1998 | Anne Maguire       | 2014 |
| William Bowen         | 1999 | Eino Honkala       | 2015 |
| Peter Milgrom         | 2000 | Margherita Fontana | 2016 |
| Birgit Angmar-Mansson | 2001 | Loc Do             | 2017 |
| Faiez N. Hattab       | 2002 | Cynthia Pine       | 2018 |
| Gunnar Rølla          | 2003 | Helen Whelton      | 2019 |
| Jan Ekstrand          | 2004 | Jaime A. Cury      | 2020 |
| George Stookey        | 2005 | Edward C.M. Lo     | 2021 |
| Poul Erik Petersen    | 2006 | Karen Peres        | 2022 |
| Alberto Villa         | 2007 | Richard Niederman  | 2023 |

**IADR Innovation in Oral Care Awards**

(supported by Haleon)

|  |      |
|--|------|
| Marie-Claude Amoureux and co-investigators (Clarigen, Inc., Carlsbad, CA, USA)   | 2004 |
| Jack Ferracane and co-investigators (Oregon Health & Science University, Portland, USA)  | 2004 |
| Spencer Redding and co-investigators (UTHSC, San Antonio, USA)   | 2004 |
| Doron Steinberg and co-investigators (Hebrew University, Jerusalem, Israel)  | 2004 |
| John Featherstone and co-investigators (UCSF, USA)   | 2005 |
| Peter Holbrook and co-investigators (University of Iceland)  | 2005 |
| Lin Tao (University of Illinois-Chicago, USA)  | 2005 |
| Hyun (Michel) Koo and co-investigators (University of Wocheater, NY, USA)  | 2005 |
| Yen-Tung Andy Teng (University of Rochester, NY, USA)  | 2006 |
| Cun-Yu Wang and Lijian Jin (University of Michigan, Ann Arbor, USA and University of Hong Kong, SAR, China)  | 2006 |
| Toshihisa Kawai (The Forsyth Institute, Boston, Massachusetts, USA)  | 2007 |
| Fionnuala T. Lundy (Queen's University, Belfast, UK) and David Orr (University of Ulster at Coleraine, Coleraine, UK)  | 2007 |
| Gordon Ramage (Glasgow University Dental School & Hospital, Scotland, UK)  | 2007 |
| Urban Hägg and co-investigators (The Prince Philip Dental Hospital, University of Hong Kong)   | 2008 |
| Keith Kirkwood (Medical University of South Carolina, USA)   | 2008 |
| David T.W. Wong (University of California, Los Angeles, USA)   | 2008 |
| Sandra Bordin (University of Washington, Seattle, USA) and co-investigator Xingde Li   | 2009 |
| Eric Reynolds (Melbourne Dental School, The University of Melbourne, Australia) and co-investigator Stuart Dashper   | 2009 |
| Rena D'Souza (Baylor College of Dentistry, Texas A&M Health Science Center, USA) and co-investigators Jeffrey Hartgerink and Gottfried Schmalz                                     | 2009 |
| Robert Patrick Allaker (Queen Mary & Westfield College, University of London, UK) and co-investigators Jie Huang and Guogang Ren   | 2010 |
| Craig Miller (University of Kentucky College of Dentistry, Lexington, USA) and co-investigator Jeffrey L. Ebersole   | 2010 |
| Daniel Grenier (Groupe de Recherche en Ecologie Buccale, Université Laval, Quebec, Canada) and co-investigator Francesco Epifano   | 2010 |
| Scott De Rossi (Georgia Health Sciences University College of Dental Medicine, Augusta, USA) and co-investigators Douglas Dickinson, Stephen Hsu, Stephen Looney and Kalu Ogbureke | 2011 |
| David T. Wong (University of California, Los Angeles, USA)   | 2011 |
| Hui Wu (University of Alabama at Birmingham, USA) and co-investigators Suzanne Michalek and Christian Melander   | 2011 |
| Simone Duarte (New York University, NY, USA) and co-investigators Deepak Saxena and Nelson Silva   | 2012 |
| Christopher Irwin (Queen's University, Belfast, Ireland) and co-investigators Fionnuala Lundy and Brian Walker   | 2012 |
| Doron Steinberg (Hebrew University, Jerusalem, Israel) and co-investigator Michael Friedman  | 2012 |
| Bernhard Ganss (University of Toronto, Ontario, Canada) and co-investigator Eli Sone   | 2013 |
| Marlise Klein (University of Rochester, NY, USA) and co-investigators Danielle Benoit, Hyun Koo and Falsetta Wood  | 2013 |
| Dong Wang (University of Nebraska Medical Center, Omaha, USA) and co-investigator Richard Reinhardt  | 2013 |
| Jake Jinkun Chen (Tufts University, Medford, MA, USA)  | 2013 |
| and co-investigators Qisheng Tu and Lily Dong  | 2014 |
| Yvonne Kapila (University of Michigan, Ann Arbor, USA) and co-investigators J. Fenno, and Alexander Rickard  | 2014 |
| Keith L. Kirkwood (Medical University of South Carolina, Charleston, USA) and co-investigators Frank Alexis  | 2014 |
| Lizeng Gao (University of Pennsylvania, Philadelphia, USA) and co-investigator David Cormode   | 2015 |
| Janet Moradian-Oldak, (University of Southern California, Los Angeles, USA)  | 2015 |

**IADR Innovation in Oral Care Awards (cont'd)**

|  |      |
|--|------|
| Alireza Moshaverinia, (University of Southern California, Los Angeles, USA) and co-investigator Ali Khademhosseini, Homa Zadeh, and Songtao Shi  | 2015 |
| Catherine. Ovitt (University of Rochester, NY, USA) and co-investigator Vyacheslan Korshunov   | 2016 |
| Nicholas Jakubovics (Newcastle University, Newcastle Upon Tyne, England, UK) and co-investigators Michael Hall, Philip Preshaw and Grant Burgess   | 2016 |
| Nihal Bandara (University of Queensland, Australia) and co-investigators Lakshman Samaranayake and Hugh David Charles Smyth  | 2016 |
| Mikako Hayashi (Osaka University, Japan) and co-investigators Takayoshi Nakano and Reo Uemura  | 2017 |
| Grayson Marshall (University of California, San Francisco, USA) and co-investigators Stefan Habelitz, Sally Marshall and Kuniko Saeki  | 2017 |
| Petros Papagerakis (University of Saskatchewan, Saskatoon, Canada) and co-investigators Nikos Chronis and Silvana Papagerakis  | 2017 |
| Luiz Eduardo Bertassoni (Oregon Health and Science University Portland, OR, USA) and co-investigator Gaurav Sahay  | 2018 |
| Prasanna Neelakantan (The University of Hong Kong, SAR, China) and co-investigators Celine Levesque, Frederic Cuisinier, Pierre-Yves Collart Dutilleul, Chu Chun Hung, Lakshman Samaranayake and Nihal Bandara | 2018 |
| Rajesh V. Lalla (University of Connecticut, Farmington, CT, USA) and co-investigators Diane Burgess  | 2018 |
| Marco Bottino (University of Michigan, Ann Arbor, USA) and co-investigators Steven Schwendeman and Hajime Sasaki   |      |
| Shan Jiang (University of Hong Kong, SAR, China ) and co-investigators Chengfei Zhang, Edward Lo, Xuechen Li, and Linxian Li   | 2019 |
| Sahar Ansari (University of California, Los Angeles, USA) and co-investigator Tara Aghaloo   | 2019 |
| Jonathan An (University of Washington, Seattle, USA) and co-investigator Matt Kaeberlein   | 2020 |
| Isabelle Denry (University of Iowa, Iowa City, USA) and co-investigator Amanda Haes  | 2020 |
| So Ran Kwon (Loma Linda University, California, USA) and co-investigators Roberto Savignano, Christopher Perry   | 2020 |
| Prasanna Neelakantan (University of Hong Kong, SAR, China) and co-investigators Conrado Aparicio, Lakshman Samaranayake, Julian Tanner, Gordon Rammer, Shanthini Kalimuthu                                     | 2021 |
| Nicole Ritzert (ADA Science and Research Institute, Bethesda, MD, USA) and co-investigators Anna Kalmykov and Erin Claussen  | 2021 |
| Cesar de la Fuente (University of Pennsylvania, Philadelphia USA) and co-investigator Marcelo Torres   | 2021 |
| Livia Tenuta (University of Michigan, Ann Arbor, USA)  | 2022 |
| Yoav Finer (University of Toronto, ON, Canada)   | 2022 |
| Joao Ferreira (Chulalongkorn University, Bangkok, Thailand)  | 2022 |
| Kassapa Ellepola (University of Illinois at Chicago, USA)  | 2023 |
| Zhou Ye (The University of Hong Kong, SAR, China)  | 2023 |
| Peter Zilm (The University of Adelaide, Australia)   | 2023 |

**IADR KULZER Travel Awards**

(supported by KULZER)

|                          |      |                           |      |
|--------------------------|------|---------------------------|------|
| Jonathan An              | 2010 | Araceli Acevedo-Contreras | 2012 |
| Yu Furuya                | 2010 | Paula Benetti             | 2012 |
| Mohammed Hadis           | 2010 | Juliano Pierri            | 2012 |
| Philipp Kohorst          | 2010 | Alexander Stepuk          | 2012 |
| Sybele Saska             | 2010 | Yang Xia                  | 2013 |
| Carina Castellan         | 2011 | Kelly Sayre               | 2013 |
| Nathaniel Lawson         | 2011 | Pedro Corazza             | 2013 |
| Neshka Manchorova-Veleva | 2011 | Jean-François Nguyen      | 2013 |
| Giulio Marchesi          | 2011 | Xi Chen                   | 2013 |
| Hiroyuki Miyajima        | 2011 | Anas Aljabo               | 2014 |
| Yoshio Abe               | 2012 | Jamila Almuhamadi         | 2014 |

|                     |      |                               |      |
|---------------------|------|-------------------------------|------|
| Olivia Osiro        | 2014 | Joshua Jenkins                | 2019 |
| Taneka Taylor-Jones | 2014 | Kartikya Jodha                | 2019 |
| Jiajun Zhu          | 2014 | Elizabeth Rocha               | 2019 |
| Eliseu Munchow      | 2015 | Arwa Daghery                  | 2020 |
| Kyle Serkies        | 2015 | Valentin Herber               | 2020 |
| Alaa Turkistani     | 2015 | Kimberly Ngai                 | 2020 |
| Dongyun Wang        | 2015 | Mohammed Zahedul Islam Nizami | 2020 |
| Ahmed Zaghoul       | 2015 | Yin Ziaoxue                   | 2020 |
| Basma Ghandourah    | 2016 | Chen Xuan Wei                 | 2021 |
| Chen Xuan Wei       | 2016 | Lohitha Kalluri               | 2021 |
| Hao-chieh Chang     | 2016 | Isadora Garcia                | 2021 |
| Shaza Bishti        | 2016 | Yehuda Klein                  | 2021 |
| Sherif Elsharkawy   | 2016 | Abdulrahman A. Balhaddad      | 2021 |
| Yvette Alania       | 2017 | Takahiko Sakai                | 2021 |
| Ken Irari           | 2017 | Hatim Dhaifallah Alqurashi    | 2022 |
| Dina Moussa         | 2017 | Priti Pragati Rath            | 2022 |
| Michael Wendler     | 2017 | Divya Chopra                  | 2022 |
| Shuping Zhao        | 2017 | Zidu Zeng                     | 2022 |
| Maher Eldafrawy     | 2018 | Zhihao Zhai                   | 2022 |
| Cameron Stewart     | 2018 | Alaa Al Atta                  | 2023 |
| Isabel Olegário     | 2018 | Apurva Mishra                 | 2023 |
| Pimpinee Eamsa-ard  | 2018 | Clarice Sabino                | 2023 |
| Maher Mohamed       | 2018 | Po-Chun Tseng                 | 2023 |
| Hao Ding            | 2019 | Merve Uctasli                 | 2023 |
| Nicholas Fischer    | 2019 |                               |      |

**IADR Lion Dental Research Award for Junior Investigators**

(supported by Lion Corporation)

|  |      |
|--|------|
| Yuichi Kitasaki (Cariology)                    | 2001 |
| Khristine Marie Carino (BSHSR)                 | 2001 |
| Yael Houria-Haddad (Microbiology/Immunology)   | 2001 |
| Olga Potella (Salivary)                        | 2002 |
| Towako Wakui (Oral Health)                     | 2002 |
| Eben Alsberg (Periodontal)                     | 2002 |
| David Conway (Cariology)                       | 2003 |
| Michael Cronin (BSHSR)                         | 2003 |
| Hiroyuki Tada (Microbiology/Immunology)        | 2003 |
| Özgur Özdemir (Periodontal)                    | 2004 |
| Ji Li (Salivary)                               | 2004 |
| Loc Giang Do (BSHSR)                           | 2005 |
| Salunya Tancharoen (Microbiology/Immunology)   | 2005 |
| Andrew Chi Chun Chan (Periodontal)             | 2006 |
| Mariko Gyo (Oral Health)                       | 2006 |
| Xiaoli Gao (BSHSR)                             | 2007 |
| Daniel Moreinos (Cariology)                    | 2007 |
| Omer Deutsch (Salivary)                        | 2008 |
| Emanuele Cotroneo (Salivary)                   | 2008 |
| Julio Carrion (Periodontal)                    | 2008 |
| Olalekan Ayo-Yusuf (Oral Health)               | 2008 |
| Sebastian Paris (Cariology)                    | 2009 |
| Ranawaka A.P. Perera (Microbiology/Immunology) | 2009 |
| Diep Ha (oral Health)                          | 2010 |
| Thanuja, D.K. Herath (Periodontal)             | 2010 |
| Raluca Stiubea-Cohen (Salivary)                | 2010 |
| Otto Lok Tao Lam (BEHSR)                       | 2011 |
| Fu Chen (Cariology)                            | 2011 |
| Yoav Neumann (Salivary)                        | 2012 |
| Daniel Jönsson (Periodontal)                   | 2012 |
| Shantanu Lal (Oral Health)                     | 2012 |
| Stefan Listl (BEHSR)                           | 2013 |
| Melissa Thiemi Kato (Cariology)                | 2013 |
| Svetislav Zanic (Microbiology/Immunology)      | 2013 |
| Donwivat Saensom (Oral Health)                 | 2014 |
| Omer Deutsch (Salivary)                        | 2014 |
| Richa Wahi (BEHSR)                             | 2015 |
| Falk Schwendicke (Cariology)                   | 2015 |
| Omer Fleissig (Microbiology/Immunology)        | 2015 |
| Roger Junges (Oral Health)                     | 2016 |
| Tomomi Kawai (Periodontal)                     | 2016 |
| Helena Schuch (BEHSR)                          | 2017 |

|   |      |
|---|------|
| Reo Uemura (Cariology)                        | 2017 |
| Kassapa Ellepola (Microbiology/Immunology)    | 2017 |
| Jacob Chew Ren Jie (Periodontal)              | 2018 |
| Wei Qiao (Salivary)                           | 2018 |
| Yukako Kojima (Oral Health)                   | 2018 |
| Dina Moussa (Cariology)                       | 2019 |
| Emily Chang (Microbiology/Immunology)         | 2019 |
| Talal Alshihayb (BEHSR)                       | 2019 |
| Mohammed Nadeem Bijle (Oral Health)           | 2020 |
| Carla Alvarez Rivas (Periodontal)             | 2020 |
| Hazem Abbas (BEHSR)                           | 2021 |
| Tan Minh Nguyen (Oral Health)                 | 2022 |
| Yue Chen (Periodontal)                        | 2022 |
| Mateus Xavier de Queiroz (Cariology)          | 2023 |
| Jessy Kamila Sihuy Torres (BEHSR)             | 2023 |
| Sofia Tortora Morel (Microbiology/Immunology) | 2023 |

#### IADR Newell Johnson Travel Award

(supported by the IADR Newell W. Johnson Travel Award Endowment)

|  |      |
|--|------|
| Caojie Liu, Sichuan University, China                | 2022 |
| Marina Miteva, Medical University of Sofia, Bulgaria | 2023 |

#### IADR Regional Development Program

|      |                                    |      |   |
|------|------------------------------------|------|---|
| 1992 | Sri Lanka                          | 2007 | Canadian Association for Dental Research      |
| 1995 | Indonesia                          |      | Australian & New Zealand Division             |
| 1996 | Poland & Hungary                   |      | Peruvian Section                              |
| 2000 | CED/NOF                            |      | Continental European Division                 |
| 2000 | Irish                              | 2008 | Uruguayan Section                             |
| 2000 | Brazilian                          |      | Sudanese Section                              |
| 2000 | South African                      |      | Southeast Asian Division                      |
| 2001 | Southeast Asian                    |      | Continental European Division                 |
| 2001 | Brazilian                          | 2009 | Peruvian Division/Latin American Federation   |
| 2001 | Southeast Asian                    |      | Southeast Asian Division                      |
| 2001 | Irish                              |      | East & Southern Africa Division               |
| 2001 | South African                      |      | Australia/New Zealand/Chilean Divisions       |
| 2001 | Argentine                          |      | Syrian Section                                |
| 2002 | Chinese                            | 2010 | Israeli Division                              |
| 2002 | East & Southern Africa             |      | Peruvian Division                             |
| 2002 | Southeast Asian                    | 2010 | Mongolian Section                             |
| 2003 | Continental European               | 2010 | Australia/New Zealand Division                |
| 2003 | Southeast Asian                    |      | Australia/New Zealand Division                |
| 2003 | Chinese                            | 2010 | Syrian Section                                |
| 2003 | South African                      | 2011 | Israeli Division                              |
| 2004 | Continental European               |      | Peruvian Division                             |
| 2004 | South African                      |      | Mongolian Section                             |
| 2004 | Southeast Asian                    | 2012 | Australia/New Zealand Division                |
| 2004 | Nigerian                           |      | Southeast Asian Division                      |
| 2005 | Australian/                        |      | Australia/New Zealand Division                |
| 2005 | New Zealand Division               | 2013 | Australia/New Zealand Division                |
| 2005 | Chinese Division                   |      | Continental European Division                 |
| 2005 | East & Southern Africa Division    | 2014 | Africa Middle East Region                     |
| 2005 | Kuwaiti Division                   |      | Mexican Division                              |
| 2005 | Latin American Federation          |      | Latin American Region                         |
| 2005 | Nigerian Section                   |      | Divisions and Sections                        |
| 2005 | Peruvian Section                   | 2015 | Israeli Division                              |
| 2005 | South African Division             |      | Latin American Region                         |
| 2006 | Continental European Division      |      | Southeast Asian Division                      |
| 2006 | Venezuelan Division                | 2016 | Latin American Region                         |
| 2006 | Latin American Federation          |      | Indian Division                               |
| 2006 | East and Southern African Division | 2017 | Indian Division                               |
| 2006 | Australian & New Zealand Division  |      | Chilean Division                              |
| 2006 | Colombian Section                  | 2018 | Latin American Region                         |
| 2006 | Southeast Asian Division           |      | Nigerian and East & Southern Africa Divisions |
|      |                                    |      | Brazilian Division                            |

|      |                                    |      |                                  |
|------|------------------------------------|------|----------------------------------|
| 2019 | Australia & New Zealand Division   | 2021 | Australia & New Zealand Division |
|      | Argentinian and Peruvian Divisions |      | Chilean Division                 |
|      | Southeast Asian Division           |      | Tunisian Section                 |
| 2020 | Colombian Division                 | 2022 | Not Awarded                      |
|      | Chilean Division                   | 2023 | Chilean Division                 |
|      | Mexican and Chilean Divisions      |      | Egyptian Section                 |

#### IADR Unilever Social Entrepreneur Approach to Change Oral Health Behavior Research Award

|                |      |
|----------------|------|
| Finbarr Allen  | 2014 |
| Haiping Tan    | 2015 |
| (Discontinued) |      |

#### JDR Cover of the Year

|                                    |      |                                 |      |
|------------------------------------|------|---------------------------------|------|
| Janet Moradian-Oldak <i>et al.</i> | 2006 | Eduardo Couve <i>et al.</i>     | 2015 |
| Bong Hu <i>et al.</i>              | 2007 | Yan Jing <i>et al.</i>          | 2016 |
| Jiri Schindler <i>et al.</i>       | 2008 | Min Gyu Kwak <i>et al.</i>      | 2017 |
| Carlos Semino <i>et al.</i>        | 2009 | J. E. Seon Song <i>et al.</i>   | 2018 |
| Biliang Chen <i>et al.</i>         | 2010 | Marco Lovera <i>et al.</i>      | 2019 |
| Christine Lang <i>et al.</i>       | 2011 | Akinsola Oyelakin <i>et al.</i> | 2020 |
| Jill Harunago <i>et al.</i>        | 2012 | Rei Sekiguchi <i>et al.</i>     | 2021 |
| Page Caufield <i>et al.</i>        | 2013 | Bei Chang <i>et al.</i>         | 2022 |
| Hideharu Ikeda <i>et al.</i>       | 2014 | Danielle Wu <i>et al.</i>       | 2023 |

#### Pinborg Prize

|                         |      |                    |      |
|-------------------------|------|--------------------|------|
| Henning Birkedal-Hansen | 1992 | Mark W.J. Ferguson | 1996 |
| Barry J. Sessle         | 1994 | (Discontinued)     |      |

#### IADR DISTINGUISHED SCIENTIST AWARDS

##### Basic Research in Biological Mineralization Award (supported in 2021 by Unilever Oral Care)

|                        |      |                      |      |
|------------------------|------|----------------------|------|
| Melvin Glimcher        | 1964 | Adele Boskey         | 1994 |
| William Neuman         | 1965 | Barbara Boyan        | 1995 |
| Wallace Armstrong      | 1966 | Lia Addadi           | 1996 |
| Reidar Sognaes         | 1967 | Racquel LeGeros      | 1997 |
| David Scott            | 1968 | Laurence Chow        | 1998 |
| Julian Eastoe          | 1969 | Jane Lian            | 1999 |
| Marie Nysten           | 1970 | Zvi Schwartz         | 2000 |
| Robert Frank           | 1971 | Jaro Sodek           | 2001 |
| Shosaburo Takuma       | 1972 | Alan Fincham         | 2002 |
| Gosta Gustafson        | 1973 | Marc McKee           | 2003 |
| Ronald Fearnhead       | 1974 | Yoshiro Takano       | 2004 |
| May Mellanby           | 1975 | Mary MacDougall      | 2005 |
| John Weatherell        | 1976 | Lynda Bonewald       | 2006 |
| Johann-Gerhard Helmcke | 1977 | James Simmer         | 2007 |
| Aaron Posner           | 1978 | Renny Franceschi     | 2008 |
| David Howell           | 1979 | Graeme Hunter        | 2009 |
| Walter Brown           | 1980 | Paul Krebsbach       | 2010 |
| Arthur Veis            | 1981 | Laurie McCauley      | 2011 |
| Roy Wuthier            | 1982 | John Bartlett        | 2012 |
| Edward Eanes           | 1983 | Cun-Yu Wang          | 2013 |
| George Nancollas       | 1984 | J. Timothy Wright    | 2014 |
| Harrison Anderson      | 1985 | Jan C.C. Hu          | 2015 |
| Edgard Moreno          | 1986 | Michael Paine        | 2016 |
| Gerrit Bevelander      | 1987 | William Landis       | 2017 |
| John D. Termine        | 1988 | Martha Somerman      | 2018 |
| Alan Boyde             | 1989 | Janet Moradian-Oldak | 2019 |
| Shoichi Suga           | 1990 | Anne George          | 2020 |
| William Butler         | 1991 | Eric Everett         | 2021 |
| Satoshi Sasaki         | 1992 | Tom Diekwisch        | 2022 |
| Colin Robinson         | 1993 | Yingzi Yang          | 2023 |

**Research in Periodontal Disease Award**

(supported in 2021 by Colgate-Palmolive Company)

|                         |      |                    |      |
|-------------------------|------|--------------------|------|
| Jens Waerhaug           | 1965 | Anne Haffajee      | 1995 |
| Irving Glickman         | 1966 | Kenneth Kornman    | 1996 |
| Helmut Zander           | 1967 | Gregory Seymour    | 1997 |
| Sigurd Ramfjord         | 1968 | Hiroshi Okada      | 1998 |
| Harald Löe              | 1969 | Steven Offenbacher | 1999 |
| Fermin Carranza         | 1970 | Jeffrey Ebersole   | 2000 |
| Sigmund Stahl           | 1971 | Thomas Van Dyke    | 2001 |
| Hubert Schroeder        | 1972 | Yoji Murayama      | 2002 |
| Max Listgarten          | 1973 | Harvey Schenkein   | 2003 |
| Paul Goldhaber          | 1974 | Aubrey Soskolne    | 2004 |
| Jan Lindhe              | 1975 | Michael Curtis     | 2005 |
| Tom Lehner              | 1976 | Ann Progulsk-Fox   | 2006 |
| Roy Page                | 1977 | Richard Darveau    | 2007 |
| Sigmund Socransky       | 1978 | Koji Nakayama      | 2008 |
| Rolf Attstrom           | 1979 | Lior Shapira       | 2009 |
| Per Brandtzaeg          | 1980 | Martin Taubman     | 2010 |
| Robert Genco            | 1981 | Eric Reynolds      | 2011 |
| Stephan Mergenhausen    | 1982 | Denis Kinane       | 2012 |
| Giorgio Cimasoni        | 1983 | Shinya Murakami    | 2013 |
| Norton Taichman         | 1984 | Dana Graves        | 2014 |
| Richard Ranney          | 1985 | P. Mark Bartold    | 2015 |
| Jan Egelberg            | 1986 | Kazuhiisa Yamazaki | 2016 |
| Henning Birkedal-Hansen | 1987 | Panos Papananou    | 2017 |
| Sture Nyman             | 1988 | Iain Chapple       | 2018 |
| Jaro Sodek              | 1989 | Andrea Mombelli    | 2019 |
| Jorgen Slots            | 1990 | Anton Sculean      | 2020 |
| Thorkild Karring        | 1991 | Bruno Loos         | 2021 |
| Niklaus Lang            | 1992 | William Giannobile | 2022 |
| Raul Caffesse           | 1993 | Purnima Kumar      | 2023 |
| Martin Addy             | 1994 |                    |      |

**Behavioral, Epidemiologic and Health Services Research Award**

(formerly Behavioral Sciences/Health Services Research Award, supported in 2021 by CareQuest Institute for Oral Health)

|                  |      |                        |      |
|------------------|------|------------------------|------|
| Lois Cohen       | 1996 | Martin Downer          | 2010 |
| Samuel Dworkin   | 1997 | Helen Whelton          | 2011 |
| David Locker     | 1998 | Anne Nordrehaug Åström | 2012 |
| Peter Milgrom    | 1999 | A. John Spencer        | 2013 |
| Asuman Kiyak     | 2000 | Richard Watt           | 2014 |
| Aubrey Sheiham   | 2001 | Jostein Grytten        | 2015 |
| John Rugh        | 2002 | Jonathan Newton        | 2016 |
| Susan Reisine    | 2003 | Heikki Murtomaa        | 2017 |
| Helen Gift       | 2004 | Sarah Baker            | 2018 |
| Hannu Hausen     | 2005 | Stephen Birch          | 2019 |
| Dorthe Holst     | 2006 | Rebecca Harris         | 2020 |
| Chester Douglass | 2007 | Daniel McNeil          | 2021 |
| Kathryn Atchison | 2008 | Gerardo Maupomé        | 2022 |
| Philippe Hujuel  | 2009 | Georgios Tsakos        | 2023 |

**Craniofacial Biology Research Award**

(supported in 2021 by Dentsply Sirona)

|                    |      |                  |      |
|--------------------|------|------------------|------|
| Coenraad Moorrees  | 1987 | Michael Dixon    | 2001 |
| Arne Björk         | 1988 | Drew Noden       | 2002 |
| Kalevi Koski       | 1989 | Sandy Marks      | 2003 |
| Melvin Moss        | 1990 | Paul Sharpe      | 2004 |
| Harold Slavkin     | 1991 | William Hylander | 2005 |
| Albert Dahlberg    | 1992 | Mina Mina        | 2006 |
| Irma Thesleff      | 1993 | Karin Vargervik  | 2007 |
| Alexandre Petrovic | 1994 | Sheldon Baumrind | 2008 |
| Bernard Sarnat     | 1995 | Gregory King     | 2009 |
| Brian Hall         | 1996 | Bjorn Olsen      | 2010 |
| Robert Gorlin      | 1997 | Yang Chai        | 2011 |
| Olli Ronning       | 1998 | Mark Mooney      | 2012 |
| Sue Herring        | 1999 | Jill Helms       | 2013 |
| Mark Ferguson      | 2000 | Jill Dixon       | 2014 |

|                |      |               |      |
|----------------|------|---------------|------|
| Rulang Jiang   | 2015 | Mary Marazita | 2020 |
| Grant Townsend | 2016 | YiPing Chen   | 2021 |
| Ophir Klein    | 2017 | Peter Mossey  | 2022 |
| Brad Amendt    | 2018 | Rena D'Souza  | 2023 |

**Geriatric Oral Research Award**

(supported in 2023 by Haleon)

|                    |      |                             |      |
|--------------------|------|-----------------------------|------|
| Poul Holm-Pedersen | 1998 | Finbarr Allen               | 2011 |
| James Beck         | 1999 | Hideo Miyazaki              | 2012 |
| Jonathan Ship      | 2000 | Frauke Müller               | 2013 |
| Ronald Ettinger    | 2001 | W. Murray Thomson           | 2014 |
| Gregg Gilbert      | 2002 | Kazunori Ikebe              | 2015 |
| Angus Walls        | 2003 | Edward Lo                   | 2016 |
| Gary Slade         | 2004 | Bei Wu                      | 2017 |
| Jukka Meurman      | 2005 | Takahiro Ono                | 2018 |
| Anja Ainamo        | 2006 | Shunsuke Minakuchi          | 2019 |
| Judith Jones       | 2007 | Douglas Berkey              | 2020 |
| James Steele       | 2008 | Fredrick Allan Clive Wright | 2021 |
| Michael MacEntee   | 2009 | Martin Schimmel             | 2022 |
| Paula Moynihan     | 2010 | Kazuhiro Tsuga              | 2023 |

**Global Oral Health Research Award**Renamed in 2023 to **John Greenspan Global Oral Health Research Award**

(supported by Haleon )

The IADR DSA Global Oral Health Research Award honors Dr. John Greenspan, Professor and Associate Dean for Global Oral Health, Distinguished Professor of Pathology, School of Medicine Attending Pathologist, UCSF Medical Center.

|                    |      |                       |      |
|--------------------|------|-----------------------|------|
| Aubrey Sheiham     | 2015 | Richard G. Watt       | 2020 |
| Wagner Marcenes    | 2016 | Lois Cohen            | 2021 |
| Marco Peres        | 2017 | Saman Warnakulasuriya | 2022 |
| Poul Erik Petersen | 2018 | Habib Benzian         | 2023 |
| Newell Johnson     | 2019 |                       |      |

**H. Trendley Dean Memorial Award**

(supported in 2021 by Colgate-Palmolive Company)

|                      |      |                        |      |
|----------------------|------|------------------------|------|
| Francis Arnold       | 1964 | Denis O'Mullane        | 1994 |
| James Roy Blayney    | 1965 | Brian Burt             | 1995 |
| John Knutson         | 1966 | Andrew Rugg-Gunn       | 1996 |
| Wallace Armstrong    | 1967 | John Murray            | 1997 |
| David Ast            | 1968 | Peter Cleaton-Jones    | 1998 |
| Finn Brudevold       | 1969 | Nigel Pitts            | 1999 |
| S. Yngve Ericsson    | 1970 | Fritjhof von der Fehr  | 2000 |
| Albert Russell       | 1971 | Amid Ismail            | 2001 |
| Henry Klein          | 1972 | A. John Spencer        | 2002 |
| Isadore Zipkin       | 1973 | Jan Birkeland          | 2003 |
| Donald Galagan       | 1974 | Steven Levy            | 2004 |
| Frank McClure        | 1975 | Richard Rozier         | 2005 |
| Harold Hodge         | 1976 | Anthony Blinkhorn      | 2006 |
| Gerald Cox           | 1977 | Kenneth Stephen        | 2007 |
| Sidney Finn          | 1978 | Gary Slade             | 2008 |
| Frank Orland         | 1979 | Jane Weintraub         | 2009 |
| Neil Jenkins         | 1980 | W. Murray Thomson      | 2010 |
| Otto Backer-Dirks    | 1981 | Scott Tomar            | 2011 |
| Thomas Marthaler     | 1982 | Helen Worthington      | 2012 |
| Basil Bibby          | 1983 | Jan Clarkson           | 2013 |
| Herschel Horowitz    | 1984 | Marilia Afonso Buzalaf | 2014 |
| Leon Singer          | 1985 | Chester Douglass       | 2015 |
| Gary Whitford        | 1986 | Harold Sgan-Cohen      | 2016 |
| Louis Ripa           | 1987 | Jo Frencken            | 2017 |
| James Mellberg       | 1988 | Ernest Newbrun         | 2018 |
| Theodore Koulourides | 1989 | Helen Whelton          | 2019 |
| Juan Navia           | 1990 | Lisa M. Jamieson       | 2020 |
| Donald Taves         | 1991 | May Wong               | 2021 |
| Alice Horowitz       | 1992 | Loc Do                 | 2022 |
| Itzhak Gedalia       | 1993 | Jonathan Broadbent     | 2023 |

**Isaac Schour Memorial Award**

(supported by an endowment provided by Dr. Bernard G. Sarnat and Rhoda G. Sarnat through the Sarnat Family Foundation)

|                     |      |                    |      |
|---------------------|------|--------------------|------|
| Harr Sicher         | 1967 | Irma Thesleff      | 2008 |
| Leo Sreebny         | 1968 | Pamela Robey       | 2009 |
| Arne Björk          | 1969 | Antonios Mikos     | 2010 |
| Jens Pindborg       | 1970 | Larry Fisher       | 2011 |
| Julia Meyer         | 1971 | David Kohn         | 2012 |
| James Irving        | 1972 | Peter Ma           | 2013 |
| Harold Fullmer      | 1973 | John Jansen        | 2014 |
| Charles P. Leblond  | 1974 | Jeremy Mao         | 2015 |
| Barnett Levy        | 1975 | Jill Helms         | 2016 |
| Harold Slavkin      | 1976 | Pamela Yelick      | 2017 |
| Marie Nysten        | 1977 | Huakun Xu          | 2018 |
| A. Richard Ten Cate | 1978 | Sarah C. Heilshorn | 2020 |
| John Garrett        | 1979 | Alastair Sloan     | 2021 |
| Alan Boyde          | 1980 | Tara Aghaloo       | 2022 |
| Edward Kollar       | 1981 | Yunfeng Lin        | 2023 |
| David Mooney        | 2007 |                    |      |

**Oral Medicine and Pathology Research Award**

|                     |      |                           |      |
|---------------------|------|---------------------------|------|
| Ian Mackenzie       | 1995 | Lakshman Samaranayake     | 2010 |
| David Williams      | 1996 | Deborah Greenspan         | 2011 |
| Stephen Challacombe | 1997 | Stephen Sonis             | 2012 |
| John Sauk           | 1998 | Richard Jordan            | 2013 |
| Erik Dabelsteen     | 1999 | Saman Warnakulasuriya     | 2014 |
| Edward Shillitoe    | 2000 | Martin Thornhill          | 2015 |
| No-Hee Park         | 2001 | Charles Shuler            | 2016 |
| David Wong          | 2002 | Nisha D'Silva             | 2017 |
| Maxine Partridge    | 2003 | Takashi Takata            | 2018 |
| J. Silvio Gutkind   | 2004 | Graham Ogden              | 2019 |
| Newell Johnson      | 2005 | Kristiina Heikinheimo     | 2020 |
| Peter Polverini     | 2006 | Caroline Shiboski         | 2021 |
| Bruce Baum          | 2007 | Jennifer Webster-Cyriaque | 2022 |
| Paul Speight        | 2008 | Miguel Ángel González     |      |
| Cun-Yu Wang         | 2009 | Moles                     | 2023 |

**Pharmacology, Therapeutics & Toxicology Research Award**

|                   |      |                   |      |
|-------------------|------|-------------------|------|
| J. Max Goodson    | 1995 | Kiyoshi Ohura     | 2011 |
| Stephen Cooper    | 1997 | Jiiang-Huei Jeng  | 2012 |
| Robin Seymour     | 1999 | Keith Kirkwood    | 2013 |
| Ken Hargreaves    | 2000 | Frederick Curro   | 2014 |
| Raymond Dionne    | 2001 | W. Peter Holbrook | 2015 |
| John Yagiela      | 2002 | Glen Hanson       | 2016 |
| Sebastian Ciancio | 2003 | Anthony Volpe     | 2017 |
| Daniel Haas       | 2004 | John Bartlett     | 2018 |
| Paul Moore        | 2005 | Peter Lockhart    | 2019 |
| John Meechan      | 2006 | Asma A. Khan      | 2020 |
| Elliot Hersh      | 2007 | Martin Thornhill  | 2021 |
| Stuart Fischman   | 2008 | Edward Lynch      | 2022 |
| Athena Papas      | 2009 | Jennifer Gibbs    | 2023 |
| Sharon Gordon     | 2010 |                   |      |

**Pulp Biology & Regeneration Award**

(supported by Dentsply Sirona)

|                    |      |                     |      |
|--------------------|------|---------------------|------|
| Leif Olgart        | 1987 | Mary MacDougall     | 2001 |
| Gunnar Bergenholtz | 1988 | Rena D'Souza        | 2002 |
| Louis Baume        | 1989 | R. Bruce Rutherford | 2003 |
| David Pashley      | 1990 | Anthony Smith       | 2004 |
| Roger Browne       | 1991 | Henri Magloire      | 2005 |
| Syngcuk Kim        | 1992 | Michel Goldberg     | 2006 |
| Matti Narhi        | 1993 | Gottfried Schmalz   | 2007 |
| Bruce Matthews     | 1994 | Anne George         | 2008 |
| Margaret Byers     | 1995 | Pamela Den Besten   | 2009 |
| Karin Heyeraas     | 1996 | Herve Lesot         | 2010 |
| Roy Ivar Holland   | 1997 | Jian Feng           | 2011 |
| Kaj Fried          | 1998 | Jacques Nör         | 2012 |
| Ken Hargreaves     | 1999 | Songtao Shi         | 2013 |
| Philip Stashenko   | 2000 | Misako Nakashima    | 2014 |

|                 |      |                 |      |
|-----------------|------|-----------------|------|
| George Huang    | 2015 | Ivo Lambrichts  | 2020 |
| Chunlin Qin     | 2016 | Fionnuala Lundy | 2021 |
| Ashraf Fouad    | 2017 | Kerstin Galler  | 2022 |
| Imad About      | 2018 | Chengfei Zhang  | 2023 |
| Anibal Diogenes | 2019 |                 |      |

**Research in Oral Biology Award**

(supported by Church &amp; Dwight Co., Inc.)

|                    |      |                       |      |
|--------------------|------|-----------------------|------|
| Martin Taubman     | 1991 | Noel Childers         | 2008 |
| Hershey Warshawsky | 1992 | Christopher McCulloch | 2009 |
| John Greenspan     | 1993 | Sharon Wahl           | 2010 |
| Christopher Squier | 1994 | Salomon Amar          | 2011 |
| Mark Herzberg      | 1995 | George Hajishengallis | 2012 |
| Arnold Bleiweis    | 1996 | Christopher Overall   | 2013 |
| Graham Embery      | 1997 | Floyd Dewhirst        | 2014 |
| Lorne Golub        | 1998 | Masaharu Takigawa     | 2015 |
| Beverly Dale-Crunk | 1999 | Antonio Nanci         | 2016 |
| Howard Jenkinson   | 2000 | J. Silvio Gutkind     | 2017 |
| Malcolm Snead      | 2001 | S. Jeffrey Dixon      | 2018 |
| Paula Fives-Taylor | 2002 | Frank Scannapieco     | 2019 |
| Daniel Smith       | 2003 | Stan Gronthos         | 2020 |
| Carolyn Gibson     | 2004 | Eija Könönen          | 2021 |
| Martha Somerman    | 2005 | Richard Cannon        | 2022 |
| Richard Lamont     | 2006 | Niki Moutsopoulos     | 2023 |
| Michael Russell    | 2007 |                       |      |

**Research in Prosthodontics & Implants Award**

|                           |      |                   |      |
|---------------------------|------|-------------------|------|
| Julian Woelfel            | 1967 | Alan Harrison     | 1996 |
| Niels Brill               | 1968 | Jack Lemons       | 1997 |
| George Paffenbarger       | 1969 | Krishan Kapur     | 1998 |
| Louis Boucher             | 1970 | Taizo Hamada      | 1999 |
| Judson Hickey             | 1971 | Angelo Caputo     | 2000 |
| Antje Tallgren            | 1972 | Alan Hannam       | 2001 |
| Douglas Atwood            | 1973 | Warner Kalk       | 2002 |
| Krishan Kapur             | 1974 | Bengt Öwall       | 2003 |
| Gunnar Carlsson           | 1975 | Ichiro Nishimura  | 2004 |
| Yoshiro Kawamura          | 1976 | Ignace Naert      | 2005 |
| Andrew Brewer             | 1977 | Jocelyne Feine    | 2006 |
| Aligardas Albert Yurkstas | 1978 | Clark Stanford    | 2007 |
| Bjorn Hedegaard           | 1979 | Neal Garrett      | 2008 |
| David Watts               | 1980 | Lyndon Cooper     | 2009 |
| John McLean               | 1981 | Ronald Ettinger   | 2010 |
| F. Karl W. Eichner        | 1982 | Hugh Devlin       | 2011 |
| Per-Olof Glantz           | 1983 | Pekka Vallittu    | 2012 |
| Kalervo Koivumaa          | 1984 | Yasumasa Akagawa  | 2013 |
| Per-Ingvar Brånemark      | 1985 | Takahiro Ogawa    | 2014 |
| John Bates                | 1986 | Torsten Jemt      | 2015 |
| Bo Bergman                | 1987 | Adriano Piattelli | 2016 |
| G. Derek Stafford         | 1988 | David Bartlett    | 2017 |
| Gunnar Ryge               | 1989 | Donald Brunette   | 2018 |
| John Silness              | 1990 | Asbjørn Jokstad   | 2019 |
| Alan Grant                | 1991 | Matthias Kern     | 2020 |
| Robert Yemm               | 1992 | Kiyoshi Koyano    | 2021 |
| George Zarb               | 1993 | Timo Närhi        | 2022 |
| Tomas Albrektsson         | 1994 | Frauke Müller     | 2023 |
| Ejvind Budtz-Jørgensen    | 1995 |                   |      |

**Salivary Research Award**

(supported by Unilever Oral Care)

|                         |      |                    |      |
|-------------------------|------|--------------------|------|
| Charlotte Schneyer      | 1991 | John Garrett       | 2002 |
| Michael Levine          | 1992 | Anders Bennick     | 2003 |
| Bruce Baum              | 1993 | Jorgen Ekstrom     | 2004 |
| Irwin D. Mandel         | 1994 | David Castle       | 2005 |
| Frank Oppenheim         | 1995 | R. James Turner    | 2006 |
| Lawrence Tabak          | 1996 | Arthur Hand        | 2007 |
| Colin Dawes             | 1997 | James Melvin       | 2008 |
| Donald Hay              | 1998 | Alessandro Riva    | 2009 |
| Bernard Tandler         | 1999 | Roland Jonsson     | 2010 |
| Robert Troxler          | 2000 | Massimo Castagnola | 2011 |
| Michael Humphreys-Beher | 2001 | Ammon Peck         | 2012 |

|                   |      |                        |      |
|-------------------|------|------------------------|------|
| Masataka Murakami | 2013 | Walter Siqueira        | 2019 |
| Indu Ambudkar     | 2014 | Stefan Hans-Klaus Ruhl | 2020 |
| Matthew Hoffman   | 2015 | Sarah Knox             | 2021 |
| Gary Weisman      | 2016 | Isabelle Lombaert      | 2022 |
| Arjan Vissink     | 2017 | John Chiorini          | 2023 |
| Gordon Proctor    | 2018 |                        |      |

#### William H. Bowen Research in Dental Caries Award

(supported by Johnson & Johnson Consumer, Inc.)

|                     |      |                    |      |
|---------------------|------|--------------------|------|
| Robert Fitzgerald   | 1976 | John Featherstone  | 2000 |
| Paul Keyes          | 1977 | George Bowden      | 2001 |
| Basil Bibby         | 1978 | George Stookey     | 2002 |
| Otto Backer-Dirks   | 1979 | Jacob ten Cate     | 2003 |
| Bo Krasse           | 1980 | David Beighton     | 2004 |
| William Bowen       | 1981 | Edwina Kidd        | 2005 |
| Thomas Marthaler    | 1982 | Robert Marquis     | 2006 |
| Gunnar Rolla        | 1983 | Dowen Birkhed      | 2007 |
| Leon Silverstone    | 1984 | Adrian Lussi       | 2008 |
| Jason Tanzer        | 1985 | Robert Burne       | 2009 |
| Bernhard Guggenheim | 1986 | Svante Twetman     | 2010 |
| Jan Carlsson        | 1987 | Nigel Pitts        | 2011 |
| Johannes Van Houte  | 1988 | Eva Soderling      | 2012 |
| Joop Arends         | 1989 | Elmar Hellwig      | 2013 |
| Ronald Gibbons      | 1990 | Israel Kleinberg   | 2014 |
| Suzanne Michalek    | 1991 | Alexandre Vieira   | 2015 |
| Ernest Newbrun      | 1992 | Anne Tanner        | 2016 |
| Douglas Bratthall   | 1993 | Daniel Fried       | 2017 |
| Walter Loesche      | 1994 | Hyun Koo           | 2018 |
| Edgard Moreno       | 1995 | Jaime Cury         | 2019 |
| Roy Russell         | 1996 | Doron Steinberg    | 2020 |
| Page Caufield       | 1997 | Ingegerd Johansson | 2021 |
| Philip Marsh        | 1998 | Avijit Banerjee    | 2022 |
| Kauko Makinen       | 1999 | Domenick Zero      | 2023 |

#### Wilmer Souder Award

(supported by an endowment provided by the IADR Dental Materials Group)

|                     |      |                   |      |
|---------------------|------|-------------------|------|
| Russell Coleman     | 1955 | Daniel Retief     | 1990 |
| Eugene Skinner      | 1956 | Joseph Antonucci  | 1991 |
| Walter Crowell      | 1957 | Evan Greener      | 1992 |
| George Paffenbarger | 1958 | Michael Braden    | 1993 |
| Ralph Phillips      | 1959 | Nobuo Nakabayashi | 1994 |
| William Sweeney     | 1960 | Erik Asmussen     | 1995 |
| Floyd Peyton        | 1961 | Ken Anusavice     | 1996 |
| Alan Docking        | 1962 | John Gwinnett     | 1997 |
| George Hollenback   | 1963 | John McCabe       | 1998 |
| Norris Taylor       | 1964 | Toru Okabe        | 1999 |
| John Shell          | 1965 | Carel Davidson    | 2000 |
| Gunnar Ryge         | 1966 | David Pashley     | 2001 |
| David Mahler        | 1967 | William Douglas   | 2002 |
| Marjorie Swartz     | 1968 | David Watts       | 2003 |
| Gerhard Brauer      | 1969 | J. David Eick     | 2004 |
| Kamal Asgar         | 1970 | George Eliades    | 2005 |
| Knud Jørgensen      | 1971 | Jack Ferracane    | 2006 |
| George Dickson      | 1972 | Grayson Marshall  | 2007 |
| Rafael Bowen        | 1973 | Miroslav Marek    | 2008 |
| Eugene Molnar       | 1974 | Jeffrey Stansbury | 2009 |
| Robert Craig        | 1975 | Sally Marshall    | 2010 |
| Dennis Smith        | 1976 | Stephen Bayne     | 2011 |
| Carl Fairhurst      | 1977 | Jack Lemons       | 2012 |
| Allen Wilson        | 1978 | John Powers       | 2013 |
| John Glenn          | 1979 | Susanne Scherrer  | 2014 |
| John Nielsen        | 1980 | Bart Van Meerbeek | 2015 |
| John Stanford       | 1981 | J. Robert Kelly   | 2016 |
| Takao Fusayama      | 1982 | Junji Tagami      | 2017 |
| Theodore Fischer    | 1983 | Mutlu Ozcan       | 2018 |
| John McLean         | 1984 | Isabelle Denry    | 2019 |
| Wilmer Eames        | 1985 | Satoshio Imazato  | 2020 |
| Nelson Rupp         | 1986 | Alvaro Della Bona | 2021 |
| Ivar Mjør           | 1987 | Klaus Jandt       | 2022 |
| Derek Jones         | 1988 | Jason A. Griggs   | 2023 |
| Ivar Eystein Ruyter | 1989 |                   |      |

#### IADR Smile Train Cleft Research Award

(supported by Smile Train)

|  |      |
|--|------|
| Azeez Alade, University of Iowa, Iowa City, USA  | 2022 |
| Lord Jephthah Joojo Gowans<br>Kwame Nkrumah University of Science and Technology,<br>Kumasi, Ghana | 2023 |

(Discontinued)

#### Young Investigator Award

(supported by P&G Professional Oral Health, Crest + Oral-B)

|                         |      |                      |      |
|-------------------------|------|----------------------|------|
| Richard C. Greulich     | 1963 | Salomon Amar         | 1994 |
| Herbert Wells           | 1964 | Richard Lamont       | 1995 |
| Gail Martin             | 1965 | Marc McKee           | 1996 |
| Stephan Mergenhagen     | 1966 | Maurizio Tonetti     | 1997 |
| Ronald Gibbons          | 1967 | Reinhilde Jacobs     | 1998 |
| Samuel Leach            | 1968 | Cun-Yu Wang          | 1999 |
| S.S. Han                | 1969 | Bart Van Meerbeek    | 2000 |
| Sigmund Socransky       | 1970 | Jonathan Knowles     | 2001 |
| Edward Miller           | 1971 | Rachel Hall          | 2002 |
| Jan Carlsson            | 1972 | Pascal Magne         | 2002 |
| Jason Tanzer            | 1973 | Joke Duyck           | 2003 |
| Irving Shapiro          | 1974 | Garry Fleming        | 2004 |
| Robert Genco            | 1975 | Takafumi Kato        | 2005 |
| Barry Sessle            | 1976 | Hyun Koo             | 2006 |
| Charles Schachtele      | 1977 | Yijin Ren            | 2007 |
| Arthur Hand             | 1978 | Philip Preshaw       | 2008 |
| Ole Fejerskov           | 1979 | Mo Kang              | 2009 |
| Donald Brunette         | 1980 | Paul Cooper          | 2010 |
| Stephen Challacombe     | 1981 | Alastair Sloan       | 2011 |
| Michael Cole            | 1982 | Hiroshi Egusa        | 2012 |
| Jeffrey Ebersole        | 1983 | Brian Foster         | 2013 |
| Jorma Tenovuuo          | 1984 | Dean Ho              | 2014 |
| Jane Aubin              | 1985 | Annette Wiegand      | 2015 |
| Marjorie Jeffcoat       | 1986 | Owen Addison         | 2016 |
| Lawrence Tabak          | 1987 | Donald Chi           | 2017 |
| Mark Ferguson           | 1988 | Alireza Moshaverinia | 2018 |
| Zvi Schwartz            | 1989 | Dagmar Else Slot     | 2019 |
| Michael Humphreys-Beher | 1990 | Kimon Divaris        | 2020 |
| Christopher Overall     | 1991 | Vinicius Rosa        | 2021 |
| Daniel Grenier          | 1992 | Richard John Miron   | 2022 |
| Michael Dixon           | 1993 | Fatemeh Momen-Heravi | 2023 |

#### IADR/Borrow Dental Milk Foundation Fellowship

|                         |      |                   |      |
|-------------------------|------|-------------------|------|
| Boteva                  | 1996 | Romana Ivancakova | 2001 |
| Yurij. V. Neckrashevych | 1997 | (Discontinued)    |      |
| Gleb Komarov            | 1999 |                   |      |

#### IADR David B. Scott Fellowship Recipients

The David B. Scott Fellowship is supported by the proceeds from an endowment created by the late Mrs. Nancy M. Scott in honor of her husband, David B. Scott, a Past President of the IADR. The Scott Fellowship is awarded annually to one dental student in one IADR Division and rotates alphabetically among the Division.

|      |  |
|------|--|
| 1987 | Argentine Division<br>Clarisa Bozzini, Universidad de Buenos Aires, Argentina<br>Ana Maria Collet, Universidad de Buenos Aires, Argentina<br>Gustavo Maria Mugnolo, Universidad Nacional de Córdoba, Argentina |
| 1988 | Australia and New Zealand Division<br>Melinda Barva, The United Dental Hospital of Sydney, Australia<br>Hiran Perinpanayagam, University of Otago, New Zealand   |
| 1989 | British Division<br>Ian Lightfoot, The University of Newcastle-upon-Tyne, UK   |
| 1990 | Canadian Association for Dental Research<br>Kerim M. Ozcan, University of Dalhousie, Halifax, Nova Scotia, Canada  |
| 1991 | Continental European Division<br>Alexandros Stassinakis, University of Berne, Switzerland  |

**IADR David B. Scott Fellowship Recipients (cont'd)**

|      |  |
|------|--|
| 1992 | Egyptian Division<br>Shahira El Ashiry, Cairo University   |
| 1993 | Irish Division<br>Simon Killough, Queen's University of Belfast  |
| 1994 | Israeli Division<br>David Mulkandov, Hebrew University, Jerusalem  |
| 1995 | Japanese Association for Dental Research<br>Sachiko Takikita, Osaka University, Osaka, Japan                               |
| 1996 | Korean Division<br>Y-K Ko, Seoul National University, Seoul, Korea   |
| 1997 | Mexican Division<br>Deyanira .L . Neveu Barquera, National University of Mexico, Mexico City, Mexico                       |
| 1998 | Scandinavian Division<br>Laura Tarkkila, University of Helsinki, Finland   |
| 1999 | South African Division<br>Helene .A . Gelderblom, University of Pretoria, South Africa                                     |
| 2000 | Southeast Asian Division<br>Samintharaj Kumar, National University of Singapore  |
| 2001 | Venezuelan Division<br>Vanessa Luis, Santa Maria University  |
| 2002 | American Division<br>Amy James, UTXHSC, San Antonio  |
| 2003 | Argentine Division<br>Karina M . Katok, University of Buenos Aires   |
| 2004 | Australian & New Zealand Division<br>Amrita Ramchod, University of Otago   |
| 2005 | Brazilian Division<br>M .S . Bello Silva, University of São Paolo  |
| 2006 | British Division<br>Janet D .C . Kan, King's College London Dental Institute   |
| 2007 | Canadian Division<br>Amer Muhammad Hussain, University of Alberta  |
| 2008 | Chinese Division<br>Quan Xing, Wuhan University  |
| 2009 | Continental European Division<br>Andreas Niklas, University of Regensburg Medical School                                   |
| 2010 | East/Southern Africa Division<br>Simiyu Benjamin, University of Nairobi  |
| 2011 | Irish Division<br>Kate Horgan, Cork University   |
| 2012 | Israeli Division<br>Sharon Shany-Kdoshim, The Hebrew University  |
| 2013 | Japanese Division<br>Shinnichi Sakamoto, Hiroshima University  |
| 2014 | Korean Division<br>Sungkyoon Kang, Wonkwang University   |
| 2015 | Mexican Division<br>Jessica Lana-Ojeda, Universidad Autonoma de Yucatan  |
| 2016 | Scandinavian Division<br>Anne Katrine Danielsen, Copenhagen University, Denmark  |
| 2017 | South African Division<br>Sabeeha Minty, University of Witwatersand  |
| 2018 | Southeast Asian Division<br>Valdy Hartono, Trisakti  |
| 2019 | Venezuelan Division<br>Annabella Frattaroli, Afonso Josmary and Alejandra Garcia-Quintana, Central University of Venezuela |
| 2020 | Kuwaiti Division<br>Aisha Almulla and Latifah Ibrahim, Kuwait University   |
| 2021 | Nigerian Division<br>Adedire Adetomiwa, Obafemi Awolowo University, Nigeria  |
| 2022 | Chilean Division<br>Debora Zamorano, University of Chile, Santiago   |
| 2023 | IADR Colombian Division<br>Maria Paula Contreras Becerra, National University of Colombia, Bogotá                          |

**IADR John J. Clarkson Fellowship**

(supported by the IADR Institutional Section and individual members)

|                     |      |                     |      |
|---------------------|------|---------------------|------|
| Edward Lo           | 1998 | Helen Rivera        | 2010 |
| Manuel Bravo        | 1999 | Xiaojuan Zeng       | 2012 |
| Lydia Katrova       | 2001 | Haiping Tan         | 2016 |
| Gail Douglas        | 2003 | Xiaoli Gao          | 2018 |
| Silvana Papagerakis | 2006 | Saima Yunus Khan    | 2020 |
| Olalekan Ayo-Yusuf  | 2008 | Duangporn Duangthip | 2022 |

**IADR John A. Gray Fellowship**

(supported in 2021 by Members and Sponsors)

|  |      |
|--|------|
| Marianela Olivares ( <i>American Association for Dental Research</i> ) | 1993 |
| Patricia Mandalunis ( <i>Argentine Division</i> )                      | 1995 |
| Christine Jackson ( <i>Australian/New Zealand Division</i> )           | 1997 |
| Evelise de Souza ( <i>Brazilian Division</i> )                         | 1999 |
| Amit Rajni Vora ( <i>British Division</i> )                            | 2001 |
| Michael Lizardo ( <i>Canadian Division</i> )                           | 2003 |
| Ya Ling Song ( <i>Chinese Division</i> )                               | 2005 |
| H. Esra Botsali ( <i>Continental European Division</i> )               | 2007 |
| Nanako Hirose ( <i>Japanese Division</i> )                             | 2015 |
| Jonghwa Won ( <i>Korean Division</i> )                                 | 2017 |
| Claudia Ivonne Rodriguez ( <i>Mexican Division</i> )                   | 2019 |
| Navdeep Kaur Brar ( <i>Scandinavian Division</i> )                     | 2021 |
| Salma Kabbashi ( <i>South African Division</i> )                       | 2023 |

**IADR Joseph Lister Award for New Investigators**

(supported by Johnson &amp; Johnson Consumer Inc.)

|                      |      |                        |      |
|----------------------|------|------------------------|------|
| Rahena Akhter        | 2015 | Ji-Woon Park           | 2019 |
| Paula Goes           | 2015 | Jacqueline Burgette    | 2020 |
| Marcelle Nascimento  | 2016 | Wei Ji                 | 2020 |
| Nihal Bandara        | 2016 | Elena Calciolari       | 2021 |
| Feifei Lei           | 2017 | Yuan Liu               | 2021 |
| Jennifer Robinson    | 2017 | Noy Pinto              | 2022 |
| Prasanna Neelakantan | 2018 | Chongshan Liao         | 2022 |
| Xue Yuan             | 2018 | Yi Fan                 | 2023 |
| Antonio Amelio       | 2019 | Ana Carolina Morandini | 2023 |

**IADR Norton M. Ross Fellowship**

|  |      |
|--|------|
| Darren Machule ( <i>American Association for Dental Research</i> ) | 1992 |
| Yumeng Deng ( <i>Southeast Asian Division</i> )                    | 1994 |
| Cornel Driessen ( <i>South African Division</i> )                  | 1996 |
| Nuno Hermann ( <i>Scandinavian Division</i> )                      | 1998 |
| Tae-Yeon Lee ( <i>Korean Division</i> )                            | 2002 |
| Aiko Nakasone ( <i>Japanese Division</i> )                         | 2004 |
| Moshe Shemesh ( <i>Israeli Division</i> )                          | 2006 |
| Adam Dowling ( <i>Irish Division</i> )                             | 2008 |
| Kerstin Galler ( <i>Continental European Division</i> )            | 2010 |
| Yaoting Ji ( <i>Chinese Division</i> )                             | 2014 |
| Jordan Cheng ( <i>Canadian Division</i> )                          | 2016 |
| Josh Twigg ( <i>British Division</i> )                             | 2018 |
| Isabelle Luz de Albuquerque ( <i>Brazilian Division</i> )          | 2020 |
| Kevin Ketagoda ( <i>Australia/New Zealand Division</i> )           | 2022 |

**IADR STAR Network Academy Fellowship**

|                  |      |                            |      |
|------------------|------|----------------------------|------|
| Zhejun Wang      | 2017 | Akhilanand Chaurasia       | 2022 |
| Fabian Cieplik   | 2018 | Edgar Beltran              | 2022 |
| Hui Chen         | 2019 | Konstantin Johannes Scholz | 2022 |
| Saif Khan        | 2019 | Karol Ali Apaza            |      |
| Angela Salcedo   | 2019 | Alccayhuaman               | 2023 |
| Emilio Cafferata | 2020 | Meisser Madera             | 2023 |
| Kiho Cho         | 2020 | Maja Sabalic-Schoener      | 2023 |
| Viviana Avila    | 2022 |                            |      |

**IADR Three Minute Thesis® Competition**

|                |      |                |      |
|----------------|------|----------------|------|
| Tanner Godfrey | 2017 | Yehuda Klein   | 2019 |
| Hannah Serrage | 2018 | (Discontinued) |      |

**IADR Toshio Nakao Fellowship**

(supported by GC Corporation)

|                          |      |                          |      |
|--------------------------|------|--------------------------|------|
| Malinee Prasitsilp       | 1996 | Vesna Miletic            | 2011 |
| Patricia Pereira         | 1998 | Lina Niu                 | 2013 |
| Sharanbir Sidhu          | 2001 | Sabrina Sochacki Feitosa | 2015 |
| Yuelian Liu              | 2003 | Ivana Nedeljkovic        | 2017 |
| Marcia Daronch           | 2005 | Trang Nguyen-Vo          | 2019 |
| Abiodun Olabisi Arigbede | 2007 | Ting Zou                 | 2021 |
| Mirela Shinohara         | 2009 | Chenmin Yao              | 2023 |

**IADR Hatton Competitions & Awards***(Formerly IADR Hatton – Novice Awards)*

(supported in 2021 by Unilever Oral Care and IADR)

| NAME                  | CATEGORY      | YEAR |
|-----------------------|---------------|------|
| John Salley           | Novice Awards | 1953 |
| Leo Korchin           | Novice Awards | 1954 |
| Daniel Waite          | Novice Awards | 1955 |
| C.E. Staley           | Novice Awards | 1955 |
| Barry Miller          | Novice Awards | 1956 |
| Robert Smith          |               | 1957 |
| J.C. Beck             |               | 1958 |
| Richard Hoffman       |               | 1959 |
| Reginald Andlaw       |               | 1960 |
| Jack Dale             |               | 1961 |
| Charles Jerge         |               | 1962 |
| Brigit Johansson      |               | 1963 |
| Robert Williamson     | Post-doctoral | 1964 |
| Robert Zager          | Pre-doctoral  | 1964 |
| Louis Ripa            | Post-doctoral | 1965 |
| William Malone        | Post-doctoral | 1965 |
| Robert Dolven         | Pre-doctoral  | 1965 |
| Mildred Romans        | Pre-doctoral  | 1965 |
| Arnett Anderson       | Post-doctoral | 1966 |
| Arthur Johnson        | Post-doctoral | 1966 |
| Murray Nickleborough  | Pre-doctoral  | 1966 |
| Basil Richardson      | Pre-doctoral  | 1966 |
| David Russell         | Post-doctoral | 1967 |
| Burton Horowitz       | Post-doctoral | 1967 |
| Sherman Sweeney       | Pre-doctoral  | 1967 |
| Stuart White          | Pre-doctoral  | 1967 |
| Dick Lavender         | Post-doctoral | 1968 |
| M Kufinec             | Post-doctoral | 1968 |
| Marlin Walling        | Pre-doctoral  | 1968 |
| Ronald Shuler         | Pre-doctoral  | 1968 |
| Yehoshua Shapira      | Post-doctoral | 1969 |
| Helen Blaine          | Post-doctoral | 1969 |
| Alan Lurie            | Pre-doctoral  | 1969 |
| Benjamin Ciala        | Post-doctoral | 1970 |
| Michael Barkin        | Pre-doctoral  | 1970 |
| George Kelly          | Pre-doctoral  | 1970 |
| Mark Piper            | Post-doctoral | 1979 |
| Huw Thomas            | Post-doctoral | 1979 |
| Christopher Kemp      | Pre-doctoral  | 1979 |
| Mark Fitzgerald       | Pre-doctoral  | 1979 |
| Wayne Colin           | Pre-doctoral  | 1984 |
| William Ng            | Pre-doctoral  | 1984 |
| Richard Finkelman     | Post-doctoral | 1985 |
| B. Wells              | Post-doctoral | 1985 |
| Mark Fontenot         | Pre-doctoral  | 1985 |
| Leo Kupp              | Pre-doctoral  | 1985 |
| Pamela Den Besten     | Post-doctoral | 1986 |
| Larry Swain           | Post-doctoral | 1986 |
| Robert Burne          | Pre-doctoral  | 1986 |
| Marjorie Cowan        | Pre-doctoral  | 1986 |
| Christopher Overall   | Post-doctoral | 1987 |
| Costas Maniatopolulos | Post-doctoral | 1987 |
| Kurt Schilling        | Pre-doctoral  | 1987 |
| Salvatore Ruggiero    | Pre-doctoral  | 1987 |

**IADR Hatton Competitions & Awards (continued)**

| NAME                  | CATEGORY      | YEAR |
|-----------------------|---------------|------|
| Aaron Weinberg        | Post-doctoral | 1988 |
| Junichiro Iida        | Post-doctoral | 1988 |
| George Nail           | Pre-doctoral  | 1988 |
| Lucy Lamy             | Pre-doctoral  | 1988 |
| Dymphna Daly          | Post-doctoral | 1989 |
| Laurie McCauley       | Post-doctoral | 1989 |
| Alan Hing             | Pre-doctoral  | 1989 |
| Gordon MacFarlane     | Pre-doctoral  | 1989 |
| Theresa Madden        | Post-doctoral | 1990 |
| Christopher Cutler    | Post-doctoral | 1990 |
| Randy Todd            | Pre-doctoral  | 1990 |
| Mikyung Lee           | Pre-doctoral  | 1990 |
| Randy Todd            | Post-doctoral | 1991 |
| Thomas Bramanti       | Post-doctoral | 1991 |
| Alison O'Mahony       | Pre-doctoral  | 1991 |
| Venkatarama Rao       | Pre-doctoral  | 1991 |
| Brian O'Connell       | Post-doctoral | 1992 |
| Michael Ignelzi       | Post-doctoral | 1992 |
| Arabelle Clayden      | Pre-doctoral  | 1992 |
| Erez Nasatzky         | Pre-doctoral  | 1992 |
| Joseph Best           | Post-doctoral | 1993 |
| Jeng Jjiang-Huei      | Post-doctoral | 1993 |
| Keijo Luukko          | Pre-doctoral  | 1993 |
| Angela Painter        | Pre-doctoral  | 1993 |
| Arthur DeCarlo        | Post-doctoral | 1994 |
| Bridget Doubleday     | Post-doctoral | 1994 |
| Eric Howard           | Pre-doctoral  | 1994 |
| Karen Reese           | Pre-doctoral  | 1994 |
| Amitabha Lala         | Post-doctoral | 1995 |
| Natalia Lioubavina    | Post-doctoral | 1995 |
| Christine Jackson     | Pre-doctoral  | 1995 |
| Shawn Macauley        | Pre-doctoral  | 1995 |
| Galen Schneider       | Post-doctoral | 1996 |
| Nisha D'Silva         | Post-doctoral | 1996 |
| Lina Bueno            | Pre-doctoral  | 1996 |
| Gayatri Jayaraman     | Pre-doctoral  | 1996 |
| Lisa Bueno            | Pre-doctoral  | 1996 |
| Amr Moursi            | Post-doctoral | 1997 |
| Laila Huq             | Post-doctoral | 1997 |
| David Williams        | Pre-doctoral  | 1997 |
| Robin Abbey           | Pre-doctoral  | 1997 |
| Michael Glogauer      | Post-doctoral | 1998 |
| Nada Slakeski         | Post-doctoral | 1998 |
| Anne-Marie Clancy     | Pre-doctoral  | 1998 |
| Harold Bobier         | Pre-doctoral  | 1998 |
| Jacques Nör           | Post-doctoral | 1999 |
| Wendy Turner          | Post-doctoral | 1999 |
| Mo Kang               | Pre-doctoral  | 1999 |
| Neil O'Brien-Simpson  | Post-doctoral | 2000 |
| Monica Goldenberg     | Post-doctoral | 2000 |
| Michael Martin        | Pre-doctoral  | 2000 |
| Judith Parkhill       | Pre-doctoral  | 2000 |
| Wendy Robinson        | Junior        | 2001 |
| Christina Patrianakos | Junior        | 2001 |
| Fernanda Petersen     | Senior        | 2001 |
| Johanna Laurikkala    | Senior        | 2001 |
| Raj Gopalakrishnan    | Post-doctoral | 2001 |
| Tracie Payne-Ferreira | Post-doctoral | 2001 |
| Matthew Abraham       | Junior        | 2002 |
| Owen Addison          | Junior        | 2002 |
| Hiroshi Egusa         | Senior        | 2002 |
| Eben Alsberg          | Senior        | 2002 |
| Juan Dong             | Post-doctoral | 2002 |
| Mo Kang               | Post-doctoral | 2002 |
| Nader Salib           | Junior        | 2003 |
| Jacob Stern           | Junior        | 2003 |
| Keisuke Handa         | Senior        | 2003 |
| Mark Morgan           | Senior        | 2003 |
| John Huang            | Post-doctoral | 2003 |

**IADR Hatton Competitions & Awards** (continued)

| NAME                      | CATEGORY                 | YEAR | NAME                        | CATEGORY                   | YEAR |
|---------------------------|--------------------------|------|-----------------------------|----------------------------|------|
| Petros Papagerakis        | Post-doctoral            | 2003 | Kyulim Lee                  | Junior                     | 2014 |
| Justin Barnes             | Junior                   | 2004 | Rebekah Eves                | Junior                     | 2014 |
| Adrian DeAngelis          | Junior                   | 2004 | Patricia González-Alva      | Senior Clinical Science    | 2014 |
| Andrew Fribley            | Senior                   | 2004 | T. Paul Hyde                | Senior Clinical Science    | 2014 |
| Elizabeth Fozo            | Senior                   | 2004 | Marit Aure                  | Senior Basic Science       | 2014 |
| Ulrike Schulze-Späte      | Post-doctoral            | 2004 | Joo-Young Park              | Senior Basic Science       | 2014 |
| Silvana Papagerakis       | Post-doctoral            | 2004 | Joshua Chong                | Junior                     | 2015 |
| Monique Goris             | Junior                   | 2005 | Laura Graham                | Junior                     | 2015 |
| Jeremy Horst              | Junior                   | 2005 | Ana Badovinac               | Senior Clinical Science    | 2015 |
| Manish Arora              | Senior                   | 2005 | Maryam Jessri               | Senior Clinical Science    | 2015 |
| Guive Balooch             | Senior                   | 2005 | Juliana Delben              | Senior Basic Science       | 2015 |
| Xinquan Jiang             | Post-doctoral            | 2005 | Reniqua House               | Senior Basic Science       | 2015 |
| Karen Fong                | Post-doctoral            | 2005 | Mychi Nguyen                | Junior                     | 2016 |
| Jonathan Collier          | Junior                   | 2006 | Meredith Williams           | Junior                     | 2016 |
| Vincenzo D'Antò           | Junior                   | 2006 | Juan Fernando Oyarzo        | Senior Clinical Science    | 2016 |
| Samantha Byrne            | Senior Clinical Science  | 2006 | Aliye Akcali                | Senior Clinical Science    | 2016 |
| Chrisovalantou Cheretakis | Senior Clinical Science  | 2006 | Yukako Yamauchi             | Senior Basic Science       | 2016 |
| Maria Nystrom             | Senior Basic Science     | 2006 | Gazelle Crasto              | Senior Basic Science       | 2016 |
| Shashidharan Madhavan     | Senior Basic Science     | 2006 | Tanutchaporn Thongngam      | Junior                     | 2017 |
| Aisling Daly              | Junior                   | 2007 | Zachary Pekar               | Junior                     | 2017 |
| Richard Damerau           | Junior                   | 2007 | Scott Williams              | Senior Clinical Science    | 2017 |
| Shigeyuki Ozawa           | Senior Basic Science     | 2007 | Dylan Herzog                | Senior Clinical Science    | 2017 |
| Nan Hatch                 | Senior Basic Science     | 2007 | Sigal Buch                  | Senior Basic Science       | 2017 |
| Danielle DiCara           | Senior Basic Science     | 2007 | Mohamed Omar                | Senior Basic Science       | 2017 |
| Leanne Taylor             | Senior Basic Science     | 2007 | Heather Wallis              | Junior                     | 2018 |
| Shilpa Raju               | Junior                   | 2008 | Alexandra Oklejas           | Junior                     | 2018 |
| Erica Scheller            | Junior                   | 2008 | Bolanle Akinwonmi           | Senior Clinical Science    | 2018 |
| Adriana Perez-Soria       | Senior Clinical Science  | 2008 | Paul Brady                  | Senior Clinical Science    | 2018 |
| Lauren Turner             | Senior Basic Science     | 2008 | Kevin Byrd                  | Senior Basic Science       | 2018 |
| Hugh Kim                  | Senior Basic Science     | 2008 | Sangwoo Lee                 | Senior Basic Science       | 2018 |
| Samar Khoury              | Senior Clinical Science  | 2008 | Somtochukwu Ozoemena        | Junior                     | 2019 |
| Alexander Nee             | Junior                   | 2009 | Jessica Zachar              | Junior                     | 2019 |
| Bo Yu                     | Junior                   | 2009 | Benedikt Luka               | Senior Clinical Science    | 2019 |
| Jaime Díaz-Zúñiga         | Junior                   | 2009 | Mabelle Monteiro            | Senior Clinical Science    | 2019 |
| Elham Emami               | Senior Clinical Science  | 2009 | Mizuki Nagata               | Senior Basic Science       | 2019 |
| Turki Alhazzazi           | Senior Basic Science     | 2009 | Jiayu Shi                   | Senior Basic Science       | 2019 |
| Sutipalin Suwannakul      | Senior Basic Science     | 2009 | Wachirawit Suntawan         | Junior Category            | 2020 |
| Paul Hooi                 | Junior                   | 2010 | Basma Salem                 | Junior Category            | 2020 |
| Jia Hao                   | Junior                   | 2010 | Christopher Donnelly        | Basic Science Category     | 2020 |
| Niroshani Soysa           | Senior Basic Science     | 2010 | Risa Masumoto               | Basic Science Category     | 2020 |
| Kheng Tan                 | Senior Basic Science     | 2010 | Madhurmia Datta             | Clinical Research Category | 2020 |
| David Conway              | Senior Clinical Research | 2010 | Sonali Sharma               | Clinical Research Category | 2020 |
| Maria Athanassiou-        |                          |      | Jordan Blum                 | Junior Category            | 2021 |
| Papaefthymiou             | Senior Clinical Research | 2010 | Natalie Atyeo               | Junior Category            | 2021 |
| Grace Lee                 | Junior                   | 2011 | Zhi Ren                     | Basic Science Category     | 2021 |
| Katherine O'Donnell       | Junior                   | 2011 | Shanmukh Peddi              | Basic Science Category     | 2021 |
| Nicola Innes              | Senior Clinical Science  | 2011 | Waheed Awotoye              | Clinical Research Category | 2021 |
| Maria Villanueva Vilchis  | Senior Clinical Science  | 2011 | Walid Ahmed Al-Soneidar     | Clinical Research Category | 2021 |
| Luciana Branco-de-Almeida | Senior Basic Science     | 2011 | Sara Delgadillo             | Junior Category            | 2022 |
| Jeffrey Kim               | Senior Basic Science     | 2011 | Coral Haiqi Yeung           | Junior Category            | 2022 |
| Jonathan An               | Junior                   | 2012 | Carolina Isabel Rojas Pérez | Basic Science Category     | 2022 |
| Patricia Brooks           | Junior                   | 2012 | Tsukasa Aoki                | Basic Science Category     | 2022 |
| Gerald McKenna            | Senior Clinical Science  | 2012 | Athina Georgiou             | Clinical Research Category | 2022 |
| Mervi Gürsoy              | Senior Clinical Science  | 2012 | Jessy Kamila Sihuy Torres   | Clinical Research Category | 2022 |
| Mildred Embree            | Senior Basic Science     | 2012 | Mariam Bqain                | Junior                     | 2023 |
| Farhan Khan               | Senior Basic Science     | 2012 | Kisa Iqbal                  | Junior                     | 2023 |
| Kyle Vining               | Junior                   | 2013 | Alberto Vega                | Senior Basic Science       | 2023 |
| Panruethai Trongkij       | Junior                   | 2013 | Emily Fisher                | Senior Basic Science       | 2023 |
| Martin Schimmel           | Senior Clinical Science  | 2013 | Omatayo Francis Fagbule     | Senior Clinical Research   | 2023 |
| Jaana Helenius-Hietala    | Senior Clinical Science  | 2013 | Crystal Marruganti          | Senior Clinical Research   | 2023 |
| Wanida Ono                | Senior Basic Science     | 2013 |                             |                            |      |
| Sasha Dimitrova-Nakov     | Senior Basic Science     | 2013 |                             |                            |      |

**IADR GC Centennial Research Awards**

(supported in 2021 by GC Corporation)

|  |      |
|--|------|
| Aline de Almeida Neves, Federal University Rio de Janeiro, Brazil            | 2020 |
| Carola B. Bozal, University of Buenos Aires, Argentina                       | 2020 |
| Nandita Kshetrimayum, Regional Institute of Medical Sciences, Manipur, India | 2020 |
| Carolina Duarte, Nova Southeastern University, Fort Lauderdale, Florida, USA | 2021 |
| Karan Gulati, The University of Queensland, Australia                        | 2022 |
| Sihong Li, Wuhan University, China   | 2022 |
| Yifan Lin, The University of Hong Kong, SAR, China                           | 2022 |
| Caojie Liu, Sichuan University, China  | 2022 |
| Hongye Lu, Zhejiang University, Hong Kong, SAR, China                        | 2022 |
| Ting Sang, Nanchang University, China  | 2022 |
| Sneha Sethi, Adelaide Dental School, Australia                               | 2022 |
| Sonali Sharma, Army Dental Centre, Delhi, India                              | 2022 |

*(Discontinued)***IADR Centennial Travel Award for New Investigators**

|                                |      |                             |      |
|--------------------------------|------|-----------------------------|------|
| Valentim Adelino Ricardo Barão | 2020 | Aldrin André Huamán Mendoza | 2021 |
| Renato Casarin                 | 2020 | Afef Amri                   | 2021 |
| Jiewen Dai                     | 2020 | Bolanle Oyeyemi             |      |
| Chanyuan Jin                   | 2020 | Akinboboye                  | 2022 |
| Angela Quispe-Salcedo          | 2020 | Prabhat Kumar Chaudhari     | 2022 |
| David Okoye                    | 2020 | Betsy Eva Kasumba           | 2022 |
| Olubukola Olatosi              | 2020 | Marina Miteva               | 2022 |
| Tamara Peric                   | 2020 | Sonali Sharma               | 2022 |
| Theint Theint Than Way         | 2020 | Marion Arce                 | 2022 |
| Aybuke Uslu                    | 2020 | Wei Ji                      | 2022 |
| Xingying Qi                    | 2021 | Eugenia Pilar Consoli Lizzi | 2022 |
| Maria Lorena Cabirta           | 2021 | Ting Sang                   | 2022 |
| Jorge Felipe Lima Teixeira     | 2021 | Sebastián Araneda           | 2023 |
| Sonali Sharma                  | 2021 | Frederico De Sousa          | 2023 |
| Valentim Adelino               | 2021 | Shalini Gupta               | 2023 |
| Stefan Chavdarov Zlatev        | 2021 | Meisser Madera              | 2023 |
| Annabella Frattaroli Pericchi  | 2021 | Neshka Manchorova           | 2023 |
| Sukeshana Srivastav            | 2021 | María Ramírez-Trujillo      | 2023 |
|                                |      | Nil Yakar                   | 2023 |

**IADR Centennial Emerging Leaders Award (2020)****Africa/Middle East Region**

Fawaz Alzoubi, Kuwait University, Kuwait City (Kuwaiti Division)  
Amira Besbes, Monastir University, Tunisian (Tunisian Section)

**Asia/Pacific Region**

Waruna Lakmal Dissanayaka, University of Hong Kong, SAR, China (Southeast Asian Division)  
Lina Niu, The Fourth Military Medical University, Shaanxi, China (Chinese Division)  
May Lei Mei, University of Hong Kong, SAR, China (Chinese Division)  
Carolina Loch Santos da Silva, University of Otago, Dunedin, New Zealand (Australian/New Zealand Division)  
Santosh Tadakamadla, Griffith University, Queensland, Australia (Australian/New Zealand Division)

**Latin American Region**

Valentim Adelino Ricardo Barão, University of Campinas, Brazil (Brazilian Division)  
Sebastian Fontana, National University of Cordoba, Argentina (Argentine Division)  
Diana Gabriela Soares, University of São Paulo, Brazil (Brazilian Division)

**North American Region**

Luiz Eduardo Bertassoni, Oregon Health & Science University, Portland, USA (American Division)  
Marco C. Bottino, University of Michigan, Ann Arbor, USA (American Division)  
Kimon Divaris, University of North Carolina at Chapel Hill, USA (American Division)  
Brian Foster, The Ohio State University, Columbus (American Division)  
Dmitry Shungin, Broad Institute of Harvard and MIT, Boston, MA, USA (American Division)  
Tamanna Tiwari, University of Colorado, Denver, USA (American Division)

**Pan European Region**

Henry Fergus Duncan, Trinity College Dublin, Ireland (Irish Division)  
Vesna Miletic, University of Belgrade, Serbia (Continental European Division)  
Gustavo Giacomelli Nascimento, Aarhus University, Denmark (Scandinavian Division)  
Falk Schwendicke, Charité – Universitätsmedizin Berlin, Germany (Continental European Division)



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WASHINGTON, DC 20036  
(T) 202.822.0717

### Independent Auditor’s Report

To the Council and Members  
International Association for Dental Research  
Alexandria, Virginia

#### *Opinion*

We have audited the accompanying financial statements of the International Association for Dental Research (the Association), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### *Basis for Opinion*

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### *Responsibilities of Management for the Financial Statements*

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### *Auditor’s Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists.

To the Council and Members  
International Association for Dental Research

### *Auditor’s Responsibilities for the Audit of the Financial Statements (Continued)*

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### *Report on Summarized Comparative Information*

We have previously audited the Association’s 2020 financial statements, and we expressed an unmodified audit opinion on those audited financial statements in our report dated September 29, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Councilor, Buchanan + Mitchell, P.C.*

Washington, D.C.  
September 26, 2022

Certified Public Accountants

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH  
 STATEMENT OF FINANCIAL POSITION  
 DECEMBER 31, 2021  
 (WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2020)

| Assets                                     | 2021                 | 2020                 |
|--|----------------------|----------------------|
| <b>Current Assets</b>                      |                      |                      |
| Cash and Cash Equivalents                  | \$ 569,357           | \$ 337,103           |
| Accounts Receivable                        | 70,252               | 32,518               |
| Contributions Receivable                   | 81,000               | 305,500              |
| Due from AADOCR                            | -                    | 338,107              |
| Prepaid Expenses and Other Current Assets  | 285,341              | 210,277              |
| Total Current Assets                       | <u>1,005,950</u>     | <u>1,223,505</u>     |
| <b>Investments</b>                         | 17,556,190           | 15,599,174           |
| <b>Fixed Assets, Net</b>                   | 639,321              | 544,929              |
| <b>Investment in Deferred Compensation</b> | 430,895              | 355,508              |
| <b>Total Assets</b>                        | <u>\$ 19,632,356</u> | <u>\$ 17,723,116</u> |
| <b>Liabilities and Net Assets</b>          |                      |                      |
| <b>Current Liabilities</b>                 |                      |                      |
| Accounts Payable and Accrued Expenses      | \$ 244,951           | \$ 275,334           |
| Due to AADOCR                              | 24,981               | -                    |
| Refunds and Pass-Through Amounts           | 381,490              | 272,402              |
| Refundable Advances                        | 21,000               | 156,400              |
| PPP Refundable Advance                     | -                    | 405,175              |
| Deferred Revenue                           |                      |                      |
| Dues                                       | 494,658              | 376,730              |
| General Session                            | 8,417                | 4,251                |
| Total Deferred Revenue                     | <u>503,075</u>       | <u>380,981</u>       |
| Total Current Liabilities                  | <u>1,175,497</u>     | <u>1,490,292</u>     |
| <b>Deferred Compensation Payable</b>       | 430,895              | 355,508              |
| Total Liabilities                          | <u>1,606,392</u>     | <u>1,845,800</u>     |
| <b>Net Assets</b>                          |                      |                      |
| Without Donor Restrictions                 |                      |                      |
| Undesignated                               | 16,924,278           | 14,590,570           |
| Board Designated                           | 433,954              | 388,013              |
| Total Without Donor Restrictions           | <u>17,358,232</u>    | <u>14,978,583</u>    |
| With Donor Restrictions                    |                      |                      |
| Purpose Restricted                         | 414,604              | 679,145              |
| Endowment Funds                            | 253,128              | 219,588              |
| Total With Donor Restrictions              | <u>667,732</u>       | <u>898,733</u>       |
| Total Net Assets                           | <u>18,025,964</u>    | <u>15,877,316</u>    |
| <b>Total Liabilities and Net Assets</b>    | <u>\$ 19,632,356</u> | <u>\$ 17,723,116</u> |

See accompanying Notes to Financial Statements.

## Appendix 4 — Independent Auditor's Report for 2021 (Continued)

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2021 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

|   | Without Donor<br>Restrictions | With Donor<br>Restrictions | 2021<br>Total        | 2020<br>Total        |
|---|-------------------------------|----------------------------|----------------------|----------------------|
| <b>Revenues</b>   |                               |                            |                      |                      |
| Conference Registration   | \$ 1,522,469                  | \$ -                       | \$ 1,522,469         | \$ -                 |
| Membership Dues   | 1,181,203                     | -                          | 1,181,203            | 1,185,112            |
| Exhibitors' Fees  | 20,224                        | -                          | 20,224               | -                    |
| Advertising   | 10,742                        | -                          | 10,742               | 7,223                |
| Contributions and Sponsorships  | 5,000                         | 394,235                    | 399,235              | 647,946              |
| Royalties and Publishing  | 474,274                       | -                          | 474,274              | 473,580              |
| Investment Return Designated for Current Operations                       | 302,026                       | -                          | 302,026              | 280,219              |
| PPP Loan Forgiveness  | 541,818                       | -                          | 541,818              | -                    |
| Miscellaneous   | 14,731                        | -                          | 14,731               | 5,505                |
| Net Assets Released from Restrictions                                     | 663,730                       | (663,730)                  | -                    | -                    |
| <b>Total Revenues</b>   | <b>4,736,217</b>              | <b>(269,495)</b>           | <b>4,466,722</b>     | <b>2,599,585</b>     |
| <b>Expenses</b>   |                               |                            |                      |                      |
| Program Expenses  |                               |                            |                      |                      |
| Journal of Dental Research and Publishing                                 | 298,083                       | -                          | 298,083              | 283,380              |
| General Session and Meetings  | 1,661,862                     | -                          | 1,661,862            | 1,060,190            |
| Awards, Grants, and Fellowships   | 683,595                       | -                          | 683,595              | 871,691              |
| Member Services and Other Programs  | 328,368                       | -                          | 328,368              | 230,916              |
| <b>Total Program Expenses</b>   | <b>2,971,908</b>              | <b>-</b>                   | <b>2,971,908</b>     | <b>2,446,177</b>     |
| Supporting Services   |                               |                            |                      |                      |
| Management and General Expenses   | 1,273,932                     | -                          | 1,273,932            | 1,193,619            |
| Membership Development  | 88,133                        | -                          | 88,133               | 165,365              |
| <b>Total Supporting Services</b>  | <b>1,362,065</b>              | <b>-</b>                   | <b>1,362,065</b>     | <b>1,358,984</b>     |
| <b>Total Expenses</b>   | <b>4,333,973</b>              | <b>-</b>                   | <b>4,333,973</b>     | <b>3,805,161</b>     |
| Change in Net Assets before Investment Gain                               | 402,244                       | (269,495)                  | 132,749              | (1,205,576)          |
| Investment Gain in Excess of Amounts<br>Designated for Current Operations | 1,977,405                     | 38,494                     | 2,015,899            | 1,415,176            |
| Change in Net Assets  | 2,379,649                     | (231,001)                  | 2,148,648            | 209,600              |
| Net Assets, Beginning of Year   | 14,978,583                    | 898,733                    | 15,877,316           | 15,667,716           |
| <b>Net Assets, End of Year</b>  | <b>\$ 17,358,232</b>          | <b>\$ 667,732</b>          | <b>\$ 18,025,964</b> | <b>\$ 15,877,316</b> |

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2021  
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

|                               | Journal of<br>Dental<br>Research and<br>Publishing | General<br>Session and<br>Meetings | Awards,<br>Grants, and<br>Fellowships | Member<br>Services and<br>Other<br>Programs | Total<br>Programs   | Management<br>and General<br>Expenses | Membership<br>Development | 2021<br>Total       | 2020<br>Total       |
|-------------------------------|--|------------------------------------|---------------------------------------|---|---------------------|---------------------------------------|---------------------------|---------------------|---------------------|
| <b>Expenses</b>               |  |                                    |                                       |   |                     |                                       |                           |                     |                     |
| Salaries, Benefits, and Taxes | \$ 186,975   | \$ 773,445                         | \$ 89,735                             | \$ 124,990                                  | \$ 1,175,145        | \$ 933,967                            | \$ 57,425                 | \$ 2,166,537        | \$ 2,040,746        |
| Professional Fees             | 11,371   | 79,549                             | 28,165                                | 303   | 119,388             | 73,630                                | 137                       | 193,155             | 201,635             |
| Advertising and Promotion     | 23   | 17                                 | -                                     | 3   | 43                  | 21                                    | 16,557                    | 16,621              | 129,284             |
| Office Expenses               | 3,232  | 70,867                             | 25,415                                | 4,429                                       | 103,943             | 50,160                                | 1,217                     | 155,320             | 177,020             |
| Information Technology        | 11,834   | 74,036                             | 10,990                                | 13,633                                      | 110,493             | 108,999                               | 6,152                     | 225,644             | 109,661             |
| Occupancy                     | 3,776  | 21,284                             | 2,550                                 | 3,919                                       | 31,529              | 26,991                                | 1,769                     | 60,289              | 60,593              |
| Travel                        | -  | 740                                | -                                     | -   | 740                 | 129                                   | -                         | 869                 | 11,693              |
| Conferences and Meetings      | -  | 569,124                            | -                                     | -   | 569,124             | -                                     | -                         | 569,124             | -                   |
| Depreciation and Amortization | 7,192  | 32,341                             | 3,871                                 | 5,955                                       | 49,359              | 41,122                                | 2,680                     | 93,161              | 83,130              |
| General Insurance             | 1,870  | 11,698                             | 1,400                                 | 2,154                                       | 17,122              | 14,834                                | 972                       | 32,928              | 43,065              |
| Grants and Contributions      | -  | -                                  | 504,294                               | -   | 504,294             | -                                     | -                         | 504,294             | 675,943             |
| Other Expenses                | 71,810   | 28,761                             | 17,175                                | 172,982                                     | 290,728             | 24,079                                | 1,224                     | 316,031             | 272,391             |
| <b>Total Expenses</b>         | <b>\$ 298,083</b>                                  | <b>\$ 1,661,862</b>                | <b>\$ 683,595</b>                     | <b>\$ 328,368</b>                           | <b>\$ 2,971,908</b> | <b>\$ 1,273,932</b>                   | <b>\$ 88,133</b>          | <b>\$ 4,333,973</b> | <b>\$ 3,805,161</b> |

See accompanying Notes to Financial Statements.

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED DECEMBER 31, 2021  
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

|   | 2021                     | 2020                     |
|---|--------------------------|--------------------------|
| <b>Cash Flows from Operating Activities</b>   |                          |                          |
| Change in Net Assets  | \$ 2,148,648             | \$ 209,600               |
| Adjustments to Reconcile Change in Net Assets to<br>Net Cash Provided by (Used in) Operating Activities |                          |                          |
| Depreciation and Amortization   | 93,161                   | 83,130                   |
| Net Realized and Unrealized Gain on Investments   | (2,028,296)              | (1,497,343)              |
| <u>(Increase) Decrease in Assets</u>  |                          |                          |
| Accounts Receivable   | (37,734)                 | 96,588                   |
| Contributions Receivable  | 224,500                  | 245,705                  |
| Due from AADOCR   | 338,107                  | (338,107)                |
| Prepaid Expenses and Other Current Assets   | (75,064)                 | 229,925                  |
| Investment in Deferred Compensation   | (75,387)                 | (81,990)                 |
| <u>Increase (Decrease) in Liabilities</u>   |                          |                          |
| Accounts Payable and Accrued Expenses   | (30,383)                 | 116,518                  |
| Due to AADOCR   | 24,981                   | (86,909)                 |
| Refunds and Pass-Through Amounts  | 109,088                  | (252,609)                |
| Refundable Advances   | (135,400)                | 11,400                   |
| PPP Refundable Advance  | (405,175)                | 405,175                  |
| Deferred Revenue  | 122,094                  | (1,067,096)              |
| Deferred Compensation Payable   | 75,387                   | 81,990                   |
| Net Cash Provided by (Used in) Operating Activities   | <u>348,527</u>           | <u>(1,844,023)</u>       |
| <b>Cash Flows from Investing Activities</b>   |                          |                          |
| Purchases of Investments  | (4,387,978)              | (433,366)                |
| Proceeds from Sales and Maturities of Investments   | 4,459,258                | 1,339,577                |
| Purchases of Fixed Assets   | <u>(187,553)</u>         | <u>(164,313)</u>         |
| Net Cash (Used in) Provided by Investing Activities   | <u>(116,273)</u>         | <u>741,898</u>           |
| Net Increase (Decrease) in Cash and Cash Equivalents  | 232,254                  | (1,102,125)              |
| Cash and Cash Equivalents, Beginning of Year  | <u>337,103</u>           | <u>1,439,228</u>         |
| <b>Cash and Cash Equivalents, End of Year</b>   | <u><u>\$ 569,357</u></u> | <u><u>\$ 337,103</u></u> |

See accompanying Notes to Financial Statements.

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### *Organization*

The International Association for Dental Research (the Association) is a nonprofit organization established to promote the international advancement of research in all branches of dental science.

The Association is affiliated with the American Association for Dental, Oral, and Craniofacial Research (AADOCR). Consolidation of the Association and AADOCR is not required pursuant to Financial Accounting Standards Board (FASB) Accounting Standards Codification 810, *Consolidation* (ASC 810).

The Association’s main sources of support are membership dues, conference registrations, royalties and publishing, and contributions and sponsorships.

The following is a description of the programs of the Association:

*Journal of Dental Research and Publishing:* relates to the activity involved with the publication of the Journal of Dental Research (JDR), JDR Clinical & Translational Research, and Advances in Dental Research. Based on a Memorandum of Understanding, revenues and expenses are split 50/50 between the Association and AADOCR. Since 2009, many of the publication costs have been outsourced and net revenues are returned to the Association in the form of royalty income.

*General Session and Meetings:* relates to the activities of the General Session meetings. Joint meetings are generally held every other year with AADOCR. A joint meeting was scheduled for 2020, but was cancelled due to the COVID pandemic. A joint virtual meeting was held in 2021. The related registration revenue and expenses are recorded in the Association’s financial statements.

*Awards, Grants, and Fellowships:* relate to activities involved in awarding grants, fellowships and/or awards to qualified individuals. It also relates to promoting activities in areas where there is limited Association presence.

*Membership Services and Other Programs:* relates to services provided to members, including publication and mailing of the newsletter. It also relates to advocating for the promotion and funding of oral health research.

##### *Financial Statement Presentation*

The financial statements of the Association have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Association to report information regarding its financial position and activities according to the following net asset classifications:

*Net Assets Without Donor Restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association’s management and the Board of Directors.

*Net Assets With Donor Restrictions:* Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

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#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Cash and Cash Equivalents*

The Association considers all short-term investments with an original maturity of three months or less to be cash equivalents, excluding amounts held as investments.

##### *Accounts Receivable*

Accounts receivable consist primarily of amounts due for conference registrations and royalties that were not received by the Association at year-end. The management of the Association reviews the collectability of accounts receivable on a monthly basis. No reserve for doubtful accounts has been established because management expects the amounts to be collected.

##### *Contributions Receivable*

Contributions receivable consists primarily of amounts due from donors that are not received by the Association at year-end and multi-year pledges. Management of the Association reviews the collectability of contributions receivable on a timely basis. No reserve for doubtful accounts has been established as management believes all amounts are collectible.

##### *Investments*

Investments are recorded at fair value based on quoted market prices, where available.

##### *Fixed Assets*

The Association capitalizes all office equipment and furniture acquisitions greater than or equal to \$500. Office equipment and furniture are recorded at cost, if purchased, or at fair market value at date of donation, if contributed. Depreciation is provided using the straight-line method over estimated useful lives of three to seven years.

The building is recorded at cost and is depreciated on a straight-line basis over its estimated useful life of 50 years. Building improvements are recorded at cost and are depreciated on a straight-line basis over the shorter of their estimated useful lives or over the remaining estimated useful life of the building.

Expenditures and related betterments that extend the useful life of the assets are capitalized. Expenditures for maintenance and repairs, including planned major maintenance activities, are charged to expense as incurred.

##### *Revenue Recognition*

Unconditional contributions are recognized as revenues in the period received or when the promise is made, if earlier. Conditional contributions are recognized as revenue only when the conditions on which they depend are substantially met and the promises become unconditional.

Revenue from membership dues and other services is recognized on a pro-rata basis over the related annual membership, subscription, or service period. Revenue and expenses from conferences and exhibits are recognized when the events are held. Royalty and publishing revenue is recognized when the services are provided.

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

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#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Refunds and Pass-Through Amounts*

Refunds and pass-through amounts consist of amounts to be refunded for conference registration cancellation and membership dues collected by the Association on behalf of Association divisions and sections.

##### *Tax Status*

The Association is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code. Federal and state income taxes are imposed on income unrelated to the Association’s exempt purpose. For the year ended December 31, 2021, the Association had net unrelated business income resulting in income tax expense of approximately \$1,300.

The Association requires that a tax position be recognized or derecognized based on a “more-likely-than-not” threshold. This applies to positions taken or expected to be taken in a tax return. The Association’s Form 990, *Return of Organization Exempt from Income Tax*, Form 990-T, *Exempt Organization Business Income Tax Return*, and Virginia Form 500, *Virginia Corporation Income Tax Return*, are generally subject to examination by the Internal Revenue Service and the Virginia Department of Taxation for three years after filing.

##### *Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. The Association is also required to make estimates and assumptions that affect the reported amount of revenues and expenses during the reported period. Actual results could differ from those estimates.

##### *Functional Expense Allocation*

Certain costs have been allocated among the programs and supporting services benefited. These expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, benefits, taxes, office expenses, information technology, occupancy, depreciation and amortization, general insurance, and other general expenses, which are allocated on the basis of estimates of time and effort by employees. Expenses directly identifiable to specific programs and supporting activities are allocated accordingly.

##### *Prior Year Summarized Information*

The financial statements include certain prior year summarized comparative totals as of and for the year ended December 31, 2020. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the financial statements for the year ended December 31, 2020, from which the summarized information was derived.

## INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Reclassifications*

Certain 2020 amounts have been reclassified for comparative purposes.

#### 2. LIQUIDITY AND AVAILABILITY OF RESOURCES

The Association’s cash flows have seasonal variations due to the timing of conferences and membership dues at year-end, and vendor payments. The Association manages its liquidity to meet general expenditures, liabilities, and other obligations as they become due.

As of December 31, 2021, the following financial assets and liquidity sources were available for general operating expenditures in the year ending December 31, 2022:

##### *Financial Assets*

|   |                             |
|---|-----------------------------|
| Cash and Cash Equivalents   | \$ 569,357                  |
| Accounts Receivable   | 70,252                      |
| Contributions Receivable  | 81,000                      |
| Investments   | 17,556,190                  |
| Less Endowment Funds Held in Perpetuity   | (253,128)                   |
| Less Board Designated Funds for Future Awards and Fellowships                             | (433,954)                   |
| Less Purpose Restrictions by Donors   | <u>(414,604)</u>            |
| Financial Assets Available to Meet Cash Needs for<br>General Expenditures within One Year | <u><u>\$ 17,175,113</u></u> |

Board designated funds for future awards and fellowships can be utilized for general operating purposes with board approval.

#### 3. RELATED PARTY TRANSACTIONS

In addition to the programs in which the Association and AADOCR share revenues and expenses, as outlined in Note 1, the Association and AADOCR share operations of the central office. Indirect expenses of the central office are allocated to each organization based on time spent by personnel.

#### 4. FIXED ASSETS

Net fixed assets consisted of the following as of December 31, 2021:

| <u>Description</u>             | <u>Amount</u>            |
|--------------------------------|--------------------------|
| Buildings and Improvements     | \$ 1,133,538             |
| Office Furniture and Equipment | <u>579,271</u>           |
| Total Fixed Assets             | 1,712,809                |
| Less Accumulated Depreciation  | <u>(1,073,488)</u>       |
| Fixed Assets, Net              | <u><u>\$ 639,321</u></u> |

The Association and AADOCR have joint ownership of the central office building, and therefore 50 percent of the building asset and accumulated depreciation are recorded in each organization’s financial statements.

## INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 5. FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

*Level 1* - inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets (examples include equity securities);

*Level 2* - inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active (examples include corporate or municipal bonds);

*Level 3* - inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs to the determination of fair value require significant management judgment (examples include certain private equity securities and split-interest agreements).

The following presents the Association’s assets and liabilities measured at fair value as of December 31, 2021:

| Description  | Level 1              | Level 2             | Level 3     | Total                |
|--|----------------------|---------------------|-------------|----------------------|
| Cash and Cash Equivalents                                    | \$ 74,622            | \$ -                | \$ -        | \$ 74,622            |
| JOHCM Global Equity Fund Institutional                       | 2,802,207            | -                   | -           | 2,802,207            |
| Vanguard - ST Treasury Index Admiral                         | 1,685,493            | -                   | -           | 1,685,493            |
| GMO Climate Change   | 511,444              | -                   | -           | 511,444              |
| Vanguard Energy Fund Admiral                                 | 557,142              | -                   | -           | 557,142              |
| Equity Securities  | 9,387,003            | -                   | -           | 9,387,003            |
| Fixed Income Securities                                      | -                    | 2,538,279           | -           | 2,538,279            |
| <b>Total Investments at Fair Value</b>                       | <b>\$ 15,017,911</b> | <b>\$ 2,538,279</b> | <b>\$ -</b> | <b>\$ 17,556,190</b> |
| Deferred Compensation Investments                            |                      |                     |             |                      |
| CREF Global Equities R1                                      | \$ 78,583            | \$ -                | \$ -        | \$ 78,583            |
| CREF Growth R1   | 160,258              | -                   | -           | 160,258              |
| CREF Stock R1  | 145,374              | -                   | -           | 145,374              |
| Other Mutual Funds   | 19,597               | -                   | -           | 19,597               |
| <b>Total Deferred Compensation Investments at Fair Value</b> | <b>\$ 403,812</b>    | <b>\$ -</b>         | <b>\$ -</b> | <b>403,812</b>       |
| TIAA Traditional Annuity at Contract Value                   |                      |                     |             | 27,083               |
| <b>Total Deferred Compensation Investment</b>                |                      |                     |             | <b>\$ 430,895</b>    |
| Deferred Compensation Liability at Fair Value                | \$ 403,812           | \$ -                | \$ -        | \$ 403,812           |
| Deferred Compensation Liability at Contract Value            |                      |                     |             | 27,083               |
| <b>Total Deferred Compensation Liability</b>                 |                      |                     |             | <b>\$ 430,895</b>    |

INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021

**FAIR VALUE MEASUREMENTS (CONTINUED)**

The TIAA Traditional Annuity (the Annuity Contract) is an unallocated fixed-rate guaranteed annuity contract offered by TIAA, an insurance company. The Annuity Contract is fully benefit responsive and therefore the Annuity Contract and related liability are reported at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount which normally would be received if permitted transactions were initiated under the terms of the Annuity Contract. The contract value of the Annuity Contract equals the accumulated cash contributions, interest credited to the contract, and transfers, if any, less any withdrawals and transfers, if any.

The Association’s Level 2 investments are valued based on readily available pricing sources for comparable investments.

**INVESTMENT GAIN**

Investment gain is as follows for the year ended December 31, 2021:

| Description   | Amount              |
|---|---------------------|
| Interest Income and Dividends   | \$ 368,629          |
| Net Realized and Unrealized Gain  | 2,028,296           |
| Investment Fees   | <u>(79,000)</u>     |
| Total Investment Gain   | 2,317,925           |
| Investment Return Designated for Current Operations                       | <u>302,026</u>      |
| Investment Gain in Excess of Amounts Designated<br>for Current Operations | <u>\$ 2,015,899</u> |

The Board of Directors designates 2% of the average market value of investments of the prior 12 quarters for support of current operations; the remainder is retained to support operations of future years and to offset potential market declines.

**FINANCIAL RISK**

The Association maintains its cash in bank deposit accounts which exceeded federally insured limits at times during the year. The Association has not experienced any losses on such accounts and believes it is not exposed to any significant financial risk on cash.

The Association invests in professionally managed portfolios that contain equities, fixed income securities, and mutual funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amount reported in the financial statements.

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

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##### ENDOWMENTS

The Association’s endowments consist of approximately seven funds established for a variety of purposes. The endowments include both donor-restricted funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the Association has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Association classifies as net assets with donor restrictions as (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund are also classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Association in a manner consistent with the standards of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Association, and (7) the Association’s investment policies.

*Investment Return Objectives, Risk Parameters, and Strategies:* The Association has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment assets. Endowment assets include those assets of donor-restricted and Board designated funds that the Association must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the market while assuming a moderate level of investment risk.

To satisfy its long-term rate-of-return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

The Association targets a diversified asset allocation that provides reasonable and predictable funds for the Association’s program purposes and to maintain a balance between Association spending and the protection of the principal.

*Spending Policy:* The endowment funds have a spending policy of up to 3% of the average market value of investments of the prior 12 quarters, the remainder is retained to support operations of future years and to offset potential market declines.

**INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH**

**NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021**

**ENDOWMENTS (CONTINUED)**

Composition and changes in endowment net assets were as follows for the year ended December 31, 2021:

|                                      | Without Donor Restrictions              |                    | With Donor Restrictions |                   | Total |
|--------------------------------------|---|--------------------|-------------------------|-------------------|-------|
|                                      | Board Designated                        | Purpose Restricted | Invested in Perpetuity  |                   |       |
|                                      | Endowment Net Assets, Beginning of Year | \$ 388,013         | \$ 55,527               | \$ 219,588        |       |
| Investment Return                    | -                                       | 38,494             | -                       | 38,494            |       |
| Contributions                        | -                                       | 921                | 33,540                  | 34,461            |       |
| Transfer from Unrestricted           | 45,941                                  | -                  | -                       | 45,941            |       |
| Amounts Appropriated for Expenditure | -                                       | (10,935)           | -                       | (10,935)          |       |
| Endowment Net Assets, End of Year    | <u>\$ 433,954</u>                       | <u>\$ 84,007</u>   | <u>\$ 253,128</u>       | <u>\$ 771,089</u> |       |

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2021:

| Description                             | Amount            |
|---|-------------------|
| Souder Award                            | \$ 130,000        |
| Schour Award                            | 71,873            |
| N. Johnson Award                        | 51,255            |
| Total Endowments Invested in Perpetuity | <u>\$ 253,128</u> |

**RETIREMENT PLAN**

The Association has a defined contribution retirement plan (the Retirement Plan) administered through the Teacher’s Insurance and Annuity Association/College Retirement Equities Fund (TIAA-CREF). An employee is eligible to participate on the first day after the third month of employment. The Association contributes the equivalent of 10 percent of the employees’ salary to the Retirement Plan. Employer contributions to the Retirement Plan for the year ended December 31, 2021, were approximately \$146,000.

**CONCENTRATIONS**

As of December 31, 2021, approximately 68% of accounts receivable is due from three entities. As of December 31, 2021, approximately 100% of contributions receivable is due from one donor.

**BOARD DESIGNATED NET ASSETS**

The Association’s board designated net assets consisted of the following as of December 31, 2021:

| Description                       | Amount            |
|-----------------------------------|-------------------|
| John A. Clarkson Award            | \$ 207,111        |
| John A. Gray Fellowship           | 108,891           |
| Norton H. Ross Fellowship         | 65,900            |
| David B. Scott Recognition Award  | 52,052            |
| Total Board Designated Net Assets | <u>\$ 433,954</u> |

## INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### CONDITIONAL CONTRIBUTIONS AND GRANTS

The Association has received conditional contributions as of December 31, 2021, of approximately \$21,000. Certain events must occur in order to meet the conditions. Accordingly, revenue has not been recorded for these conditional contributions as of December 31, 2021, and they have been recorded as refundable advances on the statement of financial position.

#### NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE

As of December 31, 2021, net assets with donor restrictions for purpose are available for the following purposes:

| Description  | Amount     |
|--|------------|
| Osteology Award                                      | \$ 78,139  |
| Conference on Oral Biology                           | 72,424     |
| William J. Gies Award                                | 61,844     |
| Scientific Group and Network                         | 58,955     |
| Souder Award   | 48,820     |
| Schour Award   | 23,837     |
| Joseph Lister Award                                  | 20,373     |
| General Session and Meetings                         | 20,000     |
| Other Awards   | 10,388     |
| Hatton Award   | 9,327      |
| David B. Scott Recognition Award                     | 7,577      |
| N. Johnson Award                                     | 2,920      |
| Total Net Assets With Donor Restrictions for Purpose | \$ 414,604 |

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by the donor as follows for the year ended December 31, 2021:

| Description                                 | Amount     |
|---|------------|
| General Session and Meetings                | \$ 208,732 |
| Innovation in Oral Care Awards              | 160,892    |
| Osteology Award                             | 83,725     |
| Scientific Group and Network                | 68,795     |
| Distinguished Scientist Award               | 41,250     |
| Hatton Award                                | 28,620     |
| Kulzer Travel Award                         | 13,894     |
| Research in Prevention Award                | 13,205     |
| Joseph Lister Award                         | 12,022     |
| Toshio Nakao Fellowship                     | 10,000     |
| Other Awards                                | 7,281      |
| Souder Award                                | 4,427      |
| Schour Award                                | 4,003      |
| David B. Scott Recognition Award            | 2,500      |
| Lion Award                                  | 2,290      |
| William J. Gies Award                       | 2,094      |
| Total Net Assets Released from Restrictions | \$ 663,730 |

### INTERNATIONAL ASSOCIATION FOR DENTAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

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##### **PPP LOAN FORGIVENESS**

During 2020, the Association received a Small Business Administration (SBA) loan under the Paycheck Protection Program (PPP) in the amount of \$405,175. During 2021, the Association received an additional loan under PPP in the amount of \$390,907. PPP provides cash-flow assistance through 100% federally guaranteed loans to eligible recipients to maintain payroll during the COVID-19 public health emergency and cover certain other expenses. The PPP loans were forgiven in full during 2021. The recognition of the revenue was shared by the Association and AADOCR in the amount of \$541,818 and \$254,264, respectively, and is included in PPP loan forgiveness on the statement of activities.

##### **COMMITMENTS AND CONTINGENCIES**

The Association has entered into several contracts with hotels and convention centers for its future conferences and meetings. Many of the contracts contain a clause whereby the Association is liable for liquidated damages in the event of cancellation based upon percentage of the contract price determined by the length of time between the cancellation and the event date.

The spread of COVID-19 (coronavirus pandemic) has had a disruptive impact on the daily life and operations of individuals, businesses, and nonprofit organizations around the world. There is uncertainty about financial and economic impacts in all sectors of the economy. The financial markets have experienced significant volatility, and this may continue for an extended period of time. In light of these circumstances, management continues to assess how best to adapt to changed circumstances.

##### **DEFERRED COMPENSATION AND EMPLOYMENT AGREEMENT**

The Association maintains a nonqualified 457(b) deferred compensation plan (the Plan) for its Chief Executive Officer (CEO). The Plan requires that the Association establish and maintain a book entry account on behalf of the CEO for all contributions, deferrals, and investment experience related to the Plan. The Association is not liable for any specific investment success, nor is it required to restore any loss of principal that may occur due to market conditions. Under current law, such funds remain the assets of the Association and, as such, are subject to the creditors of the Association. For the year ended December 31, 2021, the Association contributed \$13,000 to the Plan.

The Association entered into a five-year employment agreement (the Agreement) with its CEO, which began April 1, 2020. If the CEO is terminated for any reason other than cause, as defined in the Agreement, the Association must pay severance equal to compensation for twelve months.

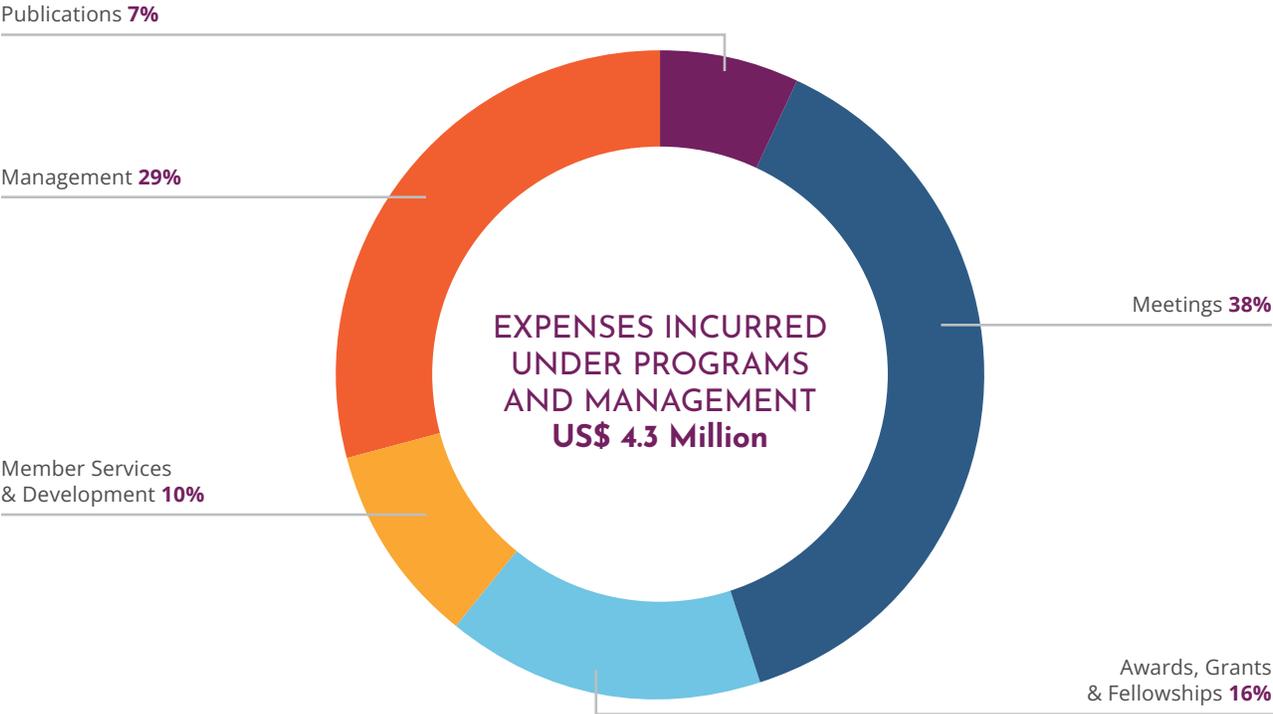
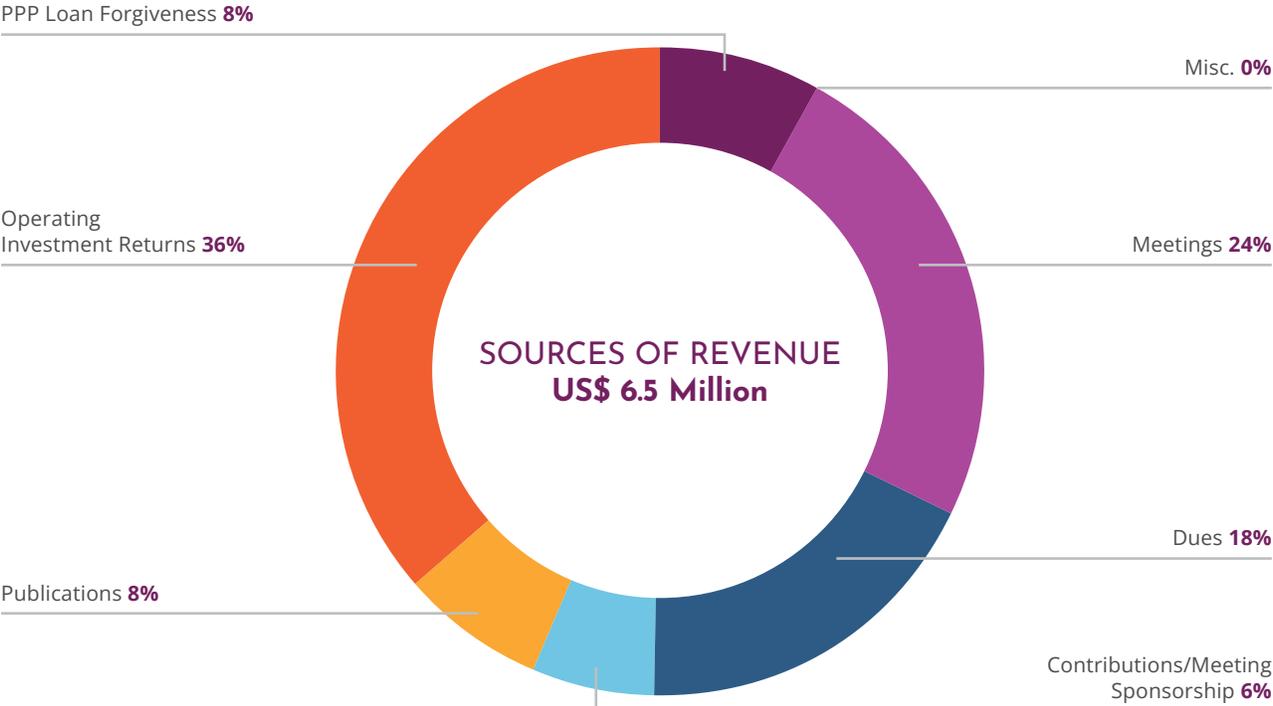
##### **DEFERRED REVENUE**

Membership dues cover the calendar year. Those paid in advance are reported as deferred revenue. In addition, amounts received in advance for the following year’s general session are recorded as deferred revenue. Deferred revenue totaled \$380,981 as of January 1, 2021. The full amount was recognized as revenue during the year ended December 31, 2021.

##### **SUBSEQUENT EVENTS**

Subsequent events were evaluated through September 26, 2022, which is the date the financial statements were available to be issued.

# 2021 OPERATIONAL HIGHLIGHTS





## Table I2. General Operations

|                                   | Actual<br>2022   | YTD<br>9/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|-----------------------------------|------------------|------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>                    |                  |                  |                                    |                            |                            |                               |                               |
| Institutional & Corporate dues    | 164,530          | 193,485          | 193,485                            | 180,000                    | 190,000                    | 190,000                       | 190,000                       |
| Membership Dues                   | 916,115          | 848,795          | 848,795                            | 958,020                    | 940,186                    | 1,093,038                     | 1,200,393                     |
| Prepaid Membership Dues           | (22,539)         | (1,465)          | (5,000)                            | (15,000)                   | (15,750)                   | (16,538)                      | (16,538)                      |
| Award Admin Fees                  | 24,000           | 1,592            | 18,422                             | 32,744                     | 17,627                     | 18,827                        | 17,627                        |
| Miscellaneous                     | 28,537           | 8,301            | 11,068                             | 10,000                     | 10,000                     | 10,000                        | 10,000                        |
| <b>TOTAL REVENUE</b>              | <b>1,110,643</b> | <b>1,050,708</b> | <b>1,066,770</b>                   | <b>1,165,767</b>           | <b>1,142,063</b>           | <b>1,295,327</b>              | <b>1,401,482</b>              |
| <b>EXPENSES</b>                   |                  |                  |                                    |                            |                            |                               |                               |
| Employee salaries                 | 955,734          | 719,113          | 958,817                            | 977,914                    | 1,077,660                  | 1,057,656                     | 1,182,154                     |
| Employee benefits                 | 250,176          | 199,554          | 266,072                            | 268,926                    | 296,356                    | 290,855                       | 325,092                       |
| Overhead Allocation               | 307,445          | 234,804          | 298,188                            | 286,545                    | 318,860                    | 276,228                       | 285,005                       |
| Merchant Fees/Bank Charges        | 42,173           | 29,974           | 33,000                             | 35,279                     | 32,091                     | 36,829                        | 40,157                        |
| Shipping & Courier                | 1,405            | 239              | 1,500                              | 2,500                      | 2,000                      | 2,060                         | 2,122                         |
| Board Costs - Travel, Mtg & Admin | 120,866          | 112,345          | 180,000                            | 180,000                    | 185,000                    | 190,550                       | 196,267                       |
| Regional Board Member Support     | 0                | 7,582            | 17,005                             | 14,000                     | 15,000                     | 15,450                        | 15,914                        |
| Division/Section/Region Services  | 0                | 0                | 0                                  | 5,000                      | 5,000                      | 5,150                         | 5,305                         |
| Travel - Staff                    | 18,389           | 27,111           | 34,000                             | 34,000                     | 28,000                     | 30,000                        | 32,000                        |
| Regional Support Staff            | 191,909          | 144,513          | 158,215                            | 178,129                    | 174,281                    | 179,509                       | 184,895                       |
| Consulting                        | 53,000           | 48,000           | 48,000                             | 0                          | 0                          | 0                             | 0                             |
| International Advocacy            | 2,148            | 1,483            | 2,200                              | 5,000                      | 5,000                      | 5,150                         | 5,305                         |
| Miscellaneous                     | 29,727           | 14,267           | 19,250                             | 19,250                     | 19,250                     | 19,828                        | 20,422                        |
| Media & Public Relations          | 19,223           | 11,989           | 11,989                             | 13,155                     | 12,162                     | 12,527                        | 12,903                        |
| Member Retention                  | 25,606           | 32,147           | 35,000                             | 27,865                     | 59,419                     | 61,202                        | 63,038                        |
| Member Recruitment                | 1,555            | 12,270           | 12,270                             | 7,125                      | 9,375                      | 9,656                         | 9,946                         |
| <b>TOTAL EXPENSES</b>             | <b>2,019,356</b> | <b>1,595,390</b> | <b>2,075,506</b>                   | <b>2,054,687</b>           | <b>2,239,454</b>           | <b>2,192,651</b>              | <b>2,380,523</b>              |
| <b>Net Income</b>                 | <b>(908,713)</b> | <b>(544,682)</b> | <b>(1,008,736)</b>                 | <b>(888,919)</b>           | <b>(1,097,392)</b>         | <b>(897,324)</b>              | <b>(979,041)</b>              |

| Budget assumptions          | Actual<br>2022 | YTD<br>9/30/23 | YE Estimate<br>12/31/23 | BUDGET<br>2023 | BUDGET<br>2024 | BUDGET<br>2025 | BUDGET<br>2026 |
|-----------------------------|----------------|----------------|-------------------------|----------------|----------------|----------------|----------------|
| Members - High Income       | 3,004          | 3,007          | 3,007                   | 3,060          | 3,157          | 3,315          | 3,481          |
| Worldbank High Income Rate  | \$ 195.00      | \$ 200.00      | \$ 200.00               | \$ 200.00      | \$ 210.00      | \$ 225.00      | \$ 235.00      |
| Members - Middle Income     | 2,229          | 1,342          | 1,342                   | 2,182          | 1,409          | 1,479          | 1,553          |
| Worldbank Mid Income Rate   | \$ 117.00      | \$ 120.00      | \$ 120.00               | \$ 120.00      | \$ 126.00      | \$ 135.00      | \$ 140.00      |
| Members - Lower Income      | 174            | 293            | 293                     | 328            | 308            | 323            | 339            |
| Worldbank Lower Income Rate | \$ 68.00       | \$ 70.00       | \$ 70.00                | \$ 70.00       | \$ 74.00       | \$ 79.00       | \$ 82.00       |
| Affiliate Members           | 45             | 65             | 65                      | 48             | 68             | 71             | 75             |
|                             | \$ 156.00      | \$ 160.00      | \$ 160.00               | \$ 160.00      | \$ 168.00      | \$ 180.00      | \$ 193.00      |
| Members - Retired           | 205            | 198            | 198                     | 155            | 208            | 218            | 229            |
|                             | \$ 58.00       | \$ 60.00       | \$ 60.00                | \$ 60.00       | \$ 63.00       | \$ 79.00       | \$ 82.00       |
| Student Members             | 2,187          | 2,097          | 2,097                   | 2,232          | 2,202          | 2,312          | 2,428          |
|                             | \$ 58.00       | \$ 60.00       | \$ 60.00                | \$ 60.00       | \$ 63.00       | \$ 79.00       | \$ 82.00       |

### General Operations (Table I2)

#### Revenue

The largest portion of revenue comes from member dues. In the lower part of the table the supporting figures for the Dues revenue are displayed. Paid memberships decreased by more than 10% in 2023 when compared to 2022, due to a significant decrease in Chinese memberships. An increase of 5% was budgeted. The decrease in Chinese members was partially offset by increases in other Divisions and Section. As a result, membership revenue is expected to fall short of the budgeted amount by about \$109,000. Memberships are budgeted to increase 5% over 2023 levels in 2024 and further memberships increases of 5% are budgeted for 2024 and 2025.

Dues rates for all tiers increase proportionally with increases to the high-income tier rate. The middle tier is set at 60% of the high-tier rate and the low-tier is set at 35% of the high-tier rate. Additional increases in membership dues continue to be recommended to offset rising costs and for the Association to

become less dependent on meeting surpluses to balance the overall IADR budget. However, as membership has declined in recent years, operating revenue has been insufficient to cover all operating costs.

#### Expenses

The largest expenses relate to salaries, benefits, global headquarters costs (overhead allocation), Board and regional support staff (Kellen) costs. 2023 expenses are expected to be \$21,000 greater than budgeted, due to \$48,000 in unbudgeted consulting costs associated with the IADR name change project. This increase is partially offset by lower than expected regional support staff costs.

Future year budgets assume that Board and staff travel and regional support staff costs continue.

#### Operations Total

Lower than budgeted dues revenues and higher general operations expenses result in a higher than budgeted General Operations deficit.

## Table I3. General Session

|  | Chengdu          | Bogota           | Bogota             | Bogota           | New Orleans      | Barcelona      | San Diego      |
|--|------------------|------------------|--------------------|------------------|------------------|----------------|----------------|
|  | ACTUAL           | YTD              | Year-End           | Approved         | Proposed         | Preliminary    | Preliminary    |
|  | 2022             | 9/30/2023        | Estimate           | BUDGET           | BUDGET           | BUDGET         | BUDGET         |
|  |                  |                  | 12/31/2023         | 2023             | 2024             | 2025           | 2026           |
| <b>REVENUE</b>                                 |                  |                  |                    |                  |                  |                |                |
| Registration                                   | 790,815          | 612,255          | 612,255            | 858,604          | 2,207,939        |                |                |
| Abstract Submission Fees                       | 45,075           | 35,625           | 35,625             | 32,150           | 74,575           |                |                |
| Exhibition Fees                                | 6,760            | 32,540           | 32,540             | 92,078           | 168,066          |                |                |
| Sponsorship & Advertising                      | 123,300          | 178,647          | 178,647            | 247,660          | 327,800          |                |                |
| Miscellaneous                                  | 40               | 1,000            | 1,000              | 1,750            | 1,750            |                |                |
| <b>IADR REVENUE (Before Mtg Div)</b>           | <b>965,990</b>   | <b>860,067</b>   | <b>860,067</b>     | <b>1,200,092</b> | <b>2,780,130</b> | <b>TBD</b>     | <b>TBD</b>     |
| Meeting Dividend Collections                   | 58,825           | 47,800           | 47,800             | 55,939           | 150,429          | 75,000         | 75,000         |
| <b>ADJUSTED TOTAL REVENUE</b>                  | <b>1,024,815</b> | <b>907,867</b>   | <b>907,867</b>     | <b>1,256,031</b> | <b>2,930,559</b> | <b>TBD</b>     | <b>TBD</b>     |
| <b>EXPENSES</b>                                |                  |                  |                    |                  |                  |                |                |
| Employee Salaries                              | 406,146          | 223,943          | 447,886            | 450,996          | 664,297          | 497,849        | 730,296        |
| Employee Benefits                              | 106,314          | 61,584           | 123,169            | 124,024          | 182,682          | 136,909        | 200,831        |
| Overhead Allocation                            | 130,651          | 113,398          | 144,536            | 139,992          | 214,549          | 133,710        | 183,310        |
| Personnel                                      | 75,964           |                  |                    |                  |                  |                |                |
| Merchant Fees/Bank Charges                     | 35,559           | 46,241           | 46,241             |                  |                  |                |                |
| Meeting Venue                                  |                  |                  |                    |                  |                  |                |                |
| Scientific Program                             | 187,762          |                  |                    |                  |                  |                |                |
| Exhibition                                     |                  |                  |                    |                  |                  |                |                |
| Networking Opportunities                       | 37,448           |                  |                    |                  |                  |                |                |
| Meeting Promotion                              | 18,355           |                  |                    |                  |                  |                |                |
| Miscellaneous                                  | 1,400            |                  |                    |                  |                  |                |                |
| AV & Other Meeting Technical Costs             |                  | 204,346          | 204,346            | 204,723          | 496,080          |                |                |
| Convention Center & Setup Costs                |                  | 654,032          | 654,032            | 599,685          | 226,225          |                |                |
| Catering Costs                                 |                  | 99,641           | 99,641             | 103,389          | 220,546          |                |                |
| Travel & Honorarium Costs                      |                  | 94,591           | 94,591             | 111,460          | 133,638          |                |                |
| Staffing Costs                                 |                  | 52,240           | 52,240             | 71,500           | 38,146           |                |                |
| Registration & Abstract Mgmt Costs             |                  | 107,730          | 107,730            | 97,820           | 128,382          |                |                |
| Promotion & Printing Costs                     |                  | 36,238           | 36,238             | 48,900           | 90,858           |                |                |
| Other Costs                                    |                  | 22,772           | 22,772             | 19,450           | 190,588          |                |                |
| <b>TOTAL EXPENSES</b>                          | <b>999,599</b>   | <b>1,716,756</b> | <b>2,033,421</b>   | <b>1,971,939</b> | <b>2,585,991</b> | <b>TBD</b>     | <b>TBD</b>     |
| <b>Net Income (prior to Div distributions)</b> | <b>25,216</b>    | <b>(808,889)</b> | <b>(1,125,554)</b> | <b>(715,908)</b> | <b>344,568</b>   | <b>361,039</b> | <b>991,481</b> |
| Meeting Dividend Distributions                 | 58,825           | 47,800           | 47,800             | 55,939           | 150,429          | 75,000         | 75,000         |
| Division Share                                 | -                | -                | -                  | -                | 38,828           | 57,208         | 183,296        |
| Developing Regions Grant                       | -                | -                | -                  | -                | 15,531           | 22,883         | 60,000         |
| AADOCR Profit Share (per 2005 MOU)             | -                | -                | -                  | -                | 69,890           | -              | 336,592        |
| <b>FINAL IADR NET INCOME</b>                   | <b>(33,609)</b>  | <b>(856,689)</b> | <b>(1,173,354)</b> | <b>(771,847)</b> | <b>69,890</b>    | <b>205,948</b> | <b>336,592</b> |

### General Session (Table I3)

#### Revenue

The income generated in connection with the IADR annual meeting is mainly determined by the registration fees based on the number of attendees. A detailed line-item budget is created for each meeting.

Historically beginning in 2010, Member Registration rates increased at only 2% per year. Student Registration rates are set at a level that is 50% of the full Member rate. Beginning in 2016, the Board agreed to allow reduced rates to Members and Students from lower and middle-income nations within the host Region at all General Sessions. In 2021 the reduced Member and Student rates were extended to all members from lower and middle-income nations, this practice has continued in 2022 & 2023. In addition, beginning in 2019, reduced registration rates were offered to Members who have retained their membership for at least five consecutive years. These reduced rates being offered put pressure on the margins earned from these meetings.

#### Expenses

There are two main categories of expenses, 1) allocated staff salaries, benefits and overhead costs and 2) direct costs related to the meeting. Staff costs vary according to whether costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings. In 2024 and 2026 these costs are expected to be higher than in 2022, 2023 and 2025, because there is only one combined meeting in those years. The meetings department budgets meetings according to a very detailed list, but the

simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

| MAIN HEADING                 | TYPICAL EXPENSE ITEMS   |
|------------------------------|---|
| Technical                    | Audio visual, website, WiFi and video recording costs                       |
| Convention Center & Setup    | Convention center lease, exhibit space setup, decorating and cleaning costs |
| Catering                     | Food & beverage costs for events and breaks                                 |
| Travel & Honorarium          | Travel & lodging for Board, speakers and staff                              |
| Staffing                     | Temporary staffing costs  |
| Registration & Abstract Mgmt | System costs for registration & abstract management                         |
| Promotion & Printing         | Video production & printing costs   |
| Other                        | Insurance, supplies & shipping  |

IADR's expected meeting deficit for the 2023 virtual General Session is expected to be (\$1,173,000).

The 2024 meeting is budgeted for just over 4,600 attendees based on just under 3,000 abstracted submitted resulting in a budgeted surplus of \$209,000. For 2024 & 2025 targeted meeting surpluses have been calculated to assist management and the Board in seeing what level of meeting surplus is needed to achieve a balanced operating budget (a net budget deficit equal to the expected allocation to operations from the investment portfolio).

## Table 15. Regional Development Program

|                             | ACTUAL<br>2022 | YTD<br>9/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|-----------------------------|----------------|------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>              |                |                  |                                    |                            |                            |                               |                               |
| IAGS Meeting Surplus        | 0              | 0                | 0                                  | 0                          | 15,531                     | 22,883                        | 60,000                        |
| Contributions               | 0              | 0                | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Board Designated Funds      | 0              | 0                | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Allocation from Investments | 0              | 60,000           | 60,000                             | 60,000                     | 44,469                     | 37,117                        | 0                             |
| <b>TOTAL REVENUE</b>        | <b>0</b>       | <b>60,000</b>    | <b>60,000</b>                      | <b>60,000</b>              | <b>60,000</b>              | <b>60,000</b>                 | <b>60,000</b>                 |
| <b>EXPENSES</b>             |                |                  |                                    |                            |                            |                               |                               |
| Grants - RDP Committee      | 0              | 24,000           | 60,000                             | 60,000                     | 60,000                     | 60,000                        | 60,000                        |
| Grants - Board Designated   | 0              | 0                | 0                                  | 0                          | 0                          | 0                             | 0                             |
| <b>TOTAL EXPENSES</b>       | <b>0</b>       | <b>24,000</b>    | <b>60,000</b>                      | <b>60,000</b>              | <b>60,000</b>              | <b>60,000</b>                 | <b>60,000</b>                 |
| <b>Net Income</b>           | <b>0</b>       | <b>36,000</b>    | <b>0</b>                           | <b>0</b>                   | <b>0</b>                   | <b>0</b>                      | <b>0</b>                      |
| Surplus from Previous Year  | 0              | 0                | 0                                  | 0                          | 0                          | 0                             | 0                             |
| <b>Ending Balance</b>       | <b>0</b>       | <b>36,000</b>    | <b>0</b>                           | <b>0</b>                   | <b>0</b>                   | <b>0</b>                      | <b>0</b>                      |

### Regional Development Program (Table 15)

#### Revenue

The revenue for this program comes from the surplus of the IADR annual General Session, if available. After deducting 20% from the surplus, which is distributed as the divisional share, the development program receives 10% of the remainder. An allocation from the investment portfolio is used if there is not sufficient funding from the current year meeting surplus or accumulated prior year surpluses to fund \$60,000 in grants. An investment portfolio allocation will be required in most years.

#### Expenses

Applications are assessed once per year. Funding is set at a maximum of \$60,000. Although, the Board occasionally agrees to exceed the maximum by a small amount.

#### Comments

If a meeting results in a deficit (like 2018, 2020, 2022 and 2023), the only support for the program is from the investment allocation and/or any unspent funds from prior years.

## Table 16. Fellowships and Awards

|                            | ACTUAL<br>2022   | YTD<br>9/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|----------------------------|------------------|------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>             |                  |                  |                                    |                            |                            |                               |                               |
| Contributions              | 483,605          | 91,006           | 171,771                            | 333,775                    | 333,775                    | 333,775                       | 333,775                       |
| Board Alloc - Unrestricted | 0                | 0                | 0                                  | 0                          | 0                          | 0                             | 0                             |
| IADR Portfolio Allocation  | 14,310           | 0                | 94,106                             | 108,833                    | 94,464                     | 94,464                        | 94,464                        |
| Total Return On Investment | (125,512)        | 35,183           | 35,183                             | 33,923                     | 33,705                     | 32,765                        | 32,559                        |
| <b>TOTAL REVENUE</b>       | <b>372,403</b>   | <b>126,189</b>   | <b>301,060</b>                     | <b>476,531</b>             | <b>461,944</b>             | <b>461,004</b>                | <b>460,798</b>                |
| <b>EXPENSES</b>            |                  |                  |                                    |                            |                            |                               |                               |
| Awards/Fellowships         | 269,236          | 369,695          | 444,501                            | 428,361                    | 418,361                    | 425,561                       | 428,361                       |
| Plaques                    | 3,365            | 4,783            | 5,303                              | 5,206                      | 5,263                      | 5,263                         | 5,263                         |
| Miscellaneous              | 3,852            | 1,126            | 9,186                              | 9,912                      | 10,087                     | 10,087                        | 10,087                        |
| Admin Fees                 | 4,102            | 1,592            | 18,422                             | 32,707                     | 17,627                     | 18,827                        | 17,627                        |
| Investment Fees            | 2,897            | 2,650            | 3,108                              | 2,984                      | 3,296                      | 3,395                         | 3,497                         |
| <b>TOTAL EXPENSES</b>      | <b>283,452</b>   | <b>379,845</b>   | <b>480,520</b>                     | <b>479,170</b>             | <b>454,634</b>             | <b>463,133</b>                | <b>464,834</b>                |
| <b>Net Income</b>          | <b>88,951</b>    | <b>(253,657)</b> | <b>(179,460)</b>                   | <b>(2,639)</b>             | <b>7,310</b>               | <b>(2,128)</b>                | <b>(4,037)</b>                |
| Balance from Previous Year | 949,644          | 1,038,595        | 1,038,595                          | 1,038,595                  | 859,136                    | 866,446                       | 864,318                       |
| <b>Balance at Year End</b> | <b>1,038,595</b> | <b>784,939</b>   | <b>859,136</b>                     | <b>1,035,957</b>           | <b>866,446</b>             | <b>864,318</b>                | <b>860,281</b>                |

### Fellowships and Awards (Table 16)

In 2021 and 2022, IADR distributed a smaller amount of awards dues to the complications associated with COVID-19 and the lack of travel to a General Session. With the resumption of an in-person meeting in 2023 the distribution of awards has returned to pre-Covid levels.

The fellowships and awards are funded by various sponsors and are awarded according to spending rules defined by the sponsor or by the Board. The fellowships and awards are restricted funds that can only be used for their stated purpose. The accumulation of funds over the years is also shown in these tables.

In 2002, the Board of Directors designated funds from the association's reserves to be "quasiendowed" to support several fellowships in perpetuity. Since these funds are not true "endowments", the Board has the power to change the purpose

of these "designated" funds at its discretion. In 2006, IADR received its first permanently endowed fund and its second in 2013. These endowments permanently fund two of the IADR Distinguished Scientist Awards.

Administrative costs charged to several of the awards are reflected on these budget sheets as expenses and included in Income on the General Operations Budget (Table 12).

You may notice deficits in some funds' net income from time to time. This is typically due to timing issues. Generally Accepted Accounting Procedures (GAAP) require that contributions be recorded during the year that they are promised or received and the expenses of the award/fellowship be recorded in the year that it is paid. Contributions are frequently received in the year prior to awarding the grant. In this example, the first year would show a surplus and the second year would show a deficit. These surpluses and deficits are expected offset each other over time.

## Table JI. IADR & AADOCR – All Global Headquarters Costs

|                                   | Actual<br>2022   | YTD<br>09/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 |
|-----------------------------------|------------------|-------------------|------------------------------------|----------------------------|
| <b>Staff costs</b>                |                  |                   |                                    |                            |
| Staff Salaries                    | 2,487,377        | 1,926,380         | 2,561,616                          | 2,595,404                  |
| Staff Benefits                    | 651,105          | 541,342           | 710,848                            | 713,736                    |
| Subtotal                          | 3,138,482        | 2,467,722         | 3,272,464                          | 3,309,140                  |
| % Change from Prior Year          | 6.4%             |                   | 4.3%                               | 5.4%                       |
| % Diff. From Current Year Budget  | -0.4%            |                   | -1.1%                              | 5.0%                       |
| <b>Overhead costs</b>             |                  |                   |                                    |                            |
| Accounting fees                   | 5,633            | 4,244             | 7,159                              | 7,500                      |
| Audit                             | 74,439           | 65,723            | 75,000                             | 61,800                     |
| Bank charges                      | 17,658           | 15,023            | 20,000                             | 22,000                     |
| Building maintenance              | 55,482           | 42,865            | 60,000                             | 75,209                     |
| Depreciation (50/50 Joint Assets) | 243,931          | 170,547           | 227,663                            | 256,568                    |
| Information Technology            | 255,651          | 219,507           | 256,818                            | 186,262                    |
| Insurance                         | 54,210           | 51,213            | 52,026                             | 56,378                     |
| Leases & equipment                | 14,695           | 11,071            | 14,761                             | 14,547                     |
| Legal fees                        | 11,002           | 1,962             | 5,000                              | 10,000                     |
| Miscellaneous                     | 22,706           | 6,430             | 17,030                             | 5,000                      |
| Office supplies                   | 4,996            | 11,001            | 13,000                             | 7,500                      |
| Postage & Shipping                | 2,708            | 995               | 1,500                              | 3,000                      |
| Recruitment costs                 | 3,292            | 1,605             | 3,000                              | 5,000                      |
| Staff Development                 | 11,859           | 7,210             | 12,000                             | 23,750                     |
| Staff Events/Appreciation         | 5,003            | 4,710             | 6,250                              | 6,250                      |
| Taxes - Property                  | 33,989           | 20,138            | 34,113                             | 36,000                     |
| Taxes - Other                     | 60               | 0                 | 0                                  | 0                          |
| Telephone/Internet                | 24,806           | 18,344            | 24,459                             | 24,362                     |
| Temporary Help                    | 0                | 0                 | 2,000                              | 4,500                      |
| Subtotal                          | 842,120          | 652,588           | 831,778                            | 805,627                    |
| % Change from Prior Year          | -7.7%            |                   | -1.2%                              | -4.3%                      |
| % Diff. From Current Year Budget  | 1.1%             |                   | 3.2%                               | -3.2%                      |
| <b>GRAND TOTAL</b>                | <b>3,980,602</b> | <b>3,120,310</b>  | <b>4,104,243</b>                   | <b>4,114,767</b>           |
| % Change from Prior Year          | 3.1%             |                   | 3.1%                               | 3.4%                       |
| % Diff. From Current Year Budget  | -0.1%            |                   | -0.3%                              | 3.3%                       |

## Joint Budgets – Executive Summary

### Proposed 2024 Budgets

**GHQ:** Total 2024 GHQ costs are budgeted to increase by 5.1% as compared to 2023 budgeted costs and by 5.3% when compared to projected 2023 year-end expenses.

- Salaries and benefits costs in 2023 are expected to be lower than budgeted due to three staff vacancies for part of the year. A full staff of 21 full-time employees, 1 part-time employee and 1 intern is budgeted for 2024. Salary and benefit costs are budgeted to increase in 2024 by 4.3% when compared to 2023 budgeted costs and 5.4% compared to projected 2023 year-end expenses.
- Information technology costs are higher than budget in 2023 due to higher than budgeted Nimble configuration costs, a needed system upgrade and configuration costs associated with the IADR website. Higher Nimble and website configuration costs will continue into 2024.
- Depreciation costs and building maintenance costs are budgeted to be lower in 2024 as compared to expected 2023 actual expenses. The capitalized costs associated with the website upgrade will be fully depreciated in late 2024. Variable building maintenance costs such as HVAC and plumbing repairs have been lower than expected in 2023, so the 2024 budget estimates for these items have been adjusted lower.

**JDR:** The surplus continues to help offset the deficits expected in other budget departments. As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2023 results is budgeted for 2024. The Editorial Stipend provide by Sage remains unchanged from 2023 and will remain the same for the duration of the contract term. Editorial expenses are also budgeted to remain unchanged.

**JDR CTR:** Royalty income, similar to JDR has been conservatively budget to decrease by 5% from expected 2023 results. Editorial expenses are unchanged from 2023. A small deficit is expected, though it should be noted that the expenses include allocation of staff salaries, benefits as well as an overhead allocation.

### Preliminary 2025 & 2026 Budgets

**GHQ:** Costs are budgeted to include modest increases in 2024 and 2025, with the exception of depreciation costs which are expected to decrease sharply beginning in 2025 as office renovation costs and the website redesign project reach the end of their depreciation lifecycles. Most other costs assume a 3% inflationary increase each year..

**JDR:** Budgeted surplus remains high, though declining due to conservative royalty income estimates.

**JDR CTR:** Continues to be budgeted conservatively with a small deficit each year.

## Table JP I. Journal of Dental Research

|                                    | ACTUAL<br>2022 | YTD<br>9/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 |
|------------------------------------|----------------|------------------|------------------------------------|----------------------------|
| <b>REVENUE</b>                     |                |                  |                                    |                            |
| Member subs                        | 9,250          | 7,750            | 7,750                              | 8,325                      |
| Student subs                       | 1,875          | 1,913            | 1,925                              | 1,688                      |
| <i>Advances in Dental Research</i> | 0              | 0                | 0                                  | 0                          |
| Miscellaneous                      | 0              | 0                | 0                                  | 800                        |
| Less: Subscription Rev to SAGE     | (11,125)       | (9,663)          | (9,675)                            | (10,013)                   |
| Advertising Share                  | 17,347         | 12,450           | 20,000                             | 12,500                     |
| Editorial Stipend                  | 265,000        | 198,750          | 270,000                            | 270,000                    |
| Royalty Income                     | 599,879        | 451,827          | 578,277                            | 547,675                    |
| <b>TOTAL REVENUE</b>               | <b>882,226</b> | <b>663,027</b>   | <b>868,277</b>                     | <b>830,975</b>             |
| <b>EXPENSES</b>                    |                |                  |                                    |                            |
| Employee salaries                  | 129,472        | 100,063          | 133,417                            | 132,071                    |
| Employee benefits                  | 33,891         | 27,767           | 37,023                             | 36,320                     |
| Overhead Allocation                | 43,834         | 33,208           | 42,326                             | 40,996                     |
| Merchant Fees                      | 351            | 223              | 300                                | 310                        |
| Printing                           | 0              | 0                | 0                                  | 0                          |
| Editorial expenses/Ed Board        | 202,550        | 219,616          | 219,616                            | 221,550                    |
| Taxes                              | 1,500          | 0                | 1,500                              | 1,500                      |
| <i>Advances in Dental Research</i> | 0              | 0                | 0                                  | 0                          |
| Legal                              | 22,321         | 7,764            | 10,000                             | 32,000                     |
| Media/PR/Communication/Ann Rpt     | 0              | 0                | 0                                  | 750                        |
| Miscellaneous                      | 55             | 1,442            | 1,442                              | 1,000                      |
| Editor Search                      | 0              | 0                | 0                                  | 0                          |
| <b>TOTAL EXPENSES</b>              | <b>433,974</b> | <b>390,083</b>   | <b>445,625</b>                     | <b>466,497</b>             |
| <b>Net Income</b>                  | <b>448,252</b> | <b>272,944</b>   | <b>422,652</b>                     | <b>364,478</b>             |
| <b>Budget Assumptions</b>          |                |                  |                                    |                            |
|                                    | ACTUAL<br>2022 | YTD<br>9/30/2023 | Year-End<br>Estimate<br>2022       | Approved<br>BUDGET<br>2023 |
| <b>JDR</b>                         |                |                  |                                    |                            |
| Member Print                       |                |                  |                                    |                            |
| Rate                               | \$50           | \$50             | \$50                               | \$50                       |
| Number of                          | 185            | 155              | 155                                | 167                        |
|                                    | 9,250          | 7,750            | 7,750                              | 8,325                      |
| Student Subs Print                 |                |                  |                                    |                            |
| Rate                               | \$25           | \$25             | \$25                               | \$25                       |
| Number of                          | 75             | 77               | 77                                 | 68                         |
|                                    | 1,875          | 1,913            | 1,925                              | 1,688                      |

## Joint Publications Budgets

### Journal of Dental Research (Table JPI)

The *Journal of Dental Research* is jointly owned by IADR and AADOCR with finances split on a 50/50 basis. Publication of the journal is outsourced to SAGE Publishing, Inc. Editorial services continue to be the responsibility of IADR/AADOCR, but copyediting, layout, and production are managed completely by SAGE.

#### Revenue

SAGE handles the billing and collection of institutional subscriptions, advertising and most other revenue sources for the Journal. Member and Student subscription revenue is collected by IADR/AADOCR during the membership renewal process and all subscription revenue is then forwarded to SAGE. IADR/AADOCR receives royalty income from SAGE according

to the terms of the contract. SAGE also provides an editorial stipend to offset *JDR* editorial service costs.

Under SAGE's management revenue has exceeded the contractual minimum every year. To budget conservatively, future year royalty income is budgeted to decline by 5% per year.

Royalty revenue is expected to decline slightly from 2022 to 2023, which is better than the budgeted 5% decrease that was expected. Editorial stipend revenue is in line with the budget.

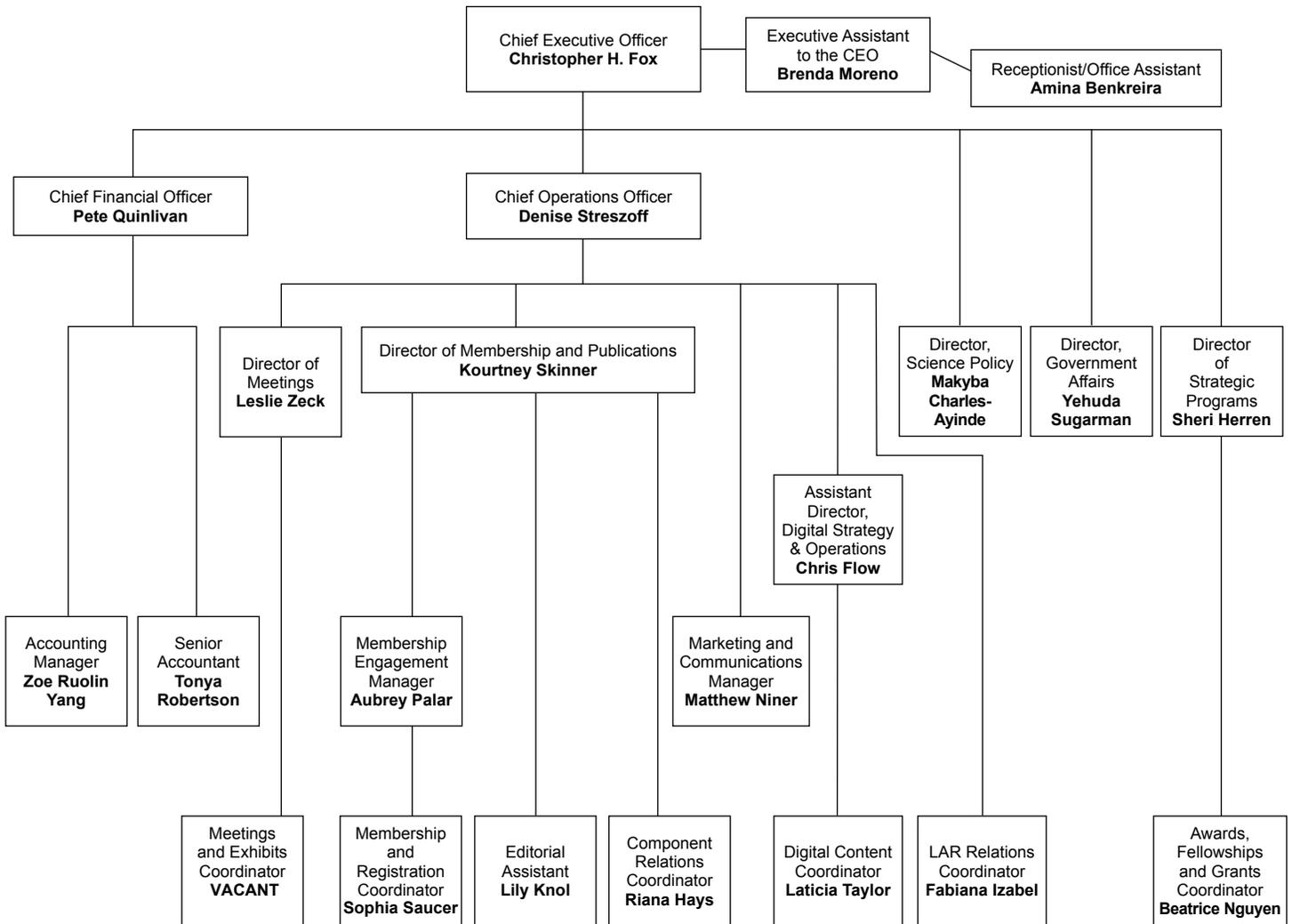
#### Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs. Expected 2023 expenses are projected to be slightly lower than budget.

Editorial expenses are budgeted to remain unchanged in 2024 as the same agreements will be in place for the editorial staff as in 2023.



# Appendix 6 — IADR/AADOOCR Global Headquarters Organization Chart



As of 11/8/2023

## Appendix 7 — 2022-23 IADR Board of Directors and Committees

### Board of Directors

Ophir Klein, President  
Satoshi Imazato, President-Elect  
Pamela Yelick, Vice-President  
Brian O'Connell, Immediate Past President  
David Drake (2024), Treasurer  
Deema AlShammery (2024), RBM (Africa/Middle East)  
Nobuhiro Takahashi (2024), RBM (Asia/Pacific)  
Gabriel Sanchez (2026), RBM (Latin American)  
Olga Baker (2026), RBM (North American)  
Marcello Riggio (2025), RBM (Pan European)  
Richard John Miron (2024), Young Investigator Representative  
Fatemeh Momen-Heravi (2026), Young Investigator Representative  
Nicholas Jakubovics (2025), *JDR* Editor-in-Chief  
Jocelyne Feine (2024), *JDR CTR* Editor-in-Chief  
Christopher H. Fox (2025), Chief Executive Officer

### Annual Session Committee

Paulo Cesar (2024) (Brazilian Division), Chair  
Georgios Belibasakis (2025), (Scandinavian Division)  
Fernando Luis Esteban Florez (2025) (AADOCR)  
Chaminda Seneviratne (2024) (Southeast Asian Division)  
Riva Touger-Decker (2024) (AADOCR)

### Awards Review Committee

Michelle Visser (2024) (AADOCR), Chair  
Fawaz Alzoubi (2025) (Kuwaiti Division)  
Aylin Baysan (2025) (British Division)  
Marcia Borba (2025) (Brazilian Division)  
Philippe Bouchard (2026) (Continental European Division)  
Rania El Backly (2026) (Egyptian Section)  
Olawunmi Fatusi (2026) (Nigerian Division)  
Ariene Leme-Kraus (2026) (AADOCR)  
Xin Li (2025) (AADOCR)  
Mohd Masood (2025) (Australia/New Zealand Division)

### Constitution Committee

Laura Acosta-Torres (2024) (Mexican Division), Chair  
Lina AlQobaly (2026) (British Division)  
Smriti Aryal AC (2024) (UAE Section)  
Alvaro Della Bona (2024) (Brazilian Division)  
Dandara Gabriela Haag (2025) (Australia/New Zealand Division)  
Dalia Meisha (2025) (Saudi Arabian Division)  
Harim Tavares dos Santos (2025) (AADOCR)  
Tuula Salo (2026) (Scandinavian Division)  
Geetha Duddanahalli Siddanna (2026) (AADOCR)

### Distinguished Scientist Awards

Mutlu Özcan (Wilmer Souder) (Continental European Division), Chair  
Jamie Cury (H. Trendley Dean) (Brazilian Division)  
Alvaro Della Bona (Wilmer Souder) (Brazilian Division)  
Anibal Diogenes (Pulp Biology Research) (AADOCR)  
Nisha D'Silva (Oral Med.&Pathology) (AADOCR)  
Rebecca Harris (BEHSR) (British Division)  
Miao He (Chinese Division) (Young Investigator)  
Asbjorn Jokstad (Pros. & Implants) (Scandinavian Division)

Hyun (Michel) Koo (Bowen Award/Caries Res.) (AADOCR)  
Peter Lockhart (P/T/T Research) (AADOCR)  
Mary Marazita (Cranio. Biology) (AADOCR)  
Shunsuke Minakuchi (Geriatric Oral Res.) (Japanese Division)  
Andrea Mombelli (Res. in Periodontal Research Group Disease) (Continental European Division)  
Janet Moradian-Oldak (Bio. Mineralization) (AADOCR)  
Frank Scannapieco (Research in Oral Bio.) (AADOCR)  
Walter Siqueira (Salivary Research) (Canadian Division)  
Alastair Sloan (Isaac Schour) (Australia/New Zealand Division)  
Richard Watt (Global Oral Health) (British Division)

### Ethics in Dental Research Committee

Olaniyi Taiwo (2024) (Nigerian Division), Chair  
Regina Messer (2025) (AADOCR)  
Sylvia Piovesan (2026) (Uruguayan Division)  
Shenuka Singh (2025) (South African Division)  
Martin Zemel (2024) (Argentine Division)

### Fellowships Committee

Cynthia Yiu (2024) (Southeast Asian Division), Chair  
Mohammad Alrashdan (2025) Jordanian Section  
Chun-Teh Lee (2025) (AADOCR)  
Kiyoshi Ohura (2025) (Japanese Division)  
Lidiany Rodrigues (2025) (Brazilian Division)

### Honorary Membership Committee

Angus Walls (2024), (British Division), Chair  
Rena D'Souza (2025), (AADOCR)  
Pamela DenBesten (2027), (AADOCR)  
Paula Moynihan (2026), (Australia/New Zealand Division)  
Eric Reynolds (2028), (Australia/New Zealand Division)

### Innovation in Oral Care Awards Committee

Jean-Francois Roulet (2024) (AADOCR), Chair  
Rahena Akhter (2025) (Australia/New Zealand Division)  
Yong-Hee Chun (2026) (AADOCR)  
Ikhlas El Karim (2024) (Irish Division)  
Anna Maria Kaarina Heikkinen (2025) (Scandinavian Division)  
Nzube Ilochonwu (2024) (Nigerian Division)  
Anuradha Polster (2026) (Australia/New Zealand Division)  
Alastair Sloan (2026) (Australia/New Zealand Division)  
Dimitris Tatakis (2025) (AADOCR)

### Joseph Lister Award for New Investigators Committee

John Mitchell (2024) (AADOCR), Chair  
Lei Cheng (2025) (Chinese Division)  
Olubukola Olatosi (2024) (Nigerian Division)  
Maisa Omara (2025) (Continental European Division)  
Antonio Pedro Ricomini Filho (2025) (Brazilian Division)

### KULZER Travel Award Committee

Kunaal Dhingra (2024) (Indian Division), Chair  
Turki Bakhsh (Saudi Arabian Division)  
Roberto Carlos Castrejón-Pérez (2025) (Mexican Division)  
Ana Paula Fugolin (2025) (AADOCR)  
Dayane Oliveira (2025) (AADOCR)  
Sabrina Sochacki (2026) (AADOCR)

## **KULZER Travel Award Committee** *(continued)*

Membership and Recruitment Committee  
Sheri Brownstein (2024) (AADOCR), Chair  
Rafael Aiello Bomfim (2025) (Brazilian Division)  
Luluh Alammar (2025) (Saudi Arabian Division)  
Marwa Baraka (2026) (Egyptian Section)  
Akhilanand Chaurasia (2025) (Indian Division)  
Ravi Teja Chitturi (2025) (Australia/New Zealand Division)  
Adeyinka Dayo (2024) (AADOCR)  
Guang Hong (2026) (Japanese Division)  
Edmond H.N. Pow (2025) (Southeast Asian Division)  
Abdul Naser Tamim (2026) (UAE Section)  
Maria del Carmen Villanueva Vilchis (2025) (Mexican Division)

## **Nominating Committee**

Yan-Fang Ren (2024), (AADOCR), Chair  
Alvaro Della Bona (2024), (Brazilian Division)  
Pam Den Besten (2024) (AADOCR)  
Karl Lyons (2026) (Australia/New Zealand Division)  
Eric Reynolds (2024), (Australia/New Zealand Division)  
Sharanbir K Sidhu (2025) (British Division)  
Gianrico Spagnuolo (2026) (Continental European Division)

## **Regional Development Committee**

Deema Ali AlShammery (2024), Africa/Middle Eastern RBM,  
(Saudi Arabian Division), Chair  
Sebastian Aguayo (2025) (Chilean Division)  
Olga Baker (2026), North American RBM (AADOCR)  
Raquel Gallar (2025) (Argentine Division)  
Boyen Huang (2026), (AADOCR)  
Tamara Peric (2024), (Continental European Division)  
Marcello Riggio (2025) (Continental European Division)  
Gabriel Sanchez, (2026), Latin American RBM (Argentine Division)  
Aldo Squassi (2025) (Argentine Division)  
Nobuhiro Takahashi (2024), Asia/Pacific RBM, (Japanese Division)  
Sharon Tan (2024), (Southeast Asian Division)

## **Science Information Committee**

Bei Wu (2024) (AADOCR), Chair  
Fabian Cieplik (2025) (Continental European Division)  
Naile Dame-Teixeira (2026) (Brazilian Division)  
Thuy Do (2024) (British Division)  
Gregg Gilbert (2024) (AADOCR)  
Richard Ohrbach (2024) (AADOCR)  
Harsh Priya (2025) (Indian Division)  
Richard Sherwood (2026) (AADOCR)  
Andreas Stavropoulos (2026) (Scandinavian Division)

## **Young Investigator Award Committee**

Miao He (2024) (Chinese Division), Chair  
Omoigberai Bramioh (2025) (Nigerian Division)  
Jonathan Broadbent (2025) (Australia/New Zealand Division)  
Elena Calciolari (2026) (Continental European Division)  
Dong Mei Deng (2025) (Continental European Division)  
Toby Hughes (2025) (Australia/New Zealand Division)  
Binnaz Leblebicioglu (2026) (AADOCR)  
Vivek Thumbigere Math (2026) (AADOCR)  
TBD (2026)

## **IADR/AADOCR Publications Committee**

Eric Reynolds (2024), (Australia/New Zealand), Chair  
Jacques Nr (2024), (AADOCR)  
Carmem Pfeifer, AADOCR Representative, (2024)  
Jorge Perdigo, AADOCR Representative, (2025)  
Purnima Kumar, AADOCR Representative, (2026)  
Vijay Mathur, IADR Representative, (2024), (Indian Division)  
Raj Nair, IADR Representative, (2025), (Australia/New Zealand  
Division)  
Wei Ji, IADR Representative, (2026), (Chinese Division)  
Nick Jakobovics, Editor-in-Chief, *Journal of Dental Research*,  
(British Division), ex officio  
Ana Paula Colombo, Associate Editor, *Journal of Dental Research*  
(Brazilian Division), ex officio  
Gustavo Garlet, Associate Editor, *Journal of Dental Research*  
(Brazilian Division), ex officio  
Dana Graves, Associate Editor, *Journal of Dental Research*  
(AADOCR), ex officio  
Jacques Nr, Associate Editor, *Journal of Dental Research*  
(AADOCR), ex officio  
Carmem Pfeifer, Associate Editor, *Journal of Dental Research*  
(AADOCR), ex officio  
Joy Richman, Associate Editor, *Journal of Dental Research*  
(Canadian Division), ex officio  
Falk Schwendicke, Associate Editor, *Journal of Dental Research*,  
(Continental European Division), ex officio  
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational  
Research* (Canadian Division), ex officio  
Vanessa Muirhead, Associate Editor, *JDR Clinical & Translational  
Research* (British Division), ex officio  
Christopher H. Fox, IADR/AADOCR Chief Executive Officer  
(AADOCR), ex officio

## **IADR/AADOCR Tellers**

Prabhat Kumar Chaudhari (2025) (Indian Division)  
Liran Levin (2024) (Canadian Division)  
Alexandra Pierre-Bez (2026) (AADOCR)

## **IADR/AADOCR William J. Gies Award Committee**

Hongli Sun (2024), (AADOCR), Chair  
Frederico Barbosa de Sousa (2025), (Brazilian Division)  
Binnaz Leblebicioglu (2026) (AADOCR)  
Xin Li (2025), (AADOCR)  
Dalia E. Meisha (2025), (Saudi Arabian Division)  
Lina Niu (2025), (Chinese Division)  
Ana Pauloa Piovezan Fugolin (2025), (AADOCR)  
Arvind Babu Rajendra Santosh (2026), (Caribbean Section)  
Jeong-Ho Yu (2025), (Korean Division)

## **FDI Representative**

Christopher H. Fox, Chief Executive Officer

## **FDI Science Commission Representative**

Helen Whelton (Irish Division)

## Appendix 8 — 2022-23 IADR Region/Division/Section Officers

| Region                 | Region President             | President-elect     | Regional Board Member                | Secretary                             | Treasurer                 | Past President              | Councilor   |
|------------------------|------------------------------|---------------------|--------------------------------------|---------------------------------------|---------------------------|-----------------------------|---|
| Africa/Middle East     | Deema Ali AlShammery         |                     | Deema Ali AlShammery                 | Latifa Berrezouga                     | Ahmed Bhayat              |                             |   |
| Asia/Pacific           | Seiji Nakamura               |                     | Nobuhiro Takahashi                   | Chaminda Jayampath Seneviratne        | Sarbin Ranjitkar          | Camile Farah                |   |
| Latin American         | María del Carmen López Jordi |                     | María del Carmen López Jordi         | Sylvia Piovesan                       | Ines Salveraglio          | Jamie Castellanos           |   |
| North American         | Jane Weintraub               |                     | S.Aida Borges-Yáñez                  | Christopher Fox                       | Ana Bedran-Russo          | Jacques Nor                 |   |
| Pan European           | Imad About                   |                     | Marcello Riggio                      |                                       | Anne Marie Lynge Pedersen | Fionnuala Lundy             |   |
| Divisions              | President                    | President-elect     | Vice President                       | Secretary                             | Treasurer                 | Past President              | Councilor(s)  |
| American               | Jane Weintraub               | Alexandre Vieira    | Effe Ioannidou                       |                                       | Ana Bedran-Russo          | Jacques Nor                 | Jane Weintraub, Alex Vieira, Effe Ioannidou and Jacques Nor |
| Argentine              | Pablo Rodriguez              |                     | Angela Argentieri                    | Maria Cabirta                         | Luciana D'Eramo           | Pablo Rodriguez             |   |
| Australian/New Zealand | Saso Ivanovski               | Paul Cooper         |                                      | Ryan Lee                              | Samuel Bennett            | Karl Lyons                  | Loc Do  |
| Brazilian              | Paulo Cesar                  | Marcelo Bönecker    |                                      | Aldiéris Pesqueira, Cinthia Tabchoury |                           | Isabela Pordeus             | Valentim Adelino Ricardo Barão, Marcelo Bonecker            |
| British                | Rachel Waddington            |                     |                                      | Paul Anderson                         | Anousheh Alavi            | Marcello Riggio             | Paul Anderson, Marcello Riggio                              |
| Canadian               | Belinda Nicolau              |                     | Anil Kishen                          | Amir Azarpazhooh                      |                           | Walter Siqueira             | Mario Brondani, Lina Marin                                  |
| Chilean                | Jaime Díaz-Zúñiga            |                     | Samanta Melgar-Rodríguez             | Alfredo Jose Sierra-Cristancho        | Jearitza Rios Muñoz       | Jaime Díaz-Zúñiga           | Erik Dreyer   |
| Chinese                | Bian Zhuan                   | Ling Ye             |                                      | Miao He                               | Cui Huang                 | Ji-hua Chen                 | Zhengjun Shang, Ling Ye                                     |
| Colombian              | Claudia Garcia Guerrero      |                     | Edgar Beltrán                        | Sara Quijano                          | David Gutierrez Ramirez   | Farith Gonzalez             | Claudia Garcia Guerrero                                     |
| Continental European   | Imad About                   | William Papaioannou |                                      | Marcio Vivan Cardoso                  | Reinhard Hickel           | Bart Van Meerbeek           | Imad About  |
| East & Southern Africa | Margaret Wandera             |                     |                                      | Birke Bogale                          |                           |                             |   |
| Indian                 | Maresh Verma                 | Girish Parmar       | Deepak Chandrasekharan, Vijay Mathur | Subramoniam Balaji                    | S. Kishore Kumar          |                             | S. M. Balaji  |
| Iranian                | Massoud Seifi                |                     | Mohammad Behnaz                      |                                       |                           |                             |   |
| Iraqi                  | Faaz Alhamdani               |                     | Maha Abbas                           | Bahn Agha                             | Ahmed Sleibi Mustafa      | Anwar Tappuni               | Anwar Tappuni   |
| Irish                  | Hal Duncan                   |                     |                                      | Lewis Winning                         | Cristiane da Mata         | Ikhlas El Karim             | Finbarr Allen   |
| Israeli                | Yaron Haviv                  |                     | Samer Srouji                         | Samer Srouji                          | David Polak               | Nurit Beyth                 | Yaron Haviv, Samer Srouji                                   |
| Japanese               | Seiji Nakamura               |                     | Keiji Moriyama                       |                                       | Mikako Hayashi            | Satoshi Imazato             | Keiji Moriyama, Hiroshi Egusa                               |
| Korean                 | Kung Kwon                    | Yong-Ouk You        | Hyung-Ryong Kim                      | Gehoon Chung, So-Youn An, Ji-Man Park | Jung Sub An, Kyung A Kim  | Joo-Cheol Park              | Yong-Ouk You  |
| Kuwaiti                | Fawaz Alzoubi                | Hanadi Alenezi      | Aqdar Akbar                          | Abrar Al-Anzi                         | Saleh Ashkanani           | Rashed Al-Azemi             | Fawaz Al Zoubi  |
| Mexican                | Laura Acosta-Torres          |                     |                                      |                                       | Maria Villanueva Vilchis  | Laura Acosta-Torres         | Fátima del Carmen Aguilar Diaz                              |
| Nigerian               | Omolara Uti                  | Omoigberai Bramioh  | Oyinkansola Sofola                   | Adeyemi Emmanuel                      | Basil Ojukwu              | Olaniyi Taiwo               | Omolara Uti   |
| Peruvian               | Natalia Henostroza Quintans  |                     |                                      | Eraldo Pesaressi Torres               | Lily Zelada Lopez         | Natalia Henostroza Quintans | Natalia Henostroza Quintans                                 |
| Saudi Arabian          | Deema AlShammery             |                     | Abdulrahman Al Saffan                | Faraj Alotaiby                        | Arwa Dagherery            | Mohammad Al-Harthi          | Arwa Dagherery  |
| Scandinavian           | Ulvi Brukiene                |                     |                                      | Ulvi Gursoy                           | Nina Sabel                | Gunhild Strand              | Ulvi Gursoy   |
| South African          | Saadika Khan                 | Shenuka Singh       |                                      | Suvarna Indermun                      | Razia Adam                |                             | Nashreen Behardien  |
| Southeast Asian        | May Wong                     | Hoang Hung          |                                      | Waruna Dissanayaka                    | Armelia Widyardman        | Risa Chaisuparat            | May Chun Mei Wong   |
| Uruguayan              | Ronell Bologna               |                     | Alejandro Francia                    | Sylvia Piovesan                       | Guillermo Grazioli        | Sylvia Piovesan             | Guillermo Grazioli  |
| Venezuelan             | Maria Gabriela Acosta        |                     | Alejandra Garcia-Quintana            | Annabella Frattaroli Pericchi         | Sonia Feldman             | Jose Adolfo Cedeno          | Maria Gabriela Acosta                                       |
| Sections               | President                    | President-elect     | Vice President                       | Secretary                             | Treasurer                 | Past President              | Councilor(s)  |
| Bolivian               | Willy Bustillos Torrez       |                     | Rodrigo Flores Abuna                 | Henrichs Rojas Tintaya                |                           |                             | Willy Bustillos Torrez<br>María Eugenia Silva Loma          |
| Caribbean              | Arvind Babu Rajendra Santosh |                     | Ramaa Balkaran                       | Helen Rivera                          |                           |                             |   |
| Costa Rican            | Gina Murillo                 | Karol Ramirez       | Sylvia Gudino                        | Gisella Rojas                         | Mauricio Montero-Aguilar  | Daniel Chavarria-Bolaños    | Daniel Chavarria  |
| Ecuadorian             |                              |                     |                                      |                                       |                           |                             |   |
| Egyptian               | Mohamed Awad                 |                     |                                      | Hamdi Hamama                          | Mohamed El-Sheikh         | Mohamed Abdelmageed Awad    |   |
| Guatemalan             |                              |                     |                                      |                                       |                           |                             |   |
| Jordanian              |                              |                     |                                      |                                       |                           |                             |   |
| Lebanese               | Joseph Ghafari               |                     |                                      | Ramzi Haddad                          |                           | Joseph G. Ghafari           | Anthony Macari  |
| Libyan                 | Arheiam Arheiam              |                     | Mohamed Hasan                        | Salema Triana                         |                           |                             | Abdelgader Elhashani  |
| Mongolian              |                              |                     |                                      |                                       |                           |                             |   |
| Pakistani              | Abdul Khan                   | Khalid Siddiqi      |                                      | Hafiz Muhammad Owais Nasim            | Muhammad Saad Ullah       | Hina Raja                   |   |
| Palestinian            | Elham Kateeb                 |                     | Naser Khayat                         | Mayar Danadneh                        | Naji Arandi               |                             |   |
| Panamanian             | Luis Vega                    |                     | Eduardo Sierra                       | María Cecilia Iriarte Urrutia         | Vania Barrow              |                             |   |
| Paraguayan             |                              |                     |                                      |                                       |                           | Heriberto Mendieta          | Faleh Tamimi  |
| Qatar                  | Faleh Tamimi                 |                     | Nebu Philip                          | Hani Nazzal                           |                           | Faleh Tamimi                |   |
| Russian                |                              |                     |                                      |                                       |                           |                             |   |
| Sudanese               |                              |                     |                                      |                                       |                           |                             |   |
| Tunisian               | Latifa Berrezouga            |                     |                                      |                                       | Amira Besbes              |                             | Latifa Berrezouga   |
| United Arab Emirates   | Ahmad Oueis                  | Mohamed Jamal       | Mohannad Nassar                      | Abdul Naser Tamim                     |                           |                             |   |

## Appendix 9 — 2022-23 IADR Group/Network Officers

| IADR Group/Network   | President                     | President-elect         | Vice President               | Secretary/Treasurer    | Councilor                     | Immediate Past President    |
|--|-------------------------------|-------------------------|------------------------------|------------------------|-------------------------------|-----------------------------|
| Behavioral Epidemiologic and Health Services Research                      | Kimon Divaris                 | Tamanna Tiwari          | Cameron Randall              | Dandara Haag           | Peter Milgrom                 | Georgios Tsakos             |
| Cariology Research   | Simone Duarte                 | May Mei                 | Aylin Baysan                 | Masatoshi Ando         | Cynthia Tabchoury             | Rodrigo Giacaman            |
| Clinical and Translational Science Network                                 | Mutlu Özcan                   | Geelsu Hwang            | Mohammad Alkhraisat          | Yuan Liu               | Paul Dechow                   | Jin Xiao                    |
| Craniofacial Biology   | Shankar Rengasamy Venugopalan | Alexandre Vieira        | Ariadne Letra                | Xiaofang Wang          | Lorri Morford                 | Jeffrey Nickel              |
| Dental Anesthesiology and Special Care Research                            | Katsuhisa Sunada              | Juliana Ramacciato      | Caoimhin Mac Giolla Phadraig | Carilynne Yarascavitch | Caroline Sawicki              | Michelle Franz-Montan       |
| Dental Materials   | Salvatore Sauro               | Vinicius Rosa           | Joseette Camilleri           | Alvaro Della Bona      | Saulo Geraldelli              | Marco Ferrari               |
| Diagnostic Sciences  | Satyashankara Aditya Tadinada | Steven Singer           | Mina Mahdian                 | Sindhura Anamali       | Ralf Schulze                  | Veeratrishul Allareddy      |
| Digital Dentistry Network  | Ilser Turkyilmaz              | Todd Schoenbaum         | AmirAli ZandiNejad           | Walter Lam             | Adriana Carreiro              |                             |
| Education Research   | Tracy de Peralta              | Michael Botelho         | Jonathan San Diego           | Leonardo Marchini      | Man Hung                      | Kim Piper                   |
| e-Oral Health Network  | Mohammed Shorab               | Nicolas Giraudeau       | Elham Emami                  | Janneke Scheerman      | Harsh Priya                   | Sergio Uribe                |
| Evidence-based Dentistry Network   | Analia Keenan                 | Shahnavaz Khijmatgar    | Malavika Tampi               | Fang Hua               | Bana Abdulmohsen              | Tanya Walsh                 |
| Geriatric Oral Research  | Linda Slack-Smith             | Mario Brondani          | Xi Chen                      | Katherine Leung        | Mario Brondani                | Paul Brocklehurst           |
| Global Oral Health Inequalities Research Network                           | Jennifer Gallagher            | Manu Mathur             | Kristina Wanyonyi-Kay        | Ankur Singh            | Vijay Mathur                  | Marco Peres                 |
| Implantology   | Georgios Kotsakis             | Alireza Moshaverinia    | Sukirth Ganesan              | Katleen Vandamme       | John Mitchell                 | Quan Yuan                   |
| Intl Network for Orofacial Pain and Related Disorders Methodology (INFORM) | Birgitta Haggman-Henrikson    | Donald Nixdorf          | Rosaria Bucci                | Flavia Kapos           | Yoshihiro Tsukiyama           | Michail Koutris             |
| Lasers and Bio-photonics Group   | Sonia Regina Bordin-Aykroyd   | Georgios Romanos        | Praveen Arany                | Kunaal Dhingra         |                               |                             |
| Microbiology/Immunology  | Jennifer Kerr                 | Anna Dongari-Bagtzoglou | Nagihan Bostanci             | Shannon Wallet         | Gill Diamond                  | Hui Wu                      |
| Mineralized Tissue   | Stefan Habelitz               | Alvaro Mata             | Sophia Houari                | Karina Carneiro        | Hongli Sun                    | Yongbo Lu                   |
| Minimally Invasive Dentistry Network                                       | Aylin Baysan                  | Sibel Antonson          | Junji Tagami                 | Saroash Shahid         | Athena Papas                  |                             |
| Network for Practice-based Research  | Richard Wierichs              |                         |                              | Pathik Mehta           | Susan Cartwright              |                             |
| Neuroscience   | Nikolaos Giannakopoulos       | Yoshizo Matsuka         | Nikolaos Christidis          | Takashi Iida           | Somsak Mitirattanakul         | Anibal Diogenes             |
| Nutrition Research   | Corrado Paganelli             | Karen Peres             | Domenico Dalessandri         | Domenico Dalessandri   | Ana Wintergerst               | Jennifer Ahn-Jarvis         |
| Oral & Maxillofacial Surgery   | Simon Young                   | James Melville          | Rahaf Aljodaie               | Chi Viet               | Kyle Vining                   | Marco Dolci                 |
| Oral Health Research   | Alyson Axe                    | Lamis Abuhaloob         | Ann Spolarich                | Kimberly Milleman      | Patricia Lenton               | Olivia Marchisio            |
| Oral Medicine & Pathology  | Saman Warnakulasuriya         | Camile Farah            | Faizan Alawi                 | Diana Messadi          | Faizan Alawi                  | Andrew Fribley              |
| Orthodontics Research  | Conchita Martin               | Jeanne Nervina          | Marcos Giovanetti            | Chinapa Sangsuwon      | Maria Cadenas de Llano Pérula | Cristina Teixeira           |
| Pediatric Oral Health Research   | Martha Ann Keels              | Duangporn Duangthip     | Kavita Mathu-Muju            | Mihiri Silva           | Teng Naichia                  | Jung-Wei Chen               |
| Periodontal Research   | Philippe Bouchard             | Purnima Kumar           | Liran Levin                  | Magda Feres            | Andreas Stavropoulos          | Shogo Takashiba             |
| Pharmacology/Therapeutics/ Toxicology                                      | Edward Lynch                  | Johnah Galicia          | Prashant Bhasin              | Sonali Sharma          | Jennifer Gibbs                | Sonia Regina Bordin-Aykroyd |
| Prosthodontics   | Kenneth Kurtz                 | Edmond Pow              | Mijin Choi                   | David Bartlett         | Wedad Hammoudi                | Lindsay Richards            |
| Pulp Biology & Regeneration  | Bruno Cavalcanti              | Hal Duncan              | Marco Bottino                | Nadia Chugal           | Imad About                    | Paul Cooper                 |
| Salivary Research  | Michael Passineau             | Simon Tran              | Debora Heller                | Kihoon Nam             | Xinyun Su                     | Derk Hendrik Jan Jager      |
| Stem Cell Biology  | Brad Amendt                   | Jacques Nör             | Gianrico Spagnuolo           | Barbara Zavan          | Gianrico Spagnuolo            | Yang Chai                   |
| Student Training and Research (STAR) Network                               | Tanner Godfrey                |                         | Melinn Tram                  | Kathryn Dunn           | Ana Bedran-Russo              | Anne George                 |
| Women in Science Network   | Grace De Souza                | Ariadne Letra           | Patricia Miguez              | Mangala Patel          | Effie Ioannidou               | Luciana Shaddox             |

## Appendix 10 — Past Presidents of the IADR

|                                  |                                  |  |
|----------------------------------|----------------------------------|--|
| J. Leon Williams (1921-23)       | Joseph F. Volker (1956-57)       | Ernest Newbrun (1989-90)               |
| Paul R. Stillman (1923-24)       | Reidar F. Sognaes (1957-58)      | William H. Bowen (1990-91)             |
| Albert E. Webster (1924-25)      | Ned B. Williams (1958-59)        | Robert J. Genco (1991-92)              |
| Frederick B. Noyes (1925-26)     | Hamilton B.G. Robinson (1959-60) | John C. Greene (1992-93)               |
| Leuman M. Waugh (1926-27)        | Holmes T. Knighton (1960-61)     | Stephen H.Y. Wei (1993-94)             |
| Leroy M.S. Miner (1927-29)       | James A. English (1961-62)       | Barry J. Sessle (1994-95)              |
| Arthur D. Black (1929-30)        | Seymour J. Kreshover (1962-63)   | Richard R. Ranney (1995-96)            |
| U. Garfield Rickert (1930-31)    | Dan Y. Burrill (1963-64)         | John S. Greenspan (1996-97)            |
| Albert E. Webster (1931-32)      | Martin A. Rushton (1964-65)      | Per-Olof Glantz (1997-98)              |
| Russell W. Bunting (1932-33)     | Barnet M. Levy (1965-66)         | Mamoru Sakuda (1998-99)                |
| Edward H. Hatton (1933-34)       | Richard S. Manly (1966-67)       | Sally J. Marshall (1999-2000)          |
| Joseph L.T. Appleton (1934-35)   | Ralph W. Phillips (1967-68)      | Marjorie K. Jeffcoat (2000-01)         |
| Theodore B. Beust (1935-36)      | John B. Macdonald (1968-69)      | Graham Embery (2001-02)                |
| William G. Skillen (1936-37)     | Clifton O. Dummett (1969-70)     | John Clarkson (2002-03)                |
| Paul C. Kitchin (1937-38)        | Gordon H. Rovelstad (1970-71)    | Stephen Challacombe (2003-04)          |
| Thomas J. Hill (1938-39)         | Frank J. Orland (1971-72)        | Paul Robertson (2004-05)               |
| William J. Gies (1939-40)        | Gunnar Ryge (1972-73)            | Takayuki Kuroda (2005-06)              |
| Wilmer Souder (1940-41)          | Mogens R. Skougaard (1973-74)    | Stephen Bayne (2006-07)                |
| Isaac Schour (1941-42)           | James K. Avery (1974-75)         | Deborah Greenspan (2007-08)            |
| Charles F. Bodecker (1942-43)    | David B. Scott (1975-76)         | J.M. ('Bob') ten Cate (2008-09)        |
| Philip Jay (1943-44)             | Harold M. Fullmer (1976-77)      | David M. Williams (2009-10)            |
| H. Trendley Dean (1944-45)       | George S. Beagrie (1977-78)      | Maria Fidela de Lima Navarro (2010-11) |
| Wallace D. Armstrong (1945-46)   | Finn Brudevold (1978-79)         | E. Dianne Rekow (2011-12)              |
| Samuel W. Chase (1946-47)        | Harald Löe (1979-81)             | Mary MacDougall (2012-13)              |
| Harold C. Hodge (1947-48)        | John A. Gray (1980)              | Helen Whelton (2013-14)                |
| Allan G. Brodie (1948-49)        | Marie U. Nylen (1981-82)         | Yoshimitsu Abiko (2014-15)             |
| J. Roy Blayney (1949-50)         | Antony H. Melcher (1982-83)      | Marc Heft (2015-16)                    |
| Basil G. Bibby (1950-51)         | Robert M. Frank (1983-84)        | Jukka Meurman (2016-17)                |
| Leonard S. Fosdick (1951-52)     | A. Richard Ten Cate (1984-85)    | Angus William G. Walls (2017-18)       |
| Maynard K. Hine (1952-53)        | Paul Goldhaber (1985-86)         | Rena D'Souza (2018-19)                 |
| Francis A. Arnold (1953-54)      | Ivar A. Mjör (1986-87)           | Paula Moynihan (2019-20)               |
| George C. Paffenbarger (1954-55) | Roy C. Page (1987-88)            | Pamela DenBesten (2020-21)             |
| Paul E. Boyle (1955-56)          | William D. McHugh (1988-89)      | Eric Reynolds (2021-22)                |
|                                  |                                  | Brian O'Connell (2022-23)              |

## Appendix 11 — Past Treasurers of the IADR

|         |  |           |  |
|---------|--|-----------|--|
| 1927-33 | William Rice, Tufts College (Boston, MA, USA)  | 1982-88   | William H. Bowen, University of Rochester (Rochester, NY USA)                  |
| 1933-41 | Bissell B. Palmer, Fifth Avenue Hospital (New York, NY, USA)   | 1988-94   | Ian R. Hamilton, University of Manitoba (Winnipeg, MB, Canada)                 |
| 1941-57 | Edward H. Hatton, Northwestern University (Chicago, IL, USA)<br><i>(The position was re-named "Secretary/Treasurer".)</i>  | 1994-97   | Ole Fejerskov, Aarhus University (Aarhus, Denmark)                             |
| 1957-61 | Dan Y. Burrill, Northwestern University (Chicago, IL, USA)   | 1997-2001 | John W. Stamm, University of North Carolina (Chapel Hill, USA)                 |
| 1961-64 | Joseph C. Muhler, Indiana University (Indianapolis, IN, USA)   | 2001-04   | Edwin Yen, University of British Columbia (Vancouver, BC, Canada)              |
| 1964-67 | Gordon H. Rovelstad, National Naval Medical Center (Bethesda, MD, USA)   | 2004-09   | Angus W.G. Walls, University of Newcastle (Newcastle, UK)                      |
| 1967-77 | Arthur R. Frechette, IADR Central Office (Chicago, IL, USA)<br><i>(The elected position was eliminated, and the position of Secretary/Treasurer was made a Council appointment.)</i> | 2009-12   | Brian O'Connell, Dublin Dental School and Hospital (Dublin, Ireland)           |
| 1977-79 | Daniel B. Green, IADR Central Office (Chicago, IL, USA/Washington, DC, USA)<br><i>(The position was re-named "Executive Director".)</i>  | 2012-15   | Edward C.M. Lo, University of Hong Kong, SAR, China (Pok Fu Lam, Hong Kong)    |
| 1979-82 | John W. Hein, Forsyth Dental Center (Boston, MA, USA)<br><i>(The position of Treasurer was established as a Council appointment.)</i>  | 2015-18   | Ana Wintergerst, Universidad Nacional Autonoma de Mexico (Mexico City, Mexico) |
|         |  | 2018-21   | Nisha D'Silva, University of Michigan (Ann Arbor, MI, USA)                     |
|         |  | 2021-24   | David Drake, University of Iowa (Iowa City, USA)                               |
|         |  | 2021-24   | David Drake, University of Iowa (Iowa City, USA)                               |

## Appendix 12 — Candidates for Vice-president of the IADR

For the early years (1920-26), the IADR functioned chiefly with various Presidents and a Secretary (L.M. Vaughn). The first elected Vice-president is recorded for the 1927-28 Association year, but there is no record of additional nominees until 1965-66. Officers were nominated by Council and elected by the membership at the annual General Session. Vice-presidents apparently did not always automatically advance to the office of President-elect.

The year indicates the year each individual began his/her term of office. When multiple names are listed, the asterisk (\*) indicates the winner of the election held the preceding year.

|      |                           |      |  |      |   |
|------|---------------------------|------|--|------|---|
| 1927 | Russell W. Bunting        | 1965 | Floyd Peyton, Ralph W. Phillips*   | 1998 | Marjorie Jeffcoat*, Graham Embery, Maria Fidela de Lima Navarro |
| 1928 | F.V. Simonton             | 1966 | John B. Macdonald*, Helmut A. Zander   | 1999 | Graham Embery*, Harold Sgan-Cohen, Angela Pack                  |
| 1929 | Albert E. Webster         | 1967 | S.Y. Ericsson, H.R. Mühlemann, J.J. Pindborg   | 2000 | John Clarkson*, Michel Goldberg, Matti Närhi                    |
| 1930 | Russell W. Bunting        | 1968 | Gordon H. Rovelstad  | 2001 | Stephen Challacombe*, John Keller, Prathip Phantumvanit         |
| 1931 | Edward H. Hattton         | 1969 | Finn Brudevold, Frank J. Orland*   | 2002 | Michel Goldberg, Paul Robertson*, Chooi Gait Toh                |
| 1932 | Joseph L.T. Appleton, Jr. | 1970 | E.B. Jump, Gunnar Ryge*, I. Zipkin   | 2003 | Deborah Greenspan, Takayuki Kuroda*, Mariano Sanz               |
| 1933 | Theodore B. Beust         | 1971 | Mogens Skougaard*, Robert M. Frank   | 2004 | Stephen Bayne*, Hector Lanfranchi, David Williams               |
| 1934 | William G. Skillen        | 1972 | James K. Avery*, Alvin L. Morris   | 2005 | Deborah Greenspan*, Peter Holbrook, Lakshman Samaranyake        |
| 1935 | Paul C. Kitchin           | 1973 | R.C. Caldwell, David B. Scott* (NB: R.C. Greulich was nominated to replace Dr. Caldwell, who died before the election occurred.) | 2006 | John Stamm, J.M. "Bob" ten Cate*, Chooi Gait Toh                |
| 1936 | Thomas J. Hill            | 1974 | Harold M. Fullmer*, Paul Goldhaber, Hans R. Mühlemann  | 2007 | Susan Reisine, David M. Williams*, Edwin Yen                    |
| 1937 | Rudolf Kronfeld           | 1975 | George S. Beagrie*, C. Howard Tonge  | 2008 | P. Mark Bartold, Maria Fidela de Lima Navarro*, Katsujii Okuda  |
| 1938 | Rudolf Kronfeld           | 1976 | Finn Brudevold*, Bo Krasse, Leo M. Sreebny   | 2009 | Francois A. de Wet, E. Dianne Rekow*, Gregory J. Seymour        |
| 1939 | Wilmer Souder             | 1977 | Robert M. Frank, Marie U. Nylén, Harald A. Løe*  | 2010 | Mary MacDougall*, Jukka Meurman, Lakshman Samaranyake           |
| 1940 | Charles F. Bodecker       | 1978 | Bo Krasse, Yojiro Kawamura, Klaus König, John A. Gray (by petition)*   | 2011 | Gregory Seymour, Helen Whelton*, Edwin Hsun-Kao Yen             |
| 1941 | Philip Jay                | 1979 | Marie Nylén*, Mervyn Shear, I.R.H. Kramer  | 2012 | Yoshimitsu Abiko*, Paul Brandt, Angus William Gilmour Walls     |
| 1942 | H. Trendley Dean          | 1980 | Robert Frank, Antony Melcher*, Knut Selvig   | 2013 | Ana Maria Acevedo, Marc Heft*, Mariano Sanz                     |
| 1943 | Wallace D. Armstrong      | 1981 | Lois Cohen, Erling Johansen, Robert Frank*   | 2014 | Noemi Bordoni, Grayson (Bill) Marshall, Jukka Meurman*          |
| 1944 | Samuel W. Chase           | 1982 | Peter C. Reade, A. Richard Ten Cate*, Stanley P. Hazen   | 2015 | Mina Mina, Pasutha Thuyakitpisal, Angus Walls*                  |
| 1945 | Harold C. Hodge           | 1983 | Joop Arends, Paul Goldhaber*, Yojiro Kawamura  | 2016 | Rena N. D'Souza*, Edward C.M. Lo, Harold D. Sgan-Cohen          |
| 1946 | Allan G. Brodie           | 1984 | J.E. Eastoe, Klaus König, Ivar A. Mjör*  | 2017 | Paula Moynihan*, Giuseppe A. Romito, Xue-Dong Zhou              |
| 1947 | J. Roy Blayney            | 1985 | Joop Arends, Ronald J. Gibbons, Roy C. Page*   | 2018 | Pamela Den Besten*, Edward C.M. Lo, Giuseppe A. Romito          |
| 1948 | Basil G. Bibby            | 1986 | William D. McHugh*, Johannes van Houte, Yair Sharav  | 2019 | Noor Hayaty Abu Kasim, Byung-Moo Min, Eric C. Reynolds*         |
| 1949 | Leonard S. Fosdick        | 1987 | Ernest Newbrun*, Dennis C. Smith, Peter C. Reade   | 2020 | Sibel A. Antonson, Finbarr Allen, Brian O'Connell*              |
| 1950 | Maynard K. Hine           | 1988 | Jukka Ainamo, William H. Bowen*, Lois K. Cohen   | 2021 | Om Prakash Kharbanda, Ophir Klein*, Alvaro Della Bona           |
| 1951 | Francis A. Arnold, Jr.    | 1989 | Robert J. Genco*, Niklaus P. Lang, David K. Mason  | 2022 | Satoshi Imazato*, Gabriel Sánchez, Gottfried Schmalz            |
| 1952 | George C. Paffenbarger    | 1990 | Per-Olof Glantz, John C. Greene*, Barry J. Sessle  | 2023 | Yijin Ren, Pamela Yelick*, Bian Zhuan                           |
| 1953 | Paul E. Boyle             | 1991 | Stephen H.Y. Wei*, Jason M. Tanzer, Daniel van Steenberghe   | 2024 | Jennifer Gallagher*, Mark Herzberg, Marco Peres                 |
| 1954 | Joseph F. Volker          | 1992 | Niklaus P. Lang, Gunnar Rølla, Barry J. Sessle*  |      |   |
| 1955 | Reidar F. Sognnaes        | 1993 | Thorild Ericson, Denis O'Mullane, Richard R. Ranney*   |      |   |
| 1956 | Ned B. Williams           | 1994 | John S. Greenspan*, Ichiro Takazoe, Thomas E. Van Dyke   |      |   |
| 1957 | Hamilton B.G. Robinson    | 1995 | Per-Olof Glantz*, Ian Hamilton, Martin A. Taubman  |      |   |
| 1958 | Holmes T. Knighton        | 1996 | David Ferguson, Anders Linde, Mamoru Sakuda*   |      |   |
| 1959 | James A. English          | 1997 | Peter Cleaton-Jones, Gottfried Schmalz, Sally Marshall*  |      |   |
| 1960 | Seymour J. Kreshover      |      |  |      |   |
| 1961 | Dan Y. Burrill            |      |  |      |   |
| 1962 | Martin A. Rushton         |      |  |      |   |
| 1963 | Barnet M. Levy            |      |  |      |   |
| 1964 | Richard S. Manly          |      |  |      |   |

## Appendix 13 — Honorary Members of the IADR

Harold Hillenbrand, 1958, 1969  
 John C. Fogarty, 1965  
 Roger O. Egeberg, 1970  
 Sir Gordon E.W. Wolstenholme, 1984  
 Kees Kranenburg, 1986  
 Julius B. Richmond, 1987  
 Charles P. Leblond, 1988  
 Pierre Bois, 1988  
 Adrian Cowan, 1989  
 Jesús Kumáte Rodríguez, 1991  
 Rt. Hon. The Lord (John) Butterfield of Stetchford, 1992

Frank E. Young, 1993  
 Hans Jakob Wespi, 1994  
 Basil G. Bibby, 1996  
 Per-Ingvar Brånemark, 1998  
 Tadimitsu Kishimoto, 2001  
 David Ramsay, 2005  
 Robert V. Blanden, 2006  
 Jiri Mestecky, 2007  
 Cyril Frank, 2008  
 Anthony Fauci, 2009  
 Harald zur Hausen, 2010  
 Michael Marmot, 2011

José Gomes Temporão, 2012  
 Johan Smit, 2014  
 Vandelei Salvador Bagnato, 2015  
 Mark Walport, 2016  
 Dame Sally Davies, 2018  
 Peter Cooney, 2019  
 Kathryn Kell, 2020  
 Christopher Murray, 2021  
 Adrian Krainer, 2023

## Appendix 14 — Non-officer IADR Board Members

From 1920-1958, the lists of IADR officers do not include Members-at-large. Beginning with the 1959-60 Association year, however, "Councilors-at-large" are listed, which eventually became the current "Members-at-large". Each individual's Division affiliation is given where possible. Beginning in 2003, "Members-at-large" became "Regional Board Members". Beginning in 2016, a Young Investigator Representative was added as a "Board Member" and in 2017 the number of Young Investigator Representatives was expanded to two.

|           |  |         |   |
|-----------|--|---------|---|
| 1959-60   | Ralph L. Ireland (North American), Howard J. Merkeley (North American)   | 2005-06 | Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America)  |
| 1960-61   | Genevieve Roth (North American), Lucien A. Bavetta (North American)  | 2006-07 | Ahmed E.O. Ogwel (Africa/Middle East), Mariano Sanz (Pan-European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian-Pacific)   |
| 1961-62   | Clifton O. Dummett (North American), Ralph L. Ireland (North American)   | 2007-08 | Ahmed E.O. Ogwel (Africa/Middle East), Jukka Meurman (Pan European), José Luiz Lage-Marques (Latin America), Richard Ellen (North America), Yoshimitsu Abiko (Pan-Asian Pacific)  |
| 1962-63   | Josse de Wever, Clifton O. Dummett (North American)  | 2008-09 | Ahmed E.O. Ogwel (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Javier de la Fuente-Hernandez (North America), Yoshimitsu Abiko (Pan-Asian Pacific)   |
| 1963-64   | C.R. Castaldi, C.D. Mohammed   | 2009-10 | Paul Brandt (Africa/Middle East), Jukka Meurman (European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Wendell Evans (Asia Pacific)   |
| 1964-65   | Clifton O. Dummett (North American), John B. Macdonald (North American)  | 2010-11 | Harold Sgan-Cohen (Pan European), Ana Maria Acevedo (Latin America), Brian Clarkson (North America), Paul Brandt (Africa/Middle East) and Wendell Evans (Asia/Pacific)  |
| 1965-66   | Otto Backer-Dirks (CED), Louis Baume (CED)   | 2011-12 | Paul D. Brandt (Africa/Middle East), Wendell Evans (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D. Sgan-Cohen (Pan European)  |
| 1966-67   | Wayne Wantland, Doran Zinner (North American)  | 2012-13 | M. Jawad Behbehani (Africa/Middle East), Byung-Moo Min (Asia/Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Harold D. Sgan-Cohen (Pan European)  |
| 1967-68   | S. Wah Leung, Clifton O. Dummett (North American)  | 2013-14 | M. Jawad M. Q. Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Rita Villena-Sarmiento (Latin America), Edwin Yen (North America) and Timothy Watson (Pan European)  |
| 1968-69   | Wayne Wantland, Doran Zinner (North American)  | 2014-15 | M. Jawad M. Q. Behbehani (Africa/Middle East), Byung-Moo Min (Asia Pacific), Erik Dreyer (Latin America) Peter J. Polverini (North America) and Timothy Watson (Pan European)   |
| 1969-70   | Wayne Wantland, Doran Zinner (North American)  | 2015-16 | Eyitope O. Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Timothy Watson (Pan European) and Peter J. Polverini (North America)  |
| 1970-71   | Wayne Wantland, Doran Zinner (North American)  | 2016-17 | Eyitope O. Ogunbodede (Africa/Middle East), Bian Zhuan (Asia/Pacific), Erik Dreyer (Latin America), Brian O'Connell (Pan European), Peter J. Polverini (North America) and Owen Addison (Young Investigator Representative)   |
| 1971-72   | K.J. Paynter, T.E. Bolden (North American)   | 2017-18 | Eyitope O. Ogunbodede (Africa/Middle East), Zhuan Bian (Asia/Pacific), Brian O'Connell (Pan European), Jaime Castellanos (Latin America), Joy Richman (North America), Owen Addison (Young Investigator Representative), Donald Chi (Young Investigator Representative)                                   |
| 1972-73   | K.J. Paynter, T.E. Bolden (AADOCR)   | 2018-19 | Jaime Castellanos (Latin America), Brian O'Connell (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Donald Chi (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)                                |
| 1973-74   | Israel T. Kleinberg (AADOCR), Doran D. Zinner (AADOCR)   | 2019-20 | Jaime Castellanos (Latin America), Gottfried Schmalz (Pan European), Lijian Jin (Asia/Pacific), Joy Richman (North America), Margaret Wandera (Africa/Middle East), Dagmar Else Slot (Young Investigator Representative), Alireza Moshaverinia (Young Investigator Representative)                        |
| 1974-75   | Hans R. Mühlemann (CED), S.B. Finn   | 2020-21 | Lijian Jin (Asia/Pacific), Margaret Wandera (Africa/Middle East), Gottfried Schmalz (Pan European), S. Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Dagmar Else Slot (Young Investigator Representative), Kimon Divaris (Young Investigator Representative)         |
| 1975-76   | Ivor R.H. Kramer (British), Howard M. Myers (AADOCR)   | 2021-22 | Nobuhiro Takahashi (Asia/Pacific), Deema Ali AlShammery (Africa/Middle East), Gottfried Schmalz (Pan European), S.Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Vinicius Rosa (Young Investigator Representative), Kimon Divaris (Young Investigator Representative) |
| 1976-77   | Howard M. Myers (AADOCR), Mogens R. Skougaard (ScADR)  | 2022-23 | Nobuhiro Takahashi (Asia/Pacific), Deema Ali AlShammery (Africa/Middle East), Marcello Riggio (Pan European), S.Aida Borges-Yáñez (North American), María del Carmen López Jordi (Latin American), Vinicius Rosa (Young Investigator Representative), Richard Miron (Young Investigator Representative)   |
| 1977-78   | Lois K. Cohen (AADOCR), Ole Fejerskov (ScADR)  | 2023-24 | Deema Ali AlShammery (Africa/Middle East), Nobuhiro Takahashi (Asia/Pacific), Gabriel Sanchez (Latin American), Olga Baker (North American), Marcello Riggio (Pan European), Richard John Miron (Young Investigator Representative), Fatemeh Momen-Heravi (Young Investigator Representative)             |
| 1978-79   | William Bowen (AADOCR), Peter C. Reade (ANZ)   |         |   |
| 1979-80   | J.D. DeStoppelaar (CED), Yojiro Kawamura (JADR)  |         |   |
| 1980-81   | Yojiro Kawamura (JADR), Ole Fejerskov (ScADR)  |         |   |
| 1981-82   | Declan Anderson (British), Joop Arends (CED)   |         |   |
| 1982-83   | David A.S. Parker (ANZ), Jukka Ainamo (ScADR)  |         |   |
| 1983-84   | Roy Page (AADOCR), Hector Orams (ANZ)  |         |   |
| 1984-85   | Robert Genco (AADOCR), Dan Deutsch (Israeli)   |         |   |
| 1985-86   | Dan Deutsch (Israeli), Joop Arends (CED)   |         |   |
| 1986-87   | Joop Arends (CED), Fujio Miura (JADR)  |         |   |
| 1987-88   | Fujio Miura (JADR), John Clarkson (Irish)  |         |   |
| 1988-89   | John Clarkson (Irish), Arto Demirjian (CADR)   |         |   |
| 1989-90   | Martin Taubman (AADOCR), Satoshi Sasaki (JADR)   |         |   |
| 1990-91   | Satoshi Sasaki (JADR), Luis Del Castillo Carillo (Mexican)   |         |   |
| 1991-92   | Kenneth Stephen (British), Joop Arends (CED), Yung-Soo Kim (Korean)  |         |   |
| 1992-93   | Joop Arends (CED), Yung-Soo Kim (Korean), Knut A. Selvig (ScADR)   |         |   |
| 1993-94   | Knut A. Selvig (ScADR), Teo Choo Soo (Southeast Asian), William G. Young (ANZ)   |         |   |
| 1994-95   | Teo Choo Soo (Southeast Asian), William G. Young (ANZ), At J. Ligthelm (South African)   |         |   |
| 1995-96   | William G. Young (ANZ), At J. Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian)   |         |   |
| 1996-97   | At J. Ligthelm (South African), Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED)  |         |   |
| 1997-98   | Maria Fidela de Lima Navarro (Brazilian), Michel Goldberg (CED), W.M. Edgar (British)  |         |   |
| 1998-99   | W.M. Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)   |         |   |
| 1999-2000 | W.M. Edgar (British), Teo Choo Soo (Southeast Asian), Takayuki Kuroda (Japanese)   |         |   |
| 2000-01   | Takayuki Kuroda (Japanese), Teo Choo Soo (Southeast Asian), Susan Reisine (American)   |         |   |
| 2001-02   | Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)   |         |   |
| 2002-03   | Susan Reisine (American), Gunnar Bergenholtz (Scandinavian), Hector Lanfranchi (Argentine)   |         |   |
| 2003-04   | Susan Reisine (American), Hector Lanfranchi (Argentine), Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific)               |         |   |
| 2004-05   | Jeroen Kroon (Africa/Middle East), Mariano Sanz (Europe), Yupin Songpaisan (Pan-Asia-Pacific), José Luis Lage-Marques (South America), Richard Ellen (North America) |         |   |

### COMMUNITY WATER FLUORIDATION

#### Position statement

The International Association for Dental Research (IADR) supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries. This public health measure has a high benefit/cost ratio and benefits deprived communities the most thus reducing health inequalities. While fluoride occurs naturally in water, levels vary depending on regions and sources of water. Fluoridation is the controlled addition of a precise amount of fluoride to community water systems to the level beneficial for dental health, without systemic health side-effects. The practice of adding fluoride to community water supplies began after Dr. H. Trendley Dean observed a dose response relationship between naturally occurring fluoride levels in water with dental fluorosis and caries in his famous 21-city study<sup>1</sup>. Community water fluoridation began in Grand Rapids, Michigan, USA in 1945 and reached 63.4% of the United States population in 2018<sup>2</sup>. Globally, over 400 million people in 25 countries have access to community water fluoridation<sup>3</sup>. The 75-year history of community water fluoridation as a public health measure has been summarised in an IADR Centenary Review<sup>4</sup>.

Dental caries – the destruction of dental hard tissues – can result in pain, infection and tooth loss<sup>5</sup>. Caries is caused by acidic by-products produced from bacterial fermentation of free sugars, mainly sucrose. Dental caries is one of the most common non-communicable diseases that affects both adults and children globally<sup>6</sup>. The prevalence of dental caries remains high globally and across countries with different sociodemographic index (SDI) status<sup>7</sup>. Children with poor oral health are more likely to miss school and suffer academically<sup>8,9,10</sup>. The health and social impact of dental caries have been reported among people of all ages, from very young children to the elderly<sup>11,12,13</sup>. The economic impact of dental caries on the affected individuals and society has also been documented<sup>14</sup>. Socioeconomic inequalities in oral health at global and regional level are detrimental to improving population oral health<sup>15</sup>.

An adequate continuous exposure to fluoride provides significant protection from dental caries<sup>16,17</sup>. Community water fluoridation is the simplest way to maintain a constant low dose of fluoride in the oral cavity, through drinking fluoridated water or ingesting meals prepared with fluoridated water<sup>18,19</sup>. Numerous recent systematic reviews have found that water fluoridation is associated with a significant decrease in dental caries, mostly in children<sup>20,21,22,23,24</sup>. In the early 2000s, a review by the US Community Preventive Services Task Force (CPSTF), found that starting water fluoridation decreased caries in children aged 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%<sup>24</sup>. Those results were confirmed by other systematic reviews conducted in the 2000s by UK Medical Research Council (MRC) and Australia National Health and Medical Research Council (NHMRC)<sup>22,25</sup>. A recent systematic review of 20 studies by the Cochrane Collaboration, showed that water fluoridation decreased dental caries in both primary and permanent teeth of children and increased the number

of children free of decay in primary and permanent teeth, despite concerns about quality of the available evidence<sup>21</sup>, as well as methods used in the review<sup>26</sup>. A review by NHMRC 'found that water fluoridation reduces tooth decay by 26-44% in children, teenagers and adults'<sup>23</sup>.

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population<sup>51</sup>. A systematic review of the best available evidence pertaining to water fluoridation from cohort studies showed consistent evidence of a protective effect<sup>51,52</sup>. Additionally, a systematic review by the CPSTF found that water fluoridation is cost saving<sup>14</sup>. In other words, the savings from fewer dental restorations are greater than the cost of fluoridation for communities of greater than 1,000 people, and the larger the community, the greater the cost saving. Economic analyses from other countries have supported the findings<sup>27,28,29</sup>.

Community water fluoridation may also reduce oral health inequalities. Inequality in dental caries experience has been well documented in most developed economies with children and adults from lower socioeconomic status (SES) backgrounds experiencing more caries than those from high SES backgrounds and less likely to be treated for the disease<sup>30,31,32</sup>. When drinking water has an optimal fluoride concentration, fluoride can be passively delivered to community residents regardless of socioeconomic status or ability to access dental services. The York review<sup>22</sup> concluded there was some evidence that water fluoridation reduced SES inequalities in caries levels in children, while the Cochrane review<sup>21</sup> found insufficient evidence that fluoridation reduced inequalities. The NHMRC review<sup>23</sup> concluded that there was limited evidence that fluoridation reduced SES inequalities and called for further high-quality research. More recent studies from different countries reported evidence that fluoridation reduced SES inequalities<sup>48</sup>. It is worth noting that a fundamental inequality surrounds the variability in water sources and water supply infrastructure, in that there are large parts of the world where community water fluoridation would not be possible or would be impractical because the major source of domestic and drinking water is groundwater boreholes and fluoride levels are variable and often unknown.

Community water fluoridation is a safe method of delivering fluoride at a population level. There have been numerous systematic reviews of the potential adverse health effects of water fluoridation<sup>22,23,35,36,37</sup>. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.

Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation<sup>39</sup>. Teeth are only at risk of fluorosis until about age 8 during enamel formation<sup>40</sup>. The World Health Organization (WHO) recommends a concentration of 0.5 to 1.5 mg/L of fluoride to achieve caries prevention while minimizing the risk of dental fluorosis. This concentration varies depending on climate, local environment, and other sources of fluoride. Countries have decided on the concentration of water fluoride appropriate for their context. While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do

not develop dental fluorosis<sup>23</sup>. The cases of dental fluorosis that do develop are very mild. These changes, not usually visible to the naked eye, do not affect the function of the teeth or oral health-related quality of life<sup>41</sup>. Dental fluorosis at that level has been found diminished over time<sup>42,43</sup>. Severe cases of dental fluorosis are rare in communities serviced by community water fluoridation and are not associated with fluoridated water<sup>23</sup>.

Community water fluoridation is supported by various groups, including the WHO<sup>44</sup>, the Fédération Dentaire Internationale (FDI World Dental Federation)<sup>45</sup>, national dental and health organizations, among others. Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20<sup>th</sup> century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively<sup>46</sup>. To bolster this, the CDC has recently supported the creation of new technology to meet the need of rural areas and smaller sized water systems to optimally fluoridate water utilizing a cost-effective tablet system<sup>38</sup>.

While IADR always welcomes research on water fluoridation safety and effectiveness, in the current context of fluoride availability, the balance of evidence currently shows that community water fluoridation is safe, effective and cost-saving and reduces oral health disparities. Therefore, IADR supports community water fluoridation and recommends the adjustment of fluoride concentration in community water to an optimum level according to national guidelines of each country. To facilitate optimization of water fluoride concentration, IADR also supports external independent controls to monitor the concentration of fluoride in water considering the challenges associated with optimization<sup>49,50</sup>. Comparative analysis and cost-benefit analysis are also encouraged to facilitate water fluoride concentration optimization.

IADR encourages dental health professionals to sensitize the public about the benefits of CWF to ensure sustained municipal water fluoridation. Local chapters of IADR are advised to organize seminars to educate local government policymakers about CWF and conduct Continuing Education (CE) programs to train members in dental health advocacy. Advocacy efforts should emphasize on the consistent research findings about the effectiveness of water fluoridation in preventing dental caries and counter misinformation surrounding the issue<sup>47</sup>.

### Author contributions

L.G. Do contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the IADR Science Information Subcommittee, contributed to conception and design, critically revised the manuscript. M.K.S. Charles-Ayinde contributed to conception, design, and interpretation, and critically revised the manuscript; C.H. Fox, contributed to conception, critically revised the manuscript. All authors gave final approval and agree to be accountable for all aspects of the work.

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(Adopted 1979, Updated 1999 and 2022)

## INDIVIDUAL AND PROFESSIONAL METHODS OF FLUORIDE USE

### Position statement

Various methods of fluoride use have been available since the discovery of the anticaries properties of this ion. This position statement deals with those which are applied to erupted teeth. Historically, those methods have been classified as "topical" (to be differentiated from the methods of fluoride use resulting in intentional systemic exposure, such as water fluoridation), which has been the cause of confusion considering that the predominant effect of fluoride in caries control, irrespective of the method of use, is local (topical) (see the IADR statement on community water fluoridation). Therefore, in this statement these methods will be separated according to their delivery approach, as fluoride used at the individual or professional level.

Irrespective of the mode of use and specific intraoral reactions, all the products discussed here work primarily through the delivery of fluoride ions to the oral fluids (saliva, biofilm fluid), where they can interfere with the equilibrium between the

tooth minerals and the oral environment. Fluoride reduces the rate of mineral loss when available in a fermenting (low pH) biofilm (effect on the inhibition of demineralization), as well as enhances mineral deposition when available in a neutral biofilm or in saliva (effect on the enhancement of remineralization). This physicochemical effect has been demonstrated in a number of studies<sup>5,9,10,32</sup> and translates into a number of systematic reviews of clinical studies investigating the anticaries effectiveness of different methods of fluoride use.

### Fluoride used at the individual level

#### *Rationale, mechanism of action and evidence*

The most common, and perhaps the most important, way of fluoride use is through fluoride toothpastes. The addition of fluoride to toothpastes came as a consequence of the discovery of its anticaries properties, and after some years of product development, effective formulations became available to the public<sup>14</sup>. This happened during the 1970s and 1980s, which coincides with significant reductions in caries rates around the globe<sup>6, 27</sup>. Currently, fluoride toothpastes are the predominant type of toothpaste formulation, available worldwide and making part of daily oral hygiene. However, high quality toothpastes are not always available to populations in middle and low-income countries. Given its indisputable benefits to oral health, all efforts should be taken to make toothpaste with adequate fluoride concentration universally affordable and accessible<sup>35, 36</sup>.

Because dental caries is caused by an interplay between dental biofilm and its frequent exposure to sugar<sup>15</sup>, using fluoride as part of the oral hygiene routine is a very rational approach. When used to brush teeth, fluoride toothpaste helps remove the dental biofilm, and at the same time increases fluoride concentration in the oral fluids (in whole saliva, to bathe cleaned surfaces and help bring back minerals that were potentially lost under a fermenting biofilm, and in the fluid of biofilm remnants that were not removed by brushing, where it will help reduce mineral loss under a new sugar exposure). It is important to note that fluoride should be chemically soluble in the formulation (e.g. fluoride ion, monofluorophosphate ion)<sup>21</sup>, so that it will be bioavailable to affect the demineralization/remineralization process<sup>33</sup>.

The effectiveness of fluoride toothpastes to reduce caries has been demonstrated in randomized clinical trials (RCTs) and systematic reviews of RCTs which shows that: 1. Standard concentration toothpastes (1,000-1,500 ppm F ( $\mu\text{g F/g}$ )) increase the number of caries-free children and significantly reduce caries increment in children and adults, with a dose-response effect<sup>17,34</sup>; 2. Brushing two or more times daily provides greater protection than brushing once a day or less<sup>16, 3</sup>. High-fluoride toothpastes (e.g. 5,000 ppm F) prevent new root caries lesions and increase the likelihood of existing lesions becoming arrested in older adults<sup>13,23</sup>.

With a similar mode of action, fluoride mouth rinses are also part of oral hygiene regimes and their effectiveness has been tested mainly in school programs<sup>16</sup>. The recommendation to use fluoride mouth rinses, in addition to fluoride toothpastes, is usually determined based on the patient's caries risk; dental caries can be effectively controlled by proper oral hygiene with fluoride toothpaste, but in certain occasions when caries risk is increased (e.g. gingival recession in older people, exposing root surfaces; salivary gland hypofunction (dry mouth); high sugar

consumption), increased oral fluoride levels can be sustained for longer by a fluoride mouth rinse used after toothbrushing.

In summary, fluoride toothpastes should be recommended to everyone as an effective method of fluoride use, as part of their daily oral hygiene regime. Brushing two or more times daily with a fluoride toothpaste provides superior caries protection to only once a day or less. An additional exposure to fluoride (via high fluoride concentration toothpastes, mouth rinses, or professionally applied products (see next section)) may be recommended for individuals at increased risk for caries.

#### *Safety*

Fluoride toothpastes and mouth rinses are generally considered to be safe methods of fluoride delivery. Available over-the-counter (except for high concentration toothpastes/mouth rinses, which often require a prescription), these products involve minimal safety concerns when properly used. However, fluoride toxicity should be considered. Acute fluoride toxicity involves the ingestion of a high fluoride dose, at once. The probable toxic dose for acute fluoride toxicity is 5 mg F/kg body weight; above this exposure, measures should be taken to reduce fluoride absorption or systemic effects. This level of exposure can be reached only if a very young child (ex. weighing around 10 kg) ingests more than half of an over the counter toothpaste tube (usually 1,100  $\mu\text{g F/g}$ , tube weight approximately 100 g), or more than half a bottle of an over the counter mouth rinse (usually 226  $\mu\text{g F/mL}$ , 300-500 mL bottle). Accidents with the ingestion of these products are very rare<sup>31</sup>, and can be prevented by keeping these products out of reach of children. It is recommended that fluoride mouth rinses and high fluoride toothpastes (5,000 ppm F) are not used by children under 6 years of age, because they may not be properly trained on spitting. For dependent older adults, high fluoride toothpastes should be considered safe, but care must be taken to minimize ingestion, which may cause gastric symptoms.

Aside from the safety of over the counter fluoride products in terms of acute toxicity, dental fluorosis may develop as a result of the inadvertent ingestion of fluoride toothpaste during the time teeth are mineralizing. Dental fluorosis associated with fluoride toothpaste use, even when it is combined with exposure to fluoridated water, has been shown to be mild to very mild<sup>37</sup>; mild and very mild fluorosis do not negatively affect the quality of life of the affected<sup>3,26</sup>. Considering the anticaries benefits of fluoride, the impact of early childhood caries on children's health and well-being, and the degree of dental fluorosis associated with its use, fluoride toothpastes should be recommended to children of all ages. To minimize the dose of exposure to fluoride, reduced amounts of toothpaste have been recommended by professional organizations for brushing teeth of young children considering their reduce body weight (e.g. approximately 0.1 g, or a grain of rice for children younger than 3, approximately 0.3 g, or a pea-sized amount for children between 3 and 6 years of age)<sup>1,2,29</sup>.

### Professionally applied fluoride

#### *Rationale, mechanism of action and evidence*

Fluoride can be delivered by oral health professionals using products containing high fluoride concentrations (usually above 9,000 ppm F) at 3-6 month intervals, guided by an assessment of caries risk/activity. These products are formulated usually as gels or foams (which can be delivered using trays or applied to teeth using cotton swabs) or varnishes (which are applied with

a brush and are supposed to adhere to the teeth). At these higher concentrations, the amount of fluoride reaction with the tooth structure is high, forming fluoride-releasing reservoirs on the surface of teeth or within early caries lesions. Therefore, in between the long interval for their re-application, these reservoirs will release fluoride ions to interfere with the caries process. Another type of professional fluoride product is silver diamine fluoride (SDF), which contains fluoride at very high concentration (e.g. 45,200 ppm F) and is used to arrest cavitated coronal and root caries lesions. Although the mechanism of action of SDF on the arrestment of dentin lesions is not clear, a combination of effects of the silver (254,000 ppm) and fluoride components at alkaline pH (8.0-10.0) seems to be important for the anticaries effect<sup>22</sup>.

Fluoride gels and varnishes have been shown to be effective to reduce caries increment<sup>19,20</sup>. They confer a small additional anticaries benefit in individuals already using fluoride toothpastes<sup>8,18</sup>. Therefore, they are recommended for individuals at an increased risk for caries, or as part of preventive programs targeting at-risk populations, including older adults<sup>12</sup>. Fluoride gels usually contain free, ionic fluoride, in acidic or neutral formulations, and their reaction with the tooth structure forming fluoride reservoirs takes place within minutes. Fluoride varnishes are intended to adhere to the tooth structure for a long-reaction time. Most of the fluoride in this formulation is insoluble, and their clinical effectiveness may rely on their ability to be retained for long periods of time (hours) on the tooth structure<sup>7</sup>.

Regarding SDF, there is evidence of its effectiveness in reducing the progression and development of dentin caries in primary teeth, and also for controlling root caries<sup>4,11,224,30</sup>.

#### Safety

Fluoride gels, varnishes and SDF are considered safe. Because of their high concentration, they should be manipulated with care by oral health professionals. Application of fluoride gels in trays is not recommended for children younger than 6 years of age due to the risk in ingestion of a significant amount of the product. Varnishes are considered safer because of their ability to adhere on teeth, and the ingestion of fluoride from the product occurs over a longer period of time. Nevertheless, all high fluoride concentration formulations should be used with care by oral health professionals to avoid unnecessary ingestion.

#### Summary

The International Association for Dental Research (IADR), recognizing that dental caries (tooth decay) ranks among the most prevalent chronic diseases worldwide, supports the individual and professional application of fluoride as a safe and effective, evidence-based intervention for the prevention of dental caries. Based on the available scientific evidence, the IADR supports that:

1. Fluoride toothpastes (1,000-1,500 ppm fluoride concentration) should be used twice per day by all individuals as an effective way to control caries in conjunction with daily oral hygiene; all efforts should be taken to make toothpaste with an adequate fluoride concentration universally affordable and accessible.
2. Fluoride toothpastes are used by children starting with the eruption of their first teeth, in reduced amounts until the age 6 to minimize the risk for dental fluorosis;

3. Additional methods of fluoride use or higher strength products, either at the individual level (mouthrinses, high fluoride toothpastes), or professional level (fluoride gels, varnishes, solutions), should be recommended to individuals or populations at higher risk for caries.

#### Author contributions

L.M.A. Tenuta contributed to design, data acquisition, analysis, and interpretation, drafted and critically revised the manuscript, all members of the IADR Science Information Subcommittee, contributed to conception and design, critically revised the manuscript. M.K.S. Charles-Ayinde contributed to conception, design, and interpretation of the manuscript; C. Fox contributed to the conception and critically revised the manuscript. All authors gave final approval and agreed to be accountable for all aspects of the work.

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## SUGAR-SWEETENED BEVERAGES

### Policy statement

The International Association for Dental Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOOCR) support avoiding consumption of sugar-sweetened beverages (SSBs) in order to reduce intake of free sugars, which are added sugars and sugars in 100% juices, to decrease the prevalence of dental caries (or tooth decay) and other non-communicable diseases (NCDs) such as obesity, type 2 diabetes and cardiovascular disease. According to the Global Burden of Disease 2015 Study, untreated dental caries in permanent teeth is the most common global health condition, affecting 2.5 billion individuals. Untreated dental caries in primary (deciduous or “baby”) teeth ranked 10<sup>th</sup> among most common global conditions, while tooth loss ranked 36<sup>th</sup>. Global dental expenditures reached nearly 300 billion US dollars, and the cost of untreated dental caries in both primary and permanent teeth due to lost productivity exceeded 27 billion US dollars. Due to their high health and economic burdens, steps must be taken to prevent all dental diseases, including dental caries. Both IADR and AADOOCR have established healthy meetings policies that exclude the use of IADR and AADOOCR funds to purchase SSBs. Both IADR and AADOOCR have changed their investment policies to screen for exclusion of SSB companies to align the Associations’ investments with their missions of driving dental, oral and craniofacial research for health and well-being worldwide. IADR and AADOOCR recommend avoiding SSB consumption especially during the first two years of life in favor of water after a period of exclusive breastfeeding due to the risk of early childhood caries and throughout the life course; urge governments to implement evidence-based policies that reduce consumption of SSBs and encourage cooperation among oral and general civil societies to produce evidence, policies and guidelines on SSBs and health outcomes. IADR and AADOOCR also support addressing research gaps on interventions to reduce SSB consumption and to strengthen understanding of the role of SSB consumption in the development of other NCDs.

### Position statement

The International Association for Dental Research (IADR) and the American Association for Dental, Oral, and Craniofacial Research (AADOOCR) support avoiding consumption of sugar-sweetened beverages (SSBs) in order to reduce intake of free sugars, which include added sugars and sugars in 100% juices,

to decrease the prevalence of dental caries (or tooth decay) and other non-communicable diseases (NCDs) such as obesity, type 2 diabetes and cardiovascular disease. According to the Global Burden of Disease 2015 Study, untreated dental caries in permanent teeth is the most common global health condition, affecting 2.5 billion individuals. Untreated dental caries in primary (deciduous or “baby”) teeth ranked 10<sup>th</sup> among most common global conditions, while tooth loss ranked 36<sup>th</sup>. Global dental expenditures reached nearly 300 billion US dollars, and the cost of untreated dental caries in both primary and permanent teeth due to lost productivity exceeded 27 billion US dollars.<sup>1</sup> <sup>2</sup> Due to their high health and economic burdens, steps must be taken to prevent all dental diseases, including dental caries. Both IADR and AADOCR have established healthy meetings policies that exclude the use of IADR and AADOCR funds to purchase SSBs.<sup>3,4</sup> Both IADR and AADOCR have changed their investment policies to screen for exclusion of SSB companies to align the Associations’ investments with their missions of driving dental, oral and craniofacial research for health and well-being worldwide.<sup>5</sup>

SSBs such as regular (i.e., non-diet) carbonated soft drinks, fruit drinks, sport or energy drinks, are major sources of free sugars. Free sugars are defined by the World Health Organization (WHO) as “all monosaccharides and disaccharides added to foods by the manufacturer, cook or consumer, plus sugars naturally present in honey, syrups and fruit juices and fruit juice concentrate.” The definition of added sugars is similar to free sugars but do not include those found in 100% juices, and neither definition includes those found in whole fruits and vegetables. Examples of sugars include fructose, high-fructose corn syrup and sucrose, among others.<sup>6,7</sup> In 2010, global average intake of SSBs equaled that of milk and was highest in men aged 20-39. SSB consumption was highest in middle-income countries, particularly Latin America and the Caribbean, and lowest in high- and low-income countries.<sup>8</sup> From 2009-2014, SSB sales increased in low and middle income regions such as North Africa and the Middle East while they declined elsewhere.<sup>9</sup> During 2015-2016, U.S. adults and adolescents ages 12-19 consumed  $\geq$  50% of their added sugars from beverages, and non-Hispanic Black and Hispanic children consumed more SSBs than non-Hispanic White or Asian children.<sup>10,11</sup>

The causative role of sugars in the development of dental caries is well-established by biological and epidemiologic data, including systematic review. Dental caries is the destruction of the dental hard tissues often leading to pain, infection or tooth loss and contributes to missed school or work and to limited social interaction. Caries-related bacteria are part of a complex community of naturally-occurring microorganisms that reside in the mouth.<sup>12</sup> A high amount and frequency of sugars consumption causes dysbiosis—a shift away from a healthy balance of microorganisms—and makes the microorganisms that live and grow on the surface of the teeth more likely to cause caries. These microorganisms metabolize sugars, resulting in acid production, which will be responsible for the enamel demineralization, which, if not controlled, will ultimately result in caries.<sup>13</sup> *Streptococcus mutans*, abbreviated *S. mutans*, is one of the most studied and well-understood caries-related bacteria.<sup>14</sup> In addition to metabolizing sugars resulting in acid production, *S. mutans* produces and releases enzymes called glycosyltransferases, which metabolize sucrose to produce molecules called polysaccharides. Polysaccharides facilitate adhesion of the bacteria to the tooth surface and to one another and create localized acidic areas on the dental surface

resulting in tooth demineralization, which over time leads to the development of caries.<sup>15</sup> Furthermore, carbonated drinks and other types of SSBs are acidic and can cause enamel and dentin demineralization and destruction by their extrinsic application to susceptible tooth surfaces in a process called dental erosion.<sup>16</sup>

Evidence from studies performed in multiple countries have shown an association between consumption of free sugars, including those supplied by SSBs, and dental caries in both children and adults. Most compellingly, a comprehensive systematic review of 55 studies on the association between free sugars and the development of dental caries showed less caries experience when free sugars intake decreased and more caries experience when free sugars intake increased. This study was pivotal in developing the WHO Guideline which included recommendations that children and adults should limit calories obtained from free sugars to less than 10% of total daily calories intake (about 12 leveled teaspoons in a 2,000 calorie diet) and that further reduction to less than 5% (about 6 leveled teaspoons) would likely have added benefits.<sup>6,17</sup> Furthermore, studies in Finland showed a relationship between sugars intake and caries in adults, with one study showing 1-3 SSBs per day was associated with  $\sim$ 30% increase in dental caries.<sup>18,19</sup> Studies in Brazil showed associations between dietary habits that included SSBs and caries in children and adolescents. Early childhood caries (ECC), which is defined as “tooth decay in pre-school children which is common, mostly untreated and can have profound impact on children’s lives,”<sup>20</sup> is a particular concern. Four-year-old children in Brazil who were given SSBs in the first year of their lives were more likely to experience severe ECC. An international panel of experts determined that SSBs are a risk factor for ECC and recommended limiting intake of such beverages in favor of fluoridated water.<sup>21,22</sup>

Both IADR and AADOCR support the use of fluoride for the prevention of dental caries,<sup>23-27</sup> but fluoride—whether administered through water, toothpaste or other means—is not sufficient to completely prevent dental caries in the context of even moderate free sugars intake. Many of the studies in the systematic review linking between free sugars intake and dental caries were conducted in populations exposed to fluoride, indicating that the relationship between free sugars intake and dental caries experience held even in the presence of fluoride.<sup>17</sup> Other studies have shown that caries is only partially reduced by regular exposure to fluoride and the effect may be less pronounced in younger groups.<sup>28,29</sup> Therefore, successful dental caries prevention requires both exposure to fluoride and avoiding free sugars, including those supplied by SSBs.

In addition to dental caries, SSBs and free sugars are common risk factors for obesity, type 2 diabetes and cardiovascular disease.<sup>30-33</sup> Therefore, avoiding consumption of SSBs has benefits for both oral and overall health. Several health organizations have advocated reducing SSB and free sugars intake, including WHO, World Medical Association, International Diabetes Federation and American Heart Association.<sup>6,32,34-36</sup>

IADR and AADOCR support the following recommendations. Firstly, SSBs should be avoided in the first two years of life in favor of water after a period of exclusive breastfeeding due to the risk of ECCs and priming taste preferences for sweet foods and drinks later in life.<sup>20,37-41</sup> Subsequently, SSBs should continue to be avoided at all ages as they provide little nutritive or health benefit. At the most, daily intake of calories from free sugars should not exceed 10% of total calories, and reduction to less than 5% likely has added benefits. Secondly,

governments should implement evidence-based policies that reduce consumption of SSBs such as pricing policies, public health campaigns, improving promotion and access to healthy beverage alternatives, restriction of SSB purchases in government food programs<sup>42</sup> and prioritize access to safe and inexpensive drinking water. Lastly, oral and general health civil societies should cooperate to produce evidence, policies and guidelines on SSBs and health outcomes with an emphasis on the social determinants of health, common risk factors and universal health coverage. IADR and AADOCR also support addressing research gaps to establish the link between pricing policies to reduce SSB consumption and oral health outcomes in developing countries; investigate the effectiveness of proposed interventions such as policies affecting marketing and advertising, food production, portion size regulations, etc. for which there is currently limited evidence<sup>42</sup> and to strengthen understanding of the role of SSB consumption in the development of other NCDs.<sup>31</sup>

Based on the best available evidence of the role of SSBs as a source of free sugars and a common risk factor for the development of dental caries and other chronic diseases, IADR and AADOCR support avoiding consumption of SSBs.

(adopted March 2020)

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## SAFETY OF DENTAL AMALGAM

### Policy Statement

Based on the best available evidence, IADR affirms the safety of dental amalgam for the general population without allergies to amalgam components or severe renal diseases. IADR supports maintaining its availability as the best restorative option when alternatives are less than optimal based on clinical, economic or practical reasons.

IADR supports the phase-down strategy described in the Minamata Convention on Mercury. Consistent with the recommendations of the treaty, IADR emphasizes the need, firstly, for increased oral disease prevention efforts to reduce the need for any kind of restorative material, and secondly, for further research on new biocompatible and environmentally-friendly restorative materials and approaches that are proven to have equal or improved long term clinical longevity and cost effectiveness when compared to amalgam restorations.

### Position Statement

#### Introduction

IADR affirms the safety of dental amalgam for the general population without allergies to amalgam components or severe renal diseases. IADR supports maintaining its availability as the best restorative option when alternatives are less than optimal based on clinical, economic or practical reasons. The safety of dental amalgam has been investigated and affirmed through independent systematic reviews of the available scientific literature conducted by national and global scientific organizations, including the European Union (EU) Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR), World Health Organization (WHO) and the U.S. Food and Drug Administration (FDA). The last review identified was conducted by SCENIHR

and summarized studies performed up to 2014. This position statement considers evidence identified in previous reviews and after 2014 regarding the safety of dental amalgam for use in general and vulnerable populations and by dental health providers.

#### *The composition and clinical effectiveness of dental amalgams*

Dental amalgam is an alloy of metals that comprises approximately 50% mercury and silver, tin, copper and other metals. Dental amalgam was the first durable dental material that could be placed directly into teeth with dental caries and has been in use for over 150 years. Liquid mercury gives dental amalgam its malleability, enabling the dentist to shape and place the material into the tooth before it hardens.<sup>1</sup> Dental amalgam is less expensive<sup>2</sup> and easier to place compared to the most popular alternative material—tooth-colored composite resin. Currently, the use of amalgam varies country-by-country and is driven by clinical, economic and practical reasons.<sup>3</sup> Composite resin fillings in permanent teeth in the back of the mouth are twice as likely to fail and carry a higher risk of secondary tooth decay compared to amalgam fillings, especially in children. Secondary decay occurs in the tooth after the restoration is placed and is the most common reason that restorations fail.<sup>2, 4-6</sup>

#### *No established links between amalgam and systemic diseases*

Many health-related concerns surrounding the safety of using mercury-containing materials in the mouth have arisen. However, the totality of available evidence is not sufficient to suggest a systemic health risk associated with dental amalgam use in the general population. This is the position of both the FDI World Dental Federation (FDI) and World Health Organization (WHO), which consider the use of dental amalgam to be safe, with risk related only to local irritations and not to systemic adverse health effects.<sup>7</sup> The U.S. FDA found insufficient evidence for a link between mercury exposure from dental amalgam and adverse systemic health effects, including in vulnerable populations. The FDA reviewed data on children and pregnant and breastfeeding women and available studies on a variety of diseases, including multiple sclerosis, Alzheimer's Disease, and other neurological diseases; low birth weight; and cardiovascular disease.<sup>8</sup> Likewise, after reviewing several adverse health effects on neurological, immunological, and reproductive systems in the general population, SCENIHR concluded that dental amalgam fillings were not linked to systemic diseases in the general population.<sup>9</sup>

#### *Low levels of mercury released from dental amalgam*

While it is true that those with dental amalgam fillings generally have higher levels of blood and urine mercury levels, it is important to note that slight increases in mercury exposure due to dental amalgam do not rise to a level of concern and are not expected to lead to adverse health effects. The expected exposure to mercury from dental amalgam is well below the EU safety limits established for those occupationally exposed to mercury.<sup>9</sup> The U.S. Agency for Toxic Substances and Disease Registry (ATSDR) established a minimum risk level (MRL) for chronic inhalation of mercury vapor of approximately 4 micrograms inhaled mercury per day, which is less than people in the U.S. and Canada are exposed to from their amalgam fillings. The MRL is the level of mercury that can be inhaled without the expectation of suffering adverse health effects. Exposure to a higher level of mercury vapor does not necessarily mean the exposed would suffer adverse health effects but that at the MRL, no adverse effect is expected. This value takes into account infants, older people and people with poor health.<sup>10</sup> The U.S.

Environmental Protection Agency (EPA) derived a similar risk estimate of 6 micrograms per day.<sup>11; 2</sup>

The amount of mercury released from amalgam restorations is likely dependent on a number of factors including the number of restorations, the surface area of the restorations, chewing and brushing habits and the ages of the restorations.<sup>8, 10</sup> Urine levels of mercury increase by approximately 1-2 units in adults for every 10 amalgam fillings placed.<sup>12</sup> Furthermore, the amount of mercury released from amalgam fillings decreases over time.<sup>13-15</sup>

<sup>2</sup> The MRL derived by ATSDR is for noncancer health effects as is the risk estimate by the U.S. EPA. The EPA assessed potential cancer-causing effects of inhalation of elemental mercury—the type of mercury released by dental amalgam—and did not find enough evidence to draw a conclusion.

#### *Amalgam removal*

Some patients have had their amalgam fillings removed out of unfounded health concerns. However, amalgam fillings should not be removed except in the case of an allergic reaction.<sup>9, 10</sup> Patients who had their amalgam fillings removed did not experience a meaningful decrease in blood mercury levels even years after the removal.<sup>8</sup> Most studies showed patients did not receive symptomatic relief after removal. In some studies, symptoms did not correlate with the number of amalgam fillings or exposure to mercury, meaning that their symptoms were likely not due to their fillings in the first place. Furthermore, the experience of negative life events made it difficult to attribute symptoms to their amalgam fillings.<sup>9, 16</sup>

#### *Vulnerable populations*

There is particular concern around the use of dental amalgam in vulnerable populations, particularly in children and pregnant and breastfeeding women. The systematic reviews performed by the FDA and SCENIHR included studies on these populations. Both the FDA and SCENIHR reviews found that fetal exposure to mercury from dental amalgam correlated with the number of maternal fillings but that exposure decreases after birth even with breastfeeding. Fetal exposure to mercury from maternal dental amalgam restorations is below the “level considered to be hazardous for neurodevelopmental effects in children exposed to [mercury] in utero;<sup>13</sup> the more time since the mother’s last filling, the less mercury to which the fetus is exposed; and most importantly, has not been linked to adverse health effects in children exposed to mercury from dental amalgam in the womb.<sup>8, 9</sup>

Two studies are particularly notable. The National Institute of Dental and Craniofacial Research funded two studies in Portugal and the U.S. to determine if there were any adverse health effects in children whose teeth were restored with dental amalgam. Both studies were randomized clinical trials and were conducted over seven and five years, respectively. In each study, over 500 children were randomly assigned to group receiving either amalgam or composite resin fillings. As expected, both studies showed that children with amalgam restorations had higher levels of mercury in their urine compared to children treated with composite resin.<sup>15, 17</sup> In the Portugal study, urinary mercury levels plateaued by the second year of the study and declined throughout the rest of the study. Furthermore, there was no statistical difference between children in the amalgam or composite resin groups in behavioral tests, including memory and attention, at any point during this study. Children whose teeth were restored with composite resin in this study also experienced more failure of their tooth restorations, congruent with previous observations.<sup>5, 6, 15</sup> In the study conducted in the U.S., there was also no statistical difference between children treated with dental amalgam and composite

resin in neurological tests, including for IQ and memory, or kidney function.<sup>17</sup> Since 2014, studies on pregnant women and children showed increased mercury in urine and blood of children and pregnant women with dental amalgam fillings, as expected;<sup>18, 19</sup> no statistically significant association between maternal amalgam restorations and stillbirth after accounting for maternal parameters such as age and smoking, among others;<sup>20</sup> higher maternal and cord blood in mothers with amalgam restorations but no difference in birth weight, length or head circumference;<sup>21</sup> and no increased risk of child mortality or neurological disorders of the sons of female dental staff.<sup>22, 23</sup>

The SCENIHR review did recommend alternative restorative materials for the primary teeth of children and the teeth of pregnant women, but this recommendation was made to comply with the provisions of the Minamata Convention on Mercury to address environmental concerns (see section, “Mercury and the Environment – the Minamata Convention”).<sup>9</sup>

It is, however, well recognized that amalgam should not be used in patients with a verified contact allergy to amalgam or its components.<sup>24</sup> Furthermore, the SCENIHR reports draws attention to the fact that amalgams should not be the restoration of choice for patients with severe renal diseases as mercury excretion is impaired in this cohort.

#### *Occupational safety issues and dental amalgams*

Another concern is the occupational safety of using dental amalgam. Dental professionals who place dental amalgam are exposed to more mercury than the general population, although exposure should be decreasing due to the use of encapsulated dental amalgam and increased awareness and precautions when handling dental amalgam.<sup>8, 9</sup> In addition there is a preference for placing tooth-colored materials over dental amalgam.<sup>25</sup> Indeed, studies of U.S. dentists since 2014 found a substantial decline in mercury exposure from 1976 when the average level exceeded 20 micrograms per liter urine to 2012 when the average was less than 2 micrograms per liter for the reasons described above. On average, dentists were still exposed to more mercury than the general population but only by about 1 microgram per liter.<sup>26, 27</sup> The FDA found too many confounding variables and significant weaknesses in the studies reviewed to draw a conclusion about the neurobehavioral effects of mercury exposure on dental professionals, including the presence of other chemicals used in dental clinics.<sup>8</sup> A 2015 study found an association between tremor and urinary mercury levels and cumulative mercury exposure. The study is based on a convenience sample of dentists, so there may be selection bias in that some dentists were perhaps more motivated to participate than others or less able to participate based on health status. Furthermore, the authors did not have access to data on fish consumption of the participants and other possible confounding variables.

Occupational safety studies have uncovered poor adherence to safety guidelines. The SCENIHR review noted one study that found violations of environmental and personal safety standards in 67% and 45%, respectively, of clinics visited.<sup>28</sup> Some recent studies also revealed violations of occupational safety regulations and indicated the need for more training on the safe use of dental amalgam, properly ventilated dental clinics and oversight.<sup>29, 30</sup> The study by Khwaja and colleagues also highlighted the fact that there is still a high level of dental amalgam use among dentists in Pakistan, even in children and pregnant women and use can vary dramatically by location.<sup>29</sup> The FDI and WHO recommend using proper personal protective equipment and techniques and

monitoring of mercury vapor levels in dental clinics to minimize exposure of dental personnel to mercury vapor,<sup>7</sup> which is especially important for dentists who will continue to place high amounts of amalgam fillings. These data also reiterate the need for prevention to reduce the need for amalgam in the first place.

Since 2014, two studies in Taiwan using national insurance claims data on the neurological effects of dental amalgam warrant further investigation. The first study found that women with dental amalgam fillings had a higher overall risk of having Alzheimer's Disease than women without dental amalgam fillings after adjusting for age, location and income,<sup>31</sup> and the second found that people with dental amalgam fillings had a greater risk of having Parkinson's Disease.<sup>32</sup> Neither study include a "pure" control group as the analysis was conducted from claims data, so the authors could not examine patients to ensure control group members had not received fillings before the beginning of the study date. Furthermore, the authors did not account for fish consumption (a source of methyl mercury). It is possible that once these factors are accounted for, the difference between the study and control groups would disappear. In particular, Hsu and colleagues' study on Parkinson's Disease noted that most patients were diagnosed two years after receiving dental treatment and that "it is unlikely that mercury would induce [Parkinson's Disease] in such a short time." The authors concluded that the study was unable to establish a causal association.<sup>32</sup>

These recent studies on associations between neurological health effects on dentists and the general population provide important contributions and directions for future studies that should address these limitations and provide more conclusive results but are not on their own sufficient to establish a causal relationship between dental amalgam fillings and Alzheimer's or Parkinson's Disease.

#### *Mercury and the Environment – the Minamata Convention*

Over 100 countries have ratified the Minamata Convention on Mercury and agreed to provisions to protect the environment from mercury emission to land, air and water, including phasing down the use of dental amalgam. IADR agreed to promote research into alternative restorative materials and has been active in this regard. IADR calls on parties to the Convention to invest in research and development to accelerate the clinical use of new restorative dental materials. IADR especially supports the provision for countries to increase oral disease prevention efforts to reduce the need for any kind of restorative material in the first place, as the global pervasiveness of oral diseases will continue to slow the phase-down. According to the treaty, new measures that include the phase-down of amalgam restorations shall be regularly reassessed during the Conference of the Parties to the Convention.

#### *Conclusions*

Based on the best available evidence, IADR affirms the safety of dental amalgam for the general population without allergies to amalgam components or severe renal diseases. IADR supports maintaining its availability as the best restorative option when alternatives are less than optimal based on clinical, economic or practical reasons.

IADR supports the phase-down strategy described in the Minamata Convention on Mercury. Consistent with the recommendations of the treaty, IADR emphasizes the need, firstly, for increased oral disease prevention efforts to reduce the need for any kind of restorative material, and secondly, for

further research on new biocompatible and environmentally-friendly restorative materials and approaches that are proven to have equal or improved long term clinical longevity and cost effectiveness when compared to amalgam restorations.

(adopted June 2019)

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## THE USE OF TOBACCO

The International Association for Dental Research (IADR) takes the following position regarding the use of tobacco by humans: Tobacco products come in many forms. Some are smoked and others are not, but none is safe for human consumption. In addition to their serious systemic effects, all have adverse oral health consequences, and risks usually are in proportion to the intensity and duration of tobacco use. The use of tobacco products is a major risk factor for oral and pharyngeal cancers. It also increases the risk of periodontal disease and decreases the ability of oral tissues to heal. Other oral effects include halitosis (bad breath), decreased ability to taste, and increased staining of teeth, gingival pigmentation, and a variety of mucosal lesions. In addition, tobacco

smoking during pregnancy increases the risk of developing fetal anomalies such as cleft lip and cleft palate. The IADR encourages continued research to further elucidate the health effects of tobacco use, identify the biological mechanisms and behavioral patterns and relative risks involved in producing these effects, and to develop and evaluate effective methods for prevention and cessation. The IADR further encourages the development of collaborations with other organizations and institutions to help inform members and the public of research findings about the conditions and risks associated with tobacco use.

(adopted June 27, 2000)

## GLOBAL GOALS FOR ORAL HEALTH

### (Joint FDI – WHO – IADR Statement)

#### Rationale

- The FDI and the WHO established the first Global Oral Health Goals jointly in 1981 to be achieved by the year 2000. A review of these goals, carried out just prior to the end of this period established that they had been useful and, for many populations, had been achieved or exceeded. Yet, for a significant proportion of the world's population they remained only a remote aspiration.
- An FDI Public Health Section Workshop in October 1999 in Mexico City examined the 1981 Global Goals. In parallel, WHO Headquarters and the WHO Regional Offices carried out evaluation of accomplishment of goals and initiated formulation of new goals for the year 2020.
- A Working Group was subsequently appointed including members of FDI, WHO and IADR being chosen from different regions of the world, and this group has prepared new goals for the year 2020. These were submitted for comment to National Dental Associations, WHO Collaborating Centres in Oral Health and other interested individuals and groups.

#### Evidence

- Having reviewed the Global and Regional Goals set for the year 2000: the uses to which they had been put and the success in achieving them, it was determined that new goals should reflect the overall aspirations of the dental profession for global oral health and that their successful use was dependent upon the details of the targets set reflecting national or more local oral health priorities.
- Existing oral health goals from a number of countries and regions were reviewed to determine the most appropriate format for the new global goals. The format adopted allows both Global Goals and Objectives but encourages the local setting of national and local targets.

#### Future Research

- There is a need for long-term follow-up on the use and utility of the new goals as well as recording the frequency of their successful attainment.

#### Public Health Significance

- When planning and evaluating oral health programmes and services global, national and local goals can be invaluable in the shaping and enactment of health policies at all levels.

- If achieved they provide a measure of oral health improvement and of the value of the oral health profession.

### **Global Oral Health Goals, Objectives and Targets for the Year 2020**

#### **Goals**

- To promote oral health and to minimise the impact of diseases of oral and craniofacial origin on general health and psychosocial development, giving emphasis to promoting oral health in populations with the greatest burden of such conditions and diseases;
- To minimise the impact of oral and craniofacial manifestations of general diseases on individuals and society, and to use these manifestations for early diagnosis, prevention and effective management of systemic diseases.

#### **Objectives**

- To reduce mortality from oral and craniofacial diseases;
- To reduce morbidity from oral and craniofacial diseases and thereby increase the quality of life;
- To promote sustainable, priority-driven, policies and programmes in oral health systems that have been derived from systematic reviews of best practices (i.e. the policies are evidence-based);
- To develop accessible cost-effective oral health systems for the prevention and control of oral and craniofacial diseases using the common risk factor approach;
- To integrate oral health promotion and care with other sectors that influence health;
- To develop oral health programmes to improve general health;
- To strengthen systems and methods for oral health surveillance, both processes and outcomes;
- To promote social responsibility and ethical practices of care givers.
- To reduce disparities in oral health between different socio-economic groups within countries and inequalities in oral health across countries.
- To increase the number of health care providers who are trained in accurate epidemiological surveillance of oral diseases and disorders.

#### **Targets**

The targets should be selected to match predetermined oral health priorities at a national or local level. Consideration should be given to the following areas when selecting targets, based on local priorities:

Pain, functional disorders, infectious diseases, oro-pharyngeal cancer, oral manifestations of HIV-infection, noma, trauma, cranio-facial anomalies, dental caries, developmental anomalies of teeth, periodontal diseases, oral mucosal diseases, salivary gland disorders, tooth loss, health care services, health care information systems.

Main authors: Prof Martin Hobdell (FDI), Prof Poul Erik Petersen (WHO) and Prof John Clarkson (IADR)

Submitted by: FDI Science Commission

Reference: FDI Science Commission Project 7-99: Global Goals for Oral Health

(adopted 2003)

## **IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY**

### **1. Purpose**

The International Association for Dental Research (IADR) aims to be inclusive to the largest number of contributors, with the most varied and diverse backgrounds possible. As such, we are committed to providing a friendly, safe and welcoming environment for all, regardless of gender, sexual orientation, ability, ethnicity, socioeconomic status or religion.

The IADR Professional Conduct at Meetings Policy outlines our expectations for all those who participate in any IADR meeting or event, to include the IADR General Session & Exhibition, IADR Webinars and all other in person, hybrid and virtual events, as well as the consequences for unacceptable behavior.

We expect all participants of IADR meetings to create safe and positive experiences for everyone. "Participant" in this policy refers to anyone present at a meeting, including staff, contractors, vendors, exhibitors, venue staff, members and all attendees, both in person and virtual. This policy extends to all online platforms persons part of IADR meetings can interact to include but not be limited to the IADR Connect platform, the IADR Community, the IADR meeting App and the IADR CE On Demand platform.

### **2. Expected Behavior**

We expect all in person, hybrid and virtual meeting participants (attendees, members, vendors, exhibitors, contractors, staff and venue staff) to abide by this IADR Professional Conduct at Meetings Policy in all venues of IADR meetings, including ancillary events and official and unofficial social gatherings.

- Exercise consideration and respect in your speech and actions.
- Refrain from demeaning, discriminatory or harassing behavior and speech.
- Be mindful of your surroundings and of your fellow participants.
- Alert community leaders if you notice a dangerous situation, someone in distress or violations of this IADR Professional Conduct at Meetings Policy, even if they seem inconsequential.

### **3. Unacceptable Behavior**

Unacceptable behaviors include:

- intimidating, harassing, abusive, discriminatory, derogatory or demeaning speech or actions by any participant at the IADR General Session & Exhibition or other IADR meeting, at all related events and in one-on-one communications carried out in the context of the IADR meeting. The IADR General Session & Exhibition event venues may be shared with members of the public; please be respectful to all patrons of these locations.

- harmful or prejudicial verbal or written comments or visual images related to gender, sexual orientation, race, religion, disability, age, appearance or other personal characteristics.
- inappropriate use of nudity and/or sexual images in public spaces (including presentation slides).
- deliberate intimidation, stalking or following.
- harassing photography or recording.
- sustained disruption of talks or other events.
- unwelcome and uninvited attention or contact.
- physical assault (including unwelcome touch or groping).
- real or implied threat of physical harm.
- real or implied threat of professional or financial damage or harm.

Exhibitors in the Exhibit Hall, sponsor or vendor booths, or similar activities are also subject to the IADR Professional Conduct at Meetings Policy. In particular, exhibitors should not use sexualized images, activities, or other material. Booth staff (including volunteers) should not use sexualized clothing, uniforms, or costumes, or otherwise create a sexualized environment.

Be careful in the words that you choose. Harassment committed in a joking manner still constitutes unacceptable behavior. Remember that sexist, racist, and other exclusionary jokes can be offensive to those around you. Excessive swearing and offensive jokes are not appropriate for the IADR General Session & Exhibition and other IADR meetings.

Retaliation for reporting harassment is a violation of the IADR Professional Conduct at Meetings Policy.

Reporting harassment in bad faith is a violation of the IADR Professional Conduct at Meetings Policy.

#### 4. Consequences of Unacceptable Behavior

Unacceptable behavior from any IADR meeting participant, including attendees, sponsors, exhibitors, contractors, volunteer leaders, vendors, venue staff, and anyone with decision-making authority, will not be tolerated.

**If a participant engages in unacceptable behavior, IADR reserves the right to take any action IADR deems appropriate. IADR reserves the right to remove an individual from the IADR General Session & Exhibition without warning or refund, to prohibit an individual from attendance at future IADR meetings, and to notify the individual's employer of the action taken.**

#### 5. If You Are Subject to or Witness Unacceptable Behavior

If you are being harassed, notice that someone else is being harassed, or have any other concerns, please tell a member of the IADR staff immediately. Staff can be identified by white staff ribbons or may be contacted from the registration counters. All complaints will be treated seriously and responded to promptly. If your safety is threatened, please contact venue security.

All reports are confidential.

If possible, provide the following information, preferably in writing:

- Identifying information (name/badge number, appearance) of the participant doing the harassing.
- The behavior that was in violation.
- The approximate time of the behavior. (if different than the time the report was made)
- The circumstances surrounding the incident.
- Other people involved in or witnessing the incident.

The IADR staff are trained on how to deal with the incident and how to further proceed with the situation. If needed or requested, staff will help participants contact venue security or local law enforcement, provide escorts, or otherwise assist those experiencing harassment to feel safe for the duration of the IADR General Session & Exhibition or other IADR meeting.

#### 6. Addressing Grievances

If you feel you have been falsely or unfairly accused of violating this Meeting Professional Conduct Policy you should notify the IADR Board of Directors with a concise description of your grievance. Your grievance will be handled in accordance with our existing governing policies.

*(revised March 2021)*

## HEALTHY MEETINGS POLICY

### 1. Purpose

As the leading professional association dedicated to dental, oral and craniofacial research, the American Association for Dental, Oral, and Craniofacial Research (AADOCR) works to promote the improvement of oral health worldwide and serve as an exemplar of the latest evidence promoting oral as well as overall health.

To that end, the AADOCR Board of Directors and staff have made a commitment to promoting fitness and wellness and to providing healthier alternatives for food and beverages at all AADOCR meetings.

### 2. IADR Healthy Meeting Policy Overview

AADOCR will implement the following policies at AADOCR-funded meetings and events to encourage healthy behavior at our meetings. In doing so, AADOCR hopes to create a culture of health and wellness that – in addition to promoting oral and overall health – fosters healthier behaviors and choices.

This policies guide for AADOCR meetings is intended to encompass nutrition, tobacco-free space, physical activity and sustainability. AADOCR staff will negotiate available options with each destination and venue, as needed. Furthermore, AADOCR will periodically evaluate its healthy meeting policies and adjust them as needed to reflect acceptability of policies or to enhance the healthfulness of choices.

\*AADOCR developed the following healthy meetings policy largely relying on the National Alliance for Nutrition and Activity's Healthy Meeting Toolkit, which is adhered to by several organizations working toward a healthy meeting environment for their employees and members.

The policies herein have been developed specifically for AADOCR meetings and events.

**a. SUGAR-SWEETENED BEVERAGE POLICY**

Research has shown that the consumption of sugars has a direct impact on a person’s oral and overall health.

Sugar intake – particularly in the form of sugar-sweetened beverages – has a correlation to a range of health issues, including dental caries, energy levels, obesity, and Type 2 diabetes, among others.

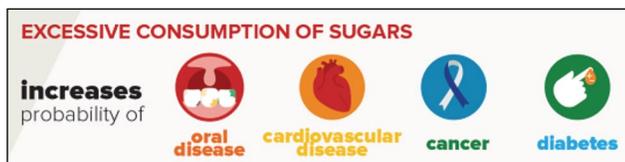


Image Source: [FDI World Dental Federation](#)

Implementation:

- i. Sugar-sweetened beverages will not be purchased by AADOCR for meetings, including AADOCR-funded events, such as receptions and luncheons.
- ii. Fluoridated water will be served at all water stations throughout AADOCR meetings.
- iii. AADOCR will ensure that low-fat and non-fat milk are served with coffee and tea in addition to half and half.

**b. GENERAL FOOD POLICY**

Foods served at meetings and conferences are too often high in fat, added sugars and sodium. Coupled with the limited amount of time allotted to physical activity at meetings and conferences, those foods are not conducive to a healthy work environment. Therefore, AADOCR will work to offer healthier food options to help create a higher-energy meeting environment that supports our members and their ability to eat well and be active.

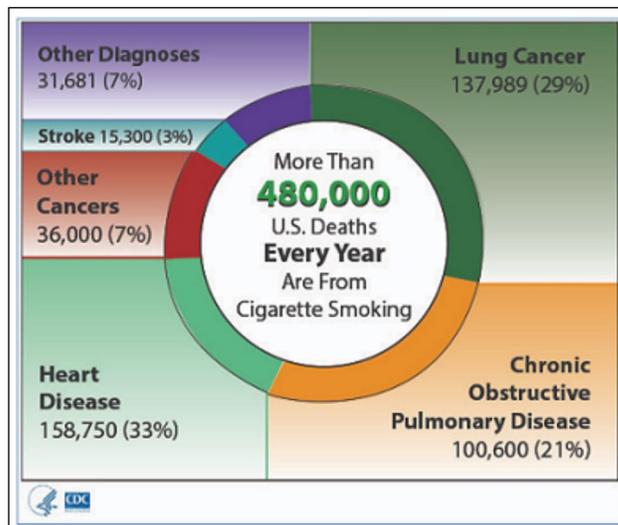
Implementation:

- i. AADOCR will offer fruits and/or vegetables every time food is served.
- ii. AADOCR will place healthier foods and beverages in prominent positions, where they are more likely to be seen and chosen.
- iii. AADOCR will provide vegetarian, gluten free and vegan meal options.
- iv. AADOCR will not serve candy or have candy readily available for attendees at its meetings.
- v. When possible, AADOCR will offer reasonable portion sizes and/or limit dessert sizes.
- vi. AADOCR will attempt to offer lower-sodium options, when available.
- vii. AADOCR will offer whole grain options.

**c. SMOKING POLICY**

Smoking and inhaling secondhand smoke are hazardous to individuals’ health. In addition to the role that smoking and secondhand smoke inhalation play in causing cardiovascular disease and lung cancer, cigarettes and chewing tobacco are

also harmful to oral health, resulting in negative possible impacts, such as gum disease and oral cancer. Similarly, vaping, the act of inhaling and exhaling the aerosol produced by e-cigarettes or similar devices, is still being evaluated for health risks, though a growing body of evidence indicates that the chemicals may be dangerous.



Implementation:

- i. AADOCR Annual Meetings and other AADOCR-funded events are all designated as tobacco-free, non-smoking (including tobacco cigarettes and e-cigarettes) events. AADOCR will make every effort to ensure that all meeting spaces and AADOCR event-associated venues are smoke-free.
- ii. AADOCR will host conferences in cities with comprehensive smoke-free policies that include restaurants and bars.

**d. FITNESS AND WELLNESS POLICY**

Meetings and conferences generally include little opportunity for physical activity and typically involve a lot of time sitting, which leads to reduced concentration and energy levels.

Implementation:

- i. regular exercise routines as well as to move regularly throughout the day, including within the meeting space by standing, stretching, etc.
- ii. AADOCR will encourage panelists to periodically break up sitting time.

**e. REDUCING DISEASE TRANSMISSION**

AADOCR will closely monitor and follow international and local public health guidance that may affect the organization of its meetings and events or may restrict participants’ travel to them. AADOCR strongly encourages meeting and event participants to exercise personal responsibility and adhere to guidelines and recommendations for the prevention of infectious disease person-to-person transmission.

Proper hygiene practices—including frequently washing hands, staying home when sick, using a tissue or coughing/sneezing into a flexed elbow and not the hand, and not touching the face—are essential to overall cleanliness and interrupting the spread of disease.\* AADOCR recognizes

the importance of these practices to protect its meeting delegates, global headquarters staff and the meeting venue's staff. AADOCR will promote and encourage hygienic practices among its meeting and event attendees in order to help reduce the spread of germs and illnesses.

Implementation:

- i. AADOCR will ensure alcohol-based hand sanitizer containing at least 60% alcohol is available at AADOCR meetings and events.
- ii. AADOCR will confirm all meeting and event venues have clean handwashing facilities.
- iii. AADOCR will provide tissue at meetings and events that participants can take, as needed.
- iv. AADOCR will place reminders about the importance of hygienic practices throughout its meeting and event venues.
- v. **Health and Safety Protocols – NEW for 2022**

The safety of meeting attendees is AADOCR's top priority, and we believe the most effective way to ensure the safety of all attendees is for them to be vaccinated against COVID-19. Please note that proof of vaccination will be required for all in-person meeting attendees prior to traveling. View the full AADOCR/CADR Annual Meeting Proof of Vaccination Requirement policy.

Attendees should be aware that, while AADOCR will make every effort to reduce the risk of COVID-19 transmission on site, it is possible that attendees will come in contact with people in airports, hotels, and around the convention center who could potentially carry the virus, which is why AADOCR is requiring attendees to be fully vaccinated for their own safety, as well as the safety of others.

All AADOCR staff working at the meeting will be fully vaccinated; however, AADOCR is not legally able to require local convention center or hotel staff to be vaccinated. AADOCR is working with local entities in Atlanta to develop on-site protocols in accordance with CDC guidelines, including requiring all local convention center staff to wear masks.

Prior to arriving on site, attendees will be asked to provide proof that they are fully vaccinated with a vaccine approved by the U.S. Food and Drug Administration (FDA) or the World Health Organization (WHO).

For those unable to travel or meet the vaccination requirement, AADOCR is offering virtual meeting registration options for its upcoming meetings.

#### f. SUSTAINABILITY POLICY

Healthy meetings practices can also minimize the negative impact that meetings and conferences can have on the environment.

AADOCR would like to move toward more sustainable "green" practices that will reduce waste and implement reuse and recycling techniques. This change will be gradually introduced over time, since members expect to receive

materials like the AADOCR Annual Meeting program book in hard copy.

Implementation:

- i. AADOCR will have recycling bins available for meeting attendees and staff at all times.
- ii. AADOCR will reduce waste and packaging whenever possible.
- iii. AADOCR will make handouts available online in an attempt to reduce paper consumption.

(revised April 2020)

## ORAL DISEASES AS NONCOMMUNICABLE DISEASES (NCDs) AND WITHIN THE GLOBAL NCDs AGENDA

### Introduction

Noncommunicable diseases (NCDs), also known as chronic diseases, are of long duration and result from a combination of genetic, physiological, environmental, and behavioral factors.<sup>1</sup> NCDs kill 41 million people each year globally, equivalent to 71% of all deaths, with 77% of all NCD deaths occurring in low- and middle-income countries.<sup>1</sup> Therefore, NCDs disproportionately affect people in low- and middle-income countries. To address the morbidity and mortality of NCDs, the United Nations developed their Global NCD Agenda in 2011 prioritizing a '4x4 approach'; that is, four main NCDs – cardiovascular diseases (CVD), cancer, diabetes, and chronic respiratory diseases – and four main modifiable risk factors – tobacco and alcohol use, unhealthy diet, and physical inactivity. In 2018, the Global NCD Agenda was expanded to a '5x5 NCD agenda' encompassing mental health and air pollution as well as synergizing with the suicide mortality rate.<sup>2</sup> It is noteworthy that, like the prioritized NCDs included in the 5x5 approach, poor oral health has been shown to be strongly associated with subsequent morbidity worldwide, adversely impact billions of lives, and cause significant economic burden for national economies globally.<sup>3, 4</sup> Oral health is also a key indicator of general health, well-being, and quality of life, while at the same time sharing modifiable risk factors that are within the 5x5 approach. Therefore, there is a compelling argument that oral diseases should also be classified as NCDs and prioritized as part of the NCD response.

### Background

The World Health Organization (WHO) defines oral health as the state of the mouth, teeth and orofacial structures that enables individuals to perform essential functions, such as eating, breathing and speaking, and encompasses psychosocial dimensions, such as self-confidence, well-being and the ability to socialize and work without pain, discomfort and embarrassment<sup>5</sup>. The most prevalent and consequential oral diseases globally are dental caries (tooth decay), periodontal disease, tooth loss, and cancers of the lips, oral cavity, and oropharynx.<sup>6</sup> Oral diseases are among the most common NCDs worldwide, affecting an estimated 3.5 billion people<sup>7</sup> – representing more than half of the global population. As of 2019, the most prevalent oral diseases/conditions were untreated dental caries (2.5 billion cases), severe periodontal disease (1 billion cases), and edentulism (350 million cases).<sup>7</sup> The combined estimated number of cases of

\*Healthy Meeting Toolkit, National Alliance for Nutrition and Activity. Available here: <https://cspinet.org/sites/default/files/attachment/Final%20Healthy%20Meeting%20Toolkit.pdf>

oral diseases globally is about 1 billion higher than the combined number from all five main NCDs (figure 1).<sup>8</sup>

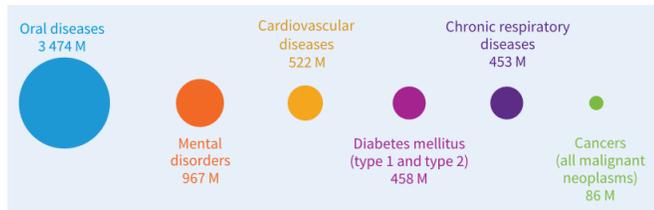


Fig. 1: Comparison of estimated global case numbers for selected NCDs.

Over the past 10 years, the incidence rate of oral diseases increased by more than 1 billion cases – a 50% increase – outpacing the population growth rate.<sup>7</sup> Case numbers in low-income countries (LICs) increased by 114%, 70% in lower-middle income countries (LMICs), 33% in upper-middle income countries (UMICs), and 23% in high-income countries (HICs), outpacing the demographic growth in those countries.<sup>7</sup> The disability-adjusted life years (DALYs) resulting from oral diseases also increased by an overall 75%, with the highest increase seen in LICs (123%), followed by LMICs (98%), UMICs (78%), and HICs (37%).<sup>9</sup> This increase in DALY outpaces what has been seen by all of the NCDs (detailed in later paragraphs).

Untreated oral diseases have many negative impacts in different phases of life. Research has shown that several oral diseases result in repeated episodes of pain as well as chewing and sleeping difficulties that may reduce quality of life, productivity, and employability.<sup>7</sup> Dental caries is a major cause of productivity losses at work, leads to missed educational opportunities, and contributes to poor academic performance in school.<sup>10, 11</sup> Severe untreated caries with systemic inflammatory reactions from pulp infections is also a contributing factor to underweight and stunting in children.<sup>10, 11</sup> Periodontal disease may result in the gums receding away from the tooth, bone loss, and loose and/or missing teeth.<sup>12</sup> The clinical manifestations of oral cancer and the effects of treatment can negatively impact a person's physiologic functions, cosmetic appearance, and psychological well-being during diagnosis, treatment, and survivorship.<sup>13</sup>

Like other NCDs, several oral diseases are significantly associated with mortality. Utilizing a study population from the Centres d'Investigation Clinique et Preventive (IPC), all-cause mortality was significantly higher with dental plaque, gingival inflammation, >10 missing teeth and functional masticatory units <5.<sup>14</sup> Noncardiovascular and non-cancer mortality were also positively associated with high dental plaque, high gingival inflammation, >10 missing teeth and functional masticatory units <5 with hazard ratios of 3.3, 2.9, 2.3, and 2.4 respectively.<sup>14</sup> Similar trends between oral diseases and all-cause mortality, were also seen in older study populations in the United Kingdom and United States.<sup>15</sup> The presence of multiple oral health conditions were linked to even higher likelihood of mortality. Research has shown that the effect of having multiple oral health conditions may be more than the sum of the effect of each oral health condition.<sup>14, 1</sup>

All-cancer mortality has been shown to be positively associated with dental plaque and gingival inflammation.<sup>14</sup> Oral cancer includes cancers of the lip, other parts of the mouth and the oropharynx, and combined rank as the 13th most common cancer worldwide.<sup>17</sup> The global incidence of cancers of the

lip and oral cavity is estimated to be 377 713 new cases and 177 757 deaths in 2020.<sup>17</sup> Lip and oral cavity cancer is the 11th most common cancer for men (all ages), comprising 3.5% of all cancers.<sup>7</sup> The most consistent findings for associations with periodontal disease have been observed for lung cancer; five out of seven studies have reported statistically significant increases in risk of lung cancer.<sup>18</sup> Research has also shown positive associations between periodontal disease and pancreatic, colorectal, and head and neck cancers. However, further research is needed given the limitations of existing data and growing support for biological mechanisms on how bacteria previously linked to periodontal disease may play a role in carcinogenesis.<sup>18</sup> NCDs are also classified as a group of conditions related to modern lifestyle that can be explained by analyzing demographic and epidemiological transitions. Oral diseases, like other NCDs, are behavior related conditions.<sup>19</sup> Research has shown that oral diseases are caused by a range of modifiable risk factors common to many NCDs, including sugar consumption, all forms of tobacco use, alcohol use, unhealthy diets, poor hygiene, and their underlying social and commercial determinants.<sup>17</sup> Therefore, oral diseases and other systemic NCDs may have specific molecular and immunology-based mechanisms in common,<sup>20</sup> because they share major common risk factors and commercial, moral, and social determinants of health.<sup>17, 21</sup> High sugar intake, all forms of tobacco, and harmful alcohol use are major public health challenges for a wide range of NCDs however they are also the key modifiable risk factors for oral diseases. Sugar consumption is the main cause of dental caries, showing a clear dose–effect relationship<sup>17</sup> while also being a causal factor for diabetes. All forms of tobacco use are major risk factors for lip and oral cavity cancer<sup>22</sup> as well as heart disease, stroke, and chronic lung diseases. The harmful use of alcohol is a causal factor of several oral diseases (mainly lip and oral cavity cancer) as well as more than 200 disease and injury conditions, including digestive diseases, injuries, cardiovascular diseases and many other NCDs.<sup>23</sup>

The strength and direction of socioeconomic status (SES)-NCD associations differ within and between countries.<sup>24</sup> Research has shown a significantly higher risk for those of lower SES for both cancer and cardiovascular disease while the opposite was true for diabetes.<sup>25</sup> There is however a paucity of high-quality research on chronic respiratory disease and SES. Like cancer and cardiovascular disease, persistent socioeconomic inequalities in oral diseases exist with a higher disease burden found in disadvantaged and marginalized population groups.<sup>7</sup> Research utilizing populations from high-, middle- and low-income countries has shown a direct and proportional association between different measures of SES (income, education and social class) and the prevalence and severity of oral diseases across the life course, from early childhood to older age.<sup>7, 26</sup> However, the association between SES and oral diseases is not limited to income differences. As is the case with most chronic diseases, oral diseases are socially patterned across the entire social spectrum in a consistent stepwise fashion.<sup>7, 5, 17</sup>

The economic burden due to oral disease is increasing, particularly in low- and middle-income countries (LMICs),<sup>7</sup> with 3 out of 4 people affected living in middle-income countries.<sup>17</sup> Oral diseases are the most widespread conditions among the more than 300 diseases and conditions that affect humanity, remained the most dominant conditions globally since 1990,<sup>8</sup> and therefore come with a sizable economic cost. In 2019, the total direct expenditure for oral diseases among 194 countries equaled US\$ 387 billion, representing approximately 4.8% of

<sup>8</sup>Hygiene Etiquette & Practice, Centers for Disease Control and Prevention, <https://www.cdc.gov/healthywater/hygiene/etiquette/index.html>

global direct health expenditures.<sup>27</sup> Productivity losses from oral diseases were estimated at about \$42 USD per capita, totaling to around \$323 billion USD globally.<sup>27</sup> Similar to many NCDs, out-of-pocket costs can be a major barrier to accessing oral health care. Private practitioners predominantly provide services that are often not covered or partially covered by insurance and/or government programs.<sup>28, 29</sup> Paying for necessary oral health care is one of the leading reasons for catastrophic health expenditures, resulting in an increased risk of impoverishment and economic hardship.<sup>28, 29</sup> To further demonstrate the economic impact of oral diseases when compared to that of other NCDs, a survey by the WHO European Region Office showed that among all households with devastating health expenditures, dental expenditures ranked third after medicines and inpatient care.<sup>30</sup> The health conditions with the highest spending paid by out-of-pocket payments were oral disorders (~\$30.5 billion), well dental care (~\$21.1 billion), and dementias (~\$19.4 billion).<sup>31</sup>

In addition to the most prevalent oral diseases, congenital malformations, noma, and traumatic dental injury have a significant impact on the health and well-being of populations. Orofacial clefts, including cleft lip and/or cleft palate, are among the most common human congenital malformations (OFCs) and the predominant congenital malformations of the face and mouth.<sup>7</sup> OFCs affect approximately 1 in 1000-1500 newborns, though with varying rates across ethnic groups and geographical areas.<sup>7</sup> Although genetic predisposition is the leading factor for congenital anomalies, other modifiable risk factors, such as nutrition deficits and tobacco, also play a role.<sup>32</sup> OFCs have considerable negative impacts including stigma, impairment of function, need for extended complex treatments, impacts on social interaction and self-esteem, and reduced quality of life. Noma is a serious gangrenous disease of the mouth and the face, often starting as a sore on the gums inside the mouth.<sup>7</sup> Without early treatment, the disease is fatal in about 90% of cases, within weeks after the onset of first symptoms.<sup>7, 33, 34</sup> Surviving persons are often seriously disfigured with complex functional impacts that affect eating, drinking, and speaking.<sup>33, 34</sup> Traumatic dental injury is defined as an impact injury to the teeth and/or other hard and soft tissues inside or around the mouth and oral cavity. Although there is limited data, the available data have shown that approximately 1 billion persons are affected, with a prevalence for children of approximately 20%.<sup>35, 36</sup> Traumatic dental injury is a frequent consequence of interpersonal violence, road traffic injuries and unsafe domestic, workplace or recreational environments leading to accidents.<sup>35, 36</sup>

### **Etiology and Demographics of Other Highly-Prevalent NCDs**

Cardiovascular diseases (CVDs) are a group of disorders of the heart and the blood vessels, which include coronary heart disease (CHD), congenital heart disease, peripheral arterial disease, cerebrovascular and other vascular diseases. CVDs, predominantly heart attacks and stroke, have increasingly contributed to global mortality rates and are the leading cause of death globally (~18.6 million lives annually).<sup>37, 38</sup> Nearly 80% of global CVD deaths occur in LMICs where CVD and risk factor burden are on the rise due to an ongoing epidemiological transition.<sup>39, 40</sup> CVD mortality is more common in middle-income countries compared with high- or low-income countries.<sup>40</sup> In high-income countries, SES has a measurable and significant effect on cardiovascular health. Four measures have been consistently associated with CVD in high-income countries:

income level, educational attainment, employment status, and neighborhood socioeconomic factors.<sup>41</sup> Prevalent cases of total CVD nearly doubled from 271 million (95% uncertainty interval: 257 to 285 million) in 1990 to 523 million (95% UI: 497 to 550 million) in 2019.<sup>42</sup> The global trends for disability-adjusted life years (DALYs) and years of life lost also increased significantly during that period, and years lived with disability doubled from 17.7 million (95% UI: 12.9 to 22.5 million) to 34.4 million (95% UI: 24.9 to 43.6 million).<sup>42</sup> Cardiovascular diseases remain the leading cause of disease burden in the world. The total economic loss due to CVD in LMICs was estimated to amount to \$3.7 trillion between 2011 and 2015, representing approximately half the NCD economic burden.<sup>43</sup> While in the United States alone, the costs of CVD are estimated to exceed \$1.1 trillion by 2035.<sup>44</sup>

Cancer is a generic term for a large group of diseases that can affect any part of the body. One defining feature of cancer is the rapid creation of abnormal cells that can metastasize or invade adjoining parts of the body and spread to other organs. Widespread metastases are the primary cause of death from cancer. According to WHO statistics, in 2019, cancer ranked as the first or second leading cause of death in 112 countries globally and third or fourth in another 23 countries.<sup>45</sup> In 2020, cancer deaths accounted for nearly one in six deaths (~10 million deaths). LMICs bear a larger burden of cancer mortality than HICs, with as many as 70% of cancer deaths occurring in LMICs.<sup>46</sup> SES differences in cancer are observed across various levels, including individual SES indicators such as income, education and occupation, and neighborhood-level SES (municipality level and small area level) worldwide.<sup>47</sup> Prevalent cases of total cancer more than doubled to 23 million from 1990 to 2019.<sup>48</sup> Cancer incidence was estimated to be 19.3 million cases in 2020 while the global cancer burden is expected to be 28.4 million cases in 2040, a 47% rise from 2020.<sup>49</sup> The global trends for DALYs increased to an estimated 250 million in 2019 representing a 16% increase since 2010.<sup>50</sup> The global economic burden of cancer is unknown, although data are available in some countries. In the United States in 2017, the estimated cancer healthcare spending was US\$161.2 billion; productivity loss from morbidity, US\$30.3 billion; and premature mortality, US\$150.7 billion.<sup>51</sup>

Diabetes mellitus occurs when the body either does not produce enough insulin or cannot effectively use the insulin it does produce.<sup>52</sup> It therefore results in raised blood glucose levels which, if not controlled, over time lead to serious damage to many of the body's systems.<sup>52</sup> Although incidence has started to decrease in some countries, the prevalence of diabetes has increased in recent decades in most other developed and developing countries.<sup>53, 54</sup> In 2021, 537 million adults were diagnosed with diabetes, and this is predicted to rise to 643 million adults by 2023 and 783 million by 2045.<sup>55</sup> Diabetes is responsible for 6.7 million deaths in 2021<sup>55</sup> and is one of the top 10 causes of death globally.<sup>56</sup> Individuals with diabetes have a 2–3 fold increased risk of all-cause mortality<sup>57</sup> and the disease is associated with increased mortality from infections, cardiovascular disease, stroke, chronic kidney disease, chronic liver disease, and cancer.<sup>58, 59</sup> Over 3 in 4 adults with diabetes live in low- and middle-income countries.<sup>55</sup> Income, education, and occupation show a graded association with diabetes prevalence and complications across all levels of SES.<sup>60</sup> Those lower on the SES ladder are more likely to develop type 2 diabetes mellitus, experience more complications, and die sooner than those higher up on the SES ladder.<sup>60, 61, 62</sup> Diabetes caused at least

US\$966 billion dollars in health expenditure equating to a 316% increase over the last 15 years.<sup>55</sup>

Chronic respiratory diseases (CRDs) affect the airways and other structures of the lungs. Some of the most common CRDs are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension.<sup>63</sup> In addition to tobacco smoke, other risk factors include air pollution, occupational chemicals and dust, and frequent lower respiratory infections during childhood.<sup>63</sup> In 2017, an estimated 545 million people had a chronic respiratory disease, having increased by 39.8% since 1990.<sup>64</sup> The prevalence of CRDs was greatest in high-income regions while south Asia and sub-Saharan Africa had the lowest prevalence.<sup>64</sup> CRDs accounted for 3.9 million deaths in 2017 increasing by 18.0% since 1990 and were responsible for 1470 DALYs per 100 000 individuals (112.3 million total DALYs, an increase of 13.3% since 1990).<sup>64</sup> The total economic cost of COPD alone is close to \$50 billion USD each year in the United States<sup>65</sup> and \$11,585 USD per patient/ per year in Norway,<sup>66</sup> while the economic burden of COPD among LMICs is expected to increase to \$2.1 trillion USD by 2030.<sup>67</sup>

Mental health includes emotional, psychological, and social well-being, which are often determined by the environment and social circumstances in which people live, and their exposure to risk factors. Mental health affects how we think, feel, and act and helps determine how we handle stress, relate to others, and make healthy choices.<sup>68</sup> Like oral health, mental health is important at every stage of life, from childhood and adolescence through adulthood.<sup>69</sup> Mental health conditions, including anxiety, depression, and psychosis, as well as neurological and substance use disorders, represent approximately 25% of all non-fatal disease burden, and a suicide mortality rate of more than 700 000 persons per year.<sup>70</sup> In 2019, 970 million or 1 in every 8 people were living with a mental disorder, with anxiety and depressive disorders the most common.<sup>71</sup> Due to the COVID-19 pandemic the prevalence of mental health disorders increased significantly with initial estimates showing a 26% and 28% increase for anxiety and major depressive disorders respectively.<sup>72</sup> Research has shown that children and adolescents with low SES are two to three times more likely to develop mental health problems than their peers with high SES.<sup>73</sup> In adults, a SES has also been shown to be associated with more frequent mental health problems.<sup>74</sup> The global number of DALYs due to mental disorders increased from 80.8 million to 125.3 million between 1990 and 2019.<sup>75</sup> Poor mental health was estimated to result in an economic burden of approximately \$2.5 trillion USD per year and is projected to increase to \$6 trillion by 2030.<sup>76</sup>

## Conclusion

In reviewing the prevalence, risk factors, socioeconomic impacts, associated DALYs, and economic burden of the five most prevalent NCDs, it is clear that the most prevalent oral diseases and disorders are linked to the four most prevalent NCDs. As a consequence, oral health has been increasingly promoted as a part of the spectrum of the NCDs since the 2011 United Nations (UN) high-level meeting on NCDs. The WHO has also developed and adopted an Oral Health Resolution, a Global Strategy on Oral Health, and Global Oral Health Action Plan to provide a path towards ensuring oral health for all. These efforts, although historic, need to be further amplified by a classification of oral diseases as NCD. Many oral diseases are largely preventable or require only simple interventions if diagnosed

and addressed at early stages.<sup>7</sup> Therefore, the inclusion of oral health in existing and emerging national health surveillance and monitoring systems, particularly as part of ongoing NCD surveillance, is critical to adequately address oral diseases and promote good oral health. The neglect of oral diseases is reflected in significant data gaps: fewer than a third of all countries have oral health surveillance data on their populations. Additionally, classification of oral diseases as NCDs may also accelerate the integration of oral health care within primary health care, including prevention and oral health promotion in settings outside specialist oral health facilities, to accelerate the vision of universal health coverage for oral health and the promotion of public health.

## Author Contributions

Drs. Makyba Charles-Ayinde, Fabian Cieplik, Gregg Gilbert, Keiji Moriyama, and Christopher Fox contributed to the design, interpretation, and drafting, of the position statement. All members of the IADR Science Information Subcommittee critically revised the statement. All authors gave final approval and agree to be accountable for all aspects of the work.

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# Appendix 16 — IADR Code of Ethics

## PREAMBLE

The purpose of the Code of Ethics is to provide a set of guiding principles to promote exemplary ethical standards in research and scholarship by investigators and the International Association for Dental Research (IADR).

The Code of Ethics is predicated on well-established international guidelines, such as the Declaration of Helsinki, and does not take the place of or supersede any rules, agreements, or Bylaws of the Association.

The IADR expects its members to be guided in their professional conduct by this Code. The IADR, through its Committee on Ethics in Dental Research, advises its members regarding interpretation of the Code.

The ability of the scientific community to regulate itself is critical to the maintenance of the public trust. Adherence to the Code is basic to one's professional responsibility and commitment to an ethical pursuit of knowledge.

Members are expected to cooperate in the implementation of the Code. Misconduct casts doubt on the integrity of individuals, their institutions, and science. It is incumbent upon IADR members to take adequate measures to discourage, prevent, expose and correct unethical conduct.

Members deemed to be in violation of the Code will be sanctioned by the Association. Statement of Principles  
The following principles are intended to guide IADR members in their professional activities:

### People

- respect human dignity and the value of every person
- show consideration and respect for all components of and individuals associated with the research process
- cultivate an environment whereby differences in perspective, experience and culture are recognized and valued
- promote openness, responsibility, fairness and mutual respect in working together
- ensure that gender, racial, religious or other types of discrimination does not impact the scientific process, including the conduct of investigations and the broader environment in which research is conducted or disseminated

### Professionalism

- act with honor and in accordance with the highest standards of professional integrity
- conduct work with objectivity
- communicate in an honest and responsible manner
- maintain appropriate standards of accuracy, reliability, credit, and or and confidentiality in all research and scholarship activities
- maintain high levels of competence

### Public

- acknowledge professional and scientific responsibility to society
- strive to advance science and share knowledge in order to contribute to the public good

- value the public's trust in science and act at all times in such a way as to uphold their trust and confidence.
- use all resources prudently, taking into account appropriate laws and regulations.

## HUMAN RIGHTS

IADR affirms its commitment to the practice of dental research consistent with promoting the human rights of all people, including members of the association. IADR will strive to use the knowledge and skills embedded in our discipline to advance the cause of human rights, health equity and social justice worldwide, according to the highest ethical standards – remaining respectful of the right of people to benefit from the work our discipline has to offer.

## BEST PRACTICE IN RESEARCH AND SCHOLARSHIP

Paramount to the public trust in science is the maintenance of good research and scholarship practices that are based on the highest standard of ethics and governance.<sup>1</sup> To achieve excellence in research ethics, academic institutions and research organizations rely on their members' professionalism and integrity. Although it is critical for institutions to create means of reporting possible scientific misconduct, the entire research community is responsible for preventing scientific misconduct.

The participation of all researchers in appropriate educational programs of good research practice and mentoring of colleagues and students is critical to maintaining best practices in research and scholarship, and should be facilitated by research organizations.<sup>2</sup>

## HUMAN SUBJECTS RESEARCH

Research must adhere to the fundamental principles that respect the needs for autonomy, beneficence, and justice as well as veracity, fidelity, anonymity, and nonmaleficence.<sup>3</sup> Human subjects research is comprised of, but not limited to, investigative clinical research, clinical trials, studies using tissue samples and records, biogenetics, stem cell research, and investigations utilizing tissue banks. As such, human subjects research requires complete transparency in all aspects of consent and confidentiality.

The World Medical Association (WMA)'s Declaration of Helsinki<sup>4</sup> and the Council for International Organizations of Medical Sciences (CIOMS), the World Health Organization (WHO)'s *International Ethical Guidelines for Health-related Research Involving Humans*,<sup>5</sup> and the International Council for Harmonisation<sup>6</sup> provide international standards on the conduct of human subjects research. Such standards include principles such as informed consent; collection, storage and use of data; and privacy and confidentiality.

A Research Ethics Committee, Institutional Review Board, Data and Safety Monitoring Board, or equivalent, must oversee all human subjects research. This includes engaging such committees in consideration, comment, guidance and approval before the study begins and throughout the study as appropriate.

It is imperative that investigators be in compliance with national regulations and reporting requirements such as the National Institutes of Health's Office of Human Subjects Research Protections<sup>7</sup> and remain up to date on current legislative changes.

## ANIMAL RESEARCH

The use of animals in research, teaching and testing is a privilege and must fulfill the principle of advancing science and/or contributing to improving human or animal health and welfare.<sup>8</sup> Researchers involved with the use of laboratory animals should engage in ethical and humane care. All those involved with the use of animals should be responsible for the well-being of these animals.

Local and international laws and regulations notwithstanding, an animal's overall protection depends upon the scientist's appropriate stewardship. Groups such as "The Association for Assessment and Accreditation of Laboratory Animal Care" ([AAALAC](#)) provide guidelines and voluntary accreditation to institutions and programs.<sup>9</sup>

Similar to Human Research, an Animal welfare committee or equivalent must oversee any animal-related research. Institutions are responsible for training the proper care and use of animals and compliance with ethical guidelines and policies.

As a general principle, animals should be used only if an alternative method has failed. Adherence to the Russell-Burch principle of "3R" are requisites:

1. To Replace the use of live animals with non-animal alternatives
2. To Reduce the number of animals used in research to the minimum required for meaningful results
3. To Refine the procedures so that the degree of suffering is kept to a minimum.<sup>10</sup>

## INTERNATIONAL COLLABORATIVE RESEARCH

International Collaborative Research and, by extension, the exchange of scientific information helps improve global oral health, a core value of IADR.<sup>11</sup> A successful international collaborative initiative must follow the highest standards of ethical practice, adhering to any local and international legislation and regulations. A memorandum of understanding or agreement should be in place to prevent an imbalance of these collaborations. Ethical committee approval in all sites and, when appropriate, written informed consent by study participants in the language of each participant site should be implemented. It is paramount to have additional safeguards to avoid exploitation of the vulnerable, to respect their human rights, and to ensure the relevance of these research partnerships.<sup>12</sup>

IADR encourages the use of best practices where transparency, trust and mutual respect among research partners are in place. Relevant to international collaborations, core principles of integrity, trust, purpose and goals should be agreed upon and shared by all participants.<sup>13</sup>

Those principles should take place in all phases of the research partnership process, from preparation until dissemination of information, which will lead to scientific equity.<sup>14,15</sup>

## CONFLICTS OF INTEREST

A potential conflict of interest may arise when an individual's private interests can influence professional responsibilities. Scientists engage in numerous activities that may have the potential for conflicts of interests, for example participating in the peer review process as a reviewer or member of an editorial board, reviewing grant proposals, and serving on committees and panels.

Conflicts of interest can be financial (when financial circumstances may directly and significantly affect objective judgment), personal (when personal or professional relationships may directly and significantly affect objective judgment), or intellectual (when strong personal or professional views may directly and significantly affect objective judgment).<sup>16</sup> Such conflicts of interests can be real or apparent—such that a reasonable person with knowledge of the circumstances would question impartiality in the matter.

Each individual is expected to behave in an ethical way to avoid both real conflict of interests and the appearance of conflict of interests, or disclose such conflicts of interests when they cannot be avoided. This includes full disclosure of any potential conflict of interest to the investigator's institution, to the Associations as applicable, and to other agencies as requested. Individuals should abide by any management terms requested by such agencies when requested in order to address conflicts of interests.

## INTELLECTUAL PROPERTY

The intellectual property rights of all participating researchers should be protected by giving proper credit for the origin of the new ideas. Intellectual property rights apply to any potential commercial gain and must be agreed upon at the outset of the project by the investigators, their institutions and/or any other external body, such as a sponsoring agency or company.

## DISSEMINATION OF INFORMATION

### Publishing

*Ethical Considerations for Journal Editors, Editorial Boards, and Managing Editors*

Editors, editorial boards and managing editors should:

- develop policies to minimize the publication of articles containing evidence of scientific misconduct, maximize transparency and minimize redundancy, and make such policies available on their website. Many aspects to be included in such policies are addressed by the [Council of Scientific Editors \(CSE\) White Paper on Publication Ethics](#),<sup>17</sup> the [Committee on Publications Ethics \(COPE\) guidelines](#),<sup>18</sup> and [core practices](#),<sup>19</sup> the [World Association of Medical Editors \(WAME\)](#),<sup>20</sup> and the [Center for OpenScience](#)<sup>21</sup>
- follow the [COPE Guidelines for Managing the Relationships Between Society Owned Journals, their Society and Publishers](#)<sup>22</sup> and the [WAME Recommendations on Publication Ethics Policies: Relation of the Journal to the Sponsoring Society](#)<sup>23</sup> in instances where journals are published by professional societies, so as to address editorial independence, journal management, commercial issues, and other matters
- have policies and processes in place for or disclosure and management of conflicts of interest, in alignment with guidance provided by the [International Committee of Medical Journal Editors](#)<sup>24</sup>
- consider applying current transparency and standardization trends for study reporting guidelines, such as are available through the [EQUATOR Network](#)<sup>25</sup>
- make acceptance decisions based only on a manuscript's innovation, importance, originality, clarity, and relevance

to the journal's scope and content. Studies with negative results or challenging previously published work should receive equal consideration

- provide guidance as to whether posting a manuscript on a non-commercial preprint server is allowable and not considered previously published<sup>26</sup>

#### *Ethical Considerations for Authors*

It is expected that authors, in any communication, such as manuscripts or abstracts, whether in paper or electronic format, representing a body of research should:

- credit sources of funding
- adhere to guidelines regarding qualification and order of authorship such as the [International Committee of Medical Journal Editors \(ICJME\) Defining the Role of Authors and Contributors](#)<sup>27</sup>
- read the final manuscript and agree to its submission for review and publication
- ensure the integrity of their research
- present appropriate written permission to publish any type of clinical image, which should not identify the participant
- submit original work that has not been previously published. Previous publication of an abstract during the proceedings of meetings (in print or electronically) does not preclude subsequent submission for publication, but full disclosure should be made at the time of submission
- understand and abide by the selected journal's policies

Likewise, authors should not:

- inappropriately fragment data into several different publications
- inappropriately or fraudulently manipulate images and/or data<sup>28</sup>
- engage in plagiarism or self-plagiarism<sup>29–32</sup>
- engage in ghostwriting<sup>33</sup>

Submissions to IADR's *Journal of Dental Research* and *JDR Clinical and Translational Research* or other Association publications should adhere to [Sage Publishing's Statement on Publishing Ethics and Responsibility](#).<sup>34</sup>

#### *Ethical Considerations for Peer Review*

Both editorial bodies and peer reviewers should:

- abide by the [COPE Ethical Guidelines for Peer Reviewers](#),<sup>35</sup> the [CSE Statement on Reviewer Roles and Responsibilities](#),<sup>36</sup> and the [WAME Recommendations on Publication Ethics Policies for Peer Review](#).<sup>37</sup>
- treat all submitted manuscripts as confidential, and not discuss, share, retain, or copy content, and not use such content for personal or professional purposes prior to publication
- report suspicion of misconduct to the editor in confidence
- disclose any potential conflicts of interest preventing an objective review to the editor for adjudication or decline the review invitation

## Conferences

Investigators submitting content to conferences should follow the conference policy for submissions. Commonly, scientific programs place requirements that abstracts submitted not be previously published & presented in another scientific conference, as this is a form of self-plagiarism.<sup>32</sup> Likewise, there may be regulations that research presented in such abstracts may not be part of a manuscript published in electronic or print form prior to the conference presentation. Many consider posting on a non-commercial preprint server as not being previously published; thus, in this situation, the investigator must investigate the conference policies to determine if this is allowable.

## DISCRIMINATION, DIVERSITY, EQUITY AND INCLUSION

IADR strongly condemns discrimination, including actions—made either directly or indirectly—based on distinctions or prejudices which have the purpose or effect of treating individuals or groups unfairly or unjustly. The Association is committed to:

- upholding the principles of diversity, equity and inclusion
- being inclusive to the largest number of contributors, with the most varied and diverse backgrounds possible
- providing a friendly, safe and welcoming environment for all, regardless of age, gender, sexual orientation, gender identity & expression, ability, ethnicity, socioeconomic status, health conditions, or religion
- valuing equally different behaviors, aspirations and needs of all diverse groups, and treating individuals equally with respect to rights, responsibilities and opportunities.

Members should:

- uphold the principles of diversity, equity and inclusion as stated in the [AADOCR American Association for Dental Research Statement on Equity and Inclusion](#)<sup>38</sup>
- strive to eliminate bias from professional activities and research
- not tolerate any forms of discrimination
- be sensitive to cultural, individual, and role differences
- acknowledge the rights of others to hold values, attitudes and opinions that differ from their own
- foster a workplace that embraces the dignity and diversity of individuals

## HARASSMENT AND SEXUAL HARASSMENT

Harassment consists of a single intense and severe act or multiple persistent acts, any of which are demeaning, abusive, offensive, or create a hostile professional or workplace environment. Acts of harassment can be based on age, race, socioeconomic status and socioeconomic origins, ethnicity, national origin, religion, sexual orientation, gender identity, gender expression, disability, health conditions, political affiliation, marital status, domestic status, parental status, or any other applicable basis proscribed by law.

Sexual harassment can be either “quid pro quo” (submission or refusal to submit to unwelcome sexual attention, requests

for sexual favors, and/or other verbal or physical conduct of a sexual nature affects professional decisions) or “hostile work environment” (sexually oriented conduct that interferes with an individual’s job performance or has the purpose or effect of creating an intimidating, hostile, or offensive work environment).

IADR seeks to promote an environment free from harassment, in which staff and members avoid behaviors that may create an atmosphere of hostility or intimidation. As such, members should not engage in any type of harassment whatsoever. Additionally, all participants at any IADR meeting, or any division meeting, should abide by the [AADOCR Professional Conduct at Meetings Policy](#)<sup>39</sup> in all venues, including ancillary events and official and unofficial social gatherings.

## Bullying

Workplace bullying is defined as behavior and mistreatment that demeans, intimidates, or humiliates, and can cause physical or emotional harm. Such behavior can be a single incident or a repeated pattern.

Examples of bullying behaviors include verbal bullying (threatening, slandering, ridiculing, making abusive or offensive remarks), physical bullying (actual or threatened assault or damaging a person’s work area or property), gesture bullying (nonverbal threatening gestures), psychological (intentional and purposeful mental abuse) or sabotaging an individual’s work.<sup>40</sup>

Any instance of workplace bullying directed toward colleagues or study subjects is not acceptable.

Exercising appropriate authority, directing the work of others pursuant to their job responsibilities, and respectful scientific debate are not considered bullying behavior.

## Training on Ethical Conduct of Research

Many funding agencies and research institutions require periodic training on ethical conduct of research to ensure compliance with current research standards, especially pertaining to human subjects and animal research. Such training should include standards of intellectual honesty in conduct and reporting of scientific research and should frame ethics as the foundation for doing good science.

## REPORTING MISCONDUCT

IADR reserves the right to sanction members for scientific misconduct, including violation of this Code of Ethics. IADR membership may be suspended or terminated “for proven scientific misconduct” ([IADR Constitution, Article VI, Section 3\(B\), 2019](#)).<sup>41</sup> Any allegations of misconduct will be kept confidential by the staff, leadership and governing bodies involved in the adjudication process.

All reports of alleged violations of the IADR Code of Ethics by a current member, or any attendee of an IADR-sponsored meeting or activity, should be made confidentially to the IADR Board through the Association’s Chief Executive Officer (CEO). The IADR Board may refer the report to the IADR Ethics Committee to review the circumstances, investigate the allegations, and make a recommendation to the IADR Board of Directors on potential sanctions. Sanctions will not be implemented without prior approval of the IADR Board of Directors.

All reports of alleged publication misconduct pertaining to one of the IADR journals (*JDR*, *JDR-CTR*, or others) should be made to the corresponding journal’s Editor-in-Chief (EIC). The EIC, in consultation with the Journal’s Editorial Board, has the

jurisdiction to investigate the allegation in accordance with the [Committee on Publication Ethics \(COPE\) Flowcharts](#),<sup>42</sup> and will decide the appropriate course of action. Any confirmed cases of publication misconduct will be communicated to the IADR Board so that the Board can assess if the allegations also justify referral to the Ethics Committee for consideration of IADR sanctions.

In the event that a complaint alleges conduct that is, or may be, the subject of other legal or institutional proceedings, the IADR Board or the *JDR/JDR-CTR* Editor-in-Chief may, in consultation with the IADR President and CEO, further defer its proceedings with respect to the complaint until the conclusion of the other legal or institutional proceedings. The findings of those proceedings may be used as a basis for considering IADR actions.

## Whistleblowing and Retaliation

“Whistleblowing” is the disclosure by an individual of confidential information, which relates to some fraud, danger or other illegal or unethical conduct connected with scientific research. Whistleblowing may be seen as a means to deter wrongdoing, promote transparency and good governance, underpin regulation and maintain professional and public confidence. A “whistleblower” is a person who alleges misconduct.

Members have an obligation to report wrongdoing to the proper authority, be it their home institution and/or IADR. A whistleblower should not suffer retaliatory consequences when such actions are done in good faith based on suspected wrongdoing. Organizations have the responsibility to protect whistleblowers against retaliation and investigate and address wrongdoing.

## Expectations of IADR Officers, Administrators, and Staff

All officers\*, administrators, and staff of the IADR shall:

1. **respect** the rights and reputation of the IADR, and the privacy of the membership;
2. hold Association information in **confidence**;
3. communicate in an **honest** and **responsible** manner regarding sponsorship or certification by the IADR;
4. not solicit or use recommendations or testimonials from agents nor use their relationships with agents to promote commercial expertise of any kind;
5. seek approval of the appropriate authority of IADR to communicate advertisement to the public by written or audio-visual means; and
6. state **accurately, objectively**, and without misrepresentation their professional qualifications, affiliations, and functions as well as those of the IADR with which they or their statements are associated. They shall correct the misrepresentations of others with respect to those matters.

\* Officers of IADR include individuals with responsibility from headquarters, regions, divisions, sections, and groups

(revised July 19, 2021)

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41. International Association for Dental Research (IADR) Constitution. <https://www.iadr.org/iadrbylaws>.
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## Appendix 17 — IADR Corporate Support

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- Church & Dwight Co., Inc. in support of an IADR Distinguished Scientist Award
- Colgate-Palmolive Company for being a Gold Scientific Session Partner and in support of the IADR Council Dinner, the IADR Past Executives' Business Meeting, the IADR Colgate Research in Prevention Travel Awards, IADR Distinguished Scientist Awards, an Industry-Sponsored Symposium, the Latin American Region Senior Award, and the Multicenter Regional Project Award
- Curaden in support of the Latin American Region Junior Award and the Latin American Region Senior Award
- Dentaaid in support of the Latin American Region Junior Award
- Dentsply Sirona in support of an IADR Distinguished Scientist Award
- GC Corporation in support of the IADR Dental Materials Group Reception, the IADR Toshio Nakao Fellowship, the Japan Night Reception, and the Latin American Region Senior Award
- Geistlich being a General Meeting Sponsor
- Haleon in support of IADR Distinguished Scientist Awards, the John Greenspan Global Oral Health Research Award, and the IADR Innovation in Oral Care Awards and Reception
- Ivoclar in support of the IADR Dental Materials Group Reception and an Industry-Sponsored Symposium
- J. Morita in support of the IADR/AADOCR William J. Gies Awards and an IADR Distinguished Service Award
- Johnson & Johnson Consumer, Inc. in support of an IADR Distinguished Scientist Award, the William H. Bowen Research in Dental Caries Award, and the IADR Joseph Lister Award for New Investigators
- Nano Intelligent Biomedical Engineering Corporation in support of the Korea Night Reception
- Novabone for being a General Meeting Sponsor
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of the IADR Young Investigator Award and the IADR/LAR President's Reception
- Shofu in support of an Industry-Sponsored Symposium
- Stemden in support of the Korea Night Reception
- Unilever Oral Care in support of IADR Distinguished Scientist Awards

## Appendix 18 — IADR Institutional Support

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- Asociación Colombiana de Periodoncia y Oseointegración for being a General Meeting Sponsor
- The Borrow Foundation in support of the IADR E.W. Borrow Memorial Award
- CareQuest Institute for Oral Health in support of an IADR Distinguished Scientist Award
- The Henry Schein Cares Foundation for being a General Meeting Sponsor
- The IADR Dental Materials Group in support of an IADR Distinguished Scientist Award
- The Osteology Foundation in support of the IADR Osteology Foundation New Investigator Award in Oral Tissue Regeneration
- The Sarnat Family Foundation in support of an IADR Distinguished Scientist Award
- Smile Train in support of the IADR Smile Train Cleft Research Award

## Appendix 19 — *In Memoriam* (IADR Members who passed January – December 2023)

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Harold Slavkin  
Kenneth Klimpel  
Lowell Weicker

Ann Battrell  
Harald zur Hausen  
Arthur Veis

John Greenspan  
Victoria Marker  
Poul Erik Petersen

J. von Fraunhofer  
Ronald Dubner  
Ramon Baez

George Beagrie

# IADR Constitution and Bylaws

## CONSTITUTION

*Adopted March 24, 1957; Revised through June 22, 2019*

### ARTICLE I. NAME

This organization is named: International Association for Dental Research herein referred to as the IADR or the Association.

### ARTICLE II. OBJECTIVES

The Association has been established to promote research in all aspects of craniofacial, oral and dental research, to encourage development of improved methods for the prevention and treatment of oral and dental diseases, to improve the oral health of the public through research, and to facilitate cooperation among investigators and the communication of research findings and their implications throughout the world.

### ARTICLE III. CORPORATE STATUS

This Association is a non-profit corporation organized under the laws of the Commonwealth of Virginia, United States of America. If the corporation shall be dissolved at any time, no part of its funds or property shall be distributed to its members; but, after payment of all indebtedness of the corporation, its surplus funds shall be used for craniofacial, oral dental research in such manner as the then-governing body of the Association shall determine.

### ARTICLE IV. REGIONS, DIVISIONS AND SECTIONS

#### Section I. ORGANIZATION

- (A) **REGIONS.** The IADR Board, with the approval of Council, shall organize the Divisions and non-Divisional Sections into Regions for purposes of more effective and efficient delivery of IADR member services. Each Region will have a Regional Board of Directors as defined in the Bylaws.
- (B) **DIVISIONS.** Members of the Association in any nation or group of geographically related nations, with the approval of the Council, may organize a Division after maintaining Section status for one year and having demonstrated the ability to conduct scientific and business sessions during this period. A Division will be comprised of a minimum number of members as specified in the Bylaws.
- (C) **SECTIONS.** Ten or more members within a Divisional area may, with the approval of the Division, organize a Section (except the Institutional and Corporate Sections) for the advancement of the objectives of the Division and the Association. In the event the locality or localities are not within the limits of a Division, a non-Divisional Section may be organized with ten or more members of the Association upon approval by the Council.
- (D) **INSTITUTIONAL SECTION.** Each Institutional Section Member will designate one representative from its institution to represent it in the Institutional Section. Institutional members will have representation in the Council through one Councilor elected by the Institutional Section. The representatives of Institutional Section Members must be members of the Association, in accordance with the Bylaws.

- (E) **CORPORATE SECTION.** Each Corporate Section Member will designate one representative from its corporation to represent it in the Corporate Section. Corporate members will have representation in the Council through one Councilor elected by the Corporate Section. The representatives of Corporate Section Members must be members of the Association, in accordance with the Bylaws.

**Section 2. MANAGEMENT.** The affairs of the Divisions and Sections shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division.

#### Section 3. SUSPENSION OR REVOCATION.

Approval of a Division or Section may be revoked or suspended for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown. Suspension or revocation will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting. The Division or Section threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting, and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist.

### ARTICLE V. GROUPS, GROUP CHAPTERS AND NETWORKS

**Section 1. GROUPS.** Members of the Association interested in any scientific branch or professional field related to craniofacial, oral and dental science, with the approval of the Council, may organize a Group to further the objectives of the Association. A Group will be comprised of a minimum number of members as specified by the Bylaws.

**Section 2. GROUP CHAPTERS.** Ten or more members of a Group within a Division or a non-Divisional Section, with the approval of the related Division or Section, may organize a Group Chapter for the advancement of the objectives of the Association and the Division or Section.

**Section 3. NETWORKS.** Members of the Association, with the approval of the Council, may organize a Network for the advancement of the objectives of the Association. A Network will be comprised of a minimum number as specified by the Bylaws.

**Section 4. MANAGEMENT.** The affairs of Groups, Group Chapters and Networks shall be managed in conformity with the Constitution and Bylaws of the Association and of the related Division.

**Section 5. SUSPENSION AND REVOCATION.** Approval of a Group, Group Chapter or Network may be suspended or revoked for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown. Suspension or revocation will be determined at the Annual Meeting of the Council, by a two-thirds vote of the Council members present and voting. The Group, Chapter or Network threatened with

suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in the form of a delegation of members or Officers, by representation, or by submission of a written statement to defend its right to exist.

## ARTICLE VI. MEMBERSHIP

### Section I. ELIGIBILITY

- (A) **INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in Dental Science and Dental Research shall be eligible for membership in this Association, as set forth in the Bylaws.
- (B) **INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, government agency, interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Institutional Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV C. The formation of an Institutional Section within a Division shall be optional with the Division.
- (C) **CORPORATE MEMBERSHIP.** Any corporation interested in craniofacial, oral or dental related research shall be eligible for membership in a Division and/or in an at-large Corporate Section, subject to the eligibility requirements and approval of the Division or the Association and the limitations of Article IV. The formation of a Corporate Section within a Division shall be optional with the Division.

**Section 2. ACTIVATION OF MEMBERSHIP.** Any individual eligible for membership under the Constitution and Bylaws and whose membership credentials have been found acceptable to the respective Division or Section shall become a member of the Association. Applications may be approved by the Membership and Recruitment Committee on a periodic basis. New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application.

### Section 3. SUSPENSION OR TERMINATION.

- (A) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation.
- (B) The membership of any member may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown. Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council, by a two-thirds vote of the Council members present and voting. The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the annual General Session, and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership.

## ARTICLE VII. OFFICIALS

**Section I. OFFICERS.** The Officers of the Association shall be a President, President-elect, Vice-president, Immediate Past President, Treasurer, Chief Executive Officer, and Editor-in-Chief of the Journal of Dental Research. The Chief Executive Officer will also serve as Secretary of the Association. The Vice-president shall be elected from among the active members by ballot of the membership. The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office. The Chief Executive Officer, the Treasurer, and the Editors-in-Chief shall be appointed by the Council.

- (A) **TERM OF OFFICE.** The terms of the President, President-elect, and Vice-president shall be one Association year; for the Treasurer it shall be three Association years. The terms of the Chief Executive Officer and Editor-in-Chief shall be five years, except that under special circumstances either may be appointed for a shorter period.
- (B) **TENURE OF OFFICE.** Each Officer shall serve until the installation of his duly-elected successor.
- (C) **VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws.

**Section 2. HONORARY OFFICERS.** Honorary Officers may be elected by the Council from nominations made by its own members or by Divisions, Sections, or Groups, for a period of time to be determined by Council.

**Section 3. BOARD OF DIRECTORS.** The Board of Directors of the Association shall consist of the President, Immediate Past President, President-elect, Vice-president, Treasurer, Editors-in-Chief of the *Journal of Dental Research* and *JDR Clinical & Translational Research*, Chief Executive Officer, and an additional Regional Board Member to be selected by each Region to serve a three-year term, and two investigators to be selected as described in the Bylaws. The Chief Executive Officer and Editors-in-Chief shall have no vote.

**Section 4. QUALIFICATIONS.** All Officers and officials of the Association, the Divisions, the Sections, and the Groups shall be Members of the Association. An elected officer of the IADR shall have had service as a Division, Section, or Group Officer, or as a Councilor, or as a Committee Chair or Committee Member.

## ARTICLE VIII. NOMINATIONS AND ELECTIONS

### Section I. NOMINATIONS BY THE COUNCIL.

One or more nominations for Vice-president shall be made by the Council, and announcement of the nomination(s) shall be mailed to each member of the Association not fewer than four months before the date of the next annual General Session, and in a form to indicate that other nominations may be made by petition.

**Section 2. NOMINATIONS BY PETITION.** Additional nominations may be made by petition signed by 25 members of the Association and received by the Chief Executive Officer not more than 45 days after the mailing of the announcement of the Council nominations.

**Section 3. NOTICE OF NOMINATIONS.** Before the next annual General Session, the nominations for Vice-

president shall be sent by the Chief Executive Officer to all members of the Association on an official ballot for a vote by mail to be reported at that meeting. The nominations shall be sent no fewer than eight weeks before the due date for the return of the ballots to the Chief Executive Officer.

**Section 4. ELECTION.** A plurality of votes cast shall elect to each office, in accordance with the Bylaws.

## ARTICLE IX. COUNCIL

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**Section 1. PERSONNEL.** The Council of the Association shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Chief Executive Officer, the Treasurer, the Editors-in-Chief, one or more Councilors from each Division, one Councilor from each Group, Network, Institutional Section and Corporate Section and a Councilor representing the FDI, World Dental Federation. The Chief Executive Officer, Editors-in-Chief, and FDI representative shall have no vote.

**Section 2. DIVISION REPRESENTATION.** For the purpose of representation on the Council, each Division shall designate or elect Councilors and be represented as follows:

- (A) A Division of 99 or fewer Association members shall have one Councilor.
- (B) A Division of 100 to 999 Association members shall have two Councilors.
- (C) A Division of 1,000 to 1,999 Association members shall have three Councilors.
- (D) A Division of 2,000 or more Association members shall have four Councilors.

**Section 3. NON-DIVISIONAL SECTION REPRESENTATION.** Each non-Divisional Section may be represented by a non-voting observer.

**Section 4. FÉDÉRATION DENTAIRE INTERNATIONALE REPRESENTATION.** For the purpose of representation on the Council, the Fédération Dentaire Internationale shall designate or elect one Councilor to serve for a period of at least one year. This Councilor must also be a member of the Association. The FDI Councilor will have no vote on Council.

**Section 5. DUTIES OF THE COUNCIL.** The Council shall be the governing body of the Association.

**Section 6. INTERIM ACTION.** During periods between meetings of the Council, the executive management of Council affairs shall be by the Board of Directors.

**Section 7. REGIONAL REPRESENTATION.** Each Region, as defined in Article IV, Section 1(A), shall be represented by a voting member in Council.

## ARTICLE X. FINANCES

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**Section 1. DUES.** At each annual General Session, the Council shall determine and announce the amount of the annual Association dues and the assessment for official publication(s). If no annual General Session is held, this function shall be exercised by the Board of Directors.

**Section 2. EXPENDITURES.** Funds of the Association may be expended only on general or specific authorization of the Council, except that if the Annual Meeting of the Council is not held, the Board of Directors also may authorize

expenditure of funds. The Board of Directors also may authorize expenditure of funds to defray expenses of the Association not foreseen at the time of the annual General Session.

**Section 3. ACCOUNTS.** All accounts of assets of the Association shall be audited annually by a Certified Public Accountant.

**Section 4. REPORTS.** All Officers collecting, disbursing, or holding in trust assets of the Association shall report annually to the Council and the Association in written form.

## ARTICLE XI. MEETINGS

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**Section 1. ASSOCIATION.** The Association shall meet for the exchange of scientific information at least once each year unless prevented by circumstances not under the control of the members.

**Section 2. COUNCIL.** The Council shall meet annually in conjunction with the annual meeting, which shall be known as the General Session of the Association.

### Section 3. SPECIAL.

- (A) Special meetings of the Council or of the Association may be convened by the Board of Directors or the Council.
- (B) Upon petition from at least 50 members of the Association at least two weeks prior to the annual General Session, the Chief Executive Officer shall arrange for the Association to meet in general assembly during the General Session.

**Section 4. DIVISIONS AND GROUPS.** Each Division and Group shall meet at least once each year unless prevented by circumstances not under the control of the members.

## ARTICLE XII. QUORUM

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The quorum for the Council shall be as stated by the Bylaws.

## ARTICLE XIII. JOURNAL

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- (A) **NAME.** The official publication of the Association is the Journal of Dental Research. The journal is a joint publication of the IADR and AADR.
- (B) **MANAGEMENT.** An IADR/AADR Publications Committee (whose membership is described in the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and/or AADR.

## ARTICLE XIV. AMENDMENTS TO THE CONSTITUTION

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**Section 1. PROPOSAL.** A proposed amendment to the Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote of the membership by mail prior to the succeeding annual General Session. Proposed amendments to the Constitution shall normally be reviewed by the Constitution Committee before presentation to Council.

**Section 2. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Association not less than two months before the next annual General

Session of the Association: (a) a copy of the amendment, (b) the stated reasons for its adoption, (c) a ballot for a vote on the amendment, and (d) a copy of this Article XIV of this Constitution. The results shall be reported at the annual General Session.

**Section 3. ADOPTION.** A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question, and shall become a part of the Constitution at the close of the annual General Session at which it is adopted.

## ARTICLE XV. BY-LAWS

Bylaws and amendments to Bylaws may be proposed at any Annual Meeting of the Council and may be adopted at the same meeting by a vote of two-thirds of the members present and voting, the Bylaws and amendments taking effect at the close of the meeting. Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council.

### BY-LAWS

*Adopted March 24, 1957; Revised through June 24, 2023*

#### SECTION A. MEMBERSHIP

**1. APPLICATION.** Applications for individual membership shall be approved by the Membership and Recruitment Committee on a periodic basis. New members may immediately receive a probationary membership upon submission of application and payment, and will become official members upon review of their application.

A member residing within the geographical area of a Division or non-Divisional Section must be a member of a Division or non-Divisional Section, must comply with the Constitution of that Division or non-Divisional Section, and must pay dues to that Division or non-Divisional Section, if applicable.

**2. MEMBERSHIP CATEGORIES.** Article VI, Section I(A), of the Constitution shall be interpreted as follows:

**(A) MEMBER:** A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral and dental science. Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association.

**(B) AFFILIATE MEMBER:** A person who is not primarily involved in craniofacial, oral or dental related research but has an interest in keeping up with the latest research, e.g., a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility. Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association.

**(C) STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral or dental research. Student members must become Members when

eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association.

**(D) RETIRED:** A person who has been a member of the Association in good standing for at least 25 years, and no longer works on a full-time basis for remuneration. The Retired Member shall have all the rights and privileges of membership but shall receive the Journal of Dental Research only upon payment of the Journal subscription fee.

**(E) HONORARY MEMBERSHIP:** The Association and Divisions may elect as Honorary Members persons who are not members of the Association. Honorary Members shall normally be selected on the basis of the candidate's significant contribution to, or support of, dental research.

(1) One Honorary Membership may be bestowed each year by unanimous recommendation of the five most recent living Past Presidents of the Association no longer serving on the Board of Directors. Such Honorary Members shall have all the rights and privileges of membership and may, on request, receive complimentary copies of the Journal of Dental Research.

(2) Honorary Membership shall not be conferred posthumously.

(3) Divisional Honorary Members shall have all the rights and privileges within the Division as determined by that Division. An Honorary Member of a Division, if not already a member of the Association, may become a member of the Association only if eligible and in the manner provided in the Constitution and Bylaws of the Association.

**(F) INSTITUTIONAL MEMBERSHIP:** (Article VI[B]): On payment of Institutional dues, each institution will be entitled to one membership within the Association, subject to the limitations of Article IV(C).

**(G) CORPORATE MEMBERSHIP:** Article VI[B]): On payment of Corporate dues, each corporation will be entitled to one membership within the Association, subject to the limitations of Article IV(C).

#### 3. REGIONS, DIVISIONS, SECTIONS, GROUPS AND NETWORKS.

(a) Divisions of the IADR can be initiated by a minimum of 50 Members of the Association. Once formed, Divisions should strive to increase their membership. Council will review Divisions biennially Divisions not demonstrating successful leadership risk having Division status revoked per Article IV. Section 3.

(b) Groups of the IADR can be initiated by a minimum of 50 Members of the Association. Once formed, Groups should strive to increase their membership. Council will review Groups annually. Groups not

demonstrating successful leadership risk having Group status revoked per Article V. Section 5.

- (c) Networks of the IADR may be initiated by a minimum of 50 Members of the Association. Once formed, Networks should strive to increase their membership. Council will review Networks annually. Networks not demonstrating successful leadership risk having Network status revoked per Article V. Section 5.
- (d) Sections, Groups, and Group Chapters will include Members, Affiliate Members, Student Members, and IADR Retired Members.
- (e) Only Members and IADR Retired Members of the Association shall have voting privileges on matters concerning the Association and be eligible to hold office in a Region, Division or Section.
- (f) The IADR Scientific Groups and Networks shall be managed in accordance with the IADR Scientific Group/Network Handbook, as approved by Council
- (g) All Divisions and Sections should adapt the Principles of the IADR Code of Ethics to their own Code of Ethics.
- (h) Each Division and Non-Divisional Section of an IADR defined Region shall be represented on a Regional Board of Directors. The composition of each Regional Board of Directors shall be defined in their on Constitution and Bylaws as approved by the IADR Board.
- (i) Each Regional Board of Directors shall appoint a Regional Board Member to serve a three year term on the IADR Board of Directors.

#### 4. TERMINATION OF MEMBERSHIP.

- (a) Membership may be terminated automatically by a member upon delivery of a formal notice of resignation to the Chief Executive Officer.
- (b) Members are terminated from membership after 90 days of non-payment of dues.

#### SECTION B. EXCEPTIONS TO THE PAYMENT OF DUES

- 1. **SUSPENSION OF DUES.** The Board may in any year suspend the dues of a member upon request from the member including a motivation for the request.
- 2. **RIGHTS.** Rights of membership shall not be affected if a member is excused from paying dues.

#### SECTION C. OFFICIALS

- 1. **INSTALLATION.** At the annual General Session of the Association, an appropriate ceremony of installation shall inaugurate the term of service of each Officer of the Association.

#### 2. DUTIES.

- (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Association or the Council may assign.
- (b) In the event that an officer vacates his/her office prior to completion of his/her term of office, ad interim assumes responsibility as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board, until a new appointment can be made.
- (c) The Treasurer shall maintain surveillance over the Association's finances and assist the Board in the development of budgets.  
  
Upon completion of his/her term, the incumbent will become the Immediate Past Treasurer and will assist the incoming Treasurer as necessary for one year.
- (d) In addition to his/her other duties, the Chief Executive Officer shall provide the Board of Directors with written quarterly financial statements in a timely manner.
- (e) Each Officer shall report annually in writing to the Council on the conduct of his/her office.
- (f) The Council shall report annually to the Association on the nature and scope of its proceedings.

#### 3. BOARD OF DIRECTORS

- (a) The annual recipient of the IADR Young Investigator Award will be asked to serve a two-year term on the IADR Board of Directors commencing at the conclusion of the General Session where their award was received.

- 4. **BONDING.** Officers and employees collecting, disbursing, or holding in trust assets of the Association shall be bonded by a reliable surety company in such an amount as shall be determined by the Council.

- 5. **ELECTION OF VICE-PRESIDENT.** Candidates may compete for the office of Vice-president only twice.

#### SECTION D. COMMITTEES

- 1. Appointments to standing committees shall be made usually by the Board of Directors to ad hoc committees shall be made usually by the President. The Council or Board of Directors may designate membership for committees created by them for special functions.

- 2. **STANDING COMMITTEES.** The following standing committees shall be appointed:

- (a) **Annual Session Committee** of five members who have served as IADR General Session Group Program Chairs or a similar experience to manage the overall planning for the General Session program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc., for the annual General Session. Additional members may include
  - (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s).

- (b) **Constitution Committee** of nine members to review the Constitution and Bylaws, advise the Council regarding essential revisions, and monitor compliance of the activities of the Association with the Constitution.
- (c) **Ethics in Dental Research Committee** of five members who have expertise in ethics to disseminate the IADR Code of Ethics to Divisional Committees on Ethics and to sponsor education programs through symposia and workshops on ethical conduct in research. The Ethics Committee shall also serve in an advisory capacity to the IADR Board on ethical issues.
- (d) **Fellowships Committee** of six members to advertise, receive, and judge applications for fellowships; recommend policy or policy changes on newly proposed or currently sponsored fellowships; and assist in raising funds for new fellowships.
- (e) **Awards Review Committee** of ten members to arrange the program of the Hatton Competition at the annual General Session and to select winners to receive the awards. The Awards Review Committee will also review the Research in Prevention Travel Award abstracts and select recipients before the annual General Session.
- (f) **IADR/AADR Gies Award Committee** of nine members to select annually the best paper(s) published in the IADR/AADR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering and Clinical.
- (g) **Membership and Recruitment Committee** of eleven members to develop plans and strategies for the recruitment of new members and retention of existing members of the Association. This committee will also consider the development of programs to attract new members and Sections in countries where IADR has not been very active.
- (h) **Nominating Committee** of seven members to advise the Council on the selection of nominees for the various offices of the Association. One of the members shall be the most recent Past President no longer serving on the Board without privilege of serving as chair.
- (i) **Regional Development Committee** of ten members to advise the Board of Directors on the management and direction of the Regional Development Program through evaluation and selection of proposals from Divisions/Sections to undertake programs on oral health research and clinical applications thereof in and for the benefit of developing regions of the world.
- (j) **Science Awards Committee** consisting of a chair and members in such number as to equal the number of science awards. The function of the Committee is to make recommendations to the Board on (a) administration of the science awards program and (b) the selection of the Distinguished Scientist Awards recipients. The chair shall serve for three years, and the other members of the Committee will serve for two years. Each, excluding the chair, will chair a subcommittee for one of the science awards.
- (k) **Tellers Committee** of three members to tally the votes of the membership of both IADR and AADR for elected positions, Constitutional amendments, and any other such business as shall be determined by Council.
- (l) **Young Investigator Award Committee** of nine members, each serving a three-year term, to ensure proper representation of the various disciplines for this award.
- (m) **Science Information Committee** of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from dental, oral and craniofacial research, including policy statements, position papers, and white papers.

### 3. JOINT PUBLICATIONS

- (a) **MEMBERS OF THE IADR/AADR PUBLICATIONS COMMITTEE.** The IADR/AADR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADR. Membership consists of: three representatives from IADR; three representatives from AADR; most recent Past Presidents of IADR and AADR no longer serving on the Boards, who alternately serve as Chairs of the Committee; the IADR and AADR Treasurers; the Editors of the jointly owned journals. The Editor-in-Chief and Associate Editors(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote.
- (b) **THE IADR/AADR PUBLICATIONS COMMITTEE** will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADR Councils through the Joint Boards of Directors.
- (c) **TERM OF OFFICE OF APPOINTED/ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADR is selected each year, except in case of vacancy. The most recent Past President of IADR and AADR no longer serving on the Board will serve for one year.
- (d) **REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications.

### 4. TERMS OF APPOINTMENT TO COMMITTEES

shall be three years unless otherwise stated in the Constitution or Bylaws. The terms shall be so staggered that new members are appointed each year, except in case of a vacancy.

## SECTION E. MEETINGS

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**1. GENERAL SESSIONS.** The time and place of each annual General Session shall be determined by the Council.

- (a) The Council shall meet in conjunction with each annual General Session.
- (b) (b) In years where the General Session is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Association year.

### 2. SCIENTIFIC SESSIONS.

- (a) The arrangements for the scientific program of each annual General Session of the Association shall be made in accordance with the instructions from the Association or the Council by an Annual Session Committee. Additional members may include
  - (a) representative(s) from the Local Organizing Committee and the host/sponsoring Division(s).

**3. REGISTRATION FEES.** The Council shall determine the amount of the registration fees for the annual General Session. Members whose dues have not been paid through the current year will be required to pay the non-member fee.

## SECTION F. QUORUM/RULES

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**1. COUNCIL.** At any meeting of the Council, a quorum shall be comprised of at least one-half of the Council members, representing at least one-half of the Divisions existing at the time of the meeting, and provided notice of the meeting shall have been given in fact or mailed to all members at least 60 days prior to the date on which the meeting is called.

**2. RULES.** The Association shall operate under the rules of Parliamentary procedure as outlined in “Roberts’ Rules of

Order”. In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot at its annual meeting.

## SECTION G. AUTHORIZED BANKS AND EXPENDITURES

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Funds of the Association shall be deposited in a bank or banks, or invested in securities approved for the purpose by the Board of Directors. Authorized expenditures from the general funds of the Association shall be made by check, each of which must be signed by the President, the President-elect, the Vice-president, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item.

## SECTION H. DEFINITIONS

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- 1. Members of this Association, for purposes of notice or other communications or actions, are those persons who are members according to the latest information possessed by the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action.
- 2. Notice shall be considered to have been given to a member when written statement of the notice has been mailed to the member at the last address for the member known to the Chief Executive Officer at the time of the mailing.
- 3. In this Constitution and Bylaws, “mail” is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail.
- 4. The term “Joint Boards” is understood to mean the Board of Directors of IADR functioning jointly with the Board of Directors of AADR to carry out duties pertaining to the joint activities mentioned in this Constitution and Bylaws or otherwise agreed to.

## The 52<sup>nd</sup> Annual Meeting of the AADOCR

The 52<sup>nd</sup> Annual Meeting of the AADOCR was held in conjunction with the 47<sup>th</sup> Annual Meeting of the CADR on March 15-18, 2023, and provided dental, oral, and craniofacial (DOC) health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Portland, Oregon.

The meeting was attended by 2,054 delegates from 40 countries. Those attending could choose from among 1,132 Interactive Talk presentations, 3 Focused Learning Sessions, 9 Hands-on Workshops, 3 Satellite Symposia, 39 Symposia and three Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which had 47 exhibition booths.

The 2023 Distinguished Lecture Series speakers were Julie Posselt, University of Southern California, Los Angeles, speaking on “Equity in Science: Representation, Culture, and the Dynamics of Change,” Shoukhrat Mitalipov, Oregon Health & Science University, Portland, speaking on “Gene and Cell Therapy in Reproductive Medicine,” and Brian J. Druker, OHSU Knight Cancer Institute, Columbus, OH, speaking on “Imatinib as a Paradigm of Targeted Cancer Therapies.”

Alexandre Vieira was installed as AADOCR’s 52<sup>nd</sup> President at the end of the event. His inaugural address, “The Challenges of the Present Rooted in the Past,” was published in the *Journal of Dental Research*.

As part of the AADOCR science-first initiative to bring new opportunities for membership, professional development, and program growth, AADOCR presented the second Meeting Within a Meeting on the topic of “Aging and Oral Health Research,” which featured cutting-edge presentations on the biology and social aspects of aging, and how aging affects health and disease.

AADOCR thanks the following for their support of AADOCR programs and activities::

- 3M for being a Silver Scientific Session Partner and in support of the Scientific Networking Center
- The ADA Science & Research Institute for being a Silver Scientific Session Partner

- The American Academy of Periodontology in support of an AADOCR Student Research Fellowship
- CareQuest Institute for Oral Health for being a Silver Scientific Session Partner
- Colgate-Palmolive for being a Gold Scientific Session Partner and in support of AADOCR Student Research Fellowships, the AADOCR/CADR Past Executives’ Business Meeting, and an Industry-Sponsored Symposium
- Delta Dental Institute in support of the AADOCR Delta Dental Institute Oral Health Equity Award
- Dentsply Sirona for being a Silver Scientific Session Partner and in support of a Distinguished Lecture Series Speaker, the SCADA competition, and an AADOCR Student Research Fellowship
- Haleon in support of an AADOCR Distinguished Scientist Award, AADOCR Student Research Fellowships, and the Meeting Within a Meeting
- The Henry Schein Cares Foundation for being a General Meeting Sponsor
- The IADR Dental Materials Group in support of an AADOCR Student Research Fellowship
- Ivoclar Vivadent in support of the IADR Dental Materials Group Reception
- J. Morita in support of the IADR/AADOCR William J. Gies Award
- Johnson & Johnson Consumer, Inc. in support of the AADOCR Joseph Lister Award for New Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of an AADOCR Student Research Fellowship, the AADOCR P&G Underrepresented Faculty Research Fellowship, and the AADOCR/CADR President’s Reception
- Quintessence Publishing for being a General Meeting Sponsor
- Tokuyama in support of the IADR Dental Materials Group Reception

# Proceedings of the AADOCR 2023 Council Meeting

**AADOCR Virtual Meeting • March 7, 2023 • 3 p.m. – 5 p.m. ET**

**AADOCR Board of Directors:** President, Jane Weintraub; President-elect, Alexandre Vieira; Vice-president, Effie Ioannidou; Immediate Past President, Jacques Nör; Treasurer, Ana Bedran-Russo; Member-at-Large, Benjamin Chaffee; Member-at-Large, Sheila Riggs; Patient Advocate, Paige Falion; Board Member, Joe Oxman; Board Member, Brian Foster; *JDR* Editor-in-Chief, Nicholas Jakubovics; *JDR CTR* Editor-in-Chief, Jocelyne Feine; Student Representative, Kazune Pax; Student Representative, Seung Jin Jang; Chief Executive Officer, Christopher H. Fox

Member-at-Large, Luciana Shaddox was unable to attend.

Incoming Vice President, Jennifer Webster-Cyriaque; Board Member, Mark Heiss; and Student Representative Shawn Hallett were also in attendance.

## **AADOCR Councilors from Groups/Networks:**

Behavioral, Epidemiologic & Health Services Research, Daniel W. McNeil; Clinical and Translational Science Network, Paul C. Dechow; Craniofacial Biology, Lorri Ann Morford, Dental Anesthesiology and Special Care Research, Caroline Sawicki; Dental Materials, Carmem Pfeifer; Diagnostic Sciences, Steven Singer; Digital Dentistry Research Network, Georgios Romanos; Education Research, Man Hung; e-Oral Health Network, Urvi Mehta; Geriatric Oral Research, Xi Chen; Global Oral Health Inequalities Network, Azeez Butali; Implantology, John Mitchell; Lasers & Bio-Photonics Group, Georgios Romanos; Microbiology/Immunology, Gill Diamond; Mineralized Tissue, Hongli Sun; Network for Practice-based Research, Spiro Megremis; NSRG Student Research Group, Arshi Munjal; Neuroscience, Jennifer Gibbs; Nutrition Research, Jennifer Ahn-Jarvis; Oral & Maxillofacial Surgery, Kyle Vining; Oral Medicine & Pathology, Faizan Alawi; Orthodontics Research, Jeanne Nervina; Pediatric Oral Health Research, Martha Ann Keels; Periodontal Research, Evanthia Lalla; Prosthodontics, Sompop Bencharit; Pulp Biology and Regeneration, Fatima N. Syed-Picard; Stem Cell Biology, Hongjiao Ouyang; Student Training and Research (STAR) Network, Ana Bedran-Russo

**AADOCR Councilors from Sections:** Alabama, Hope M. Amm; Arizona, John Mitchell; Baltimore, Man-Kyo Chung; Boston, Yau-Hua Yu; Buffalo, Thikriat Al-Jewair; Chicago, Spiro Megremis; Cincinnati, Malgorzata Klukowska; Colorado, Jeffrey Stansbury; Columbus, Kazune Pax; Connecticut, Rajesh Lalla; Florida, Seung Jin Jang; Houston, Mary Farach-Carson; Indiana, Simone Duarte; Iowa, Cristina Vidal; Kansas City, Erin Ealba Bumann; Kentucky, Dolphus Dawson; Lincoln-Omaha, Amy Killeen; Long Island, Soosan Ghazizadeh; Louisville, Gill Diamond; Memphis, Yanhui Zhang; Michigan, Cristiane Squarize; Minnesota, Sheila Riggs; Missouri, Sharon Gordon; Nashville, Jacinta Leavell; New Jersey, Steven Singer; New York, Jeanne Nervina; North Carolina, Ramiro Murata; Oklahoma, Fernando Luis Esteban Florez; Oregon, Luiz Bertassoni; Philadelphia, Sumant Puri; Pittsburgh, Alexandre Vieira; Puerto Rico, Milagros Toro; Richmond, Shillpa Naavaal; Rochester, Jin Xiao; San Antonio, Maria Karakousoglou; San Francisco, Karen Schulze; Seattle, Lisa Heaton; Utah, William Carroll; Washington DC, Kevin M. Byrd; West Virginia, Elizabeth Kao; Wisconsin, Ana Bedran-Russo; AADOCR Corporate Section, Mark Heiss; AADOCR Institutional Section, Hui Wu;

**Non-voting Councilors and Observers:** AADOCR Committee on Diversity and Inclusion, Sylvia A. Frazier-Bowers; AADOCR Constitution Committee, Dolphus Dawson; AADOCR Development Committee, Sheila Riggs; AADOCR Edward H. Hatton Awards Committee, Livia Tenuta; AADOCR Ethics in Dental Research Committee, Lawrence Gettleman; AADOCR Fellowships Committee, Christine Wu; AADOCR Government Affairs Committee, Paige Falion; AADOCR Nominating Committee, Mina Mina; AADOCR Science Information Committee, Kevin M. Byrd; IADR/AADOCR Publications Committee, Mark Herzberg; IADR/AADOCR Tellers Committee, Sheri Brownstein; IADR/AADOCR William J. Gies Award Committee, Quan Yuan

**Observers:** Pulp & Biology Regeneration, Ashraf Fouad

**Global Headquarters (GHQ) Staff:** Chief Operating Officer, Denise Streszoff; Chief Financial Officer, Pete Quinlivan; Director of Meetings, Leslie Zeck; Director of Membership and Publications, Kourtney Skinner; Director, Science Policy, Makyba Charles-Ayinde; Director of Strategic Programs, Sheri Herren; Assistant Director, Digital Strategy & Operations, Christopher Flow; Executive Assistant to the CEO and Recording Secretary, Brenda Moreno.

**The meeting was called to order at 3:10 p.m.**

## **I. ADMINISTRATIVE**

### **I.1. Council Attendees**

It was ascertained that a quorum was present. Dr. Weintraub welcomed everyone to the meeting.

### **I.2. Approval of Council Agenda**

**Motion 1:** That the March 7, 2023, AADOCR Council meeting agenda be approved.

Motioned: Paul Dechow

Seconded: Lisa Heaton

The motion passed with 49 yays and 1 abstention.

### **I.3. Approval of March 2022 Council Minutes**

**Motion 2:** That the March 2022 AADOCR Council meeting minutes be approved as submitted.

Motioned: Milagros Toros

Seconded: George Georgios

The motion passed with 49 yays and 1 nay.

### **I.4. Election Results – Tellers Report**

The election results this year were confirmed by the Tellers Committee as follows:

- AADOCR Vice-president: Jennifer Webster-Cyriaque (NIDCR, Rockville, Md.)
- AADOCR Representative to the IADR/AADOCR Publications Committee: Purnima Kumar (University of Michigan, Ann Arbor)

The successful candidates above will begin their terms at the conclusion of the 2023 AADOCR/ CADR Annual Meeting & Exhibition.

The Tellers also reviewed the AADOCR Section elections. This is the first year the AADOCR Section elections have been held in conjunction with the AADOCR ballot.

#### 1.5. President's Report

Dr. Weintraub noted that the President's Report is provided for information and took a moment to review her written report included in the manual.

#### 1.6. CEO's Report

Dr. Fox noted that the CEO's report is provided for information and gave a brief overview of his report. He highlighted the upcoming AADOCR/ CADR Annual Meeting and Exhibition, specifically the Distinguished Lecture Speaker Series.

## 2. BOARD OPERATIONS COMMITTEE (BOC)

### 2.1. Nominations for AADOCR Vice President

Dr. Weintraub gave a brief overview of Nisha D'Silva, Yvonne Hernandez-Kapila and Daniel McNeil's qualifications. Dr. Weintraub opened the floor for discussion. Councilors spoke on behalf all three candidates.

**Motion 3:** That Nisha D'Silva, Yvonne Hernandez-Kapila and Daniel McNeil be considered as candidates for the AADOCR election of AADOCR Vice-President.

Motioned: Malgorzata Klukowska

Seconded: Sheila Riggs

The motion passed unanimously.

### 2.2. AADOCR Member-at-Large (2023 – 2026)

Dr. Weintraub reviewed the AADOCR Member-at-Large candidates. Councilors spoke on behalf of the candidates. Erin Bumann was selected to run for AADOCR Member-at-Large.

**Motion 4:** That the AADOCR Council appoints Erin Bumann as the 2023-2026 AADOCR Member-at-Large.

Motioned: Lorri Morford

Seconded: Hope Amm

The motion passed with 46 yays and 4 abstentions.

### 2.3. AADOCR Board Member (2023 – 2026)

Dr. Weintraub welcomed Mark Heiss to the AADOCR Board.

### 2.4. AADOCR Representative to the IADR/AADOCR Publications Committee

Dr. Weintraub reviewed the candidates to the Publications Committee.

**Motion 5:** That Hongjiao Ouyang and Abraham Schneider be the candidates to stand for election by the membership for the office of AADOCR Representative to the IADR/AADOCR Publications Committee.

Motioned: John Mitchell

Seconded: Faizan Alawai

The motion passed with 49 yays and 2 abstentions.

### 2.5. Approval of Committee Appointments

Dr. Weintraub reviewed the Committee Appointments presented in the manual.

**Motion 6:** To accept the 2023-2024 AADOCR and Joint (IADR/AADOCR) Committee Appointments as presented by the AADOCR Board of Directors with the noted correction.

Motioned: Daniel McNeil

Seconded: Yau-Hua Yu

The motion passed unanimously.

### 2.6. Approval of Louisville and Kentucky Section Merger

Dr. Weintraub reviewed the Louisville and Kentucky Section Merger. She highlighted that representatives of both the current Louisville and Kentucky Sections have agreed that moving forward in a combined Kentucky Section will increase the collaboration between the two dental institutions in Kentucky and more robust Section activities. The letter included in the materials was co-signed by representatives of both the Louisville and Kentucky Sections.

**Motion 7:** To approve the merger of the Kentucky and Louisville Sections as recommended by the AADOCR Board of Directors.

Motioned: Gill Diamond

Seconded: Lorri Morford

The motion passed with 49 yays and 1 abstention.

## 3. PERFORMANCE MONITORING/AUDIT COMMITTEE (PMAC)

### 3.1. AADOCR 2021 Independent Auditors' Report

Dr. Vieira gave a thorough review of the Auditors' report included in the materials. He noted that the Independent Auditor provided an unqualified opinion which is the best possible outcome.

He also highlighted the following:

- Assets are overwhelmingly made up of the investment portfolio (87%).
- Liabilities are very small in comparison to assets. They are mostly made up of accounts payable, deferred compensation payables, deferred dues and Annual Meeting revenues and sponsorship amounts received for future years.

- Net Assets were \$10.8 Million at the end of 2021 (up \$1,275,000 from 2020).
- After a second difficult year the Association's financial position continues to be strong primarily due to the strong performance of the investment portfolio and the PPP loans received by the Associations.
- The main sources of revenue in 2021 are from dues and publications. After recording no meeting revenues in 2020 due to the cancellation of the joint meeting due to Covid, meeting revenues of \$321,000 were recorded in 2021 from the joint virtual meeting with IADR.
- The main expense categories are government affairs, management, awards, grants/fellowships and publications costs.
- The 2021 change in net assets from operating activities was a \$267,000 surplus helped by \$254,000 in PPP loan forgiveness income. When 2021 investment income is included, Net Assets increased by \$1,275,000 for the year.

**Motion 8:** That the AADOCR Council approves the AADOCR 2021 Independent Auditor's Report.

Motioned: Sheila Riggs

Seconded: Malgorzata Klukowska

The motion passed with 50 yays and 2 abstentions.

### 3.2. Investment Portfolio Report

Dr. Vieira reviewed the investment portfolio and highlighted the following:

- Following strong investment returns in 2021, similar to the broader markets, the AADOCR investment portfolio was down by 16.5% in 2022.
- The portfolio balance at the end of 2022 was \$8.3 million (a decrease of \$1.9M from 2021). This net increase takes into account the \$240,000 of investments sold in 2022 to fund operations.
- In January 2023 returns rebounded somewhat, however it remains to be seen what the impact of the Russian invasion of Ukraine, inflation and rising interest rates will have on the portfolio performance for the remainder of the year.
- The portfolio continues to screen for both SSB and tobacco companies.
- The portfolio is used to fund various operations, projects, awards, and grants.
- Withdrawals from the portfolio have been infrequent. However, 2022 was one of the years where withdraws were necessary to fund ongoing operations. As mentioned above \$240,000 of investments were sold in 2021 to fund operations. Withdraws of \$230,000 and \$1,151,000 were made in 2021 and 2020, respectively.

### 3.3. Unaudited 2022 Year-End Estimate

Dr. Vieira reviewed the unaudited 2022 year-end estimate and highlighted the following:

#### Year-End Estimate – 2022

- The preliminary year-end estimates show a \$873,000 investment allocation needed to balance the budget versus the \$846,000 investment allocation that was budgeted, or \$27,000 greater (worse) than budget.
- This is primarily due to a greater than expected meeting deficit and lower membership dues revenue, partially offset by lower-than-expected general operating expenses and a better-than-expected publications surplus.

#### General Operations:

- The number of dues paying Members is expected to be approximately 200 less than 2021 actuals an 8.8% decrease. The 2022 budget included an expected 5% increase in membership. This decrease translates into dues revenue that is \$49,000 lower than budget.
- Expenses are expected to be \$45,000 less than budget due to lower organization dues costs due to a change in the treatment of prepaid corporate & institutional dues, lower government affairs costs and lower NSRG meeting costs, partially offset by higher merchant fees and miscellaneous costs.
- Allocated salary, benefit and overhead costs are in line with the budget.
- The overall General Operations deficit is expected to be \$9,000 greater (worse) than budget.

#### AADOCR Annual Meeting (Hybrid in Atlanta):

- Meeting revenues are expected to be approximately \$20,000 less than budget primarily due to very low exhibition fee revenues and lower than budgeted sponsorships, partially offset by higher than budgeted registration revenues.
- Overall meeting costs are expected to be \$41,000 higher than budgeted due to significantly higher than budgeted AV costs and increased personnel costs, partially offset by lower costs in other budget categories.
- The overall net deficit is expected to be \$309,000 which is \$61,00 greater (worse) than budget.

#### Fall Focused Symposium:

- The event was held using a hybrid model with the presenters in a single location and most attendees virtual. Registration was provided free to members and costs were minimal.
- The budget contemplated a virtual only symposium similar to last year. The expected deficit is just over \$25,000 which is line with the budgeted deficit.

- It's important to note that \$22,000 in salaries, benefits and overhead costs have been allocated to the FFS, so if the event were to not be held those costs would need to be allocated to other programs.

#### **GHQ:**

- Salary & benefits costs are expected to be about \$13,000 lower than budget primarily due to lower than budgeted benefit costs.
- GHQ overhead costs are expected to be \$9,000 greater than budget primarily due to higher than budgeted information technology costs due to additional system configuration work that was needed for the Nimble AMS, audit fees and miscellaneous costs which primarily consists of marketing & communications work done by a consultant for an open position during the year.
- These higher costs are partially offset by lower building maintenance, bank charges, telephone and staff development costs.
- Total GHQ 2022 costs are projected to be about \$4,000 less than the original budget.

#### **JDR:**

- The budgeted surplus is currently expected to be about \$72,000 greater than budget.
- Royalty income (including advertising revenues) is estimated to be \$46,000 greater the budgeted amount. Preliminary Sage reports show 2022 revenues in excess of 2021 results.
- Costs are less than budget with editorial expenses expected to be \$19,000 less than budget primarily due to no in-person editor meeting and no editorial costs for a special edition.

#### **JDR CTR:**

- The budgeted deficit is currently expected to be about \$16,000 better (less) than budget.
- Royalty income is estimated to be \$14,000 greater than the budgeted amount. Preliminary Sage reports show 2022 revenues in excess of 2021 results, helped by a supplement published in September which brought in over \$27,000 in revenues.
- Costs are in line with or slightly below budget with editorial expenses expected to be \$3,000 less than budget due to no in-person editor meeting

## **4. STRATEGIC AND OPERATIONAL PLANNING COMMITTEE (SOPC)**

### **4.1. 2023 AADOCR Budgets**

Dr. Nör thoroughly reviewed the 2023 AADOCR budgets and highlighted the following:

- General Operations are typically a deficit (we rely on the joint/Annual Meeting and *JDR* surpluses and investment allocations to balance the budget).

- Meeting budgets are typically strongest in years when we have Joint IADR/AADOCR meetings (2020 and 2021 of course being the exceptions due to Covid).
- Overall, 2023 shows a balanced budget, but this is only achieved with a \$558,000 allocation from the Investment Portfolio which will require an approval by the Board to allocate an amount in excess of the 4% Spending Policy.
- For 2024 & 2025 targeted meeting surpluses have been calculated to assist the Board and management in seeing what level of meeting surplus is needed to achieve a balanced operating budget (which is defined as a net operating budget deficit equal to the expected allocation to operations from the investment portfolio).
- Given the recent decreases in membership and meeting registration revenue and stand-alone AADOCR meetings in 2022 (Atlanta), 2023 (Portland) and 2025 (NYC) it is not unexpected that allocations are expected to be needed in each of these years. Fortunately, the Association has investment reserves to draw on to fund these needed investment allocations. However, efforts need to be made to reduce future operating deficits in order to preserve the investment portfolios.
- The expected needed investment allocation of \$558,000 to balance the budget will exceed the Association's investment spending policy.
- Staff continue a number of efforts to expand membership. 2023 memberships YTD are ahead of 2022 memberships at this time.
- The small surplus for the Portland meeting is due to lower than expected abstract submission numbers which required a large downward adjustment to registration figures from earlier estimates. The meeting surplus is primarily due to the cost of the convention center being covered by the Portland Visitor Development fund. AADOCR is also recognizing cost savings beginning in 2023 by bringing meeting registration in-house.
- Under GHQ costs a full global headquarters staff is budgeted in 2023, IT costs are expected to decrease in 2023 from 2022 however depreciation costs will continue to remain elevated due to the capitalized costs associated with the Nimble AMS system and website redesign.
- As has been typically done for *JDR* and *JDR-CTR*, to be conservative, a 5% reduction in Royalty income from expected 2022 results is budgeted for 2023. The Editorial Stipend revenue provide by Sage remains unchanged.
- Approval of the 2023 budgets also includes approval of the 2024 dues and subscription rates.

**Motion 9:** That the AADOCR Council approves the 2023 AADOCR and Joint IADR/ AADOCR Budgets.

Motioned: Malgorzata Klukowska

Seconded: John Mitchell

The motion passed with 50 yays and 1 nay.

#### 4.2. 2027 AADOCR/CADR Annual Meeting Site Selection

Dr. Nör thoroughly reviewed the 2027 AADOCR/ CADR Annual Meeting site selection materials and noted that the Board reviewed several cities against the 11 criteria presented and selected Minneapolis, Minnesota based on the expenses to the Association as well as the cost to our delegates.

**Motion 10:** That the 2027 AADOCR/CADR Annual Meeting be held in Minneapolis, Minnesota, USA, March 17-20, 2027.

Motioned: Malgorzata Klukowska

Seconded: Jeffrey Stansbury

The motion passed with 47 yays, 2 nays and 2 abstentions.

#### 4.3. JDR Editor-in-Chief Report

Dr. Jakubovics thoroughly reviewed his report which is included in the manual, especially highlighting the following:

- In the most recent metrics, published in June 2022, the *JDR* achieved an outstanding highest ever 2-year Impact Factor of 8.924. The journal remains #1/92 journals in Dentistry, Oral Surgery & Medicine for the most recent Eigenfactor Score at 0.01570 and in total citations at 27,593. These metrics demonstrate the continued strength of the journal in terms of both the average citation rate per paper and the overall influence on the field.

#### 4.4. JDR CTR Editor-in-Chief's Report

Dr. Feine thoroughly reviewed her report which is included in the manual, especially highlighting the following:

- The journal is now 8 years old.
- The journal is working hard to reduce the time from submission to decision through increasing our Editorial Advisory Board from 28 to 42 members and engaging new reviewers to increase the number of new, qualified reviewers. The *JDR CTR* is also applying even stricter standards regarding what will be sent for review.

## 5. MEMBER/STAKEHOLDER RELATIONS COMMITTEE (MSRC)

### 5.1. AADOCR Electronic Nicotine Delivery Systems Position Statement

Dr. Ioannidou reviewed the process and statement presented in the materials.

**Motion 11:** That the AADOCR Electronic Nicotine Delivery Systems Position Statement be approved by the AADOCR Council as submitted.

Motioned: Evie Lalla

Seconded: Daniel McNeil

The motion passed unanimously.

### 5.2. AADOCR Tobacco Position Statement

Dr. Ioannidou reviewed the process and statement presented in the materials.

**Motion 12:** That the AADOCR Tobacco Position Statement be approved by the AADOCR Council as submitted.

Motioned: Estevan Fernando

Seconded: Ramiro Murata

The motion passed unanimously.

### 5.3. AADOCR Committee of Diversity and Inclusion Update

Dr. Ioannidou encouraged Councilors to review the report included in the manual.

### 5.4. Government Affairs and Science Policy Update

Dr. Ioannidou encouraged Councilors to review the report included in the manual.

### 5.5. AADOCR Friends of NIDCR Update

Dr. Ioannidou encouraged Councilors to review the report included in the manual.

### 5.6. NSRG Update

Dr. Ioannidou encouraged Councilors to review the report included in the manual.

## 6. In Memoriam

Dr. Weintraub led Council members in observing a moment of silence in honor of AADOCR members who have passed during the preceding year.

There being no further business, the meeting was adjourned at 5:01 p.m.

# Appendix I — President’s Inaugural Address, Editor’s Report and Chief Executive Officer’s Report

**Alexandre R. Vieira**  
University of Pittsburgh, PA

**AADOOCR Presidential Address by Alexandre Vieira at the 52<sup>nd</sup> Annual Meeting of the AADOOCR/CADR**



Thank you, Jane, for the introduction. My dear AADOOCR colleagues in the audience, good evening.

It is my privilege to serve you as the next AADOOCR president. I have much to thank AADOOCR. In my beginnings, I was torn by my work in 2 disciplines. It was my conscious decision to focus on AADOOCR rather than human genetics, the main discipline of my mentor, as a platform for my independent research career. It was the best thing I did. At a time when universities had just decided a few years earlier to expand their research capabilities, build new research towers, and hire new faculty, funding from NIH was much harder to get, and those research towers were empty. It was the visibility of being here at the AADOOCR annual meetings bringing my students and presenting our data, and publishing portions of these data eventually at the *Journal of Dental Research*, that facilitated us obtaining funding and a successful outcome in my tenure track trajectory.

We have an important role to play at this moment. Science and scientists are facing what is their biggest challenge since medieval times and the Dark Ages. Social media has amplified self-validation sentiments and feelings, and best practices and policy continue to be suggested, not based on the best evidence, but based on sometimes centuries-old cultural and social constructs, or misguided information (Editorial Nature Cell Biology 2018; National Academies of Sciences, Engineering and Medicine 2023). The good news is that there is an emerging reaction from various sectors of government with the goal of combating misinformation (National Science Foundation 2023; North Carolina State Board of Elections 2023; United States Government 2023).

Science and scientific discovery have a different pace, which does not match the pace of the world. The world runs at a faster pace. The relevance of science has been questioned more often lately. The amount of information has increased dramatically, and no one can keep up with it. Ethical behavior by us scientists and scholars has been more necessary than ever (Nath 2021).

Science as a career has become more challenging (Woolston 2021). Grants are difficult to get. The way the system works, those awards tend to go to the best-written grants, although we would like to think they are going to the best science. Conservatism and

incremental but safe gain are favored in contrast to innovation and high-risk ideas. And we are yet to be able to fully tap into industry support, which holds two-thirds of the support available for research in this country. Peer review of those grants is a problematic process, but we are yet to suggest a better system. Modern approaches used in marketing and engineering like spoken pitches appear to be promising but are open to the same issues of unconscious bias, just maybe different ones.

On the other hand, scientific discovery is exciting, and this is an exciting time to be involved in research endeavors. This is an exciting time not only for science and engineering but for the humanities (Barilan and Sharon 2001; Rabinowitz 2021).

And I could go on and on over other challenges that involve the need for equity, diversity, support for women’s autonomy on their reproductive health, safety of our children in households where guns exist, the use of natural resources and the notion they are there to be explored indiscriminately, the unbased notion humans are more important than all other living beings, and the misguided notion that humans have multiple races (we are all from the same and one species).

We need to bring these conversations to the forefront of our daily activities; they are part of our science, our advocacy, our lives. I urge you to play this role of speaking up against misinformation. To position yourself when facing discrimination. To ask for evidence, and not personal belief systems, to be used to define policy and best practices. Being quiet became unacceptable. We have to respond; we scientists and scholars have to learn to speak clearly and effectively and respond to those challenges.

Welcome to Portland, have a safe and enjoyable meeting.

## Author Contributions

A.R.Vieira, contributed to conception or design, data acquisition, analysis, or interpretation, drafted and critically revised the manuscript. The author gave final approval and agrees to be accountable for all aspects of the work..

## Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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**Editor’s Report for the *Journal of Dental Research*, 2023** (See page 11)

**Editor’s Report for the *JDR Clinical & Translational Research*, 2023** (See page 15)

## Chief Executive Officer's Report

### OVERVIEW

The 52<sup>nd</sup> Annual Meeting of the AADOCR was held in conjunction with the 47<sup>th</sup> Annual Meeting of the CADR on March 15-18, 2022. The event provided dental, oral, and craniofacial health scientists with the opportunity to present, discuss, and critique their latest and most cutting-edge research at a 100% in-person gathering in Portland, Oregon.



The meeting was attended by 2,054 total delegates representing 40 different countries. Those in attendance attending the meeting could choose from among 1,132 Interactive Talk presentations, 3 Focused Learning Sessions, 9 Hands-on Workshops, 3 Satellite Symposia, 39 Symposia, and three Distinguished Lecture Series plenary sessions. Delegates also had the opportunity to visit the exhibit hall, which had 47 exhibitor booths.

The 2023 Distinguished Lecture Series speakers were: Julie Posselt, University of Southern California, Los Angeles, CA, speaking on “Equity in Science: Representation, Culture, and the Dynamics of Change,” Shoukhrat Mitalipov, Oregon Health & Science University, Portland, OR, speaking on “Gene and Cell Therapy in Reproductive Medicine,” and Brian J. Druker, OHSU Knight Cancer Institute, Portland, OR, speaking on “Imatinib as a Paradigm off Targeted Cancer Therapies.”

### AADOCR Meeting Within a Meeting: Aging and Oral Health Research

As part of the AADOCR science-first initiative to bring new opportunities for membership, professional development, and program growth, AADOCR presented its second Meeting within a Meeting (MwM) featuring cutting-edge presentations on the biology and social aspects of aging, and how aging affects health and disease.

The first session gave delegates a broad overview of current geroscience research about the biologic mechanisms of aging and how they impact oral diseases. The second session provided a

holistic overview of the social and behavioral aspects of aging, including nutrition and cognitive decline, and the relationships with oral disease. The third and final session focused on research and training needed to improve the delivery of oral health care for aging populations.

### NIDCR Celebrates 75 Years

A symposium to kick off the year-long celebration of the 75<sup>th</sup> Anniversary of the National Institute of Dental and Craniofacial Research (NIDCR) was featured on Friday, March 17. The symposium included a brief history of the founding of NIDCR and its early activities, followed by reflections of the former directors, Harold C. Slavkin, Lawrence A. Tabak and Martha J. Somerman, who provided their thoughts and insights into the challenges and advances made during the time of their directorships, along with the prospects for the future of the Institute. The current director, Rena D’Souza, also provided remarks on how the scientific strides made during the first 75 years has positioned the institute for further advances in the next 25 years.

### AADOCR WEBINARS & CONTINUING EDUCATION

The [IADR Webinar & CE On Demand Library](#) allows users to participate in upcoming live webinars and view the growing list of webinars on demand.

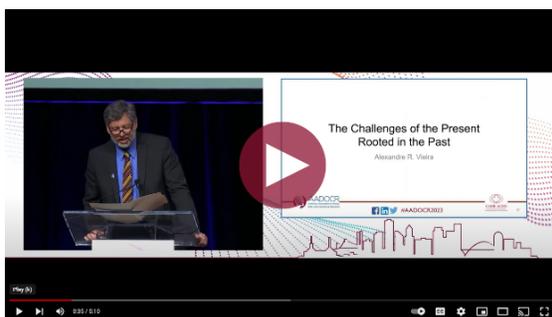


To help expand our content, IADR and AADOCR created a [webinar proposal submission](#) webpage where members can submit a webinar proposal for consideration. Webinar proposals are subject to review and approval by the appropriate IADR or AADOCR committee.

### 2023 AADOCR/CADR Annual Meeting Recordings (bundle)

Recordings from the 52<sup>nd</sup> Annual Meeting & Exhibition of the AADOCR, which was held in conjunction with the 47<sup>th</sup> Annual Meeting of the CADR on March 15-18, 2023, are now online in the [IADR Webinar & CE On Demand library](#).

### AADOCR President's Inaugural Address



Alexandre Vieira was installed as AADOCR's 52<sup>nd</sup> President at the conclusion of the 2023 AADOCR/CADR Annual Meeting. View his inaugural address, “The Challenges of the Present Rooted in the Past.”

### AADOCR Awards Presentations



View the 2023 awards that were announced during the Opening Ceremonies of the 2023 AADOCR/CADR Annual Meeting. Congratulations to all the winners!

IADR members can view presentations and slides from three Distinguished Lecture Series speakers and 39 symposia. At the conclusion of each recorded session a brief quiz may be completed for ADA CERP credit. A maximum of 28 Continuing Education hours are available from the Annual Meeting.

### AADO CR MIND THE FUTURE

In September, AADO CR announced the program participants (mentees) for the [fourth cohort](#) of the AADO CR Mentoring an Inclusive Network for a Diverse Workforce of the Future (AADO CR MIND the Future).

#### AADO CR Welcomes MIND the Future 2023-24 Class of Mentees

Ten mentees were selected after a rigorous review process:

**Shaun Abrams**

NIH/NIDCR, Bethesda, MD  
*Craniofacial development, anomalies, stem cell biology*

**Jean Calvo**

University of California, San Francisco  
*Pediatric dentistry, dental education, patient safety, individuals with special needs*

**Louise M. Dornelas-Figueira**

University of Florida, Gainesville  
*Oral Biology, microbiology, clinical and translational research*

**Christina Graves**

University of North Carolina at Chapel Hill  
*Mucosal immunology, stress biology, neuroimmunology, host-environment interactions*

**Kimberly Jasmer**

University of Missouri-Columbia  
*Salivary gland dysfunction, Sjögren's Disease, xerostomia, autoimmunity, immunology*

**Isha Mutreja**

University of Minnesota, Minneapolis  
*Biomaterials, tissue engineering, anti-infective materials*

**Mariana Reis-Havlat**

University of Illinois at Chicago  
*Cementum, aging, periodontics, collagen, biomechanics, protein biology*

**Mauricio Sousa**

Oregon Health & Science University, Portland  
*Organs on a chip, tissue engineering, oral biology, bone biology, biomaterials*

**Caroline Szczepanski**

Michigan State University, East Lansing  
*Dental materials, polymer engineering, adhesive technology, coatings, and interfaces*

**Yan Wang**

University of California, Los Angeles  
*Oral microbiome, pediatric oral health, oral health and HIV, oral health disparities*

The participating mentors assigned to Cohort 4 are:

Marcela Carrilho – Midwestern University, Illinois

David Drake – University of Iowa, Iowa City

Jeffrey Ebersole – University of Nevada, Las Vegas

Margherita Fontana – University of Michigan, Ann Arbor

Jill Kramer – University at Buffalo, New York

Yu Leo Lei – University of Michigan, Ann Arbor

Ariadne Letra – University of Pittsburgh, Pennsylvania

Alireza Moshaverinia – University of California, Los Angeles

Carmem Pfeifer – Oregon Health & Science University, Portland

Reginald Taylor – Texas A&M University, Dallas

In 2020, AADO CR was awarded a five-year grant of more than \$1.3 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse Dental, Oral and Craniofacial Research Workforce. The grant project dates are March 2020 through February 2025 (Grant No. 5UE5DE029439). Principal Investigators for the grant are AADO CR's CEO Dr. Dr. Christopher H. Fox, Dr. David Drake, Professor of Microbiology, University of Iowa and the Iowa Institute for Oral Health Research, and Dr. Effie Ioannidou, Department Chair of Orofacial Sciences, University of California, San Francisco School of Dentistry. The NIDCR program partner is Dr. Anissa Brown, Chief, Research Training and Career Development Program.

The primary goal of this NIDCR-funded program is to establish a mentoring network that will support a diverse pool of early career investigators, including individuals from diverse backgrounds (e.g., see Notice of NIH's Interest in Diversity), in developing independent research careers dedicated to improving dental, oral and craniofacial health.

### SCIENCE POLICY UPDATE

#### AADO CR Policy Statement on Tobacco

AADO CR recognizes that tobacco use is one of the largest public health threats in the world. Based on the volume of scientific evidence demonstrating the adverse health effects of tobacco consumption, in 2023 the AADO CR Board approved a policy statement regarding tobacco that issued the following recommendations:

- AADO CR opposes the use of all forms of tobacco.** Subsequently, the public should be educated on the health and financial costs of tobacco use. Increased attention and resources should be devoted to prevention of tobacco use among children and adolescents, routine screening for tobacco use, treatment of tobacco dependence, and further quality research on this topic. It is incumbent on the health care community to reduce the burden of tobacco-related morbidity and mortality by supporting preventive measures, educating the public about the risks of tobacco, screening for tobacco use and nicotine dependence, and incorporating evidence-based approaches to tobacco use intervention into clinical practice.

- 2. AADOOCR welcomes continued research** to elucidate further the health effects of using established tobacco products and newly emerging tobacco-derived products and exposure to their emissions; identify the biological mechanisms, behavioral patterns, and relative risks involved in producing those health effects; and develop and evaluate effective methods for prevention and cessation.
- 3. AADOOCR supports collaboration with other organizations**, healthcare providers, and institutions to inform the public of tobacco-related research findings and to advocate for appropriate public policy.
- 4. AADOOCR supports national, state, and local legislation that eliminates tobacco advertising, promotions, and sales that appeal to or influence children and adolescents.** Additionally, AADOOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking in public places. In choosing meeting sites, AADOOCR gives preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces.

### Electronic Nicotine Delivery Systems

AADOOCR acknowledges the rising public health concerns associated with electronic nicotine delivery systems (ENDS). Nicotine is the main psychoactive, chemically addictive component in tobacco and nicotine replacement therapy in various forms (gums, lozenges, and patches) has been used as smoking cessation tools for decades. As ENDS are a relatively new technology, the AADOOCR encourages a comprehensive, measured, and deliberative approach to the consideration of the most recent high-quality, evidence-based research prior to the implementation of public policy. As such, in 2023, the AADOOCR Board approved an official statement on ENDS that included the following recommendations:

- 1. The AADOOCR opposes promoting the use of ENDS products.** Efforts should be made to educate the public on the current evidence-based research regarding ENDS, the potential health problems of ENDS use, and the prevention of ENDS use among children and adolescents.
- 2. AADOOCR welcomes continued research** to elucidate further the health effects of ENDS use as well as the health effects upon non-users exposed to exhaled aerosols. Additionally, research regarding the use of ENDS as a smoking cessation strategy should be a priority.
- 3. AADOOCR supports collaboration with other organizations**, healthcare providers, and institutions to inform the public of ENDS-related research findings and to advocate for appropriate public policy.
- 4. AADOOCR supports national, state, and local legislation that eliminates ENDS advertising, promotions, and sales that appeal to or influence children and adolescents.** Additionally, AADOOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking, including vaping, in public places.

AADOOCR will continue to thoroughly review the scientific literature regarding ENDS and updates to this position statement will be made as supported by the literature.

## COMMITTEE ON DIVERSITY AND INCLUSION

### AADOOCR Joins Oral Health Research Workforce K-12 Pathway Task Force

The National Institute of Dental and Craniofacial Research (NIDCR) has stood up a task force that will work to expand the oral health research workforce pathway at the K-12 level. Through a collective re-envisioning of the oral health research workforce pathway, the Task Force will focus on SMART (specific, measurable, achievable, relevant and time-bound) goals, action steps and milestones to increase the diversity of the dental, oral, and craniofacial research workforce. The task force is currently comprised of members of the American Dental Association, American Dental Education Association, Diverse Dental Society, Hispanic Dental Association, National Dental Association and the Society of American Indian Dentists.

### AADOOCR Celebrates History / Heritage Months

To commemorate history/heritage months and to amplify and celebrate the diversity within the AADOOCR Community, the Committee on Diversity and Inclusion (CDI) hailed the achievements and contributions of the African American, Asian American and Pacific Islander, Lesbian, Gay, Bisexual, Transgender, and Queer, Hispanic American, and Native American and Alaska Native communities to the dental, oral, and craniofacial research field. The CDI shared a list of organizations that champion these underrepresented groups with several specific to academic advancement.

## GOVERNMENT AFFAIRS UPDATE

### MIND the Future Mentee Becomes First Dentist Ever Selected as White House Fellow

AADOOCR MIND the Future Mentee Jacqueline Burgette was selected as one of 15 individuals to serve as a White House Fellow. She graduated in 2010 from the Harvard School of Dental Medicine and earned a doctorate in health policy and management from the University of North Carolina at Chapel Hill Adams School of Dentistry in 2016. She is a diplomate with the American Board of Pediatric Dentistry and an Assistant Professor at the University of Pittsburgh School of Dental Medicine. White House Fellows are chosen from a rigorous selection process and bring experience from across the country and from a broad cross-section of professions, including from the private sector, local government, academia, the non-profit sector, medicine, law, and the armed forces. Burgette applied to become a White House Fellow with the primary aim of serving her country and furthering her interests in policymaking. She is the first dentist to ever be selected into the program.

### Fiscal Year 2023 Appropriations

In the final days of 2022, Congress passed and President Biden signed into law a bipartisan \$1.7 trillion “Omnibus” or government funding bill that keeps government operations

funded through September 2023. The Omnibus legislation provided much needed funding increases for NIH (+5.6%), NIDCR (+3.8%), ARPA-H (+50%), CDC's Division of Oral Health (+2.5%), and HRSA's Title VII Oral Health Training programs (+4.9%), among other essential research and science agencies. The spending package represented a major step forward in advancing the foundational science necessary to improve the oral and overall health of the nation, and ensure a talented, well-prepared, and diverse workforce.

### **2023 AADOCR/FNIDCR/ADEA Advocacy Day**

In March, AADOCR joined forces with the Friends of the National Institute of Dental and Craniofacial Research (FNIDCR) and the American Dental Education Association (ADEA) for the 2023 Advocacy Day on Capitol Hill. The event brought together dental educators; researchers; students; and patient advocates to the nation's capital to meet directly with federal policymakers, raise the visibility of oral health, and promote the value of DOC research within various federal agencies.

### **World Health Day**

AADOCR contributed to a Congressional Proclamation authored by Sen. Ben Cardin (D-MD) recognizing World Oral Health Day on March 20. The resolution, endorsed by AADOCR, calls for the U.S. to prioritize the prevention and control of oral disease and address disparities in oral health outcomes. AADOCR worked with the Senator's staff to add language that recognizes the important role research plays in advancing oral health, risk factors impacting oral disease, and recent statements by global institutions affirming the connection between oral health and overall health.

### **2023 Gert Quigley Fellowship Winner**

In April, AADOCR announced Maryam Baldawi as the 2023 AADOCR Gert Quigley Government Affairs Fellow. The Gert Quigley Fellowship is designed to familiarize graduate-level students with the federal legislative process in the context of dental, oral, and craniofacial research and the oral health care delivery system. As part of the Fellowship, Baldawi completed a short work stay at AADOCR headquarters in Alexandria, VA. She will serve a one-year term as a voting member of AADOCR's Government Affairs Committee and as the government affairs liaison to the AADOCR National Student Research Group (NSRG).

### **Congressional Hearing on Oral Health**

On March 29, the Senate Finance Health Care Subcommittee, chaired by Senator Ben Cardin (D-MD), hosted a congressional hearing titled "[An Oral Health Crisis: Identifying and Addressing Health Disparities](#)", which highlighted the importance of oral health and enhanced access to oral health care particularly in underserved communities. AADOCR submitted a [statement](#) to the subcommittee making the case for Medicare and Medicaid coverage of dental care.

### **Military Dental Research**

AADOCR partnered with ADA on a [letter](#) to the House Defense Appropriations Subcommittee requesting \$12 million in appropriations for Military Dental Research (MDR) in Fiscal Year 2024. The MDR program, funded at \$10 million in FY 2023,

supports research at the San Antonio Military Medical Center's Joint Center of Excellence for Battlefield Health and Trauma at Fort Sam Houston. The research focuses on the reconstruction and restoration of the function of craniofacial tissues and structures.

### **Fiscal Year 2024 Appropriations**

Following an agreement reached in June by Congress and the Biden Administration to lift the federal debt ceiling, Congress began drafting appropriations bills for Fiscal Year 2024 that loosely reflected the spending limits agreed to in the bipartisan agreement. As a starting point, Senate appropriators advanced legislation that would cut the Labor-HHS department, which funds the NIH and most health and dental programs, by \$12 billion. House appropriators proposed slashing the department by \$60 billion in FY24. AADOCR strongly rejects budgetary spending caps that severely hinder scientific and medical research, and in a [joint letter](#) with the Friends of the NIDCR urged appropriators to prioritize funding for NIH and NIDCR.

### **New CDC Director Sworn In**

On July 10, Mandy Cohen, MD was sworn in as the new director of the Centers for Disease Control and Prevention (CDC). The former North Carolina Department of Health and Human Services Secretary succeeds Dr. Rochelle Walensky who departed the agency at the end of June. AADOCR applauded Dr. Cohen's [appointment](#) and in July sent her a [congratulatory letter](#) expressing an interest in working with her to support state health departments that provide access to oral disease preventive services, community water fluoridation, and school-based dental sealant programs to help reduce inequalities in oral health.

### **White House Outlines Research Priorities for Fiscal Year 2025**

On August 17, the Biden administration released its annual memo to inform federal science agencies of its [Multi-Agency Research and Development \(R&D\) priorities for the fiscal year 2025 budget](#).

The memo, issued by White House Office of Science and Technology Policy (OSTP) Director Arati Prabhakar and Office of Management and Budget (OMB) Director Shalanda D. Young, maintains the administration's commitment to investing in R&D with the goals of achieving better health outcomes, bolstering the STEM workforce, tackling climate change, and improving health equity and inclusivity.

The document also reiterated the administration's commitment to reducing barriers and inequities through its investment in R&D. It instructs agencies to "support workforce development...with an emphasis on emerging research institutions and historically underserved communities."

### **Senate Committee Approves AADOCR Report Language**

In August, the Senate Appropriations Committee passed, on a bipartisan vote of 26-2, the Fiscal Year (FY) 2024 Labor, Health and Human Services appropriations bill. The measure included an accompanying report (S. Rept. 118-84) with language that AADOCR wrote to encourage federal investment in NIDCR

## Appendix I (continued)

research (pgs. 96-97). The report utilized language from the dental community letter we sent to lawmakers in April as well as a segment on the medical necessity of oral healthcare that Sen. Ben Cardin (D-MD) requested our assistance with and successfully inserted into the report.

### AADOCR Participates in Coalition Hill Days

In September, AADOCR staff participated in three Capitol Hill Advocacy Days organized by coalition groups supported by the Association:

- September 14 – The Rally for Medical Research Hill Day brought together nearly 300 participants from 120 scientific societies and patient advocacy organizations to convey to Congress the need for robust and sustained support for medical research at the NIH.
- September 19 – A coalition of 70 organizations that support the *Ensuring Lasting Smiles Act* gathered on Capitol Hill and met with federal legislators to urge them to support bipartisan legislation that would require health insurance plans to provide full coverage for medical services related to the diagnosis and treatment of congenital anomalies and birth defects.
- September 26 – The Coalition for Health Funding, an alliance of organizations representing 100 million patients, health providers, professionals, and researchers coalesced members on Capitol Hill to urge Congress to invest in our nation's public health agencies and programs and shared the detrimental effects of a government shutdown on medical research and patients.

### Bill Introduced to Expand Dental Care Access

AADOCR endorsed legislation that was introduced on September 12 to expand access to private dental coverage for millions of Americans. The *Increasing Access to Dental Insurance Act* (S. 2771), sponsored by Senators Maggie Hassan (D-NH) and Roger Marshall (R-KS), would allow consumers in the 32 states without a state-run health insurance marketplace to purchase a stand-alone dental plan on the federal marketplace.

### Primary Care and Health Workforce Legislation

The Senate HELP Committee advanced the *Bipartisan Primary Care and Health Workforce Act* (S. 2840), legislation to improve and expand primary care and address the healthcare workforce shortages. The legislation, introduced by Senators Bernie Sanders (I-VT) and Roger Marshall (R-KS), contains numerous provisions that would positively impact oral health care in underserved areas, support dental education and training, and expand the dental workforce. Notably, it reauthorizes the *Action for Dental Health Act*, which reauthorizes and expands a federal grant program that helps states increase their oral health workforce and provide needed dental care, and it provides a one-time allocation of \$3 billion to be used to establish dental operatories so that community health centers can expand their oral health care services.

## AADOCR DIVERSITY INITIATIVES

### Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders



On Wednesday, March 15, AADOCR's Committee on Diversity and Inclusion (CDI) hosted a Symposium Session reflecting the need to emphasize diversity in the dental, oral, and craniofacial research space. The symposium, "Diversity Matters: Advancing Dental, Oral, and Craniofacial Research Leaders," took a step forward towards establishing an equitable and civil culture within the dental research enterprise and reducing barriers to racial equity in the dental research workforce. It specifically supported undergraduate, dental, and graduate students within underrepresented populations to build peer networks and establish novel mentoring relationships. It featured presentations by Sylvia A. Frazier-Bowers of the University of Indiana, Effie Ioannidou of the University of Connecticut, Keith A. Mays of



## Appendix I (continued)

the University of Minnesota, and Marcia Sampaio Campos of the University of Michigan.

The CDI will continue to engage these students as they navigate their academic careers supporting their skillset development, knowledge acquisition, confidence building and cultural competence.

### AADOOCR Statement on Restriction of Affirmative Action Programs

AADOOCR was deeply disappointed by the Supreme Court decision to strike down affirmative action programs at the University of North Carolina and Harvard University. For generations of deserving students who had been systematically excluded from America's key institutions, affirmative action provided an opportunity to access respected institutions and addressed their sense of belonging. AADOOCR's concern is that rolling back protections for people in marginalized communities across this country will have devastating impacts on the diversity of the biomedical research workforce. A workforce that already struggles to be diverse and faces deep challenges with inclusivity and access, despite studies demonstrating that diversity enhances scientific collaboration and creativity. Read the [full statement](#).

### AADOOCR/Procter & Gamble Underrepresented Faculty Research Fellowship

Gina Roque-Torres, Loma Linda University, CA, received the 2023 [AADOOCR/Procter & Gamble Underrepresented Faculty Research Fellowship](#). The \$10,000 award is aimed at supporting researchers from underrepresented racial and ethnic groups at the early stages of their scientific careers and to increase representation of these underrepresented groups at the faculty level in science and academia. The CDI was again pleased with the number and quality of applicants and looks forward to reviewing applications for 2024.



### AADOOCR Anne D. Haffajee Fellowship

Caroline Sawicki, New York University, NY, received the 2023 AADOOCR **Anne D. Haffajee Fellowship**. The \$10,000 Fellowship was created in recognition of Dr. Anne D. Haffajee's many contributions to clinical research in Periodontology and Oral Biology and her prominence as a female leader and role model in the field. The immediate goal of this fellowship is to support women researchers at the early stages of their scientific careers. The long-term objective of this fellowship is to increase the representation of women at the higher ranks in science and academia in the field of Oral Biology.



## AADOOCR FELLOWS PROGRAM

This year AADOOCR installed its eighth class of AADOOCR Fellows. [The AADOOCR Fellows Program](#) is designed to recognize leaders of AADOOCR and individuals who have served AADOOCR in various ways throughout their careers and is open to active AADOOCR members.

### 2023 Fellows:

- Grace De Souza, University of Louisville, KY
- Raul Garcia, Boston University, MA
- Chung How Kau, University of Alabama at Birmingham
- Binnaz Leblebicioglu, The Ohio State University, Columbus
- Spiro J. Megremis, American Dental Association, Chicago, IL
- David Scott, University of Louisville, KY
- Tamanna Tiwari, University of Colorado, Aurora

Applicants who are accepted into the AADOOCR Fellows Program receive the following benefits upon induction: recognition at AADOOCR Annual Meeting Opening Ceremonies, recognition in AADOOCR *Science Advocate*, an AADOOCR Fellows Program lapel pin, and opportunities to network with other Fellows at the Fellows Lounge at the AADOOCR Annual Meeting. Twenty-four AADOOCR Fellows were accepted in the inaugural class of 2016, 19 for 2017, three for 2018, 11 in 2019, five in 2020, 20 in 2021, five for 2022, and seven for 2023.

## PUBLICATIONS

### Journal of Dental Research (JDR) Announces New Impact Factor

In June, IADR/AADOOCR announced the *Journal of Dental Research (JDR)* 2-Year Journal Impact Factor™ is now 7.6, ranking it #3 of 91 journals in the “Dentistry, Oral Surgery & Medicine” category.

The *JDR* 5-year Journal Impact Factor™ is also 7.6, with an Immediacy Index of 1.1 and an article Influence score of 1.638. The *JDR* once again ranked #1 of 91 journals in total citations, with a total of 25,849 in 2022, and ranked #3 in Eigenfactor with a score of 0.01345. The 2-year Journal Impact Factor™ is defined as citations to the journal in the *Journal Citation Reports*™ (Clarivate™, 2023) year to items published in the previous two years, divided by the total number of scholarly items, also known as citable items, including articles and reviews published in the journal in the previous two years.

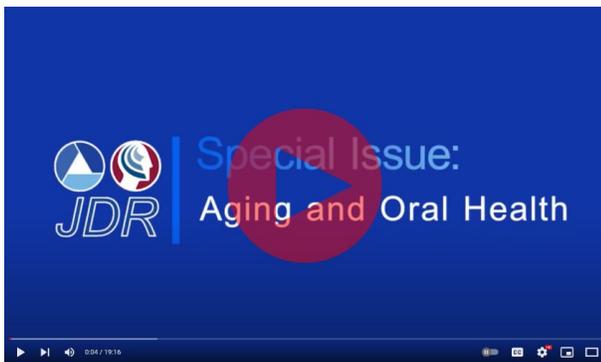


### Journal of Dental Research Publishes Special Issue on Aging and Oral Health

In July, IADR/AADOOCR announced the publication of a Special Issue of the *Journal of Dental Research (JDR)* entitled, “**Aging and Oral Health.**” The issue featured Bei Wu, New York University, USA and Ana Paula Vieira Colombo, Federal University of Rio de Janeiro, Brazil as Guest Editors. The *JDR* special issue, “Aging and Oral Health” covers numerous topics related to new advances in the biological mechanisms underpinning aging and the role of oral health in age-related conditions such as cognitive decline. It also explores novel ideas for improving oral health care in the population as a means for promoting general health in older people.

[View the press release.](#)

### Video Discussion: Special JDR Issue on Aging and Oral Health



JDR Associate Editor Ana Paula Colombo, Ruben Aquino-Martinez of the University of Wisconsin, Madison, JDR Guest Editor Bei Wu, and AADOCR Past President Jane Weintraub hosted a webinar in September to talk about some of the important issues covered in the recent JDR Special Issue on Aging and Oral Health. [Watch the video.](#)

### Call for Papers: JDR Special Issue

The *Journal of Dental Research* is excited to announce the publication of a special issue in 2024 highlighting innovations and applications of advanced imaging techniques for the benefit of dental, oral, and craniofacial health. The guest editors are Dana Graves, Professor of Periodontics and Vice Dean, University of Pennsylvania School of Dental Medicine, and Sergio Uribe, Associate Professor and Lead Researcher, Department of Conservative Dentistry and Oral Health, Riga Stradiņš University, Latvia. The submission deadline is February 28, 2024.

### JDR Clinical & Translational Research Receives First Ever Impact Factor™

In June, IADR/AADOCR announced that the *JDR Clinical & Translational Research* (JDR CTR) had received its first Journal Impact Factor™. JDR CTR earned a Journal Impact Factor of 3.0, with an Eigenfactor™ of 0.00148, an Immediacy Index of 0.5, and 786 total citations in 2022. This represents a significant achievement and a huge milestone in JDR CTR's history, which was launched in 2016. This year for the first time, all Web of Science Core Collection™ journals that passed the rigorous Web of Science quality criteria and were accepted before January 1, 2023, were eligible to receive an Impact Factor. By expanding the JIF to the Arts and Humanities Citation Index™ (AHCI) and the multidisciplinary Emerging Sources Citation Index™ (ESCI), more than 9,000 journals from more than 3,000 publishers now have a JIF for the first time. This indicator helps the scholarly community more easily identify trustworthy, high-quality journals that have been selected by the Web of Science editorial team. Selection is only granted to journals that have met the high-quality criteria applied on evaluation, with only 15% of journals evaluated passing this bar.

[View the press release.](#)

### JDR CTR Welcomes New Associate Editor

In July, JDR CTR welcomed the arrival of Vanessa Muirhead as its new Associate Editor. Muirhead is a Clinical Reader in Dental Public Health at Queen Mary of University of London (QMUL), UK. She gained a first-class Bachelor of Science (BSc) honors degree in Experimental Pathology and a bachelor's degree in dental surgery (BDS) at QMUL. After working as a community dentist across England, she completed a master's degree with Distinction in Dental Public Health before being awarded an international fellowship at the University of Toronto, Canada to complete her PhD. She is a specialist in Dental Public Health registered with the UK General Dental Council. She is currently the Program Director of the Master's Degree in Dental Public Health, Policy, and Leadership course at QMUL.



[View the press release.](#)

### New Issue of *Advances in Dental Research* Offers a Comprehensive Analysis of Aging and Oral Health Research

The *Journal of Dental Research* (JDR) is excited to announce the publication of a new issue of *Advances in Dental Research* (ADR), a supplement to the *Journal of Dental Research* (JDR), entitled, "Geroscience: Aging and Oral Health Research." The 2023 Annual Meeting of the American Association for Dental, Oral, and Craniofacial Research and the Canadian Association for Dental Research featured a three-day "Meeting Within a Meeting" on the topic of "Geroscience: Aging and Oral Health Research," organized by AADOCR past president Jane Weintraub. These sessions are summarized in the upcoming issue of ADR. *Advances in Dental Research* is an online supplement to the JDR. A subscription to JDR grants access to the articles in ADR. This journal is a member of the Committee on Publication Ethics.

[View the press release.](#)

### MEMBERSHIP

As of November 1, 2023, AADOCR had 2,871 members, representing 34% of the IADR membership of 8,541 members. This represents a 9% increase from 2021. Factors contributing to this increase may include the return to the United States for the 2024 IADR/AADOCR/CADR General Session in New Orleans, the ability to conduct research more easily than in previous pandemic years, greater willingness to travel, confidence in the viability of in-person meetings, and an oversaturation of virtual events.

AADOCR continues to work with other association partners, such as ADA, ADEA, HDA, and NDA to promote IADR/AADOCR membership. The GHQ also continues to work with AADOCR Section leadership as well as IADR Scientific Groups and Networks to assist with retaining and attracting new members. New member benefits such as the IADR Community

## Appendix I (continued)

and the AADOCR microsite discussion boards are enhancing the value of membership. As of November 2023, AADOCR had 9 Corporate Section members and 110 Institutional Section members.

Continuing from 2015, complimentary membership in one of the 35 IADR Scientific Groups and Networks is included as an IADR membership benefit. Participation in IADR Scientific Groups and Networks will enhance the overall membership experience. Members can join Scientific Groups or Networks beyond the included one for an additional fee. Students continue to receive up to three IADR Scientific Group or Network memberships as part of their dues.

### AADOCR Ambassador Program

As part of AADOCR's Science First initiative, the AADOCR Ambassador Program is a group of highly-motivated members who help attract new investigators, particularly those funded by NIDCR, as well as authors, students, and other professionals engaged in DOC research. Calls for members to become AADOCR Ambassadors by recommending their colleagues for membership are made several times throughout the year.

### NIDCR-funded Investigators

To increase our visibility and increase the pool of potential future members, AADOCR offers a limited number of complimentary members exclusively to eligible recipients of NIDCR-funded DOC research grants. To be eligible, a recipient of NIDCR funding cannot have been a member of AADOCR in the five years prior to receiving funding.

## MARKETING & COMMUNICATIONS

AADOCR will engage its current and prospective members via its website, marketing automation & email blast platform (Real Magnet), the *Science Advocate* monthly newsletter, targeted digital advertising (Feathr), webinar library, social media channels (Twitter, LinkedIn, Facebook, YouTube, Instagram, and Threads), and our online community. IADR/AADOCR emails have shown consistently strong performance throughout the year. As of November 2023, the average open rate for all emails sent to groups of more than 100 members was 52.3%, up from 50.6% in 2022 and well above the 25-35% [industry average](#) for Nonprofits. The average clickthrough rate for our emails in 2023 is 4.93%, also far above the industry average.

### IADR Online Community

The [IADR Online Community](#) allows IADR/AADOCR members to engage with other members throughout the year. Members can discuss hot topics, share insights, and post resources while building their worldwide professional network. One of the features of the Online Community is the Ask Me Anything (AMA) events.

AMA is a live, one-hour virtual event where members can interact through online discussion with an expert in dental, oral, and craniofacial research. Members submit questions on a discussion thread and their questions are answered during a live discussion.

2023 AMA events included:

- Bei Wu, Vice Dean for Research, Rory Meyers College of Nursing, New York University, USA, on Geriatric Oral Health Research on April 6, 2023

 IADR COMMUNITY

### ASK ME ANYTHING (AMA)



**TOPIC:** Geriatric Oral Health Research  
**DATE:** April 6, 2023 at 1 p.m. EDT (UTC-04:00)  
**WHERE:** IADR Community Discussion Thread  
**EXPERT:** Bei Wu  
Vice Dean for Research  
Rory Meyers College of Nursing  
New York University, USA

Have questions? Ask them by emailing [communityadmin@iadr.org](mailto:communityadmin@iadr.org) by April 3, 2023.

- Eric Everett, Professor, Division of Oral and Craniofacial Health Sciences, Adams School of Dentistry, University of North Carolina, Chapel Hill, USA, on Research Ethics and Integrity on May 24, 2023
- Eleanor Fleming, Assistant Dean of Equity, Diversity, and Inclusion, School of Dentistry, University of Maryland, Baltimore, USA, on Systemic Racism
- J. Timothy Wright, Professor, Division of Pediatric and Public Health, University of North Carolina, Chapel Hill, USA, on Pediatric Dentistry and Opportunities for Artificial Intelligence/Digital Dentistry on November 29, 2023.

### Social Media

AADOCR regularly publishes content on the AADOCR @ [AADOCR](#), [JDR CTR @JDRClinTransRes](#), and the [JDR @JDentRes](#) Twitter accounts, and is in the process of expanding its presence on the Threads platform. Additionally, in the second half of 2022 AADOCR began to more heavily utilize LinkedIn to engage an ever-increasing community of oral health professionals there. The [AADOCR LinkedIn Group](#) currently has more than 9,500 members and is growing every day.

## SUPPORT OF NIH MEDICAL RESEARCH SCHOLARS PROGRAM DENTAL STUDENTS

The NIH Medical Research Scholars Program (MRSP) is a comprehensive, year-long research enrichment program designed to attract the most creative, research-oriented medical, dental, and veterinary students to the NIH intramural campus in Bethesda, MD. During the academic year, student scholars engage in a mentored basic, clinical, or translational research project that matches their professional interests and research and career goals. Their research experiences are supplemented by academic activities featuring lectures by world-renowned scientists, clinical rounds featuring research patients from the NIH Clinical Center, and an interactive Journal Club addressing major issues in clinical research. Since 2012, AADOCR has supported the MRSP providing a yearly contribution to NIH of \$75,000 provided that at least one of the selected Fellows is a dental student. However, no dental students were selected as a Fellow for 2023-2024.

### AADOOCR SUPPORT FOR STUDENT RESEARCH

#### AADOOCR Student Research Fellowships

Supported by several major industrial companies as well as by AADOOCR and IADR Group Chapters, Sections, and members, the [AADOOCR Student Research Fellowships](#) are sponsored and administered by the AADOOCR to encourage dental students living in the United States to consider careers in oral health research. Proposals are sought in basic and clinical research related to oral health. Industry partners include the American Academy of Periodontology, Colgate Oral Pharmaceuticals, P&G Professional Oral Health, Crest + Oral-B, Dentsply Sirona, and Haleon. The Fellowship was awarded to 17 students in 2023.

#### AADOOCR Bloc Travel Grant

The AADOOCR received funding from the National Institutes of Health—National Institute of Dental and Craniofacial Research (NIH-NIDCR) to support travel for dental students and NIDCR-supported trainees to present and attend AADOOCR Annual Meetings through 2023. The AADOOCR Bloc Travel Grant is available to dental students enrolled in accredited U.S. dental schools who are citizens or non-citizen nationals of the U.S. and NIDCR-supported Trainees. AADOOCR Bloc Travel Grant recipients are selected to receive funds based on the quality of an abstract accepted for presentation at the meeting. Thirty-two Bloc Travel Grant recipients were recognized during the Opening Ceremonies of the 2023 AADOOCR/CADR Annual Meeting & Exhibition in March.

#### Student Research Day

AADOOCR encourages academic institutions involved in dental, oral, and craniofacial research to apply for the AADOOCR Student Research Day Award. This award is designed to recognize the best presentation at an academic institution's research day competition and it will be determined by the institution's judging committee. Fourteen students were selected for the 2023 AADOOCR Student Research Day Award and were recognized during the Opening Ceremonies of the 52<sup>nd</sup> Annual Meeting of the AADOOCR, held in conjunction with the 47<sup>th</sup> Annual Meeting of the Canadian Association for Dental Research on March 23, 2022. Each was awarded \$500 and a complimentary registration to attend the meeting.

#### SCADA: Student Competition for Advancing Dental Research and its Application

For the sixth year, AADOOCR joined forces with Dentsply Sirona to co-sponsor the Student Competition for Advancing Dental Research and its Application (SCADA), formerly known as the Student Clinicians of the American Dental Association. The SCADA program advances the collective commitment to empower the next generation of dental leaders. Every U.S. Dental School was invited to select a student to participate in the SCADA event in one of two categories: Clinical Science and Public Health Research and Basic and Translational Science Research. The winners were recognized during the Opening Ceremonies of the 2023 AADOOCR/CADR Annual Meeting & Exhibition on March 15, 2023. Read the press release [here](#).

### FINANCE

The 2022 Audit was completed and the Association received an "unmodified/unqualified opinion", meaning that the auditors found our financial statements to present fairly, in all material respects, the financial position of the American Association for Dental, Oral, and Craniofacial Research, as of December 31, 2022, and the changes in its net assets and its cash flows for the year then ended to be in conformity with accounting principles generally accepted in the United States of America.

As of December 31, 2022, AADOOCR's total assets were \$9.5 million (a decrease of \$2.2 million from 12/31/21). The decrease is primarily due to a decrease in investments and to a lesser extent fixed assets, prepaid expenses and cash.

Total revenues were \$2.9 million up from \$2.3 million in 2021 primarily due to 2022 being a stand-alone meeting year in which full registration, sponsorship and exhibitor fee revenues are recognized as compared to a joint meeting year with IADR in 2021 in which AADOOCR records just net division & meeting share and meeting dividend income. 2021 included PPP loan forgiveness income which was a one-time recognition.

Total operating expenses for 2022 were \$3.3 million, up from \$2.0 million in 2021, primarily due to the costs of the stand-alone Annual Meeting in 2022. Net assets at the end of year were \$8.2 million, a decrease of \$2.6 million from the end of 2021. \$7.6 million of the net assets were without donor restrictions.

The AADOOCR investment portfolio as of Dec 31, 2022, was just under \$8.3 million, a net decrease of 18.7% from 2021. This decrease is the combination of significant investment fair values losses in a down market year and amounts sold to fund operations. Cambridge Associates continues to provide investment advice to AADOOCR, and the portfolio has met our benchmarks for the last several years despite the market volatility.

Although unaudited, the AADOOCR portfolio as of 3Q 2023 was just under \$8.0 million, the decrease is due to draws to fund operations, partially offset by investment market gains year-to-date.

Preliminary year-end estimates for 2023 based on YTD Q3 results project AADOOCR ending the year needing a \$489,000 investment allocation to get to a balanced budget as compared to a \$558,000 budgeted investment allocation, or \$69,000 favorable to budget. The lower than budgeted allocation is due to a better-than-expected publications surplus, a modest meeting surplus and a lower than budgeted operations deficit.

### AADOOCR FUNDRAISING

AADOOCR is the only professional organization positioned to support and represent the oral health research community, provide scientific career development, increase opportunities for scientific exchange, advance research in all sciences related to oral health, facilitate the application of research findings, and advocate for oral health research. As of October 31, 2023, AADOOCR has received more than \$1.5 million in donations and planned gifts since 2014. AADOOCR has matched \$339,189.00 in endowment funds and received \$450,000 in planned gifts.

## Appendix I (continued)

AADOOCR has five levels of giving:

- Innovation Society (\$1-\$999)
- Discovery Society (\$1,000-\$9,999)
- William J. Gies Society (\$10,000+)
- Legacy Society (estate gifts)
- William Bowen Sustaining Society (Frequent, consistent donors over a five-year period of a minimum donation of \$100 for each year.)

Additionally, members can choose to donate specifically to the following program areas:

- AADOOCR Endowment - Anne D. Haffajee Fellowship
- AADOOCR Endowment - William Butler Fellowship
- AADOOCR General Operating Endowment
- AADOOCR Government Affairs Advocacy/FNIDCR Activities Contribution
- AADOOCR New Investigator Grant Program Endowment
- AADOOCR Student Research Fellowship Contributions
- Support of the AADOOCR Mission

### AADOOCR Endowments

AADOOCR has four (4) endowments which are eligible for AADOOCR's \$1 million matching campaign. The AADOOCR Match goes into effect once an endowment is fully realized. Donations continue to be accepted for these programs.

The AADOOCR Anne D. Haffajee Fellowship, William Butler Fellowship, and the General Operating Endowment all met the endowment goals and funds were matched by AADOOCR.

| Endowment                                  | Funding Goal/ Status        | Awarded (Year) |
|--|-----------------------------|----------------|
| Anne D. Haffajee Fellowship                | Goal met in 2016            | 2017-2023      |
| William Butler Fellowship                  | Goal met in 2022            | 2023           |
| General Operating Endowment                | Goal met in 2022            | N/A            |
| New Investigator Research Development Fund | 30% of goal reached to date | N/A            |

Other updates include:

- [Giving Tuesday](#) is an opportunity for members to generously support the causes they care most about. This year, Giving Tuesday is **November 28, 2023**. A series of solicitation emails, social media campaigns (#GivingTuesday), and thank-you emails will be sent coinciding with Giving Tuesday and end-of-year efforts in late 2023.

- Beginning in 2022, AADOOCR became a participating charity in the [Combined Federal Campaign](#) (CFC). The mission of the CFC is 'to promote and support philanthropy through a program that is employee focused, cost-efficient, and effective in providing all federal employees the opportunity to improve the quality of life for all.' Pledges made by Federal civilian, postal and military donors during the campaign season support eligible nonprofit organizations that provide human health and welfare benefits throughout the world.
- The AADOOCR Development Committee is a committee of seven members who consult on planning for philanthropic efforts and assist in executing fundraising initiatives. The committee continues to hold quarterly conference calls with AADOOCR staff.

### FUTURE MEETINGS

- The 2024 IADR/AADOOCR/CADR General Session & Exhibition will take place March 13-16, 2024, in New Orleans, LA.
- The 54<sup>th</sup> Annual Meeting & Exhibition of the AADOOCR and the 49<sup>th</sup> Annual Meeting of the CADR will take place March 12-15, 2025 in New York, NY.
- The 2026 IADR/AADOOCR/CADR General Session & Exhibition will take place March 25-28, 2026, in San Diego, CA, USA.

### IN MEMORIAM

#### John Greenspan

Seventy-third President of IADR, 1996-97  
Seventeenth President of the AADOOCR, 1988-89  
Read his tribute in the *Journal of Dental Research*.

#### Paul Robertson

Eighty-first President of IADR, 2004-05  
Twenty-seventh President of the AADOOCR, 1998-99  
Read his tribute in the *Journal of Dental Research*.

#### Arthur Veis

Longtime member of IADR/AADOOCR  
[View his obituary.](#)

### CLOSING

In closing, I would like to thank the leadership of Jane Weintraub, Alexandre Vieira, the AADOOCR Board of Directors, the AADOOCR GHQ staff, and all the AADOOCR volunteer leaders.

Respectfully submitted,



Christopher H. Fox, DMD, DMSc  
Chief Executive Officer  
November 10, 2023



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### **Independent Auditor’s Report**

To the Council and Members  
American Association for Dental, Oral, and Craniofacial Research  
Alexandria, Virginia

#### ***Opinion***

We have audited the accompanying financial statements of American Association for Dental, Oral, and Craniofacial Research (the Association), which comprise the statement of financial position as of December 31, 2021, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2021, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

#### ***Basis for Opinion***

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Association and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### ***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association’s ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

#### ***Auditor’s Responsibilities for the Audit of the Financial Statements***

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

To the Council and Members  
American Association for Dental, Oral, and Craniofacial Research

### *Auditor’s Responsibilities for the Audit of the Financial Statements (Continued)*

Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Association’s internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Association’s ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

### *Report on Summarized Comparative Information*

We have previously audited the Association’s 2020 financial statements, and we expressed an unmodified audit opinion on those financial statements in our report dated September 29, 2021. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2020, is consistent, in all material respects, with the audited financial statements from which it has been derived.

*Councilor, Buchanan + Mitchell, P.C.*

Washington, D.C.  
September 26, 2022

Certified Public Accountants

## Appendix 2 — Independent Auditor’s Report for 2021 *(continued)*

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2021 (WITH COMPARATIVE TOTALS AS OF DECEMBER 31, 2020)

| Assets                                     | 2021                 | 2020                 |
|--|----------------------|----------------------|
| <b>Current Assets</b>                      |                      |                      |
| Cash and Cash Equivalents                  | \$ 64,561            | \$ 346,394           |
| Accounts Receivable                        | 64,438               | 12,085               |
| Contributions Receivable                   | 15,485               | 15,985               |
| Due from IADR                              | 24,981               | -                    |
| Prepaid Expenses and Other Current Assets  | 196,649              | 127,072              |
| Total Current Assets                       | 366,114              | 501,536              |
| <b>Investments</b>                         | 10,194,759           | 9,076,062            |
| <b>Fixed Assets, Net</b>                   | 703,855              | 582,098              |
| <b>Investment in Deferred Compensation</b> | 430,895              | 355,508              |
| <b>Total Assets</b>                        | <b>\$ 11,695,623</b> | <b>\$ 10,515,204</b> |
|  |                      |                      |
| <b>Liabilities and Net Assets</b>          |                      |                      |
| <b>Current Liabilities</b>                 |                      |                      |
| Accounts Payable and Accrued Expenses      | \$ 132,543           | \$ 86,822            |
| Refundable Advances                        | 90,430               | 4,291                |
| Due to IADR                                | -                    | 338,107              |
| Deferred Revenue                           |                      |                      |
| Member Dues                                | 166,886              | 246,918              |
| Annual Meeting                             | 119,315              | -                    |
| Publications                               | -                    | 3,501                |
| Total Deferred Revenue                     | 286,201              | 250,419              |
| Total Current Liabilities                  | 509,174              | 679,639              |
| <b>Deferred Compensation Payable</b>       | 430,895              | 355,508              |
| Total Liabilities                          | 940,069              | 1,035,147            |
| <b>Net Assets</b>                          |                      |                      |
| Without Donor Restrictions                 |                      |                      |
| Undesignated                               | 10,019,283           | 8,847,918            |
| Board Designated                           | 255,807              | 224,385              |
| Total Without Donor Restrictions           | 10,275,090           | 9,072,303            |
| With Donor Restrictions                    |                      |                      |
| Purpose Restricted                         | 134,639              | 96,860               |
| Endowment Funds                            | 345,825              | 310,894              |
| Total With Donor Restrictions              | 480,464              | 407,754              |
| Total Net Assets                           | 10,755,554           | 9,480,057            |
| <b>Total Liabilities and Net Assets</b>    | <b>\$ 11,695,623</b> | <b>\$ 10,515,204</b> |

See accompanying Notes to the Financial Statements.

## Appendix 2 — Independent Auditor's Report for 2021 *(continued)*

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### STATEMENT OF ACTIVITIES FOR THE YEAR ENDED DECEMBER 31, 2021 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

|   | Without Donor<br>Restrictions | With Donor<br>Restrictions | 2021<br>Total        | 2020<br>Total       |
|---|-------------------------------|----------------------------|----------------------|---------------------|
| <b>Revenues</b>   |                               |                            |                      |                     |
| Membership Dues   | \$ 655,269                    | \$ -                       | \$ 655,269           | \$ 704,668          |
| Conference Registration   | -                             | -                          | -                    | 6,075               |
| Division Share, Meeting Share,<br>and Meeting Dividend                    | 230,534                       | -                          | 230,534              | -                   |
| Royalties and Publishing  | 474,231                       | -                          | 474,231              | 473,580             |
| Advertising   | 13,441                        | -                          | 13,441               | 6,723               |
| Contributions and Sponsorships  | 18,440                        | 248,018                    | 266,458              | 161,824             |
| PPP Loan Forgiveness  | 254,264                       | -                          | 254,264              | -                   |
| Investment Return Designated<br>for Current Operations                    | 360,768                       | -                          | 360,768              | 345,074             |
| Miscellaneous   | 2,754                         | -                          | 2,754                | 4,368               |
| Net Assets Released from Restrictions                                     | 200,909                       | (200,909)                  | -                    | -                   |
| <b>Total Revenues</b>   | <b>2,210,610</b>              | <b>47,109</b>              | <b>2,257,719</b>     | <b>1,702,312</b>    |
| <b>Expenses</b>   |                               |                            |                      |                     |
| Program Services  |                               |                            |                      |                     |
| Journal of Dental Research<br>and Publishing                              | 298,082                       | -                          | 298,082              | 283,407             |
| Annual Meeting and Symposia   | 26,607                        | -                          | 26,607               | 656,464             |
| Government Affairs and Science Policy                                     | 534,427                       | -                          | 534,427              | 486,923             |
| Awards, Grants, and Fellowships   | 327,431                       | -                          | 327,431              | 262,001             |
| Member Services and Other Programs  | 132,618                       | -                          | 132,618              | 130,031             |
| <b>Total Program Services</b>   | <b>1,319,165</b>              | <b>-</b>                   | <b>1,319,165</b>     | <b>1,818,826</b>    |
| Supporting Services   |                               |                            |                      |                     |
| Management and General Expenses   | 539,084                       | -                          | 539,084              | 488,196             |
| Membership Development  | 132,238                       | -                          | 132,238              | 142,532             |
| <b>Total Supporting Services</b>  | <b>671,322</b>                | <b>-</b>                   | <b>671,322</b>       | <b>630,728</b>      |
| <b>Total Expenses</b>   | <b>1,990,487</b>              | <b>-</b>                   | <b>1,990,487</b>     | <b>2,449,554</b>    |
| Change in Net Assets before<br>Investment Gain                            | 220,123                       | 47,109                     | 267,232              | (747,242)           |
| Investment Gain in Excess of Amounts<br>Designated for Current Operations | 982,664                       | 25,601                     | 1,008,265            | 679,419             |
| Change in Net Assets  | 1,202,787                     | 72,710                     | 1,275,497            | (67,823)            |
| Net Assets, Beginning of Year   | 9,072,303                     | 407,754                    | 9,480,057            | 9,547,880           |
| <b>Net Assets, End of Year</b>  | <b>\$ 10,275,090</b>          | <b>\$ 480,464</b>          | <b>\$ 10,755,554</b> | <b>\$ 9,480,057</b> |

See accompanying Notes to the Financial Statements.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

STATEMENT OF FUNCTIONAL EXPENSES  
FOR THE YEAR ENDED DECEMBER 31, 2021  
(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

| Expenses                       | Journal of<br>Dental Research<br>and Publishing | Annual<br>Meeting<br>and Symposia | Government<br>Affairs, and<br>Science Policy | Awards,<br>Grants, and<br>Fellowships | Member<br>Services and<br>Other Programs | Total<br>Programs   | Management<br>and<br>General | Membership<br>Development | 2021                |                     | 2020  |       |
|--------------------------------|---|-----------------------------------|--|---------------------------------------|--|---------------------|------------------------------|---------------------------|---------------------|---------------------|-------|-------|
|                                |   |                                   |  |                                       |  |                     |                              |                           | Total               | Total               | Total | Total |
| Salaries, Benefits, and Taxes  | \$ 186,975                                      | \$ 17,951                         | \$ 301,944                                   | \$ 57,570                             | \$ 72,306                                | \$ 636,746          | \$ 327,774                   | \$ 81,580                 | \$ 1,046,100        | \$ 1,011,312        |       |       |
| Professional Fees              | 11,371  | 40                                | 118,237                                      | 60,798                                | 170                                      | 190,616             | 28,726                       | 6,609                     | 225,951             | 172,860             |       |       |
| Advertising and Promotion      | 23  | -                                 | 174  | -                                     | 2  | 199                 | 7                            | 16,576                    | 16,782              | 23,395              |       |       |
| Office Expenses                | 3,232   | 3,318                             | 8,082  | 1,469                                 | 1,857                                    | 17,958              | 9,966                        | 3,139                     | 31,063              | 29,085              |       |       |
| Information Technology         | 11,834  | 1,803                             | 33,160                                       | 3,523                                 | 7,640                                    | 57,960              | 41,114                       | 8,582                     | 107,656             | 55,434              |       |       |
| Occupancy                      | 3,776   | 705                               | 12,980                                       | 1,379                                 | 2,990                                    | 21,830              | 12,182                       | 3,359                     | 37,371              | 37,363              |       |       |
| Travel                         | -   | -                                 | 5  | -                                     | -  | 5                   | 42,089                       | 751                       | 42,845              | 11,693              |       |       |
| Conferences and Meetings       | -   | -                                 | -  | 8,495                                 | -  | 8,495               | -                            | -                         | 8,495               | 5,131               |       |       |
| Loss on Cancelled Meeting      | -   | -                                 | -  | -                                     | -  | -                   | -                            | -                         | -                   | 627,406             |       |       |
| Depreciation and Amortization  | 7,192   | 1,805                             | 33,179                                       | 3,517                                 | 7,648                                    | 53,341              | 41,680                       | 8,579                     | 103,600             | 81,609              |       |       |
| General Insurance              | 1,870   | 285                               | 5,239  | 557                                   | 1,207                                    | 9,158               | 4,917                        | 1,356                     | 15,431              | 13,522              |       |       |
| Contributions and Sponsorships | -   | -                                 | -  | 168,468                               | -  | 168,468             | -                            | -                         | 168,468             | 151,895             |       |       |
| Other Expenses                 | 71,809  | 700                               | 21,427                                       | 21,655                                | 38,798                                   | 154,389             | 30,629                       | 1,707                     | 186,725             | 228,849             |       |       |
| <b>Total Expenses</b>          | <b>\$ 298,082</b>                               | <b>\$ 26,607</b>                  | <b>\$ 534,427</b>                            | <b>\$ 327,431</b>                     | <b>\$ 132,618</b>                        | <b>\$ 1,319,165</b> | <b>\$ 539,084</b>            | <b>\$ 132,238</b>         | <b>\$ 1,990,487</b> | <b>\$ 2,449,554</b> |       |       |

See accompanying Notes to the Financial Statements.

## Appendix 2 — Independent Auditor’s Report for 2021 *(continued)*

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### STATEMENT OF CASH FLOWS FOR THE YEAR ENDED DECEMBER 31, 2021 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED DECEMBER 31, 2020)

|   | <u>2021</u>             | <u>2020</u>              |
|---|-------------------------|--------------------------|
| <b>Cash Flows from Operating Activities</b>   |                         |                          |
| Change in Net Assets  | \$ 1,275,497            | \$ (67,823)              |
| Adjustments to Reconcile Change in Net Assets to<br>Net Cash Used in Operating Activities |                         |                          |
| Depreciation and Amortization   | 103,600                 | 81,609                   |
| Net Realized and Unrealized Gain on Investments   | (1,200,059)             | (907,855)                |
| <u>(Increase) Decrease in Assets</u>  |                         |                          |
| Accounts Receivable   | (52,353)                | 35,710                   |
| Contributions Receivable  | 500                     | 11,840                   |
| Due from IADR   | (24,981)                | 86,915                   |
| Prepaid Expenses and Other Current Assets   | (69,577)                | (10,649)                 |
| Investment in Deferred Compensation   | (75,387)                | (81,990)                 |
| <u>Increase (Decrease) in Liabilities</u>   |                         |                          |
| Accounts Payable and Accrued Expenses   | 45,721                  | (25,132)                 |
| Refundable Advances   | 86,139                  | 4,291                    |
| Due to IADR   | (338,107)               | 338,107                  |
| Deferred Revenue  | 35,782                  | (91,988)                 |
| Deferred Compensation Payable   | 75,387                  | 81,990                   |
| Net Cash Used in Operating Activities   | <u>(137,838)</u>        | <u>(544,975)</u>         |
| <b>Cash Flows from Investing Activities</b>   |                         |                          |
| Purchases of Investments  | (1,524,981)             | (236,518)                |
| Proceeds from Sales and Maturities of Investments   | 1,606,343               | 1,300,311                |
| Purchases of Fixed Assets   | <u>(225,357)</u>        | <u>(201,625)</u>         |
| Net Cash (Used in) Provided by Investing Activities                                       | <u>(143,995)</u>        | <u>862,168</u>           |
| Net (Decrease) Increase in Cash and Cash Equivalents                                      | <u>(281,833)</u>        | 317,193                  |
| Cash and Cash Equivalents, Beginning of Year  | <u>346,394</u>          | <u>29,201</u>            |
| <b>Cash and Cash Equivalents, End of Year</b>   | <u><u>\$ 64,561</u></u> | <u><u>\$ 346,394</u></u> |

*See accompanying Notes to the Financial Statements.*

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

##### *Organization*

The American Association for Dental, Oral, and Craniofacial Research (the Association) is a nonprofit organization established to promote the advancement of research in the United States for all branches of dental science.

The Association is affiliated with the International Association for Dental Research (IADR). Consolidation of the Association and IADR is not required pursuant to Financial Accounting Standards Board (FASB) Accounting Standards Codification 810, *Consolidation* (ASC 810).

The Association’s significant sources of support include membership dues, conference registrations and royalties and publishing.

The following is a description of the programs of the Association:

*Journal of Dental Research and Publishing:* relates to the activity involved with the publication of the Journal of Dental Research (JDR), JDR Clinical & Translational Research, and Advances in Dental Research. Based on a Memorandum of Understanding, revenues and expenses are split 50/50 between the Association and IADR. Since 2009, many of the publication costs have been outsourced and net revenues are returned to the Association in the form of royalty income.

*Annual Meeting and Symposia:* relates to the activities of the annual spring and fall meetings. The related registration revenue and expenses are recorded in the Association’s financial statements. Joint meetings are generally held every other year with IADR. A joint meeting was held in 2021 and a joint meeting was scheduled for 2020 but was cancelled due to the COVID pandemic. During years when the annual spring meeting is held jointly with the IADR, the Association receives its share of the meeting surplus in the form of division, meeting share and meeting dividend income.

*Government Affairs and Science Policy:* this program studies national affairs and their possible effect on dental research, and provides advice to the Council and Board of Directors on developments that might affect dental research. The program also helps to inform members of Congress on issues of importance to dental research and to dental scientists.

*Awards, Grants, and Fellowships:* relate to activities involved in awarding grants, fellowships and/or awards to qualified individuals. It also relates to promoting activities in areas where there is limited Association presence.

*Membership Services and Other Programs:* relates to services provided to members, including publication and distribution of the newsletter. Other programs include miscellaneous sponsorships and support of programs consistent with the mission of the Association.

##### *Financial Statement Presentation*

The financial statements of the Association have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Association to report information regarding its financial position and activities according to the following net asset classifications:

*Net Assets Without Donor Restrictions:* Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Association. These net assets may be used at the discretion of the Association’s management and the Board of Directors.

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Financial Statement Presentation (Continued)*

*Net Assets With Donor Restrictions:* Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Association. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

##### *Cash and Cash Equivalents*

The Association considers all short-term investments with an original maturity of three months or less to be cash equivalents.

##### *Accounts Receivable*

Accounts receivable consist primarily of amounts due for meeting registrations and royalties that were not received by the Association at year end. The management of the Association reviews the collectability of accounts receivable on a monthly basis. No reserve for doubtful accounts has been established because management expects the amounts to be collected.

##### *Contributions Receivable*

Contributions receivable consists primarily of amounts due from donors that are not received by the Association at year-end and multi-year pledges. Management of the Association reviews the collectability of contributions receivable on a timely basis. No reserve for doubtful accounts has been established as management believes all amounts are collectible.

##### *Investments*

Investments are recorded at fair value based on quoted market prices, where available.

##### *Fixed Assets*

The Association capitalizes all office equipment and furniture acquisitions greater than or equal to \$500. Office equipment and furniture are recorded at cost, if purchased or at fair market value at date of donation, if contributed. Depreciation is provided using the straight-line method over estimated useful lives of three to seven years.

The building is recorded at cost and is depreciated on a straight-line basis over its estimated useful life of 50 years. Building improvements are recorded at cost and are depreciated on a straight-line basis over the shorter of their estimated useful lives or over the remaining estimated useful life of the building. Expenditures and related betterments that extend the useful life of the assets are capitalized. Expenditures for maintenance and repairs, including planned major maintenance activities, are charged to expense as incurred.

##### *Revenue Recognition*

Unconditional contributions are recognized as revenues in the period received or when the promise is made, if earlier. Conditional contributions are recognized as revenue only when the conditions on which they depend are substantially met and the promises become unconditional.

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Revenue Recognition (Continued)*

Revenue from membership dues and other services is recognized on a pro-rata basis over the related annual membership, subscription, or service period. Revenue and expenses from conferences, exhibits, symposia, and the related division share, meeting share, and meeting dividend are recognized when the events are held. Royalty and publishing revenue is recognized when the services are provided.

##### *Tax Status*

The Association is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and has been determined by the Internal Revenue Service not to be a private foundation within the meaning of Section 509(a) of the Code. Federal and state income taxes are imposed on income unrelated to the Association's exempt purpose. For the year ended December 31, 2021, the Association had net unrelated business income resulting in income tax expense of approximately \$6,000.

The Association requires that a tax position be recognized or derecognized based on a “more-likely-than-not” threshold. This applies to positions taken or expected to be taken in a tax return. The Association does not believe its financial statements include, or reflect, any uncertain tax positions.

The Association’s Form 990, *Return of Organization Exempt from Income Tax*, Form 990-T, *Exempt Organization Business Income Tax Return*, and Virginia Form 500, *Virginia Corporation Income Tax Return*, are generally subject to examination by the Internal Revenue Service and the Virginia Department of Taxation for three years after filing.

##### *Estimates*

The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. The Association is also required to make estimates and assumptions that affect the reported amount of revenues and expenses during the reported period. Actual results could differ from those estimates.

##### *Functional Expense Allocation*

Certain costs have been allocated among the programs and supporting services benefited. These expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include salaries, benefits, taxes, office expenses, information technology, occupancy, depreciation and amortization, general insurance, and other general expenses, which are allocated on the basis of estimates of time and effort by employees. Expenses directly identifiable to specific programs and supporting activities are allocated accordingly.

## AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

##### *Prior Year Summarized Information*

The financial statements include certain prior year summarized comparative totals as of and for the year ended December 31, 2020. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the financial statements for the year ended December 31, 2020, from which the summarized information was derived.

##### *Reclassifications*

Certain 2020 amounts have been reclassified for comparative purposes.

#### 2. LIQUIDITY AND AVAILABILITY OF RESOURCES

The Association’s cash flows have seasonal variations due to the timing of conferences and membership dues at year-end, and vendor payments. The Association manages its liquidity to meet general expenditures, liabilities, and other obligations as they become due.

As of December 31, 2021, the following financial assets and liquidity sources are available for general operating expenditures in the year ending December 31, 2022:

##### *Financial Assets*

|   |                     |
|---|---------------------|
| Cash and Cash Equivalents   | \$ 64,561           |
| Accounts Receivable   | 64,438              |
| Contributions Receivable  | 15,485              |
| Due from IADR   | 24,981              |
| Investments   | 10,194,759          |
| Less Board Designated Funds for Future Awards and Fellowships                             | (255,807)           |
| Less Purpose Restrictions by Donors   | (134,639)           |
| Less Endowment Funds Held in Perpetuity   | <u>(345,825)</u>    |
| Financial Assets Available to Meet Cash Needs for<br>General Expenditures within One Year | <u>\$ 9,627,953</u> |

Board designated funds for future awards and fellowships can be utilized for general operating purposes with board approval.

#### 3. FAIR VALUE MEASUREMENTS

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

*Level 1* - inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets (examples include equity securities);

*Level 2* - inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active (examples include corporate or municipal bonds);

## AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 3. FAIR VALUE MEASUREMENTS (CONTINUED)

*Level 3* - inputs to the valuation methodology are unobservable and significant to the fair value measurement. The inputs to the determination of fair value require significant management judgment (examples include certain private equity securities and split-interest agreements).

The following presents the Association’s assets and liabilities measured at fair value as of December 31, 2021:

| Description  | Level 1             | Level 2             | Level 3     | Total                |
|--|---------------------|---------------------|-------------|----------------------|
| Cash and Cash Equivalents                                    | \$ 34,924           | \$ -                | \$ -        | \$ 34,924            |
| Vanguard ST Treasury Index Admiral                           | 930,927             | -                   | -           | 930,927              |
| Vanguard Energy Fund Admiral                                 | 329,132             | -                   | -           | 329,132              |
| GMO Climate Change Institutional Shares                      | 296,627             | -                   | -           | 296,627              |
| JOHCM Global Equity Fund Institutional Shares                | 1,576,824           | -                   | -           | 1,576,824            |
| Equity Securities  | 5,496,984           | -                   | -           | 5,496,984            |
| Fixed Income Securities                                      | -                   | 1,529,341           | -           | 1,529,341            |
| <b>Total Investments at Fair Value</b>                       | <b>\$ 8,665,418</b> | <b>\$ 1,529,341</b> | <b>\$ -</b> | <b>\$ 10,194,759</b> |
| Deferred Compensation Investments                            |                     |                     |             |                      |
| CREF Global Equities R1                                      | \$ 78,583           | \$ -                | \$ -        | \$ 78,583            |
| CREF Growth R1   | 160,258             | -                   | -           | 160,258              |
| CREF Stock R1  | 145,374             | -                   | -           | 145,374              |
| Other Mutual Funds   | 19,597              | -                   | -           | 19,597               |
| <b>Total Deferred Compensation Investments at Fair Value</b> | <b>\$ 403,812</b>   | <b>\$ -</b>         | <b>\$ -</b> | <b>403,812</b>       |
| TIAA Traditional Annuity at Contract Value                   |                     |                     |             | 27,083               |
| <b>Total Deferred Compensation Investment</b>                |                     |                     |             | <b>\$ 430,895</b>    |
| Deferred Compensation Liability at Fair Value                | \$ 403,812          | \$ -                | \$ -        | \$ 403,812           |
| Deferred Compensation Liability at Contract Value            |                     |                     |             | 27,083               |
| <b>Total Deferred Compensation Liability</b>                 |                     |                     |             | <b>\$ 430,895</b>    |

The TIAA Traditional Annuity (the Annuity Contract) is an unallocated fixed-rate guaranteed annuity contract offered by TIAA, an insurance company. The Annuity Contract is fully benefit responsive and therefore the Annuity Contract and related liability are reported at contract value. Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount which normally would be received if permitted transactions were initiated under the terms of the Annuity Contract. The contract value of the Annuity Contract equals the accumulated cash contributions, interest credited to the contract, and transfers, if any, less any withdrawals and transfers, if any.

The Association’s Level 2 investments are valued based on readily available pricing sources for comparable investments.

## AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

#### 4. INVESTMENT GAIN

Investment gain was as follows for the year ended December 31, 2021:

| Description  | Amount              |
|--|---------------------|
| Interest Income and Dividends  | \$ 215,119          |
| Net Realized and Unrealized Gain                                       | 1,200,059           |
| Investment Fees  | <u>(46,145)</u>     |
| Total Investment Gain  | 1,369,033           |
| Less Investment Return Designated for Current Operations               | <u>360,768</u>      |
| Investment Gain in Excess of Amounts Designated for Current Operations | <u>\$ 1,008,265</u> |

During 2021 and 2020, the Board of Directors designated 4% of the average market value of investments for the prior 12 quarters for support of current operations; the remainder is retained to support operations of future years and to offset potential market declines.

#### 5. FIXED ASSETS

Net fixed assets consisted of the following as of December 31, 2021:

| Description                                    | Amount             |
|--|--------------------|
| Buildings and Improvements                     | \$ 1,133,538       |
| Office Furniture and Equipment                 | <u>668,015</u>     |
|  | 1,801,553          |
| Less Accumulated Depreciation and Amortization | <u>(1,097,698)</u> |
| Fixed Assets, Net                              | <u>\$ 703,855</u>  |

The Association and IADR have joint ownership of the central office building and, therefore, 50 percent of the building asset and accumulated depreciation are recorded in each organization’s financial statements.

#### 6. RETIREMENT PLAN

The Association has a defined contribution retirement plan (the Retirement Plan) administered through the Teacher’s Insurance and Annuity Association/College Retirement Equities Fund. An employee is eligible to participate on the first day after the third month of employment. The Association contributes the equivalent of 10 percent of the employees’ salary to the Retirement Plan. Employer contributions to the Retirement Plan for the year ended December 31, 2021, were approximately \$68,000.

#### 7. FINANCIAL RISK

The Association maintains its cash in bank deposit accounts which exceeded federally insured limits at times during the year. The Association has not experienced any losses on such accounts and believes it is not exposed to any significant financial risk on cash.

The Association invests in professionally managed portfolios that contain equities, fixed income securities, and mutual funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

##### 7. FINANCIAL RISK (CONTINUED)

uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near term would materially affect investment balances and the amount reported in the financial statements.

##### 8. ENDOWMENTS

The Association’s endowments consist of approximately five funds established for a variety of purposes. The endowments include both donor-restricted funds and funds designated by the Board of Directors to function as endowments. As required by generally accepted accounting principles, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Board of Directors of the Association has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Association classifies net assets with donor restrictions as (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund are also classified as net assets with donor restrictions until those amounts are appropriated for expenditure by the Association in a manner consistent with the standards of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Association considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Association, and (7) the Association’s investment policies.

**Investment Return Objectives, Risk Parameters and Strategies:** The Association has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment assets. Endowment assets include those assets of donor-restricted and board designated funds that the Association must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the market while assuming a moderate level of investment risk. To satisfy its long-term rate-of-return objectives, the Association relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends).

The Association targets a diversified asset allocation that provides reasonable and predictable funds for the Association’s program purposes and to maintain a balance between Association spending and the protection of the principal.

*Spending Policy:* The Association has adopted a formal spending policy of 4% for fully funded endowments.

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021

**8. ENDOWMENTS (CONTINUED)**

Composition and changes in endowment net assets were as follows for the year ended December 31, 2021:

|   | Without Donor<br>Restrictions<br>Board<br>Designated | With Donor Restrictions |                           | Total             |
|---|--|-------------------------|---------------------------|-------------------|
|   |  | Purpose<br>Restricted   | Invested in<br>Perpetuity |                   |
| Endowment Net Assets, Beginning of Year | \$ 224,385   | \$ 18,988               | \$ 310,894                | \$ 554,267        |
| Investment Return                       | -  | 25,600                  | -                         | 25,600            |
| Contributions                           | -  | -                       | 34,931                    | 34,931            |
| Transfer from Unrestricted              | 31,422   | -                       | -                         | 31,422            |
| Amounts Appropriated for Expenditure    | -  | (12,160)                | -                         | (12,160)          |
| Endowment Net Assets, End of Year       | <u>\$ 255,807</u>                                    | <u>\$ 32,428</u>        | <u>\$ 345,825</u>         | <u>\$ 634,060</u> |

Endowment funds that are invested in perpetuity for the following purposes as of December 31, 2021:

| Description                             | Amount            |
|---|-------------------|
| Anne Haffajee Fellowship                | \$ 157,456        |
| William Butler Fellowship               | 104,554           |
| General Operating Endowment             | 58,900            |
| New Investigator Endowment              | 24,915            |
| Total Endowments Invested in Perpetuity | <u>\$ 345,825</u> |

**9. BOARD DESIGNATED NET ASSETS**

As of December 31, 2021, board designated net assets are available for the following purposes:

| Description                       | Amount            |
|-----------------------------------|-------------------|
| Anne Haffajee Fellowship          | \$ 232,990        |
| William Butler Fellowship         | 13,980            |
| William J. Gies Award             | 8,837             |
| Total Board Designated Net Assets | <u>\$ 255,807</u> |

**10. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE**

As of December 31, 2021, net assets with donor restrictions are available for the following purposes:

| Description  | Amount            |
|--|-------------------|
| Student Fellowships                                  | \$ 35,226         |
| Anne Haffajee Fellowship                             | 32,428            |
| Joseph Lister Award                                  | 21,060            |
| FNIDCR Barmes  | 17,288            |
| Underrepresented Faculty Award                       | 11,063            |
| Distinguished Scientist Award                        | 7,784             |
| William Clark Fellowship                             | 5,400             |
| Junior Investigator Award                            | 4,390             |
| Total Net Assets With Donor Restrictions for Purpose | <u>\$ 134,639</u> |

AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2021

**10. NET ASSETS WITH DONOR RESTRICTIONS FOR PURPOSE (CONTINUED)**

Net assets were released from donor restrictions by incurring expenses satisfying the restricted purposes specified by the donor, as follows for the year ended December 31, 2021:

| Description                                 | Amount            |
|---|-------------------|
| MIND The Future Grant                       | \$ 105,029        |
| Student Fellowships                         | 38,570            |
| Bloc Travel Grant                           | 24,300            |
| Anne Haffajee Fellowship                    | 12,160            |
| Underrepresented Faculty Award              | 10,900            |
| William Clark Fellowship                    | 5,400             |
| Government Affairs                          | 4,550             |
| Total Net Assets Released from Restrictions | <u>\$ 200,909</u> |

**11. DEFERRED COMPENSATION AND EMPLOYMENT AGREEMENT**

During 2004, the Association established a nonqualified 457(b) deferred compensation plan (the Plan) for its Chief Executive Officer (CEO). The Plan requires that the Association establish and maintain a book entry account on behalf of the CEO for all contributions, deferrals, and investment experience related to the Plan. The Association is not liable for any specific investment success nor is it required to restore any loss of principal that may occur due to market conditions. Under current law, such funds remain the asset of the Association and, as such, are subject to the creditors of the Association. For the year ended December 31, 2021, the Association contributed \$13,000 to the Plan.

The Association entered into a five-year employment agreement (the Agreement) with its CEO, which began April 1, 2020. If the CEO is terminated for any reason other than cause, as defined in the Agreement, the Association must pay severance equal to compensation for twelve months.

**12. RELATED PARTY TRANSACTIONS**

In addition to the programs in which the Association and IADR share revenues and expenses, as outlined in Note 1, the Association and IADR also share operations of the central office. Indirect expenses of the central office are allocated to each organization based on the allocation of time by personnel.

**13. DEFERRED REVENUE**

Membership dues cover the calendar year. Those paid in advance are reported as deferred revenue. In addition, amounts received in advance for the following years annual meeting and publications are recorded as deferred revenue. Deferred revenue totaled \$250,419 as of January 1, 2021. The full amount was recognized as revenue during the year ended December 31, 2021.

**14. PPP LOAN FORGIVENESS**

During 2020, IADR received a Small Business Administration (SBA) loan under the Paycheck Protection Program (PPP) in the amount of \$405,175. During 2021, IADR received an additional loan under PPP in the amount of \$390,907. PPP provides cash-flow assistance through 100% federally guaranteed loans to eligible recipients to maintain payroll during the COVID-19 public

### AMERICAN ASSOCIATION FOR DENTAL, ORAL, AND CRANIOFACIAL RESEARCH

#### NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2021

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#### 14. PPP LOAN FORGIVENESS (CONTINUED)

health emergency and cover certain other expenses. The PPP loans were forgiven in full during 2021. The recognition of the revenue was shared by IADR and the Association in the amount of \$541,818 and \$254,264, respectively, and is included in PPP loan forgiveness on the statement of activities.

#### 15. COMMITMENTS AND CONTINGENCIES

The Association has entered into several contracts with hotels and convention centers for its future conferences and meetings. Many of the contracts contain a clause whereby the Association is liable for liquidated damages in the event of cancellation based upon percentage of the contract price determined by the length of time between the cancellation and the event date. Management does not believe any cancellation under these contracts will occur and result in a material impact on the financial statements.

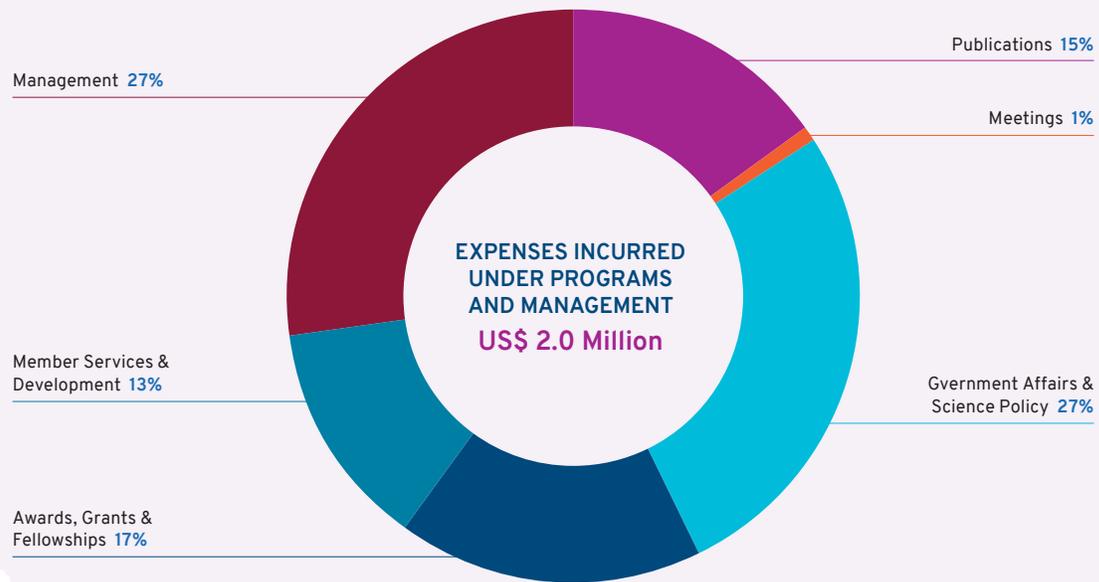
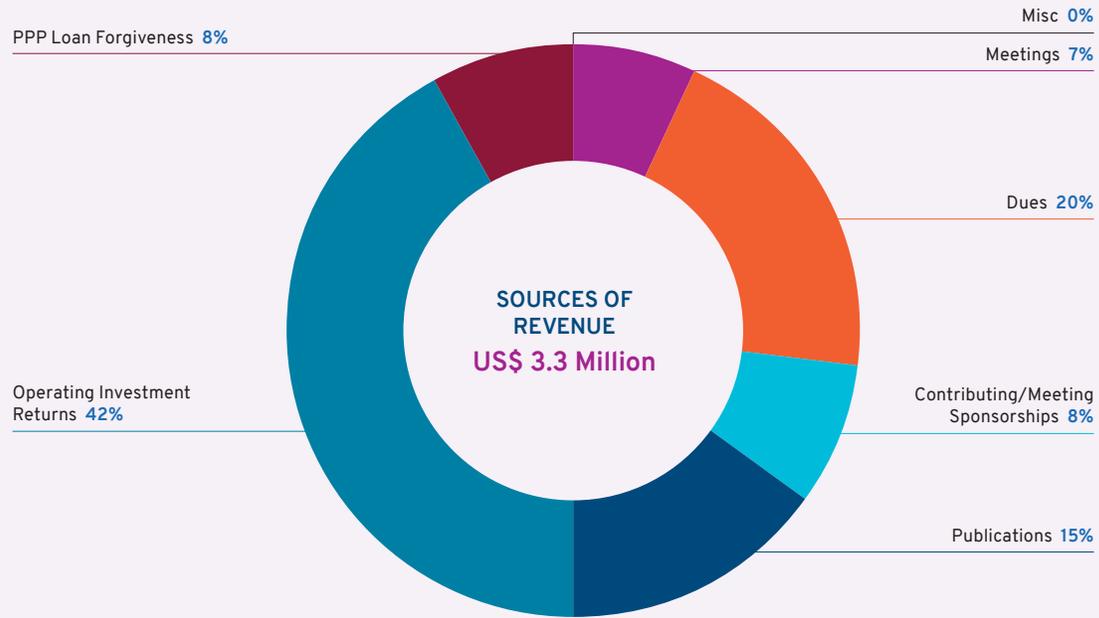
The spread of COVID-19 (coronavirus pandemic) has had a disruptive impact on the daily life and operations of individuals, businesses, and nonprofit organizations around the world. There is uncertainty about financial and economic impacts in all sectors of the economy. The financial markets have experienced significant volatility, and this may continue for an extended period of time. In light of these circumstances, management continues to assess how best to adapt to changed circumstances.

The Association occasionally receives a portion of its revenue directly from a federal government grant, which is subject to audit. A contingent liability exists to refund any amounts received in excess of allowable costs incurred and revenue recognized. Management believes that the adjustments, if any, from a government audit will not be material to the financial statements.

#### 16. SUBSEQUENT EVENTS

Subsequent events were evaluated through September 26, 2022, which is the date the financial statements were available to be issued.

## 2021 OPERATIONAL HIGHLIGHTS ●●●●





## Table A2. General Operations

|                                      | ACTUAL<br>2022   | YTD<br>09/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|--------------------------------------|------------------|-------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>                       |                  |                   |                                    |                            |                            |                               |                               |
| Institutional & Corporate dues       | 417,600          | 421,050           | 421,050                            | 400,000                    | 420,000                    | 420,000                       | 420,000                       |
| Membership Dues                      | 249,669          | 271,550           | 271,550                            | 268,555                    | 301,084                    | 349,503                       | 385,480                       |
| Prepaid Membership Dues              | (13,760)         | (31,630)          | (31,630)                           | (25,375)                   | (33,212)                   | (34,872)                      | (36,616)                      |
| Miscellaneous                        | 21,680           | 17,304            | 23,813                             | 26,075                     | 24,088                     | 26,168                        | 6,623                         |
| <b>TOTAL REVENUE</b>                 | <b>675,189</b>   | <b>678,274</b>    | <b>684,783</b>                     | <b>669,255</b>             | <b>711,961</b>             | <b>760,799</b>                | <b>775,487</b>                |
| <b>EXPENSES</b>                      |                  |                   |                                    |                            |                            |                               |                               |
| Employee salaries                    | 672,524          | 501,014           | 668,019                            | 677,246                    | 732,267                    | 738,466                       | 803,308                       |
| Employee benefits                    | 176,042          | 139,031           | 185,375                            | 186,243                    | 201,373                    | 203,078                       | 220,910                       |
| Overhead Allocation                  | 243,946          | 174,212           | 232,283                            | 227,251                    | 264,687                    | 206,203                       | 220,200                       |
| Merchant Fees                        | 19,612           | 12,066            | 14,000                             | 14,121                     | 15,022                     | 16,053                        | 16,363                        |
| Shipping & courier                   | 1,323            | 345               | 1,000                              | 1,500                      | 1,545                      | 1,591                         | 1,639                         |
| Board Costs - Travel & Mtg           | 106,971          | 70,216            | 115,000                            | 110,000                    | 115,000                    | 118,450                       | 122,004                       |
| Travel - Staff                       | 11,473           | 5,358             | 10,000                             | 9,100                      | 9,373                      | 9,654                         | 9,944                         |
| Government Affairs                   | 107,823          | 84,576            | 105,000                            | 98,448                     | 106,167                    | 109,352                       | 112,633                       |
| Media & Public Relations             | 14,473           | 12,407            | 12,407                             | 11,890                     | 12,247                     | 12,614                        | 12,993                        |
| Member Retention                     | 10,020           | 14,492            | 15,992                             | 15,121                     | 15,574                     | 16,041                        | 16,523                        |
| Member Recruitment                   | 10,001           | 14,917            | 16,000                             | 26,375                     | 27,166                     | 27,981                        | 28,821                        |
| Organizational Dues                  | 13,993           | 5,582             | 10,000                             | 15,000                     | 15,450                     | 15,914                        | 16,391                        |
| Programatic Sponsorships             | 6,128            | 3,318             | 4,518                              | 10,000                     | 10,000                     | 10,000                        | 10,000                        |
| Student Research Group               | 8,438            | 14,734            | 16,634                             | 15,250                     | 16,500                     | 16,830                        | 17,167                        |
| Miscellaneous                        | 19,280           | 7,352             | 10,000                             | 10,000                     | 10,300                     | 10,609                        | 10,927                        |
| <b>TOTAL EXPENSES</b>                | <b>1,422,047</b> | <b>1,059,620</b>  | <b>1,416,228</b>                   | <b>1,427,547</b>           | <b>1,552,671</b>           | <b>1,512,837</b>              | <b>1,619,820</b>              |
| Net Income (before investment alloc) | (746,858)        | (381,347)         | (731,445)                          | (758,291)                  | (840,710)                  | (752,038)                     | (844,333)                     |
| Investment Allocation                | 872,891          | n/a               | 488,543                            | 557,777                    | 555,234                    | 385,801                       | 225,299                       |
| <b>Adjusted Net Income</b>           | <b>126,033</b>   | <b>(381,347)</b>  | <b>(242,902)</b>                   | <b>(200,514)</b>           | <b>(285,476)</b>           | <b>(366,237)</b>              | <b>(619,034)</b>              |

| Budget Assumptions    | ACTUAL<br>2022 | YTD<br>9/30/2023 | YE Estimate<br>12/31/2023 | BUDGET<br>2023 | BUDGET<br>2024 | BUDGET<br>2025 | BUDGET<br>2026 |
|-----------------------|----------------|------------------|---------------------------|----------------|----------------|----------------|----------------|
| Member dues           | 1,230          | 1,326            | 1,326                     | 1,288          | 1,392          | 1,462          | 1,535          |
|                       | \$ 170.00      | \$ 175.00        | \$ 175.00                 | \$ 175.00      | \$ 185.00      | \$ 200.00      | \$ 210.00      |
| Affiliate Member dues | 24             | 39               | 39                        | 25             | 40             | 42             | 44             |
|                       | \$ 136.00      | \$ 140.00        | \$ 140.00                 | \$ 140.00      | \$ 147.00      | \$ 159.00      | \$ 167.00      |
| Retired Member dues   | 109            | 79               | 79                        | 109            | 82             | 86             | 90             |
|                       | \$ 45.00       | \$ 55.00         | \$ 55.00                  | \$ 55.00       | \$ 58.00       | \$ 60.00       | \$ 63.00       |
| Student dues          | 720            | 747              | 747                       | 748            | 784            | 823            | 864            |
|                       | \$ 45.00       | \$ 45.00         | \$ 45.00                  | \$ 45.00       | \$ 47.00       | \$ 60.00       | \$ 63.00       |

### General Operations (Table A2)

#### Revenue

The largest portion of revenue comes from member and institutional & corporate dues. In the lower part of the table the supporting figures for the membership dues are displayed.

Historically, an investment allocation has been necessary to balance the overall operating budget. Portfolio allocations were usually necessary in years when AADOCR held stand-alone meetings when revenues are typically lower. Due to unusually strong finances, no investment allocation was needed from 2011 -2017. However, with investment allocations needed from 2018 – 2022 and expected to be needed each year from 2023 – 2026, the investment spending policy of the Association is expected to be exceeded, requiring Board approval.

In an effort to help offset increasing expenses, increases are recommended to Member dues rates in future years.

#### Expenses

The largest expenses are typically salaries, benefits, global HQ costs (overhead allocation), Board and government affairs costs. The

global HQ cost allocation percentages applied to AADOCR general operations for 2025, 2025 and 2026 are 27.1%, 26.1% and 27.1% respectively. Total 2023 general operations expenses are estimated to be \$12,000 lower than budgeted amount, due to lower member recruitment and programmatic sponsorship costs. Future year budget figures are based on maintaining similar spending patterns to 2023. The 2024 budget assumes full Board and staff travel.

#### Comments

- The net result of the AADOCR general operations budget is a deficit, which is consistent with results since the early 1980s. This deficit underscores the importance that the Meetings and Publications operate at significant surpluses to balance the overall AADOCR operating budget.
- 2023 membership figures show that the number of Members increased by 5.1% from 2022 totals.
- We are budgeting for a 5% increase in memberships in 2024 as compared to 2023. The number of members and students is also budgeted to increase by 5% per year in 2025 & 2026.

## Table A3. Meetings

|  | Atlanta          | Portland          | Portland<br>Year-End<br>Estimate | Portland<br>Approved<br>BUDGET | New Orleans<br>Proposed<br>BUDGET | New York City<br>Preliminary<br>BUDGET | San Diego<br>Preliminary<br>BUDGET |
|--|------------------|-------------------|----------------------------------|--------------------------------|-----------------------------------|--|------------------------------------|
|  | ACTUAL<br>2022   | YTD<br>09/30/2023 | 12/31/2023                       | 2023                           | 2024                              | 2025                                   | 2026                               |
| <b>REVENUE</b>                         |                  |                   |                                  |                                |                                   |  |                                    |
| Registration                           | 712,383          | 991,138           | 991,138                          | 988,843                        |                                   |  |                                    |
| Member reg                             |                  |                   |                                  |                                |                                   |  |                                    |
| Non-member reg                         |                  |                   |                                  |                                |                                   |  |                                    |
| Student reg                            |                  |                   |                                  |                                |                                   |  |                                    |
| Accomp persons                         |                  | 3,990             | 3,990                            |                                |                                   |  |                                    |
| Abstract Submission Fees               | 24,475           | 32,550            | 32,550                           | 32,075                         |                                   |  |                                    |
| Exhibition Fees                        | 44,870           | 57,898            | 57,898                           | 58,410                         |                                   |  |                                    |
| Advertising                            |                  |                   |                                  |                                |                                   |  |                                    |
| Contributions                          |                  |                   |                                  |                                |                                   |  |                                    |
| Symposium                              |                  | 12,160            | 12,160                           |                                |                                   |  |                                    |
| Sponsorship & Advertising              | 151,000          | 205,000           | 205,000                          | 232,500                        |                                   |  |                                    |
| Division Share *                       |                  |                   |                                  | 0                              | 38,828                            |  | 183,296                            |
| IADR Meeting Share **                  |                  |                   |                                  | 0                              | 69,890                            |  | 336,592                            |
| Meeting Dividend                       |                  |                   |                                  | 0                              | 75,215                            |  | 37,500                             |
| Interest                               |                  |                   |                                  |                                |                                   |  |                                    |
| Miscellaneous                          | 539              | 12,419            | 12,419                           | 1,750                          |                                   |  |                                    |
| <b>TOTAL REVENUE</b>                   | <b>933,267</b>   | <b>1,315,155</b>  | <b>1,315,155</b>                 | <b>1,313,578</b>               | <b>183,932</b>                    | <b>TBD</b>                             | <b>557,388</b>                     |
| <b>EXPENSES</b>                        |                  |                   |                                  |                                |                                   |  |                                    |
| Employee Salaries                      | 264,772          | 221,491           | 295,321                          | 295,820                        |                                   | 325,974                                |                                    |
| Employee Benefits                      | 69,308           | 61,464            | 81,952                           | 81,351                         |                                   | 89,643                                 |                                    |
| Overhead Allocation                    | 96,041           | 74,381            | 94,805                           | 91,824                         |                                   | 87,549                                 |                                    |
| Personnel                              | 154,280          |                   |                                  |                                |                                   |  |                                    |
| Merchant Fees/Bank Charges             | 16,653           | 14,066            | 18,000                           |                                |                                   |  |                                    |
| Meeting Venue                          | 69,108           |                   |                                  |                                |                                   |  |                                    |
| Scientific Program                     | 497,301          |                   |                                  |                                |                                   |  |                                    |
| Exhibition                             | 10,313           |                   |                                  |                                |                                   |  |                                    |
| Networking Opportunities               | 28,769           |                   |                                  |                                |                                   |  |                                    |
| Meeting Promotion                      | 36,910           |                   |                                  |                                |                                   |  |                                    |
| Miscellaneous                          | (1,400)          |                   |                                  |                                |                                   |  |                                    |
| AV & Other Meeting Technical Costs     |                  | 455,977           | 455,977                          | 414,275                        |                                   |  |                                    |
| Convention Center & Setup Costs        |                  | 69,962            | 69,962                           | 75,179                         |                                   |  |                                    |
| Catering Costs                         |                  | 86,088            | 86,088                           | 84,185                         |                                   |  |                                    |
| Travel & Honorarium Costs              |                  | 35,779            | 35,779                           | 61,039                         |                                   |  |                                    |
| Staffing Costs                         |                  | 23,825            | 23,825                           | 43,428                         |                                   |  |                                    |
| Registration & Abstract Mgmt Costs     |                  | 42,735            | 42,735                           | 47,980                         |                                   |  |                                    |
| Promotion & Printing Costs             |                  | 37,616            | 37,616                           | 48,655                         |                                   |  |                                    |
| Other Costs                            |                  | 5,916             | 5,917                            | 14,975                         |                                   |  |                                    |
| <b>TOTAL EXPENSES</b>                  | <b>1,242,055</b> | <b>1,129,301</b>  | <b>1,247,977</b>                 | <b>1,258,710</b>               | <b>0</b>                          | <b>TBD</b>                             | <b>0</b>                           |
| <b>Net Income (Before Adjustments)</b> | <b>(308,788)</b> | <b>185,854</b>    | <b>67,178</b>                    | <b>54,867</b>                  | <b>183,932</b>                    | <b>260,893</b>                         | <b>557,388</b>                     |

### Meeting (Table A3)

#### Revenue

Meeting income is mainly determined by the number of attendees and the registration fees. In years when AADOCR does not hold a meeting separately from IADR, the main source of meeting revenue comes from the Division Share, IADR Meeting Share, and the Meeting Dividend.

The Division Share is calculated based on 20% of IADR/AADOCR meeting surplus when AADOCR is designated as a "Host Division". The IADR Meeting Share is calculated as 36% of the meeting surplus from a joint IADR/AADOCR meeting held in North America. And the Meeting Dividend is calculated based on AADOCR member attendance to IADR or joint IADR/AADOCR meetings.

#### Expenses

There are two main sets of expenses, 1) staff salaries, benefits and overhead costs and 2) direct costs related to the meeting. Staff costs go up or down according to whether the costs are distributed to one combined IADR/AADOCR meeting or to two separate meetings. The meeting department budgets meetings according to a very detailed list, but the simplified budget presentation in this table groups the direct meeting costs under the following functional headings:

| MAIN HEADING                 | TYPICAL EXPENSE ITEMS   |
|------------------------------|---|
| Technical                    | Audio visual, website, WiFi and video recording costs                       |
| Convention Center & Setup    | Convention center lease, exhibit space setup, decorating and cleaning costs |
| Catering                     | Food & beverage costs for events and breaks                                 |
| Travel & Honorarium          | Travel & lodging for Board, speakers and staff                              |
| Staffing                     | Temporary staffing costs  |
| Registration & Abstract Mgmt | System costs for registration & abstract management                         |
| Promotion & Printing         | Video production & printing costs   |
| Other                        | Insurance, supplies & shipping  |

AADOCR's expected meeting surplus for the 2023 Annual Meeting in Portland is expected to be \$67,000.

AADOCR's revenue share from the joint 2024 meeting in New Orleans is budgeted to be \$184,000.

For 2025 & 2026 targeted meeting surpluses have calculated to assist management and the Board in seeing what level of meeting surplus is needed to achieve a balanced operating budget (a net operating budget deficit equal to the expected allocation to operations from the investment portfolio).

## Table A4. Fall Focused Symposium

|                            | ACTUAL<br>2022  | YTD<br>09/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|----------------------------|-----------------|-------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>             |                 |                   |                                    |                            |                            |                               |                               |
| Member reg                 | 0               | 0                 | 0                                  | 4,000                      | 0                          | 0                             | 0                             |
| Non-member reg             | 0               | 0                 | 0                                  | 2,000                      | 0                          | 0                             | 0                             |
| Student reg                | 0               | 0                 | 0                                  | 600                        | 0                          | 0                             | 0                             |
| Sponsorships/Contributions | 0               | 25,000            | 44,419                             | 0                          | 0                          | 0                             | 0                             |
| Miscellaneous              | 0               | 0                 | 0                                  | 100                        | 0                          | 0                             | 0                             |
| <b>TOTAL REVENUE</b>       | <b>0</b>        | <b>25,000</b>     | <b>44,419</b>                      | <b>6,700</b>               | <b>0</b>                   | <b>0</b>                      | <b>0</b>                      |
| <b>EXPENSES</b>            |                 |                   |                                    |                            |                            |                               |                               |
| Employee Salaries          | 13,260          | 11,175            | 14,900                             | 15,007                     | 15,999                     | 16,545                        | 17,528                        |
| Employee Benefits          | 3,471           | 3,101             | 4,135                              | 4,127                      | 4,400                      | 4,550                         | 4,820                         |
| Overhead Allocation        | 4,810           | 4,607             | 5,946                              | 5,036                      | 6,176                      | 5,042                         | 4,813                         |
| Merchant Fees              | 0               | 0                 | 0                                  | 208                        | 0                          | 0                             | 0                             |
| Organization               | 0               | 0                 | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Meeting Venue              | 0               | 0                 | 5,000                              | 2,500                      | 2,500                      | 2,500                         | 2,500                         |
| Scientific Program         | 1,829           | 0                 | 26,400                             | 7,500                      | 7,500                      | 7,500                         | 7,500                         |
| Travel                     | 2,101           | 3,680             | 13,019                             | 0                          | 0                          | 0                             | 0                             |
| Social Program             | 0               | 0                 | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Printing & Promotion       | 0               | 0                 | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Publication                | 0               | 0                 | 0                                  | 0                          | 0                          | 0                             | 0                             |
| Miscellaneous              | 0               | 0                 | 0                                  | 0                          | 0                          | 0                             | 0                             |
| <b>TOTAL EXPENSES</b>      | <b>25,470</b>   | <b>22,563</b>     | <b>69,399</b>                      | <b>34,377</b>              | <b>36,574</b>              | <b>36,137</b>                 | <b>37,161</b>                 |
| <b>Net Income</b>          | <b>(25,470)</b> | <b>2,437</b>      | <b>(24,980)</b>                    | <b>(27,677)</b>            | <b>(36,574)</b>            | <b>(36,137)</b>               | <b>(37,161)</b>               |

### Fall Focused Symposium (Table A4)

AADO CR created the Fall Focused Symposium (FFS) with the objective to provide networking opportunities and exchange of ideas, and to offer small regional symposia focused on cuttingedge technology and techniques. The first Fall Focused Symposium was held in 2008.

For 2023 the Fall Focused symposium was replaced with the Research Summit. Sponsorships and MIND The Future grant support were solicited to help offset the increased cost of the event.

The overall meeting deficit is expected to be slightly less than the budgeted deficit for the typical event.

#### Revenue

The two main sources of revenue may be registration income and sponsorships.

No registration revenues were collected for the 2023 Research Summit. No registration revenues are budgeted for 2024 – 2026 events.

#### Expenses

The 2023 Research Summit expected revenues and expenses are very different from typical FFSs. Sponsorships and grant support were obtained to help offset the higher space, catering and travel costs. For 2024 through 2026 modest in-person meetings are

contemplated. These meetings are expected to result in deficits consistent to net deficits for prior in-person events.

#### Comments

- Due to the changing subject matter and location, attendance is difficult to predict.
- The goal is to breakeven each year. However, due to the cost and low non-member attendance of this meeting it has been difficult to achieve.
- A deficit of about \$26,000 from this symposium has the same overall financial impact to the Association as not holding the symposium at all. This is the amount of staff costs and overhead allocated to the FFS budget that would need to be absorbed in other budget departments if AADO CR no longer held the symposium. It is financially better for AADO CR to have a small deficit on this meeting than to not hold it at all.
- Although the symposium has resulted in deficits and may continue to result in deficits, the Board has previously agreed that these costs are offset by the investment in AADO CR's membership and the benefits accomplished through communication of AADO CR's scientific impact.
- Although the symposium has resulted in deficits and may continue to result in deficits, the Board has previously agreed that these costs are offset by the investment in AADO CR's membership and the benefits accomplished through communication of AADO CR's scientific impact.

## Table A5. Fellowships, Awards, and Quasi-Endowments Summary

|                                    | ACTUAL<br>2022 | YTD<br>09/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 | Proposed<br>BUDGET<br>2024 | Preliminary<br>BUDGET<br>2025 | Preliminary<br>BUDGET<br>2026 |
|------------------------------------|----------------|-------------------|------------------------------------|----------------------------|----------------------------|-------------------------------|-------------------------------|
| <b>REVENUE</b>                     |                |                   |                                    |                            |                            |                               |                               |
| Contributions                      | 156,240        | 109,325           | 114,985                            | 127,540                    | 99,380                     | 127,540                       | 127,540                       |
| AADOCR Portfolio Allocation        | 127,554        | 2,575             | 3,075                              | 126,000                    | 2,000                      | 2,000                         | 2,000                         |
| Total Return On Investment         | (94,740)       | 35,136            | 35,136                             | 31,722                     | 32,428                     | 31,355                        | 30,911                        |
| <b>TOTAL REVENUE</b>               | <b>189,054</b> | <b>147,036</b>    | <b>153,196</b>                     | <b>285,262</b>             | <b>133,808</b>             | <b>160,895</b>                | <b>160,451</b>                |
| <b>EXPENSES</b>                    |                |                   |                                    |                            |                            |                               |                               |
| Awards/Fellowships/Mission Support | 132,417        | 131,040           | 133,675                            | 154,200                    | 130,700                    | 154,200                       | 147,700                       |
| Plaques                            | 1,900          | 480               | 480                                | 310                        | 80                         | 310                           | 230                           |
| Miscellaneous                      | 4,696          | 932               | 932                                | 2,350                      | 0                          | 2,350                         | 2,350                         |
| Admin Fees                         | 8,787          | 3,316             | 7,190                              | 9,453                      | 7,466                      | 9,546                         | 9,026                         |
| Investment Fees                    | 2,180          | 2,471             | 2,786                              | 3,208                      | 3,058                      | 3,150                         | 3,244                         |
| <b>TOTAL EXPENSES</b>              | <b>149,980</b> | <b>138,238</b>    | <b>145,063</b>                     | <b>169,520</b>             | <b>141,304</b>             | <b>169,555</b>                | <b>162,550</b>                |
| <b>Net Income</b>                  | <b>39,074</b>  | <b>8,798</b>      | <b>8,133</b>                       | <b>115,742</b>             | <b>(7,496)</b>             | <b>(8,660)</b>                | <b>(2,099)</b>                |
| Balance from Previous Year         | 758,159        | 797,233           | 797,233                            | 797,233                    | 912,975                    | 905,479                       | 896,819                       |
| Prior Year Balance Adjustment      |                |                   |                                    |                            |                            |                               |                               |
| <b>Balance at Year End</b>         | <b>797,233</b> | <b>806,031</b>    | <b>805,366</b>                     | <b>912,975</b>             | <b>905,479</b>             | <b>896,819</b>                | <b>894,720</b>                |

### Fellowships and Awards (Table A5)

The fellowships and awards are funded by various sponsors and are awarded according to spending rules defined by the sponsor or by the Board. The fellowships and awards are restricted funds that can only be used for their stated purpose. The accumulation of funds over the years is also shown in these tables.

The Board of Directors has designated funds from the Association's reserves to be "quasiendowed" to support the William J. Gies Award in perpetuity. Since this fund is not a true "endowment", the Board has the power to change the purpose of this "designated" fund at its discretion.

A planned giving campaign was initiated in 2014 to encourage creation of permanent endowments that will support the mission of the AADOCR. In 2014, AADOCR received contributions to create a permanent endowment, The Anne Haffajee Endowment. That endowment became fully funded in 2016, making it officially the first permanent endowment of the AADOCR. An award of \$10,000 has been issued annually since 2017 for the Anne Haffajee Fellowship. The

William Butler Endowment was approved to be fully funded at a lower level than the original level set for the endowment in 2022. The first award for this endowment was issued in 2023. Contributions are also being received for the remaining two endowments; however, they have not yet been fully funded.

Administrative costs charged to many of AADOCR's awards are reflected on these budget sheets as expenses and included in Miscellaneous Income on the General Operations Budget (Table A2).

You may notice deficits in some funds' net income from time to time. This is typically due to timing issues. Generally Accepted Accounting Procedures (GAAP) requires that AADOCR record contributions during the year that they are received and record the expense of the award/fellowship in the year that it is paid. Contributions are frequently received in the year prior to awarding the grant. So, the first year would show a surplus and the second year would show a deficit. These surpluses and deficits should offset each other over time.

## Table JI. IADR & AADOCR – All Global Headquarters Costs

|                                   | Actual<br>2022   | YTD<br>09/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 |
|-----------------------------------|------------------|-------------------|------------------------------------|----------------------------|
| <b>Staff costs</b>                |                  |                   |                                    |                            |
| Staff Salaries                    | 2,487,377        | 1,926,380         | 2,561,616                          | 2,595,404                  |
| Staff Benefits                    | 651,105          | 541,342           | 710,848                            | 713,736                    |
| Subtotal                          | 3,138,482        | 2,467,722         | 3,272,464                          | 3,309,140                  |
| % Change from Prior Year          | 6.4%             |                   | 4.3%                               | 5.4%                       |
| % Diff. From Current Year Budget  | -0.4%            |                   | -1.1%                              | 5.0%                       |
| <b>Overhead costs</b>             |                  |                   |                                    |                            |
| Accounting fees                   | 5,633            | 4,244             | 7,159                              | 7,500                      |
| Audit                             | 74,439           | 65,723            | 75,000                             | 61,800                     |
| Bank charges                      | 17,658           | 15,023            | 20,000                             | 22,000                     |
| Building maintenance              | 55,482           | 42,865            | 60,000                             | 75,209                     |
| Depreciation (50/50 Joint Assets) | 243,931          | 170,547           | 227,663                            | 256,568                    |
| Information Technology            | 255,651          | 219,507           | 256,818                            | 186,262                    |
| Insurance                         | 54,210           | 51,213            | 52,026                             | 56,378                     |
| Leases & equipment                | 14,695           | 11,071            | 14,761                             | 14,547                     |
| Legal fees                        | 11,002           | 1,962             | 5,000                              | 10,000                     |
| Miscellaneous                     | 22,706           | 6,430             | 17,030                             | 5,000                      |
| Office supplies                   | 4,996            | 11,001            | 13,000                             | 7,500                      |
| Postage & Shipping                | 2,708            | 995               | 1,500                              | 3,000                      |
| Recruitment costs                 | 3,292            | 1,605             | 3,000                              | 5,000                      |
| Staff Development                 | 11,859           | 7,210             | 12,000                             | 23,750                     |
| Staff Events/Appreciation         | 5,003            | 4,710             | 6,250                              | 6,250                      |
| Taxes - Property                  | 33,989           | 20,138            | 34,113                             | 36,000                     |
| Taxes - Other                     | 60               | 0                 | 0                                  | 0                          |
| Telephone/Internet                | 24,806           | 18,344            | 24,459                             | 24,362                     |
| Temporary Help                    | 0                | 0                 | 2,000                              | 4,500                      |
| Subtotal                          | 842,120          | 652,588           | 831,778                            | 805,627                    |
| % Change from Prior Year          | -7.7%            |                   | -1.2%                              | -4.3%                      |
| % Diff. From Current Year Budget  | 1.1%             |                   | 3.2%                               | -3.2%                      |
| <b>GRAND TOTAL</b>                | <b>3,980,602</b> | <b>3,120,310</b>  | <b>4,104,243</b>                   | <b>4,114,767</b>           |
| % Change from Prior Year          | 3.1%             |                   | 3.1%                               | 3.4%                       |
| % Diff. From Current Year Budget  | -0.1%            |                   | -0.3%                              | 3.3%                       |

## Joint Budgets – Executive Summary

### Proposed 2024 Budgets

**GHQ:** Total 2024 GHQ costs are budgeted to increase by 5.1% as compared to 2023 budgeted costs and by 5.3% when compared to projected 2023 yearend expenses.

- Salaries and benefits costs in 2023 are expected to be lower than budgeted due to three staff vacancies for part of the year. A full staff of 21 full-time employees, 1 part-time employee and 1 intern is budgeted for 2024. Salary and benefit costs are budgeted to increase in 2024 by 4.3% when compared to 2023 budgeted costs and 5.4% compared to projected 2023 year-end expenses.
- Information technology costs are higher than budget in 2023 due to higher than budgeted Nimble configuration costs, a needed system upgrade and configuration costs associated with the IADR website. Higher Nimble and website configuration costs will continue into 2024.
- Depreciation costs and building maintenance costs are budgeted to be lower in 2024 as compared to expected 2023 actual expenses. The capitalized costs associated with the website upgrade will be fully depreciated in late 2024. Variable building maintenance costs such as HVAC and plumbing repairs have been lower than expected in 2023, so the 2024 budget estimates for these items have been adjusted lower.

**JDR:** The surplus continues to help offset the deficits expected in other budget departments. As has been typically done, to be conservative, a 5% reduction in Royalty income from expected 2023 results is budgeted for 2024. The Editorial Stipend provide by Sage remains unchanged from 2023 and will remain the same for the duration of the contract term. Editorial expenses are also budgeted to remain unchanged.

**JDR CTR:** Royalty income, similar to JDR has been conservatively budgeted to decrease by 5% from expected 2023 results. Editorial expenses are unchanged from 2023. A small deficit is expected, though it should be noted that the expenses include allocation of staff salaries, benefits as well as an overhead allocation.

### Preliminary 2025 & 2026 Budgets

**GHQ:** Costs are budgeted to include modest increases in 2024 and 2025, with the exception of depreciation costs which are expected to decrease sharply beginning in 2025 as office renovation costs and the website redesign project reach the end of their depreciation lifecycles. Most other costs assume a 3% inflationary increase each year.

**JDR:** Budgeted surplus remains high, though declining due to conservative royalty income estimates.

**JDR CTR:** Continues to be budgeted conservatively with a small deficit each year.



## Table JP2. JDR Clinical & Translational Research

|                                | Actual<br>2022  | YTD<br>9/30/2023 | Year-End<br>Estimate<br>12/31/2023 | Approved<br>BUDGET<br>2023 |
|--------------------------------|-----------------|------------------|------------------------------------|----------------------------|
| <b>REVENUE</b>                 |                 |                  |                                    |                            |
| Member subs                    | 2,240           | 1,840            | 1,840                              | 2,352                      |
| Student subs                   | 372             | 300              | 300                                | 409                        |
| Less: Subscription Rev to SAGE | (2,612)         | (2,140)          | (2,140)                            | (2,761)                    |
| Miscellaneous                  | 0               | 0                | 0                                  | 250                        |
| Advertising Share              | 0               | 0                | 0                                  | 0                          |
| Editorial Stipend              | 40,000          | 30,000           | 42,500                             | 42,500                     |
| Royalty Income                 | 59,772          | 43,719           | 51,020                             | 57,950                     |
| <b>TOTAL REVENUE</b>           | <b>99,772</b>   | <b>73,719</b>    | <b>93,520</b>                      | <b>100,700</b>             |
| <b>EXPENSES</b>                |                 |                  |                                    |                            |
| Employee salaries              | 45,470          | 35,132           | 46,843                             | 46,349                     |
| Employee benefits              | 11,902          | 4,979            | 12,882                             | 12,746                     |
| Overhead Allocation            | 15,394          | 11,654           | 14,854                             | 14,387                     |
| Merchant Fees                  | 77              | 49               | 66                                 | 86                         |
| Marketing                      | 0               | 0                | 0                                  | 1,500                      |
| Editorial expenses/Ed Board    | 38,960          | 38,619           | 38,619                             | 41,460                     |
| Legal                          | 1,169           | 0                | 1,500                              | 1,500                      |
| Miscellaneous                  | 0               | 0                | 0                                  | 500                        |
| <b>TOTAL EXPENSES</b>          | <b>112,972</b>  | <b>90,433</b>    | <b>114,764</b>                     | <b>118,528</b>             |
| <b>Net Income</b>              | <b>(13,200)</b> | <b>(16,714)</b>  | <b>(21,244)</b>                    | <b>(17,828)</b>            |
| <b>Budget Assumptions</b>      |                 |                  |                                    |                            |
| <b>Member Print</b>            |                 |                  |                                    |                            |
| Rate                           | \$20            | \$20             | \$20                               | \$20                       |
| Number of                      | 112             | 92               | 92                                 | 118                        |
|                                | 2,240           | 1,840            | 1,840                              | 2,352                      |
| <b>Student Subs Print</b>      |                 |                  |                                    |                            |
| Rate                           | \$12            | \$12             | \$12                               | \$12                       |
| Number of                      | 31              | 25               | 25                                 | 34                         |
|                                | 372             | 300              | 300                                | 409                        |

### JDR Clinical & Translational Research (Table JP2)

Created in 2016, the *Journal of Dental Research Clinical & Translational Research* is jointly owned by IADR and AADOCR with finances split on a 50/50 basis. Publication of the journal is outsourced to SAGE Publishing, Inc. Editorial services continue to be the responsibility of IADR/AADOCR, but copyediting, layout, and production are managed completely by SAGE.

#### Revenue

SAGE handles the billing and collection of institutional subscriptions, advertising and most other revenue sources for the Journal. Member and Student subscription revenue is collected by IADR/AADOCR during the membership renewal process and all subscription revenue is then forwarded to SAGE. IADR/AADOCR receives royalty income from SAGE according to the terms of the contract. SAGE also provides an editorial stipend to offset JDR CTR editorial service costs.

4 issues were produced annually in 2017 through 2023, with a supplement published in September 2022.

Royalty income has exceeded the budgeted estimate most years. The current year estimate assumes the budgeted royalty revenue will be slightly less than budget as 2022 revenues contains royalties associate with the September 2022 supplement. No supplement is being published in 2023. The next supplement will be published in early 2024. To be conservative, future year royalty income is budgeted to decline by 5% per year.

#### Expenses

IADR/AADOCR is responsible for paying editorial costs and various management and overhead costs. 2023 expenses are expected to be slightly less than budget. Future year budgets are planned at similar amounts to the 2023 budget. Editorial expenses are budgeted to remain unchanged in 2024 as the same agreements will be in place for the editorial staff as in 2023.

Although a deficit is budgeted for the Journal, the deficit amount is less than the amount of staff salaries, benefits, and overhead that would need to be absorbed by other budget departments if this Journal was not published. The Associations are more financially successful with a small JDR CTR deficit than without the JDR CTR.

# Appendix 4 — 2022-23 AADOCR Board of Directors and Committees

## Board of Directors

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Alexandre Vieira, President  
Effie Ioannidou, President-Elect  
Jennifer Webster-Cyriaque, Vice-President  
Jane A. Weintraub, Immediate Past President  
Ana Bedran-Russo, Treasurer  
Erin Bumann, Member-at-Large (2026)  
Ben Chaffee, Member-at-Large (2024)  
Sheila Riggs, Member-at-Large (2025)  
Paige Falion, Patient Advocate Representative (2025)  
Brian Foster, Board Member (2024)  
Mark Heiss, Board Member (2026)  
Shawn Hallett, Student Representative (2025)  
James Seung Jin Jang, Student Representative (2024)  
Nicholas Jakobovics, *JDR* Editor-in-Chief (2025)  
Jocelyne Feine, *JDR CTR* Editor-in-Chief (2024)  
Christopher H. Fox, Chief Executive Officer (2025)

## Annual Session Committee

---

Justin Merritt (2024), Chair  
Kimon Divaris (2026)  
Nisha D'Silva (2025)  
Se-Lim Oh (2026)  
Jin Xiao (2025)

## Committee on Diversity and Inclusion

---

Bruno Lima (2024), Chair  
Hend Alqaderi (2026)  
Carolina Cucco (2024)  
Sukirth Ganesan (2026)  
Dina Garcia (2025)  
Kimberly Jasmer (2026)  
Diana Messadi (2024)  
Bernal Stewart (2025)  
Abraham Schneider (2025)

## Constitution Committee

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Kamran Awan (2024), Chair  
Dolph Dawson (2024)  
Mateus Garcia Rocha (2025)  
Fatemeh Momen-Heravi (2026)  
Gisele F. Neiva (2025)  
Tracy Popowics (2026)  
Jeremie Douglas Oliver (2025)  
Claudia Téllez Freitas (2025)  
Ilser Turkyilmaz (2024)

## Development Committee

---

Matthew Doyle (2024), Chair  
Marco Bottino (2026)  
Lois Cohen (2026)  
David Johnsen (2026)  
Paul Krebsbach (2024)  
John Mitchell (2026)  
Tim Wright (2025)

## Edward H. Hatton Awards Committee

---

Patricia Miguez (2024), Chair  
Cristiane Miranda França (2025)  
Quamarul Hassan (2026)  
Boyen Huang (2026)  
Georgios Kotsakis (2025)  
Chun-Teh Lee (2025)  
Flavia Pirihi (2024)  
Apoena Ribeiro (2026)  
Geetha Duddanahalli Siddanna (2026)

## Ethics in Dental Research Committee

---

Marcelo Araujo (2024), Chair  
Jacqueline Abranches (2025)  
Joana Cunha-Cruz (2026)  
Eric Everett (2025)  
Cristina Garcia-Godoy (2026)  
Sue Herring (2024)  
Regina Messer (2025)  
Andrea Pobocik (2024)  
Sarah Raskin (2024)

## Fellowships Committee

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### Yu Lei (2024), Chair

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Kyounga Cheon (2026)  
Christopher Donnelly (2026)  
Clarisa Amarillas Gastelum (2025)  
Clarissa Souza Gomes da Fontoura (2025)  
Elisabeta Karl (2025)  
James Lipton (2024)  
Lauren McKay (2026)  
Mary Ann Melo (2024)  
Wanida Ono (2025)  
Michelle Visser (2024)

## Government Affairs Committee

---

Christy McKinney (2024), Chair  
Olga J. Baker (2025)  
Eric Everett (2025)  
Amid I. Ismail (2025)  
Vivek Thumbigere Math (2026)  
Fotinos Panagakos (2024)  
Pamela C. Yelick (2025)  
Christine D. Wu (2026)  
Christopher Fox, Chief Executive Officer, *ex officio*

## Nominating Committee

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Stephen Bayne (2024), Chair  
Bruno N. Cavalcanti (2025)  
Rajesh Vishno Lalla (2025)  
Anh Le (2026)  
Jacques Nör (2024)  
Ana Paula Piovezan Fugolin (2025)  
Mike Reddy (2026)  
Maria Ryan (2024)  
Martha Somerman (2024)  
Qian Wang (2025)

### Science Information Committee

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Xin Li (2025), Chair  
Praveen R. Arany (2025)  
Xuelian Huang (2025)  
Gaurav Vijay Joshi (2025)  
Regina L.W. Messer (2025)  
Shillpa Naavaal (2026)  
Richard Sherwood (2026)  
Yau-Hua Yu (2025)

### National Student Research Group Faculty Advisors

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Hope Amm (2024)  
Brian Foster (2025)

### IADR/AADOCR William J. Gies Award Committee

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Hongli Sun (2024), Chair  
Xin Li (2025), (AADOCR)  
Dalia E Meisha (2025), (Saudi Arabian Division)  
Frederico Barbosa de Sousa (2025), (Brazilian Division)  
Lina Niu (2025), (Chinese Division)  
Jeong-Ho Yu (2025), (Korean Division)  
Ana Pauloa Piovezan Fugolin (2025), (AADOCR)  
Arvind Babu Rajendra Santosh (2026), (Caribbean Section)  
Binnaz Leblebicioglu (AADOCR)

### IADR/AADOCR Tellers

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Liran Levin (2024), Chair  
Prabhat Kumar Chaudhari (2025)  
Alexandra Pierre-Bez (2026)

### Distinguished Scientist Award

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Jacques Eduardo Nör (2028), Chair  
Mark Herzberg (2027)  
Tim Wright (2026)  
Maria Emanuel Ryan (2025)  
Raul Garcia (2024)

### Honorary Membership Committee

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Tim Wright (2024), Chair  
Mark Herzberg (2025)  
Jacques Nor (2026)

### IADR/AADOCR Publications Committee

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Eric Reynolds (2024), (Australia/New Zealand), Chair  
Jacques Nör (2024), (AADOCR)  
Carmem Pfeifer, AADOCR Representative, (2024)  
Jorge Perdigao, AADOCR Representative, (2025)  
Purnima Kumar, AADOCR Representative, (2026)  
Vijay Mathur, IADR Representative, (2024), (Indian Division)  
Raj Nair, IADR Representative, (2025), (Australia/New Zealand Division)  
Wei Ji, IADR Representative, (2026), (Chinese Division)  
Nick Jakubovics, Editor-in-Chief, *Journal of Dental Research*, (British Division), *ex officio*  
Ana Paula Colombo, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*  
Gustavo Garlet, Associate Editor, *Journal of Dental Research* (Brazilian Division), *ex officio*  
Dana Graves, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*  
Jacques Nör, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*  
Carmem Pfeifer, Associate Editor, *Journal of Dental Research* (AADOCR), *ex officio*  
Joy Richman, Associate Editor, *Journal of Dental Research* (Canadian Division), *ex officio*  
Falk Schwendicke, Associate Editor, *Journal of Dental Research*, (Continental European Division), *ex officio*  
Jocelyne Feine, Editor-in-Chief, *JDR Clinical & Translational Research* (Canadian Division), *ex officio*  
Vanessa Muirhead, Associate Editor, *JDR Clinical & Translational Research* (British Division), *ex officio*  
Christopher H. Fox, IADR/AADOCR Chief Executive Officer (AADOCR), *ex officio*

### AAAS Representatives

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Christopher H. Fox, IADR/AADOCR Chief Executive Officer

### ADA Standards Committee on Dental Products

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Marco Bottino (2024)  
Robert Kelly (2024)  
Carmem Pfeifer (2024)  
Yu Zhang (2024)

### ADA Standards Committee on Dental Informatics

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Marcelo Freire (2024)

### Dental Quality Alliance Committee

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Kathryn Atchison

## Appendix 5 — AADOCR Fellows

The AADOCR Fellows Program is designed to recognize leaders of AADOCR and individuals who have served AADOCR in various ways throughout their careers. Through this Program, AADOCR will strengthen its mission to drive dental, oral, and craniofacial research to advance health and well-being.

- 2016 Kathryn Atchison, University of California – Los Angeles  
Stephen Bayne, University of Michigan  
O. Ross Beirne, University of Washington  
William Bowen, University of Rochester  
John P. Brown, University of Texas at San Antonio  
Rena D'Souza, National Institute of Dental & Craniofacial Research  
Ananda Dasanayake, New York University  
Matthew Doyle, Procter & Gamble Company  
Christopher Fox, IADR/AADOCR  
Lawrence Gettleman, University of Louisville  
Kaumudi Joshipura, University of Puerto Rico  
Mel Kantor, University of Wisconsin-Eau Claire  
Linda Kaste, University of Illinois Chicago College of Dentistry  
Keith Kirkwood, University at Buffalo  
Mary MacDougall, University of British Columbia  
Grayson Marshall, University of California – San Francisco  
Sally Marshall, University of California – San Francisco  
John Mitchell, Midwestern University  
John Powers, Dental Consultants, Inc.  
Alexandre Vieira, University of Pittsburgh, SDM  
Mary Walker, University of Missouri - Kansas City  
Jane Weintraub, University of North Carolina  
J. Timothy Wright, University of North Carolina  
Pamela Yelick, Tufts University
- 2017 John Bartlett, The Ohio State University  
Nisha D'Silva, University of Michigan  
Jeffrey Ebersole, University of Nevada, Las Vegas  
Jack Ferracane, Oregon Health & Science University  
Margherita Fontana, University of Michigan  
Carlos Gonzalez-Cabezas, University of Michigan  
Sharon Grayden, University of Michigan  
Effie Ioannidou, University of Connecticut  
David Kohn, University of Michigan  
Daniel McNeil, West Virginia University  
Jacques Nör, University of Michigan School of Dentistry  
Rade Paravina, University of Texas at Houston  
Peter Polverini, University of Michigan  
Georgios Romanos, Stony Brook University  
Frank Scannapieco, State University of New York at Buffalo  
James Simmer, University of Michigan  
Russell Taichman, University of Alabama at Birmingham  
Yu Zhang, University of Pennsylvania
- 2018 Timothy DeRouen, University of Washington  
Sue Herring, University of Washington  
Jeffrey Stansbury, University of Colorado
- 2019 David Drake, University of Iowa  
Renny Franceschi, University of Michigan  
William Giannobile, Harvard School of Dental Medicine  
Paul Krebsbach, University of California – Los Angeles
- Mina Mina, University of Connecticut  
E. Dianne Rekow, King's College London  
Harvey Schenkein, Virginia Commonwealth University – VCU/MCV  
Thomas Van Dyke, The Forsyth Institute  
Cun-Yu Wang, University of California – Los Angeles  
David Wong, University of California – Los Angeles  
Yun-Po Zhang, Colgate-Palmolive
- 2020 Paul Dechow, Texas A&M University College of Dentistry  
Hatice Hasturk, The Forsyth Institute  
Alpdogan Kantarci, Forsyth Institute  
Purnima Kumar, The Ohio State University  
Bjorn Steffensen, Tufts University School of Dental Medicine
- 2021 Ana Bedran-Russo, Marquette University School of Dentistry  
Clifton Carey, Univ Colorado, Denver  
Lois Cohen, NIH/NIDCR  
Pamela Den Besten, University of California – San Francisco  
Kimon Divaris, University of North Carolina  
Carla Evans, Boston University  
Eric Everett, University of North Carolina  
Jian Feng, Texas A&M College of Dentistry  
Hansel Fletcher, Loma Linda University  
Sylvia Frazier-Bowers, University of North Carolina  
Anne George, University of Illinois at Chicago  
Sudarat Kiat-Amnuay, University of Texas at Houston  
Jessica Lee, University of North Carolina  
Ariadne Letra, University of Texas Health Science Center at Houston  
Carmem Pfeifer, Oregon Health & Science University  
Luciana Shaddox, University of Kentucky – College of Dentistry  
Dimitris Tatakis, Ohio State University  
Flavia Teles, University of Pennsylvania  
Jennifer Webster-Cyriaque, University of North Carolina  
Charles Widmer, University of Florida
- 2022 Judith Albino, University of Colorado, Aurora  
Brenda Heaton, Boston University  
Alireza Moshaverinia, University of California, Los Angeles  
Yong Wang, University of Missouri, Kansas City  
Christine D. Wu, University of Illinois at Chicago
- 2023 Grace De Souza, University of Louisville  
Raul Garcia, Boston University  
Chung How Kau, University of Alabama at Birmingham  
Binnaz Leblebicioglu, The Ohio State University  
Spiro Megremis, American Dental Association  
David Scott, University of Louisville  
Tamanna Tiwari, University of Colorado, Aurora

## Appendix 6 — AADOCR Student Research Fellowship Recipients

(supported by American Academy of Periodontology, Colgate Oral Pharmaceuticals, P&G Professional Oral Health, Crest + Oral-B, Dentsply Sirona, Haleon, and AADOCR Group Chapters, Sections and Members )

- 2016 Amir Aryaan, University of Michigan  
Andrew Bertagna, University of Illinois at Chicago  
Danielle Bitton, Midwestern University – CDMA  
Derrick Crawford, Texas A&M College of Dentistry  
Kunal Dani, Tufts University School of Dental Medicine  
Yifen (Wendy) Fu, University of California San Francisco  
Toni Jilka, University of Nevada, Las Vegas  
Kyung Min, Ohio State University  
Francisco Nieves, University of Texas Health Science at Houston School of Dentistry  
Aneesa Sood, University of Alabama at Birmingham  
Basma Ibrahim Tamasas, University of Washington  
Sing Wai Wong, University of North Carolina, Chapel Hill
- 2017 Danielle Burgess, University of North Carolina, Chapel Hill  
Carissa Choong, Oregon Health & Science University  
Elizabeth Clanahan, Columbia University  
Kendra Clark, University of Mississippi  
Eric Feuer, University of Pittsburgh  
Jeffrey Garcia, Marquette University  
Heran Getachew, University of Florida  
Tanner Godfrey, University of Alabama at Birmingham  
Bronwyn Hagan, University of California San Francisco  
Melissa Jarvis, Midwestern University – CDMA  
Leonardo Koerich, Virginia Commonwealth University  
Mingyu Kwak, Stony Brook University  
Ke’Ale Louie, University of Michigan  
Andrew Lum, Tufts University School of Dental Medicine  
Andrew McCall, State University of New York at Buffalo  
Annette Merkel, University of Illinois at Chicago  
Tyler Mesa, Louisiana State University  
Seth Nye, Texas A&M College of Dentistry  
Jayesh Patel, Boston University  
Leigha Rock, University of British Columbia  
Delton Tatum, The Ohio State University  
Charles Taylor, Arizona School of Dentistry and Oral Health, A.T. Still University  
Thuy LeAnn Truong, University of Texas Health Science at Houston School of Dentistry  
Joshua Welborn, Southern Illinois University School of Dental Medicine  
Matthew Yarmosky, University of Maryland
- 2018 Brandon Breard, Louisiana State University  
Elizabeth Clanaman, Columbia University  
Adrian Danescu, University of British Columbia  
Michael Eskander, University of Texas Health Science Center at San Antonio  
Keagan Foss, University of Texas Health Science Center at Houston  
Michael Halcomb, University of Michigan  
Courtney Johnson, University of Colorado  
Jeremy Kiripolsky, State University of New York at Buffalo  
Gretel Millington, University of Connecticut  
Erica Muller, Midwestern University  
Zachary Nicholson, Marquette University  
Seth Nye, The Ohio State University  
Vidhi Pandya, Southern Illinois University  
James Parker, East Carolina University  
Veena Raja, Stony Brook University  
Robert Rudnicki, Texas A&M University  
Karen Schey, University of North Carolina at Chapel Hill  
Austin Shackelford, Arizona School of Dentistry and Oral Health, A.T. Still University  
Adam Staffen, Virginia Commonwealth University  
Wylie Tang, University of Nevada, Las Vegas  
Hailey Taylor, University of California, San Francisco  
Victor Tran, Oregon Health & Science University  
Delaney Turner, Tufts University  
Danielle Vermilyea, University of Florida  
Jennifer Wu, Indiana University  
Livia Favaro Zeola, University of Washington  
Yuqiao Jennifer Zhou, University of Pittsburgh
- 2019 Robert Brock, University of Texas Health Science Center at San Antonio  
Ana Chang, University of Washington  
Jie Deng, Stony Brook University  
Anthony Falone, Tufts University  
Josh Ferraro, The Ohio State University  
Gilberto Garcia, University of Texas Health Science Center at Houston  
Julia Giardina, Virginia Commonwealth University  
Gavin Golas, University of Florida  
Brian Greco, University of Connecticut  
Arezoo Holdaway, Midwestern University – Arizona  
Adam Hoxie, University of North Carolina  
Ariana Kelly, University of Pittsburgh  
Allyn LaCombe, Louisiana State University  
Reed McKinney, Indiana University  
Sumeet Minhas, Columbia University  
Margaret Newton, Texas A&M University  
Erika Ramos, Boston University  
Cameron Swift, East Carolina University  
Shernel Thomas, University of Michigan  
Nikita Tongas, Marquette University  
Taylor Velasquez, A.T. Still University – Arizona  
Trystan Wiedow, The University of Iowa  
Scarlett Woods, University of Mississippi Medical Center
- 2020 Erin Britt, Virginia Commonwealth University  
Zachary Burk, University of North Carolina  
Nicholas Fischer, University of Minnesota  
Jacob Graca, University at Buffalo  
Tyler Laurel, University at Buffalo  
Andrew Magee, Midwestern University – Arizona  
An Nguyen, University of California, San Francisco  
Alexandra Oklejas, University of Michigan  
Nathan Riexinger, University at Buffalo  
Conor Scanlon, Oregon Health & Science University  
Michelle Scott, The Ohio State University  
Ida Shaffer, University of California, San Francisco  
Dam Soh, University at Buffalo  
Claire Stickler, University of Michigan  
W. Benton Swanson, University of Michigan  
Gabriel Valencia, University at Buffalo
- 2021 Natalie Atyeo, University of Florida, Gainesville  
Jessica Cook, University of California, San Francisco  
Ramin Farhad, University of California, San Francisco  
Taylor Glovsky, Oregon Health & Science University, Portland  
Charles Holjencin, Medical University of South Carolina, Charleston  
Gwen Hryciw, Oregon Health & Science University, Portland  
Marsha-Kay Hutchinson, University of Michigan, Ann Arbor  
Yejin Ki, University of Pittsburgh, PA  
Alisa Lee, University of Pennsylvania, Philadelphia  
Mary Li, University of Iowa, Iowa City  
Eric Madsen, University of Michigan, Ann Arbor  
Charlotte Martin, Columbia University, NY  
Lea Sedghi, University of California, San Francisco  
Ben Swanson, University of Michigan, Ann Arbor  
Jihee Yoon, University of California, San Francisco  
Yuanchun Zhou, Nova Southeastern University, Fort Lauderdale, FL

## Appendix 6 (continued)

- 2022 Natalie Atyeo, University of Florida, Gainesville  
Jonathan Banks, University of Illinois at Chicago  
Bradley Brow, Midwestern University, Downers Grove, IL  
Kristelle Caistrano, University of Illinois at Chicago  
Darnell Cuylear, University of California, San Francisco  
Andrew Doan, Indiana University, Indianapolis  
Christina Gordon, Virginia Commonwealth University, Richmond  
Shawn Hallett, University of Michigan, Ann Arbor  
Amy Hensel, Midwestern University, Downers Grove, IL  
Mikki Jaramillo, Indiana University, Indianapolis  
Jessica Kim, University of Southern California, Los Angeles  
Kasey Leung, University of Illinois at Chicago  
Marcus Levitan, Indiana University, Indianapolis  
Amy Li, University of Michigan, Ann Arbor  
Kazune Pax, The Ohio State University, Columbus  
Casey Sheehy, Virginia Commonwealth University, Richmond  
Benjamin Shelling, University of Pennsylvania, Philadelphia  
Ben Swanson, University of Michigan, Ann Arbor  
Kenya Velez, University of California, San Francisco  
Carrie Walton, Indiana University, Indianapolis  
Robert Wolf, Midwestern University, Downers Grove, IL
- 2023 Natalie Andras, The Ohio State University, Columbus  
Thao Do, University of Pennsylvania, Philadelphia  
Alexandra Herzog, University of Michigan, Ann Arbor  
Julie Hong, University of Pennsylvania, Philadelphia  
Yanjie Huang, University of Michigan, Ann Arbor  
Parandis Kazemi, University of Minnesota, Minneapolis  
Tommy Lau, University of Michigan, Ann Arbor  
Luke Lucido, University of California, San Francisco  
Jonathan Nguyen, Oregon Health and Science University, Portland  
Khanh Nguyen, Virginia Commonwealth University, Richmond  
Michelle Nguyen, University of California, San Francisco  
Shahzad (Sharzy) Sadeghi, University of California, San Francisco  
Erica Siismets, University of Michigan, Ann Arbor  
David Sung, University of California, San Francisco  
W. Benton Swanson, University of Michigan, Ann Arbor  
Sydnie Taylor, Midwestern University, Downers Grove, IL  
Byron Zhao, University of California, San Francisco

## Appendix 7 — 2023 AADO CR Bloc Travel Grant Recipients

Supported by the National Institutes of Health – National Institute of Dental and Craniofacial Research (Grant No. R13DE030343-02)

- Colby Allen, UT Health Houston  
Eddyson Altidor, University of Connecticut, Farmington  
Elise Ambrose, University of Colorado, Aurora  
Alison Buckwalter, University of Pittsburgh, PA  
Justin Burrell, University of Pennsylvania, Philadelphia  
Michael Chavez, The Ohio State University, Columbus  
Sydney Chung, UT Health San Antonio  
Ana Garcia Castineiras, Harvard University, Boston, MA  
Alexandra, Herzog, University of Michigan, Ann Arbor  
Marsha-Kay Hutchinson, University of Michigan, Ann Arbor  
Grant Kasal, Midwestern University, Downers Grove, IL  
Thomas Koby, University of Florida, Gainesville  
Susu Le, University of California, San Francisco  
Elizabeth Leon, Nova Southeastern University, Fort Lauderdale, FL  
Mary Li, University of Iowa, Iowa City  
Min Lin, University of Washington, Seattle  
Vincent Mak, Stony Brook University, NY
- Cyrus Mansouri, University of Iowa, Iowa City  
Rosamaria Marquez, Texas A&M University, Dallas  
Simon Monley, University of Colorado, Aurora  
Kevin Muñoz Forti, University of Missouri, Columbia  
Josue Murillo, UT Health San Antonio  
Anna Nguyen, University of California, San Francisco  
Marshall Padilla, University of Pennsylvania, Philadelphia  
Kazune Pax, The Ohio State University, Columbus  
Julia Kishani Persaud, New York University, NY  
Andrew Santander, University of Tennessee Health Science Center, Memphis  
Michelle Scott, The Ohio State University, Columbus  
Amanda Seaberg, University of Iowa, Iowa City  
Madison Sharp, Medical University of South Carolina, Charleston  
Bao Thao, Roseman University, South Jordan, UT  
Amy Tran, UT Health Houston

## Appendix 8 — AADO CR MIND the Future Program

### **AADO CR Mentoring an Inclusive Network for a Diverse Research Workforce of the Future (AADO CR MIND the Future)**

In 2020, AADO CR was awarded a five-year grant of more than \$1.3 million by the National Institute of Dental and Craniofacial Research (NIDCR) in response to FOA RFA-DE-19-007: NIDCR Mentoring Network to Support a Diverse Dental, Oral and Craniofacial Research Workforce. The grant project dates are March 2020 through February 2025 (Grant No. 5UE5DE029439).

Principal Investigators for the grant are AADO CR's CEO Dr. Christopher H. Fox, Dr. David Drake, Professor of Microbiology, University of Iowa and the Iowa Institute for Oral Health Research, and Dr. Effie Ioannidou, Department Chair of Orofacial Sciences, University of California, San Francisco School

of Dentistry. The NIDCR program partner is Dr. Anissa Brown, Chief, Research Training and Career Development Program.

The primary goal of this NIDCR-funded program is to establish a mentoring network that will support a diverse pool of early career investigators, including individuals from diverse backgrounds, in developing independent research careers dedicated to improving dental, oral and craniofacial health.

The program will offer one year of educational activities and interactive opportunities between mentors and mentees to support the development of a diverse oral and craniofacial biomedical research workforce. Once the mentees complete the program in September 2024, they will continue as program alumni and will remain engaged in the program.

**2020-2021 Cohort of Mentees and their Mentors**

| Mentee                       | Institution   | Mentor             | Institution                        |
|------------------------------|---|--------------------|------------------------------------|
| Susana Calderon              | Illinois State University                               | Margherita Fontana | University of Michigan             |
| Modupe Coker                 | Rutgers University                                      | Luciana Shaddox    | University of Kentucky             |
| Dina Garcia                  | Virginia Commonwealth University                        | Raul Garcia        | Boston University                  |
| Cherice Hughes-Oliver        | Medical University of South Carolina                    | Mildred Embree     | Columbia University                |
| Bruno Lima                   | University of Minnesota                                 | David Drake        | University of Iowa                 |
| Stephanie Momeni             | Oregon Health & Science University                      | Jorge Frias-Lopez  | University of Florida              |
| Indra Mustapha               | Howard University College of Dentistry                  | Purnima Kumar      | The Ohio State University          |
| Susana Maria Salazar Marocho | University of Mississippi Medical Center                | Jack Ferracane     | Oregon Health & Science University |
| Tamanna Tiwari               | University of Colorado Denver School of Dental Medicine | Donald Chi         | University of Washington           |
| Cristina Vidal               | University of Iowa                                      | Carmem Pfeifer     | Oregon Health & Science University |

**2021-2022 Cohort of Mentees and their Mentors**

| Mentee                     | Institution  | Mentor               | Institution  |
|----------------------------|--|----------------------|--|
| Hope Amm                   | University of Alabama at Birmingham                  | Nisha D'Silva        | University of Michigan                               |
| Erin Bumann                | University of Missouri at Kansas City                | Azeez Butali         | University of Iowa                                   |
| Jacqueline Burgette        | University of Pittsburgh                             | Raul Garcia          | Boston University                                    |
| Leticia Chaves de Souza    | University of Texas Health Science Center at Houston | Ariadne Letra        | University of Texas Health Science Center at Houston |
| Bianca Dearing             | Howard University                                    | Franciso Ramos-Gomez | University of California                             |
| Rubelisa Oliveira          | University of Kentucky                               | Purnima Kumar        | The Ohio State University                            |
| Nosayaba Osazuwa-Peters    | Duke University                                      | Luisa Borrell        | City University of New York                          |
| Aline Petrin               | University of Iowa                                   | Alex Vieira          | University of Pittsburgh                             |
| Ana Paula Piovezan Fugolin | Oregon Health & Science University                   | Grace De Souza       | University of Toronto                                |
| Guiqin Xie                 | Howard University                                    | Yu Leo Lei           | University of Michigan                               |
| Camila Zamperini           | University of Illinois at Chicago                    | Luciana Shaddox      | University of Kentucky                               |

**2022-2023 Cohort of Mentees and their Mentors**

| Mentee                  | Institution                        | Mentor             | Institution               |
|-------------------------|------------------------------------|--------------------|---------------------------|
| Hend Alqaderi           | Harvard University                 | Patricia Diaz      | University at Buffalo     |
| Mariana Bezamat Chappel | University of Pittsburgh           | Azeez Butali       | University of Iowa        |
| Emily Chu               | University of Maryland             | Marco Bottino      | University of Michigan    |
| Cristiane Franca        | Oregon Health & Science University | Mary Farach-Carson | UT Health Houston         |
| Tumader Khouja          | University of Pittsburgh           | Stefanie Russell   | New York University       |
| Marshall Padilla        | University of Pennsylvania         | Jacques Nör        | University of Michigan    |
| Jay Patel               | Temple University                  | Lucia Cevidanes    | University of Michigan    |
| Sarah Peters            | The Ohio State University          | Mina Mina          | University of Connecticut |
| Genevieve Romanowicz    | University of Oregon               | Ana Bedran Russo   | Marquette University      |
| Mairobys Socorro        | University of Pittsburgh           | Margherita Fontana | University of Michigan    |
| Rong (Rose) Wang        | University of Missouri–Kansas City | Nisha D'Silva      | University of Michigan    |

**2023-2024 Cohort of Mentees and their Mentors**

| Mentee                   | Institution                                  | Mentor               | Institution                                  |
|--------------------------|--|----------------------|--|
| Shaun Abrams             | NIH/NIDCR, Bethesda, MD                      | Ariadne Letra        | University of Pittsburgh, Pennsylvania       |
| Louise Dornelas-Figueira | University of Florida, Gainesville           | Jeffrey Ebersole     | University of Nevada, Las Vegas              |
| Christina Graves         | University of North Carolina at Chapel Hill  | Yu Leo Lei           | University of Michigan, Ann Arbor            |
| Kimberly Jasmer          | University of Missouri-Columbia              | Jill Kramer          | University at Buffalo, New York              |
| Isha Mutreja             | University of Minnesota, Minneapolis         | Marcela Carrilho     | Midwestern University, Illinois              |
| Mariana Reis-Havlat      | University of Illinois at Chicago            | Reginald Taylor      | Texas A&M University, Dallas                 |
| Mauricio Sousa           | Oregon Health & Science University, Portland | Alireza Moshaverinia | University of California, Los Angeles        |
| Jean Star                | University of California, San Francisco      | Margherita Fontana   | University of Michigan, Ann Arbor            |
| Caroline Szczepanski     | Michigan State University, East Lansing      | Carmem Pfeifer       | Oregon Health & Science University, Portland |
| Yan Wang                 | University of California, Los Angeles        | David Drake          | University of Iowa, Iowa City                |

## Appendix 9 — AADOCR Awards & Fellowships Winners (through 2023)

### AADOCR Distinguished Scientist Award

(supported by Haleon)

|                         |      |                    |      |
|-------------------------|------|--------------------|------|
| Ronald Gibbons          | 1992 | Ronald Dubner      | 2012 |
| Paul Goldhaber          | 1995 | Rafael Bowen       | 2014 |
| Henning Birkedal-Hansen | 1998 | Robert Genco       | 2016 |
| Roy Page                | 2001 | William Maixner    | 2018 |
| James Beck              | 2004 | Sally J. Marshall  | 2020 |
| Sigmund Socransky       | 2006 | Barbara Boyan      | 2022 |
| Kenneth Yamada          | 2008 | Christopher Bowman | 2023 |
| John Greenspan          | 2010 |                    |      |

### AADOCR/CADR Joseph Lister Award for New Investigators

(supported by Johnson & Johnson Consumer Inc.)

|                       |      |                        |      |
|-----------------------|------|------------------------|------|
| Xue Yuan              | 2018 | Chukwuebuka Ogwo       | 2022 |
| Vivek Thumbigere Math | 2018 | Viviane Hass           | 2023 |
| Archana Kamalakar     | 2022 | Ana Carolina Morandini | 2023 |

### AADOCR Anne D. Haffajee Fellowship

(supported in 2021 by an endowment created by donations from individuals and companies.)

|                        |      |                  |      |
|------------------------|------|------------------|------|
| Yong-Hee Patricia Chun | 2017 | Ning Yu          | 2021 |
| Kyounga Cheon          | 2018 | Nini Tran        | 2022 |
| Julie Marchesan        | 2019 | Caroline Sawicki | 2023 |
| Fatemeh Memen-Heravi   | 2020 |                  |      |

### AADOCR Irwin D. Mandel Distinguished Mentoring Award

|   |      |
|---|------|
| Irwin D. Mandel – Columbia University, NY                                   | 2010 |
| Mary MacDougall – University of Alabama at Birmingham                       | 2011 |
| Bjorn Steffensen – University of Texas Health Science Center at San Antonio | 2012 |
| Sally Marshall – University of California, San Francisco                    | 2013 |
| Peter Milgrom – University of Washington, Seattle                           | 2014 |
| William Bowen – University of Rochester, NY                                 | 2015 |
| Kenneth Anusavice – University of Florida, Gainesville                      | 2016 |
| Rena D'Souza – University of Utah, Salt Lake City                           | 2017 |
| Grayson Marshall – University of California, San Francisco                  | 2018 |
| Yvonne Kapila – University of California, San Francisco                     | 2019 |
| Frank Scannapieco – University at Buffalo, NY                               | 2020 |
| Nisha D'Silva – University of Michigan, Ann Arbor                           | 2021 |
| No-Hee Park – University of California, Los Angeles                         | 2022 |
| Cun-Yu Wang – University of California, Los Angeles                         | 2023 |

### AADOCR Honorary Membership

|                |      |
|----------------|------|
| Michael Alfano | 2023 |
|----------------|------|

### AADOCR Jack Hein Public Service Award

|                    |      |                        |      |
|--------------------|------|------------------------|------|
| John Hein          | 1996 | Lawrence Tabak         | 2011 |
| Gert Quigley       | 1997 | Isabel Garcia          | 2012 |
| Christopher Squier | 1998 | Alice DeForest         | 2013 |
| Jay Gershen        | 1999 | Bruce Baum             | 2014 |
| Anthony Picozzi    | 2000 | Daniel Meyer           | 2015 |
| John Crawford      | 2001 | Harold Slavkin         | 2016 |
| Michael Barnett    | 2002 | Christian Stohler      | 2017 |
| Judith Sherman     | 2003 | Teresa Dolan           | 2018 |
| Michael Alfano     | 2004 | Scott Tomar            | 2019 |
| Linda Niessen      | 2005 | Ernest Newbrun         | 2020 |
| Robert Collins     | 2006 | Martha Somerman        | 2021 |
| Dushanka Kleinman  | 2007 | Kathleen T. O'Loughlin | 2022 |
| Joan Wilentz       | 2008 | Bruce Dye              | 2023 |
| Roseann Mulligan   | 2009 | Judith Albino          | 2023 |
| David Johnsen      | 2010 |                        |      |

### AADOCR Neal W. Chilton Fellowship in Clinical Research

|                         |      |                |      |
|-------------------------|------|----------------|------|
| Kalu Ugwa Ogbureke      | 2007 | Dolphus Dawson | 2010 |
| Effie Ioannidou         | 2008 | Mine Tezal     | 2011 |
| Maria Fernanda Orellana | 2009 | Bing-Yan Wang  | 2012 |

(Discontinued)

### AADOCR Presidential Citation

|                   |      |                       |      |
|-------------------|------|-----------------------|------|
| Marsha Butler     | 2019 | Sharon Grayden        | 2021 |
| Sebastian Ciancio | 2019 | Mina Mina             | 2022 |
| Mary MacDougall   | 2019 | Peter Polverini       | 2022 |
| John W. Stamm     | 2020 | Martha J. Somerman    | 2022 |
| Stephen Bayne     | 2021 | (Not awarded in 2023) |      |
| Jeffrey Ebersole  | 2021 |                       |      |

### AADOCR Procter & Gamble Underrepresented Faculty Research Fellowship

(supported by P&G Professional Oral Health, Crest + Oral-B)

|                   |      |                       |      |
|-------------------|------|-----------------------|------|
| Jessica Scoffield | 2019 | Susan Salazar Marocho | 2022 |
| Bruno Lima        | 2020 | Gina Roque-Torres     | 2023 |
| Patricia Miguez   | 2021 |                       |      |

### AADOCR Sjögren's Syndrome Foundation Student Fellowship

|                      |      |                |      |
|----------------------|------|----------------|------|
| Sheede Khalil        | 2011 | Kerry Leehan   | 2014 |
| Page Linae Collymore | 2012 | Annie Chou     | 2015 |
| Adrienne Gauna       | 2013 | (Discontinued) |      |

### AADOCR William B. Clark Fellowship

(supported by P&G Professional Oral Health; Crest + Oral-B)

|                            |      |                       |      |
|----------------------------|------|-----------------------|------|
| Ruth Nowjack-Raymer        | 1996 | Leena Bahl-Palomo     | 2012 |
| Lamont MacNeil             | 1997 | Jill Bashutski        | 2013 |
| Gregory Oxford             | 1998 | Changming Lu          | 2014 |
| Stephen Meraw              | 2000 | Ramzi Abou-Arraj      | 2015 |
| Bjorn Steffensen           | 2001 | Yau-Hua Yu            | 2016 |
| Katherine Schrubbe         | 2003 | Nada Souccar          | 2017 |
| Ryan Harris                | 2004 | Yogalakshmi Rajendran | 2018 |
| Petros Papagerakis         | 2005 | Francesca Bonino      | 2019 |
| Thomas Oates               | 2006 | Karren Komitas        | 2020 |
| Maria del Pilar Valderrama | 2007 | Dennis Sourvanos      | 2021 |
| Maria Geisinger            | 2009 | Georgios Kotsakis     | 2022 |
| Isabel Gay                 | 2010 | (Not awarded in 2023) |      |
| Paula Ortiz                | 2011 |                       |      |

### Harald Løe Scholars

|                      |      |                |      |
|----------------------|------|----------------|------|
| Norman .Tinanoff     | 1995 | Paul Moore     | 2000 |
| John D. Rug          | 1996 | Jane. Atkinson | 2001 |
| J. Michael Cohen Jr. | 1997 | Fred Certosimo | 2003 |
| Marc W. Heft         | 1999 | (Discontinued) |      |

### JDR Cover of the Year

|                             |      |                          |      |
|-----------------------------|------|--------------------------|------|
| Janet Moradian-Oldak et al. | 2006 | Eduardo Couve et al.     | 2015 |
| Bong Hu et al.              | 2007 | Yan Jing et al.          | 2016 |
| Jiri Schindler et al.       | 2008 | Min Gyu Kwak et al.      | 2017 |
| Carlos Semino et al.        | 2009 | J. E. Seon Song et al.   | 2018 |
| Biliang Chen et al.         | 2010 | Marco Lovera et al.      | 2019 |
| Christine Lang et al.       | 2011 | Akinsola Oyelakin et al. | 2020 |
| Jill Harunago et al.        | 2012 | Rei Sekiguchi et al.     | 2021 |
| Page Caufield et al.        | 2013 | Bei Chang et al.         | 2022 |
| Hideharu Ikeda et al.       | 2014 | Danielle Wu et al.       | 2023 |

### AADOCR William Butler Fellowship

|              |      |
|--------------|------|
| Sarah Peters | 2023 |
|--------------|------|

### AADOCR DDI Oral Health Equity Research Award

|  |      |
|--|------|
| Astha Singhal – Access to Care         | 2023 |
| Tamanna Tiwari – Oral Health Literacy  | 2023 |
| Cameron Randall – Oral Health Literacy | 2023 |

## Appendix 9 (continued)

### AADO CR Hatton Competition

|                    |               |      |                                 |               |      |                           |               |      |
|--------------------|---------------|------|---------------------------------|---------------|------|---------------------------|---------------|------|
| David Russell      | Post-doctoral | 1967 | Khaled Ghaffar                  | Post-doctoral | 1994 | Sheede Khalil             | Junior        | 2010 |
| Burton Horowitz    | Post-doctoral | 1967 | Daniel Stevens                  | Post-doctoral | 1994 | Anika Voisey Rodgers      | Junior        | 2010 |
| Sherman Sweeney    | Junior        | 1967 | Kaaren Vargas                   | Post-doctoral | 1994 | Angela Brown              | Post-doctoral | 2010 |
| Dick Lavender      | Post-doctoral | 1968 | Susan Buck                      | Junior        | 1994 | Ronald Siu                | Senior        | 2011 |
| Mladen Kuffinec    | Post-doctoral | 1968 | Earl Albone                     | Junior        | 1994 | Jeffrey Kim               | Senior        | 2011 |
| Marlin Walling     | Junior        | 1968 | Arthur Wickson                  | Junior        | 1994 | Jin Xiao                  | Post-doctoral | 2011 |
| Stuart White       | Junior        | 1968 | James Yang                      | Post-doctoral | 1996 | Yunsong Liu               | Post-doctoral | 2011 |
| Richard Selmont    | Post-doctoral | 1970 | Tracy Mayfield-Donahoo          | Post-doctoral | 1996 | Urvi Ruparelia            | Junior        | 2011 |
| Benjamin Ciola     | Post-doctoral | 1970 | Sotirios Tetradis               | Post-doctoral | 1996 | Kaitrin Kramer            | Junior        | 2011 |
| Michael Barkin     | Junior        | 1970 | Margherita Fontana              | Post-doctoral | 1996 | Charles Billington        | Senior        | 2012 |
| George Kelly       | Junior        | 1970 | Galen Schneider                 | Post-doctoral | 1996 | Megan Falsetta            | Post-doctoral | 2012 |
| Lawrence Freilich  | Post-doctoral | 1971 | Nisha D'Silva                   | Post-doctoral | 1996 | Mildred Embree            | Post-doctoral | 2012 |
| Manuel Gonzalez    | Post-doctoral | 1971 | Christopher Robinson            | Junior        | 1996 | Jenny Sun                 | Junior        | 2012 |
| Richard Croissant  | Junior        | 1971 | Joseph Brogan                   | Junior        | 1996 | Jonathan An               | Junior        | 2012 |
| Marcia Wadell      | Junior        | 1971 | Lisa Bueno                      | Junior        | 1996 | Yinshi Ren                | Senior        | 2012 |
| Robert Hurst       | Post-doctoral | 1972 | Gayatri Jayaraman               | Junior        | 1996 | Wanida Ono                | Senior        | 2013 |
| Michael Reed       | Post-doctoral | 1972 | Stephen Godwin                  | Post-doctoral | 1998 | Aaron Havens              | Senior        | 2013 |
| Bruce Trefz        | Junior        | 1972 | Christina Jespersgaard          | Post-doctoral | 1998 | Brian Foster              | Post-doctoral | 2013 |
| Louiza Puskulian   | Junior        | 1972 | Trent Westernoff                | Post-doctoral | 1998 | Chi Viet                  | Post-doctoral | 2013 |
| Kent Palcanis      | Junior        | 1973 | Paul Ezzo                       | Junior        | 1998 | Kyle Vining               | Junior        | 2013 |
| Robert Chuong      | Junior        | 1973 | Kai Worch                       | Junior        | 1998 | Brianna Yang              | Junior        | 2013 |
| Alan Sproles       | Junior        | 1973 | Jennifer Price                  | Junior        | 1998 | Qingfen Pan               | Senior        | 2014 |
| Terry Wallen       | Post-doctoral | 1974 | Mo Kang                         | Junior        | 1998 | Jin Hee Kwak              | Senior        | 2014 |
| Craig Harrison     | Junior        | 1974 | Yvonne Kapila                   | Junior        | 1998 | Michael Valerio           | Post-doctoral | 2014 |
| Jon Goldberg       | Junior        | 1974 | Mario Chorak                    | Junior        | 1998 | Marit Aure                | Post-doctoral | 2014 |
| Steven Schonfeld   | Post-doctoral | 1975 | Anne-Marie Clancy               | Junior        | 1998 | Kyulim Lee                | Junior        | 2014 |
| Sean Meitner       | Post-doctoral | 1975 | David Basi                      | Senior        | 2001 | Lauren Katz               | Junior        | 2014 |
| Neil Blumenthal    | Junior        | 1975 | Rajesh Lalla                    | Senior        | 2001 | Joe Nguyen                | Senior        | 2015 |
| Frederick Wood     | Junior        | 1975 | Ginger Glayzer                  | Junior        | 2001 | Kevin Byrd                | Senior        | 2015 |
| Ming Tung          | Post-doctoral | 1976 | Andrew Fribley                  | Senior        | 2004 | Reniqua House             | Post-doctoral | 2015 |
| Sukum Thiradilok   | Post-doctoral | 1976 | Manoj Muthukuru                 | Senior        | 2004 | Xuelian Huang             | Post-doctoral | 2015 |
| Waldemar De Rijk   | Junior        | 1976 | Monika Oli                      | Post-doctoral | 2004 | Drake Williams            | Junior        | 2015 |
| Alan Gould         | Junior        | 1976 | Sungyon Bang                    | Junior        | 2004 | Montserrat Ruiz-Torruella | Junior        | 2015 |
| Lien Nguyen        | Post-doctoral | 1990 | Jonathan Ross                   | Junior        | 2004 | Insoon Chang              | Senior        | 2016 |
| Clark Stanford     | Post-doctoral | 1990 | Bradley Henson                  | Senior        | 2005 | Sung Hee Lee              | Senior        | 2016 |
| Cataldo Leone      | Post-doctoral | 1990 | Xiaozhe Han                     | Post-doctoral | 2005 | Padma Pradeepa Srinivasan | Post-doctoral | 2016 |
| John DiPasquale    | Post-doctoral | 1990 | Marxa Figueiredo                | Post-doctoral | 2005 | Heidi Steinkamp           | Post-doctoral | 2016 |
| Theresa Madden     | Post-doctoral | 1990 | Jeremy Horst                    | Junior        | 2005 | Meredith Williams         | Junior        | 2016 |
| Christopher Cutler | Post-doctoral | 1990 | Elizabeta Karl                  | Senior        | 2006 | Mychi Nguyen              | Junior        | 2016 |
| Harry Dougherty    | Junior        | 1990 | Bruce Havens                    | Senior        | 2006 | Mohammed Alharbi          | Senior        | 2017 |
| Randy Todd         | Junior        | 1990 | Marcela Romero-Reyes            | Post-doctoral | 2006 | Fatma Mohamed             | Senior        | 2017 |
| Mikyung Lee        | Junior        | 1990 | Cara Knight                     | Post-doctoral | 2006 | Andrew Jang               | Post-doctoral | 2017 |
| Abou Bakr Rabie    | Post-doctoral | 1991 | Cory Ernst                      | Junior        | 2006 | Danielle Wu               | Post-doctoral | 2017 |
| Geoffrey Gerstner  | Post-doctoral | 1991 | Melina Cozby                    | Junior        | 2006 | Zachary Pekar             | Junior        | 2017 |
| Michael Ignelzi    | Post-doctoral | 1991 | Mark Appleford                  | Senior        | 2007 | Mallory Morel             | Junior        | 2017 |
| Catherine Schwab   | Junior        | 1991 | Cristina Villar                 | Senior        | 2007 | Chiranjit Mukherjee       | Senior        | 2018 |
| Frank Rude         | Junior        | 1991 | Nan Hatch                       | Post-doctoral | 2007 | Tanner Godfrey            | Senior        | 2018 |
| Wesley Belli       | Junior        | 1991 | Shuang Liang                    | Post-doctoral | 2007 | Yuan Liu                  | Post-doctoral | 2018 |
| Calogero Dolce     | Post-doctoral | 1992 | Jamie Luria                     | Junior        | 2007 | Kevin Byrd                | Post-doctoral | 2018 |
| Pamela Erickson    | Post-doctoral | 1992 | Chi Viet                        | Junior        | 2007 | Alexandra Oklejas         | Junior        | 2018 |
| David Sirois       | Post-doctoral | 1992 | Anjalee Vacharaksa              | Senior        | 2008 | Courtney Johnson          | Junior        | 2018 |
| Jonathan Feldman   | Junior        | 1992 | Rodrigo Giacaman                | Post-doctoral | 2008 | Jiayu Shi                 | Senior        | 2019 |
| Jessica Gardner    | Junior        | 1992 | Erica Scheller                  | Junior        | 2008 | Akrivoula Soundia         | Senior        | 2019 |
| Mark Engelstad     | Junior        | 1992 | Jessica Boehrs                  | Junior        | 2008 | Mizuki Nagata             | Post-doctoral | 2019 |
| Cindy Cootauco     | Junior        | 1992 | Lauren Turner                   | Junior        | 2008 | Martinna Bertolini        | Post-doctoral | 2019 |
| Rebecca Elovic     | Post-doctoral | 1993 | Kathleen Neiva                  | Senior        | 2009 | Carson Smith              | Junior        | 2019 |
| Ridge Gilley       | Post-doctoral | 1993 | Turki Alhazzazi                 | Senior        | 2009 | Ashley Karczewski         | Junior        | 2019 |
| Janet Guthmiller   | Post-doctoral | 1993 | David Lam                       | Post-doctoral | 2009 | W. Benton Swanson         | Senior        | 2020 |
| Sunil Kapila       | Post-doctoral | 1993 | Andrew Jheon                    | Post-doctoral | 2009 | Michael Chavez            | Senior        | 2020 |
| Amitabha Lala      | Post-doctoral | 1993 | Bo Yu                           | Junior        | 2009 | Christopher Donnelly      | Post-doctoral | 2020 |
| Thuan Le           | Junior        | 1993 | Alexander Nee                   | Junior        | 2009 | Daniel Clark              | Post-doctoral | 2020 |
| Angela Painter     | Junior        | 1993 | Chad Novince                    | Senior        | 2010 | Grace Huang               | Junior        | 2020 |
| Jeffrey Thompson   | Junior        | 1993 | Bojana Bojovic                  | Senior        | 2010 |                           |               |      |
| Jason Jenny        | Junior        | 1993 | Maria Athanassiou-Papaefthymiou | Post-doctoral | 2010 |                           |               |      |
| Greg Kewitt        | Junior        | 1993 |                                 |               |      |                           |               |      |

## Appendix 9 *(continued)*

### AAOOCR Hatton Competition *(continued)*

|                  |               |      |                      |               |      |                |               |      |
|------------------|---------------|------|----------------------|---------------|------|----------------|---------------|------|
| Delaney Clayton  | Junior        | 2020 | Maryam Baldawi       | Junior        | 2022 | Michael Troka  | Junior        | 2023 |
| Waheed Awotoye   | Senior        | 2021 | Mohamed Rawas-Qalaji | Junior        | 2022 | Emily Fisher   | Senior        | 2023 |
| Kyle Vining      | Senior        | 2021 | Michelle Scott       | Senior        | 2022 | Armond June    | Senior        | 2023 |
| Zhi Ren          | Post-doctoral | 2021 | Jaden Lee            | Senior        | 2022 | Marwa Afifi    | Post-doctoral | 2023 |
| Joshua Emrick    | Post-doctoral | 2021 | Fatma Mohamed        | Post-doctoral | 2022 | Justin Burrell | Post-doctoral | 2023 |
| Charlotte Martin | Junior        | 2021 | Joe Nguyen           | Post-doctoral | 2022 |                |               |      |
| Natalie Atyeo    | Junior        | 2021 | Kisa Iqbal           | Junior        | 2023 |                |               |      |

### NSRG Dentsply Sirona Restorative Competition

|                     |          |      |                      |          |      |                       |          |      |
|---------------------|----------|------|----------------------|----------|------|-----------------------|----------|------|
| Mary Hanlon         | Basic    | 1989 | Justin Dacy          | Clinical | 2001 | Byungdo Han           | Basic    | 2010 |
| George Nail         | Basic    | 1989 | Alexander Rabinovich | Clinical | 2001 | Nishith Patel         | Clinical | 2010 |
| Carl Jenkins        | Basic    | 1989 | James Vandenberg     | Basic    | 2002 | Rebecca Paquin        | Clinical | 2010 |
| Gerald Lipshutz     | Basic    | 1989 | Sohail Saghezchi     | Basic    | 2002 | Dennis Beliveau       | Clinical | 2010 |
| Anne Nguyen         | Basic    | 1990 | Jessica Ibarra       | Basic    | 2002 | Angela Gullard        | Basic    | 2011 |
| Brian Finlay        | Basic    | 1990 | Gregory Segraves     | Clinical | 2002 | Neha Das              | Basic    | 2011 |
| Safa Iranpour       | Basic    | 1990 | Halley White         | Clinical | 2002 | Bojana Bojovic        | Basic    | 2011 |
| Steve Jacks         | Basic    | 1990 | Manali Bhide         | Clinical | 2002 | Richard Baxter        | Clinical | 2011 |
| William Giannobile  | Basic    | 1991 | Michael Horan        | Basic    | 2003 | Ryan Darr             | Clinical | 2011 |
| Julie Rogers        | Basic    | 1991 | Andi McPhillips      | Basic    | 2003 | Marcus Randall        | Clinical | 2011 |
| Carina L. Schwartz- |          |      | Robert Renner        | Basic    | 2003 | Michael Border        | Basic    | 2012 |
| Dabney              | Basic    | 1991 | Eugenio Bedolla      | Clinical | 2003 | Nisha Mehta           | Basic    | 2012 |
| Tera Moore          | Basic    | 1991 | Pardeep Brar         | Clinical | 2003 | Danielle Larivey      | Basic    | 2012 |
| Jennifer Cole       | Basic    | 1992 | Marrissa Mikolich    | Clinical | 2003 | Arthur Jones          | Clinical | 2012 |
| J. Quintero         | Basic    | 1992 | Kelton Stewart       | Basic    | 2004 | Nina Guba             | Clinical | 2012 |
| Laura Marshall      | Basic    | 1992 | Michael Dyal         | Basic    | 2004 | Lauren Paul           | Clinical | 2012 |
| Rita McGrogan       | Basic    | 1992 | Michael Ryan         | Basic    | 2004 | Maria Kuzynski        | Basic    | 2013 |
| Mohammad Ghiabi     | Basic    | 1993 | Ritu Bahl            | Clinical | 2004 | Hani Ahdab            | Basic    | 2013 |
| Cindy Cootauco      | Basic    | 1993 | Jessica Heggen       | Clinical | 2004 | Austin Starr          | Basic    | 2013 |
| Joseph Stofko       | Basic    | 1994 | Louis Whitesman      | Clinical | 2004 | Devon Cooper          | Clinical | 2013 |
| Laura Fogle         | Basic    | 1994 | Matthew Miller       | Basic    | 2005 | Justin Kolasa         | Clinical | 2013 |
| Elizabeth Ramos     | Basic    | 1994 | Aaron Molen          | Basic    | 2005 | Denise Gates          | Clinical | 2013 |
| Andrew Bagley       | Basic    | 1994 | Michael Yost         | Basic    | 2005 | Amatul Salma          | Basic    | 2014 |
| Douglas MacLean     | Basic    | 1995 | Jason Gladwell       | Clinical | 2005 | Austin Starr          | Basic    | 2014 |
| Maryam Mojdehi      | Basic    | 1995 | Sung Pyo Hong        | Clinical | 2005 | Omar Elnabawi         | Basic    | 2014 |
| Rick Heard          | Basic    | 1995 | D. Craig Seager      | Clinical | 2005 | Amatul Salma          | Basic    | 2014 |
| John Caccamese      | Basic    | 1995 | Laura Milnor         | Basic    | 2006 | Omar Elnabawi         | Basic    | 2014 |
| Russell McCabe      | Basic    | 1996 | Robert Weaver        | Basic    | 2006 | Nicole Hovencamp      | Clinical | 2014 |
| David Wilson        | Basic    | 1996 | Rosamond Tomlinson   | Basic    | 2006 | Alexandria Hawkins    | Clinical | 2014 |
| Yooson Kim          | Basic    | 1996 | Matthew Madsen       | Clinical | 2006 | Jordan Seetner        | Clinical | 2014 |
| Eric D'Hondt        | Basic    | 1996 | Zachton Lowe         | Clinical | 2006 | Jordan Seetner        | Clinical | 2014 |
| John Wallace        | Basic    | 1997 | John Thomas          | Clinical | 2006 | Alexandria Hawkins    | Clinical | 2014 |
| Mark Berkman        | Basic    | 1997 | Lindsay Compton      | Basic    | 2007 | Stuart Ryan           | Basic    | 2015 |
| Linda Huang         | Basic    | 1997 | Brandon McGarrell    | Basic    | 2007 | Alaa Ahmed            | Basic    | 2015 |
| Jacqueline Macy     | Basic    | 1997 | Cheryl Lewis         | Basic    | 2007 | Steven Linden         | Basic    | 2015 |
| Michael Feinberg    | Basic    | 1998 | Mikaely Moore        | Clinical | 2007 | Lee Zamos             | Clinical | 2015 |
| Dev Chandra         | Basic    | 1998 | Rebecca Bockow       | Clinical | 2007 | Joshua Evans          | Clinical | 2015 |
| Heera Chang         | Basic    | 1998 | Stephanie            |          |      | Alice Ko              | Clinical | 2015 |
| Carrie Gandhi       | Basic    | 1998 | Blumenshine          | Clinical | 2007 | Tian Liang            | Basic    | 2016 |
| Leonardo Bordador   | Basic    | 1999 | Chi Viet             | Basic    | 2008 | Shaun Darrah          | Basic    | 2016 |
| George Kang         | Basic    | 1999 | Monet Ducksworth     | Basic    | 2008 | Yiwen Fu              | Basic    | 2016 |
| Christopher Daniel  | Basic    | 1999 | Alpesh Patel         | Basic    | 2008 | Yandy Gonzalez        |          |      |
| Mario Tai           | Basic    | 1999 | Gail Garrett         | Clinical | 2008 | Marrero               | Clinical | 2016 |
| Uma Devi Nair       | Basic    | 2000 | Niyati Mehta         | Clinical | 2008 | Andrew Lum            | Clinical | 2016 |
| John McPherson      | Basic    | 2000 | Suzanne Delima       | Clinical | 2008 | Aneesa Sood           | Clinical | 2016 |
| Melanie Robinson    | Basic    | 2000 | Alpesh Patel         | Basic    | 2009 | Xue Yuan              | Basic    | 2017 |
| Priya Ramachandran  | Clinical | 2000 | Mahshid Bahadoran    | Basic    | 2009 | Richard Clough        | Basic    | 2017 |
| Amin Ghandi         | Clinical | 2000 | Ashley Nemece        | Basic    | 2009 | Shawn Gutman          | Basic    | 2017 |
| Michael Johnson     | Clinical | 2000 | Andrew Holpuch       | Clinical | 2009 | Adam Swan             | Clinical | 2017 |
| Matthew Abraham     | Basic    | 2001 | William Sexton       | Clinical | 2009 | Chungyu Chang         | Clinical | 2017 |
| David Kim           | Basic    | 2001 | Danielle Case        | Clinical | 2009 | Scott Lowry           | Clinical | 2017 |
| Adam Martin         | Basic    | 2001 | David NedreLOW       | Basic    | 2010 | <i>(Discontinued)</i> |          |      |
| Danna Radcliff      | Clinical | 2001 | Teddy Dyer           | Basic    | 2010 |                       |          |      |

## Appendix 9 (continued)

### AAOOCR NSRG Mentor of the Year Award

|   |      |
|---|------|
| Linda LeResche, University of Washington                            | 1998 |
| Anthony Iacopino, Baylor College of Dentistry                       | 1999 |
| Barbara Boyan, University of Texas HSC at San Antonio               | 2000 |
| Craig Miller, University of Kentucky College of Dentistry           | 2001 |
| Sreenivas Koka, University of Nebraska College of Dentistry         | 2002 |
| Mary MacDougall, University of Texas HSC at San Antonio             | 2003 |
| Kenneth Etzel, University of Pittsburgh                             | 2004 |
| Rena D'Souza, University of Texas HSC at Houston                    | 2005 |
| John Greenspan, University of California, San Francisco             | 2006 |
| Janet M. Guthmiller, University of Iowa                             | 2007 |
| Firoz Rahemtulla, University of Alabama at Birmingham               | 2008 |
| Roger B. Johnson, University of Mississippi                         | 2009 |
| Gerard Kugel, Tufts University                                      | 2010 |
| Luisa A. DiPietro, University of Illinois at Chicago                | 2011 |
| Robert Spears, Baylor College of Dentistry                          | 2012 |
| Mary P. Walker, University of Missouri, Kansas City                 | 2013 |
| David T.W. Wong, University of California, Los Angeles              | 2014 |
| Burton Edelstein, Columbia University                               | 2015 |
| Lisa Chung, University of California, San Francisco                 | 2016 |
| John C. Mitchell, Midwestern University – CDMA                      | 2017 |
| Angela Bruzzaniti, Indiana University School of Dentistry           | 2018 |
| Teresa Pulido Hernandez, Midwestern University – Arizona            | 2019 |
| Nathaniel Lawson, University of Alabama at Birmingham               | 2020 |
| Sylvia A. Frazier-Bowers, University of North Carolina, Chapel Hill | 2021 |
| Dharini van der Hoeven, UT Health Houston                           | 2022 |
| Karolina Kaczor Urbanowicz, University of California, Los Angeles   | 2023 |

### AAOOCR NSRG 41 I Rapid Research Competition

|   |                                |      |
|---|--------------------------------|------|
| 1 <sup>st</sup> – Grace Kim             | Clinical Science/Public Health | 2019 |
| 2 <sup>nd</sup> – Susan Park            | Clinical Science/Public Health | 2019 |
| 3 <sup>rd</sup> – Bright Chang          | Clinical Science/Public Health | 2019 |
| 1 <sup>st</sup> – Alexandra Rogers      | Basic Science                  | 2019 |
| 2 <sup>nd</sup> – Joseph Mullen         | Basic Science                  | 2019 |
| 3 <sup>rd</sup> – Grace Chung           | Basic Science                  | 2019 |
| 1 <sup>st</sup> – Joseph Bui            | Clinical Science/Public Health | 2020 |
| 2 <sup>nd</sup> – Dane Risinger         | Clinical Science/Public Health | 2020 |
| 3 <sup>rd</sup> – Mai Zong Her          | Clinical Science/Public Health | 2020 |
| 1 <sup>st</sup> – Ligia Schmitd         | Basic Science                  | 2020 |
| 2 <sup>nd</sup> – Gabriel Valencia      | Basic Science                  | 2020 |
| 3 <sup>rd</sup> – Naeem Motlagh         | Basic Science                  | 2020 |
| 1 <sup>st</sup> – Mary Younan           | Clinical Science/Public Health | 2021 |
| 2 <sup>nd</sup> – Nicholas Tipton       | Clinical Science/Public Health | 2021 |
| 3 <sup>rd</sup> – Olivia Rebecca Kallo  | Clinical Science/Public Health | 2021 |
| 1 <sup>st</sup> – Juhi Uttamani         | Basic Science                  | 2021 |
| 2 <sup>nd</sup> – Yao Yao               | Basic Science                  | 2021 |
| 3 <sup>rd</sup> – James Cheng           | Basic Science                  | 2021 |
| 1 <sup>st</sup> – Drashty Paresch Mody  | Clinical Science/Public Health | 2022 |
| 2 <sup>nd</sup> – Christina Lieng       | Clinical Science/Public Health | 2022 |
| 3 <sup>rd</sup> – Salima Asifali Sawani | Clinical Science/Public Health | 2022 |
| 1 <sup>st</sup> – Won Hee Cho           | Basic Science                  | 2022 |
| 2 <sup>nd</sup> – Sara Alhaffar         | Basic Science                  | 2022 |
| 3 <sup>rd</sup> – Natalie Atyeo         | Basic Science                  | 2022 |
| 1 <sup>st</sup> – Natalie Andras        | Basic Science                  | 2023 |
| 2 <sup>nd</sup> – Drashty Mody          | Basic Science                  | 2023 |
| 3 <sup>rd</sup> – Yilan Miao            | Basic Science                  | 2023 |
| 1 <sup>st</sup> – Manuela Miguel        | Clinical/Public Health         | 2023 |
| 2 <sup>nd</sup> – Colton Curtis         | Clinical/Public Health         | 2023 |
| 3 <sup>rd</sup> – Cyrus Mansouri        | Clinical/Public Health         | 2023 |

### SCADA – Student Competition for Advancing Dental Research and its Application

(supported by Dentsply Sirona and AAOOCR)

|                                  |  |      |
|----------------------------------|--|------|
| Nisarg Patel                     | Clinical Research & Public Health      | 2018 |
| Galina Yakovlev                  | Clinical Research & Public Health      | 2018 |
| Victoria Kuchuk                  | Clinical Research & Public Health      | 2018 |
| Ke'ale Louie                     | Basic & Translational Science Research | 2018 |
| Timothy Yu                       | Basic & Translational Science Research | 2018 |
| Bronwyn Hagan                    | Basic & Translational Science Research | 2018 |
| Patrick Donnelly                 | Clinical Research & Public Health      | 2019 |
| Deepti Karhade                   | Clinical Research & Public Health      | 2019 |
| Kathleen Schessler               | Clinical Research & Public Health      | 2019 |
| Alexandra Oklejas                | Basic & Translational Science Research | 2019 |
| Quynh Nguyen                     | Basic & Translational Science Research | 2019 |
| Blake Crosby                     | Basic & Translational Science Research | 2019 |
| Patrick Donnelly                 | Clinical Research & Public Health      | 2020 |
| Kathryn Teruya                   | Clinical Research & Public Health      | 2020 |
| Taylor Robertson                 | Clinical Research & Public Health      | 2020 |
| Tanner Godfrey                   | Basic & Translational Science Research | 2020 |
| Blake LaTendresse & Eric Mullins | Basic & Translational Science Research | 2020 |
| Madison Aungst                   | Basic & Translational Science Research | 2020 |
| Joyce Lee                        | Clinical Research & Public Health      | 2021 |
| Eleni Langas                     | Clinical Research & Public Health      | 2021 |
| Corey Winkler                    | Clinical Research & Public Health      | 2021 |
| James Seung Jin Jang             | Basic & Translational Science Research | 2021 |
| Kazune Pax & Eric Mullins        | Basic & Translational Science Research | 2021 |
| Alexandra Rogers-DeCotes         | Basic & Translational Science Research | 2021 |
| Jack Harris                      | Clinical Research & Public Health      | 2022 |
| Noah Barnes                      | Clinical Research & Public Health      | 2022 |
| Taylor Jackson                   | Clinical Research & Public Health      | 2022 |
| Sofia Park                       | Basic & Translational Science Research | 2022 |
| Emma Warren                      | Basic & Translational Science Research | 2022 |
| Erin Britt                       | Basic & Translational Science Research | 2022 |
| Mackenzie Andrews                | Clinical Research and Public Health    | 2023 |
| Jay Dalal                        | Clinical Research and Public Health    | 2023 |
| Julia Kishanie Persaud           | Clinical Research and Public Health    | 2023 |
| Natalie Andras                   | Basic and Translational Science        | 2023 |
| Darnell Cuylear                  | Basic and Translational Science        | 2023 |
| W. Benton Swanson                | Basic and Translational Science        | 2023 |

### IADR/AAOOCR William J. Gies Award

(supported by J. Morita Corporation)

|                                       |      |                                      |      |
|---------------------------------------|------|--------------------------------------|------|
| Yutaka Matsuki <i>et al.</i>          | 1996 | Darnell Kaigler <i>et al.</i>        | 2007 |
| Gary Wise <i>et al.</i>               | 1997 | Adriana Modesto Vieira <i>et al.</i> | 2007 |
| M.A. Moon & N.P.P. Ryba <i>et al.</i> | 1998 | Carolyn Gibson <i>et al.</i>         | 2008 |
| Michael Paine <i>et al.</i>           | 1999 | Marcela Carrilho <i>et al.</i>       | 2008 |
| Paul Allison <i>et al.</i>            | 2000 | Gregory Essick <i>et al.</i>         | 2008 |
| J. Simmer <i>et al.</i>               | 2001 | Erica Scheller <i>et al.</i>         | 2009 |
| D.B. Ravassipour <i>et al.</i>        | 2002 | Anne Sanders <i>et al.</i>           | 2009 |
| Eben Alsberg <i>et al.</i>            | 2003 | Sebastian Paris <i>et al.</i>        | 2009 |
| Kailash Bhol <i>et al.</i>            | 2003 | Marta Miyazawa <i>et al.</i>         | 2010 |
| Shuo Chen <i>et al.</i>               | 2003 | Takahiro Ogawa <i>et al.</i>         | 2010 |
| Kazuhiro Kohama <i>et al.</i>         | 2004 | Carol Bassim <i>et al.</i>           | 2010 |
| Courtney Young <i>et al.</i>          | 2004 | Luciano Casagrande <i>et al.</i>     | 2011 |
| Mari Onozuka <i>et al.</i>            | 2004 | Rui Chen <i>et al.</i>               | 2011 |
| Jian Feng <i>et al.</i>               | 2005 | Xiaoli Gao <i>et al.</i>             | 2011 |
| William L. Murphy <i>et al.</i>       | 2005 | Lisha Gu <i>et al.</i>               | 2012 |
| Jung-Wook Kim <i>et al.</i>           | 2005 | Shinya Murakami <i>et al.</i>        | 2012 |
| Atsushi Ohazama <i>et al.</i>         | 2006 | Naritaka Tamaoki <i>et al.</i>       | 2012 |
| Xiu-Ping Wang <i>et al.</i>           | 2006 | John R. Shaffer <i>et al.</i>        | 2013 |
| Alexandre Viera <i>et al.</i>         | 2006 | Lei Cheng <i>et al.</i>              | 2013 |
| Bing Hu <i>et al.</i>                 | 2007 | Catherine Poh <i>et al.</i>          | 2013 |
|                                       |      | Marja Laine <i>et al.</i>            | 2014 |

## Appendix 9 (continued)

### IADR/AADO CR William J. Gies Award (continued)

|  |      |                                       |      |
|--|------|---------------------------------------|------|
| Yashuhiro Yoshida <i>et al.</i>        | 2014 | Shihai Jia <i>et al.</i>              | 2019 |
| Richard Darveau <i>et al.</i>          | 2014 | Kihoon Nam <i>et al.</i>              | 2019 |
| Maiko Suzuki <i>et al.</i>             | 2015 | Nigel Hammond <i>et al.</i>           | 2020 |
| Dean Ho <i>et al.</i>                  | 2015 | Elizabeth Smith <i>et al.</i>         | 2020 |
| Moritz Kebschull <i>et al.</i>         | 2015 | Olivia Urquhart <i>et al.</i>         | 2020 |
| Waruna Dissanayaka <i>et al.</i>       | 2016 | Claudia Brizuela <i>et al.</i>        | 2021 |
| Keita Asai <i>et al.</i>               | 2016 | Mohammed Zahedul Nizami <i>et al.</i> | 2021 |
| Thomas Van Dyke <i>et al.</i>          | 2016 | Mark Payne <i>et al.</i>              | 2021 |
| Yan Jing <i>et al.</i>                 | 2017 | Xue Yuan <i>et al.</i>                | 2022 |
| Brian Howe <i>et al.</i>               | 2017 | Jingou Liang <i>et al.</i>            | 2022 |
| Yupeng Li <i>et al.</i>                | 2017 | Kirtana Ramadugu <i>et al.</i>        | 2022 |
| Yukano Fukushim-Nakayama <i>et al.</i> | 2018 | Yulai Xie <i>et al.</i>               | 2023 |
| Nicholas Kassebaum <i>et al.</i>       | 2018 | Bei Chang <i>et al.</i>               | 2023 |
| Liu Yang <i>et al.</i>                 | 2018 | Patrick Yi Fen Wen <i>et al.</i>      | 2023 |
| Ivor Chestnutt <i>et al.</i>           | 2019 |                                       |      |

### AADO CR Student Research Day Award Recipients

|                       |  |      |
|-----------------------|--|------|
| Danielle Bitton       | Midwestern University – CDMA                                       | 2016 |
| Kyung Min             | Ohio State University  | 2016 |
| Derrick Crawford      | Texas A&M College of Dentistry                                     | 2016 |
| Kunal Dani            | Tufts University School of Dental Medicine                         | 2016 |
| Aneesa Sood           | University of Alabama at Birmingham                                | 2016 |
| Yifen (Wendy) Fu      | University of California San Francisco                             | 2016 |
| Andrew Bertagna       | University of Illinois at Chicago                                  | 2016 |
| Amir Aryaan           | University of Michigan   | 2016 |
| Toni Jilka            | University of Nevada, Las Vegas                                    | 2016 |
| Sing Wai Wong         | University of North Carolina, Chapel Hill                          | 2016 |
| Francisco Nieves      | University of Texas Health Science at Houston School of Dentistry  | 2016 |
| Basma Ibrahim Tamasas | University of Washington   | 2016 |
| Charles Taylor        | Arizona School of Dentistry and Oral Health, A.T. Still University | 2017 |
| Jayesh Patel          | Boston University  | 2017 |
| Elizabeth Clanahan    | Columbia University  | 2017 |
| Tyler Mesa            | Louisiana State University   | 2017 |
| Jeffrey Garcia        | Marquette University   | 2017 |
| Melissa Jarvis        | Midwestern University – CDMA                                       | 2017 |
| Carissa Choong        | Oregon Health & Science University                                 | 2017 |
| Joshua Welborn        | Southern Illinois University School of Dental Medicine             | 2017 |
| Andrew McCall         | State University of New York at Buffalo                            | 2017 |
| Mingyu Kwak           | Stony Brook University   | 2017 |
| Seth Nye              | Texas A&M College of Dentistry                                     | 2017 |
| Delton Tatum          | The Ohio State University  | 2017 |
| Andrew Lum            | Tufts University School of Dental Medicine                         | 2017 |
| Tanner Godfrey        | University of Alabama at Birmingham                                | 2017 |
| Leigha Rock           | University of British Columbia                                     | 2017 |
| Bronwyn Hagan         | University of California San Francisco                             | 2017 |
| Heran Getachew        | University of Florida  | 2017 |
| Annette Merkel        | University of Illinois at Chicago                                  | 2017 |
| Matthew Yarmosky      | University of Maryland   | 2017 |
| Ke'Alie Louie         | University of Michigan   | 2017 |
| Kendra Clark          | University of Mississippi  | 2017 |
| Danielle Burgess      | University of North Carolina, Chapel Hill                          | 2017 |
| Eric Feuer            | University of Pittsburgh   | 2017 |
| Thuy LeAnn Truong     | University of Texas Health Science at Houston School of Dentistry  | 2017 |
| Leonardo Koerich      | Virginia Commonwealth University                                   | 2017 |
| Austin Shackelford    | Arizona School of Dentistry and Oral Health, A.T. Still University | 2018 |

|                      |  |      |
|----------------------|--|------|
| Elizabeth Clanaman   | Columbia University  | 2018 |
| James Parker         | East Carolina University   | 2018 |
| Jennifer Wu          | Indiana University   | 2018 |
| Brandon Breard       | Louisiana State University   | 2018 |
| Zachary Nicholson    | Marquette University   | 2018 |
| Erica Muller         | Midwestern University  | 2018 |
| Victor Tran          | Oregon Health & Science University                                 | 2018 |
| Vidhi Pandya         | Southern Illinois University                                       | 2018 |
| Jeremy Kiripolsky    | State University of New York at Buffalo                            | 2018 |
| Veena Raja           | Stony Brook University   | 2018 |
| Robert Rudnicki      | Texas A&M University   | 2018 |
| Seth Nye             | The Ohio State University  | 2018 |
| Delaney Turner       | Tufts University   | 2018 |
| Adrian Danescu       | University of British Columbia                                     | 2018 |
| Hailey Taylor        | University of California, San Francisco                            | 2018 |
| Courtney Johnson     | University of Colorado   | 2018 |
| Grethel Millington   | University of Connecticut  | 2018 |
| Danielle Vermilyea   | University of Florida  | 2018 |
| Michael Halcomb      | University of Michigan   | 2018 |
| Wylie Tang           | University of Nevada, Las Vegas                                    | 2018 |
| Karen Schey          | University of North Carolina at Chapel Hill                        | 2018 |
| Yuqiao Jennifer Zhou | University of Pittsburgh   | 2018 |
| Keagan Foss          | University of Texas Health Science Center at Houston               | 2018 |
| Michael Eskander     | University of Texas Health Science Center at San Antonio           | 2018 |
| Livia Favaro Zeola   | University of Washington   | 2018 |
| Adam Staffen         | Virginia Commonwealth University                                   | 2018 |
| Robert Brock         | University of Texas Health Science Center at San Antonio           | 2019 |
| Ana Chang            | University of Washington   | 2019 |
| Jie Deng             | Stony Brook University   | 2019 |
| Anthony Falone       | Tufts University   | 2019 |
| Josh Ferraro         | The Ohio State University  | 2019 |
| Gilberto Garcia      | University of Texas Health Science Center at Houston               | 2019 |
| Julia Giardina       | Virginia Commonwealth University                                   | 2019 |
| Gavin Golas          | University of Florida  | 2019 |
| Brian Greco          | University of Connecticut  | 2019 |
| Arezoo Holdaway      | Midwestern University – Arizona                                    | 2019 |
| Adam Hoxie           | University of North Carolina                                       | 2019 |
| Ariana Kelly         | University of Pittsburgh   | 2019 |
| Allyn LaCombe        | Louisiana State University   | 2019 |
| Reed McKinney        | Indiana University   | 2019 |
| Sumeet Minhas        | Columbia University  | 2019 |
| Margaret Newton      | Texas A&M University   | 2019 |
| Erika Ramos          | Boston University  | 2019 |
| Cameron Swift        | East Carolina University   | 2019 |
| Shernel Thomas       | University of Michigan   | 2019 |
| Nikita Tongas        | Marquette University   | 2019 |
| Taylor Velasquez     | A.T. Still University – Arizona                                    | 2019 |
| Trystan Wiedow       | The University of Iowa   | 2019 |
| Scarlett Woods       | University of Mississippi Medical Center                           | 2019 |
| Michael Schiappa     | Columbia University  | 2020 |
| Chinyere Adeleke     | University of Iowa   | 2020 |
| Alec Bankhead        | East Carolina University   | 2020 |
| Mariana Bezamat      | University of Pittsburgh   | 2020 |
| Heta Dinesh Bhatt    | Stony Brook University   | 2020 |
| Emily Bujnoski       | Arizona School of Dentistry and Oral Health, A.T. Still University | 2020 |
| Elena Carrington     | University of Connecticut  | 2020 |
| Nischal Dalal        | Virginia Commonwealth University                                   | 2020 |
| Anthony Garcia       | University of Texas Health Science at San Antonio                  | 2020 |
| Curtis Herzog        | University of Michigan   | 2020 |
| Alexander Karkazis   | Marquette University   | 2020 |
| Susan Keefe          | University of California, San Francisco                            | 2020 |

## Appendix 9 *(continued)*

### **AADO CR Student Research Day Award Recipients** *(continued)*

|                       |   |      |
|-----------------------|---|------|
| Martin Kim            | University of Maryland  | 2020 |
| Joyce Lee             | University of Tennessee   | 2020 |
| Kyulim Lee            | University of Florida   | 2020 |
| Sarah Malley          | University of Mississippi   | 2020 |
| Kareem Raslan         | Oregon Health & Science University                                | 2020 |
| Spencer Roark         | Louisiana State University  | 2020 |
| Eugene Ro             | Midwestern University – Illinois                                  | 2020 |
| Trent Snow            | Midwestern University – CDMA                                      | 2020 |
| Ian Stewart           | University of North Carolina at Chapel Hill                       | 2020 |
| Andrea Tsatalis       | The Ohio State University   | 2020 |
| Thuy Nhu Leora Truong | University of Texas Health Science at Houston School of Dentistry | 2020 |
| Apichai Yavirach      | University of Washington, Seattle                                 | 2020 |
| Catherine Bruni       | University of Mississippi, Oxford                                 | 2021 |
| Megan Chen            | University of Pennsylvania, Philadelphia                          | 2021 |
| Benjamin Cross        | University at Buffalo, NY   | 2021 |
| Kathryn Forth         | Boston University, MA   | 2021 |
| Nathan Gutarts        | The Ohio State University, Columbus                               | 2021 |
| Lily Hartsock         | University of Pittsburgh, PA                                      | 2021 |
| Courtney Lang         | University of Washington, Seattle                                 | 2021 |
| Megha Puranam         | University of Iowa, Iowa City                                     | 2021 |
| Lucas Reed            | Virginia Commonwealth University, Richmond                        | 2021 |
| Nathan Riexinger      | Stony Brook University, NY  | 2021 |
| Mourin Serour         | Marquette University, Milwaukee, WI                               | 2021 |
| Rebecca Shembarger    | Indiana University, Bloomington                                   | 2021 |
| Jessica Suhardjo      | A.T. Still University, Meza, AZ                                   | 2021 |
| Erin Welter           | University of California San Francisco                            | 2021 |
| Mary Younam           | University of Texas Health Science, Houston                       | 2021 |

|                          |  |      |
|--------------------------|--|------|
| Rui Zhang                | Stony Brook University, NY                       | 2021 |
| Ryan Lee                 | UT Health Houston School of Dentistry            | 2022 |
| Anna Olson               | Midwestern University, Glendale, AZ              | 2022 |
| Matthew Rose             | University of Pennsylvania, Philadelphia         | 2022 |
| Maryam Tunio             | Marquette University, Milwaukee, WI              | 2022 |
| Victoria Maglaras        | University at Buffalo, New York, NY              | 2022 |
| Samuel Ratcliffe         | University of Connecticut, Farmington            | 2022 |
| Senan Susan              | Midwestern University – Downers Grove, IL        | 2022 |
| William Quotasze         | A.T. Still University, Kirksville, MO            | 2022 |
| Lgia Botolo Schmitd      | University of Michigan, Ann Arbor                | 2022 |
| Teagan Byrnes            | University of Iowa, Iowa City                    | 2022 |
| Kelly Doan               | The Ohio State University, Columbus              | 2022 |
| Bridgette Wellslager     | Medical University of South Carolina, Charleston | 2022 |
| Elise Ambrose            | University of Colorado, Aurora                   | 2023 |
| Jaclyn Chalmers          | University of California, Los Angeles            | 2023 |
| Jay Dalal                | University of Connecticut, Farmington            | 2023 |
| Lindsey Enders           | Marquette University, Milwaukee, WI              | 2023 |
| Paige Madden             | Midwestern University, Downers Grove, IL         | 2023 |
| Vincent Mak              | Stony Brook University, NY                       | 2023 |
| Anna Nguyen              | University of California, San Francisco          | 2023 |
| Alexis Powers            | The Ohio State University, Columbus              | 2023 |
| Miguel Simancas-Pallares | University of North Carolina at Chapel Hill      | 2023 |
| Tina Shekari             | Midwestern University, Glendale, AZ              | 2023 |
| Jackson Valencia         | UT Health Houston                                | 2023 |
| Tanveer Vasdev           | University of Iowa, Iowa City                    | 2023 |
| Bridgette Wellslager     | Medical University of South Carolina, Charleston | 2023 |
| Golnoush Zakeri          | Roseman University, South Jordan, UT             | 2023 |

## Appendix 10 — 2022-23 AADO CR Section Officers

| Section                     | President                   | President-elect                  | Vice-president        | Secretary/Treasurer   | Councilor   | Past President      |
|-----------------------------|-----------------------------|----------------------------------|-----------------------|---|---|---------------------|
| Alabama Section             | Kyounga Cheon               | Jessica Scoffield                | Ejvis Lamani          | Nathaniel Lawson  | Hope Amm  | Chin-Chuan Fu       |
| Arizona Section             | Alexandra Pierre-Bez        |                                  | Marc Shlossman        | Megan Davis, Gina Agostini-Walesch                              | John Mitchell                                       |                     |
| Baltimore Section           | Abraham Schneider           | Man-Kyo Chung                    | Michael Weir          | Se-Lim Oh   | Hanae Saito   |                     |
| Boston Section              | Susan Rittling              | Francesca Gori                   |                       | Tingxi Wu, M. Marianne Jurassic                                 | Yau-Hua Yu, Leslie Will                             | Xiaozhe Han         |
| Buffalo Section             | Thikriat Al-Jewair          |                                  |                       | Rui Li  |   | Lisa Yerke          |
| Chicago Section             | Spiro Megremis              |                                  |                       | Prerna Gopal  | Linda Kaste   | Phimon Atsawasuan   |
| Cincinnati Section          | Donald White                | Svetlana Farrell                 | Matthew Doyle         |   | Malgorzata Klukowska                                |                     |
| Colorado Section            | Clifton Carey               |                                  | Devatha Nair          |   | Jeffrey Stansbury                                   |                     |
| Columbus Section            | John Bartlett               |                                  |                       |   |   |                     |
| Connecticut Section         | Eliane Dutra                |                                  | Aniuska Tobin         | Tannin Schmidt, Takanori Sobue                                  | Rajesh Lalla  |                     |
| Dallas Section              | Peggy Timothe               |                                  |                       |   | Paul Dechow   |                     |
| Florida Section             |                             |                                  |                       |   |   |                     |
| Georgia Section             | Mohamed Meghil              |                                  |                       |   | Babak Baban   |                     |
| Houston Section             | Chun-Teh Lee                | Wanida Ono                       | Karo Parsegian        | Alan Myers  | Mary Farach-Carson                                  | Bing-Yan Wang       |
| Indiana Section             | Simone Duarte               | Sabrina Sochacki                 |                       | Chandler Walker   | Simone Duarte                                       | Kamolphob Phasuk    |
| Iowa Section                | Carolina Cucco              | Emily Lanzel                     | Sukirth Ganesan       | Hongli Sun  | Cristina Vidal                                      | Brian Howe          |
| Kansas City Section         | Mary Walker                 |                                  | JoAnna Scott          | Erin Bumann   |   |                     |
| Kentucky Section            | Erin Bumann                 | Gill Diamond                     | Mauro Santamaria      | Himabindu Dukka   | Dolphus Dawson                                      |                     |
| Lincoln-Omaha Section       | James Wahl                  | Meenakshi Vishwanath             | Nagamani Narayana     | William Johnson   | Amy Killeen   | Richard Reinhardt   |
| Long Island Section         | Ana Botta                   | Srinivas Rao Myneni Venkatasatya | Mina Mahdian          | Clarisa Amarillas Gastelum                                      | Ana Botta   | Ying Gu             |
| Memphis Section             | Kenneth Anderson            | Johnson Rajasingh                | Yanhui Zhang          |   | Yanhui Zhang  | Ammaar Abidi        |
| Michigan Section            | Livia Tenuta                |                                  | Rafael Pacheco        |   |   | Cristiane Squarize  |
| Minnesota Section           | Paul Klaiber                |                                  | Paul Jardine          | Donald Rindal   | Sheila Riggs  |                     |
| Missouri Section            | Olga Baker                  |                                  |                       | Richard Sherwood  | Sharon Gordon                                       |                     |
| Nashville Section           | Ethel Harris                | James Cade                       | Pandu Gangula         | Joyce Barbour   | Jacinta Leavell                                     |                     |
| New Jersey Section          | Steven Singer               |                                  | Jeanne Nervina        | Carla Cugini, Maxine Strickland                                 | Lauren Hutchison, Payal Arora, Gayathri Subramanian |                     |
| New Orleans Section         | Panagiotis Dragonas         |                                  | Amir Hossein Nejat    |   | Jorge Palavinici                                    |                     |
| New York Section            | Mani Alikhani               | Cristina Teixeira                | Sarah Alansari        | Chinapa Sangsuwon   | Jeanne Nervina, Sarah Alansari                      | Jeanne Nervina      |
| North Carolina Section      | Rishma Shah                 | Julie Marchesan                  |                       | Antonio Amelio  | Shannon Wallet                                      | Kimon Divaris       |
| Oklahoma Section            | Sharukh Khajotia            | Fernando Esteban Florez          |                       |   | Fernando Esteban Florez                             |                     |
| Oregon Section              | Jens Kreth                  |                                  | Luiz Bertassoni       | Kirsten Lampi   |   | Justin Merritt      |
| Philadelphia Section        | Marisol Tellez              | Nezar Al-Hebshi                  | Shuying Yang          | Santiago Orrego, Sumant Puri                                    | Chukwuebuka Ogwo                                    | Thomas Rams         |
| Pittsburgh Section          | Fatima Syed-Picard          | Alejandro Almarza                |                       | Jacqueline Burgette   |   | Jacqueline Burgette |
| Puerto Rico Section         | Milagros Toro               |                                  | Lydia López-Del Valle | Augusto Elias-Boneta, Sona Rivas-Tumanyan, Augusto Elias-Boneta | Carmen Buxó-Martínez                                | Oelisoa Andriankaja |
| Richmond Section            | Oonagh Loughran             |                                  | Zhao Lin              |   |   |                     |
| Rochester Section           | Dorota Kopycka-Kedzierawski |                                  | Jin Xiao              |   |   |                     |
| San Antonio Section         | Georgios Kotsakis           |                                  |                       | Maria Karakousoglou   | Brij Singh  | Shivani Ruparel     |
| San Francisco Section       | Karen Schulze               | Rebecca Moazzez                  | Xiaoyuan Han          | Nejat Duzgunes  | Pamela Den Besten                                   | Pamela Den Besten   |
| Seattle Section             | Andrea Burke                |                                  | Cameron Randall       | Thomas Dodson   | Lisa Heaton   |                     |
| Southern California Section | Alireza Moshaverinia        | Francisco Ramos-Gomez            |                       | Sahar Ansari, Michael Paine                                     | Sotirios Tetradis                                   |                     |
| Utah Section                | Melodie Weller              |                                  | Lilliam Pinzon        | Barbara Dixon   |   |                     |
| Washington, DC Section      |                             |                                  |                       |   |   |                     |
| West Virginia Section       | Elizabeth Kao               | R. Constance Wiener              |                       | Alcinda Trickett-Shockey  | Peter Ngan  |                     |
| Wisconsin Section           | Christopher Dix             |                                  |                       | Pradeep Bhagavatula   | David Berzins                                       |                     |

## Appendix 11 — Past Presidents of the AADOCR

|                               |                                |                                   |                             |
|-------------------------------|--------------------------------|-----------------------------------|-----------------------------|
| Helmut A. Zander (1972-73)    | Robert J. Genco (1985-86)      | Paul B. Robertson (1998-99)       | Jeffrey Ebersole (2011-12)  |
| Paul Goldhaber (1973-74)      | John C. Greene (1986-87)       | Stephen C. Bayne (1999-2000)      | Rena D'Souza (2012-13)      |
| Howard M. Myers (1974-75)     | Walter J. Loesche (1987-88)    | Steven Offenbacher (2000-01)      | Peter Polverini (2013-14)   |
| David F. Mitchell (1975-76)   | John S. Greenspan (1988-89)    | Martha Somerman (2001-02)         | Timothy DeRouen (2014-15)   |
| Harold M. Fullmer (1976-77)   | Martin A. Taubman (1989-90)    | Charles Bertolami (2002-03)       | Paul Krebsbach (2015-16)    |
| Ronald J. Gibbons (1977-78)   | Richard R. Ranney (1990-91)    | Ken Anusavice (2003-04)           | Jack Ferracane (2016-17)    |
| Benjamin F. Hammond (1978-79) | Max A. Listgarten (1991-92)    | Dominick DePaola (2004-05)        | Raul Garcia (2017-18)       |
| Marie U. Nysten (1979-80)     | Sally J. Marshall (1992-93)    | Mary MacDougall (2005-06)         | Maria Ryan (2018-19)        |
| Irwin D. Mandel (1980-81)     | Harold C. Slavkin (1993-94)    | E. Dianne Rekow (2006-07)         | J. Timothy Wright (2019-20) |
| William H. Bowen (1981-82)    | John D. Rugh (1994-95)         | Marc Heft (2007-08)               | Mark C. Herzberg (2020-21)  |
| Roy C. Page (1982-83)         | Marjorie K. Jeffcoat (1995-96) | Brian Clarkson (2008-09)          | Jacques E. Nör (2021-22)    |
| William D. McHugh (1983-84)   | Barbara D. Boyan (1996-97)     | Grayson "Bill" Marshall (2009-10) | Jane Weintraub (2022-23)    |
| James W. Bawden (1984-85)     | John C. Keller (1997-98)       | David T. Wong (2010-11)           |                             |

## Appendix 12 — Past Treasurers of the AADOCR

|         |   |           |   |
|---------|---|-----------|---|
| 1972-77 | Arthur R. Frechette (Executive Secretary, Central Office)<br><i>(This was a Council-appointed position.)</i>  | 1994-97   | Stephen C. Bayne  |
| 1977-80 | Daniel B. Green (Executive Director, Central Office)<br><i>(The position was re-named "Executive Director".)</i>  | 1997-2000 | Susan T. Reisine  |
| 1980-81 | Robert Mandell (Secretary/Treasurer)<br><i>(This was re-constituted as an elected position.)</i>  | 2000      | Lawrence Tabak <i>(Resigned almost immediately due to his taking up the position as Director of the National Institute of Dental and Craniofacial Research).</i> Replaced by Marc Heft. |
| 1981-82 | Erling Johansen (Secretary/Treasurer)<br><i>(Around this time, the Executive Director became the Secretary, and Treasurer was retained as an elected position.)</i> | 2000-04   | Marc Heft   |
| 1982-85 | Philius R. Garant   | 2004-07   | Pamela DenBesten  |
| 1985-88 | John W. Hein  | 2007-10   | Paul Krebsbach  |
| 1988-91 | William A. Gibson, Jr.  | 2010-13   | Frank Scannapieco   |
| 1991-94 | Deborah Greenspan   | 2013-16   | Pamela C. Yelick  |
|         |   | 2016-19   | David Drake   |
|         |   | 2020-22   | Olga Baker  |

## Appendix 13 — Non-Officer AADOCR Board Members

### Member-at-Large

Beginning in 1999, Two "Members-at-large" positions were added to the AADOCR Board. A 3<sup>rd</sup> "Member-at-large" was added at the Conclusion of the 2012 General Session.

|           |  |
|-----------|--|
| 1998-199  | Charles Widmer   |
| 1999-2000 | Jane A. Weintraub, Charles Widmer                                |
| 2000-01   | Matthew Joseph Doyle, Jane A. Weintraub                          |
| 2001-02   | Matthew Joseph Doyle, Paul Moore                                 |
| 2002-03   | J. David Eick, Paul Moore  |
| 2003-04   | Jeffrey L. Ebersole, J. David Eick                               |
| 2004-05   | Jeffrey L. Ebersole, Carla Evans                                 |
| 2005-06   | Jeffrey L. Ebersole, Carla Evans                                 |
| 2006-07   | Carla Evans, Mel L. Kantor                                       |
| 2007-08   | Mel L. Kantor, Donald White                                      |
| 2008-09   | Mel L. Kantor, Donald White                                      |
| 2009-10   | Sharon M. Gordon, Donald White                                   |
| 2010-11   | Sharon M. Gordon, Mathilde C. Peters                             |
| 2011-12   | Sharon M. Gordon, Mathilde C. Peters                             |
| 2012-13   | Sharon M. Gordon, Mathilde C. Peters, Mary P. Walker             |
| 2013-14   | Mathilde C. Peters, Mary P. Walker, J. Timothy Wright            |
| 2014-15   | John Mitchell, Mary P. Walker, J. Timothy Wright                 |
| 2015-16   | Linda Kaste, John Mitchell, J. Timothy Wright                    |
| 2016-17   | Linda Kaste, Christy McKinney, John Mitchell                     |
| 2017-18   | Effie Ioannidou, Linda Kaste, Christy McKinney                   |
| 2018-19   | Effie Ioannidou, Carmem Pfeifer, Christy McKinney                |
| 2019-20   | Carmem Silvia Pfeifer, Brenda Heaton,<br>Luciana Machion Shaddox |
| 2020-21   | Brenda Heaton, Luciana Machion Shaddox, Benjamin Chaffee         |
| 2021-22   | Benjamin Chaffee, Sheila Riggs, Luciana Shaddox                  |
| 2022-23   | Erin Bumann, Benjamin Chaffee, Sheila Riggs                      |

### Non-Officer AADOCR Board Members – Student Representative

At the Conclusion of the 2007 General Session a Student Representative was added to the board. A 2<sup>nd</sup> Student Representative was added at the Conclusion of the 2015 General Session.

|         |   |
|---------|---|
| 2007-08 | James Rogér                                   |
| 2008-09 | Kirsten Rittenbach                            |
| 2009-10 | Nathaniel Casselman Lawson                    |
| 2010-11 | Blake Matthew Warner                          |
| 2011-12 | Kaitrin Kramer                                |
| 2012-13 | Angela Gullard                                |
| 2013-14 | Joshua Emrick                                 |
| 2014-15 | Mitra Adhami (ad hoc), Molly Ashton Hague     |
| 2015-16 | Mitra Adhami, Minerva Loi                     |
| 2016-17 | Kendra N. Clark, Minerva Loi                  |
| 2017-18 | Kendra N. Clark, Nicholas Rodriguez           |
| 2017-18 | Tanner Godfrey, Nicholas Rodriguez            |
| 2018-19 | Tanner Godfrey, Natalie Atyeo                 |
| 2019-20 | Natalie Atyeo, Alexandra Eileen Herzog        |
| 2020-21 | Alexandra Eileen Herzog, Kazune Catherine Pax |
| 2021-23 | James Jang, Kazune Catherine Pax              |
| 2022-24 | Shawn Hallett, James Jang                     |

### Other Non-Officer AADOCR Board Members

In 2016, the AADOCR Constitution was amended to allow the Board to appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms.

|         |                   |         |                 |
|---------|-------------------|---------|-----------------|
| 2016-19 | Katherine Hammitt | 2020-23 | Joe D. Oxman    |
| 2017-20 | Donald White      | 2021-24 | Brian L. Foster |
| 2018-21 | Mildred C. Embree | 2022-25 | Paige Falion    |
| 2019-22 | Mary Fete         | 2023-26 | Mark Heiss      |

## Appendix 14 — Honorary Members of the AADOCR

|                              |                           |                          |                         |                                  |
|------------------------------|---------------------------|--------------------------|-------------------------|----------------------------------|
| Samuel Fastlich, 1973        | John Howe, 1996           | James Bramson, 2007      | Patty Murray, 2013      | Margaret Byers, 2019             |
| Lowell P. Weicker, Jr., 1986 | John Porter, 1997         | John E. Sexton, 2008     | Steve Beshear, 2014     | Mary Otto, 2020                  |
| C. Everett Koop, 1989        | Arlen Specter, 2000       | Mike Simpson, 2009       | Kenneth Salyer, 2015    | Congresswoman Rosa DeLauro, 2021 |
| Steny Hoyer, 1990            | Nicholas Cavarocchi, 2001 | Tom Harkin, 2010         | Ed Martinez, 2016       | Francis Collins, 2022            |
| Joseph D. Early, 1992        | David Satcher, 2002       | Ronald Andersen, 2011    | Robert Lustig, 2017     | Michael Alfano, 2023             |
| Harald Loe, 1995             | Mary Woolley, 2006        | Richard H. Carmona, 2012 | J. Bernard Machen, 2018 |                                  |

## Appendix 15 — Candidates for Vice-president of the AADOCR

These are cumulative beginning with the North American Division in 1973-74, and continuing as the AADOCR in 1975-76. Candidates are listed for the years in which the winners served. Asterisks indicate the winners.

|         |   |         |   |
|---------|---|---------|---|
| 1973-74 | David F. Mitchell*, David B. Mahler   | 1996-97 | Jon Goldberg, Frank Oppenheim, Paul Robertson*                  |
| 1974-75 | Richard Greulich, Harold M. Fullmer*, S. Wah Leung  | 1997-98 | Stephen Bayne*, Daniel Laskin, Jon Suzuki                       |
| 1975-76 | Solon A. Ellison, Ronald J. Gibbons*, Max A. Listgarten   | 1998-99 | Henning Birkedal-Hansen, Steven Offenbacher*, Deborah Greenspan |
| 1976-77 | Samuel Dreizen, John A. Gray, Benjamin F. Hammond*  | 1999-00 | Martha Somerman*, Philip Stashenko, Grayson Marshall            |
| 1977-78 | Marie U. Nysten*, E.R. Costich  | 2000-01 | Michael Barnett, Charles Bertolami*, A. Jon Goldberg            |
| 1978-79 | William H. Bowen, George W. Burnett, Irwin D. Mandel*   | 2001-02 | Kenneth Anusavice*, Beverly Dale-Crunk, Deborah Greenspan       |
| 1979-80 | William H. Bowen* (Candidates proposed by the Nominating Committee were Solon A. Ellison, John A. Gray, and Irwin D. Mandel.) | 2002-03 | Dominick DePaola*, Gregory King, Suzanne Michalek               |
| 1980-81 | Herschel Horowitz, Roy C. Page*, James Shaw   | 2003-04 | Mary MacDougall*, Thomas Van Dyke, James S. Wefel               |
| 1981-82 | William D. McHugh*, Juan Navia, Leo Sreebny   | 2004-05 | David Cochran, E. Diane Rekow*, Harvey Schenkein                |
| 1982-83 | James W. Bawden*, Robert Craig, Herschel Horowitz   | 2005-06 | Marc Heft*, Grayson (Bill) Marshall, Susan Reisine              |
| 1983-84 | Howard Bailit, Robert J. Genco*, John Hein  | 2006-07 | Brian Clarkson*, No-Hee Park, Paulette Spencer                  |
| 1984-85 | John C. Greene*, Anthony Picozzi, Hans van Houte  | 2007-08 | Grayson (Bill) Marshall*, Lynne Opperman, Thomas Van Dyke       |
| 1985-86 | Thomas R. Dirksen, Walter J. Loesche*, John F. Goggins  | 2008-09 | Pamela DenBesten, Timothy DeRouen, and David T.W. Wong*         |
| 1986-87 | Louis J. Boucher, Philius R. Garant, John S. Greenspan*   | 2009-10 | Matthew J. Doyle, Jeffery L. Ebersole*, and Carla A. Evans      |
| 1987-88 | Leon M. Silverstone, Martin A. Taubman*   | 2010-11 | Rena D'Souza*, Mathilde (Tilly) C. Peters and Susan T. Reisine  |
| 1988-89 | Judith Albino, Richard R. Ranney*, Harold C. Slavkin  | 2011-12 | Pamela DenBesten, Mel L. Kantor and Peter J. Polverini*         |
| 1989-90 | Barbara D. Boyan, Max A. Listgarten*, Thomas E. Van Dyke  | 2012-13 | Timothy DeRouen*, Carla Evans and Ann Progulsk-Fox              |
| 1990-91 | Dominick P. DePaola, Sally J. Marshall*, Christopher A. Squier  | 2013-14 | Sharon M. Gordon, Paul Krebsbach* and Phillip Marucha           |
| 1991-92 | Bruce J. Baum, Russell Nisengard, Harold C. Slavkin*  | 2014-15 | Jack Ferracane*, Ira Lamster, Cun-Yu Wang                       |
| 1992-93 | Ian C. Mackenzie, John D. Rugh*, William B. Clark   | 2015-16 | Raul I. Garcia*, Sharon M. Gordon and Paul C. Dechow            |
| 1993-94 | John D.B. Featherstone, Marjorie K. Jeffcoat*, Norman D. Mohl   | 2016-17 | Yang Chai, Christopher W. Cutler and Maria Emanuel Ryan*        |
| 1994-95 | Christopher A. Squier, Barbara D. Boyan*, Kenneth J. Anusavice  | 2017-18 | Mina Mina, J. Timothy Wright* and Pamela Yelick                 |
| 1995-96 | Charles Bertolami, Samuel Dworkin, John Keller*   | 2018-19 | Mark Herzberg*, Ann Progulsk-Fox, Jennifer Webster-Cyriaque     |
|         |   | 2019-20 | Jacques Nör*, Michael Reddy, Pamela Yelick                      |
|         |   | 2020-21 | Keith Kirkwood, Jane Weintraub*                                 |
|         |   | 2021-22 | Yang Chai, Anh Le, Alex Vieira*                                 |
|         |   | 2022-23 | Effie Ioannidou*, Frank Scannapieco, Russell Taichman           |
|         |   | 2023-24 | John Bartlett, Jennifer Webster-Cyriaque*                       |
|         |   | 2024-25 | Nisha D'Silva*, Yvonne Hernandez-Kapila, Daniel McNeil          |

## Appendix 16 — 2023 Canadian Association for Dental Research Officers

Anil Kishen, President  
Leigha Rock, Vice-president  
Amir Azarpazhooh, Secretary/Treasurer

Belinda Nicolau, Immediate Past President  
Mario Brondani, Councilor  
Lina Marin, Councilor

## Appendix 17 — Past Presidents of the Canadian Association for Dental Research

|                            |                            |                              |
|----------------------------|----------------------------|------------------------------|
| Murray Hunt (1974-76)      | H. James Sandham (1986-89) | Edward Putnins (2007-08)     |
| Jim Lund (1976-77)         | Barry C. McBride (1989-92) | Gilles Lavigne (2008-09)     |
| Barry J. Sessle (1977-78)  | Derek Jones (1992-94)      | Edward Putnins (2009-10)     |
| Colin Dawes (1978-79)      | Luc Trahan (1994-96)       | Debora Matthews (2010-13)    |
| D. Carmichael (1979-80)    | Edwin Yen (1996-98)        | Michael Glogauer (2013-15)   |
| Joseph Tonzetich (1980-82) | Hardy Limeback (1998-2000) | Joy Richman (2015-17)        |
| Gordon Nikiforuk (1982-83) | Richard Ellen (2000-04)    | Patrick Flood (2017-19)      |
| John Stamm (1983-84)       | Donald Brunette (2004-06)  | Walter L. Siqueira (2019-21) |
| Arto Demirjian (1984-86)   | S. Jeffrey Dixon (2006-07) | Belinda Nicolau (2021-2023)  |

## Appendix 18 — AADOCR Policy Statements

\* The American Association for Dental Research (AADR) expanded its name to the American Association for Dental, Oral, and Craniofacial Research (AADOCR) on July 26, 2021. These Policy Statements have been updated to include the expanded name.

### AADOCR DIVERSITY AND INCLUSION STATEMENT

Realizing the American Association for Dental, Oral, and Craniofacial Research's (AADOCR) vision of oral health through discovery and dissemination necessitates a commitment to principles and practices that honor the value of diversity and promote inclusion. Striving to continually improve the quality of scientific research, we acknowledge the critical role of appreciating diversity of race, ethnicity, gender identity, sexual orientation, ability, culture, religion, national origin, and the other characteristics that make us human. Further, we affirm that inclusivity of diverse perspectives strengthens our ability to study and develop solutions for a diverse society. Achieving the most rigorous and innovative research with the greatest impact requires operating from a lens of diversity applicable to both the AADOCR membership and society at large.

**Diversity and inclusion are core values for the AADOCR.** We foster and support individual/organizational diversity and inclusion to advance equity in all facets of dental, oral, and craniofacial research. We value all participants of the research process and are committed to maintaining a creative, welcoming, and inclusive association. **We honor pluralism and encourage each other to explore, engage in, and embrace our own and others' distinctiveness.** Additionally, we support our members intentionally and comprehensively addressing issues of diversity and inclusion in their research. The appropriate design and implementation of research that incorporates diverse and inclusive perceptions and evaluations moves us closer to achieving our mission to drive dental, oral, and craniofacial research to advance health and well-being.

With over 3,400 individual and 107 institutional members working throughout dental, oral, and craniofacial research, our membership is a diverse community. Maintaining such a community allows us to celebrate individuality, continually learn from one another, and stimulate innovation. Therefore, as we continue to advance dental, oral, and craniofacial research in a rapidly changing world, **we are strengthened by and celebrate this diversity.** We continually invest in the power of people in our practices, programs, and relationships. **Action, a core component of our commitment, is incorporated in our leadership, professional development, advocacy, and strategic framework.** We champion the belief that inclusive organizations that embrace and advance diversity everywhere will be the most successful.

(adopted March 2022)

### COMMUNITY WATER FLUORIDATION

AADOCR supports community water fluoridation as a safe and effective, evidence-based intervention for the prevention of dental caries. While fluoride occurs naturally in water, fluoridation is the controlled addition of fluoride to community water systems to the level recommended for caries prevention. The practice of adding fluoride to community water supplies began after Dr. H. Trendley Dean—the first director of what later became the National Institute of Dental and Craniofacial Research—observed that residents of communities who drank from naturally fluoridated water supplies experienced less tooth decay than those living in communities without naturally fluoridated water. What began as a small trial of the controlled addition of fluoride to water in Grand Rapids, Michigan has now reached 75% of the United States population who drink

from a community water system and has resulted in a significant decrease in dental caries.<sup>1, 2</sup>

Dental caries—the destruction of dental hard tissues—can result in pain, infection and tooth loss. Caries is caused by acidic byproducts produced from bacterial fermentation of sugar. Dental caries is a very common disease that affects both adults and children. Over one-third of children ages 2-8 experience caries in their primary teeth. One in 5 children ages 6-11 and over half of adolescents ages 12-19 experience caries in their permanent teeth. On average older adults can expect at least one new decayed tooth surface per year. Children with poor oral health are more likely to miss school and suffer academically. Parents may also accrue absences from school or work to seek treatment for their children. Both children and adults with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.<sup>3-9</sup>

Many studies point to the effectiveness of community water fluoridation in decreasing dental caries. A systematic review of 20 studies by Cochrane, an independent group that reviews medical research to inform evidence-based policies and health guidelines, showed that water fluoridation decreased tooth decay in both the primary and permanent teeth of children and increased the number of children free of decay in primary and permanent teeth.<sup>10, 11\*</sup> Another review by the Community Preventive Services Task Force (CPSTF), an independent panel of public health experts appointed by the Director of the Centers for Disease Control and Prevention (CDC), found that starting water fluoridation decreased caries in children ages 4-17 by 30-50% and that stopping water fluoridation increased caries by 18%.<sup>12</sup> Furthermore, reducing childhood caries experience and severity may have benefits into adulthood by halting disease progression that can result in adult tooth loss. Lifelong exposure to fluoridated water has been associated with reduced tooth decay in adults.<sup>13, 14</sup>

Community water fluoridation is a cost-effective method of delivering caries prevention to a large population. A systematic review by the CPSTF compared the cost of fluoridation to the money saved on dental restorations in communities that drink from fluoridated water sources. CPSTF found that water fluoridation is cost saving. In other words, the savings from fewer dental restorations are greater than the cost of fluoridation for communities of greater than 1,000 people, and the larger the community, the greater the cost saving.<sup>15</sup> A 2016 analysis confirmed this finding.<sup>16</sup>

Community water fluoridation may also reduce oral health disparities. Children and adults from socioeconomically disadvantaged backgrounds are more likely to suffer from dental caries and are less likely to be treated for the disease.<sup>6, 17</sup> When added to drinking water, fluoride can be delivered to community residents regardless of socioeconomic status or ability to access dental services. Some studies have shown decreased inequalities in caries in communities that drink from a fluoridated community water source, revealing that children of a lower socioeconomic status who have access to a fluoridated water source have less severe tooth decay and require less expensive care than children of lower socioeconomic status who do not drink fluoridated water. More research is needed to determine the circumstances in which water fluoridation reduces disparities, as not all fluoridated communities show reduced disparities.<sup>10, 18</sup>

Community water fluoridation is a safe method of delivering fluoride on a population level. There have been numerous systematic reviews on claims of the potential adverse health effects of water fluoridation. None has concluded that there is a significant or consistent association between water fluoridation and the outcomes examined, including neurologic conditions, cancer or osteoporosis.<sup>19-23</sup> Dental fluorosis resulting in tooth discoloration is the only known adverse health effect of water fluoridation. Teeth are only at risk of fluorosis until about age 8 during enamel formation. The United States Public Health Service recommends a concentration of 0.7 milligrams of fluoride per liter of water to achieve caries prevention while minimizing the risk of dental fluorosis.<sup>24</sup> While people who drink from fluoridated water sources are at greater risk of dental fluorosis, most people who drink fluoridated water do not develop dental fluorosis. The cases of dental fluorosis that do develop are very mild, such that discoloration is not usually visible to the naked eye and does not affect the function of the teeth. Severe cases of dental fluorosis are rare. Some studies have shown that Black/African-American and Mexican-American children are at greater risk of developing dental fluorosis. However, this has not been clearly linked to fluoridated water and may be due to cumulative fluoride intake from various sources, such as toothpaste, supplements and food and beverages prepared with fluoridated water.<sup>10, 17, 25</sup>

Community water fluoridation is supported by various groups, including the American Association of Public Health Dentistry, the American Public Health Association, the American Dental Association and the American Academy of Pediatrics, among others. Additionally, in 1999, the CDC identified community water fluoridation as one of 10 great public health achievements of the 20<sup>th</sup> century because of its effectiveness and ability to distribute fluoride equitably and cost-effectively.<sup>26</sup> Information about the fluoride concentration of communities participating in water fluoridation can be found on the CDC website “My Water’s Fluoride”.<sup>27</sup>

While AADOOCR always welcomes research on water fluoridation safety and effectiveness in the current context of fluoride availability, the balance of evidence currently shows that community water fluoridation is safe, effective and cost-saving and in some communities, reduces oral health disparities. Therefore, AADOOCR supports community water fluoridation and recommends the fluoridation of community water sources to a level of 0.7 milligrams of fluoride per liter of water.

\*The authors of the Cochrane systematic review determined that the evidence for community water fluoridation for the prevention of dental caries was low quality and that many studies were conducted before 1975. The Cochrane review method considers randomized clinical trials as the gold standard of evidence and automatically rates common methods for evaluating public health interventions as low. However, randomized trials are usually not feasible for interventions at the population level. The authors noted this gap in their evidence grading system and that the evidence pointed in the same direction of fluoridation reducing tooth decay.

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(adopted 2018)

## SEALANTS

Pit and fissure sealants are polymeric materials that are applied to the occlusal surfaces of teeth, which do not benefit from the caries-preventive effects of fluoride to the same extent as smooth surfaces. Dental caries, one of the most common diseases of childhood, occurs predominantly as carious lesions in pits and fissures of teeth. A large percentage of occlusal surfaces can remain caries-free for up to ten years or more after a single application of a sealant. There is strong evidence supporting the effectiveness of sealants for the prevention of dental caries. Furthermore, studies show that incipient carious lesions that remain sealed do not progress. Based on current evidence, the American Association for Dental, Oral, and Craniofacial Research (AADOCR) continues to strongly recommend greater use of sealants by practitioners in private and public health practice. The AADOCR also endorses the practice that sealants could be used in conjunction with other caries-preventive measures, such as fluoride application.

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(adopted 1991; revised 2009, revised 2015)

## TOPICAL FLUORIDES

Fluoride's predominant effect in caries prevention and management is post-eruptive and topical. However, as it relates to this statement, topical fluorides are those that are applied to

erupted teeth, with the understanding that water fluoridation's and dietary fluoride's main effect is also topical. The American Association for Dental, Oral, and Craniofacial Research (AADOCR) strongly recommends twice daily use of fluoride-containing dentifrices as an effective means of reducing caries.

Furthermore, based on current evidence, the AADOCR also strongly recommends that fluoride-containing dentifrices should be used in small amounts in pre-school-aged children in order to reduce the risk of dental fluorosis through unintentional ingestion. It is important to note that professionally applied gels and varnishes also reduce caries incidence. Studies show that application at six-monthly intervals is appropriate for patients at increased caries risk, but application frequency may be decreased or increased according to risk status and degree of exposure to other sources of fluoride. Higher-risk patients should receive applications at three to six-month intervals. In addition, the AADOCR recommends the use of daily or weekly fluoride mouth rinses and gels for this group. The AADOCR makes the following caveat: Because of their high fluoride concentration, mouthrinses and prescription gels are not recommended for pre-school-aged children.

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## TEMPOROMANDIBULAR DISORDERS (TMD)

The AADOCR recognizes that temporomandibular disorders (TMDs) encompass a group of musculoskeletal and neuromuscular conditions that involve the temporomandibular joints (TMJs), the masticatory muscles, and all associated tissues. The signs and symptoms associated with these disorders are diverse, and may include difficulties with chewing, speaking, and other orofacial functions. They also are frequently associated with acute or persistent pain, and the patients often suffer from other painful disorders (comorbidities). The chronic forms of TMD pain may lead to absence from or impairment of work or social interactions, resulting in an overall reduction in the quality of life.

Based on the evidence from clinical trials as well as experimental and epidemiologic studies:

- I. It is recommended that the differential diagnosis of TMDs or related orofacial pain conditions should be based primarily on information obtained from the patient's history, clinical examination, and when indicated TMJ radiology or other imaging procedures. The choice of adjunctive diagnostic procedures should be based upon published, peer-reviewed data showing diagnostic efficacy and safety. However, the

consensus of recent scientific literature about currently available technological diagnostic devices for TMDs is that except for various imaging modalities, none of them shows the sensitivity and specificity required to separate normal subjects from TMD patients or to distinguish among TMD subgroups. Currently, standard medical diagnostic or laboratory tests that are used for evaluating similar orthopedic, rheumatological and neurological disorders may also be utilized when indicated with TMD patients. In addition, various standardized and validated psychometric tests may be used to assess the psychosocial dimensions of each patient's TMD problem.

2. It is strongly recommended that, unless there are specific and justifiable indications to the contrary, treatment of TMD patients initially should be based on the use of conservative, reversible and evidence-based therapeutic modalities. Studies of the natural history of many TMDs suggest that they tend to improve or resolve over time. While no specific therapies have been proven to be uniformly effective, many of the conservative modalities have proven to be at least as effective in providing symptomatic relief as most forms of invasive treatment. Because those modalities do not produce irreversible changes, they present much less risk of producing harm. Professional treatment should be augmented with a home care program, in which patients are taught about their disorder and how to manage their symptoms

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## USE OF STEM CELLS IN DENTAL RESEARCH

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) supports the use of stem cells in dental, oral, and craniofacial research and the development of stem cell related therapies that are efficacious and safe. Basic research and the development of future applications of stem cell research require the ongoing commitment to scientific integrity and social responsibility. AADOCR supports a periodic review of issues that may arise from innovation in the use of stem cells in research and promotes an open, national dialogue on the scientific, ethical and policy issues raised by such advances.

(adopted 2007, revised 2016)

## USE OF ANIMALS IN RESEARCH

The AADOCR recognizes the major contributions made to human and animal health through the responsible use of animals in biomedical research. Therefore, the AADOCR strongly supports the ethical use of animals by scientists worldwide. The AADOCR also endorses systematic research in validating alternatives to animal models. AADOCR supports use of the published *Animals in Research: Reporting In Vivo Experiments (ARRIVE) Guidelines for Reporting Animal Research*.

(adopted 1991, revised 2004, revised 2016)

## USE OF FLUORIDE SUPPLEMENTS

Fluoride treatment of the dental surfaces is one of the most effective means of dental caries prevention. A preventive level of fluoride can be acquired through consumption of fluoridated water, use of fluoride-containing toothpastes, and application of fluoride varnish during regular preventative dental cleanings. However, for children and adolescents who do not live in fluoridated-water communities, do not have access to topical fluorides, and may be at high risk of developing dental caries, AADOCR supports the recommendations of the American Dental Association (ADA), American Academy of Pediatric Dentistry (AAPD), and the Indian Health Service to administer fluoride supplements according to the supplementation schedule recommended by ADA.<sup>1-4</sup>

Dental caries is the destruction of the dental hard tissues by the acidic byproducts of bacterial fermentation of sugar. The consequences of tooth decay include pain, infection, and tooth loss.<sup>5,6</sup> Dental caries is the most common chronic disease in children and is five times more common than asthma, the second most common chronic childhood ailment. Racial minorities and children from socioeconomically disadvantaged families disproportionately suffer from dental caries and are less likely to be treated for it.<sup>7</sup>

This highly preventable disease is especially disturbing in children because of studies showing that children with toothaches and

generally poor oral health are more likely to miss school and exhibit poor academic performance. Specifically, caries is known to cause parents to miss school or work to attend to their child's dental needs.<sup>8,9</sup> Children with caries may experience embarrassment, exhibit withdrawal, have difficulty eating and sleeping, and limit facial expressions and behaviors that facilitate social interaction.<sup>7,10,11</sup> Furthermore, treatment of caries can be expensive in very young children who may require sedation due to their inability to remain still or manage the stress of the procedure.<sup>12</sup> Given the health, quality of life, and economic impacts of dental caries, prevention is the best approach to addressing the epidemic of dental caries in children and adolescents.

The recommended fluoride supplementation schedule was created to maximize the caries-preventive effect of fluoride while minimizing the risk of fluorosis. A systematic review of fluoride supplement research by a panel of experts convened by ADA showed that dietary fluoride supplements are effective in preventing dental caries in children and adolescents, and when used correctly, do not cause severe fluorosis.<sup>4</sup>

Fluoride supplements are only available by prescription. Before prescribing supplements, providers should estimate the patient's total fluoride intake and risk of caries development. The supplementation schedule provided by ADA is according to the level of fluoridation of the child's primary drinking water source. Providers can find water fluoride levels from the water supplier, health departments, the Environmental Protection Agency (<https://www.epa.gov/ccr>), and the Centers for Disease Control and Prevention ([https://nccd.cdc.gov/DOH\\_MWF/Default/Default.aspx](https://nccd.cdc.gov/DOH_MWF/Default/Default.aspx)). Providers can assess caries risk development by using any one of the risk assessment tools recommended by the ADA or AAPD.<sup>3,4,9,13-16</sup>

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## ELECTRONIC NICOTINE DELIVERY SYSTEMS

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) acknowledges the rising public health concerns associated with electronic nicotine delivery systems (ENDS). Nicotine is the main psychoactive, chemically addictive component in tobacco and nicotine replacement therapy in various forms (gums, lozenges, and patches) has been used as smoking cessation tools for decades.<sup>1</sup> As ENDS are a relatively new technology, the AADOCR encourages a comprehensive, measured, and deliberative approach to the consideration of the most recent high-quality, evidence-based research prior to the implementation of public policy.

ENDS are handheld devices containing a heating element that produce an aerosol from a liquid solution that often contains nicotine, carriersolvents (e.g. propylene glycol or vegetable glycerine), and flavoring chemicals.<sup>1</sup> The act of inhaling and exhaling this aerosol is often called "vaping," although technically, vaping can occur with nicotine-free solutions.<sup>2</sup> ENDS solutions come in a variety of flavors and nicotine concentrations.<sup>3</sup> The term "e-cigarette" is often used synonymously with ENDS; however, e-cigarettes do not always contain nicotine. Currently, about ninety-nine percent of e-cigarettes sold contain nicotine.<sup>4</sup>

Although using ENDS devices have been marketed as a tobacco smoking cessation strategy,<sup>3,5</sup> further research is necessary. The Cochrane review on the topic showed moderate-certainty evidence that using e-cigarettes with nicotine increased quit rates compared to nicotine replacement therapy to the level of three additional quitters per 100.<sup>6</sup> However, other research has shown no differences when the cessation rates of ENDS, nicotine replacement therapy (NRT), and non-NRT medication were compared<sup>18</sup>, as well as inconclusive results on the effectiveness of ENDS as a tobacco cessation aid<sup>19,20,21</sup>.

Due to the novelty of ENDS, the potential oral health consequences of ENDS device use are uncertain. While evidence is limited, studies have revealed that oral health harms of e-cigarettes include modulation of the host oral microbiome causing increased gum inflammation, damage

to tooth enamel from device explosion, and problematic changes to oral cells when exposed to e-cigarettes.<sup>1,7,8,9</sup> To the contrary, research has shown that e-cigarette users had comparable oral health to non-users<sup>10</sup> and that the oral health impacts of ENDS, as currently understood, are less than the known, considerably harmful, oral health impacts of tobacco smoking.<sup>7</sup> Overall, studies on e-cigarettes reveal potential health harms<sup>22,23</sup>, underscoring the need for more research.

Since 2014, ENDS, specifically e-cigarettes, have been the most commonly used tobacco-derived product among U.S. youth<sup>11</sup>. In 2022, about 1 in 10 (2.5 million) U.S. middle and high school students reported current e-cigarette use.<sup>12</sup> Between 2017 and 2019, nicotine vaping increased by 9.0, 14.9, and 16.5 percentage points in 8<sup>th</sup>, 10<sup>th</sup>, and 12<sup>th</sup> grades, respectively.<sup>13</sup> ENDS products have the potential to serve as an entry point for use of other nicotine-containing products.<sup>14</sup> Adolescents who use e-cigarettes are 3.5 times more likely to report using traditional cigarettes and 4 times more likely to continue their use past 30 days.<sup>15</sup> Enticing flavors increase the appeal of ENDS product use to children and adolescents.<sup>16</sup> Dozens of unique flavors of ENDS products exist, including fruit and candy flavors.<sup>17</sup>

In addition to the health consequences for the ENDS user, the effects of the exhaled aerosols on others are also a concern. Further research is needed on the health effects of secondary exposure to ENDS aerosols.

Based on current evidence-based scientific evidence, AADOOCR supports the following recommendations:

1. **The AADOOCR opposes promoting the use of ENDS products.** Efforts should be made to educate the public on the current evidence-based research regarding ENDS, the potential health problems of ENDS use, and the prevention of ENDS use among children and adolescents.
2. **AADOOCR welcomes continued research** to elucidate further the health effects of ENDS use as well as the health effects upon non-users exposed to exhaled aerosols. Additionally, research regarding the use of ENDS as a smoking cessation strategy should be a priority.
3. **AADOOCR supports collaboration with other organizations,** healthcare providers, and institutions to inform the public of ENDS-related research findings and to advocate for appropriate public policy.
4. **AADOOCR supports national, state, and local legislation that eliminates ENDS advertising, promotions, and sales that appeal to or influence children and adolescents.** Additionally, AADOOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking, including vaping, in public places.

*The AADOOCR will continue to thoroughly review the scientific literature regarding ENDS and updates to this position statement will be made as supported by the literature.*

#### Author Contributions

R.C.M. and K.M.B. contributed to the design, interpretation, and drafting, of the position statement. X. Li, C.H.F., M.K.S.C.A., and all members of the IADR Science Information Subcommittee critically revised the statement. All authors gave final approval and agree to be accountable for all aspects of the work.

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(adopted 2023)

## TOBACCO

The American Association for Dental, Oral, and Craniofacial Research (AADOCR) recognizes that tobacco use is one of the largest public health threats in the world<sup>1,2</sup>. Tobacco products come in many forms. Some are smoked, and others are not, but none is safe for human consumption<sup>3</sup>. Despite this common knowledge, reports show that most people who use cigarettes began smoking as an adolescent<sup>4</sup>; and nearly nine out of 10 smokers started smoking by age 18<sup>4</sup>. In 2021, of the 2.55 million high- and middle- students that reported current (past 30-day) use of a tobacco product, e-cigarettes were the most commonly used tobacco-derived product\*, cited by 2.06 million<sup>5</sup>. Among adolescent and adult users, smokeless tobacco (spit tobacco), snus, and electronic nicotine delivery systems (ENDS) are considered harm reduction alternatives to smoked tobacco; however, they contain their own risks for oral and overall health. After years of rigorous and extensive research, chronic tobacco use has been shown as a primary risk factor for six of the eight leading causes of death worldwide, and tobacco use is estimated to contribute to the death of eight million people each year<sup>6</sup>.

Tobacco use can result in acute and chronic oral diseases. Head and neck cancers<sup>1,2,7</sup> and periodontitis<sup>2,8,9</sup>, compromised wound healing<sup>10,11</sup>, a reduction in the ability to smell and taste<sup>12</sup>, melanoses (dark pigmentation of the oral tissues)<sup>13</sup>, smoker's palate (harder white thickened mucosal tissues)<sup>13</sup>, staining of teeth<sup>14</sup> and restorations<sup>14,15</sup>, and peri-implant diseases<sup>16</sup> are all seen at higher rates in tobacco users than in nonusers. Smokeless tobacco use is a risk factor for oral cancer, erythroplakia, leukoplakia, periodontal disease, and staining of teeth and restorations<sup>17</sup>. Caries risk in the primary dentition is increased due to secondhand smoke exposure<sup>18</sup>. Poorly developed enamel in the primary and permanent dentition may be related to secondhand cigarette smoke exposure during childhood<sup>19</sup>. Smoking increases the risk for stroke by about three-fold coronary heart disease by 2–4 times, lung cancer

by twenty-five-fold, and head and neck cancer by 10-fold<sup>7,20</sup>. Smoking also causes reproductive problems, cardiovascular disease, leukemia, cataracts, pulmonary disease, and cancers of the liver, blood, cervix, kidney, pancreas, stomach, lung, larynx, bladder, oropharynx, and esophagus<sup>7</sup>.

Furthermore, each day in the United States, about 1600 youth smoke their first cigarette, and nearly 200 become daily cigarette smokers<sup>4</sup>. Adolescents report various factors leading to the initiation of smoking, including peer pressure, parents that are smokers, rebelliousness, clever marketing tactics from the tobacco industry, and nicotine as a “feel-good” drug without intoxication<sup>21</sup>. If smoking persists at the current rate among youth in this country, 5.6 million of today's population younger than 18 years of age are projected to die prematurely from a smoking-related illness<sup>2</sup>. This represents about one in every 13 American youth. If youth can be discouraged from starting smoking, it is less likely that they will start smoking as adults.

Since 2014, ENDS, specifically e-cigarettes, have been the most commonly used tobacco-derived product\* among U.S. youth<sup>5</sup>. Between 2011 and 2019, the proportion of high school students who were current e-cigarette users increased from 1.5% to 27.5%<sup>22</sup>. Ninety-nine percent of e-cigarettes contain nicotine<sup>23</sup>. Therefore, the use of e-cigarettes with this addictive component can result in short- and long-term health effects in adolescents. These effects include damage to regions of the developing brain that control attention, learning, mood, and impulse control<sup>24</sup>, increased risk for future addiction to other drugs<sup>24</sup>, increased mental health impacts<sup>25</sup>, respiratory function impairment, and structural changes in lung tissue<sup>26</sup> as well as increased risk of coronary heart disease and heart attack<sup>27</sup>. Furthermore, health claims that e-cigarettes are effective smoking cessation aids are inconclusive based on current scientific evidence<sup>28</sup>. According to the 2020 Surgeon General's report, the current evidence is suggestive but not sufficient to infer that the use of e-cigarettes containing nicotine is associated with increased smoking cessation compared with the use of e-cigarettes not containing nicotine, and the evidence is suggestive but not sufficient to infer that more frequent use of e-cigarettes is associated with increased smoking cessation compared with less frequent use of e-cigarettes,<sup>28,29,30,31</sup> indicating that much more research is needed.

Secondhand smoke (SHS) imposes significant risks as well. Tobacco smoke contains at least 7,000 chemicals, 70 of which can cause cancer and many more that are toxic or teratogenic<sup>32</sup>. Secondhand exposure results in the death of 41,000 nonsmoking adults and 400 infants each year<sup>32</sup>. SHS causes a 20 to 30 percent increased risk for lung cancer for those living with a smoker, and a 25 to 30 percent increased risk for coronary heart disease for non-smokers exposed to SHS<sup>33</sup>. Infants and children who are exposed to smoke are at risk for sudden infant death syndrome (SIDS)<sup>1,7,34,35</sup>, acute respiratory infection, bronchitis, pneumonia, middle ear infections, and asthma during infancy<sup>35</sup>. Prenatal exposure to secondhand smoke has been associated with thirdhand smoke, which refers to the residual toxins that are found on surfaces in the home due to smoking<sup>36</sup>. These volatile compounds become airborne particulate matter easily dispersed throughout the home over time<sup>37</sup>. Because children generally are found in areas close to the ground that is more highly contaminated and because infants ingest dust at a rate that is more than twice that of an adult, they are even more susceptible to thirdhand smoke<sup>37</sup>. Studies have shown that children exposed to thirdhand smoke have increased cognitive deficits in addition to the other associated risks of secondhand smoke exposure<sup>36,37</sup>.

Based on the volume of scientific evidence demonstrating the adverse health effects of tobacco consumption, in 2023

the AADOCR Board approved a policy statement regarding tobacco that issued the following recommendations:

1. **AADOCR opposes the use of all forms of tobacco.** Subsequently, the public should be educated on the health and financial costs of tobacco use. Increased attention and resources should be devoted to prevention of tobacco use among children and adolescents, routine screening for tobacco use, treatment of tobacco dependence, and further quality research on this topic. It is incumbent on the health care community to reduce the burden of tobacco-related morbidity and mortality by supporting preventive measures, educating the public about the risks of tobacco, screening for tobacco use and nicotine dependence, and incorporating evidence-based approaches to tobacco use intervention into clinical practice.
2. **AADOCR welcomes continued research** to elucidate further the health effects of using established tobacco products and newly emerging tobacco-derived products and exposure to their emissions; identify the biological mechanisms, behavioral patterns, and relative risks involved in producing those health effects; and develop and evaluate effective methods for prevention and cessation.
3. **AADOCR supports collaboration with other organizations,** healthcare providers, and institutions to inform the public of tobacco-related research findings and to advocate for appropriate public policy.
4. **AADOCR supports national, state, and local legislation that eliminates tobacco advertising, promotions, and sales that appeal to or influence children and adolescents.** Additionally, AADOCR also supports the continued enactment and enforcement of state and local clean indoor air policies or ordinances prohibiting smoking in public places. In choosing meeting sites, AADOCR gives preference to cities that have enacted comprehensive clean indoor air policies that include restaurants, hotels, conference centers, and other public spaces.

\*Electronic nicotine delivery systems (ENDS) in this context refers to products comprised of an “e-liquid” containing nicotine derived from tobacco, as well as flavorings, propylene glycol, vegetable glycerin, and other ingredients<sup>38</sup>.

### Author Contributions

R.C.M. and K.M.B. contributed to the design, interpretation, and drafting, of the position statement. X. Li, C.H.F., M.K.S.C.A., and all members of the IADR Science Information Subcommittee critically revised the statement. All authors gave final approval and agree to be accountable for all aspects of the work.

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(adopted 2023)

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### **IADR PROFESSIONAL CONDUCT AT MEETINGS POLICY**

[See page 88](#)

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### **HEALTHY MEETINGS POLICY**

[See page 89](#)

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### **SUGAR-SWEETENED BEVERAGES**

[See page 81](#)

## Appendix 19 — AADOCR Corporate Support

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- 3M for being a Silver Scientific Session Partner and in support of the Scientific Networking Center
- Colgate-Palmolive for being a Gold Scientific Session Partner and in support of AADOCR Student Research Fellowships, the AADOCR/CADR Past Executives' Business Meeting, and an Industry-Sponsored Symposium
- Delta Dental Institute in support of the AADOCR Delta Dental Institute Oral Health Equity Award
- Dentsply Sirona for being a Silver Scientific Session Partner and in support of a Distinguished Lecture Series Speaker, the SCADA competition, and an AADOCR Student Research Fellowship
- Haleon in support of an AADOCR Distinguished Scientist Award, AADOCR Student Research Fellowships, and the Meeting Within a Meeting
- Ivoclar Vivadent in support of the IADR Dental Materials Group Reception
- J. Morita in support of the IADR/AADOCR William J. Gies Award
- Johnson & Johnson Consumer, Inc. in support of the AADOCR Joseph Lister Award for New Investigators
- P&G Professional Oral Health, Crest + Oral-B for being a Silver Scientific Session Partner and in support of an AADOCR Student Research Fellowship, the AADOCR P&G Underrepresented Faculty Research Fellowship, and the AADOCR/CADR President's Reception
- Quintessence Publishing for being a General Meeting Sponsor
- Tokuyama in support of the IADR Dental Materials Group Reception

## Appendix 20 — AADOCR Institutional Support

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- The ADA Science & Research Institute for being a Silver Scientific Session Partner
- The American Academy of Periodontology in support of an AADOCR Student Research Fellowship
- CareQuest Institute for Oral Health for being a Silver Scientific Session Partner
- The Henry Schein Cares Foundation for being a General Meeting Sponsor
- The IADR Dental Materials Group in support of an AADOCR Student Research Fellowship

## Appendix 21 — *In Memoriam* (AADOCR Members who passed January – December 2023)

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Harold Slavkin  
Kenneth Klimpel

Lowell Weicker  
Ann Battrell

Arthur Veis  
John Greenspan

Victoria Marker  
J. von Fraunhofer

Ronald Dubner  
Ramon Baez

# AADO CR Constitution and Bylaws

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## CONSTITUTION

*Adopted March 24, 1957; Revised through July 24, 2021*  
*American Association for Dental, Oral, and Craniofacial Research*  
*A Division of the International Association for Dental Research*

### ARTICLE I. NAME

This organization is named: The American Association for Dental, Oral, and Craniofacial Research, a Division of the International Association for Dental Research, hereinafter called the Division.

### ARTICLE II. OBJECTIVES

The Division exists to promote the advancement of research in all sciences pertaining to the oral cavity, its adjacent structures, and their relation to the body as a whole; the utilization of this knowledge for the promotion of better approaches to the prevention and treatment of oral diseases and other diseases of the head and neck; and the improvement of communication and cooperation among all investigators to share this knowledge for the benefit of all people.

### ARTICLE III. ORGANIZATION

The organization of the Division shall be in conformity with the Constitution of the parent body, the International Association for Dental Research, hereinafter called the Association.

### ARTICLE IV. CORPORATE STATUS

This Division is a non-profit corporation organized under the laws of the Commonwealth of Virginia, United States of America. If the corporation shall be dissolved at any time, no part of its funds or property shall be distributed to its members; but, after payment of all indebtedness of the corporation, its surplus funds shall be used for dental, oral, and craniofacial research in such manner, as the then-governing body of the Division shall determine.

### ARTICLE V. SECTIONS

**A. SECTIONS.** Sections, except the Institutional and Corporate Sections, shall be an organization of the Association and the Division in a locality or contiguous localities. Each Section, except the Institutional Section, shall consist of ten or more members. New Sections may be organized only with the approval of the Division.

**B. INSTITUTIONAL AND CORPORATE SECTIONS.**

One Section shall consist of all Institutional Members of the Division and a second Corporate Section shall consist of all Corporate Members. Each Institutional and Corporate Member will designate one representative from its institution or corporation to represent it in the appropriate Section. Institutional and Corporate Members will have representation in the Council through one Councilor elected by each the Institutional Section and the Corporate Section. Institutional and Corporate Members will have no other voting or nominating privileges. The representatives of Institutional and Corporate Members must be members of the Division and the Association, in accordance with the Bylaws.

**C. MANAGEMENT.** Sections shall be managed in consonance with the Constitution and Bylaws of the Association and the Division.

**D. SUSPENSION OR REVOCATION.** Approval of a

Section may be revoked or suspended for non-maintenance of the minimum number of members required for formation, failing to hold a meeting for two consecutive years, failing to report its activities and its membership, non-compliance with the Association's Constitution, or for other good cause shown. Suspension or revocation will be determined at an Annual Meeting of Council by a two-thirds vote of the Council members present and voting. The Section threatened with suspension or revocation shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in the form of a delegation of members or Officers, or by submission of a written statement to defend its right to exist..

### ARTICLE VI. MEMBERSHIP

#### A. ELIGIBILITY

- 1. INDIVIDUAL MEMBERSHIP.** Any individual, without any considerations of color, caste, race, religion, age, gender, national or ethnic origin, or disability, who is interested in dental, oral, and craniofacial research, shall be eligible for membership in this Division in accordance with the Bylaws of the Division.
- 2. INSTITUTIONAL MEMBERSHIP.** Any educational institution, research institution or center, or Government agency in dental, oral, and craniofacial related research shall be eligible for membership in the Institutional Section of this Division, subject to the limitations of Article V B.
- 3. CORPORATE MEMBERSHIP.** Any corporation engaged in dental, oral, and craniofacial related research shall be eligible for membership in the Corporate Section of the Division, subject to the limitations of Article V B.

#### B. TERMINATION.

1. Termination of membership shall be in accordance with the Bylaws.
2. An individual's membership may be terminated or suspended for reasons of non-payment of dues, proven scientific misconduct, non-compliance with the Association's Constitution, or for other good cause shown. Termination of membership other than for non-payment of dues will be determined at an Annual Meeting of Council by a two-thirds vote of the Council members present and voting. The person whose membership is threatened with termination shall be so notified by the Chief Executive Officer at least 120 days before the Annual Meeting and shall be entitled to appear before Council in person, by representation, or by submission of a written statement to defend his/her right to membership.

## ARTICLE VII. GOVERNMENT

- A. COUNCIL.** The legislative body of this Division shall be a Council that shall exercise the functions set forth for it in this Constitution and in the Bylaws of the Division, the functions assigned to it by vote of the Division, and such other functions as may be necessary in the conduct of the business of the Division.
- B. COUNCIL MEMBERSHIP.** The Council of the Division shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, the Editor-in-Chief of the *Journal of Dental Research* (hereinafter called Editor-in-Chief), the Editor of the *JDR Clinical & Translational Research* (hereinafter called Editor), the Chief Executive Officer, and one Councilor from each Section. Each IADR Scientific Group and Network, the Institutional and Corporate Sections may be represented in the Council by a Councilor provided the representative is a member of the Division. Each Councilor shall be elected for a term as stated in the Bylaws. The Chief Executive Officer, Editor-in-Chief, and Editor shall have no vote.
- C. BOARD OF DIRECTORS.** During the periods between meetings of the Council, the executive management of the Division shall be the duty of the Board of Directors. The Board shall consist of the President, the Immediate Past President, the President-elect, the Vice-president, the Treasurer, two student representatives, the Editor-in-Chief, Editor, and Chief Executive Officer; three additional members to be designated by the Council from its own membership to serve three-year staggered terms and the Board may appoint up to three additional members as defined in the Bylaws to serve three-year staggered terms. The Chief Executive Officer, Editor, and Editor-in-Chief shall have no vote.

## ARTICLE VIII. OFFICIALS

- A. OFFICERS.** The Officers of the Division shall be (1) elective Officers from among the active members by ballot of the membership, and (2) appointive Officers appointed by the Council as prescribed in the Bylaws.
- 1. ELECTIVE OFFICERS.** The elective Officers of this Division shall be a President, a President-elect, a Vice-president, and a Treasurer. The incumbent President-elect and Vice-president shall be advanced automatically to the next higher office at the end of their then-current terms of office. All shall be members of the Association and of this Division.
- 2. APPOINTIVE OFFICERS.** Appointive Officers of this Division shall be a Chief Executive Officer, the Editor-in-Chief of the *Journal of Dental Research*, and the Editor of the *JDR Clinical & Translational Research*, all of whom shall be selected and appointed by the Council of this Division. The Chief Executive Officer shall also serve as Secretary of the Division.
- B. TERM OF OFFICE.** The term of office for each Officer of the Division shall be as set forth in the Bylaws. Each elected Officer shall serve until the installation of his/her duly elected successor.
- C. VACANCIES.** An *ad interim* vacancy in any office shall be filled according to the rules outlined in the Bylaws.
- D. QUALIFICATIONS.** All Officers and officials of the Division, Sections shall be active members of the Division and the Association.

## ARTICLE IX. MEETINGS

- A. ANNUAL.** The Division shall hold an Annual Meeting at least once each year unless prevented by circumstances not under the control of the members.
- B. SPECIAL.**
1. Special meetings of the Division or the membership in General Assembly may be convened by the Board of Directors or the Council.
  2. Upon petition from at least 50 members of the Division at least two weeks prior to the Annual Meeting, the Chief Executive Officer shall arrange for the Division to meet in General Assembly during the Annual Meeting.
- C. SECTIONS.** Each Section shall meet at least once each year unless prevented by circumstances not under the control of the members.

## ARTICLE X. JOURNAL

- A. NAME.** The official publication of the Division is the *Journal of Dental Research*. The journal is a joint publication of the IADR and AADOCR.
- B. MANAGEMENT.** An IADR/AADOCR Publications Committee (whose membership is described in Section H of the Bylaws) shall oversee the affairs of the *Journal of Dental Research* and other journals owned jointly by the IADR and AADOCR.

## ARTICLE XI. NOMINATIONS AND ELECTIONS

- A. NOMINATIONS BY THE COUNCIL.** One or more nominations for Vice-president, Treasurer, and IADR/AADOCR Publications Committee members shall be made by the Council, in accordance with the Bylaws. Announcement of the nominations shall be mailed to each member of the Division at least three months before the date of the next Annual Meeting, and in a form to indicate that other nominations may be made by petition.
- B. NOMINATIONS BY PETITION.** Additional nominations may be made by petition signed by 50 members of the Division and received by the Chief Executive Officer within 30 days after the mailing of the announcement of the Council nominations.
- C. NOTICE OF NOMINATIONS.** Before the next Annual Meeting, the nominations for each office shall be sent by the Chief Executive Officer to all members of the Division on an official ballot for a vote by mail to be reported at that meeting. The nominations shall be sent no less than two months before the due date for the return of the ballots to the Chief Executive Officer.
- D. ELECTION.** The nominee receiving a plurality of the votes cast shall be elected to each office, in accordance with the Bylaws.

## ARTICLE XII. FINANCES

- A. FEES.** Membership dues, subscription fees for the *Journal*, and registration fees for the Annual Meeting shall be established annually by the Council.
- B. AUDITS.** All accounts of assets belonging to the Division shall be audited annually by a Certified Public Accountant.
- C. BONDING AND REPORTS.** All Officers and others collecting, disbursing, or holding in trust assets of the Division shall be bonded by a reliable bonding company.

These Officers shall report annually to the Council and the Division in written form.

### ARTICLE XIII. QUORUM

The quorum for Council meetings and for Assemblies of the Division shall be as stated in the Bylaws.

### ARTICLE XIV. BYLAWS

Bylaws and amendments to Bylaws may be proposed and adopted at any meeting of the Council by a vote of two-thirds of the Council members present and voting, the Bylaws and amendments taking effect at the close of the meeting. Proposed Bylaws and amendments to Bylaws shall normally be reviewed by the Constitution Committee before presentation to Council.

### ARTICLE XV. AMENDMENTS TO THE CONSTITUTION

- A. PROPOSAL.** A proposed amendment to this Constitution, formally endorsed by at least 50 members and accompanied by a statement of reasons for adoption, may be presented at any Annual Meeting of the Council, and thereupon becomes a special order of business for a vote by mail by the membership prior to the succeeding Annual Meeting. Proposed amendments to this Constitution shall normally be reviewed by the Constitution Committee before presentation to Council.
- B. VOTING PROCEDURE.** The Chief Executive Officer shall mail to each member of the Division, at least one month before the next Annual Meeting: (1) a copy of the amendment, (2) the stated reasons for its adoption, (3) the names of the sponsors, (4) a ballot for a vote on the amendment, and (5) a copy of this Article XVI of this Constitution. The results shall be reported at the Annual Meeting.
- C. ADOPTION.** A proposed amendment shall be adopted by a vote of not less than two-thirds of the members voting on the question and shall become part of the Constitution at the close of the meeting at which it is adopted.

## BYLAWS

*Adopted March 24, 1957; Revised through July 24, 2021*

### SECTION A. MEMBERSHIP

- 1. APPLICATION.** New members may immediately receive a probationary membership upon submission of application and payment and will become official members upon review of their application.
- 2. ELIGIBILITY.** A prerequisite for active membership in the Division is residence in the United States. Membership eligibility shall follow the same regulations as in the Bylaws of the International Association for Dental Research.
- The words "individual who is interested in craniofacial, oral or dental research" in Article VII (A) of the Constitution shall be interpreted as follows:
- (a) **MEMBER:** A person who is conducting, has conducted, or who is interested in the furtherance of research in any branch of science or in fields related to craniofacial, oral, and dental science. Members shall have the full rights and privileges of membership and are eligible to vote and to hold office in the Association.

- (b) **AFFILIATE MEMBER:** A person who is not primarily involved in research but has an interest in keeping up with the latest research, e.g., a practicing healthcare professional, a dental professional involved in PBRNs or evidence-based dentistry, patient advocates, or healthcare educators with primary teaching responsibility. Affiliate members receive limited benefits and are not eligible to vote or hold office in the Association.
- (c) **STUDENT MEMBER:** A person who is a student currently enrolled in a recognized academic institution who does not hold an academic appointment and who is interested in craniofacial, oral, and dental research. Student members must become Members when eligible or be dropped from membership. Individuals may be classified at the Student level for no more than 8 years. The Student Member shall have all the rights and privileges of membership but shall have no vote or be eligible to hold office in the Association.
- (d) **RETIRED:** A person who has been a member of the Association in good standing for at least 25 years and no longer works on a full-time basis for remuneration. The Retired Member shall have all the rights and privileges of membership but shall receive the *Journal of Dental Research* only upon payment of the Journal subscription fee.

- 3. APPROVAL OF APPLICATIONS.** The applications of eligible applicants who conform to the recognized standards of professional ethics may be processed and approved routinely by the Chief Executive Officer. Applications in question shall be referred to the Council.
- 4. SECTIONS AND GROUPS/NETWORKS.** Membership in a Section shall be optional. Members are represented on the Council through Sections and/or Divisional representation of the IADR Scientific Group or Network. Any Division member who is not a member of a Section, Group or Network shall be represented by the Section nearest the member.
- 5. TERMINATION OF MEMBERSHIP.**
- (a) Membership may be terminated automatically by a member upon delivery of a formal notice to the Chief Executive Officer of that member's resignation.
- (b) Members are terminated from membership after 90 days of non-payment of dues.
- 6. HONORARY MEMBERSHIP.**
- (a) Honorary membership may be bestowed each year by unanimous recommendation of the most recent three living Past Presidents of the Division that are no longer serving on the Board of Directors and approved by Council. Such Honorary Members shall have all the rights and privileges of membership but shall receive the Journal only upon payment of the Journal subscription fee.
- (b) An Honorary Member shall be selected on the basis of the candidate's significant contributions to craniofacial, oral, and dental research.
- (c) Honorary Membership may not be conferred posthumously.

## SECTION B. PAYMENT OF DUES

1. **DUES**, including subscription fee to the *Journal*, shall be paid by members of the Division to the IADR Central Office.
2. **EXCEPTIONS**. Honorary Members shall pay no dues.
3. **FEES**. At each Annual Meeting of the Division, the Council shall determine and announce the amount of the annual dues for members and institutions of the Division, and the subscription fee for the *Journal of Dental Research*. There shall be a minimum and maximum amount for the dues for institutions. In case no Annual Meeting is held, this function shall be exercised by the Board of Directors of the Division. At least 75 percent of the dues from the institutions must be applied to development and promotion of projects beneficial to the advancement of craniofacial, oral and dental research.

## SECTION C. MEETINGS

### I. ANNUAL MEETINGS.

The time and place of, and the registration fee for, each Annual Meeting shall be determined by the Council on the recommendation of the Board.

- (a) The Council shall meet in conjunction with each Annual Meeting.
- (b) In years where the Annual Meeting is unable to be held for any reason, the Council shall meet by electronic means and this meeting shall serve as the conclusion of the Division year.

### 2. SCIENTIFIC SESSIONS.

- (a) Arrangements for the scientific sessions of the Division shall be made in accordance with the instructions from the Division or the Council by an Annual Session Committee of five members who have served as AADOCR Annual Session Group Program Chairs or a similar experience to manage the overall planning of the Annual Meeting program, including the timing and sequence of activities, assist in the identification of potential meeting sites, establishing the theme, symposia, workshops, etc., for the Annual Meeting. This committee may include the Chair of the Local Organizing Committee and a representative of the host/sponsoring Division. Appointments are made for a three-year term with the Board's recommendation and shall be transmitted to the Council for action.

## SECTION D. GOVERNMENT

### I. COUNCIL: Power and Duties.

- (a) As the legislative body of the Division, the Council must consider all proposals concerning amendments to the Constitution and the Bylaws.
- (b) The Council shall receive reports from all Division Officers and committees and shall act upon the recommendations and resolutions contained in these reports.
- (c) The Council has the power to approve the formation of new Sections.
- (d) The Council appoints Division representatives to other organizations, which require such representation.

- (e) The Council appoints the members of the Division's standing committees except as stated in Section D, paragraph 2, of the Bylaws.
- (f) The Council establishes the level of fees for the Division and adopts the annual budgets.

2. **BOARD OF DIRECTORS**. Vacancies on standing committees may be filled by the Board of Directors for the remainder of the Division year. The Board shall also act on proposals by the President for membership on ad hoc committees. The three (3) Board appointed members shall be (1) patient advocate and two (2) additional members selected from one or more of the following categories; investigators from the corporate sector, investigators less than 10 years past their terminal degree, investigators based outside of dental institutions, or any other category important to the Board in fulfilling the objectives of the Division.

3. **CODE OF ETHICS**. The Division has adopted the Principles of the IADR Code of Ethics.

## SECTION E. QUORUM/RULES

1. **COUNCIL**. The presence of Councilors or Alternate Councilors from one-third of all Sections and Divisional representation from IADR Scientific Groups and Networks, Institutional and Corporate Sections shall constitute a quorum.
2. **RULES**. The Division shall operate under the rules of Parliamentary procedure as outlined in "Roberts' Rules of Order". In the event of a tied vote for an Officer position, the Council will determine the outcome by ballot.

## SECTION F. OFFICIALS

1. **PREREQUISITES**. The elective Officers of this Division shall be members who have authored scientific papers at no fewer than seven Annual Meetings of the Division or parent body, and have had active service as a Councilor or as a Section Officer in the Division. All student representatives and appointive members of the Board shall be members.
2. **TERM OF OFFICE**. The terms of President, President-elect, Vice-president, and student representatives shall be one Division year; for the Treasurer, Members-at-Large and Board appointed members shall be three Division years. The terms of the Editors-in-Chief and Chief Executive Officer shall be five years except that under special circumstances either may be appointed for a shorter period.
3. **SUCCESSION**  
In the event that an officer vacates his/her office prior to the completion of his/her term of office, an ad interim officer assumes responsibilities as follows: President – Immediate Past President; President-elect – Vice-president; Vice-president – Vice-president-elect; Immediate Past President – President; Treasurer – to be decided by the Board until a new election can be held.
4. **DUTIES**
  - (a) The duties of the Officers shall be those ordinarily associated with the official titles, and such other duties as the Division or the Council may assign.

- (b) The President, President-elect, and Vice-president shall also serve during their incumbencies as representatives to the Council of the International Association for Dental Research. If the Division becomes eligible for additional representation in the International Association for Dental Research, the Immediate Past President and/or Treasurer shall also serve.
- (c) The Treasurer shall maintain surveillance over the Division's finances and assist the Board in the development of budgets.
- (d) Each Officer shall report annually in writing to the Council on the conduct of his/her office.

**5. INSTALLATION.** At the Annual Meeting of the Division, an appropriate ceremony of installation shall inaugurate the terms of service of the Officers of the Division.

## SECTION G. COUNCILORS

Each Section, Institutional and Corporate Section and IADR Scientific Groups and Networks shall elect a Councilor and an Alternate Councilor to serve on the Council for a period of three years. If either for some reason is unable to fulfill the obligations, the remainder of the term of office shall be canceled, and a new Councilor and/or new Alternate Councilor shall be elected. The terms of office shall be so staggered that one-third of the Council is elected each year. The Councilor and the Alternate Councilor may succeed themselves for a second term.

## SECTION H. JOINT PUBLICATIONS

### 1. MEMBERS OF THE IADR/AADOCR PUBLICATIONS COMMITTEE.

The IADR/AADOCR Publications Committee's role is to review the quality and financial status of the *Journal of Dental Research* and other journals owned jointly by IADR/AADOCR. Membership consists of: three representatives from IADR; three representatives from AADOCR; the most recent Past Presidents of IADR and AADOCR no longer serving on the Boards, who alternately serve as Chairs of the Committee. The Editors-in-Chief and Associate Editor(s) of all jointly owned journals and Chief Executive Officer shall serve as members without vote.

### 2. THE IADR/AADOCR PUBLICATIONS COMMITTEE

will analyze and make recommendations regarding publication of all journals to the Editors-in-Chief and Associate Editors and the Chief Executive Officer and will report annually to the IADR and AADOCR Councils through the Joint Boards of Directors.

**3. TERM OF OFFICE OF APPOINTED/ELECTED MEMBERS.** Each member shall be appointed or elected for a three-year period, the terms staggered so that one each from IADR and AADOCR is selected each year, except in case of vacancy. The Immediate Past President of IADR and AADOCR will serve for one year.

**4. REPORTS.** Annually and at such other times that the Council, the Chief Executive Officer, or the Editors-in-Chief may direct, the Publications Committee shall report to the Council concerning the conduct of the joint publications.

## SECTION I. COMMITTEES AND REPRESENTATIVES TO OTHER ASSOCIATIONS

### 1. RECOMMENDATIONS FOR MEMBERSHIP IN STANDING COMMITTEES AND FOR REPRESENTATIVES TO OTHER ASSOCIATIONS

shall be made by the Board of Directors. The nominations with the Board's recommendations shall be transmitted to the Council for action.

**2. STANDING COMMITTEES.** In addition to the Annual Session Committee and the IADR/AADOCR Publications Committee, the following standing committees shall be appointed:

- (a) **AADOCR DISTINGUISHED SCIENTIST AWARD COMMITTEE:** A committee of five Past Presidents, chaired by the most recent Past President no longer serving on the Board in the year preceding the award, who will select the winner of the AADOCR Distinguished Scientist Award, which has been established to recognize and honor outstanding research in any of the fields related to oral science. This Award will be given once every two years at the Annual Meeting of the Division.
- (b) **CONSTITUTION COMMITTEE:** A committee of nine members whose responsibility it shall be to review the Constitution and Bylaws, advise the Council regarding essential revisions, monitor compliance of the activities of the Division with the Constitution and Bylaws, and to work upon request with the corresponding committee of the International Association for Dental Research.
- (c) **EDWARD H. HATTON AWARDS COMMITTEE:** A committee of nine members to arrange the program of the Hatton Competition at the Annual Meeting and to select the winners to represent the Division in the Association's Hatton Awards Competition.
- (d) **ETHICS COMMITTEE:** A committee of nine members to review the IADR Code of Ethics, specifically address Divisional issues, provide relevant information on ethical issues to the membership through meetings, publications, etc., and make recommendations to the Board of Directors.
- (e) **FELLOWSHIPS COMMITTEE:** A committee of twelve members to administer the fellowships program(s) of the Division.
- (f) **IADR/AADOCR GIES AWARD COMMITTEE:** A committee of nine members to select annually the best paper(s) published in the IADR/AADOCR jointly owned Journal of Dental Research, one in each of the three categories, Biological, Biomaterials & Bioengineering, and Clinical.
- (g) **AADOCR GOVERNMENT AFFAIRS COMMITTEE (GAC):** Representation will include eight members appointed by the AADOCR Board of Directors. The committee will study government issues and advise the Board and Council on the possible effects on dental research.

- (h) **NOMINATING COMMITTEE:** A committee of nine members to advise the Council on the selection of members of the Division for nomination as candidates for offices on the official ballot of the Division. One of the nine members shall be the most recent Past President no longer serving on the Board, without privilege of chairmanship.
  - (i) **SCIENCE INFORMATION COMMITTEE:** A committee of nine members to develop programs for promoting to the public and the dental profession knowledge resulting from craniofacial, oral, and dental research, including policy and position papers.
  - (j) **COMMITTEE ON DIVERSITY AND INCLUSION:** A committee of nine members to develop programs for promoting diversity and inclusion within AADOCR and the dental, oral, and craniofacial workforce.
  - (k) **DEVELOPMENT COMMITTEE:** A committee of seven members to consult on strategic planning for philanthropic efforts and assist in executing fundraising initiatives.
3. **SPECIAL COMMITTEES** may be designated for particular functions by the Division, the President, the Council, or the Board of Directors.
  4. **THE TERMS OF STANDING COMMITTEE MEMBERS** shall be three years unless otherwise stated in the Constitution or Bylaws. The terms shall be so staggered that new members are appointed each year, except in case of a vacancy.
  5. **AD HOC COMMITTEES** may be appointed by the President for the term of his/her office.
  6. **A LOCAL ARRANGEMENTS COMMITTEE** consisting of members in such numbers as may be required shall be appointed for a one-year term to cooperate with the Annual Session Committee and the Central Office staff in making the detailed arrangements for the Annual Meeting.
  7. **REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be appointed by the Division, the President, the Council, or the Board of Directors as required.
  8. **THE TERMS OF OFFICE FOR REPRESENTATIVES TO OTHER ASSOCIATIONS** shall be established by the Council.

## SECTION J. AUTHORIZED BANKS AND EXPENDITURES

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1. **BANK(S).** Funds of the Division shall be deposited in a bank or banks approved for the purpose by the Board of Directors. Authorized expenditures from the general funds of the Division shall be made by checks, each of which must be signed by the President, the Treasurer, or the Chief Executive Officer, provided each expenditure is within the limit of each budgeted item.
2. **EXPENDITURES.** Funds of the Division may be expended only on general or specific authorization by the Council, except that if the Annual Meeting of the Division cannot be held, the Board of Directors may also authorize expenditure of funds. The Board of Directors may also authorize expenditure of funds of the Division to defray expenses for the business of the Division not foreseen at the time of the Annual Meeting.

## SECTION K. DEFINITIONS

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1. Members of this Division for purposes of notice or other communications or actions are those persons who are members according to the latest information available to the Chief Executive Officer at the time of mailing of the notice or communication, or at the time of the action.
2. Notice shall be considered to have been given to a member when written notice has been mailed to the member at the latest address for the member known to the Chief Executive Officer at the time of the mailing.
3. In this Constitution & Bylaws, "mail" is understood to mean any form of communication from the Association to the members, including traditional mail and electronic mail.
4. The term "Joint Boards" is understood to mean the Board of Directors of the IADR functioning jointly with the Board of Directors of the AADOCR to carry out duties pertaining to the joint activities mentioned in this Constitution & Bylaws or otherwise agreed to.
5. The Student Representatives on the AADOCR Board of Directors shall be the National Student Research Group President and President-elect.